Health Development in the Gaza Strip: A Case for the Support of Local Groups

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1. Introduction

This report follows 10 days of field work spent in the Gaza Strip in April 1987. Data was collected through interviews with members of health organisations, with users of health services, from official reports, and through site visits to Gaza health institutions.

The objective was not to conduct a comprehensive and detailed needs assessment of the health sector in Gaza. While the gross indicators of health service provision (hospital beds, doctors per capita, numbers of clinics etc.) are well-known, a proper needs assessment would demand much more time than was available to the researcher.

Rather, the aim was to collect background information on health services offered by different institutions - the military government, UNRWA, and other non-governmental organisations (NGOs) - so that the overall context for possible interventions in the health sector could be better understood. The majority of the population in the Gaza Strip are refugees who are administered by the military government and a United Nations relief agency: it was felt that the specificity of this situation had consequences for the possibilities and constraints for health development, and that this warranted a general examination of the rationale behind different options before going into technical details.

The emphasis of the report is on primary health care (PHC) - a bias which reflects the area of experience of the researcher. The primacy of communicable and nutritional diseases in the Strip, however, suggests that PHC should be a priority for health development (1).

Finally, it should be noted that employees of the military government are forbidden to talk about their work to researchers or journalists, or to allow visits to government institutions. This placed a constraint on the amount of information which could be obtained on the government sector, and meant that all informants must remain anonymous.

2. The Military Government Sector

In 1967, when the Israeli occupation of Gaza began, the military authorities took over the administration of the health infrastructure, which had previously been controlled by Egypt. While the majority of the employees in the government sector are Palestinians, all executive power concerning planning and financing has remained in the hands of Israeli officials.

The military government administers 4 hospitals and 25 clinics in the Gaza Strip. In 1985, the clinics treated an average of 110 patients per day during the five hours in which they were open (2). Seeing 110 patients a day (one every three minutes), a doctor can do little more than prescribe medicine on the basis of reported symptoms, without being able to take a proper history or conduct a physical examination. Thirty patients a day is probably a reasonable treatment rate, at which proper examination and diagnosis can occur.

The government services are free of charge for families who are covered by the government insurance scheme, for which the contributions have risen to $18 per month. Approximately half of the population of the Strip are covered by this scheme, but the percentage of the population enrolled has been steadily dropping in recent years. Gaza residents who we interviewed attributed this drop to three factors:

a. the increased cost of the insurance scheme;
b. the decreased quality of the service;
c. the reduced number of Gazans working in Israel. (Registered workers in Israel have their health insurance contributions automatically deducted from their wages.)

Government employees informed us that Israel likes to present its clinics as offering mother and child health care (MCH) and health education, but that, in reality, they offer little in addition to immunisation. The clinics were presented to us as being primarily a cheap source of medicines for those who are insured, but that increasingly the clinics are without even basic medicines, and that patients are being referred to hospitals in order to receive their prescriptions.

Government expenditure on health care in Gaza is an estimated $30 per capita (one tenth of public expenditure per capita on health in Israel) (3). This expenditure should be viewed within the context of the overall policy for public expenditure in Gaza which has been summarised as follows:

Estimated Public Expenditure Versus Income from Taxation of Gazans: 1985

Total Public Expenditure	$52.5 million
Revenue from direct taxation	$35 million
Revenue from Social Security and Health Insurance payments of Gazans working in Israel	$30 million
Income from Value Added Tax	$50 million
TOTAL INCOME	$115 million

Source: Estimated from Roy (4).

Thus existing figures suggest that less than half of the income raised through direct and indirect taxation of the people of Gaza is returned to the Gaza Strip in the form of service provision through public expenditure. This implies that the main constraint on the development of the public sector in the Strip, rather than being strictly financial, is the result of a policy on the part of the authorities not to use locally raised funds.

The Israeli authorities are keen to obtain external funding for the government sector, perhaps as a way of facilitating a reduction in their own contributions and thus increasing the net profit they make from the Strip.

This review is not intended to provide a detailed study of the quality of the government sector. However, all Gazans interviewed, both medical professionals and non-professionals, unequivocally regarded the government service as being of very poor quality. The official figures for treatment rate in the government clinics (3 minutes per patient) and for public expenditure ($30 per capita per year) provide some support for this view. What is perhaps equally significant is the fact that the people interviewed regarded the government sector as being part of the apparatus of occupation, and not as a local institution. This factor is important when considering the potential for the government sector to develop a community-based health programme.

3. UNRWA

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established following the creation of the State of Israel, in order to provide emergency relief for the Palestinian refugees who had lost their homes in 1948. About 70of the population of Gaza are refugees.

