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## Health Challenges in Palestine

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EFFORTS to address the Israel-Palestine conflict have witnessed little success over the past years despite halting efforts both within the region and from the outside. Even with this poor track record, the resolution of the issue is high up on the foreign policy agendas of key international players. If efforts are to ever succeed they will need to not only recognize and address the geopolitical barriers but also the wellbeing of Palestinians. Perhaps no feature greater demonstrates the development challenge than the health conditions of the Palestinians. Given this, health diplomacy and engagement both within the region and involving the key global players will be central to any effort to pursue long-term stable solutions acceptable to both sides.

Palestinians living in the West Bank and Gaza find themselves in difficult and dangerous circumstances.<sup>1</sup> The most dominant feature that has a direct impact on many aspects of their livelihoods is "the wall" in the West Bank, which for Palestinians living within their own land creates unacceptable conditions. The Israelis erected the wall for their protection in 2002, and it resulted in interruption of the territorial integrity of the Palestinian homeland. Ditches, concrete slabs, and electric wired fences are now part of the environment of the West Bank. Along with the continued expansion of settlements and the iron grip on Gaza, more than four million people are living under continuous distress with limited hope for a different future. The wall and other security measures limit population movement,

trade, and access to healthcare facilities resulting in a tremendous economic, psychological, and social toll.

The circumstances for the inhabitants in Gaza are worse than for those living within the boundaries of the wall in the West Bank. More than 1.3 million Gaza residents are confined in a small slice of land with restricted access to food, medicine, and work. They suffered major devastating and fatal attacks during the outbreak of hostilities between Gaza and Israel in 2009 and 2012.

The difficult circumstances that Palestinians in the West Bank and Gaza face have a major impact on their demographic and health conditions. These conditions complicate administering services for the Palestinian Authority in the West Bank and for Hamas in Gaza, as well as for relief agencies. The remarkable increase in loss of lives in the latter decades of the twentieth century exemplifies the demographic impact of these conditions. As a result, the West Bank and Gaza have a relatively young population—46 percent of Palestinians are under fifteen. Fertility in the Palestinian population averages five children per female, which adds more to the young ranks.

The other major demographic feature relates to infant and child mortality rates. While in earlier years, infant mortality rates were decreasing, the gains have been lost since the 1990s.

Additional health indicators show that children under five years of age demonstrate the multiple negative impacts of these circumstances. By 2006, 7 percent of children under five in the West Bank exhibited stunting. In Gaza it was as high as 13 percent. Stunting is a reflection of chronic malnutrition over a prolonged period and is one of the major underlying causes of poor cognitive development. Wasting, which reflects acute malnutrition, ranged from 1.4 percent to 2.8 percent of children under five during the first decade of this century. Wasting also may be a manifestation of inconsistencies in humanitarian aid and military closures, which add to food inadequacies.

Some additional demographic characteristics in the Palestinian population, such as frequent birth and less pregnancy spacing, may contribute to the impaired nutritional status of the young population. In a 2007 report, the World Food Programme classified 58 percent of the non-refugee population in Gaza and 24 percent of the West Bank population as food insecure.

There are also many challenges facing childhood health and opportunities in the West Bank and Gaza. A recent survey of Palestinians in “refugee camps” in the West Bank and Gaza found that 90 percent and 100 percent, respectively, of the respondents indicated that their children were not in good health. The total Palestinian population living in refugee camps is approximately five hundred thousand in the West Bank and two hundred thousand in Gaza. Indicators of child health demonstrate that mortality rates in children under five years of age in the Palestinian population of the West Bank and Gaza have hardly changed in the last three decades. The slight decrease noted is the smallest compared with neighboring countries. These rates may be differentiated into infant mortality

(meaning under one year of age), which is mainly due to prematurity, low birth weight, and congenital malformation. In addition, it reflects the status of maternal healthcare and frequency and spacing of pregnancies. On the other hand, health of children under five may be directly affected by provision of preventive services and a host of infectious and noninfectious conditions.

The United Nations articulated Millennium Development Goals (MDG) in 2000 to measure global progress. MDG4 calls for reduction in child mortality rates and MDG5 aims at improving maternal health. These provide a visible landmark for progress in the provision of healthcare to infants, children, and mothers. While the Palestinian territory was not included in this effort, it is still useful to examine what has been accomplished for MDG 4 and 5 in the Palestinian population. Mortality rates for 2002 to 2006 were 22.6 per 1,000 live births for infants and 31.6 per 1000 live births for children under five years of age. These rates have changed little since 1990. Among infant mortality, an apparent increase in neonatal mortality may be partially responsible for the lack of change but could also be related to the deterioration of health services in general. It is difficult to obtain accurate estimates of maternal mortality because there is a lack of published data. However, these assessments indicate that Palestinians are very unlikely to achieve the targets for MDG 4 and 5 by 2015.

In May 2011, the United Nations' World Health Assembly passed a resolution on health conditions in the occupied Palestinian territory including East Jerusalem, which recognized the impact of the lack of availability and access to curative and preventive health services. This resolution was based on a previous report by the director general of the World Health Organization, which recognized that even before the wall was erected and created additional challenges, health conditions in the occupied Palestinian territory were deteriorating as a result of continued conflict and border closures and curfews.

Health services for children under five years of age can act as an indicator of the provision of preventive and curative healthcare to the overall population. Immunization is probably the most relevant indicator for preventive services.

