

# Right to health

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

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# CONTENTS

<b>1. Background: WHO monitoring on access</b> .....	<b>5</b>
<b>2. Methodology</b> .....	<b>7</b>
2.1 Data sources .....	7
2.2 Data limitations.....	7
<b>3. Findings</b> .....	<b>9</b>
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
<b>4. Conclusions and recommendations</b> .....	<b>34</b>

## 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

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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.

# 1. Background: WHO monitoring on access



Neonatal unit, Nasser Hospital, Khan Younis © WHO

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<sup>[1]</sup> and from both Gaza and West Bank in 2011–12.<sup>[2]</sup> WHO also issues detailed monthly reports about the access situation of Gaza patients.<sup>[3]</sup>

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

<sup>[1]</sup> [http://www.emro.who.int/images/stories/palestine/documents/WHO\\_Referral\\_Abroad\\_Report\\_Gaza\\_2010.pdf?ua=1](http://www.emro.who.int/images/stories/palestine/documents/WHO_Referral_Abroad_Report_Gaza_2010.pdf?ua=1)

<sup>[2]</sup> [http://www.emro.who.int/images/stories/palestine/documents/WHO\\_Access\\_Report-March\\_5\\_2013.pdf?ua=1](http://www.emro.who.int/images/stories/palestine/documents/WHO_Access_Report-March_5_2013.pdf?ua=1)

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

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.<sup>[4]</sup> 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.<sup>[5]</sup> 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 IV; Article 12, International Covenant on Economic, Social and Cultural Rights; General Comment 14 (2000), Committee for Economic, Social and Cultural Rights.*

<sup>[4]</sup> Categories 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.

<sup>[5]</sup> See: [www.emro.who.int/palestine](http://www.emro.who.int/palestine)

## 2. 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.



# 3. Findings

## 3.1 Referrals

The Palestinian Ministry of Health has increased the number of patient referrals by more than 750% over the past 13 years, as seen in Figure 1, tripling in 4 years (2000-2004) and tripling again over the next 8 years (2005-2013). Referrals declined significantly only in 2006 and slightly in 2005 and 2012, as a result of policy decisions by the health ministers in those years to reduce referrals for financial reasons. The decisions were reversed by incoming ministers.

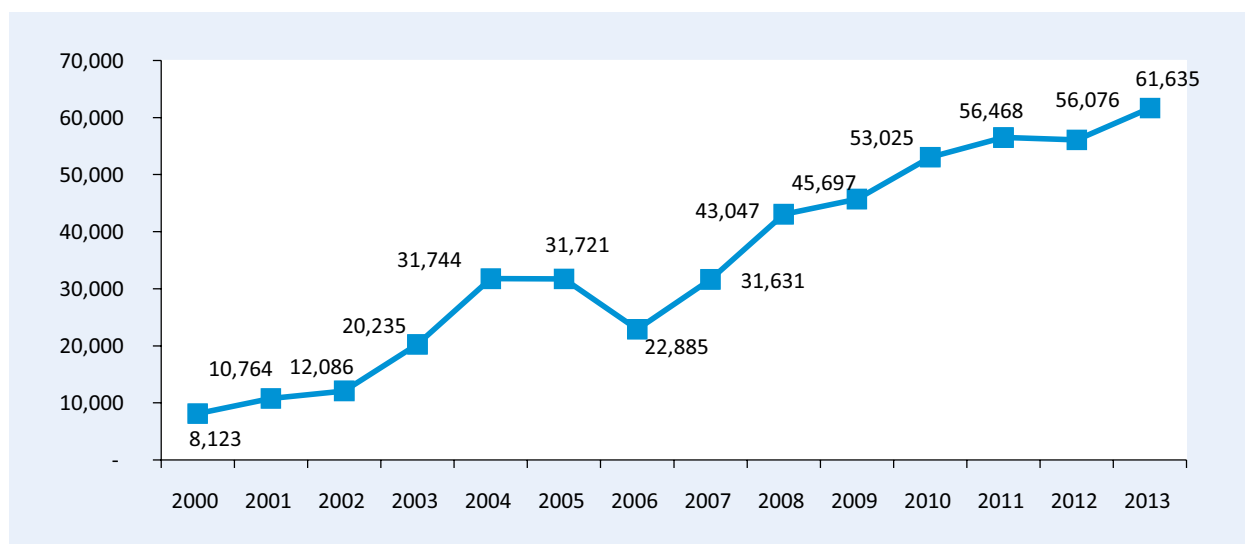


Figure 1: Total MoH referrals, 2000-2013



Referral Abroad Department, Gaza © WHO

**Destinations:** The numbers of referrals to health facilities within the occupied Palestinian territory has steadily increased over the past three years (Table 1 and Figure 2). 82% of all referrals in 2013 (from West Bank, 89.8%; from Gaza, 61.35%) were to non-profit or private Palestinian specialty centers located within the oPt,<sup>[6]</sup> and more than half of these were to the East Jerusalem specialized hospitals which have served Palestinians for more than half a century.<sup>[7]</sup> Referral numbers to outside destinations, Israel, Jordan and Egypt, dropped during this period indicating less dependence on non-Palestinian health care. Outside referrals dropped from 23% of the total in 2011, down to 17.6% in 2012 before rising slightly in 2013 to 18.2%, as shown in Figure 3, to health facilities in Egypt, Israel or Jordan; Jordan had the sharpest drop, from 4,350 referrals in 2011 to 256 in 2013.

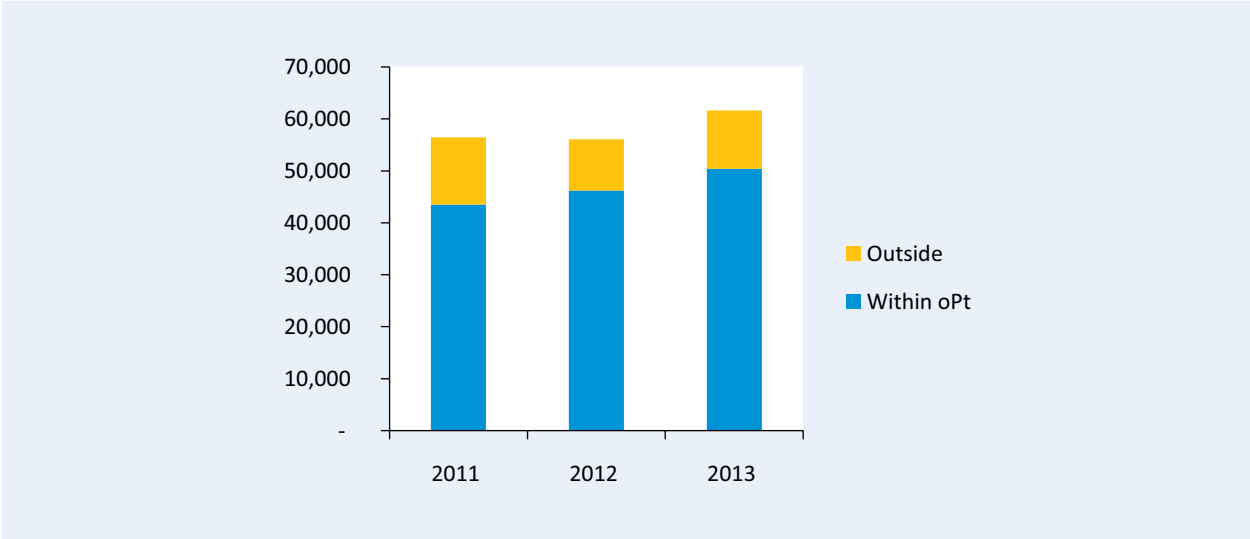


Figure 2: Referrals within the oPt compared to referrals outside, 2011-2013

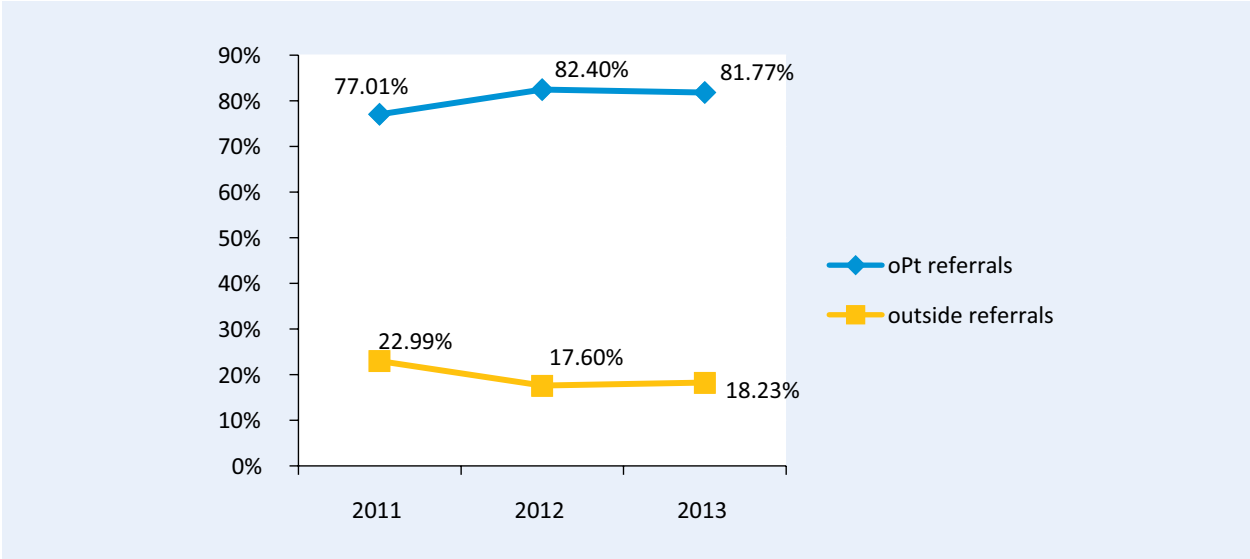


Figure 3: Percentage of change in referrals in oPt and outside, 2011-2013

<sup>[6]</sup> Also Gaza MoH patients referred to MoH facilities in the West Bank are classified as referrals “abroad.”

<sup>[7]</sup> The six East Jerusalem hospitals are within the West Bank but distinguished by the Ministry of Health as a separate destination. They were established prior to 1967: Augusta Victoria Hospital (164 beds) was established in 1910, and converted from a hospice to a hospital in 1948 after the war; St. John’s Ophthalmic Hospital was established in 1882 and moved to East Jerusalem in 1960; the Red Crescent Maternity Hospital (27 beds) was established in 1953; St. Joseph’s Hospital (73 beds) was established in 1958 and moved to East Jerusalem; Princess Basma Rehabilitation Center was established in 1965; Makassed Society established health services in 1956 and opened the 250-bed hospital in 1968.

