

## **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-seventh World Health Assembly (see Annex).



ANNEX

**The State of Palestine**

**Ministry of Health**

**A REPORT ON THE HEALTH CONDITIONS  
IN THE OCCUPIED PALESTINIAN TERRITORY**

**Sixty-seventh World Health Assembly**

**April 2014**

## DEMOGRAPHICS

### Population

1. At the end of 2012, the Palestinian Central Bureau of Statistics estimated the population of the occupied Palestinian territories to be around 11.6 million Palestinians distributed by place of residence: 4.4 million in the State of Palestine territories (37.7% of all Palestinians in the world), 5.1 million in Arab countries (44.5% of the total) and 655 000 (5.7%) in foreign countries. In addition, there are about 1.4 million Palestinians (12.1% of the total) residing within the Green Line.

2. In 2013, the population of the occupied Palestinian territories was estimated to be 4 485 459, including 407 902 in occupied Jerusalem. The population distribution was 61.4% in the West Bank and 38.6% in the Gaza Strip. Population distribution according to sex reveals that men accounted for 50.8% of the population and women for 49.2%

### Crude birth and death rates

3. Data from the Palestinian Central Bureau of Statistics indicate that in 2013, the crude birth rate was 32.6 per 1000 of population, whereas the crude death rate was 3.6 per 1000 of population.

### Population distribution

4. Palestinian society is still young. In 2013, children under five accounted for 14.8% of the total population living in the Palestinian territories and children in the age group 0–14 years accounted for 40.21%; people aged 65 years and over made up 2.9% of the population in 2011.

### Delivery of health services

5. Over the past two years, the Ministry of Health has endeavoured to improve the quality of the health services provided to citizens and has developed an ambitious plan to reform and develop the health sector (2014–2016). Despite the actions of the Israeli occupation and the lack of financial resources, and thanks to the insistent efforts of the Ministry of Health to implement the plan to develop and reform the health system and the response of many donor States and United Nations organizations active in the health sector, the Ministry of Health is achieving considerable successes. Some of the most important achievements include the rehabilitation, development and equipping of health facilities and the implementation of ambitious programmes to train health workers. The main obstacle to the implementation of the strategic national plan to reform and develop the health sector (2011–2013) has been the blockade imposed on the Gaza Strip and the abnormal political situation existing there.

6. Below is an overview of the Palestinian health system and the main services provided to citizens, together with the main health indicators for 2012. The emphasis is on the health situation in the Gaza Strip, which has witnessed a marked deterioration and is at risk of collapse unless the blockade is ended and the political situation in the Strip returns to its normal state, especially through the return of the Strip to the central administration of the Palestinian National Authority.

## THE PALESTINIAN HEALTH SYSTEM

### 1. Primary health care

7. With the advent of the Palestinian National Authority, the Ministry of Health, assuming its health responsibilities, has attached great importance to the application of primary health care principles. As such, it has worked to provide and develop health services and facilitate access by different sections of the population. In addition, the Ministry has ensured a fair distribution of services among the different sectors of society in different areas.

8. Primary health care is delivered by a range of health service providers in the Ministry of Health, nongovernmental organizations, UNRWA, military health services and the Palestinian Red Crescent. The central administration of primary health care at the Ministry of Health plays a prominent role. The network of health care centres has been extended throughout the national governorates, from 454 centres in 1994 to 750 in 2012, an increase of 65.2% compared to 1994. Government-run centres represent 61.2% of all primary health care facilities, of which UNRWA supervises 8.2% and nongovernmental organizations supervise 30.6%.

9. In the West Bank, in 2012, the number of visits to primary health care centres administered by the Ministry of Health totalled 2 602 821 for consultations with physicians, meaning a rate of one visit per citizen in the West Bank, compared with 2 204 581 nursing consultations at primary care facilities.

### Maternal mortality

10. The proportion of Palestinian women of reproductive age (15–49 years) is 48.8% of the total number of women in Palestine. The mortality rate recorded at the national level was 38 per 100 000 live births in 2009, 32 per 100 000 live births in 2010, 28 per 100 000 live births in 2011 and 23.7 per 100 000 live births in 2012.

11. The Ministry of Health has set up a high-level national committee to monitor recording and reporting of maternal mortality. Due to the current political situation in the Gaza Strip, reporting of these rates is extremely poor, and the reported rates do not always reflect reality.

### Total fertility rate

12. According to the Palestinian Central Bureau of Statistics, the total fertility rate among women of reproductive age (15–49 years) was 4.1 at national level in 2012 (4.9 in the Gaza Strip and 3.8 in the West Bank).

### Births

13. The Palestine annual health report for 2012, prepared by the Palestinian Centre for Information at the Ministry of Health, showed that most births in Palestine occur in hospitals or in maternity homes (99.1%), and that hospitals administered by the Ministry of Health play a pivotal role in this respect (49.3%). This confirms that most Palestinian women generally prefer to give birth in a hospital setting, and in hospitals administered by the Ministry of Health in particular, in view of the good services they offer, and because most of the Palestinian population benefits from the health insurance system that covers childbirth. Government hospitals, therefore, generally represent the most appropriate choice.

## Mental health

14. Mental health is an integral part of public health, as it is closely linked to other determinants such as the increase in social, economic, political and security-related anxieties. The mental health of individuals and communities is clearly associated with poverty indicators, a low education level, arduous working conditions, sex discrimination, risks linked to violence and poor physical health, and human rights violations. Palestinian society is unique in that mental factors are clearly linked to the suffering of the people as a result of an occupation that has existed for several decades and negatively affects all aspects and areas.

15. The occupation has played a major role in increasing the number of mental disorders resulting from blatant aggression and the repeated invasion of cities and towns in the West Bank and the Gaza Strip, and the use of all kinds of deadly and terrorizing weapons and the suffocating blockade of Palestinian cities and towns, especially in the Gaza Strip. All this results in many cases of mental illness, among women and children in particular.

16. The mental shock of losing a spouse, a breadwinner or a relative has a devastating effect on mental health. It has been shown that 47.7% of the wives of slain Palestinians suffer from severe or very severe depression and 79.9% suffer from moderate to very severe anxiety; in addition, 77.9% of the wives of those killed suffer from moderate to severe post-traumatic disorders.

17. In 2012, the total number of new cases of mental illnesses was 1853, with an incidence rate of 84.5 cases per 100 000 population. In the same year, there were 1103 registered cases among males, the largest proportion among the 20–29 age group, accounting for 255 of all new recorded cases. Among females, 750 registered cases were reported as serious, mostly in the 20–29 age group, accounting for 141 of new cases.

18. Mental health services in Palestine are provided by 12 mental health and community clinics in the West Bank (no figures are available for Gaza), in addition to a specialized mental health centre for children in Halhoul, Hebron Governorate. In 2012, a total of 68 935 visits to the Government-run community mental health centres were recorded compared to 63 329 in 2011 and 51 505 in 2010. Moreover, the highest incidence of mental retardation and neurotic illnesses were in the West Bank, respectively 22 and 15.1 cases per 100 000 population, among the total number of cases recorded. In addition to community mental health centres, there are two hospitals in Palestine that provide mental health services, namely Bethlehem Hospital for psychiatric illness and Gaza Hospital for psychiatric and neurological illnesses.

19. UNRWA reports show that case rates of psychological shock and post-conflict disorders in the Gaza Strip increased by more than 100% in the wake of the recent Israeli aggression in the Gaza Strip and the repeated attacks on people and their property. UNRWA stated that the number of people in Gaza being treated for psychological shock and post-conflict disorders has doubled between November and December 2012, and that 42% of these are under 9. These latest statistics, gathered from UNRWA health facilities in the coastal sector, corroborate the findings of the most recent survey on children in Gaza carried out by UNICEF, which concluded that there has been a sharp increase in rates of mental disorders associated with conflicts, and that a vast number of cases are not reported.

20. The survey carried out by UNICEF for the rapid psychological evaluation of children in Gaza also confirms that sleep disorders among children have increased by 91%, whereas 84% of the respondents seemed to be in a state of shock or daze and 85% had experienced changes in appetite.

### **Family planning programmes**

21. In 2012 there was an increase in the number of primary health care centres providing family planning services, with a total of 236 centres in the different governorates of the country – 216 in the West Bank and 20 in the Gaza Strip. In 2012, women already making use of family planning services provided by centres administered by the Ministry of Health in the West Bank attended 79 980 consultations, and the number of new service users was 45 806. In 2012, contraceptive pills were the most common birth-control method used by Palestinian women, accounting for 70.2% of all birth-control methods. Condoms were the next most frequently used method (16%), followed by intrauterine devices (10.7%), injection (3%) and suppositories (0.1% only).

### **Radiographic breast examination**

22. In 2012, primary health care facilities provided radiographic breast examination services in all the governorates of the West Bank. In total, 9665 women were examined, of whom 6211 were found to be normal (63.3% of all women examined).

### **Papanicolaou test (PAP test)**

23. In 2012, primary health care facilities provided PAP tests in all governorates of the West Bank, through 4 laboratories in Jenin, Ramallah, Bethlehem and Hebron. A total of 1227 specimens were taken and 31 cases tested positive.

### **Child care**

24. The Ministry of Health provides free health services for children up to three years of age. In 2012, primary health care centres reported 352 453 consultations in connection with children under 3; 8252 children received Government-provided care services, with a reported coverage rate of 84.2% of all newborns. Jericho Governorate reported the lowest coverage rate at 60.4%, Salfit had the highest coverage at 113.9%, and the figure for Jerusalem was 107.6%. This is explicable by the fact that the population is administered by the Governorates of Jericho and Al-Aghwar, whereas medical services are provided by the Governorate of Tubas.

