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## **Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan**

### **Report by the Director-General**

1. In 2018, the Seventy-first World Health Assembly adopted decision WHA71(10), in which it requested the Director-General inter alia to report on progress in the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan,<sup>1</sup> based on field monitoring, to the Seventy-second World Health Assembly. This report responds to this request.

#### **SUPPORT AND TECHNICAL HEALTH-RELATED ASSISTANCE TO THE POPULATION IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND THE OCCUPIED SYRIAN GOLAN**

2. In 2018, WHO continued providing support and technical assistance to the population in the occupied Palestinian territory, including east Jerusalem, consistent with the provisions of decision WHA71(10). WHO focused work on the four strategic priorities identified jointly with the Palestinian Ministry of Health and partners in the Country Cooperation Strategy for WHO and occupied Palestinian territory 2017–2020.

3. The first strategic priority of the Strategy is to contribute to strengthening and building resilience of the Palestinian health system and enhancing Ministry of Health leadership to progress towards universal health coverage. With funding from the Government of Italy, the Secretariat continued to promote the use of evidence for decision-making through capacity-building and data analysis in health information management and health financing. WHO promoted improved service delivery through the family practice approach, implemented in three districts of the West Bank, with emphasis on the integration of services at the primary and secondary care level. WHO continued to support the Ministry of Health in strengthening health care quality and patient safety through the Patient Safety Friendly Hospital Initiative. In the Gaza Strip, WHO worked in collaboration with a local university to introduce a family practice diploma for general practitioners in primary health care. Funded by the Government of Norway, WHO supported implementation of the early essential newborn care approach in maternity hospitals in the Gaza Strip through training staff on the approach and strengthening related hospital policies and guidelines.

4. Within this first strategic priority, the Palestinian National Institute of Public Health has been established as a WHO-led project funded by the Government of Norway and is transitioning to become an independent governmental institution in line with its legal framework, endorsed by the Palestinian

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<sup>1</sup> See document A71/27.

President in 2016. The Institute works to produce evidence through collaboration with multiple sectors on public health research, surveillance, capacity-building and advocacy, to inform policy decisions and practice for improved health outcomes. The Institute has worked: to establish and strengthen registries for maternal and child health, mammography, cancer, cause of death, road traffic collisions and injuries; to establish an observatory for human resources for health; and to enhance health information systems in primary care through roll-out of the District Health Information System (DHIS) 2 software. With support from the Government of Italy and the World Bank, the Institute is also working to advance universal health coverage through supporting health finance reform, family practice and human resources for health.

5. The second strategic priority is to strengthen core capacities for the International Health Regulations (2005) in the occupied Palestinian territory, and the capacities of the Ministry of Health, its partners and the communities in health emergency and disaster risk management, and to support humanitarian health response capacities. With funds from the Government of Norway, the Secretariat continued work to strengthen core capacities of the International Health Regulations (IHR) for detection, assessment and response to public health events. Within the framework of the Palestinian three-year IHR plan for 2017–2019, in 2018 the Secretariat supported finalization of legal instruments for the alignment of the public health law with IHR requirements; development of national guidelines to manage communicable disease outbreaks; establishment and integration of event-based surveillance; training for staff in infection prevention and control, laboratory skills, epidemic management and emergency response; simulation exercises for polio outbreak response; and the strengthening of coordination mechanisms within the Ministry of Health.

6. WHO, with contributions from the Governments of Switzerland, Austria, Turkey, from the European Union, the United Nations Central Emergency Response Fund and from the country-based Humanitarian Pooled Fund, supported the Ministry of Health through procurement and delivery of essential medical supplies and medicines to address critical shortages in the health sector, mainly in the Gaza Strip. In the wake of mass casualties during protests and demonstrations in the context of the “Great March of Return” in the Gaza Strip, WHO provided support to the Ministry of Health and partners to set up and strengthen a trauma management system close to the point of injury and in hospitals, with financial contributions from the European Union and the country-based Humanitarian Pooled Fund. WHO contributed equipment and technical support to trauma stabilization points close to the border that provide triage and initial lifesaving treatment and aim to ensure timely and effective management for injured people and to reduce the strain on hospital services. To support health services to cope with the massive burden of limb injuries, WHO has also worked with partners to expand limb reconstruction and patient rehabilitation services. Continued electricity shortages affected the functionality of health facilities. WHO, with financial support from the Government of Japan, has worked with the Ministry of Health to equip hospitals with alternative energy sources such as solar energy.

7. As the lead United Nations agency for the health cluster humanitarian coordination mechanism, WHO co-chairs coordination meetings with the Ministry of Health, and coordinates humanitarian health interventions with partners in the occupied Palestinian territory. In 2018, the health cluster coordinated the development of the Humanitarian Needs Overview and the Humanitarian Response Plan for health and provided support to resource mobilization efforts of partners. The cluster conducted specific assessments of the health sector needs for trauma care, emergency fuel and essential medicines, and coordinated the collective partner response in specific areas through the establishment and strengthening of working groups for trauma, nutrition, mobile clinics and emergency preparedness.

