

UNGA Open-Ended Working Group on Ageing

13th Session – Right to Health and Access to Health Services

6. What are the challenges faced by older persons in their enjoyment of the right to health, including the impact of intersectional discrimination and inequality based on age, gender, disability and other grounds?

Background

Palestine refugees face multiple barriers towards the equal enjoyment of their right to health across UNRWA's fields of operation, namely Syria, Jordan, Lebanon, Gaza, and the West Bank, including East Jerusalem. Each field of operation involves context specific challenges, including different legislative and policy frameworks, challenges related to legal status and access to healthcare and other basic services, the impacts of prologued displacement and decades of social and economic marginalization in terms of economic impoverishment and poor living conditions, and the multiple challenges related to occupation. Older Palestine refugees face disproportionate challenges to the enjoyment of the right to health, given their heightened vulnerability to physical decline and social isolation, exacerbated by intersecting factors including gender, disability, and legal status, resulting in a higher need for health, medical, and relief care.

Gaza

70 percent of Gaza's population or 1.48 million people are Palestine refugees registered with UNRWA, while eight recognized Palestine refugee camps span the Gaza Strip and have some of the highest population densities in the world. Living conditions have deteriorated immeasurably due to the ongoing blockade imposed on Gaza. The blockade severely limits the movement of goods and people in and out of Gaza by land, air and sea and entered its fifteenth year in 2022. Over this period, it has had a profound and devastating impact on socio-economic conditions in Gaza leading to high unemployment, and high levels of food insecurity and aid dependency. Over half of Gaza's population live in poverty, while 29 percent of households are categorized as living in 'catastrophic' or 'extreme' conditions.¹ As of the end of January 2023, UNRWA was providing food assistance to 1.14 million Gazan's while 1.6 million Gazan's are estimated to be food insecure. Gaza's civilian infrastructure is largely in a state of disrepair, with Israel restricting the entry of essential construction materials considered by the Israeli authorities to be 'dual-use' items. Available electricity meets only 50 percent of electricity demand, while 78 percent of piped water is unfit for human consumption.² The impact of the blockade is exacerbated by periodic escalations of violence between Israel and Hamas and/or Islamic Jihad leading to widespread damage to property and infrastructure as well as high numbers of Palestinian fatalities and injuries.

Both the blockade and periodic violence have crippled much of the health sector in Gaza and continue to lead to poor health outcomes. Medical facilities are impacted by restrictions on the entry of materials and critical medical devices such as diagnostic medical imaging equipment as well as spare parts required to repair damaged medical devices. In 2022, UNRWA reported restrictions and delays in the clearance and

¹ Humanitarian Country Team oPt, *Humanitarian Needs Overview 2022*, December 2021.

² OCHA, *Gaza Strip: The humanitarian impact of 15 years of the blockade*, 30 June 2022

delivery of the following items: (i) insulin analogues needles; (ii) x-ray units; and (iii) chemistry analyzers. The delay and denial of permits to exit Gaza for specialist medical care also led to worse health outcomes for patients. In addition to the stress associated with uncertain permit application outcomes, delayed access to healthcare leads to higher mortality rates. According to the WHO, cancer patients who experience delayed or denied permits for chemotherapy or radiotherapy were 1.5 times less likely to survive in the coming months and years.³ In 2022, 33 percent of patient permit applications were delayed or denied, including 19 percent for patients over 60 years, resulting in the death of at least 8 patients.⁴ According to the Gaza Ministry of Health, restrictions related to the blockade also resulted in essential medicine supply dropping to 40%, medical consumables to 32%, and laboratory and blood bank supplies to 60% in 2022.⁵ These challenges further threaten the health of the population, which is already at increased risk, with elevated risks for vulnerable groups including older persons and persons with disabilities.

The older Palestine refugee population (aged 65 and over) in Gaza is 118,154 persons, representing 6.7 percent of registered refugees in the Gaza Strip;⁶ with 19 percent of households in the Gaza Strip reported to be headed by an older person.⁷ There are various social, demographic, psychological, and biological factors that contribute to and influence the health and psychological state of older individuals and these factors are exacerbated with aging, such as poverty, social isolation, dependence on others, and loneliness.⁸ The availability of geriatric medicine is minimal in Gaza and insufficient to meet the different needs of older clients. Given the challenges faced, the healthcare services UNRWA provides to older persons is limited to non-communicable diseases (NCD) services, mainly diabetes and hypertension, rather than comprehensive geriatric care. Without an end to the blockade, the level of healthcare and health outcomes will continue to suffer in Gaza. Health priorities among older Palestine refugees necessitate the following responses: (i) increased integration of geriatric health care within comprehensive health interventions; (ii) multi-sectoral coordination and interventions to address the health and non-health needs of older persons; and (iii) an increased focus on the needs of older persons during emergencies.