### **Dental and oral health**

25. The Ministry of Health administers and operates 56 dental clinics at primary health care centres, including 32 in the West Bank and 24 in the Gaza Strip. There are several hundred such clinics in the private and nongovernmental sectors.

26. In 2012, there were 43 771 visits to dental and oral clinics of the Ministry of Health in the West Bank. The total number of fillings done by these clinics was 20 183, including 11 456 silver fillings, 1467 cosmetic fillings and 7260 temporary fillings. A total of 11 328 tooth extractions and 1252 dental hygiene procedures were performed. In all, 1935 plain adhesive paddings and 3314 fluoride compounds were used to treat dental caries. A total of 18 083 patients with computerized dental files were treated at clinics in the West Bank, compared with 15 579 in 2011, an increase of 16%. Of the total number of dental patients, 58.5% were women.

## **Basic growth indicators**

27. In 2012, primary health care data in the West Bank indicated that 0.7% of children suffered from wasting, of whom 42.3% had severe wasting, and that 1.0% were underweight, of whom 45.4% were severely underweight. The overweight rate among children was 1.8%; 25.1% of these children were obese. Of the total number of children seen at primary health care centres for mothers and children, 1.5% were found to be stunted, of whom 48.3% had severely stunted growth.

## **Laboratories and blood banks**

28. There are 216 laboratories administered by the Ministry of Health, including 51 in Gaza Strip, 165 in the West Bank, 4 central laboratories, 23 in hospitals and 189 in primary health care centres. In 2012, Ministry of Health laboratories at the West Bank performed a total of 8 872 349 comprehensive histopathological tests. These laboratories and blood banks employ 824 technicians and professionals, 443 in the West Bank and the rest in the Gaza Strip. The total number of blood donors reported by the Ministry of Health in Gaza was 30 915, 45% of whom were voluntary donors; 55% donated blood to a relative or a friend. Over the year, 53 196 units of blood and blood products were transfused at the Ministry of Health in the West Bank. Before all transfusions, donated blood units are tested for blood-borne diseases such as hepatitis B, hepatitis C and HIV/AIDS.

## **Infectious diseases**

29. In recent years, the Ministry of Health has been extremely successful in controlling many infectious diseases, and no cases of leprosy or diphtheria have been reported in Palestine since 1982. In addition, no cases of polio have been reported since 1988, nor rabies or cholera for many years, despite the presence of these diseases in States bordering on Palestine.

30. Despite the considerable success of the Ministry of Health in controlling and eradicating a number of infectious diseases, there remains the challenge of reducing and continuously controlling the spread of many communicable diseases in Palestine, for example meningitis, epidemiological hepatitis, brucellosis, tuberculosis and AIDS. Other challenges include maintaining a high rate of vaccination coverage among newborns and children (which has stood at more than 95% for many years), improving the monitoring and reporting of adverse side-effects of vaccines, and strengthening the epidemiological surveillance system.

## **Morbidity**

### **Vaccine-preventable diseases**

31. Vaccination coverage levels are the best indicators of health system performance and progress towards achieving the Millennium Development Goals. Thus, the Palestinian health care system aims to enable every child to get vaccinated and maintain immunization coverage at a high level.

### **Poliomyelitis and flaccid paralysis**

32. Poliomyelitis is under control in Palestine; no cases have been reported since 1988. Based on WHO recommendations, the Ministry of Health monitors all cases of flaccid paralysis among children under 15. It collects specimens of faeces in each case for recording and viral examination in order to ensure that Palestine remains free of the disease.



## Measles

33. No cases of measles have been reported, either in the West Bank or the Gaza Strip, since 2007, and the Ministry of Health has been able to meet the required standards for eliminating measles according to WHO requirements. This has been made possible by the high coverage among children with two doses of anti-measles vaccine at 9 and 15 months, subsequently replacing these with two doses of MMR vaccine at 12 and 18 months. Another important factor has been the work of measles immunization campaigns and MMR immunization over the past few years to increase the immunity of the Palestinian community against this disease.

## Tuberculosis

34. The number of reported pulmonary tuberculosis (TB) cases in Palestine has declined steadily, to less than 20 cases per year. In 2012, 24 cases of pulmonary TB were detected (12 in the Gaza Strip and the West Bank respectively), with an incidence of 0.6 cases per 100 000 population, in addition to 7 cases of non-pulmonary TB (3 in the West Bank and 4 in the Gaza Strip), an incidence of 0.2 cases per 100 000 population. TB immunization rates for newborns have reached very high levels.

## Tetanus

35. No cases of tetanus were reported in 2012.

## Mumps

36. In 2012, the incidence of mumps decreased in the Gaza Strip and the West Bank, where 89 cases were reported in the whole of Palestine, including 29 in the West Bank and 60 in Gaza. At national level, the incidence was 2.0 per 100 000 population (i.e. 1.1 per 100 000 in the West Bank and 3.6 per 100 000 in Gaza).

## Meningitis

### Viral meningitis

37. In 2012, 1598 cases of viral meningitis were detected in Palestine, an incidence of 36.7 per 100 000 population, including 145 cases in the West Bank and 1435 in the Gaza Strip.

### Bacterial meningitis

38. In 2012, 106 cases of meningococcal disease were detected in Palestine, an incidence of 2.4 per 100 000 population (three cases in the West Bank and Jerusalem and 103 in the Gaza Strip).

### *Haemophilus influenzae* meningitis

39. In 2012, one case of *Haemophilus influenzae* meningitis was reported in the Gaza Strip, an incidence of 0.1 per 100 000 population. No cases were reported in the West Bank.

### **Other types of bacterial meningitis**

40. In 2012, 606 cases of *Streptococcus pneumoniae* infection were detected, an incidence of 13.6 per 100 000 population (113 in the West Bank, an incidence 4.2 per 100 000, and 493 in the Gaza Strip, an incidence of 29.5 per 100 000).

### **Viral hepatitis**

#### **Hepatitis A**

41. In 2012, 1340 cases of hepatitis A were reported, an incidence of 30.8 per 100 000 population, including 330 in the West Bank, an incidence of 12.3 per 100 000, and 1010 in Gaza, an incidence of 60.4 per 100 000 population.

#### **Hepatitis B**

42. In 2012, 26 cases of hepatitis B were detected in the West Bank, an incidence of 0.6 per 100 000 population. However, cases in Gaza were not disaggregated; the reported figures were for positive cases, where the number of recorded cases stood at 1158 carriers of the epidemic, an incidence of 26.6 cases per 100 000 population, including 804 in the West Bank and 354 in the Gaza Strip.

#### **Hepatitis C**

43. In 2012, two hepatitis C cases were detected in the West Bank, an incidence rate of 0.1 per 100 000 population, whereas no cases were reported in the Gaza Strip. However, 171 carriers of the virus were reported, an incidence of 3.9 per 100 000 population, including 100 in the Bank and 71 in Gaza.

### **Human brucellosis**

44. In 2012, there were 148 reported cases, an incidence of 3.4 per 100 000 population, including 141 in the West Bank and 7 in the Gaza Strip.

### **AIDS**

45. In 2012, the total number of cases was 77, including 64 AIDS cases and 13 HIV-positive cases. Males accounted for most of the cases (61, i.e. 79.2 % of all reported cases).

### **Sexually transmitted diseases**

46. In 2012, 18 687 etiological cases were reported among females in the West Bank, with males accounting for 416 cases. However, the system of epidemiological investigation of sexually transmitted diseases requires further strengthening in terms of community outreach and human resources capacity building, especially in Gaza.

### **Noncommunicable diseases**

47. Epidemiological transition affects morbidity and mortality trends alike, causing countries to bear a heavy burden of infectious and noncommunicable diseases. While the latter can be controlled

and reduced in terms of spread, chronic diseases rank higher among causes of disability. The increase in chronic diseases is related to changes in lifestyle, behaviour, lack of physical activity and poor nutrition habits. Such is the case in Palestine, as in other developing countries, translating into a higher incidence of cancer, cardiovascular disease, diabetes and mental disorders.

### **Cancer**

48. In 2012, approximately 1802 cancer cases were reported, an increase of 20% over the number of reported cases in 2011. There were 903 cases among men and 899 among women. In the West Bank, the incidence was 74.0 cases per 100 000 population: 717 cases in the age group 65 and over, 996 cases in the age group 15–65 (55.3 %) and 4.9 % in persons under 15 years of age, it being understood that the latter group accounts for 40.2% of the total population.

### **Diabetes**

49. In 2012, 5965 cases of diabetes were reported by facilities administered by the Ministry of Health in the West Bank, an increase of 49.7% on the new diabetes cases reported in 2011 (43.5% among men and 56.5% among women). The highest incidence was observed among women aged 55–65 years, at 2170.2 per 100 000 women in this age group; among men aged 65–74 years, the incidence was 1602.6 per 100 000.

### **Road traffic accidents**

50. In 2013, road traffic accidents resulted in 7936 injuries in the various governorates of the West Bank, with 133 fatalities. Most injuries were concentrated in the age groups 5–14 years (1075), 15–24 years (1668) and 25–34 years (1398). No statistics are available for the Gaza Strip.

