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Exploration of the Healthcare Conditions in the Occupied Palestinian Territories

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Abstract

The occupation of Palestine by Israel has had a significant impact on the Palestinian citizens' health care services. The disparities were seen in maternal, infant, and child mortality rates, life expectancy, and measures of mental wellbeing. The health disparities are due to many factors involving economic conditions, food insecurity, environmental exposures, psychological trauma and stress, and access to health services most of which are directly or indirectly linked to the Israeli military occupation of the occupied Palestinian territories (oPt). This project explores the health indicators and examine the social determinants of health in the oPt that may be responsible for the health disparities and limitations to health care services in Palestine. Data was obtained from publicly available publications and websites of the World Health Organization, The World Bank, as well as reports from non-governmental organizations, research studies, and news articles.

Introduction

Palestine is located in the Middle Eastern region, among the continents Asia and Africa.

Palestine is more politically known as the occupied Palestinian territories, which contains two regions named the West Bank and the Gaza Strip. The West Bank has a population of 2,949,246 and the Gaza Strip has a population of 1,957,062 as of today (Central Intelligence Agency, 2021). The Gaza Strip and the West Bank are geographically separated due to the Israeli conflict, resulting in an undergoing conflict between Palestine and Israel.

Considered as the most intractable conflicts in history, Palestine and Israel have been at war since the 1940s. This continual state of war has left the Palestinian health system in a chronic

state of array. The health system in Palestine has been very difficult to address, especially during the unprecedented times of the COVID-19 pandemic. The main restriction to the establishment of a proper healthcare system has been the Israeli occupation. The establishment of the “Separation Wall” alongside the Israeli permit system has made it significantly difficult for individuals and supplies to cross to the oPt. This wall separates the West Bank from Israel and East Jerusalem, and Gaza from Israel. It has generated deep psychological, social, and physical harm to the Palestinians. Medically, this barrier acts as an obstacle to health by restricting the movement of doctors, patients, ambulances, and medications within the area. This “Separation Wall” is considered illegal under International Law (Sir Arthur, 2007). After the 1993 Oslo Peace Awards, the Palestinian Authority (PA), functioning through the Ministry of Health (MOH) was given the management of healthcare in the region. However, Israel retained the ultimate control over healthcare budgets, border crossings, building permits, and pharmaceutical imports/exports (Efrat M., 2015).

In summary, Palestinians living in the West Bank and Gaza face many challenges with gaining access to health care services. These include travel restrictions when traveling outside of their vicinity, especially to obtain healthcare in East Jerusalem, Israel, or the West Bank (for Gaza). In addition, the Israeli occupation has directly and indirectly affected the physical, social, and psychological health. This literary review aims to provide an overview of the health indicators, social determinants, and other consequences that are attributed to the limitations and disparities in the health care system in Palestine.

Methodology

The data used in this literary review was obtained from Google Scholar, PubMed, and the Grand Valley State University database library. Keywords used in finding these sources included

limited access, health care services, disparities in health care, Gaza Strip, West Bank, and Palestine. Statistical data were obtained from publicly available websites of the World Health Organization (WHO), The World Bank, Central Intelligence Agency, Palestinian Central Bureau of Statistics (PCBS), and other non-governmental organizations, research studies, and news articles. The health indicators and social determinants were also examined using publicly available databases and publications.

Images were obtained from newspaper articles, me, and Zainah Awadallah (a Palestinian citizen who resides in the West Bank.)

Health indicators

Health indicators are defined as quantifiable characteristics such as mortality rates, birth rate, death rate, and other statistical data that summarize information in a given population or health system. They help monitor the health of the population and show the effectiveness of the health care systems (Health Indicators, n.d.).

Life expectancy and mortality rates

Overall, the life expectancy rate for the oPt has increased since 1990, however, there has been a persistent disparity of about 8-10 years (The World Bank, n.d.). As of 2021, the life expectancy at birth is 76.12 years for the total population in the West Bank and 75.14 years in the Gaza Strip. There is also a disparity in maternal and infant mortality rates. The maternal mortality rate is similar across the West Bank and Gaza strip, at 27 deaths per 100,000 live births. The infant mortality rate is also about the same between the regions at 15.6 deaths per 1,000 live births (Central Intelligence Agency, 2021). Consanguineous marriage is a known risk factor for congenital abnormalities, thus leading to increased infant death (Rosenthal, 2020).

The population growth rate for the 2 regions is 1.72% in the West Bank and 2.05% in Gaza (Central Intelligence Agency, 2021). This difference may be attributed to the slightly elevated birth rate and lower death rate in Gaza than in the West Bank. Table 1 shows the birth and death rates of the two regions, as of today.