8. The third strategic priority is to strengthen capacity to prevent, manage and control noncommunicable diseases, including mental health disorders, and to reduce risk factors for violence

and injuries. In 2018, with funds from the Government of Italy, the Secretariat continued to implement evidence-based interventions to reduce noncommunicable diseases, including expanding the Package of Essential Noncommunicable Disease Interventions, to additional districts. WHO has focused efforts on strengthening early detection of noncommunicable diseases through introduction and strengthening of screening programmes, improved registration of patients – including through electronic noncommunicable disease patient files in the Gaza Strip, as well as providing training and supporting activities to build capacity for noncommunicable disease surveillance and health promotion. With funds from the European Union, WHO supported primary health care facilities of the Ministry of Health and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) to implement WHO’s mental health gap action programme. Almost 1600 staff were trained in the full range of mental health and psychosocial support services, including school mental health counselling, primary care detection of common mental health problems and rehabilitation skills for mental health staff. The programme supported the development of mental health emergency response plans in the Gaza Strip, establishment of six mental health emergency teams, procurement of essential psychotropic drugs, infrastructure renovation at Bethlehem Psychiatric Hospital and establishment of mental health liaison units at seven general hospitals across the occupied Palestinian territory, including east Jerusalem.

9. The fourth strategic priority is to strengthen the capacity of the Ministry of Health and health partners to advocate with all legal duty-bearers to protect the right to health, reduce barriers to accessing health services, and improve the social determinants of health. In 2018 WHO, supported by the Government of Switzerland and the European Union, continued systematic reporting on barriers to health care access for patients, including barriers arising from Israel’s permit system for Palestinians, and enhanced monitoring of health care attacks through implementation of the global Surveillance System for Attacks on Healthcare. WHO worked to strengthen the capacity of the Ministry of Health and partners through conducting workshops on the right to health and human rights-based approaches to health care and on monitoring attacks on health care, and initiating work to strengthen the monitoring of human rights treaties, including through multidisciplinary collaboration for improved monitoring of underlying social determinants of health. WHO advocated with all duty-bearers to strengthen respect for and protection and fulfilment of the right to the highest attainable standard of health for all Palestinians in the occupied Palestinian territory.

10. A few issues still remain pending concerning the report on the health situation in the occupied Syrian Golan;<sup>1</sup> work to address these issues continues.

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<sup>1</sup> Document A71/27 and decision WHA71(10) (2018).

## REPORT ON THE HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

### Demographics, population health outcomes and health inequalities

11. The estimated population living in the occupied Palestinian territory by mid-2019 is 4.98 million, with 2.99 million in the West Bank and 1.99 million in the Gaza Strip.<sup>1</sup> Over 300 000 Palestinian residents live in east Jerusalem.<sup>2</sup> More than 2.2 million registered refugees reside in the occupied Palestinian territory, and more than 3.2 million reside outside. There are 1.4 million refugees living in the Gaza Strip alone, comprising almost 70% of Gaza's population. One quarter of the refugees live in the 19 camps in the West Bank and over half a million refugees in the Gaza Strip live in the eight camps located there.<sup>3</sup> The overall Palestinian population is predominantly young: nearly 40% of Palestinians are aged 0–14 years, while 5% are aged 65 years or older.<sup>4</sup>

12. Life expectancy at birth for Palestinians in the occupied Palestinian territory was 73.8 years in 2017.<sup>5</sup> In the same year, infant mortality for Palestinians in the West Bank and the Gaza Strip was reported to be 10.7 per 1000 live births and under-5 mortality was 12.1 per 1000.<sup>5</sup> Health inequalities exist, with worse health indicators for some populations, such as those in Area C of the West Bank and in the Gaza Strip, compared to the Palestinian average. For example, rates of stunting in Palestinian children living in the Jordan Valley in the West Bank were found to be 23% in Bedouin communities, compared to 10% in villages and 9% in UNRWA refugee camps. There are also health inequalities between the Palestinian population and the 611 000 Israeli settlers in the West Bank.<sup>6</sup> Life expectancy at birth in Israel, which includes the Israeli settler population in the West Bank, is approximately nine years higher than it is for Palestinians living in the same territory, for the same year.<sup>7</sup>

13. Noncommunicable diseases remain the leading cause of mortality in the occupied Palestinian territory, accounting for more than two thirds of all Palestinian deaths in 2017.<sup>5</sup> According to statistics from the Palestinian Ministry of Health, perinatal deaths and congenital malformations accounted for more than 10% of deaths; infectious diseases 8.1%; and transport accidents, assault and falls together accounted for 3.1%.<sup>5</sup>

14. Palestinians living under occupation are frequently exposed to violence. In 2018, 299 Palestinians were killed and 29 878 injured in the context of occupation and conflict. Eighty-seven per cent of those

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<sup>1</sup> Palestine Central Bureau of Statistics. Estimated population in Palestine mid-year by governorate, 1997–2021 ([http://www.pcbs.gov.ps/Portals/\\_Rainbow/Documents/2017-2097%20المحافظات%20انجليزي](http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/2017-2097%20المحافظات%20انجليزي).html, accessed 1 February 2019).

<sup>2</sup> East Jerusalem facts and figures 2017. Tel Aviv: The Association for Civil Rights in Israel; 2017. (<https://law.acri.org.il/en/2017/05/24/east-jerusalem-facts-and-figures-2017/>, accessed 29 March 2019).

<sup>3</sup> Where we work. Amman: UNRWA; 2018 (<https://www.unrwa.org/where-we-work>, accessed 1 February 2019).

<sup>4</sup> Palestine Central Bureau of Statistics. (<http://pcbs.gov.ps>, accessed 23 January 2019).

<sup>5</sup> Health Annual Report: Palestine 2017. Ramallah: Palestine Health Information Center; 2018 ([https://www.site.moh.ps/Content/Books/Z8xvh651F8hYKqGw8ZZwzfh4ciTWcEARGA5tGhi3K3SzDhqdRiKkDI\\_QO5cg6K76I2ykBKIXZ6nOM5HTVPxqnDbPI9URRkDlqH9sHx3f3PhYp.pdf](https://www.site.moh.ps/Content/Books/Z8xvh651F8hYKqGw8ZZwzfh4ciTWcEARGA5tGhi3K3SzDhqdRiKkDI_QO5cg6K76I2ykBKIXZ6nOM5HTVPxqnDbPI9URRkDlqH9sHx3f3PhYp.pdf), accessed 29 March 2019).