**Table 1. MoH referrals, by region, destination and access route, 2011-2013**

Destination	2011						2012						2013					
	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
Inside oPt																		
West Bank*	14,668	38.05%	1,563	8.72%	16,231	37.33%	17,215	41.39%	1,479	10.21%	18,694	33.34%	18,828	42.55%	2,243	12.90%	21,071	34.19%
East Jerusalem	18,440	47.84%	4,165	23.24%	22,605	51.98%	20,643	49.63%	4,728	32.65%	25,371	45.24%	20,904	47.25%	5,946	34.19%	26,850	43.56%
Gaza	-	-	4,649	25.94%	4,649	10.69%	-	0.00%	2,141	14.79%	2,141	3.82%	-	0.00%	2,481	14.27%	2,481	4.03%
oPt total	33,108	85.89%	10,377	57.90%	43,485	77.01%	37,858	91.01%	8,348	57.66%	46,206	82.40%	39,732	89.80%	10,670	61.35%	50,402	81.77%
Elsewhere																		
Egypt	3	0.01%	3,866	21.57%	3,869	6.85%	41	0.10%	3,257	22.49%	3,298	5.88%	32	0.07%	2,827	16.26%	2,859	4.64%
Jordan	3,769	9.78%	581	3.24%	4,350	7.70%	1,173	2.82%	286	1.98%	1,459	2.60%	202	0.46%	54	0.31%	256	0.42%
Israel	1,665	4.32%	3,099	17.29%	4,764	8.44%	2,525	6.07%	2,588	17.87%	5,113	9.12%	4,278	9.67%	3,840	22.08%	8,118	13.17%
Elsewhere total	5,437	14.11%	7,546	42.10%	12,983	22.99%	3,739	8.99%	6,131	42.34%	9,870	17.60%	4,512	10.20%	6,721	38.65%	11,233	18.23%
Grand Total	38,545	68.26%	17,923	31.74%	56,468		41,597	74.18%	14,479	25.82%	56,076		44,244	71.78%	17,391	28.22%	61,635	
*Israeli permit required to access health care	23,877		9,408		33,285		24,382		9,081		33,463		25,416		12,083		37,499	
**Egyptian approval required to exit Gaza via Rafah border			3,866		3,866				3,257		3,257				2,827		2,827	
Total permits					37,151						36,720						40,326	

\* Excluding East Jerusalem.

Sources for 2011 and 2012 data: MoH, PHIC, Health Annual Report Palestine, 2012 (2013). Source for 2013 data: MoH RAD Ramallah, January 16, 2014.

The trend of referral destinations over the past three years shows an uneven pattern reflecting external policy changes limiting access (Figure 4). Referrals to Egypt steadily declined and to Jordan almost stopped in response to policies of those governments: Egypt restricted access for Palestinians through the Rafah border and Jordanian hospitals refused to admit new patients from the Palestinian Ministry of Health due to accrued debts. Meanwhile referrals to Israel, which are paid indirectly by deductions from Palestinian customs revenue held by Israel, and referrals to non-governmental facilities inside the West Bank and to East Jerusalem hospitals strongly increased. Referrals of Gaza patients to facilities within Gaza fell sharply in 2012 and rose slightly in 2013 (Figure 5).

**Regional differences:** In 2013, five locations accounted for between 13–34% of Gaza referrals while most West Bank referrals were aggregated in only three locations, ranging from 9–47% of referrals (Figures 6 and 7). However, while choices were more limited for West Bank patients, Gaza patients were more dependent on health care outside of the oPt: only 1 in 10 West Bank referrals were to neighbouring countries, but 4 in 10 Gaza referrals were to hospitals outside the oPt.

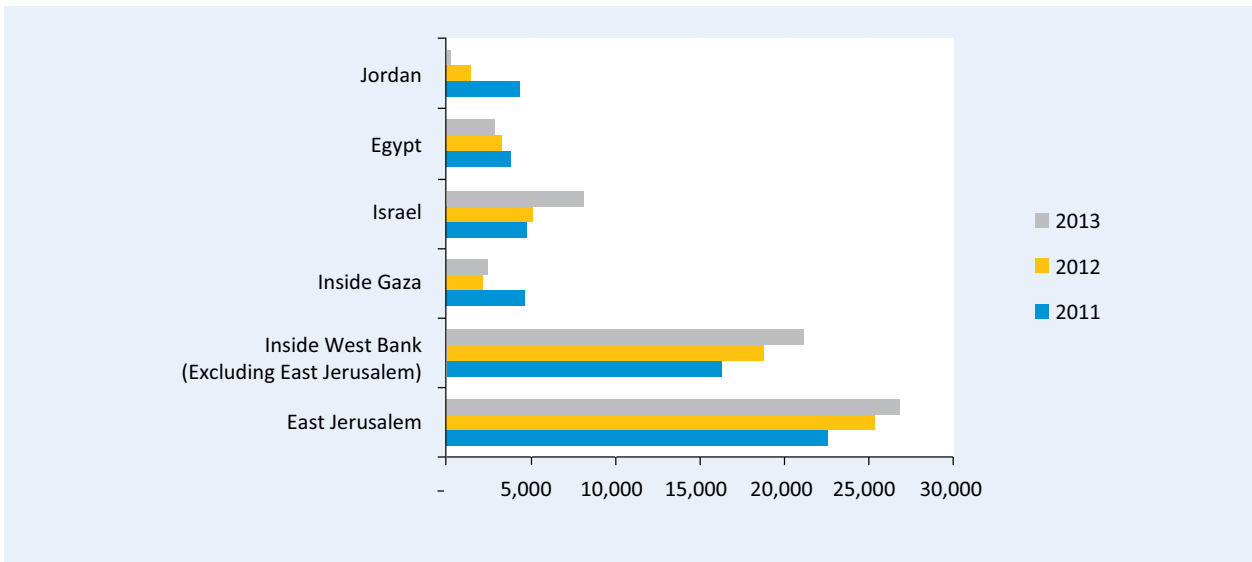


Figure 4: Trend in volume of MoH referrals, by destination, 2011-2013

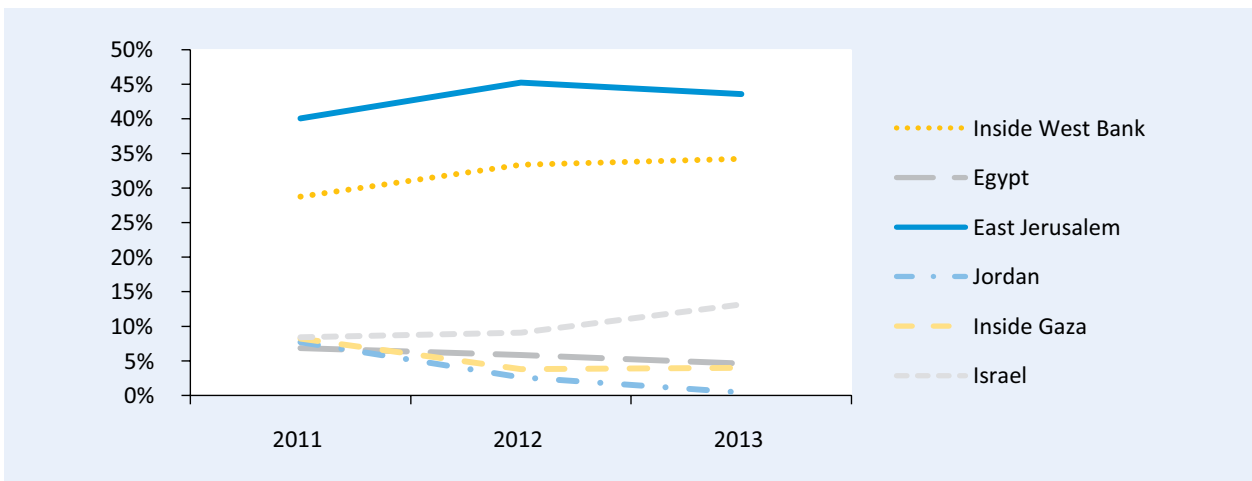


Figure 5: Trend in referral destinations, 2011-2013 (%)

