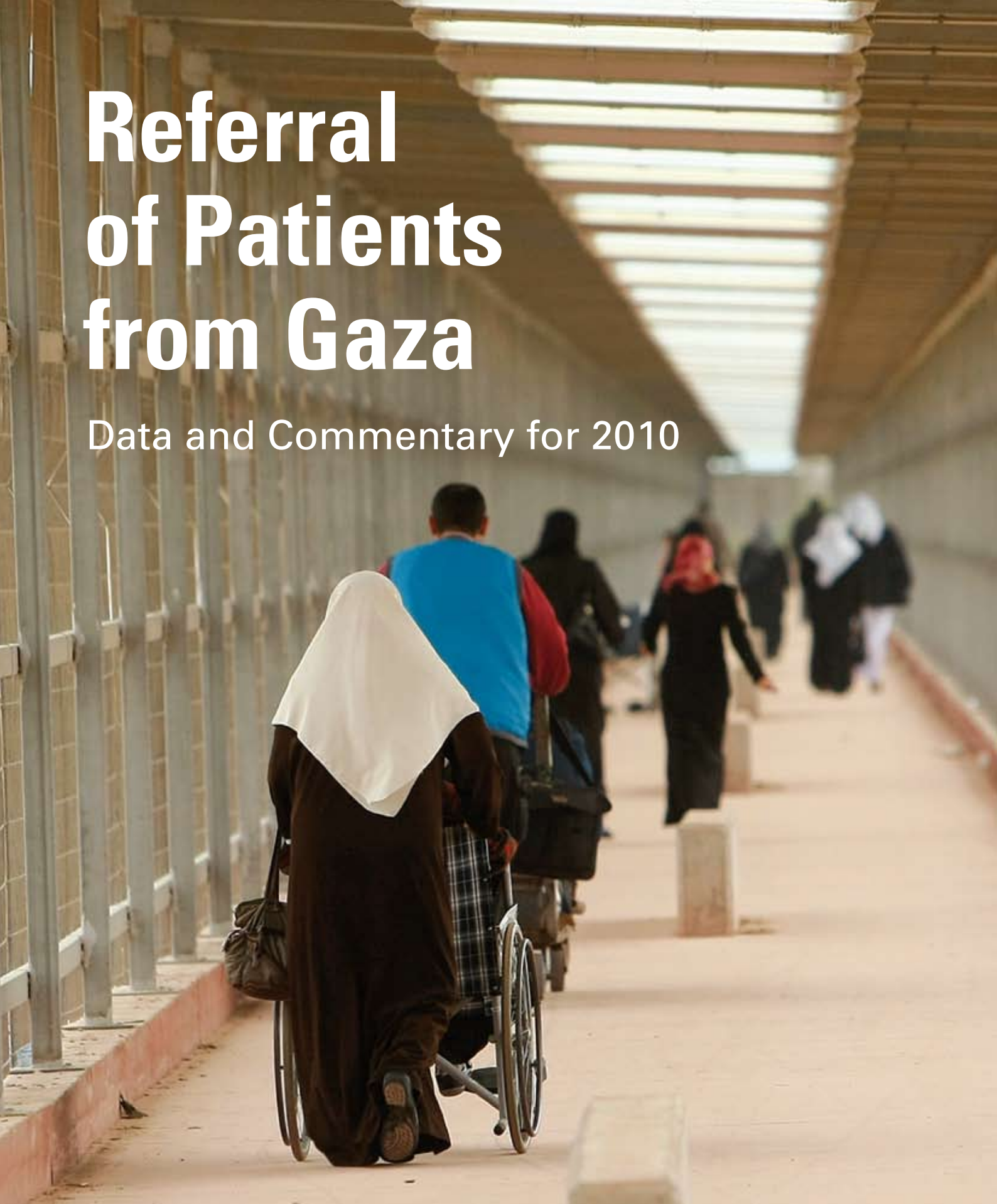


Referral of Patients from Gaza

Data and Commentary for 2010



**World Health
Organization**

occupied Palestinian territory

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Monthly updates on referrals of patients from Gaza

Every month, WHO monitors and reports on referral of patients from Gaza. The monthly update is published in the second week of the following month and includes the latest data both on decisions on permit requests and destination of referrals. Furthermore, it highlights any additional prevailing issues related to referrals from Gaza that might have arisen. The monthly updates from January 2010 onwards are available at <http://issuu.com/who-opt/docs> or by email, to subscribers. For questions and inquiries, please write to: rad-report@who-health.org.

World Health Organization, oPt, 2011

Cover photo: Inside the 1,200-meter passenger corridor in Gaza leading to the exit terminal at Erez crossing.

Executive summary

Each year thousands of Palestinians residing in the Gaza Strip are referred by their physicians to hospitals outside of Gaza in order to access necessary, often life-saving, medical services that are unavailable locally. The need for referrals outside of Gaza has been exacerbated by the lack of adequate development of the public health care system for the population of 1.5 million Palestinians in Gaza. The majority of these referrals are for diagnosis and treatment services in five common specialties – cardiovascular diseases, oncology, orthopaedics, neurosurgery and ophthalmology.

In 2010, the Palestinian Ministry of Health (MoH) referred 12,483 patients from Gaza to outside hospitals in order to access specialty services not available in Gaza, at an estimated cost of USD 24 million¹ to the Ministry. In addition, an estimated 1,500 patients from Gaza also left Gaza to access health services funded through NGO charitable donations or were self-funded.

The MoH referred 4,064 of its patients to Palestinian facilities in Gaza operated by NGOs or the private sector, and 4,843 patients to Egypt — which is accessible through the Rafah border crossing and under Egyptian control. However, 7,640 of the MoH patient referrals were to hospitals in East Jerusalem, the West Bank, Israel or Jordan. These patients require an Israeli-issued permit in order to access Erez checkpoint at the northern border of Gaza, sometimes multiple times for continuing treatments.

The patient has little control over the various steps in the process of patient referrals and access. The patient first submits a physician's referral request to the Referral Abroad Department (RAD) of the Palestinian Ministry of Health for a decision regarding support. Patients referred to Egypt exit via the Rafah border crossing to Egypt, but Rafah had an irregular schedule of opening in 2010 and was closed completely for two months. In the case of referrals to East Jerusalem, the West Bank, Israel or Jordan, the patient needs to submit an application to Israeli authorities for permission to exit the Gaza Strip via Erez at least 10 days in advance of their appointment.

Patients waiting for health care require an efficient, timely, dignified and transparent process for applying for referrals and permits for themselves and their caretakers to exit from the Erez checkpoint. The health of critically ill patients is likely to deteriorate while they wait for approval for travel permits, which can take weeks and is always uncertain. In urgent cases which have an expedited process, even a delay of hours may jeopardize a patient's health.

WHO's monitoring of the process showed that patients often suffer protracted delays in receiving permits to access medical services; can face interrogation by the Israeli security services as an application condition; experience difficulties during the arduous travel procedures to destinations; and, in worst cases, can be denied access. Six persons with known serious medical conditions, including four children, died after submitting applications for travel permits but before being able to access referral hospitals.

Overall, in 2010, 11,200 requests were submitted to the Israeli authorities at Erez checkpoint on behalf of patients for permits to access hospitals in other areas of the oPt, Israel or Jordan; 9,112 requests (82%) were approved, of which 8,647 actually crossed. 646 were denied and 1,418 were delayed. The rate of timely approvals of permits varied considerably depending on the age and sex of applicants: 52% of male applicants aged 18-40 did not receive approvals on time and had to forfeit their scheduled hospital appointment, compared with just 5% of young patients aged 0-17. Six percent of applicants were denied permits, all without explanation (up from two percent in 2009).

In 2010, the Rafah crossing into Egypt, which does not require Israeli travel permits, became an increasingly reliable route for access to Egyptian medical centers for referred patients, especially for males aged 18-60. From January to May, the border was closed except for a few days per month but without advance warning; however, in the last seven months of the year when the crossing had scheduled weekday openings, the percentage of patients accessing Rafah increased from 29% of all referrals to 45%.

All of these factors hindering referrals compromise patient access to health services, which is an essential element of the fundamental right to health and, as such, protected by international human rights law and international humanitarian law. Israel is a state party to the International Covenant for Economic, Social and Cultural Rights and is therefore obligated to observe its provisions protecting the Right to Health.

Every effort should be made to address the factors that undermine the delivery of health care, and to ensure that patients who need to access hospitals outside of Gaza can do so quickly, easily and in as dignified a manner as possible.

Introduction: Referral of patients and the Right to Health

The World Health Organization's constitution states: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."² It is within this framework that the WHO Office for the occupied Palestinian territory has been monitoring the referral of patients from the Gaza Strip to hospitals outside of Gaza for several years. In cases when the referral system has malfunctioned, WHO has also worked as an intermediary between the different parties.

Each year, thousands of patients from the Gaza Strip have to seek specialized medical care in other parts of the occupied Palestinian territory (oPt),³ as well as abroad, i.e. Egypt, Israel and Jordan. This report analyses how the situation in the Gaza Strip affects the Right to Health of the population living there, in particular, the issue of the referral of patients:

- Firstly, from the point of view of **access**: Are people who cannot find the specialized treatment they need in the Gaza Strip able to access it elsewhere? The monthly WHO reports on the referral of patients from Gaza focus on this issue.⁴ Section 2 of this report looks at the trends for 2010 for permit authorisations and referral destinations.
- Secondly, from the perspective of the **deficiencies of the health system in Gaza**: What are the shortcomings of the health system such that people cannot be treated in the Gaza Strip? Section 3 looks at the status of the five areas of health care that account for the majority of referrals: cardiovascular diseases, oncology, ophthalmology, orthopaedics and neurosurgery and highlights some particularly striking shortcomings in the Right to Health regarding availability, acceptability and quality.

In order to better understand the referral process in Gaza, Section 1 gives a step-by-step-description of how patients in need of specialized care are referred, obtain a permit if they have to cross Erez checkpoint and reach the referred hospital.

The attainment of a high level of health involves more than efficient and timely referrals for specialist care. Well-functioning primary and secondary health care services are required to maintain health and ensure early detection and treatment of conditions before complications develop that might require referral. The effects of the Gaza blockade on these essential services are beyond the scope of this report.

Israel is a member of WHO and recognizes the Right to Health stated in the preamble of the WHO Constitution quoted above. The Right to Health has also been enshrined in other human rights treaties, among them the International Covenant on Economic, Social and Cultural Rights (ICESCR).⁵ Israel ratified the ICESCR in 1991, and is therefore legally bound by all of its provisions.

The Right to Health

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Preamble to the Constitution of the World Health Organization

The Right to Health is comprised of **four essential, inter-related elements**:⁶

1. **Availability:** Functioning public health-care facilities, goods and services have to be available in sufficient quantity.
2. **Accessibility:** Health-care facilities, goods and services have to be accessible to everyone without discrimination. Accessibility has four overlapping dimensions:
 - **Non-discrimination:** accessibility for all, especially the most vulnerable or marginalized groups.
 - **Physical accessibility:** health facilities, goods and services as well as underlying determinants of health, such as drinking water, must be within safe reach of everybody.
 - **Economic accessibility (affordability):** health facilities, goods and services must be affordable for all.
 - **Information accessibility:** everyone has the right to seek, receive and impart information concerning health issues.
3. **Acceptability:** All health facilities, goods and services must be sensitive to gender and respectful of medical ethics as well as individual and community culture.
4. **Quality:** Health facilities, goods and services must be of good quality. This requires among other things skilled medical personnel, scientifically approved and unexpired drugs, functioning medical equipment, safe and potable water and equivalent sanitation.

Israel controls all of Gaza's land borders, except the Rafah crossing to Egypt, as well as Gaza's airspace and access to the Mediterranean Sea. The Committee on Economic, Social and Cultural Rights (CESCR), the body supervising the implementation of the Covenant, has repeatedly stated that **Israel's obligations under the Covenant apply to all territories and populations under its effective control**.⁷ The International Court of Justice (ICJ), the highest international legal body, confirmed this view in 2004.⁸

The Palestinian Authority (PA), on the other hand, not being a State, cannot be a party to the ICESCR or other international human rights instruments.⁹ However, in the Interim Agreement on the West Bank and the Gaza Strip, which established the PA, the Palestinians agreed to: "...exercise their powers and responsibilities (...) with due regard to internationally accepted norms and principles of human rights and the rule of law."¹⁰

As an occupying power, Israel has an obligation, within the means available to it, to maintain the medical establishment and services, public health and hygiene in the Gaza Strip (see Article 56 of the Fourth Geneva Convention).¹¹ This entails, as a minimum, that Israel – as the State controlling the entry and exit of goods, including medicines, medical equipment and construction materials into the Gaza Strip – while entitled to protect its security, does not hamper access to health care for patients in need of it. If patients cannot get access to needed health services in Gaza, Israel must allow those patients to leave the Strip in order to receive services outside.

