



## Gaza Strip

Impact of the international  
embargo and the attacks by the  
Israeli army on the population's  
health status

***Médecins du Monde***

***Survey 2006***



Figure 1: Map of the Gaza Strip.

## LIST OF ABBREVIATIONS

- CAP:** Consolidated Appeals Process
- FAO:** Food and Agriculture Organisation of the United Nations
- FIDH:** International Federation of Human Rights Leagues
- IAF:** Israel Air Forces
- IDF:** Israel Defence Forces
- ILO:** International Labour Organisation
- IUED:** Graduate Institute of Development Studies (Geneva)<sup>1</sup>
- MAS:** Palestine Economic Policy Research Institute
- MdM:** Médecins du Monde - France
- MOH:** Ministry of Health
- NAF:** Needs Analysis Framework
- OPT:** Occupied Palestinian Territories
- OCHA:** United Nations Office for the Coordination of Humanitarian Affairs
- PCBS:** Palestinian Central Bureau of Statistics
- PHC:** Primary Health Care
- PMA:** Palestine Monetary Authority
- PRCS:** Palestinian Red Crescent Society
- UNRWA:** United Nations Relief and Works Agency for Palestine Refugees in the Near East
- WFP:** World Food Programme
- WHO:** World Health Organisation

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<sup>1</sup> In 2001, the United Nations agencies working in the Palestinian Territories asked IUED to carry out a survey amongst Palestinians to find how they perceived their living conditions. Since then, IUED has continued to produce regular new analyses. Its data is valuable for establishing comparisons of the situation concerning Palestinians' living conditions. The IUED analyses are one of the only sources of statistics for 2006.

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## SUMMARY

Since February 2006, the Occupied Palestinian Territories have suffered the effects of the international economic embargo ordered by the main western donors after Hamas's victory in the parliamentary elections of 25 January 2006. The suspension of aid causes extra problems for the Palestinian civilian population, whose living conditions have continued to deteriorate ever more sharply since 2000. In this context, operation "Summer Rain", launched by the Israeli army on 28 June as a reaction to the kidnapping of a soldier by Palestinian militants, is an additional aggravating factor which increases the risk of destabilising the area and driving the Palestinian Territories into a major humanitarian crisis.

70% of the Palestinian population currently live below the poverty line<sup>2</sup>, the recorded unemployment rate in the Gaza Strip stands at 40%<sup>3</sup> and it is harder to access food and drinking water than before 2000. In addition, the destruction of infrastructure and main transport routes during operation "Summer Rain" launched on 28 June, greatly hinder electricity, drinking water and fuel distribution and restrict travel in the Gaza Strip. Therefore, beyond the immediate consequences on the population's physical and mental health, the latest Israeli incursion into the Gaza Strip could have long-term effects and weaken still further an already unstable situation.

Médecins du Monde-France (MdM) is an international solidarity medical association which has been involved since 1980 in improving the living conditions of civilian populations across the world, especially in terms of access to hygiene, medicines and health care.

In this report MdM is seeking to evaluate the Gazan population's health care access and the problems health care teams have faced since the beginning of 2006 through an analysis of the health status of patients consulting medical facilities in the Gaza Strip.

The analysis is based on data collected directly on the ground during two surveys led by MdM-France and carried out by its local team based in Gaza. These surveys were carried out before and during operation "Summer Rain", the first from 27 to 29 June 2006 and the second from 3 to 8 July 2006<sup>4</sup>. They covered a total population of 1487 people who came for consultations at fifteen health facilities representative of all the Gazan health facilities and distributed across the Gaza Strip (north, centre and south). There were three parts to the surveys: living conditions (work, housing conditions, access to food and water), health care access (accessibility of health facilities and medicines for patients, accessibility of place of work for health care workers), and mental health.

The most revealing results about the overall situation before operation "Summer Rain", and then about how the situation deteriorated, concern:

**Access to health facilities:** at the beginning of June, 23% of patients took over a week to seek a consultation. Since the beginning of July, it took them on average four times longer to reach health facilities.

**General health status:** in May 2006, premature births in hospitals increased by 60%. 52.6% of patients who consulted were suffering from chronic illnesses; 93% of them were receiving treatment. Psychological illnesses were continually increasing, especially among children. Since June 2006, 84.7% of the interviewees had witnessed a traumatic event in the days preceding the consultation.

**Employment:** 35% of interviewees said they were unemployed or had no fixed income. 30% of those with a job were working in the informal sector.

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<sup>2</sup> IUED data: In 2006, IUED fixed its poverty line at 2.7 dollars per person / day.

<sup>3</sup> PCBS data: according to the wider definition which includes workers who have given up looking for a new job.

<sup>4</sup> MdM's data will be presented in boxes in this report.

**Access to water:** before operation “Summer Rain”, 70% of interviewees had access to running water. This percentage fell to 32.5% at the time of the incursion. At the same time, health facilities were not receiving enough water to operate normally and the supply was very intermittent.

**Access to electricity:** the destruction on the first day of operation “Summer Rain” of the Nuseirat power station which supplies Gaza meant that hospitals were without electricity for several hours each day. Generators were not able to compensate for the power cuts in health facilities or in private homes.

**Access to food:** before operation “Summer Rain”, 40% of interviewees ate at least 3 meals per day. Since the events of June 2006, over 90% of them declared that they were eating fewer than 3 meals per day.

The analysis of the data from the two surveys will be sent to the Quartet members and especially to the European Commission, so that the consequences on the Palestinian population of the economic embargo set up after Hamas was elected in February 2006, and aggravated by the Israeli authorities’ operation “Summer Rain”, can be assessed and taken into account to implement an effective aid policy. The people of Gaza, who have been tested physically and psychologically, need to be supported to encourage them to engage in a process other than that of violent revenge.

To this end Médecins du Monde calls on **the Israeli authorities**

**With respect to access to health care :**

- to stop indiscriminate attacks against civilian infrastructures and populations in violation of international humanitarian law,
- to stop incursions and the occupation of Palestinian towns, in violation of international humanitarian law,
- to guarantee the protection and neutrality of all medical facilities (ambulances, clinics, hospitals) and their staff, in strict respect of the medical mission,
- to guarantee free access of health care workers to the injured, and of the injured to health facilities.

**With respect to the economy:**

- to free the Palestinian Territories from the economic noose imposed by the loss of customs duties and VAT,
- to reopen the Karni, Erez and Rafah passages to allow medicines and staple products to enter the country and allow patients access to health care in Israeli territory or abroad in compliance with the *Agreement on Movement and Access* signed in November 2005.

**Médecins du Monde calls on the Palestinian authorities, the Palestinian government and the militant groups:**

- to take all measures necessary to end attacks on the Israeli civilian population,
- to ban the presence of armed militants in all medical facilities (ambulances, clinics, hospitals) and to guarantee the protection of their staff, in the strict respect of the medical mission,
- to respect and guarantee international humanitarian workers’ freedom of movement and freedom to work, in respect of their mandate.

**Médecins du Monde calls on the Quartet members:**

- to re-start negotiations for a peace plan leading to the creation of a democratic and viable independent Palestinian state living alongside Israel and other bordering countries in peace and security,

- in the meantime, to re-establish and respect their commitment to maintain humanitarian aid to the Palestinian population,
- to ensure that the support provided to the Palestinian population is no longer subject to political considerations alone.

**Médecins du Monde calls on other states** to fulfil their obligation to respect and hold international humanitarian law in respect in accordance with article 1 common to the four Geneva Conventions .

## BRIEF REMINDER OF MdM-FRANCE'S WORK IN THE AUTONOMOUS AND OCCUPIED PALESTINIAN TERRITORIES

- 1990 Prevention work in the Palestinian camps in Jordan .
- 1995 Mental health programme in Ramallah, extended to Nablus from 2000.  
Training in emergency surgery in the public hospitals in Jenin, Nablus, Hebron and Gaza City.
- 1999 Opening of a reception centre in East Jerusalem in conjunction with 'Caritas'.
- 2002 Start of the "*Improving emergency treatment in the Gaza Strip*" programme (2002-2006).  
MdM-France - FIDH report on operation "Protective Shield" in Nablus.
- 2003 MdM-France report on barriers to health care access in the Palestinian Territories.
- 2004 MdM-France – FIDH report on operation "Rainbow" in Rafah.
- 2005 MdM-France report on the impact of the Wall on the Palestinian health service.

(see Appendix 1)

## CONTEXT

### The election of Hamas – January 2006

Driven by the United States and funded by the European Union, the general election organised by the Palestinian Authority on 25 January 2006 gave victory to the Hamas party<sup>5</sup>, a definitive result beyond dispute in the eyes of the international observers present at the poll. At the same time, the results caused strong reactions, especially in Israel, Europe and the United States.

While the state of Israel demanded that the new Palestinian government recognise its existence, Hamas announced on its investiture that it intended to pursue the programme in its charter of the Islamisation of Palestinian society and the destruction of Israel<sup>6</sup>. Consequently, in March 2006, Israel introduced the following sanctions:

- a freeze of the monthly transfer of approximately 60 million dollars corresponding to the repayment of customs duties and VAT taken on products destined for the Palestinian Territories. This money makes up approximately 30% of the Palestinian Authority's budget and provides the salaries of over 150,000 civil servants,
- the Israeli cabinet called on the international community to *"stop all aid to the Palestinian Authority, apart from humanitarian assistance to the population"*<sup>7</sup>.

Following the United States, Japan and Canada, the European Commission - the leading donor to the Palestinian Territories<sup>8</sup> - decided on 10 April 2006 to suspend its aid to the new government. Since 1994, external aid has provided 53% of the Palestinian Authority's budget (see Appendix 2). Suspending this funding looked like being disastrous for the running of the new Palestinian government: in April 2006, the Palestinian Authority's budget fell to under 60 million dollars per month (see Appendix 3).

In May 2006, having seen the economic impact of the suspension of external funding and the social consequences perceptible from April, the European Union and certain European governments, such as Norway, on an individual basis decided to set up a system to send direct aid to the Palestinian population bypassing all contact with the Hamas government. The European Union was therefore entrusted with implementing a "temporary international mechanism" approved by the Quartet on 17 June 2006. 100 million euros were put into this special emergency aid fund and it was given a three-point mandate:

- to support the health and education sectors (equipment and salaries), via World Bank programmes;
- to make staple products accessible: fuel, water, electricity;
- to put in place a system of direct aid to the most deprived populations by allocating allowances (the most disputed point because the hardest to implement).

The initiative was formally denounced by the government formed by Hamas who saw it as a direct attack on its sovereignty.

Several of the western NGOs working on a long-term basis in the region, including FIDH, MSF, Oxfam and MdM, denounced the system which saw them taking on the role assigned to ministries. They called on the international leaders to reconsider their aid policy and their decision to suspend international humanitarian aid by highlighting the consequences of such a decision on the humanitarian level.

<sup>5</sup>Included in the international community's and European Union's lists of "terrorist groups"

<sup>6</sup>United Nations Information Service, "Funding of Palestinian Authority subject to abandoning violence, affirms the Quartet", January 2006.

<sup>7</sup>"The Palestinian Authority punished by Olmert government", Le Figaro, 19 February 2006.

<sup>8</sup>The European Union's share of aid is 25% (approximately 500 million dollars), the United States' is 17%. In total, over 1 billion dollars of external aid is distributed annually.

Although the allocation of this Special Fund was agreed in principle at the beginning of June with the agreement of the United States, its actual application is taking time: in mid-June the European Union was optimistically hoping for it to start at the beginning of July<sup>9</sup>. To date, the mechanism has still not been properly implemented: during the initial phase – July, August and September – three transfers were made to pay the salaries of 11,994 health care staff and an allocation of 2,000 NIS was made to provide aid to 50,000 of the most deprived people. In the second, and current, phase the sums for health care staff salaries and the allocation for the most deprived populations have been merged, leading to the transfer of an allocation of 1,500 NIS for everyone. Officially, the fund's mandate has been renewed for a further 3 months.

The catastrophic economic consequences linked to the suspension of external funding in protest at the setting up of the new Palestinian administration are not the only effects of Hamas's victory. It has also encouraged the Israeli government to harden its policy, shown by increased control of the movements of people and goods between the Gaza Strip and Israel, thus isolating the Palestinian enclave and its population even more<sup>10</sup> (see *Appendices 4 and 5*). The opening and closure of the crossing points between the two territories are under the sole authority of the Israeli government. As a result, from January to May 2006, the Karni passage, through which goods and supplies pass, has been open only 44% of the time - 59 days only.

Since February, the average number of daily movements of Gazan workers and traders to Israel through the Erez passage has also fallen: whereas the average had reached a very high level in February 2006, it was zero in April and May 2006 because the crossing point was totally closed<sup>11</sup>.

This policy of isolating the Gazan civilian population has had the effect of heightening political tensions between the two neighbours. It is also one of the main factors in the worsening of the economic and social crisis in the Gaza Strip. Lastly, it has had repercussions on the population's physical and mental health status.

It is important to remember that the economic sanctions which hit the Palestinian Territories following the election of Hamas, then operation "Summer Rain" in response to the kidnapping of the Israeli soldier, are part of an already particularly tense and difficult climate for the Palestinian civilian populations. Acts of violence occurred regularly on both sides during the first months of 2006, despite the relative calm hoped for after the unilateral withdrawal plan of July 2005.

