

## **WHO video: how social factors determine health in Gaza**

JERUSALEM, 1 JUNE 2016 – As WHO shows in a 12-minute video launched today in Gaza, the health of the 1.8 million Palestinians in the Gaza Strip are shaped by social determinants --- the political, social and economic forces that create the daily life conditions in which people are born, grow, work and age. In this tiny area of 360 square kilometers of the Gaza Strip, bordered by Israel, Egypt and the Mediterranean sea, 70% of the population are refugees from towns and villages existing before 1948, now in Israel. Gaza residents are separated from fellow Palestinians in the West Bank by borders controlled by Israel, and under siege since 2007. Their lives have been periodically punctuated by sharp escalations of military violence, human loss and destruction: in 2008-9, 2012, 2014.

“WHO commissioned this film,” said Dr Mahmoud Daher, who heads WHO’s sub-office in Gaza, “because few people will likely ever visit the Gaza Strip, and so cannot easily understand what are the social and political conditions and how they affect the health and well-being of Palestinians here.” The 12-minute video, produced by the WHO Advocacy project and supported by the Swiss Agency for Development and Cooperation, will be made available online today.



The continuation of occupation and conflict over 49 years has brought severe economic disruption in Palestine, particularly in the Gaza Strip. At the end of 2014, the poverty rate among people in Gaza was 39% and, with few economic opportunities, unemployment levels reached 43%. Although food is available, prices are too high for poor households; food insecurity levels are estimated at 57%. The education sector is also struggling: classrooms are acutely overcrowded and 70% of schools operate double and triple shifts which compromise educational quality.

The damage to the environment, infrastructure and housing from heavy bombardments is still visible in many neighborhoods and has exacerbated the pre-existing housing shortage for several hundred thousand people. Electricity is available only part of the day and almost all piped water does not meet drinking water standards due to sea water and sewage water contamination and ground pollutants. Reconstruction efforts, although slowed by restrictions on the import of building materials, are trying to address the problem especially for those left homeless.

The health system in Gaza has also been weakened by widespread damage to medical facilities and personnel, and chronic shortages in basic supplies of drugs, disposables and equipment. Well-targeted donor aid is credited with preventing collapse of the health sector following the 2014 escalation, but there are many gaps in the system, especially for diagnostics, specialist care and cancer treatment. The Ministry of Health relies on sending patients to tertiary health facilities outside of Gaza, which is costly for Ministry and patient, and access is dependent on obtaining permits.

“If we want the people in Gaza to enjoy the full potential of good health, we need to address the broader determinants of health. We need to ensure that we do not medicalize the problem for which there is no medical solution. We really need to find a political solution to the housing, food, education and social situation in which people live here, so they can enjoy the full potential of health.” Dr Gerald Rockenschaub, Head of WHO office in the occupied Palestinian territory.

Since 2005, WHO has promoted an approach toward health that is multisectoral and informed by an understanding of social determinants as a way to reduce health inequities. By understanding the root causes of ill-health, and strengthening political commitment, legal duty-bearers, at local, national and international levels, can better develop appropriate interventions and implement ‘health-in-all-policies’ to achieve progress in population health.

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