



**PCHR**  
المركز الفلسطيني  
لحقوق الإنسان

# THE SITUATION OF CANCER PATIENTS IN THE GAZA STRIP

Report on Travel Restrictions for Cancer Patients  
under the State of Emergency and Dissolution  
of Agreements with the Israeli Occupation Authorities



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## Introduction

The Gaza Strip patients, especially cancer patients whose treatment is unavailable in the Gaza Strip, suffer from restrictions on their freedom of movement and restrictions on their travel through Gaza's both land crossings, Beit Hanoun "Erez" crossing and Rafah Border. The hurdles patients go through were aggravated since the Palestinian Authority entered a state of emergency to combat the spread of the coronavirus pandemic (COVID-19) on 05 March 2020, and its consequent preventive measures that were imposed in the Gaza Strip and the West Bank that included closure of all crossings and extreme restrictions on the population's freedom of movement. The crisis of Gazan patients' travel worsened after the Palestinian President announced that the State of Palestine and the Palestine Liberation Organization (PLO) are no longer bound by treaties and agreements with the American and Israeli governments and all consequent obligations to such treaties and agreements, including civilian and security agreements. Accordingly, the Palestinian General Authority for Civil Affairs' (GACA) work was suspended. Consequently, the exit and reentry coordination for Gaza Strip patients, who receive financial coverage from the Treatment Abroad Department in the Palestinian Ministry of Health (MOH) and had scheduled appointments at hospitals in the West Bank, including occupied East Jerusalem, and Jordan was suspended.

Furthermore, the spread of coronavirus in the Gaza Strip since August 2020 brought a double-fold challenge to cancer patients as the Gaza-authority imposed

restrictions complicated their travel to receive medical treatment abroad, and threatened their lives as cancer patients have a compromised immune system that makes them susceptible to catch the virus, especially that chemotherapy sessions for hundreds of cancer patients had to be postponed.

Unfortunately, the Gaza Strip's cancer patients' suffering was not merely caused by the COVID-19 pandemic and the unrest it stirred across the globe, as the Israeli-imposed closure for the past 14 years has had destructive consequences on the Gaza Strip's health care system as it stands on the verge of total collapse due to the Israeli collective punishment policies against the Palestinian civilian population which has struck Gaza's economy and society at the stem and continues to undermine any possibility for improving the living and health situation of the population. Not only that, but also the Palestinian political division between the West Bank and the Gaza Strip and the measures taken by both governments on the economic, health and social levels have caused the status quo.

Over the past 14 years, cancer patients were unable to receive their needed medical treatment at the Gaza hospitals due to its unavailability; thus, requiring them to seek treatment abroad. However, this inconvenience was aggravated by the Israeli-imposed restrictions on the freedom of movement via Beit Hanoun, and use of the crossing to blackmail patients and their companions, as well as the deliberate stalling in allowing their travel and arrival to hospitals despite acquiring the necessary medical referral from the Treatment Abroad Department at MOH. The issue of Palestinian patients, especially cancer patients, has long

been a main point of focus for the Palestinian Centre for Human Rights (PCHR), and under its constant follow-up, PCHR documented a decline in the number of patients who were able to travel for treatment due to the enhanced Israeli restrictions against them. In 2019, Israeli authorities impeded the travel of 8,585 patients who had obtained MOH referrals and applied for a travel permit as per protocol.

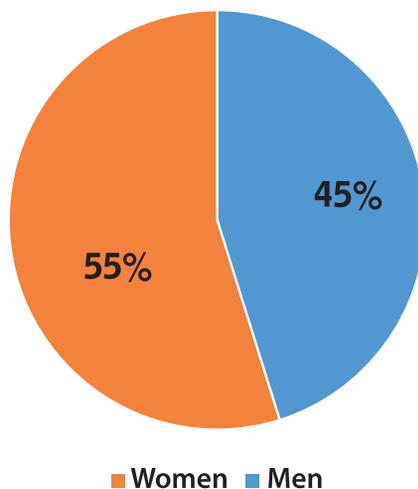
The report examines the health conditions of Gazan cancer patients, and the restrictions on referred patients' freedom of movement for the sake of receiving medical treatment outside Gaza during the time of emergency. The report discusses alternatives provided by MOH to treat cancer patients and to make the required health services available in the Gaza Strip, by contracting with a hospital in Gaza. Additionally, the report addresses the role of human rights organizations to guarantee cancer patients' right to access medical treatment. The report uses primary sources, i.e. statements from official health sector, public and private, representatives, private cancer-care facilities, as well as, statements from cancer patients regarding their struggles to obtain treatment due to the restrictions on their freedom of movement and its impact on their health.

## I. Quality of cancer health services in the Gaza Strip<sup>1</sup>

The total number of cancer cases documented in the Gaza Strip between 2014 – 2018 is 8,326, with breast cancer as the most common form of cancer (18%). Breast cancer is also the most common form of cancer among women, as it represents 32.2%; meanwhile, colon cancer represents 13.2% of cancer cases in men.

According to MOH statistics, 3,747 cancer cases were diagnosed in men; and 4,579 in women.

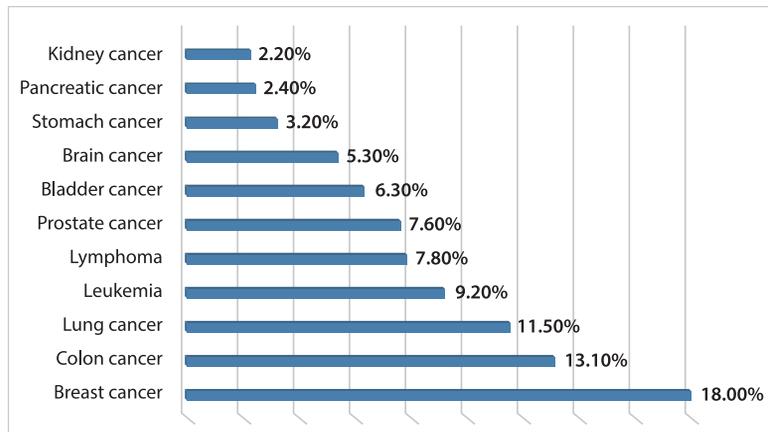
Figure 1: 2014 – 2018 Cancer Cases by Gender



1. Data provided in this segment is from the Palestinian Health Information Center 2019 Annual Report, MOH, 2019. P. 13 – 26.