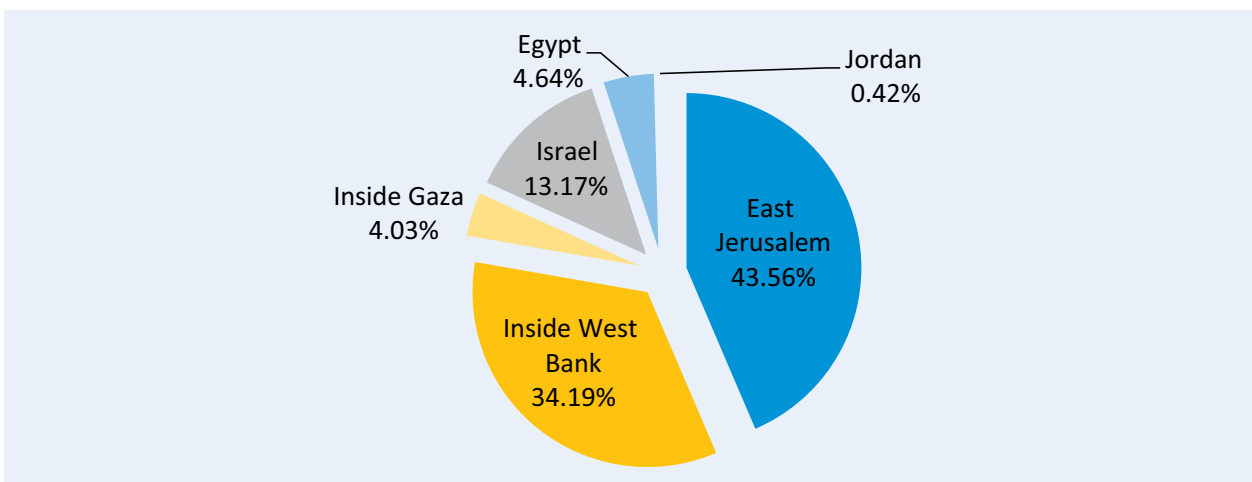


Figure 6: Distribution of West Bank and Gaza referrals, 2013

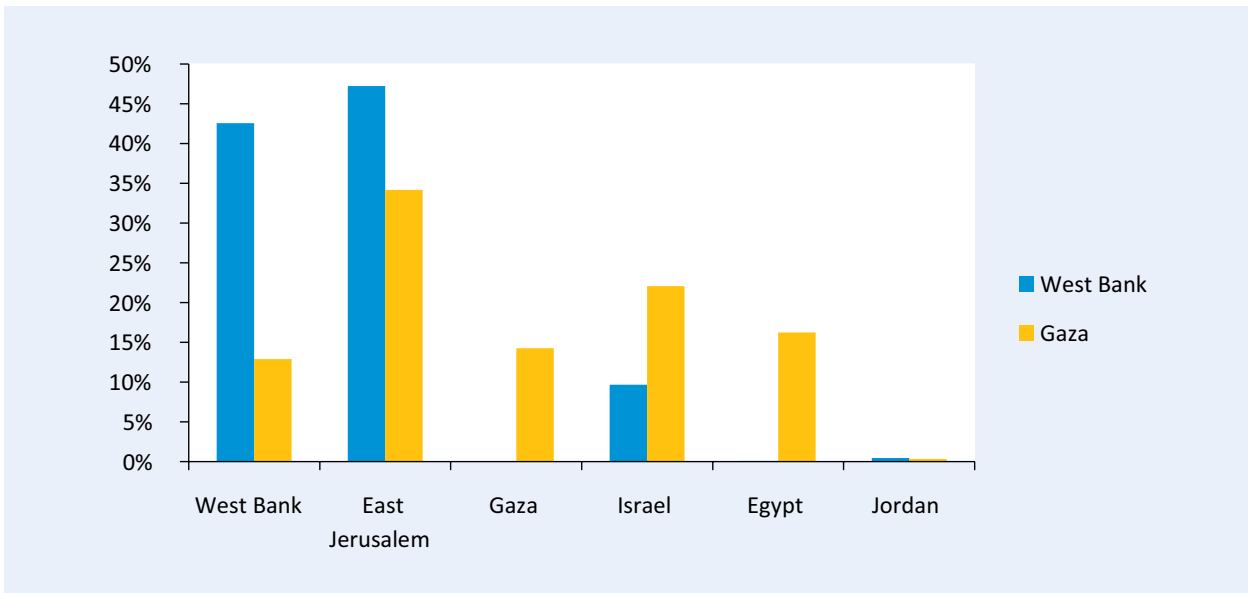


Figure 7: Comparison of West Bank and Gaza referral destinations, 2013 (%)

**Age:** The highest-consuming age group of referral services in 2013 was older adults aged 41-60, and second highest was children aged 0-17. The over-60 group is 4.4% of the population but accounts for 20.6% of referrals, reflecting the disease burden of non-communicable diseases (Figure 8).

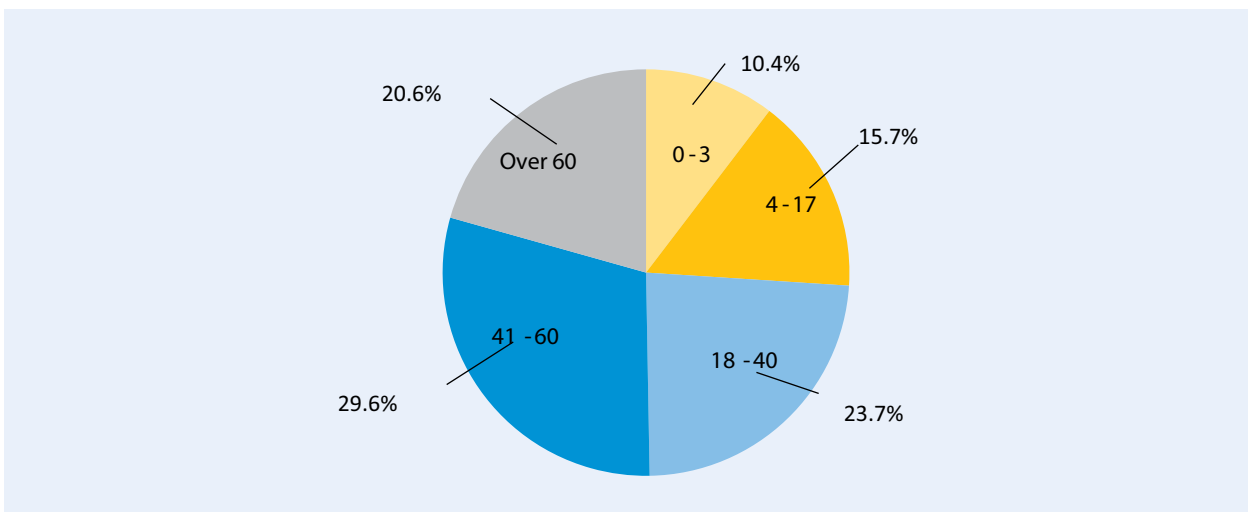


Figure 8: MoH referrals, by age group, 2013

**Sex:** A gender gap is evident and persistent over the three years when comparing referrals of males to females, in both the West Bank and Gaza but more so in Gaza (Figure 9). In 2013, more males than females were referred in every age group except in the West Bank for the 18-40 age group where 53.65% of referrals were for women of reproductive age.

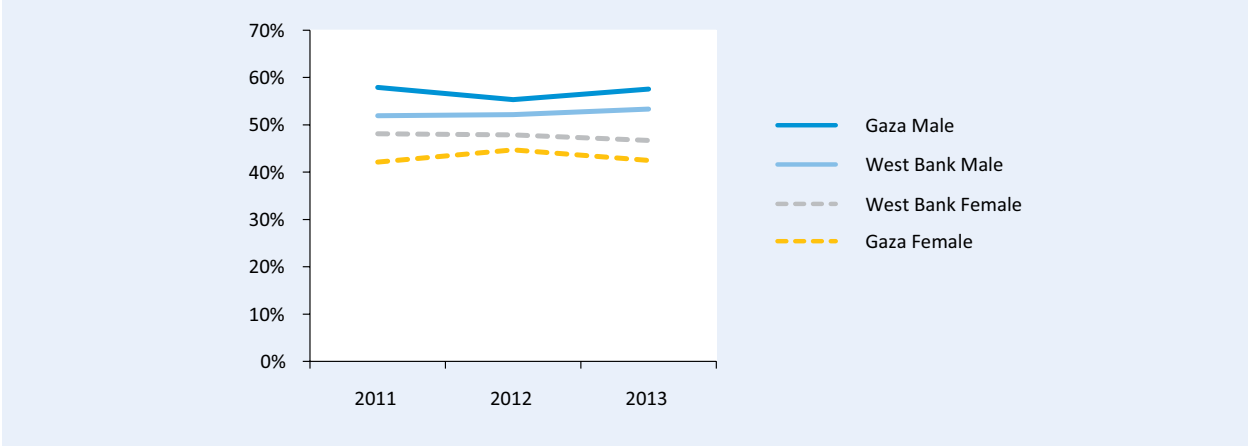


Figure 9: Sex differentials of MoH referrals, by region, 2011-13

**Medical reasons for referrals:**

Of the top 5 reasons for referral in 2013, the West Bank and Gaza both refer most frequently for cancer treatment, ophthalmology and pediatrics cases, with Gaza also referring commonly for nuclear medicine and orthopedic cases, and the West Bank for MRI diagnostics and internal medicine cases (Table 2). Oncology treatment for Gaza patients also represents the highest total cost of referrals due to the longer hospital stays required for chemotherapy and radiotherapy, and the high cost of drugs. A patient requiring radiotherapy must be referred outside of Gaza since the import of radiotherapy equipment into the West Bank or Gaza requires special approval from Israeli authorities, full access for technical maintenance, and considerable funding which has not been available. Patients are also commonly referred for chemotherapy due to shortages of one or more ingredients in the protocols.



Gaza referral patient in Augusta Victoria Hospital, East Jerusalem © WHO

**Table 2. Medical classification and frequency of referrals, by region, 2013**

Classification	West Bank		Classification	Gaza	
	No.	%		No.	%
Oncology	6710	15.17%	Oncology	2884	16.59%
MRI	5020	11.35%	Isotope Scan/ Nuclear Medicine	1232	7.08%
Internal Medicine	3479	7.86%	Ophthalmology	1226	7.05%
Ophthalmology	3421	7.73%	Orthopedics	1190	6.84%
Pediatrics	2836	6.41%	Pediatrics	1097	6.31%
Heart Catheterization	2743	6.20%	Urology	1094	6.29%
Nephrology	2345	5.30%	Cardiology	1032	5.93%
Urology	2121	4.79%	Hematology	924	5.31%
Rehabilitation	1795	4.06%	Neurosurgery	909	5.23%
Obstetrics/ Gynecology	1636	3.70%	MRI	854	4.91%
Lab analysis	1430	3.23%	Heart Catheterization	836	4.81%
Neurosurgery	1309	2.96%	General Surgery	558	3.21%
Orthopedics	1262	2.85%	Internal Medicine	523	3.01%
General Surgery	1240	2.80%	Neurology	385	2.21%
Isotope Scan/ Nuclear Medicine	1141	2.58%	Heart Surgery	378	2.17%
Vascular surgery	946	2.14%	Lab analysis	348	2.00%
Hematology	853	1.93%	Nephrology	314	1.81%
Cardiology	771	1.74%	ENT	275	1.58%
Heart Surgery	728	1.65%	Vascular surgery	262	1.51%
ENT	669	1.51%	Endocrinology	177	1.02%
CT Scan and Diagnostic Procedures	631	1.43%	Rehabilitation	170	0.98%
Neurology	272	0.61%	ICU	131	0.75%
Chest	194	0.44%	Obstetrics/ Gynecology	129	0.74%
Pediatric surgery	150	0.34%	Chest	110	0.63%
Chest surgery	146	0.33%	Plastic surgery	96	0.55%
ICU	143	0.32%	Maxillo-facial surgery	82	0.47%
Technical aids	73	0.16%	Pediatric surgery	42	0.24%
Maxillo-facial surgery	65	0.15%	Chest surgery	31	0.18%
Plastic surgery	56	0.13%	Other	27	0.16%
Dermatology & Venereology	31	0.07%	Dermatology & Venereology	24	0.14%
Endocrinology	12	0.03%	CT Scan and Diagnostic Procedures	23	0.13%
Burns	5	0.01%	Psychiatric disorders	9	0.05%
Oro-dental surgery	4	0.01%	Technical aids	8	0.05%
Other	4	0.01%	Burns	4	0.02%
Medicine	2	0.00%	Oro-dental surgery	4	0.02%
Psychiatric disorders	0	0.00%	Medicine	1	0.01%
	44243			17389	

Source: MoH Ramallah, 2014.

