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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 Secretary-General and the High Commissioner for Human Rights to "continue with the fulfilment of their activities, in accordance with all previous decisions adopted by the Commission on Human Rights and to update the relevant reports and studies". In its resolution 2005/7 of 14 April 2005, the Commission on Human Rights requested the High Commissioner to report on "the issue of Palestinian pregnant women giving birth at Israeli checkpoints owing to denial of access by Israel to hospitals".
2. The Office of the High Commissioner for Human Rights (OHCHR) understands decision 2/102 as preserving the previous annual reporting cycle in respect of this issue, until otherwise decided by the Council. The present report to the Council addresses the developments that have occurred since the submission of the last report on this issue ([A/HRC/7/44](#)).
3. On 6 November 2008, the High Commissioner 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 she indicated that she would appreciate receiving comments or observations that they might wish to submit following Commission resolution 2005/7 and the most recent report (ibid.) submitted by the High Commissioner on the issue of Palestinian pregnant women giving birth at Israeli checkpoints.
4. At the time of writing, no reply had been received from either Mission.
5. In order to gather information on the issue, OHCHR also wrote on 7 November 2008 to the following United Nations entities and specialized agencies represented in the occupied Palestinian territory: the Office of the United Nations Special Coordinator for the Middle East Process (UNSCO), the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the Office for the Coordination of Humanitarian Affairs (OCHA), the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO).
6. Replies were received on 13 November 2008 from UNICEF, on 26 November 2008 from the UNRWA Gaza Field Office, on 1 December 2008 from WHO, on 3 December 2008 from OCHA, on 10 December 2008 from the UNRWA West Bank Field Office and 13 December 2008 from UNFPA and UNIFEM.
7. The United Nations does not maintain a systematic monitoring and reporting mechanism on the issue of Palestinian women giving birth at Israeli checkpoints. UNRWA Gaza and West Bank Field Offices reported that they do not monitor the issue. OCHA noted that births at checkpoints are not an indicator that it monitors or records systematically. Nevertheless, OCHA in its reply mentioned that it reports on births at checkpoints on an ad hoc basis when a casualty results from the incident (i.e., injury or death) in its Protection of Civilians Weekly Reports. In this regard, OCHA pointed out that these reports are not comprehensive as its field staff may not be receiving information on every incident.
8. It should also be noted that limiting the scope of the issue to births at checkpoints fails to account for the consequences of the entire closure regime imposed on the occupied Palestinian territory (e.g., the closure of Gaza, the Wall, as well as other impediments to the freedom of movement of Palestinians, such as roadblocks, trenches, earth mounds, etc.), which severely impact on the daily lives of Palestinian women. The entire closure regime leaves Palestinian women particularly vulnerable with regard to their health-related needs and rights, posing severe difficulties for them in accessing necessary health-care services during childbirth.
9. Impediments to accessing health-care services due to movement restrictions were highlighted in the information provided by WHO. From 25 to 29 July 2008, alongside several military operations, the Israeli Defence Forces (IDF) severely restricted Palestinian movement throughout the Hebron Governorate in the southern West Bank. Restrictions included the closure of two major junctions, Al Fawwar and Al Fahs, for an average of four hours a day. The closure of Al Fawwar junction blocked the only access point for some 150,000 people to Hebron City, while the closure of Al Fahs prevented commercial trucks from entering the industrial zone in Hebron/H2 from accessing Road 60.¹
10. On 27 July 2008, the IDF closed the Beit Kahil Bridge with an earth mound for one day, effectively cutting off the population of Beit Kahil, Tarqumiya and Idhna (with a combined population of 60,000) from Hebron City. Consequently, a 24-year-old woman from Tarqumiya was forced to give birth in a car while waiting for an ambulance to transport her to a hospital.²
11. In the same location, a similar incident occurred on 28 August 2008. A WHO mental-health team witnessed and reported that, due to an earth mound, the IDF closed the only accessible road to the community centre. A woman had to deliver in her husband's car since they could not pass the obstacle to reach the hospital on time due to the closure of the road.
12. Another incident involved a 21-year-old woman, married with one child, resident of Qusra in the Nablus District. On 4 September 2008, seven months pregnant, she started to bleed severely. At close to 1 a.m., she and her husband left for the nearest hospital in Nablus, but Israeli soldiers did not permit them to pass through

the Huwara checkpoint because they did not have the requisite permit to cross by car. As a result, she delivered at the checkpoint a stillborn baby.³

13. In January 2009, a 25-year-old pregnant woman from Al A'sawiya (Jerusalem) was delayed by soldiers at Zayem checkpoint, which controls access to East Jerusalem through the Barrier. The woman, who held a Jerusalem ID and was travelling in a car with Israeli plates, informed the soldiers upon arrival that she was in labour. According to the woman, she was delayed for two hours, during which her waters broke. After being allowed through, she delivered in the car while en route to the hospital, where she was rushed into the emergency room.

