

COVID-19 Vaccine Inequity in the Occupied Palestinian Territory (oPt)

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WHAT IS THE KTA PROBLEM?

Since the last quarter of 2019 the COVID-19 pandemic has imposed itself as one of the global challenges that changed the way we live and interact with others on a daily basis. The effects of the pandemic are not limited to health, but include most aspects of life. On the other hand, scientists worked to find effective vaccines to reduce the increasing number of deaths and hospitalisation. Although vaccination against COVID-19 showed promising results in reducing both mortality and morbidity, its inequitable distribution is associated with the systemic deprivation and neglect of low-income and oppressed countries. This is the case in the occupied Palestinian territory (oPTt), where COVID-19 vaccination distribution inequity is evident.

Palestine was occupied by the Israeli forces in the year 1948, and since then the Palestinians have suffered from all forms of violence, displacement and ethnic cleansing (Giacaman et al, 2009). In addition to depriving them of their basic rights, they are deprived of their rights to movement and access to health services commensurate with their needs. Even after the Palestinian Authority took over an autonomous administration with limited authority in some Palestinian territories, the Israeli occupation continued to impede any effort for sustainable development in various vital sectors in the oPt. The Israeli Occupation forces frequently target and destroy homes, schools, health clinics, and infrastructure in both the West Bank and Gaza Strip, with the most recent large-scale escalation occurring in May 2021.

Vaccines are a vital tool to fight the COVID-19 pandemic, yet systemic inequities in vaccine distribution persist globally. Israel is globally recognized as a leader in its vaccine distribution despite that it has largely ignored and excluded the Palestinian population that it has occupied for 53 years (Medical Aid for Palestinians, 2021).

In August 2021, Israel had 62.75% of its population fully vaccinated and 5.09% partially vaccinated, in comparison with Palestine at only 8.4% fully vaccinated and 4.28% partially vaccinated (Mathieu et al, 2021). While Israel began administering third booster doses for some citizens in August 2021, much of Palestine was left without a plan, even for their first dose (Al Jazeera, 2021). In accordance with international humanitarian law, Israel is responsible as an occupying power to supply Palestine with vaccines (Medical Aid for Palestinians, 2021). It has failed to do so by intentional choice, to which Amnesty International refers to as

“institutionalized discrimination” (Amnesty International, 2021). Israel took advantage of the Palestinians urgent need for vaccines by giving soon to expire vaccines to the Palestinian Authority. This was to vaccinate the Palestinian population and which were approved by the Palestinian Authority “in order to speed up the vaccination process” (Sawafta & Ayyub, 2021).

WHO DOES IT AFFECT?

The inequity in vaccine distribution directly affects the Palestinians health and safety. The oPt has a population of about 5.2 million people (Medical Aid for Palestinians, 2021). As of December 23, 2021, there were approximately 457,950 confirmed cases and 4770 deaths, with only 1,018,390 in the West Bank and 378,487 people in Gaza fully vaccinated (World Health Organization, 2021). This inequity could affect neighbouring countries in the Middle East and North Africa (MENA) regions, and puts more lives at risk worldwide, ultimately prolonging the pandemic.

HOW DOES IT AFFECT THEM?

Exclusion from vaccinations has direct consequences on Palestinian’s health and well-being and increased their risk of hospitalizations and deaths from COVID-19. This risk is furthered by circulating variants of concern around the world that may cause more severe outcomes of the disease. The lack of access to vaccines rolled into fears of the collapse of an already fragile Palestinian healthcare system. Moreover, the lack of access to vaccines also places further restrictions on Palestinian freedom of movement especially for those in the West Bank. This in turn had disastrous impacts on the economic situation of the Palestinians. Whole sectors, such as the tourism and events sector collapsed, many companies declared bankruptcy, and the number of Palestinians below the poverty line increased to unprecedented levels.

The situation worsened due to the absence of a social security network, limited government health insurance, and the dependence of many Palestinians on self-employment and day labour for their main source of income (Activestills, 2021). This deepened existing segregations (Medical Aid for Palestinians, 2021). The 53 years of occupation including recent violence, destruction of public health and healthcare infrastructures, blocking of humanitarian aid, unemployment due to COVID-19, and lack of vaccine

supply together continue to have detrimental effects on Palestinians' health, safety, and livelihood (Medical Aid for Palestinians, 2021).

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WHAT DO WE KNOW ABOUT IT?

