



**Palestinian  
Authority Measures  
Hinder Gaza Patients'  
Access to Medical  
Care**

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## Overview

The past decade has seen a continued decline in the quality and capacity of health service providers in the Gaza Strip. The decline has prompted hospitals to refer tens of thousands of patients who cannot be treated in Gaza to hospitals in the West Bank, including East Jerusalem, and Israel. In order to access these hospitals, patients—with Palestinian Authority (PA) approved hospital referrals and appointments—must obtain exit permits from the Israeli security authorities. The permit system that referred-patients must navigate is a rigorous maze of opaque rules and policies, which around half of the time result in denied or excessively delayed medical treatment.

While the vast majority of obstacles that patients and their families face—including exacerbated health conditions and in the gravest cases, death—are the result of the Israeli government's restrictions on patients' access to medical care,<sup>1</sup> the PA's engagement in this system has served to inflame the conditions. In 2017, the PA took administrative measures that resulted in hampered patient access to medical care outside of Gaza and reduced flow of medicine and equipment into Gaza.

Since the establishment of the PA, all patients approved by the Palestinian Ministry of Health (MoH) for medical referral automatically received financial coverage for their hospital and treatment costs. In line with the measures adopted by the PA in 2017, patients are now either delayed or flat out denied financial coverage for their care. The World Health Organization (WHO) reported in July 2017 that 64% of patients were only granted financial coverage from the PA after more than seven days of the application being submitted.<sup>2</sup> According to Al Mezan's documentation, 16 patients, including two women and 11 children, died between mid-2017 and mid-2018 after such delays by the PA. This is not to say that the deaths are due directly to the delays, but that the deaths are viewed as associated with the delays.

The PA measures were implemented at the height of a public health crisis in Gaza that continues to be marked by a crippled healthcare system and insufficient access to electricity, clean water, and safe food—a crisis prompted by the policy of closure and blockade that Israel has imposed on Gaza for over 11 years. Compounding the effects of this crisis is the Palestinian political divide, which has resulted in a political and geographic split. Within the context of division and rivalry between the governments, the PA's measures regarding patients are seen as a tool to extract political gains, which could only be pursued at the cost of the vulnerable patient community.

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<sup>1</sup> World Health Organization, Monthly Report on Health Access for Referral Patients from the Gaza Strip, December 2017, available at:

[http://www.emro.who.int/images/stories/palestine/documents/WHO\\_monthly\\_Gaza\\_access\\_report\\_Dec\\_2017-final.pdf](http://www.emro.who.int/images/stories/palestine/documents/WHO_monthly_Gaza_access_report_Dec_2017-final.pdf)

See also, Joint Press Release on Record-Low in Gaza Medical Permits, available at <http://mezan.org/en/post/22378>

<sup>2</sup> World Health Organization, Monthly Report on Health Access for Referral Patients from the Gaza Strip, August 2017, available at: <https://goo.gl/E5p71A>

As the statistics show, there has been a diminishing number of referrals being successfully processed by the MoH.<sup>3</sup> In addition, gaps in medical supplies entering Gaza have increased.<sup>4</sup> In August 2018, health service providers announced that chemotherapy would no longer be available to cancer patients in the Gaza Strip due to dwindling supplies from the PA. The shortage of these medicines had peaked at 75 percent out of stock—with 45 types out of the necessary 60 being at zero stock in Gaza.<sup>5</sup> Meanwhile, the rhetoric around the Palestinian political split remained charged.

The PA implemented restrictive measures against Gaza from the beginning of 2017, including cutting the salaries of public sector employees and limiting the expenditure on electricity supplies purchased from Israel. Thousands of PA employees were driven into early retirement and poverty levels increased. Further pressure was also placed on Gaza's electricity infrastructure.



As a signatory to the International Covenant on Economic, Social and Cultural Rights, which stipulates in article 12 that every human being is entitled to the enjoyment of the highest attainable standard of health, the PA, by implementing the restrictive measures against patients, is in breach of international human rights law. The practical implication of the measures is a system in which patients' access to medical care is increasingly precarious and expensive, and in many cases ultimately out of reach. In this paradigm, life and wellbeing are unnecessarily threatened for Gaza's patient community.

