



# Overview of the Gaza Health System: Despite the Reconciliation, the Situation Keeps Deteriorating

Written by Mor Efrat

Research: Hussam Issa Liftawi, Ghada Majadle,  
Salah Haj Yahya & Mor Efrat

Edited by Reut Katz

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On October 12, 2017, the Palestinian Authority and the Hamas administration signed a reconciliation agreement. After ten years of Hamas rule, civilian control of Gaza, including the Palestinian side of the border crossings, was handed over to the new national unity government in Ramallah. Now, three months later, it appears that the hope that the agreement would make a real difference in Gaza has been dashed. This document analyzes the impact of the agreement on the local healthcare system in terms of medicine and medical instrument inventories, infrastructures, the employment of medical teams and access to medical care outside the Gaza Strip.

## Supplies of medicines and medical instruments

For several years now, the Gaza health system has been suffering from a severe shortage of drugs and medical equipment.<sup>1</sup> Even after the national unity government was formed, no significant steps were taken to stop the deterioration: 45% of essential drugs are completely unavailable, and others are in very short supply. This includes drugs for cardiac catheterization, cancer, and dialysis, as well as immunoglobulins for the treatment of autoimmune diseases. Also lacking are 30% of the medicines required in intensive care; Anti-D injections for pregnant women to prevent embryonic anemia; half of the required anesthetics; 300 types of perishable medical supplies, and more.<sup>2</sup>

<sup>1</sup> For example, in April 2016, the [Palestinian Ministry of Health](#) reported that 30% of essential drugs were unavailable; in February 2017, a 43% shortage was reported, and in August and December the respective rates were 40 and 44 percent,

<sup>2</sup> Various publications of the Palestinian Ministry of Health; talk with a senior pharmaceutical official in the Gaza health system, January 10, 2018; [Palestinian Center for Human Rights](#): "PCHR is Concerned that Health Sector Would Collapse Due to Shortage of Medicines in the Gaza Strip Hospitals", January 2, 2018.

In the Southern District of the Gaza Strip, oncological treatments have been completely suspended due to a shortage of 19 types of medicine. Lab services are also collapsing: chemical, hematological and culture tests are now available only to severely ill hospitalized patients, and are completely unavailable in outpatient clinics due to a shortage of lab supplies. This also results in severe shortage of blood donations. The lack of essential drugs and medical instruments affects all public hospitals and clinics in Gaza. A senior official told Physicians for Human Rights-Israel that due to the shortage, doctors dilute medicines and give patients a third or half of the required dosage, in order to manage to treat as many people as possible. In addition, medical instruments are reused after sterilization – but even sterilizing agents are in short supply.<sup>3</sup>

The CT scanner in Al-Shifa Hospital in Gaza, that used to serve some 40 patients daily, and the MRI scanner, that used to serve 25 – together forming the mainstay of the radiological department in the largest hospital in the Strip – are out of order.<sup>4</sup> In the Al-Nasser Pediatric Hospital in the southern Strip, which used to provide essential services to half a million inhabitants in Khan Younes and Rafah, the CT scanner has been inoperative for two years. In addition, the staff reports that some of the wards, including hospitalization and operating rooms, are abandoned due to lack of basic supplies, and that the other rooms provide below-par services.

The decommissioning of scanners due to both lack of budgets for their ongoing maintenance and the difficulty of obtaining Israeli permission to deliver spare parts made these two important medical centers lose their professional reliability, and turned them into transit stations for referral to other hospitals in the Gaza Strip and elsewhere. The lengthening waiting lists for treatment outside the Strip exacerbates the dependency of the local health system and its patients on non-medical, political actors in Israel and Egypt, authorized to approve or prevent them from leaving Gaza.

It should be noted that following the reconciliation agreement, the Ramallah national unity government arranged the delivery of 22 truckloads of medicines, instruments and baby food into Gaza. According to a senior local official, however, the delivery included mainly large-volume supplies such as intravenous liquids, whereas many of the essential drugs were not shipped, and that in any case the amounts were negligible given the chronic shortage. Moreover, the problem of decommissioned scanners and missing spare parts was not solved at all.<sup>5</sup>

<sup>3</sup> Phone calls on January 10 and 15, 2018.

<sup>4</sup> Talks with senior healthcare officials in Gaza on January 10, 14 and 15, 2018.

<sup>5</sup> Talk with senior healthcare official in Gaza, January 15, 2018.

