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

Report by the Director-General

1. In 2022, the Seventy-fifth World Health Assembly adopted decision WHA75(10), which requested the Director-General, inter alia, to report, based on field monitoring and assessment conducted by WHO, on progress in the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan by the Director-General to the Seventy-sixth World Health Assembly in 2023, bearing in mind the legal obligation of the occupying power.¹ This report responds to that request.

SUMMARY OF SUPPORT AND HEALTH-RELATED TECHNICAL ASSISTANCE TO THE PALESTINIAN PEOPLE IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

2. In 2022, WHO continued to provide support and health-related technical assistance to the Palestinian people in the occupied Palestinian territory, including east Jerusalem, in line with the Thirteenth General Programme of Work, 2019–2025, and the strategic priorities agreed between the WHO office for the occupied Palestinian territory and the Palestinian Ministry of Health. WHO worked to support the realization of universal health coverage through health systems strengthening with a focus on enhancing health information systems, evaluating and developing health policies and strategies (such as the hospital master plan and national oncology strategy), assessing the performance of the primary health care system, promoting family practice, and assessing financial risk protection in health for the occupied Palestinian territory. WHO supports reproductive maternal, newborn, child and adolescent health activities and has provided long-term assistance to the establishment of an institute for public health, which in 2022 was endorsed by Palestinian law. Recognizing the substantial obstacles to the Palestinian health system under occupation, WHO continues to monitor and document barriers to the right to health, with a focus on access restrictions and attacks on health care; undertakes capacity-building for enhancing a human rights-based approach to health; and advocates with all duty bearers for upholding respect, protection and fulfilment of the right to health for all Palestinians in the occupied Palestinian territory, including east Jerusalem.

3. WHO's Health Emergencies programme focuses on addressing the humanitarian health needs of Palestinians in the occupied Palestinian territory. As the Cluster Lead Agency for the health sector, WHO coordinates the humanitarian health response, including the assessment of overall humanitarian health needs and assistance to planning and mobilization of the humanitarian health response. WHO's humanitarian health assistance in 2022 included continued support to strengthen capacities to detect,

¹ Document WHA75/2022/REC/1.

assess, and respond to potential public health emergencies of international concern in line with the International Health Regulations (2005); provision of support and technical assistance to pre-hospital first response to trauma, hospital trauma care, mental health and psychosocial support, rehabilitation services; and expanded provision of medicines, vaccines, supplies and equipment needed to sustain essential health services in the context of the ongoing protracted protection crisis and Grade 2 Emergency in the occupied Palestinian territory (in line with the Emergency Response Framework).

Demographics, health status and health inequities

4. The estimated Palestinian population living in the occupied Palestinian territory by mid-2023 will be 5.49 million, with 3.26 million in the West Bank, including east Jerusalem, and 2.23 million in the Gaza Strip.¹ Refugees registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) comprise a quarter (28% or 0.90 million) of the Palestinian population in the West Bank and over two-thirds (70% or 1.55 million) of the population of the Gaza Strip.² More than 350 000 Palestinian residents live within the municipality of Jerusalem, comprising nearly two-fifths (38%) of its residents.³ Children comprise 44% of the Palestinian population;⁴ youth aged 18 to 29 comprise 22%;⁵ and persons aged 60 years and older comprise 6%.⁶ Around one in 10 (11%) households in the occupied Palestinian territory were female headed in 2021.⁷

5. In 2022, the life expectancy in the occupied Palestinian territory was 75.4 years for females and 73.2 for males, and was slightly higher in the West Bank (75.7 years for females; 73.5 years for males) than in the Gaza Strip (75.0 years for females; 72.5 years for males).⁸ The life expectancy in Israel and Israeli settlements in the West Bank in 2019, by comparison, was 82.6 years, with differences reported for 2021 between Jewish citizens (85.1 for females; 81.8 for males) and citizens identifying as Palestinian or Arab, including those in east Jerusalem (81.9 for females; 78.1 for males).^{9,10}

¹ Palestinian Central Bureau of Statistics (PCBS); 2021 (web page). Estimated population in Palestine mid-year by governorate, 1997–2026. (http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/2017-2097%20%20المحافظات%20انجليزي.html, accessed 16 February 2023).

² Data provided by UNRWA, 2023.

³ East Jerusalem – Facts and Figures, 2021 (website). The Association for Civil Rights in Israel; 2021 (https://www.english.acri.org.il/post/_283, accessed 16 February 2023).

⁴ H.E. Dr. Awad, highlights the Palestinian children's situation on the Occasion of the Palestinian Child Day, 05/04/2022. Palestinian Central Bureau of Statistics (PCBS); 2022 (<https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=4213>, accessed 16 February 2023).

⁵ On the occasion of the International Youth Day, the Palestinian Central Bureau of Statistics (PCBS) issues a press release demonstrating the situation of the youth in the Palestinian society. Palestinian Central Bureau of Statistics (PCBS); 2022 (<https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=4296>, accessed 16 February 2023).

⁶ On the occasion of the International Day of Older Persons 01/10/2021. Palestinian Central Bureau of Statistics (PCBS); 2022 (<https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=4331>, accessed 16 February 2023).

