

# MONTHLY REPORT

## March 2020

## Health Access

Barriers for patients in the occupied Palestinian territory

 **7,458**

referrals issued to access health facilities outside the Palestinian MoH

**2,394** Gaza

**4,995** West Bank

 **58%**

of Gaza patient permit applications approved

**42%**

of Gaza companion permit applications approved

 **77%**

of West Bank patient permit applications approved

**71%**

of companion permit applications approved

 **0**

Gaza patients called for security interview

### IN FOCUS

*COVID19- continues to affect health access for patients*


# Part 1 Referrals

## March Referrals by the Ministry of Health

By the end of March, the Palestinian Ministry of Health had restricted referrals to non-Ministry of Health providers to urgent cases, to limit physical interactions and preserve health resources in the context of the COVID-19 outbreak. In the course of March, however, this policy did not cause a substantial reduction in the number of referrals issued, which declined slightly to 7,458 referrals from a monthly average of 7,768 referrals for January and February.

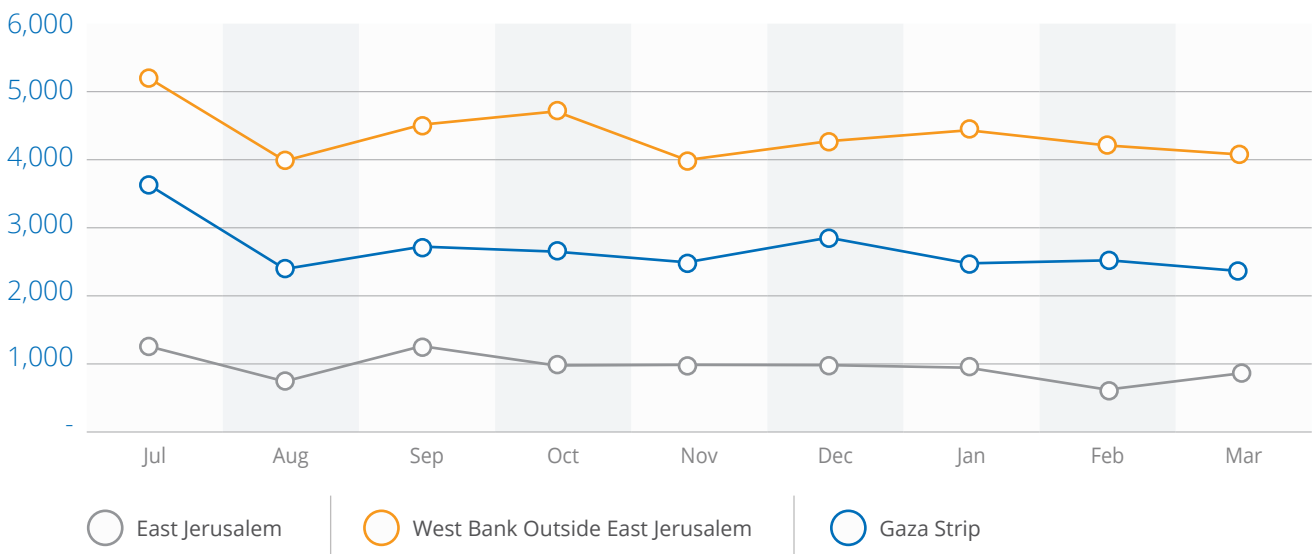
For March, 67% (4,995) of referrals were for West Bank patients, including 947 referrals for patients from East Jerusalem, with 32% (2,394) of referrals were for Gaza patients. The origin of 69 (1%) referrals was not reported. Female patient referrals comprised 46% of the total. Reduced referrals to Israeli hospitals persisted, with 78 referrals to Israeli hospitals from Gaza (20% of the 2018 monthly average of 389), and 238 referrals for West Bank patients (20% of the 2018 monthly average of 1,185). Referrals increased to Egypt, comprising 27% (652) of all Gaza referrals. More than half (51%) of Gaza referrals required Israeli-issued permits. In the West Bank, 45% of referrals were to facilities in East Jerusalem or Israel, the majority of which require Israeli-issued permits to access health care. Chart 1 shows the number of referrals issued to patients by the Palestinian MoH from July 2019 to March 2020.