[next page: Inside Erez crossing.](#)

1: The referral process for patients from Gaza



Schedule an appointment. See a doctor. Get treated.¹² What sounds like a straightforward, simple process – and it is in many countries – is a long and complicated journey for a patient from Gaza in need of medical care that is not available locally. The three major steps – getting referred, getting a permit to cross Erez checkpoint and getting to the hospital – each involve several smaller stages and decisions over which the patient has little or no control, and no assurance of what the final outcome will be.

Step 1: How to get a medical referral

When a doctor in a hospital run by the Palestinian Ministry of Health (MoH) – which provides 80% of hospital care in Gaza – concludes that the treatment a patient needs is unavailable in any of the MoH hospitals in Gaza, the physician **starts the referral process by completing “Form No. 1”**. The patient, or a member of the family, submits this form to the Referral Abroad Department (RAD) of the MoH.

In urgent cases, the RAD director in Gaza confirms the need for immediate referral with the doctor in charge, and then **decides where the patient should be sent** and obtains a priority appointment at the chosen medical facility. Urgent cases are mostly referred to East Jerusalem and Israel, although sometimes also to the West Bank. These cases cannot be referred to Egypt or Jordan due to the long distances patients would need to travel.

The Palestinian District Coordination Office (DCO) then submits an urgent request to the Israeli DCO for permits for the patient and a companion to cross Erez.

Non-urgent cases are examined by the RAD medical committee,¹³ which meets once

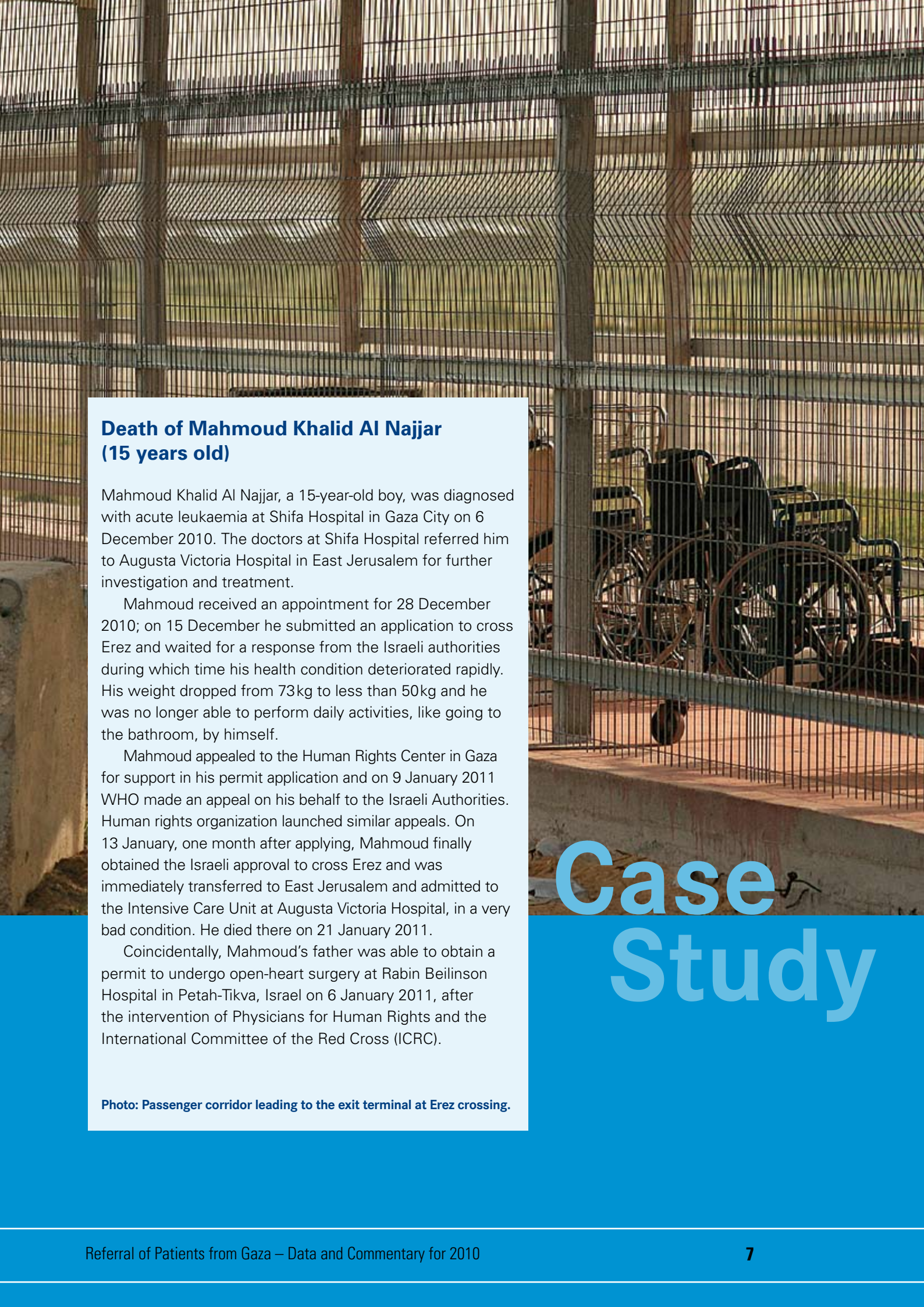
a week. The **medical committee checks each case to see if a referral is justified or not**. The committee can conclude that:

1. The patient’s medical condition does not warrant a referral and, thereby, reject it;
2. The condition can be treated in a private or NGO facility in the Gaza Strip and refer the patient to that medical facility;
3. The patient’s condition warrants a referral outside the Gaza Strip. In this case, the committee decides where the most costeffective treatment for the patient can be found and refers the patient to the appropriate hospital.

Generally, it takes about seven to ten days from the time a doctor fills in Form No. 1 until the patient receives a decision from RAD on referral. If a referral is granted, this implies **MoH will cover the cost of the patient’s treatment at the facility they have been referred to**. However, patients have to pay for transportation themselves, which is a burden for many people in Gaza where poverty levels are especially high. Patients need new referrals for each hospital appointment scheduled.

Step 2: How to get a travel permit

All patients referred to hospitals in East Jerusalem, the West Bank, Israel and Jordan need to pass through Erez crossing and are, therefore, obliged to apply for an Israeli-issued permit for each scheduled appointment. The only exceptions are oncology patients requiring chemotherapy who can simply renew their referrals to cover the course of three treatments. Applications for permits can only be submitted 10 days before the scheduled hospital appointment. The process is as follows: RAD books the hospital



Death of Mahmoud Khalid Al Najjar (15 years old)

Mahmoud Khalid Al Najjar, a 15-year-old boy, was diagnosed with acute leukaemia at Shifa Hospital in Gaza City on 6 December 2010. The doctors at Shifa Hospital referred him to Augusta Victoria Hospital in East Jerusalem for further investigation and treatment.

Mahmoud received an appointment for 28 December 2010; on 15 December he submitted an application to cross Erez and waited for a response from the Israeli authorities during which time his health condition deteriorated rapidly. His weight dropped from 73kg to less than 50kg and he was no longer able to perform daily activities, like going to the bathroom, by himself.

Mahmoud appealed to the Human Rights Center in Gaza for support in his permit application and on 9 January 2011 WHO made an appeal on his behalf to the Israeli Authorities. Human rights organization launched similar appeals. On 13 January, one month after applying, Mahmoud finally obtained the Israeli approval to cross Erez and was immediately transferred to East Jerusalem and admitted to the Intensive Care Unit at Augusta Victoria Hospital, in a very bad condition. He died there on 21 January 2011.

Coincidentally, Mahmoud's father was able to obtain a permit to undergo open-heart surgery at Rabin Beilinson Hospital in Petah-Tikva, Israel on 6 January 2011, after the intervention of Physicians for Human Rights and the International Committee of the Red Cross (ICRC).

Photo: Passenger corridor leading to the exit terminal at Erez crossing.

Case Study

appointment for a patient, who then submits a permit application to the Palestinian DCO, who in turn forwards the request to the Israeli authorities at Erez crossing. When applying for a permit, patients usually also submit the names of two people who could accompany them, one of whom will be selected by the Israeli DCO. For children under 16 years of age, it is an Israeli requirement that they have a companion travelling with them.

The Israeli authorities examine the patient and companion permit applications with one of the following outcomes:

A. The Israeli authorities approve the permit request for both the patient and one of the requested companions. On the day of the hospital appointment, they cross through Erez and travel to the hospital on their own.

B. Only the patient's application is approved – not the companion's. The patient has the right to submit other names

of people who could travel as a companion, but risks missing the hospital appointment in the meantime. If that happens, the patient will have to obtain a new appointment and resubmit a permit application.

C. The patient does not receive an answer in time for the hospital appointment and misses it. He will have to obtain a new appointment and resubmit an application. Some patients have not received answers despite several, successive applications.

D. The patient is called for an interrogation by the Israeli secret service known as the General Security Service (GSS). In this instance there are five possible outcomes:

- i. The patient **decides not to attend the interrogation.** He thus forfeits the chance of getting a permit.
- ii. The patient attends the interrogation and is **granted a permit.** He can travel to the hospital.
- iii. The patient attends the interrogation and is **asked to resubmit a permit request.**

Palestinian DCO employee handling permit applications.



He most probably will miss the hospital appointment in the meantime and will, therefore, need to reschedule with the medical facility and restart the permit request process.

- iv. The patient attends the interrogation but his **permit application is denied**.
- v. In rare cases, patients or companions who went for interrogation **were detained** by the Israeli authorities.

E. The patient's permit application is denied straight away.

Hospitals in East Jerusalem, the West Bank, Israel and Jordan are inaccessible for patients who do not receive a permit. They have only two options. Most of them return to RAD and ask for a change in destination to Egypt, which entails a much longer travel time. Some patients apply to non-governmental organisations (NGOs) specialized in human rights to challenge the permit decision in the Israeli courts, who sometimes manage to overturn the original permit denial.

Step 3: How to get to the hospital

Patients referred to an NGO or private hospital in Gaza can directly book an appointment and go for treatment.

For **patients referred to Egypt**, RAD books an appointment at Nasser Institution Hospital (NIH) in Cairo, which has an agreement with the Palestinian MoH. If the patient needs treatment in another hospital in Cairo, NIH refers the patient there after having received the approval from RAD. However, patients need to have a passport before travelling to Egypt, which many Gazans do not possess because of the extremely limited travel opportunities.

Since the opening of the Rafah crossing into Egypt in June 2010, patients can go there up to three days before their hospital appointment, show their referral document and cross into Egypt. This contrasts with the highly unpredictable situation before June 2010, when patients were obliged to wait for one of the brief openings of Rafah, made without prior notice, and at that precise moment rush to the crossing in the hope of entering into Egypt before Rafah was closed again. Once into Egypt, which usually takes several hours, patients travel to Cairo on their own. The trip through the Sinai desert – extremely hot in summer – takes 6-8 hours by taxi, and even longer by bus.

Although it is possible for a patient to cross Rafah without an official referral document, passage is not guaranteed; therefore the patient risks being sent back by the Egyptian authorities. If allowed to enter Egypt, the patient will have to cover the cost of medical treatment himself. For this reason, this option is unaffordable for the vast majority of Gaza's impoverished population.

Patients crossing through Erez have to register on the Palestinian side of the crossing. Here, the Palestinian Liaison Officer coordinates with his Israeli counterpart to get the "green light" for the patient to pass. From the Palestinian side to the Israeli side, patients have to walk through an approximately 1,200-metre, fenced-in passage – while carrying their belongings. Inside the terminal, patients and their companions have to pass through body scanners and often have to undergo strip searches. Their belongings are unpacked and thoroughly searched.

Patients who are unable to walk are transported in ambulances. This is arranged for by RAD. A Palestinian ambulance will take the patient to Erez, for transfer to a waiting

Israeli ambulance, since vehicles from Gaza are not allowed to cross Erez. 504 patients required transfers by ambulance to Erez. Further, the companions of the patients have to leave the ambulance and cross Erez on foot.

