



Union of Health Work Committees Gaza

Health Status in the Gaza Strip Realities and Challenges

December 11th 2007



Main Points

- **Selected health and socio-demographic indicators**
- **Change in socio-political context**
- **Impact of current situation on health status**
- **Impact of current situation on health facilities**
- **Challenges and Recommendations**



Remember !!! Health Determinants

- There are close links between health and socio-economic and political contextual factors.
- Peace, education, employment, social welfare, equity, income, and democracy are well known major determinants of health of any given population.
- Consideration to these factors is significantly important in Gaza “highly political and highly vulnerable area”.
- **Current Problems in Gaza are not new “Acute on Top of Chronic”- Gaza is inherently vulnerable.**



Geographical Context-relatively large jail

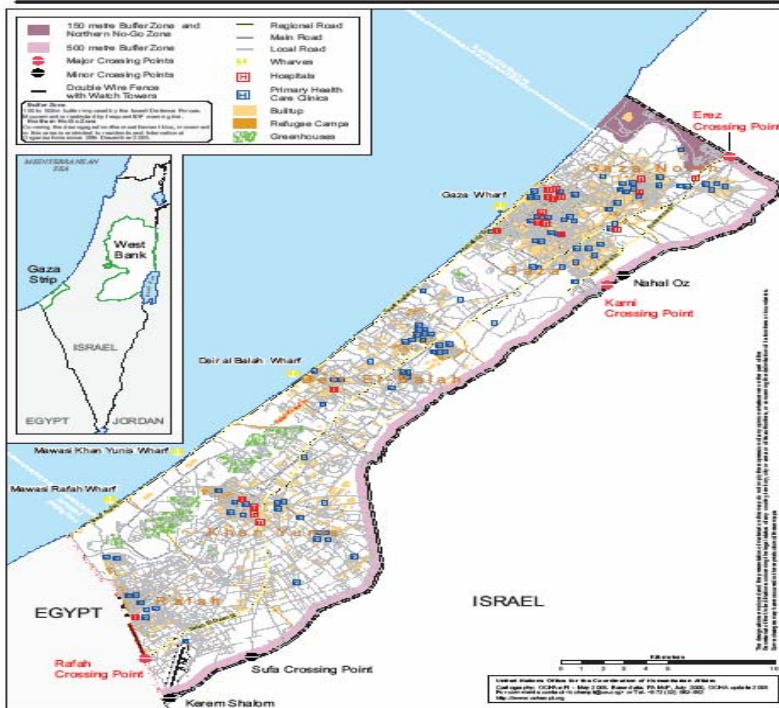
International Development Committee — Development Assistance and the Occupied Palestinian Territories 5

Map 3: Gaza Situation Map

UN Office for the Coordination of Humanitarian Affairs

CAP 2006 - Revised Emergency Appeal

May 2006



•Caged Rat Syndrome is Developing full speed now (Gaza is a perfectly sealed prison without roof).

•360 square kilometer
•Only around 2% of the Historical Palestine
With very high population Density (>4500)



Selected Socio-Demographic Indicators

Indicator	Figure
Total population	Around 1.5 m
Under 15 years old	50%
Dependency ratio (%)	1.07
Population increase rate	3.8%
Refugees	69%
Unemployment	40%
Below poverty line	40-85%
Literacy rates (number of children leaving schools is increasing)	84%
Post Traumatic Stress Syndrome	61%



Women Health Indicators

Indicator	Figure
Total fertility rate	5.8
Maternal mortality ratio	15.4-35
Prevalence of anemia among pregnant women	Reach 75%
Contraceptive use prevalence rate	43
ANC coverage	90%
Post natal coverage	23%
Institutionalized deliveries	100%
Median age of marriage	18



Child Health

Indicator	Figure
Immunization coverage	Above 95
IMR (per 1000 live birth)	Between 20-25
Stunting	13-15%
Underweight	8%
Anemia	40-50%
Among the leading causes of death U5	Prematurity, respiratory related diseases, accidents
Children labor	4.2%
Neonatal deaths-admitted	(increased by 23%)



Disease Burden-Double constraints

- **Gaza undergoes epidemiological transitions;**
 - **Diseases of the poor (resulting from bad sanitation, poor infrastructure, inadequate education, mal nutrition and so on).**
 - **Diseases associated with stress (heart diseases, diabetes, hypertensions, cancer and so on)**
- Plus**
- **Injuries resulting from the Israeli hostilities and also the internal clashes**



Larger Picture

- **Strategic planning is difficult?? The only certain thing is the uncertainty**
- **Palestinians have little control on their resources and borders**
- **Collective punishment is a common Israeli practice such as electricity cuts, diminished fuel supply**
- **Financial resources largely depends on external aids**
- **Resources are limited and people's expectations are high.**
- **Services are fragmented and poorly coordinated; MOH regulatory roles are not clear**



Political Context

- Occupation is still there!! **Longest occupation in the modern history**
- Israeli hostilities since the second Intifada- have heavily affected health such as incursions.
- Decreased financial assistance to the Palestinians- donors' agenda
- Dramatic change in political context took place after January 2006 elections.