Jordan

Jordan hosts over two million Palestinian refugees and around 655,000 Syrian refugees, of which the majority live below the national poverty line and lack access to quality health care. Jordan is going through a demographic transition as the number of persons aged 60 and over is expected to more than double between 2020 and 2050 from around 6 percent to 15.8 percent.⁹ Previous health needs assessments have demonstrated the high level of demand for healthcare in Jordan amongst refugee and Jordanian older

³ This data covers the period 2015-2017. See WHO, 2022, 15 years of blockade and health in Gaza

⁴ WHO, 2023, Gaza Health Access 2022. Available at: <https://reliefweb.int/report/occupied-palestinian-territory/gaza-health-access-2022>

⁵ Euro-Med Monitor, 2023, A generation under blockade: Consequences on Israel's 17-year blockade of the Gaza Strip. Available at: <https://reliefweb.int/report/occupied-palestinian-territory/generation-under-blockade-consequences-israels-17-year-blockade-gaza-strip-enar>.

⁶ UNRWA, 2022.

⁷ PCBS, 2021.

⁸ See for example: HelpAge International, 2021, Needs assessment of older people – Gaza, October 2021. Available at: <https://www.helpage.org/silo/files/rna-gaza-rapid-needs-assessment-of-older-people-.pdf>

⁹ 5.4% according to the 2015 census and 6.1% according to recent data from the Higher Population Council.

persons.¹⁰ Moreover, data indicates a direct relation between disability prevalence and age, as 49.3% of the Jordanian population aged 65 and over have a disability compared to 11.2% of the general population.¹¹ Older persons with disabilities often experience multiple dimensions of exclusion, including in relation to health, poverty, and gender.

In Jordan, significant inequalities exist between different groups of Palestine refugees regarding access to and the affordability of healthcare. Palestine refugees who fled to Jordan from Gaza in 1967 (ex-Gazan) who are allowed to stay in Jordan as temporary residents are unable to access national support programs or government health insurance schemes, though they can access UNRWA services. They are required to pay the non-insured Jordanian rate when using health services provided by the Ministry of Health which can cause significant financial hardship. In contrast, Jordanian citizens of Palestinian origin enjoy the same rights as other Jordanian nationals, which includes access to subsidized healthcare and hospitalization, and, for those who are over 60 years of age, 100% coverage of treatment costs at the expense of the health insurance fund.¹² Palestine refugees who are unable to regularize their status in Jordan, including Palestine refugees from Syria (PRS) and Palestine refugees from Iraq (PRI), face significant financial barriers accessing healthcare given that they do not qualify for subsidized public healthcare or public health insurance schemes. This limits the possibility of such groups to fully enjoy their right to access health care and translates into healthcare costs they cannot afford.¹³ PRS without regular status, or who lack legal or civil documentation, are hesitant to access government health services and may fear approaching authorities due to the risks of arrest, deportation or refoulement. They also face barriers when accessing the public health system, as they are unable to secure the financial costs required for private medical interventions. Many irregular PRS, including older persons, reported unbeing able to register on the Covid-19 governmental platform which requires inserting the individual national number or the border code number. PRI have limited legal status in Jordan as their Iraqi travel documents are outdated and unrenovable and face problems accessing public health services due to de facto statelessness and financial hardships. Improved access to civil documentation is needed to help eliminate structural barriers for Palestine refugees lacking regular status to access essential health services, including for older persons.

Lebanon

¹⁰ HelpAge International, 2020, *Health Needs Assessment for Older People*. For example, the study found that the majority of respondents (71%) reported having at least one chronic disease that requires regular treatment, around three-quarters of respondents (74%) reported needing help in all activities of daily living, and almost half of respondents (48%) reported not having health insurance.

¹¹ Jordan Department of Statistics, 2015, *The reality of disability: "Functional difficulties" in Jordan*, based on the data of the general population and housing census 2015. Table 2.5 Percentage of prevalence of disability (functional difficulties) among Jordanian population aged 5 and above by age group and type of disability (difficulty), 2015. http://www.dos.gov.jo/dos_home_e/main/population/census2015/Disability%202021.pdf

¹² With the exception of the prices of medicines, where 5% of the value of the medicine is collected, with a maximum of 10 dinars on each prescription.

