Standing with Healthcare Workers in Palestine

An Information and Action Guide

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Israel has systematically and deliberately targeted the healthcare sector throughout its recent bombardment of the Gaza strip. The conditions faced by healthcare workers in the current campaign are unprecedented. Across the occupied Palestinian territories (oPt) the health sector has been under attack for decades as a direct result of the Israeli occupation and the siege of Gaza. According to the Geneva Conventions, as an occupying power Israel is responsible for the health of the Palestinian population.

In Gaza, bombing campaigns in 2008–2009, 2012, 2014, 2021, and the current genocidal campaign unfolding aims to cripple the health sector. According to the World Health Organisation (WHO) and as of 7 December, 17 487 people have been killed as a direct result of the Israeli onslaught. 70% of all deaths reported are women and children and over 46 000 people have been injured. More people are reported missing or still under the rubble. Israel has deliberately targeted health facilities, hospitals, ambulances and medical personnel and hindered their ability to adequately care for patients. Access to life-saving supplies and fuel needed to operate medical equipment has also been actively restricted. There are cute shortage in medical supplies including: anesthetics, antibiotics, IV fluids, pain medications, insulin, blood and blood products.

The current relentless bombardment on Gaza in addition to the imposed blockade on water, food, electricity and fuel is resulting in a public health catastrophe. Mass displacement, overcrowding, use of unclean water and unsanitary conditions are all factors leading to the outbreak of diseases. According to WHO, there is a notable increase in communicable diseases...
including over 129,230 cases of respiratory infections, 94,858 cases of diarrhea, 28,606 cases of scabies and lice, 24,355 cases of skin rashes, 2,703 cases of chickenpox, and 1,126 cases of jaundice.

As of 7 December, the WHO has recorded 213 attacks on healthcare facilities. These attacks have resulted in 565 deaths and 732 injuries among healthcare workers. The attacks on healthcare have affected 56 health facilities including 24 hospitals damaged and 56 ambulances. Out of the 36 hospitals in Gaza only 14 remain with partial functionality out of which 3 have extremely limited capacity. Also, only 21 out of the 72 primary health care facilities remain functional. According to the Ministry of Health (MoH) in Gaza, hospitals still operational have a bed occupancy rate of 171%, and up to 221% at Intensive Care Units (ICUs).

In the West Bank, there have been 236 attacks resulting in 6 deaths and 40 injured. The attacks have affected 20 health facilities and 178 ambulances and include attacks involving obstruction to delivery of health care; physical violence towards health teams; detention of health staff and ambulances; and militarised search of health assets.

While the current conditions are appalling, it’s essential to recognise that Israel has systematically targeted the Palestinian health sector for decades. The policies enforced by Israel have resulted in severe and enduring harm, impacting various aspects of healthcare delivery, including:

**Access to Healthcare**

- Restrictions on movements between areas make it difficult for patients and workers to access hospitals and for ambulances to move between checkpoints. Ambulances have on numerous occasions been blocked from reaching critical patients and sometimes stopped at checkpoints with critical patients leading to their untimely deaths.
- Unlike workers in many other sectors, healthcare workers are often required to work irregular shifts that require travel late at night or early in the morning. In the West Bank, this places workers at a higher risk of being detained or targeted while navigating Israeli military roadblocks. Some workers choose to sleep at the hospital to avoid these risks.
• When physicians in the occupied territories refer patients to care in Israel, their patients are required to attain medical permits, only a fraction of which are approved. According to the WHO, in 2022 out of 20,295 permit applications for patents in Gaza 33% were denied and out of 87,721 applications from the West Bank 15% were denied.

• The six non-government hospitals in East Jerusalem are key healthcare providers for the West Bank and Gaza Strip, yet a permit is also necessary to access them.

• Palestinians referred from Gaza to health care providers in the West Bank require Israeli-issued permits to pass the Israeli checkpoint at Beit Hanoun. Similarly, Palestinians leaving the West Bank for medical care, need to obtain an Israeli-military issued permit.

• The structural weaknesses of the health system in the West Bank and Gaza render it reliant on private and foreign hospitals: referrals to hospitals in Israel, Egypt, Jordan, and Turkey made up one-quarter of the Palestinian Ministry of Health’s budget in 2018.

Access to Medicines and Supplies

• The Israeli occupation, through the Israeli Ministry of Health, has complete oversight and control over pharmaceuticals imported to the occupied Palestinian territories.

• Only products registered in Israel are allowed entry, driving up the cost of imported essential medicines and making it harder for doctors and nurses to provide critical care.

