Health Access
Barriers for patients in the occupied Palestinian territory

10,676 referrals issued to Gaza and West Bank patients to access health facilities outside the Palestinian MoH

- 3,612 Gaza
- 6,396 West Bank

71% of Gaza patient permit applications to Israeli authorities and
53% of companions permit applications to exit via Erez approved

84% of West Bank patient permit applications and
78% of companions permit applications approved

7 Gaza patient companions called for security interview, delayed
- 2 accepted
- 5 delayed

IN FOCUS
East Jerusalem hospitals a cornerstone of the Palestinian health system

Ref: Seven
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Part 1 Referrals

July Referrals by the Ministry of Health

In July, the Palestinian Ministry of Health approved 10,676 referrals. 60% (6,396) of referrals were for West Bank patients, including 1,223 referrals for patients from Jerusalem, while 34% (3,612) of referrals were for Gaza patients. The origins for 665 referrals (6%) were not reported and three patients were referred from Jordan. Referrals for female patients comprised 47% of the total. Reduced referrals to Israeli hospitals persisted, reflecting the Palestinian MoH’s decision in March. There were 121 referrals to Israeli hospitals from Gaza, 31% of the 2018 monthly average (389), and 433 referrals for West Bank patients, 37% of the 2018 monthly average (1,185). 68% of Gaza referrals required Israeli-issued permits, while 15% required access through Rafah terminal to access healthcare in Egypt. In the West Bank, 41% of referrals were to facilities in East Jerusalem or Israel, the majority of which require Israeli-issued permits to access care.

Chart 1 shows the number of referral issued to patients in Gaza from January 2018 to July 2019.

Chart 1: Total number of referrals approved for Gaza patients, January 2018 - July 2019
Part 2 Access

The Gaza Strip

There were 2,295 patient applications to cross Erez for healthcare in July. A third (33%) were for children under age of 18 and 16% were for patients aged 60 years or older. 46% of applications were for female patients and 92% of applications were for medical care funded by the Palestinian Ministry of Health.

More than two-thirds (68%) of applications to cross Erez were for appointments in East Jerusalem hospitals, a fifth (20%) for West Bank hospitals and 12% for Israeli hospitals. Augusta Victoria Hospital (31%) and Makassed Hospital (29%), both in East Jerusalem, received three-fifths of permit applications (60%). The top five specialties accounted for 68% of permit applications: oncology (32%); paediatrics (10%); cardiology (9%); haematology (9%) and orthopaedics (8%). The remaining 32% were for 23 other specialties.

Approved permit applications: 1,636 (835 male; 801 female), or 71% of the 2,295 applications to cross Erez in July 2019 were approved, 5% higher than the approval rate for the first half of 2019. Chart 2 shows a 12-month trend for Israeli responses to Gaza patient permit applications. More than a third (35%) of permits approved were for children under age of 18 and about a fifth (18%) were for patients aged 60 years or older.

Denied care: 196 patient applications (127 male; 69 female), or 9% of the total, were denied permits to cross Erez for healthcare in July. Those denied included 45 children under the age of 18 years and 23 patients aged 60 years or older. 20% of denied applications were for appointments in orthopaedics, 14% for ophthalmology, 13% for oncology, 10% for neurosurgery, and 7% each for paediatrics, cardiology, and general surgery. 88% of denied permit applications were for appointments at hospitals in the West Bank, including East Jerusalem.

Delayed care: 463 patient applications (277 male; 186 female), or 20% of the total, were delayed access to care, receiving no definitive response to their application by the date of their hospital appointment. Of these, 142 applications were for children under the age of 18 and 52 applications were for patients aged 60 years or older. 25% of those delayed had appointments for oncology, 12% for orthopaedics, 10% for cardiology, 9% for paediatrics, and 7% for haematology. The remaining 37% were for 17 other specialties. The majority of delayed applications (361 or 78%) were ‘under study’ at the time of appointment.
Access for those injured during demonstrations:  
As of 31 July 2019, according to Gaza's Coordination and Liaison Office, there had been 575 applications to Israeli authorities by those injured in demonstrations to exit Gaza via Erez crossing to access health care. The approval rate of this group is significantly lower than the overall approval rate for patient applications to exit Gaza, with 18% (102) approved, 27% (153) denied and 56% (320) delayed.

Security interrogation  
July data shows that there were no patients and seven patient companions were called for security interrogation as a prerequisite to traveling to accompany a relative patient. Two patient companions were approved and five were delayed, receiving no definitive response to their applications by the time of the patient’s hospital appointment.

Patient companions:  
In July, there were 2,605 permit applications to Israeli authorities to cross Erez to accompany patients. These applications include parents or other companions applying to accompany children. Only one companion is allowed to accompany each Gaza patient and permits are conditional on security clearance. In July, 1,377 patient companion applications (53% of the total) were approved, 416 applications (16%) were denied and the remaining 812 (31%) were delayed, receiving no definitive response by the time of the patient’s appointment. Chart 3 shows the trend over the last 12 months for Israeli responses to patient companion applications.

Patients and companions crossing Erez:  
The Palestinian General Authority of Civil Affairs reported that 1,885 Gaza patients and 1,621 companions crossed Erez in July to access hospitals outside the Gaza Strip. Of these, 52 patients were transferred by back-to-back ambulance. During the month, Erez crossing was open for 27 days for daytime working hours and closed on 4 days (4 Saturdays).
In July, there were 10,105 patient applications by West Bank patients to the Israeli authorities to access health care in East Jerusalem and Israel. Restrictions on the movement of Palestinians from the West Bank to Israel and East Jerusalem are less severe for certain sections of the population. Many women older than 50 years of age and men older than 55 years of age, as well as children under 13 years traveling with an approved adult, are exempted from the requirement to obtain a permit to travel – provided they are not traveling on a Saturday, before 8am or after 7pm. Of the 10,105 patient applications, 8,468 (83.8%) were approved, 1,471 (14.6%) were denied and 166 (1.6%) were pending reply at the time of monthly reporting.

