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occupied Palestinian territory

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Shortages of Essential Medicines and Disposables in Palestinian Ministry of Health Facilities West Bank and Gaza

In late May 2012, the Ministry of Health in Gaza Central Drug Store reported that 42% (202 of 480) of essential medications were at zero stock, with an additional 13% at levels sufficient for less than 3 months. The MoH reports that it no longer has drug supplies for patients for some severely debilitating chronic diseases such as multiple sclerosis and heart diseases, as well as first line antibiotics at primary health clinic level. Earlier in May, the Ministry of Health in Ramallah Central Drug Store also reported shortages of 28% (149 of 523) of essential medications at zero stock. Basic supplies such as cannulas and lab test materials were also lacking.

Chronic shortages have been reported in Gaza since 2006, caused primarily by political divisions between the West Bank and Gaza. The shortages have been increasing since January this year as a result of the financial crisis is in the PA and are at a higher level now than at any time over the past 5 years. The West Bank has experienced shortages more recently caused mainly by the financial shortfalls in the Palestinian Authority. The outstanding debt to suppliers was reported to be over \$100m one month ago.

The shortages create a greater need for referrals since some patients who could have been treated in MoH hospitals must be referred outside of the Ministry of Health at higher cost to the Ministry. Over the long term, an acute problem of drug shortages becomes a longer term financial burden on the MoH and the PA.

The health system copes with shortages by, for example, using alternative drugs, accepting items donated from community businesses or using petty cash reserves to purchase critical items on the private market. Patients may purchase their medications from private pharmacies or seek donations from charities. However, the shortages experienced this year have surpassed the coping abilities; in May some patient care (e.g., elective surgeries) were postponed or suspended. Patients with life-threatening diseases or chronic disease who need maintenance medications, and poor and elderly patients, are especially affected by shortages. Importantly, these patients face high risk of complications from medical conditions that may deteriorate while they wait for drugs to be supplied or for referrals and access permits to be approved. Patients who cannot afford private health care, within Gaza or the West Bank, and who are denied access permits to East Jerusalem hospitals, have no other options for health care.