

FACTSHEET January 2025

Access to Healthcare: The Hidden crisis in the West Bank

Amid escalating violence in the West Bank, persons with disabilities face severe barriers to healthcare, leading to devastating consequences for their health, safety, and dignity.

Introduction

The protracted conflict and ongoing occupation in the Occupied Palestinian Territory (oPt) have created persistent violence, road blockages, and arbitrary arrests. While the situation escalated significantly following October 7, 2023, it reached a critical point in the West Bank after the ceasefire in Gaza. Since the beginning of 2025, Israeli forces' operations have resulted in the death of 53 Palestinians, including eight children, in the West Bank. These include 30 Palestinians killed in Jenin governorate.¹

Closures and enforced shutdowns of health facilities have severely disrupted healthcare services, restricting patients' access to critical care. Militarized searches of these facilities have endangered staff safety and further hindered the delivery of essential medical services. Moreover, many health facilities have been damaged or destroyed, leaving them either inoperable or significantly impaired, disrupting the continuity of care. Instances of physical aggression and detention targeting healthcare workers or retention of ambulances have further obstructed their ability to provide essential care, especially to the elderly and persons with disabilities. As of December 4, 2024, the World Health Organization for the Occupied Palestinian Territory reported 659 attacks against the medical mission in the West Bank². In July 2024, the International Court of Justice issued an advisory opinion on the occupation, emphasizing that Israel's legislation and measures impose and serve to maintain a separation between Palestinians and settlers in the West Bank and East Jerusalem, in violation of Article 3 of the International Convention on the Elimination of All Forms of Racial Discrimination (CERD), which obligates state parties to prevent racial segregation and apartheid³.

¹ Humanitarian Situation Update #260 | West Bank

² WHO - oPt Emergency Situation Update 52 (7 Oct 2023 - 4 Dec 2024)

³ <https://docs.un.org/en/A/78/968>

This report follows the Factsheet published by Humanity & Inclusion (HI) in April 2024, titled “Escalation of violence and impacts on persons with disabilities and persons with injuries in the West Bank” and at the moment of finalizing it, a ceasefire deal in Gaza was signed. In May 2024, HI conducted a survey with 16 organizations, working in healthcare and emergency response in the West Bank, focusing on the reduced access to healthcare in the West Bank, particularly for persons with disabilities. According to the survey, 63% of respondents reported that healthcare accessibility across the West Bank has been severely impacted since October 7, 2023. Interviews were also conducted with five HI community-based agents, the Ministry of Health of the West Bank, directors of health facilities serving persons with disabilities, and beneficiaries to corroborate the findings

The combined effects of armed violence, destruction, arrests, financial constraints, and ongoing movement restrictions are exposing a hidden healthcare crisis in the West Bank.

The multi-disciplinary rehabilitation taskforce (MDRTF) in the West Bank, established and facilitated by Humanity & Inclusion since September 2023 under the umbrella of Health Cluster, coordinates preparedness and response to the escalating violence and its impact on local communities, in the West Bank, including East Jerusalem. The taskforce, comprising 18 international, governmental, and local health organizations, seeks to address gaps in post-trauma and rehabilitation services identified by a 2022 Rapid Needs Assessment by HI, which found 86% of respondents unable to access necessary health and rehabilitation services due to mobility and affordability issues.

A critical spillover of violence

Israeli military operations across the West Bank, through raids or air bombardments, have led to a dramatic increase in the number of Palestinian civilian casualties in the last 15 months, hindering service delivery. On 21 January 2025, an extensive Israeli military operation named “Iron Wall” was launched against Jenin refugee camp, and across the West Bank. Between 21 and 27 January 2025, Israeli forces killed 20 Palestinians, including two children, and injured 81 others, including 11 children, across the West Bank, including East Jerusalem⁴.

According to the Ministry of Health in the West Bank, from October 7, 2023, to December 2, 2024, 801 Palestinian civilians were killed, including 18 women and 168 children, as a result of violent incidents. This marks a 150% increase in monthly civilian deaths compared to the period from January 1 to October 6, 2023. “Israel’s actions in the West Bank, including high-casualty raids, air bombardments, and the deployment of heavy weaponry, deviate sharply from the requirements of the law enforcement paradigm”,⁵ in a recent report, concluding that “Israel’s use of force in the West Bank is unlawful”. The number of wounded is also very significant. Over the past 14 months, the number of Palestinian civilians injured in the violence, including by lethal weapons, has reached 6642 injured as per WHO⁶ out of which 2,568, including 82 women and 749 children, reached the hospital with wounds linked to use of explosive weapons or live ammunitions, according to the MoH. In comparison, according to OCHA, between October 1,

⁴ Humanitarian Situation Update #260 | West Bank

⁵ “Overkill: A Critical Appraisal of the Use of Force by Israel in the West Bank”, Diakonia, 6 January 2025

⁶ WHO oPt Emergency Situation Update – Issue 52

2021, and October 6, 2023, over 21.400 Palestinians have been injured, out of which 6.453, including 387 women and 1,872 children, were treated in hospitals.