## 3.2 Access

**West Bank and Gaza health access, 2011-2013:** Access to health care facilities for more than half of all patients is subject to delays incurred by the need to seek permits from Israeli authorities or approval from Egyptian border authorities. Permits are difficult to obtain. While there is no published eligibility criteria for obtaining a permit, data collection and interview findings indicate that factors which appear to affect eligibility include age, sex, residency, civilian status, timing of travel, kind of medical treatment, and family relationships, in addition to unexplained 'security' reasons of Israeli authorities.

Figure 10 shows an increase in the volume of permits required for access over the past three years, while approval of access has been more difficult through Erez and through Rafah for Gaza residents and to Jerusalem for West Bank residents (Table 3).

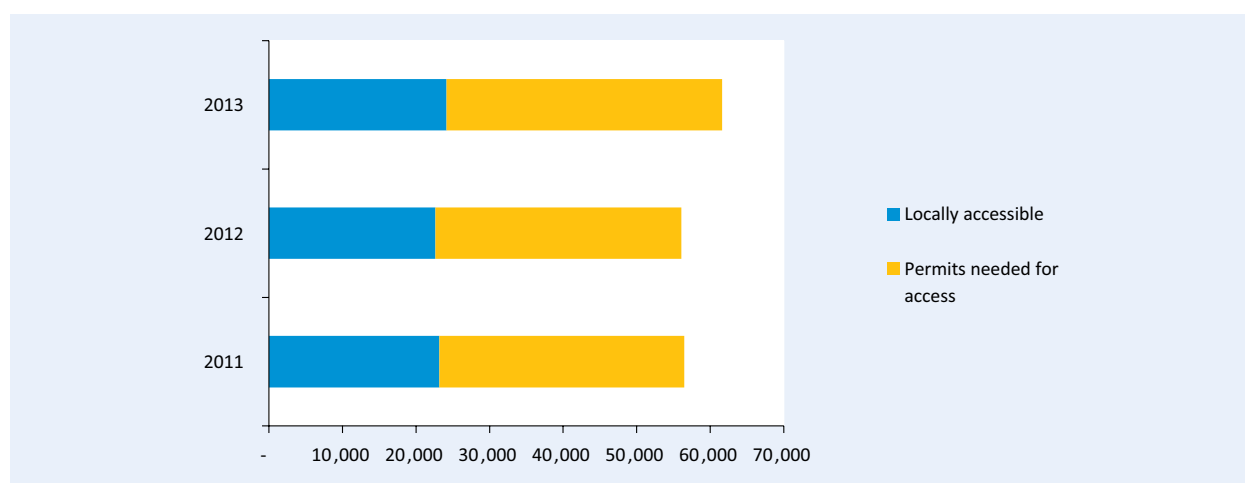


Figure 10: Access requirements for MoH referrals of West Bank and Gaza patients, 2011-2013

**Table 3. Applications for health access permits in West Bank and Gaza, by response, 2011-2013**

	West Bank (patients and companions)					
	2011		2012		2013	
	No.	%	No.	%	No.	%
Approved	142,550	81.4	177,051	79.7	187,578	79.5
Denied	30,356	17.3	39,196	17.6	40,219	17.0
Delayed	2,322	1.3	5,941	2.7	8,230	3.5
Total	175,228	100.0	222,188	100.0	236,027	100.0
	Gaza (patients only)					
Approved	9,478	89.8	8,628	92.5	12,121	88.7
Denied	237	2.2	84	0.9	42	0.3
Delayed	845	8.0	617	6.6	1,504	11.0
Total	10,560	100.0	9,329	100.0	13,667	100.0
: called for GSS interview*	197 (F:48; M: 149)		206 (F:65; M:141)		199 (F:29; M:170)	
	West Bank and Gaza					
Approved	152,028	81.8	185,679	80	199,699	80.0
Denied	30,593	16.5	39,280	17	40,261	16.1
Delayed	3,167	1.7	6,558	3	9,734	3.9
Total	185,788	100.0	231,517	100	249,694	100.0

Source: General Authority for Civil Affairs.

Note: Gaza data is of patients only; West Bank data is for all health access permits, including patients, patient-companions and hospital visitors.

\* GSS = Israeli General Security Services.





Rafah crossing, Gaza-Egypt border © WHO

### 3.2.1 Gaza patients

**Table 4. Patient access through Rafah, 2013**

	All Travellers through Rafah	of which: Patients and companions	Patients and companions (%)
January	22,559	4,722	21%
February	17,435	3,657	21%
March	19,132	4,215	22%
April	20,234	4,403	22%
May	17,774	3,701	21%
June	26,325	4,177	16%
July	8,091	411	5%
August	5,869	259	4%
September	3,482	276	8%
October	7,166	308	4%
November	3,798	421	11%
December	3,101	154	5%
<b>Total</b>	<b>154,966</b>	<b>26,704</b>	<b>17%</b>

**Source:** Rafah terminal authorities.

**Rafah:** Gaza patients lost access through one of their only two exit points when the Egyptian government closed the Rafah border in July 2013 to all but exceptional humanitarian cases. Before the July closure a large number of self-funded private patients and their companions had preferred exit through Rafah, in addition to patients referred by the Ministry of Health. The closure policy drastically reduced the number of days and hours of operation of the border, and limited categories of humanitarian travel<sup>[8]</sup>; the number of patients

<sup>[8]</sup> Access was limited to returning students, foreign passport holders with expired visas and patients with medical referral documents and their companions.

and their companions who could access that route to Egypt and beyond in the second half of the year was reduced by more than 92% (Table 4 and Figure 11). Patients were required to register to secure a date to travel, but due to the limited opening hours, waiting times for a travel date were up to 2 months. By December 2013, several thousand patients were on the waiting list of the Ministry of Health Emergency Medical Services. The closure was particularly difficult on patients who were unable or unwilling to apply for an Israeli access permit through Erez checkpoint, e.g. males aged 18-40 who experience the most difficulty. In 2013, 2,827 patients were referred to Egypt by the MoH; assuming two companions per patient, MoH referrals accounted for about one-third of those who travelled through Rafah to access health care.

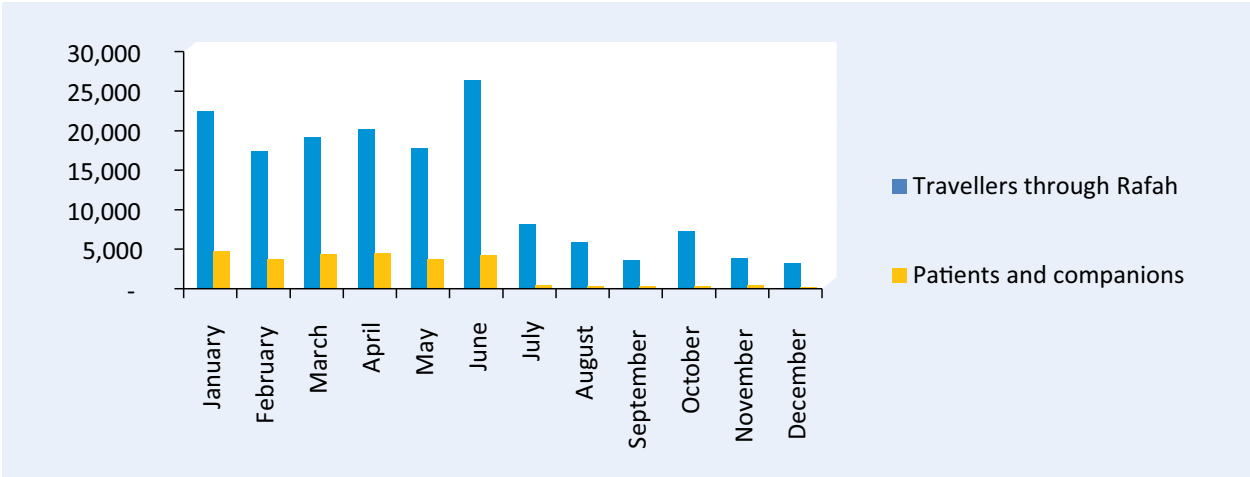


Figure 11: Monthly record of travellers and patients and companions exiting Gaza through Rafah, 2013

**Erez:** Gaza patients who are referred for medical treatment in hospitals in the West Bank or East Jerusalem, or in Israel or Jordan, must apply for an Israeli permit to access through Erez checkpoint on Gaza’s northern border with Israel. Applications must be submitted 7-10 days prior to the hospital appointment date, accompanied by medical documents, and if a permit is approved, patients are informed of their permit on the



Passenger corridor to Erez terminal, Gaza-Israel border © WHO

night prior to travel. Often permit decisions are delayed until after a hospital appointment has passed. In these cases, patients must then reschedule their appointments and may have to resubmit a new permit application. Some patients may be asked to appear for an Israeli security interview as part of the processing of applications. Typically during interviews, patients are seated alone in a small closed room for an entire day. Questions may or not may be asked, of them. After interviews permits may be approved, denied or no response given.

In 2013, the volume of applications increased 22.3% in the second half of the year due to the post-July closure of Rafah and increase in referrals to hospitals in West Bank, Jerusalem, and

Israel. More males (53.1%) than females (46.9%) applied for permits, consistent with the gender gap in MoH referrals. The approval rate for permits dropped from 93.6% in 2012 to 88.69% in 2013. 42 patients (0.31%) were denied permits and 1504 (11.00%) were delayed in obtaining permits and lost their hospital appointments (Table 5). 199 patients were asked to submit to a security interview. Patients aged 18-40 were most vulnerable, and males were less likely to be approved, and more likely to be denied permits, delayed, and called for a security interview (Figures 12 and 13).

**Table 5. Israeli responses to applications from Gaza patients for health access permits through Erez checkpoint, 2013**

2013	Total	F	M	Approved	F	M	Denied	F	M	Delayed	F	M	GSS	F	M
January	794	374	420	738	355	383	2	1	1	54	18	36	9	1	8
February	890	424	466	836	403	433	2	2	-	52	19	33	13	2	11
March	880	436	444	764	384	380	1	1	-	115	51	64	13	4	9
April	1,133	530	603	960	461	499	-	-	-	173	69	104	7	3	4
May	1,116	549	567	900	462	438	1	-	1	215	87	128	25	6	19
June	1,164	535	629	984	464	520	-	-	-	180	71	109	18	3	15
July	1,297	603	694	1,108	548	560	7	-	7	182	55	127	21	-	21
August	1,018	459	559	932	430	502	3	-	3	83	29	54	12	2	10
September	1,275	567	708	1,174	537	637	5	-	5	96	30	66	14	1	13
October	1,410	654	756	1,314	622	692	11	1	10	85	31	54	21	3	18
November	1,336	625	711	1,227	589	638	5	-	5	104	36	68	22	3	19
December	1,354	654	700	1,184	589	595	5	1	4	165	64	101	24	1	23
<b>Total</b>	<b>13,667</b>	<b>6,410</b>	<b>7,257</b>	<b>12,121</b>	<b>5,844</b>	<b>6,277</b>	<b>42</b>	<b>6</b>	<b>36</b>	<b>1,504</b>	<b>560</b>	<b>944</b>	<b>199</b>	<b>29</b>	<b>170</b>
				88.69%			0.31%			11.00%			1.46%		

Source: updated annual total for 2013, Palestinian District Coordination office, Ministry of Health, Gaza, 2014.