⁷ Palestinian Central Bureau of Statistics (PCBS) Presents the Conditions of Palestinian Populations on the Occasion of the International Population Day. Palestinian Central Bureau of Statistics (PCBS); 2022 (<https://pcbs.gov.ps/post.aspx?lang=en&ItemID=4279>, accessed 16 February 2023).

⁸ Summary of Demographic Indicators in the Palestine by Region. Palestinian Central Bureau of Statistics (PCBS); 2021 (https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=1228, accessed 17 March 2023).

⁹ WHO Global Health Observatory ([https://www.who.int/data/gho/data/indicators/indicator-details/GHO/life-expectancy-at-birth-\(years\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/life-expectancy-at-birth-(years)), accessed 25 April 2023).

¹⁰ Israeli Central Bureau of Statistics, Life Expectancy, by Sex, Religion and Population Group; 2022. (https://www.cbs.gov.il/he/publications/doclib/2022/3.shnatonhealth/st03_05.pdf, accessed 16 February 2023).

6. In 2021, in the occupied Palestinian territory, including east Jerusalem, coronavirus disease (COVID-19) was the main cause of death, followed by cardiovascular disease and cancer.¹ The probability of dying between the ages of 30 and 70 from select noncommunicable diseases was 26.7% compared to 8.8% in Israel.¹ The multiple indicator cluster survey for the occupied Palestinian territory in 2019/2020 revealed inequities in the infant mortality rate. For Palestinians in the occupied Palestinian territory, it was 12 per 1000, higher for children born in refugee camps (17 per 1000), while the under-five mortality was 14 per 1000 and higher for boys (16 per 1000) than girls (12 per 1000).² These figures compare to an infant mortality rate of 3 per 1000 and under-five mortality of 4 per 1000 in Israel in the same year.³

7. Determinants of health continue to be profoundly affected by the ongoing occupation. The economic implications of occupation have contributed to high rates of unemployment (in the second quarter of 2022, 44% in the Gaza Strip; 14% in the West Bank), as well as to high rates of poverty and food insecurity (a third of the Palestinian population in the occupied Palestinian territory, including east Jerusalem, or 1.78 million people, experience severe food insecurity).^{4,5} Access to water and sanitation is impeded, particularly for vulnerable communities in Area C of the West Bank, refugee communities, and the Gaza Strip, with 1.37 million Palestinians experiencing severe to catastrophic needs for humanitarian water and sanitation assistance in 2023.⁴ Meanwhile, discriminatory planning procedures, including practices of demolition and displacement, limit the development of infrastructure needed to promote health and well-being in these communities and create situations of precarity and insecurity that contribute to ill health and health inequities affecting Palestinian households. In 2022, 953 structures had been demolished in the West Bank, including east Jerusalem, causing the displacement of 1031 Palestinians. Of affected individuals, 58% were in Area C of the West Bank, 32% were in east Jerusalem, and 10% were in Areas A and B.⁶

Health governance and delivery of health services under occupation

8. The fragmentation of health governance in the occupied Palestinian territory poses a major challenge to the effective delivery of health care to the Palestinian population. As the occupying power, Israel retains responsibilities for upholding respect, protection, and fulfilment of the right to health of all Palestinians living under occupation in the West Bank, including east Jerusalem, and Gaza Strip.⁷ Israel's responsibilities extend to ensuring equity and non-discrimination in its provision of health care, including non-discrimination on grounds of race, age and sex; to upholding progressive realization and ensuring non-retrogression of the right to health for Palestinians under its effective control; and to

¹ Health Annual Report 2021. Nablus: Ministry of Health (Palestine); 2022.

² Children in the State of Palestine: Child development data from the 2019/2020 multiple indicator cluster survey. UNICEF; 2021 (<https://www.unicef.org/sop/media/1681/file/Children%20in%20the%20State%20of%20Palestine.pdf>, accessed 17 March 2023).

³ Israel: Key demographic indicators (website). UNICEF; 2022 (<https://data.unicef.org/country/isr/>, accessed 17 March 2023).

⁴ Humanitarian needs overview: occupied Palestinian territory (https://www.ochaopt.org/sites/default/files/HNO_2023.pdf, accessed 24 April 2023).

⁵ UNCTAD reporting.

⁶ Data on demolition and displacement in the West Bank (<https://www.ochaopt.org/data/demolition>, accessed 16 May 2023).

⁷ Report of the Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, Human Rights Council, 37th Session, (A/HRC/37/75, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G18/183/28/PDF/G1818328.pdf?OpenElement>, accessed 24 April 2023)

ensuring, in coordination with the Palestinian Ministry of Health, preparedness and response to public health threats, including the COVID-19 pandemic.¹⁸¹

9. Israel's subcategorization of the Palestinian population, including through the implementation of an identity card system, has resulted in fractured health governance and differential health care entitlements for populations in different parts of the occupied Palestinian territory. Israeli settlers, Palestinians with Israeli citizenship residing in the West Bank, including east Jerusalem, and Palestinians with east Jerusalem identity cards have access to Israeli health insurance and Israeli health services, while Palestinians with identity cards for the West Bank outside east Jerusalem and for the Gaza Strip do not. Palestinians with permits to work in Israel (some 80 000 from the West Bank in February 2022) are entitled to occupational health services from Israeli health maintenance organizations, although a 2022 study found substantial barriers to Palestinian workers accessing these entitlements.²