<sup>6</sup> Occupied Palestinian Territory. Humanitarian facts and figures. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; 2017.

<sup>7</sup> Israeli Central Bureau of Statistics ([http://www.cbs.gov.il/reader/cw\\_usr\\_view\\_SHTMLID=591](http://www.cbs.gov.il/reader/cw_usr_view_SHTMLID=591)). Comparison for 2016, the latest year for which comparable data was available (8 February 2019).

killed and 80% of those injured were in the Gaza Strip, with a substantial increase of violent incidents since the beginning of the “Great March of Return” on 30 March 2018. A fifth (19%) of those killed and a quarter (24%) of those injured in the Gaza Strip in 2018 were children under the age of 18 years, while 2% of those killed and 8% of those injured were women or girls. Fourteen Israelis were killed and 142 injured in the same year.<sup>1</sup> For Palestinians injured during demonstrations in the Gaza Strip, over half (53%) were transferred to hospitals, and 6239 people were injured by live ammunition. The majority (87%) of live ammunition injuries were to the limbs;<sup>2</sup> 113 amputations took place in 2018 in the Gaza Strip as the result of injuries sustained during demonstrations, with 21 people paralysed due to spinal cord injuries and nine people suffering permanent sight loss.<sup>3</sup> In the West Bank, over half (58%) of injuries also occurred in the context of demonstrations, with 16% of injuries occurring during search and arrest operations and 10% the result of settler-related violence.

15. The mental health of Palestinians is affected by the exposure to violence and the context of chronic occupation, with mental ill health representing one of the most significant public health challenges. In the Gaza Strip, over half of conflict-affected children may be affected by post-traumatic stress disorder.<sup>4</sup> Furthermore, an estimated 210 000, or over one in 10, people suffer from severe or moderate mental health disorders in the Gaza Strip.<sup>5</sup> Overall, the occupied Palestinian territory has one of the highest burdens of adolescent mental disorders in the Eastern Mediterranean Region. About 54% of Palestinian boys and 47% of Palestinian girls aged six to 12 years reportedly have emotional and/or behavioural disorders, and the overall disease burden for mental illness is estimated to account for about 3% of disability-adjusted life years.<sup>6</sup>

### Legislation and health care provision

16. There are administrative, legislative and political divisions between the West Bank and the Gaza Strip, which are also separated physically; any passage between the two occurs through Israel. East Jerusalem is further separated from the remainder of the West Bank by the separation barrier, and Palestinians living in east Jerusalem are accorded a different status and identity card than Palestinians in the rest of the West Bank. Palestinians living in the Gaza Strip are issued yet another type of Israeli-issued identity card and status. The different statuses accorded by Israel to Palestinians living in different areas of the occupied Palestinian territory permit them differential access to health services and different levels of free movement. Palestinians with an east Jerusalem identity card are granted access to Israeli health insurance and health services, but this status is insecure and dependent on them continuing to reside or work in Jerusalem. Palestinian “residents” of east Jerusalem are able to move

<sup>1</sup> Occupied Palestinian Territory. Data on casualties. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; 2019 (<https://www.ochaopt.org/data/casualties>, accessed 28 January 2019).

<sup>2</sup> Data provided by the Palestinian Ministry of Health.

<sup>3</sup> Data provided by As-Salama Society and the Palestinian Ministry of Health.

<sup>4</sup> Thabet A, Thabet S, Vostanis P. The relationship between war trauma, PTSD, depression, and anxiety among Palestinian children in the Gaza Strip. *Health Science Journal*. 2016;13:621. doi: 10.21767/1791-809X.1000621. (<http://www.hsj.gr/medicine/the-relationship-between-war-trauma-ptsd-depression-and-anxiety-among-palestinian-children-in-the-gaza-strip.php?aid=11302>, accessed 7 February 2019).

<sup>5</sup> Humanitarian needs overview 2019. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; 2018 (<https://www.ochaopt.org/content/humanitarian-needs-overview-2019>, accessed 7 February 2019).

<sup>6</sup> Charara R, Forouzanfar M, Naghavi M, Moradi-Lakeh M, Afshin A, Vos T et al. The burden of mental disorders in the Eastern Mediterranean Region, 1990–2013. *PLOS One*. 2017 (<http://doi.org/10.1371/journal.pone.0169575>, accessed 7 February 2019).

freely within Israel, while the majority of Palestinians in the remainder of the Palestinian territory occupied since 1967 are not. Palestinians living in the occupied Palestinian territory outside of east Jerusalem are not entitled to Israeli health insurance or health services. Here, the Palestinian Authority and de-facto authority in the Gaza Strip assume responsibility for the administration of the public health system.

17. Lack of territorial sovereignty has implications for the income of the Palestinian Authority and hence the sustainability of the public health sector, which is highly donor dependent.<sup>1</sup> The Paris Protocol on Economic Relations, in formalizing an effective customs union with Israel, has implications for the affordability of medicines – and the affordability of health care overall – in the occupied Palestinian territory. The Palestinian Ministry of Health overpays substantially for many medicines, comparing to international benchmark prices, where import restrictions comprise a major contributing factor to increased prices.<sup>2</sup> In late 2018, delivery of vaccines to the Palestinian Ministry of Health was delayed due to enforcement of Israeli legislation that had previously been waived, restricting the country of origin of vaccines. The financial consequences of this enforcement are potentially severe for the Palestinian Ministry of Health, jeopardizing the highly successful vaccination programme in the West Bank and Gaza Strip. While a temporary solution was found in early 2019, in the long run such an enforcement may not only jeopardize vaccination coverage in the occupied Palestinian territory, but also impact health security.

