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

At the request of the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva, the Director-General has the honour to transmit the attached report to the Sixty-fourth World Health Assembly (see Annex).



ANNEX

**Palestinian National Authority**

**Ministry of Health**

**HEALTH CONDITIONS OF THE ARAB POPULATIONS IN THE  
OCCUPIED ARAB TERRITORIES**

**Report presented to the Sixty-fourth World Health Assembly at the request of the  
Permanent Observer of Palestine to the United Nations and  
Other International Organizations at Geneva**

**April 2011**

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## DEMOGRAPHICS

1. Population statistics serve both to monitor and evaluate progress made in health and related conditions, i.e. defining the population in need of health services and those who may be exposed to certain health threats.
2. These statistics include major population groups, and in particular the following age groups: infants under one year; children between one and four years of age; children between 5 and 14; adults over 65 years and women of reproductive age between 15 and 49 years of age.

### Population census

3. In 2010, the Palestinian population was estimated at 4 048 403 people, 382 041 of whom live in Jerusalem, the enduring capital of Palestine.
4. The population distribution is as follows: 62.1% live in the northern governorates (West Bank), and 37.9% live in the southern governorates (Gaza Strip). Males accounted for 50.8% of the population and females 49.2%.

### Population distribution

5. Palestinian society is still young. In 2010, children under five years of age constituted 14.7% of the total population and 41.1% were in the age group 0–14 years. In 2009, 2.9% of the population were 65 years of age or over.

### Crude birth and death rates

6. Data from the Palestinian Centre for Health Information indicate that in 2010 the crude birth rate was 31.0 per 1000 live births and the crude death rate was 2.7 per 1000.

## THE PALESTINIAN HEALTH SYSTEM

### Primary health care

7. Since the Palestinian National Authority came to power, the Ministry of Health, discharging its responsibilities for health, has attached considerable importance to primary health care through the provision of health services and by facilitating access to different public sectors as well as ensuring equitable distribution of services among various population groups in different areas. Primary health care is delivered by a variety of health service providers working for the Ministry of Health, nongovernmental organizations, UNRWA, the military health service, and the Palestinian Red Crescent. In this regard, the general administration of primary health care at the Ministry of Health plays a remarkable role. The network of health-care centres has been extended throughout the national governorates, from 454 centres in 1994 to 706 in 2010 – an increase of 55.5% compared with 1994.
8. Centres run by the Ministry of Health represent 64.2% of all centres operating in the area of primary health care.

9. In the West Bank in 2010, the total number of visits to primary health care centres run by the Ministry of Health was 2 299 052 for general medical care consultations, and there were 362 972 visits for specialized medical care consultations. The total number of visitors seeking services offered by nurses in general health clinics at the West Bank primary health care centres was 1 178 894.

### **Maternal and child health**

10. This section deals with different issues related to maternal and child health as well as family planning issues, necessitating as such a comprehensive assessment of the special needs of families and of reproductive health. Major health indicators have been set up, to show the progress made by the Ministry of Health and the whole range of health service providers in this particularly important area. The report sets out the following data and indicators.

11. **Maternal mortality.** In 2010, the National Commission on Maternal Mortality, alongside staff working in different regions and governorates in the area of maternal and child health at primary health care centres pursued their active work to follow up maternal mortality. The rate of maternal mortality recorded in Palestine was 32 per 100 000 live births.

12. **Total fertility rate.** Data from the Palestinian Central Bureau of Statistics show that in 2010, the total fertility rate among women of reproductive age (15–49 years) in Palestine was 4.2, reaching 4.9 in the Gaza Strip and 3.8 in the West Bank.

13. **Births.** The report showed that the majority of births (99.2%) in Palestine occur in hospitals or safe maternity homes assisted by professional and well trained staff. In 2010, births given at home represented only 0.8% of the total number of births in Palestine. In 2010, 56.5% of births took place in Ministry of Health hospitals, indicating that generally, most Palestinian women prefer to give birth in a hospital or safe maternity home setting, and especially in Ministry of Health hospitals, given the good quality services they provide, and thanks to the fact that the majority of the Palestinian population has access to the health insurance system providing full coverage for childbirth. Thus, the Ministry of Health hospitals are the most appropriate choice.

14. **Mortalities.** The number of mortalities reported in Palestine in 2010 was 10 733. Out of this number, 6757 mortalities (63%) were reported in the West Bank while 3976 (37%) were in the Gaza Strip.