In the Gaza Strip UNRWA runs 9 clinics, which provide immunisation, prenatal care, well-baby clinics, and a variety of specialised services, all of them free of charge. The clinics are reported to suffer from a shortage of essential medicines (many of which are said to run out in the second week of every month) and from understaffing (an UNRWA doctor treats about 100 patients a day) (5). UNRWA employees who we interviewed emphasised the importance of "preventative" rather than "curative" health care, and they pointed to immunisation, health education, supplementary feeding and environmental sanitation as being main areas of work. They are now exploring the option of developing a home visiting system.

A recent study has shown that, despite the UNRWA programme, the prevalence of chronic and acute infant malnutrition has not decreased over the past 10 years among the Gaza refugee population (6).

UNRWA is a vast U.N. institution, which is administered from Vienna, and operates on a total budget of about $250 million per year, working in the West Bank, Jordan, Lebanon, and Syria as well as the Gaza Strip. UNRWA is a relief rather than a development agency. The employees who we met in Gaza presented their role as to "provide basic services to the refugee camp population until their problem has been solved".

Many Gaza refugees are extremely critical of UNRWA. One point of criticism is that UNRWA provides inadequate services because most of its money is spent on the enormous salaries of the administrators. This may or may not be the case, but this widespread attitude towards UNRWA is an important indicator of the rift between the agency and the people who it is meant to serve. The refugees find themselves living in appalling conditions and are angry that UNRWA is not doing more to improve their situation. What is more, many refugees informed us that they do not feel that they have a say in what UNRWA does.

The relationship between UNRWA and its clients involves, on the one hand, a population of refugees who demand the right to free services and, on the other hand, a cadre of UNRWA officials who dispense limited free services according to guidelines laid down

4. Other Non-Governmental Health Organisations

There are several non-governmental organisations working in health-related fields in the Gaza Strip: three Christian church-affiliated organisations and other independent Palestinian groups. The following organisations will be discussed below:

a. Church-affiliated groups:
   1. The Near East Council of Churches, Committee for Refugee Work (NECC CRW)
   2. The al-Ahli Hospital
   3. The Southern Baptist School of Allied Health Sciences

b. Local non-governmental organisations:
   1. The Red Crescent Society of Gaza
   2. The Central Blood Bank Society
   3. The Arab Medical Association
   4. The Gaza Medical Relief Committee
   5. The Friends of Patients Benevolent Society

4.1 Church-Affiliated Groups

4.1.1 Near East Council of Churches, Committee for Refugee Work

NECC CRW runs 3 health centres in poor districts of Gaza town, and plans to open a fourth clinic near Khan Yunis in the near future. They offer a similar range of services as UNRWA (prenatal care, well-baby clinic, sick-baby clinic and home visits) and are now beginning to organise regular health education lectures for mothers. Representatives of NECC stated that most of their clients were from the non-refugee population.

In comparison to UNRWA, NECC offers a higher quality service in so far as the number of patients treated by each doctor per day is about 20, and as the clinics normally have a full range of medicines available. The clinics also differ in that an examination fee of $2 is paid, and cost price is charged for medicines except for children under 6 years old, for whom medicine is free.

They also run "family centres" where girls are offered courses in domestic sciences. A large component of this course involves health related subjects. The centres are now beginning health education activities for mothers as an attempt to get the local population more involved in the activities of the centres.

4.1.2 Al-Ahli Hospital

Al-Ahli Hospital is run by the Anglican Church and is the only non-governmental hospital in the Gaza Strip. It has 60 beds, mainly for general surgery, and runs three outpatient clinics: an eye clinic, a dental clinic, and a chest clinic.

Thirty-five of the hospital beds are reserved by UNRWA for patient referral. The hospital's director reported that their bed occupancy is always close to 100%, and that they try to keep costs as low as possible ($30 per night) in order to render their service accessible to the poor.

4.1.3 The Southern Baptist School of Allied Health Sciences

This is a small college run by the U.S. Southern Baptist Church, and staffed mainly by American expatriates. They offer a 3-year diploma in nursing, taking approximately 15 students a year, most of whom leave Gaza on graduation to work either in the Gulf or the West Bank. The college is just beginning a medical technology course.

4.2 Local Non-Governmental Organisations

4.2.1 The Red Crescent Society of Gaza

The Red Crescent Society of Gaza runs four clinics in different parts of the Strip, and is in the process of developing a PHC approach in these centres, initially through the initiation of a home visiting programme. There is potential for the RCSG to develop a comprehensive MCH service in its four clinics, if funding can be obtained.

4.2.2 The Central Blood Bank Society

The Central Blood Bank Society has three donation centres throughout the Strip, a modern central laboratory, and blood storage facility. The primary aim of the Society is to organise blood donation and storage, but it also has the potential to develop health clinics in each of these centres. It also runs health education campaigns, has a lecture hall, and is planning to develop a health education resource library for use by local health institutions.

4.2.3 The Arab Medical Association

The Arab Medical Association exists primarily as a professional association for doctors and other medical professionals. It also runs an ophthalmic clinic in Rafah, and publishes a local medical magazine in Arabic. Its activities have been severely constrained by the military authorities.