18. Approximately 78% of the Palestinian population living in the West Bank and Gaza Strip is covered by some form of prepayment for health care, according to data from the Palestinian Central Bureau of Statistics. The major providers of health coverage, the Government Health Insurance and UNRWA, account for over 90% of the coverage provided and overlap significantly. The government health insurance covers primary services including maternal and child health services, secondary care, prescription medicines on the essential medicines list, and tertiary care services needed but not available in Ministry of Health facilities, purchased from non-Ministry of Health facilities within and outside the occupied Palestinian territory. Some 45.5% of health financing comes from out-of-pocket payments, with roughly 1% of the population encountering catastrophic financial payments and a further 0.8% made impoverished owing to payments for health care.<sup>3,4</sup> UNRWA is mandated by the United Nations General Assembly Resolution 302 (IV) and provides services, including primary health care, to 5.4 million registered Palestine refugees located in five fields of operation in the Eastern Mediterranean Region, including approximately 2.2 million residing in the Gaza Strip and West Bank.<sup>5</sup> UNRWA operates 144 health centres, of which 65 are in the Gaza Strip and the West Bank, including east Jerusalem. In 2018, UNRWA faced an unprecedented financial crisis following the decision of the Government of the United States of America to cut US\$ 300 million of its contribution to UNRWA,

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<sup>1</sup> Area C and the future of the Palestinian economy. Report no. AUS2922. World Bank; 2013. (<http://documents.worldbank.org/curated/en/137111468329419171/pdf/AUS29220REPLAC0EVISION0January02014.pdf>, accessed 7 February 2019).

<sup>2</sup> Public expenditure review of the Palestinian Authority: towards enhanced public finance management and improved fiscal sustainability. Report no. ACS18454. World Bank; 2016 (<http://documents.worldbank.org/curated/en/320891473688227759/pdf/ACS18454-REVISED-FINAL-PER-SEPTEMBER-2016-FOR-PUBLIC-DISCLOSURE-PDF.pdf>, accessed 11 January 2019).

<sup>3</sup> Palestine Central Bureau of Statistics/Ministry of Health national health accounts report, February 2016.

<sup>4</sup> Improving health system financing and service provision for universal health coverage in Palestine: addressing the challenges for a sustainable and equitable health system development. WHO – World Bank Mission Report, 2016.

<sup>5</sup> Occupied Palestinian territory emergency appeal 2019. Amman: UNRWA; 2019 ([https://www.unrwa.org/sites/default/files/content/resources/2019\\_opt\\_ea\\_final.pdf](https://www.unrwa.org/sites/default/files/content/resources/2019_opt_ea_final.pdf), accessed 19 March 2019).

thereby jeopardizing the continuation of UNRWA's essential primary health care services. Thanks to increased support from other donors and the international community, UNRWA mobilized the funds needed to maintain its operations and provided uninterrupted essential services in 2018. Health indicators measured by UNRWA for 2018 remained in line with 2017 and years before, but in 2019 Palestinian refugees face continuing development and protection challenges and the agency reports that it requires US\$ 1.2 billion to continue uninterrupted delivery of essential services to Palestinian refugees, including for health.<sup>1</sup>

19. The Palestinian Ministry of Health is the main provider of primary health care in the West Bank, accounting for over 71% of the 583 clinics. In the Gaza Strip, the Ministry of Health accounts for approximately a third (33%) of the 160 primary health clinics, with a larger role played by UNRWA and non-State actors.<sup>2</sup> Additionally, there were 15 mobile clinics operating in Area C of the West Bank by the end of 2018, the majority provided by non-State actors.<sup>3</sup> There are 81 hospitals in total in the occupied Palestinian territory, with 51 in the West Bank and 30 in the Gaza Strip. Bed capacity is approximately 1.7 beds per 1000 population and is the same for the West Bank and Gaza Strip. The Ministry of Health accounts for 43% of bed capacity in the West Bank and 73% of bed capacity in the Gaza Strip. Non-State actors account for 46% of bed capacity in the West Bank and 22% in the Gaza Strip, while private institutions provide 9% and UNRWA provides 2% of bed capacity in the West Bank and the Military Medical Services provide for 6% of bed capacity in the Gaza Strip.<sup>2</sup>

### **Israel's permit system and impacts on health access**

20. The occupied Palestinian territory is divided geographically and politically. Passage between the West Bank and Gaza Strip goes through Israel, with entry to Israel – and to east Jerusalem for all but the approximately 300 000 Palestinians who live there – controlled via the Israeli permit system for Palestinians. This control of access extends to patients, their companions and health workers. All patients and patient companions from the Gaza Strip must apply for Israeli permits to exit the Gaza Strip in order to access hospitals in the West Bank, including east Jerusalem, and Israel. Access has been particularly problematic in recent years, with the patient permit approval rate declining from more than 90% in 2012 to reach an all-time low of 54% in 2017. The approval rate for 2018 is the second lowest recorded by WHO, with 61% of patient permit applications approved. For those injured during the “Great March of Return” in the Gaza Strip, the approval rate was much lower: of 435 permit applications, under a fifth (19%) were approved. Under half (48%) of patient companion permit applications from the Gaza Strip were approved in the same year. The majority of West Bank patients must also apply for permits to access east Jerusalem or Israeli hospitals, with the exemption of most women over 50 years of age, men over 55 years and younger children, provided they travel with an adult who has a valid permit. Data were not available disaggregated for patients and companion permits; the approval rate for these two groups combined was 82% in 2018.<sup>4</sup>

21. Historically, the Palestinian health system has relied on hospitals in east Jerusalem, as well as in Israel, for the provision of specialist care to patients. In 2018, 71 923 referrals were made from the West

<sup>1</sup> Information provided by UNRWA.

