Health in the Context of Political and Economic Exclusion: A Palestinian Perspective

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Outline

1. Overview of the geopolitical and economic reality in WB/GS
2. The Palestinian Health System and its performance
3. Selected determinants and indicators of health
4. Conclusion
Poor Health and Political Marginalization

- Weakening of societal systems and networks
- Weakening of governance and institutional performance
- Deterioration of population health and wellbeing
- Promoting dependency
- Collapsing overburdened health system
- Weakening economic growth and deepening inequity

Political Vulnerability and Marginalization

Mohammed Shaheen (April 2015)
The Conceptual Model of Historical Trauma

Health outcomes are shaped by three interconnected theories:

- **The Psychosocial theory**: links disease to both physical and psychological stress stemming from the social environment.

- **Political/economic theory**: political, economic and structural determinants of health of population such as unjust power relations and class disparity.

- **The social/ecological systems theory**: recognizes multilevel dynamics and interdependencies of present/past, proximate/distal, and life course factors in disease causation.

“Populations historically subjected to long-term, mass trauma—colonialism, slavery, war, genocide exhibit a higher prevalence of disease even several generations after the original trauma occurred” (p.93)

The Middle East Countries
Distal and proximate conflicts

- Ottoman Empire 16-20th Century
- British mandate from 1918-1947
- Israel was established on almost 78% of Historical Palestine
- Refugees to Jordan, Lebanon, Syria, West Bank and Gaza Strip
- 1948-1967 West bank with Jordan and Gaza with Egypt
- 1967 war Israel occupied West Bank and Gaza
- Another wave of refugees to surrounding Arab countries
- 1973 War between Egypt and Israel
- 1982 invasion of Lebanon
- 1987 Fist Intifada
- 1990 Gulf war
- 2000 Second Intifada
- Continuous clashes and violence
- 2002 Incursion of the West Bank
- 2005 disengagement from Gaza but remained under siege
- 2005/6 Hamas won the election and the conflict with Fateh and the separation of Gaza from Palestinian Authority
- Invasion of Lebanon
- 2006 Boycott of donors to Hamas
- Invasion to Gaza in 2006, 2008, 2012
- And 2014
Settlements are increasing in size by the day
### Population / 2012

<table>
<thead>
<tr>
<th>Indicator / Palestine 2012</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>Approx. 12 Millions</td>
</tr>
<tr>
<td>GS</td>
<td>1,672,865</td>
</tr>
<tr>
<td>WB</td>
<td>2,684,066</td>
</tr>
<tr>
<td>Youth (15-29)</td>
<td>30%</td>
</tr>
<tr>
<td>IMR</td>
<td>13.5 (Israel 4)</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>71.3 (Israel, 81)</td>
</tr>
<tr>
<td>Total Fertility</td>
<td>4.4</td>
</tr>
<tr>
<td>% Population natural increase</td>
<td>3.0 (Israel, 2)</td>
</tr>
<tr>
<td>Maternal mortality/ 100,000 live births</td>
<td>23 (Israel, 7)</td>
</tr>
<tr>
<td>% of refugees in GS out of total pop.</td>
<td>67.4</td>
</tr>
<tr>
<td>% of refugees in WB out of total pop.</td>
<td>30</td>
</tr>
</tbody>
</table>
Struggling Economy
The Palestinian Economy

- **Total GDP** Approx 9 billion dollars compared with 250 for Israel
- **GDP per capita** 2,250 USD compared to 3,2000 for Israel
- **Dependence** on Israel: imports and exports and tax returns, area C and movement
- **Dependence** on International assistance for salaries, humanitarian and development projects
After the 2014 war in Gaza

- "90 % of Gazans are living below the poverty line."
- 65% Unemployment rate
- Individual income is less than 1 USD per day.
- More than 70% are food insecure
- More than 80% live on food assistance

Source: 90 per cent of Gazans live below poverty line. Middle East Monitor, Saturday, 18 October 2014 16:27
Youth Unemployment

- 37% youth unemployment higher than both Jordan and Tunisia (24.1 and 31.8 per cent, respectively).

- More than 50% of young women are unemployed.

- 55.8 per cent among youth in Gaza (compared to 26.1 per cent in the West Bank).

- Among the highest in the world and lead to risky behaviors.