### Age of applicants denied/delayed

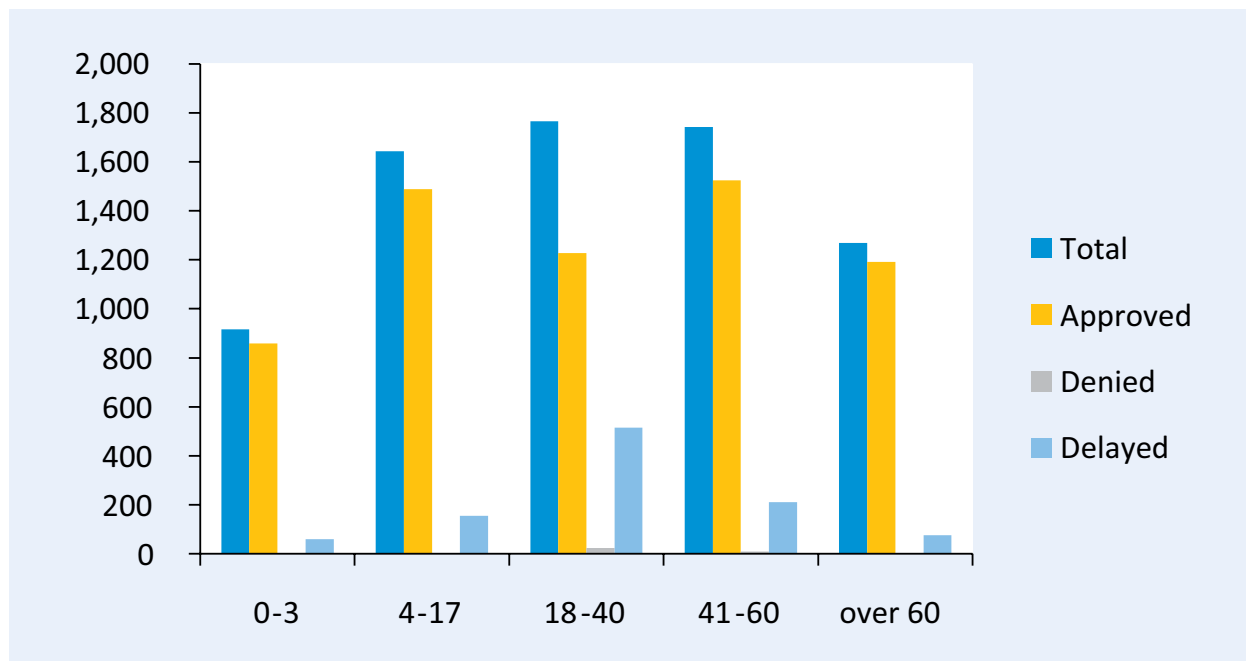


Figure 12: Israeli responses to Gaza patient applications for access through Erez, by age group, 2013

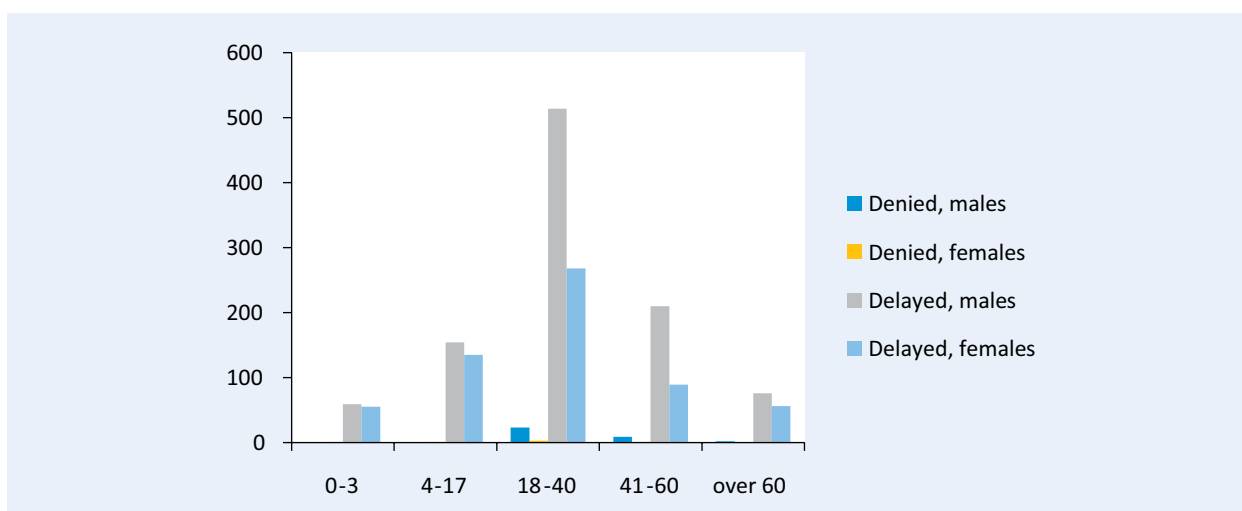


Figure 13: Israeli responses to Gaza patient applications for access through Erez, by sex, 2013

### Responses regarding delayed permits

Israeli authorities at Erez do not give reasons for denying a health access permit. When permits are delayed past the date of the hospital appointment, sometimes reasons are written. Table 6 shows the notes made for patients' applications in 2013 that were neither approved nor denied but pending some other action.

**Table 6. Reasons for delay of permit applications at Erez, 2013**

Unknown, no response	252	17%
Still under study	426	28%
Must change companion	223	15%
Needs new hospital appointment	207	14%
Waiting following security interview	199	13%
Waiting for security interview appointment	119	8%
Not suitable for referral outside	39	3%
New application needed	35	2%
Returned medical papers (can reapply)	8	1%

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

The trend in the rate of denied and delayed access permits for patients at Erez since 2006 has been inconsistent, rising to 40% of all applications in 2008 and then steadily improving until 2012 when approval rates dropped again and denied and delayed increased to 12% (Figure 14).

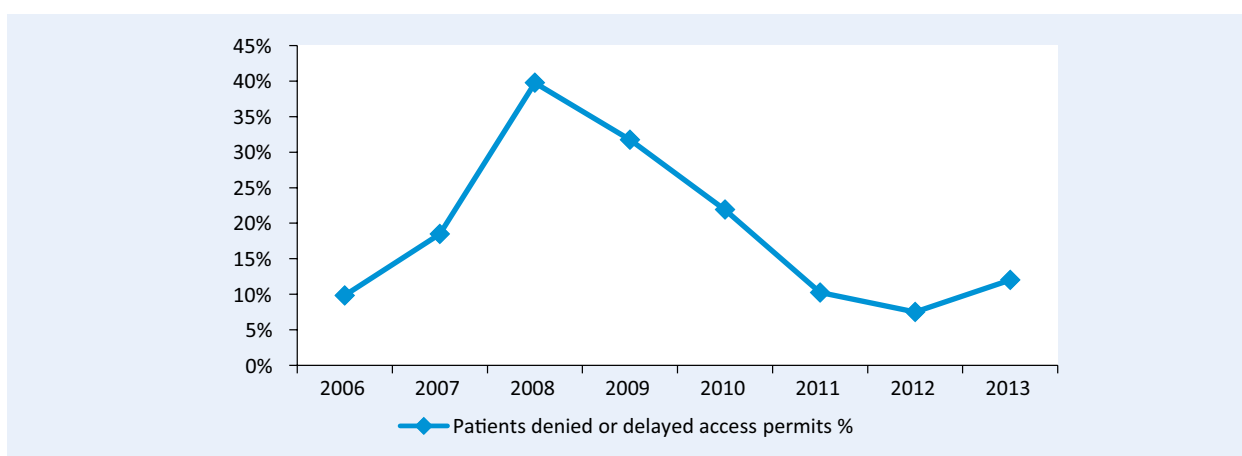


Figure 14: Gaza patients denied or delayed access permits through Erez, 2006-2013 (%)

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



Kalandia checkpoint, northern Jerusalem, blocking the Ramallah to Jerusalem road © WHO

### 3.2.2 West Bank patients

Of the almost one-quarter million applications for health access permits to hospitals in Jerusalem or in Israel that were submitted to Israeli military authorities through West Bank district offices from patients, patient-companions and hospital visitors, 20.5% were denied or delayed permits (Table 3). Figure 15 shows that permit approval rates vary widely between districts (numbered below), a phenomenon noted in WHO's previous annual report as well.<sup>[9]</sup> Those requiring permits to cross the Jerusalem checkpoints include patients with chronic diseases, such as kidney disease patients needing biweekly access to hospital for dialysis treatment.

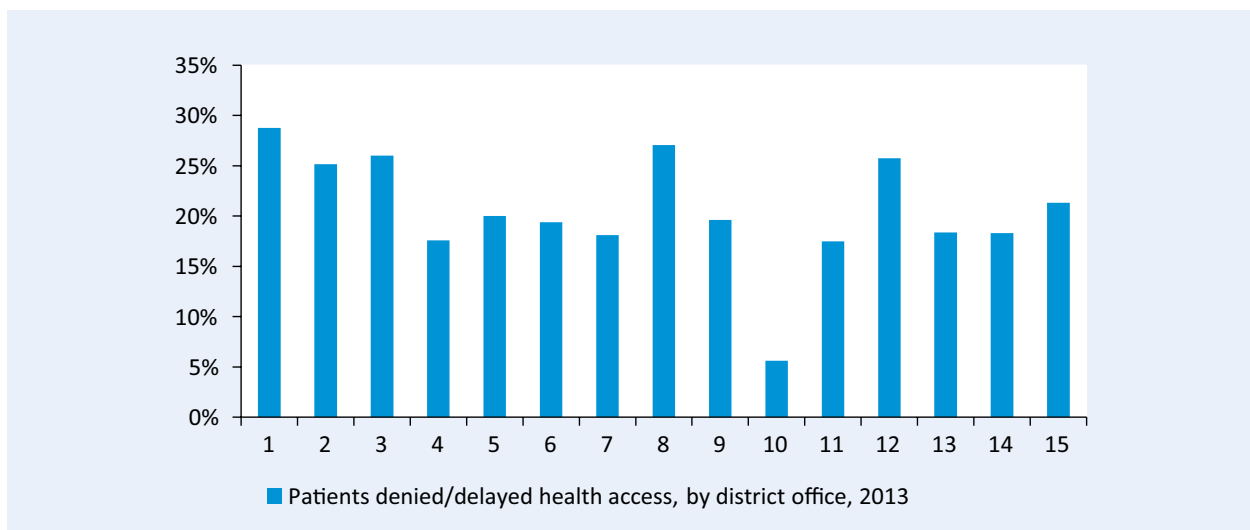


Figure 15: West Bank patients denied/delayed health access, by Israeli responses to Palestinian district office, 2013

<sup>[9]</sup> [http://www.emro.who.int/images/stories/palestine/documents/WHO\\_Access\\_Report-March\\_5\\_2013.pdf?ua=1](http://www.emro.who.int/images/stories/palestine/documents/WHO_Access_Report-March_5_2013.pdf?ua=1)

**Reasons:** A manual check of applications submitted in district offices in Quarter 4 of 2013 revealed that the most frequent reason for denying access was for ‘security’ reasons; ‘security’ or no reason was given to 1 in 3 patients who applied for access (Figure 16). Relatives who applied to accompany or visit patients were also denied most frequently for ‘security’ or no reasons (35.6%), for not being a close enough relative to the patient (20.2%) or because another relative had applied for a permit to accompany the patient already (7.0%). (Figure 17).