<sup>2</sup> Health Annual Report: Palestine 2017. Ramallah: Palestine Health Information Center; 2018 ([https://www.site.moh.ps/Content/Books/Z8xvh651F8hYKqGw8ZZwzfh4ciTWcEARGA5tGhi3K3SzDhqdRiKkDI\\_QO5cg6K76I2ykBKIXZ6nOM5HTVPxqnDbPI9URRkDlqH9sHx3f3PhYp.pdf](https://www.site.moh.ps/Content/Books/Z8xvh651F8hYKqGw8ZZwzfh4ciTWcEARGA5tGhi3K3SzDhqdRiKkDI_QO5cg6K76I2ykBKIXZ6nOM5HTVPxqnDbPI9URRkDlqH9sHx3f3PhYp.pdf), accessed 29 March 2019).

<sup>3</sup> Data provided by the health cluster, occupied Palestinian territory.

<sup>4</sup> Permits data provided by the Palestinian Coordination and Liaison Office, 2018.

Bank to non-Ministry of Health facilities, of which approximately 54% required Israeli permits to access east Jerusalem and Israel. In the Gaza Strip, 30 944 referrals were made by the Ministry of Health, and approximately 77% of these needed Israeli permits to access health care in the West Bank, including east Jerusalem, and Israel.<sup>1</sup> Among patient applications for permits to exit the Gaza Strip, 92% were for health care funded by the Palestinian Ministry of Health; 29% were for children under 18 years old and 17% were for people over the age of 60; 46% were for female patients; and 28% were for patients needing investigations and treatment for cancer. There are chronic shortages of specific equipment, supplies and services that drive the need for referral to non-Ministry of Health facilities, including those in east Jerusalem and Israel. There are no radiotherapy or nuclear medicine facilities in the occupied Palestinian territory outside of east Jerusalem. Lack of medicines and disposables is particularly severe in the Gaza Strip, where 46% of items on the Essential Medicines List and 27% of items on the Essential Medical Disposables List had, on average, less than a month's supply remaining during 2018. This depletion of stocks was higher for specific categories of medicines, such as antibiotics as well as chemotherapy drugs for cancer and haematology, which had an average of 60% of stock with less than a month's supply remaining over the course of the year.<sup>2</sup>

22. Access for health professionals is similarly limited by Israel's permit system. Health staff apply to enter the Gaza Strip to assist in the humanitarian response and to provide training, while the majority of health staff applications to exit are related to continuing professional development and training. In 2018, 78% of health staff applications to enter the Gaza Strip were approved permits by Israel, while 15% of applications to exit the Gaza Strip on behalf of health partners and the Ministry of Health were approved, according to data collected by WHO. The majority of Palestinian staff working in hospitals in east Jerusalem carry West Bank identity cards. Of 1768 permit applications by east Jerusalem hospitals for their staff to access work places in 2018, 97% were approved for six-month permits, 2% for three-month permits, and 1% were denied.<sup>3</sup>

23. In August 2018, the Israeli High Court accepted a petition from human rights organizations Gisha, Al Mezan, Physicians for Human Rights Israel and Adala, submitted on behalf of seven patients needing permits to travel out of the Gaza Strip via Erez crossing to access health care. The court ruled that the decision by the Israeli Security Cabinet in 2017 to deny patients from the Gaza Strip access to medical treatment as means of leverage over Hamas was ineffective and illegal.<sup>4</sup> The reasons for denial of patient permit applications remain often vague, and there can be high success rates in appeals on behalf of specific patient groups that have been denied. For example, in 2018 Physicians for Human Rights Israel petitioned to reverse permit decisions for 64 female cancer patients and was successful in all instances.<sup>5</sup> In 2019, patients continue to be denied permits on the basis that they have relatives "illegally" residing in the West Bank, with at least 43 patients denied permits to exit the Gaza Strip for health care on this basis alone in 2018. Al Mezan Center for Human Rights and Physicians for Human Rights Israel have recently appealed to the High Court of Justice against the lengthy processing times of referral applications, but their case was dismissed in early 2019, with the court requesting a narrower appeal on behalf of specific patients or patient groups. The result echoes legal research on the right to health

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<sup>1</sup> Referrals data provided by the Palestinian Services Purchasing Unit of the Ministry of Health.

<sup>2</sup> Data provided by the Central Drug Store in the Gaza Strip.

<sup>3</sup> Data provided by east Jerusalem hospitals.

<sup>4</sup> Victory for human rights organizations in Israeli Supreme Court. Press release. Gaza City: Al Mezan Center for Human Rights; August 2018 (<http://www.mezan.org/en/post/23196/Victory+for+human+rights+organizations+in+Israeli+Supreme+Court>, accessed 29 March 2019).

<sup>5</sup> Information provided by Physicians for Human Rights Israel.



commissioned and published in 2017, which indicated that “the HCJ [Israeli High Court of Justice] often avoid[s] principled questions – especially regarding the status of Gaza and duties of Israel regarding Gaza – in favour of ad-hoc and pragmatic solutions.”<sup>1</sup>

### **Blockade, the “Great March of Return” and attacks on health care in the Gaza Strip**

24. Ongoing blockade and successive conflicts have had an impact on the health sector capacity of the Gaza Strip. The limited and unpredictable electricity supply to the Gaza Strip, with an average of seven hours of electricity per day from the grid in 2018, has severe implications for the health sector. Hospitals and clinics depend on the provision of fuel to supply emergency generators, with fuel shortages and electricity outages potentially putting the lives of patients at risk. For example, when back-up generators failed at the Paediatric Specialized Hospital in Gaza City, medical teams had to manually ventilate four children until maintenance engineers were able to repair the machinery. Fluctuations in energy supply and power failures reduce the lifespan of sensitive hospital machinery.

