Rehabilitation in the occupied Palestinian territory (West Bank and Gaza)

“I am lucky that I can walk again when I felt I won’t. Now I can play with my friends and go back to school; I used to avoid leaving the house to avoid the pity looks of my neighbors and friends”. Ahmad said.

Ahmad is a 14 year old child with a right leg fracture and a nerve injury resulting from a live ammunition shot when he participated in the Great March of Return demonstrations in August 2018. Ahmad received multidisciplinary rehabilitation services from Baitona for Community Development (BCD)- HI Rehab partner in North Gaza, oPt.

What is Rehabilitation?

The World Health Organization (WHO) defines Rehabilitation as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.” In simple words, rehabilitation helps children, adults, and the elderly with health conditions to be as independent as possible in their daily life activities. It does so through different interventions, including the provision of assistive technologies.

Rehabilitation is the key health strategy for achieving Sustainable Development Goal 3 (SDG3) “Ensure healthy lives and promote well-being for all ages”. It is primarily aimed at optimising functioning and supporting those with health conditions to be as independent as possible and to participate in society actively.

The Rehabilitation 2030 Initiative, launched by WHO in 2017, draws attention to the profound unmet need for rehabilitation worldwide, highlighting the importance of strengthening health systems to provide rehabilitation. The initiative marked a new strategic approach for the global rehabilitation community by emphasizing that:

- Rehabilitation should be available for the population and through all stages of the life course.
- Efforts to strengthen rehabilitation should be directed towards supporting the health system as a whole and integrating rehabilitation into all levels of health care.
- Rehabilitation is an essential health service and crucial for achieving universal health coverage (UHC).

With ageing populations and an increase in the number of people living with non-communicable and chronic diseases, as well as a higher prevalence of injuries and traumas, rehabilitation is an essential health strategy to address current global health challenges. WHO estimates that 1 in 3 people worldwide lives with a health condition that would benefit from rehabilitation.

Situation in oPt

Which health conditions generate need for rehabilitation in oPt?

Anybody may need rehabilitation at some point in their lives, following an injury, surgery, disease or illness, or because their functioning has declined with age. These health conditions can impact an individual’s functioning and are linked to increased experience of disability, for which rehabilitation can be beneficial.

During the May 2021 Gaza escalation, the Ministry of Health (MoH) in Gaza claimed 256 Palestinian casualties. The causalities refer to people who were physically hurt and received medical treatment at a clinic or hospital or by paramedic personnel on the incident site. This includes blast injuries affecting the lungs, ears, eyes, and intestines, fractures of limbs, amputation, burns, Spinal Cord Injury and Traumatic Brain Injuries, while people treated due to psychological shock are not included.
Within the context of occupation, Palestinians are constantly exposed to violence, which results in new injuries, permanent disabilities, and mental health disorders related to trauma. The alarming rising of violence in oPt is confirmed by the number of Palestinians killed during Israel Defense Forces search and arrest operations: 47 Palestinians, including eight children and two women, have died in various incidents since 2022. This number represents nearly five times the number of Palestinians killed by the Israeli army in the same period last year, which amounted to 10. These deaths cause traumas within families and communities, thus raising the need for psycho-social and mental support.

Daily violent incidents involving Palestinians, Israeli settlers and Israeli forces across the West Bank continued. Between 14-27 February 2023, 16 Palestinians, including three children and 1,089 Palestinians, were injured. Between 1 January and 27 February 2023, 63 Palestinians were killed, and 2,001 Palestinians were injured in the oPt. In the Gaza Strip, between 5 and 7 August 2022, Israeli forces conducted a military operation called “Breaking Dawn” in multiple locations in Gaza. As a result of this operation, 49 Palestinians, including 17 children and 4 women, were declared dead, and 360 were injured, including at least 151 children, 58 women and 19 elderly people (Gaza Ministry of Health). According to the last MSNA (July 2022), key sectoral findings in Gaza revealed that 21.0% of households interviewed (788 households) included at least a person with disabilities, and 9.3% of households had at least one child (age 5 - 17) with disabilities. Key sectoral findings in West Bank revealed that 9.7% of households (397 households) included at least a person with disabilities, and 4.0% of households had at least one child (age 5 - 17) with disabilities. According to the last MSNA (July 2022-oPt), 17.8% of households (846 HHs) reported that a member of their household had experienced difficulties in accessing one or more services (e.g., education, health clinics, etc.) due to mental or physical difficulty.

How many people need Mental Health and Psychosocial Support Services in oPt?

The exposure to violence, lack of protection, and human losses generate significant needs for Mental Health and Psychosocial Support. In addition, physical impairments are likely to affect the mental health and the psychosocial state of the individuals and their families. Around 54% of Palestinian children aged six to twelve years, both boys and girls, reportedly suffer from emotional and/or behavioral disorders across oPt, besides the physical trauma they may have experienced. Mental health issues are estimated to contribute to about 3% of disability-adjusted life years.