 **2,394**  
Gaza

 **4,995**  
West Bank

referrals approved financial coverage for healthcare outside the Palestinian Ministry of Health

**Chart 1** Number of referrals issued by the Palestinian MoH by place of origin, July 2019 to March 2020



# Part 2 Access

## The Gaza Strip

The number of permit applications to exit the Gaza Strip substantially declined in March, after spread of the COVID-19 outbreak in Israel and the West Bank. Over the month, the Israeli Coordination and Liaison Office limited permits to urgent referrals, oncology and cardiology, contributing to the reduced approval rate – to 58% from an average of 69% for January and February. The number applying for permits each day went down over the month, with 72 applications per day in the first third; 51 per day in the second; and 18 per day in the last. This occurred with growing awareness and concern over the rising number of persons with COVID-19 in Israel and the West Bank. Additionally, the de facto authority in Gaza discouraged applications that could be delayed, while compulsory quarantine for all returning people since mid-March was a further deterrent to patients applying. A third (31%) of applications in March were for children under 18 and a fifth (18%) for patients aged 60 years or older. 44% of applications were for female patients and 93% were for medical care funded by the Palestinian Ministry of Health. More than two-thirds (67%) of applications were for appointments in East Jerusalem hospitals, a fifth (22%) for West Bank hospitals, 11% for Israeli hospitals and 3 applications were for appointments in Jordan. Oncology accounted for 39% of applications.

**Approved permit applications:** 747 (383 male; 364 female) or 58% of the 1,279 applications were approved, compared to more than 69% for the previous two months. Chart 2 shows the trend for Gaza patient permit applications over the past 12 months. A quarter (28%) of permits approved were for children under 18 and a fifth (22%) were for patients aged 60 years or older.