At the beginning of 2018, Al Mezan published, "Medical Care Under Siege", a report that focused on the implications of the Israeli closure policy on Gaza patients' access to medical care.<sup>6</sup> This current report focuses on the restrictive—and broadly considered punitive—measures taken by the PA since 2017, and their implications on a patient's effective access to medical care. It does not address the role of the Israeli authorities in the situation faced by Gaza's patients.

<sup>3</sup> Al Mezan, "Gaza Healthcare Update: Conditions Worsen". 8 August 2017, available at: <http://www.mezan.org/en/post/22018>

<sup>4</sup> Al Mezan, "Zero Stock Medicine in Gaza Threatens Cancer Patients' Lives". 14 August 2018, available at: <http://mezan.org/en/post/23181>.

<sup>5</sup> Ibid, footnote 1

<sup>6</sup> Al Mezan, "Medical Care Under Siege". 1 February 2018, available at: <http://mezan.org/en/post/22333>

This report provides information on the following:

1. The consequences of the PA's restrictive measures for Gaza's patients;
2. The procedures and conditions regulating the process of obtaining medical referrals within the PA health system;
3. The barriers in patients' effective access to medical referrals; and
4. Recommendations to improve the medical referral system in support of patients' smooth and timely access to urgent treatment.

### Why are medicals referrals issued?

When patients seek medical treatment and it transpires that there is a shortage in medical supplies and equipment at public hospitals, health officials first attempt to procure the missing items from local service providers, such as hospitals run by charities or NGOs in the Gaza Strip. Most of these cases involve people requiring radioactive therapy, diagnostic and complex lab tests, and transplants. If the healthcare provider is unable to secure the necessary materials and/or equipment necessary for the treatment of patients in Gaza, the patient becomes eligible for a medical referral.<sup>7</sup>

The most important criteria to be fulfilled in order for the health officials to issue a medical referral are 1) the presence of a medical condition that threatens the life or wellbeing of the patient and 2) the unavailability of the necessary treatment in Gaza. According to a survey carried out by the WHO in Gaza, the reasons prompting health officials to refer a patient for treatment outside of Gaza are: the lack of medical equipment, shortages in medicines and medical supplies, scarcity of diagnostic capacities, lack of advanced healthcare centers, shortage of qualified doctors, and long waiting periods for treatment.<sup>8</sup>

According to the 2017 Annual Report of the MoH on deaths in the Gaza Strip last year, 52% were of persons who suffered from heart disease, 9.8% were cancer patients, 9.7% were of patients with blood pressure irregularities, and 4.8% died from respiratory disease. The official indicators reflect a lack of services provided by the MoH compared to the needs—significantly, the MoH is lacking medicines and equipment to treat heart disease, cancer, blood pressure irregularities and respiratory disease. Of the 2,960 hospital beds available for patients in Gaza, the MoH runs 2,211 and is therefore responsible for the treatment of the majority of patients.

Dr. Mohammed Salama, advisor to the Minister of Health, said in an interview that the MoH is keen to develop its services and facilitate patients' access to healthcare in the Gaza Strip, so that, for example, cardiac catheterization patients could undergo diagnosis in Gaza-based health facilities and not require a transfer to the West Bank or Israel. Dr. Salama added that patients are

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<sup>7</sup> Al Mezan's interview with Dr. Abdulatif Al Haj, General Director of the Ministry of Health Hospitals, on 13 August 2018.

<sup>8</sup> World Health Organization, "Report of a Field Assessment of Health Conditions in the Occupied Palestinian Territory (oPt)". Available at: <https://bit.ly/2G6z3sW>

now able to get MRI scans at Al Shifa Hospital in Gaza after an advanced MRI scanner was made available.<sup>9</sup>

But until appropriate care is available in Gaza, patients will continue to seek medical care elsewhere. The healthcare system in Gaza reflects this need and is structured in a way so as to effectively identify and process patients in need of such referrals. A PA committee of experienced health professionals presides over the process and recommends the issuance of referrals within a matter of days.

