Humanitarian Updates from MSF's Projects in West Bank

Deterioration of Access to Healthcare in the West Bank: Impact of Financial Strangulation, Israeli Violence, and Shrinking Humanitarian Space

Over the past two years, MSF has witnessed the growing humanitarian toll of rapidly worsening conditions in illegally occupied Palestine. While the genocide in Gaza is overt, the Government of Israel's (GoI) efforts to forcibly displace Palestinians into shrinking enclaves continues to extend across the West Bank. Policies aimed at annexation include large-scale militarized operations, attacks on healthcare access, settler violence, home demolitions, systematic movement restrictions, and deliberate obstruction of livelihoods – resulting in forcible transfer and ethnic cleansing. MSF sees how the illegal occupation is increasingly suffocating access to care, eroding mental and physical health, and pushing people off their land.

Financial strangulation as an instrument of control and domination. Since October 2023, the economic situation in the West Bank has deteriorated rapidly due to a series of measures imposed by the GoI that deliberately undermine the Palestinian Authority's (PA) ability to function—and with it, the entire public health system.

Indicators of Economic Decline

- Unemployment in the West Bank nearly tripled during the six months after October 2023. [1]
- 96% of businesses reported decreased activity, and 42.1% reduced their workforce in 2024.[4]
- Real GDP was contracted by 23% in the first half of 2024[2], with the nine-month Iron Wall operation expected to cause a further sharp decline in 2025.[4]
- Multidimensional poverty has nearly tripled in 7 years, rising from 10.2% in 2017 to 30.1% in 2024.[4] A further decline was forecasted for 2025.[4]

1. **Tax withholding**: The GoI has been withholding the taxes it collects on behalf of the PA, crippling its capacities to pay its civil servants—including MoH staff and teachers—resulting in the closure or reduced availability of schools and MoH services.
2. **Work permit cancellations**: After October 2023, GoI cancelled all the work permits allowing Palestinians to work in Israel, causing 152,000 Palestinians to lose their jobs overnight[3], also impacting humanitarians with a West Bank ID and job in Jerusalem. Only a fraction of those work permits has been reinstated since then.
3. **Movement restrictions and attacks on livelihoods**: Movement restrictions have prevented many Palestinians from reaching their jobs, and attacks by Israeli soldiers and settlers on Palestinian livelihoods (including farming and shepherding) escalated after October 2023, and even further in the last few months.
4. **Demolitions of civil structures and militarized operations**: Large-scale demolitions of civil structures and militarized operations also have a significant economic impact on the West Bank.[4] The Israeli militarized 'Iron Wall' operation, ongoing since January 2025, has paralyzed cities like Jenin and Tulkarem and their surrounding villages, leading to skyrocketing rent prices, mass forced displacement, loss of homes and income, and the erosion of trade and daily life. Access to healthcare has also been severely disrupted by the closure of three UNRWA health centers in the refugee camps, forcing the organization to deploy mobile clinics outside the camps to compensate.

The economic crisis, compounded by Israeli bureaucratic restrictions and military violence, is placing the Palestinian public health system in the West Bank under severe and unprecedented strain. Drug shortages are widespread, healthcare workers are unpaid or leaving the sector, and people with chronic illnesses face life-threatening treatment gaps.

- **Staff shortages and service disruptions**. The PA's inability to pay salaries to its civil servants has triggered increasingly frequent MoH strikes. Until recently, MoH clinics and pharmacies were still open two or three days a week on fixed days, however, since July 2025, they open even less often (one day a week, for just a few hours) and on unpredictable times; causing patients to find a closed door or not even try to overcome movement restrictions and risk of violence as it is unknown whether they will find an open or closed door.
  - There are many reports of hospitals in the West Bank that are now limited to performing only emergency and oncological surgeries, with all other procedures postponed until further notice.

[1] UNCTAD, Economic crisis worsens in occupied Palestinian territory amid ongoing Gaza conflict, 2024.
[2] World Bank Economic Monitoring Report, Impacts of the Conflict in the Middle East on the Palestinian Economy, 2024.
[3] International Organization Labour, Brief: Impact of the Israel-Hamas conflict on the labour market and livelihoods in the oPt, 2023.
[4] UNDP, Gaza war: Expected socioeconomic impacts on the State of Palestine – Policy Brief, 2024.

