

# Financial risk, conflict and vulnerability: healthcare costs in Palestine

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In conflict zones, the financial burden of healthcare can push already vulnerable households into even deeper hardship. This is apparent in the Occupied Palestinian Territory where ongoing conflict, political instability and movement restrictions create a fragile health system and worsen financial insecurity.

Our study introduced a multidimensional vulnerability index, which is a new way to measure how financially vulnerable people are when it comes to healthcare in places affected by long-term conflict. Applying this index to Palestinian households using survey data from 2018, we found that the most vulnerable people are much more likely to face catastrophic health expenditures—health costs so high that they threaten basic living standards.

Our study showed a striking pattern: despite Gaza experiencing more intense conflict and economic collapse, households in the West Bank are more likely to face crippling medical costs. This is largely because healthcare access is limited in Gaza, which prevents many people from seeking care, reducing recorded spending but increasing unmet health needs. A similar pattern appears when we compared urban areas, rural communities and refugee camps. In cities, where healthcare is more accessible, people are more likely to seek treatment which means they face high costs of care. On the other hand, families in refugee camps and other underserved areas, despite their extreme vulnerability, often spend less on healthcare—not necessarily because they can't afford it, but because care is difficult to access in the first place.

These findings illustrate that lower spending is not always a signal of financial security, but can be due to a lack of access to necessary care in humanitarian crisis settings. We also found shortcomings and gaps in the way the government insurance system in Palestine worked, meaning that it did not provide adequate protection against financial vulnerability.

Our research provides insights for policymakers, both in Palestine and in other conflict-affected regions. Effective post-conflict reconstruction must go beyond rebuilding hospitals and health care infrastructure. It is critical to also address gaps in health financing, ensure equitable access to care, and develop insurance mechanisms that can protect vulnerable populations. Humanitarian responses often focus on delivering emergency medical aid, but our findings underscore the need for long-term, sustainable financial risk protection strategies to guard against excessive health costs. As policymakers and aid organisations work to rebuild health systems in the wake of conflict, our research offers suggestions for designing financial risk protections that prevent the most vulnerable from being left behind.

[Read the full paper, funding sources and disclaimers in PLOS One](#)

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