Table 1. Birth and death rates of the West Bank and Gaza (per 1,000).

| | West Bank | Gaza | Difference |
|-------------------|------------------|-------------|-------------------|
| Birth Rate | 24.8 births | 28.1 births | 3.30 |
| Death Rate | 3.43deaths | 2.94 deaths | 0.49 |

Source: CIA

Population attributable factors for disease and risks

Environmental exposures. Environmental exposures are the most significant factors that attribute to diseases in the region. Two of the most important environmental factors include air pollution and poor water quality, which will be discussed in detail later. Some of the leading causes of death due to these exposures include ischemic heart diseases, strokes, Alzheimer's disease, diabetes, and chronic kidney disease (Rosenthal, 2020). As a result of the lack of access to the sewage crisis and access to safe drinking water, 10,000 cases of rickets among children under 5 years old and about 36,000 cases of watery/bloody diarrhea were reported in 2018 (WHO, 2021).

Behavioral risks. Another attributable factor for disease and health risks in the region is behavior. Many Palestinians lack the minimum amount of necessary physical activity in their daily lives. Low physical activity accounts for a significant number of deaths, ischemic heart disease, stroke, breast cancer diabetes, and colorectal cancer in the oPt. Lack of physical activity

is also correlated with a high body mass index (BMI) in the Palestinian population (Rosenthal, 2020).

Social determinants of health

Social determinants of health are the environmental conditions of the people in a population in which they are born, live, work, and play, that affect the person's health, risks, and quality of life. These include social, economic, and physical factors that have a significant outcome on the population's overall health, security, and well-being (Health Indicators, n.d.).

Economic factors

Due to the movement and access restrictions, violent attacks, and the slow pace of the post-conflict reconstruction, the economic conditions in the West Bank and Gaza have continued to degrade. Israel is especially restrictive in Gaza, resulting in a rise in unemployment and elevated poverty rates. The average unemployment rate in the oPt is 27.9% as of 2017. Poverty is defined as not being able to meet the minimum requirements for food, clothing, and housing. In 2017, the poverty rate in Gaza was 33.7% and the unemployment was 52% (PCBS, 2021). There is a greater population in Gaza that lives in impoverished conditions, with 18% of the population below the poverty line in the West Bank and 30% in Gaza. The Gross Domestic Product in the oPt was \$6,220 in 2019 (Central Intelligence Agency, 2021).

Nutrition

Severe food insecurity is prevalent in the oPt, with about 68% of households in Gaza and 12% in the West Bank facing moderate to severe food insecurity (WHO, 2021). Malnutrition is a greater problem in Gaza than in the West Bank, with a rate of childhood stunting of 13% in Gaza and

8% in the West Bank, more common amongst children from refugee camps or low-income families (WHO, 2021).

Environmental factors

Water quality. In 2018, an estimated 1 million women and 1 million children were at health risk “associated with poor water quality, poor wastewater collection, and treatment, lack of stormwater infrastructure, and lack of proper hygiene practices (Rosenthal, 2020).” More than 25% of Gazans lived in areas without adequate sewage infrastructure due to the lack of treatment, plant capacity, lack of spare parts for repair, and inadequate electric power to operate the plants (Rosenthal, 2020).

Environmental pollution. Lack of regulatory enforcement has also resulted in the dumping of construction debris and sewage from Israeli settlements into Palestinian residential areas. Studies were conducted, which showed a prevalence of markers of DNA damage in the blood samples taken from individuals, specifically the Palestinians, living in Palestinian areas further away from the settlements (Rosenthal, 2020). This proved that environmental pollution has contributed significantly to the health of this population.

Housing. Housing is another factor that greatly contributes to the health of the Palestinian population. Housing is crowded in the oPt with the average number of persons per room being 1.3 in the West Bank and 1.6 in Gaza (Rosenthal, 2020). Housing conditions such as crowding, dampness, and ineffective ventilation are very common in refugee camps and many homes of Palestinians. A study conducted in the Jalazone refugee camp in the West Bank found a statistically significant connection between the poor housing conditions and the common cold, tonsillitis, ear infections, and cough (Al-Khatib & H Tabakhna, n.d.). Another study found a

significant relationship between the housing conditions in a refugee camp in Gaza and gastrointestinal symptoms/diseases such as intestinal parasites and diarrhea (Rosenthal, 2020). Many Palestinians also face housing insecurity due to the loss of their home to the Israeli occupation. In 2018, Israel demolished 461 homes, resulting in the displacement of 472 Palestinians (WHO, 2021).