### **Disability**

51. There are about 113 000 persons with disabilities in Palestine, of whom 75 000 are in the West Bank (2.7% of the total population), and 38 000 in the Gaza Strip (2.4% of the total population of Gaza). In 2011, the prevalence of disability was 2.9% among men and 2.5% among women. Jenin has the highest rate of disability at 4.0%, followed by Hebron at 3.6% and Jerusalem at 1.4%. As for the Gaza Strip, and according to available statistics from 2011, Gaza Governorate had the highest prevalence of disability at 2.5%, followed by the Governorates of Northern Gaza, Rafah and Deir al-Balah with the same figure of 2.4% each. The lowest prevalence is in the Khan Younis Governorate, at 2.2%. It should be noted that mobility impairments are the most prevalent (around 49.0% of persons with disabilities are mobility-impaired); the proportion is 49.5% in the West Bank and 47.2% in the Gaza Strip. Learning disabilities are the next most frequent form of disability, accounting for 24.7% of all types of disability in the West Bank and 26.7% in the Gaza Strip.

52. In 2012, 116 disability cases were reported among children registered at primary health care centres in the West Bank, accounting for 0.1% of all children registered and examined by a physician at a health-care centre, with the highest rate in Jericho Governorate (1.2%). Disabilities were distributed as follows: mobility impairments (55, i.e. 47.4%), hearing impairments (12, i.e. 10.3%), and visual impairments (49, i.e. 42.2%).

53. Health care centres in the West Bank reported 1283 cases of congenital diseases, an incidence of 2.6 of total births examined; there were 257 cases of congenital heart disease, accounting for 20.0% of all reported cases of congenital diseases in 2012.

### **Anaemia in children under three years of age**

54. Maternity and childhood registers of primary health-care centres indicate that 46.6% of all children aged 9–12 months are anaemic, with Jericho and Al-Aghwar Governorates having the highest incidence at 68.7%, and Bethlehem Governorate having the lowest at 38.4% among children in the same age group.

### **Anaemia in pregnant women**

55. In 2012, primary health care centre registers indicated that 6722 pregnant women had a haemoglobin level of less than 11 g/dl, and were therefore considered anaemic; 22 991 pregnant women (30%) were registered with health care centres for mothers and children and had undergone a haemoglobin test. Jericho Governorate had the highest incidence of anaemic pregnant women (48.5%), while the Southern Governorate of Hebron had the lowest incidence (22.8% of all pregnant women examined). The incidence of anaemia among pregnant women registered at endangered pregnancy centres was 37.7%, where 885 of 2350 had a level of less than 11 g/dl following a haemoglobin test. Jerusalem Governorate had the highest rate of incidence (60%), Tubas the lowest (20.2%).

### **Maternal care**

56. In 2012, pregnant women attended 139 000 consultations at primary health care centres, with 26 510 pregnant women registering at centres administered by the Ministry of Health in the same year. Coverage for pregnant women was 42.8%, with Salfit Governorate having the highest coverage (89.1%) and Bethlehem the lowest (22.8%). Pregnant women visited these centres 5.2 times on average during their pregnancy, with Salfit Governorate recording the highest number of visits (6.5) and Jerusalem Governorate the lowest number (3.5).

### **Endangered pregnancy**

57. In 2012, official registers held in primary health care centre indicated that 3 098 pregnant women were referred to endangered pregnancy clinics in various Governorates, 11.7% of all registered pregnant women. There were 15 111 consultations at endangered pregnancy centres in the same period. Jericho Governorate had the highest rate of referrals, with 23.3% of all registered pregnant women, and Nablus had the lowest rate at 5.0%.

### **Breastfeeding**

58. The rate of exclusive breastfeeding for children under 6 months was 29.9%. Tubas had the highest rate of exclusive breastfeeding (51.9%), Jenin 38.3%, and Bethlehem just 2.5%.

### **Phenylketonuria and thyroid-stimulating hormone tests**

59. In 2012, a total of 52 082 birth cards were registered. Specimens were collected, There were 11 PKU-positive cases and 47 TSH-positive cases.

### **Hospitals**

60. The Ministry of Health is the major provider of secondary care services (hospitals) in Palestine, as it owns and manages 25 hospitals with 2979 beds in all governorates. There are 79 operating

hospitals in Palestine with 5 487 beds, of which 49 (57.6%) are in the governorates of the West Bank (3163 beds), with the remaining beds in hospitals in the Gaza Strip. In addition to the hospitals administered by the Ministry of Health, there are 33 hospitals owned by local organizations with 1789 beds, and another 17 privately-owned hospitals with 479 beds. UNRWA owns one hospital in Qalqilya Governorate with 63 beds, and the military medical services have three hospitals with 177 beds in the West Bank. The services of the Ministry of Health cover almost all specializations, including general and specialized surgery, other sub-specializations, internal medicine, paediatrics, psychiatry and other services. Rehabilitation and physiotherapy are provided by local institutions (non-governmental hospitals). The Ministry of Health hospitals provide other services such as outpatient and emergency treatment, with dialysis being provided by 14 dedicated units. In 2011, these units carried out 143 002 dialysis interventions.

61. Moreover, the Ministry hospitals offer high-quality services such as diagnostic and laboratory medical radiology. This year, the Ministry hospitals took a total of 974 497 X-ray images.

62. As to the distribution of hospital beds, the Ministry has allocated 764 beds for internal medicine diseases and sub-specializations thereof (25.6% of all Ministry of Health hospital beds, including 407 beds in the West Bank and 257 in the Gaza Strip). In addition, 817 beds have been allocated for general surgery and sub-specializations thereof (27.4% of all beds, including 377 beds in the West Bank and 440 in Gaza). Paediatric beds account for 20.4% of all beds (607 beds at government hospitals, including 243 in the West Bank and 364 in the Gaza Strip). There are 420 beds for gynaecology and obstetrics in Ministry hospitals (14.1% of all beds, including 181 in the West Bank and 239 in Gaza). Special-care beds include those allocated to intensive care units, cardio-intensive health care units, newborn intensive care units, paediatric intensive care units and specialist burns units. There are 371 such beds in government hospitals (12.5% of the total), including 193 in hospitals in the West Bank and 178 in Gaza.

63. As regards beds for psychiatric and mental health care, the Ministry of Health is the sole provider of this service in Palestine. The beds are located in two hospitals, one in the Gaza Strip (29 beds) and the other in the West Bank (180 beds).

### **Treatment and bed occupancy**

64. In 2012 there were 842 247 treatment days, or 193 days per 1000 inhabitants, and the public hospital bed occupancy rate was 82.7%, 78.9% in hospitals in the Gaza Strip and 88.4% in the West Bank. The highest occupancy rate was in Hebron's Aalia Hospital (109.1%) and the lowest in Al-Ouyoun Hospital in the Gaza Strip (60.6%).

65. With the exception of mental and psychiatric hospitals, hospital stays amounted to 2.4 days (2.6 in the Gaza Strip and 2.2 in the West Bank). In 2012, the longest stays were reported at Al-Rantisi Hospital for children in Gaza (5 days), while the lowest was at Tal al-Sultan Hospital in Gaza (1 day). In 2012, however, stays in mental and psychiatric hospitals were around 52.7 days, 84 days in the West Bank and 11.3 days in Gaza.

### **Surgery**

66. In 2012, a total of 114 302 surgical interventions were conducted at Ministry of Health hospitals, including 59 638 major surgical interventions (52% of interventions performed at government hospitals) and 55 664 minor interventions. There were 54 016 surgical interventions in the West Bank, or 47% of all interventions performed at Ministry of Health hospitals.

## **Caesarean sections**

67. In 2012, a total of 14 644 Caesarean sections were performed in Palestinian Ministry of Health hospitals, including 6 959 in the West Bank and 7 685 in the Gaza Strip. West Bank hospitals accounted for 17.8% of all Caesarean sections performed in hospital settings and hospitals in Gaza for 19.6%.

## **Outpatient and non-hospital services**

### **Outpatients**

68. In 2012, outpatients paid a total of 961 716 visits to clinics in hospitals administered by the Ministry of Health in Palestine, with 533 841 visits to Ministry hospitals in the Gaza Strip and 427 875 visits to hospitals in the West Bank, or 61.7 % and 38.3% of the total number of outpatient visits.

### **Ambulance and emergency services**

69. In 2012, 1 702 913 people made use of emergency and ambulance services in Ministry of Health hospitals, including 957 725 in the Gaza Strip (56.2 %) and 745 188 in the West Bank (43.8%).

### **Dialysis services**

70. In 2012, there were 14 dialysis units in Palestine, all of which were administered by the Palestinian Ministry of Health, including 10 units with 133 beds in the West Bank, and 4 units with 83 beds in Gaza.

71. A total of 740 patients received regular dialysis in West Bank hospitals. The total number of dialysis interventions in all Palestinian hospitals was 143 002, including 96 640 in the West Bank and 46 362 in the Gaza Strip.

### **Physiotherapy services**

72. In 2011, patients visited physical therapy departments in outpatient clinics of Ministry of Health hospitals 74 035 times, including 19 712 visits to hospitals in the West Bank and 54 323 to hospitals in Gaza.

## **Medical diagnostic services in hospitals**

### **Diagnostic radiology**

73. These services are provided by radiology departments at all hospitals of the Palestinian Ministry of Health. In 2012, a total of 974 497 X-ray diagnostic images were prepared by Ministry of Health, including 98 102 ultrasound images and 49 891 computerized tomography images, in addition to 819 944 ordinary diagnostic X-ray images.

### **Ministry of Health non-affiliated hospitals**

74. In 2012, there were 54 hospitals not affiliated to the Palestinian Ministry of Health with 2508 beds, constituting 46% of all hospital beds in Palestine.