10. Under the Oslo Accords, the Palestinian Authority assumed responsibilities for the delivery of health care for the West Bank and Gaza Strip. The Palestinian Ministry of Health has duties to ensure equity and non-discrimination in its provision of health care to the population under its effective control. Health governance is complicated by political division between the West Bank and Gaza Strip. Sustainable provision of services continues to be hindered by sequential fiscal crises and the structural limitations imposed by occupation (see paragraph 16). Humanitarian needs arising from the occupation, as well as the blockade of the Gaza Strip, contribute to overall high dependence on donor support to the health sector, posing challenges to effective governance and oversight of humanitarian and development aid.

11. Some 45% of the Palestinian population in the West Bank, including east Jerusalem, and the Gaza Strip hold registered refugee status. Long-term displacement and refugeehood result in continued obligations on the international community for provision of essential basic health care through UNRWA. For more than seven decades, UNRWA has been the main provider of primary health care to Palestine refugees. It continues this function in the occupied Palestinian territory through 65 primary health care centres, with 22 in the Gaza strip and 43 in the West Bank, including east Jerusalem. In 2022, 48% of eligible Palestine refugees in the West Bank and 83% of those in the Gaza Strip accessed UNRWA health services.³ UNRWA additionally funded hospital care for over 38 500 Palestine refugees, while providing over 140 000 consultations for the provision of mental health and psychosocial support services.

Update on the field assessment mission to the occupied Syrian Golan

12. In decision WHA75(10), the World Health Assembly requested the Director-General to report, based on field assessments conducted by WHO, on the health conditions of the Syrian population in the occupied Syrian Golan, including prisoners and detainees, and ensure their adequate access to mental, physical and environmental health services, and to report on ways and means to provide them with health-related technical assistance.⁴ In furtherance of that request, the WHO Secretariat, in coordination

¹ OHCHR, COVID-19: Israel has 'legal duty' to ensure that Palestinians in OPT receive essential health services – UN expert; 2020. (<https://www.ohchr.org/en/press-releases/2020/03/covid-19-israel-has-legal-duty-ensure-palestinians-opt-receive-essential>, accessed 16 February 2023).

² Kav LaOved, Roadmap to Health: Palestinian Workers in Israel's Construction Sector; 2022. (Kav-LaOved-ENG-Report-בריאות-דרכים-מפת-דוח-WEB3.pdf (kavlaoved.org.il), accessed 16 February 2023).

³ Data provided by UNRWA, 2023.

⁴ Document WHA75/2022/REC/1.

with Israeli and Syrian authorities, completed its preparatory work for the field assessment mission to the occupied Syrian Golan.

13. In that regard, a concept note on the comprehensive health assessment methodology and tools (including key informant interviews and focus group discussion guides; household survey/telephone questionnaire on demography and humanitarian needs based on simple random sampling; relevant consent forms for qualitative study) and terms of reference of the field assessment mission were shared with the Israeli and Syrian authorities.

14. As part of the preparatory work for the field assessment mission, the WHO Secretariat conducted desk-based assessments of health services access and coverage in the occupied Syrian Golan, including mental health and psychosocial support. This included a review of health-related publications and statistics from reliable sources. The WHO Secretariat also requested Israeli and Syrian authorities to share available health data on the Syrian population in the occupied Syrian Golan. Due to the lack of disaggregated health data on the Syrian population in the occupied Syrian Golan, an analysis of the health statistics and mapping of available health services and coverage was not possible.

15. In accordance with the terms of reference, the field assessment team will be comprised of WHO staff and WHO expert consultants experienced in health sector field assessments and implementation of a human rights-based, right-to-health approach, and the field assessment mission will be conducted through a principled, evidence-based approach, grounded in WHO's values of neutrality and impartiality, in coordination with, and facilitated by, Israeli and Syrian authorities.

SUMMARY UPDATE ON THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE DIRECTOR-GENERAL FOR IMPROVING THE HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

Progress on recommendations related to health care financing and provision

16. Economic restrictions under occupation continue to have a detrimental effect on public financing of health care, with the Palestinian Authority facing an ongoing fiscal crisis. Public revenues for health care are affected by Israel's withholding of customs duties and other revenues.¹ Lack of control over territory and natural resources, particularly in Area C, and continued restrictions on movement further impact the Palestinian economy and contribute to sustained high levels of unemployment.²³ The United Nations Conference on Trade and Development has estimated cumulative total fiscal losses during the period 2000–2017 at US\$ 5.6 billion, equivalent to 39% of Palestinian gross domestic product (GDP) in 2017.²

17. In 2021, overall health expenditure in the occupied Palestinian territory, including east Jerusalem, was 10.4% of the GDP at US\$ 384 per capita. The Palestinian Authority has relatively high prioritized spending on health, with health expenditure comprising approximately 14% of the budget. Nevertheless, 33.5% of current health expenditure is out-of-pocket expenditure, with 7.9% of the population

¹ United Nations Conference on Trade and Development, The economic costs of the Israeli occupation for the Palestinian people: cumulative fiscal costs (https://unctad.org/system/files/official-document/gdsapp2019d2_en.pdf, accessed 24 April 2023)