**1,279**  
patients applications  
to Israeli authorities to cross Erez/  
Beit Hanoun to access healthcare

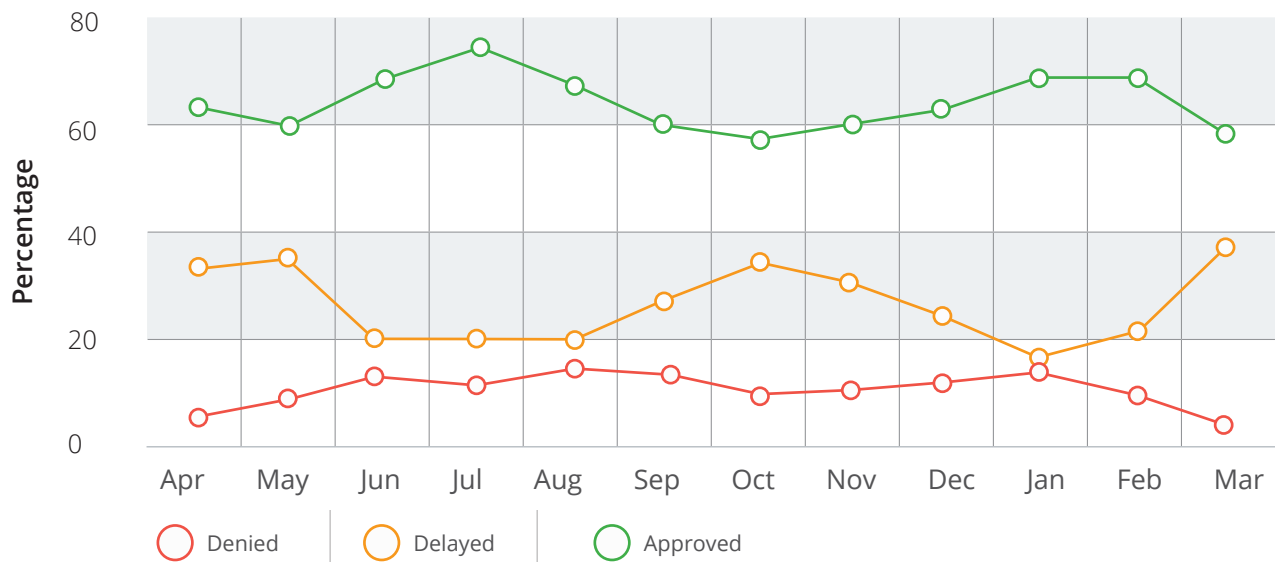
**58%**  
approved

**3%**  
denied

**38%**  
delayed

**Chart 2**

Israeli responses to Gaza patient permit applications, April 2019 to March 2020



**Denied care:** 44 patient applications (33 male; 11 female), or 3% of the total, were denied permits to cross Erez to reach healthcare in March. Those denied included 3 children under 18 and 7 patients aged 60 years or older. 14 denied applications were for appointments for cancer care (oncology); 6 for orthopaedics; 5 for haematology; 4 for cardiology; 3 each for paediatrics, ophthalmology, and neurosurgery; with 6 for other specialties. 95% of denied permit applications were for appointments at hospitals in the West Bank, including East Jerusalem, and 5% were for Israeli hospitals.

**Delayed care:** 488 patient applications (302 male; 186 female), or 38% of the total, were delayed access to care, receiving no definitive response to their application by the date of their hospital appointment. Of these, 186 applications (38%) were for children under the age of 18 and 53 applications (11%) were for patients aged 60 years or older. More than a quarter (28%) of those delayed had appointments for cancer care (oncology), 14% for cardiology, 12% for paediatrics, 10% for haematology, 9% for ophthalmology, 4% for orthopaedics and 3% for internal medicine.

## Security interrogation

No patients or companions were called for security interrogation as a prerequisite to their permit applications in March.

 **0**


patients called for security interrogation

## Patient companions

There were 1,455 companion permit applications to Israeli authorities to cross Erez to accompany patients in March. These applications include parents or other companions applying to accompany children. Only one companion is allowed to accompany each Gaza patient. In March 612 companion permit applications (42% of the total) were approved, 69 applications (5%) were denied and the remaining 774 (53%) were delayed, receiving no definitive response by the time of the patient's appointment. Chart 3 shows the trend for Israeli responses to patient companion applications over the last 12 months.