25. Palestinians living in the Gaza Strip can exit via two crossings: through Erez to Israel in the north and Rafah to Egypt in the south. Seventy per cent of Gaza referrals required access through Erez, and Israeli permits to cross.<sup>2</sup> Over the course of 2018, Erez crossing was open for those with Israeli permits to cross on 306 of 365 days. Eight per cent of referrals from the Gaza Strip were to Egypt, needing travel across Rafah. Patients are one category of persons in the Gaza Strip permitted to apply to cross Rafah into Egypt. In 2018, Rafah terminal to Egypt was open for 188 days in both directions, during which there were 59 849 crossings by Palestinians from the Gaza Strip to exit, of which 1510 crossings were for patients and 1464 for patient companions.<sup>3,4</sup> According to data from the terminal authorities, 7070 attempted crossings to Egypt were unsuccessful (11% of all attempted crossings), with those Palestinians affected returned to the Gaza Strip by Egyptian authorities. The number of patients among these was not recorded. Prior to the closure of the Rafah border crossing by the Government of Egypt in mid-2013, more than 4000 Palestinians from the Gaza Strip crossed Rafah each month for health-related reasons.

26. Humanitarian supplies enter the Gaza Strip from Israel via Kerem Shalom crossing in the south of the Gaza Strip. In 2018, Kerem Shalom crossing was open for the entry of humanitarian supplies, including medical supplies, on 238 days. Israel restricts the entry of items to the Gaza Strip that it considers “dual use” for potential military utilization. In the health sector, this affects the supply of electricity generators for hospitals; communications equipment for coordinating ambulances and emergency response; and personal protective equipment for health staff – including helmets, protective vests and gas masks for first responders. These restrictions mean increased vulnerability of health staff to attacks on health care. There are also prolonged waiting times to obtain approvals for the delivery of complex medical equipment and spare parts, and of devices needed for treatment and rehabilitation, including prosthetic limbs.

27. On top of existing systemic challenges, the high number of trauma injuries during the “Great March of Return” has had a negative impact on the capacity of the wider health sector to deliver essential services, with suspension of elective surgeries, reallocation of hospital beds to serve surgical patients,

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<sup>1</sup> Gross A. Litigating the right to health under occupation: between bureaucracy and humanitarianism. *Minnesota Journal of International Law*. Available at SSRN: <https://ssrn.com/abstract=3065363>.

<sup>2</sup> Data from the Services Purchasing Unit of the Palestinian Ministry of Health.

<sup>3</sup> Gaza crossings: movement of people and goods. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; 2019 (<https://www.ochaopt.org/data/crossings>, accessed 7 February 2019).

<sup>4</sup> Data provided by Rafah terminal authorities.

diversion of health staff and ambulances, and a strain on even auxiliary health services such as laundry and hospital cleaning. Trauma injuries and exposure to violence during the “Great March of Return” have increased the need for physical and mental health rehabilitation services. There are also significant operational challenges, including limited essential supplies, lack of adequate personal protective equipment for health workers and ineffective communications, with outdated communications technology for providers, as well as lack of mobile phone coverage close to the border.

28. WHO recorded 363 attacks against health care in the Gaza Strip in 2018, 362 of which occurred since the start of the “Great March of Return” demonstrations. Three health workers were killed through live ammunition while 565 were injured, with injuries from live ammunition (42), shrapnel (32), wounds and burns from gas canisters (89), rubber bullets (18), gas inhalation (375) and other physical injury (12). Among those killed or injured, 511 were males and 57 females. 85 ambulances, five other forms of health transport, and three permanent health facilities were damaged. Qualitative research carried out by WHO in late 2018 and early 2019 indicates under-reporting of attacks that do not lead to injuries or damage. Beyond incidents recorded in the Surveillance System for Attacks in Healthcare, monitoring by the Office of the United Nations High Commissioner for Human Rights (OHCHR) indicates that health workers have been attacked while trying to reach and while treating those injured, and that health teams have been prevented from reaching casualties.<sup>1</sup>

### **Vulnerable populations, restrictions and health attacks in the West Bank, including east Jerusalem**

29. Since the Israeli–Palestinian Interim Agreement on the West Bank and the Gaza Strip (the Oslo II accord) and the Protocol Concerning the Redeployment in Hebron, the West Bank has been divided into Areas A, B and C and H1/H2 in Hebron, with Palestinian civil and security control in Area A and H1; Palestinian civil control and Israeli military control in Area B; and Israeli civil and military control in Area C and H2. After 1967, Israel incorporated east Jerusalem into the Israeli municipality of Jerusalem, according its residents a different status than to Palestinians in the remainder of the occupied Palestinian territory. Since the early 2000s, east Jerusalem has further been physically separated from the rest of the West Bank by the separation barrier, which also cuts into other parts of the West Bank, creating an area called the “Seam Zone”. The barrier divides families and communities, restricts access to farmland for many Palestinians living on the West Bank side, and creates severe obstacles, including lengthy and unpredictable routes to nearby towns and health clinics, for Palestinian communities who reside on the Israeli side of the barrier with West Bank identity cards. This legislative and physical division of the West Bank has created particularly vulnerable populations in Area C, the Seam Zone and H2 in Hebron. Of approximately 330 000 Palestinian residents in these areas, 114 000 (35%) have limited access to primary health care. Mobile clinics are currently serving 135 communities, but uncertainties of funding cast doubt over the sustainability of these services. In 2018, the number of active mobile clinic medical teams dropped from 22 to 15. Delivery of these services is prone to road closures and adverse weather events. There have been efforts to establish more permanent facilities for some communities, but these efforts are hampered by restrictive planning policies towards Palestinians in Area C, where Israel has civil and military control. This affects the establishment of permanent fixtures for health clinics, which is severely restricted for Palestinians in this area.