15. Cardiovascular diseases represented the primary cause of Palestinian mortalities reported in 2010, amounting to 25.4% of the total number of deaths, followed by cerebrovascular diseases (12.1%). Cancers constituted the third cause of Palestinian mortalities reported in the same year (10.8%).

16. **Family planning programmes.** Family planning programmes are a major priority for health service providers in Palestine as a whole and for the Ministry of Health in particular. The number of family planning centres owned by the Ministry of Health has risen during 2010, reaching 167 centres offering services in different governorates, including 147 centres in the West Bank and 20 in the Gaza Strip.

17. In 2010, a total of 84 309 women benefited from different services offered by family planning centres; out of that number, 14 873 visits were recorded in the Gaza Strip and 69 436 visits were recorded in the West Bank. In 2010, there were 19 094 women benefiting for the first time from family planning services offered by the Ministry of Health centres. Of those women, 7068 were in the

Gaza Strip and 12 026 were in the West Bank. Intrauterine devices constituted the most used contraceptive method among Palestinian women in 2010, representing 36.6% of all methods used. The proportion of women using this method in the Gaza Strip was 31.3% while 39.8% used the method in the West Bank. Contraceptive pills came second as a family planning method reaching 29.7% in Palestine as a whole, with 26.7% recorded in the Gaza Strip and 31.4% in the West Bank. Other contraceptive methods ranked third among family planning methods used including condoms (17%), intravenous injections (15.8%) and spermicides (0.9%).

### **Oral health**

18. The Ministry of Health administers and operates 53 dental clinics at primary health care centres, 29 of which are in the West Bank and 24 in the Gaza Strip.

19. The total number of visits to those centres was 149 396 in 2010, of which 45 495 were made to dental clinics in the West Bank and 103 901 in the Gaza Strip. The total number of treatments was 152 536, of which 52 267 took place in the West Bank and 100 269 in the Gaza Strip.

20. A total of 58 585 operations to insert dental fillings were performed, including 21 959 in the West Bank and 36 626 in the Gaza Strip. There were 215 cases of minor surgery, including 26 cases in the West Bank and 189 cases in the Gaza Strip. There were 37 663 cases involving tooth extractions, of which 12 695 were in the West Bank and 24 968 were in the Gaza Strip. Gum treatment was provided in 37 285 cases, 362 of which were carried out in the West Bank and 36 923 in the Gaza Strip. A total of 2386 tooth scaling treatments were carried out, of which there were 1033 in the West Bank and 1353 in the Gaza Strip. There were 449 X-ray diagnostic cases, including 239 cases in the West Bank and 210 in the Gaza Strip.

### **Laboratories and blood banks**

21. The Ministry of Health runs 198 laboratories, including four central laboratories (two in the West Bank and two in the Gaza Strip). There were 23 hospital laboratories (12 in the West Bank and 11 in the Gaza Strip) and 171 laboratories located at primary health care centres (133 in the West Bank and 38 in the Gaza Strip).

22. In 2010, the Ministry of Health laboratories carried out a total of 7 515 451 tests. A total of 693 technicians and professionals are employed at those laboratories. This does not include staff working at the national blood laboratory or the central public health laboratory in the West Bank, neither does it include staff working at the central blood bank society in the Gaza Strip, nor those working at the histology departments in the West Bank and Gaza Strip.

23. The total number of blood donors reached 44 564, including 37% voluntary donors while donors for relatives or friends represented 63%. Prior to use in transfusion, donated units of blood undergo laboratory testing for hepatitis B and C, as well as for HIV.

### **Secondary health care (hospitals)**

24. The Ministry of Health is considered the major provider of secondary care (hospitals) in Palestine. It owns and administers 3002 beds in 25 hospitals in all governorates. These hospitals are among the 76 hospitals operating in Palestine with a total capacity of 5108 beds. Fifty one of these hospitals, with 3061 beds (59.9%), are in the West Bank; the rest are in the governorates of the Gaza Strip.

25. In addition to hospitals run by the Ministry of Health, there are 28 hospitals owned by private institutions with a capacity for 1495 beds, and 20 privately-owned hospitals with 476 beds.

26. UNRWA owns a single hospital in Qalqilya Governorate with 63 beds, while the Military Health Services own two hospitals in the Gaza Strip with a capacity of 72 beds.

27. Available beds of Ministry of Health hospitals cover almost all specializations including general and specialized surgery, internal medicine, paediatrics and mental disorders. Rehabilitation and physiotherapy services are provided by nongovernmental hospitals.