According to the Treatment Abroad Department (TAD) at the MoH, medical referrals are divided into four categories based on the urgency of the patient's condition:<sup>10</sup>

1. Life-saving and urgent cases: patients who require medical intervention within 24 hours;
2. Urgent: patients who require medical intervention within days;
3. Semi-urgent: patients whose health condition may withstand up to three weeks of waiting for medical intervention; and
4. Cold: patients who need surgeries and are on hospital waiting for open period of time.

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<sup>9</sup> Al Mezan's interview with Dr. Mohammed Salama on 23 September 2018.

<sup>10</sup> Al Mezan's interview with Dr. Zakaria Al-Louh, General Director of the Service Procurement Directorate in Gaza's southern governorates, on 3 July 2018.

## Mechanisms of medical referrals and its hurdles:

All referral applications are reviewed by two specialist committees: TAD and The Higher Medical Committee for Treatment Abroad (HMCTA).<sup>11,12</sup> The two specialist committees within the MoH are tasked with processing requests for treatment outside of Gaza.

Each application for a medical referral is reviewed by the TAD and the HMCTA. Both committees follow independent decision-making processes and may request further diagnostic assessment of patients before determining approval.

First, a patient undergoes a medical analysis at the nearest governmental hospital. A diagnosis is issued and the availability of the necessary treatment in Gaza is determined. If a patient qualifies for a referral, they are given a medical report known as Form No. 1, with which they move on to the second phase of the process.

At the second stage, TAD registers the patient's personal details and reviews their medical documents, such as medical reports, tests, scans, and MRI results. The patient's application for referral is then transferred to HMCTA for further verification of the reasons for referral. A patient can be screened twice by HMCTA.

Following approval, HMCTA returns the application to TAD, which then coordinates with the hospitals in Israel or the West Bank that can provide the medical services that are needed.



Next, the referral application is forwarded to the MOH headquarters in Ramallah. On the basis of the referral application, the patient should obtain financial coverage. Sometimes, a hospital appointment and the financial coverage are approved as part of a single process.

<sup>11</sup> Directorate of Service Purchase at the Ministry of Health, retrieved on 4 July 2018, available at: [www.site.moh.ps/index/circle/circleid/41/language/ar](http://www.site.moh.ps/index/circle/circleid/41/language/ar)

<sup>12</sup> Palestinian National Authority, Cabinet's Decree No. 108 of 2004 on the Higher Medical Committee for Referrals, issued on 3 August 2005, accessed in the 52<sup>nd</sup> issue of the Palestinian Chronicle of 18 January 2005.

After having obtained financial coverage from the MOH the patient's file is referred to the Coordination and Liaison Administration (CLA) within the Ministry of Health in Gaza for review. If all previous stages are processed successfully, the file is finally transferred to the Israeli authorities with a request for a Gaza exit permit. In particularly urgent cases, the above procedures may be modified to shorten the duration of the process.

Patients and their relatives face frequent delays within this process due to the rigidity and complexity of the system. Although pressured by worsening illness and pain, affected persons receive little information on the progress of their application and end up calling and visiting the CLA to better understand the required procedures and follow up on their applications. The state of confusion and unknowing that patients find themselves in causes increased strain on their physical and mental health.