75. The private sector owns and runs 17 of these hospitals which have 479 beds, i.e. 8.7% of all hospital beds in Palestine.

76. Non-governmental organizations own and run 33 hospitals with 1789 beds, i.e. 32.6% of all hospital beds in Palestine. There are also hospitals run by military services and the UNRWA hospital in Qalqilya.

### **Hospitals of military medical services**

77. Palestine has three hospitals administered by military medical services, namely the Jordanian field Hospital, Absan Hospital and Balsam Hospital, with a total of 177 beds – 44 at the Jordanian Hospital, 65 at the Absan Hospital and 68 at the Balsam Hospital.

### **UNRWA hospital**

78. The medical services of UNRWA administer and operate one hospital with 63 beds, in the Qalqilya Governorate.

### **Jerusalem hospitals**

79. There are nine Ministry of Health non-affiliated hospitals with 642 beds situated in the city of East Jerusalem.

### **Rehabilitation centres**

80. There are four nongovernmental rehabilitation centres with 205 beds, or 3.7% of all hospital beds in Palestine.

### **Blood transfusion services**

#### **Hospital blood banks**

81. Most blood transfusion services are concentrated in hospitals. The Ministry of Health is the main provider of these services in Palestine and oversees other institutions providing them.

82. The total number of donors to blood banks in Ministry of Health hospitals in the West Bank was 20 660, of whom 6 240 (30%) donated blood voluntarily and 14 420 (70%) donated blood to a relative or acquaintance.

83. All donated blood units are tested for blood-borne diseases, including:

- (a) hepatitis B, with 1% positive tests
- (b) hepatitis C, with 2% positive tests
- (c) HIV/AIDS, with initial results of 9 positive cases requiring confirmation
- (d) syphilis tests are carried out for newly transfused blood units and platelet component units; no cases have been reported.

84. Donated blood units are separated in blood banks equipped with axial rotation devices. This year, 34 748 transfusions of blood units and blood products have taken place in Ministry of Health hospitals in the West Bank.

85. Other blood products requiring advanced technologies to prepare, such as blood-clotting factors 8 and 9 and immunoglobulins, are normally purchased as pharmaceutical preparations.

### **National Blood Bank**

86. A total of 10 255 people donated blood to the National Blood Bank in the West Bank, of whom 7691 (75%) donated voluntarily, and 2564 (25%) donated blood to a relative or friend. In the course of the year, the National Blood Bank conducted 55 blood donation campaigns which resulted in the collection of 2015 units of blood.

87. All donated blood units are tested for blood-borne diseases, including:

- (a) hepatitis B, with 1% positive tests
- (b) hepatitis C, with 0.35% positive tests
- (c) HIV/AIDS, with initial results of 14 positive cases requiring confirmation
- (d) syphilis tests are carried out for newly transfused blood units and platelet component units, with just one positive case reported.

88. A total of 18 448 units of blood and blood products have been collected at all government, nongovernmental and private hospitals in the West Bank.

### **Nongovernmental and private blood banks**

89. There are 11 nongovernmental and private hospitals in the West Bank that provide blood transfusion services.

90. A total of 13 280 donors gave blood at these hospitals, including 5415 voluntary donations (41%) and 7865 donations to relatives or acquaintances (59%).

91. There is cooperation and integration between the Ministry of Health blood banks and those in the private and local sectors, enabling them to exchange blood units when necessary.

### **Financial situation and health spending**

92. In 2013, the total budget of the State of Palestine was 12 934 781 000 shekels and that of the social sector was 5 941 991 000 shekels. The budget of the Ministry of Health was 1 443 477 000 shekels, of which 51% was for salaries and 49% for operating expenses. It should be noted that the total operational spending is concentrated on two main items (88% of the total), namely procurement services, at around 383 million shekels, taking into account the fact that Israel deducts, **through clearing**, the amounts receivable for treatment at Israeli hospitals without consulting the Ministry of Health. The other item is the purchase of medical materials and consumables, with a budget of 281 million shekels.



93. Below is a division of the 2013 Ministry of Health budget into 4 programmes:

1. Programme I: high quality of sustainable primary health care services and promoting healthy lifestyles – 321 million shekels, 22% of the health budget.
2. Programme II: sustainable and high-quality secondary and specialized health care services – 791 million shekels, 55% of the health budget.
3. Programme III: good governance in health issues – 85 million shekels, 6% of the health budget.
4. Programme IV: administrative programme – 244.9 million shekels, 17% of the health budget.

### **Medical referrals**

94. In 2013, there were approximately 44 241 referrals from the West Bank, at a total cost of 383 615 637 million shekels, and approximately 17 389 from the Gaza Strip at a total cost of 162 051 973 million shekels. The Ministry refers patients for treatment to facilities outside Ministry of Health institutions in order to obtain services and therapeutic interventions that are not available in the Ministry's facilities. Referred patients are often sent to the northern Governorates, hospitals in Jerusalem, inside the Green Line, Jordan and Egypt.

### **Health workforce**

#### **Workforce of health institutions outside the Ministry of Health**

95. In Palestine, nongovernmental health institutions, security and police medical services and UNRWA work together with the Ministry of Health to provide health services. There are 25 067 staff with permanent posts in the public and nongovernmental sectors, 68.9% in the West Bank and 31.1% in the Gaza Strip.

#### **Distribution of health sector staff**

96. There are 25 067 health professionals in the public and nongovernmental sectors in Palestine, with 20.2 doctors, 6.1 dentists, 11.5 pharmacists, 18.0 nurses and 1.7 midwives per 10 000 inhabitants.

#### **Distribution of Ministry of Health human resources**

97. The Ministry of Health employs 14 831 health workers in various medical professions, 43.4% in the West Bank and 56.6% in the Gaza Strip. There are 9571 health workers in various medical professions, 47% in the West Bank and 53% in the Gaza Strip. Additionally, 5260 staff work in health administration and related services, including 37% in the Bank and 63% in Gaza.

### **Determinants of health**

98. The determinants of health in Palestine have not improved in recent years. Poverty and unemployment rates in Palestine, and especially in the Gaza Strip, have considerably worsened owing to the continued suffocating Israeli blockade. Moreover, demographic indicators such as high fertility

rate, high population growth rate and epidemiological changes (as reflected in the prevalence of chronic disease), still constitute formidable challenges facing the Palestinian health system. The presence of the Israeli occupation forces, however, is the greatest challenge facing the health sector, as well as the daily acts of violence against Palestinians perpetrated by the occupying army and the hordes of Jewish settlers. In addition, reference should be made to the continued presence of hundreds of military barriers, the apartheid wall and the isolation of the Palestinian territories from each other and from the rest of the world through the closing of the crossings and borders.

99. Israel, as an occupation power, continues to commit acts of aggression against Palestinian civilians and children who protest peacefully against attempts by the occupation army and the settlers to seize their land and destroy their crops, especially olive trees, their chief source of income. Settlers continue to carry out daily acts of aggression against olive groves, burning or uprooting the trees.

100. Recently, the Israeli occupation army has been using dogs to terrify and attack peaceful protesters, resulting in many injuries.

101. Israel also uses different methods to assassinate those who resist occupation, such as in Gaza where individuals are assassinated by aerial bombardment, whereas in the West Bank and Jerusalem, assassination is carried out by firing directly on peaceful protesters.

102. The blockade imposed on the Gaza Strip since 2005, combined with tightened restrictions on the movement of individuals and goods through all crossings and borders controlled by Israel, hinders economic growth, exacerbates unemployment and poverty and thus impacts negatively on health. Maternal and child health services have deteriorated and the number of deliveries in home settings has increased. In addition, the number of high-risk pregnancies and deaths among mothers and newborn babies has increased, and the ability of the Ministry of Health to achieve the Millennium Development Goals has been reduced.

103. According to estimates, health services delivered to nearly 40% of those suffering from chronic diseases in the Gaza Strip have deteriorated significantly, resulting in the worsening of their health conditions. In addition, the increasing number of transfers for treatment abroad at the expense of the National Palestinian Authority overburdens the Ministry of Health budget and enormously inconveniences Palestinian citizens themselves, who must endure untold hardships to obtain the necessary authorizations to exit the Gaza Strip, not to mention the travel and accommodation expenses incurred by patients and those accompanying them abroad.

104. The concern of the Palestinian National Authority, through the Ministry of Health, to promote the health of Palestinian citizens as a basic right, and its efforts to provide integrated health services in response to economic, demographic and epidemiological changes, has markedly improved health indicators, thus giving national health services an edge over the services provided by some neighbouring countries, after taking into account the differences in rates of health expenditure. This indicates the resilience of the Palestinian health sector, its ability to cope with challenges and make tangible progress towards the Millennium Development Goals.

### **Economic situation**

105. In 2013, the unemployment rate was 31% in Gaza compared with 20.3% in the Bank, and the poverty rate according to consumption patterns was 38.8% in the Gaza Strip and 17.8% in the West Bank. In addition, 21.1% of the population in Gaza and 7.8% in the West Bank live in abject poverty as a result of measures taken by Israel and the blockade imposed on the Gaza Strip in particular and on

the Palestinian people in general. The continued occupation and the measures against the Palestinian people constitute a major obstacle that prevents patients from paying for treatment costs, thereby adding to the burdens that the Ministry of Health must bear.

### **Health conditions of Palestinian prisoners in Israeli prisons**

106. The Israeli occupation forces are still detaining Palestinians everywhere. From 1967 until the end of 2013, more than 800 000 citizens were detained, including 15 000 women and thousands of children. No Palestinian family is unaffected by the problem of detention. Some individuals have been detained on multiple occasions. Prisons, arrest centres and detention centres have been built all over Palestine.

