The Impact of Israeli Incursion, Siege and Closure on the Immunization Program in the West Bank

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Introduction

The first Israeli incursion, which lasted for a variable length of time, started in the city of Ramallah on March 29, 2002. Shortly thereafter, the remaining Palestinian cities, villages and refugee camps followed. Since then, and until the completion of this report, there have been successive reinvasions, in addition to strict siege and closure imposed around different areas. In addition, there are approximately 120 military checkpoints in the West Bank (WB) and Gaza Strip (GS).
Some villages, especially in the Hebron, Bethlehem, and Ramallah areas, had already been affected by siege and closure for 3–4 months prior to the incursion. The situation has adversely affected education, trade, health, and social life in all Palestinian areas.

Immunization Program

The vaccination schedule in the Palestinian Territories (PT) is unified between the United Nation Relief and Work Agency (UNRWA), which vaccinates refugee children, and the Palestinian Authority Ministry of Health (MoH), which vaccinates non-refugees children. Because there are free walk-in clinics for children under three, the responsibilities are not exactly clear-cut. Reports of vaccinations done by UNRWA are sent regularly to the MoH Epidemiology Unit, headed by Dr. As'ad Ramlawi, manager of Palestine National Expanded Program of Immunization (EPI).
Non-governmental Organizations (NGOs) and private physicians do not regularly offer routine immunizations to children. Few clinics of the NGOs were jointly operated with the MoH, to offer vaccine for the children, but given only by a staff nurse from the Ministry. On the other hand, a small number of private Pediatricians, in Ramallah and Bethlehem offer such services through private care.
During the different incursions, the MoH employees, along with the rest of the Palestinian population, were kept under curfew and/or siege in their homes in the different parts of the West Bank, paralyzing the health services.
Starting the second week of the invasion and working from their homes, staff of the Ministry of Health, with the help of International organizations such as UNICEF and Italian Cooperation, began to assess the effects of the situation on the immunization program in the different areas.

Objectives

This report will highlight the impact of the invasion, curfew, siege, and closure on the immunization program and how the MoH tackled the problems. Recommendations are made for future policies that might reduce the impact of such events on the health of the children, especially as there are no signs of peace.

Methodology

Telephone and personal Interviews were conducted with key personnel responsible for the immunization programs at the Ministry of Health, UNRWA, NGOs and private physicians. Immunization records available at the MoH for the months of January to April 2002 were reviewed.

Findings

Availability, accessibility and efficacy

The vaccines are normally kept in Ramallah Central Drug Store (CDS) and distributed every two months to the ten districts in the West Bank. Ramallah was the first city to be re-occupied, resulting in the interruption of immunization delivery. As other cities, villages and refugee camps were re-occupied several problems were encountered:

1. Interruption of electricity due to damaged lines affected refrigeration necessary for maintaining the efficacy of the stored vaccines (e.g. UNRWA clinic in Askar refugee camp, Nablus central clinic).
2. Destruction of clinics and damage to refrigerators and freezers where the vaccines were kept (e.g. Ramallah Health Center and UNRWA clinic in Jenin refugee camp).
3. Interruption of mobile clinics delivering vaccines to children living in remote areas (all areas of the West Bank).
4. Difficulty in transporting and delivering vaccines through check points, as checking the vaccines by Israeli soldiers exposed the stock to light, possibly reducing the efficacy of BCG and measles vaccines in particular. Back to back delivery, where goods have to be transported through the checkpoints from one truck in one side to the other truck on the other side of the checkpoint, takes time and there is no guarantee that the vaccine will get through at the end. In one instance, attempts to transport vaccines by donkey in a special cooler to Housan, a village in Bethlehem district, were unsuccessful and large amounts were destroyed.
5. Clients and staff could not access the clinics because of the tight siege imposed on the villages.

Distribution

As no one knew how long the incursion was going to last, continuing the vaccination program was the MoH and UNRWA priority. The priorities were to ensure that vaccines were distributed and ensure that staff was present in the various district clinics.