  - Primary Health Care (PHC) services across the West Bank have been reduced to a bare minimum, limited mostly to vaccinations and general consultations. Numerous outpatient departments are now fully closed, and most specialized care is no longer available. Out of 475 PHC centers in the West Bank, **only 57 are fully functioning**.[5]
  - The private health sector is now also heavily affected, including private hospitals, emergency rooms, clinics, and operating rooms. For example, last month a private hospital announced it would not accept any patient transfers from government hospitals.
  - At Thabet Thabet Hospital in Tulkarem, the emergency department, which received an average of 200 patients per day in 2024, was forced to shut down for an entire day in August due to staff strikes and a critical shortage of healthcare workers.[6] The hospital's medical team has shrunk from 13 doctors pre-COVID to just four in 2025.
- **Shortage of drugs and medical supplies**. Both financial difficulties and GoI's bureaucratic import restrictions are hindering the Palestinian MoH's ability to import medical supplies and medication including vaccinations, or cause medication to be expired by the time it is imported due to severe delays. In July 2025, the Palestinian MoH faced shortages of vaccines (e.g., vaccines against rotavirus, Polio, BCG, and pentavalent) due to prolonged delays in receiving greenlight by Israeli authorities to import. After months of delay, vaccines arrived, and as of 26 August, all vaccines are available again.
- **Permit restrictions for access to healthcare in East Jerusalem and Israel**: Between January and July 2025, nearly one-third of patient applications from the West Bank to access healthcare in East Jerusalem and Israel were denied or remain pending. These restrictions exacerbate existing gaps caused by staff shortages, service disruptions, and medicine shortages, leaving thousands without timely access to essential and specialized care.[7]

The strain on the public health system is undermining Palestinians' ability to obtain basic healthcare, putting children, pregnant women, and patients with chronic illnesses at growing risk of preventable illness and complications. In 2024 already, MSF mobile clinics started seeing an increasing number of new patients who were unable to access their medication elsewhere. Since June 2025, following the 12-day Iran–Israel war – which triggered intensified Israeli military operations in the Jenin, Nablus, and Tulkarem governorates, additional troop deployments, and tighter movement restrictions including a four-day closure of all major checkpoints and road gates into Hebron – the situation has further deteriorated, compounded by the worsening Ministry of Health strike.

- **Chronic illnesses**: MSF sees an increase in patients with chronic illnesses at our mobile clinics—patients were previously able to access health care elsewhere—due to the combination of reduced MoH services, frequent ruptures in the MoH pharmacies, and patients are no longer able to afford renewing their health insurance. In August 2025, MSF's mobile clinic in Hebron Governorate received 25 new patients with chronic illnesses (60% women, on average 59-years-old). Twelve patients (48%) had stopped their medication as it had not been available or the MoH clinic had been closed. Many patients cope with reduced availability by spacing out their medication.

  In the north, MSF teams are treating large numbers of patients with chronic illnesses, for whom treatment interruptions—due to stock ruptures in PHCs and/or restricted access to healthcare—can have serious, potentially life-threatening consequences. In Jenin and Tulkarem governorates, MSF mobile medical teams provided more than 3,900 consultations between June and August 2025, nearly **half of which to patients with chronic conditions** (44,5%).
- **Pediatrics and vaccinations:** Parents of pediatric patients are coming for supplements that they used to receive from the MoH. Some mothers report that their children received a vaccine at 4-months instead of the prescribed age of 2-months due to the unavailability of vaccines. These delays are reported not only by MSF patients but also by MSF staff who are parents of infants.
- **Referrals and specialized care.** The number of new patients seen by MSF with chronic illnesses, requiring laboratory testing, and patients needing secondary or tertiary health care but turning to MSF's free PHC mobile clinic instead, has led to an increase in external referrals. In 2024, MSF teams in Hebron made on average 40 referrals per month to external medical specialists and/or laboratory testing, which rose to 77 in 2025, a 92.5% increase. In July 2025, amid a more severe MoH strike, 117 such referrals were made, compared to 37 in July 2024, a 216% increase.
- **Sexual Reproductive Health Care (SRH).** Since June 2025, MSF SRH teams have reported an increase in pregnant women relying on MSF mobile clinics, instead of going to the hospital, or delaying care, all because of financial barriers, including the inability to afford transportation, and/or movement restrictions. Delays in care and 'late bookings'—i.e. women

[5] WHO Dashboard – Health Services Points.
[6] Palestine Health Annual Report, 2024.
[7] OCHA, Humanitarian Situation Update #314 – West Bank, August 2025.

finding out about their pregnancies late, in the second trimester—put mothers and babies at risk of preventable complications. Several women report prioritizing food for their children over their own medical needs, including essential lab tests.