Below is a chart showing the prevalence of each type of cancer in the Gaza Strip, as breast cancer comes at first, followed by lung cancer, leukemia, lymphoma, prostate cancer, bladder cancer, brain cancer, stomach cancer, pancreatic cancer, and kidney cancer.

Figure 2: the most common types of cancer in the Gaza Strip



The number of cancer cases among children under 18 years old was 620 between 2014 – 2018, i.e. 7.4% of total cases. Bone marrow cancer was the most common form of cancer among children, as it represents one third of tumors in children. Meanwhile, lymphomas, which originate in the tissues of the lymphatic system, are the second most common type of tumors in children, accounting for 17.1% of cases, followed by Neurological cancer (brain or spine), where it accounts for close to 16.5 cases.

MOH is the sole provider of treatment options for cancer patients, through day-care departments at Al-Shifa Medical Complex, Gaza European Hospital and Al-Rantisi Children's Hospital (the Oncology Department was merged and transferred from Al-Shifa Hospital in Gaza to Dr. Abdel Aziz Al-Rantisi Children's Hospital). Al-Hayat Specialist Hospital opened a new oncology department pursuant to a contract between its administration and MOH in April 2020.

The beds available for the treatment of cancer patients at Gaza Strip hospitals are distributed as follows: 15 beds in Al-Shifa Medical Complex, 17 beds in Gaza European Hospital, and 20 beds in Dr. Abdul Aziz Al-Rantisi, Children's Specialist. The number of cancer patients' visits to these hospitals during the year 2018 reached 23,037 visits, including 8,567 visits to the Al-Shifa Medical Complex, 4,459 visits to the European Gaza Hospital, and 10,011 visits to the Rantisi Children's Hospital.

In 1997, MOH, the European Union (EU) and the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) signed a Memorandum of Understanding to establish the European Gaza Hospital, and in 2000, with funding from the European Union, the hospital began providing treatment services in the departments of cardiac catheterization, surgery, internal medicine, and oncology.

In 2008, Dr. Abdel Aziz Rantisi Specialist hospital for Children was opened and its operations commenced in 3 stages. The hospital provides services in its specialized departments: gastroenterology, pulmonology, nephrology, neurology,

cardiology, endocrinology, hematology and oncology diseases, intensive care, emergency and outpatient clinics. In 2019, the hospital opened a department for the treatment of pediatric cancer. The hospital provides day care and overnight care services for patients with cancerous tumors and blood diseases, and it has 30 beds. In the first half of 2020, the Oncology Department received about 15,555 patients, 4,600 cases of which received service in the overnight departments, while the rest of the patients received day service. i.e. dispensing treatments and facilitating procedures for medical referrals.

The oncology department has severe shortage in its staff, including doctors and nurses; only 4 doctors are available for treatment of cancer in adults, knowing that Rantisi Hospital covers 65% of adult-cancer in Gaza. Furthermore, the hospital has a severe shortage of EKG, vital signs and electric shock devices, as well as a severe and persistent shortage of biological and chemical drugs.<sup>2</sup>

**Al-Hayat Specialized Hospital** in Gaza provides its services in the following departments and specialties: open heart surgery and cardiac catheterization, diagnostic and therapeutic endoscopic operations, orthopedics, eye surgery, and outpatient clinics. In April 2020, the hospital opened an oncology department to treat cancer patients, after contracting with the Palestinian Ministry of Health to receive cancer patients referred from the Treatment Abroad Department , and to provide them with medicine and chemotherapy.

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2. PCHR researcher meeting with Ibrahim Zaqout, Head of Nursing in the Department of Hematology and Oncology at Dr. Abdul Aziz Al-Rantisi, Children's Specialist, on 07/22/2020.

The services provided by these hospitals for cancer patients are restricted by the available capacities, especially within a largely exhausted health institute, including lack of capacity to accommodate patients in Gaza hospitals, shortage in doctors and nurses, and in medical tools and equipment, shortage of diagnostic devices and medicines and treatments needed by cancer patients. All of this has negatively impacted the level and quality of health services in Gaza.

Under these conditions, a large number of patients are deprived of travel to receive treatment abroad, including patients who received medical transfers and financial coverage. The measures imposed to contain the spread of the corona pandemic, as well as, the Israeli restrictions on their travel of their companions' via Beit Hanoun crossing came at a time where their health conditions cannot tolerate any delay in obtaining treatment and require urgent access to hospitals and compliance with treatment protocols.<sup>3</sup>

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3. PCHR researcher interview with Dr. Ziad Al-Khuzondar, oncology and internal medicine consultant at hospitals in the Gaza Strip, on 12 July 2020.

## **II. Medical Service for Cancer Patients Outside the Gaza Strip**

The Treatment Abroad Department in the Ministry of Health (MOH) operates the medical references and full financial coverage system for the Gaza Strip patients, who suffer serious diseases that cannot be treated at the Gaza Strip hospitals. MOH refers those patients to hospitals in the West Bank, including occupied East Jerusalem, Israel, Jordan, and Egypt according to a protocol signed by the Palestinian MOH with its counterparts in these States.

The process of obtaining a medical referral for patients' treatment abroad is lengthy and tiring, it begins with the approval of a specialist doctor, who follows-up the patient's case and the approval of members of the Medical Committee in the MOH's Treatment Abroad Department, which examines the medical reports and make sure that their treatment is not available at the Gaza Strip Hospitals. Furthermore, these medical cases pass through other procedures related to submitting applications to obtain an Israeli permit to exit via Beit Hanoun crossing and go to the referral hospitals.