A joint report (released by the Palestinian Central Bureau of Statistics, the World Bank, the International Security and Development Centre, and Zentrum Überleben) presented the results of the Palestinians’ Psychological Conditions Survey conducted in the West Bank and Gaza. The survey gathered data from a sample of 5,876 individuals, representing the entire population, and identified four main findings: (i) the prevalence of mental health problems in the West Bank and Gaza is very high. (ii) mental health issues vary systematically across areas and socio-demographic characteristics. (iii) poor mental health is closely linked with worse economic outcomes. (iv) poor mental health is strongly associated with exposure to violent conflict and traumatic events.

Adopting a comprehensive and person-centered approach to rehabilitation implies focusing not only on the physical impairment but also on other personal and environmental factors like the psychosocial state, the role of the caregiver, the family and the community. It should be noticed that the lack of access to timely and quality rehabilitation might expose people with rehabilitation needs to higher risks of marginalization in society, poverty, health complications and comorbidities.

Rehabilitation policies in oPt

As a signatory to the UN Convention on the Rights of Persons with Disabilities (CRPD), oPt commits to promoting Habilitation and Rehabilitation (Article 26) for persons with disabilities.

The commitment of oPt towards rehabilitation lead the Ministry of Health includes a rehabilitation specific objective, # 5, into the Health Sector Strategic Plan for Southern Governorate 2021 – 2025. These covers:

1. Enhancing palliative care services
2. Upgrading rehabilitation services for the injured
3. Strengthening health services and rehabilitation for people with disabilities.

At the global level, the Sustainable Development Goal (SDG), target 3.8 - Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all - sets to achieve universal health coverage by 2030. The UN Political Declaration states that rehabilitation is part of universal health coverage. The Declaration of Astana also indicates that rehabilitation is part of primary health care (PHC).

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4 Israel killed five times as many Palestinians in 2022 than it killed in the same period in 2021 [EN/AR] - occupied Palestinian territory | ReliefWeb
5 Protection of Civilians Report | 14-27 February 2023-OCHA

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6 Reach Key Sectoral Findings 2022 - West Bank
5 Reach Key Sectoral Findings 2022 - Gaza
4 WHO, 1 May 2019 "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan": Report by the Director-General
7 Mental Health in the West Bank and Gaza.pdf
Are people accessing rehabilitation services?

In 2022, 62.6% of households in the West Bank reported an unmet need for healthcare, according to the Multi Sectoral Needs Assessment (MSNA). From November to December 2022, the HI team quickly evaluated the needs of vulnerable families in the West Bank. Of 346 total respondents, only 14% reported receiving post-trauma or rehabilitation services at the time of data collection, while 86% did not. Services received included: Speech Therapy (48%), Physiotherapy (42%), Occupational Therapy (35%) and Assistive Products (21%).

Accessing health services, including rehabilitation, is even more challenging for persons with disabilities than other groups in the community because of stigma, discrimination, and significant physical, economic, and information-related barriers. The 2022 MSNA report showed that almost all households having a person with disabilities reported facing obstacles when trying to access healthcare services (99.9% of households in Gaza and 95% in the West Bank).

Which barriers restrict access to rehabilitation services in oPt?

According to the HI recent Rapid Need Assessment (RNA), 58% of the surveyed respondents in West Bank reported not being aware of the existing multi-disciplinary rehabilitation services provided in their area or governorate. 54% of respondents agreed that post-trauma and rehabilitation services are accessible, while 46% disagreed. Key barriers reported include difficulty in movement to reach the services (52%), lack of availability or awareness of the services (27%), and distance to services (6%).

Identification of rehabilitation needs is the most important barrier preventing access to rehabilitation. Primary healthcare workers, who have access to most of the population, lack knowledge of which conditions benefit from rehabilitation interventions and fail to refer people to rehabilitation services.

Those who are eventually referred to rehabilitation have to deal with the scarce availability of rehabilitation services. Rehabilitation services in oPt are few and unevenly distributed across the territory. Services are mainly present in cities and almost absent in the rural area of the West Bank. According to MSNA 2022, 18.0% of households reported that the health facility was too far.

In Gaza, the demand for assistive products increases as new injuries result from the military escalation. Many devices are destroyed or left behind when persons with disabilities have to flee to safer shelters. The lack of maintenance for assistive products, the unavailability of the products in the local market, and the difficulties in procuring them from outside Gaza due to the bureaucratic impediments significantly affect people’s recovery and lead to secondary complications.

Another key barrier is the limitation of movement, especially in Area C, where a system of barriers, by-pass roads and checkpoints hinder access to services.

The quality of the services is often questionable. oPt has insufficient qualified human resources (like physiotherapists, occupational therapists, and speech therapists). The lack of accredited training programs, combined with obsolete equipment and an outdated approach (often connected to a ‘medical model’ of disability), often result in ineffective rehabilitation interventions, which take into little account the user’s functioning. In addition to the lack of rehabilitation standards, the limited harmonization of rehabilitation interventions in humanitarian and development contexts, as well as duplication of service provision in emergencies, might cause harm to beneficiaries and negatively impact the rehabilitation outcomes on the beneficiaries’ participation and functional capacity.