Thus, although there have been no suicide attacks in Israel for more than 6 months, Palestinian militants have continued to launch Qassam rockets towards Israeli villages, usually leading to material damage but sometimes to loss of life or accidents amongst civilians.

In response to what they consider provocations, the Israeli forces carried out operations which, as well as causing civilian casualties, led to the destruction of civilian housing and Palestinian public infrastructures (though they also killed or wounded civilians), especially those considered strategic, such as bridges, roads or power plants<sup>12</sup>. They also led to a security clampdown and the reoccupation of the main towns in the West Bank, the imposition of a curfew in areas under Palestinian control, the setting up of new military check-points, the targeted assassination or detention of political leaders, and mass arbitrary arrests. In addition, the construction of the Wall has continued around Jerusalem and in the Occupied Palestinian Territories.

<sup>9</sup> "On 14 July 2006, as a result of the worsening situation in the Palestinian Territories, the European Commission announced that it intended to release an additional 50 million euros in the form of humanitarian aid. [...] This money is in addition to the 34 million euros taken from the Commission's normal humanitarian aid budget announced last week, the 105 million euros channelled through the temporary international mechanism aimed at providing direct aid to meet the Palestinian population's basic needs and the 120 million euros announced in February."

<sup>10</sup> From a legal point of view, the issue of "freedom of movement" arises from the International Human Rights Law: art. 12 of the International Pact on civil and political rights. Exceptions are allowed for security and public order reasons.

<sup>11</sup> In OCHA, CAP occupied Palestinian territory 2006, [Revised Emergency Appeal](#), 31 May 2006.

<sup>12</sup> In OCHA, CAP occupied Palestinian territory 2006, [Revised Emergency Appeal](#), 31 May 2006.

Thus, since the start of 2006, there has been an upsurge in acts of violence, leading directly to losses of Palestinian and Israeli lives, including children, and to the continued deterioration of the civilian population's security<sup>13</sup>.

As well as these tensions, there have been dissensions in the Palestinian Territories between the Hamas party and the other parties, notably Fatah, disagreements which have increased and often lead to violent internal confrontations.

### 28 June 2006: operation "Summer Rain"

Following the capture of the Israeli corporal Gilad Shalit, whom the Palestinian militants wish to use as a bargaining counter<sup>14</sup> for the release of all women and children imprisoned by Israel, the Israeli army launched the military operation "Summer Rain" on 28 June, the first land incursion by the Israeli army into the Palestinian Authority's territory since the unilateral withdrawal plan of July 2005.

On 28 June, the Israeli army entered the Gaza Strip at the same time as it intensified its air attacks and land bombardments<sup>15</sup>. The first days of the operation were marked by the destruction of the main power plant<sup>16</sup> in the Gaza Strip. This had the immediate effect of depriving the territory of 70% of its electricity production. The manoeuvres led to the destruction of three bridges, main transport routes as well as strategic infrastructures. Several Palestinian members of parliament and government ministers were the subject of arbitrary arrests<sup>17</sup>. Some of them have since been released. To date, 18 Hamas members of parliament are still detained in Israel.

From the beginning of July, direct combat intensified, causing victims on both sides. All crossing points remained under the strict control of the Israeli authorities; they were opened only occasionally. For example, the Erez passage was reopened on 3 July to diplomats and journalists; the Nahal Oz passage was also reopened the same day to bring in fuel.

According to a UNDP report covering the period from 28 June to 28 August 2006, the estimated cost of all the damage caused is in the order of 46 million dollars.

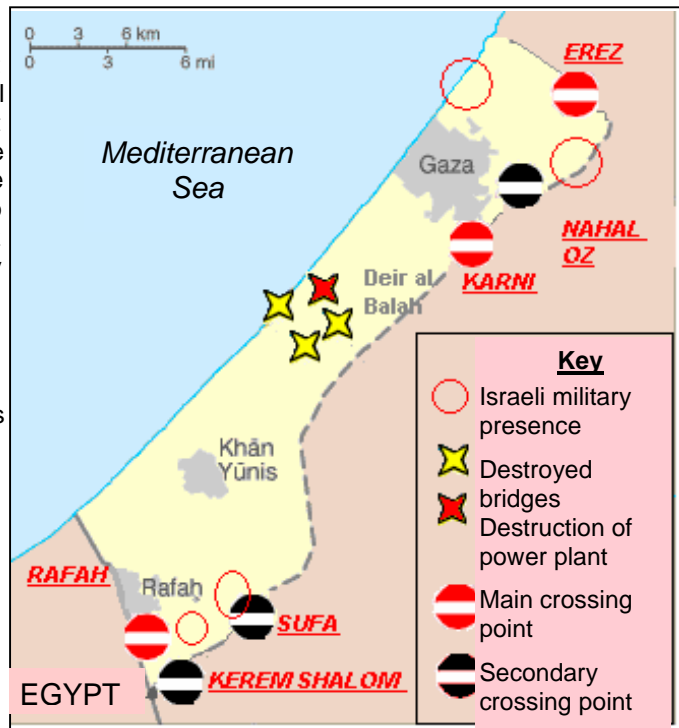


Figure 2: Map showing the situation in Gaza at the beginning of July 2006 (source OCHA)

<sup>13</sup> In OCHA, CAP occupied Palestinian territory 2006, *Revised Emergency Appeal*, 31 May 2006.

<sup>14</sup> Negotiations are still ongoing with Egyptian mediation for the release of the soldier.

<sup>15</sup> OCHA, Situation Report: Electricity, water and fuel supplies dwindling within the Gaza Strip, concerns over deteriorating humanitarian crisis, 30 June 2006.

<sup>16</sup> The Nuseirat power plant located in the Centre, in the Deir al Balah region.

<sup>17</sup> Since 29 June 2006, 64 Hamas leaders, including 8 ministers, 26 members of parliament and the Chairman of the Palestinian parliament.

# THE SURVEY

## METHODOLOGY

First of all, we would like to thank our Palestinian MdM team in Gaza and Jerusalem, without whom we would have been unable to carry out this survey.

The results presented in this document come from two surveys carried out one after the other in the Gaza Strip, the first a few days before the Israeli operation “Summer Rain” which began on 28 June 2006, and the second during the incursion, in July 2006.

### 1. Survey carried out 27 to 29 June 2006

The initial aim of the survey was to assess how access to health care and the health status of the Palestinian population in the Gaza Strip had deteriorated, in a context characterised by the suspension of external aid and Israel’s policy of firmness, shown for example by sealing off the area. We also wanted to assess whether any new poverty-related illnesses had appeared.

As it was physically and logistically impossible to carry out a survey of the general population, especially due to the prevailing climate of insecurity, the study was limited to a representative sample of people attending general medical consultations in the Gaza Strip’s health facilities. The general population’s access to medical consultations was fairly good (many health facilities, professionals present in the facilities, possibility of free consultations), unlike access to treatment and therapies.

This survey therefore allowed living conditions, health care access, and the health status of that specific population of patients to be assessed. Although extrapolations to the general population of the Gaza Strip cannot be made, the results obtained do allow us to draw out some important trends.

A representative sample of the health facilities in the Gaza Strip was formed from the following three criteria: type of institution (hospital / health centre); institution to which it is attached (MoH, UNRWA, NGO / PRCS); and geographic sector (the Gaza Strip is divided into 5 areas: Gaza North, Gaza, Deir Al Balah, Khan Yunis and Rafah), taking into account the degree of urbanisation of the areas.

Fifteen health facilities were selected: 5 hospitals (out of 19) and 10 health centres (out of 78):

Name of Hospital	Institution	Geographic Sector
Al-Awda	NGO	Gaza North
Al-Shifa	MoH	Gaza
Al-Aqsa	MoH	Deir Al Balah
Al-Amal	PRCS	Khan Yunis
Al-Najar	MoH	Rafah

Name of health centre	Institution	Geographic Sector
Beit-Hanoun	MoH	Gaza North
Al-Assria	NGO	Gaza North
Al-Rimal (Al-Sweidi)	MoH	Gaza
Al-Nuseirat	UNRWA	Deir Al Balah
Al-Bureij	MoH	Deir Al Balah
Khan Yunis	MoH	Khan Yunis
Bandar	MoH	Khan Yunis
Ma’an	UNRWA	Khan Yunis
Al-Awda	NGO	Rafah
Rafah	UNRWA	Rafah

The sampling of patients interviewed was made randomly, in agreement with the institutions' administrative and medical managers, by 10 interviewers attending the institutions daily, recruited and trained by the MdM-France team based in Gaza.

The data was collected by means of a questionnaire (see *Appendix 6*) made up of closed multiple-choice questions and a few open questions. The questionnaire was designed jointly by teams at MdM-France's head office (Project Coordinator, Middle East Desk, Advocacy Department and the Technical Support for Operations Department) and by the teams working on the ground (coordinating body in Jerusalem and local team in Gaza). The questionnaire and protocol were then finalised in Gaza between 19 and 21 June 2006 (Jerusalem and Gaza teams and Technical Support for Operations Department) and then tested on two sites in Gaza.

The non-medical section of the questionnaires was filled in during interviews carried out with the patients in waiting rooms by MdM-France's interviewers. The medical part of the questionnaires was filled in during the consultation by the doctors involved in the survey.

In accordance with the original timetable, the data collection started on 27 June 2006, on the eve of the Israeli incursion into the Occupied Palestinian Territories. The feasibility of carrying out the survey in a context which had suddenly become extremely tense was immediately called into question but, on the advice of the local teams, the data collection continued until 29 June 2006. In 3 days, 482 people were interviewed in 15 facilities: 25% of them in the 5 hospitals and 75% in the 10 health centres.

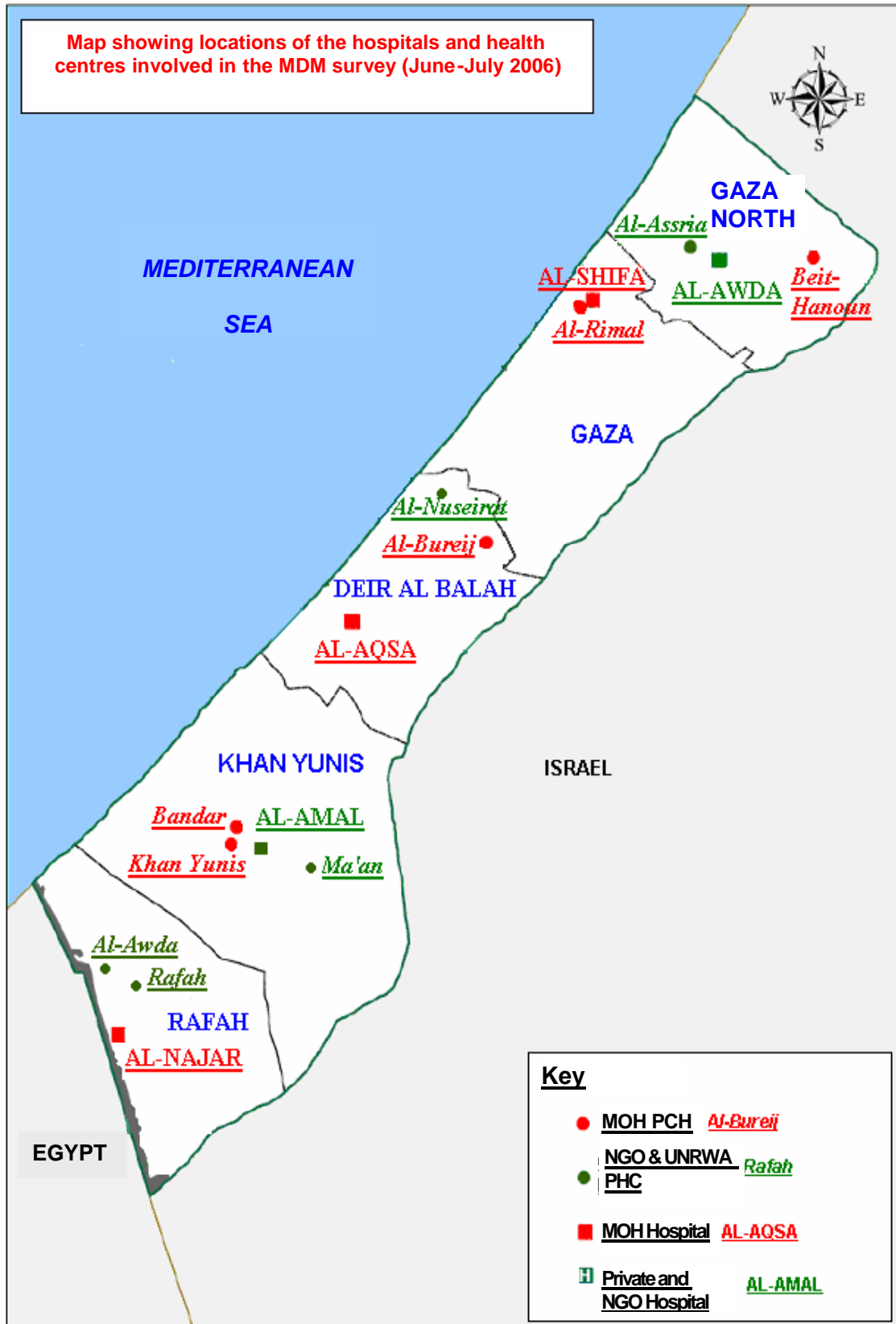
## **2. Survey carried out 3 to 8 July 2006**

In view of the abrupt change to the political situation and the context (from a crisis situation to a large-scale military incursion), MdM wished to continue to collect data to assess how living conditions and sanitary conditions had deteriorated, in the light of the results obtained in the same facilities before the Israeli incursion.

