



Euro-Med Monitor
FOR HUMAN RIGHTS
الأورومتوسطي لحقوق الإنسان

Position Paper

Gaza Strip
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Urgent Updates on the Deterioration of Healthcare Services in the Gaza Strip

Brief situation analysis:

Residents of the Gaza Strip are experiencing the worst crisis since the Israeli blockade began in 2006. All vital sectors are at risk of unprecedented collapse due to Israeli restrictions on the movement of commercial goods; the ongoing closure of both the Erez and Rafah crossings for students, patients and others; the shortage of fuel; and cuts by Fatah in the salaries of Palestinian Authority employees.

The healthcare system in Gaza has been worst affected by these successive crises. For over 11 years now, it has been struggling with a severe shortage of medicines, supplies and specialized personnel. The few medical specialists in Gaza are not allowed to travel outside for additional training; thus, thousands of patients must wait up to 18 months for surgery. It is estimated that about 1,000 patients a month need referrals for treatment in hospitals outside of Gaza, and Israeli authorities refuse about 50 percent of them. According to the Ministry of Health in Gaza, the Palestinian Authority is now refusing to pay for most treatment abroad due to its political dispute with Hamas, resulting in aggravating health conditions for thousands of the ill. In one two-day period, at least five people, including three children, died as a result of PA refusal to refer them for treatment abroad.

Below are key facts about the outstanding challenges facing the health sector in the Gaza Strip, a detailed documentation of 5 cases of children whose lethal suffering has been resulted by such challenges, and a list of recommendations to stop the situation from further deterioration.

First | Outstanding Challenges

- 1- **Shortage of fuel:** Since the early days of Israel's blockade on the Gaza Strip in 2006, only limited amounts of fuel have been allowed to enter the Gaza Strip. This has created the second outstanding challenge: constant electricity blackouts.
- 2- **Electricity blackout:** Electricity is provided on a schedule of 2-4 (6 at best) hours each day. With amounts of fuel continuing to be limited, hospitals cannot rely on generators, either. Consequences can be as serious as follow:
 - a. Whole, different departments within hospitals may well be partially and/or completely shut. This shut affects the lives of 1,131 newly-borns and 100 patients who are both surviving on support provided in Intensive Care Units, greatly in need of consistent access to electricity. 658 patients suffering from kidney failure are also at the risk of death if the necessary medical equipment keeps running out of electricity.
 - b. The Ministry of Health (Moh) in Gaza reports the compelling likelihood of closing 40 operations rooms, 11 others for birth operations, 5 dialysis centers, and urgency departments, which serve a daily average of cases of about 3,700, due to constant lack of electricity.

- c. Water desalination stations cannot operate on their full capacity. Results of this include: lack of access to (drinkable) water, spread of environmental pollution and accompanying diseases, pollution of land and underground water, driving of large amounts of untreated water to sea shores, dependence on private water sources which are not monitored for quality assurance, and running generators in populated areas to pump water into houses which cost citizens high expenses and cause noise and disturbance, among other results.

3- **Lack of medicine and medical equipment:** The Ministry of Health reports the following facts underpinning the crisis of the health sector in Gaza:

- a. 194 medicines are completely unavailable in the Gaza Strip. This number constitutes 40% of the total need for totally missing medicines.
- b. 337 medicines constantly needed by the MoH are only available at a percentage of 50%, half of the amount actually needed.
- c. 62 medicines are sufficient for a period of time of only three months. 86 other medicines constantly needed by MoH will be taken during the same period of time.
- d. There is a lack of 40-50% in necessary medical laboratory equipment.
- e. Following the decision of the Ramallah-based Palestinian leadership to deny its responsibilities towards the Gaza Strip, a new, fast-growing crisis in medical nutrition has been observed.
- f. Basic healthcare services, e.g. cardiac catheterization, open heart surgery and cystic fibrosis, among others, are only offered at minimum levels of availability and quality.