In addition, over 1,760 incidents of violence have been attributed to Israeli settlers in the West Bank and East Jerusalem since October 7, 2023. These incidents, which include intimidation, harassment, physical injury, property damage, or a combination thereof, have often occurred in the presence of Israeli military forces. When broken down monthly, this represents a 31% increase in settler-perpetrated violence in the West Bank, including East Jerusalem, as 865 incidents were recorded between January 2023 and October 6, 2023⁷. On the first days of the investiture of Donald Trump in the USA and the rescindment of the Executive Order 14115 issued a year before, which imposed sanctions on Israeli settlers, 17 violent incidents perpetrated by Israeli settlers, often with Israeli security forces nearby, were recorded by Office for the Coordination of Humanitarian Affairs (OCHA)⁸ in West Bank, including East Jerusalem. Nine Palestinians were injured, eight vehicles and over 120 trees, mostly olive, were damaged, and one Israeli settler was injured. According to the OCHA, between January 2023 and November 2024, 31 Israeli civilians were killed in the West Bank, including East Jerusalem, with 8 children among them, and recorded 156 Israeli civilians injured, including 11 children.

Despite the International Court of Justice's advisory opinion on the occupation⁹, published in July 2024, measures¹⁰ of discrimination have continued unabated. Between January 2023 and November 30, 2024, Israeli authorities demolished 2,756 Palestinian structures across the West Bank and East Jerusalem, displacing over 8,440 Palestinians, of whom 3,670 are children¹¹. Approximately 300 Palestinian households, comprising 1,762 people (including 856 children), have been, since October 2023, in Bedouin and mostly herding communities, primarily due to attacks by Israeli settlers and access restrictions¹². Since October 7, 2023, there has also been a significant increase in movement restrictions imposed by Israeli authorities. These include the deployment and maintenance of hundreds of movement obstacles, which reached nearly 900 across the West Bank end of January 2025. Widespread closures affect Palestinian permit-holders, preventing access to East Jerusalem and Israel, and 148,000 commuters from the West Bank have lost access to their jobs in 2023¹³. As reported by FAO¹⁴, the Palestinian economy is falling¹⁵. The loss of homes, livelihood and income increases vulnerability and poverty, impacting directly on the access to health for the most vulnerable, such as persons with disabilities. granting medical access abroad for persons that cannot receive treatment in the West Bank has drastically

⁷ Ibid.

⁸ [Humanitarian Situation Update #260 | West Bank](#)

⁹ [Summary of the Advisory Opinion of 19 July 2024 on the Legal consequences arising from the policies and practices of Israel in the Occupied Palestinian Territory, including East Jerusalem](#)

¹⁰ In August 2023, the former Northern Commander of the Israeli army [described](#) the situation in the West Bank as one of "total apartheid."

¹¹ [West Bank Monthly Snapshot - Casualties, Property Damage and Displacement](#) | November 2024

¹² [Humanitarian Situation Update #246 | West Bank](#)

¹³ World Bank report May 2024: ["The Impact of the Conflict in the Middle East on the Palestinian Economy"](#)

¹⁴ [FAO Data in Emergencies Hub](#)

¹⁵ World Bank report May 2024: ["The Impact of the Conflict in the Middle East on the Palestinian Economy"](#)

dropped, from 80% granted before October 2023 to less than 60% approval, according to WHO¹⁶.

The spillover of violence in the West Bank has severely disrupted access to essential services, exacerbating the challenges faced by vulnerable populations, including persons with disabilities, who are particularly affected by restrictions on movement, damage to infrastructure, and the strain on healthcare systems, leading to heightened risks to their health and well-being.

The Story of Moataz

On 27th July 2024, Moataz's life turned upside down. For 3 years, Moataz has worked to build his career as a hairdresser in Nablus, north of the West Bank. But on that day, while violence erupted in the city, Moataz received a live bullet in his arm, while he was [on his way to work](#). According to the MoH, most of the injured individuals have been wounded by live ammunition, and 30% of them are injured in the upper body.