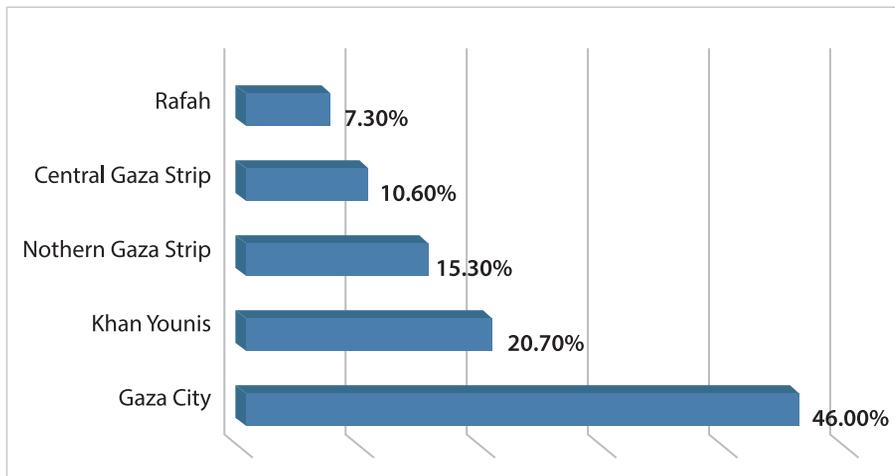
Dependence on medical referrals abroad doubled in the last 13 years due to the weakness of the health system resulting from the Israeli closure imposed on the Gaza Strip, the political division between the West bank and the Gaza Strip, and the natural growth of the population, paired with a severe shortage of specialized medical personnel, medicines and medical equipment for the treatment of serious diseases, including cancer.

## 1. Medical Cases Referred for Specialized Treatment

The number of medical cases referred for specialized treatment in 2019 was 26,855 cases, including 6,352 children; a decrease of 13% compared to 2018.

The highest rate of medical referral issued by the Treatment Abroad Department was for Gaza governorate, which represented 46% of referrals while the rest of the Gaza Strip governorates represented 45%.

Figure (3): Distribution of Cases Referred According to Gaza Strip Governorates



## 2. Travel Restrictions on Cancer Patients Referred for Treatment Abroad

Israeli authorities impose severe restrictions on the movement of the Gaza Strip population. They also impose a set of obstacles to deliberately deprive the Gaza Strip patients and their companions of treatment broad without clarifying the reason, in addition to restriction policy and procedures, Israeli authorities arrest patients and their companions at the Beit Hanoun “Erez” crossing, investigate and blackmail patients to collaborated with Israeli authorities, disregard of their health conditions and medical appointments set for them to receive treatment in hospitals outside the Gaza Strip. PCHR received numerous complaints regarding the Israeli measures and the restriction policy against patients and their companions and demands to urgently interfere to save patients’ lives and to ensure that their travel is facilitated taking into account their deteriorated health conditions that can’t be delayed of receiving medical treatment abroad.

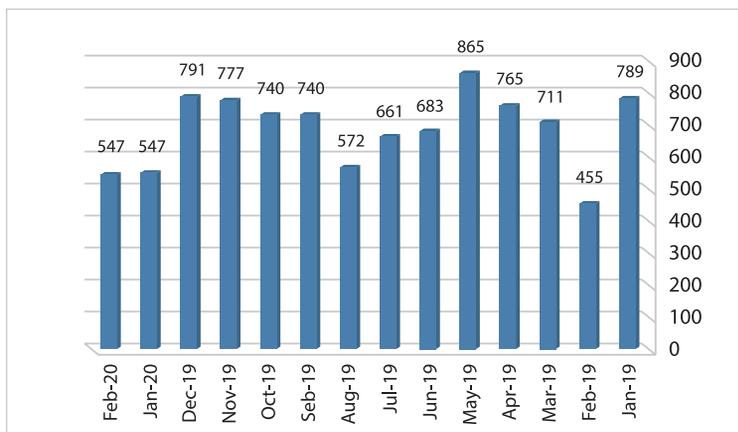
PCHR documented a decline in numbers of patients travelling due to the Israeli severe restrictions and measures against them. In 2019, Israeli authorities obstructed the travel of 8,549 patients, despite receiving the necessary medical referrals for treatment abroad as most of them are cancer patients who are referred for treatment in the West bank, occupied Jerusalem and Jordanian hospitals.

In January 2020, Israeli authorities obstructed the travel of 547 Gaza patients out of 1,795 applications (30.4%) for the following reasons: 243for security reasons (13.5%), 93 received no reply (5.1%), 177 received delayed responses and put under

study (9.8%), 4 were required to change their companion (0.2%), 30 were delayed for different reasons (1.6%); most of them were cancer patients referred for treatment in the West Bank, occupied East Jerusalem, and Jordan hospitals.

In February 2020, Israeli authorities obstructed the travel of 547 patients out of 1,761 applications (30%) for the following reasons: 159 for security reasons ( 9%), 93 received delayed responses and put under study (5.2%), 219 received delayed responses and put under study (12.4%), 21 were required to change their companion (1.1%), 55 were delayed for different reasons (3.1%); most of them were cancer patients referred for treatment in the West Bank, occupied East Jerusalem, and Jordan hospitals.

Figure (4): Israeli Restrictions on Travel of Patients Referred for Treatment abroad from 01 January 2019 to 28 February 2020



### 3. Interventions to Ensure Access to Treatment

For more than 15 years, PCHR offered its services for patients who require treatment abroad, through legal interventions with the Israeli side after patients exhausted all followed mechanisms to coordinate between Israeli authorities and the Palestinian Authority. Lawyers at PCHR's Legal Aid Unit submit complaints and other legal interventions with the Israeli Humanitarian Cases Centre at Beit Hanoun "Erez" crossing. PCHR's lawyers submitted 1212 complaints for medical cases in 2019. PCHR received 360 positive replies and 195 negative replies while 387 put under study.

Table (1): PCHR's Assistance for Medical Cases in 2019

Complaint	Number of Complaints	Follow-up Results		
		Positive	Negative	Under Study
Patients denied access to Israel for medical treatment	167	129	8	30
Patients denied access To the West Bank for medical treatment	302	154	62	86
Patients denied access Occupied East Jerusalem for medical treatment	653	288	111	254
Patients denied travel abroad	48	36	4	8
Patients' Companions denied travel for accompanying them in their treatment	42	23	10	9
<b>Total</b>	<b>1212</b>	<b>630</b>	<b>195</b>	<b>387</b>

PCHR pursues any negative responses (denial of travel) it receives by the Israeli authorities; its Legal Aid Unit submits objections and petitions for the Israeli judicial authorities represented by the Attorney General and the Supreme Court. The number of objections submitted to the Israeli Attorney General in 2019 were 75 (46 positive, 24 negative, and 5 under study).