Passage is usually granted for patients with valid permits. However, delays – sometimes for hours – have been reported. Delays can be so long that the patient misses his hospital appointment or time runs out and Erez closes before the patient can cross.¹⁴ In both cases, the patient has to return to Gaza and reapply for a permit. Furthermore, Erez crossing can close at any moment for unspecified security incidents.

Cost to the Palestinian Ministry of Health of referrals

A referral document from the Palestinian Ministry of Health (MoH) signifies that the cost of a patient's treatment is covered. The referral of patients constitutes a major expenditure for MoH: in 2010, the Ministry estimated cost for referrals within oPt (non-MoH facilities in Gaza and the West Bank, including East Jerusalem) at USD 53 million and USD 40 million for hospitals in Egypt, Jordan and Israel (see Table 1).¹⁵ The total cost for referrals in 2010 of USD 93 million accounts for almost 27% of the entire MoH budget for that year (USD 343 million). On average, each referred patient cost the MoH USD 1,754.¹⁶

Table 1: Patients Referred by MoH for Treatment Abroad, by origin and destination, 2010 *				
	2010			
	West Bank		Gaza Strip	
Destination of referral	No of patients	Cost (NIS)	No of patients	Cost (NIS)
Gaza (non MoH)	-	-	4.121	7.227.600
West Bank	12.282	60.827.028	1.985	14.031.168
East Jerusalem	18.819	91.334.986	4.367	25.079.810
<i>oPt</i>	31.101	152.162.014	10.473	46.338.578
Egypt	7	238.002	4.355	17.887.943
Jordan	2.744	76.420.180	475	4.906.700
Israel	1086	21.687.928	2.784	27.279.338
<i>outside oPt</i>	3.837	98.346.110	7.614	50.073.981
Total	34.938	250.508.124	18.087	96.412.559
* Source: "Health Annual Report, Palestine 2010," Palestinian Health Information Center, Ministry of Health, April 2011, p. 191. Note: Figures here reflect numbers of referred patients registered by the Ramallah Ministry of Health Referral Abroad Department (RAD), and include: (1) patients registered by the MoH Referral Abroad Department in Gaza, (2) patients whose origin is Gaza but who live in the West Bank, (3) patients from Gaza who applied through the Ramallah RAD for expediency, and (4) patients from Gaza who applied through Ramallah for a decision for financial support but who did not complete the process with the MoH.				

next page: Palestinian patients waiting to cross Rafah border into Egypt.

2: Referral trends in 2010



This section analyzes the main trends in those referrals requiring access for health treatment through Erez checkpoint or through Rafah crossing. The information for Erez permits is based on the referrals database managed by the MoH at the Palestinian Liaison Office which tabulates the total number of requests made for permits to cross Erez to access medical services, whether the patient is funded by the Ministry of Health or others, and the total number of permit requests either approved, denied, or delayed past the date of the scheduled appointment. The information for patients accessing through Rafah is collected by the passports officer at the border crossing.

Of the total number of 11,176 permits requested, 9,585 requests (86%) were for referred patients whose treatment was approved by the Ministry of Health in Israel, the

West Bank, East Jerusalem or Jordan and who need to access Erez checkpoint. 1,180 (11%) were permits for patients funded by NGOs or other insurance providers and 3% were for self-funded patients. (NGO sponsors include: the Peres Centre for Peace (children only), Noor el Alam Foundation, Physicians for Human Rights-Israel, and Doctors without Borders.)

Each scheduled hospital appointment requires a new approved referral from the Ministry of Health; as an exception, oncology patients needing chemotherapy may use a renewable referral from the Ministry to complete their course of treatment. However, they require new permits to cross Erez for each treatment. Therefore, almost 2,000 of the permits to access Erez for MoH referrals represent about 500 oncology patients needing multiple visits to complete chemotherapy treatment.

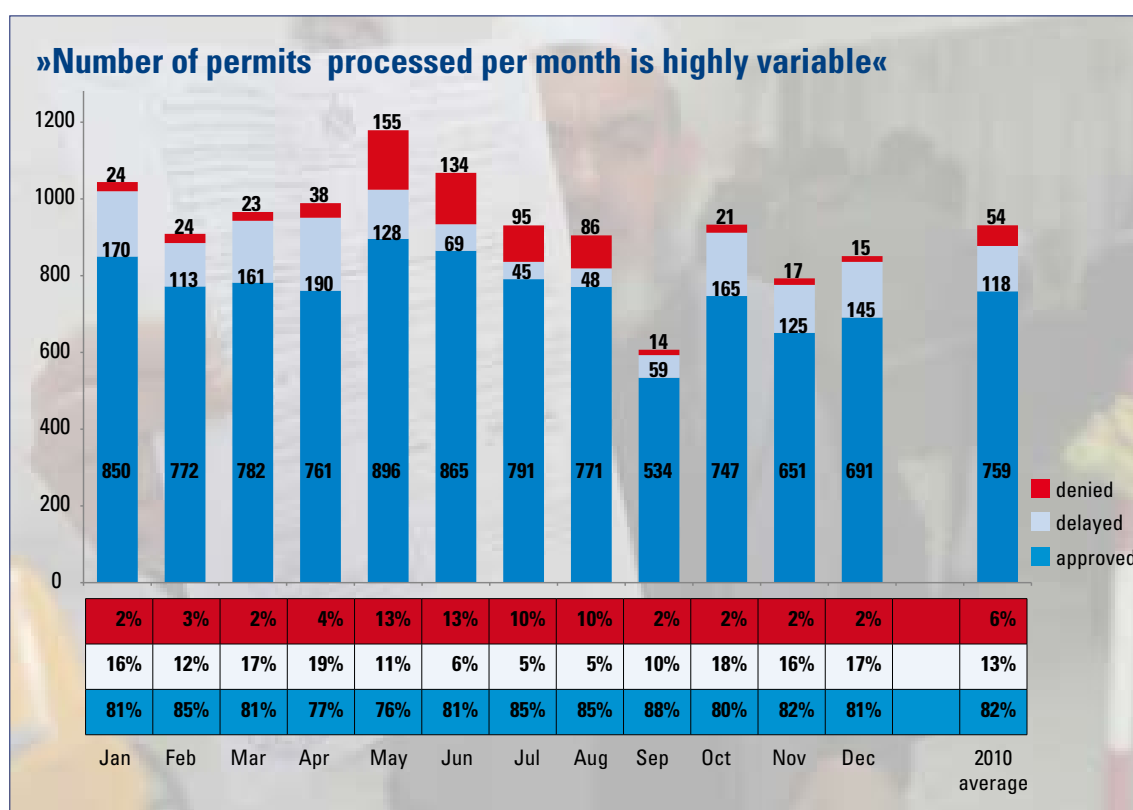


Figure 1: Processed permit requests to cross Erez – monthly figures and outcomes as % of total for 2010

Almost one out of five patients missed their hospital appointments

All patients who need to access hospitals in East Jerusalem, the West Bank, Jordan and Israel, require a permit from the Israeli authorities. In 2010, nearly 11,200 permit requests were submitted to the Israeli DLO at Erez. This equals an **average of about 930 permit requests per month**. In comparison, in 2009 nearly 7,200 permit requests were submitted to the Israeli authorities.

The number of permits processed varies quite substantially from month to month: in September 2010, for example, the Israeli DLO at Erez processed 607 permit applications, whereas in May 2010 the figure stood at 1,179 (see Figure 1). The reason for the particularly low number of permits processed in September was the numerous Israeli holidays during that month: in addition to the regular four Saturdays, Erez crossing was closed for an additional eight days.

Over the course of 2010, approximately 6% of permit requests to cross Erez were denied (646 cases) and 13% delayed (1,418 cases) by the Israeli authorities. As a result, **almost one out of five patients missed their hospital appointments**. Bearing these delays in mind, a total of 82% of all permit requests were in the end approved in 2010 and the applicants were allowed to travel to the hospital they had been referred to. In comparison, in 2009 approximately 2% of permit requests were denied, 26% delayed and 72% approved.

The Israeli authorities do not specify the circumstances under which a permit can be denied, nor do they provide an explanation for why a patient's permit request is denied or delayed.

During the months **May to August 2010, denial rates were substantially higher** than usual from 6% to 10%-13%. A letter sent by WHO to the Israeli authorities asking for explanations for this trend was never answered.

Physicians for Human Rights – Israel (PHR), who appeals in Israeli courts on behalf of Palestinians whose permit requests have been refused, expressed the view that the criteria used by the Israeli authorities to decide on permit applications changed at that time and that the system took time to adjust to the new criteria.¹⁷ PHR reported that the Israeli authorities often justify a permit denial along the lines of: “the relevant authorities have decided to reject it because it does not meet the criteria, as determined from time to time, in accordance with the political-security situation.” In February 2011, PHR and two other NGOs submitted a petition to the Israeli Coordinator of Government Activities in the Territories (COGAT), requesting that the criteria for evaluating requests for exit permits by Gaza Strip residents be revealed.¹⁸

Different age groups, different approval rates

The probability of a permit request being granted – and the patient accessing the health care facility he has been referred to – is closely linked to the applicant's age (see Figure 2). Children aged 0-17 have the best chance of obtaining a permit. Nevertheless, in 2010 **one out of 20 children needing medical treatment outside the Gaza Strip missed their hospital appointment** because their permits were delayed. Permit denials for children are very rare; there were only 5 out of roughly 3,700 such cases in 2010. One child was called in for interrogation by the Israeli secret service in 2010.

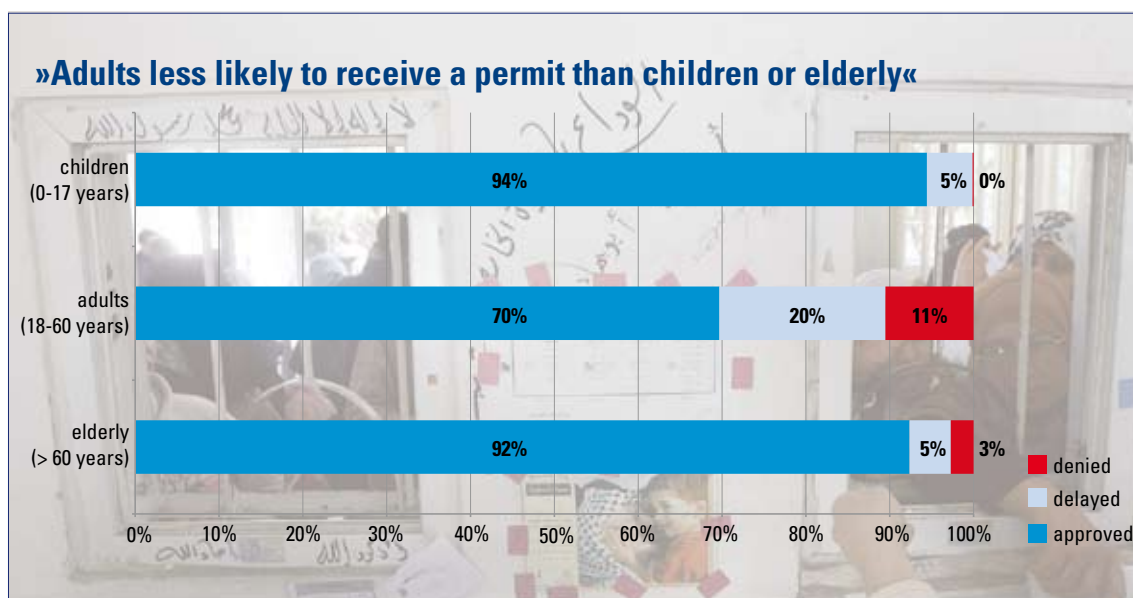


Figure 2:¹⁹ Outcome of permit requests to cross Erez, by age groups (average 2010)

In the category of elderly people over 60 years of age, one out of twelve (8%) missed their hospital appointments: about 3% (42 cases) were denied a permit and 5% were delayed. The Israeli authorities approved 92% of requests from patients in this age group.

A different picture emerges for adults between the ages of 18 and 60. **Nearly one in three adults missed their hospital appointment:** approximately 11% (599 cases) were denied a permit, another 20% were delayed.