- In Nablus governorate, the reduction of MoH antenatal care (ANC) services is jeopardizing maternal and child health, pushing pregnant women to either pay for private care or forgo it entirely. This has serious implications, as ANC is essential for detecting both symptomatic and asymptomatic complications that could lead to preventable deaths.[8] In Qusra village, for example, MSF teams recently identified a tumoral pregnancy—a condition typically caught during routine PHC consultations, now largely unavailable—which, if left undiagnosed, can lead to serious complications such as severe bleeding, infection, or even cancer. More broadly, since May, MSF teams in Nablus have conducted **an average of four emergency referrals** per month for life-threatening conditions that could have gone undetected without our presence, underlining the critical gap left by the MoH service reductions.
- Due to financial restrictions, some pregnant women stopped at MSF's free mobile clinic even though they needed to go to the hospital in Hebron Governorate, delaying their access to specialized care: a woman who was in labor and had contractions, a woman in the third trimester and had felt no movement of the baby for three days, and a pregnant woman who had low platelets (68; normal is 150 or more) and was at risk of internal bleeding.

- **Renewal of health insurance.** Financial difficulties are preventing many Palestinians from maintaining their health coverage, leaving a significant portion without access to essential health services. In July 2025, among 1,410 patients in Hebron Governorate, 483 (34%) were uninsured. Of these, 291 (60%) had never been insured and 192 (39%) could not afford to renew their insurance. Patients report prioritizing other essential needs over renewal of their health insurance.
- **MSF support and donations.** To help mitigate the effects of importation restrictions, medication shortages, and access barriers, MSF has donated essential medicines to both UNRWA and the MoH in Hebron and Jenin governorates. In 2025 alone, MSF donated over 15 tons of medical supplies and pharmaceuticals to the MoH, helping to sustain critical healthcare services.

The economic collapse is deepening humanitarian needs beyond physical health, affecting mental well-being, food security, and access to basic essentials. The ongoing economic crisis—driven by financial strangulation, movement restrictions, displacement, and property loss—is exacerbating humanitarian vulnerabilities across multiple sectors:

- **Mental Health**: The economic collapse is increasingly manifesting as psychological distress. In Jenin and Tulkarem, nearly one in four new mental health patients (22%) spontaneously cited loss of income as a key trigger during initial consultations—a figure likely underrepresenting the true scale, given that this information was not systematically solicited.
- **Material and Basic Needs**: MSF teams report a growing number of patients requesting basic items such as food parcels, eyeglasses, and hearing aids—needs that fall outside traditional healthcare but reflect the depth of socioeconomic hardship.
- **Food Security and Essential Services**: The sharp and sudden decline in household incomes has severely undermined people's ability to secure adequate food and access essential services, further compounding existing vulnerabilities.[4, Error! Bookmark not defined., Error! Bookmark not defined.]

In addition to financial barriers, violence by Israeli forces and settlers as well as flying and permanent checkpoints further obstruct access to medical care.

- Every week in Hebron Governorate, MSF receives multiple reports from patients from multiple villages across South Hebron Hills that they have difficulty and fear reaching MSF's mobile clinic or cannot reach the clinic at all due to 'settlers on the road'.
- As both MSF's mental health team and MSF's mental health patients were impacted by the severe movement restrictions, in June 2025, MSF's mental health team provided 174 **mental health session remotely**, compared to an average of 37 remote mental health sessions during the previous months in 2025, a 370% increase.
- **Closures of checkpoints** across the West Bank are a big problem for the Palestinian Red Crescent Society (PRCS) because it leaves them unable to provide their emergency services in proper time. As reported to MSF, now, one ambulance can provide service to only two cases per shift, before 2018 this was 7-8 cases; not because there are less cases now, but because each case takes much more time, posing yet another barrier to Palestinian patients' access to emergency health care.