### **III. Repercussions of the State of Emergency and Suspension of Coordination on Health Conditions for Cancer Patients in the Gaza Strip**

Cancer patients in the Gaza Strip face various challenges that affect their health conditions in light of the emergency state and the suspension of their travel to receive treatment and their access to health services due to the closure of border crossings in addition to the restrictions imposed by the Corona pandemic. Their suffering aggravated after the Palestinian President, Mahmoud Abbas, declared, an end to agreements signed with the Israeli government and suspended travel coordination for Gaza's patients through Beit Hanoun "Erez" crossing on 19 May 2020. As a result, dozens of critically ill patients, whose health conditions cannot afford any delay, were deprived of traveling abroad for treatment or completing the treatment protocols they had started in previous periods, noting that they had already obtained medical referrals and financial coverage.

Those patients' suffering increased after outbreak of corona virus in the Gaza Strip in mid-August 2020, and the tightening of restrictions on their movement to receive treatment outside the Strip. On the other hand, coronavirus, which

is spreading fast, targets people with weak immunity, such as cancer patients, and threatens their lives, especially with postponing chemotherapy sessions for hundreds of them.

These procedures coincide with the weakness of health system and lack of medical service for patients in general and cancer patients in the Gaza Strip hospitals in particular, including the two hospitals that the MOH contracted to provide treatment for cancer patients (Al-Quds and al-Hayat Hospitals); and the severe lack of medicines and medical consumables in MOH warehouses and hospitals. MOH warehouses and hospitals have a 44% shortage in medicines, 30% in medical consumables, laboratory analysis (55%), as well as equipment used for radiotherapy for cancer patients which the Israeli authorities stopped supplying to the Gaza Strip, chemotherapy medications, and periodic cancer patients laboratory tests.

### **1. Travel Restrictions on Cancer Patients Referred for Treatment Abroad in State of Emergency**

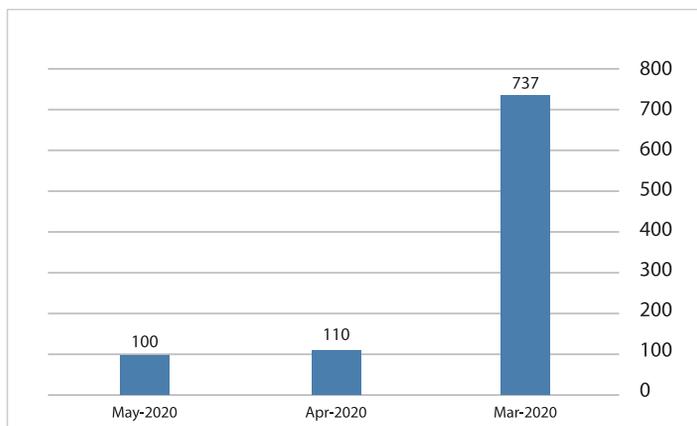
The Palestinian President's announcement of the state of emergency in the Palestinian territory to combat the spread of corona virus (Cofid-19) on 05 March 2020, and it was followed by precautionary and preventive measures, which lead to closing border crossings and not allowing citizens to move from and into the Gaza Strip except in limited range. These measures obstructed the travel and movement of patients, including cancer patients who obtained medical referrals

and already have appointments at hospitals outside the Gaza Strip for medical treatment and to complete the treatment protocols.

In light of these measures and starting from March 2020, the Egyptian authorities opened the Rafah crossing on a limited scale and on sporadic periods for the return of civilians who were stranded in Egypt, while denied civilians' travel to Egypt since that date. The Gaza strip authorities also allowed the return of civilians stranded through Beit Hanoun "Erez" crossing into the Gaza strip, and only allowed a limited number of patients to travel for medical treatment.

According to PCHR's investigations, medical referrals and passing through Beit Hanoun "Erez" crossing were limited on patients suffering from critical diseases, most notably are cancer patients. These measures further led to a significant decline in the numbers of patients referred for treatment abroad. In March 2020, 737 patients were allowed to travel through "Erez" crossing. This number declined starting from April 2020, and only patients suffering from serious diseases and whose treatment is not available in the Gaza hospitals. In the same month, 110 patients were allowed to travel for treatment abroad. In May, 100 patients only allowed to travel for medical treatment outside the Gaza Strip.

Figure (5): Gaza Strip Patients Allowed to Travel After Announcement of the State of Emergency



The numbers in Figure (5) reflect the severe decline in the number of patients referred for treatment abroad after the Palestinian Authority announced the state of emergency, compared to the numbers in the period before. While 1,214 patients were allowed to travel through Beit Hanoun “Erez” crossing in February 2020, 110 patients were allowed to travel in April 2020.

On 19 May 2020, the Palestinian President announced that the State of Palestine and the Palestine Liberation Organization (PLO) are no longer bound by treaties and agreements with the American and Israeli governments. The PA decision was motivated by the annexation plans of over 30% of West Bank area intended

by Israel with the support of the current U.S. Administration under President Trump. Accordingly, the work of the Palestinian General Authority for Civil Affairs' (GACA), which is the official authority to communicate with the Israeli authorities to obtain their approval for allowing the Gaza Strip residents, including patients to travel through "Erez" crossing for medical treatment abroad, was suspended. This led to the suspension of procedures for patients to obtain travel permits<sup>4</sup> for medical treatment abroad despite obtaining medical referrals from the Treatment Abroad Department, which continued issuing medical referrals until the reporting period.

PCHR received numerous patients in critical health conditions most of them were cancer patients, who have obtained MOH medical referrals for treatment in the Israeli hospitals or in the West Bank hospitals, including Palestinian hospitals in occupied East Jerusalem. These patients are in dire need for urgent medical treatment to make their periodic medical examinations and surgeries, and to complete their treatment protocols that they had started before, while their treatment is not available in the Gaza hospitals.

PCHR continued to offer its services for patients who require treatment abroad until 09 June 2020, when PCHR has decided to discontinue all legal aid services it offers patients<sup>5</sup>. From the beginning of 2020 until 09 June 2020, PCHR filed

4. On 18 and 23 June 2020, Omer Ahmed Yaghi and Anwar Mohammed Harb who suffered from cardiac disease and their health conditions need urgent surgical intervention, died for their inability to receive medical treatment abroad, despite obtaining the medical referral and financial coverage required for treatment.

