



# **Shortages of essential drugs in the occupied Palestinian territory**

**Causes, coping strategies and impact on patients**

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# ABSTRACT

The right to health includes access to medicines. Shortages in essential medicines indicate problems in a health system's ability to manage resources against needs of the population.

In the occupied Palestinian territory, the structural constraints of military occupation have impeded Palestinian development since 1967, weakening the overall socio-economic and political environment of the 4.2 million Palestinians and negatively affecting the functioning of the Palestinian health system. Severe movement restrictions on people and goods caused by the Israeli blockade of Gaza and Egypt's closure of the Rafah border, as well as lower health expenditures from the Palestinian Authority as a result of reduced donor aid, and internal political conflict have created a fragile public health system.

Multiple external and internal factors have given rise to chronic shortages in essential medicines averaging 30% over the past 5 years, and up to 50% in medical disposables. Fuel supplies, equipment needs and ability to meet salary payments are also in question, especially in Gaza. The health system was unprepared for the humanitarian crisis witnessed during the summer 2014 attacks on Gaza, when it was overwhelmed with 10,000 injured persons and damage to one half of all hospitals and clinics. Urgent donations are temporary solutions.

The Palestinian health sector will continue to be in decline until the structural reasons for shortages are addressed and barriers to free access, control over resources and planning, economic and educational opportunities, and self-determination are removed.

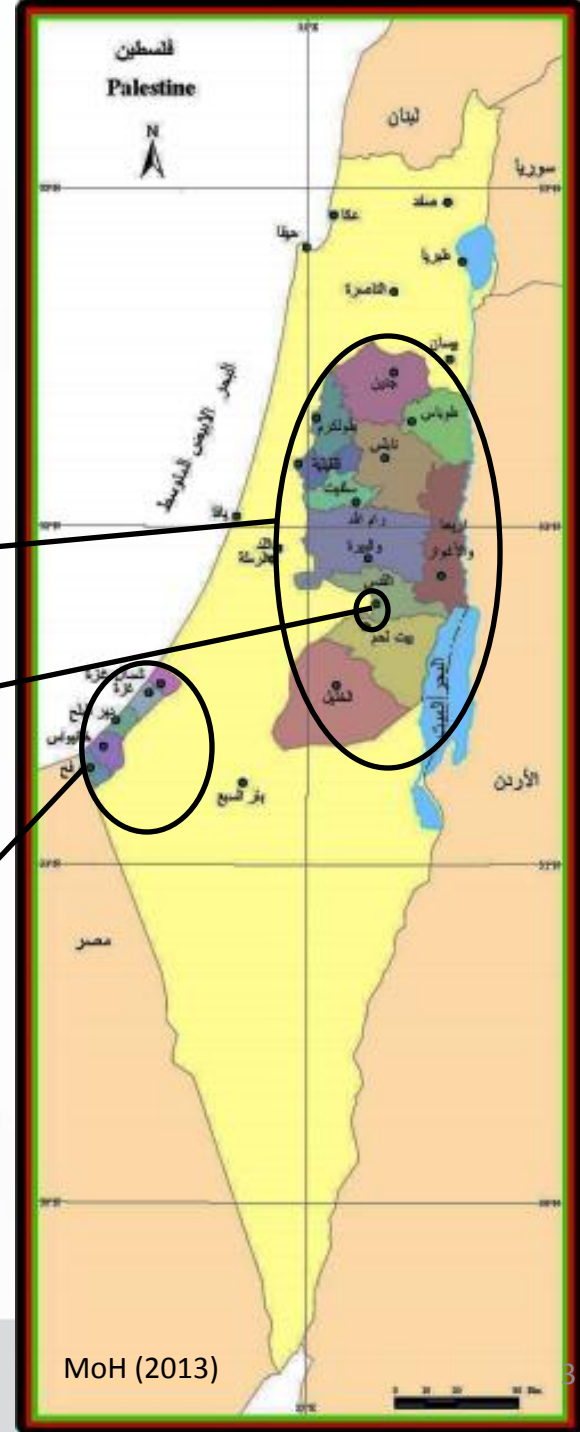
# occupied Palestinian territory

4.23 million people living under Israeli occupation since 1967 with borders controlled by Israel