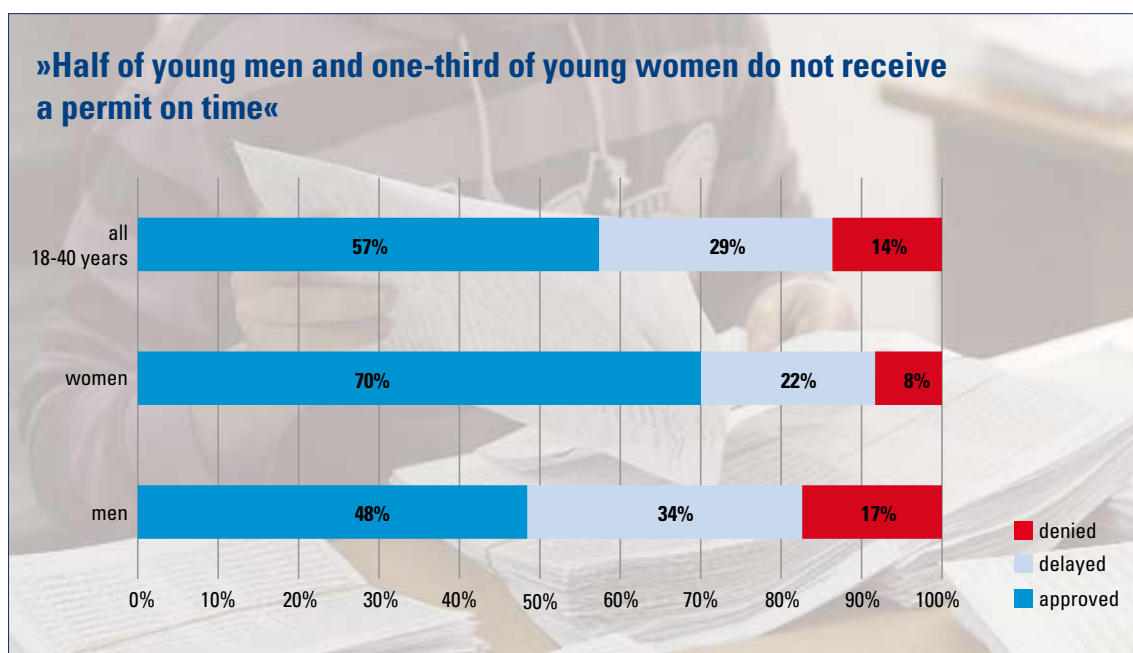


Figure 3:²⁰ Outcome of permit requests to cross Erez for 18-40 year-olds, including by sex (average 2010)

Long wait for surgery for Montaser Hassouna

Montaser Hassouna, 52 years old, was diagnosed in July 2010 with myocardial infarction (heart attack). He was hospitalized in Shifa Hospital in Gaza City for one week, where doctors decided that his condition required cardiac catheterization. At the time the only cardiac catheterization lab within the government health system was malfunctioning. The Referral Abroad Department, therefore, referred Mr Hassouna to Hayat Centre, a private health care provider in Gaza.

At Hayat Centre, the doctors discovered that Mr Hassouna had an obstruction in three arteries of the heart. The only cardiac surgeon at Shifa Hospital, who was not able to see Mr Hassouna until one month later (due to the long waiting list), advised open-heart bypass surgery to treat the condition and referred him to the Arab Centre for Heart Surgery in Nablus, in the West Bank.

Mr Hassouna obtained an appointment for surgery at the centre in Nablus for 15 November 2010. He applied for a permit to cross Erez to travel to Nablus, but the Israeli authorities never replied to his request.

By January 2011, Montaser Hassouna's condition had deteriorated and he had to return to the cardiac surgeon in the Gaza Strip at Shifa hospital. 110 patients were on the waiting list, which equalled a waiting time of six months. However, according to the treating doctor, he needed an operation within one month. As Mr. Hassouna could not access the hospital he had been referred to, Shifa Hospital decided to give him priority over other patients.

During the weeks preceding his operation in February, Montaser Hassouna had to stay at home, since his heart condition severely restricted his movement. "I was afraid of sudden death every day and could hardly care for my basic needs," he recalls.

On 7 February 2011, almost half a year after having been advised to undergo open-heart surgery, Mr Hassouna was finally operated on at Shifa Hospital. The intervention was successful.

Photo: Palestinian ambulance at Erez crossing.



Case Study

Only 50% of men aged 18-40 obtain a permit on time

Amongst adult patients, men aged 18-40 find it particularly hard to obtain a permit to cross Erez. Only one out of two applications by a male in this age group was approved in 2010; for women the figure was 7 out of 10. In other words, **half of young men and one-third of young women were unable to reach the hospital they were referred to in time** for their appointment (see Figure 3).

Interrogation by the Israeli General Security Service (GSS)

In 2010, approximately 4% of all permit applicants (421 people) were called for interrogation by GSS. **4 people out of every 10 who were asked to go in for interrogation, did not go** and thus forfeited the possibility of obtaining a permit. Fear of being arrested by the Israeli authorities was often mentioned as the reason. People who

went to the interrogation reported that they had to wait long hours before being met by an Israeli officer and sometimes were even sent back home without ever seeing anybody.

Of those who attended the interrogation, approximately one-third received a permit immediately afterwards, while more than half were asked to submit a new application. One out of seven was denied a permit after the interrogation. Those who did not attend the interrogation and those who were denied a permit after interrogation were not able to access the hospital they were referred to. As a consequence, these patients were obliged to obtain a new referral document from RAD for Egypt instead.

Impact on patients of the opening of Rafah crossing

From June 2010 until late November, the Egyptian authorities opened Rafah on a daily basis except Fridays, and crossing into Egypt became more reliable. Until then, Rafah

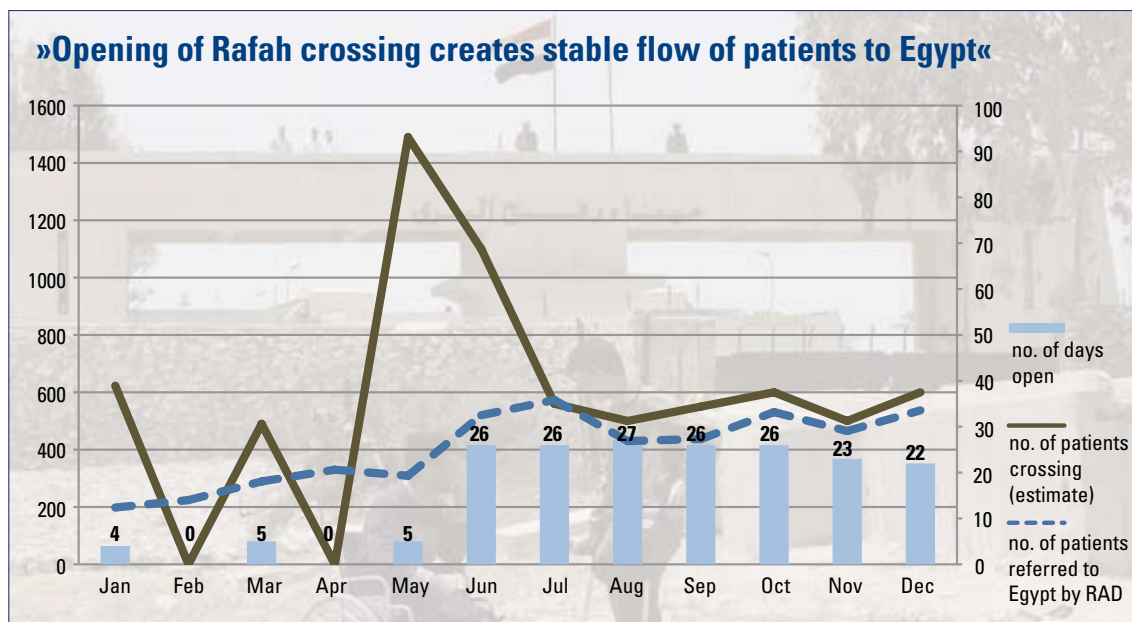


Figure 4: No. of days Rafah crossing was open compared to No. of patients crossing and No. of patients referred to Egypt

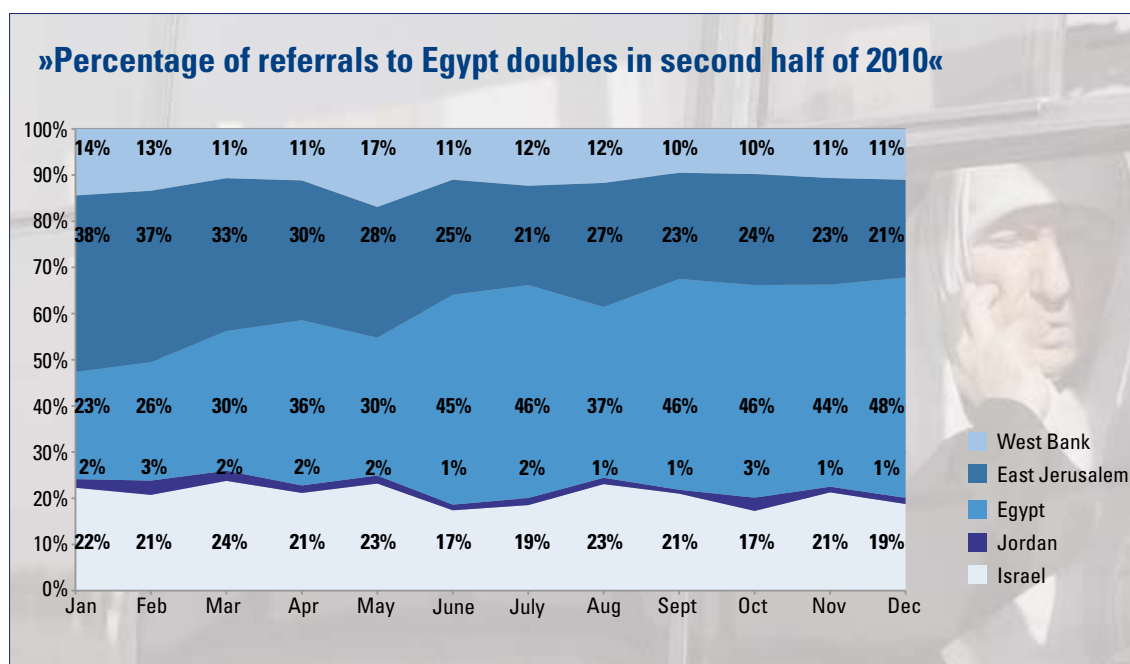


Figure 5: Referrals out of Gaza by destination - trend from Jan to Dec 2010 (% of all referrals)

crossing had opened only intermittently, usually for a few days each month at short notice (see Figure 4). During 2010, the crossing remained closed for two months, February and April, delaying access for a large number of patients. Each time the crossing opened, patients were given little or no advance notice and had to

proceed rapidly to Rafah if they wanted to leave Gaza or return from treatment in Egypt.

In late November, the opening days for Rafah were reduced to five per week, the crossing being closed on weekends, i.e., Fridays and Saturdays.

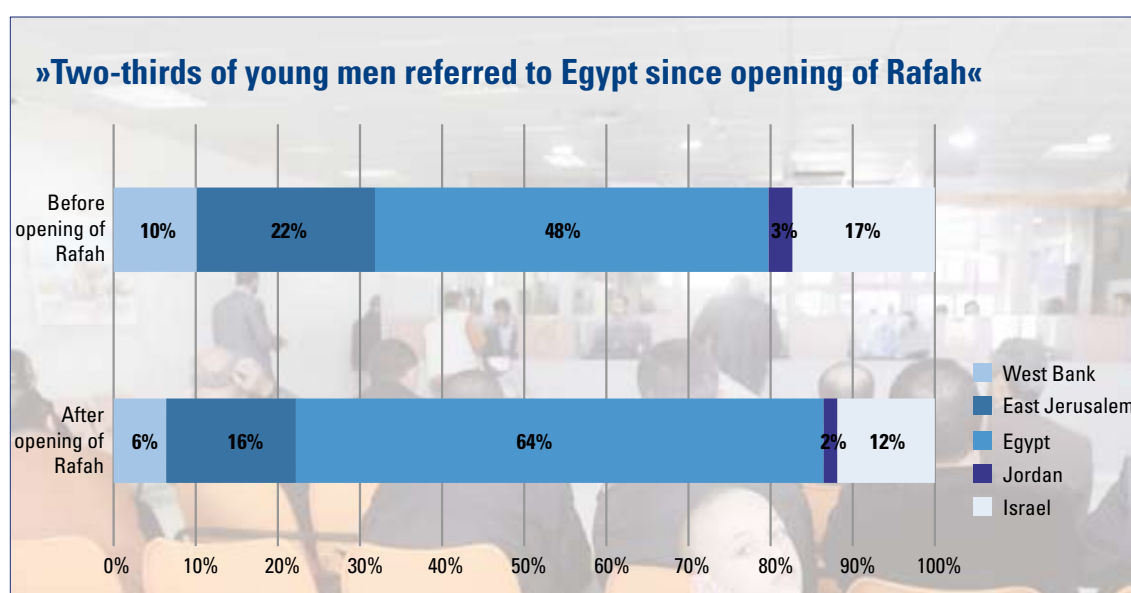


Figure 6: Referrals out of Gaza by destination for 18-40 year-old male patients (comparison of average for periods before and after opening of Rafah crossing on 1 June 2010)

Shift of referrals towards Egypt

The opening of Rafah in June 2010 brought a substantial shift in the destination of referred patients from the Gaza Strip (see Figure 5).