Affordability is a critical barrier. According to the last MSNA (2022), 76.8% of households in Gaza and 67.2% of households in the West Bank reported that the cost of health services was too high. The average cost of a rehabilitation service is 50 ILS /approximately $13 (excluding other related expenses such as medication, transportation, etc.). Only 31% of the survey respondents agreed that post-trauma or rehabilitation services are affordable. More than half of the affected population is unable to afford the rehabilitation costs or obliged to de-prioritize other basic needs to afford them. Only a few assistive products are available free of charge, and their availability usually depends on the availability of external funds to support the service provision.

The Ministry of Social Development (MoSD) provides health insurance for people diagnosed by the MoH’s Disability Committee with 60% disability. However, it does not cover any rehabilitation services. The health insurance coverage for the entire population is limited to primary and secondary health services -diagnostic and therapeutic, including surgical intervention and medication within MoH stocks. Still, it helps connect people to services offered by NGOs, which provide project-based free services or paid services at affordable fees. Another government health insurance scheme also covers tertiary care services provided in facilities managed by other non-governmental entities, within and outside the oPt, and includes coverage for rehabilitation services.

However, patients are usually discharged too early and continue rehabilitation (limited to physiotherapy services) in a few UNRWA and MoH primary healthcare clinics. Due to the significant number of people in need, these clinics do not have adequate geographical coverage and can only offer a limited number of rehabilitation sessions. As a result, rehabilitation interventions are not effectively improving the individuals’ functioning as they could.

The barriers mentioned above in in-service delivery reflect limitations at the system level. Central authorities lack realistic understanding of the rehabilitation needs of the population and the capacity to address the. The absence of systematic data collection, reporting and analysis leads to the de-prioritization of rehabilitation in health planning to limited resources allocated to rehabilitation compared to other health sectors.

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9 HI, Preparedness Rapid Need Assessment (RNA) Report, January 2023
10 HI, Preparedness Rapid Need Assessment (RNA) Report, January 2023
11 HI, observations and lessons learned from past and current projects.
Recommendations

HI recommends that stakeholders in the fields of health, social protection, humanitarian assistance and social development prioritise rehabilitation at multiple levels of intervention:

**Policy level:**
- Enhance the MoH’s capacity to respond to rehabilitation needs by supporting the creation of a national rehabilitation platform to conduct a Systematic National Rehabilitation Situation Assessment and developing a centralised rehabilitation data collection system;
- Increase the allocation of resources for rehabilitation services across all levels of health care;
- Integrate early rehabilitation, including the provision of assistive products, within the MoH rehabilitation policies and planning to respond to the needs of trauma patients and persons with disabilities during conflicts and escalations;
- Support the Ministry of Health in developing a national framework for procuring and providing assistive products;
- Support the Ministry of Health in implementing Victims’ assistance Protocols in Palestine.

**International Stakeholders level**
- Support the adoption of the World Health Assembly’s Resolution “Strengthening rehabilitation in health systems” in 2023;
- Ensure appropriate resources for the full and consistent implementation of the World Health Assembly’s Resolution “Strengthening rehabilitation in health systems” across the oPt, both in emergency and development settings.
- Endorse and support the widespread adherence and signature of the ‘Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from Explosive Weapons in Populated Areas (EWIPA)’ to prevent further harm and reduce the risk of disability as a result of the conflict.

**Service level:**
- Systematically include rehabilitation services within the humanitarian response, including the provision of assistive products in post-trauma cases to avoid secondary complications;
- Improve the capacity of health services to identify rehabilitation needs and enhance the quality of rehabilitation services. This can be achieved by: including rehabilitation needs identification modules in the basic training of primary health centre staff, providing systematic activities to service staff on right-based and used-based approaches, and creating or strengthening referral systems among all levels of care;
- Bring rehabilitation services closer to the community for improved accessibility and affordability by making rehabilitation services available in Primary Health Care Centers (PHC) and enhancing community-based rehabilitation;
- Support the MoH to develop rehabilitation guidance standards to harmonise the provision of services (including standardising the price for rehabilitation across public services) and train the rehabilitation professionals on this guidance;
- Implement the Health Insurance System for Persons with Disabilities No. (2) of 2021 in all Palestinian governorates. This would expand and improve health services, provide alternatives if services are not available to the required quality standards, and ensure that persons with disabilities can access these services independently, easily, and with dignity”.;12
- Develop an emergency trauma response plan to be deployed in hard-to-reach locations in the oPt and maximize the emergency stocks’ capacity to respond to a high-scale emergency;
- Support MoH and professional associations to develop competencies, regulations, and licensing requirements for rehabilitation professions;
- Integrate telerehabilitation as a modality of intervention to reach the most vulnerable communities who live in remote areas or have mobility limitations.

**Family & community level:**
- Raise awareness about rehabilitation as an essential health service that fulfils the right to health for all.
- Enhance information within communities on the benefits of rehabilitation and the available rehabilitation services.
- Train community members in supporting the deployment of preparedness plans within emergency events (conflicts, protracted clashes, besieged areas).
- Improve the accessibility of public facilities (health and rehabilitation centers) and transportation means to ensure equal and safe access of persons with limited mobility to services.

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12Palestinian Centre for Human Rights