Despite the insecurity and major travel problems, the interviewers and medical team partners decided that it was in fact possible to continue the survey in most of the identified sites, most of which had been transformed into emergency departments.

Because of the change of objectives and context, a new version of the questionnaire (see *Appendix 7*) was drawn up by the same people (in head office and on the ground) in close contact with Dr Pierre Micheletti, President of MdM-France, who was visiting Jerusalem at the time. The new questionnaire explored in greater depth living conditions before and during the Israeli incursion, access to medical consultations and the results of these, with particular attention to chronic illnesses and symptoms which could show the existence of psychological trauma.

The second phase of the survey ran from 3 to 8 July 2006 on the same sites. In 6 days, 1005 people were interviewed: 16% of them in the emergency departments of the 5 hospitals and 84% in the health centres which had become reception and emergency centres. Daily contacts with the teams of the 15 health facilities involved also allowed us to monitor changes in these institutions' operating conditions.



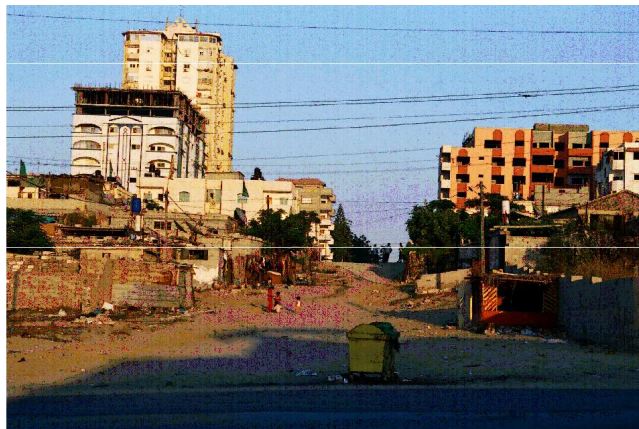
**Figure 3:** Location of the hospitals and health centres involved in the surveys  
 (Source: map of "Public and non-public health care facilities in the Gaza Strip", February 2006, MOH)

## RESULTS AND ANALYSIS

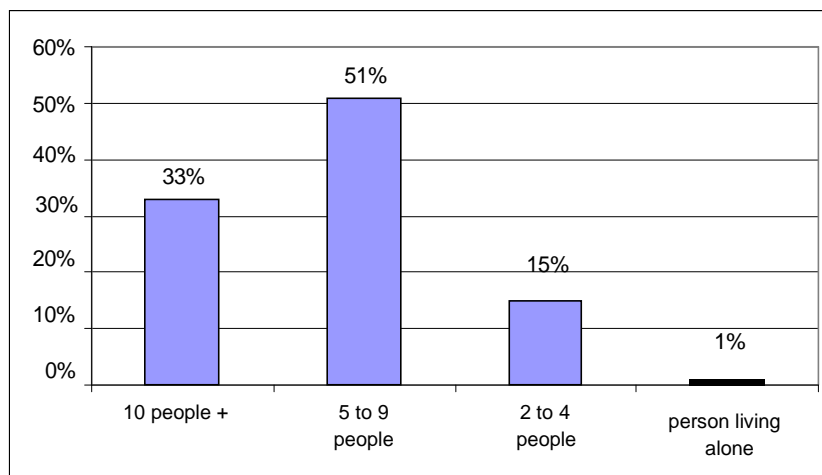
This section presents the results of the two surveys carried out before and during the Israeli incursion into the Gaza Strip. During the first survey, 482 interviews were carried out by MdM's teams and by health professionals in the 15 facilities involved; 1005 people were interviewed during the second survey. The two questionnaires (see *Appendices 6 and 7*) have a section common to both and some specific questions. Some results cover all the 1487 people interviewed. Other results concern only the people interviewed before the incursion or those interviewed during it. In all cases, we state to which population and to which survey we are referring, in particular by giving the number of responses considered (n = ).

### I – THE INTERVIEWEES' LIVING CONDITIONS

#### 1 – Demography: overpopulation and young population



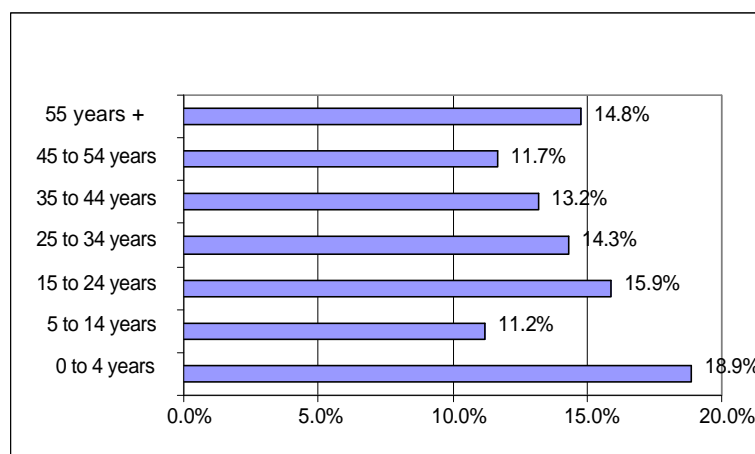
Inhabited by 1.4 million Palestinians, the Gaza Strip is one of the areas with the highest population density in the world (6,000 inhabitants / km<sup>2</sup>)<sup>18</sup>. This overpopulation can be seen in each flat and house: the people interviewed during the first survey (n = 480) state that on average 8.4 people live in each house or flat; a third of them share their accommodation with more than 10 people .



**Figure 4:** Number of inhabitants per house or flat

<sup>18</sup> OCHA, "Review of the humanitarian situation in the occupied Palestinian territory for 2004", 2004.

Generally speaking, the larger the family is, the harder the living conditions are. According to the data from the Palestinian statistics centre, the highest poverty rate is recorded amongst families with more than 10 people (44.4%); 33.1% of these families suffer from extreme poverty<sup>19</sup>.



**Figure 5: Distribution of patients by age bracket**

Most of the patients visiting the health facilities are women: 56% to 44% men (n = 1482). They are usually young, with an average age of 29 (n = 1481): one patient in 5 is under 5 years old, 1 in 3 under 15 (0-14 year olds make up 48.1% of the total population of the Gaza Strip<sup>20</sup>).

Between the two periods studied, the average age of the people visiting the health facilities fell: 28 during the incursion, 31 before it. The fall can be explained by a considerable increase in patients between 15 and 35 years old, 60% of whom are women: 34% compared to 22% before operation "Summer Rain". This relative fall in age probably shows that access to medical consultations was restricted for the more vulnerable – children and the elderly – during operation "Summer Rain".

An average of 3.7 children per household (n = 480) was noted, over a third of whom were under 5. This particularly fragile population, especially from a sanitary point of view, is at much greater risk of being affected by the deterioration of living conditions linked to the suspension of external aid.

## 2 – A worrying economic situation

The survey did not cover the interviewees' economic situation: a very large number of studies have been made on this subject and show the negative effects of the suspension of aid on households and on the Gaza Strip's economic development.

As a reminder, the poverty rate reached a record high in May 2006, according to IUED, with 70% of the Palestinian Territories' population living below the poverty line (set at 2.37 US\$ per person/day) compared to 30% before the second Intifada.

<sup>19</sup> PMA, PCBS and MAS, "Quarterly Economic and Social Monitor", volume 3, November 2005.

<sup>20</sup> Estimated population of the Gaza Strip in July 2006: 1,428,757 inhabitants.

Age bracket	Portion of the population
0-14 years	48.1% (men: 351,642 / women: 335,060)
15-64 years	49.4% (men: 360,147 / women: 345,318)
65 years +	2.6% (men: 15,231 / women: 21,359)

The increase in the population living on under 1.35 US\$ per person per day is considerable (54% in the Gaza Strip compared to 34% in the West Bank ).

In the Gaza Strip, 79% of the population currently live on under 2.37 US\$ per day, whereas the poverty rate in the Occupied Palestinian Territories was no more than 30% in 1999.

	Occupied Palestinian Territories	West Bank	Gaza Strip
2000	54%	44%	75%
2005	68%	62%	77%
2006	70%	66%	79%

**Figure 6: Poverty rate in the Occupied Palestinian Territories** (Source: IUED)

In the first survey (n = 478), 65% of interviewees state that at least one person in the household works (in the informal sector in 30% of cases) compared to 35% of households with no body working or with no fixed income. 52% of interviewees (n = 473) survive thanks to external financial aid, allocated in half the cases by United Nations programmes, in 25% of cases by NGOs and, in 25% of cases, by family members or other people .

This data is similar to that obtained from other surveys carried out by PCBS: the Palestinian unemployment rate at the end of the first quarter of 2006 was 31%, compared to 20% in 2000 and 24% in 2005<sup>21</sup>. Today the rate is nearly 40% in the Gaza Strip and has doubled since 2000. The most affected areas of the Gaza Strip are Deir El-Balah (42%), Gaza North (39%) and Gaza (32%). According to World Bank forecasts<sup>22</sup>, the unemployment rate is likely to increase further in the coming months and years and could reach 47% in 2008.

Let us also remember that Palestinian workers who had jobs in Israel have been subject to severe travel restrictions since the beginning of the second Intifada (the number of Gazans working in Israel or in the Israeli camps has reduced 30 fold since 2000) . This contributes to the increase in the unemployment and poverty rates, as does the suspension of external aid (more than 150,000 employees of the Palestinian Authority, who pay 25% of the Palestinian population, have not been paid since March 2006).

	Occupied Palestinian Territories	West Bank	Gaza Strip
2000	20.2%	16.9%	21.8%
2005	29.4%	27.7%	33.1%
2006	31.1%	27.2%	39.6%

**Figure 7: Unemployment rate in the Palestinian Territories , West Bank and Gaza Strip** (Source: PCBS)

### 3 – Increasingly precarious living conditions

#### Access to water

Water quality and access to water are important parameters for assessing a community's living conditions and are also major determining factors of a population's health .

<sup>21</sup> Source: PCBS, *Quarterly Labour Force Survey*, in OCHA, CAP, "The Humanitarian Monitor occupied Palestinian territory", May 2006. In a crisis context, the usual definition of "unemployment" is no longer appropriate as the number of people who have stopped trying to find a new job is too large . A "relaxed definition" of unemployment, determined by ILO criteria, takes into consideration all people without a job and those who have stopped looking for work .

<sup>22</sup> In *Economic Update and Potential Outlook*, 15 March 2006.

Access to water was greatly reduced from the first days of the Israeli incursion: 70% of interviewees (n = 480) had access to running water before operation “Summer Rain” whereas only 32.5% (n = 991) did at the beginning of July 2006. Generally speaking, people had access to running water for only a few hours each day. In Gaza, for example, over 300,000 people living in flats had insufficient water supplies because of power restrictions <sup>23</sup>.

The Gazan population’s access to drinking water has been limited since the Israeli incursion (n = 1003) and this has worrying consequences: consumption of bottled water, which is very expensive in a disastrous economic context, has increased sharply whereas consumption of water from wells has fallen considerably:

	Before the incursion	Since the incursion
Bottled water	8%	57%
Tap water	21%	19%
Filtered water	16%	16%
Well water	55%	7%

**Figure 8:** Rate of access to water before and since the incursion

**Access to sanitation:**

In both surveys (n = 1475), 97.5% of interviewees stated they have access to sanitation services (WC). However, the sewage network, like the water distribution network, is dependent on the electricity supply operating and is at high risk of being disrupted in the short term.

**Access to electricity and fuel**

Access to electricity was not assessed amongst the sample of patients interviewed. However, it is important to remember that the Israeli army bombardments destroyed Gaza’s only power plant at Nuseirat. The consequences of the destruction are serious as the power plant supplied electricity to two thirds of Gaza’s population. It will take over 9 months and more than 15 million dollars to get it back in working order.

In addition, by closing the Nahal Oz oil pipeline from 26 June, which is the only supply route for the Palestinian territory, the Israeli army restricted fuel supplies in the Gaza strip, thus restricting Gazans’ movements almost completely.

All these restrictions on energy supplies have particularly serious consequences, especially as they affect Gaza’s economic development and the Territory’s sanitation system.