² United Nations Conference on Trade and Development, Economic costs of the Israeli occupation for the Palestinian people: the toll of the additional restrictions in Area C, 2000–2020; 2022 (A/77/295; https://unctad.org/system/files/official-document/a77d295_en.pdf, accessed 16 February 2023).

experiencing catastrophic health expenditure in 2016.¹ Gaps in public health care persist throughout the occupied Palestinian territory, including with regard to the availability of human resources for health, essential medical equipment and supplies. These gaps disproportionately affect the Gaza Strip, where on average two fifths (40%) of essential medicines and 18% of essential medical supplies at the Central Drugs Store of the Ministry of Health had less than a month's stock remaining at the time of monthly stock takes in 2022.² The gaps lead to a relatively high dependence on outside medical referral, the expenditure for which comprised nearly two fifths (37.5%) of the total Palestinian Ministry of Health expenditure in 2021.

18. In 2022, the Health Cluster identified that US\$ 48.4 million was required to fund the humanitarian health response in the occupied Palestinian territory, including east Jerusalem.³ Of the funding needs identified, US\$ 32.9 million (68%) was raised, reaching around 790 000 of the 1.2 million people identified in the humanitarian needs overview. Increasing instability and insecurity, particularly affecting the West Bank, including east Jerusalem, contributed to increased needs for trauma and emergency care, as well as mental health and psychosocial support. There was no readily available overview of development financing to the health sector, which continues to face barriers to effective governance and coordination. The health of Palestine refugees continues to be impacted by the financial crisis affecting UNRWA, which has persisted for a number of years, including most dramatically the withdrawal of US funding to the Agency in 2018. UNRWA ended 2022 with a carry forward liability of US \$75 million which needs to be secured early, otherwise adding extra burden on the agency's core budget in 2023. The unstable financial cycle affects the health care provision to Palestine refugees and the underlying determinants of health in the West Bank, including east Jerusalem, and Gaza Strip. Efforts to mobilize sustainable financial support continue.⁴

Progress on recommendations related to health access

19. In the West Bank, including east Jerusalem, movement is impeded by the separation barrier, restricted-access roads and settler infrastructure, as well as extensive road obstacles, including the large number of fixed and shifting checkpoints. In the West Bank, the areas designated as A and B under the Oslo Accords, as well as H1 under the Protocol Concerning the Redeployment in Hebron, come under Palestinian civil administration and comprise around two fifths of the land of the West Bank. Area C and H2, meanwhile, have remained under Israeli civil administration. The Palestinian Authority assumed security control of Area A and H1 (around a fifth of the West Bank), while the Israeli military retained direct control of Areas B, C, and H2. East Jerusalem, which has a population of more than 350 000 Palestinians and was unilaterally annexed by Israel in 1980, remains occupied territory in which international humanitarian law applies. The population of Israeli settlers in the West Bank was estimated to be 465 400 in 2022, which is three times more than at the time of the Oslo Accords (127 800 in 1994). In 2020, just over 50% resided in east Jerusalem and most others were in Area C, with around 500

¹ World Health Organization and Ministry of Health of Palestine. Financial protection in health in Palestine, 2023. In press.

² Data provided by the Central Drugs Store of the Ministry of Health in the Gaza Strip, 2023.

³ Information provided by the Health Cluster; 2023.

⁴ Commissioner-General of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) visits Japan, UNRWA; 2022 (<https://www.unrwa.org/newsroom/news-releases/commissioner-general-united-nations-relief-and-works-agency-palestine>, accessed 16 February 2023)

settlers in the H2 area of Hebron in 2019.^{1,2} The administrative and physical division of the West Bank has created specific vulnerabilities for Palestinians living in or requiring access to east Jerusalem, Area C, H2 of Hebron, and the Seam Zone situated between the 1949 Armistice line and the separation barrier. Over 160 000 Palestinians in Area C and the Seam Zone continue to rely for primary care on mobile clinics, which face precarious funding and obstacles in securely accessing communities.

20. The Gaza Strip has been under land, sea, and aerial blockade for more than 15 years, since 2007, with profound limitations on entry and exit for people, goods, and services. Israel's restrictions on goods entering the Gaza Strip, including its application of a dual use list, affect the entry of medical equipment, spare parts, medicines, and other supplies. The bureaucratic obstacles to the entry of any materials, including medicines, has resulted in long delays affecting the supply chains of WHO, the Ministry of Health and other health partners.³ Restrictions affect the supply, for example, of X-ray machines, computed tomography scanners, magnetic resonance imaging scanners, oxygen cylinders, communications equipment, nuclear medicine technology, and materials used in limb prostheses. Delays and incomplete deliveries impact the maintenance of specialized equipment, with uncertainty about specific faulty parts and difficulties returning defective equipment adding to the costs borne by health providers. In addition, unpredictable electricity supplies cut short the lifespan of machinery with highly sensitive electronic circuits.