Of the 11,213 patient companion applications, 8,692 (77.5%) were approved, 2,187 (19.5%) were denied and 334 (3.0%) were pending reply at the time of monthly reporting.

The West Bank

During July, Rafah crossing was open for humanitarian cases in both directions for 19 days and for pilgrims to exit for 4 days. The crossing was closed for 8 days (3 Fridays, 3 Saturdays, and 2 days closed by Egyptian authorities).

According to the terminal authority, 9,731 travelers crossed towards Egypt, among them 1,064 patients crossing for health care with 495 companions. 89 patients were transferred by ambulance with 97 companions. 9 bodies of deceased persons were returned to Gaza. A truckload of wheelchairs entered Gaza from Egypt, but no medical delegates entered via Rafah terminal through the month.
In Focus

East Jerusalem hospitals a cornerstone of the Palestinian health system
The six Palestinian hospitals in East Jerusalem form a cornerstone of the Palestinian health system. The hospitals are major referral centres, including for cancer care (oncology), heart and brain surgery, and healthcare for children (paediatrics). They comprise 11% (704 beds) of total hospital bed capacity in the occupied Palestinian territory (6,440 beds), and were the receiving hospitals for 51% (1,849) of Gaza referrals and 45% (2,857) of West Bank referrals by the Palestinian Ministry of Health to hospitals outside the public sector in July.

Makassed Hospital and Augusta Victoria Hospital are the two largest hospitals in East Jerusalem. Makassed Hospital has a bed capacity of 250 beds and is a major centre for paediatrics, paediatric heart surgery, adult cardiothoracic surgery, urology, pathology, obstetrics & gynaecology, and orthopaedics. Augusta Victoria Hospital is the major referral centre for advanced cancer care, as well as other specialist services such as long-term care, diabetes, surgery, ENT, kidney dialysis and haematology. It has a bed capacity of 171. St Joseph's Hospital is the third largest hospital with a bed capacity of 155, with expertise in respiratory medicine, cardiology, endoscopy, and urology and neurosurgery. The Palestinian Red Crescent Society Hospital has a bed capacity of 68, specializing in obstetrics & gynaecology, neonatal intensive care and infertility treatment. St John's Eye Hospital provides specialist ophthalmology treatment, and accounted for 53% (365) of the 686 ophthalmology referrals in July. The Princess Basma Center for Disabled Children is a national referral center providing services in physiotherapy, occupational therapy, speech therapy, recreational therapy and hydrotherapy.

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Augusta Victoria Hospital receives the majority (75%) of Palestinian cancer patient referrals. Services offered at the hospital, including radiotherapy and PET scanning (since the recent installation of this service), are offered at no other hospital in the West Bank and Gaza Strip. Of 1,901 in-patient admissions to Augusta Victoria in July, 61% (1,163) were for patients from the Gaza Strip, 38% (726) from the West Bank, including East Jerusalem, while the origin of 12 admissions was not recorded. Meanwhile, with easier access for daycare from the West Bank, 90% (523) of outpatient clinic visits at the hospital were from the West Bank, 0.5% (3) from the Gaza Strip, while the origin of approximately 10% (58) were not recorded.

Demand on Palestinian health system exceeds the capacity of health services, with the Ministry of Health reporting hospital bed occupancy of 101.5% in the West Bank and 95.0% in the Gaza Strip in 2018. East Jerusalem hospitals are similarly overstretched. Augusta Victoria Hospital reports that its bed occupancy rate has been 125% since the Palestinian Ministry of Health’s announcement in March, increased from 110% prior to this in 2018 and early 2019. The reduction in referral destinations for Palestinian patients has increased strain on existing services and led to a backlog of patients waiting to receive care.

Healthcare funding cuts and affordability
In September 2018, the US announced withdrawal of its financial support of US$25 million to East Jerusalem hospitals, which previously covered 40% of costs for the six hospitals. Services at East Jerusalem hospitals have continued as previously since the US announcement, with a pledge from the Palestinian Authority to fill any funding gap. However, financial strains on the Palestinian Authority have led to recent delays in payments and an increase in the cumulative debt to the East Jerusalem hospitals. As of June, the Palestinian Ministry of Health had outstanding payments of approximately 350M NIS to East Jerusalem hospitals, which decreased to 230M NIS after contributions from the Palestinian Authority and the European Union. Spiraling debts have a knock-on effect, with deficits resulting in hospital debts to contractors, including pharmaceutical companies. Such debts limit the leverage of hospitals to negotiate pharmaceuticals procurement, with some companies providing drugs only in exchange for cash payments and others terminating provision pending payment of debt.

The Palestinian health system overall faces challenges overall to funding and affordability. Restrictions on the movement of people and goods, contribute to cost inflation and creation of “an import-dependent, captive market” that has consequences for State revenue and healthcare sustainability. A huge resource gap has resulted from the persistent Palestinian trade deficit, saving deficit and budget deficit. Import restrictions from the customs union with Israel also have implications for healthcare affordability and expenditure, as the Palestinian Ministry of Health overpays substantially for medicines, compared to international benchmark prices.