4.2.4 The Gaza Medical Relief Committee

The Gaza Medical Relief Committee is a network of Gaza medical professionals who work in their free time to contribute to the health development of the Strip. Their main activity is the organisation of mobile clinics on Fridays, health education campaigns, and preventative screenings for local institutions. The committee has opened its first permanent centre in the Strip "in an attempt to develop a new model for health development in the area". They form part of the Union of Palestinian Medical Relief Committees, which has been working in the West Bank since 1978, and which has acquired considerable experience in primary health care development.

4.2.5 The Friends of Patients Benevolent Society

This group runs a single clinic in one of the more wealthy areas of Gaza town, staffed by 5 doctors who work as semi-volunteers. There is a token charge for consultation and lab services, and medicines are sold at cost price. The clinic also has X-ray facilities and a dental clinic.

5. Restrictions on Health Development by the Military Authorities

Any organisation which is formally registered in the Gaza Strip must operate under the close supervision of the military authorities. Most of the health institutions which we interviewed complained of repeated harassment by the military authorities, who have placed restrictions on the development of a wide variety of activities. The following list describes a selection of these restrictions:

a. The Arab Medical Association was refused permission to establish an ophthalmic clinic in Jabalia.
b. The Red Crescent Society was forbidden to construct a new hospital after funds had been raised and land purchased.
c. A mobile clinic of the Medical Relief Committee was once prevented from operating, but this has not occurred again following an international campaign.
d. The Friends of Patients Benevolent Association was refused permission to open a clinic in Beach Camp.
e. A health education lecture campaign of the Arab Medical Association was banned.
f. A first aid course to be run jointly by the Red Crescent Society and the Arab Medical Association was banned.
g. The chairman of the Red Crescent Society was prevented from travelling abroad.
h. A clinic run by a trade union was closed.
i. The Arab Medical Association was not allowed to establish two dental clinics: one in Khan Yunis and one in Rafah.

Above and beyond these restrictions it was reported to us that the authorities attempt to interfere in the everyday management of local health institutions. Thus, they have been attempting to establish a "development fund" and to insist that all donations to local institutions be first placed in this fund and released only at the discretion of the military.

6. Which Kind of Health Development?

A brief summary of the governmental, UNRWA and other non-governmental health sectors in the Gaza Strip has been presented. Section 2 described the kinds of problems associated with the government sector under the conditions of military occupation, in relation to budget, planning, and the relationship between the government and the community. Section 3 has attempted to explain that UNRWA is working as a relief rather than a development agency. Section 4 reviewed the activities and potential of local groups, and section 5 pointed out the difficulties faced by local health groups which are working in the Strip.

Before discussing detailed development plans, the following question should be answered: which kind of health development needs to be encouraged in the Gaza Strip? The preponderance of nutritional and infectious diseases indicates the need for a primary health care approach to health development, but in reality, different institutions apply the PHC idea in very different ways. What kind of PHC is needed?

The following definition is taken from the World Health Organisation's 1978 Alma-Ata Declaration:

> PHC is essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation (emphasis by author) and at a cost that the community and the country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community (7).

Real PHC involves the participation of the community in improving their own health, as it is only through local initiative that the root causes of ill health can be changed. This approach is distinct from simply giving curative and preventative health services without consultation or coordination with the population concerned.

In practice, the concept of participation remains an ideal which is hard to achieve, but it should be clear from this report that certain institutions have the potential to develop in the direction of PHC. It is especially those who have their roots within the local community who have this potential. The priority for supporting real PHC should be to encourage local organisations to develop their own, locally appropriate, health programmes.

Perhaps the essential question is: whose model for health development should be supported: the Israelis' model, Vienna's model, or a model developed by the people of Gaza themselves?

Notes and References

(1) For a useful review see: The Gaza Medical Relief Committee, Health in the Gaza Strip, Lithographed, Gaza, 1986.

(2) Calculated from: State of Israel, Ministry of Health, Review of Health and Health Services in Judaea, Samaria and Gaza 1985-1986, Jerusalem: Ministry of Health, 1986, p. 123 and p. 147.

(3) Roy, S., The Gaza Strip: A Demographic, Economic, Social and Legal Survey, Jerusalem: The West Bank Data Base Project, 1986, p. 112.

(4) Ibid., p. 77.

(5) Calculated from: United Nations Relief and Works Agency for Palestine Refugees in the Near East, Annual Report of the Director of Health 1985, Vienna: UNRWA for Palestine Refugees in the Near East, 1986, pp. 27-28.

(6) Jabra, A., Nutrition Survey Among Palestinian Refugees in Jordan, West Bank, and Gaza, Vienna: UNRWA for Palestine Refugees in the Near East, 1984.

(7) World Health Organization, Primary Health Care, Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978, Geneva: WHO, 1978, p. 3.

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