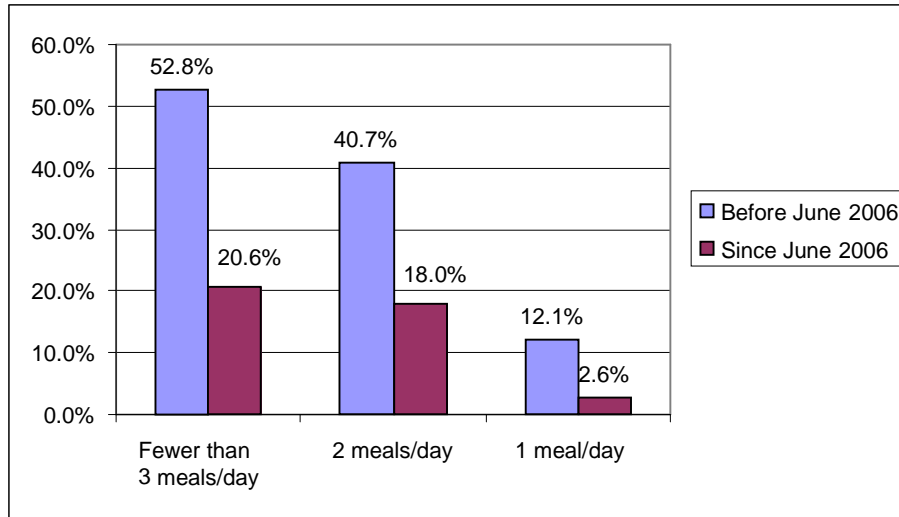


<sup>23</sup> Palestinian National Initiative, 13 July 2006.

#### 4 – Deterioration of households' food situation

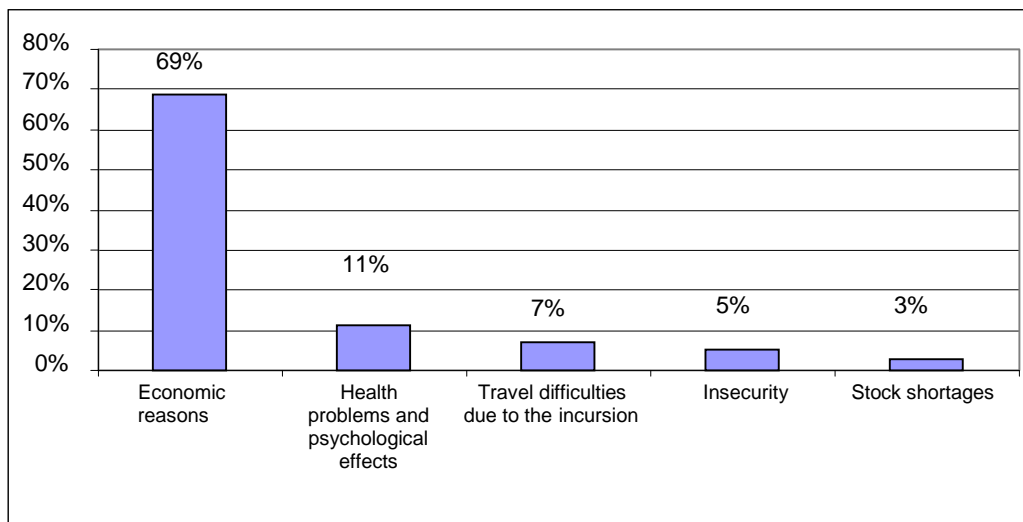
Within the population amongst whom the survey was carried out, a deterioration in the food situation was noticed, characterised mainly by a significant fall ( $p < 0.01$ ) in the average number of meals, 2.56 ( $n = 998$ ) during the incursion compared to 2.98 ( $n = 995$ ) before it. Twice as many of the people interviewed during the incursion had eaten only 2 meals the day before the interview as there had been before operation "Summer Rain" (41% compared to 18%) and 5 times more people had eaten only one meal (12% compared to 2.5%).

The volume of the meals could not be assessed accurately, but many people mentioned a fall in portion sizes.



**Figure 9:** Comparison of the number of meals/day before and since operation "Summer Rain"

The reasons for the fall in the number of meals since the incursion are mainly economic, for 84% of interviewees ( $n = 590$ ). For 11% of them, the fall is explained by health problems, including the psychological effects linked to operation "Summer Rain". The findings are all the more worrying in that health and food problems are interdependent: health problems may cause malnutrition and malnutrition aggravates health problems.



**Figure 10:** Causes of the fall in the number of daily meals

With respect to quality, family diet remains fairly varied: 31% of interviewees had eaten meat, eggs or fish the day before the consultation; only 8% of them had eaten only bread or other starchy food (rice/pasta).

However, from 30 June 2006 the WFP noted a fall in sugar and flour stocks in food shops in the Gaza Strip<sup>24</sup>.

This deterioration of the food situation can also be explained by the following factors :

- **Economic problems:** stock reductions, food price increases, impoverishment of the population and fall in purchasing power. Fearing a new price explosion, some households tried to stock up on basic food products, and most of them reduced the volume of their daily intake .
- **The closure of the Karni crossing point:** Regular closures of the Karni crossing point, through which staple goods pass, make importing food even harder . Since the Israeli incursion, these closures have been more frequent: between 25 June and 30 July, Karni was open for only 17 days<sup>25</sup>. In addition, the problems of transporting goods in the Gaza Strip restrict access to basic foods for a considerable portion of the population.
- **The fall in local production:** The destruction of farms during operation “Summer Rain” reduced local production levels, and the presence of Israeli ships along the coasts restricts fishing activities; fish are currently the only source of protein available for the population of Gaza <sup>26</sup>, especially since the bird flu epidemic led to mass slaughters on poultry farms.



- **Poor food preservation conditions** because of the electricity restrictions. Many traders (butchers, fishmongers) had to close their shops . In addition, poor food preservation conditions can encourage the development of infectious diseases or even lead to epidemics appearing ...

This deterioration of food conditions is particularly worrying in an already precarious context: before operation “Summer Rain”, chronic malnutrition already affected 10% of children under five<sup>27</sup> living in the Palestinian Territories – approximately 70,000 children. 69.8% of children in the Gaza Strip were suffering from anaemia in April 2006, compared to 52% in December 2005<sup>28</sup> (WHO, 2006).

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<sup>24</sup> World Food Programme Emergency Report 2006, issued weekly by the United Nations World Food Programme, Report no 26 / 2006 – 30 June 2006.

<sup>25</sup> OCHA, “The Gaza Strip Situation, Report 27 July 2006”.

<sup>26</sup> OCHA, 13 July 2006.

<sup>27</sup> Children under five make up approximately 17% of Gaza's population. Source: Palestine in Figures, 2006.

<sup>28</sup> WHO, 2006.

## II – ACCESS TO THE PALESTINIAN HEALTH SERVICE

### 1 – Patients’ increasing problems accessing medical facilities

The first survey, carried out before operation “Summer Rain” started, shows fairly satisfactory access to health facilities for the population interviewed (n = 477), including during their last health episode. 92.5% of those interviewed had health cover, 94% of those who were prescribed additional examinations during their last consultation had been able to have them, and 87% of those who were prescribed treatments at their last consultation were able to take them.

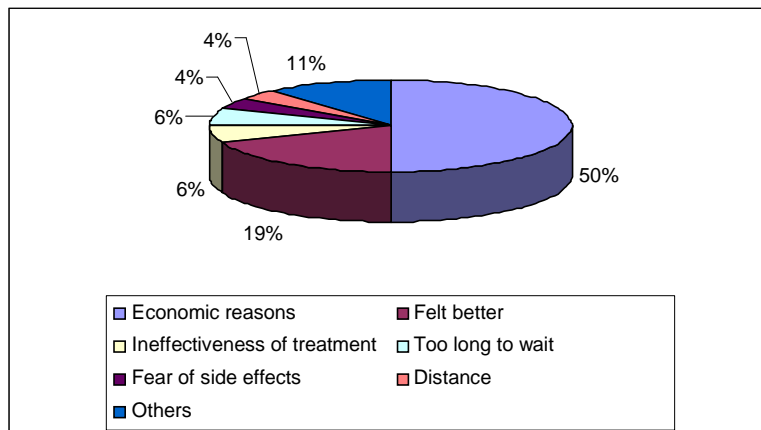
However, these results should be considered with great caution. The population interviewed were questioned in the context of a consultation in a health facility, which could imply a possible selection bias which was not confirmed. We were not able to assess the general population’s access to health care.

In addition, it is interesting to observe which health facilities these patients approached: the public facilities are used more for consultations whereas many of the additional examinations are carried out in private structures, where they are more expensive. NGOs and the PRCS are often asked for medical treatments, as are private dispensaries.

	MoH	UNRWA	PRCS NGO	Private
Consultation	60%	27	2.5%	8.5%
Medicines		30	32%	33.5%
Additional exams	34%		13%	34%

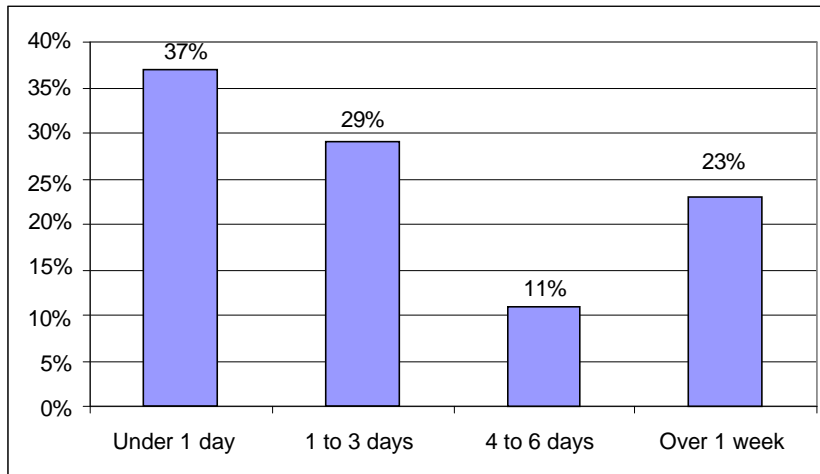
**Figure 11: Use of the different health facilities**

Economic factors were the main reason given by the 12.5% of patients who were given a prescription but had not taken the treatment during their last health episode:



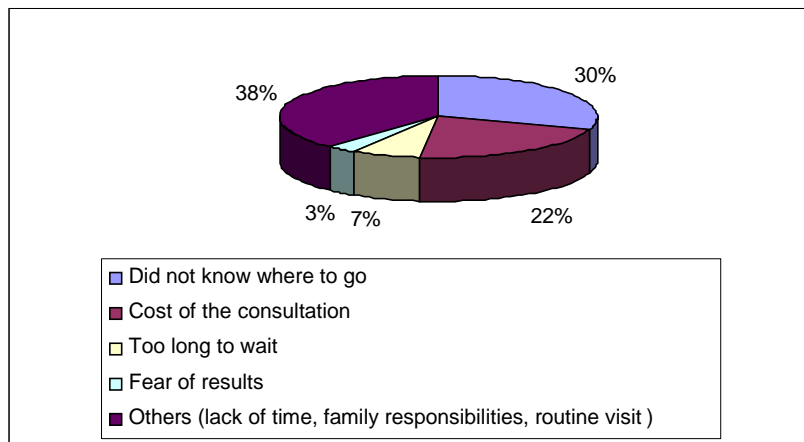
**Figure 12: Reasons for not taking treatments**

In addition, the time between the start of a health episode leading them to seek a consultation and the consultation itself, was more than a week in a quarter of cases, which shows a certain overall difficulty in accessing health care (n = 446).



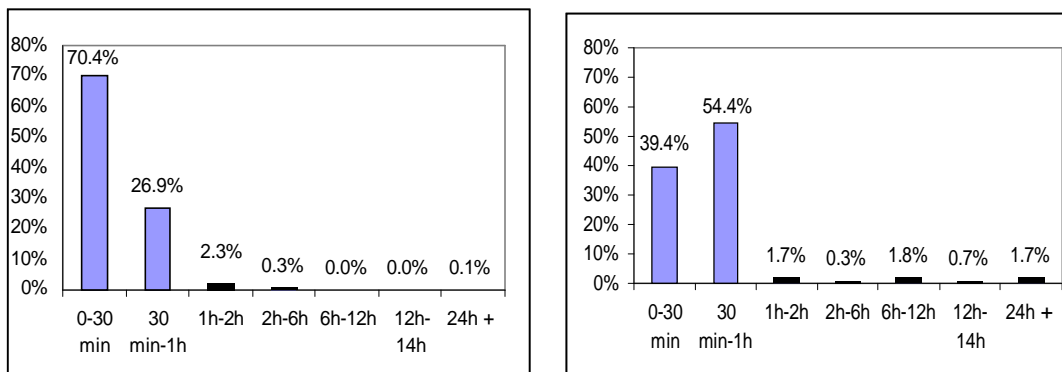
**Figure 13: Number of days to seek a consultation**

Patients waiting several days before seeking a consultation mentioned the following reasons:



**Figure 14: Most commonly mentioned causes for restriction of access to healthcare**

During operation “Summer Rain”, the conditions for access to health facilities got considerably worse (n = 993). **It took four times longer to reach health facilities:** 1 ¼ hours on average compared to 20 minutes before operation “Summer Rain”.