107. Since the Al-Aqsa uprising in September 2000, there have been more than 75 000 detentions, including of 9000 children, dozens of former ministers and deputies, and more than 20 000 administrative detentions, both new and renewed, including of about 1100 women.

108. Detentions are not limited to a specific section or category; they involve all sections of Palestinian society without distinction, including children, young people, the elderly, young girls, mothers, wives, patients, persons with disabilities, workers, academics, deputies, former ministers, political, trade union and professional leaders, university and school students, authors, writers, artists, and so forth.

109. These detentions and subsequent actions are carried out in breach of international human rights law in so far as the form, circumstances and place of detention are concerned, not to mention torture, the means of obtaining confessions and actions perpetrated against the detainees. Everyone who has ever been detained has also been subjected to forms of psychological or physical torture or mental harm and humiliation in public or in front of family members. Most have been subjected to more than one form of torture, and the needs of prisoners, including children, women, patients and people with disabilities have been ignored.

110. Palestinian female prisoners are subjected to severe anxiety as a result of beatings, insults and offensive and degrading treatment. When they are moved, they are not told their destination; during interrogations, they are insulted, terrorized, threatened, treated inhumanely, beaten, scolded and their dignity is violated. Their ordeal continues in the form of solitary confinement or denial of visits or canteen use, as well as aggressive inspection procedures and deprivation of necessary treatment, denial of university education and refusal to allow them to sit secondary school examinations. There are many cases where a husband and wife are in prison and the children are left without to fend for themselves, which has a negative effect on the mental, physical, family and reproductive health of the female prisoners after they leave prison, and other harmful consequences.

### **Prisoner statistics**

111. 5000 Palestinian prisoners are still being held in Israeli occupation prisons and detention centres; they are mostly from the West Bank, including 470 prisoners who have received one or multiple life sentences. The total prison population currently includes 19 women and 190 children; hundreds of prisoners were detained when they were children and have now become adults in prison. There are also 183 persons in administrative detention in Israeli prisons, 11 deputies and a number of political leaders in 22 prisons, detention centres and arrest centres. Of these, 82.5% are from the West Bank, 9.6% from the Gaza Strip and 0.9% from Jerusalem.

112. There are currently 1500 prisoners in Israeli prisons who suffer from medical neglect and poor health care, of whom 14 are almost permanently housed in Alramlah hospital under very bad medical conditions with life-threatening diseases such as cancer, heart and lung diseases, stomach and intestinal disorders, nervous disorders, diabetes, high blood pressure, vascular diseases, and diseases affecting the eyes, chest, liver, glands and kidneys, and amnesia. Some are suffering from hemiplegia or quadriplegia and others require urgent surgery. Physicians from outside the prison administration are not allowed to visit these patient and examine them. There are 80 cases of severe chronic diseases and more than 25 cancer patients.

113. Prisoners suffer from many psychological and physical diseases because of the poor living conditions, the pervasiveness of insects and malnutrition, the lack of hygiene, poor aeration, humidity, poor lighting and overcrowding. Others are detained with injuries from bullets fired by the occupation forces; they are then tortured and their wounds are beaten during the investigation to force them to confess.

114. Data from the Ministry of Prisoners' Affairs also indicate that 204 prisoners have died in detention since 1967, including 71 detainees killed as a result of torture, 53 as a result of medical negligence, 74 as a result of homicide and direct liquidation after detention and 7 were simply shot by soldiers and guards while in prison.

### **Food shortages**

115. The continuation of the blockade of the Gaza Strip has led to a continued and acute shortage of essential materials, foodstuffs, energy supplies and other vital necessities. This situation has resulted in the emergence of chronic nutritional diseases, including stunting or excessive underweight; 10.6 out of every 100 children under five are chronically or acutely undersized. According to data from the Palestinian Central Statistical Office in 2012, and as nutritional monitoring by the Ministry of Health indicates, the prevalence of anaemia in the Gaza Strip is high among children and women, being 57% among children aged 9–12 months (68.1% in the Gaza Strip and 48.9% in the West Bank), and 36% among schoolchildren aged 6–18. In addition, the data indicate that 1.7% of school students are underweight (2.1% in the West Bank and 1.6% in the Gaza Strip), 2.6% of school students in Palestine suffer from stunting and 7.3% of school students suffer from wasting (7.7% in the Gaza Strip and 7.3% in the West Bank). The rate of anaemia among pregnant women in Palestine is 27.8%, and 36.8% in the Gaza Strip.

116. Lack of access to food and high food prices due to the continuing military barriers, restrictions on movement and confiscation of land in the West Bank have resulted in high levels of unemployment and limited purchasing power among a large segment of the population, which in turn has led to the occurrence of malnutrition-related diseases in the West Bank and also in the Gaza Strip, although to a lesser extent.

### **Shortage of fuel and electricity in the Gaza Strip**

117. The electricity supply to the Gaza Strip comes from three sources: 40% from the local power station using industrial fuel arriving in the Gaza Strip via Israel; 50% from the direct electricity supply from Israel and 10% from the Egyptian electricity grid. Thus, Israel has total control over the electricity supply required for city lighting and for everyday activities to function. Since 2007, most families and health institutions in the Gaza Strip have endured power cuts for 8–12 hours or more every day. 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 grid in the Gaza Strip, affecting the drinking-water and sewage infrastructure and disrupting the provision of health care for civilians in the Gaza Strip.

118. The acute shortage of electricity in Gaza over the past few years has led to a disruption of basic services and undermined already precarious living conditions. Since February 2012, the situation has further deteriorated following a sharp decrease in the quantity of fuel brought into Gaza from Egypt (unofficially, through tunnels), which was used to operate the Gaza power station.

119. 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 pace, with a number of health, social, and economic consequences, for example:

### **1. Impact of the shortage of fuel and electricity on the health situation in the Gaza Strip**

- The interruption of electric current affects Palestinians' right to health in view of the extremely serious impact on health services. Many health services face the threat of discontinuation because of daily interruptions in electricity supply for long hours combined with the shortage of supplies of diesel fuel – between 8000 and 10 000 litres a day are needed to operate electric generators in hospitals and primary care centres.
- Medical services, including rapid intervention services in emergency cases to save lives, are at risk of collapse because of the imminent exhaustion of the fuel reserves used to operate standby generators and ambulances. The fluctuating supply of electrical power has caused sensitive medical equipment to malfunction and medical services to be interrupted. Given that the overriding priority is emergency surgery, hospitals have been forced to postpone other elective surgery which, although not life-threatening, has a negative impact on patients when postponed.
- The stoppage of many surgical operations, restricted to those of an urgent and critical nature.
- 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 run 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 has a significant adverse effect, especially in enclosed areas such as operating theatres and intensive care units, and 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.
- Many diseases affect particularly the young and the old due to intense heat in summer. Electricity is available for no more than 8 hours a day, and this leads to the spread of diseases affecting children, such as skin allergies which cause scratching and inability to sleep due to pain. Moreover, the failure to cope with intense heat causes a dangerous rise in blood pressure

and, in diabetes patients, blood sugar levels. In addition, other diseases such as rheumatoid arthritis and rheumatism flare up in hot conditions; older people in Gaza are particularly affected.

- Many surgical operations of different types are performed daily. These cases need a moderate temperature in the home setting to help with the healing process and avoid post-operative complications, thus requiring an uninterrupted supply of electricity to power fans and air-conditioners.
- The interruption of electric current has serious repercussions on the right to safe and sufficient food. Such interruptions affect poultry, livestock and fisheries because of their detrimental effects on the different phases of rearing, production and consumption. This seriously affects food safety and hence public health.

## **2. Impact of the shortage of fuel and electricity on drinking-water and sewage systems in the Gaza Strip**

120. 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 that is not available in local markets owing to the Israeli blockade and closure. The Water Authority secured only 50% of its fuel needs, resulting in the irregular supply of drinking-water on a permanent basis. In addition, the stoppage of sewage treatment plants causes large quantities of untreated sewage water to be discharged into the sea, thereby polluting sea water, fish and beaches. The sea shores 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.

121. Some 76 134 families, 12.2% of the total, still lack access to safe drinking-water. The power cuts in 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.

### **Patients from the West Bank and Gaza Strip transferred for treatment abroad**

122. The deterioration in the level of health services in hospitals of the Gaza Strip due to the reasons listed above, the most important of which being the lack of maintenance and replacement of medical equipment, the lack of electricity and medicines and the failure to restore hospitals and medical centres destroyed by Israeli aggression, has led to an increase in demand for treatment outside the Gaza Strip, and especially in Egypt, Israel and hospitals in east Jerusalem. Obtaining an authorization to leave for treatment outside the Gaza Strip involves considerable hardship. A large number of transfers are not authorized by the Israeli authorities for reasons justified as security-related; the issuance of other authorizations is delayed. Many have suffered as a result of their treatment being delayed or refused, or waiting for an authorization until the very last minute, which has led to the deterioration of their health condition and to many deaths that could have been avoided. The high costs of treatment outside the Gaza Strip overburdens the Palestinian National Authority's budget and affects its capacity to deliver high-quality health services to other citizens.

123. In 2013, 38 083 patients were transferred from the West Bank and the Gaza Strip to hospitals in east Jerusalem, Egypt, Jordan and Israel. Many patients and their relatives faced great difficulties in obtaining the required authorizations. According to statistics, 20.5% of all requests submitted in the West Bank and 12.0% in the Gaza Strip were refused or ignored.