28. Hospitals owned by the Ministry of Health also provide services for outpatients through outpatient clinics, emergency and dialysis departments. There are 13 dialysis units in hospitals owned by the Palestinian Ministry of Health. In 2010, those units performed 107 852 dialysis interventions.

29. Hospitals of the Ministry of Health provide a number of other important services such as radiology and laboratory tests. The total number of radiological images produced by those hospitals was 918 298.

**Table 1 Distribution of beds at Ministry of Health hospitals according to specialization, Palestine, 2010**

Distribution of beds	West Bank	%	Gaza Strip	%	Palestine	%
Internal medicine	399	13.3	423	14.1	822	27.4
Surgery	367	12.2	438	14.6	805	26.8
Paediatrics	228	7.6	409	13.6	637	21.2
Gynaecology and obstetrics	192	6.4	203	6.8	395	13.2
Special care	181	5.2	162	5.4	343	11.4
<b>Total</b>	<b>1367</b>	<b>45.5</b>	<b>1635</b>	<b>54.5</b>	<b>3002</b>	<b>100</b>

**Table 2 Major hospital indicators, Palestine, 2010**

Indicator	Value
Number of hospitals in Palestine	76
Number of inhabitants per hospital	53 268
Total number of beds	5 108
Average number of inhabitants per bed	807
Average number of beds per 10 000 inhabitants	12.6



**Table 3 Major indicators at Ministry of Health hospitals, Palestine, 2010**

Indicator	Value
Number of Ministry of Health hospitals	25
Number of inhabitants per Ministry of Health hospital	161 936
Total number of beds at Ministry of Health hospitals	3 002
Average number of inhabitants per bed	1 349
Average number of beds per 10 000 inhabitants	7.4
Total number of admissions	339 096
Average number of days spent	2.5
Bed occupation rate	80.8%
Number of days spent at Ministry of Health hospitals	804 731
Number of births	57 739
Caesarean sections rate	18.3%
Number of registered deaths	4 372
Number of surgical interventions	125 062
Number of people treated at emergency and outpatients departments	2 294 769

### Workforce

30. From 1995, the workforce at the Ministry of Health has experienced a steady evolution, since the Palestinian National Authority took charge of the responsibility of health conditions in Palestine, making every effort to respond to the growing health needs of the Palestinian people.

**Table 4 Evolution of Ministry of Health staff in 2010 compared to 1995**

Year	Physicians*	Nurses	Paramedics	Administrators	Total
2005	2 363	3 005	1 382	4 905	11 655
2010	4 093	3 572	1 511	5 431	13 923

\* Including general and specialized practitioners and dentists.

### Health expenditure

31. According to data from the financial department at the Ministry of Health, the effective total expenditure of the Ministry in 2010 reached 1233 million shekels; of which salaries constituted 43%. However, unpaid bills still exist from 2010 and were reported to 2011. Those bills represent effective expenditure for 2010 and amount to 300 million shekels.

## **TRENDS IN HEALTH CONDITIONS**

### **Infectious diseases**

32. In recent years, the Ministry of Health has largely succeeded in the control of many infectious diseases. There have been no reported cases of leprosy or diphtheria in Palestine since 1982. Since 1988, there have been no reported cases of poliomyelitis; and, for many years, neither rabies nor cholera were recorded although all these diseases do exist in countries neighbouring Palestine.

33. In spite of this remarkable success by the Ministry of Health in controlling as well as the eradication of many infectious diseases, there still exists a challenge to reducing the spread and maintaining control of a number of communicable diseases in Palestine such as meningitis, epidemic hepatitis, brucellosis, lung tuberculosis and AIDS.

### **Noncommunicable diseases**

34. Epidemiological evolution affects trends in both morbidity and mortality. It is also responsible for the considerable burden faced by countries due to both communicable and noncommunicable diseases. Meanwhile, chronic diseases account for a large part of morbidity factors. The increase in the spread of chronic diseases relates to changes taking place in lifestyles, behaviour and lack of physical activity, as well as bad nutritional habits. This is the case in Palestine and in many other developing countries, and it contributes also to the rise in the rate of cancers, cardiovascular disease, diabetes and psychological disturbances.

