

HI – MIDDLE EAST - BRIEFING PAPER - SEPTEMBER 2023

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

“My life had been dramatically changed since I was injured during the last escalation in Gaza 2023. Every aspect of my life became a challenge due to the severity of my injury. My mobility was severely limited, and I found myself dependent on my son and his wife for assistance in everyday tasks and faced sleeping disorders. Thanks to the multidisciplinary rehabilitation team who helped me to cope with my daily stressors and trained me on the use of the wheelchair to be independent in indoor and outdoor mobility”, Mariam said.

Mariam is a 49-year-old woman, she has a partial cut in the spinal cord resulting from a heavy object fallen on her back due to an explosive bombing in the last escalation in Gaza in May 2023. Mariam received multidisciplinary rehabilitation services from Palestine Avenir for Childhood Foundation (PACF)- HI Rehab partner in Gaza City.

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 supports people of all ages with diverse health conditions to be as independent as possible in their daily life activities. It does so through different interventions, including the provision of assistive technology.

Rehabilitation is a term commonly used to indicate health services that aim to

rehabilitate and habilitate. Habilitation, a word used in the 26th article of the Convention for the Rights of People with Disabilities,¹ refers to a process aimed at helping people gain certain new skills, abilities, and knowledge. On the other hand, “rehabilitation” refers to regaining skills, abilities, or knowledge that may have been lost or compromised due to new impairments or changes of circumstances.

Rehabilitation is for all. Rehabilitation is often seen as a specialized health intervention needed by only a few people, especially persons with disabilities. A recent

¹ United Nation; Department of Economic and Social Affairs
Disability:
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>

study² shows that 2.4 billion people globally live with health conditions that would benefit from rehabilitation. This number suggests that rehabilitation should be a priority health care service contrary to the standard view.

The Member States of the World Health Organization (WHO), in the Seventy-sixth World Health Assembly (2023), adopted the first-ever resolution on rehabilitation, which urges governments, the WHO, and other stakeholders to step-up efforts to:

- Integrate rehabilitation at all levels of health systems, and close to where people live.

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.

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, arrest operations, punitive demolition and settlers violence: the number of Palestinians killed in the West Bank and Israel by Israeli forces so far in 2023 (172) has surpassed the total number killed in all of 2022 (155), which already saw the highest fatalities in the West Bank, including East Jerusalem, since 2005.³ These deaths cause traumas within families and

- Continue efforts to strengthen rehabilitation and AT-related professions.
- Ensure access to rehabilitation for people further left behind, including people living in low-income countries, in fragile contexts, persons with disabilities, women and girls.
- Incorporate rehabilitation in emergency preparedness and response, including in emergency medical teams.

communities, thus raising also the need for psycho-social and mental support.

Daily violent incidents involving Palestinians, Israeli settlers and Israeli forces across the West Bank continued in 2023. In the period from 8-21 August, 559 Palestinians, including at least 148 children, were injured by Israeli forces across the West Bank, including 21 people by live ammunition. Since the beginning of the year, a total of 705 Palestinians have been injured with live ammunition by Israeli forces in the West Bank, almost double the number in the equivalent period in 2022.⁴

In the Gaza Strip, 33 Palestinians were killed during the May 2023 escalation of hostilities between Palestinian armed groups in Gaza and Israeli forces. Out of the total fatalities, at least 12 were civilians (four girls, two boys, four women and two men). Moreover, according to the Ministry of Health in Gaza, 233 Palestinians were injured in Gaza during the first seven months of 2023 (69 children and 48 women). 192 of the injuries were reported during the May 2023 escalation (63 children and 47 women), and forty-one injuries were reported outside the May escalation during shooting incidents by IF along Israel's perimeter fence and at sea

² A. Cieza et al. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet.

³ Protection of Civilians Report | 8-21 August 2023-OCHA.

⁴ Protection of Civilians Report | 14-27 February 2023-OCHA.

during Israel's enforcement of the Access Restricted Area inside Gaza.⁵

According to the 2022 **Multi-sectoral Needs Assessment (MSNA)**, 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 Bank⁶ 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.⁷

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.⁸

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.⁹

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, life-threatening 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.⁸

The commitment of oPt towards rehabilitation lead the Ministry of Health to include a rehabilitation specific objective, # 5, into the Health Sector Strategic Plan for Southern Governorate 2021 – 2025.⁸ These covers:

1. *Enhancing palliative care services*
2. *Upgrading rehabilitation services for the injured*

⁵ OCHA Jan-July_2023-Overview_final.pdf

⁶ [Reach Key Sectoral Findings 2022 - West Bank](#)

⁷ [Reach Key Sectoral Findings 2022 - Gaza](#)

⁸ 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

⁹ Mental Health in the West Bank and Gaza.pdf

3. Strengthening health services and rehabilitation for people with disabilities.

Moreover, the [76 World Health Assembly](#) calls for strengthening rehabilitation in health systems; while the [SEVENTY-FIRST WORLD HEALTH ASSEMBLY](#) calls for Improving access to assistive technology.

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).

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 Sectorial Needs Assessment (MSNA). From November to December 2022, the HI team 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.¹⁰ 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 faced obstacles when trying to access healthcare services (99.9% of households in Gaza and 95% in the West Bank).

¹⁰HI, Preparedness Rapid Need Assessment (RNA) Report, January 2023

¹¹ HI, Preparedness Rapid Need Assessment (RNA) Report, January 2023

Which barriers restrict access to rehabilitation services in oPt?

According to the HI recent Rapid Need Assessment (RNA), 58 % of the 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%).¹¹

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.¹²

Those who are eventually referred to rehabilitation services have to deal with their scarce availability. 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.

¹² HI, observations and lessons learned from past and current projects

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), might 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.

Cost 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 respondents agreed that post-trauma or rehabilitation services are affordable. More than half of the affected population is unable to afford the rehabilitation or obliged to de-

prioritize other basic needs. Only a few assistive products are available free of charge, and their availability usually depends on 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 service provision reflect broader limitations at the system level. Central authorities lack understanding of the rehabilitation needs of the population and the capacity to address them. The absence of systematic data collection, reporting and analysis leads to the de-prioritization of rehabilitation in health planning and limited resources are allocated to rehabilitation compared to other health sectors.

Conclusions and Recommendations

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

At the policy level

- Enhance the Ministry of Health'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 centralized 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 Ministry of Health's 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

- 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.

At the 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.

At the service-provision 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 (PHC) and enhancing community-based rehabilitation (CBR);
- Support the Ministry of Health to develop rehabilitation guidance standards to harmonize the provision of services (including standardising the price for rehabilitation across public services) and train the rehabilitation professionals on this guidance;
- Integrate telerehabilitation as a modality of intervention to reach the most vulnerable communities who live in remote areas or have mobility limitations.
- 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”,¹³

- Support MoH and other health and rehabilitation actors to implement the World Health Assembly resolution «Strengthening rehabilitation in health systems»,¹⁴
- 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.



Rema 70-year-old woman, having a stroke resulting with weakness on the left side. She received multidisciplinary rehabilitation services from HI partners, including physiotherapy and occupational therapy. Rama received a walking stick to walk with balance. Her occupational therapist trained her on activities of daily living to maintain maximum level of functioning and independency at home with the help of her caregiver. ©HI

¹³ Palestinian Centre for Human Rights

¹⁴ Strengthen Rehabilitation in Health System.pdf