MoH staff, working by telephone from their homes and with limited documents, attempted to map out which clinics were functioning. Attempts were made to reach all staff to ensure clinics were open once the curfews were lifted. Peripheral clinics, more accessible to people during the limited hours when the curfew was lifted, were established. International humanitarian organizations to facilitate distribution of the vaccine from Ramallah city to other districts and areas were contacted.

Meanwhile, the " HART" (Health Action Response Team) an operating room run by the Italian Cooperation where coordination of activities between the MoH, Red Cross, UNDP, UNRWA, UNICEF, Doctors Without Borders (MSF) and Palestinian doctors and nurses from inside the green line, was initiated and maintained.

UNICEF, at the MoH request, took responsibility for distribution and vaccination process in areas that were declared completely closed military zones since the beginning of the incursion. A number of villages, especially those located west of Ramallah, such as Ras Karkar, Aljaneiah and Deir Ibzi', were under siege since February. No one was able to reach them and they were considered high-risk areas with a potential of disease outbreaks. Villages in the Hebron District, such as al-Shyoukh and Al-Fawar, were also in danger.

As a result, the MoH along with UNICEF started a 35-day vaccination campaign by the end of April. It was conducted according to the normal schedule including mopping up of polio. This campaign included all villages and areas considered as closed military zones in the following districts: Bethlehem (7 days), Ramallah (4 days) and Qalqilia (3 days). In the Nablus area, UNICEF covered a small number of villages during 4 days, while Palestinians doctors and nurses from inside the green line covered other villages. UNICEF (17 days) and Doctors Without Boarders (MSF) covered villages in the Hebron district. Areas of Tulkarim and Jenin were covered completely by MSF.

In all areas, the MoH provided the vaccines and staff when possible. As Israeli regulations require international personnel to be present in UNICEF vehicles in order to enter closed areas, the MoH, through UNICEF, was forced to hire an international consultant whose job was to sit in the car during delivery of vaccines.

Coverage

During the re-occupation, different health organizations worked together to facilitate a vaccination catch-up program. Regardless of where children were normally vaccinated, they were able to move between Government/Government centers or Government/UNRWA centers

Although records were taken, it is difficult to extrapolate because there is a lack of specific variables indicating whether children were from local or outside areas. The absolute number of vaccinated children is the only accurately recorded information. Depending on the state of siege or availability of vaccine, these records only indicate an increase or decrease in numbers of vaccinated children. These records indicate definite delays in reaching children that were compensated for immediately after the withdrawal of the IDF from the West Bank towns. The manager of the EPI program confirmed these observations.

Records audit at the MoH revealed an interruptions in the vaccination programs in almost all areas except Jericho City, which was not re-occupied.

UNRWA clinics, on the other hand, continued to operate, as doctors were staying in the clinics inside the camps. People were able to obtain medical care and vaccination for most of the time except in Jenin refugee camp clinic, which was destroyed, and Askar camp clinic, where the vaccines suffered irreversible damage due to electricity cut. Children and adults from Askar camp obtained vaccination and health care from the nearby Balata refugee camp clinic.

The NGO clinics in the villages were operating and providing the locals with medical treatment but not with vaccination unless the clinic was jointly run with the MoH. As described earlier, there were interruptions because of unavailability of vaccine or inaccessibility of the nurse to the clinic. Most of the clinics run by Union of Health Work Committees (UHWC) had generators and had a vaccine stock for three months. Clinics run by Union of Palestinian Medical Relief Committees (UPMRC) had only a small supply of vaccines and no generators.

Private doctors in Ramallah and Bethlehem are the only physicians in the WB that provide routine vaccines. During lifting of the curfews, they were able to vaccinate a small number of children (about 1 percent of vaccinated children). The MoH does not routinely monitor this

