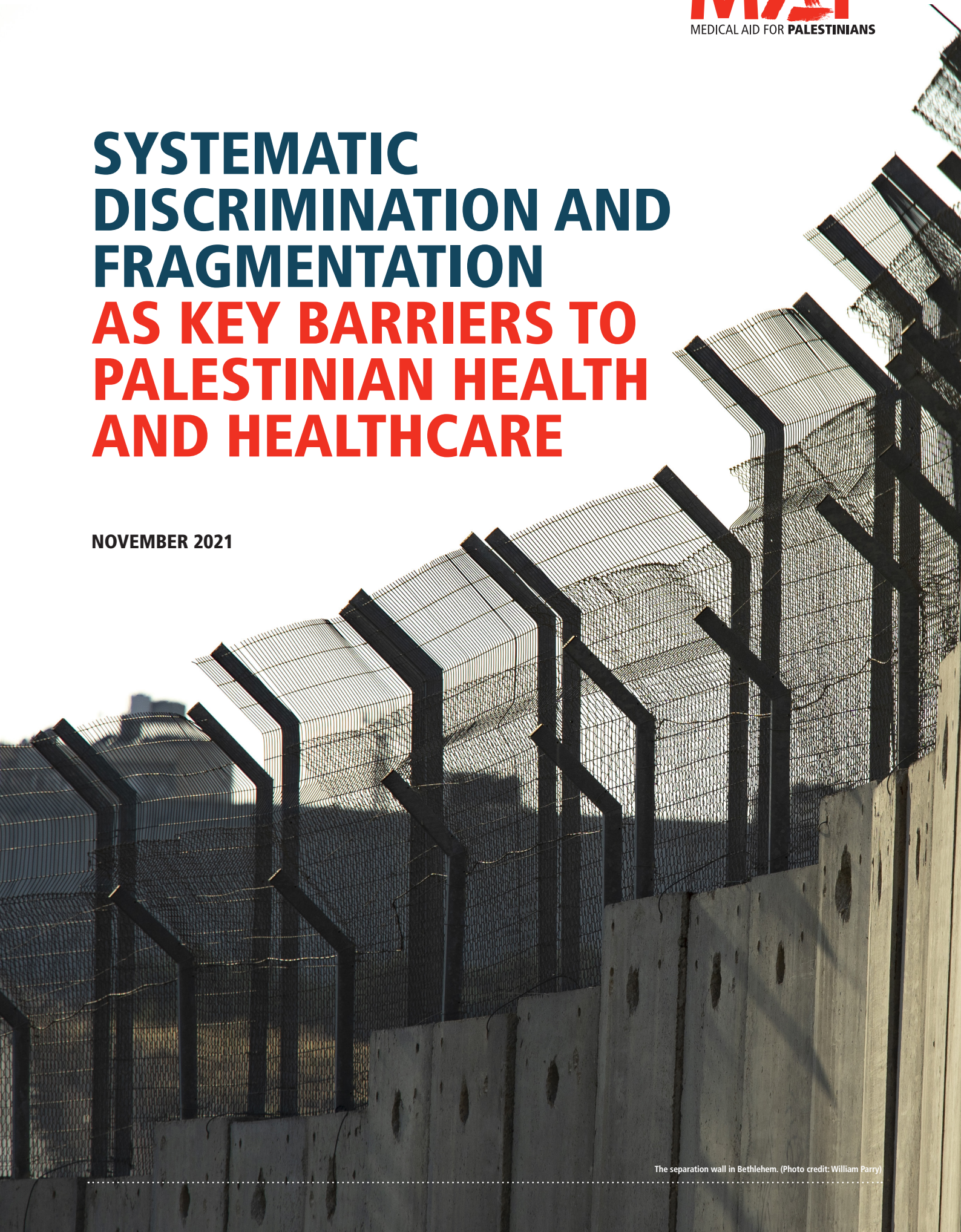


SYSTEMATIC DISCRIMINATION AND FRAGMENTATION AS KEY BARRIERS TO PALESTINIAN HEALTH AND HEALTHCARE

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CONTENTS

EXECUTIVE SUMMARY	1
1 INTRODUCTION	2
2 LEGAL FRAMEWORK	3
2.1 International Humanitarian Law: Duties as an Occupying Power	3
2.2 International Human Rights Law: The Right to Health and Non-Discrimination	3
2.3 The Right of Return for Palestinian Refugees	4
3 SYSTEMATIC DISCRIMINATION AND FRAGMENTATION AS KEY BARRIERS TO PALESTINIAN HEALTH	5
3.1 Palestinian Refugees	6
3.2 Occupied Palestinian Territory	8
3.2.1 The West Bank	8
3.2.2 East Jerusalem	12
3.2.3 Gaza	14
4 UNEQUAL TREATMENT MEANS UNEQUAL HEALTH OUTCOMES	17
4.1 Healthcare System Capacities	17
4.2 Health Outcome Inequalities	18
5 CONCLUSION AND RECOMMENDATIONS	19
6 ENDNOTES	21

EXECUTIVE SUMMARY

Medical Aid for Palestinians (MAP) is dedicated to pursuing a future where all Palestinians can access an effective, sustainable and locally-led system of healthcare and the full realisation of their rights to health and dignity. Through our programmes across the occupied Palestinian territory (oPt) and refugee camps in Lebanon, MAP and its partners bear witness not only to the specific developmental and humanitarian challenges that Palestinian communities face in each area, but also to the broader phenomena affecting health and healthcare for the Palestinian people as a whole.

In the West Bank, including East Jerusalem, and Gaza, Israel has maintained effective control over the lives of Palestinians for more than half a century through occupation, annexation and blockade. Israel has wielded its control in ways that privilege its own citizens, while geographically segregating Palestinian communities and denying them equitable access to many of the essential building blocks of health. Meanwhile, Israel's decades-long denial of the Palestinian refugees' right to return to their homelands has kept the communities MAP serves in Lebanon in a state of perpetual humanitarian crisis, unable to enjoy their full rights to health and dignity, or contribute to the collective development of essential Palestinian institutions like healthcare.

Though the conditions for Palestinians in these different areas are distinct, they are connected by policies and practices imposed on them collectively on the basis of nationality and ethnicity. This deeply inequitable context has caused the EU to recognise a "one-state reality of unequal rights" in Israel and the occupied Palestinian territory, and an increasing plurality of Palestinian, Israeli, and international human rights groups, legal scholars and statespersons to conclude that Israel is imposing a regime of apartheid on Palestinians (see page 2).