Moataz focused on upper body strengthening during his rehabilitation session
©Photo by HI Palestine

¹⁶ [West Bank Health Access Oct 2023 - Dec 2024](#)

As nerves were damaged, his arm and hand lost their mobility, which impacted on his ability to work and hold scissors. Moataz received multidisciplinary rehabilitation sessions, which comprise physiotherapy, occupational therapy and psychological support to overcome the consequences of his injury and regain his autonomy at the Al-Amal Hospital in Nablus-one of HI local partners-.

In November 2024, Moataz regained most of his hand mobility and managed to reopen his hair salon in Nablus.

“This injury has impacted my life. I can work, but it is not the same. I cannot work for long hours and take many customers. I am no longer able to carry things for a certain time, like a blow-dryer and scissors”, said Moataz.

Moataz continues physiotherapy while supporting others through peer-to-peer sessions at Al-Amal Hospital Besides continuing his physiotherapy, he also now community-based agents providing peer to peer support sessions at the Al-Amal Hospital’s occupational therapy department, sharing his journey to inspire and support others undergoing rehabilitation.



Moataz continues physiotherapy while supporting others through peer-to-peer sessions at Al-Amal Hospital ©Photo by HI Palestine

Increased impact on access to healthcare

The impact of violence on the healthcare system is felt at every level, from physical accessibility issues caused by road blockage or the military occupation of health centers, particularly affecting persons with disabilities, to challenges related to medical supplies, the salaries of healthcare workers and their access to the health facilities, and the financial means required for assistive devices for those in need.

In May 2024, the multi-disciplinary rehabilitation taskforce (MDRTF), which includes rehabilitation organizations, responded to a survey conducted by Humanity & Inclusion (HI) Palestine about the challenges of accessing healthcare services. The survey focused specifically on people with injuries and disabilities in the West Bank, especially in the aftermath of the events of October 7, 2023, and the ongoing conflict in Gaza.

- **63% of the respondents reported that healthcare accessibility across the West Bank has been severely impacted.** These organizations highlighted significant challenges in reaching healthcare facilities, particularly for persons with mobility impairments, and emphasized inadequate infrastructure that creates substantial barriers to timely and appropriate rehabilitation and healthcare services.
- When asked about the situation of persons with disabilities and those injured following the events of October 7, 2023, **94% of MDRTF members reported a severe deterioration in conditions.** They noted that many injuries, such as gunshot and blast wounds, are resulting in permanent disabilities, further complicating access to necessary care.
- These worsening conditions are compounded by critical gaps in healthcare services, as reported by healthcare providers and rehabilitation organizations within the MDRTF. The most significant gaps identified include **a lack of emergency services, rehabilitation services, and primary and specialized care for persons with disabilities.**
- One of the main challenges in service delivery is the difficulty of accessing healthcare facilities, exacerbated by ongoing hostilities and movement restrictions. Additionally, people face mobility challenges due to damaged infrastructure, including roads and transportation networks, making it even harder to reach hospitals and medical centers.
- Financial constraints further compound these issues, as many struggle to afford necessary medications and transportation to healthcare facilities. **81% of MDRTF members reported facing specific financial challenges in operating and providing adequate healthcare,** highlighting the struggle to afford medical care, medications, and related expenses, which further hampers access to healthcare services.

Attacks against the medical mission

The encirclement and blockade of hospitals by Israeli military forces, along with the targeting of ambulances and medical personnel, have been heavily reported by various organizations. At the Turkish Hospital in Tubas city, according to OCHA¹⁷, “Israeli forces raided the hospital, sealed all entrances, and opened fire inside, including in the emergency room; causing widespread panic and damage. During the raid, Israeli forces detained medical staff and interrogated the hospital director,

¹⁷ [Humanitarian Situation Update #246 | West Bank](#)

demanding information about the bodies of the killed Palestinians and the whereabouts of the injured man. Israeli forces then released the detained medical personnel and withdrew from the hospital The Israeli military's encirclement and blockade of hospitals”. Such actions have left countless individuals without the urgent medical attention they need, including those whose injuries, if untreated, could lead to permanent disabilities.