Unstable Economy and Uncertainty

Figure 1: Real GDP growth rate, 1999-2009 (percent)

Source: Palestinian Central Bureau of Statistics
**PROVISION of H Services**
- Public sector: the MoH and the security forces medical services.
- United Nation Relief and Working Agency (UNRWA)
- NGOs
- Private for-profit

**FINANCING**
- Private: out of pocket spending (37%) (WHO, 2014)
- Public: general taxation, GHI premiums, services charges (32%).
- External funds: including UNRWA’s financing (24%) (World Bank, 2012).
- NGOs (7%).

**SOCIETY / PATIENTS**
- 38.6% covered by the Governmental Health Insurance
- 38% get health services from UNRWA
- 7.8% covered by private insurance (PCBS, 2004)
- 37% from their private sources and occasionally from MoH

* Referrals within and outside oPt providers are contracted for tertiary care.

Health care services relationship e.g. supplies, coverage and entitlement.

Monetary relationships, e.g. remuneration of providers, user fees/ patient contributions, premiums, and services revenues.
HS Performance Framework

1. Access: cost-timeliness
2. Quality of care: effective-safe-patient centered-coordinated care
3. Efficiency
4. Equity
5. Healthy lives
6. Per capita Expenditure on health care

## EXHIBIT ES-1. OVERALL RANKING

### Country Rankings

#### Top 2*

#### Middle

#### Bottom 2*

### Overall Ranking (2013)

<table>
<thead>
<tr>
<th>Country</th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Care</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Effective Care</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>11</td>
<td>10</td>
<td>8</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Safe Care</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Coordinated Care</td>
<td>4</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>6</td>
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<td>Patient-Centered Care</td>
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<td>10</td>
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<td>3</td>
<td>6</td>
<td>11</td>
<td>9</td>
<td>2</td>
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<tr>
<td>Access</td>
<td>8</td>
<td>9</td>
<td>11</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Cost-Related Problem</td>
<td>9</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Timeliness of Care</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Efficiency</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Equity</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Healthy Lives</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

### Health Expenditures/Capita, 2011**

| Country | $3,800 | $4,522 | $4,118 | $4,495 | $5,099 | $3,182 | $5,669 | $3,925 | $5,643 | $3,405 | $8,508 |

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.

1. ACCESS to Health Care
Physical Barriers to Health care Access

- 186 rural communities (pop=302,000) in the WB have limited access to essential Health Care due to Israeli imposed barriers
- 249 communities with limited access to Emergency Health Care
- Controlled borders

Restrictions of movement

- 529 physical obstacles obstruct Palestinians movement in 70 communities (200,000 must travel 2-5 times farther through long detours to closest city). (1)

- Israeli settlers violence against Palestinians

- Increase cost of transportation

(1) Barrier Update, OCHA, July 2011
The separation barrier (wall) 723 kilometers long and height 6-8 meters 85% inside the West Bank incorporating more that 9% of the WB land (1)

Affect the access of approx more than 125000 Palestinians to different aspects of their livelihood

(1) iDMC-Norwegian Refugee Council (5 July 2011). Occupied Palestinian Territories: A profile of internal displacement Situation.
Security Checks at Checkpoints
Rafah Border between Gaza and Egypt

Any patient referrals from Gaza to Egypt should be subject to security approval of the Egyptian authorities and this may delay cases and few cases may be rejected.
Controlled movement for patients

- About **200,000 Palestinians** a year request permission for travel between the GS and the WB and East Jerusalem for medical treatment. This involves cumbersome bureaucracy and about **40,000** of the requests are denied.

Source: HAARETZ, Thursday, April 02, 2015 Nisan 13, 5775. Huge disparities between Israeli, Palestinian health-care systems Says the Rights Group., by By Ido Efrati, Jan. 11, 2015
Access to Mental Health Services

• WHO estimated that 5-10% of the population in the oPt currently suffer some form of mental illness

• Less than 20% of those in need of MHS can access such services.