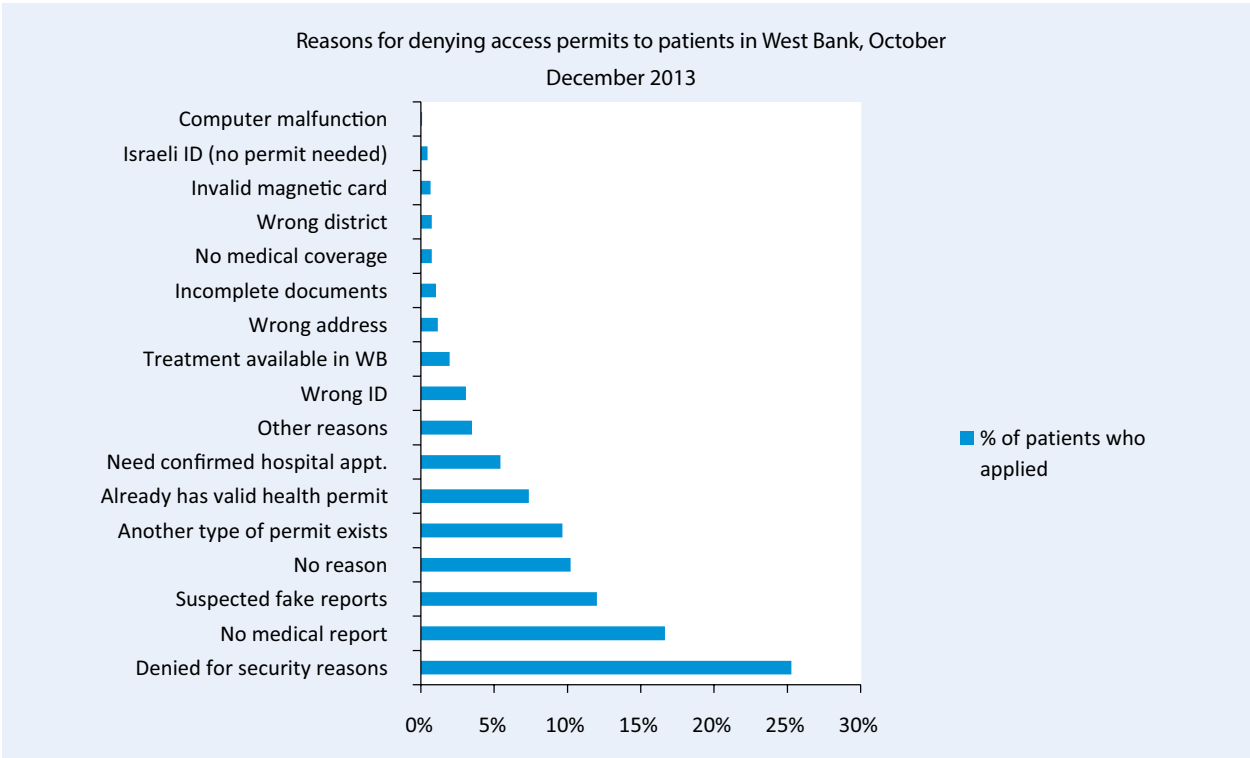


Figure 16: Reasons given for denying access permits to West Bank patients, October-December 2013

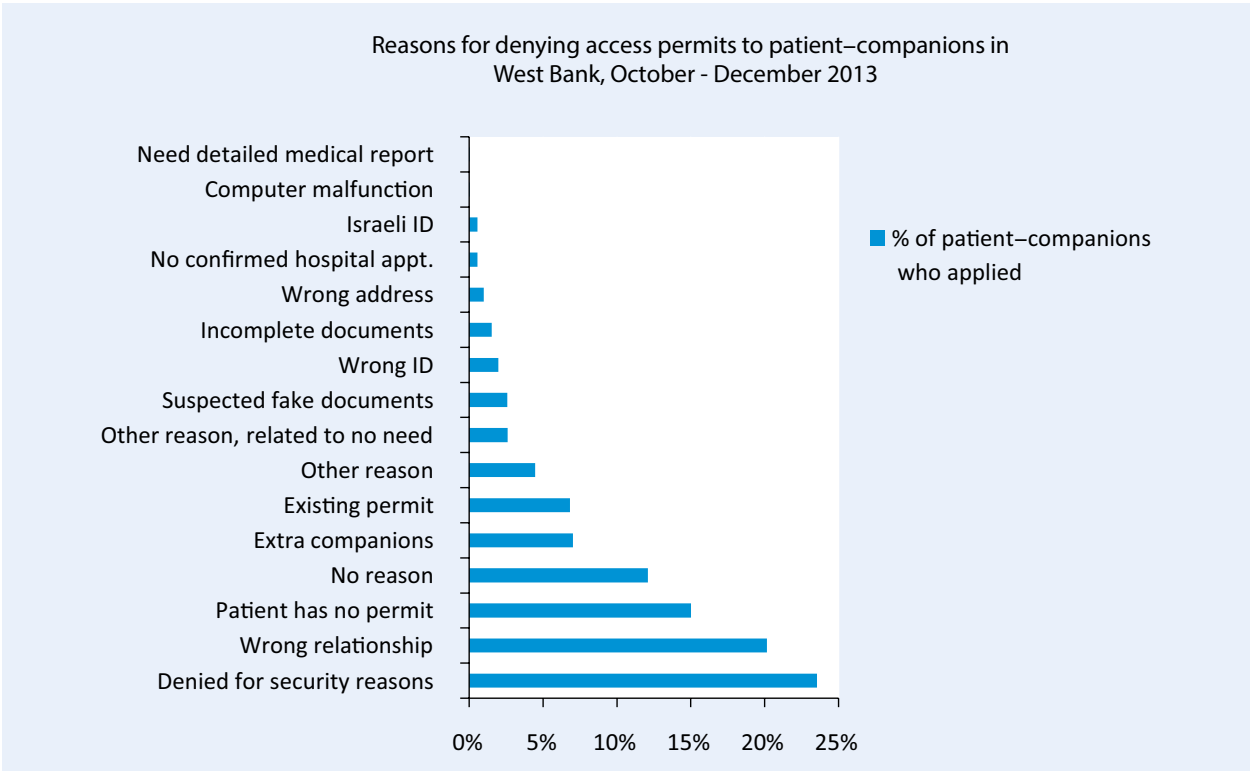


Figure 17: Reasons given for denying access permits to West Bank patient-companions, October-December 2013

### 3.2.3 Ambulance transfers

**Table 7. Palestinian Red Crescent Society ambulance access to Jerusalem, 2013**

Ambulance origin	Route to enter Jerusalem	2011			2012			2013		
		Total	Direct entry	Ambulance-to-ambulance	Total	Direct entry	Ambulance-to-ambulance	Total	Direct entry	Ambulance-to-ambulance
Nablus	Qalandia checkpoint	67	0	67	111	0	111	62	0	62
Qalqilya		26	0	26	18	0	18	21	0	21
Tubas		0	0	0	0	0	0	0	0	0
Tulkarm		41	0	41	36	0	36	47	0	47
AlBirah		511	3	508	657	10	647	508	1	507
Jenin		47	0	47	45	0	45	39	0	39
Hebron	Bethlehem checkpoint	154	16	138	184	31	153	246	46	200
Bethlehem		184	27	157	201	74	127	159	29	130
Jericho	Zaim checkpoint	44	3	41	40	1	39	35	1	34
<b>Total</b>		<b>1,074</b>	<b>49</b>	<b>1,025</b>	<b>1,292</b>	<b>116</b>	<b>1,176</b>	<b>1,117</b>	<b>77</b>	<b>1,040</b>
<b>% denied direct entry</b>				<b>95.50%</b>			<b>90.80%</b>			<b>93.10%</b>

Source: Palestinian Red Crescent Society, Ramallah.

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 Israeli Civil Administration to transfer a patient through a checkpoint. To avoid delay while negotiating for access at Jerusalem checkpoints, the Palestinian Red Crescent Society, the main emergency service provider into Jerusalem, uses “back-to-back” procedures for 93% of its transfers of patients from the West Bank to East Jerusalem. This means that a West Bank-plated ambulance will transfer a patient by stretcher to a waiting Jerusalem-plated ambulance at the checkpoint, a process that takes place in the open, delays patient transfer by a minimum of 10 minutes and often longer due to security checks by checkpoint personnel.



Back-to-back transfer between ambulances at Kalandia checkpoint in Jerusalem © WHO



The East Jerusalem hospitals left to right: Makassed, Augusta Victoria, St. John's Ophthalmic, St. Joseph's, Red Crescent Maternity and Princess Basma Center for Children's Rehabilitation

### 3.2.4 East Jerusalem Hospital staff

Two thirds of the total hospital staff of the six East Jerusalem hospitals carry West Bank IDs and therefore must apply for an Israeli permit to cross checkpoints to access their place of work. Permits must be reapplied for every six months, a restriction that interferes with efficient health management. In 2013, 1,117 employees applied for permits: 1,091 were approved six-month permits. Fourteen employees were approved permits valid for only three months. Twelve hospital employees were denied permits altogether. Fewer West Bank ID holders applied in 2013 compared to 2012, but more received special three-month permits rather than permits valid for six months.