21. All Palestinians in the Gaza Strip needing passage through Beit Hanoun (Erez) checkpoint to reach the rest of the occupied Palestinian territory are required to obtain an Israeli-issued permit. In the West Bank, Palestinians without east Jerusalem residency status are required to obtain permits to cross checkpoints to enter east Jerusalem, Israel, and parts of the West Bank cut off by the separation barrier. Exemptions for the West Bank are applied to most Palestinian women over 50 years of age and men over 55 years. In 2022, a third (33%; over 6 500) of the 20 295 permit applications for patients from the Gaza Strip were not approved in time for them to reach their hospital appointments, while 15% (over 13 000) of the 87 721 patient permit applications from the West Bank were denied.^{4,5} Approximately a third (35%) of patient applications from the Gaza Strip are for access to cancer care; 29% from the Gaza Strip and 19% from the West Bank are for children; 19% from the Gaza Strip and 9% from the West Bank are for persons over 60 years of age; and 47% from the Gaza Strip and 52% from the West Bank are for female patients. The approval rate varies by age/sex, with men aged 18 to 40 having the lowest approval rates (for example 62% compared to an 80% average for the Gaza Strip for December 2022), as well as by reason for referral (for example, while the approval rate for oncology was 87% for Gaza patients in December 2022, the approval rate for neurology was 58%).

22. Accompaniment of patients is essential, particularly for children, patients who are debilitated and persons with disabilities. In 2022, three fifths (62%; more than 16 000) of the 26 461 applications by patient companions from the Gaza Strip were not approved by the date of the patient's hospital appointment, while a fifth (20%; over 20 500) of the 102 703 companion applications from the West

¹ Peace now (website) (<https://peacenow.org.il/en/settlements-watch/settlements-data/population>, accessed 24 April 2023).

² See <https://www.btselem.org/hebron#:~:text=Some%2035%2C000%20Palestinians%20and%20500,the%20settlement%20of%20Beit%20Romano> (accessed 16 May 2023).

³ Monitoring by WHO in the occupied Palestinian territory and Health Cluster.

⁴ Permits data for the Gaza Strip provided by the Health Liaison Office of the Palestinian Ministry of Health.

⁵ Permits data for the West Bank provided by the Palestinian General Authority of Civil Affairs.

Bank were denied.^{1,2} In 2022, 73% of permits approved for children to exit the Gaza Strip for health care had a parent approved as companion, while 85% of applications for child patient permits listed a parent as companion.¹ A quarter (25%) of patients exiting the Gaza Strip at Beit Hanoun (Erez) checkpoint, to reach health care in the West Bank and Israel, were not accompanied by a companion.³

23. Rates of permit approval for patients vary by age and sex. Although there was an improvement in the overall approval rate for patients from the Gaza Strip (84%) in January 2023, men aged 18 to 40 years continue to experience substantially lower than average approval rates, at 67%. Patients and companions are requested for interrogation as a prerequisite to their permit applications. In 2022, 225 patients and 61 companions were called for interrogation as a prerequisite to their permit applications. Of these, 24 patients and 5 companions were subsequently approved a permit to travel. The arbitrariness of the permits regime is evidenced by the wide variation in approval rates over time, the unpredictable permit outcomes for individual applicants, and the relatively high rates of successful appeal. For example, in 2022, 51% of the appeals submitted by Physicians for Human Rights Israel on behalf of Palestinian patients from the Gaza Strip who had previously faced delay or denial of permit applications were successful.⁴

24. Patient health outcomes suffer because of the systematic delay and denial of permits. WHO demonstrated that cancer patients initially delayed or denied permits to access chemotherapy and/or radiotherapy were 1.5 times less likely to survive in the coming months and years, compared to those initially approved permits and adjusting for baseline differences in age, sex, diagnosis, and reason for referral.⁵ Health impacts are also evident for individual cases experiencing delay or denial of permits. On 25 March 2022, 19-month-old Fatma Al-Misri died while awaiting a permit and after having made two unsuccessful applications for permits to travel for repair of an atrial septal defect, a treatable condition, at Makassed Hospital in east Jerusalem.⁶

25. Ambulances are not permitted passage at Beit Hanoun (Erez) checkpoint, to exit the Gaza Strip, or at checkpoints to enter east Jerusalem from the rest of the West Bank. In 2022, 935 patients (100% of patient transfers requiring ambulances) were transferred across Beit Hanoun (Erez) checkpoint by back-to-back procedure from a Palestinian- to an Israeli-registered ambulance.⁷ For 2021, the average waiting time of ambulances transferring patients out of the Gaza Strip was 59 minutes.⁸ In the West Bank, of 859 ambulance transfers of patients recorded by the Palestine Red Crescent Society, 798 (93%) were required to undergo the back-to-back procedure at checkpoints into east Jerusalem. The procedure causes systematic delays in patient transit and diverts limited ambulance resources. According to data reported by five of the six east Jerusalem hospitals for 2022, nine work permits for health care staff were denied.⁸ Permits issued for Palestinian doctors from the West Bank to work in east Jerusalem and Israel allow for crossing of Israeli checkpoints by car. Other health care workers from the West Bank,

¹ Permits data for the Gaza Strip provided by the Health Liaison Office of the Palestinian Ministry of Health

² Permits data for the West Bank provided by the Palestinian General Authority of Civil Affairs.

³ Crossings data provided by the Palestinian General Authority of Civil Affairs.

