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HUMAN RIGHTS COUNCIL  
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Item 2 of the provisional agenda**IMPLEMENTATION OF GENERAL ASSEMBLY RESOLUTION 60/251  
OF 15 MARCH 2006 ENTITLED "HUMAN RIGHTS COUNCIL"****The issue of Palestinian pregnant women giving birth at Israeli checkpoints****Report of the High Commissioner for Human Rights\***

1. The Human Rights Council, in its decision 2/102 of 6 October 2006, requested the High Commissioner for Human Rights to "continue with the fulfilment of her activities, in accordance with all previous decisions adopted by the Commission on Human Rights and to update the relevant reports and studies". On the current issue of Palestinian pregnant women giving birth at Israeli checkpoints, a report was submitted by the High Commissioner to the sixtieth session of the General Assembly (see A/60/324) pursuant to Commission on Human Rights resolution 2005/7 of 14 April 2005. The information in the report remains relevant and has been complemented by a note submitted by the Secretariat to the Commission on Human Rights at its sixty-second session (E/CN.4/2006/28). The Office of the United Nations High Commissioner for Human Rights (OHCHR) understands decision 2/102 as preserving the previous annual reporting cycle in respect of the issue of Palestinian pregnant women giving birth at Israeli checkpoints, until otherwise decided by the Council. The current report to the Human Rights Council accordingly addresses developments in respect of this issue since the last report submitted to the Commission on Human Rights.
2. On 9 January 2007, the Secretary-General addressed notes verbales to the Permanent Mission of Israel and to the Permanent Observer Mission of Palestine to the United Nations Office at Geneva, in which he indicated that he would appreciate receiving any comments or observations that they might wish to submit following Commission resolution 2005/7, the subsequent report submitted by the High Commissioner to the General Assembly at its sixtieth session, and the note submitted by the Secretariat to the Commission on Human Rights at its sixty-second session on the issue of Palestinian pregnant women giving birth at Israeli checkpoints.
3. On 6 February 2007, OHCHR received a report from the Permanent Observer Mission of Palestine. This report was received in Arabic and the following information is based on an unofficial translation., compiled by the Palestinian Ministry of Health, indicating that since the Al Aqsa intifada in September 2000, Israel had intensified its military occupation of the Occupied Palestinian Territory (OPT) through obstacles and checkpoints at the entry of Palestinian cities and villages, impeding seriously the mobility of civilians. These restrictions imposed on the liberty of movement of Palestinian people were perceived as a form of collective punishment and constitute a violation of article 33 of the Fourth Geneva Convention relative to the Protection of Civilians in Time of War of 12 August 1949, which forbids collective penalties and intimidation measures, and of article 12 of the International Covenant on Civil and Political Rights, which guarantees to everyone the right to liberty of movement and freedom to choose his/her residence. The Israeli policy of segregation led to the splitting of the Gaza Strip and the West Bank respectively into 3 and 43 isolated areas or units.
4. According to the Information Health Centre of the Palestinian Ministry of Health, from 2000 to 2006, 69 cases of Palestinian pregnant women giving birth at Israeli checkpoints had been recorded with peaks reached in 2001 (18 cases), in 2002 (24 cases), in 2003 (8 cases) and in 2004 (9 cases). Of these, 45 took place in the West Bank (out of which 11 cases occurred in Nablus and 9 cases in Ramallah), while 14 cases were registered in Gaza. In 2005, only three cases were reported in the West Bank and Gaza, while two cases occurred in the West Bank and none in Gaza in 2006.
5. As a result of the checkpoints, 10 per cent of pregnant women who wished to give birth in a hospital had been delayed on the road between two to four hours before reaching health facilities, while 6 per cent of them had spent more than four hours for the same journey. Before the intifada, the average time to reach health facilities was 15 to 30 minutes. These hazardous conditions were mainly attributed to impediments faced by ambulances and medical teams when trying to transport women in labour through checkpoints, and to inspections or attacks perpetrated by Israeli forces against ambulances and their patients.
6. According to the figures provided in the same report, 35 newborn babies had died at checkpoints as their mothers did not receive the urgent care required by their condition and five women lost their lives while giving birth. In addition, six pregnant women had been injured at checkpoints as a result of beating, shooting and use of toxic gas by Israeli soldiers. Mention was made of the case of a pregnant woman who had been targeted in her ninth month of pregnancy at a checkpoint by Israeli military, while she was accompanied by her husband and her father. The woman received a wound in her shoulder and the father was injured in the chest; her husband, however, died as a result of multiple gunshot wounds. Most pregnant women belonged to the age groups 21-25 (17 cases), 26-30 (16 cases), 31-35 (15 cases), and 36-40 (9 cases). The fear of

such hardships led a significant number of Palestinian pregnant women to choose to give birth at home (with an increase by 8.2 per cent of home deliveries).