This position paper describes how systematic discrimination and the fragmentation of the Palestinian people by Israel present a fundamental challenge to Palestinians' rights to health and dignity, and inhibit the delivery and development of a Palestinian healthcare system to meet the needs, in terms of availability, accessibility, acceptability and quality, of Palestinians in the areas where MAP operates. It exposes how this has resulted in stark health inequalities between Palestinians and Israelis, which have accelerated as a result of recent military offensives and the COVID-19 pandemic.

Sections 1 and 2 provide an overview of the current political context and applicable international legal framework. Section 3 describes how Palestinians across MAP's areas of operations endure systematic discrimination and fragmentation, and how these impact health and access to healthcare. Section 4 illustrates how these policies and practices have resulted in health inequalities between Palestinians and Israelis. Recognising that this dire situation is perpetuated by international impunity and inaction, Section 5 provides detailed recommendations for third states including the UK.

RECOMMENDATIONS

In brief, the international community, including the UK, must play their part to reverse these significant and eminently avoidable health inequalities and their root causes through the following actions:

- 1. End systematic discrimination:** Take all necessary diplomatic and political measures to ensure an end to discriminatory policies and practices and other violations of international law that prevent Palestinians from enjoying equal rights to health and dignity.
- 2. Address fragmentation:** Take all necessary diplomatic and political measures to ensure that Israel reverses policies and practices that entrench the fragmentation of Palestinian society and institutions such as healthcare.
- 3. Reform aid:** While continuing humanitarian assistance to address immediate needs affecting Palestinians in the oPt and Lebanon, place the principles of sustainable development and self-determination at the heart of development and aid policies.
- 4. Promote Palestinian voices:** Ensure the voices of Palestinians affected by systematic discrimination and fragmentation are heard at all levels of policymaking.

(For detailed recommendations, see page 19.)

1. INTRODUCTION

ISRAEL'S DECADES OF CONTROL OVER PALESTINIAN HEALTH AND DIGNITY

For decades Israel has dominated many aspects of Palestinian life through policies of occupation, blockade, annexation and the permanent displacement of refugees. This domination has persistently denied Palestinians equitable access to many of the essential building blocks of health, including freedom of movement; access to land and essential resources; the development of vital infrastructure and institutions; and, ultimately, their collective right to self-determination. More than 70 years of dispossession have resulted in the fragmentation of Palestinian society and stymied the development of collective political structures and essential institutions like healthcare.