**West Bank:** fragmented into non-contiguous areas by zones, barriers, Israeli settlements

**East Jerusalem:** separated from rest of West Bank by Barrier Wall and movement restriction policies

**Gaza Strip:** under blockade since 2007, restricting movement of goods/people

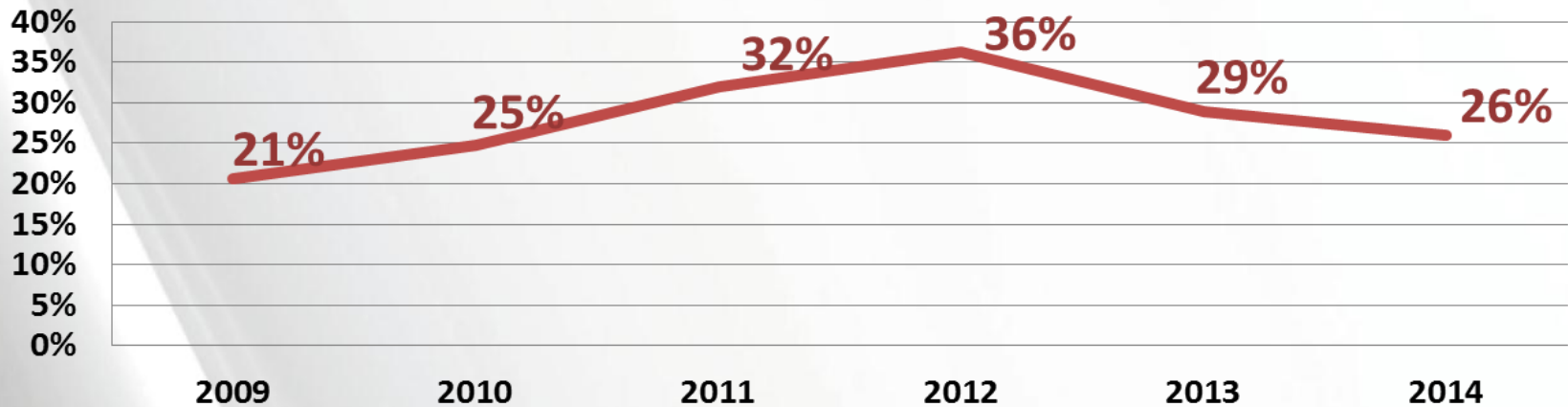


# Gaza: challenging context

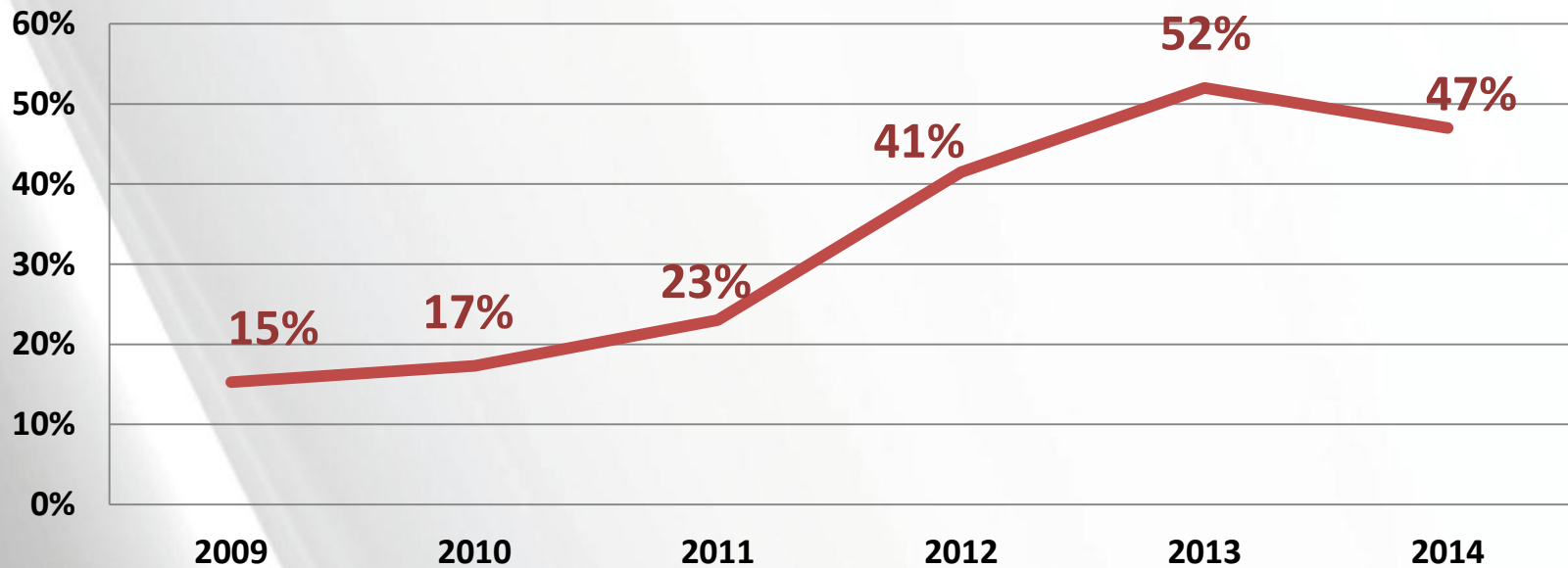


- 1.8 million residents in 36 sq. km.
- 70% are refugees from 1948 war
- 38% unemployment and 26% poverty
- All borders controlled by Israel
- Exit to Egypt closed
- Poor environment, polluted aquifer
- Complex internal political context
- Aid-dependent government/financial crisis
- Large, weak public sector
- Frequent military attacks

# Chronic shortage of essential medicines in Gaza (zero stock EDL)



# Severe shortage of medical disposables in Gaza



# Reasons

- impact of blockade on Gaza
- insufficient budget allocated by Palestinian Authority to the Ministry of Health to purchase needed medicines. Current debt to pharmaceutical suppliers is NIS 270 million.
- closure of Rafah border blocking medical supply route for donations (30% of donations)
- internal political conflict and coordination problems
- procurement constraints due to political agreements with Israel

# Impact on patient

- increases use of ineffective alternative treatments
- increases higher out-of-pocket costs for patients (Patients must purchase medications in the private market if unavailable in MoH pharmacies.)
- increases patient non-compliance with prescribed medicines which can lead to increase in morbidity and mortality and poorer quality of life (Patients with chronic diseases that require timely and specific therapies such as cancer, heart, blood and kidney disease and transplants are most vulnerable.)
- increases referrals to hospitals outside of Gaza (Higher costs for MoH and can result in delayed treatment and access difficulties for patients.)