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**Health and Segregation II:
The Impact of the Israeli Segregation Wall on Access to Health
Care Services,**

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Introduction - Executive Summary

In the summer of 2002, the Israeli government began constructing its "Separation Barrier" in the West Bank, a complex system of electrified fences, patrol roads and cement Walls that dramatically deepens and consolidates the fragmentation of Palestinian lands, lives and livelihoods wrought by existing Israeli settlement construction and closures. Though it was declared illegal in an advisory opinion by the International Court of Justice (ICJ), July 9 2004¹, construction of the Wall has since accelerated, including a Second Phase cutting as far as 22 km into the West Bank. By isolating and fragmenting local health care networks and referral systems, as well as inducing economic hardship², aid dependency and vulnerability, the Wall poses a systemic challenge to Palestinian health care provision. Along phases officially approved by the Israeli government to date, it directly affects the health care provision of around 425,000 people, constituting 20% of the population of the West Bank. This includes 12,750 elderly people, 183,000 youths below the age of 15, around 77,000 children under the age of five requiring periodic vaccinations, 24,225 chronic disease patients and 12,750 disabled people needing specialized healthcare and rehabilitation³.

The whole structure of barriers (see Map 1) creates or will create 28 enclaves isolating 41 primary health care clinics either located between the Wall and the Green Line, or surrounding them completely by the Wall only, or surrounding them completely by the Wall and other structures such as settlement roads, checkpoints, gates and barriers. To date, around 70,500 Palestinians living in 22 communities have been stranded between the constructed parts of the Wall and the Green Line border between Israel and the West Bank or surrounded completely by the Wall and other barriers.

The system of fences and walls jeopardizes the ability of existing primary health clinics in these isolated areas to maintain service coverage in their communities, especially when the construction is complete. As indicated in Table 1 below, 7 communities in 4 different enclaves with a total population of 5,335 will have no access to any type of health care services.

Table 1: Isolated communities with no access to health care services

District	Number of Enclave	Population	Number of Communities	Name of Communities
Qalqilia, Salfit and Ramallah	Enclave 11	115	4	Dar Abu Basal, 'Izbat Abu Adam, Khirbet Susa, Wadi Qana
Jerusalem	Enclave 21	2.420	1	Az Za'ayyem
Bethlehem	Enclave 22	1.665	1	Al Walaja
Jerusalem	Enclave 28	1.135	1	Qalandia village
Total		5.335	7	

Along the Wall's completed First Phase and under construction of the Second Phase:

- Rapid and effective emergency care is becoming increasingly inaccessible, particularly in the north western Jenin enclave 1 and south of Qalqiliya enclaves 6 and 9. All referral systems based around the cities of Qalqiliya, Tulkarem, Nablus, Bethlehem, Jerusalem and Hebron have been severely obstructed. Enclaves north and south of Qalqiliya lack health facilities and along the First Phase seven communities with 3,950 inhabitants have no access to health care facilities inside their enclaves.
- Access to preventive services is severely impeded, especially prenatal and post-natal care. In the absence of appropriate home deliveries and movement restrictions, the rate of delivery complications has increased. In fact, the Ministry of Health estimated in 2002 that 117,600 pregnant women, including 17,640 high-risk pregnant women will experience difficulties in accessing, or may not be able to access antenatal care, hospital delivery services and postnatal care⁴. Screening services are minimal in all isolated clinics, with the Tulkarem area being the worst affected. Well Baby clinics in the Qalqiliya and Jenin areas are particularly scarce, and the provision of vaccination services in these districts is also limited.
- Access to medication is becoming a significant problem in Jenin, south of Qalqiliya and villages around Jerusalem. In several clusters, 35% of clinics are unable to provide medication to their communities. Medical procurement problems due to access difficulties will likely force pharmacies in isolated communities to build larger stocks. If this happens, quality control procedures will need to be enhanced in these areas and more rational use of drugs encouraged.
- Access to speciality services is highly restricted. Seventy-three percent of isolated clinics do not provide speciality services and none of the clinics in the Jenin area provide services for patients with diabetes. In the district of Qalqiliya, enclaved communities have no access to ophthalmology, gynaecology, paediatric, or dermatology services. Diabetes patients and those seeking physiotherapy services are served by just one clinic, respectively.
- The Wall will increase reliance on local nurses and health workers that are poorly prepared for this responsibility, in the place of trained physicians. Only 32% of doctors live in the same village as their clinic or in nearby villages within the same cluster, compared to 90% of health workers living in the same village or the same area or cluster. But 68% of isolated clinics provide no continuous education for their permanent staff; the Qalqiliya and Bethlehem districts are particularly lacking such programmes.
- There is an urgent need for the provision of lab facilities. Only 35% of local clinics provide basic lab tests, but these are unevenly distributed. For example, only two clinics found in the cities of Qalqiliya and Tulkarem provide advanced lab tests and there are no laboratory facilities in Jenin district serving communities isolated by the Wall.

Clinics isolated by the Second Phase will soon face the same problems encountered by clinics already isolated by the Wall's First Phase since 2003. In terms of vulnerable health infrastructure and programmes, the most affected areas will be Cluster 1 Barta in Jenin, Cluster 5 Habla, and Cluster 9 Azoun 'Atma in Qalqiliya, Cluster 15 Latroun Area and Cluster 17 Beit Ikhsa Area in Ramallah, Cluster 18 Bir Nabala Area in Jerusalem, and Cluster 24 Bethlehem Area⁵.