## HEALTH INDICATORS IN 2010

Table 5 Population and demography

Indicator \ Palestine, 2010	Value	Indicator \ Palestine, 2010	Value
Total population (GS 1,535,120 and WB 2,513,283 ) PCBS	4,048,403*	Proportion of pop aged under 5 years (16.4 % in GS and 13.7 % in WB) *	14.7
Males (779,153 in GS & 1,276,058 in WB) PCBS	2,055,211	Proportion of pop aged under 15 years (44.2% in GS and 39.2 % in WB) *	41.1
Females (732,255 in GS & 1,205,369 in WB ) PCBS	1,937,624	Proportion of pop aged 65 years and above (2.4% in GS and 3.4 % in WB) *	2.9
Male/ Female ratio (in general pop) (per 100) PCBS	103.1	No. of (reported) live births (GS 60,237 & 65,350 WB) MOH	125,587
Life Expectancy among male (year) PCBS	70.8	Reported CBR per 1000 pop (39.2 in GS and 26.0 in WB) MOH	31.0
Life Expectancy among female (year) PCBS	73.6	Reported CDR per 1000 pop (2.6 in GS and 2.7 in WB) MOH	2.7
Median age (years) (19.4 Y in GS and 17.2 Y in WB) PCBS	18.5	Under 5 mortality rate (1000) (reported MOH)	17.0
Total Dependency ratio (%) (89.1 in GS and 73.7 in WB) PCBS	78.7	Percentage of low birth weight (<2500 gm of total births) MOH	6.4
Population natural increase rate (3.3% in GS and 2.7 % in WB) PCBS	2.9 %	Percentage of unemployment rate (M 24.1 & F 26.4) 2009 PCBS	25.3
Percentage of refugees in Gaza Strip out of Total Population PCBS	67.4	Crude marriage rate per 1000 pop 2009 PCBS	8.1
Percentage of refugees in WB out of Total Population PCBS	29.7	Crude divorce rate per 1000 pop 2009 PCBS	1.3

### Women Health

Indicator \ Palestine, 2010	Value	Indicator \ Palestine, 2010	Value
% of women of child bearing age of total population. PCBS	24.2	Prevalence of anemia among pregnant women. MOH	29.0
Total fertility rate (5.3 in GS and 4.1 in WB) 2007 PCBS	4.6	T.T. immunization coverage among newly pregnant women. MOH *	31.6
% of pregnant women attended antenatal care out of total live births (Prenatal rate) MOH (WB)	38.3 %	% of children received breastfeeding (97.9 in GS and 97.2 in WB) 2007 PCBS	97.5
% of deliveries in health institution. MOH	99.2	% of deliveries in home. MOH	0.8
Maternal mortality rate. MOH	32		

## DETERMINANTS OF HEALTH

35. The continued occupation and actions by Israel restrict the capacity of the Palestinian people and institutions to achieve effective development in the Palestinian territories, worsening the crisis of unemployment and poverty, which is one of the main determinants of health, and aggravating the effect of the persistent and stifling blockade imposed by Israel on the Gaza Strip, continued closures and checkpoints in the West Bank, in addition to the apartheid wall. All that has led to high rates of unemployment and poverty in the Gaza Strip, where 80% of the population currently need humanitarian assistance.

36. The latest report issued by the Palestinian Central Bureau of Statistics reveals the poverty features in the Palestinian territories during 2009–2010 and shows that **25.7% of people there suffered from poverty in 2010 (18.3% in the West Bank and 38.0% in the Gaza Strip).**

37. The Bureau estimated the poverty line for a reference five-member family (two adults and three children) at 2237 new Israeli shekels in 2010 (about US\$ 609), while the extreme poverty line for a similar reference family was estimated at 1783 new Israeli shekels (about US\$ 478) at an exchange rate of the shekel equivalent to US\$ 3.73 in 2010.

**Table 7 Poverty ratios among people according to monthly family consumption in the Palestinian territories, 2009–2010**

Area	Poverty				Extreme poverty			
	2009		2010		2009		2010	
	Ratio	Contribution	Ratio	Contribution	Ratio	Contribution	Ratio	Contribution
West Bank	19.4	47.3	18.3	44.6	9.1	42.2	8.8	38.8
Gaza Strip	38.3	52.7	38.0	55.4	21.9	57.8	23.0	61.2
Palestinian territories	26.2	100	25.7	100	13.7	100	14.1	100

38. It seems that assistance to families in 2010 has helped to reduce the poverty rates among individuals by 16.8% of its level in the Palestinian territories (10.7% in the West Bank and 21.2% in the Gaza Strip). In 2009, the reduction in poverty rates as a result of such assistance was 17.9% of the level in the Palestinian territories (12.6% in the West Bank and 22.1% in the Gaza Strip).