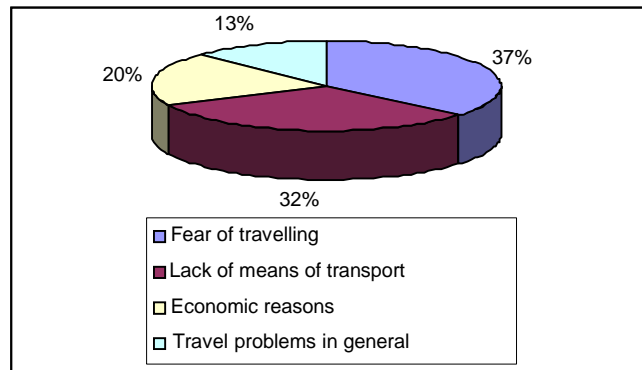


Travel time before operation “Summer Rain”

Travel time during operation “Summer Rain”

**Figure 15: Travel time before and during operation “Summer Rain”**

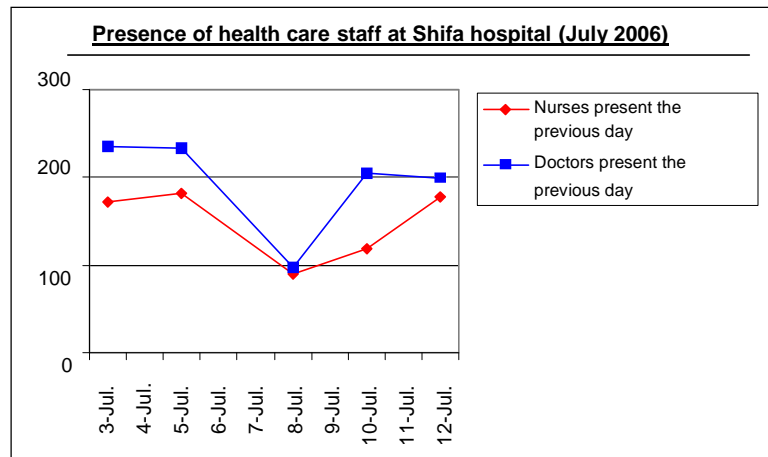
The main factors limiting physical access to health facilities were the following:



**Figure 16:** Factors limiting access to health care

## 2 – A health service in a stranglehold

It was also much harder for health facility staff to get to work. Doctors and nurses we met, who had often not been paid since March 2006, try to go to work each day and little absenteeism had been noticed in July at the Al-Shifa hospital.



**Figure 17:** Presence of health care staff at Shifa hospital

Power cuts also cause great disruption to the running of health facilities. They can lead to the loss of blood products and vaccines, the disturbance of medical instruments in adult and neonatal intensive care units, and disruption to ventilation systems. Most health centres have to use generators to produce the extra electricity they need, but fuel stocks are running low. Between 3 and 10 July, our partner hospitals had only 9 hours of electricity each day. Al-Assria hospital had particular problems: at the beginning of July, it received only 3 hours of electricity per day, and on 10 July it stopped receiving any electricity.

During the same period, the hospitals had access to water only 12 hours a day.

Stocks of medicines and medical consumables were still fairly good in July 2006, but storage and supply difficulties mean there is a real risk of shortages. Back in May 2006, 77 basic molecules

supplied by the MoH's central pharmacy (anaesthetics, treatments for chronic diseases) had run out<sup>29</sup>.

This situation is all the more worrying in that 52.6% of those seen for consultations before operation "Summer Rain" (n = 482) suffer from chronic illnesses and 93% of them need treatment. In addition, 87.5% of these consultations result in a prescription for medicines.

In July 2006, as the hospitals had to adapt to the requirements of the new situation, only emergencies were being dealt with: Al-Shifa hospital moved its focus from general medicine to surgery. Some health centres had to suspend their activities: the Ashoka and Beit Lahia centres closed at the beginning of July.

### III – THE INTERVIEWEES' HEALTH

#### 1 – Perception of their health status before operation "Summer Rain"

45% of interviewees in the first survey (n = 480) considered that their overall health status was good or very good. On the other hand, 35% considered themselves in average health and 20% considered that they had bad or very bad health.

#### 2 – Main illnesses

In the first survey, the consultation results were given by the partner doctors at the end of each consultation (n = 477). In the second, as the doctors were no longer available to do this, the interviewers recorded the reasons for the consultation expressed by the patients before the consultation (n = 1005), along with the existence of chronic illnesses. All the data collected was coded using the International Classification of Primary Care – ICPC (see Appendix 8) which differentiates symptoms and complaints from diagnoses according to the body system concerned.

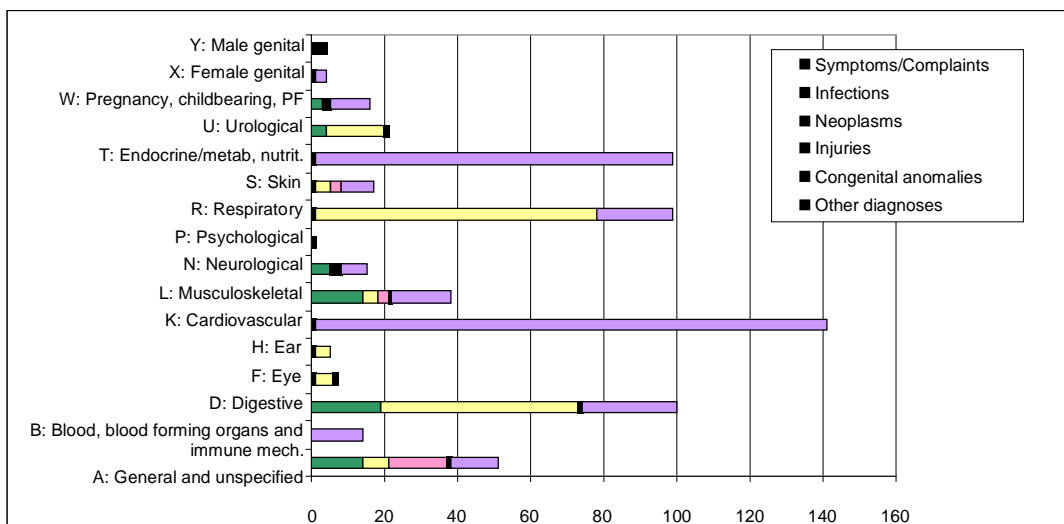
Although this data is not exactly comparable, it can help draw out some information. Chronic illnesses (high blood pressure, diabetes and asthma mainly) are more frequent in the first survey: 23.1% of hypertensive patients compared to 9.5% in the second survey; 18.7% of diabetics compared to 8%; and 4% of asthmatics compared to 1.9%.



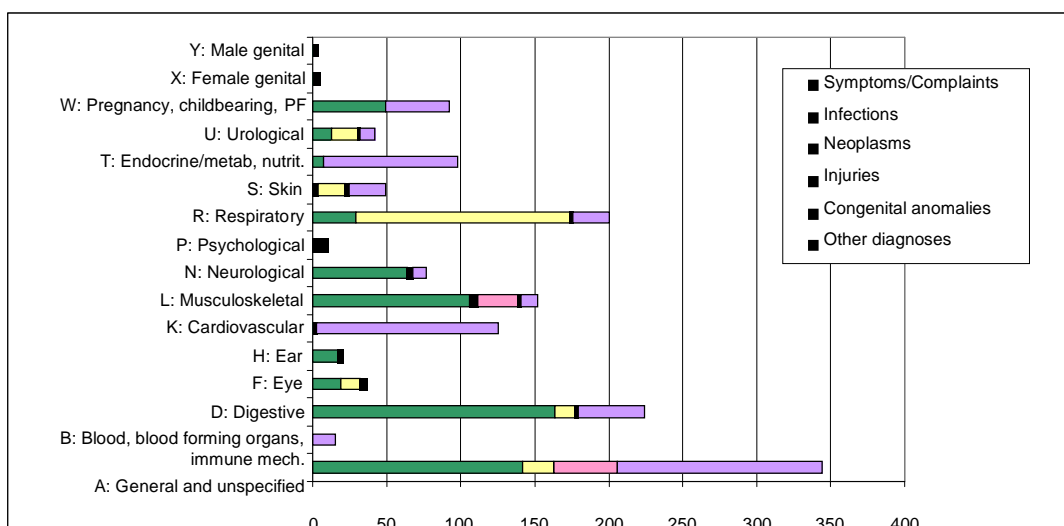
<sup>29</sup> UNOCHA, occupied Palestinian territory 2006, "Context analysis and humanitarian response", 31 May 2006

Injuries are more frequent during operation “Summer Rain” (8.3% of patients compared to 5%), along with symptoms and complaints which might correspond to psychosomatic manifestations: abdominal pains (4.6% compared to 1%); headaches (4.4% compared to 0.6%); and vomiting (3% compared to 0.4%).

Pregnancy-related reasons also increased after the start of the Israeli operation (16% compared to 3.3%), testifying to the impact of the events of July 2006 on pregnant women’s health.



**Figure 18: Consultation results – Questionnaire 1**



**Figure 19: Reasons for consultation - Questionnaire 2**

These two tables show the profiles of the patients seen before and during operation “Summer Rain”. Cardiovascular, endocrine, digestive and respiratory illnesses dominate in consultations in survey 1. In survey 2, general illnesses are predominant, together with digestive and respiratory problems. Similarly, symptoms and complaints are mentioned much more than in the first survey, which is explained by the fact that the patients provided their own data.

Below are the top 20 consultation results from the first survey and the top 20 reasons expressed by patients in the second, with the percentage of patients concerned .

Hypertension	23.1%
Diabetes	18.7%
Respiratory tract infection	6.3%
Sore throat	6.1%
Gastro-intestinal infection	5.7%
Asthma	4.0%
Cystitis	3.4%
Anaemia	2.9%
Injury not classified elsewhere	2.3%
Dental-mouth conditions	2.3%
Ischemic heart disease	2.3%
Bronchitis	1.9%
Lumbar symptoms and complaints	1.5%
Other infectious diseases	1.3%
Allergy	1.3%
Diarrhoea	1.3%
Other cardiovascular diseases	1.3%
Tiredness	1.0%
Abdominal pains	1.0%
Ulcer	1.0%

**Figure 20:** The top 20 consultation results – Questionnaire 1

Fever	10.3
Hypertension	9.5
Diabetes	8.0
Sore throat and laryngitis	7.8
Dental-mouth symptoms and complaints	6.7
Pregnancy-related symptoms and complaints	5.5
Abdominal pain	4.6
Headaches	4.4
Influenza	3.8
Vomiting	3.0
Diarrhoea	3.0
Feet/toes symptoms and complaints	2.9
Limb fracture	2.5
Injury not classified elsewhere	2.3
Allergy	2.3
Thoracic pain	2.2
Other infectious diseases	2.1
Lumbar symptoms and complaints	2.2
Asthma	1.9
Other cardiovascular disease	1.8

**Figure 21 :** The top 20 reasons for consultations – Questionnaire 2

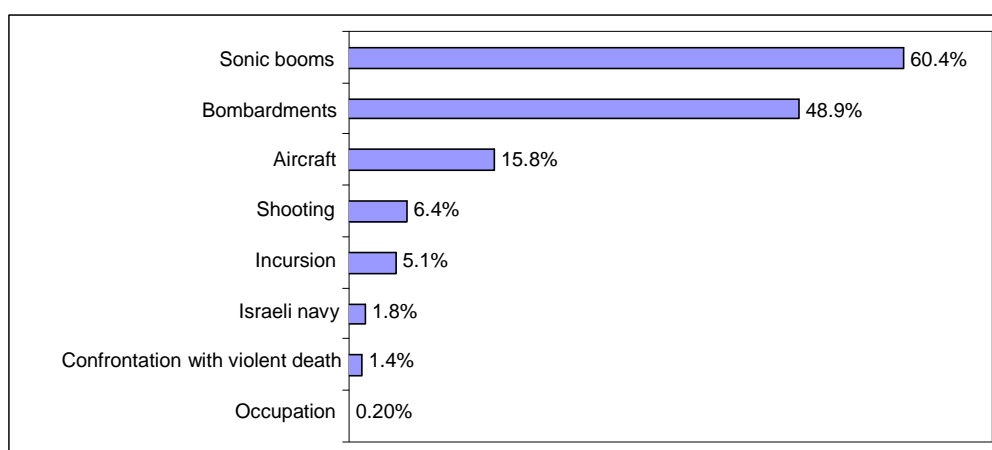
### 3 – Signs of psychological trauma

From the first days of operation “Summer Rain”, 84.7% of interviewees (n = 1004) stated that they had witnessed at least one traumatic event. It seems obvious that the psychological condition of a civilian population, already the victim of political, social and economic chaos, can only worsen in the context of a military operation.



The interviewees reported fears of night-time air bombardments, of a sudden Israeli incursion into their district, of sonic booms (Israeli aircraft crossing the sound barrier at very low altitude) or of sudden explosions which could cause casualties amongst their family or their neighbours. The facts justify these fears: 71 Palestinian were killed and 197 injured between 28 June and 12 July 2006, according to the data collected by MdM France’s team<sup>30</sup>.