124. In 2013 there were 17 391 transfers from the Gaza Strip for treatment abroad, which represents a 20% increase compared to the number of transfers in 2012, at a cost exceeding US\$ 45 million. In the same year, the Ministry of Health transferred 61 635 patients. The total cost of all transfers in 2013 was 524 079 618 shekels, or approximately US\$ 155 million.

125. The Palestinian Red Crescent Society is the sole provider of emergency services; 93% of its ambulances were denied direct access through the barriers to hospitals in east Jerusalem. They had to drop off patients at the barrier to be transferred to ambulances with Israeli licence plates, which causes complications for the patients, especially critical cases, and endangers lives. On the other hand, health workers in east Jerusalem hospitals must submit a request for a permit to enter Jerusalem to work every six months. But in many cases, the permit is not renewed, which represents a danger for the health of patients and compromises follow-up treatment (one hospital reported that 4% of its staff had been refused a Jerusalem identity card).

### **The annexation, expansion and apartheid wall in the West Bank and occupied Jerusalem**

126. The effect of the wall on the Palestinian land and population remains very severe. The construction of the annexation, expansion and apartheid wall has not stopped, nor has its pernicious effect on the lives of Palestinians. It continues to divide and isolate communities, destroying their livelihoods and preventing hundreds of thousands of people from traveling normally to their workplaces, families, markets, schools, hospitals and medical centres.

127. 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 isolated pockets are taken into account. After completion, the wall will isolate a total of 71 clinics (41 having already been totally isolated). Some 450 000 Palestinians will be directly affected, and a further 800 000 indirectly.

128. The construction 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 currently some 28 ghettos containing 64 Palestinian communities.

129. The report of the Palestinian Centre for Information in Ramallah states that the situation in the occupied city of Jerusalem is dire and that the wall, settlements and barriers cause serious health problems and isolate entire communities in Jerusalem, such as the village of Anata and the Shufat refugee camp, from major facilities that provide them with 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 with Jerusalem identity cards are threatened, because 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.

130. 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 that now takes three and a half hours because of the barriers and the wall.

131. In addition, even villages that appear to be remote from the site of construction are affected, because of the road network that Palestinians are forbidden to use. For example, Palestinians are unable to reach Ramallah and occupied Jerusalem because of this policy.

### **Israeli violations against the Palestinian people in 2013**

132. Although the number of violations in terms of shelling and gunfire, and also the number of resulting deaths and injuries and destruction of houses and facilities, was lower in 2013 than in 2012, the effect of these violations was nevertheless destructive and painful for Palestinians. In 2013, the Israeli occupation forces used the fire power of their automatic rifles and the guns of their battleships and aircrafts to shell Palestinian cities, towns, villages and camps, and fishermen and farmers in the West Bank and the Gaza Strip, on approximately 158 occasions leading to the death of 49 persons (38 in the West Bank and 11 in the Gaza Strip), including 3 children (2 boys and 1 girl) and 6 youths. A total of 171 Palestinians were wounded, including 88 in the West Bank and 83 in the Gaza Strip; among the injured, more than 15 youths and children were from the Al-Jalazon camp near Ramallah.

133. 2013 also witnessed the deaths of 4 Palestinian martyrs in the prisons of the Israeli occupation, where diseases and killer epidemics are rampant among Palestinian prisoners and detainees, and the occupation authorities and prison administrations fail to provide necessary treatment or appropriate medical care to save lives in accordance with international laws, norms and customs.

134. Nevertheless, shelling and gunfire were intense in 2012, and had very painful and severe consequences. In 2012, Israeli occupation forces were involved in 359 acts of shelling and gunfire and 1500 military raids against the Gaza Strip during the most recent war waged against it from 14–20 November 2012, targeting defenceless Palestinian citizens in the West Bank and the Gaza Strip. It also used tear gas and sonic boom weapons, rubber bullets and incendiary bombs against Palestinians who were organizing peaceful marches to protest against the wall of apartheid and settlement, leading to 275 deaths and 1966 injuries, including 34 children, 11 women, and 19 elderly persons; 16 of those killed were under 5. In the last six months of 2011 there were 310 aggressive acts by the occupation army involving shelling and gunfire, mostly in July, when 34 acts of shelling resulted in the death of 43 persons, the majority in the Gaza Strip, and 363 injuries. In June 2011 alone, 207 Palestinian citizens were injured; moreover, thousands of Palestinians suffered from cases of asphyxia as a result of inhaling tear gas fired by the Israeli occupation forces against the above-mentioned marches.

135. The occupation authorities demolished 103 buildings (some of which containing several residential apartments) in the West Bank and east Jerusalem, in addition to dozens of residential premises in Jerusalem, on the pretext that they were built without authorization. The occupation forces have also forcibly evicted citizens from the Northern Aghwar region, where Khirbet Makhool was demolished and its population evicted on more than one occasion. Moreover, the dwellings of Al-Ka'abneh nomad Arabs were demolished, in addition to around 80 industrial and commercial firms, dozens of houses and tents belonging to nomad citizens, and dozens of agricultural crop barns, water reservoirs and wells.

136. The occupation authorities and settlers have also uprooted and burned about 13 700 trees, mostly olive and almond trees and vines.

137. Last year, the occupation authority also confiscated 5202 donums of land belonging to Palestinian citizens in the West Bank and Jerusalem, including 2370 donums seized allegedly for security reasons; these lands are in the Yatta and Sammou' region south of Hebron. Moreover, a



military order was issued declaring an area of 5000 donums in the Aghwar region a military area closed to civilians.

### **The expansion of settlements**

138. The expansion of settlements in 2013 proceeded at a more frantic pace than in 2012, and in the last six months of 2011. During 2013, the Israeli occupation and the settlement associations committed around 67 infringements related to settlements in the Palestinian lands, including Jerusalem. Settlement-related actions included calls for tenders to build settlement units (11 718 units) the majority in the wake of a decision by Benjamin Netanyahu (the prime minister of the occupation), including 5073 units in the West Bank, in the governorates of Hebron, Bethlehem, Ramallah and Nablus, and 6645 units in the city of east Jerusalem and surrounding settlements; the legalization of six “illegal” settlement nuclei; the construction of five new settlements; the decision to build a “cultural village” north of the city of Jerusalem near the town of Anata; the construction and paving of 9 new settlement roads across Palestinian lands; the confiscation of more than 5154 donums to expand and build new settlements; the setting up of projects benefiting extremist settlers, especially in the Aghwar region; and the occupation and allocation of two mountains (hills) to settlers who also took over 18 houses, buildings and commercial stores in Hebron and Jerusalem.

139. In 2012, the occupation forces carried out 128 actions associated with the expansion of settlements, including the approval of plans to build 728 settlement units, the confiscation of 2055 donums for the expansion of settlements, the approval of plans for a new settlement, the provision of funding for settlements, the granting of tax exemptions to donors who contribute to settlements, the construction of settlement roads, the confiscation of land, the eviction of inhabitants for the subsequent benefit of settlers, postponement of evictions for settlement nuclei, the construction of a 475-km-long railroad, the construction of Talmudic buildings, cemeteries and gardens, the construction of a sewage station on Palestinian land, the approval of the establishment of a military college and the conversion of another college in a settlement into a university, and the construction of three new settlement nuclei in the West Bank and east Jerusalem.

### **Aggressions by settlers**

140. In 2013, the number of aggressions by settlers was higher than in 2012 and in last six months of 2011. Extremist settlers committed more than 525 aggressions against the Palestinian people during 2013, resulting in 3 deaths, including a child who was crushed, and about 76 wounded, in addition to injuring 9 children, in numerous racist attacks. The Al-Aqsa mosque was the scene of aggressions by the occupation, as Jewish extremists and settlers tried repeatedly to storm it and enter it by force during 2013. Last year there were 66 attempts to storm the mosque, aided and abetted by the Israeli security forces, especially in October and November, and there were 161 aggressions against Palestinian cities, villages and camps and attacks on Palestinian vehicles on the roads. Settlers in Palestinian lands carried out 42 operations to uproot or burn olive, almond and fig trees, as a result of which more than 8000 trees were uprooted or cut down.

141. Settlers attacked Palestinian buildings, mosques and churches on eight occasions, and wrote racist slogans on the facades of buildings and mosques in villages and towns on 15 occasions. They burned 40 Palestinian cars and vehicles, and punctured the tyres of more than 143 cars. They also burned and destroyed hundreds of acres of agricultural crops and products. They released sewage sludge into Palestinian villages and territories (22 incidents). In addition, the settlers tore down and bulldozed land, premises and crop barns, vandalized property and seized Palestinian real estate

(18 incidents). In addition, they broke into Joseph's Tomb in Nablus with the connivance of the occupation forces (5 intrusions).

142. Although there were fewer hostile acts by settlers in 2012 than in 2013, nevertheless hundreds of attacks were carried out. Under the protection of the Israeli occupation army, settler groups carried out 395 assaults to uproot and burn trees and to attack Palestinian citizens and prevent them from accessing their farms and their land. Settler groups released wastewater on to agricultural land in order to sabotage it and committed provocative acts against citizens by assaulting them physically, running them over with their vehicles, attacking schoolchildren and arbitrarily detaining them for lengthy periods, storming the Al-Aqsa Mosque and the Cave of the Patriarchs, constructing pre-fabricated buildings and levelling lands, seizing Palestinian homes, burning cars, storming Palestinian villages and communities, arranging provocative marches, shooting and arresting Palestinian citizens, establishing Talmudic parks, and killing animals. These acts resulted in various injuries to 43 Palestinians. During the last six months of 2011, there were 312 attacks by settlers; the rate of attacks intensified to 90 in September, coinciding with the olive and fruit harvest.