• Israel places restrictions on imported medical supplies. Also, supplies under Israel’s “dual use” list are placed under heavier restrictions. These include medical equipment such as radiation machines for cancer treatment.

• In Gaza, the Israeli blockade since 2007 controls all entry of goods and fuel supplies, including those intended for hospitals and healthcare facilities, severely restricting access to medicine and medical equipment.

• In February 2021, 45% of medicines listed as ‘essential drugs’ and 33% of medical disposables were at ‘zero stock’ levels across the Gaza Strip.

• The blockade also restricts hospital operations. Hospitals in Gaza had to ration fuel in order to operate well before October 2023.

• Article 55(1) of the Fourth Geneva Convention establishes Israel’s duty as occupying power to ensure the provision of medical supplies, yet during the
Covid-19 pandemic, Israel refused to supply the necessary vaccinations to the Occupied territories and hampered the import of protective equipment and covid tests, putting frontline healthcare workers (an estimated 70 percent of whom are women) at heightened risk.

Pay and work conditions

Many healthcare workers in Gaza, including nurses and support staff, report needing to work other jobs in order to cover the cost of living. Workers who support hospital operations, including kitchen, sanitation, and warehouse staff, represent about one-third of the sector and are among the most vulnerable and exploited workers.

• Israeli military attacks have severely damaged essential health infrastructure and caused the injuries and deaths of doctors, nurses, paramedics, and other workers in the sector.
• Fuel and cement shortages due to the 17 year blockade, have left Gaza’s hospitals in a dire situation, unable to rebuild or import equipment.
• The financial crisis in Gaza and the West Bank has led to chronic underpayment of healthcare workers and massive labour shortages in the medical sector, forcing healthcare personnel to work longer hours and in multiple roles.
• The Palestinian Ministry of Health is the largest provider of hospitals, hospital beds and primary health care centres in oPt. It has faced years of financial precarity due to shrinking international aid and dependency on the Israeli Occupation, which controls the tax revenues that make up government spending. The Palestinian Authority relies on these tax revenues to pay the majority of health workers, who are employed by the government. Israel has, at times, withheld these revenues, contributing to delays and reductions in wages.
• The health system also relies significantly on private and foreign hospitals: referrals to hospitals in Israel, Egypt, Jordan, and Turkey made up one-quarter of the Ministry of Health’s budget in 2018.
• In the West Bank’s Area C—the roughly 60 percent of the West Bank in which Israel maintains full military and civil control – Palestinians are prohibited from building permanent infrastructure. As such, there are no permanent healthcare facilities for residents in this area.
Palestinian healthcare workers: targeted and overworked

The oPt’s healthcare system is marked by chronic understaffing with only an approximate 36,000 people working in the health sector across the West Bank and Gaza Strip, including doctors, nurses, and other professional staff, as well as support workers.

There is a noted shortfall in nurses and midwives (compared to the WHO recommendations), and a lack of doctors in several key specializations (such as oncology, hematology, and neurology). Between 2017–2019 there was an estimated shortage of 2,800 health workers in Gaza's public healthcare facilities.

<table>
<thead>
<tr>
<th>Workers HC</th>
<th>Bank West</th>
<th>Strip Gaza</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>2,831</td>
<td>2,466</td>
<td>5,297</td>
</tr>
<tr>
<td>Nurses</td>
<td>4,842</td>
<td>3,444</td>
<td>8,286</td>
</tr>
<tr>
<td>Midwives</td>
<td>632</td>
<td>392</td>
<td>1,024</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,114</td>
<td>433</td>
<td>1,547</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>1,479</td>
<td>984</td>
<td>2,463</td>
</tr>
<tr>
<td>professionals health</td>
<td>3,367</td>
<td>2,764</td>
<td>6,131</td>
</tr>
<tr>
<td>Other staff</td>
<td>6,329</td>
<td>5,732</td>
<td>12,061</td>
</tr>
<tr>
<td>Total</td>
<td>20,594</td>
<td>16,215</td>
<td>36,809</td>
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Facing these significant challenges, Palestinian healthcare sector trade unions and associations urge their colleagues internationally to demonstrate concrete solidarity by taking specific actions, including:

1. **Call for a Ceasefire and End the Siege:**
   Advocate for an immediate and unconditional ceasefire, an end to the siege on Gaza and the Palestinian people’s right to self determination.

2. **End Restrictions:**
   Demand the unconditional opening of the Rafah crossing, free movement for patients, ensuring their access to care in medical centers outside of Gaza. Call for unimpeded import of medicines, vaccines, and vital medical equipment to address the healthcare crisis effectively.