5. For more about the decision, see PCHR's press release, "In Response to Israeli Allegations PCHR Categorically Refuses Implications It Would Substitute PA in Patients' Travel Coordination" at the following link: <https://www.pchrgaza.org/ar/?p>

369 complaints of patient cases; and received 263 positive responses and 106 negative responses. During 2020, 16 objections submitted to the Israeli prosecution; (11 positive and 5 negative), while PCHR submitted one appeal to the Israeli Supreme Court.

Table (2): PCHR provided services to patients between (1 January 2020 – 9 June 2020):

Complaints	Number of complaints	Follow-up result		
		Positive	Negative	Under security check
Obstructed the patients' travel to receive treatment at the Israeli hospitals	39	30	9	-
Obstructed the patients' travel to receive treatment at the West Bank hospitals	80	57	23	-
Obstructed the patients' travel to receive treatment at the Jerusalem hospitals	224	160	64	-
Obstructed the patients' travel to receive treatment abroad	9	8	1	-
Obstructed the companions' travel to accompany patient to receive treatment at the Israeli and West Bank hospitals	17	8	9	-
<b>Total</b>	<b>369</b>	<b>263</b>	<b>106</b>	<b>-</b>

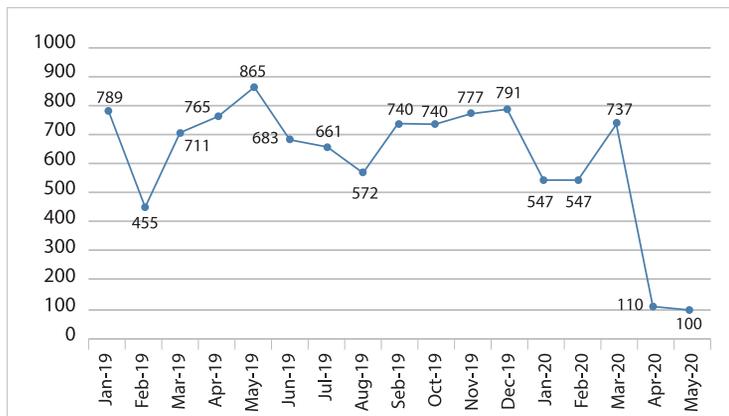
After declaring the oPt in state of emergency, and suspending coordination between the Civil Affairs Authority and the Israeli authorities, Physicians for Human Rights (PHR) received 104 applications from civilians living in the Gaza Strip; including 47 applications from cancer patients who required urgent intervention to travel to the hospitals of the West Bank, East Jerusalem, and Jordan, to receive their chemical doses that is not available in the Gaza hospitals. PHR received approval from the Israeli authorities for a number of these applications, and also received a number of appeals from children with cancer who need chemotherapy.<sup>6</sup>

The acute decline in the number of patients who were able to access treatment is evident through comparison between the number of patients who were able to travel for treatment -after the intervention of human rights organizations- and the number of patients who had approval from MOH but were not able to travel (and whose health conditions requires immediate intervention to allow them to have their surgeries or continue their treatment protocols) . This reality raises the fear for patients' health conditions and requires all parties to pressurize the Israeli occupying authorities to assume their legal responsibility, as an occupying power, in protecting Palestinian civilians, including patients in the Gaza Strip, and to ensure proper and safe travel mechanisms for Gaza patients.

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6. An interview conducted by PCHR's researcher with the Prof. Ghada Majadele, Director of Physicians for Human Rights in the oPt, on 7 June 2020.

Figure (6): Restrictions on patients' travel (January 2019 – May 2020)  
“Israeli restrictions, state of emergency restrictions, PA suspends coordination with the Israeli occupation authorities”



## 2. Available alternatives for cancer patients' treatment in the Gaza Strip under the state of emergency and the PA suspension of coordination with the Israeli authorities

The health conditions of cancer patients were deteriorated due to the restrictions imposed by the emergency state and the cessation of coordination on their travel to and from the Gaza Strip. On the one hand, these patients were deprived of travelling to complete their treatment abroad, and on the other hand, they were not provided with proper medical services at Gaza hospitals.

In an attempt to overcome the crisis of transporting cancer patients and reaching hospitals outside the Gaza Strip, the Palestinian Prime Minister Mohammad Shtayyeh, announced in a press conference held on 25 May 2020 that: *“All the patients will be treated inside the Gaza Strip, as the cancer patients are most likely come to Jerusalem for treatment, now we have two hospitals for cancer patients in the Gaza Strip, which are Jerusalem Hospital and al-Hayat Specialized Hospital”*. He added about the medical equipment and devices that: *“medical tools and equipment will be received by the WHO, and anything we need will be sent by the Red Cross or the United Nations”*.

In light of these developments, the Palestinian MOH contracted with al-Hayat Specialized Hospital in the Gaza Strip to receive cancer patients referred through the Department for Treatment Abroad, who are in dire need for chemotherapy. Since April 2020, the abovementioned hospitals started to receive cases, as al-Hayat Specialized Hospital has received (1,300) cancer patients, and all patients received chemotherapy.

Dr. Rafiq al-Zant, Board of Directors Chairman of the al-Hayat Specialized Hospital<sup>7</sup>, said to PCHR’s fieldworker that:

*“After the Coronavirus pandemic, and because cancer patients were unable to travel to receive treatment outside the Gaza Strip, the conversation started again between us and MOH. In April 2020, we received a call from the Minister of Health, Dr. Mai al-Kila, and the General Manager of the Service Buying Unit*

7. An interview conducted by the PCHR’s researcher with Dr. Rafiq Al-Zant, Chairman of the Board of Directors of al-Hayat Specialized Hospital, on 4 July 2020.

*in the Ministry of Health and agreed that al-Hayat Specialized Hospital would provide therapeutic services for cancer patients referred by the Service Buying Unit. The hospital received 1,300 cancer cases, who were provided with their medical doses of chemotherapy, according to their signed protocol, which is a burden on the Hospitals due to the increasing number of patients in dire need for treatment, who were previously distributed on several hospitals in the West Bank, East Jerusalem, Israeli, Jordanian, and Egyptian hospitals, as well as a small percentage who received treatment at Gaza hospitals. Still, we are facing a problem with the unavailability of radiotherapy in the Gaza Strip, as 30% of patients' require radiation therapy.”*

Although al-Hayat Specialized Hospital received a large number of cancer patients and eased their suffering in light of the tight restrictions on their travel to receive treatment abroad, the hospital lacks medical devices necessary for treatment, including the devices used in radiation therapy that the Israeli occupying authorities refuse to allow import into the Gaza Strip, as well as medical equipment for periodic check-ups and lab tests for cancer patients.