143. The year 2013 witnessed a significant increase in settlement building. The Israeli occupation authorities in the West Bank and Jerusalem, through their various agencies responsible for constructing settlements, approved the construction of approximately 18 000 housing units in settlements of the West Bank and East Jerusalem. These acts centred on the approval of plans, calls for tender and the issuance of building permits. Some projects have already been carried out, others are in the process of completion, and others are awaiting the completion of construction procedures.

### **Violations of the Occupation in Jerusalem**

144. Throughout the year, the Israeli occupation authorities continued to take arbitrary measures in the city of Jerusalem against its holy sites and its autochthonous citizens in order to Judaize the city and displace their populations, thus flouting all international norms and conventions. The Centre detected a rise in the frequency of vicious attacks on the Holy City. Against the backdrop of the unprecedented campaign of Judaization by the occupation, the following Israeli violations were the most important ones committed in the City during 2013.

145. A total of 53 buildings were demolished in Jerusalem, some of which had several storeys, and 23 stores and commercial facilities were also pulled down. The occupation authorities also demolished eight encampments for nomad families in Al-Zaim village, and also demolished and depopulated the Al-Ka'abneh nomad Arab dwellings, issuing hundreds of administrative orders for the demolition of homes on the pretext of failure to obtain a construction permit.

146. Moreover, 1450 acres of Palestinian land in Jerusalem were confiscated for settlement and Judaization purposes. In Shuafat and Beit Hanina towns, 836 acres of land were confiscated to expand nearby settlements such as Pisgat Ze'ev, Ramat Shlomo and Neve Yaakov, to build roads in the settlements and to carry out excavation works for the benefit of Project 21, which connects some of the settlements with the centre of the City. In addition, 218 acres of land were confiscated in Anata village to set up a settlement cultural centre, 234 acres in Beit Safafa and Shurfat towns to extend Road 50, which runs through the southern suburbs of Jerusalem, 90 acres of the Souwaidiya district near Ma'aleh Adumim settlement, around 50 acres of Beit AXA village located to the north of Jerusalem, with a view to a railway project linking Jerusalem with Tel Aviv, and several acres of Mamilla cemetery land. Furthermore, the so-called Committee on Planning and Construction of the Israeli District Municipality occupation has ratified a plan to build a "national park" that threatens to

confiscate more than 800 acres of Palestinian land, thereby Judaizing the vicinity of the Old City of Jerusalem.

147. Furthermore, plans have been approved and tenders and building permits have been issued for approximately 6 700 housing units in existing settlements in the territory of the City of Jerusalem: 1896 housing units in Ramat Shlomo neighbourhood to the north of the City toward Shuafat and Beit Hanina towns, 160 units in the settlement of Neve Yaakov, 1197 similar units in Gilo settlement, 1630 housing units in the settlement of Jabal Abu Ghneim, 856 units to expand Pisgat Ze'ev settlement on Beit Hanina land in Jerusalem, 255 settlement units in Kfar Adumim settlement to the east of Jerusalem, 326 units in the colony of Ma'aleh Adumim, 300 units in Ramot settlement and 17 housing units in the Old Street of Jericho, Ras al-Amud neighbourhood. In addition, a permit has been issued to construct a new settlement block in Mount Scopus neighbourhood of Jerusalem, including the construction of 63 housing units, the cornerstone of which was laid by the Israeli Housing Minister together with the Mayor of the occupation. In addition, approval has been given for the creation of 1100 hotel rooms on the road to Jaffa Gate in Jerusalem.

148. In the same context, the Israeli occupation authorities committed the worst violations over the past year in the holy City of Jerusalem and their holy sites. These included ongoing incursions into Al-Aqsa Mosque by extremist Jewish groups, attacking persons at prayer, scientists and science students, digging tunnels beneath Al-Aqsa Mosque at a depth of just 4 metres below the surface, and carrying out excavations at Al-Buraq Square and the Umayyad Palaces to the south of the Mosque, in preparation for the "House of Strauss" settlement project. These works have resulted in landslides and cracks on the south side of the Al-Aqsa Mosque and a number of premises and apartment buildings in the Alqurma and Gate of Chain neighbourhoods in Old Jerusalem. The existence of a master plan to link the Jewish Quarter of the Old Town to Al-Buraq Square through horizontal and vertical lifts and underground corridors has come to light; this project will deface the Holy City and completely judaize its Arab character.

149. As part of the displacement policy of the Israeli municipality of Jerusalem, the Attorney General of the Israeli Government has decided to apply the so-called "Absentee Property" law to Palestinians in East Jerusalem. This is the same law which was used after usurping Palestine and establishing the State of Israel in 1948 in order to grab the property of Palestinians who were forced to migrate and live outside the borders of the State of occupation or outside the Holy City. It is indeed another way to seize Jerusalem real estate. Furthermore, the State of occupation has resorted to restrictions and punitive measures on merchants in Jerusalem, by raising taxes and imposing high fines for traffic offences, so as to force citizens to shut down and abandon their shops.

150. In addition, the so-called "Jerusalem Development Authority", in cooperation with the Israeli Ministry of Tourism, has notified welders, spice dealers and goldsmiths in the Old City of Jerusalem of its intention to restore the roofs of the shops they own, under the pretext of protecting against earthquakes. This would lead to the removal of the restrictions that hinder implementation of many settlement projects above the roofs of those historic buildings, and result in the seizure of the property and real estate for the Endowments Ministry in the Old City.

## **BARRIERS, PHYSICAL OBSTACLES AND PROHIBITED STREETS**

151. Strict limitations imposed by Israel on the movement of Palestinians in the West Bank are implemented through a network of fixed barriers, unexpected mobile barriers, physical obstacles, streets that Palestinians are prohibited from using and gates along the segregation wall. These restrictions enable Israel to control and restrict the movement of Palestinians in the West Bank

according to its own considerations and interests through the massive violation of the rights of the Palestinians.

152. Continuing checking and inspection by soldiers at the barriers, as well as humiliating treatment and long queues, discourage Palestinian drivers even from using those streets where restrictions and prohibitions do not apply. As a result, the movement of Palestinians has decreased along the main highways of the West Bank, which are almost exclusively for the use of settlers.

## **Barriers**

153. In 2013, the Israeli occupation authorities carried out approximately 338 closure operations and set up checkpoints in the Palestinian territories, thereby far exceeding the total number of Israeli military checkpoints designed to impede the movement of Palestinians in 2012, and compared also with the number of checkpoints set up during the last six months of 2011. Furthermore, in 2013, the occupation forces set up approximately 225 military checkpoints out of 338 so as to limit freedom of movement. The City of Jerusalem and Al-Aqsa Mosque accounted for the bulk of these, as over the past year Palestinians have been denied entry to the Temple Mount to perform prayers, except on Fridays and Saturdays, as a result of attacks by settlers throughout the week. Furthermore, the occupation authorities closed the Cave of the Patriarchs on nine occasions during the year, together with the Palestinian territories, and twice declared them military zones. The authorities also shut down Khirbet Makhoul in Al-Aghwar district on three occasions, and denied delegations of Arab, foreign and specialist journalists access to the Palestinian territories on seven occasions. On five occasions they also prevented lawyers from interviewing Palestinian detainees and prisoners in Israeli jails. Moreover, the authorities carried out closure operations; set up checkpoints at the entrances to cities, towns, villages and refugee camps; seized Palestinian vehicles; dismembered the West Bank; prevented citizens from moving about; and on more than 201 occasions closed the main roads between the Palestinian Governorates, as well as pastures, lands and institutions in Al-Aghwar area, and the Kerem Abu Salem crossing leading to the Gaza Strip.

154. In 2012, the Israeli occupation forces set up 306 flying checkpoints in the Palestinian territories, and another 52 temporary ones, which they used to stop citizens' vehicles, hinder their daily movements, and check and compare their identity cards with nominal lists in order to arrest Palestinian citizens, on the pretext that they are wanted by the Israeli security bodies. In addition, in 2011 and in the last six months, the occupation army has erected 206 barriers, including 56 in June alone.

155. In February 2013, 98 fixed barriers were erected in the West Bank, of which 58 were internal barriers deep in the West Bank, away from the Green Line. This figure also includes 16 barriers erected in area H2 of Hebron, in which Israeli settlement points exist. Of the total number of internal barriers, 32 are reinforced on a permanent basis.

156. Furthermore, 40 of the fixed barriers are final points of inspection before entering Israel, although most of them are kilometres away from the Green Line, before entering Jerusalem. All these barriers are reinforced on a permanent basis, and are closed to traffic when not reinforced. Some of the barriers have been totally or partially privatized. Some of them are now reinforced by armed civilian guards employed by private security companies under the supervision of the Crossings Administration of the Ministry of Defence.

157. These impediments and barriers prevent the movement of vehicles in emergencies. They also prevent the movement of many pedestrians, who find them very difficult to negotiate, especially, the elderly, the sick, pregnant women and small children.

## Prohibited roads

158. An additional component in the system of restrictions is the prohibition on the use of certain roads by Palestinians. As of February 2013, Israel had allocated 67 kilometres of West Bank roads for the exclusive or almost exclusive use of Israelis, primarily settlers in the West Bank. Moreover, Israel prohibits Palestinians from even crossing these roads by car, in a manner that limits their access to neighbouring streets where the prohibition does not apply. As a result, many Palestinian travellers have to leave their cars, cross the street on foot and look for alternative means of transport on the other side.