Source: WHO (October 10th, 2012). Transforming Mental Health Services and Attitudes: Phase 2 of EU funded Mental Health Initiative in the West bank and Gaza Strip. Press Release
Limited Control/ACCESS to WATER

- Domestic and industrial water consumption among Palestinians in the WB is **73 liters per person per day** - less than the minimum recommended by the WHO (100 liters per person per day) (1)

- In contrast, domestic consumption in the Jewish settlements **is five times as high**, and in Israel itself, average daily per capita consumption is **242 liters - 3.3 times higher** than in the WB (1)

- 97% of Gaza water is highly contaminated and water resources are limited (2)


(2) “97% of Gaza water polluted on World Water Day” Posted on March 23, 2015 by Alexandra Valiente. Syria 360
Skewed distribution of water sources

Swimming pool in Ariel-Israeli settlement

Children in a Palestinian village filling water from a common source
Confiscation of land & Decline in Agricultural Production

-Agriculture contributed over 14 percent of West Bank GDP in the mid-1990s, but only 5.1 percent in 2011 (1)

-Since 1967, approximately 800,000 olive trees have been uprooted in the Occupied West Bank (2)


(2) (Maan News Agency, 4/4/2015)
2. Expenditure on Health Care

- Public sector role is minimal
- High OOP share
- Unstable and dependent on external sources
- High share of GDP at the expense of other sectors/inputs to health
- Crisis oriented and have to deal with expensive care
Out of Pocket Exp on Health(%)
Financial Crisis

- As a result of the crisis in GS and increased referral of cases, the Palestinian MoH is unable to maintain adequate medicine stocks due to chronic outstanding debts, which total more than **US$ 253 million**.

- Since last December 2014 that collects on behalf of PA Estimated at **120 million USD per month (Salaries of 60% of Gov employees including the health sector)**.

Continuous Financial Crisis

- Approximately 30.5% of users of health care don’t pay

- Unfair distribution of burden and those who pay less or nothing consume most resources when they are sick.

- Lower donors aid from 1.8 billion dollars in 2008 to 0.8 billion dollars 2010 and on the decline

Source: Performing Prudently Under Pressure: Health Financing Reform and the Rationalization of Public Sector Expenditures: The World Bank, Reviewed 7 January 2013
Health Expenditure as a Percentage of GDP
years 2002-2012
3. Quality of Health Care

- Provider-driven care - Satisfaction is low
- Coordination is insufficient - contributes to waste, shopping and inefficiency of care.
- Safety is compromised as there is decline in QoC
- Ineffective/inefficient - many cases detected at late stages: malnutrition, diabetes, heart diseases and cancer
Burden of Chronic Diseases

- In 2010, 18.8% of people aged 18 and above were estimated to be suffering from at least one chronic disease compared with 11.5% in 2000.

- In 2010, 70.5% of older people aged 60 and over in the OPT suffered from at least one chronic disease compared to 46.5% in 2000.

- Shortage of specialized physicians and services

Source: (PCBS, 2012c).
Malnutrition

• More than 10% of Gaza children are stunted

• 65% of children (9-12 month) & 35% of pregnant women are Anemic

• The longer the conflict the more likely the increase in children’s stunting

• (Bundervoet, Verwimp, Akresh (2008))
# Leading causes of deaths

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported cancer IR / 100,000 pop</td>
<td>74.0</td>
</tr>
<tr>
<td>Reported DM IR / 100,000 pop</td>
<td>222.2</td>
</tr>
<tr>
<td>% of CV deaths in 2012 of total deaths</td>
<td>31.2%</td>
</tr>
<tr>
<td>% of reported cancer deaths of all deaths</td>
<td>13.7%</td>
</tr>
<tr>
<td>% of reported cerebrovascular deaths of all deaths</td>
<td>12.2%</td>
</tr>
<tr>
<td>% of reported DM deaths of all deaths</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

*Future perspective Current Health Challenges and opportunities, A presentation by Dr. Asaad Ramalwi Presentation, 2014). Director General of Public and Primary Health Care-Ministry of Health-Palestine*
Mental Health
Continuous Traumatic Events

A 10 years old child in Gaza has been through at least 4 devastating wars:

• 2008
• 2009
• 2012
• 2014

Gaza under Continuous Siege
### History of Exposure to violence among Palestinian youth (WB) (15-24) in 2014