⁴ Data provided by Physicians for Human Rights Israel.

⁵ Bouquet, B., Barone-Adesi, F., Lafi, M., Quanstrom, K. et al. (2021). Comparative survival of cancer patients requiring Israeli permits to exit the Gaza Strip for health care: A retrospective cohort study from 2008 to 2017. *PLOS One* (<https://journals.plos.org/plosone/article/metrics?id=10.1371/journal.pone.0251058>, accessed 17 March 2023).

⁶ See <https://www.emro.who.int/opt/news/gaza-child-dies-following-repeated-permit-delays-by-israel.html> (accessed 3 May 2023).

⁷ Data provided by the Palestine Red Crescent Society.

⁸ Data provided by East Jerusalem Hospitals.

including nurses, must cross Israeli checkpoints by foot, which can mean long and often unpredictable delays in reaching places of work.

26. From 2 to 7 August 2022, Israel imposed a near-complete closure of Beit Hanoun (Erez) checkpoint. During the period, 294 patients had medical appointments scheduled, of whom 289 (152 male; 137 female) lost those appointments while just five critical cases (4 male; 1 female) were permitted transfer via ambulance with one companion each. A third (31%) of appointments during the period were for cancer care, while other major referred specialties included paediatrics (14%) and cardiology (12%). Israel also imposed closures in the West Bank, of Shu'fat refugee camp from 8 to 11 October 2022 and around the city of Nablus from 11 October to 3 November 2022. The closure of Shu'fat meant severe restrictions on entry and exit for at least 130 000 people, including medical personnel. WHO documented incidents of prevention and delay of ambulance access, including denial of exit for persons requiring kidney dialysis, and for a person with seizures, a woman in labour, a person injured in confrontations, a person with chest pain and a person with abdominal pain. The closures around Nablus impacted around 200 000 people, detrimentally affecting access to health care. By 24 October 2022, there were major limitations on staff access recorded for 41 out of 47 primary care facilities, reduced attendance at outpatient appointments, obstacles for women in delivery, and restrictions on access to urgent care including long delays in ambulance access.

Progress on recommendations related to violence and attacks on health care

27. In 2022, 191 Palestinians were killed as a result of occupation-related violence, including 154 in the West Bank, 33 in the Gaza Strip and four in Israel.¹ Of those killed, 72% (138) were adult men; 21% (41) were boys; 4% (8) were adult women; 2% (3) were girls; and one was not known. The vast majority (188) were killed by Israeli forces, with two Palestinians killed by Israeli settlers and one killing where the perpetrator was disputed.² The number of Palestinians killed in the occupied West Bank represents the highest number of Palestinian fatalities recorded by the United Nations in the West Bank since 2005, with most deaths (149) being the result of injury from live ammunition.² In the Gaza Strip, all the fatalities occurred during the escalation in August, when 29 Palestinians were killed by air-launched explosives and three by surface-launched explosives. There were 21 Israelis killed, 11 of whom were killed in Israel and 10 in the West Bank.²

28. During 2022, there were 10 345 casualties among Palestinians, most of which (10 180) occurred in the West Bank, including 9 875 injured by Israeli forces and 301 by Israeli settlers, with 162 casualties in the Gaza Strip and 3 in Israel. Of total casualties, 751 persons were injured with live ammunition; there were 6 937 injuries from tear gas inhalation, 1 625 injuries with rubber bullets, and 414 injuries from physical assault. In the West Bank, most injuries (49%) occurred in the context of demonstrations, while 24% were related to settler violence and 11%² occurred during search and arrest operations by Israeli forces. Of casualties where age and sex was recorded, 76% were adult men; 20% boys; 4% women; and 1% girls. However, 49% of injuries did not have complete records for age and sex. In the same year, there were 251 Israeli casualties documented by the United Nations, of which 179 were in the West Bank and included 132 injuries to Israeli settlers and 46 to Israeli combatants.

29. WHO documented 187 attacks on health care in the occupied Palestinian territory during 2022.² Of these, 181 incidents were in the West Bank, with 90 in east Jerusalem and 91 in the rest of the West Bank. Peaks in the incidence of attacks occurred during escalations of violence, principally in the West Bank, in April (41) and October (48). During the August escalation in the Gaza Strip, there were

¹ Data on casualties (website). OCHA; 2023 (<https://www.ochaopt.org/data/casualties>, accessed 16 February 2023).

² Data from WHO surveillance system for attacks on health care.

3 attacks on health care recorded. The health attacks affected 9 health facilities and 108 ambulances, including damage to 43 and obstruction to 77. They resulted in the detention or arrest of 19 health care workers and three patients and the injury of 105 health care workers, including two with live ammunition, five from shrapnel of live ammunition, 25 from rubber bullets, eight from hits with sound or tear gas canisters, 17 from tear gas inhalation, and 48 from beating or other injuries.