**Table 8. East Jerusalem hospital staff permit applications, by response, 2012-2013**

Hospital	2012				2013			
	Total applied	Approved (6 mos)	Approved (3 mos)	Denied	Total applied	Approved (6 mos)	Approved (3 mos)	Denied
St. Joseph Hospital	126	122	3	1	n.a.	n.a.	n.a.	n.a.
Princess Basma Hospital	30	30	0	0	27	20	5	2
Makassed Hospital	541	530	0	11	520	511	0	9
Augusta Victoria Hospital	250	243	2	5	263	258	5	0
Red Crescent Society Maternity	94	93	0	1	98	94	4	0
St John's Ophthalmic Hospital	99	98	0	1	209	208	0	1
<b>Total</b>	<b>1,140</b>	<b>1,116</b>	<b>5</b>	<b>19</b>	<b>1,117</b>	<b>1,091</b>	<b>14</b>	<b>12</b>

Source: East Jerusalem hospitals, 2014.



### 3.3 Case studies: experience of patients

**Patients denied health access:** 37 cases of patients denied access in 2013 were followed up in 2014 to report on their status.

In Gaza, 42 patient applications for access through Erez were denied in 2013. All were followed up by telephone, of which 27 patients or their relatives responded about the status of their health access in March-April 2014 after being denied access in 2013. Eight patients reported having been denied more than once.

In the West Bank, WHO fieldworkers interviewed 10 patients and patient-companion applications in 2013 whose cases had been denied and followed up for further study by a WHO fieldworker. Application status results are as follows:

<b>Status of Gaza patient after being denied permit in 2013</b>	<b>No. (27 applicants)</b>
Changed destinations to Egypt, Jordan or Europe and received treatment	7 (of which 2 are still waiting to leave Gaza through Rafah)
Changed companion, applied again and access was approved	2 (including 4-year-old child)
Appealed through a human rights organization	3 succeeded
Appealed through a human rights organization and still waiting for response	4
Reapplied for a permit and was approved	2 (1 later died)
Treated, no details about access	1
No access/ gave up applying	8
<b>Status of West Bank patient after being denied permit in 2013</b>	<b>No. (10 applicants)</b>
Appealed through a human rights organization	1 succeeded
Appealed through a human rights organization and still waiting for response	1
No access/ gave up applying	6
Children whose parents were denied permits to accompany them	2

## A. Special issues hindering health access for referral patients

### MoH referral process:

**Referral approval procedures can be time-consuming.** Obtaining a referral took 1-7 days for 80% of Gaza patients and 8-14 days for 7.7% in 2013, but for the remaining 12.3%, about 1,400 patients, the decision process took from 2 weeks to over 6 months to receive the medical and financial approvals from the MoH.

### Israeli permit process:

**Security requirements:** Patient files are individually scrutinized and Gaza patients may be asked to attend a special security interview as part of the permit application process. West Bank patients must obtain valid magnetic biometric cards from Israeli military authorities in the West Bank before applying for a health access permit. Even critically ill patients, unless an emergency, must apply personally.

**Multiple permits needed to continue a course of medical treatment.** Cancer patients, for example, who need precise intervals for chemotherapy sessions or radiotherapy must apply for a new permit for every hospital appointment and risk being denied or delayed, which can have serious health consequences.

**Only one companion is eligible for a permit at one time for Gaza patients,** which puts a burden on companions during long hospitalizations of patients. Also other relatives may want to make visits to patients, especially during long stays in hospital and if the patient is approaching death. This is especially difficult for grandparents of children and other elderly companions who have health needs themselves.

**Patients must walk through checkpoints,** carrying their personal items, unless patients are being transferred in an ambulance. This can be a time-consuming and tiring process for patients who are elderly, seriously ill, disabled, using medical equipment, and new mothers with infants.

**The almost exclusive use of Hebrew in Israeli hospitals** for medical reports and as the working language can interfere with a patient's right to give informed consent, as there is no system for Arabic translation for families. Often families do not even know the diagnosis of the patient or the recommended medical procedure, and are unable to ask questions.

**Patients and their companions are confined to the hospital grounds only, even for long hospitalizations.**

## B. Gaza patients delayed treatment due to Israeli demand to change companion, 2013

**Problem:** Referral patients who are children (aged 0-17) must be accompanied by a first-degree relative; other patients who have disabilities, elderly patients and patients who are critically ill or who will undergo major surgery also need to be accompanied by companions. All companions must apply for an access permit; if they are denied or delayed, the patient cannot travel at all (if a child), must travel alone or can submit the name of an alternative companion, and wait for approval. If the patient loses their appointment they must begin the application process again. In 2013, according to the Palestinian District Liaison Office in Gaza, 223 patients were delayed in accessing health care by Israeli authorities who asked them to change their companions. No explanation is usually given for the rejection of a companion.

**Method:** A list of patients delayed for reason of changing companions in 2013 was obtained from the Palestinian District Liaison Office and disaggregated by age groups (0-17; 18-49; 50 and older), by sex and by severity of diagnosis. 45 patients were selected for telephone follow up by a WHO field worker in March and April, weighted toward males to model data on patient permit applications. Patients were informed of the aim of the research and consented to cooperate.

**Results:** Of the 45 patients delayed due to companions being rejected and who were selected for follow up telephone calls, 39 responded and 6 did not respond. 36 of 39 responders were eventually granted permits and accessed their medical treatment. Of these 36:

- 30 patients eventually received permits and accessed treatment after changing companions or had to travel alone, including 2 older women patients who travelled alone for major surgeries as they had no other available companion
- 4 patients decided to change their destination (to Egypt) rather than travel unaccompanied by their companion
- 2 patients died in referral hospitals after being delayed in accessing care

3 of the 39 patients delayed in 2013 were unable to access medical treatment (as of April 2014)

- 2 patients (including 1 child who is deaf and whose mother and father were both denied permits) were delayed and had not accessed treatment
- 1 patient was still waiting for medical treatment, after reapplying for a referral and rescheduling their hospital appointment

Delays ranged from days to weeks and made rescheduling of hospital appointments necessary. Several patients were asked to change their companions multiple times. Several patients travelled alone rather than further delay their medical care, after not being able to find an acceptable or available companion.

**Discussion:** Patients who need to be accompanied by a companion risk being delayed medical care if Israeli authorities refuse or delay approving their permits until they change their companions. Companions can be arbitrarily denied permits and reasons are not given. Children should not be denied accompaniment by their parents, and should not be delayed medical care due to a request to change companions. Travelling outside of Gaza for medical treatment for a serious medical condition can be stressful for any patient and physically difficult to negotiate, and all patients need family or social support in hospital for their psychological well-being.



## C. Children with problems of access to medical care, 2013

**Problem:** Referral patients who are children (aged 0-17) must be accompanied by a first-degree relative (parents, grandparents, aunts or uncles) who must apply for an access permit. Permit application procedures can be time-consuming. If the relative is rejected, the patient will not be able to travel until another relative can apply and be accepted by Israeli authorities. Usually no explanation is given for the rejection of a companion.

**Methods:** Patients aged 0-17 years were selected on recommendations of hospital social workers and patient support groups in Jerusalem and the Ministry of Health Referral Abroad office in Gaza. A WHO semi-structured questionnaire for patients who were denied or delayed medical care was used for interviews with patients' families about access problems of companions of children. 21 patients/families were interviewed in March-April 2014.

### Study group:

- Sex: females (6) and males (15)
- Residency: Gaza (15) and the West Bank (6)
- Age: 0-4 years (13), 5-9 years (5), and 10+ (3)
- Insurance: Ministry of Health/UNRWA (17); additional special insurance (2); no insurance (2)
- Source of referral: treating hospital (12); private physician (3); MoH (4); health NGO (1); unknown (1)
- Destination: Augusta Victoria Hospital (5); St. John's Ophthalmic Hospital (3); Israeli hospitals (12—of which 6 referred from other destinations: 2 Egypt, 2 Jordan, 2 East Jerusalem hospitals); unknown (1)
- Financial coverage: MoH 100% (19); Peres Center in Israel (1); private patient in Egypt, financed when referred by MoH to Israel (1)

### Results:

Families reported a long referral and permit process and difficulties in making appointments at hospitals, especially at Israeli hospitals. Many of the children were suffering from cancer and had lengthy hospitalizations requiring parental support. Despite their difficulties, families (20) reported preference for East Jerusalem and Israeli hospitals due to the high cost and poor quality of medical treatment experienced in Egypt and Jordan. One family preferred local treatment in Gaza rather than their current destination in East Jerusalem.

9 children of the 21 children in hospital experienced the denial of one or both parents to accompany them: mothers (2), father (1) and both parents (6). Four parents submitted applications for permits multiple times: a mother applied 7 times (once approved), a father applied 2 times (once approved), one father applied 17 times (once approved). In one child's case, both parents were denied 3 times and then both were approved on the fourth application. Five parents who were denied changed companions for their child and were replaced by their grandmother (2), grandfather (1) and uncle (2). One child, aged 14, was sent alone to treatment in an Israeli hospital after both parents were denied permits.

Only 2 denied parents received documentation of the denials, stating for "security reasons," while other families received phone calls about their denials. One Gaza father was asked to appear for a security interview.

**Discussion:** Israeli responses to applications from parents of children who require specialized medical treatment in outside hospitals are unpredictable. Parents are at high risk of being arbitrarily denied permits. Children's health and well-being depends on being accompanied at hospital by their parents. Ill children should not be denied this support, and should not be delayed medical care due to Israeli authorities asking for a change of companions.

## D. Complicated permit process delays medical treatment for Gaza child with thyroid cancer

Sabrin, a 16-year-old patient from Khan Younis who suffers from thyroid cancer and requires evaluation at an outside centre where radioactive iodine treatment is available, has repeatedly lost her medical appointments at an Israeli hospital due to the permit procedure at Erez checkpoint. Delays in radioactive iodine treatment for cancer can lead to recurrence of the disease and metastasis and can triple the probability of complications if more than six months after surgery.