There are compounding factors affecting the inequities witnessed in vaccination administration, distribution, and supply in oPt:

- Majority of funding resources dedicated to purchase vaccination for Palestinians is dependent on donor contributions such as COVAX
- Palestinians in the West Bank and Gaza are largely excluded from the Israeli vaccinations program (Medical Aid for Palestinians, 2021). This is despite the inclusion of Israeli settlers living in the oPt, which proves there are no logistical constraints to prevent Israel from reaching the arms of Palestinians (Balousha & Holmes, 2021).
- Significant deterioration of physical and systems infrastructure including healthcare systems due to ongoing violence
- A shortage of medicine, equipment, doctors, professional trainings due to access, lack of infrastructure, and violence
- The death of top doctors overseeing the COVID-19 pandemic response during the airstrikes which occurred in May 2021 (Al Jazeera, 2021).
- The perpetual military occupation and blockades barring the purchase and administration of vaccines. This includes the siege on the Gaza Strip, which led to the damage of vaccines due to delays in allowing their entry into the Gaza Strip
- Lack of access to Palestinian tax money collected by Israel for the Palestinian Authority.
- Checkpoints deployed in the West bank that impede the provision of health services to the Palestinian population.

According to International Humanitarian Law, Israel has a duty to ensure health services are maintained and to prevent and mitigate epidemics. Within the fourth Geneva Convention (Articles 55 and 56) it states that an occupying power [Israel], has the duty to maintain the medical and hospital establishments and services, public health and hygiene and to adopt “prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics” (International Committee of the Red

Cross, 1949).

WHAT DO WE THINK WE DON'T KNOW?

Through a political context analysis knowledge translation approach, the below policy, foundational, and external factors were identified in contributing to the COVID-19 vaccine situation in oPt.

Policy Process Factors: Previous agendas were set and are influenced in Israel by the historical context, the groups implementing those policies, and Israel's global image. With the COVID-19 vaccine situation in oPt, the movement of medical supplies like vaccines falls under the control and taxation of Israeli border authorities. Palestinians are on the receiving end of expiring vaccines and vaccines unapproved by World Health Organization (WHO) such as the Sputnik vaccine, while the Israeli population receive approved vaccines (e.g., Pfizer). This is occurring while there is a portrayal of an image of international cooperation, democracy, and "goodwill" with other nations including through swapping/trading of unused vaccines by those in power.

Foundational Factors: In oPt, there are underlying systemic socio-economic elements influencing policy. This includes the systematic neglect of Palestinian rights to health and dignity which characterises the policies and practices of Israel's military occupation/Israeli Defence Forces for the last 73 years.

External Factors: Underlying policy process and foundational factors are political ideologies, political will, and public sentiment (including social media) that shape the trajectory of actions taken by the Israeli and foreign governments. For example, in February 2021, the Israeli parliament debated a proposal to ban any vaccines from reaching Gaza without first extracting political concessions from Hamas. Non-governmental organizations like Amnesty International and Human Rights Watch have described the Israeli governments actions as "institutional discrimination" and "medical apartheid".

Key stakeholders that play a role in the COVID-19 vaccine access to the Palestinian population include the Israeli government, the Palestinian Authority and its interactions with the Israeli government, and relief efforts through World Bank financing mechanisms,

the Palestinian Ministry of Health and Ministry of Finance, WHO and COVAX. Humanitarian organizations who play a role in emergency relief and response, distribution and administration of vaccines, and advocacy in oPt include the Palestinian Red Crescent Society, Medical Aid for Palestine, Palestinian Medical Relief Society, and Physicians for Human Rights Israel.

RECOMMENDATIONS

Through a scan of the academic and grey literature, high priority actions were identified to support and advocate for addressing vaccine inequity in the oPt. These include:

Political Influence: Working with key advocates on the ground in oPt and Israel and relevant non-governmental organisations to put pressure on the World Bank, World Economic Forum, foreign governments (e.g., Members of the G20), individuals with political power, and the Israeli government to immediately undertake the necessary measures to guarantee that Israel respects its duty outlined in the Geneva Convention to ensure Palestinians have fair, rapid, equitable access to COVID-19 vaccines. This can occur through the provision of financing and resources to procure vaccine stock, “cold chain” transportation, equipment, and programming

Accountability: Calling on the Israeli government and foreign governments to immediately end Israel’s violation of international humanitarian law and monitor compliance with those laws. This includes ending the illegal closure of Gaza and blanket restriction on the free movement of patients and health workers so that the Palestinian healthcare system has the capacity to respond to the COVID-19 pandemic.

Principle of Self-Determination: In the longer term, centering self-determination for Palestinian people to ensure autonomy and equity in their healthcare by working with humanitarian NGOs and Palestinian government and authorities.

In conversation with Physicians for Human Rights Israel (PHRI) and based on the above identified high priority action areas, key actions were identified for the Canadian Association for Global Health (CAGH). To address vaccine inequity broader public advocacy is also needed on Palestinian health human rights and the responsibility of Israel to improve Palestinian health systems, to improve access to healthcare, and to pay for treatments. This includes:

- Writing to Canadian medical associations, international medical professional associations, existing human rights groups, and professionals with international reach and connections with oPt and Israel in Canada.
- Disseminating calls for action and position statements written with these and other Canadian/international organisations.
- PHRI has a current campaign advocating for Palestinian cancer patients access to healthcare and permits to allow for recurring visits to health facilities. CAGH could reach out to Canadian cancer associations and key healthcare stakeholders in Canada known internationally to advocate for cancer patients in oPt.

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