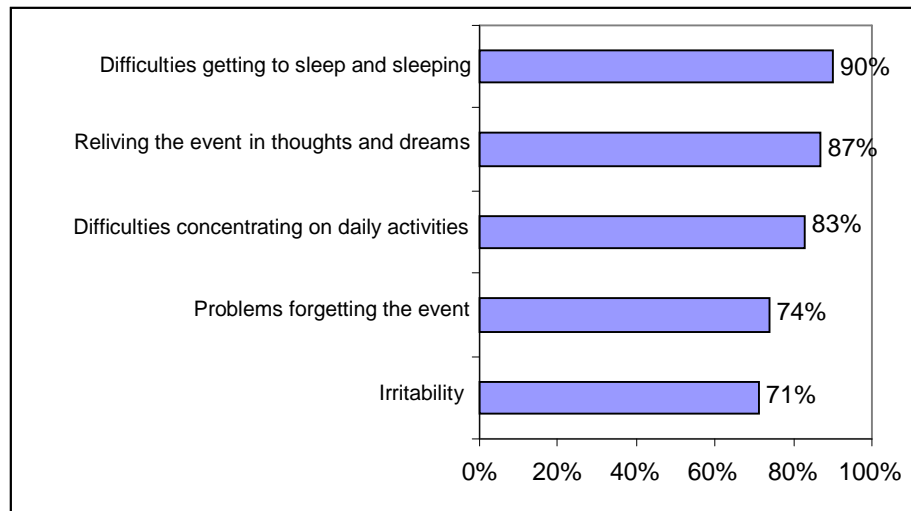
Most of the traumatic events quoted by the people were daily sonic booms caused by Israeli aircraft. These military actions help build up a feeling of fear, anxiety and even panic amongst the youngest, women and elderly. An increase in miscarriages and premature births has been reported and can be correlated to this phenomenon. Between 28 June and 4 July 2006, 25 sonic boom episodes were counted, up to 3 to 4 per night.



**Figure 22: Traumatic events quoted by the people interviewed**

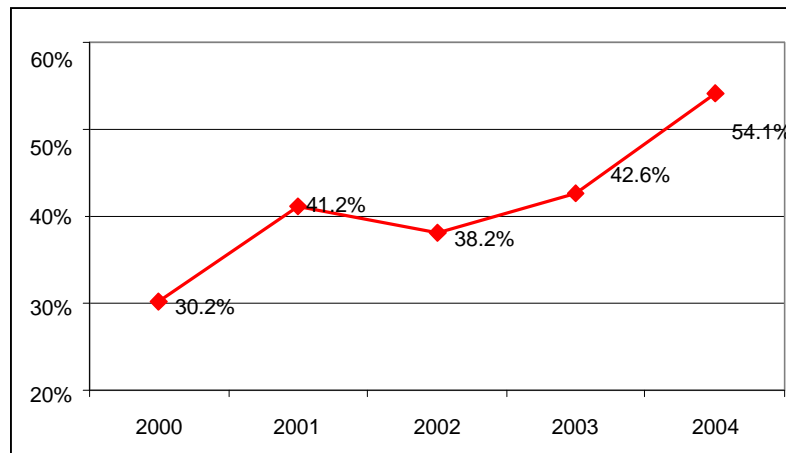
<sup>30</sup> Gaza Strip Situation Report 28/06/2006 - 12/07/2006, OCHA.

Many of these people present psychological manifestations which, if they were to be repeated over time, could lead to diagnoses of post-traumatic stress disorder (n = 825).



**Figure 23: Signs of post-traumatic stress disorder**

These particularly explicit findings should be put alongside the significant increase since 2000 in the number of people suffering from mental illnesses in the population of the Gaza Strip <sup>31</sup>:



**Figure 24: Incidence of new mental problems (per 100,000 in habitants)**

<sup>31</sup> State of Palestine. Ministry of Health, "Health Status in Palestine. Annual Report 2004", August 2005.

## CONCLUSION

During summer 2006, the conflict in Lebanon temporarily overshadowed the situation in the Palestinian Territories, and Gaza in particular. However, in the six months between the embargo which followed Hamas's victory in January and the launch of the Israeli army's operation "Summer Rain" in June, the peace process completely collapsed and at the same time Gazans' health and living conditions deteriorated.

The extremely high tensions<sup>32</sup> currently running through Palestinian political life and the difficult conditions in which the population is living are elements which legitimise the fears expressed on many occasions since Israel's unilateral withdrawal that there will be an uprising in the Palestinian Territories. The despair and lack of prospects that an independent and economically viable Palestinian state will be created are precipitating the population into violence.

In the light of the surveys carried out this summer by Médecins du Monde's teams, it is very apparent that Gaza's inhabitants are living in an extremely precarious situation.

On a coastal strip of 360 km<sup>2</sup> cut off from the rest of the world, 1.4 million Palestinians are gathered together in an area with one of the highest population densities in the world (6,000 people per km<sup>2</sup> in the inhabitable area). As well as these demographic factors, there is a total lack of a regulated economy, no free movement of goods and people, a fishing ban and civil servants' salaries have been suspended for several months. The ban on Palestinians working in Israel and the freeze of the monthly transfer of approximately 60 million dollars corresponding to the repayment of customs duties and VAT on products destined for the Palestinian Territories complete the economic stifling of the Gaza strip.

Politically, the splits have created several levels of confrontation: between Palestinian militants and the Israeli armed forces on the one hand, and between Hamas, Fatah and other political movements and organised groups on the other. Recently, antagonism within each of the Palestinian political movements has come to light. All these groups are heavily armed.

Finally, the living conditions and health of the Gaza Strip's population have deteriorated strongly. Médecins du Monde's teams have highlighted the deterioration of several factors with a direct effect on the population's health, such as access to water and to food. In addition, this deterioration also concerns access to health care, and this can only contribute to the worsening of the population's health status, especially for the many people suffering from chronic and severe illnesses. In this context, we are witnessing signs of psychological suffering amongst inhabitants throughout the whole population.

Today, the verdict in Gaza is the following: an exhausted population, a health service which keeps on deteriorating as the months go by, an economy which has collapsed and the destruction of most of the vital infrastructure.

In the light of this assessment, concrete actions must be undertaken to improve the lot of the Palestinians in Gaza.

### **Consequently, Médecins du Monde calls on the Israeli authorities**

#### **With respect to access to health care:**

- to stop indiscriminate attacks against civilian infrastructures and populations in violation of international humanitarian law<sup>33</sup>,

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<sup>32</sup> Assassination attempt against the person of the Palestinian Prime Minister on 20 October 2006 in the Gaza Strip

<sup>33</sup> The protection of the civilian population against the effects of military operations is based on the principle of distinction (art. 51 (2) of Additional Protocol I). However, no list of civilian or military objectives exists. Their characteristics are

- to stop incursions and the occupation of Palestinian towns
- to guarantee the protection and neutrality of all medical facilities (ambulances, clinics, hospitals) and their staff, in strict respect of the medical mission,
- to guarantee free access of health care workers to the injured, and of the injured to health facilities.

**With respect to the economy:**

- to free the Palestinian Territories from the economic noose imposed by the loss of customs duties and VAT,
- to reopen the Karni, Erez and Rafah passages to allow medicines and staple products to enter the country and allow patients access to health care in Israeli territory or abroad in compliance with the *Agreement on Movement and Access* signed in November 2005.

**Médecins du Monde calls on the Palestinian authorities, the Palestinian government and the militant groups:**

- to take all measures necessary to end attacks on the Israeli civilian population,
- to ban the presence of armed militants in all medical facilities (ambulances, clinics, hospitals) and to guarantee the protection of their staff, in the strict respect of the medical mission,
- to respect and guarantee international humanitarian workers' freedom of movement and freedom to work, in respect of their mandate.

**Médecins du Monde calls on the Quartet members:**

- to re-start negotiations for a peace plan leading to the creation of a democratic and viable independent Palestinian state living alongside Israel and other bordering countries in peace and security,
- in the meantime, to re-establish and respect their commitment to maintain humanitarian aid to the Palestinian population,
- to ensure that the support provided to the Palestinian population is no longer subject to political considerations alone.

**Médecins du Monde calls on other states** to fulfil their obligation to respect and hold international humanitarian law in respect in accordance with article 1 common to the four Geneva Conventions.

variable: location, purpose, eventual use to military action. Although international humanitarian law includes a ban on bombarding objects with a civilian use and/or which are indispensable to the population's survival (art.54 (2) Additional Protocol I), the case of a power plant does not appear as one of these objects listed as indispensable to survival alongside drinking water installations and supplies. Only nuclear plants are explicitly mentioned as objects that may not be destroyed because of the danger that any radioactive leaks would represent for the populations (art. 56 Additional Protocol I). Nevertheless, as it has a direct consequence on the distribution of drinking water, which is clearly a basic need, and as the plant has a civilian use despite having a certain strategic value, and in the absence of any justification of military advantage to Israel of its destruction (art.52 Additional Protocol I), this bombardment can be seen as contrary to IHD, in view of the disastrous consequences for the population's living conditions. Although Israel has not ratified Additional Protocol I, the opinion according to which the principles of distinction and proportionality now constitute standards of customary international law is widespread amongst international jurists. Customary international law is binding on all states, regardless of whether a treaty has been ratified or not. Consequently, these principles also apply to the state of Israel.

## APPENDICES

### Appendix 1

- **MdM's presence in the Occupied Palestinian Territories**

The association has worked in the Occupied Palestinian Territories since 1995 and offers programmes aimed at facilitating access to health care and at bearing witness to violations of the right to health. MdM currently works in Gaza and Nablus. As well as responding to crisis situations, the association has provided training programmes for medical staff, paramedics and ambulance staff, and programmes for primary health care, mental health care, mother and child protection and disaster medicine, systematically in close partnership with local associations<sup>34</sup>.

- In the West Bank, in Nablus district, MdM is attempting to improve the treatment of mental health problems;

- In the whole of the Gaza Strip, since 2002, the "*Improving emergency treatment in the Gaza Strip*" programme aims to:

- Improve pre-hospital treatment of the Palestinian population in medical, trauma and obstetric emergencies (three-year programme); and to improve the hospital treatment of sick and injured people in the Gaza Strip during events leading to an influx of injured or sick patients (two-year programme);
- Improve the civilian population's knowledge of first aid and how to treat emergencies before the emergency services arrive in the Gaza Strip (until the end of 2006);
- Train "Emergency Medical Technician" trainers in the two Palestinian Red Crescent Society training centres in Gaza and Ramallah, and set up a new initial and ongoing training programme;
- Develop and set up a reference "Plan for an influx of injured or sick patients" within the emergency department of Shifa hospital in Gaza City.

Following the problems encountered in March 2006<sup>35</sup> and the current political hostilities, MdM's programme in the Gaza Strip is experiencing some operational difficulties. Nevertheless, this report has been put together from work carried out in conjunction with the local team in Gaza.

- **Our work to restrict the barriers to access to health care**

Since it started work in the Palestinian Territories and in agreement with its principles and its advocacy work, MdM has had the intention of bearing witness to the sanitary and medical situation and of denouncing the barriers limiting access to health care, with the aim of signalling abuses and improving the civilian population's living conditions.

➤ In 2002<sup>36</sup>, MdM, together with FIDH<sup>37</sup>, commissioned a survey on the Human Rights and Humanitarian Law situation in the city of Nablus. This led to the publication of a report instancing

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<sup>34</sup> MdM, Annual Report 2005.

<sup>35</sup> When two expatriate staff and two members of the local staff from the Gaza project were kidnapped on 14 March 2006, and released the following day.

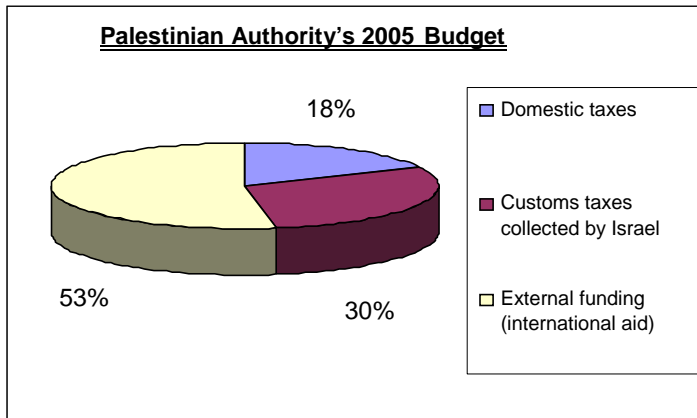
<sup>36</sup> MdM – FIDH, Nablus, operation "Protection Wall", 2002.

<sup>37</sup> International Federation of Human Rights Leagues.

Human Rights violations noted during operations carried out by the Israeli army from the end of March 2002.

- In November 2003<sup>38</sup>, MdM drew up a report showing the obstacles encountered by Palestinian patients and medical staff between January and June 2003 in accessing medical facilities quickly and safely.
- In July 2003<sup>39</sup>, MdM published a study on the medical, psychological and social consequences of the attacks perpetrated and claimed by armed Palestinian organisations, and suffered by civilians in Israel and in the occupied Territories.
- In May 2004<sup>40</sup>, following the Israeli army's operation "Rainbow" in Rafah, in the south of the Gaza Strip, MdM and FIDH carried out a survey to assess the consequences of that operation on Rafah's civilian population, especially in terms of access to physical and mental health care.
- In February 2005<sup>41</sup>, based again on its experience on the ground, MdM decided to describe the implications of the construction of the Wall on the population. In a collection of testimonies illustrating the sometimes insurmountable problems encountered by Palestinians in the West Bank and Jerusalem in accessing health services, the chance to speak was given to those who are daily faced with the Wall or with a multitude of other barriers in reaching hospitals, primary health care centres or clinics.

**Appendix 2**



**Figure 25:** income sources for the Palestinian Authority's annual budget (as a % of total income) (Source: Palestinian Authority's Finance Ministry in "The Palestinian Authority's financial sources, 21 March 2006, www.france-palestine.org.)