- Sabrin has been under medical care since she was 12 for a prominent goiter from an enlarged thyroid gland.
- On July 23, 2013 Sabrin underwent surgery in the European Gaza Hospital for removal of her thyroid gland which on biopsy revealed papillary carcinoma of the thyroid.
- After her post-operative condition stabilized, on September 9, Sabrin was referred by her oncologist for a total body iodine scan (WBIS) and radioactive iodine ablation (RAI).
- On October 2, Sabrin received the MoH referral with financial coverage with a hospital appointment date of November 3 and immediately applied for a permit to cross Erez.
- On November 3, the date of her hospital appointment, Sabrin and her family went to Erez but were told at the Palestinian checkpoint that her name was not on the permit list and that she should check her status with the Palestinian coordination office. The Palestinian coordinator for patients informed her that she was called for an Israeli security interview on November 10, but they would discuss her case with the Israeli authorities since as a child, she should not attend an interview. She returned home with her parents.
- The Palestinian MoH arranged for a new hospital appointment for Sabrin for December 22 and applied again for her for a permit to cross Erez to reach Meir hospital in Israel.
- The Palestinian District Coordination Office reported that Sabrin was finally granted a permit on December 23, five months after her surgery, and 73 days after applying. She crossed Erez on the same day and travelled to Maier hospital for her appointment. She spent 2 days in hospital for testing.
- She applied on January 5, 2014, for a follow-up appointment on January 12, but on January 16, after not receiving a permit and losing her appointment, she was told to submit a new application.
- Her third application was made on March 6 and with support the family obtained a follow-up appointment at Meir hospital on March 9, 2014, and received a permit to enter that day. She spent another 2 days for tests. According to the mother, the Israeli doctors have not decided yet on the radioactive iodine treatment. They first need to perform an isotope scan.
- Sabrin's family applied a fourth time on April 16 with an appointment on April 23, but lost the appointment while waiting for a permit and were told to reapply, their fifth application, which they submitted on May 12, for an appointment on June 8.
- The family was informed on the morning of June 8 that they received a permit, the same day as their hospital appointment, and they travelled immediately to Meir hospital.

**Note on radioisotopes in Gaza:** Gaza lacks radioisotope diagnosis and radiotherapy services due to the highly restrictive Israeli policies controlling movement of people and goods into Gaza, as well as due to the poor financial situation of the Palestinian Ministry of Health. Gaza's main Shifa hospital planned for a special radioisotope centre in 2003 for nuclear medicine services but was not able to secure the funds from donors or guarantees from suppliers to provide the material needs and human resources. These restrictive conditions have led to the current situation of a lack of trained physicians and technicians to support the services, as well as a lack of radioisotope equipment and materials, some of which Israel considers to be "dual use" and therefore subject to lengthy coordination procedures. In early 2014, Israel demanded a commitment letter from international agencies seeking to import dual use goods whereby they must pledge to receive, maintain and continue to monitor "forever" the use of such goods in Gaza.

## E. Patients who received no response to their request to cross Erez for health treatment in 2013

**Background:** Of the 1504 Gaza patients delayed medical treatment in 2013, 252 heard no response from Israeli authorities to their health access permit application to cross Erez checkpoint and could not travel to their scheduled appointment at hospitals outside of Gaza. WHO followed up with a sampling of patients to examine how this affected their health outcomes.

**Methods:** The list of 252 patients was categorized into age groups and severity of diagnosis and weighted towards males to model data. Based on this, 52 patients were selected for follow up in March-April 2014.

**Findings:** 52 patients were contacted by phone:

10 could not be reached (no answer, wrong number or no number available)

42 responded:

- 37 had to reapply for a permit (some multiple times) after their first application went unanswered and they missed their initial hospital appointment. Eventually they were given permits through Erez but after considerable delay.
- 2 patients changed their treatment destination to Egypt where they eventually received treatment.
- 2 patients were still waiting for a permit for medical treatment after making new applications and hospital appointments.
- 1 patient, a 26-year-old man who suffers from a cataract and risks vision loss, was denied a permit and could not access treatment.

**Conclusion:** Patients are left in uncertainty by not receiving timely responses to permit applications until the date of their hospital appointment is past. The considerable length of time that Israeli permit processing takes unnecessarily delays their medical treatment. Processing should accord patients priority and ensure that responses are given prior to hospital appointment date.

## F. Gaza patients and patient-companions detained at Erez in 2013

Patients and their companions risk being detained while travelling through Erez checkpoint, or following a security interview. The Palestinian human rights organization al Mezan reported that 5 patients and 5 patient-companions were detained in 2013; 3 patients and 4 companions were still in detention in 2014.\* Below, WHO reports on 2 patients and 3 companions detained.

**Husband detained:** A 35-year-old woman from Gaza applied for a permit to cross Erez, after which she was asked to attend an Israeli security interview. When she arrived at Erez accompanied by her husband, the Israeli authorities asked her husband to attend a security interview instead. He was arrested and detained, eventually released in 2014 after 6.5 months in prison and following a court appeal. The patient sought local treatment for her eye pain waiting for her husband to be released and she could exit Gaza for surgery. At the time of interview, the family was unsure whether to risk applying again for access through Erez.

**Patient's son arrested:** The 41-year-old son of a 68-year-old disabled patient from Gaza received a permit to accompany his mother to a hospital in Jerusalem for her orthopedic surgery but was arrested at Erez checkpoint. The mother's medical treatment was delayed 3 months. The son is still awaiting trial in Askelon prison.

**Patient detained 12 days at Erez:** A 24-year-old patient from Rafah with conductive hearing loss in both ears was detained by Israeli security forces at Erez Crossing after appearing for a security interview for a permit to travel to an East Jerusalem hospital. He was interrogated for 12 days and then released. He had previously been referred for surgery in Egypt but was unable to travel there in August 2013 after the Rafah closure. He is still not treated and at risk of total hearing loss.

**Patient arrested at Erez checkpoint:** A 33-year-old patient with chronic hepatitis, from Beit Hanoun, was referred for treatment in a West Bank hospital for an ophthalmic condition. He was detained by Israeli security forces at Erez crossing en route to hospital in Ramallah. According to his lawyer, he is awaiting a trial and his health condition is stable, but no ophthalmologist has checked him, only a general physician in the first days of his interrogation.

**Brother of dead patient detained at Erez:** 54-year-old Mohammed Abu Harbid was arrested at Erez July 10 as he was returning to Gaza with the body of his brother, Suleiman Abu Harbid, 58, who had died in Ikhilov hospital in Tel Aviv from stomach cancer. His body was returned to family members in Beit Hanoun in Gaza while Mohammed was held for 3 hours at Erez, missing his brother's funeral. The brothers had travelled together to the hospital on June 16, 2013.

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\* Communication with WHO in Gaza, May 2014.



## G. West Bank referral patients denied permits, 2013\*

Patient information	Summary of access problems
Male, 25, congenital retinal damage	Denied access many times to Hadassah hospital for genetic testing and follow up although patient had access before age 16 (and also for vocational training at a vision disability centre). Appealed through a human rights organization and waiting for response.
Male, 39, victim of gun assault in 1999, multiple internal injuries	Had been followed up from 1999 in Hadassah hospital but denied access several times since 2012 for 'security reasons'. Told by Hadassah hospital that they received a letter forbidding them from issuing him appointments. Appealed through a human rights organization and a private lawyer. Needs replacement of nephrostomy kit every 10 weeks. Now purchases it from the factory in Jerusalem through a taxi driver at NIS 1400 and has it inserted by a Palestinian physician in Ramallah, but needs specialist medical follow-up.
Male, 65, laryngeal cancer	Denied access for 'security reasons' to a Jerusalem hospital in 2012 for follow-up after being treated there regularly for 3 years. Also denied travel to Jordan for medical care. Appealed through International Committee of the Red Cross and received one-week permit in late 2013 for investigation of possible recurrence of cancer.
Male, 28, disability from gunshot injury to leg in 2000 and complications	Denied access to Jordan and denied access to a Jerusalem hospital many times for 'security reasons' since 2009; granted permit in January 2010 for one day in Makassed after making appeal in newspaper. Most recently denied in November 2013. Treated in Nablus by a visiting vascular surgeon from Jordan and requires follow-up with same vascular specialist surgeon in Jordan. Appealed through a human rights organization, presidential office and district office.
Female, 10, brain tumours	Child diagnosed in July 2013. (Her 19-year-old brother has kidney failure and was treated in Jordan and is now also treated in Rambam hospital in Israel.) Father always denied permits to stay with his 2 children in hospital for 'security reasons'. The child travels to Rambam by herself.
Male, 17, bone disease	Father denied a permit several times to accompany his son, most recently in late 2013; granted a 1-day permit to travel to Tel Aviv hospital, then twice refused a permit to take his son for biopsy.
Male, 41, severe skin allergy and diabetes	Referred to Hadassah, permit denied many times for "security reasons". Patient cannot afford treatment in Jordan.
Female, 60, gangrenous foot	Denied urgent health access to a hospital in Jerusalem; all nine children also denied to accompany her. Treated locally by amputation of limb.
Female, 7, corneal ulcer with poor vision	Child treated locally; did not improve and referred to Jerusalem. (Mother earlier treated at Makassed herself.) Now mother denied access to accompany daughter to a hospital in Jerusalem and is reluctant to send her daughter alone.
Female, 32, inability to complete pregnancy; spontaneous abortions	Denied access to a hospital in Jerusalem for 'security' reasons.
<b>DEATH</b>	
Female, 14, rare genetic disorder and paralyzed since age 8 (twin died at 4 years of age)	Ambulance delayed at two checkpoints trying to reach Beit Jala hospital and then drove to Ramallah hospital; delayed 1 ¼ hour and child died before reaching hospital due to heavy traffic at checkpoint barriers and inability to access nearest hospital due to barrier.
*Based on 11 case studies collected by WHO researchers, January 2014.	

## 4. Conclusions and recommendations

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This report presents data that demonstrates how Israeli occupation policies have created barriers for Palestinians from Gaza and the West Bank who need to access specialized health treatment outside of their locality. Although most of the referral medical centres are located within the occupied Palestinian territory, Palestinians are required to apply for permits to access them. The application process is difficult and time-consuming, can involve security interviews and end ultimately in denial or delay of medical care for thousands of Palestinians, including children, the disabled and elderly. These delays are unnecessary and have harsh consequences for vulnerable individuals on their way to medical treatment.

### **Recommendations:**

- All patients should be made a priority by all duty-bearers, be granted access and given all necessary, available services (ambulance access, if needed).
- Ambulance transport of patients should not present additional risks of discomfort or delay for patients and therefore the current back-to-back procedures should be halted at Erez and at Jerusalem checkpoints.
- Immediately, Israel should be asked to provide written protocols of eligibility for permits, and written reasons when denied, and develop a clear appeal process, as well as ensure that all applications are processed by Israel before hospital appointment dates. All-day 'security interviews' of patients must stop.
- Meanwhile, the humanitarian community should intervene to press Israel to cancel the permit system for patients and allow 24/7 access through Erez and to Jerusalem for referral patients, with similar procedures to that used by standard airport security, to facilitate 'safe passage' in a manner that is predictable, efficient, safe and maintains the patient's dignity.