Psychological and psychosocial factors

There have been many studies that examined the conditions of the oPt on psychological and social functioning. After surveying 508 Palestinians from the West Bank, Gaza, and East Jerusalem, he found that exposure to movement restrictions and violence significantly correlated with mental health disorders such as depression, trauma-related stress, and hopelessness. In this study, political violence was defined as whether the respondent was injured or imprisoned due to the conflict, had their home raided by Israelis, assaulted, or had witnessed someone close to them get assaulted by the Israeli Defense Forces. In the same study, it was reported that 42% of Palestinians stated that their physical health has limited their ability to meet financial, familial, or educational needs. It was also found that these limitations were significantly related to the loss/injury of a parent due to the conflict, unemployment, and threats to security and life (Rosenthal, 2020).

The mental health of Palestinians has been greatly affected by the exposure to violence in the context of the Israeli occupation, with mental health representing one of the most significant medical challenges. In Gaza, more than half of the children who were conflicted with violence secondary to the occupation are afflicted with post-traumatic stress disorder (WHO, 2021). IN 2003, a study showed that about 93% of Palestinian children experience fear, feel threatened, or insecure in their lifetime. This is common amongst children in Gaza, more prominently in

refugee camps (Mariele, 2020). The oPt also has the highest burdens of adolescent mental disorders in the Middle Eastern region (WHO, 2021).

Disparities in access to health services

Israeli permit system. Since the oPt and Israel are divided geographically and politically, passage between the territories and Israel is controlled via the Israeli permit system for Palestinians. All patients and patient companions must apply for Israeli permits to exit the Gaza Strip and access hospitals in the West Bank, East Jerusalem, and Israel. Similarly, most individuals from the West Bank must apply for a permit to travel to East Jerusalem and Israel. Access has been problematic in the past years, with the patient permit approval rate declining from about 90% in 2012 to about 54% in 2017. The permit approval rate for 2018 was 61%, meaning only 61% of permit applications were approved (WHO, 2021). Due to the limited health services and resources in the oPt, Palestinians in the West Bank and Gaza are often referred to hospitals in Israel or East Jerusalem. To travel to those areas, Palestinians are required to apply for a permit application through the Israeli permit system. Historically, the Palestinian health system has relied on hospitals in East Jerusalem and Israel for specialist care (Rosenthal). In 2018, about 72,000 referrals were made from the West Bank, 54% requiring Israeli permits. In the Gaza Strip, about 31,000 referrals were made, 77% of them requiring Israeli permits to access health services in the West Bank, East Jerusalem, or Israel (WHO, 2021). Patients applying through Israeli's permit system face financial burdens, including travel costs, and emotional stress due to the long and unpredictable process (Marie & Battat, 2021). Their security and safety are also often questioned when traveling through the checkpoints needed to cross the borders.

These restrictions also led to stress among Palestinian's women and mothers. A study conducted between 2000-2007 stated that 10% of pregnant Palestinian women were delayed at Israeli

checkpoints and barriers while trying to go to the hospital to give birth. As a result of this, an increase in home births was seen in fear of not reaching the hospital in time. During those 7 years, it was reported that 69 babies were born at the Israeli checkpoints, 35 babies and 5 mothers died as an outcome (Marie & Battat, 2021).

Lack of resources. Aside from the Israeli permit system, which limits Palestinian from accessing care outside of their region, years of restrictions on imports and blockades have resulted in chronic shortages of specific medical equipment, supplies, and services, which drive the need for referrals to healthcare facilities outside of the oPt. Health services in the oPt lack radiotherapy or nuclear medicine facilities. Lack of medicine is particularly severe in Gaza than in the West bank. It was reported that about 46% of essential items and 27% of essential medical disposables had less than a month's supply in 2018. Depletion of these medications was especially significant for specific medicines such as antibiotics and chemotherapy drugs (WHO, 2021).

Ambulance restrictions. Ambulance movement is also limited in the oPt. There were 35 recorded incidents where ambulances were prevented access at checkpoints in 2018. They also often face difficulties with transporting patients to hospitals in East Jerusalem and Israel from the West Bank. According to the Palestinian Red Cross Society, 84% of the recorded 1462 ambulance trips required the transportation of patients to another ambulance at the checkpoints, thus delaying transit and diverting health resources (WHO, 2021).