¹³ For this entire section, please see Kingdom of Jordan, Civilian Health Insurance Regulations Amendments Regulation, No. 83 of 2004 and its amendments; Kingdom of Jordan, Ministry of Health, Instructions for treating the people of the Gaza Strip in hospitals and centres, No. 17 of 2014; Kingdom of Jordan, Cabinet Decision No. 5240 in its session on 20/8/2014 concerning Exempting the incapable of Palestinian refugees and dependents of the Gaza Strip residing in the Kingdom by the Council of Ministers in cases it deems appropriate to be exempted of medical treatment expenses; Kingdom of Jordan, Ministry of Health, The approved medical fee tariff list, No. 186(2020), p. 101-106: 41% of Ex-Gazans at Jarah camp have suffered from catastrophic health expenditure.

Only Lebanese nationals have access to subsidized public health care in Lebanon.¹⁴ Palestine refugees do not. High rates of poverty in the Palestine refugee community – estimated to be 86% in March 2022 – preclude Palestine refugees from joining private health insurance schemes.¹⁵ In 2015, only 5.5 percent of the Palestine refugee population had access to private health insurance.¹⁶ Due to restrictions on their right to work, only 1.5 percent were enrolled in the National Social Security Fund (NSSF) as of 2015,¹⁷ meaning that most Palestine refugees do not benefit from health care under the NSSF despite being required to pay in at the same rate as Lebanese nationals.¹⁸

As a result, the only practical option for healthcare for Palestine refugees in Lebanon is UNRWA. UNRWA provides free-of-charge primary health care through 27 clinics, and support for hospitalisation costs. However, due to Lebanon’s financial crisis, both Palestine refugees and Lebanese are increasingly struggling to pay for hospitalisations, as hospitals are demanding payments in dollars whilst salaries largely remain in Lebanese pounds. A 2022 survey showed that three-quarters of Palestinian refugee households who had accessed health care in the last three months struggled to cover the cost of treatment.¹⁹ UNRWA is unable to make up shortfalls due to insufficient funding.

Palestine refugees over the age of 65 experience enhanced barriers to healthcare access despite their greater health vulnerabilities.²⁰ Older persons are more likely to have a disability or be chronically sick,²¹ yet in focus group discussions conducted by UNRWA in Lebanon in 2020, many highlighted the unavailability and unaffordability of medicine, particularly those that are not covered under UNRWA’s health policy. During the COVID-19 pandemic, older persons also highlighted fears of contracting the virus, an increased sense of isolation and being a burden to their families during a time of economic crisis, and reported facing mental health issues such as anxiety, stress, and depression as a result.²²

¹⁴ “Palestinian refugees” is used to refer to all Palestinian refugees who are registered with the Lebanese Government’s Department of Political Affairs and Refugees.

¹⁵ UNRWA, Relief and Social Services data (high-frequency survey), March 2022.

¹⁶ AUB/UNRWA, Socio-economic survey, 2015.

¹⁷ *Ibid.* While more recent figures are not available, the number of Palestinian refugees holding work permits can be viewed as a rough proxy for the number enrolled in the NSSF. Work permits and NSSF registration are closely correlated: in theory, Palestinian refugee workers cannot benefit from the NSSF’s end-of-service indemnity unless they hold a work permit (although Palestinians no longer need to show proof of registration with the NSSF to apply for a work permit). Ministry of Labour figures show a declining number of Palestinian refugees holding work permits: in 2020 (when figures were first disaggregated), 799 permits were renewed, with 119 issued for the first time, while in 2021, only 645 were renewed and 97 issued. This gives a sense of the low number of Palestinians who are likely registered with the NSSF.

¹⁸ Republic of Lebanon, Law 128 of 2010, amending the Social Security Law.

¹⁹ REACH, Multi-sector needs assessment (MSNA) Key findings - Health, 27 April 2022, see:

<https://reliefweb.int/report/lebanon/multi-sector-needs-assessment-msna-key-findings-health-april-2022>.

²⁰ In 2015, 34 percent of the Palestine refugee population in Lebanon was 65 and over: AUB/UNRWA survey on the economic status of Palestine refugees in Lebanon, 2015.

²¹ AUB/UNRWA survey on the economic status of Palestine refugees in Lebanon, 2015.

²² UNRWA FDGs 2020.