39. The reason for the high level of poverty in the Palestinian territories, and in the Gaza Strip in particular, as well as the differences in the poverty level between the West Bank and the Gaza Strip, is the economic breakdown brought by the Israeli imposed blockade on the Gaza Strip, in addition to all other actions such as the closure of borders to Palestinian industrial and commercial products. This high level of poverty is also the reason behind the deterioration of health conditions, especially high malnutrition rates among children and anaemia among women.

40. Demographic indicators such as high rates of fertility and population growth, in addition to epidemiological changes such as the remarkable increase in chronic disease rates still constitute major challenges to the Palestinian health system. The most important challenges still facing the health sector in the Palestinian territories, however, are the continued Israeli occupation and the daily aggressions against Palestinians by the occupation army and settler groups through mounting violent acts towards Palestinians, especially Palestinian farmers for whom the only source of income is their agriculture produce, olives and olive oil that are exposed to destruction by fire and uprooting by Israeli settlers.

41. Given the prevailing situation in the Gaza Strip and the continued blockade there, the Ministry of Health was unable to achieve the necessary epidemiological monitoring programmes or organizing accelerated operations in response to medicine and medical material needs in the Gaza Strip. Health education programmes, as well as scientific missions and courses are also suspended in the Gaza Strip as a result of closures and restriction of free movement imposed on the Palestinian nationals by the Israeli occupation authorities. In addition, more than 20% of nationals requiring referral treatment outside the Gaza Strip are deprived of the necessary exit authorizations (Report of the WHO office in Jerusalem).

42. The destruction of water supply infrastructure and sewage systems still constitutes a threat to public health. Some 100 000 people, made homeless after the destruction of 20 000 living units by the Israeli aggression in 2008, still live in tents in miserable conditions. Israel still bans the import of building materials needed for reconstruction.

43. The continuing Israeli blockade combined with the restrictions imposed on the imports of building materials and the rationing of medicines and medical equipment have led to a deterioration in both living conditions and health situation of all segments of society in the Gaza Strip. The quality of maternal and child health services has suffered enormously. Increasing numbers of births have occurred at homes due to difficulties in reaching hospitals; in addition, there is an increase of high-risk pregnancies and deaths among mothers and newborn babies. It has been impossible to rebuild damaged houses, hospitals and clinics.

44. Estimates indicate that there has been a considerable deterioration of health services provided to about 40% of patients suffering from chronic diseases leading to the worsening of their health conditions.

45. Securing the right to health for all Palestinian nationals and ensuring quality, safe and sustainable services is the focus of attention by the Palestinian Authority through its Ministry of Health. The Ministry endeavours to enhance health indicators and maintain the achievements made through the development of a health service network covering different regions administered by the Palestinian Authority. However, continued Israeli occupation and actions pose a significant challenge which prevents us from the achievement of the Millennium Development Goals.

46. There are more than seven thousand Palestinian prisoners including 35 women and 337 children still suffering from extremely bad detention conditions. A large number among them suffer also from different diseases and do not have access to the necessary treatment and our medical doctors are not allowed to carry out visits to those ill prisoners.

## **ISRAELI ATTACKS ON CIVILIANS**

47. Reports of human rights institutions working in the Palestinian territories, such as the Al-Haq organization, the Almeezan Centre for Human Rights, and the Addameer, indicate that Israel is escalating its attacks against civilians and continues to violate the rights of human rights defenders and peaceful resistance activists against the occupation. Since September 2009, Israel has intensified its repression campaign against Palestinian human rights defenders, activists and demonstrators protesting against the annexation wall.

48. The Israeli repression campaign against residents of the Palestinian villages and towns affected by the wall coincided with the launch of the Goldstone report. The Israeli forces started with daily raids and military campaigns at dawn against the villages affected by the wall. During those campaigns, they have arrested young people and children in order to extract information from known major community leaders calling for resistance against the wall, and to intimidate activists through the destruction of personal property and threats of detention.

49. In Bil'in, Ni'lin, Beit Duqqu, Jayyous, and Al Ma'sara villages, Israeli soldiers attack activists' homes, burst into their homes at midnight, fire tear gas and destroy personal property. They also launch a campaign of intimidation against witnesses to human rights violations. The whole world has

seen the blindfolded young Palestinian man from Ni'lin, with his hands manacled, shot while standing at point-blank range by an Israeli soldier.