**Appendix 3**

The Palestinian Authority's Budget<sup>42</sup>

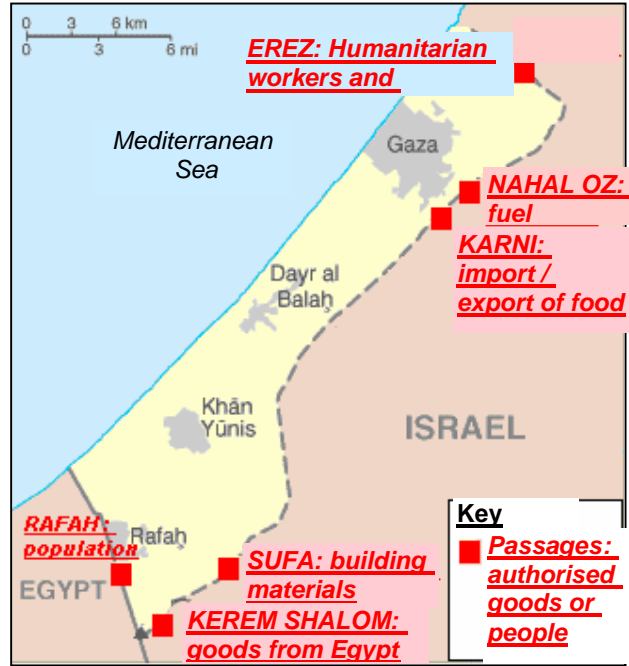
2005	180 million dollars a month
First quarter 2006	130 million dollars a month
April 2006	60 million dollars a month
Prospects for the coming years, according to the World Bank	25 million dollars a month

<sup>38</sup> MdM, "Access to health care and protecting medical services in the occupied and autonomous Palestinian Territories", November 2003.  
<sup>39</sup> MdM, "Israeli and Palestinian civilians. Victims of an endless conflict", July 2003.  
<sup>40</sup> MdM, "Operation 'Rainbow'. Impact on the health of Rafah's population", Gaza Strip, 2004.  
<sup>41</sup> MdM-France, "The ultimate barrier – the impact of the wall on the Palestinian health service", February 2005  
<sup>42</sup> According to World Bank estimates, in MAS Monique, RFI Journalist, "Palestinian Territories. The World Bank rings the alarm bell", 08/05/2006.

## Appendix 4

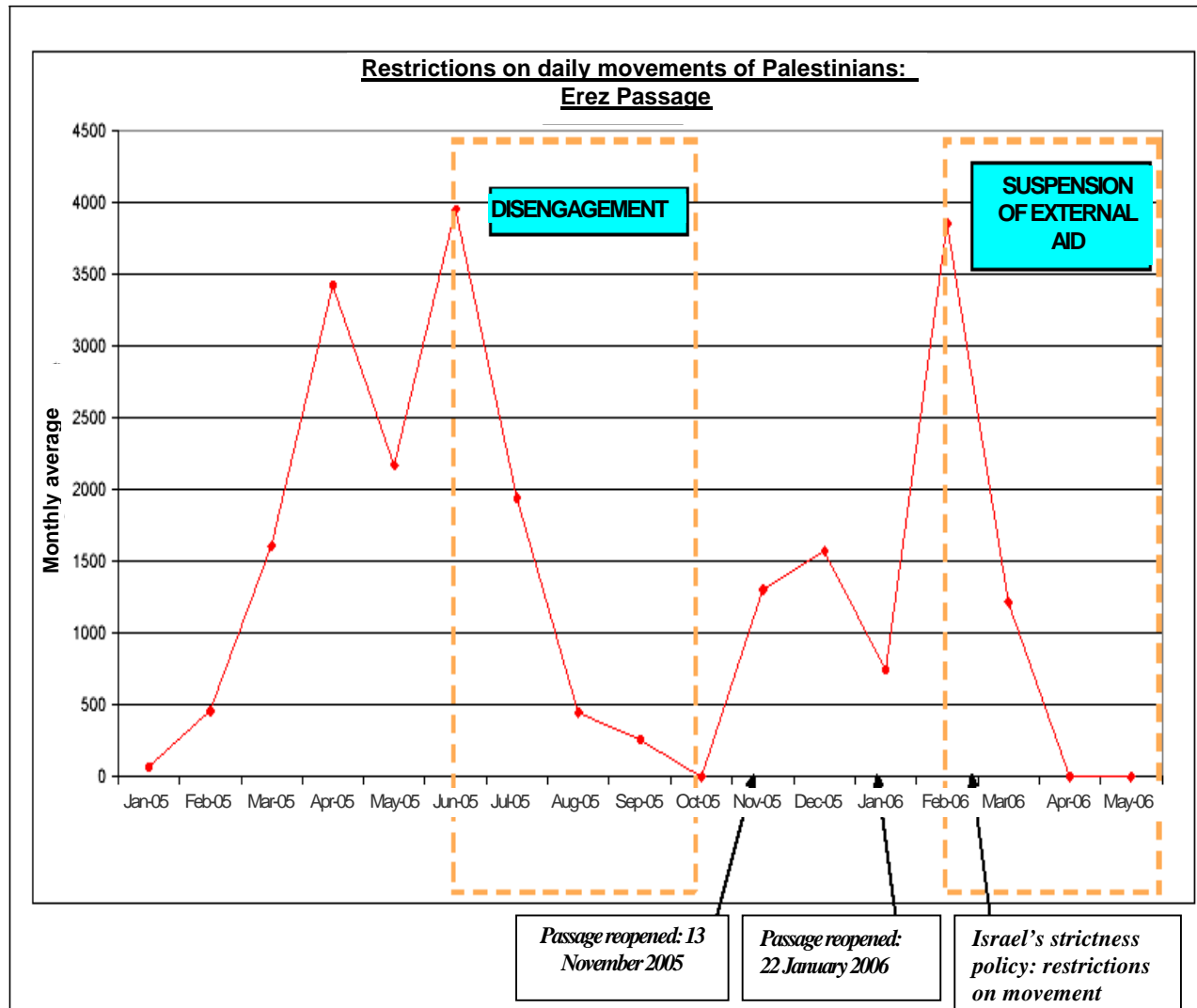
There are currently **6 main crossing points** – each with their own role – around the Gaza Strip:

- **Erez passage:** the only crossing point into Israel for Palestinian workers and traders with a permit to cross;
- **Nahal Oz passage:** crossing point for petrol and gas;
- **Karni passage:** crossing point for the transport of goods (food) from and to the Gaza Strip;
- **Sufa passage:** crossing point for construction materials;
- **Kerem Shalom passage:** crossing point for goods coming into Gaza;
- **Rafah passage:** only outlet to Egypt and the compulsory crossing point out of the country .



**Figure 26:** Map of control points between the Gaza Strip and Israel (Source: UNOCHA, CAP 2006)

Appendix 5



**Figure 27:** Graph of movements through the Erez passage (Source: CAP, 31 May 2006)

**Appendix 6**

**QUESTIONNAIRE 1**

**For MdM use only**

**File number:** \_\_\_\_\_

**1. Interviewer name:** \_\_\_\_\_ **2. Dr. name:** \_\_\_\_\_

**3. Interview date:** \_\_ / \_\_ / \_\_\_\_

**4. Place of interview:** \_\_\_\_\_

**5. Patient's date of birth:** \_\_ / \_\_ / \_\_\_\_ **or age:** \_\_\_\_\_  
(fill in available elements)

**6. Sex:**  M  F

**7. Administrative status:**  refugee  not refugee

**8. Household:**

How many people share the same flat with you (including the patient interviewed, children, parents, other relative):

How many children:

0 – 4 years : \_\_\_\_\_ / 5 – 9 years : \_\_\_\_\_ / 10 – 15 years : \_\_\_\_\_

Currently, how many people in the household work:

**Person 1**  
 formal employment  
 private employee  
 public employee  
 informal sector

**Person 2**  
 formal employment  
 private employee  
 public employee  
 informal sector

**Person 3**  
 formal employment  
 private employee  
 public employee  
 informal sector

(Several possible answers)

**9. Living conditions:**

Do you use running water each day:  yes  no

Where do you get your drinking water from:  
(Several possible answers)

- tap water
- bottled water
- boiled water
- well
- other : \_\_\_\_\_

Do you have access in your house to latrine or WC:  yes  no

How many meals per day have you got in average last week: \_\_\_\_\_

Do you think that your access to food is:  better  
 equal  
 worse than 12 month ago

If worse, why:  
(Several possible answers)

- too expensive
- more difficult to move
- unavailability
- other : \_\_\_\_\_

Do you receive financial aid from any of the following:  
(Several possible answers)

- no
- NGO
- family or friends abroad
- UN
- loan
- other: \_\_\_\_\_

Health coverage or insurance:  yes  no



If more than one week, why:

- too expensive
- difficult to move
- too far
- fear of results
- other : \_\_\_\_\_
- waiting list
- wait and see
- doesn't know where to go

What is your general perception of your health status today?

- very good
- good
- medium
- bad
- very bad

**TO BE FILLED IN BY THE CONSULTANT:**

Results of the consultation:

*(Please note current medical reason for consultation and other ongoing pathologies)*

Problem	A/C	Current Tt	Tt required earlier
1.	<input type="checkbox"/> acute <input type="checkbox"/> chronic	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
ICPC Code: _____			
2.	<input type="checkbox"/> acute <input type="checkbox"/> chronic	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
ICPC Code: _____			
3.	<input type="checkbox"/> acute <input type="checkbox"/> chronic	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
ICPC Code: _____			
4.	<input type="checkbox"/> acute <input type="checkbox"/> chronic	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
ICPC Code: _____			

Further exams needed:

- yes
- no

if yes, which kind of investigation\*:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*\* Please note all investigation and/or exam that the patient may require even if they are not available in the Gaza strip.*

Treatments or drugs needed:

- yes
- no

**Appendix 7**

**QUESTIONNAIRE 2 :**

**For MdM use only**

**File number:** \_\_\_\_\_

**1. Interviewer name:** \_\_\_\_\_ **Dr. name:** \_\_\_\_\_

**2. Director name:** \_\_\_\_\_

**3. Interview date:** \_\_ / \_\_ / \_\_\_\_

**4. Place of interview:** \_\_\_\_\_

**5- Patient's date of birth:** \_\_ / \_\_ / \_\_\_\_ **or age:** \_\_\_\_\_  
(fill in available elements)

**6- Sex:**  M  F

**7- Administrative status:**  refugee  not refugee

**8- Living conditions:**

Today, do you have access to water?  yes  no

Where do you get your drinking water from before the incursion?  
(Several possible answers)

- tap water
- bottled water
- boiled water
- bought water
- well
- other : \_\_\_\_\_

Where do you get your drinking water today?  
(Several possible answers)

- tap water
- bottled water
- boiled water
- bought water
- well
- other : \_\_\_\_\_

How many meals have you got yesterday? \_\_\_\_\_

How many meals have you got in average before the incursion? \_\_\_\_\_

If there has been a change in your eating pattern, why?  
(Several possible answers)

- too expensive
- more difficult to move
- unavailability
- other : \_\_\_\_\_

What did you eat yesterday?  
(Several possible answers)

- nothing
- Rice
- Bread
- meat

- fish
- eggs
- vegetables
- fruits

**9- Current consultation:**

What is the reason for consultation (you can give several answers)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have any chronic illness (for example : diabetes, hypertension, ulcer, asthma...) ?

- yes  no

If yes, which type?

	Should you take a treatment ?	Are you already taking this treatment ?
1.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

How many hours did it take you to arrive at the health centre since you decided to consult:

- < 1 hour /  1 – 12 hours /  12 – 24 hours /  1- 2 days /  > 2 days

How many hours does it usually take you ?

If more than usually why? open question (for example: fear, insecurity, no common transportation, no petrol for car)

\_\_\_\_\_

During the last days:

Have you been confronted to a violent event which generated a violent fear?  yes  no

Which type of event (open question)?

