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Introduction

On March 29th, the Israeli re-occupation of West Bank towns and villages began with at least 200 tanks and military armaments entering the towns of Ramallah and el-Bireh, and signaling the beginning of a month-long incursion that has ended (at least in appearance) last night. This re-invasion of Palestinian Territories was characterized by a complete siege, continuous curfew for a period of 23 days, and partial curfew in parts of towns and various villages at this moment. Unbelievable vandalism and destruction ensued. Demolition of houses and buildings, hundreds of death and thousands of injuries, theft of not only people's valuables, but precious data bases and information systems that have been developed over many years, destruction of Palestinian Authority (PA) and civil society institutional infrastructure, and indeed, the total interruption of ordinary life, all had a severe impact on the systems of Palestinian society. The health sector was not spared and was almost totally paralyzed. The pharmaceutical sector, serving the basic humanitarian needs of society, was especially affected by these events. The impact on it of this most recent onslaught of violence and destruction is the subject of this report.

The Palestinian pharmaceutical supply system

It should be noted at the outset that only 45% of the Palestinian pharmaceuticals' market demand is covered by local producers, with the production of limited generics such as analgesics, anti-inflammatories, oral antibiotics, and other such basic medications. Israeli products cover 25% of the market and other foreign products cover 30%. The imported portion (altogether 55%) comprises mainly critical drugs used for life-threatening diseases that cannot be substituted by local producers, such as infusions for hospitals, insulin, and hormones.

Since the start of Al-Aqsa Intifada in September 2000, the pharmaceutical sector has been suffering the consequences of the prevailing political situation, ranging from closure and obstacles to importation, production and distribution, to a very serious cash flow problem. These problems, however, were sharply augmented during the current re-invasion. Main drug manufacturers, importers, distributors and central drug stores for the Ministry of Health, in addition to several local non-governmental organizations (NGOs), are located in the Ramallah area. The concentration of the supply, delivery and distribution systems in Ramallah inevitably led to a serious inability to deliver to the areas the needed medications and other pharmaceuticals, especially since Ramallah was the first city to be re-invaded and placed under curfew. Serious and sometimes life-threatening shortages in supplies first appeared in remote villages, some of which remained under curfew and/or closure for more than three weeks, with the continuation of this state of affairs till today.

The impact of the current re-invasion on pharmaceutical supply and availability

For the purpose of this report, telephone interviews were conducted, while under siege and/or curfew, with different drug providers. Those interviews included direct importers of foreign products (3), local manufactures (3) and dispensing pharmacists (17). In addition, interviews were also conducted with the Ministry of Health officials responsible for the drug delivery system, as well as three main NGOs' personnel and UNRWA personnel. The aim of the interviews was to identify main problems encountered during the reinvasion period with regard to the pharmaceutical supply and availability.

The pharmaceutical sector encountered several problems during the current re-invasion manifested mainly in serious shortages in several essential drug categories such as antidiabetics (mainly insulin), antihypertensives (furosamides) and special formula milk for infants. Those shortages were clearly reported both by pharmacists working at private pharmacies as well as by representatives of local manufacturers, suppliers, and distributors. Moreover, stocks at the central stores and clinics of the Ministry of Health and some NGOs were also reported to be below the reserve lines, with a few types completely zero in stock such as insulin (a life saving drug used to treat type 1 and often type 2 diabetes). Other reported shortages, as identified by pharmacists and confirmed by the main importers, were mainly of the brand ventolin (salbutamol), which is used to treat asthma, and the brand eltroxin (thyroxin) which is used for the treatment of hypothyroidism. Moreover, the sole distributor of lidocaine injections, phenobarbital injections and pentazocine reported shortages in these medications, which are essential for hospital use.