There is a growing realisation among policymakers and experts that the moribund Oslo peace process has failed to meet even the most basic aspirations of the Palestinian people, instead cementing an unequal status quo in which Israel's settlement expansion has continued and its control over the Palestinian people, resources and land has deepened. This has resulted in what the European Union (EU) has termed a "one-state reality of unequal rights, perpetual occupation and conflict."¹ It is in this dire context that an increasing plurality of Palestinian,² Israeli,³ and international⁴ human rights groups; legal scholars and experts;⁵ and international statespersons⁶ have concluded that Israel is imposing a regime of apartheid on Palestinians.

Such conclusions have long been foreshadowed by warnings from UK, US and EU policymakers, including former US President Jimmy Carter,⁷ Secretary of State John Kerry,⁸ and then-Foreign Secretary Boris Johnson.⁹ Recognising the unequal reality on the ground, the EU has emphasised that "both Palestinians and Israelis alike deserve to live in safety and security, enjoying equal rights".¹⁰ The Biden administration in the US has similarly iterated that "Palestinians and Israelis alike deserve equal measures of freedom, security, opportunity, and dignity".¹¹

The COVID-19 pandemic, however, has exposed how inequalities between Palestinians and Israelis are accelerating. Despite Israel's legal duties toward the health and wellbeing of those living under its occupation in the West Bank and Gaza, Palestinians have seen their healthcare services pushed to the brink of collapse as a result of widespread shortages of staff and essential resources (including personal protective equipment, tests, ventilators and ICU beds),¹² and continue to endure a slow and piecemeal vaccination programme.¹³ Palestinian refugees across the region, denied their right to return to their homeland by Israel's discriminatory laws, continue to languish in overcrowded and unsanitary refugee camps where social distancing and infection control are impossible. By contrast, Israelis, including those living in illegal settlements in the West Bank, have benefitted from an effective, accessible system of healthcare and a world-beating vaccination programme.¹⁴

Medical Aid for Palestinians (MAP) is dedicated to pursuing a future where all Palestinians can access an effective, sustainable and locally-led system of healthcare and the full realisation of their rights to health and dignity. Through this position paper, we explain how **systematic discrimination and the fragmentation of the Palestinian people by Israel present fundamental challenges to this vision for Palestinians** in all areas of MAP's operation – the West Bank, including East Jerusalem, Gaza, and the Palestinian refugee camps of Lebanon.

2. LEGAL FRAMEWORK

2.1 INTERNATIONAL HUMANITARIAN LAW: DUTIES AS AN OCCUPYING POWER

Since 1967, Israel has held the West Bank, including East Jerusalem, and Gaza under military occupation. Israel's conduct in this territory is therefore regulated by international humanitarian law (IHL), notably the 1907 Hague Regulations and 1949 Geneva Convention IV, as recognised by the international community, including the UK Government,¹⁵ the UN,¹⁶ and the International Court of Justice (ICJ).¹⁷

Articles 55 and 56 of Geneva Convention IV impose on Israel the duties of ensuring medical supplies in the occupied territory where local resources are inadequate; ensuring local functioning of health services and public health; adopting measures necessary to combat infectious diseases; and allowing medical personnel to carry out their duties. Article 59 requires Israel to permit the free passage of humanitarian relief to the occupied territory, and to ensure the protection of such relief.

The signing of the Oslo Accords and the transfer of service delivery functions to the Palestinian Authority (PA) do not absolve Israel of these duties and its ultimate responsibility for healthcare in the oPt, per Geneva Convention IV Article 8 which establishes that the occupied population "may in no circumstances renounce in part or in entirety the rights secured to them by the present Convention", and Article 47, which requires that:

"[p]rotected persons who are in occupied territory shall not be deprived, in any case or in any manner whatsoever, of the benefits of the present Convention ... by any agreement concluded between the authorities of the occupied territories and the Occupying Power".¹⁸

2.2 INTERNATIONAL HUMAN RIGHTS LAW: THE RIGHT TO HEALTH AND NON-DISCRIMINATION

The jurisdiction and effective control that Israel exercises in the West Bank, including East Jerusalem, and Gaza means that its conduct is also governed by International Human Rights Law (IHRL), as recognised by the ICJ,¹⁹ the UN General Assembly,²⁰ and human rights treaty bodies.

