A visitor in a car can cover the length of the occupied territories in just a few hours but would also immediately realize the difference between those who live in them and outside in terms of health and peace is immense. The Palestinians in the occupied territories have been living under the shadow of continuing conflict for over 60 years including 40 years of continuous Israeli military occupation, the longest in modern history. Nearly 6000 Palestinians have been killed since 2000, including 1300 in Gaza Strip attacks in January 2009. As the occupying power, Israel has absolute control on issues of movement of the people across checkpoints and access to basic necessities such as food, water and medical supplies. These are basic issues that directly impact on health and health services.

Although the standards of literacy and education are somewhat higher compared to some Arab countries but 52% of families in both West Bank (40%) and Gaza (74%) live below the poverty line (below USD 3.15 per person per day) in 2007.1 Added to this is the constant threat of conflict. Combined, they are cumulative hazards to health through injury, death and disability, and also physical displacement, discrimination and marginalization as well as preventing access to health service.

About 40% of the population in the occupied territories is below 15 years of age, an indication of high fertility and falling infant mortality but the latter is much higher than in Israel.2 These figures stagnated at around 27 per 1000 during 2000-2006 suggesting a slowdown in health improvements, increase health disparities or an indication of worsening conditions.1,3,4 The rate of stunting in children has risen indicative of chronic malnutrition.5,6

The incidences of diseases such as pulmonary tuberculosis, meningococcal meningitis and mental disorders are on the rise.1 The quality of life of the Palestinian adults sample showed high level of fear for personal safety, safety of their families and fear for their abilities to support their families, loss of income and the future.1 Life satisfaction scores are the lowest among Palestinian students compared to 35 other countries.1 Exacerbating the situation further, the current Palestinian health system under the Palestinian Ministry of Health is a fragmented services having only been established in 1994 after the Oslo Accord.

The account of Palestinian health under the Israeli military occupation inevitably calls for the protection of the basic human rights of the Palestinians in compliance with the Geneva Convention. This demands the rights to health and peace, as well as justice as the core issue to improve Palestinian health. It is clear
such interventions leave the causes of the ill health in the occupied territories untouched. Economic growth and durable results from donations will not materialize without improvements in security and dismantling Israeli restrictions on the movement of people and goods. These measures will accelerate progress on Palestinian reform and institution building. Improving health and the quality of life of the Palestinians will come about only once people recognize that the structural and political conditions that the Palestinians endure in the occupied territories are the key determinants of the population health.

Health is the right for all. The Israeli government must not neglect their responsibilities as the occupying power and must be held accountable. They must be heavily pressured to commit to the notion of health for all and most importantly address all the determinants of health for the Palestinians.

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References