Access of medical staff to their work place and patients to health care facilities is still a problem. Between January 2004 and April 2005, there has been a minimum of 375 cases of reduced and denied access for medical staff with an average delay of 62 minutes⁶. In the Wall area specifically, 152 cases of access prevention and delay have been reported; among which 13 cases were mobile clinics attempting to access isolated villages through Wall gates: 10 cases were prevented from reaching isolated communities and 3 cases were delayed for several hours. Manned checkpoints and gates were responsible for these delays and from preventing medical staff from reaching communities and patients from receiving health care services.

The most vulnerable communities in terms of medical teams facing greatest access difficulties were those in clusters isolated by the Wall in Jenin and south of Qalqiliya: the Barta'a Ash Sharqiya cluster 1, Ras Tira cluster 5, Habla cluster 6 and Azoun 'Atma cluster 9. Clusters isolated by the Second Phase in Bethlehem area are expected to face the same serious access problems when construction is complete.

Two years have passed since the construction of the Wall and little, if any progress, in the development of the health sector has occurred within affected areas. Despite a serious concern with linking the tasks and strategies of emergency relief work to developmental perspectives, the prevailing trend over the past two years has been characterized by an intensive focus on relief activities and scattered initiatives to solve temporary access problems faced by medical teams and patients.

Some health care providers prolonged their working hours. New health centres were created to serve communities that have been isolated from other health facilities. For example, a new governmental primary health care clinic in Aqaba was established in 2004 to serve the 1200 inhabitants of Ad Daba, 'Arab Abu Farda, Ras at Tireh and Arab ar Ramadin south of Qalqiliya city who had no access to health services after the construction of the First Phase.

Moreover, the Ministry of Health and NGOs adopted a more decentralized approach in implementing their daily medical activities to overcome the recurrent access problems. Cooperation between national and international organizations, such as UNICEF, WHO, ICRC and international NGOs has increased in isolated areas in order to facilitate drug distribution to rural clinics when access of Palestinian medical teams is denied. Some NGOs increased the level of their primary health care centres to become mini-emergency hospitals covering a wider geographical range of rural areas. In addition, some training courses of health professionals with the provision of medical equipment were organized. Other simple training courses targeted women and midwives in isolated villages.

The most apparent strategy adopted by health care providers was running general and specialized mobile clinics serving isolated communities. However, the duration of such activities is dependant on funding opportunities and hence limited. On the other hand, access to primary and specialized health services as well as medication, are significant problems facing affected communities and cannot all be solved by mobile clinics in the long term. Moreover, disabled individuals and chronic disease patients needing treatment in Jerusalem will be greatly impacted.

These problems impose an additional burden on Palestinian health service providers. Many have responded by increasing and dispersing facilities and staff and are already resorting to similar strategies to prevent a further deterioration in service coverage in areas impacted by the Wall. Limited financial and human resources raise doubts as to the longer-term sustainability of this strategy.

If the structure of the Wall continues as planned, it will result in a new geography of segregation for the West Bank, where the southern part (Hebron and Bethlehem District) is separated from the already enclosed communities in the north, Jerusalem is already isolated from the West Bank and the eastern part of the Jordan valley will be separate from other areas as well. This separation is forcing decision makers and planners to develop health services in response to the isolated clusters, resulting in a fragmented approach which is inefficient on a long-term as it will affect deeply the strategic planning and development on a national level. The resulting fragmentation of national development and policy issues might lead eventually to the disintegration of national institutions.

International humanitarian aid continues to provide vital support to the Palestinian health system. Temporary measures like the operation of mobile clinics in isolated areas complement fixed health infrastructure, where this proves to be insufficient and/or difficult to access.

In order to avoid an erosion of the existing health structures, the emergency approach should be complemented by a mid- and long-term approach of health development, especially focusing on the sustainability of the existing infrastructure.

¹ The Court finds that the construction by Israel of a wall in the Occupied Palestinian Territory and its associated regime are contrary to the International law, it states the legal consequences arising from that illegality." http://www.icj-cij.org/icjwww/ipresscom/ipress2004/ipresscom2004-28_mwp_20040709.htm

² United Nations - Office for the Coordination of Humanitarian Affairs (OCHA), The Humanitarian Implications of the February 2005 Projected West Bank Barrier Route, February 2005, p.1 and The Humanitarian and emergency policy group (HEPG) and the Local aid coordination committee (LACC), the impact of Israel's separation barrier on affected communities, update number 3, November 30, 2003

³ Not accounted for by these figures is the population potentially affected by the Wall's eastern "Jordan Valley" segment, construction of which has been suggested but hitherto postponed by the Israeli government. See Map 3. However, these figures include the affected Palestinian population of Jerusalem

⁴ Palestinian Ministry of Health (MoH), Annual Report, 2002

⁵ For more details about the degree of vulnerability and specific health areas, refer to Section Two

⁶ Data has been collected through HDIP's field work and incident reports from the Ministry of Health (MoH), NGOs, the United Nation Relief and Work Agency (UNRWA) and the Office for the Coordination of Humanitarian Affairs (OCHA).