



THE CONDITIONAL RIGHT TO HEALTH IN PALESTINE

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The 1948 Universal Declaration of Human Rights recognizes the right to health and well-being, including access to health care, healthy living conditions, and the right for individuals to make decisions about their health care. However, for decades, political barriers have obstructed the Palestinian health system, impeding these protections.

Israeli and international approaches to the right to health render this right conditional, only to be granted once Palestinians acquiesce to what Israel considers an acceptable resolution to what has already been over 70 years of oppression and occupation. This has direct implications for Palestinian quality of life and mortality.

The Occupied Palestinian Territory's (OPT) current health system, established in 1994 as a component of the Oslo Accords, is a fragmented sector. The quality of health care varies based on a facility's ability to acquire resources and sustain access to utilities such as electricity and water.

Palestinians live 10 fewer years than Israelis on average and report maternal and infant mortality rates that are four to five times as high as Israelis. Israelis receive vaccinations that Palestinians typically do not, such as for chicken pox and pneumonia. Palestinian citizens of Israel also fare worse than the Jewish population, reporting higher rates of chronic diseases.

The blockade on the Gaza Strip has led to worse health outcomes there than in the West Bank, as well as a lower proportion of hospital beds, nurses, and doctors. The most basic supplies and medicines needed in Gaza are lacking, and this is generally due to political factors.

While specialized private facilities in the OPT often import advanced diagnostic equipment, many Palestinians cannot afford to pay for these services or the machines are nonfunctional due to difficulties obtaining permits for spare parts. Government hospitals may offer services to more citizens, but they also lack the resources to maintain or update the technology they import.

For Palestinians who wish to practice medicine, the politics of the occupation make it difficult. A small number of medical schools, as well as the separation of the West Bank and Gaza Strip, decrease opportunities for medical education. Medical brain drain is a real problem for the Palestinian population, as Palestinian physicians emigrate for better training or career opportunities.

In the West Bank, ambulances must contend with Israeli military checkpoints and other road closures and mobility restrictions. In the West Bank and Gaza Strip, the process required to attain a medical permit to receive advanced care in Israel or a surrounding state is complex and arbitrary.

Though international humanitarian law features robust protections for health care in conflict areas, Israeli forces continue to attack hospitals, ambulances, and medical staff in the OPT. The international community has been unsuccessful at preventing such attacks.

Palestinian governance in the OPT also plays a role in preventing access to health care. For example, in 2017, financial strain led the PA cabinet to cut a program that had provided health insurance to unemployed citizens since 2000. US funding cuts exacerbate the situation. In addition, of the PA's \$5 billion budget approved for 2018, only 9% was allocated for health. Infighting between Hamas and the PA has also led to poor health outcomes.

Only through addressing the fundamental inequities and everyday violence of Israel's occupation can Palestinian health and access to health care truly improve.

Policy recommendations

- The PA must allocate more resources for health care.
- The UN and other agencies must demand unadulterated access for all humanitarian goods to the Palestinians. The PA must also ensure that citizens, especially in Gaza, are provided the medicines and other goods they need to ensure health.
- An autonomous agency should be established that monitors PA activities and holds individuals accountable for corrupt practices.
- Strategies to minimize the need for patients to travel outside of the country are critical. Medical education within the OPT can reduce physician and nurse shortages with an emphasis on programs for Palestinians who wish to stay and practice within the territory. Palestinians in the diaspora can also be encouraged to provide training or clinical rotations in the OPT.
- Global actors should undertake a campaign pressuring Israel to overhaul its opaque medical permit system.
- Israeli authorities must justify every case of a Palestinian patient or ambulance denied passage at a checkpoint in a transparent system reviewed by an external inspector.
- All parties, from humanitarian agencies to states maintaining relations with Israel, must demand full and independent investigations into attacks on health care that are not led by the Israeli authorities.