## Reemployment of medical staff

Following the process of registering veteran employees in Gaza dismissed after Hamas rose to power in June 2007,<sup>6</sup> the national unity government announced the reemployment of 512 health workers – about a quarter of the dismissed employees who are supposed to return to work gradually.<sup>7</sup> This addition may seem significant, but a senior local health official revealed that most of the reemployed workers are pharmacists, technicians and administrators, whereas most of the doctors, including department and hospital directors have not been reinstated, and many of them may find it difficult to return after having been uninvolved for such a long time. Moreover, the fate of employees hired by the Hamas administration after 2007 is also not clear.

## Employee strikes due to unpaid wages

Non-payment of wages (either in part or complete) is another years-long phenomenon in the Gaza health system, and no improvement has been felt by its employees since the formation of the national unity government. According to a senior local official, over the past six months, doctors paid by the Palestinian Authority in Ramallah have been receiving half or a quarter of their pay. Those employed by Hamas have been receiving 40% – and all in installments; no employee ever receives a full salary. In recent years, this has led to large-scale strikes in the healthcare system, as well as in the Gaza public system in general.

The reconciliation agreement has brought little change: since its signing, the 6,000 Ministry of Health employees have received no pay at all, and 4,000 other public servants received partial wages. This resulted in another wave of strikes. On January 9, the medical teams in the public health system held a one-day strike. Prior to that, on December 18, the company providing food to the hospitals in the Strip went on a nine-day strike, which mostly affected the economically weakest patients and those in need of special nutrients. On December 26, the cleaning workers went on strike in 13 hospitals, 54 clinics and 22 offices of the Ministry of Health in Gaza, having not received their wages for four months. The next day, the medical teams in Al-Shifa suspended their work due to the accumulation of dirt and the lack of a hygienic environment appropriate for medical services. The pressure from below proved effective, and on December 27 the strike was stopped after the Ramallah government announced an urgent money transfer to the catering and cleaning companies. Nevertheless, the amount transferred, 1.8 million NIS, represented only one-fifth of the unpaid wages.<sup>8</sup>

<sup>6</sup> See speech by Chair of the Palestinian Authority Mahmoud Abbas on June 14, 2007, calling upon government employees in Gaza not to work under Hamas, and its analysis in the context of Palestinian human rights abuses reported by [Human Rights Watch](#), July 29, 2008,

<sup>7</sup> See announcement by the [Palestinian Ministry of Health](#), December 7, 2017, and [Facebook post](#) by the ministry's spokesperson in Gaza with the precise numbers, December 9, 2017.

<sup>8</sup> [Palestinian Center for Human Rights](#): "PCHR Warns of Repercussions on Health Situation Due to Cleaning Workers' Strike at Hospitals and Governmental Facilities in the Gaza Strip", December 27, 2017.

## Limited opening of the Rafah Crossing

Under Egyptian control, the Rafah Crossing is one of only two (together with the Israeli-controlled Erez crossing) that allow Gazans to exit the Strip, among other things, for the purpose of lifesaving medical treatment unavailable in local facilities. Nevertheless, due to political calculations by the Egyptian government and the nature of its relations with Hamas, the crossing is usually closed, and is only opened once every several weeks, for a few days at the time.<sup>9</sup>

The reconciliation agreement raised hopes that the crossing would remain open on a regular basis, but in practice there is no sign of change.<sup>10</sup> In November 2017, it was open for only three days, during which more than 4,000 people left the Gaza Strip, including for medical treatment. It was closed by Egypt sooner than planned due to the Palestinian administration's refusal to transfer names and coordination lists, and its insistence that all patients and students studying abroad be allowed to cross. On November 24, it was announced that the crossing would be closed until further notice following the terrorist attack on the Al-Rawda mosque in Sinai.<sup>11</sup>

On December 18, the crossing was opened again for four days. On the first day, seven ambulances and 25 patients and escorts left the Strip, and one entered with the body of a local inhabitant. Since then, the crossing has remained closed. The waiting list of those wishing to travel to Egypt includes no less than 30,000 Gazans. Obviously, the frequency of its opening is still far from meeting the local demand.

## Increased Power Supply from Israel

The only area where the reconciliation agreement did bring some relief for Gaza's struggling population is the power supply. After the agreement was signed, the national unity government paid Israel for electricity, and the latter resumed the supply of 120 MW, following six months in which the supply had been limited to 70 MW. As of January 8, certain locations in the Gaza Strip have electricity for six hours a day, instead of two or three. By the end of the month, this is expected to rise to eight hours per day. Needless to say, this level is still very low given the population's daily and humanitarian needs.<sup>12</sup>

<sup>9</sup> [Facebook page of the Rafah Crossing](#) (Palestinian side).