50. The majority of injuries among Palestinian civilians arriving at hospitals are caused by live ammunition and rubber bullets shot from a short distance with the intention of killing or causing disability.

### **SHORTAGE OF FOOD SUPPLIES**

51. The continued blockade of the Gaza Strip has caused an everlasting acute shortage of essential materials, food, energy supplies and other vital necessities, leading to the emergence of chronic nutritional diseases such as stunting and cases of excessive underweight. Ten out of every 100 children under five are chronically or acutely undersized. An assessment by the WHO office dated in July 2009 shows high prevalence of anaemia among children and women in the Gaza Strip. Data from that report indicate that anaemia prevalence has reached 65.5% among children aged 9–12 months, 32.3% among school children aged 6–18 years, and 37.5% among pregnant women. Lack of access to food and high food prices due to the continuing military blockades, as well as restrictions on people movement and land confiscation in the West Bank have led to increasing levels of unemployment and limited purchasing power among large segments of the population, that, in turn, caused the spread of malnutrition-related diseases in the West Bank, although to a lesser extent than in the Gaza Strip.

52. A report issued on 23 April 2008 by the United Nations Office for the Coordination of Humanitarian Affairs in the occupied Palestinian territories explained that the closure had led to a decline in economic activity and an increase in transport costs, that 8.7% of Palestinian families were now headed by women and that about 34% of the population suffer from food insecurity, and a further 12% risked finding themselves in a similar situation. A significant decline in gross domestic product in the occupied Palestinian territories occurred in 2006, due to the fall in the income of Palestinian families, lack of investment and insecurity resulting from closure and siege.

### **SHORTAGE OF FUEL AND ELECTRICITY SUPPLY IN THE GAZA STRIP**

53. The electricity supply to the Gaza Strip comes from three sources: the local power station (40%) using industrial fuel arriving in the Gaza Strip via Israel; the direct electricity supply from Israel (50%); and the Egyptian electricity supply (10%). This means that Israel has total control over the electricity supply required for city lighting and for allowing the activities of daily life to continue. Since 2007, as indicated in a report by the United Nations Office for the Coordination of Humanitarian Affairs on 8 February 2007, most families and health institutions in the Gaza Strip suffer from power cuts for eight to 12 hours a day or more. On 7 February 2008, on the instructions of the Israeli defence ministry, the Israeli electricity company reduced the supply of electricity to the Gaza Strip by 0.5 megawatts per week. The reduction in electricity and energy puts immense pressure on the already crumbling electricity system in the Gaza Strip, affecting the infrastructure for drinking-water and the sewage system, and disrupting the provision of health care for civilians in the Gaza Strip.

54. Figures documented by the Palestinian Centre for Human Rights indicate that the Gaza Strip's supplies of fuel and combustibles have been reduced since the decision taken on 25 October 2007 by the Israeli authorities to reduce supplies by more than half. Hence, supplies of petrol, diesel and gas for domestic use declined by between 60% and 73%. On 28 November 2007, the Israeli authorities issued a new decision that further reduced the quantities of fuel supplied to the Gaza Strip (to less than

10% of its needs). On 30 January 2008, the Israeli High Court of Justice rejected the appeal by human rights organizations against the Israeli authorities' reduction of the quantities of fuel and electricity supplied to the Gaza Strip. Consequently, since Monday 7 April 2008, the association of owners of oil and gas companies, and fuel and fuel derivative stations in the Gaza Strip have refused to accept delivery of combustibles and gas supplied to the Gaza Strip because of the continuing policy of cutting the supplied quantities, which are not enough to meet even basic needs.

55. On 16 April 2008, the Head of the UNRWA office, Mr Mathias Bergard, said that eight organizations of the United Nations system had issued a joint statement that "the current situation in the Gaza Strip represented a danger to the health and welfare of the population in the Gaza Strip, of whom 56% were children". He added that the eight signatory organizations had stressed that the current situation was disrupting the work of the United Nations organizations in the Gaza Strip, by affecting schools, health facilities and food distribution; he also pointed out that "in the absence of fuel at petrol stations, normal transport operations within the Gaza Strip had stopped". The Palestinian Centre for Human Rights stressed on the same day that "the stoppage of fuel supplies to the Gaza Strip by the occupation authorities had paralysed 85% of transport and communications, disrupted 50% of the education system and closed 145 petrol stations. It was feared that all basic vital services such as delivery of drinking-water, sewage treatment and waste collection from the streets and neighbourhoods would be totally paralysed."

