Written evidence submitted by Medical Aid for Palestinians

Summary

1. Medical Aid for Palestinians welcomes the opportunity to submit evidence to the International Development Committee’s inquiry into DFID’s work in the Middle East.
2. This submission concerns DFID’s work in the occupied Palestinian territory, with particular reference to the development and delivery of essential health services.
3. We outline the obstacles to development for Palestinians in occupied Palestine, who lack control over nearly every aspect of their lives – including how resources are used on their behalf.
4. The PA’s dependence on foreign aid raises troubling questions about long term sustainability. This submission makes the case that UK aid should be accompanied by more effective action to address the economic and political barriers to development. We also argue for DFID to play a more strategic role in the development of the health sector.

Introduction

5. Medical Aid for Palestinians (MAP) works for the health and dignity of Palestinians living under occupation and as refugees. MAP has offices in Beirut, Jerusalem, Ramallah and Gaza City and works in partnership with local health providers to provide health care to those worst affected by conflict, occupation and displacement and hospitals. MAP addresses a wide range of health issues and challenges facing the Palestinian people, supporting both emergency and development projects.
6. Over the past three years MAP has managed a disability project funded through DFID’s Civil Society Challenge Fund programme, together with the Centre for Development Studies at Birzeit University, entitled ‘Empowering people with disabilities to claim their rights and entitlements’. The project focuses on disability as a rights issue. Working in the Northern Gaza, Rafah, Jenin and Hebron governorates, it has helped to empower people with disabilities using national and international legal frameworks and community based rehabilitation practice guidelines.

The effectiveness of DFID’s programme in the occupied Palestinian territory

7. We strongly support DFID’s ongoing commitment to support the Middle East Peace Process (MEPP) by helping to build Palestinian institutions and promoting economic growth in order to reduce inequalities. The progress that has been made in institution building with the support of DFID and other international donors is encouraging. In 2011, the World Bank and the IMF reported that the PA had been remarkably successful in building Palestinian public institutions – affirming that they had achieved a level above the threshold for a functioning state in key sectors such as revenue and expenditure management, economic development, service delivery (including health), security and justice.¹
8. We also welcome the emphasis on promoting development and protecting human rights in Area C which is vital to the future viability of a Palestinian State. DFID’s work with the Norwegian Refugee Council, providing free legal support and advice to vulnerable families and communities in danger of risk of displacement has been effective in at least suspending some eviction or demolition orders.

9. However, DFID’s funding to the Palestinian Authority has not resulted in equivalent progress in bringing forward peace, sustainable development or security for the Palestinian people. Rather, there has been an acceleration of Israeli settlement building, increased demolitions of Palestinian property and displacement, increased Israeli military and settler violence, and debilitating restrictions limiting the movement of Palestinian and goods both within occupied Palestinian territory and with the rest of the world.²

10. There is also widespread scepticism amongst Palestinians as to whether the current talks – continuing with the framework for negotiation established by Oslo – will succeed. Indeed, the persistence of Israeli violations of international law during peace talks has raised serious questions about the basis of the current negotiations and the different forms of leverage available to ensure that international law is upheld.

11. The ongoing occupation remains the primary reason for the lack of progress in Palestinian development and growth. Israel’s policies and practices have continued to stymie investment in the West Bank and Gaza and despite years of institution building, the Palestinians are in a worse economic situation than they were prior to the Oslo Accords. Threats to life, liberty and security, restrictions on free movement and the risk of forced displacement, undermine the ability of Palestinians in the West Bank, including East Jerusalem, and Gaza, to live normal, self-sustaining lives.

12. In recent years, the decline of donor support and the PA’s subsequent fiscal crisis have revealed the impact of the occupation on the Palestinian people and their economy, with a reversal of the progressive improvements reported between 2009 and 2011 occurring in 2012.³ As a result, the PA exists in a state of insecurity and emergency, unable to make significant or sovereign policy decisions or to raise its own funds.

13. Action is needed to prevent further violations of international law by Israel and to freeze the execution of all outstanding demolition orders in the West Bank, including East Jerusalem. Despite the efforts of the international community, there was a 24 percent increase in displacement resulting from demolitions in 2013, with almost half of the demolitions executed after the start of the current peace negotiations.⁴

14. Increased financial and political support is also required to ensure Palestinian communities have access to natural resources, basic infrastructure and essential services, including health and education in their current locations.