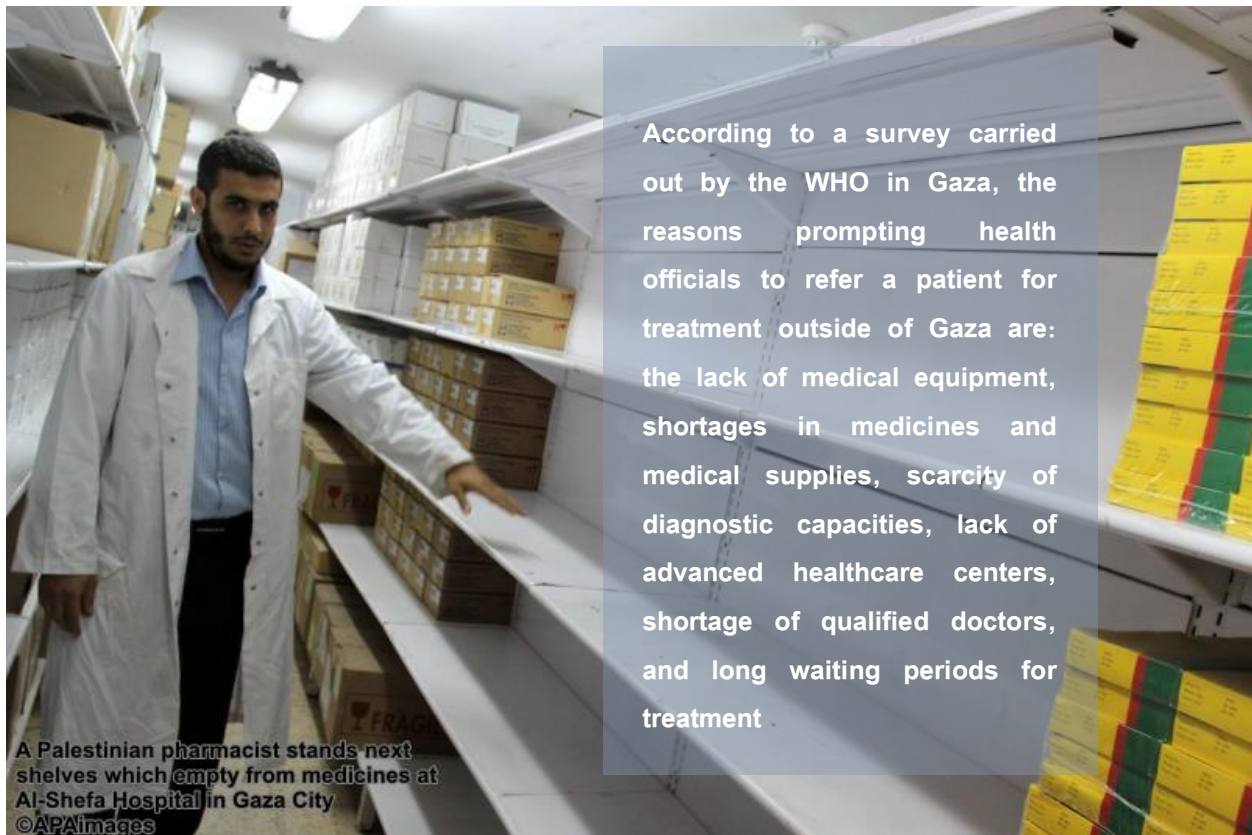
Restrictions on the Israeli side cause further complications within the process on the Palestinian side. For example, the requirement that all applications be returned if the submission date is less than 23 days away from the hospital appointment.<sup>13</sup> This requirement means that patients often end up needing to modify their hospital appointments and repeat the final stages of the process.

Yet the primary hurdle on the Palestinian side, as controlled by the PA, is obtaining timely financial coverage. Since the establishment of the PA, all patients approved by the MoH for medical referrals automatically received the necessary financial coverage. However, in line with the implementation of restrictive measures by the PA in 2017, patients have started to face denials or delays in the confirmation of their financial coverage. The WHO reported in July 2017 that 64% of patients were only granted financial coverage from the PA after more than one week from the date of request. According to Al Mezan's documentation, 16 patients, including two women and 11 children, died between mid-2017 and mid-2018 after such delays by the PA. This is not to say that the deaths are due directly to the delay, but that the deaths are viewed as associated with the delay.

To help manage the delays, patients and their families resort to contacting the human rights organizations in Gaza who can intervene on their behalf. Al Mezan's engagement in the process on behalf of patients has led to documentation of the delays and denials of medical care caused by the PA's recent change of procedures—viewed as restrictive measures.