14. Movement restrictions impact on the lives of Palestinian women not only during childbirth, but also during pre- and post-natal care. In that regard, the situation of the villages of Azzun Atmeh in the Qalqiliya District and Barta' Al Sharqiya in the Jenin District has been highlighted by WHO. In Azzun Atmeh, a village completely surrounded by the Wall whose only access is through a gate guarded by the IDF, the main obstacles impeding access to quality health care and affecting the regular provision of health services is the presence of the Wall and the search procedures that the residents, including patients, are subject to upon entering and leaving the village. Accessing secondary health-care services, especially while the gate is closed, means an added risk of the deterioration of health status in urgent cases and pregnant women. The risk of unattended delivery is also compounded by the fact that no midwife is available in Azzun Atmeh.

15. Barta' Al Sharqiya is a totally enclosed enclave in the Jenin District in the West Bank, where entry and exit to other districts in the West Bank are accessible through two gates.⁴ Accessing secondary health-care services, especially after the gates are closed (from 9 p.m. to 5 a.m.) is a complicated process. This can pose a life-threatening risk for patients who need urgent lifesaving treatment. Special coordination with the Israeli soldiers at the gates is required for ambulances and patients entering or exiting Barta' Al Sharqiya. This often results in delays in transporting patients and potentially leads to health complications. Moreover, no drugs or vaccinations are allowed into the village without prior coordination with the Israeli soldiers. UNRWA used to provide mobile clinic services but has been facing problems in entering the village due to Israeli search procedures at the entrance gate.

16. According to UNFPA and UNIFEM, an estimated 2,500 births per year face difficulties en route to a delivery facility. Many Palestinian women have developed various higher-risk coping mechanisms in reaction to movement restrictions and for fear of being unable to cross Israeli checkpoints in a timely manner to reach health-care services. Consequently, birth location patterns have been affected drastically. The trend is reported to occur even if it results in a lower standard of health care (e.g., births attended at home or in doctors' clinics). The risks presented by checkpoints, road closures and other obstacles are reported to have led to an increase of 8.2 per cent in home deliveries, further compounding the risk to women's health and to their babies. The Palestinian Ministry of Health has assessed the proportion of deliveries outside health facilities as high as 13.2 per cent.

17. To conclude, the critical impact of the closure regime (e.g., the Wall, checkpoints, road closures, earth mounds, etc.) on Palestinian women's access to adequate prenatal, natal and post-natal medical care remains a matter of serious concern, impairing the fulfilment of the right of everyone to the highest attainable standard of physical and mental health.⁵ It should also be noted that Israeli policies on closure may, in certain instances, amount to cruel, inhuman or degrading treatment or punishment under article 16 of the Convention against Torture.⁶ Finally it is reiterated that the issue of pregnant Palestinian women giving birth at Israeli checkpoints must be understood within the context of the broader regime of the Israeli occupation and associated restrictions on movement, impacting as they do on all aspects of life in the occupied territories.

Notes

¹ OCHA, Protection of Civilians Weekly Report, 23-29 July 2008, 4 August 2008; see www.ochaopt.org/documents/ocha_opt_protection_of_civilians_weekly_report_270_2008_07_29_english.pdf.

² Ibid.

³ Naheel 'Awni 'Abd a-Rahim Abu Rideh gave her testimony to the Israeli human rights organisation B'Tselem; see www.btselem.org/english/testimonies/20080904_Nahil_Ridah_Ridah_forced_to_give_birth_at_checkpoint.asp.

⁴ Barta' and Shaked.

⁵ This right is protected in the Universal Declaration of Human Rights, art. 25, as well as in a number of international conventions to which Israel is party, including the International Covenant on Economic, Social and Cultural Rights, art. 12; the International Convention on the Elimination of All Forms of Racial Discrimination, art. 5 (e) (iv); the Convention on the Elimination of All Forms of Discrimination against Women, art. 12; and the Convention on the Rights of the Child, art. 24. The position of United Nations human rights treaty bodies is that, as a State party to international human rights instruments, Israel continues to bear responsibility for implementing its human rights conventional obligations in the OPT, to the extent that it continues to exercise jurisdiction in those territories (see A/HRC/8/17). The International Court of Justice adopted a similar position in its 2004 Advisory Opinion on the *Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territories*, paras. 102-113. The ICJ also noted that Israel's obligations under the International Covenant on Economic, Social and Cultural Rights include "an obligation not to raise any obstacle to the exercise of such rights in those fields where competence has been transferred to Palestinian authorities" (para. 112).

⁶ Committee against Torture conclusions and recommendations: Israel (A/57/44, paras. 47-53). See also CAT/C/PER/CO/4, in which the Committee against Torture stated that, where a State party had failed to take steps to prevent acts that put women's physical and mental health at grave risk, it constituted cruel and inhuman treatment.