In Nur Shams refugee camp in Tulkarm, located in the northwest of the West Bank, large-scale Israeli military operations have led to the destruction of infrastructure and power outages in several homes, as it occurred on December 24, 2024. At the entrance of the camp, a center for children with disabilities bears the scars of recent military occupation. Since October 7, 2023, the center has been occupied eight times by the Israeli Forces, according to the center’s director. The weapon bearers stayed for periods ranging from 15 to 52 hours, breaking windows and creating holes in the walls



Center for children with disabilities in Nur Shams camp, Tulkarm. ©Photo by HI Palestine

to set up sniper positions¹⁸. According to the director of the center, about 10% of civilians injured during the violence in Nur Shams refugee camp, since October 2023, have acquired disabilities, ranging from full paralysis to the amputation of at least one limb.

According to the World Health Organization (WHO), from October 7, 2023, to December 4, 2024, 659 attacks on healthcare in the West Bank, including East Jerusalem, have been documented, resulting in the death of 25 persons and 120 injured. These attacks affected 61 health facilities, including 22 mobile clinics, and 465 ambulances¹⁹, more than 60% of which occurred in the Jenin, Nablus, and Tulkarm governorates. The incidents were reportedly caused by the use of force (334 incidents), militarized searches of vehicles (132), and 98 incidents were related to detention, with Jenin and Tulkarm governorates being particularly affected. These three governorates—Jenin, Nablus, and Tulkarm—accounted for 336 of the 497 incidents, highlighting the severe obstruction of access to healthcare in these areas. Bethlehem and Hebron governorates recorded 56 and 53 attacks on healthcare, respectively, over the same reporting period²⁰.

The number of attacks against healthcare workers in the West Bank has led to a sense of fear among HI's community-based agents, particularly young men²¹.

Dr. Hisham, Member of the Board of Directors, Al-Jaleel Society, Jenin Refugee Camp

"The recent escalations in Jenin Refugee Camp have completely destroyed the infrastructure around the center, making it difficult for aid workers, persons with disabilities and injuries to reach our center. The challenges are immense, with Israeli soldiers besieging the center, and all the doors and windows damaged. They were even inside the center at times.

We have been dealing with these challenges for the past three years, but since July 2023, the situation has worsened, with increased escalations and intensified military incursions. Health workers no longer feel safe. The environment itself is dangerous, and while we used to take some mitigation measures, the services were often disrupted, especially when Israeli forces invaded the camp during working hours.

Rehabilitation requires continuous monitoring and evaluation, but the ongoing disruptions hinder the patients' recovery. We've seen cases where these interruptions have led to permanent disabilities. In September 2024, we even noticed a severe lack of food security, with persons with disabilities particularly struggling to access food and water. There's also a critical need for prosthetics and orthotics, but unfortunately, this area receives little attention amidst the ongoing violence

Despite all these challenges, I hope we can continue to provide the services that so many people rely on for their prolonged care."

¹⁸ HI observations of the damages in December 2024

¹⁹ [WHO oPt Emergency Situation Update Issue 52](#).

²⁰ [WHO Impact of attacks on health care in the West Bank](#)

²¹ See section "Impact on Mental Health"

Loss of accessibility of some health facilities

"Some health facilities have been designed to be accessible, but damage to roads and buildings prevents individuals, especially persons with disabilities, from accessing healthcare." — Observation from HI community-based agents in the North of the West Bank.

The increasing number of checkpoints and road closures in the West Bank has had a dramatic effect on access to healthcare. Traveling from one city to another has become a significant challenge. Roadblocks are frequently imposed by the occupying power, preventing vehicles, including ambulances, from reaching certain areas, which often leads to life-threatening situations. A community-based agent from HI recalled an instance in which a patient from Tulkarm in need of dialysis could not be reached by an ambulance due to roadblocks. While attempting to cross a barrier, the patient fell, broke a limb, and had to struggle to reach the ambulance which was waiting for him on the other side of the roadblocks. These obstacles create significant delays and challenges for individuals trying to reach healthcare facilities.

As of March 2024, there were 793 movement obstacles, including 89 permanently staffed checkpoints, 196 road gates (122 of which are typically closed), and 97 other closures, such as trenches and barriers²². This marks a 23% increase in movement obstacles compared to June 2023, as documented by OCHA. End of January 2025, the number of roadblocks reached 898 across the West Bank. The cumulative impact of these restrictions has been severe, further deepening the fragmentation of the West Bank and worsening humanitarian conditions. For persons with disabilities, these mobility issues are particularly severe, as they may require specialized transportation or assistance, which is often unavailable or too costly. The long distances to healthcare facilities, compounded by the time-consuming and stressful process of navigating checkpoints, can deter individuals from seeking care, leading to worsening health conditions. This is especially critical in emergencies where timely access to care is vital.