practice for the quality of vaccine refrigeration . In addition, not all the doctors report the names and the numbers of vaccines.
In summary, there was variation in the percentage of vaccinated children in the different areas influenced by the extent of the siege and the closure of these areas. For example, some areas reached 95 percent coverage, while others did not exceed 20 percent. This was especially true in the remote villages in Hebron district and areas considered as closed military zones.
Despite these intense efforts of the catch-up program, some problems remain, especially with tuberculosis (TB) and Hepatitis B.
Tuberculosis is controlled in the Palestinian Territories. During the first month, infants are given BCG. For infants who miss this vaccination, instructions are sent for nurses to give BCG at a later time. Private pediatricians and the Israeli MoH do not provide BCG to infants. Refugee camps, where poor nutrition, overcrowding, and poor ventilation is a common place recipe for the spread of TB, could see possible outbreaks, especially if vaccination is further compromised by the siege and curfews.
Another disease is hepatitis B. The MoH policy has been to vaccinate children immediately after birth, and to abandon routine testing of all pregnant women or to give immunoglobulins to newborns of infected mothers. At best, as shown by a pilot study done by the MoH, only 7 percent of infants of infected mothers received Hepatitis B vaccination with the policy. During the re-occupation and siege, 40 percent of births were at home compared to 7 percent in normal times. Many newborns could not reach the clinic immediately after birth and the 7 percent of infants of infected mothers normally vaccinated will acquire Hepatitis B and most of them will become chronic carriers. Also one expects that some hospitals ran out of Hepatitis B stock due to closure or it was damaged due to electricity cuts.
No one will know now, the number of infants who were at risk or have acquired Hepatitis B, but in due time, the MoH predicts a 3.4 percent increase in the overall rate.

Conclusions

The Israeli incursion to the West Bank has a detrimental effect on many aspects of public health, most prominent of which is impeding routine immunization. The Ministry of Health tried to compensate for interruptions to immunization by drawing on the help of the local health sectors and international organizations.
Action is ongoing with UNICEF and MSF to provide service to inaccessible areas in order to minimize the potential of outbreak of disease, which would add additional financial, administrative, and human burden to a health system already exhausted by the war condition that has existed in Palestine for the last 20 months.
Despite such efforts, the MoH has been unable to compensate for low coverage of TB and time-dependant Hepatitis B immunization.
There is an urgent need to lift the siege imposed on the West Bank in order to facilitate the passage of medical staff to different areas in order to complete the routine vaccination program. Viruses and bacteria do not know boarders or military check points and spread of any outbreak will affect the entire region.

Recommendations

Since the political situation appears to be continuing, emergency plans that can function well in various situations must be planned with suggestions mentioned below.

1. Trained staff must be locally available where the MoH clinic is based.
2. Rural clinics should be linked to houses or institutions with generators in case of electricity cuts or have their own generators similar to the UHWC clinics. At this time, the main vaccine centers in each district do have generators.
3. All rural centers should be provided with special vaccine refrigerators that can keep the vaccine unaffected up to 3 days if not opened. These are available in some centers.
4. Cooperation between MoH and private Pediatricians, which will guarantee control and maintenance, by the MoH, of such an already existing service
5. Special attention should be paid to Hepatitis B, as early vaccination is crucial. During the incursions, non-health professionals assist home deliveries, as ambulances are not allowed to transport women delivering to hospitals during curfews. One can only support the present system, which provides hospitals and ambulance services with the vaccine to be used when needed. Also there might be a benefit in training and providing Traditional Birth Attendants with the vaccine although storage might be a problem.
6. In the case of TB, catch-up should be encouraged at any time during infancy. Education programs to encourage awareness of risk of spread through poor ventilation, overcrowding and malnutrition should be implemented.

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Interviews

Dr. Asa'ad Ramlawi. Manager of Palestine National Expanded Program of Immunization (EPI) at the Ministry of Health. Dr. Ramlawi provided us with the numbers and information about the Ministry of Health during siege.

Dr. Muhammad Khalili. Field Disease Control Officer, West Bank. UNRWA.

Dr. Kamal Zeineh. Primary Health Care Coordinator, Union of Palestinian Health Work Committees

Dr. Jihad Mash'al. General Director, Union of Palestinian Medical Relief Committees.

Dr. Daoud Abdeen. Ramallah District Manager, Union of Palestinian Medical Relief Committees

Dr. Amin Thalji. Private Pediatrician, Ramallah.

Dr. Jihad Taha. Private Pediatrician, Ramallah

Dr. Ghada Asfour. Private Pediatrician, Bethlehem.

Zuhdi al-Jubeh. Manager, Al-Hanan Hospital, Sameerames-Jerusalem.