Egypt became the primary destination. In the seven months after the opening of Rafah, on average 45% of referrals – approximately 500 patients per month – were to Egypt. Until May, Egypt had been the destination for an average of only 29% of referred patients from Gaza.

Referral to all other destinations decreased accordingly, most significantly referrals to East Jerusalem. On average, 33% of patients were referred to East Jerusalem before the opening of Rafah in June 2010; this share decreased to 24% after that date.

Since the opening of Rafah crossing in June 2010, referrals to Egypt have increased for male patients between 18 and 40 years

of age. The latter have only about a 50% chance of securing a permit to cross Erez to access hospitals in East Jerusalem, the West Bank, Israel and Jordan. Egypt was the prime destination for referrals for this male age group even before the regular opening of Rafah; in the first five months of 2010 almost half of young male patients were referred to Egypt. **Since the opening of Rafah, two-thirds of male patients between the age 18-40 have been referred to Egypt** (see Figure 6).

However, **Rafah is not a substitute for passage through Erez.** Travel times are much longer to Cairo than to destinations that are reached through Erez; therefore, all urgent cases are referred through Erez. Furthermore, there remains a risk that Rafah could be closed again at short notice due to political unrest in Egypt – as was the case for 20 consecutive days in February 2011.

Six patients died while waiting for referral in 2010

Delays can be critical for patients who are waiting for urgent medical treatment. Some may die while waiting for permission to access the medical facility to which they have been referred. In 2010, WHO identified six cases of patients who died while waiting for a referral; four of them were children:²¹

- A two-year-old boy, suffering from heart disease since birth, died on 7 January while waiting for a referral to a hospital in Israel.
- A 62-year-old man suffering from heart disease died on 9 February, only hours before he was supposed to travel to a hospital in Nablus. His urgent request had been approved by the Israeli authorities the day before, after a delay of several hours.
- On 5 March, a 22-day-old boy died of congenital heart disease two days before his request for a permit to travel to a hospital in East Jerusalem was approved.
- A nine-month-old boy, who was being transported in an ambulance to an Israeli hospital, died on 26 May from pneumonia-related complications. His situation had deteriorated suddenly while his mother was being checked by Israeli security personnel at Erez checkpoint.
- A two-year-old girl suffering from leukaemia was too weak to travel to her hospital appointment and died on 16 October 2010. Even though she had been authorised to cross Erez to access hospitals in East Jerusalem and Israel on other occasions, her last permit took eight days to be approved. This was notwithstanding the fact that the Palestinian DCO had indicated the application was urgent.
- A 24-year-old man with kidney failure had his permit request delayed for more than one month, despite having passed through Erez before and having been interrogated by GSS on an earlier occasion. He died on 22 November, only hours before he was supposed to travel to a hospital in the West Bank.

During 2009, WHO recorded 29 cases of patients who died while waiting for referral.

next page: Patient in Shifa out-patient department.

3: Deficiencies in Gaza's health system



This section takes a look at why patients have to leave the Gaza Strip for treatment elsewhere. It focuses on the main shortcomings of the health system in Gaza, although it does not provide a full assessment. The information presented should be considered in the frame of the availability, acceptability and quality of health care which are essential elements of the Right to Health.

Overview of the state of health care in Gaza

The quality of medical services in the Gaza Strip is in decline due mainly to the Israeli blockade and the internal political divide between the authorities in Gaza and Ramallah. These two factors have adversely affected the functioning of the health system in a number of ways, including:

- **Israeli limitations on the import of construction material** make it impossible to rehabilitate and expand the health service infrastructure on the scale required to maintain and upgrade standards and keep pace with population growth, one of the highest in the world.

- **Recurrent power cuts and unstable power supply** severely affect medical care in Gaza: often treatments are interrupted or have to be postponed, sensitive medical equipment is damaged or supportive services have to be suspended. To cope with the power outages, hospitals have to function on back-up electricity generators for prolonged periods of time.

- The functionality of **medical equipment has deteriorated due to the lack of maintenance and non-availability of spare parts**, which has severely limited access to lifesaving services and increased referral costs. Many experienced MoH engineers

were displaced from their posts after the de facto authorities took over the Gaza Strip in 2007. Their replacements do not generally have an equivalent level of training or experience. Israel's restrictions on imports of goods to Gaza complicate the supply and maintenance of medical equipment and spare parts. Technicians from manufacturing companies cannot enter the Gaza Strip to service equipment. Cumbersome import and export procedures at the Israeli-managed crossing points for goods make it very difficult to send equipment for servicing to manufacturers or service centres outside Gaza and afterwards have it returned. Around one fifth of all medical equipment in Gaza was broken or unable to be used in late 2010.

- Health professionals in Gaza face many obstacles in **updating their clinical knowledge and skills** because of the difficulties they face in exiting Gaza for training as well as the challenges specialists encounter trying to enter Gaza to provide capacity building.

- The **availability of essential drugs and disposables is not assured** in the Gaza Strip; there are frequent and prolonged shortages. 480 drugs and 700 medical disposables are listed as "essential" by MoH, i.e., they are considered necessary for the provision of essential health care. Disposables include a wide variety of medical items such as syringes, filters for dialysis and dressing materials. Up to one third of essential drugs and one fifth of medical disposables were out of stock in Gaza in 2010.²²

Five medical specialties account for the majority of referrals from Gaza

Most of the patients who need medical services (diagnosis or treatment) that are

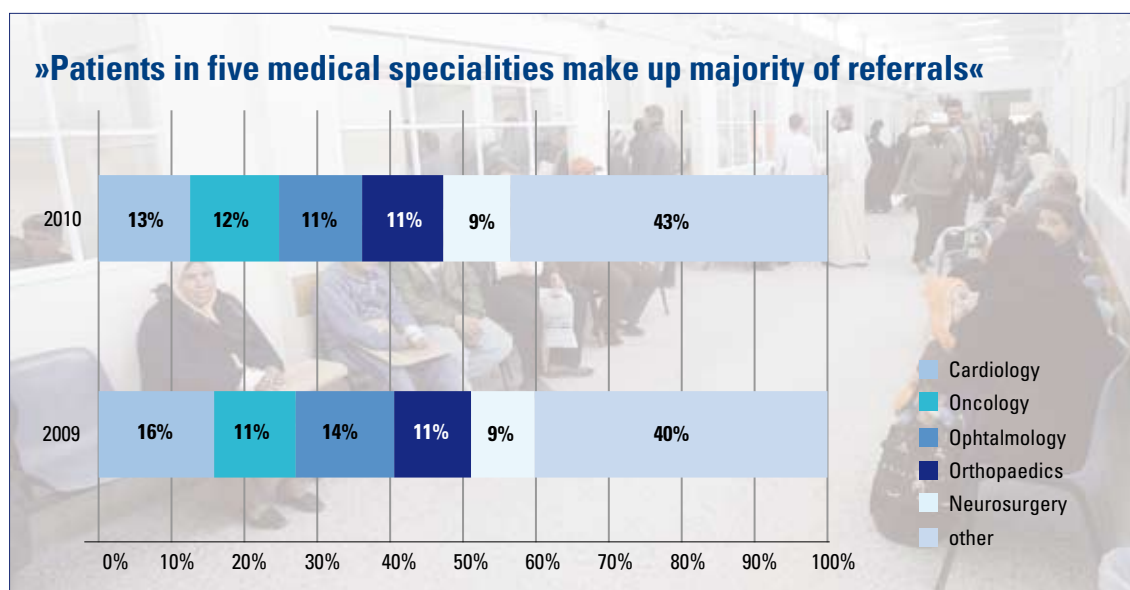


Figure 7: Referral of patients out of Gaza by medical speciality (% of all referrals, 2009 and 2010)

not available inside the Gaza Strip suffer from health conditions in the following medical specialties: cardiovascular diseases; oncology; ophthalmology; orthopaedics and neurosurgery. From 2009 to 2010, 50-60% of all referrals from Gaza were for interventions in these five areas (see Figure 7).

The following section examines some of the aspects of health care provision in these specialized fields in Gaza in order to shed light on the main reasons for referrals.

Cardiology

As in other countries in the region and in the West Bank, non-communicable diseases such as heart attacks, strokes and cancer account for most deaths among the adult population. Risky behaviour such as smoking and lack of physical activity as well as risk factors such as obesity, high blood pressure and diabetes are widespread. Population-based programmes to prevent non-communicable diseases are not yet effectively in place. More people, therefore, become sick and need specialized care.

The detection and treatment of cardiovascular diseases are critical to reduce mortality. Cardiac surgery and catheterization are now routine procedures for diagnosing or treating cardiovascular disease in appropriate cases.

MoH hospitals in the Gaza Strip provide 80% of hospital care; however, **cardiac surgery** is only available at Shifa hospital in Gaza City. The heart surgery unit there was established in 1998 and initially depended on external experts to periodically perform surgeries. In 2010, the Qatar Red Crescent Society recruited a heart surgeon for MoH to run the unit and conduct heart surgeries in Gaza on a regular basis. However, the surgeon and his team are able to meet only one third of actual needs in the Gaza Strip, which are estimated at approximately 1,000 heart surgeries per year. As such, the waiting list for cardiac surgery is long.

There is one government **cardiac catheterization** unit in the Gaza Strip at the European Gaza Hospital (EGH), which was established in 2006 to carry out diagnostic procedures. Since late 2008, the unit has

also conducted therapeutic interventions. The catheterization theatre has a capacity of 220 interventions per month, less than the current need in Gaza, which is estimated at 3,000 diagnostic catheterizations and 300 therapeutic catheterizations per year. Shortages are compounded by the fact that there have been serious technical problems with the catheterization theatre at EGH – in 2010 it was completely out of order for five months.

The private sector also provides cardiac catheterization in the Gaza Strip: 677 patients were referred to two private facilities by RAD in 2010. However, these centres do not have intensive care units (ICU) and thus are ill-equipped to provide services to high-risk patients potentially in need of critical care. Consequently, these patients, many of whom are elderly, have to leave the Gaza Strip in order to access the cardiac catheterization they need.