56. The shortage of fuel required to operate the Gaza power station, as well as the regulation of the electricity supply from Israel are continuing at the same rate, leading to many health, social and economic impacts, notably the following:

### **Impact on the health situation in the Gaza Strip**

57. The fuel and electricity shortage have the following consequences for public health:

- the stoppage of many surgical interventions – only those of an urgent and critical nature took place
- the shutting-down of a number of oxygen-generating stations, which need high levels of power that cannot be supplied by small generators
- X-ray units running at 50% capacity
- the increased suffering of kidney failure patients owing to disruption and stoppage of dialysis units because of power outages
- the halting of central air conditioning systems in hospitals is adversely affecting the performance of duties, especially in enclosed areas such as operating theatres and intensive care units, particularly for newborn infants
- the compromised validity and viability of blood and plasma supplies, which can be damaged when power outages last more than two hours.

### **Impact on drinking-water and sewage systems in the Gaza Strip**

58. There are 180 water and sanitation facilities in the Gaza Strip, including 140 wells, 37 water pumping stations and sanitation plants and three sewage treatment plants, all of which require regular

maintenance, spare parts and technical equipment not available in local markets owing to the Israeli blockade and closure. In December 2007, the Water Authority secured only 50% of its fuel needs, resulting in the sustained irregular supply of drinking-water.

59. The stoppage of sewage treatment plants also causes large quantities of untreated sewage water to be discharged into the sea, thereby polluting sea water, fish and beaches. The seashores of the Gaza Strip are badly polluted, because untreated sewage water is pumped into the sea, thus exacerbating the environmental crisis and continuously damaging public health.

60. Some 76 134 families, 12.2% of the total, have no access to safe drinking-water. The cuts in power to the Gaza Strip hinder the operation of water pumps, domestic refrigerators and health centres, since water is pumped for only two to three hours a day.

### **TREATMENT ABROAD FOR GAZA STRIP PATIENTS**

61. The level of health services at Gaza Strip hospitals has deteriorated for the many reasons outlined above and, most importantly, the lack of maintenance, the non-renewal of medical equipment, and the electrical power supply and medicines, in addition to the lack of rehabilitation of those hospitals and medical centres destroyed by the Israeli aggression. This has created an ever-increasing need for treatment outside the Gaza Strip, mainly in Egypt, Israel and east Jerusalem hospitals outside the Gaza Strip. However, acquiring authorizations for medical treatment are occasioning increased hardship. The Israeli authorities either refuse to issue such authorizations for security reasons, or issue them after long delays. Many patients experienced delays in treatment or were denied access to treatment. This has exacerbated health conditions and led to many avoidable deaths among Palestinian patients. Moreover, treatment outside the Gaza Strip is very costly and burdensome for the budgets of the Palestinian National Authority, thereby weakening its capacity to deliver high-quality health services to the rest of its citizens.

62. The proportion of patients referred for treatment outside the Gaza Strip and prevented from leaving by the Israeli army is more than 20% of those patients applying for authorization to treatment outside. A number of patients among those who acquire authorization for treatment outside also get arrested by the Israeli army (WHO in the occupied Palestinian territories monthly report on referrals of patients from the Gaza Strip).

### **THE ANNEXATION, EXPANSION AND APARTHEID WALL IN THE WEST BANK AND OCCUPIED JERUSALEM**

63. In defiance of the advisory opinion of the International Court of Justice in 2004, the construction of the annexation, expansion and apartheid wall did not stop, nor did its destructive effects on the lives of Palestinians. It continues to divide and isolate communities, destroy their livelihoods and prevent hundreds of thousands of people from travelling normally to their workplaces, families, markets, schools, hospitals and medical centres.

64. In 2002, Israeli occupation forces began building the annexation, expansion and apartheid wall. Upon its completion, the proportion of villages unable to access health facilities in the region will be about 32.7%, rising to 80.7% if the isolated pockets are taken into account as well as the "seam zone". After completion, the wall will cut off a total of 71 clinics; 41 clinics were already totally cut off. Some 450 000 Palestinians will be directly affected, and a further 800 000 indirectly.



65. The establishment of the wall is part of a comprehensive Israeli policy which began with the building of settlements, then barriers, and finally the wall that dismembers the West Bank and turns it into ghettos. The aim of building the wall 35 kilometres deep inside Salfit and Qalqilya – thereby isolating the occupied city of Jerusalem from the West Bank, and expanding the settlements of “Ma’aleh Adumim”, Bethlehem and Hebron – is to create ghettos; there are about 28 ghettos containing 64 Palestinian communities.