<table>
<thead>
<tr>
<th>Type of violence</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was subject to Physical harm by soldiers/police</td>
<td>36</td>
</tr>
<tr>
<td>Witnessed someone exposed to physical harm</td>
<td>58</td>
</tr>
<tr>
<td>Witnessed directly someone killed</td>
<td>8.3</td>
</tr>
<tr>
<td>knew that someone was killed</td>
<td>35</td>
</tr>
<tr>
<td>I was injured by a bullet</td>
<td>5.8</td>
</tr>
<tr>
<td>I witnessed shooting</td>
<td>34.8</td>
</tr>
<tr>
<td>I was imprisoned or detained</td>
<td>11.6</td>
</tr>
<tr>
<td>Someone I know was imprisoned</td>
<td>60.3</td>
</tr>
<tr>
<td>My home was damaged</td>
<td>4.2</td>
</tr>
<tr>
<td>I witnessed someone’s home destroyed</td>
<td>21</td>
</tr>
</tbody>
</table>

Rand Corporation and Juzoor (2015). Risk Health Behaviors among Palestinian Youth in the West Bank (preliminary Results) Where I am the PI of the Palestinian researchers)
Intergenerational effects of war trauma among Palestinian families

Sustained Trauma (2009)

Palestinian
- 37.2% full PTSD
- 12.1% partial PTSD
- Adolescents exposed to a very severe exposure reported significantly higher PTSD level than those reported moderate exposure

Israeli
- 6.8% with full PTSD,
- 8.6% partial PTSD
- No Significant difference in PTSD for children exposed to different levels of exposure

Prevalence (%) of smoking among youth 15-24 compared to their peers

Rand Corporation and Juzoor (2015). Risk Health Behaviors among Palestinian Youth in the West Bank (preliminary Results) Where I am the PI of the Palestinian researchers
Prevalence (%) of Ever drinking Alcohol among youth 15-24 compared to their peers

Rand Corporation and Juzoor (2015). Risk Health Behaviors among Palestinian Youth in the West Bank (preliminary Results). Where I am the PI of the Palestinian researchers.
Drug Use

- **16%** for older male (20-24) in **camps**
- **13%** in **urban areas**
- **3%** for **rural areas** (Rand & Juzoor 2015)

- **Estimated 50,000 drug addicts in East Jerusalem and the occupied West Bank** (1).

- **30%** of males in **Gaza** between the ages of 14 and 30 were using tramadol (2)

(1) Source: Ma’an News Agency: There are an estimated 50,000 drug addicts in East Jerusalem and the occupied West Bank. 4/4/2015 Jerusalem

(2) Middle East Monitor. **The students juggling drugs, books and resistance in Gaza.** Wednesday, 25 March 2015 17:12
Increase in suicidal thoughts and attempts

A representative sample of adolescents and youth, 15-24 years old in WB

- 12% had thoughts of committing suicide
- 32.5% had great difficulty sleeping
- 18.5% felt highly hopeless
- 31% felt highly anxious
- 32.5% felt No desire to do anything

Source: Rand Corporation and Juzoor (2015). Risk Health Behaviors among Palestinian Youth in the West Bank (preliminary Results) Where I am the PI of the Palestinian researchers)
Inadequate Mental Health Resources

• Palestinian spend **2.5%** of the health budget on MHS services

• Approx **45 psychiatrists** and clinical psychologists

• **130 nurses** trained in mental health

• **50 Social workers**

• **45 mental health facilities** and two psychiatric hospitals which are understaffed and underequipped
3. Health Inequity within the MENA Region
Disparity with Israel

- There are **1.6 times** more doctors to serve the population in Israel than in the oPt.
- **Only one eighth** as many specialists in the oPt: (0.22 per 1,000 residents of the oPt and 1.76 in Israel).
- **1.9 nurses per 1,000 residents** in the oPt, and **4.8** in Israel.

Disparity with Israel-Continued

• The public expenditure on health in the oPt constitutes only a small part of the total expenditure on health (37%),

• compared to Israel (61%) and to other countries in the region).

• Source: Physicians for Human Rights (Jan 2015). Divide and conquer: Inequality in Health. Israel
Disparity in Government Expenditure

- Government expenditure on health is **$248 per capita** (16 % of the gross domestic product) in oPt
- **$2,046 per person** in Israel (7.7 percent of GDP).