4- **Denial of requests for movement of patients:** gradual decrease of the number of patients allowed to exist and re-enter Gaza has been documented throughout 2017. During March, April and May, the decrease respectively was 30%, 50% and 70%. Between June 1st and 15th of the same year, 90% of requests for movement out of or into Gaza were denied. Only 280 cases, out of 2,500, were granted approval. After June 15th, no movement request was approved for any patient who needed treatment unavailable in the Gaza Strip. As such patients spend more time without the necessary treatment, their health continues to deteriorate dramatically, as in the recent death of three children whose requests for receiving care at Israeli hospitals were denied.

5- **Crippled economy:** With poverty, unemployment and food insecurity rates soaring to internationally unprecedented levels, less people in Gaza today can afford healthcare services necessary for their well-being. Below are key facts about why the economy of Gaza is at its worst:

- a. The rate of unemployment reached 43.2% during the first months of 2017, compared to

18.7% in the West Bank.

- b. 65% of people in Gaza suffer from poverty, jumping by 20% since the imposition of the siege in 2007.
- c. 72% of families in the Gaza Strip suffer from food insecurity.
- d. The number of Palestinians in Gaza living under the poverty line has reached 38.8%, twice and a half higher than that of those in the West Bank.
- e. The contributions of the private sector declined from 25% prior to 2006-2007 to only 5% in the present, as a direct result of the siege and the three offenses.
- f. The number of trucks carrying aid provided by international and other organizations has declined from 4,175 to 811 during the first quarter of this year, according to the Gaza Chamber of Commerce and Industry. This is a 90% decrease from the same period last year.

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6- **Political division:** The division between Ramallah-based President Mahmoud Abbas and the Gaza-based government has added to the gravity of the health crisis in the Strip. A number of decisions by President Abbas particularly played a significant role in growing aggravation. For example, he issued the following decisions:

- a. To disapprove all requests of patient referral to Israeli hospitals,
- b. To completely cease procurement of medical supplies and equipment to the stores of MoH in the Gaza Strip,
- c. To partially and/or completely cut the salaries of 60,000 PA employees resident in the Gaza Strip, causing a monthly market loss of \$35m, a 30% decline in purchases and a 45% decline in payments for municipal services,
- d. To exclude 3,454 families with low incomes from the list of recipients of economic aid program run by the Ramallah-based government,
- e. To impose the so-called "blue tax" on industrial diesel entering Gaza, the primary source of fueling Gaza's sole power plant; and
- f. To stop the deduction of the value of Israel's supply of electricity to Gaza from the tax returns Israel pays back to the Palestinian Authority, among other decisions.

All of these decisions not only tightened the isolation and siege imposed on the Gaza Strip, but they also critically contributed to the worsening of the already-outstanding humanitarian crisis there.

Second | Tragic cases:

As a result of the abovementioned challenges, at least five children have recently died chiefly because of both unavailability of appropriate treatment at Gaza's vulnerable hospitals and denial of requests for referring them to hospitals outside Gaza. The cases of these children are documented as follow:

Case (1)	Case (2)
<p>Name: Yousif Ahmed Hasan Al-Agha Date of birth: July 9th, 2015 Age at death: 2 years Date of entry to hospital: May 20th, 2017 Date of death: June 28th, 2017</p>	<p>Name: Ibrahim Samir Ibrahim Tabeel Date of birth: August 21st, 2016 Age at death: 11 months Date of death: June 27th, 2017</p>
<p>Due to kidney failure and a blood disease, Yousif was admitted to Al-Rantisi Hospital for Children on May 20th, 2017. The next day, doctors, recognizing Yousif's critical situation, issued him a request of referral to hospitals in the West Bank, yet no response was made to this request despite its clear explanation of the urgent need for immediate referral and treatment.</p> <p>On June 12th, Yousif was moved to an intensive care unit in response to serious deterioration in his health. On the same day, Dr. Mohammed Abu Selmya, director of Al-Rantisi Hospital submitted an urgent request of referral of Yousif to the director of the Treatment Abroad Department (TAD), who promised to study the case. However, Yousif died on the same day before any approval of the request.</p>	<p>On May 15th, 2017 Ibrahim was admitted to Al-Nasir Hospital for Children after being diagnosed with cystic fibrosis. The next day, Dr. Mohammed Abu Selmya, supervising Ibrahim, requested that he be referred to hospitals in the West Bank to receive the necessary treatment unavailable in Gaza, and the request was approved by TAD and Ibrahim was scheduled to be referred on May 28th. However, Israeli authorities informed his family of the denial of the request of either parent to accompany him. As a result, on June 12th, Ibrahim was transferred to an intensive care unit because of serious deterioration in his health. On the same day, Dr. Abu Selmya again pushed for the approval of the request to refer Ibrahim with one of his parents to receive treatment in Al-Najah Hospital in the West Bank, but Israeli authorities, through communications with the Palestinian</p>

