

## **OCHA Humanitarian Monitor**

### **WHO: Impact of fuel and drug shortages on patient care**

According to the World Health Organization (WHO), patients covered by government health insurance are finding increasing difficulties in obtaining medications from Ministry pharmacies. With up to 38 percent of medicines on the essential drug list now unavailable in both Gaza and Ramallah MoH central drug store facilities, more patients must purchase their medications from private pharmacies or seek donations from charities. Patients usually covered by government health insurance include families of government employees as well as social hardship cases living in extreme poverty with no means of income.

In a field survey conducted by WHO, private pharmacies in Gaza reported a 20-40 percent increase in the number of customers with prescriptions from Ministry of Health physicians who must now purchase their own medications; many are seeking cheaper alternatives to the drugs prescribed.

The drug shortage is primarily caused by political divisions between the West Bank and Gaza, and has been exacerbated by recent financial shortfalls in the Palestinian Authority budget, and compounded by the inability of suppliers to continue to ship supplies ‘on credit.’ In April 2012, the Ministry of Health in Ramallah announced a zero stock list of 140 medicaments in their central pharmacy and has appealed for immediate resupply of a shortlist of critical medications.

The biggest impact has been felt by patients needing medications for chronic life-threatening conditions. On the zero stock list in both Gaza and the West Bank are medications needed by hemophilia patients (Factor VIII and IX) and for cardiac surgeries. There are 60 Gaza patients who have had kidney transplants and who require “Pro-graph” anti-rejection medicine on a life-long basis, but there has been a shortage since early March. In addition, there are insufficient supplies of drugs and chemicals needed for hemodialysis machines, including disinfectant solutions in Gaza, and dialyzers in the West Bank.

According to the Pharmacy Director at Shifa Hospital, scheduled treatments for breast cancer and leukemia cannot be adhered to due to the erratic supply of drugs. There are 7200 cancer patients in Gaza, including 1000 requiring follow-up as outpatients, either through chemotherapy, radiation therapy or a combination of both. The most common breast cancer drug, Taxol (\$600 per vial x 6 vials per cycle x 6 cycles per treatment) is often at zero stock after administering only the first cycle. For patients with aggressive cancer, waiting several extra weeks between chemotherapy sessions for drugs to become available can increase the risk of drug resistance. However, the alternative, using a substitute, is like “starting over.” Referrals to East Jerusalem, Egypt or Israel cannot adequately address the



problem: besides the increased expense, cancer patients with drug-weakened immune systems are not good candidates for travel outside of Gaza.

Medical disposables are also in short supply. In Gaza, as of mid April 2012, 217 medical disposables are reported at zero stock, while in the West Bank, 63 medical disposable items are unavailable, including arterial lines for ICU units in Ramallah and Nablus hospitals, blood bags and surgical gloves. Operations in Hebron hospital were stopped for three days due to lack of anesthesia last week.

This article has been contributed by WHO (*Photo caption: A private Gaza pharmacist shows Ministry of Health prescriptions brought by patients due to unavailability of drugs at Ministry of Health pharmacies.*)