In the field of cardiology, the health system in Gaza is constrained by:

1. **Human resources:** There are very few specialist doctors and nurses trained and experienced in cardiac catheterization, heart surgery and vascular surgery. Capacity building of additional staff is impeded by Israeli travel restrictions, which normally preclude medical personnel from leaving the Gaza Strip for training.
2. **Shortages of disposables:** Many disposables for both cardiac catheterization and heart surgery are expensive. The annual cost of disposables for cardiovascular interventions in MoH hospitals in Gaza is estimated at USD 800,000 to 900,000.²³ In order to decrease running costs and improve availability of scarce disposables, hospitals resort to sterilizing and re-using some items. However, this practice increases the risk of infections and potentially compromises patient safety. Shortages of disposables, in particular those which cannot be reused, reduce the efficiency of cardiovascular services and can even bring services to a standstill. In February 2010, for example, catheterization services at EGH came to a halt due to the lack of iodinated contrast injections, which enhance the visibility of blood vessels and organs during radiographic procedures.
3. **Medical equipment and maintenance:** As mentioned, the catheterization theatre at European Gaza Hospital has been plagued by technical problems that local technicians have been unable to resolve. This is because the technicians need to replace different components and run tests to see where the problem lies. However, dealers hesitate to send components to Gaza for testing. Because of the cumbersome import and export procedures at the Israeli-managed crossing points for goods, they have no

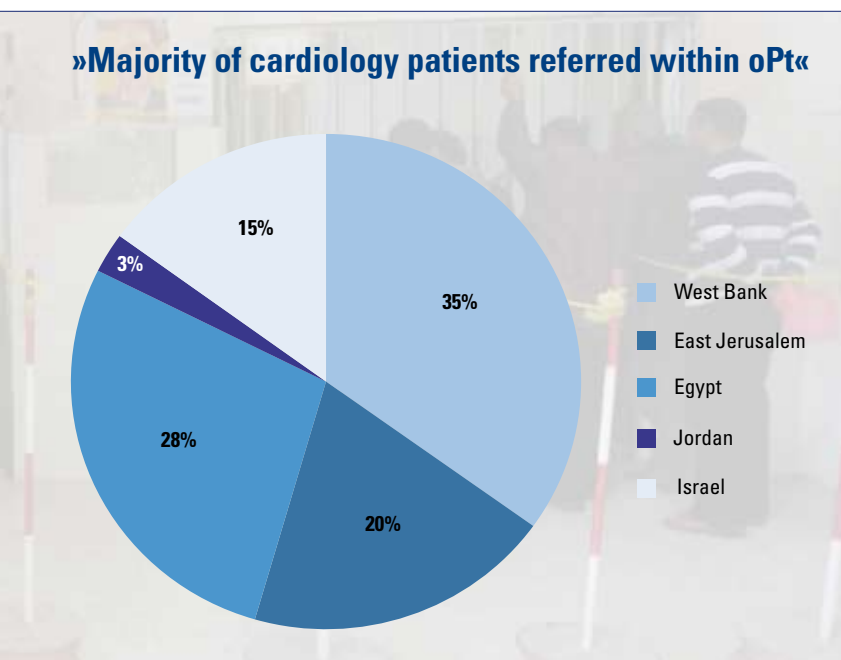


Figure 8: Referral of cardiology patients by destination (% of all cardiology referrals in 2010)

guarantee that the component will be returned to them within a reasonable timeframe if it turns out to be the wrong one. For this reason, they ask for the parts to be bought up-front.

These health-system limitations lead to long waiting lists for cardiovascular treatments; most patients have to wait three to six months for the procedure they require. Those who cannot wait have to leave the Gaza Strip to find care elsewhere. Hospitals in the West Bank and Egypt were the main destinations in 2010 for the 1,567 cardiovascular referrals (see Figure 8). Cardiovascular patients accounted for 13% of all referrals out of Gaza.



Catheterization theatre at European Gaza Hospital.

Oncology

Two hospitals in the Gaza Strip have oncology centres to treat cancer in adults: Shifa Hospital in Gaza City and European Gaza Hospital in Khan Younis. Children with cancer are treated at the Paediatric Specialized Hospital. These centres face a number of challenges, both in diagnosing and treating cancer:

1. **Laboratory capacity necessary for correct diagnosis of leukaemia and bone marrow cancer** is unavailable. These types of cancer, therefore, often develop unnoticed and are only detected at a late stage, reducing the chances of successful treatment.
2. The **Magnetic Resonance Imaging (MRI)** machine at Shifa hospital, the only one in a MoH hospital in Gaza, has frequently broken down. Referral to one of the two private hospitals that have functioning MRI machines for diagnosis means the patient must go to and from facilities and doctors.
3. **Radiation therapy** is unavailable in the Gaza Strip. The oncology centre at Shifa Hospital was developed to provide this service but requires funding, equipment

and specialized training of staff to become functional.

4. The effectiveness of chemotherapy treatment, the second major method used to treat cancer, depends on the combination of a number of different drugs. In Gaza, however, **drugs for chemotherapy are often out of stock**. They are very expensive and some of them are not included on the essential drugs list. During December 2010, 13 out of 44 essential chemotherapy drugs were out of stock at the MoH's Central Drug Store in Gaza.
5. **No specialist surgeons are available for several types of cancer** such as cancer of the oesophagus, pancreas and lungs. Israeli restrictions on the movement of people out of Gaza curtail opportunities for medical staff to receive training in specialized fields of oncology – as well as in other medical fields.

The limitations in chemotherapy and radiology in Gaza are clearly reflected in the referral figures for oncology patients. In 2010,

Table 2: Deaths caused by different types of cancer in Gaza (leading types of cancer by gender, 2009 ²⁴)						
Type	Men	Women	Total	% of men	% of women	% of total
Trachea, bronchus & lung	71	31	102	28.5	14.0	21.7
Breast	0	51	51	0.0	23.0	10.8
Colo-rectal and anus	21	24	45	8.4	10.8	9.6
Brain & other NS	19	19	38	7.6	8.6	8.1
Bone marrow	26	12	38	10.4	5.4	8.1
Stomach	14	12	26	5.6	5.4	5.5
Non-Hodgkin's lymphoma	15	6	21	6.0	2.7	4.5
Pancreas	10	8	18	4.0	3.6	3.8
Prostate	16	0	16	6.4	0.0	3.4
Liver	6	9	15	2.4	4.1	3.2
U. Bladder	9	0	9	3.6	0.0	1.9
Uterus	0	8	8	0.0	3.6	1.7
Ovary	0	8	8	0.0	3.6	1.7
Other cancers	42	34	76	16.9	15.3	16.1
Total	249	222	471	100.0	100.0	100.0

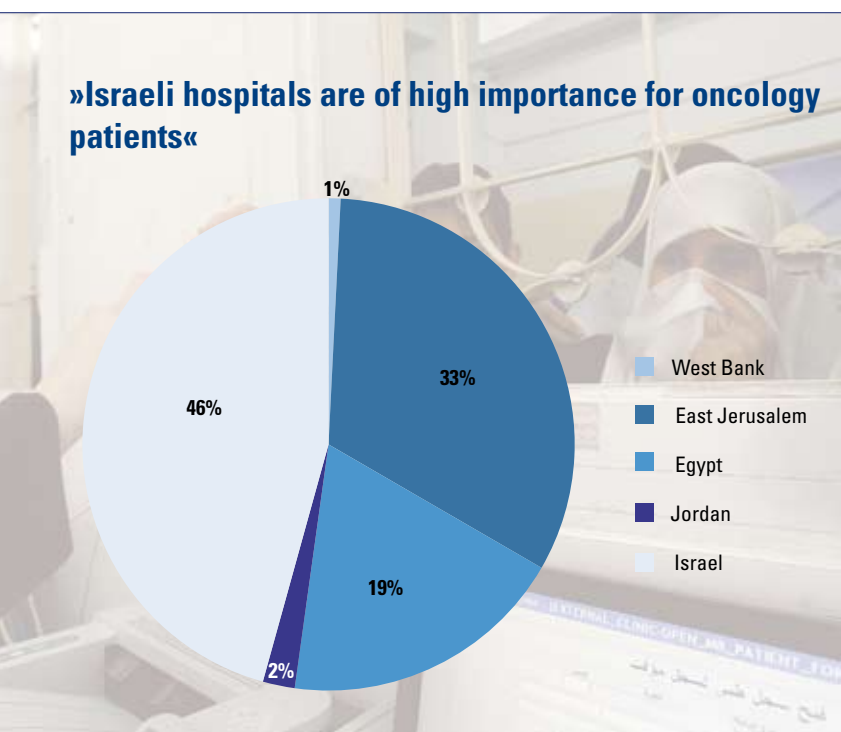


Figure 9: Referral of oncology patients by destination (% of all oncology referrals in 2010)

RAD referred 28% of oncology patients for chemotherapy and 30% for radiation therapy. The remaining cancer patients were referred for either consultation or "management of disease."

Cancer of the trachea, bronchus or lung accounted for one out of five cancer deaths in 2009²⁵ (see Table 2). Nearly three out of ten cancer deaths amongst male patients were due to one of these three types of cancer. In contrast, breast cancer was the leading cause of death amongst female oncology patients: almost one out of four female cancer patients died of breast cancer.

In total, **1,523 patients had to leave the Gaza Strip in 2010 for oncological care** and made up 12% of all referrals.

The main destination for oncology referrals was Israel (46%) (see Figure 9).

Most patients were referred to either Tel Aviv Sourasky Medical Centre (Ichilov), Sheba Medical Center at Tel Hashomer or Rabin Beilinson Hospital in Petah-Tikva. A smaller number of oncology patients are referred to Rambam Health Care Centre in Haifa and Schneider Children's Medical Center in Petah-Tikva.

East Jerusalem received another 33% of oncology referrals from Gaza in 2010, in particular Augusta Victoria Hospital, the leading hospital for cancer treatment in oPt.

The treatment of cancer by chemotherapy or radiation therapy requires continuity without disruption to the treatment plan. Therefore, it is of utmost importance that oncology patients can access the hospital they have been referred to for the full cycle of treatment, including follow-up visits.

Four out of five oncology patients depend on Israeli-issued permits since they need to cross Erez on the way to hospitals in Israel, East Jerusalem, the West Bank and Jordan. Many cases of delays and denials have been reported – even for patients who had obtained a permit at an earlier stage. In several instances, patients died waiting for their permits. (See case study of Mahmoud Khalid Al Najjar in this report and the case of two-year-old leukaemia patient Nismah Naji Abu Lasheen in the WHO October 2010 RAD report.²⁶⁾

Ophthalmology

Ophthalmic services to treat eye diseases in the Gaza Strip are provided by MoH and local NGOs as well as private health clinics. Within the MoH structure, the main centres for ophthalmic care are El Nasser Ophthalmic Hospital²⁷ in Gaza City and European Gaza Hospital in Khan Younis. NGO-run hospitals are the Eye Specialist Hospital (General

Services Association), St John's Clinic (Order of St John), Patients' Friends Benevolent Hospital, Al Awda Hospital (Union of Health Work Committees) and Yafa Hospital (Islamic Al-Salah Charitable Society).

In total, MoH hospitals offer around 50 beds for ophthalmic patients, 40 of them in the El Nasser Ophthalmic Hospital, which admitted approximately 4,000 patients in 2009 and 2010 combined. Ophthalmic diagnostic and treatment interventions in Gaza – whether in MoH or NGO medical facilities – are limited:

1. **Limited diagnostic services:** Some of the equipment and expertise required for diagnosis of certain eye conditions and for measuring the thickness of corneas are unavailable.
2. **Limited surgical services:** Only one surgeon in the whole Gaza Strip is trained to conduct intraocular surgery, which includes interventions on the retina and vitreous. The waiting time for patients who need the services of this surgeon exceeds six months.
3. **High cost and limited services:** Due to the long waiting list at MoH facilities, many patients approach NGO and private medical service providers on their own, i.e., without a RAD referral document. However, the cost of treatment can easily reach NIS 1,000 and is, therefore, a heavy financial burden on many patients.
4. **High prevalence of conditions leading to eye illness:** Diabetes and hypertension are common causes of intraocular illness and can lead to blindness. The prevalence of diabetes and hypertension are high in Gaza. Locally available ophthalmic services in Gaza are insufficient to cover prevailing needs.
5. **Drug shortages:** The shortages of drugs required to treat some cases, especially immunoglobulin and TPA,²⁸ force treating doctors to refer patients elsewhere.