On 7 September 2020, the United Nations Special Coordinator in the Middle East, Nikolai Miladinov, suggested a temporary mechanism to support patients in the Gaza Strip to obtain their treatment abroad through WHO office in Gaza city. However, this new mechanism has not alleviated the suffering of cancer patients yet, which requires a permanent mechanism to guarantee the patients' right to access treatment by putting pressure on the Israeli occupying authorities

to end its imposed closure on the Gaza Strip.

Dr. Munir Al-Barsh, general director of Pharmacy in the Gaza Strip, said to PCHR's fieldworker that:

*“The cancer patients’ medical services at al-Hayat Specialized Hospital, which was contracted by MOH to provide treatment for cancer patients, are not comprehensive and do not fully meet the needs of the increasing number of cancer patients, who are seriously suffering due to their inability to exit the Gaza Strip for treatment. Referring to the suffering of about 8,326 cancer patients; some of them are in dire need for an urgent surgical intervention that is not available in the Gaza Strip, in addition to the lack of medical devices used in radiation therapy, that the Israeli occupying authorities denies importing to the Gaza Strip. As well as the chemical drugs, periodic examinations and lab testing for cancer patients that are not available at the Gaza hospitals”.*

In the same context, according to Who's follow-up on the needs of the health sector in the Gaza Strip, Mr. Muhammad Lafi, coordinator of the Advocacy Unit at WHO's office in Gaza, stated to PCHR's researcher that:

*“Cancer patients’ medical services in the Gaza Strip do not meet the needs of patients, nor excuse them from traveling to receive treatment abroad, because the services provided by the hospitals in Gaza is inadequate, due to the lack of radiotherapy and atomic scanning equipment and devices required for patients in the city”.*

Dr. Ziyad al-Khuzondar, consultant in medical oncology at the Gaza Strip hospitals, said to PCHR's fieldworker that:

*“The Gaza Strip’s hospitals are still suffering from the shortage of medicines and medical devices to complete the treatment of cancer patients, despite its alleviation through the contracting between the Palestinian MOH and al-Hayat Specialized Hospital. Almost about 40% of cancer patients require referral to receive treatment outside the Gaza Strip due to the lack of radiotherapy and atomic scanning devices, which requires the search for alternatives to guarantee the therapeutic services in Palestine and the establishing a national medical center for oncology patients that provides integrated medical services, similar to the national medical centers established by Arab and foreign countries, that provide adequate services to oncology patients in general.”*

## Testimonies of cancer patients who were deprived access to treatment abroad

During the declaration of the state of emergency in the oPt and the suspension of travel coordination for Gaza's patients between Israeli authorities and the Palestinian General Authority for Civil Affairs (GACA) and the Israeli occupying authorities, PCHR received dozens of complaints and appeals from cancer patients who were deprived from travelling to receive treatment abroad. PCHR's fieldworkers welcomed the patients and obtained reports about their health conditions developments and the medical service's level they receive in Gaza Strip in light of the restrictions that controlled their ability to travel for treatment outside the Gaza Strip. Following is a number of these statements:

- Azmi Abu 'Amra, Denial of travel for a tumor removal surgery aggravates his health condition

Alaa Azmi Salim Abu 'Amra (27), from Deir al-Balah, Central Gaza Strip, said to PCHR's fieldworker that:

*“Three months ago, my father Azmi Salim Atwa Abu Amra (54), started to feel pain in his back and the right side of his waist. On 15 May 2020, when his pain intensified, he went to the Aqsa Martyrs Hospital in Deir al-Balah, to get a check-up and run some tests, the doctors decided to keep him in the hospital to complete his medical examination. On 19 May 2020, he was transferred to the European Gaza Hospital in Khan Yunis, to undergo other*

*medical checkups and Magnetic Resonance Imaging (MRI), where doctors discovered that he is suffering from cancer (a blockage in the bile duct in the liver due to a cancerous tumor). We started the procedures to obtain a medical referral for treatment abroad and obtained the referral and financial coverage from the Treatment Abroad Department at the Palestinian MOH for treatment at al-Makassed Hospital in occupied East Jerusalem and for a tumor removal surgery. Our travel date was scheduled for 15 June 2020, so we went to the Palestinian Civil Affairs office in the Gaza Strip to submit a request to obtain a permit from the Israeli occupying authorities to exit through Beit Hanoun “Erez” crossing. However, GACA informed us that coordination with the occupying authorities was suspended after the PA decided to dissolve from its agreements with the American and Israeli governments. I contacted al-Makassed Hospital to book a new appointment, which was scheduled on 22 June 2020, and the new appointment also passed without getting a permit for my father’s travel to save his life. My father’s health condition deteriorates by the day, and there is no possibility for treatment at the Gaza Strip hospitals. Now I am still confused, I do not know where to go.”*

- **Najla Salman al-Dabbari denied travel for treatment despite having medical referral**

Najah Abd al-Fattah al-Dabari (48), from Rafah, who is a Najla’s mother, said to PCHR’s fieldworker that:

*“My 23-year-old daughter, Najla al-Dabbari, has had bone cancer for 4 months, and she received her treatment (medication and pain relievers) at*

*the European Gaza Hospital, but then she was in need of radiation therapy which is not available at the Gaza hospitals, and there are no medical referrals abroad. However, we obtained the medical transfer and financial coverage from the Treatment Abroad Department on 29 June 2020, for my daughter to travel to receive treatment at Augusta Victoria Hospital (al-Mutala') in the occupied East Jerusalem. Yet, Najla was not able to travel for treatment because of the suspension of the coordination procedures between the Civil Affairs office and the Israeli occupying authorities. Then we applied to obtain a new appointment so the hospital booked for us on 12 July 2020, so we headed to MOH to help in arranging the travel procedures, especially when my daughter's health condition deteriorated and required urgent intervention to save her life, so she was taken by an ambulance as a "lifesaving" measure."*