"After 7 October 2023, there are more barriers and difficulties for patients to access therapy sessions. A patient requiring 3 therapy sessions per week will only receive one due to physical conditions limiting their access. It is not sufficient and only 5% of the requiring progress may be achieved" — HI Community based agent in North of the West Bank, November 2024. All the people interviewed for this report by HI mentioned a significant increase in amputees.

In Tulkarm, near the Nur Shams refugee camp, trees are covered with white dust, the asphalt on the road has been literally peeled off by bulldozers. Even though the center for children with disabilities in Nur Shams has a ramp for wheelchairs, people using wheelchairs will face significant challenges in reaching it, as the road is now just dust, potholes and rocks. Same in Jenin, where vehicles already face difficulties in using such roads.

²² OCHA - [FACT SHEET: MOVEMENT AND ACCESS IN THE WEST BANK](#)



Jenin Refugee Camp, Palestine ©Photo by HI Palestine

Over obstacle: the lack of permit and evacuation. In Bethlehem, the number of patients of mobile clinic for artificial limbs run by the Bethlehem Arab Society for Rehabilitation in West Bank, including East Jerusalem, has been halved, as patients from Gaza can no longer reach the center for follow-up treatments or to change their prosthesis and orthoses, as they did before 7 October 2023. In the West Bank, displacement of the population that has been affected by destruction of houses disrupts further the continuity of care, making it challenging to access essential services and physical rehabilitation. According to OCHA, in the West Bank, over 6,800 Palestinians have been displaced between 7 October 2023 and 30 November 2024²³. Plus, administratively, the West Bank is divided into Areas A and H1 in Hebron, Area B, Areas C and H2 in Hebron, and East Jerusalem; and Palestinian communities in Areas C and H2 of Hebron face additional barriers to health access, due to under-provision of services, restrictive planning policies that limit the development of health facilities.

²³ [West Bank Monthly Snapshot - Casualties, Property Damage and Displacement](#) | November 2024

Lack of medical equipment

After 7 October 2023, the Government of Israel has imposed stricter restriction on the Palestinian Authority. Following the Paris Protocol Agreement, imports between the two countries are closely intertwined, and the Palestinian Authority (PA) depends on the Government of Israel to facilitate the entrance of goods into the West Bank as well as to transfer clearance revenue²⁴ or exit tax. However, as of May 2024, the clearance revenues transfers, which represent 68% of all the Palestinian Authority (PA)'s income²⁵, shrank by over 50% in the conflict's aftermath, severely impacting the economy and the PA's ability to pay civil servants' salaries, including health workers²⁶. This has led to significant financial insecurity.

The delay in importing health material has tripled from Europe and doubled from Turkey and China, according to the Ministry of Health²⁷. Like any government, the PA has developed its own medical importation standards, "but our standards must fulfill Israeli standards", noticed Dr Omar Hussein. Some goods, such as MRI (magnetic resonance imaging) or chlorine, cannot be imported by the Palestinian Authority, as would fall under the dual-use, and must be purchased through Israel, despite the PA's revenues being much lower than those of the Government of Israel (Gol).

For example, 94% of respondents to the MDRTF survey reported that medical supplies are either limited (40%), moderately available (47%), or completely unavailable (7%), indicating that critical supplies are largely inaccessible and insufficient to meet healthcare needs. According to MoH, out of 592 medicines provided by the ministry, 120 are now out of stock (20.27%), early February 2025. Additionally, out of 3,330 medical consumables and lab materials, 605 are out of stock (18%), along with 25% of surgical consumables. Ismat Quzmar, External Relations Officer at the Palestine Economic Policy Research Institute, also noted that "the total amount seized by Israel since 2019 through the clearance revenue transfer is more than 7 billion NIS (over 1,8 billion euros)".

The lack of resources and necessary equipment, trained personnel, and infrastructure to provide adequate care for persons with specific disabilities also forces patients to travel to distant areas, often outside the West Bank, to receive the necessary treatment, further compounding the access and financial barriers. Palestinians requiring treatment abroad have always had to apply for a medical permit with the Israeli authorities for themselves and their companions, with the approval process for referrals often taking over 60 days. According to WHO, the approval rate was nearly 80% before October 2023, but it dropped to 56% between October 2023 and December 2024. The lack of approval and the burdensome administrative process have directly impacted the number of requests submitted by Palestinian patients over the past 15 months. During the first nine months of 2023, more than 72,000 requests were filed, compared to just over 67,000 in the following 15 months. This sharp decline in approval rates and the overall reduction in requests reflect not only the increasing obstacles faced by patients but also a growing sense of uncertainty and discouragement among those in need of urgent medical care.

