STUDENTS FOR GLOBAL HEALTH UCL

Palestinian volunteers spray disinfectant in al-Shati refugee camp in Gaza City last week during campaign to stem novel coronavirus outbreak (AFP) Photo: Middle East Eye, 17 March 2020

COUNTRY PROFILE: PALLESTINE

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COUNTRY BACKGROUND

The Occupied Palestinian Territories (OPT, hereinafter Palestine) are an area in the middle east, currently under occupation by the state of Israel. Roughly, this is Gaza city, the population of around 2 million, administered under the Palestinian Authority (PA) through Hamas, and the West Bank, governed by a mixture of PA and Israel, with a population of around 2.7 million Palestinians. of around 2.7 million Palestinians. This organisation is worth bearing in mind with understanding the numerous health bodies that come together to create Palestine's health care system.

All imports and exports are controlled by Israel, as well as electricity, building permissions and population movement. We will explore the results of this on Palestine's COVID -19 response efforts.

Palestine went into lockdown measures in march, after employees in a hotel tested positive for the infection. Gaza opened up in early May, and the West Bank a few weeks after. Early in the pandemic, Gaza implemented a strong 21-day quarantine in quarantine centres for those returning from Israel and Egypt and caught over 104 cases through this process. As of the 15th of September 2020, Gaza is under full lockdown again since the 25th of August after another outbreak. This was attributed to movement from the West Bank to Gaza. According to the Worldometer statistics (2020), Palestine has had 38,703 cases and 291 deaths from COVID-19. Palestine is currently going through its second wave, with a spike noted at 888 cases in one day on the 15th of September, the highest ever reported in the state (Worldometers, 2020).

HEALTHCARE SYSTEM

Palestine's healthcare system is an amalgamation of different health actors, primarily the Ministry of Health (MoH), but also UN Relief and Works Agency (UNRWA), the private sector, and NGOs and nonprofits (PNIPH, 2017).

Disparate healthcare providers make healthcare in Palestine fragmented, and can be a barrier to effective communication. There are public and private options, with about 78% of Palestinians in Gaza and the West Bank using prepayment options. Government health insurance covers primary and secondary care, essential prescription medications, and tertiary services not available through the Ministry of Health. Healthcare provided by the Palestinian authorities is accessible as only about 0.8% of the population facing financial ruin as a result of healthcare payments (WHO, 2019). Though the distinct organisations involved in healthcare in Palestine may contribute to it running sub-optimally, this has been as a result of the Israel occupation. These issues will be further compounded by the COVID-19 pandemic. Residents of East Jerusalem, which is cut off from the West Bank by a separation barrier, are provided healthcare by Israel with caveats. In the rest of Palestine, the respective authorities are in charge of healthcare.

IMPACT OF ISRAELI OCCUPATION

The WHO 'Right to Health in the OPT' (2018) acknowledged the unique challenges the Palestinian healthcare system faces even before the pandemic, including attacks on workers, movement restrictions, poverty, inadequate sanitation and

hygiene services, and violence causing endemic mental health problems.

BARRIERS TO SANITATION AND SOCIAL DISTANCING

A major component of many countries' pandemic mitigation response is social distancing and sanitation. The former is more difficult to achieve especially in one of the most densely populated places on Earth- the Gaza Strip. The strain is exacerbated by Israel's aggressive policies of rejecting building permits and demolishing homes and commercial buildings across Palestine. These are often to clear space for Israeli settlers, further fragmenting the West Bank. Since 2016, 3 350 people have been displaced and this hasn't halted under COVID. Since March 2020, Israeli troops have destroyed 61 buildings, including a COVID testing centre. Forced displacement makes social distancing, quarantine, and tracking much more difficult. Moreover, 1.8 million Palestinians are also unable to access adequate water, sanitation and hygiene (WASH) facilities and 94% of water are unsafe for human consumption, (Al Khaldi, M et al, 2020) services that are also essential to combat the spread of COVID.

PERMIT SYSTEM

Israel has imposed a permit system with varying effects across different parts of Palestine. WHO research from 2015-2017 showed that delays in receiving permits to exit are indicated with a 1.5x cancer mortality increase. Often the reason for these referrals is due to Ministry of Health resources, such as medication, personnel and equipment, being insufficient. There are only 375 ICU beds and 295 ventilators between Gaza and the West Bank. This is also a product of the occupation as Israeli authorities often disallow Palestine from receiving 'dual-use' items that they believe could be used violently, including PPE and hospital electricity generators. This could make it easier for inhabitants of East Jerusalem to access healthcare in Israel and the East Jerusalem Hospital Network (EJHN) than for residents of the West Bank and Gaza who need permits for these better-resourced health facilities. In 2018, 54% of referrals in the West Bank, and 77% in Gaza required permits, even to use services funded by the Palestinian MoH, which are routinely and arbitrarily denied. In 2018, 61% of permits were declined, blocking Palestinian patients from receiving life-saving treatments, such as cancer care (WHO, 2019). In the Gaza Strip, there are often 11 hour-long cuts (Al Khaldi et al, 2020). Additionally, Palestinian authorities often have to pay higher premiums for medication due to Israeli import restrictions, and there is a risk of delays. The shortage in medication is to the point that many

essential drugs are at 'zero stock' in Gaza i.e. there is less than a month's supply available (Tartaret al, 2020). Seeing these historical shortages, the question arises, how accessible will Israel make any medication and treatment related to COVID? And will Palestine be able to balance COVID treatment with treatment for other vulnerable groups such as pregnant and lactating women, and those requiring urgent treatment? NGOs have had concerns that restrictions of free movement for Palestinians may be guised under the pandemic. Will these restrictions be removed after the pandemic eases?

There are over 700 checkpoints controlling the West Bank alone, where violence against Palestinians is not uncommon. Since 2018, Israel has already caused upward of 45 000 injuries on Palestinians. Healthcare workers are also not safe from Israel perpetrated violence. Since 2018, 432 health care workers have been killed by Israeli attacks (Emro, 2019). The effects of this violence have already put a strain on services and this strain is likely to be exacerbated by the pandemic.

ECONOMIC EFFECTS

Israel also has control of Palestine's economy and resources, stopping it from being able to deal with the economic consequences of COVID-19, making it harder to pay healthcare workers and finance the pandemic response. As of 2017, 53% of people in Gaza, 14% in the West Bank, and 76% in East Jerusalem are living in poverty (Al Khaldiet al, 2020). COVID, and the increased unemployment it will likely herald, will only work to exacerbate that. COVID, as seen worldwide, disproportionately affects the poorest who don't have the resources and stability to socially distance and receive adequate care, so rising poverty levels will have this effect on a greater proportion of the population.

REFUGEES

Along with the prison population, one particularly vulnerable group in Palestine is refugees. There are 27 refugee camps in Gaza, the West Bank and Jerusalem, housing 2 million refugees. Here, all the problems of overcrowding, lack of WASH infrastructure and poverty are increased. The U.N. mandated responsibility for the primary healthcare of refugees falls to the UNRWA. Funding for the UNRWA has diminished since 2018 after the Government of the United States cut $300 million in funding but has still been able to provide functioning service due to donors (WHO, 2019). The UNRWA COVID-19 Preparedness and Response Plan, created in March 2020, focuses on such considerations as improving WASH services, community engagement, and treatment pathways

tailored to camps in different regions and their distinct needs. About 38.4% of refugees are unemployed and the UNRWA has been given freedoms to 'expand health, psychosocial, and economic support as needed' by the State of Palestine COVID-19 Response Plan.

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