



HEALTH

Impaired health exacerbates poverty and undermines development.¹ Palestine faces special development challenges when it comes to health. In its latest country cooperation strategy for Palestine, WHO identified Israel's occupation of Palestine as having a major adverse impact on the health of the people.² The political situation in the oPt further compounds health risks and constrains normal development. A comprehensive study on health in the West Bank and the Gaza Strip published in 2009 showed that conflict is an additional hazard to the health of the Palestinian population, not only because it causes death, injury, and disability, but also because it prevents access to health services and leads to displacement, marginalization, and discrimination.³

The current Palestinian health system is made up of fragmented services that grew and developed over generations and different regimes. Health services are delivered by the Ministry of Health (MoH), UNRWA, nongovernmental organizations (NGOs), and the private sector. In 2013, there were 80 hospitals in Palestine with a capacity of 12.5 beds per 10,000 of the population.⁴ UNRWA provides health services to a significant segment of the population, particularly in the Gaza Strip.

In terms of traditional indicators of health, WHO describes the health status in Palestine as "commendably reasonable".⁵ The life expectancy of Palestinians has continued on an upward trend and is projected to rise from the current 73.2 years to reach 78.7 years during the

¹ Augustin Kwasi Fosu (2007) 'Poverty and Development', *Bulletin of the World Health Organization* 85, no. 10, Oct. 2007, pp.733-820.

² WHO (2010) 'Country Cooperation Strategy for WHO and the Occupied Palestinian Territory 2009-2013', available at http://applications.emro.who.int/docs/CCS_Occupied_Palestinian_Territory_2010_EN_14486.pdf?ua=1.

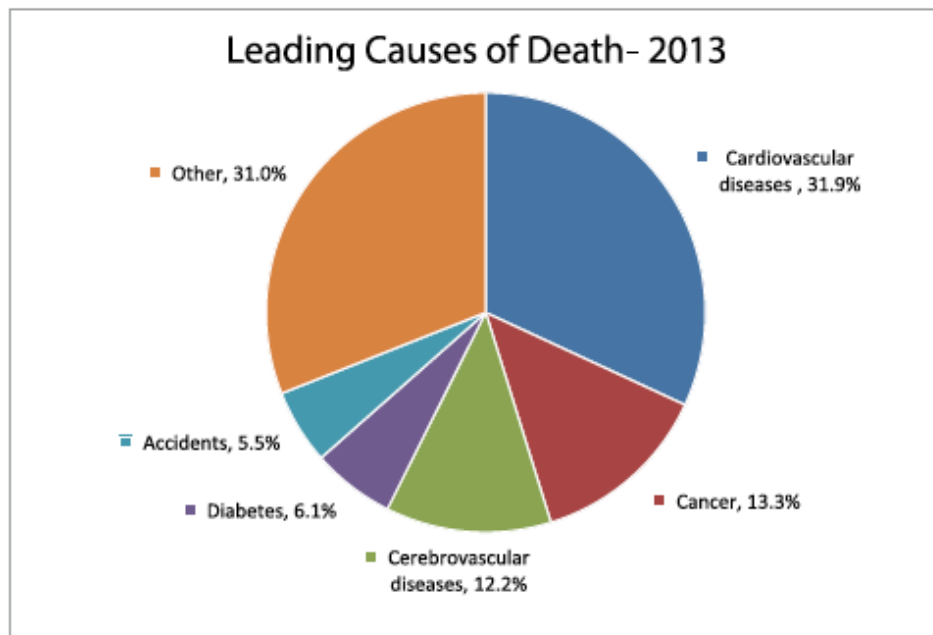
³ Rita Giacaman et al. (2009) 'Health status and health services in the occupied Palestinian territory', *The Lancet* 373, no. 9666, 7 Mar. 2009, pp. 837-849.

⁴ MoH (2014) 'Health Annual Report: Palestine 2013', June 2013, available at <http://www.moh.ps/attach/704.pdf>.

⁵ WHO (2010) 'Country Cooperation Strategy for WHO and the Occupied Palestinian Territory 2009-2013', available at http://applications.emro.who.int/docs/CCS_Occupied_Palestinian_Territory_2010_EN_14486.pdf?ua=1.

period 2045-2050.⁶ Non-communicable diseases such as cardiovascular diseases, hypertension, diabetes, and cancer have overtaken communicable diseases as the main causes of morbidity and mortality. In 2013, the leading causes of death in the West Bank were cardiovascular diseases (31.9%), cancer (13.3%), cerebrovascular diseases (12.2%), and diabetes mellitus (6.1%). WHO notes, however, that the burden of non-communicable disease is increasing due to effects of the political and socio-economic situation and the rise in both life expectancy and unhealthy behaviour, such as smoking.