66. The report of the Palestinian Centre for Information in Ramallah states that the situation in the occupied city of Jerusalem is horrendous and that the wall, settlements and barriers cause serious health problems and isolate entire communities in Jerusalem, such as Anata village and Shufat refugee camp, from those major facilities that provide them with the most critical services in the city of Jerusalem, such as Al-Uyoun, Al-Maqasid and the Red Crescent hospitals. The report also shows that more than 70 000 Palestinians living in Jerusalem are threatened, as Israel’s next move, after constructing the wall, will be to prevent them from reaching Jerusalem, and then to withdraw their health insurance and Jerusalem identity cards on the grounds that they no longer reside in the city.

67. Furthermore, the report shows that there are no advanced health services in the city of Qalqilya; so its 46 000 inhabitants have no choice but to rely on hospitals in other cities, such as Nablus, in a trip that used to take 20 minutes but now takes three and a half hours because of the barriers and the wall.

68. Moreover, the separation wall even directly affects the villages that seem to be remote from the construction site, because of the road network that Palestinians are forbidden to use. For example, Palestinians are unable to reach Ramallah and occupied Jerusalem because of these roads.

69. In the same visit to the West Bank, Mr Holmes stated that the wall, the settlements and the Israeli permit system are destroying the economic and social life of the population in the West Bank, and are responsible for exacerbating poverty and unemployment. Thus, the first step towards an economy that is conducive to strengthening peace talks is to stop building the wall, prevent the expansion of settlements and lift the barriers.

## CONCLUSION

70. In conclusion, the Palestinian National Authority still believes that peace is the strategic option for both the Palestinian and the Israeli people, and that peace alone bring an end to the long Israeli occupation and lead to the establishment of an independent Palestinian State with Jerusalem as its capital. We also confirm the need to take immediate action to end the unfair blockade on the Gaza Strip and to remove Israeli barriers and annexation and extension walls, so that the Palestinian people can enjoy its right to health and access to high-quality and safe health services.

### 71. **Therefore, the Palestinian Health Ministry:**

- calls on the international community to exert pressure on the Israeli Government in order to end all those measures that deny the Palestinians under occupation basic humanitarian rights guaranteed for civilians by the international instruments;
- calls on the Contracting Parties to the Fourth Geneva Convention to fulfil their obligations under Article 1 of the Convention, which provides for adhering to the Convention and guaranteeing the adhesions thereto in all circumstances as well as their commitments, as provided for in Article 146, to pursue those accused of serious breaches of the Convention. It

is noteworthy that those breaches are deemed war crimes in accordance with Article 147 of the Fourth Geneva Convention Relative to the Protection of Civilian Persons, and the first Additional Protocol thereto, in guaranteeing the protection of Palestinian civilians in the occupied territories;

- expresses its thanks to donor countries for their support of the Palestinian people in all areas and appeals to them and to international health institutions to extend the necessary political and financial support to implement the Health Development Plan 2010–2013, and to provide the political environment required for the application of the document on “Ending the occupation, establishing the State” presented by the Palestinian Government for application before the first of September 2011. Thanks to appropriate implementation by the Palestinian Authority, the authority and its institutions have now become ready for the establishment of the State (as mentioned in the World Bank report to the Ad Hoc Liaison Committee. The Committee is a forum comprising various donors and the Palestinian Authority, shall meet in Brussels on 13 April 2011);
- calls on the international community to put an end to the practice of house demolition, displacement of Palestinians, Judaization of Jerusalem and of the construction of settlements in Palestinian territories occupied since 1967 which constitute “a violation of international resolutions”, as well as a threat to “the safety and health of the Palestinian nationals” and a restriction of their access to health services, and ability to free and safe movement;
- also calls on the international community to lift the unjust siege imposed on the Gaza Strip and prevents the reconstruction of the health institutions destroyed by the Israeli aggression and provide the necessary equipment to those institutions in the Gaza Strip;
- calls for the strengthening of public and private support to the Palestinian health sector as an important factor for stability and in order to enable the Palestinian people to enjoy its right to health services, as provided for in international instruments;
- calls for ensuring protection of the physical and mental health of those Palestinian children who experience violence, arrests or house arrest away from their families, by the Israeli occupation forces.

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