POSITION PAPER

The Decision of the Palestinian Ministry of Health Not to Finance Medical Treatments in Israel Leaves Patients without Options

May 2019
In late March 2019, the Palestinian Ministry of Health decided to stop financing medical treatments for Palestinian patients in Israeli hospitals. According to the new policy, when no medical solution is available within the Occupied Palestinian Territories, patients will be referred to hospitals in Jordan and Egypt. Several weeks after the announcement, Physicians for Human Rights Israel (PHRI) warn that the new policy harms patients and violates their right to access healthcare services. Often, it leaves patients who cannot be treated in the health systems in the Gaza Strip or the West Bank without any medical recourse, thus placing their lives at risk.

Ever since the new policy had entered into effect, PHRI were contacted by twelve such patients. At the moment, there is much confusion and lack of clarity around the implementation of this policy. In some cases, after intensive pressure by the patients and their families, the Palestinian Ministry of Health backs down and approves the financing, sometimes only partially. Given the lack of consistence, we fear that those able to exert pressure or those with connections in high places will be the ones who obtain the necessary funding. Further confusion remains with regard to the alternative options of referring patients to Jordan and Egypt.

PHRI believe that the Palestinian Authority (PA) and Israel need to resolve their differences in a way that will not turn patients into pawns in their conflict and place them at mortal risk.
The PA: The Palestinian Ministry of Health has both the right and the duty to prioritize the funding of healthcare as it invests in developing the Palestinian health system. However, abrupt denial of access to essential treatments violates their right to health and severely compromises their chances to recover. Therefore, those patients who need treatments that at present may only be received in Israel must keep being referred there.

Israel: The deduction of the PA's tax monies by Israel in response to its policies (in this case, financial support for prisoner families) represents an unacceptable use of its power, demonstrating once again its ability and willingness to exert it as a punitive measure as part of its occupation policy. Israel must allow patients who cannot receive appropriate treatment in PA territories to be treated in Israeli hospitals, given its decisive impact on Palestinians' daily lives, economy and health given the realities of the ongoing occupation. It is also Israel's humanitarian duty.

The following are examples from cases currently handled by PHRI:

Imad Shaaban (49) from the Gaza Strip was diagnosed with leukemia in 2006. Over the past five years, he has been treated in Sheba Medical Center in Israel. Every several weeks, he arrives at the hospital for follow-up and chemotherapy. Imad needs to take four pills every day. However, over the past two weeks he has not been receiving his pills, because the Palestinian Ministry of Health no longer reimburses him for his treatments in Sheba. Unofficially, Imad heard that in the future, he may receive reimbursement and referral to treatment in Egypt, but these have yet to materialize.

N (28) from the West Bank underwent a double lung transplant in India several weeks ago, funded by the
PA. After returning home, she was supposed to undergo several follow-up tests at the Rabin Medical Center in Israel, which is experienced in follow-up on transplant patients. Although one of N's lungs was successfully replaced, her other lung collapsed, after her body attacked her respiratory system. She needed an urgent evaluation of her lung functions, costing the equivalent of $1,400. The hospital would not pay for it and the PA withheld its financial obligation, and for several days, N remained helpless, unable to take the essential examination. After PHRI intervened, half the amount was raised from private donors in Kafr Kassem (a Palestinian town in Israel) and half from the Salamitkum charity, and N took the examination. Nevertheless, she requires further follow-up and additional hospital treatments. After her family had pressured the Palestinian Ministry of Health, she received $200 for the next essential examination, an amount that would not cover the cost of subsequent examinations.

A (6) from the Nablus area was inflicted with 50% burns due to a gas tank explosion in his house. From our experience, the existing treatment options for severe burns in the West Bank are inadequate, so that in most cases, patients used to be referred to Israeli hospitals. A was not referred to Israel due to the new policy, and for an entire week he was not treated at all due to the ambiguity with regard to the location of treatment and the financial coverage. Only then was he referred for treatment in a Jordanian hospital.

Qais Nazzal (15) from Jenin was rushed to the Al-Makassed Hospital in East Jerusalem following sudden paralysis due to a neurological issue. The hospital physicians could not diagnose his problem and sought to refer him to Sheba Medical Center in Israel given the criticality of his condition. The Palestinian Ministry of Health did not agree to finance the treatment at first, and did
so only under heavy pressure by the family. At the same
time, following a request by PHRI, Sheba agreed to treat
Qais even without the PA's financial obligation.

K(10) from Qalqiliya was a candidate for liver transplant
in Sheba Medical Center. Given some improvement in his
condition, his doctors decided that a transplant would
not be required at present, but only balancing of liver
functions by medicinal treatment. The Palestinian
Ministry of Health informed his family, however, that
the medicinal treatment in Sheba would not be covered.
Accompanied by his family, K arrived at PHRI's Mobile
Clinic in Qalqiliya in late March, and said that he was
receiving no medical treatment. At PHRI's request, the
Palestinian Ministry of Health retracted and agreed to
finance K's medicinal treatment in Sheba. As in other
cases, K's family was told that his case was special,
therefore the agreement to cover the costs.

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