Most Palestinian children receive the basic vaccines that the World Health Organization recommends. As a matter of fact, the reach of these vaccines in the Palestinian territory is better than in the majority of middle and lower income countries. However, most of the vaccines that have been introduced in developed and many developing countries over the past two to three decades have not reached Palestinian children. These include vaccines for meningitis, pneumonia, and diarrhea, as well as other new products.

Global introduction of vaccines to the poor in the developing world has always lagged behind their introduction in developed countries, often by decades. Several global initiatives attempted to remedy this situation with little success until recently. The situation for poor countries—where gross domestic product falls below \$1,000 per year—has been partially remedied by new programs from

GAVI, an international public-private organization that began operating in 2000. The Palestinian territory, however, does not fit the eligibility criteria for GAVI support partially because of its unclear political status. Palestinian children, until very recently, had no access to any of these new vaccines but the Rostropovich-Vishnevskaya Foundation, which helps provide healthcare in the region, initiated a program to introduce the pneumococcal conjugate vaccine to children in the West Bank and Gaza.

The author had the opportunity to see the effectiveness of the program in government clinics and in those operated by the United Nations Relief and Works Agency (UNRWA), as well as through mobile healthcare units to serve those living in remote areas. This is a clear and positive development. However, the future of such programs—as well as introduction of other much needed vaccines—is linked to how well the Palestinian Authority will be able to fund and sustain these vaccines or get outside help. The absence of this fundamental preventive measure, may explain to a great extent the stagnation in child mortality rates and the loss of progress demonstrated since the 1990s. While there is a dearth of information on specific infections and noninfectious causes of childhood mortality and morbidity, the lack of organized and coordinated healthcare plans and harmonization between service providers may add to the lack of improvement in children's health.

The second feature that impacts both preventive and curative services in the Palestinian territory relates to the funding and organization of the existing healthcare system. The Palestinian Authority allocates an annual budget based on its resources and the return of tax receipts. The Israeli government consistently interrupts the flow of these receipts. During the current fiscal year, the Palestinian Authority cut its allocation for the Ministry of Health by 30 percent. We have no data on the budget in Gaza. The multiplicity of providers and the absence of a coordinated plan add to challenges of provision of adequate healthcare.

Currently, there are four types of providers working in the healthcare service field in the West Bank and Gaza: government facilities under the direct supervision of the Palestinian Ministry of Health or the government in Gaza, Palestinian nongovernmental institutions, the UNRWA, and multiple private sector providers. These organizations deliver their services through public health clinics and hospitals as well as private clinics and physician offices. While there have been attempts to develop a national coordinated health services plan, there are major barriers, including political instability, geographic segregation, and economic hardship.

The dire economic conditions play an especially strong role as health statistics demonstrate that there is a correlation between health and economic well-being. For example, an infant born in the richest 20 percent of the population in the West Bank is almost twice as likely to survive the first year of life as an infant born in a poor family in Gaza. While this difference may be due to the availability and

functioning of adequate healthcare services, it represents a systemic challenge to those planning and providing services to the Palestinian population.

The hurdles to providing adequate healthcare for people living in the West Bank and Gaza are inescapably connected to the political situation in the region. To separate health from overall conditions is almost impossible, but some effort in designing a healthcare system for Palestinians is a moral and urgent necessity. The responsibility has to be invested in the Palestinian Authority government and its Ministry of Health as well as the government in Gaza. Adequate and sustained funding are essential as well as cooperation with international and academic institutions with experience in healthcare planning and implementation.

The Palestinians need a primary care system that can reach out to the local population wherever they live. In order for this to happen, Israel needs to remove its restrictions on the movement of physicians and medical supplies. Delivery of primary healthcare is best provided through a coordinated effort by all health service providers, and it should be based on a combination of healthcare extenders operating under supervision by primary care physicians. A cadre of nurse practitioners, physician assistants, and other middle-level healthcare providers would supply the optimal mix based on experiences gained from many other countries. As a first step towards this goal, the Palestinian Authority and the government in Gaza should initiate a system for educating young Palestinian women and men in these fields.

The authority should also consider collaboration with academic institutions internationally who have accumulated experience in developing such programs. These primary care providers should operate out of well-distributed and accessible facilities and have mobile units to reach remote areas. Such a healthcare system will allow delivery of appropriate preventive and curative care. The immediate preventive goal should be the introduction of new vaccines to children in the West Bank and Gaza. While recently the Rostropovich-Vishnevskaya Foundation introduced the pneumococcal conjugate vaccine, there are others such as rotavirus, meningitis, and human papillomavirus vaccines that deserve urgent consideration. Since the Palestinian territory is not eligible for GAVI programs, it should apply for help through UNICEF's newly announced program. This new strategy is intended to support new vaccine introduction in middle-income countries and will initially focus on three vaccines: pneumococcal conjugate, rotavirus, and human papillomavirus.

While the above suggestions should help with specific aspects of healthcare in the Palestinian territory, it is impossible to separate some select aspects of health, such as mental health, from other issues. Occupation and conflict remain the major cause of inadequacy of healthcare as well as the lack of economic and social progress. Parents' lack of hope for their children adds a major facet to the challenges facing Palestinians.

Addressing the humanitarian and health needs—which invariably are central to any long-term political solution in this critical region—requires that the global scientific and policy communities develop a holistic approach to the distress of four million people living in the West Bank and Gaza. **SD**

#### **Endnotes**

1. The observations and recommendations in this article come after recent visits and discussions with leaders at several health institutions in the West Bank in conjunction with a Rostropovich-Vishnevskaya Foundation board meeting.