²⁴ "Clearance revenues" are revenues collected by the Gol and transferred to the PA after certain deductions have been made. Most clearance revenues are VAT and import duties, and they should be remitted on a monthly basis according to the Paris Protocol.

²⁵ US Department of State "2024 Investment Climate Statements: West Bank and Gaza"

²⁶ World Bank report May 2024: "The Impact of the Conflict in the Middle East on the Palestinian Economy"

²⁷ Interview with Omar Hussein Al-Sheikh Ali, Director of Disaster Department at the Ministry of Health.

Furthermore, 51% of MDRTF members rated the availability of assistive devices for persons with disabilities and injuries and other groups with functional difficulties as inadequate. The delay in importing medical equipment, particularly assistive devices, has been echoed by Dr. Saaber Abu Sha'ire, Director of the Artificial Limbs Department at the Bethlehem Arab Society at the time of the interview, who explained that “shipments from Europe or Turkey can take up to 2 to 3 months to arrive, whereas they previously took only two weeks before October 7, 2023”. “We now have to buy some materials in Israel now, but as their economy is stronger, medical material is more expensive than importing them directly”, he added, admitting having issues in finding the adequate materials to reply to the needs.

Financing of Health System and Patient's Financial Capacity

In the West Bank, the MoH lacks the financial means to support access to rehabilitation services or assistive devices for people in need. The high cost of medical care, rehabilitation services, and essential treatments creates significant barriers for the population in need and in particular persons with disabilities, who are already at heightened risk.

The economy in the West Bank is currently facing one of its worst crises. As mentioned, since October 2023, due to lower revenues, the Palestinian Authority (PA) has been forced to reduce payments to civil servants, including healthcare workers, to 50–70% of their total salaries.

“In the West Bank, the knock-on effects of the conflict continue to weigh heavily on economic activity. These ripple effects manifested through additional restrictions on movement within and across cities imposed by the Government of Israel (Gol) and denied access for Palestinian workers to the Israeli labor market, weighing heavily on economic activity. This, compounded with increased deductions by the Gol from clearance revenues, vastly deepened the PA's fiscal crisis, and caused the West Bank economy to contract by 1.9 percent in 2023. In the final quarter of 2023 alone, the economy contracted by 18.8 percent compared to the same quarter in 2022”²⁸. Over 144,000 jobs were also lost in the West Bank due to escalating violence and its repercussions on supply chains, production capacities, and breadwinners' ability to access their workplace. As a result, unemployment in the West Bank increased from 12.9% in Q3 2023 to 34.9% a year later²⁹.

Displacement further exacerbates these financial challenges, as it disrupts livelihoods and access to employment, leading to widespread unemployment and loss of income. For persons with disabilities, who already face systemic barriers to economic participation, these conditions severely limit their ability to afford critical healthcare. A simple manual wheelchair would cost 550 Israeli shekels (about 150 euros) for example. The price of prosthesis and orthoses depends on the size, whether it is to support part of the limb or the whole limb. For example, a prosthetic limb below knee would range between 10.000-25.000 ILS (between 2.600 and 6.600 euros), while above the knee would reach up to 100.000 ILS (above 26.000 euros).

About 150 patients from the West Bank, including East Jerusalem, visit the six centers operated by the Bethlehem Arab Society for Rehabilitation each month. This number has remained roughly the same as before October 7, 2023, despite the increase in amputees observed on the ground.

²⁸ World Bank report May 2024: [“The Impact of the Conflict in the Middle East on the Palestinian Economy”](#)

²⁹ International Labour Organization, October 2024 - [A Year of War in Gaza: Impacts on Employment and Livelihoods in the West Bank and Gaza Strip](#)

“Some patients who were scheduled to visit for prosthetic or orthotic adjustments have chosen not to come because they cannot afford the cost of these devices,” noted a center representative. While the prices of assistive devices can vary based on several factors, a regular below-the-knee prosthesis typically costs between 10,000 and 15,000 Israeli shekels (approximately 2,650 to 3,975 euros). Meanwhile, the average daily wage in the West Bank is 138.2 Israeli shekels, which is just over 36 euros per day³⁰.

Impact on mental Health

“I feel helpless,” confided Anwar, one of the HI community-based agents. “I have constant fear when I go to provide treatment in certain areas,” said another volunteer. A survey revealed that 87% of respondents reported that healthcare workers are struggling with either limited or no access to essential psychosocial services.