## THE SEGREGATION WALL

159. In addition to the restrictions detailed above, the segregation wall, which was set up deep inside the West Bank, affects the movement of Palestinians. As of February 2012, 35 barriers had been erected along the segregation wall, (including those referred to in the section on barriers above). By the end of 2011, the United Nations Office for Humanitarian Affairs had counted 60 agricultural gates that allowed Palestinians living on either side of the wall to access their land on the other side. The movement at these barriers and gates is conditional on obtaining special authorization and prior coordination with the civil administration. Over the last few years, Israel has reduced the number of authorizations permitting access to lands and villages on the western side of the wall, and limited the authorizations it has already issued to specific periods.

160. The level of the restrictions imposed on people seeking to cross the specified barriers and gates in the wall changes from time to time according to the barrier or gate in question. However, at almost all specified and reinforced barriers and gates in the segregation wall, travellers and pedestrians are required to show identity cards or transit permits, and these are examined according to the passage requirements applicable at the given barrier. Soldiers often inspect vehicles and travellers' luggage.

## 2012 HEALTH INDICATORS

### Population and demography

Indicator\Palestine, 2012	Value	Indicator\Palestine, 2012	Value
Total population Gaza Strip 1 672 865 West Bank 2 684 066 PCBS	4 356 931	Proportion of pop. aged under 15 years (43.8 % in GS and 38 % in WB) PCBS	40.2
Males Gaza Strip 849 577 West Bank 1 363 315 PCBS	2 212 892	Proportion of pop aged 65 years and above (2.3% in GS and 3.3 % in WB) PCBS	2.9
Females Gaza Strip 833 288 West Bank 1 320 751 PCBS	2 144 039	No. of reported births (GS 56,140 & 61,876 WB)	118 016
Male/female ratio in general pop (per 100). PCBS	103.2	No. of reported deaths (GS 4,048 & 7,016 WB)	11 064
Life expectancy among male (year). PCBS	71.3	Reported CBR per 1,000 pop (33.6 in GS Vs in 23.1 WB).	27.1

Indicator\Palestine, 2012	Value	Indicator\Palestine, 2012	Value
Life expectancy among female (year). PCBS	74.1	Reported CBR per 1,000 pop (2.5 in GS Vs 2.6 in WB)	2.6
Median age (years) (17.6 Y in GS and 20.0 Y in WB) PCBS	19.2	Reported Under 5 mortality rate (per 1,000)	16.2
Total dependency ratio (85.0 in GS and 70.7 in WB). PCBS	75.9	Reported infant mortality rate (per 1,000)	13.5
Population natural increase rate (2.7% in GS and 3.5 % in WB). PCBS	3.0	Percentage of low birth weight (<2500 gm) of total births (males 7.3, females 8)	7.6
Percentage of refugees in Gaza Strip relative to total population PCBS	67.4	Unemployment rate (31.5 in GS & 20.1 in WB) PCBS	23.9
Percentage of refugees in WB relative to total population. PCBS	29.7	Crude marriage rate per 1000 pop PCBS	8.7
Proportion of pop. aged under 5 years (16.4 % in GS and 13.6 % in WB) PCBS	14.7	Crude divorce rate per 1000 pop PCBS	1.5

### Women's health

Indicator\Palestine, 2012	Value	Indicator\Palestine, 2012	Value
% of women of childbearing age in total population (25.2 in GS & 23.6 in WB) PCBS	24.6	% of reported anaemia in pregnant women	29.2
Total fertility rate (4.9 in GS & 3.8 in WB) PCBS	4.4	% of reported anaemia in high-risk pregnant women	37.7
% of reported pregnant women attending antenatal care relative to total live births (Prenatal rate)	84.2	% of reported exclusively breastfed children under six months	29.9
% of deliveries in health institutions	99.1	% of deliveries in home settings	0.9
Maternal mortality rate (19.6 in GS and 27.5 in WB)	23.7	% of deaths in women of childbearing age relative to total deaths	3.8

### Primary health care

Indicator\Palestine, 2012	Value	Indicator\Palestine, 2012	Value
No. of PHC centres in Palestine	750	No. of MOH PHC centres	460
Pop\PHC centres in Palestine	5476	% of MOH PHC centres relative to total PHC centres	61.3

## Hospitals

Indicator\Palestine, 2012	Value
No. of hospitals	79
Population/hospital ratio	55 151
No. of beds	5487
Population bed ratio	794
Beds per 10 000 pop.	13
<b>MoH Hospital Indicators</b>	
No. of hospitals	25
Population/hospital ratio	174 277
No. of beds	2979
Population bed ratio	1463
Beds per 10 000 pop.	6.8
Admissions	357 346
Average length of stay (days)	2.4
Bed occupancy rate (%)	82.7
No. of hospitalization days	842 247
No. of births	78 280
% of Caesarian sections	18.7
No. of operations	114 302
No. of deaths	4369
Treatment without hospitalization	2 956 643

## Human resources

<b>Human resources per 10 000 population, 2012</b>	
<b>Area of specialization</b>	<b>Rate (per 10 000 pop)</b>
Physicians	20.2
Dentists	6.1
Pharmacist	11.5
Nursing & Midwifery	19.7

## Procurement of health services

Indicator	2012		
	West Bank	Gaza Strip	Total
Total number of patients referred for treatment outside MoH facilities	41 597	14 279	56 076
Estimated cost (NIS) of patients referred for treatment outside MoH facilities	335 293 037	151 488 171	486 781 208
Total number of patients referred for treatment outside MoH facilities inside Palestine	37 858	8348	46 206
Estimated cost (NIS) of patients referred for treatment outside MoH facilities inside Palestine	247 774 477	81 139 234	328 913 711
Total number of patients referred for treatment outside MoH facilities outside Palestine	3739	6131	9870
Estimated cost (NIS) of patients referred for treatment outside MoH facilities outside Palestine	87 518 560	70 348 937	157 867 497
Estimated cost (NIS) per patient referred for treatment inside Palestine	6545	9720	7118
Estimated cost (NIS) per patient referred for treatment outside Palestine	23 405	11 474	15 995

## Noncommunicable diseases

Indicator/Palestine, 2011	Value
Reported cancer incidence rate (per 100 000 pop.)	74.0
Reported diabetes mellitus incidence rate (per 100 000 pop.)	222.2
% of reported cardiovascular deaths relative to all deaths	31.2
% of reported cancer deaths relative to all deaths	13.7
% of reported cerebrovascular deaths relative to all deaths	12.2
% of reported diabetes mellitus deaths relative to all deaths	6.4

## CONCLUSION

161. In conclusion, we confirm that the National Palestinian Authority still believes that peace is the strategic option for both the Palestinian and the Israeli peoples, and that only peace can 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 stop the unjust blockade of the Gaza Strip and put an end to Israeli barriers, annexation walls and the Israeli expansion, so that the Palestinian people can enjoy their right to health and safe access to good-quality health services.

### Therefore, the Palestinian Ministry of Health:

- calls on the international community to exert pressure on the Israeli Government to lift the blockade on the Gaza Strip, to prevent the worsening of the humanitarian crisis there, and to



take action to fulfil its moral and legal responsibility to protect the basic human rights of civilians in the occupied Palestinian territories;

- calls on the States Parties to the Fourth Geneva Convention to fulfil their obligations under Article 1 of the Convention, whereby the Contracting Parties undertake to ensure respect for the Convention in all circumstances, and their obligation, as provided for in Article 146, to pursue those accused of grave breaches of the Convention. It should be noted that such breaches are deemed war crimes under Article 147 of the Fourth Geneva Convention and the Additional Protocol thereto, which guarantees 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 agencies to extend their political and financial support to implement the health development plan 2008–2010, and create the political environment necessary for the implementation of the document on ending the occupation and establishing a Palestinian state, as presented by the Palestinian Authority. The Palestinian Authority is now working in earnest to create an environment conducive to the implementation of that document;
- requests the international community to exert pressure on Israel to implement forthwith the consultative opinion of the International Court of Justice on the illegality of building the annexation wall deep inside the occupied West Bank territories. It also requests the cessation of house demolitions, the displacement of Jerusalem Palestinians from their homes, the Judaization of Jerusalem and the construction of settlements in Palestinian territories occupied in 1967 which constitute not only a violation of international resolutions, but also a threat to the safety and health of Palestinian citizens, and in particular to their ability to access health services;
- invites all international human rights bodies, and in particular the International Committee of the Red Cross, to intervene urgently and immediately with the occupation authorities and the Israeli prison administration to require them to provide treatment to sick captives in Israeli jails whose health is deteriorating day by-day. It calls for the establishment of an international committee composed of medical specialists to review critical cases and provide immediate and rapid treatment, and appeals to civil society organizations to exert pressure to save the lives of prisoners, treat the sick immediately and release critically ill cases so they can be treated abroad. It also appeals for imprisoned Palestinian women to be allowed to receive prenatal and postnatal treatment and to be allowed to give birth in healthy and humane conditions in the presence of their families; it further demands the immediate release of child prisoners;
- confirms that the blockade is continuing and that crossings are still not fully and permanently open, which means a continuation of the crisis and sufferings that preceded the Israeli aggression in the Gaza Strip at the end of 2008, and that the Ministry of Health needs to rebuild the health facilities destroyed in the aggression, to carry out work on other essential medical institutions and to provide them with essential medical equipment;
- requests the strengthening of formal and non-governmental support for the Palestinian health sector as an important stabilizing factor and in order to guarantee the right of the Palestinian people to health services, as endorsed by international law.

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