Figure 1: Leading causes of death in the Palestinian population, 2013



Source: UNDP HDR, 2014

During the latest WHO reporting period of 2009-2013, Palestine succeeded in preventing many fatal and disfiguring diseases as schistosomiasis, leprosy, diphtheria, plague, poliomyelitis, and rabies. Vaccination and immunization programmes in Palestine are in line with WHO standards, offering free vaccination to all children. In fact, the proportion of one-year old children in Palestine lacking immunization for both measles and DTP (diphtheria, tetanus, and pertussis) is only 2% - even lower than the 2014 average for countries in the “very high” HDI human development category.⁷

WHO’s positive assessment of health achievements in recent years is reaffirmed by the latest statistics from the MoH.⁸ The under-five mortality rate was down to 15.5 deaths per 1000 live births in 2013, from 28.2 in 2008, and the infant mortality rate in 2013 was 12.9 deaths per

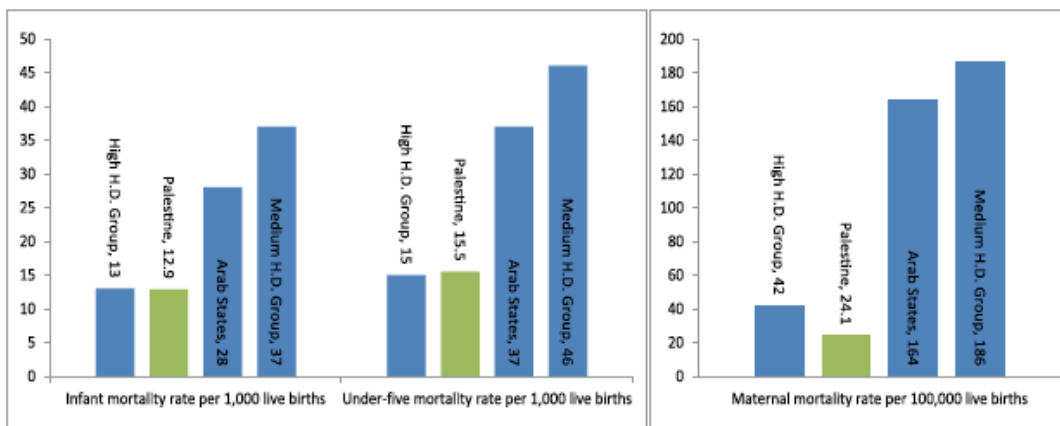
⁶ ESCWA (2013) ‘The Demographic Profile of Palestine’, available at <http://www.escwa.un.org/popin/members/palestine.pdf>.

⁷ UNDP (2014) ‘Human Development Report 2014 - Sustaining Human Progress: Reducing Vulnerabilities and Building Resistance’, Statistical Table 7: Health, Children and Youth, available at <https://data.undp.org/dataset/Table-7-Health-Children-and-Youth/d27x-j4an?>

⁸ MoH (2014) ‘Health Annual Report: Palestine 2013’, June 2013, available at <http://www.moh.ps/attach/704.pdf>.

1000 live births, which was down significantly from 25.6 in 2006. Current rates for both of these indicators are in fact much higher than the average for the “medium human development” group in the 2014 HDI, and more comparable to the average for the “high human development” group. Maternal mortality in Palestine in 2013 was 24.1 per 100,000 live births (26.1 in the West Bank and 21.9 in the Gaza Strip) – up slightly from 23.7 in 2012, after declining significantly from 2009-2011. The proportion of pregnant women with anemia is declining, and almost all pregnant women (98.8%) receive antenatal care from registered health practitioners.⁹ These trends indicate achievements in child and maternal health in Palestine.

Figure 2: Infant, under-five & maternal mortality rates for Palestine compared to other HDI categories: the High and Medium Development category averages and the Arab States group average



Source: UNDP HDR 2014

Nutrition data, however, suggest a bleaker picture. From 1996-2014, the prevalence of chronic malnutrition (stunting) among children under five years old rose from 7.2% to 10.9%,¹⁰ and the FAO considers 15% of the total population of Palestine as “undernourished”.¹¹ Protein-deficient diets are likely to be the main cause of malnutrition and under-nutrition.¹²

As mentioned above, the Palestinian population is impacted by conflict-related determinants of health. Mental health continues to be an increasing concern, as reported by the MoH. A 2011 study by researchers at BirZeit University surveyed a total of 18,631 residents of Gaza in 3,017 households to explore the health-related quality of life in the aftermath of the

⁹ UNDP (2014) ‘Human Development Report 2014 - Sustaining Human Progress: Reducing Vulnerabilities and Building Resistance’, Statistical Table 7: Health, Children and Youth, available at <https://data.undp.org/dataset/Table-7-Health-Children-and-Youth/d27x-j4an?>