Continued

- **Formation of Hamas-led government in March 2006.**
- **April 2006, suspension of direct payments to PA by the International Communities and the **NO contact policy**.**
- **Establishing new mechanisms, such as “TIM” to channel aid directly to Palestinians and by-passing Hamas Government.**
- **Distortion of the programs/systems-sustainability!!**
- **Boycott of most development projects-focus on emergency and relief**

continued



- **In June 2007, Hamas took over of Gaza Strip; resulting in:**
 - **Two entities for one people**
 - **Two Governments for the same people; one for Gaza and the other for West-Bank**
 - **Two Ministers for one MOH**
 - **In many cases; two directors for one organization (Shifa Hospital)**
 - **Sanctions and closures became tighter, more aggressive and took new forms**
 - **Gaza declared by Israel as “Hostile Entity”**
 - **Division of Palestinians became like never before**



Impact on Health System-Management

- Dogmatic relationships between the two bodies (Gaza versus Rammallah)-**Contradictory Decisions**
- Reversing decisions (each reverses the decision taken by the other side).
- Employees don't know to whom to report, to whom to listen and to whom respond and what to do
- Long Strikes –decreasing working hours (**restricting surgeries to emergencies**)
- Violence against employees-using force to implement decisions-



Continued

- Distortion of accountability and the work culture (**don't work-stay at home and take your salary**)
- Political loyalty replaces productivity
- Replacement of original workers by volunteers
- Withdrawal of most donors from Gaza Strip
- Shift from development to crisis management
- Growing disintegration of social fabric and values of Palestinian society
- Distortion of vision “**Politics not health is what matters the most**”



IMPACT OF HEALTH STATUS

- Impact will be more visible later “**after effects**”.
- Strict **SEIGE**-diminished access to treatment abroad (hundreds of patients were denied from having permissions to leave Gaza around 800). More than 20% of permits denied.
- **More than 34 patients were died because of the denied access and many are waiting. Additionally, 30 died at Rafah crossing**
- Physical & psychological isolation of population.
- Increased prevalence of disabled people
- Diminished access to health services (financial; access to medicines; availability of skilled providers).



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- **Increased demands for health services; increased poverty related diseases; sanitary related conditions-due to electricity cuts which affects water supply and sewage disposal, solid waste disposal.**
- **Increased number of causalities resulting from both internal clashes as well as Israeli hostilities.**
- **Clients shifts among providers as a result of diminished abilities of health facilities to provide the services they used to provide.**



Impact on Health Facilities

- **Diminished health facilities capacity to provide services**
- **Closure of certain health facilities (MMS)**
- **Clients shifts and performing unanticipated roles**
- **Responding to the increasing demands for health services**
- **Shortages of medications & Disposable and medical equipment (more than 20% of ED and 30 of supplies are lacking). 150 items with less than 3 months stock**
- **Zero stock of hospitalized patients' food**



Impact on Health Facilities

- **Decreased health personnel morale and motivation**
- **Lack of materials for maintenance, spare parts and Infrastructure related activities (e.g 7 out of 17 pediatric incubators are not functioning)**
- **Suspended maintenance, training & capacity building and development activities**
- **Electricity cuts, lack of fuel, lack of adequate water, movement restriction even within Gaza.**
- **Distortion of the referral system.**



Impact on Financing Health Services

- **Decreased financial assistance to Health facilities in Gaza.**
- **Diminished clients' contributions to HS.**
- **Clients' shift to other free of charge providers (UNRWA and some NGOs).**
- **Stopping/reluctance to reimburse the vat revenue referral to PA by Israel.**
- **Suspension of salaries of public sector.**
- **Cutting payments for a large number of employees (around 1000 in MOH).**
- **MOH is unable to regularly reimburse NGOs for the purchased health services.**



Continued

- **Focus on financing emergency response rather than long term development**
- **Lack of raw materials needed for infrastructure-suspension of funds allocated to IS activities**
- **Change of fundraising environment**
 - **Donor fatigue**
 - **Emerging of unanticipated problems**
 - **Tied aid**
 - **Donors political agenda**



How We Still Perform ??

- **Increasing preparedness to emergencies.**
- **Performing new roles and introducing of new services.**
- **Increasing coordination with international community advocacy and Lobbying.**
- **Activating fundraising as much as possible.**
- **Establishing Patients' support fund**
- **Reducing medical services fees.**
- **Recruiting volunteers.**
- **Increasing coordination with peer providers.**
- **Advocacy and lobbying with community/NGOs.**
- **Empowering communities through health education.**
- **Credit to some donors who continued their assistance regardless of any other reasons.**



Current Challenges in General

- **The situation in very serious in Gaza-near collapse**
- **Health indicators are deteriorating**
- **Risk of emerging of infectious diseases-environmental**
- **Diminished access to preventive and curative services for the majority of Palestinians**
- **Decline of basic health services towards possible collapse compromising services availability, accessibility, quality, sustainability and equity**
- **Sever financial constraints/crisis**
- **Collapse of control and management systems**
- **Un planned clients shifts among providers-adhoc shift.**
- **Shall the current situation continues, all the Palestinian PH achievements including immunization will be eroded**



Recommendations

- **Gaza should be regarded as an area that requires intense attention-disastrous area**
- **Politicians should respect the rules of the game otherwise there will be no MOH even to control!!**
- **Influential health providers should make pressure on politicians to avoid using health as a tool in political games.**
- **Palestinian reconciliation is top priority to end this catastrophic situation.**
- **Till that occurs, politics should be kept away from health services as much as possible**



Recommendations

- **Ending the occupation and its associated siege on Gaza is a top priority.**
- **Access to Basic health services should be guaranteed regardless of any political conflicts.**
- **Access to basic human services need to be guaranteed at all circumstances regardless of any other reasons such as electricity, water supply, basic sanitation, healthy environment.**
- **Lobbying Campaign for respecting of the international laws and human rights conventions should be developed.**
- **Balance between emergency support and long term development should be maintained.**



Recommendations

- **Donors should consider contributing in covering the running costs of health organizations at least at the short term to main their survival and prevent the possible collapse**
- **Social contexts affecting health should be supported, including education, women empowerment, community empowerment, alleviating poverty, job opportunity**
- **Efforts should be directed to overcome the chronic health problems in Gaza by conceptualizing health as a concept that is linked to social and community development and welfare and community empowerment through a multi-sectoral collaboration.**