- **Salman Jibril al-Hasanat travel denied after scheduling three appointments**  
Salman Jibril al-Hasanat (68), from Gaza, said to PCHR's researcher that:  
*"In January 2020, I was diagnosed with lung cancer, and I needed a radiation treatment outside the Gaza Strip. According to the doctor's recommendation, I obtained a medical referral from the Treatment Abroad office in March 2020, for treatment at al-Mutala' hospital in occupied East Jerusalem. I was not able to travel due to the closure of Beit Hanoun crossing "Erez" after the outbreak of the Coronavirus pandemic and imposed emergency restrictions and the preventive measures taken by the authorities in the Gaza Strip, which impeded citizens' travel to and from the Gaza Strip. I contacted the hospital to reschedule my appointment three times, hoping that I will be able to*

*travel. However, the hospital rescheduled my appointment for April and May 2020, but I was not able to travel due to the suspension of travel coordination between the Palestinian Civil Affairs Authority and the Israeli occupying authorities. I have been in contact with al-Mutala' Hospital and extended the appointment until July 2020, and I am still waiting for the situation to improve and hope I will be able to travel through Beit Hanoun crossing "Erez" for treatment".*

- **Saadi Ghassan al-Hattab (5) denied travel bars him for receiving medical examination or an alternative treatment option**

Ghassan Saadi al-Hattab (40), Saadi's father, from Gaza, said to PCHR's fieldworker that:

*"My son Saadi (5), suffers from an immune disease, and he was transferred by the Palestinian MOH for treatment at Tel Hashomir Hospital in February 2020. After receiving his treatment, the doctors decided to return him to the Gaza Strip with the necessary medicines and asked him to follow-up with a specialized doctor in May 2020. In May, we were unable to travel because of the crisis of the Coronavirus and closing the Beit Hanoun crossing "Erez." He missed his hospital appointment. On 7 June 2020, the doctor asked to examine my son and offer him alternative treatment and gave me a signed decision stating that he must be transferred for treatment at Tel Hashomir Hospital urgently. I headed immediately to the Treatment Abroad office of the MOH, but due to the closure of the crossing after suspension of travel coordination between the Palestinian Civil Affairs Authority and the Israeli occupying authorities, an*

*employee in the ministry asked me to head to al-Hayat Specialized Hospital for treatment. I went there, and the doctor told me that the hospital does not have the necessary capacity for my son's treatment. However, I received a letter saying that there is no treatment for my son. Since then, I accompany my son to al-Rantisi Hospital to receive blood transfusion that he needs every 3 days."*

- Patient Somaiya Mohammed Sheikh 'Eid's travel denied twice due to Israeli restrictions, coronavirus and travel coordination suspension

Ehab Mohammed Sheikh 'Eid (41), from Rafah, said to PCHR's fieldworker:

*"My sister-in-law is diagnosed with cancer several years ago. She underwent treatment in the Gaza Strip hospitals and conducted a surgery to remove her breast (Mastectomy). Due to the deterioration of her health condition and the lack of adequate treatment for her at Gaza Hospitals, especially the PET-CT devices, doctors decided to refer her for treatment abroad. We got Form No. 1 and went to the Treatment Abroad Department . We obtained a medical referral and financial coverage for treatment at al Mutala Hospital in occupied East Jerusalem, but Israeli authorities obstructed her travel after they refused to grant her husband a permit to accompany her. In June 2020, we began procedures to obtain a new appointment at al Mutala Hospital and renew the medical referral in the Treatment Abroad Department . The hospital administration set Monday, 20 July 2020 as a date for treatment, but we were unable to complete the procedures and obtain a travel permit due to the outbreak of coronavirus and the suspension of travel coordination for Gaza's patients*

*between Israeli authorities and the Palestinian General Authority for Civil Affairs (GACA).”*

## **The Right to Health in International human rights law**

The right to health is a fundamental right that is ensured in many international conventions and declarations.

The constitution of the World Health Organization (WHO) includes the following principles which are basic to the happiness, harmonious relations and security of all peoples:

- » Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- » The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- » The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

Article (25) of the Universal Declaration of Human Rights stipulates that: *“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family”*.

Article (12) of the International Covenant on Economic, Social and Cultural Rights

provides that: *“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”* This Article focuses on the steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

- a. The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
- b. The improvement of all aspects of environmental and industrial hygiene;
- c. The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
- d. The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The notion of “the highest attainable standard of health” in Article 12.1 considers both the individual’s biological and socio-economic preconditions and a State’s available resources. There are a number of aspects which cannot be addressed solely within the relationship between States and individuals; in particular, good health cannot be ensured by a State, nor can States provide protection against every possible cause of human ill health. Thus, genetic factors, individual susceptibility to ill health and the adoption of unhealthy or risky lifestyles may play an important role with respect to an individual’s health. Consequently, the right to health must be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health.

The right to health, as defined in article 12.1, has been interpreted as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.

The right to health, in all its forms and at all levels, contains the following inter-related and essential elements, the precise application of which will depend on the conditions prevailing in a particular State party:

- A. **Availability:** Functioning public health and health-care facilities, goods and services, as well as programs, have to be available in sufficient quantity within the State party. The precise nature of the facilities, goods and services will vary depending on numerous factors, including the State party's developmental level. They will include, however, the underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel receiving domestically competitive salaries, and essential drugs, as defined by the WHO Action Programme on Essential Drugs.

- B. Accessibility:** Health facilities, goods and services have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:
- » **Non-discrimination:** health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.
  - » **Physical accessibility:** health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. Accessibility also implies that medical services and underlying determinants of health, such as safe and potable water and adequate sanitation facilities, are within safe physical reach, including in rural areas. Accessibility further includes adequate access to buildings for persons with disabilities.
  - » **Economic accessibility (affordability):** health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households.

- » Information accessibility: accessibility includes the right to seek, receive and impart information and ideas<sup>8</sup> concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.
- C. **Acceptability:** All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.
- D. **Quality:** As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality. This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.

Moreover, the Convention on the Rights of the Child (art. 23 and art. 24) recognizes the right of child, including children with disabilities, to the enjoyment of the highest attainable standard of health. Also, Article (12) of the Convention on the Elimination of All Forms of Discrimination Against Women stipulates: *“States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure access to health care services”*.