 **1,455**  
patient companion applications

to Israeli authorities to cross Erez to accompany patients

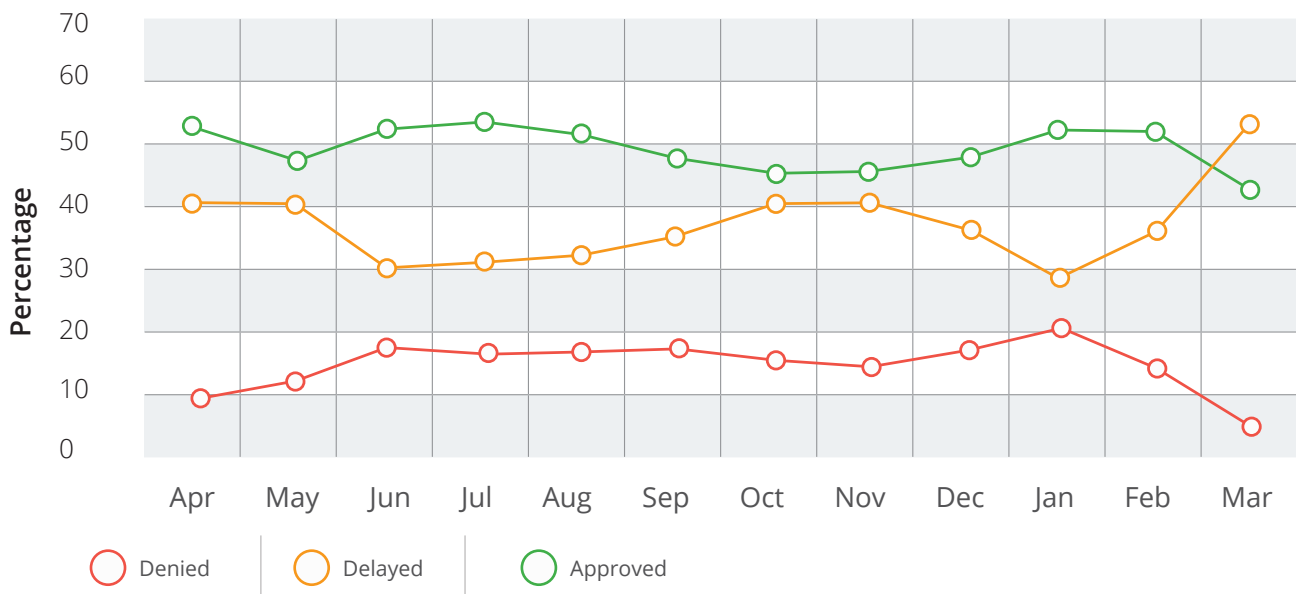
 **42% approved**

 **5% denied**

 **53% delayed**

### Chart 3


Israeli responses to Gaza companion applications , April 2019 to March 2020



## Patients and companions crossing Erez

The Palestinian General Authority of Civil Affairs reported that 710 Gaza patients and 574 companions crossed Erez in March to access hospitals outside the Gaza Strip. Of these, 39 patients were transferred by back-to-back ambulance with 37 companions. During the month, Erez crossing was open for 27 days for daytime working hours and closed on 4 days (4 Saturdays).

 **710**  
patients  
crossed Erez for healthcare

 **574**  
patient companions  
crossed Erez

## Rafah crossing – Egypt



In March, there were 4,094 entries and 2,193 exits through Rafah, with people able to exit on 7 out of 31 days and to enter on 21 out of 31 days. The last day the terminal was open for exit was 11 March. The number of crossing to enter and exit reduced over the course of the month. During the first third of March there were 277 entries and 228 exits per day. By the second third, this had reduced to 262 entries and 53 exits per day, while by the third there was an average 43 daily entries and 0 daily exits. 395 persons were denied exit through Rafah during the month. Specific data on patient crossings during the month has not yet been made available by the Rafah terminal authorities.

## The West Bank


After the first persons tested positive for COVID-19 in the West Bank on 5 March 2020, the Palestinian Authority declared a national emergency for 30 days, restricting movement to and from the Bethlehem governorate, where the cases were detected. Since this time, with more widespread occurrence in other areas of the West Bank, general restrictions on movement between governorates have increased, including the placement of physical obstacles on main roads and at the entrance to some villages. Access to farmland, particularly in the Seam Zone, has also become heavily restricted. The situation of national emergency has currently been extended until 4 May.


There was a decline in the number of patients from the West Bank applying for permits to access health facilities in East Jerusalem and Israel, declining from an average 7,480 applications per month in January and February to 4,710 in March. The percentage approval rate for patients also declined over the month, from 86% to 77%. As with the situation in the Gaza Strip, restrictions on eligibility criteria for patients, to limit movement and physical interactions, may have been a factor in the reduced approval rate. Meanwhile, the reduced number of applications may have been influenced by patient fears in seeking care, in light of the fact that the number of referrals issued for West Bank patients by the Palestinian Ministry of Health for March did not decline to the same extent.


The number of applications for patient companions from the West Bank also declined in March, to 5,053 applications from a monthly average of 8,287 for January and February. In line with the trend for patients, the approval rate for patient companions went down from 81% in January and February to 71% in March.

 **4,710**  
patient applications

for Israeli permits to access healthcare in East Jerusalem and Israel


 **77% approved**


 **17% unsuccessful**


 **6% pending**  
at the time of monthly reporting

 **5,053**  
patient companion applications

to access healthcare in East Jerusalem and Israel

 **71% approved**

 **22% unsuccessful**

 **7% pending**  
at the time of monthly reporting

# In Focus

## COVID-19 continues to affect health access for patients

Maintaining access to essential healthcare for patients during the COVID-19 pandemic is critical to reduce the potential secondary impacts on patients requiring care for other health conditions. For example, during the Ebola public health emergency of international concern in 2014-15, deaths from measles, malaria, HIV/AIDS and tuberculosis increased, attributable to an accompanying health system collapse. The secondary impacts of any outbreak depend on the capacity of the underlying health system, the extent to which the outbreak diverts other health resources and the underlying health conditions and needs in the population.

In the occupied Palestinian territory, around two-thirds of deaths in the population are attributable to noncommunicable diseases. To maintain access to needed healthcare to the greatest extent possible, the Palestinian Ministry of Health has produced guidance for primary care as well as for patients needing hospital and specialized treatment. Referrals by the MoH Services Purchasing Unit to non-Ministry of Health facilities are currently limited to urgent referrals, defined as those requiring time-dependent interventions.

Despite the guidance in place, patients have faced a number of obstacles to accessing care, in part due to existing barriers to access for Palestinian patients and in part due to differences in sustaining care provision by multiple health providers.