Physicians and hospitals. Access for health professionals in entering the oPt is also limited by the Israeli permit system. Health staff must apply to enter Gaza and assist with humanitarian relief and the training of health professionals. In 2018, 78% of health staff applications to enter Gaza were approved by Israel, while 15% of the applications to exit Gaza on behalf of the Ministry of Health were approved (WHO, 2021). Thus, medical professionals are also limited in

the region. Specifically, physicians in the specialty fields such as neurology, oncology, psychiatry, and pediatric surgery. This is primarily due to the fact these doctors must travel outside of the oPt to receive the training but are mostly unable to return after completing their education. The oPt also suffers from shortages in family medicine and pediatric physicians (Mariele, 2020). Physician shortages seem to be greater in the West Bank than in Gaza. Physician density is 1.45 physicians/ 1,000 in the West Bank and 2.77 physicians/1,000 in Gaza (Central Intelligence Agency, 2021). Likewise, the oPt also suffers from the lack of clinics or hospitals in the region. This is primarily due to the lack of medical supplies and shortages in resources which prevent them from attending to the high volume of patients. The Palestinian Ministry of Health is the main provider of primary health care in the oPt. It accounts for 71% of the 583 clinics in the West Bank and 33% of the 160 clinics in Gaza. There is a total of 51 hospitals in the West Bank and 30 in Gaza (WHO, 2021). Bed capacity is the same for Gaza and the West Bank with 1.3 beds /1,000 (Central Intelligence Agency, 2021).

Other limitations. Unpredictable electricity and water shortages also contribute to the impediment of health care services in the oPt. In addition to the medicine, supplies, and personnel shortages, these shortages make it even more difficult to care for patients and maintain sanitary measures. The blockade in Gaza has also prevented the entry of humanitarian supplies to the region. Israel restricts the entry of “dual used” items that could potentially be used for military use. This includes personal protective equipment for health staff including helmets, vests, and masks. Due to this restriction, health staff are more vulnerable to infectious diseases. There are also prolonged waiting times for the arrival of complex medical equipment, spare parts, or devices needed for rehabilitation services including prosthetic limbs (WHO, 2021). High-cost medications are additional factors that affect healthcare access to Palestinian patients.

A survey in 2003 showed that high costs prevented about one-third of the population from accessing health care services (Rosenthal, 2020).

Health care limitations for Palestinian prisoners in Israeli prisons

Healthcare barriers are not limited to Palestinians in Israeli prisons. The Israeli Prison Service is the provider of primary care services for Palestinian prisoners. Although it is very difficult for organizations to access prisons for monitoring services, it has been reported that Palestinian prisoners lack timely and appropriate treatment for prisoners. There is an estimate of 5370 Palestinian prisoners in Israeli prisons in 2018. There are reports of inadequate medical care, nutrition, and access to psychosocial support (WHO, 2021). Aside from untreated diseases such as cancer and other severe conditions, prisoners also suffer mental health problems such as acute depression, severe introversion, suicide, psychological stress, anxiety, and insomnia. This is primarily due to care negligence of acute hysterical reactions secondary to the interrogation methods employed by the Israeli interrogators, as well as the denial of family visits and contacts (Marie & Battat, 2021). 2020 has been especially difficult for the prisoners due to COVID-19. Those infected with COVID-19 were restricted to care and other prisoners were limited in protective measures.

Detention is not limited to adults. Annually, the Israeli Defense Forces arrest and prosecute about 700 Palestinian children. They could get arrested from home in the middle of the night, demonstrations, or near military infrastructures. From arrest, these children encounter ill-treatment and torture at the hands of Israeli forces. It was reported that about three out of 4 children experience some form of physical violence following the arrest (CFOS, 2017).

COVID-19 and Palestine

The COVID-19 pandemic presented as a challenge for Palestine because of the scarce resources and the poor healthcare system that is already present. The number of hospital beds, intensive care unit beds, medical staff, and ventilators were few compared to the number of people who were already occupying these resources. In May 2020, the World Health Organization reported that the oPt only had 343 adult ventilators for a population of about 5 million (87 total ventilators in Gaza and 256 in the West Bank). There were also shortages in testing kits, which made it difficult for medical staff and address the pandemic. Aside from the limited resources, they also faced unpredictable electric and water shortages which made it difficult for them to continue with life-saving efforts and maintaining the most critical preventative and sanitary measure of washing their hands. With the limited resources and huge population density, COVID-19 has been especially difficult to maintain in the region due to the difficulty of self-isolating. Many Palestinians already have weakened immune systems of underlying diseases and poor nutrition that have been difficult to seek treatments for. Although the medical staff work tirelessly, these disadvantages and disparities have made it difficult to slow down the disease in the region (Mariele, 2020). Palestine had a very slow vaccination roll-out compared to the other areas of the world, especially Israel who has 60% already vaccinated with the first dose (Goldstein, 2021). In March 2021, only 2% of the population were vaccinated, with most of the frontline workers and high-risk groups having no protection from the disease (Medecins San Frontieres, 2021). As of today, 81,543 vaccines were given in the West Bank and 28,351 were given in the Gaza Strip (Palestinian Ministry of Health, 2021). According to the WHO's COVID-19 dashboard for the oPt, there has been a total of 290,719 cases in the region, with 3,043 deaths and 256,020