[8] According to WHO standards, at least four ANC consultations are recommended per pregnancy.

- **Obstacles to receive mental health care.** In June 2025, MSF conducted a patient satisfaction and experience survey among 95 randomly selected patients who had accessed our mental health services at MSF's Consultation Room (CR) in Hebron Governorate in May. The findings highlight the obstacles faced by patients who were seeking health care at MSF facilities; on their way to the MSF CR for their most recent consultation:
  - 31% of respondents reported being stopped at a military checkpoint. This affected the travel time to MSF's CR, with patients stopped at checkpoints reporting an average of 60 minutes of travel time, compared to an average of 39 minutes of travel time for those who were not stopped.
  - 26% of respondents reported having to take an alternative route due to physical barriers.
  - ***A shocking 15% of respondents reported experiencing violence by soldiers or settlers while being on route.*** No matter whether Palestinians try to access work, school, or essential services such as health care, including MoH and MSF services, there is always a risk of violence.
- The various barriers are compounded by one another: two MSF patients in South Hebron Hills urgently needed to see a medical specialist but were too scared to go due to the increase of settler violence. When finally, they tried to go twice, both times the MoH clinic was closed due to the strike.

Humanitarian space is shrinking under growing bureaucratic and political pressure, further reducing availability and access of essential services, including healthcare. Israeli authorities have denied or delayed visas to enter both Israel and the West Bank, including East Jerusalem, for INGO staff, introduced a restrictive INGO registration system, and advanced legislation to dismantle UNRWA—the backbone of (medical) service delivery for over 900,000 Palestinian refugees in the West Bank (nearly 1/3 of the population). These measures obstruct humanitarian response and further entrench the vulnerability of Palestinians. MSF's own medical response has been increasingly hindered by increased insecurity, movement restrictions, and HR gaps as international colleagues are routinely denied entry into the West Bank by Israeli authorities.

- Since 7 October 2023, there has been a total halt in the issuance of work visas for INGO workers in the West Bank, severely disrupting humanitarian operations.
- In Hebron Governorate, despite 18 cancellations due to access restrictions, security concerns, and lack of international staff as a result of GoI's visa restrictions, on average, MSF conducted 31 mobile clinics per month from January to May (with the lowest number in April: 25 mobile clinics). However, in June, mainly due to severe access restrictions, including the closer of the gates of Hebron City, and an increase in security concerns, the number of mobile clinics dropped to 10.
- As Israeli authorities denied entry to MSF's ER doctors and ER nurses, MSF's life-saving advanced emergency response trainings in the refugee camps in Hebron and Nablus Governorates have been interrupted.
- While previously, MSF had a mobile clinic in Jaber and in Tel Rumeida (two H2 neighbourhoods that are under full military control and its Palestinian residents face severely restricted freedom of movement hindering their access to health care) once every week. In July, due to international staff being rejected by Israeli authorities at the border, MSF's mobile clinic in operated only twice a month in each location.
- **INGO Registration.** MSF, just as all INGOs operating in occupied Palestine, are at risk of having to cease operations due Israel's new INGO registration, which provides extremely broad grounds for rejecting, revoking, or conditionalizing an INGO's registration, and/or denying visas to international staff. The deadline is currently set at the end of the year.

Asks and Recommendations to Third States

The deepening economic crisis of the West Bank is not an unintended consequence of Israel's illegal occupation; it is part of a broader system of control. While the humanitarian impacts on the Palestinian population are increasingly severe, the underlying drivers are structural and political. MSF urges Third States—and particularly Israel's close allies, such as the European Union—to urgently use their political and economic leverage to pressure the GoI to:

- End the financial strangulation and end policies and practices that undermine the Palestinian healthcare system, obstruct humanitarian aid, and contribute to the displacement of Palestinian communities.
- Facilitate immediate and unimpeded humanitarian access to all areas of the West Bank, including for medical personnel, supplies, and patient, by lifting all movement restrictions and facilitating international staff entry.
- Stop its disproportionate and lethal use of force leading to deaths and injuries and protect Palestinians from settler violence.
- Maintain the existing INGO registration and ensure that 'administrative processes' do not hinder the work of impartial humanitarian actors.
- End the illegal occupation as this is the only path to alleviating the profound hardship faced by MSF patients.