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<sup>1</sup> Monitoring by the Office of the United Nations High Commissioner of Human Rights, occupied Palestinian territory.

30. Access between major Palestinian towns is hampered by an extensive and shifting system of Israeli checkpoints: in 2018, there were 140 fixed checkpoints and 2254 “flying” checkpoints within the West Bank.<sup>1</sup> The expansion of settlement infrastructure within the West Bank additionally hampers Palestinian free movement, preventing access to 40 kilometres of road, creating lengthy routes between Palestinian centres and further fragmenting communities. Ambulance access is affected, with 35 recorded incidents of ambulances prevented access at checkpoints in 2018. Ambulances additionally face barriers to transporting patients to hospitals in east Jerusalem from the rest of the West Bank. In 2018, according to data collected by the Palestinian Red Crescent Society, 84% of the 1462 recorded journeys by ambulances requiring entry to Jerusalem from other parts of the West Bank each year had to transfer patients to another ambulance at checkpoints, diverting health resources and delaying transit. Similarly, access for mobile health clinics is hampered in certain instances by checkpoints, the separation barrier and settlement infrastructure, as well as natural barriers and the remoteness of some communities.

31. In the West Bank, WHO recorded 60 health attacks in the Surveillance System for Attacks on Healthcare in 2018. The attacks recorded mostly comprise prevention of access for ambulances and medical staff to patients, injuries to staff and attacks towards and damage of vehicles. Six mobile clinics were directly prevented from accessing communities in Area C for durations of up to two weeks, one Ministry of Health mobile health clinic vehicle was confiscated by the Israeli army, two other clinics and a hospital were affected by incidents of militarization of health facilities and violence, and seven recorded attacks were carried out by Israeli settlers. Prevention of access to injured patients included incidents where patients were fatally wounded. Additionally, a number of incidents monitored by OHCHR indicate neglect by soldiers to provide or assist the provision of medical aid to Palestinians critically or fatally injured in the wake of alleged ramming or stabbing incidents.<sup>2</sup>

### **Health care for the prison population**

32. Palestinian prisoners in Israeli detention continued to face barriers to accessing independent health care. The Israeli Prison Service is the provider of primary care services, rather than the Ministry of Health. Civil society human rights organizations report problems with oversight, provision of timely and appropriate treatments and with review or implementation to ensure effective care pathways. These organizations also report being unable to access prisons for monitoring purposes. The International Committee of the Red Cross accesses Israeli Prison Services, but does not report publicly on conditions for the estimated 5370 Palestinian prisoners, of whom 298 were from the Gaza Strip and 203 were minors in December 2018.<sup>3,4</sup> There are reports of inadequate nutrition for prisoners, including for

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<sup>1</sup> Over 700 road obstacles control Palestinian movement within the West Bank. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; October 2018. (<https://www.ochaopt.org/content/over-700-road-obstacles-control-palestinian-movement-within-west-bank>, accessed 8 February 2019).

<sup>2</sup> Monitoring by the Office of the United Nations High Commissioner of Human Rights, occupied Palestinian territory.

<sup>3</sup> Statistics on Palestinians in the custody of the Israeli security forces. Jerusalem: The Israeli Information Center for Human Rights in the Occupied Territories: 2019 ([https://www.btselem.org/statistics/detainees\\_and\\_prisoners](https://www.btselem.org/statistics/detainees_and_prisoners), accessed 29 March 2019).

<sup>4</sup> Statistics on Palestinian minors in the custody of Israeli security forces. Jerusalem: The Israeli Information Center for Human Rights in the Occupied Territories: 2019 ([https://www.btselem.org/statistics/minors\\_in\\_custody](https://www.btselem.org/statistics/minors_in_custody), accessed 29 March 2019).

patients with cancer or other severe conditions, and of inadequate access to psychosocial support, with denial of family visits and communications.<sup>1</sup>

### **Underlying determinants of health**

33. The occupation of the West Bank and the closure of the Gaza Strip affect the underlying determinants of health for Palestinians, with 68% of households facing moderate to severe food insecurity in the Gaza Strip (12% in the West Bank), 1.9 million Palestinians are dependent on humanitarian assistance for water and sanitation and 260 500 face gaps and vulnerabilities in accessing adequate shelter and non-food items. These vulnerabilities have an impact on health outcomes, with an estimated prevalence of stunting of 10% in the Gaza Strip, highest among children from refugee and low income families.<sup>2,3</sup> For deprived communities in the Jordan Valley of the West Bank, the rate of stunting is higher at 16%.<sup>4</sup> Some 92 430 children under the age of five are particularly vulnerable: in 2018 there were 10 000 cases of rickets among children under the age of five, and approximately 36 000 cases of watery or bloody diarrhoea, as a result of the sewage crisis and deteriorating access to safe drinking water.<sup>5</sup> Many Palestinians in the West Bank, including east Jerusalem, face housing insecurity: in 2018, Israel demolished 461 structures resulting in the displacement of 472 people. Approximately three fifths (59%) of structures demolished were in Area C; two fifths (38%) were in east Jerusalem; and 3% were in Areas A and B.<sup>6</sup>

## **SUMMARY UPDATE ON THE RECOMMENDATIONS OF THE DIRECTOR-GENERAL FOR IMPROVING THE HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN**

34. As noted above, a number of issues remain pending concerning the report on the health situation in the occupied Syrian Golan as referred to in document A71/27 and noted in decision WHA71(10) (2018); work continues to address these issues.