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<sup>13</sup> More information on the time procedures established by Israel's Coordinator of Government Activities in the Territories (COGAT) are available by Human Rights Watch: <https://www.hrw.org/news/2018/02/13/israel-record-low-gaza-medical-permits>; and in a letter to COGAT by Physicians for Human Rights-Israel: <http://cdn2.phr.org.il/wp-content/uploads/2017/11/cogat-letter.pdf>



According to a survey carried out by the WHO in Gaza, the reasons prompting health officials to refer a patient for treatment outside of Gaza are: the lack of medical equipment, shortages in medicines and medical supplies, scarcity of diagnostic capacities, lack of advanced healthcare centers, shortage of qualified doctors, and long waiting periods for treatment.

## Declining numbers in Gaza

The number of medical referrals issued to Gaza patients in 2015 and 2016 was higher than in 2017, despite the population growth and the decline in health determinants in 2017, which should have prompted an increase in referrals. In 2017, the MoH decreased the number of referrals by almost 17% compared to 2016. The need for referrals had grown in accordance with Gaza's rapid population growth and the continuing deterioration of the healthcare sector as a result of Israel's closure and lack of effective intervention in the spiraling humanitarian conditions.

The timing of the decrease in approved referrals corresponds with the PA's assertions that it would take measures to strengthen its control in Gaza and end the political divide. With reconciliation talks continually failing between the Hamas-led de facto authorities that have controlled the Gaza Strip since 2007, and the PA, based in Ramallah, the latter has introduced a number of measures that place pressure on the Hamas-led authorities. Since June 2017, the PA has decreased funding for basic services, reduced the supply of electricity and of drugs and medical disposables, cut salaries of public sector employees and sent thousands into early retirement.<sup>14</sup>

<sup>14</sup>Al Mezan, Situation of Economic, Social and Cultural Rights in 2017, 18 March 2018. Available at <http://mezan.org/en/post/22532>



Table (1): Number of Patients Referred Outside the Gaza Strip between 2014 and 2017

<b>Year</b>	<b>Referred Cases</b>
<b>2014</b>	<b>18,492</b>
<b>2015</b>	<b>21,583</b>
<b>2016</b>	<b>24,614</b>
<b>2017</b>	<b>20,505</b>

Source: Ministry of Health (2018), Palestinian Health Information Center, Annual Report (2017)

In 2017, the MoH spent ILS 431,074,775 on medical referrals, a considerable sum less than in 2016. In a telephone interview with Dr. Jawad Al Bitar of the PA's Health Information Center, he stated that the total expenditure on medical referrals in 2017 was 23.9% less than in the previous year. He attributed this decrease to the MoH's stricter scrutiny of referral requests and costs related to service provision in Israel, and a reduction in the number of medical cases referred outside Palestine.

Although the expenditure decreased for 2017, the number of referrals for the oPt overall increased by 3.3%, to 94,939. However, isolating the figures for each part of the territory shows a significant decrease in the number of medical referrals allocated to the Gaza Strip: from 24,614 referrals in 2016<sup>15</sup> to 20,505 referrals in 2017.<sup>16</sup>

Medical referrals allocated to the Gaza Strip in 2017 made up just 21.6% of the total number of referrals in 2017, and they incurred a cost of ILS 89,860,641, i.e. 20.8% of the total cost. Meanwhile, the number of referrals allocated to the West Bank in 2017 was 74,434, making up 78.4% of the total number of referrals and incurring a cost of ILS 341,214,134, i.e. 79.2% of the total expenditure.

Dr. Abdulatif Al Haj explains that despite the dire health conditions witnessed in 2017, the number of patients referred from the Gaza Strip was less than that of patients referred from the West Bank, with a ratio of 1:4. The longstanding ratio has been 2:3, i.e. 40% from the Gaza Strip and 60% from the West Bank.

The PA has been unable to meaningfully justify the decrease in referrals for Gaza patients.

<sup>15</sup> Ministry of Health 2016 Annual Report. Available at: <https://bit.ly/2EluMA9>

<sup>16</sup> Ministry of Health 2017 Annual Report. Available at: <https://bit.ly/2RCF1Tw>



### The Impact of decreased referrals on patients

Al Mezan’s records show that 16 patients died in the twelve months from June 2017, after their referral applications were delayed in accordance with the PA’s procedures.