Healthcare

15. The PA has made commendable progress in developing a healthcare system, with a relatively good spread of primary healthcare clinics, hospitals and hospital beds, while the number of doctors and nurses bears comparison with that of neighbouring Arab countries. However, the health systems in the West Bank and Gaza faces very substantial challenges in terms of the quality, accessibility and affordability of health services and major difficulties in coping with the needs of a growing population and, in the case of Gaza, ensuring effective responses
during emergencies. There are, moreover, acute inequalities in comparison to the Israeli healthcare system, which is much better equipped and staffed by highly skilled practitioners.

16. Gaza has experienced some of the most severe restrictions on healthcare, with services deteriorating in recent years. While the political split between Fatah and Hamas and the fact that development aid has gone disproportionately to the West Bank has certainly contributed to this, the major factor has been blockade on Gaza since 2007, which has eroded healthcare infrastructure, exacerbated shortages of medicine, rendered some medical equipment useless due to a lack of spare parts and impeded patient transfers and professional training. Constant power cuts and the degradation of water supplies and sewage disposal are seriously affecting the safe and efficient operation of hospitals and clinics. In 2012, important infrastructure such as waste disposal systems and utilities to provide essential healthcare services were lacking in as many as 63% of primary healthcare facilities and 50% of hospitals.\(^5\)

17. With the political changes in Egypt affecting the Rafah crossing and the closure of most of the tunnels, the humanitarian and health crisis in Gaza has been sharply accentuated. Gaza remains in urgent need of a viable long-term solution – most immediately lifting the blockade in its entirety. Establishing a clear timeline for the removal of movement and access restrictions and for the rehabilitation of key crossing points for people and goods should be a policy priority.

**DFID’s role in the health sector**

18. DFID’s current programme includes an £11m budget for health. However, since 2008, the health sector has not been a strategic priority for DFID. DFID’s only technical programme with the PA Ministry of Health (MoH) is providing targeted expert support to improve budgeting and financial management. This is a desirable (though ambitious) project which we think would be more likely to be effective if it were part of a wider programme of support to the Ministry of Health on health system development.

19. The development of the health sector, and the public health system in particular, is of vital importance for social and economic progress in Palestine. A healthy and productive population and an effective, efficient and affordable healthcare system are necessary for economic success. There is a growing burden of non-communicable disease in Palestine, including mental ill-health, and very high expenditure proportionately on secondary and tertiary interventions – including costly referrals for specialised treatment outside MoH hospitals. Government spending is high for a lower middle income country and compared with the regional average, as is total spending on health as a proportion of GDP at around 16%.\(^6\) This will not be sustainable if financial support to the PA is reduced.

20. These and other challenges require long-term technical support for the MoH to develop a better balanced healthcare system with a stronger focus on primary prevention and control of disease and with greater emphasis on quality and efficiency. No donors are currently playing this role and we believe DFID is well placed to do so. There are strong links between Palestine and the UK in healthcare, not least in the training of healthcare professionals. DFID also has the capacity to provide the necessary technical and financial support, directly or in partnership with other organisations.
21. In the case of Gaza, the most pressing need is to address the severe shortages of medicines and disposables. Currently around 30% of essential drugs and 50% of disposables are out of stock. Serious shortages have persisted for several years despite numerous efforts to resolve them – although the levels have fluctuated and are more severe now than ever. The PA is responsible for providing drugs and disposables for Gaza but is not doing so sufficiently and reliably because of its own financial crisis and because of political and other differences. Donations have gone some way to filling the gap but have never been reliable and supplies coming through Egypt are now interrupted.

22. There is a case for the international community stepping in temporarily to take over responsibility for ensuring an adequate supply of essential drugs and disposables to Gaza – as it did for both West Bank and Gaza in 2006. DFID could play a lead role in convening donor support to allow this to happen.

3 http://www.wfp.org/countries/state-of-palestine/publications
4 According to UN OCHA, there were a total of 1,103 Palestinians displaced from demolition in 2013, as compared to 886 Palestinians displaced from demolition in 2012. Of the 663 demolitions OCHA recorded in 2013, 286 occurred between 28 July and 31 December.
5 http://www.who.int/hac/donorinfo/cap_compendium_2012_final.pdf
6 http://www.emro.who.int/countries/pse/index.html