	<p>Center for Human Rights, serving as a focal point of contact, denied the request for paternal company because neither parent had an Israeli ID, allowing exist through Erez crossing.</p>
<p style="text-align: center;">Case (3)</p> <p>Name: Mosab Bilal Rafiq Al-Areer Date of birth: June 19th, 2017 Age at death: 10 days Date of death: June 26th, 2017</p> <p>Mosab was born with two diseases critically affecting his heart and abdomen. Such diseases, for which treatment is unavailable in any of Gaza's hospitals, are so critical that patients are immediately referred to hospitals outside Gaza. On the same day of birth, director of the Infant Incubation Unit, Dr. Allam Abu Hamda, submitted a request of referral for Mosab; however, the request was met with complete negligence. Mosab stayed receiving intensive care until his death on June 26th.</p>	<p style="text-align: center;">Case (4)</p> <p>Name: Baraa Mohammed Ghaben Date of birth: June 20th, 2017 Age at death: 7 days Date of death: June 27th, 2017</p> <p>Baraa was born with a peripheral arterial disease (PAD), which requires immediate referral to hospitals outside Gaza. On the same day of birth, Dr. Allam Abu Hamda submitted an urgent request for referral to TAD, two which a response was given two days later with the date of referral scheduled on July 2nd. However, immediate referral was necessary. With no response to this immediacy, Baraa's health condition worsned and he finally died before it was time of referral.</p>
<p style="text-align: center;">Case (5)</p> <p>Name: Mohammed Shabaan Abdallah Salama Age: 16 years</p> <p>Mohammed suffers from brain tumor, for which he urgently needs an operation to remove the mass of abnormal cells on his brain. Such a medical operation cannot be performed due to lack of medical specialty. In mid-May, a request for referral of</p>	

Mohammed to an Egyptian hospital was approved, but he could not travel due to the closing of the Rafah crossing. On May 28th, 2017, another request for referral to St. Joseph Hospital in Jerusalem was approved, yet no sufficient financial sponsorship was provided. Mohammed's family filed a request for financial support to the Ramallah-based Ministry of Health, but no response has been issued to this date.

Third | Recommendations:

In light of this unprecedented deterioration in the humanitarian situation in the Gaza Strip, particularly the health sector, the Euro-Mediterranean Human Rights Monitor urges all actors, namely the international community, the United Nations, the European Union, the Quartet, the Human Rights Council, and individual countries as well as special rapporteurs, to act with full authority to immediately, relentlessly and without prior conditions seek achieving the following:

- 1- Complete lifting of the blockade on the Gaza Strip, final in stopping long-standing isolation and demonization of Palestinians there,
- 2- Effective and unbiased, international and regional interference in the Peace Process in pursuit of just, durable and lasting peace and security. This interference must include obligating the Palestinian Authority to comply with its responsibilities towards the Gaza Strip and to seek genuine national consensus,
- 3- Defense and continuous protection of Palestinians rights, principally those to security, to dignity, and to movement out of and into the Gaza Strip of people, goods, fuel, food and medical necessities; and
- 4- Fulfilment of international pledges of supporting the efforts to establish an independent, sovereign and viable Palestinian State in the Gaza Strip, West Bank and East Jerusalem as specified in international agreements.