Table (2): Deaths associated with the reduction of medical referrals - 1 June 2017 to 30 June 2018

#No of Deaths	Men	Women	Children
16	3	2	11

Source: Al Mezan’s database.

## Conclusion

The patient referral system is a bureaucratic process that can, due to its complexity, cause undue psychological and physical harm to patients. Barriers placed within this process that further impede a patient's access to medical care are a serious violation of the right to health and in grave cases the right to life.<sup>17</sup> The PA must respect, protect and fulfil the right to health of all Palestinians, including in Gaza, according to its status as duty bearer under international human rights law. This obligation requires that the PA facilitates the swift and smooth referral of patients requiring treatment outside of Gaza and consistent transfer of equipment and medical materials into Gaza—in as much as the government has control over these two processes.

The administrative barriers implemented in 2017 that have facilitated the delay or denial of medical care through the control of the financial coverage process have been connected with at least 16 deaths and have caused undue stress to numerous patients. The declining numbers of referred patients due to PA restrictive measures that were implemented without consideration for the deterioration in Gaza's health conditions represent a matter of serious concern. Health care must not be subject to political sport or rivalry. It is an obligation that must be respected and dealt with objectively and professionally at all times. The PA must intervene positively to assist Gaza's patients in accessing adequate healthcare in Gaza, or when need be outside it in accordance with the policy adopted by the relevant authorities.

The persistent and complex barriers faced by patients are in breach of the following:

- The progressive realization of the right to health under the International Covenant on Economic, Social and Cultural Rights, to which the State of Palestine is a party. In the gravest cases, the measures result in a violation of the right to life as enshrined in the International Covenant on Civil and Political Rights, to which the State of Palestine is a party;
- The Palestinian National Health Strategy (2017-2022), which envisions “the fair opportunity for all citizens to attain health services without any hindrance or discrimination”<sup>18</sup>;
- The national priority to provide quality, inclusive and accessible health care and to upgrade the services provided to individuals in line with the UN Sustainable Development Goals for 2030.

This final point can only be achieved in Palestine by the authorities adopting a more integrated approach to healthcare, which takes into consideration the political, social, and economic challenges; developing medical services through engaging experts and specialists with high competences in the relevant areas of specialized medicine; and increasing the health sector's expenditures.

Alarmed by the information presented in this report, Al Mezan calls for the following:

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<sup>17</sup> CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12)

<sup>18</sup> More information about the Palestinian National Health Strategy for 2017-2022 can be found here: [http://www.lacs.ps/documentsShow.aspx?ATT\\_ID=29996](http://www.lacs.ps/documentsShow.aspx?ATT_ID=29996)

- The health sector in Gaza must be kept out of any political disputes and must be supported with sufficient amounts of medicine and medical supplies;
- The number of medical referrals must not be decreased through restrictive administrative measures, and patients' access to necessary healthcare and medical supplies must be guaranteed. Also, comprehensive healthcare must be ensured for all citizens, including by tackling the ramifications of the decrease of approved medical referral requests, developing a computerized system to follow up on referral requests, and enhancing social security for families with lower socioeconomic status;
- TAD and the health authorities must fully consider the vulnerability of patients during the referral process. Long periods of waiting and the complex application and follow-up processes must be resolved with the consideration of obstacles posed by the Israeli permit system. The Palestinian CLA must lobby the international community and Israeli authorities to remove all the obstacles impeding free access to healthcare for patients from Gaza. In the short-term, the PA must act boldly to minimize the waiting period of patients' exit-permits;
- Efforts to make available the necessary medical services must be accompanied by efforts to develop the health sector, including rehabilitation of healthcare infrastructure, investment in new operational strategies, and recruitment of qualified specialists; and
- Relevant agencies and organizations must supply the healthcare sector in Gaza with the necessary forms of support to respond to the health needs of the population.

Al Mezan also calls in the international community, including the UN, to condemn the loss of life and extreme suffering of patients in Gaza. Al Mezan asks the international community to exert pressure on the PA and Israel to ensure that patients are allowed unimpeded access to hospitals at all times and that the policy of collective punishment of Gaza's patient community is abolished.