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Total Fertility (WHO Data 2012)

- Tunisia: 2.1
- Qatar: 2.1
- Saudi Arabia: 2.9
- Egypt: 3.0
- Syrian Arab Republic: 3.5
- Jordan: 3.5
- Sudan: 3.9
- Occupied Palestinian territory: 4.4
- Iraq: 5.2
Per capita GDP expenditure on health (WHO data 2012)

- Egypt: 137
- oPt: 248
- Iraq: 331
- Jordan: 392
- Libya: 484
- Lebanon: 622
- Bahrain: 740
- Saudi Arabia: 758
- Kuwait: 1550.5
- Qatar: 1776
% of GDP Expenditure on Health

Qatar: 1.9
UAE: 3.3
Syria: 3.7
Saudi Arabia: 3.7
Egypt: 4.9
Libya: 4.4
Yemen: 5.5
Tunisia: 6.2
Lebanon: 6.3
Iraq: 8.3
Sudan: 8.4
Jordan: 8.4
oPt: 16
Out of Pocket Exp as % of Total Private Expenditure (WHO Data, 2012)

- Oman: 10.2%
- Qatar: 13.6%
- UAE: 16.2%
- oPt: 34.5%
- Tunisia: 39.5%
- Lebanon: 39.9%
- Yemen: 47.5%
- Syria: 49.5%
- Sudan: 54.6%
IMR/1000 Live Births/2013 (WHO data)

- UAE: 6.6
- Syria: 12.3
- Tunisia: 13.8
- oPt: 14
- Lebanon: 16.1
- Jordan: 16.4
- Egypt: 16.5
- Saudi Arabia: 16.5
- Morocco: 26.8
- Yemen: 46.3
- Iraq: 107
- Sudan: 108
- Somalia: 109
Life Expectancy (WHO data, 2012)

- Somalia: 50
- Sudan: 59.8
- Yemen: 62
- Egypt: 70.4
- Iraq: 72.7
- oPt: 72.7
- Jordan: 73
- Syria: 73.1
- Saudi Arabia: 73.8
- Tunisia: 74.9
- UAE: 77.4
- Qatar: 78.2
- Lebanon: 81.5
4. Equity

- Most resources are consumed by small % of the population.
- Poor access by Palestinians trapped by the wall
- Difficulty to access services outside the Territories
- Those who have no connections or information on how to reach available resources
- Gender and social bias and stigma
5. Efficiency

- Highly inefficient system with many providers including donors
- Poor follow up care
- Unnecessary medical procedures
- Underemployment (50% of the government budget goes to personnel)
- Inadequate training and utilization of health workers
- Poor coordination with other sectors
- Poor leadership and management skills
6. Healthy lives

- Continuous increase of burden on the lives of people pushes people to low productivity and unhealthy life stressors and high incidence & prevalence of chronic diseases
- Low life expectancy and premature deaths
- Low quality of life
- Excess morbidity & mortality rates
"Colonialism" as a Broader Social Determinant of Health

“Research has increasingly established that poor health outcomes in Indigenous peoples, and the health disparities realized by Indigenous peoples in almost all sectors of life as compared with their non-Indigenous counterparts, stem from or are related to colonial disruptions and ongoing erosion of human rights”

Conclusion

- Health & Health System’s vulnerability are **direct function of political and economic marginalization and exclusion and Not ONLY** the function of health sector performance and other current social determinants.

- The performance of the health system in Palestine can’t be judged by indicators set for stable and independent countries and thus requires different set of measures.

- Distal effect of colonization and cumulative trauma history need to be incorporated when addressing future studies and health interventions.
Conclusions

- Ill health and ill health system can’t be improved and sustained without the elimination of political and economic policies of exclusion and subjugation.

- While health is an entry for positive social change, health needs to be used also as a tool for achieving positive political change, security and peace utilizing the human rights framework.
Mor Efrat, who is the coordinator of the PHR department that deals with the territories in Israel and headed the team that produced the report (D&C,) said:

“It is among the obligations of the Palestinian Health Ministry to provide health-care services to the population to the extent of its capacity.”

“But it is Israel’s obligation to provide all the services beyond the [Palestinians’] capacity, so that a Palestinian child and an Israeli child, who sometimes live just hundreds of meters from one another, receive equal medical care.”