Ongoing violence and instability, marked by a high number of casualties, displacement, roadblocks, closures, destruction of homes and communities, and settler attacks—including house burning, damage to livelihood structures, and stone-throwing at vehicles—have severe implications for access to healthcare, including rehabilitation efforts in the affected areas. Some patients reported occasionally managing to access a town to receive necessary treatment, only to find themselves stuck due to military closures, unable to return to their hometown for several days. This creates both a financial and psychological burden and may lead some patients to stop accessing medical services. “I am constantly afraid that we could be trapped by the occupation army,” said one person interviewed by HI. Impacted by years of conflict and continuous shocks, both severe and mild, according to HI consultancy conducted in October 2024, many families have withdrawn from participating in social or community activities, leading to further isolation. Since October 7, 2023, the escalation of violence, coupled with a lack of employment, the conflict in Gaza, and the tense political climate, has generated immense stress and anxiety among the Palestinian population, with children being particularly vulnerable. According to a recent assessment by HI in Jenin camp in October 2024, among 266 children evaluated, 43.23% scored above the clinical post-traumatic stress disorder (PTSD) threshold, indicating a trauma diagnosis. This disengagement from those families makes it more difficult for individuals to cope with occupation-related issues, as they lack access to shared resources and social networks that could help mitigate the psychological effects of the occupation. This isolation also limits opportunities for collective healing, contributing to long-term mental health challenges. The constant threat of incursions, violence, and the destruction of homes creates an environment of fear, preventing communities in the West Bank from feeling safe and secure. Prolonged exposure to violence has been linked to a variety of mental health disorders, including Post Traumatic Stress Disorder (PTSD) and anxiety disorder. These community stressors significantly affect people's ability to recover from trauma, as they lack the protective factors and stable environments necessary for healing.

³⁰ [‘Report for the 112th session of the ILC \(June 2024\): The situation of workers of the occupied Arab territories’](#)



Nur Shams Refugee Camp, Palestine ©Photo by HI Palestine

Key Recommendations:

To parties to the conflict and other armed groups:

- Respect the medical mission, ensuring that medical facilities, medical personnel, and ambulances are not obstructed in their access to those in need, and that individuals receive the necessary treatment. The restriction of movement and denial of medical access are serious violations of International Humanitarian Law (IHL), particularly under Article 17 of the Fourth Geneva Convention, which mandates the protection and care of the wounded and sick without discrimination. The targeting of healthcare facilities and the obstruction of medical services constitute grave breaches of Article 18 of the Fourth Geneva Convention, which requires hospitals, ambulances, and medical personnel to be respected and protected in all circumstances.
- Israel to respect, the Fourth Geneva convention as the occupying power must permit relief operations necessary to aid the population and facilitate them by all the means at its disposal,

States:

With respect for Article 1 of the Geneva Convention, Third States should:

- Take all possible steps to ensure that the rules are respected by all parties, including suspending the transfer and sale of weapons, parts, and ammunition where there is clear risk and evidence of their use in committing violations of Article 1 of the International Humanitarian Law (IHL).
- Take all measures to respect the principle of distinction and the obligation of the occupying power to ensure free movement of the population
- Ensuring the protection of hospitals, humanitarian organizations, ambulances, and healthcare workers, including the prevention of targeting, obstruction or interference with medical services
- Take concrete actions to ensure compliance with the ICJ's advisory opinion on the unlawfulness of the continued presence of Israel in the occupied Palestinian territory, including supporting the Palestinian Authority in retrieving the clearance revenue. And use the opportunity of the Conference of the High Contracting Parties on the Fourth Geneva Convention to restate their commitment and uphold their obligation to respect and ensure respect for IHL.
- Article 11 of the Convention on the Rights of Persons with Disabilities (UN-CRPD) reinforces and specifies States' obligations, or occupying power, under international humanitarian law to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies, and natural disasters.

- Ensure that persons with disabilities and organizations of people with disabilities (OPDs) are meaningfully involved in decision-making processes at all levels of humanitarian response planning, implementation, and monitoring. Their voices and experiences are vital in shaping inclusive policies and practices.

