

UN Human Rights Council 37th Regular Session

Right to health in the occupied Palestinian territory: Key facts and recommendations

The past year has marked 50 years of occupation in the West Bank, including East Jerusalem, and Gaza. International humanitarian law stipulates that, as the occupying power, Israel is responsible for ensuring the welfare of the Palestinian population under its control. This includes their access to adequate medical treatment and supplies and the maintenance of medical establishments and services in the occupied territory.

As a State Party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), Israel has also recognised *“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”* and committed to take steps to achieve the full realisation of this right. Nevertheless, Israel’s policies and practices in the occupied Palestinian territory (oPt) demonstrate continuing disregard for these standards and lack of accountability for its violations.

Access to healthcare

The accessibility of healthcare is a fundamental component of the right to health. If patients are unable to get to centres of care, other aspects such as the quality and availability of treatment are rendered meaningless.

In 2017, Israeli authorities approved only 54% of exit permits for patients seeking treatment outside of Gaza - the lowest rate since recording began in 2008, and far below the 93% approval rate of 2012. As many as 54 people are known to have died in Gaza after delay or denial of a permit last year.

Restriction to accessibility of healthcare is also common in the West Bank, and particularly on entrance to East Jerusalem, where specialist Palestinian hospitals are located. Patients without a Jerusalem ID must apply for a permit to enter, and in almost all cases, patients in ambulances must undergo ‘back-to-back’ transfers at a checkpoint, whereby they are moved from a Palestinian ambulance to an Israeli-registered one, even in emergency cases. This process leads to delays, and can cause substantial discomfort, distress and medical risk for the patient.

Protection of healthcare

In the context of prolonged occupation, Palestinians suffer frequent violence and conflict in both the West Bank and Gaza, with medical teams sometimes put in harm’s way and medical facilities damaged or destroyed as a result of Israeli military action. The impacts on health go far beyond the immediate damage, as the capacity of the Palestinian health sector to provide adequate care to the population is reduced and the right to health is undermined.

Successive Israeli military operations in Gaza between 2008 and 2014 saw 147 hospitals and primary health clinics and 80 ambulances damaged or destroyed, and 145 medical workers injured or killed. The Israeli Government has failed to adequately cooperate with international investigations, and denied members of the UN Commission of Inquiry (COI) entry to Gaza to investigate alleged violations.

The COI has expressed concern about “a number of procedural, structural and substantive shortcomings” in Israel’s military investigation system.

In 2017, the Palestine Red Crescent Society recorded 22 attacks on its ambulances, and 27 injuries paramedics across the whole oPt, with the majority occurring at protests. They also recorded 33 cases of obstruction to the movement of ambulances. In July, Israeli security forces raided Al Makassed Hospital in East Jerusalem twice. They used violence against medical staff, hospital employees, and visitors. In at least one case, Israeli forces disrupted the medical treatment of a seriously injured patient receiving care at the hospital.

De-development of healthcare and infrastructure

Through its prohibition of the construction of permanent health facilities for communities in Area C, restrictions on reconstruction materials and some medical supplies into Gaza and denials of permission for health workers and trainees needing to travel around the oPt and abroad, Israel’s occupation is stifling the development of Palestinian health services.

Gaza has now also now been under blockade and intensified closure for 11 years, which has been described by the International Committee of the Red Cross as “*a collective punishment imposed in clear violation of Israel’s obligations under international humanitarian law.*” This period has been characterised by sharp decline in the humanitarian situation, now exacerbated by a chronic electricity crisis. In February 2018, the [World Health Organisation](#) described Gaza’s health sector as being “on the brink of collapse”, with the partial closure of three hospitals and 23 clinics due to shortages of fuel for backup generators. In addition, 42% of essential medicines are completely depleted, as well as 23% of medical disposables.

MAP’s full 2017 report on the right to health in the oPt is available at map.org.uk/huo

Recommendations

In order to support the realisation of Palestinians’ rights to health and dignity, states should:

1. Place pressure on the Government of Israel to **remove the obstacles to the right to free movement** which undermine access to treatment;
2. Work towards **ending the blockade and closure of Gaza and the separation between East Jerusalem and the rest of the West Bank and Gaza**;
3. Pursue **accountability for all violations of international human rights and humanitarian law**, including attacks on medical personnel and infrastructure, in order to ensure justice for victims and deter repetition of such violations; and
4. Take steps to **reverse the harmful effects on Palestinian health and healthcare caused by the severe fragmentation of the occupied Palestinian territory** due to settlements, the separation wall and other barriers to movement.

In Geneva, states can take the following action in pursuit of this goal:

1. **Support resolutions coming under Item 7 of the UN Human Rights Council which which are rooted in fundamental principles of international humanitarian and human rights law**, including the right to health, and accountability for violations thereof;
2. **Support the engagement of Palestinian and Israeli human rights groups in the work of the UN Human Rights Council**, particularly those who have encountered restricted civil society space in the oPt and Israel;
3. **Support decisions at the World Health Assembly** promoting monitoring and technical assistance to the development of the health system in the oPt.