### 6-year-old Manal unable to reach Jordan for healthcare

Manal, a 6-year-old girl from Jabalia refugee camp in the north of the Gaza Strip, had surgery at Shifa Hospital in Gaza to remove a tumour in July 2019, which was found to be a neuroblastoma. From January 2020, Manal began cycles of treatment for a high risk neuroblastoma at An-Najah Hospital in the north of the West Bank, each requiring Israeli-issued permits to exit Gaza to access healthcare.

During her last referral, on 3 February 2020, she was accompanied by her 50-year-old aunt. After review, doctors at An-Najah Hospital decided to refer Manal for intensive chemotherapy treatment and bone marrow transplant, a treatment not available in any hospital in the occupied Palestinian territory. She was referred to the King Hussein Cancer Center in Amman, with an appointment scheduled for 9 March 2020.

Manal and her aunt remained in accommodation for patients and their companions provided by An-Najah Hospital in Nablus while they waited to travel to Jordan. However, a few days before the date of the appointment they were advised to return to Gaza in order to apply for an Israeli permit to travel to Jordan. The pair did not return, because Manal's aunt felt that this would risk them missing her appointment, particularly in light of the holidays during this period.

On 10 March, the Jordanian border closed due to the growing number of COVID-19 cases, meanwhile Manal and her aunt had not been able to secure permits to cross to reach the King Hussein Cancer Center. Manal's family desperately wanted her to reach Jordan



to receive her treatment as soon as possible, and appealed to health authorities in Palestine and Jordan to intervene to help. However, as of 21 April she and her aunt remain in Nablus. On 16 April, she was taken into hospital again due to pain, where investigations found that her tumour had spread.

Manal is in the first grade at school. She is the youngest of her siblings, with 5 sisters and 2 brothers back in Gaza. She misses her family greatly, who are hoping their girl can receive the treatment she needs soon. Manal's father in the Gaza Strip said, "I pray for her to receive her treatment and come back home to us. We miss her so much." Manal tells her aunt that she wants to become healthy again, so she can play and go back to school. Her aunt said, "Every time she speaks to her mother over the phone, she asks her for a big party when she comes home. And of course, her mother promises her we will have a big party!"



### **54-year-old A. H. (pseudonym) deterred from applying for permit**

A. H., a 54-year-old woman from Al-Nuseirat camp in the middle of Gaza Strip was diagnosed with breast cancer in September 2019. She has been on hormonal treatment and her oncologist referred her for radiotherapy, a treatment unavailable in the Gaza Strip, in October 2019. However, since that time she has been denied a permit five times. Now, even if she were to get a permit she is not sure if she would travel for fear of the risks with the COVID-19 outbreak in Israel and the West Bank. She comments, "Even if I get a permit now, with the spread of coronavirus I don't know if I would travel for treatment. Maybe, maybe not. I am confused about the risks at the moment. If I get a permit one day, I would have to discuss the issue with my family to make a decision."

### **45-year-old Huwaida unable to obtain an appointment in East Jerusalem**



Huwaida, a 45-year-old woman from Rafah, has been referred to Makassed Hospital in East Jerusalem for specialist neurosurgery after unsuccessful operations in the Gaza Strip. In March, she was denied a permit to travel for her appointment. Now, she has been unable to obtain a new appointment because of restrictions in healthcare provided by different healthcare providers during the current COVID-19 outbreak. Although the Palestinian Ministry of Health has released guidance that patients requiring urgent referrals should have continued access to care, the grey area between defining urgent and non-urgent – where the time dependency of treatment interventions is less clear – means that some patients still requiring and wanting access to care have been unable to secure appointments. Further clarity may be needed to ensure that delays to access do not impact on patient outcomes. WHO research has demonstrated that cancer patients from the Gaza Strip who were initially delayed or denied permits to access chemotherapy and radiotherapy treatment between 2015 and 2017 were 1.5 times less likely to survive in the coming months and years.

## **Conclusion**

Potential secondary impacts of restricting access to health services indicate why defining and maintaining access to essential services is so important during the response to the COVID-19 outbreak. Barriers to access at any time can cause suffering for patients and affect patient survival. All duty bearers must work to ensure that access is protected, both during and after the COVID-19 pandemic.