<sup>10</sup> With the transfer of responsibility for the Palestinian side of the crossing from Hamas to the national unity government, some hoped that Egypt would open it more frequently.

<sup>11</sup> [Palestinian Information Center & Rafah News](#), November 24, 2017

<sup>12</sup> The Gaza Strip requires 450–500 MW daily. See [OHCHR](#), "UN human rights experts welcome resumption of power supplies to Gaza, caution more needs to be done", January 10, 2018

## Summary: The effect of the reconciliation agreement on the Gaza health system

The Palestinian health system is split between the Gaza Strip, East Jerusalem and the rest of the West Bank, making it difficult to function as a single unit and provide appropriate and continuous service to its patients. The difficulty is twofold, resulting both from the restrictions imposed by Israel on the movement of patients, medical teams and supplies between the three areas, and from the conflict between Fatah (the Palestinian Authority) and Hamas, which further exacerbated the system's administrative fragmentation.<sup>13</sup> Against this background, it could have been expected that the intra-Palestinian reconciliation agreement and the unification of the health system under a single leadership would contribute at least partially to the system's functioning and ability to meet the inhabitants' needs – particularly in the Gaza Strip, where the health and other public systems are on the verge of collapse.

In practice, senior officials in the Gaza health system report that no positive effects of the agreement are seen on the ground. In a certain sense, the situation has worsened, since the public in Gaza had held high hopes for the national unity government, expecting a significant improvement, and when this failed to materialize, a general atmosphere of disappointment and despair took over. The only area where some improvement may be reported is the power supply, which has increased by some 40% – and yet remains much too low to meet demand. Medicine and basic medical supplies are still extremely depleted, and are totally lacking in some cases; some of the CT and MRI scanners in major hospitals are out of order, and no progress has been made with regard to providing them with spare parts from Israel. The 22 truckloads of medicines and medical instruments that the Ramallah government took so much pride in sending to Gaza were a drop in the ocean, and provided no significant relief of the severe and ongoing shortage.

As for the employment of healthcare workers – a quarter of the Ministry of Health employees that had been dismissed by Hamas have now been reemployed, but these are mostly junior employees returning to the system after long years of absence, so that at this point their contribution is not felt. Moreover, similarly to the situation prior to the reconciliation agreement, none of the public health system employees receive their wages fully and regularly, leading to frequent strikes that severely affect the health system's ability to provide medical care. In late December, the national unity government mitigated the crisis temporarily by paying some of the wages, but the issue was not fully resolved and the routine delay in payments continues. Finally, access to medical care through the Rafah crossing remains as restricted as it used to be in the past.

<sup>13</sup> See Physicians for Human Rights, "[Denied](#)", August 2015; "[Denied 2](#)", September 2016

## Physicians for Human Rights – Israel's Demands

This overview of the situation in Gaza makes it clear that an essential condition for the rehabilitation of the Strip and preventing the exacerbation of the humanitarian disaster it is experiencing is the removal of the restrictions imposed by Israel on the supply of goods and the exit of patients and medical teams for treatment and training. This is not only the humane thing to do: it would prevent a deterioration liable to risk the health of both Gazans and Israelis. We therefore demand that:

### Israel:

- Act to remove the restrictions on the shipment of goods to enable the rehabilitation of infrastructures and prevent the pollution of the environment and water, as well as improve employment and help fight poverty in Gaza.
- Allow patients to leave for treatment and medical teams to leave for professional training to improve medical services within the Strip.
- Enable normal economic, cultural and social relations with the rest of the world in order to rehabilitate the Strip.

### The International Community:

- Act to ensure the financial, security and political conditions required for implementing a comprehensive economic plan and providing large-scale investments for the rehabilitation of Gaza. Only an international guarantee to the inhabitants of Gaza and Israel that this plan could be implemented over the long term, without destruction due to military operations or rocket strikes could enable the extensive rehabilitation effort required.

### Egypt:

- Open the Rafah Crossing regularly, to meet the urgent needs of the Palestinians who depend on it.

### Palestinian Authority and Hamas Administration:

- Prioritize the needs of Gaza's inhabitants, who pay with their lives and health for shortage in budgets and investments in the civilian economy by those responsible for their wellbeing.