»East Jerusalem is main destination for ophthalmology patients«

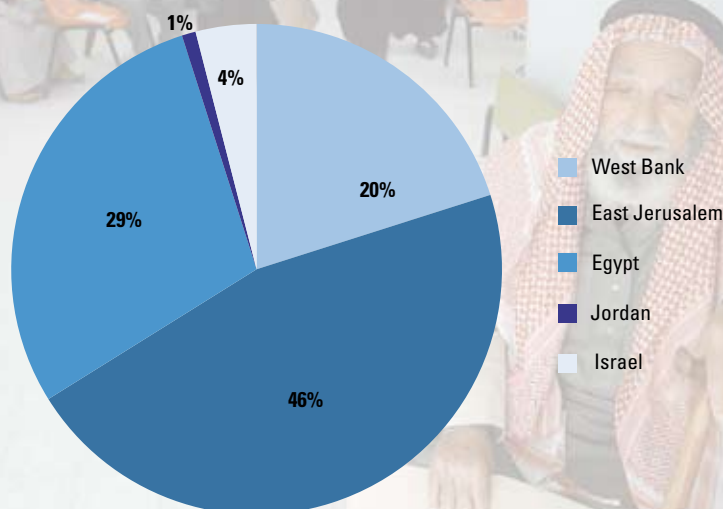


Figure 10: Referral of ophthalmology patients by destination (% of all ophthalmology referrals in 2010)

In 2010, a total of **1,423 patients were referred outside the Gaza Strip for ophthalmic treatment**, 11% of all referrals. This compares to 1,150 in 2009. Most of these referrals were

»Over half of all orthopaedics patients referred to Egypt«

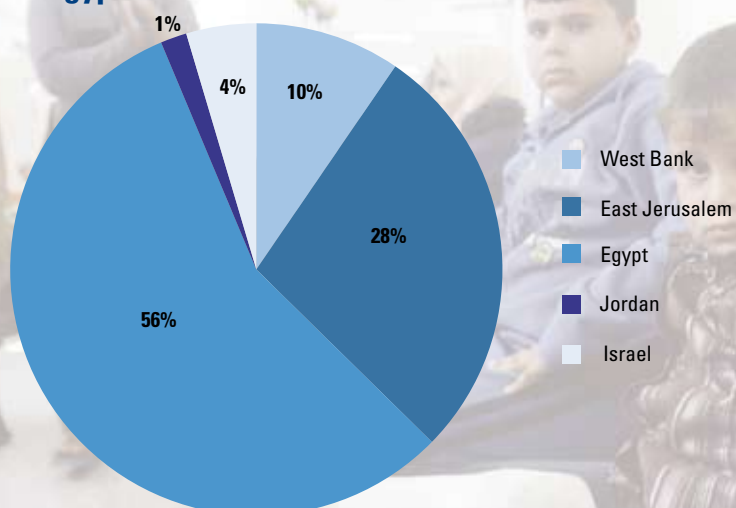


Figure 11: Referral of orthopaedics patients by destination (% of all orthopaedics referrals in 2010)

for ophthalmic management (26%), keratoplasty or cornea repair (24%), vitrectomy (13.5%) and retinal detachment repair (12%).

East Jerusalem was the destination for nearly half of ophthalmic referrals, almost all of them to St. John's Eye Hospital (see Figure 10). The hospital offers the most advanced ophthalmic services in oPt. In 2010, the hospital received 102,382 patients, 34,238 of which were children.²⁹ Access to East Jerusalem is crucial, therefore, for the protection of the eyesight of thousands of Palestinians from the Gaza Strip as well as the West Bank.

Orthopaedics

Shifa Hospital in Gaza City and Nasser Hospital in Khan Younis are the main providers of orthopaedic services to treat musculoskeletal problems in the Gaza Strip. Limited orthopaedic services are also available at European Gaza Hospital in Khan Younis, Al Aqsa Hospital in Middle Zone, Kamal Edwan Hospital in Beit Lahiya and Al Najjar Hospital in Rafah. Altogether these hospitals offer about 100 beds for patients with musculoskeletal illnesses, 50 of them at Shifa Hospital, 25 at Nasser Hospital, and the remaining 25 distributed among four other hospitals.

Doctors at Shifa Hospital provide orthopaedic services for more than 250 patients per day in both the out-patient department and emergency room. In addition, they perform more than 140 major orthopaedic surgeries monthly. The other MoH hospitals, combined, treat an estimated 120 patients daily in both out-patient departments and emergency rooms, and perform approximately 100 major orthopaedic surgeries per month.

Overall, **limited resources – both in terms of infrastructure and staff – have a negative impact on orthopaedic services** in Gaza. There are an insufficient number and quality of operating theatres, which have to be shared by various medical specialities. Not all

Egypt is the last hope for Moean Al Mobaied

Moean Al Mobaied is 49 years old and was diagnosed with retinal detachment in August 2010. Without rapid treatment the entire retina may detach, leading to loss of vision in the affected eye.

Retinal detachments, like other conditions of the inner eye, cannot be treated in Gaza. Therefore, Mr Al Mobaied was referred to St John's Hospital in East Jerusalem, where he was scheduled to undergo surgery on 1 September 2010. Ahead of time, Mr Al Mobaied submitted a request to the Israeli authorities for a permit to cross Erez on the day of the operation.

He did not receive a response until 1 September itself, when the Israeli authorities informed Mr Al Mobaied he had to go for interrogation with the General Security Services (GSS). He was interrogated by GSS on 7 September and was told to resubmit his permit request. Mr Al Mobaied did so after having obtained a new appointment at St John's Hospital for 18 October 2010.

Nevertheless, his second request – as well as all his follow-up inquiries – were left unanswered by the Israeli authorities. Having lost all hope of securing a permit, Mr Al Mobaied approached the Referral Abroad Department to ask for referral to Egypt instead; the only destination he could reach without an Israeli permit. He received the new referral document, but was unable to travel because the Rafah border crossing was closed for 20 consecutive days in early February due to the political unrest in Egypt.

Furthermore, in order to be able to cross the border, Mr Al Mobaied needed to obtain a passport, which required additional time. The final blow to his hopes of receiving medical treatment came on 3 April 2011, when he was refused passage at Rafah border despite having all his documents in order. Mr Al Mobaied says that the Egyptian border guards mentioned "security issues" for not letting him pass. At the time of writing the report, he was still in Gaza, hoping that the intervention of various organisations would finally get him a permit to pass through Erez.

Photo: Passenger terminal on the Palestinian side of Rafah border crossing.



Case Study

»Egypt receives over half of all neurosurgery patients«

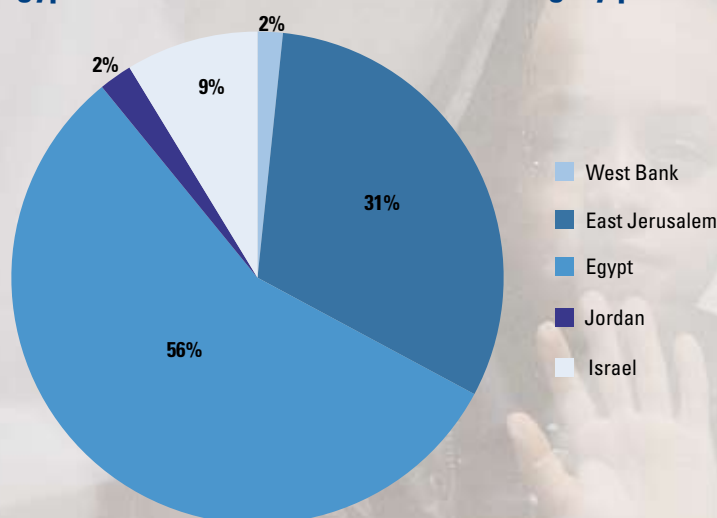


Figure 12: Referral of neurosurgery patients by destination (% of all neurosurgery referrals in 2010)

operating rooms are equipped for orthopaedic surgery. The extremely limited number of trained nurses for orthopaedic theatres further hinders the number of interventions possible in Gaza. The waiting time for orthopaedic surgery is around three months.

In 2010, **1,392 patients had to leave the Gaza Strip to receive the orthopaedic treatment they were in need of**; patients with musculoskeletal conditions made up 11% of all referrals. For over half of all orthopaedic patients, the referral destination was Egypt; for nearly a quarter it was East Jerusalem (see Figure 11). One reason for the high proportion of referrals to Egypt is the lower cost of treatment there.

The most common procedure was orthopaedic management (57%). Total knee replacement (16%), total hip replacement (9%) and orthopaedic follow-up (8%) were other main interventions.

Neurosurgery

Shifa Hospital and European Gaza Hospital are the sole providers of neurosurgery in

the Gaza Strip. The two centres examined, diagnosed and treated more than 300 patients per day and performed more than 700 surgeries in 2009. However, the bulk of the workload falls on Shifa Hospital in Gaza City. There are plans to increase services at European Gaza Hospital, which would then function as the centre for neurosurgery for the southern part of the Gaza Strip.

The limitations for neurosurgery in Gaza are:

1. The **number of doctors and nurses trained in neurosurgery is insufficient**. The negative impact of limited travel and training opportunities for medical staff is particularly evident in this field.
2. There are **no specialized wards for neurosurgery patients**; the latter are, therefore, placed in general surgical wards. The patients are overseen by general nurses and do not receive the specialized nursing care needed by neurosurgery patients. Furthermore, the dispersment of patients across different wards makes doctor supervision more complicated and doctors may visit their patients less often. It also puts an additional burden on the heavily loaded schedule of neurosurgery staff.

In 2010, **1,148 patients had to go to hospitals outside the Gaza Strip for neurosurgery**; they made up 9% of all referrals. In 2009, the total number was 743. Most referrals were for neurosurgical management (78%). The other main cause for referral was spinal fixation (8%).

Egypt is the primary destination for neurosurgery referrals – over half of neurosurgery patients were referred there from Gaza in 2010 (see Figure 12). East Jerusalem hospitals received a further one-third of patients, two out of three of whom were referred to Al-Makassed Hospital, the remainder to St. Joseph's Hospital.

Conclusion and recommendations

This report has highlighted a wide range of factors that restrict and undermine the availability and quality of specialized health care in Gaza. As a result, approximately 1,000 patients per month must leave the Gaza Strip in order to access specialized medical care elsewhere. However, access to referral hospitals in East Jerusalem, the West Bank, Egypt, Israel and Jordan, is not guaranteed.

In the short term, every effort should be made to address the factors that undermine the delivery of health care, and to ensure that patients who need to be referred to hospitals outside of Gaza can do so quickly, easily and in as dignified a manner as possible. Practically this means that:

1. **Israel** should:
 - Issue permits without delay or impediment and in a transparent process so that patients can attend their hospital appointments for consultation, treatments or surgery on time;
 - Allow the import of medical equipment and spare parts without impediment or delay, as well as allow the movement of technicians for the installation, testing and maintenance of medical equipment;
 - Allow health professionals in Gaza to attend conferences and training courses outside Gaza which are a necessary part of their continuous medical education and upgrading of their clinical knowledge and skills;
 - Allow construction material to enter the Gaza Strip as needed to facilitate the necessary rehabilitation, development and extension of existing health-care facilities.
2. In addition, **Egypt** should continue to ensure that the Rafah crossing remains open on a regular and reliable basis to allow patients from Gaza in need of medical treatment in Egypt – which is the destination of almost half of all patients referred outside from Gaza – to cross Rafah without delay or impediment.
3. The **Palestinian Authority in Ramallah** and the **de facto authorities in Gaza** need to coordinate to ensure the adequate, reliable and steady provision of all essential drugs and medical disposables to the Central Drug Store in Gaza and to manage and develop health services to be in the best interests of patients.

Importantly, in the long term, the capacity of the health care system in Gaza needs to be developed to meet the needs of the population and to offer the best possible standard of care for patients, thus improving all levels of patient care and reducing the number of referrals for many services. A plan for the development of human and material resources, including equipment and facilities, for medical specialties and subspecialties should be fully supported by all parties.

Annex

WHO reports monthly on the referral of patients from Gaza. Each first day of the month, data on the previous month is collected from various sources. However, these figures are preliminary as both referral and permit application processes are on-going. A permit can be delayed at the end of the month (and recorded as such) and then be approved or denied the following month. A patient might not be able to travel to the hospital where he was supposed to receive treatment, causing RAD to later change the referral destination.

In order to facilitate comparisons between different months, the figures published by WHO in the monthly RAD reports are not revised in the course of the year. This annual RAD report, however, is based on figures that were later updated to more accurately reflect actual referral and permit statistics. Although these might differ slightly from the figures published during the year, all major trends have remained the same.

The following tables give the revised figures for 2010 for: 1) MoH referrals of Gaza patients by destination; 2) Outcome of requests to the Israeli Liaison Office for permits for referral patients to access Erez checkpoint. Note: permit applications are registered and tabulated by the month of the scheduled hospital appointment.