It is important to note that there were reported shortages in some anti-hypertensive or cardiac drugs as well, but those were replaced by another generic or brand and were therefore not counted as urgent shortages. However, the consequences of these substitutions, where medications might not be bioequivalent or might increase the incidence of side effects and decrease control, could not be detected at this early point

Factors affecting shortages of pharmaceutical and medication supplies

1) Increase in the demand for drugs especially during the first two times that the curfew was lifted. During the last curfew lifting, however, purchase was minimal due to lack of cash. This increased demand identified at the private pharmacies was, in turn, due to the following reasons:

- Public sector clinics were not operating during the few hours when the curfew was lifted. Hence, chronic disease patients who normally get their medications or other supplies from those clinics had to buy them from private pharmacists. This was especially the case with antidiabetics (insulin, glibenclamide), antihypertensives (enalapril, furosamide), antiepileptics (sodium valproate, carbamazepine).
- People who could afford it started to stock up on large quantities of medications at home, especially drugs used for chronic diseases, antibiotics (amoxicillin), analgesics (paracetamol, aspirin), anti-inflammatories (ibuprofen, diclofenac sodium) and tranquilizers (diazepam, lorazepam), in addition to milk formulas for infants. It should be

noted here that some pharmacists admitted they were dispensing tranquilizers without prescription.

2) Short irregular working hours which were limited to the periods when the curfew was lifted, 3 to 4 hours every 3 to 4 days (in Nablus the curfew was lifted for the first time after 10 days). During this short period it was very difficult for dispensing pharmacists, suppliers, distributors and local manufacturers to serve patients, check for shortages, receive and distribute orders, and get food for their own families all at the same time.

When the curfew was lifted, drug distributors, residing in areas of lifted curfew, were able to prepare supplies, but could not provide all pharmacies with the needed medications during the short working hours. Other drug distributors could not reach the warehouses in order to work on the distribution, let alone their target customers. Inventories were running seriously low due to the fact that only dispensing and limited distribution (not production) were taking place when the curfew was lifted.

3) Impediments imposed on distribution of pharmaceuticals. The continuous curfew coupled with strictly imposed closure and siege policies were considered the main barriers for regular distribution and supply of pharmaceuticals all over the West Bank. National and international humanitarian organizations could not effectively distribute or transfer the needed medications. UN organizations, after a great deal of negotiations and coordination with the Israeli authorities, were able to transfer donations from Jerusalem to the Ramallah area on behalf of the public central drug store or to other NGO drug stores. The process of delivering medications to patients under curfew was even more complicated and risky. When possible, and under fire, the Union of Palestinian Medical Relief Committees (UPMRC) and the Palestinian Red Crescent Society (PRCS) staff and ambulances delivered medications for chronic disease patients, in addition to formula milk and food.

Several other difficulties were reported in distributing supplies. For example, one local manufacturer reported that raw materials were being held up at Israeli customs in addition to the fact that they could not be dispatched because the company's stores are located in the area under curfew. The same manufacturer also described the efforts expended in negotiating with the Israeli authorities to obtain approval to get some medicines from Ramallah to Jerusalem, then to southern districts, with Red Cross ambulances. Upon arrival at the Qalandia checkpoint however, the Israeli soldiers did not allow the shipment to go through even with the official papers and coordination approved, because of Independence Day. Furthermore, the soldiers did not allow the car to go back to Ramallah, and kept it in Qalandia until the next day.

4) Cash flow problems. Problems associated with cash flow were seen at the personal as well as the institutional levels. The incursion into Ramallah took place at the end of the month before salaries were released. Therefore, cash at hand was minimal.

Local manufacturers, distributors and suppliers were not able to collect their money from the market leading to severe shortages in cash. Drug distributors, therefore could not purchase new products, especially those from Israeli agents who insisted on cash payments. In addition, business transactions, including the purchasing of raw materials and distribution of finished products could not take place due to the closure of banks resulting from the imposed curfew

5) Loss of stock. A number of pharmacists reported loss of stock due to the frequent interruptions of electricity, which mainly affected vaccines and infusions for hospital use.

Although the impact of these deficiencies on the health of people could not be detected at this early stage, it is projected to be significant, due to the continuation of the impediments imposed by the Israelis on free movement between the different areas in the West Bank, in addition to the effect of the interruption of the use of drugs for chronic disease patients, substitution of generics, as well as over prescription and over consumption, both of which were documented under curfew and siege.

Given the conditions of curfew, re-occupation and siege continue, there are real causes for concern. Pharmaceutical and drug supply interruptions constitute an additional serious impediment to the adequate delivery of health services in towns and especially in villages and can have far reaching consequences on health status. While it is true that Palestine is currently in need of certain essential medications, the real need is for the end of this re-occupation, off and on curfew and state of siege, to allow systems and personnel to operate in ways that can allow system rebuilding and the service of community.