\_\_\_\_\_

Since this event does it come back repetitively in your dreams or thoughts?  yes  no

Do you make any specific effort to avoid remembering this event?  yes  no

Do you have any difficulties to sleep?  yes  no

Are you particularly irritable?  yes  no

Do you have any difficulties to concentrate in your daily life?  yes  no

**Appendix 8**

**International Classification of Primary Care (ICPC)**



**Process codes**

- 30 Medical Exam/Eval-Complete
- 31 Medical Examination/Health Evaluation-Partial/Pre-op check
- 32 Sensitivity Test
- 33 Microbiological/Immunological Test
- 34 Blood Test
- 35 Urine Test
- 36 Faeces Test
- 37 Histological/Exfoliative Cytology
- 38 Other Laboratory Test NEC
- 39 Physical Function Test
- 40 Diagnostic Endoscopy
- 41 Diagnostic Radiology/Imaging
- 42 Electrical Tracings
- 43 Other Diagnostic Procedures
- 44 Preventive Immunisations/Medications
- 45 Observe/Educate/Advice/Diet
- 46 Consult with Primary Care Provider
- 47 Consultation with Specialist
- 48 Clarification/Discuss Patient's RFE
- 49 Other Preventive Procedures
- 50 Medicat-Script/Reqst/Renew/Inject
- 51 Incise/Drain/Flush/Aspirate
- 52 Excise/Remove/Biopsy/Destruction/Debride
- 53 Instrument/Catheter/Intubate/Dilate
- 54 Repair/Fixate-Suture/Cast/Prosthetic
- 55 Local Injection/Infiltration
- 56 Dress/Press/Compress/Tamponade
- 57 Physical Medicine/Rehabilitation
- 58 Therapeutic Counselling/Listening
- 59 Other Therapeutic Procedure NEC
- 60 Results Tests/Procedures
- 61 Results Exam/Test/Record
- 62 Administrative Procedure
- 63 Follow-up Encounter Unspecified
- 64 Encounter Initiated by Provider
- 65 Encounter Initiated third person
- 66 Refer to Other Provider (EXCL. M.D.)
- 67 Referral to Physician/Specialist/Clinic/Hospital
- 68 Other Referrals NEC
- 69 Other Reason for Encounter NEC

**General and Unspecified**

**A**

- A01 Pain general/multiple sites
- A02 Chills
- A03 Fever
- A04 Weakness/tiredness general
- A05 Feeling ill
- A06 Fainting/syncope
- A07 Coma
- A08 Swelling
- A09 Sweating problem
- A10 Bleeding/haemorrhage NOS
- A11 Chest pain NOS
- A13 Concern/fear medical treatment
- A16 Irritable infant
- A18 Concern about appearance
- A20 Euthanasia request/discussion
- A21 Risk factor for malignancy
- A23 Risk factor NOS
- A25 Fear of death/dying
- A26 Fear of cancer NOS
- A27 Fear of other disease NOS
- A28 Limited function/disability NOS
- A29 General symptom/complaint other
- A70 Tuberculosis
- A71 Measles
- A72 Chickenpox
- A73 Malaria
- A74 Rubella
- A75 Infectious mononucleosis
- A76 Viral exanthem other
- A77 Viral disease other/NOS
- A78 Infectious disease other/NOS
- A79 Malignancy NOS
- A80 Trauma/injury NOS
- A81 Multiple trauma/injuries
- A82 Secondary effect of trauma
- A84 Poisoning by medical agent
- A85 Adverse effect medical agent
- A86 Toxic effect non-medical substance
- A87 Complication of medical treatment
- A88 Adverse effect physical factor
- A89 Effect prosthetic device
- A90 Congenital anomaly OS/multiple
- A91 Abnormal result investigation NOS
- A92 Allergy/allergic reaction NOS
- A93 Premature newborn
- A94 Perinatal morbidity other
- A95 Perinatal mortality
- A96 Death
- A97 No disease
- A98 Health maintenance/prevention
- A99 General disease NOS

**Blood, Blood Forming Organs and Immune Mechanism**

**B**

- B02 Lymph gland(s) enlarged/painful
- B04 Blood symptom/complaint
- B25 Fear of aids/HIV
- B26 Fear cancer blood/lymph
- B27 Fear blood/lymph disease other
- B28 Limited function/disability
- B29 Symp/compl lymph/immune other
- B70 Lymphadenitis acute
- B71 Lymphadenitis non-specific
- B72 Hodgkin's disease/lymphoma
- B73 Leukaemia
- B74 Malignant neoplasm blood other
- B75 Benign/unspecified neoplasm blood
- B76 Ruptured spleen traumatic
- B77 Injury blood/lymph/spleen other
- B78 Hereditary haemolytic anaemia
- B79 Congen.anom. blood/lymph other
- B80 Iron deficiency anaemia
- B81 Anaemia, Vitamin B12/folate def.
- B82 Anaemia other/unspecified
- B83 Purpura/coagulation defect
- B84 Unexplained abnormal white cells
- B87 Splenomegaly
- B90 HIV-infection/aids
- B99 Blood/lymph/spleen disease other

**PROCESS CODES**

**SYMPTOMS/COMPLAINTS**

**INFECTIONS**

**NEOPLASMS**

**INJURIES**

**CONGENITAL ANOMALIES**

**OTHER DIAGNOSES**

**Digestive**

**D**

- D01 Abdominal pain/cramps general
- D02 Abdominal pain epigastric
- D03 Heartburn
- D04 Rectal/anal pain
- D05 Perianal itching
- D06 Abdominal pain localized other
- D07 Dyspepsia/indigestion
- D08 Flatulence/gas/belching
- D09 Nausea
- D10 Vomiting
- D11 Diarrhoea
- D12 Constipation
- D13 Jaundice
- D14 Haematemesis/vomiting blood
- D15 Melaena
- D16 Rectal bleeding
- D17 Incontinence of bowel
- D18 Change faeces/bowel movements
- D19 Teeth/gum symptom/complaint
- D20 Mouth/tongue/lip symptom/compl.
- D21 Swallowing problem
- D23 Hepatomegaly
- D24 Abdominal mass NOS
- D25 Abdominal distension
- D26 Fear of cancer of digestive system
- D27 Fear of digestive disease other
- D28 Limited function/disability (d)
- D29 Digestive symptom/complaint other
- D70 Gastrointestinal infection
- D71 Mumps
- D72 Viral hepatitis
- D73 Gastroenteritis presumed infection
- D74 Malignant neoplasm stomach
- D75 Malignant neoplasm colon/rectum
- D76 Malignant neoplasm pancreas
- D77 Malig. neoplasm digest other/NOS
- D78 Neoplasm digest benign/uncertain
- D79 Foreign body digestive system
- D80 Injury digestive system other
- D81 Congen. anomaly digestive system
- D82 Teeth/gum disease
- D83 Mouth/tongue/lip disease
- D84 Oesophagus disease
- D85 Duodenal ulcer
- D86 Peptic ulcer other
- D87 Stomach function disorder
- D88 Appendicitis
- D89 Inguinal hernia
- D90 Hiatus hernia
- D91 Abdominal hernia other
- D92 Diverticular disease
- D93 Irritable bowel syndrome
- D94 Chronic enteritis/ulcerative colitis
- D95 Anal fissure/perianal abscess
- D96 Worms/other parasites
- D97 Liver disease NOS
- D98 Cholecystitis/cholelithiasis
- D99 Disease digestive system, other

**Eye**

- F01 Eye pain
- F02 Red eye
- F03 Eye discharge
- F04 Visual floaters/spots
- F05 Visual disturbance other
- F13 Eye sensation abnormal
- F14 Eye movements abnormal
- F15 Eye appearance abnormal
- F16 Eyelid symptom/complaint
- F17 Glasses symptom/complaint
- F18 Contact lens symptom/complaint
- F27 Fear of eye disease
- F28 Limited function/disability (f)
- F29 Eye symptom/complaint other
- F70 Conjunctivitis infectious
- F71 Conjunctivitis allergic
- F72 Blepharitis/stye/chalazion
- F73 Eye infection/inflammation other
- F74 Neoplasm of eye/adnexa
- F75 Contusion/haemorrhage eye
- F76 Foreign body in eye
- F79 Injury eye other
- F80 Blocked lacrimal duct of infant
- F81 Congenital anomaly eye other
- F82 Detached retina
- F83 Retinopathy
- F84 Macular degeneration
- F85 Corneal ulcer
- F86 Trachoma
- F91 Refractive error
- F92 Cataract
- F93 Glaucoma
- F94 Blindness
- F95 Strabismus
- F99 Eye/adnexa disease, other

**Ear**

**H**

- H01 Ear pain/earache
- H02 Hearing complaint
- H03 Tinnitus, ringing/buzzing ear
- H04 Ear discharge
- H05 Bleeding ear
- H13 Plugged feeling ear
- H15 Concern with appearance of ears
- H27 Fear of ear disease
- H28 Limited function/disability ear
- H29 Ear symptom/complaint other
- H70 Otitis externa
- H71 Acute otitis media/myringitis
- H72 Serous otitis media
- H73 Eustachian salpingitis
- H74 Chronic otitis media
- H75 Neoplasm of ear
- H76 Foreign body in ear
- H77 Perforation ear drum
- H78 Superficial injury of ear
- H79 Ear injury other
- H80 Congenital anomaly of ear
- H81 Excessive ear wax
- H82 Vertiginous syndrome
- H83 Otosclerosis
- H84 Presbycusis
- H85 Acoustic trauma
- H86 Deafness
- H99 Ear/mastoid disease, other

**Cardiovascular**

**K**

- K01 Heart pain
- K02 Pressure/tightness of heart
- K03 Cardiovascular pain NOS
- K04 Palpitations/awareness of heart
- K05 Irregular heartbeat other
- K06 Prominent veins
- K07 Swollen ankles/oedema
- K22 Risk factor cardiovascular disease
- K24 Fear of heart disease
- K25 Fear of hypertension
- K27 Fear cardiovascular disease other
- K28 Limited function/disability (k)
- K29 Cardiovascular sympt./complt. other
- K70 Infection of circulatory system
- K71 Rheumatic fever/heart disease
- K72 Neoplasm cardiovascular
- K73 Congenital anomaly cardiovascular
- K74 Ischaemic heart disease w. angina
- K75 Acute myocardial infarction
- K76 Ischaemic heart disease w/o angina
- K77 Heart failure
- K78 Atrial fibrillation/flutter
- K79 Paroxysmal tachycardia
- K80 Cardiac arrhythmia NOS
- K81 Heart/arterial murmur NOS
- K82 Pulmonary heart disease
- K83 Heart valve disease NOS
- K84 Heart disease other
- K85 Elevated blood pressure
- K86 Hypertension uncomplicated
- K87 Hypertension complicated
- K88 Postural hypotension
- K89 Transient cerebral ischaemia
- K90 Stroke/cerebrovascular accident
- K91 Cerebrovascular disease
- K92 Atherosclerosis/PVD
- K93 Pulmonary embolism
- K94 Phlebitis/thrombophlebitis
- K95 Varicose veins of leg
- K96 Haemorrhoids
- K99 Cardiovascular disease other

**F**

**Musculoskeletal**

**L**

- L01 Neck symptom/complain
- L02 Back symptom/complaint
- L03 Low back symptom/complaint
- L04 Chest symptom/complaint
- L05 Flank/axilla symptom/complaint
- L07 Jaw symptom/complaint
- L08 Shoulder symptom/complaint
- L09 Arm symptom/complaint
- L10 Elbow symptom/complaint
- L11 Wrist symptom/complaint
- L12 Hand/finger symptom/complaint
- L13 Hip symptom/complaint
- L14 Leg/thigh symptom/complaint
- L15 Knee symptom/complaint
- L16 Ankle symptom/complaint
- L17 Foot/toe symptom/complaint
- L18 Muscle pain
- L19 Muscle symptom/complaint NOS
- L20 Joint symptom/complaint NOS
- L26 Fear of cancer musculoskeletal
- L27 Fear musculoskeletal disease other
- L28 Limited function/disability (l)
- L29 Symp/compl. Musculoskeletal other
- L70 Infections musculoskeletal system
- L71 Malignant neoplasm musculoskeletal
- L72 Fracture: radius/ulna
- L73 Fracture: tibia/fibula
- L74 Fracture: hand/foot bone
- L75 Fracture: femur
- L76 Fracture: other
- L77 Sprain/strain of ankle
- L78 Sprain/strain of knee
- L79 Sprain/strain of joint NOS
- L80 Dislocation/subluxation
- L81 Injury musculoskeletal NOS
- L82 Congenital anomaly musculoskeletal
- L83 Neck syndrome
- L84 Back syndrome w/o radiating pain
- L85 Acquired deformity of spine
- L86 Back syndrome with radiating pain
- L87 Bursitis/tendinitis/synovitis NOS
- L88 Rheumatoid/seropositive arthritis
- L89 Osteoarthritis of hip
- L90 Osteoarthritis of knee
- L91 Osteoarthritis other
- L92 Shoulder syndrome
- L93 Tennis elbow
- L94 Osteochondrosis
- L95 Osteoporosis
- L96 Acute internal damage knee
- L97 Neoplasm benign/unspec musculo.
- L98 Acquired deformity of limb
- L99 Musculoskeletal disease, other

**Neurological**

**N**

- N01 Headache
- N03 Pain face
- N04 Restless legs
- N05 Tingling fingers/feet/toes
- N06 Sensation disturbance other
- N07 Convulsion/seizure
- N08 Abnormal involuntary movements
- N16 Disturbance of smell/taste
- N17 Vertigo/dizziness
- N18 Paralysis/weakness
- N19 Speech disorder
- N26 Fear cancer neurological system
- N27 Fear of neurological disease other
- N28 Limited function/disability (n)
- N29 Neurological symptom/complt. other
- N70 Poliomyelitis
- N71 Meningitis/encephalitis
- N72 Tetanus
- N73 Neurological infection other
- N74 Malignant neoplasm nervous system
- N75 Benign neoplasm nervous system
- N76 Neoplasm nervous system unspec.
- N79 Concussion
- N80 Head injury other
- N81 Injury nervous system other
- N85 Congenital anomaly neurological
- N86 Multiple sclerosis
- N87 Parkinsonism
- N88 Epilepsy
- N89 Migraine
- N90 Cluster headache
- N91 Facial paralysis/bell's palsy
- N92 Trigeminal neuralgia
- N93 Carpal tunnel syndrome
- N94 Peripheral neuritis/neuropathy
- N95 Tension headache
- N99 Neurological disease, other