recoveries. There are a total of 201 patients in the intensive care unit in the West Bank and 238 in Gaza, 61 needing ventilators in the West Bank and 47 in Gaza (WHO EMRO, 2021).

Efforts to improve healthcare

There have been many relief programs that have attempted to address the issues addressed earlier. Although relief is occasionally difficult to provide due to the travel/border restrictions and blocked medical access imposed by the Israeli government, they have still contributed to the improvement of healthcare in Palestine. United Nations Relief and Works Agency (UNRWA), WHO, Islamic Relief USA, and Palestine Children's Relief Fund (PCRF) are amongst the biggest contributors to these efforts. There are also many small relief organizations such as Anera, Medical Aid for Palestinians, and Doctors without Borders. Although health disparities persist, with the help of supporters from across the world, there have been significant improvements in the availability and quality of medical care in Palestine.

Figures

Figure 1. This is an image of a hospital room in the Palestinian Medical Complex, West Bank. The limitations in healthcare are seen in this image, as there are minimal medical supplies in the room. The room is also small and does not seem very welcoming or comfortable (Zainah Awadallah, 2020).



Figure 2. This is an image of a hospital bed in the hallway, near a storage room in Palestinian Medical Complex, West Bank. This is done to accommodate the high volume of patients with limited bed capacities. Analogous to figure 1, there are not many medical supplies that you would typically see on a hospital bed in the United States or Israel (Zainah Awadallah, 2020).



Figure 3. Another image from the Palestinian Medical Complex, West Bank. This figure depicts the unsanitary conditions of the hospital. Specifically, this is the Women's center, where pregnant women would pass by (Zainah Awadallah, 2020).



Figure 4. This is the entrance to the Palestinian Medical Complex in the West Bank (Zainah Awadallah, 2020).



Figure 5. This is an image of a hospital in Gaza, attending to the needs of the patients during the pandemic. Although social distancing should be obtained to prevent the spread of the pandemic, all the beds/chairs are lined up very close together to accommodate the high patient volume.

However, preventative measures such as disinfection are crucial to prevent the contamination of hospital supplies (Reuters, 2020).



Figure 6. This is the Qalandia checkpoint, the biggest checkpoint in the West Bank. It is needed to cross to East Jerusalem and Israel. Most of the Palestinians would have to get their permit approved before coming here. Usually, this checkpoint is packed with hundreds of people trying to cross, making the individual more suitable for infectious diseases (Awatef Ayesh, 2018).



Figure 7. Same day as figure 6, however, this is when you first enter the area. Again, people are in very close contact, resulting in fights and altercations. The process to cross to the other side usually lasts 3-4 hours (Awatef Ayesh, 2018).



Conclusion

Palestinian patients face many difficulties psychologically and geographically in their daily lives. They especially face challenges when accessing health care services within and outside their providence. Generally, health inequalities that define the health conditions and outcomes in the region are worse in the Gaza Strip than in the West Bank. Palestinians from both regions are required to apply through the Israeli permit system and cross the Separation Wall to access health care services in Israel or East Jerusalem. Patients in Gaza must also apply for permits to gain medical services in West Bank, which is considered Palestinian land. These challenges present with physiological abuse, psychological burden and stress, and emotional stress that prisoners cannot even escape from. It also presents with inequality, insecurity, and affects the palliative care of patients with terminal illnesses such as cancer. Additionally, there is a negative impact on medical personnel, who might feel overwhelmed and burdened with the large volume of patients that they must treat with the restrictions and limited resources available. Despite the contribution of many relief organizations, Palestinians continue to face prosecution by the Israeli government and still suffer from a poor health infrastructure. Spreading awareness of the Palestinian general and healthcare situation is one way to help overcome some of these challenges. Regardless of the obstacles that they face, they continue to cope with their situation and attempt to improve their quality through their resiliency.

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