To Donors and UN Agencies:

- Ensure that all humanitarian programs and services are accessible to persons with disabilities, addressing barriers such as physical accessibility, communication, and financial challenges. This includes the rehabilitation and adaptation of public infrastructure and ensuring inclusive healthcare services, education, and shelter.
- **Work with relevant authorities** to advocate for safe and unhindered access to healthcare facilities, especially for individuals with disabilities who face additional barriers due to checkpoints, movement restrictions, and damaged infrastructure. Donors should ensure that supported health services are fully accessible to persons with disabilities, in line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.
- **Strengthen data collection and reporting on persons with disabilities**, including disability-disaggregated data, to improve the effectiveness of health services and ensure that they meet the specific needs of this population.
- Increase emergency funding to support local healthcare systems and organizations on the ground. This funding should focus on trauma care, rehabilitation services, and psychosocial support, particularly for those injured or displaced by the ongoing conflict.

To Humanitarian Actors:

- Coordinate with health actors, government agencies, and local organizations to ensure a comprehensive and integrated physical and functional rehabilitation, assistive technology (AT), and MHPSS response. This should be embedded into primary healthcare (PHC) programs to improve access for persons with disabilities and avoid duplication of efforts in line with the WHO recommendation for strengthening rehabilitation in health system. Health actors should ensure that services are fully accessible to persons with disabilities, in line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action.
- Health actors and service providers should adopt the Washington Group questions to collect and disaggregate data by disability in all health programs. This will ensure that the specific needs of persons with disabilities are accurately identified and addressed in service provision, planning, and reporting. Regular use of these tools will improve the inclusivity and effectiveness of healthcare services, ensuring that no one is left behind.
- Article 31 of the CRPD obliges States Parties to collect relevant data, including disaggregated data, to enhance the implementation of the present Convention. Barriers shall be identified and addressed through appropriate programming. Additionally, the collected data and statistics shall be made available to other actors, including to persons with disabilities, to influence humanitarian decision-making.
- Expand capacity-building initiatives to strengthen the local healthcare workforce, with a particular focus on trauma and rehabilitation specialists.

- Programmers and coordination actors should start supporting action on inter-agency collaboration to make policies inclusive of disability, remove barriers, collect quality and disaggregated data and evidence, and engage representatives from affected populations.
- Programmers, donors and coordination actors must promote and remove barriers in humanitarian policies, coordination and programming through the analyses of risk factors, barriers, and enablers to access and participation of persons with disabilities in needs assessment and program design stages.
- Programmers, donors, and coordination actors must invest and mobilize resources to ensure capacity building for humanitarian actors on disability-inclusion and inclusive humanitarian action. This entails but is not limited to basic skills on inclusive PCM, disability data, inclusive communication, protection of persons with disabilities, inclusive humanitarian coordination mechanisms, etc.

International Humanitarian Law, as codified in the Geneva Conventions and their Additional Protocols, unequivocally mandates that, as the Occupying Power, Israel must give access to any impartial body providing humanitarian assistance.

In addition unequivocally mandates that as the Occupying Power, Israel, is fully responsible for ensuring access to adequate medical treatment, providing essential medical supplies, maintaining critical medical infrastructure, and rigorously protecting patients, humanitarian workers, healthcare personnel, and hospitals from any form of harm or interference. These obligations are reinforced by the provisions in **Article 56 of the Fourth Geneva Convention** and **Articles 15 and 18 of Additional Protocol I**, which explicitly require the protection and respect of medical facilities, personnel, and the civilian population's right to health care in times of conflict.

The use of explosive weapons in populated areas is a clear violation of the principles of distinction and proportionality under IHL, which require all parties to a conflict to distinguish between civilian objects and military objectives and to avoid excessive harm to civilians. The indiscriminate use of such weapons, as those seen in recent operations, has had catastrophic consequences. The destruction of civilian infrastructure, homes, and hospitals has left thousands displaced, traumatized, and in desperate need of assistance.

Under the **International Covenant on Economic, Social, and Cultural Rights (ICESCR)**, particularly **Article 12**, to which Israel is a signatory, there is an explicit obligation to create conditions that allow for the highest attainable standard of health. This includes ensuring the availability of necessary medical services and facilities during sickness and taking measures to prevent, treat, and control diseases, especially in occupied territories.

Furthermore, the **Convention on the Rights of Persons with Disabilities (CRPD)**, specifically **Article 11**, obligates Israel to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict. The **WHO resolution on rehabilitation (WHA58.23)** further reinforces Israel's responsibility to ensure that adequate rehabilitation services are available and accessible, particularly in conflict settings where the use of explosive weapons exacerbates the vulnerabilities of persons with disabilities. This includes the provision of physical rehabilitation, psychosocial support, and access to assistive technologies to help those affected regain their functionality and independence.

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