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<sup>1</sup> Physicians for Human Rights Israel, 2018.

<sup>2</sup> National Nutrition Surveillance System 2016: Preliminary Report. Ramallah: Palestinian Ministry of Health; 2017.

<sup>3</sup> El Kishawi R, Soo K, Abed YA, Muda WAMW. 2017. Prevalence and associated factors influencing stunting in children aged 2–5 years in the Gaza Strip-Palestine: a cross-sectional study. *BioMed Central Pediatrics*. 2017;17:210. Doi:10.1186/s12887-017-0957-y.

<sup>4</sup> Prevalence and determinants of malnutrition and intestinal infections among children and their mothers in the Jordan Valley. Ramallah: Palestinian National Institute of Public Health, 2016 ([http://pniph.org/site/assets/uploads/Prevalence\\_Determinants\\_Malnutrition\\_Intestinal\\_Infections.pdf](http://pniph.org/site/assets/uploads/Prevalence_Determinants_Malnutrition_Intestinal_Infections.pdf), accessed 29 March 2019).

<sup>5</sup> 2019 Humanitarian needs overview. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; December 2018 ([https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2018/12/humanitarian\\_needs\\_overview\\_2019-%281%29.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2018/12/humanitarian_needs_overview_2019-%281%29.pdf), accessed 18 January 2019).

<sup>6</sup> Data on demolition and displacement in the West Bank. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; 2019 (<https://www.ochaopt.org/data/demolition>, accessed 5 February 2019).

35. In 2017, the Seventieth World Health Assembly made recommendations to Israel and to the Palestinian Authority to improve health conditions in the occupied Palestinian territory.<sup>1</sup> Progress on the implementation of these recommendations was reported in last year's document A71/27. This section provides a brief summary of the further progress made towards achieving those recommendations.

***Regarding Recommendations 1 and 6 that the Israeli authorities establish procedures which enable undelayed access for all Palestinian patients requiring specialized health care outside the occupied Palestinian territory and that ensure that health care workers have unhindered access to their workplace and have possibilities for professional development and specialization***

36. Access for patients, patient companions and health staff remains a major challenge in the occupied Palestinian territory, especially for Palestinians in the Gaza Strip. Just over three fifths (61%) of patient applications for Israel permits, under half (48%) of patient companion applications, and approximately an eighth (15%) of health staff applications were successful in 2018. Ninety per cent of ambulances needing entry to east Jerusalem in 2018 were required to undergo back-to-back procedures, while only 1% of health staff applications for Israeli permits to access east Jerusalem for work were denied.

***Regarding Recommendations 2 and 3 that the Palestinian Authority improve the referral system and to consolidate efforts to progress towards universal health coverage***

37. The Palestinian Ministry of Health continued efforts to strengthen its referral system and has implemented memorandums of understanding with Israeli hospitals, contributing to reduced costs of referrals per patient. The Ministry of Health continued to implement activities to enhance its hospital information systems, to improve the quality, timeliness, availability and meta-analysis of hospital-level data, including through preparatory work to introduce diagnosis-related groups for hospital payments.

38. The Palestinian Ministry of Health committed to the realization of universal health coverage through signature of the UHC 2030 global compact and is working to achieve this vision through health financing reform, strengthening of family practice and developing human resources for health.

***Regarding Recommendation 4 that the Palestinian Authority should explore options for medical goods to be exempt from the Paris Protocol trade restrictions***

39. There has been no substantial progress. In the second half of 2018, Israel initiated steps towards enforcing the Paris Protocols to restrict the import of vaccines from particular countries of origin. This action, if not resolved, would jeopardize sustainability of the successful vaccination programme in the Palestinian territory and impact health security.

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<sup>1</sup> These recommendations were also reiterated in the report of the Special Rapporteur on the situation of human rights in the Palestinian territories to the thirty-seventh session of the Human Rights Council (26 February–23 March 2018) with respect to the right to health. They concern access, free passage of Palestinian ambulances, protection of medical personnel and medical facilities, removal of unnecessary barriers that prevent Palestinian health-care staff from acquiring professional training and specialization, prison health, among others. The report is available at [http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/37/75](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/37/75) (accessed 29 March 2019).

***Regarding Recommendation 5 that the Palestinian Authority should develop a comprehensive health workforce strategy***

40. Respective efforts have been progressing and the Palestinian Institute of Public Health has provided technical support to the realization of the human resources for health registry and comprehensive health workforce strategy with the Palestinian Ministry of Health.

***Regarding Recommendation 7 to consolidate efforts to overcome the political divide between the West Bank and the Gaza Strip***

41. There has been no progress to overcome the political divide between the West Bank and Gaza Strip.

***Regarding Recommendation 8 that all parties should adhere to the United Nations Security Council resolution 2286 (2016) stating relevant customary international law concerned with the protection of the wounded and sick, medical personnel engaged in medical duties, their means of transport and medical facilities***

42. The increase in incidents and attacks on health care in the context of the “Great March of Return” is outlined in paragraph 27. Similarly, continued attacks on health care in the West Bank – and the nature of these attacks – is outlined in paragraph 30.

**ACTION BY THE HEALTH ASSEMBLY**

43. The Health Assembly is invited to note the report.

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