30. Exposure to violence constitutes a significant determinant of health and contributes to health inequities in the occupied Palestinian territory, with impacts on short-term and longer-term mental and physical health. Longer-term rehabilitation needs for persons who have suffered physical trauma remain a priority humanitarian need.¹ For mental health, 40% of households in the Gaza Strip and 12% of households in the West Bank reported having at least one member experiencing signs of acute psychosocial distress.² Rates were higher for certain governorates (52% for Nablus in the West Bank; 67% for Nuseirat refugee camp in the Gaza Strip), as well as for households that were located in refugee camps, were female-headed and had older persons or persons with disabilities.²

31. Shrinking civic space affects all aspects of humanitarian operations, including health care provision and monitoring and documentation of barriers to the right to health. In August 2022, Israeli forces broke into, searched, and sealed off the offices of six Palestinian nongovernmental organizations it had labelled as “terror organizations.”² Property confiscated in the raids included confidential files for survivors of domestic violence, patients, and victims of documented human rights violations, as well as mundane items such as televisions, toasters, and Palestinian embroidery. Similar raids were conducted in previous years against the Health Works Committees, whose work was also deemed illegal in charges brought against its staff in 2021. Israel’s designation of Palestinian civil society organizations as terrorist has been widely condemned, including by the Special Rapporteurs of the Human Rights Council.³ International organizations continue to face obstacles in obtaining Israeli visas for international staff, as well as Israeli-issued permits for Palestinian staff to reach different parts of the occupied Palestinian territory. In 2022, the Office of the United Nations High Commissioner for Human Rights in the occupied Palestinian territory continued to encounter non-issuance of visas by Israel, affecting its capacities to document potential human rights violations, including violations of the right to health. Israeli nongovernmental organizations working in the occupied Palestinian territory have voiced concerns in 2023 regarding draft legislation to place debilitating taxes on donations to organizations from “foreign governmental entities”.⁴

Progress on recommendations related to prison health for Palestinians

32. The continued administrative separation of the Israeli Prison Service from the Israeli Ministry of Health creates barriers to access independent health care and to effective oversight of health care provision to Palestinian prisoners. Civil society organizations report concerns regarding delays in access

¹ Humanitarian Needs Overview. OCHA; 2023 (https://www.ochaopt.org/sites/default/files/HNO_2023.pdf, accessed 16 February 2023).

² MSNA 2022 Cross-Sectoral Findings, OCHA; 2022 (<https://www.ochaopt.org/msna/2022/MSNA-Cross-cutting-Report-2022.pdf>, accessed 16 February 2023)

³ The Question of Palestine: UN Special Rapporteurs Condemn Israel’s Designation of Palestinian Human Rights Defenders as Terrorist Organisations. United Nations; 2021 (<https://www.un.org/unispal/document/un-special-rapporteurs-condemn-israels-designation-of-palestinian-human-rights-defenders-as-terrorist-organisations-press-release/>, accessed 16 February 2023).

⁴ Policy paper: What Israel’s 37th government’s guiding principles and coalition agreements mean for the West Bank (<https://www.ofekcenter.org.il/wp-content/uploads/2023/01/what-Israels-37th-governments-guiding-principles-and-coalition-agreements-mean-for-the-West-Bank-Jan-2023.pdf>, accessed 17 May).

to care, particularly to specialist care; lack of standardized protocols for medical investigations and treatment at Israeli Prison Service facilities; and allegations of medical negligence, especially for prisoners requiring care for cancer and other chronic illnesses.¹ Details of the package of entitlements to health care provided by the Israeli Prison Service are not made available to prisoners and their families, which poses a barrier to access and obstructs appeal processes and the ability to assess equity of health care provision, such as availability of cancer chemotherapy medications, for prisoners.² The Addameer Prisoner Support and Human Rights Association alleges medical negligence in nearly a third of the 236 instances where Palestinian prisoners were documented to have died in Israeli prisons.¹ Civil society organizations raised concerns regarding access to secondary care for prisoners on hunger strike during the year. Organizations also documented unethical or concerning practices, including the shackling of incapacitated prisoners to hospital beds, lack of appropriate medical follow-up on discharge, and withholding the bodies of deceased prisoners.

33. Practices of administrative detention, isolation, and solitary confinement persist, with implications for mental health and well-being. Between March 2022 and March 2023, there was a near doubling of the number of Palestinian administrative detainees, from 490 to 967.³ The number held in February 2023 represents the largest number of administrative detainees since June 2003.⁴ Practices of torture and/or ill treatment have been alleged and documented, including physical assault and beatings, invasive body searches, sexual- and gender-based violence, and stress positions.⁵ Meanwhile, concerns have been raised in early 2023 regarding injuries resulting from violent raids by Israeli Prison Service special units on prisons and new restrictions imposed on Palestinian prisoners, including those affecting sanitation and nutrition, such as shower times, reducing the provision of bread and closing prison bakeries.⁶ On 1 March 2022, a bill to introduce the death penalty passed a preliminary reading in Israel's parliament.⁷

34. Concerns have been raised regarding the conditions for detainees in Palestinian detention facilities.⁸ These include the cramped conditions of certain facilities, issues related to poor ventilation and hygiene in cells, and lack of or inappropriate access to medical care for prisoners. There are concerns related to torture and ill treatment in Palestinian detention facilities, specifically at the legislative level. There is a need to specifically define torture by the Palestinian authorities in legislation, with existing definitions varied and too narrow, and for torture to be generally criminalized. Practices of torture and/or ill treatment have been alleged and documented, including stress positions, suspension, beating, and

¹ Information provided by Addameer Prisoner Support and Human Rights Association.