7. At the time of preparation of the present report, no reply has been received from the Permanent Mission of Israel.

8. OHCHR also addressed letters dated 9 January 2007 to the following United Nations entities and specialized agencies represented in the OPT: Office for the Coordination of Humanitarian Affairs (OCHA), the Office of the United Nations Special Coordinator for the Middle East Process (UNSCO), United Nations Development Fund for Women (UNIFEM), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Food Programme (WFP) and World Health Organization (WHO).

9. Replies were received in late January and early February 2007 from UNSCO, UNRWA transmitting statistics from WHO and the Palestinian Red Crescent Society (PRCS), as well as from UNICEF, UNIFEM and UNFPA. UNSCO indicated that it had no specific contribution to make on the subject. UNRWA mentioned that it did not keep statistics on the issue of Palestinian pregnant women at Israeli checkpoints and that the field staff consulted had no direct knowledge of any cases in 2005 or 2006. The two tables of figures transmitted by WHO are based on the statistics provided by the Information Health Centre of the Palestinian Ministry of Health (see paragraph 4 above). The information given by PRCS noted 10 cases of deliveries in ambulances between January and May 2005 at the El-Toufah checkpoint in the Gaza Strip, which was later dismantled by Israeli forces when they withdrew from Gaza. All the deliveries occurred within delays ranging from one and a half hours to two hours.

10. UNICEF indicated that it had no additional comments or observations, except that it remained determined to promote and protect all human rights and fundamental freedoms of the Palestinian women and their children, in particular unobstructed and timely access to health facilities.

11. UNIFEM noted that other United Nations agencies working in the OPT had already reported comprehensively on the issue of Palestinian pregnant women giving birth at Israeli checkpoints, and focused its contribution on the question of the treatment of pregnant Palestinian female prisoners in Israeli prisons and detention centres.

12. UNFPA expressed deep concern about recent reports of delays at Israeli checkpoints and women in labour, and reiterated the universal right of pregnant women to have access to health care, including delivery, in complex humanitarian situations such as in the OPT. Delays of pregnant women at checkpoints and other blockades had resulted in forced roadside births, and even in the death of some women (68 women, according to Palestinian Ministry of Health statistical reports have in the last six years given birth at a checkpoint, with 34 miscarriages) and infants. There is one unit of difference vis-à-vis the statistics submitted by the Permanent Observer Mission of Palestine which mention 69 pregnant women delayed at checkpoints and 35 newborn babies. According to 2006 Ministry of Health statistics, there were currently an estimated 117,000 pregnant women in the OPT, including around 18,000 who suffered from difficult pregnancy and birth due to a lack of appropriate and timely antenatal, delivery and post-natal care. In fact, inadequate medical care during pregnancy was the third cause of mortality among Palestinian women of reproductive age.

13. UNFPA thus urged that civilians with urgent needs should have access to health facilities, and that humanitarian organizations be allowed to work freely to alleviate the suffering of the Palestinian people, especially women and children. In this regard, UNFPA had been helping Palestinian women to avoid distress, including from delays at checkpoints. Key interventions included training of health personnel in emergency obstetric care; equipping trained health-care personnel with delivery kits to enable them to provide more effective service delivery in their respective communities; facilitation of the formation of community support teams to assist health providers and to raise community awareness on the availability of delivery services; and procurement of medications and supplies to ensure the continuity of maternal services.

14. The latest Israeli military incursions into the Gaza Strip, which started on 28 June 2006, had compounded the suffering of the Palestinian population in general and women and young people in particular. General damage to infrastructure, power grids and communication services jeopardized provision of adequate health services. UNFPA was concerned about the negative impact of such damage on maternal outcome, including death. In Gaza, the inability to refer properly emergency cases outside of the Strip had been observed as a factor related to maternal death in a recent Ministry of Health descriptive study supported by UNFPA (*Maternal Death Study*, Ministry of Health, December 2006).

15. Through its network with the Ministry of Health and civil society organizations in Palestine, UNFPA continued to work with its partners on the provision of essential emergency services and supplies, including the restoration of health facilities, as well as psychosocial and clinical services. UNFPA also raised the issue that any birth at a checkpoint or inability to refer a pregnant woman as a result of a military barrier that resulted in birth, death or disability was a breach of human and reproductive rights.

\* The report is submitted after the deadline so as to reflect the most recent information.'

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