Table A: Palestinian Ministry of Health (Referrals Abroad Department) Referrals of Patients by Geographic Location in 2010, by age group and sex (2010 revised)												
Destination:	Gaza (to non MoH facilities)		West Bank		East Jerusalem		Jordan		Israel		Egypt	
	F	M	F	M	F	M	F	M	F	M	F	M
January	116	174	57	66	153	173	4	12	72	118	65	133
Children (0 to 17)	19	18	5	6	30	50	0	5	20	57	13	16
Adults (18 to 59)	81	140	33	40	88	92	3	6	49	47	45	102
Elderly (60 and over)	16	16	19	20	35	31	1	1	3	14	7	15
February	107	165	57	60	148	176	8	19	62	119	64	160
Children (0 to 17)	7	19	9	6	42	53	1	2	18	50	7	22
Adults (18 to 59)	78	131	29	38	82	88	7	15	39	58	42	120
Elderly (60 and over)	22	15	19	16	24	35	0	2	5	11	15	18
March	118	221	48	54	131	185	4	17	89	138	89	200
Children (0 to 17)	10	15	4	3	37	68	1	3	27	64	19	30
Adults (18 to 59)	86	170	25	37	69	85	2	11	58	64	55	149
Elderly (60 and over)	22	36	19	14	25	32	1	3	4	10	15	21
April	99	177	45	58	128	151	4	11	79	116	110	220
Children (0 to 17)	7	11	6	3	44	70	0	3	28	48	22	17
Adults (18 to 59)	64	131	22	38	62	58	4	6	46	55	72	169
Elderly (60 and over)	28	35	17	17	22	23	0	2	5	13	16	34
May	100	146	79	96	121	172	3	15	100	140	115	194
Children (0 to 17)	11	16	15	12	38	66	1	5	32	61	14	28
Adults (18 to 59)	71	108	41	54	69	76	1	9	58	60	79	148
Elderly (60 and over)	18	22	23	30	14	30	1	1	10	19	22	18

June	112	183	55	71	139	146	5	9	91	108	190	330
Children (0 to 17)	12	37	8	8	40	66	3	4	26	56	28	58
Adults (18 to 59)	87	127	28	45	71	60	2	4	61	38	127	228
Elderly (60 and over)	13	19	19	18	28	20	0	1	4	14	35	44
July	103	152	73	80	109	158	6	13	113	117	216	357
Children (0 to 17)	17	16	20	14	31	68	3	2	44	51	42	57
Adults (18 to 59)	75	119	37	46	55	65	3	9	64	59	138	248
Elderly (60 and over)	11	17	16	20	23	25	0	2	5	7	36	52
August	106	180	67	69	167	145	9	7	113	155	140	290
Children (0 to 17)	11	17	13	16	68	61	1	3	40	72	23	37
Adults (18 to 59)	73	141	36	37	77	61	7	2	66	65	95	215
Elderly (60 and over)	22	22	18	16	22	23	1	2	7	18	22	38
September	97	211	39	52	96	124	1	7	95	106	150	287
Children (0 to 17)	7	10	4	5	29	53	0	2	36	37	27	30
Adults (18 to 59)	61	161	24	33	49	53	1	3	49	56	102	216
Elderly (60 and over)	29	40	11	14	18	18	0	2	10	13	21	41
October	212	400	42	71	103	174	9	24	95	104	188	343
Children (0 to 17)	15	25	4	15	39	60	2	2	26	45	33	46
Adults (18 to 59)	137	286	21	40	46	80	4	19	60	52	122	251
Elderly (60 and over)	60	89	17	16	18	34	3	3	9	7	33	46
November	167	283	47	66	117	128	4	9	91	135	163	302
Children (0 to 17)	15	16	9	8	32	40	0	0	27	54	30	34
Adults (18 to 59)	119	221	23	36	62	62	2	9	48	69	105	222
Elderly (60 and over)	33	46	15	22	23	26	2	0	16	12	28	46
December	164	271	60	64	101	137	4	11	75	136	213	324
Children (0 to 17)	12	27	6	16	31	49	1	3	27	57	28	43
Adults (18 to 59)	109	209	33	28	53	70	2	6	38	63	152	229
Elderly (60 and over)	43	35	21	20	17	18	1	2	10	16	33	52
Total 2010	1501	2563	669	807	1513	1869	61	154	1075	1492	1703	3140
Total by destination	4.064		1.476		3.382		215		2.567		4.843	
Total by exit route			Erez: 7,640								Rafah: 4,843	

Table B: Outcome of Requests to Israel Liaison Office for Gaza Referral Patients to Access Hospitals via Erez, by age and sex (2010)

	approved		denied		delayed			
							of which called for GSS interrogation	
	F	M	F	M	F	M	F	M
January	399	451	5	19	45	125	17	58
Children (0 to 17)	146	165	0	0	10	21	0	0
Adults (18 to 59)	189	216	4	18	33	100	17	58
Elderly (60 and over)	64	70	1	1	2	4	0	0
February	317	455	2	22	33	80	13	36
Children (0 to 17)	100	175	0	0	6	10	0	0
Adults (18 to 59)	162	219	2	22	24	69	13	36
Elderly (60 and over)	55	61	0	0	3	1	0	0
March	344	438	0	23	48	113	8	29
Children (0 to 17)	124	172	0	0	13	20	0	0
Adults (18 to 59)	168	211	0	22	32	87	8	29
Elderly (60 and over)	52	55	0	1	3	6	0	0

April	315	446	10	28	66	124	9	38
Children (0 to 17)	121	191	0	0	13	18	0	0
Adults (18 to 59)	153	187	9	27	49	99	9	38
Elderly (60 and over)	41	68	1	1	4	7	0	0
May	388	508	47	108	49	79	12	38
Children (0 to 17)	136	230	0	0	4	9	0	0
Adults (18 to 59)	179	185	43	102	40	61	12	33
Elderly (60 and over)	73	93	4	6	5	9	0	5
June	397	468	42	92	18	51	9	26
Children (0 to 17)	168	209	1	0	4	5	0	0
Adults (18 to 59)	180	187	38	90	13	43	9	25
Elderly (60 and over)	49	72	3	2	1	3	0	1
July	375	416	35	60	12	33	5	22
Children (0 to 17)	146	182	0	0	2	4	0	1
Adults (18 to 59)	172	174	30	57	9	27	5	21
Elderly (60 and over)	57	60	5	3	1	2	0	0
August	364	407	27	59	13	35	5	19
Children (0 to 17)	152	198	1	2	4	1	0	0
Adults (18 to 59)	161	144	21	52	9	33	5	19
Elderly (60 and over)	51	65	5	5	0	1	0	0
September	259	275	6	8	20	39	7	13
Children (0 to 17)	103	110	1	0	2	12	0	0
Adults (18 to 59)	118	120	5	8	18	26	7	13
Elderly (60 and over)	38	45	0	0	0	1	0	0
October	339	408	7	14	58	107	4	8
Children (0 to 17)	137	189	0	0	13	10	0	0
Adults (18 to 59)	146	147	7	11	39	93	4	8
Elderly (60 and over)	56	72	0	3	6	4	0	0
November	275	376	5	12	35	90	4	14
Children (0 to 17)	116	169	0	0	6	9	0	0
Adults (18 to 59)	115	154	4	12	28	76	4	14
Elderly (60 and over)	44	53	1	0	1	5	0	0
December	325	366	3	12	41	104	7	20
Children (0 to 17)	132	144	0	0	6	12	0	0
Adults (18 to 59)	126	157	3	12	33	87	7	20
Elderly (60 and over)	67	65	0	0	2	5	0	0
Total 2010	4.097	5.014	189	457	438	980	100	321

Summary Table B: Outcome of Requests to Israel Liaison Office by Gaza Referral Patients for Access to Hospitals through Erez, by age and sex (2010)

	Total Applications	Approved*	% Approved	Denied	% Denied	Delayed	% Delayed
Children (0 to 17)	3.934	3.715	94%	5	0,1%	214	5%
Adults (18 to 40)	2.936	1.685	57%	400	14%	851	29%
Adults (41-59)	2.762	2.286	83%	199	7%	277	10%
Elderly (60 and over)	1.544	1.426	92%	42	3%	76	5%
Total	11.176	9.112	82%	646	6%	1.418	13%

* Note: 8,647 patients in fact crossed Erez for access to Hospitals in 2010.

Endnotes

- 1 All data on MoH referrals of Gaza patients used in this report is from the MoH database in Gaza, except where otherwise specified. Data on permits for Erez is from the Palestinian Liaison Office (or District Coordination Office) database. The estimated cost of referrals outside of Gaza was calculated using the estimated total for this group, (from "Health Annual Report, Palestine 2010", Palestinian Health Information Center, Ministry of Health, April 2011, Annex 165, p. 191) and converting NIS to USD at the average monthly exchange rate of NIS 3.72 / 1 USD for 2010.
- 2 WHO Constitution of 1946, Preamble.
- 3 The international community, including WHO, considers East Jerusalem as part of the West Bank and thus the occupied Palestinian territory (oPt). In this report, East Jerusalem is listed separately because six of the most advanced specialist hospitals in oPt are located there. Access to these hospitals is of importance for the entire Palestinian population.
- 4 Find all issues from January 2010 onwards at <http://issuu.com/who-opt/docs>.
- 5 Article 12 states among other things: 'The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: ... The creation of conditions which would assure to all medical service and medical attention in the event of sickness.'
- 6 As laid out by the CESCR in its General Comment No. 14 in 2000.
- 7 Concluding Observations in 1998, 2001 and 2003.
- 8 ICJ, Advisory Opinion of 9 July 2004: *Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory*.
- 9 Palestine (Palestine Liberation Organization) has observer status in WHO as it does in other UN bodies: http://apps.who.int/gb/archive/pdf_files/WHA53/ea40.pdf.
- 10 Article XIX of the Israeli-Palestinian Interim Agreement on the West Bank and the Gaza Strip of 1995.
- 11 Articles 55 and 56 of the Geneva Convention Relative to the Protection of Civilian Persons in Time of War, 12 August 1949 (Geneva Convention IV).
- 12 From a campaign by Physicians for Human Rights – Israel. For a detailed, graphic illustration of the referral process see <http://beatentrackgaza.wordpress.com/english/> and <http://www.scribd.com/doc/41524275/Physicians-for-Human-Rights-Israel-The-Beaten-Track-Obstacles-Facing-Gaza-Patients-in-Need-of-Medical-Care-2010>.
- 13 The committee is appointed by the Palestinian Authority's Minister of Health and consists of seven doctors from various medical specialties. It meets every Thursday in Gaza.
- 14 The scheduled hours for Erez crossing are:
from Gaza into Israel - 07:30 h to 15:15 h;
from Israel into Gaza - 08:00 h to 19:00 h.
- 15 "Health Annual Report, Palestine 2010," Palestinian Health Information Center, Ministry of Health, April 2011, p. 191. NIS values were converted to USD using an average monthly exchange rate of NIS 3.72 / 1 USD for 2010.
- 16 Average estimated cost per patient was \$1,920 for referrals outside of Gaza.
- 17 Interview with PHR's Project Director for the occupied Palestinian territory in November 2010.
- 18 PHR-Israel, Gisha and Hamoked to COGAT: *Reveal the Criteria for Evaluating Requests for Exit Permits by Gaza Strip Residents*, 11 November 2010.
<http://www.phr.org.il/default.asp?PageID=190&ItemID=905>
- 19 These figures have been rounded to full percentages.
- 20 These figures have been rounded to full percentages.
- 21 These cases are examined more in depth in the respective monthly RAD reports.
- 22 For detailed information on drug shortages in Gaza, refer to the WHO Background Note on Drug Shortages in Gaza of 2 February 2011:
<http://issuu.com/who-opt/docs/backgroundnote-drugs>
- 23 Examples of non-reusable disposables in cardiac catheterization and cardiac surgery are coronary stents, some of which cost USD 1000 to 1500, and pacemakers, which cost around USD 1000.
- 24 Ministry of Health, Health Information Unit, Gaza.
- 25 Data for 2010 is not available.
- 26 Reported on in the October 2010 monthly RAD report:
http://issuu.com/who-opt/docs/update_rad_october_2010
- 27 A medical team from Medical Aid for Palestinians (MAP) visited the El Nasser Ophthalmic Hospital in January 2010. For detailed information, see:
<http://www.map-uk.org/regions/lebanon/news/view/-/id/628/>
- 28 Immunoglobulin, also used for other cases such as multiple sclerosis, was at zero stock level at MoH's Central Drug Store in May, October and December 2010. TPA (Tissue Plasminogen Activators), a protein involved in the breakdown of blood clots – not included on the essential drugs list – was out of stock almost consistently throughout 2010.
- 29 St. John's Eye Hospital has documented a number of case studies of patients from Gaza referred to East Jerusalem, e.g. ten-year-old Hiba Sahwel (<http://www.stjohnseyehospital.org/hiba-sahwel-gaza-october-2010>) or ten-year-old Fadi Anwar (<http://www.stjohnseyehospital.org/fadi-anwar-gaza-september-2010>).

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