Additionally, the right to health is recognized in numerous international

instruments, inter alia, in article 5 (e) (iv) of the International Convention on the Elimination of All Forms of Racial Discrimination of 1965, and in articles 11.1 (f) and 12 of the Convention on the Elimination of All Forms of Discrimination against Women of 1979.

Several regional human rights instruments also recognize the right to health, such as the European Social Charter of 1961 as revised (art. 11), the African Charter on Human and Peoples' Rights of 1981 (art. 16) and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights of 1988 (art. 10). Similarly, the right to health has been proclaimed by the Commission on Human Rights as well as in the Vienna Declaration and Programme of Action of 1993 and other international instruments.

## Legal Framework for the Palestinian Health Care System

The Palestinian Basic Law and Public Health Law both include a number of articles regulating health conditions in occupied Palestinian territories (oPt).

Article 16 of the Palestinian Basic Law stipulates: *“It is unlawful to conduct any medical or scientific experiment on any person without prior legal consent. No person shall be subject to medical examination, treatment or surgery, except in accordance with the law.”*

Also, Article 22 of the Palestinian Basic Law stipulates: *“Social, health, disability and retirement insurance shall be regulated by law.”*

Additionally, Article 2 of the 2004 Palestinian Public Health Law states:

1. *providing governmental preventive, diagnostic, curative, and rehabilitative health services ;and establishing needed health institutions.*
2. *Licensing and monitoring non-governmental health institutions.*
3. *Licensing and monitoring medical and auxiliary medical professions*
4. *To give approval and monitor businesses, crafts and food industries and the places of selling.*
5. *To provide health insurance to citizens as possible.*
6. *supervising health education institutions that belong to the Ministry of Health and to work on improving health services.*
7. *Licensing and monitoring drug industries to assure drug quality by establishing needed laboratories and creating specialized teams.*

8. *Licensing and registering local and imported drugs, and monitoring storage places and pharmacies.*
9. *Licensing and monitoring cosmetics and perfume industries.*
10. *To consider legislations pertaining the safety of food.*
11. *Regular inspection for drinking water, with respect to its adequacy for human consumption.*
12. *Licensing institutions that are specialized in garbage collection, treatment and disposal.*
13. *To supervise the activities to combat the insects and rodents by cooperation with the concerned institutions.*
14. *Monitoring the health status for citizens by studying the related indicators and data.*
15. *Health supervision over beaches and swimming pools.*
16. *Health supervision over all sewage systems and wastewater plants.*

Article 4 of the 2004 Palestinian Public Health Law confirms that priority should be given to women and child's health care, as it stipulates:

*“Mother and child health care shall be regarded as an integral part of the developmental strategy of the Palestinian National Authority.”*

Furthermore, Article 5 of the 2004 Palestinian Public Health Law identifies the Ministry role in providing preventive, diagnostic, curative and rehabilitative services to the mother and child, including making the family and society aware of childcare and protection during his/her growth and development.

Regarding Article 60, it affirms that each patient in the health institution has the right to:

1. *receive the immediate health care in case of emergencies.*
2. *To have a thorough explanation about his/her treatment and means of remedy he/she will receive. The patient has the right to approve or refuse.*
3. *Approving or refusing to participate in research or training activities that take place in the health institution.*
4. *The right to file complaints against the health institution or one of its employees.*

Five main strategic objectives were outlined in the Palestinian health strategy:<sup>8</sup>

1. Ensure comprehensive and integrated health care services for all citizens.
2. Promote preventative health care and management of non-communicable diseases.
3. Establish an effective, comprehensive and sustainable quality system for all health services.
4. Ensure the availability of qualified health workforce capable of delivering high-quality health services.
5. Enhance institutional development and governance of the health sector.

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8. National Health Strategy 2014-2016, Palestinian Ministry of Health, p. 23.

## Conclusion and recommendations

The report shows challenges facing Gaza's health sector, which resulted from the tight Israeli closure imposed on the Gaza Strip and its consequences on the health sector infrastructure in terms of hospitals, clinics and health centers preparedness, in addition to its ramifications on health services provided to cancer patients.

The report also addresses the internal division's reflections on the level of medical services provided to patients, especially in light of the shortage of medicines and medical consumables and devices in the Ministry of Health's warehouses and hospitals in Gaza, as well as shortage of medical staff specialized in treating cancer patients.

The report highlights the impact of the Israeli tight closure imposed on the Gaza Strip for the 14th consecutive year and restrictions on the movement of cancer patients and their companions while traveling through Beit Hanoun "Erez" crossing to receive treatment abroad. The report shows the number of cancer patients who were prevented from traveling due to these measures, despite the deterioration of their health conditions and obtaining medical referrals, financial coverage, pre-booking in hospitals outside the Gaza Strip, and travel permit.

Furthermore, the report presents the impact of restrictions imposed by the state of emergency declared in the Palestinian territories and the suspension of travel

coordination between Israeli authorities and the Palestinian General Authority for Civil Affairs (GACA) on the health conditions of cancer patients who were deprived of receiving treatment or completing their treatment protocols outside the Gaza Strip. The report also clarifies the endeavors of human rights and international organizations to help patients and ensure safe access to treatment areas.

The report documents testimonies by oncologists about the capacity of Gaza's hospitals to deal with patients, the level of medical service they receive, and procedures undertaken by cancer patients to obtain medical referrals for treatment abroad.

The report also presents a number of complaints and testimonies submitted by cancer patients and their families to PCHR, showing their health conditions and restrictions that obstruct their travel to receive treatment abroad.

In light of these developments, PCHR fears that the suffering of cancer patients in the Gaza Strip, whose right to health and access to medical treatment has been violated, as well as their right to movement and access to hospitals outside the Gaza Strip, will exacerbate; hence PCHR calls on:

- The international community, including the High Contracting Parties to the Fourth Geneva Convention of 1949, United Nations (UN) bodies and international organizations, to pressure Israeli authorities to assume their responsibilities towards the Gaza Strip residents and to ensure proper and safe mechanisms of treatment for the Gaza Strip patients are available.

- The international community to pressure the Israeli occupying authorities to lift closure imposed on the Gaza Strip and allow importing devices used in radiotherapy and chemotherapy medicines, in addition to periodic examinations for cancer patients that are not available at the Gaza Strip hospitals.
- MOH-Ramallah to supply the Gaza Strip with the necessary medications and medical necessities to treat cancer patients in a regular and consistent manner.



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