3. **Tangible Support:**
   Organize to provide tangible support in the form of donation of medical supplies, equipment, and resources crucial for providing adequate health care to our communities. Encourage unions to commit to donating essential supplies and lobby their governments to ensure these supplies reach and are distributed across Gaza.

4. **Mobilizing Healthcare Workers:**
   Call upon your union to sponsor and facilitate members joining international missions aimed at addressing the critical needs in Gaza’s devastated medical sector, including by providing mental health support to the sector’s workforce.
5. **Commitment to Building Gaza's Medical Sector Capacity:**

Many medical unions already conduct staff training programs. We urge each union to make a dedicated commitment to extending these programs to include training for healthcare professionals from Gaza.

6. **Raise Awareness:**

Call for health sector unions to raise awareness about the challenges faced by Palestinian health workers. Pass motions with tangible actions to amplify our voices on the international stage and run educational campaigns within your branches.
3. Practical Steps to Get Started

- **Motions**
  Propose a motion calling on your union/association to officially call for a ceasefire and an end to the siege on Gaza.
  Draft a motion calling for the unconditional opening of the Rafah crossing, free movement for patients, and unimpeded import of medical supplies.
  Advocate for a motion committing the union to donate medical supplies and resources to support healthcare workers in Gaza. (more about drafting and passing motions in the next section).

- **Educational Events**
  Organise seminars, webinars, or workshops to educate union members about the ongoing situation in Gaza.
  Collaborate with Palestinian medical sector unions to provide in-depth insights into the challenges faced by healthcare workers in Palestine.

- **Information Sharing**
  Establish a dedicated information-sharing platform within the union/association to keep members updated on the latest developments.
  Share regular newsletters or updates highlighting the impact of Israeli’s actions and policies on Palestinian healthcare workers.

- **Participation in Protests**
  Encourage your workplace colleagues and members of the union/
association to actively join demonstrations supporting justice for Palestinian healthcare workers. Coordinate with other unions to form a unified block during demonstrations, emphasising solidarity with Palestinian healthcare workers.

- **Union Visibility**
  Encourage members to wear their union badges prominently during events and demonstrations. Carry banners and signage showcasing the union’s support for healthcare workers in Gaza.

- **Practical Demonstrations of Solidarity**
  Organise fundraising initiatives within the union to contribute financial support for medical aid to Gaza. Collaborate with other unions to host joint events demonstrating collective support for the Palestinian healthcare cause.
- **Research and Familiarise**
  Begin by researching the demands made by Palestinian healthcare sector trade unions. Understand the key issues, challenges, and specific requests they are advocating for.
  Understand and follow the procedures outlined by your union for submitting motions. This may involve presenting the motion at a union meeting, following established protocols, and ensuring that the submission deadline is met.

- **Review Union Policies**
  Check if your medical union already has an existing policy or stance on Palestine. Familiarise yourself with any relevant guidelines, resolutions, or positions that may already be in place.

- **Engage Colleagues**
  Collaborate with your colleagues to raise awareness about the situation in Palestine. Host discussions or meetings to share information and build consensus on the importance of showing solidarity with Palestinian healthcare workers. Colleagues who are already familiar with the union structures or actively engaged in the union will be especially helpful in guiding you through the process.

- **Drafting the Motion**
  Develop a clear and concise motion that incorporates the demands made by Palestinian healthcare sector trade unions. Clearly outline the specific actions your union is calling for in terms of support for Palestinian health sector workers.
• **Rally support for the motion:**
  Circulate the draft motion among allies, reaching out to diverse sections of the union for feedback and support. Encourage open discussion and make necessary revisions to ensure a broad and unified endorsement within the medical union.

• **Advocate for Passage:**
  Advocate for the passage of the motion within your union/association. Clearly communicate the rationale behind the motion, emphasising the importance of standing in solidarity with Palestinian healthcare workers.

• **Promote Implementation:**
  If successful, the most important step is following up and ensuring the motion is implemented. This may involve follow up with the union leadership, disseminating information to members, and actively supporting any initiatives related to the motion.
For more information and to join Palestinian Medical Sector Unions in action, please see workersinpalestine.org.

Use this guide as a starting point and tag us to share your actions. X/Twitter: @WorkersinPales1 and Instagram: workersinpalestine

WHO EMRO | Gaza Hostilities 2023 – Emergency Situation Reports | Information resources | Palestine site (2023)


Health sector reform in the Occupied Palestinian Territories (OPT): targeting the forest or the trees? , Rita Gacman, Hanan F. Abdul-Rahman and Laura Wick (2006).


Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, World Health Organisation (2022)


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