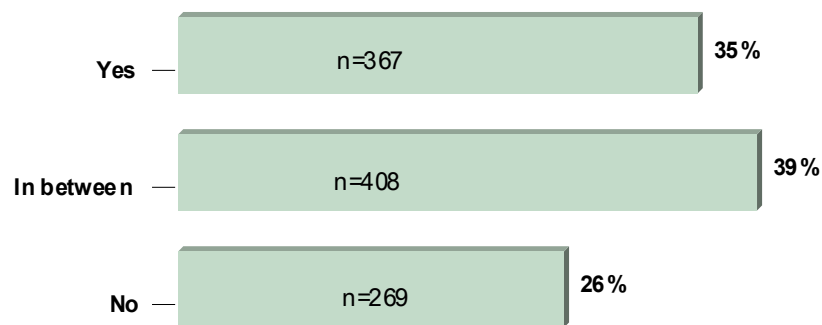
¹⁰ UNDP (2014) ‘Human Development Report 2014 - Sustaining Human Progress: Reducing Vulnerabilities and Building Resistance’, Statistical Table 7: Health, Children and Youth, available at <https://data.undp.org/dataset/Table-7-Health-Children-and-Youth/d27x-j4an?>

¹¹ FAO (2010) ‘Nutrition Country Profiles: Palestine’, available at http://www.fao.org/ag/agn/nutrition/pse_en.stm

¹² UNICEF (2009) State of Palestine: Early Years’, available at <http://www.unicef.org/oPt/children.html>.

2008/2009 Israeli attack on the Strip.¹³ Most respondents (86.7%) reported moderate (41.9%) and high (44.8%) levels of human insecurity, and almost half (48.8%) reported moderate (35.3%) and high (13.5%) levels of individual distress. It was found that the population suffered severe psychological injury, stress, and grief on a broad scale.

Figure 3: Feeling secure (*from Near East Consulting Perception Survey – to be properly referenced*)



Source: Near East Consulting Perception Survey

Those who do suffer from mental health problems often do not have access to adequate health services. ACRI reports that 85-90% of adults and 90% of minors in East Jerusalem who require mental health care, for example, are not able to access it.¹⁴ The separation barrier restricts patient and medical staff access to hospitals in Jerusalem, and restrictive policies make it difficult for needy West Bank residents to enter Jerusalem for treatment. This lack of adequate access to health services is a serious challenge to progress on health in Palestine. During the military assault on Gaza in 2008/2009, 14 of 27 hospitals in Gaza and 29 ambulances were severely damaged; and access to healthcare for ordinary patients was severely restricted, as emergency aid often took priority.¹⁵ During the 2014 Israeli attack on Gaza, at least 15 out of 32 hospitals were damaged and six closed down as a result; out of 97 primary health centres monitored for damage and closures, 45 reported damage and 17 were closed, while four were completely destroyed.¹⁶ Even prior to the summer 2014 Israeli attack on Gaza, almost half of patients in the Gaza Strip were not able to get the medicine they need.¹⁷

¹³ Niveen M.E. Abu-Rmeileh et al. (2011) 'Health-related Quality of life of Gaza Palestinians in the aftermath of the winter 2008–09 Israeli attack on the Strip', *The European Journal of Public Health* 22, no. 5, 15 Sept. 2011, pp. 732-737.

¹⁴ ACRI (2013) 'Situation Report: The State of Human Rights in Israel and the OPT 2013', available at <http://www.acri.org.il/en/wp-content/uploads/2013/12/SituationReportEng2013.pdf>.

¹⁵ Rita Giacaman et al. (2009) 'Health status and health services in the occupied Palestinian territory', *The Lancet* 373, no. 9666, 7 Mar. 2009, pp. 837-849.

¹⁶ OCHA (2014) 'Gaza Initial Rapid Assessment', 27 Aug. 2014, available at <http://unispal.un.org/UNISPAL.NSF/0/F5F968C3F38D8D2785257D4F004A26B6#sthash.C8H2a71S.dpuf>.

¹⁷ World Bank. Palestinian Reform and Development Plan. 2008-2010. <http://siteresources.worldbank.org/INTWESTBANKGAZA/Resources/PRDP08-10.pdf>

It is difficult to understate the impact of the Israeli occupation on health in Palestine. In its final analysis, the 2009 Lancet report, commissioned by WHO to look at social determinants of health, stressed the need to tackle the root cause of health:

“Hope for improving the health and quality of life of Palestinians will exist only once people recognise that the structural and political conditions that they endure in the occupied Palestinian territory are the key determinants of population health.”¹⁸

“Health status and health services in the occupied Palestinian territory” report, 2009

¹⁸ Rita Giacaman et al. (2009) 'Health status and health services in the occupied Palestinian territory', *The Lancet* 373, no. 9666, 7 Mar. 2009, pp. 837-849.