² Addameer, 2023 (<https://www.addameer.org/news/4964>, accessed 25 April 2023).

³ See <https://hamoked.org/prisoners-charts.php> (accessed 16 May 2023).

⁴ Addameer, 2023 (https://www.addameer.org/the_prisoners/administrative_detainees, accessed 25 April 2023).

⁵ See <https://stoptorture.org.il/en/torture-in-israel-today/> (accessed 16 May 2023).

⁶ Information provided by civil society organizations.

⁷ See <https://www.i24news.tv/en/news/israel/defense/1677685952-israel-s-death-penalty-for-terrorists-bill-passes-first-parliamentary-vote> (accessed 16 May 2023).

⁸ See <https://www.ohchr.org/en/press-releases/2022/07/experts-committee-against-torture-praise-state-palestine-supporting-female> (accessed 16 May 2023).

forms of humiliation.¹ Continued implementation of the death penalty in the Gaza Strip drew criticism by UN human rights experts.²

RECOMMENDATIONS BY THE DIRECTOR-GENERAL FOR IMPROVING HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

35. The recommendations below are based on the findings contained in this report and build on the recommendations of the Director-General to the Seventy-fifth World Health Assembly for improving health conditions in the occupied Palestinian territory, including east Jerusalem.

1. *To the Government of Israel*

(a) End the arbitrary delay and denial of access for Palestinian patients and their companions and promote unhindered movement for Palestinians throughout the occupied Palestinian territory, including east Jerusalem and between the West Bank and Gaza Strip. Where patients with chronic conditions such as cancer have been required to obtain permits, these should be issued for longer periods of at least six months; meanwhile Israel should ensure that parents are not prevented from accompanying children and that permits are issued in time according to medical need and urgency as indicated by the hospital appointment date.

(b) End the arbitrary delay and detention of ambulances and health care staff at checkpoints and the arbitrary arrest of health care workers and ensure that Palestinian health care providers can work unobstructed throughout the occupied Palestinian territory, including in east Jerusalem and including in providing immediate first aid to all persons seriously or fatally injured.

(c) Facilitate entry to the occupied Palestinian territory, including east Jerusalem, of all essential medicines and medical supplies, including through simplification of administrative requirements and processes; ensure transparency and timely responses to requests for entry of medicines, medical supplies, and equipment; and safeguard health care providers and organizations, as well as international donors, from incurring additional costs due to administrative delays.

(d) Respect, protect and fulfil underlying social determinants of health for Palestinians in the West Bank, including east Jerusalem, and the Gaza Strip, including through ending movement restrictions, closures, practices of demolition and/or displacement, and refraining from acts of collective punishment.

(e) End discriminatory planning policies in Area C, H2 and east Jerusalem that prevent the development of permanent and semi-permanent health care facilities and infrastructure needed to promote good health and prevent disease and ensure access for mobile clinics.

¹See <https://www.amnesty.org/en/latest/news/2022/11/palestinian-authorities-must-investigate-torture-allegations-of-hunger-striking-prisoners-and-ensure-their-fair-trial/> (accessed 16 May 2023).

² See <https://www.ohchr.org/en/statements/2022/09/comment-un-human-rights-office-spokesperson-ravina-shamdasani-execution-five> (accessed 16 May 2023).

(f) Ensure respect for and protection of medical personnel and medical facilities, as required by international humanitarian law, including ensuring access to immediate and potentially life-saving first response for persons injured.

(g) Ensure the independent and timely provision of health services to Palestinian prisoners, improve prison conditions, including through adequate nutrition and care of patients in prison, and ensure no one is subjected to torture or other cruel, inhuman, or degrading treatment or punishment.

2. *To the Palestinian Authority*

(a) Prioritize health care expenditure to ensure the continuity of essential health care services across the occupied Palestinian territory.

(b) Reform revenue raising and risk pooling mechanisms to strengthen the social protection of Palestinian households against catastrophic health expenditure and impoverishment.

(c) Simplify and streamline the referrals system to promote accessibility and transparency for patients, including through identifying and promoting understanding and awareness of patient entitlements to essential health care services.

(d) Ensure transparency, equity, and accountability in health care provision to the Palestinian population in the occupied Palestinian territory, including for essential medicines and supplies, services provision, and health outcomes.

(e) Improve the prison conditions of all prison services and ensure no one is subjected to torture or other cruel, inhuman, or degrading treatment or punishment.

3. *To the international community*

(a) Promote development of the Palestinian health sector through expanding investment in essential health services in line with strategic priorities of the Palestinian Ministry of Health including through the WHO Secretariat and its representation in the occupied Palestinian territory.

(b) Work to protect underlying determinants of health for Palestinians, including through investment in related sectors and the Palestinian economy.

(c) Expand protection of Palestinians from violations, including for Palestinian health care staff, patients, and services, and work to uphold accountability under international law.

(d) Promote coordination at the technical level between health authorities, and support the coordination of humanitarian interventions, to ensure the protection of health for all by all and that health services are ring-fenced and de-politicized.

ACTION BY THE HEALTH ASSEMBLY

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

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