This includes obligations under the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), to which Israel is a State party. Article 12 of the Convention obligates Israel to respect, protect and fulfil the right of everyone in its jurisdiction to the enjoyment of the highest attainable standard of physical and mental health. According to the Committee on Economic, Social and Cultural Rights (CESCR), the right to health "extend[s] not only to timely and appropriate healthcare" but encompasses social-economic conditions and other underlying determinants including: "access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information"²¹

States must ensure healthcare and these underlying determinants of health are available, accessible, acceptable and of sufficient quality. Article 2 of the Convention obligates Israel to guarantee this right to all those subject to its jurisdiction without discrimination of any kind, including with regards to race, religion and national or social origin.

The right to health is also recognised under Article 5 of the 1965 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), under which States parties undertake to "prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law" including in the enjoyment of "the right to public health, medical care, social security and social services".²² Article 3 of the Convention further requires States parties to "condemn racial segregation and apartheid and undertake to prevent, prohibit and eradicate all practices of this nature in territories under their jurisdiction."

2.3 THE RIGHT OF RETURN FOR PALESTINIAN REFUGEES

The right of every person “to leave any country, including his own, and to return to his country” is a foundational principle of IHRL reflected in the Universal Declaration of Human Rights (UDHR).²³ This right was later codified in Article 12(4) of the International Covenant on Civil and Political Rights (ICCPR), which provides that “no one shall be arbitrarily deprived of the right to enter his own country”, and Article 5(a)(ii) of ICERD. This right applies not only to those directly expelled, but also those with “close and enduring connections” to a country, and “is not limited to nationality in a formal sense, that is, nationality acquired at birth” but can include “individuals whose country of nationality has been incorporated in or transferred to another national entity, whose nationality is being denied them.”²⁴

The right of Palestinian refugees to remedy and to return to their homes and property was recognised in UN General Assembly Resolution 194, which resolved that:

“[Palestinian] refugees wishing to return to their homes and live at peace with their neighbours should be permitted to do so at the earliest practicable date, and that compensation should be paid for the property of those choosing not to return and for loss of or damage to property which, under principles of international law or in equity, should be made good by the Governments or authorities responsible.”²⁵

This resolution has since been reaffirmed consistently by the UN.²⁶ The right of Palestinians to return has also been recognised by UN treaty bodies. For example, in its review of Israel in 1998, the Committee on the Elimination of Racial Discrimination (CERD) stated: “The right of many Palestinians to return and possess their homes in Israel is currently denied. The State party should give high priority to remedying this situation.”²⁷ In 2007 it called on Israel to “assure equality in the right to return to one’s country and in the possession of property.”²⁸



Surveillance cameras in Silwan. (Photo credit: William Parry)

3. SYSTEMATIC DISCRIMINATION AND FRAGMENTATION AS KEY BARRIERS TO PALESTINIAN HEALTH

Common Article 1 of ICCPR and ICESCR establishes that “[a]ll peoples have the right of self-determination” by virtue of which they may “freely determine their political status and freely pursue their economic, social and cultural development.” Self-determination is a cardinal principle of international law, and a foundational right on which the realisation of other rights, including the right to health, depend. The international community, including the UK Government, has long affirmed that Palestinians constitute a people to whom this right is obligated.²⁹

Through our programmes across the oPt and refugee camps in Lebanon, MAP and its partners bear witness not only to the specific developmental and humanitarian challenges that Palestinian communities face in each area, but also to the broader phenomena affecting the Palestinian people as a whole. Though the conditions for Palestinians in these different areas are distinct, they are connected by policies and practices imposed on them collectively on the basis of nationality and ethnicity,³⁰ preventing the enjoyment of the rights to health and dignity, and inhibiting the development of a Palestinian healthcare system of sufficient availability, accessibility, acceptability and quality.³¹

This section outlines the ways in which Palestinians across MAP’s areas of operations endure policies and practices constituting systematic discrimination and fragmentation, targeting Palestinians based on their national identity, and how these impact their health and dignity.

SYSTEMATIC DISCRIMINATION AND FRAGMENTATION: DEFINITION OF TERMS

Systematic discrimination: “Systematic” violations of human rights – including violations of the prohibition on racial discrimination – are those that occur “in a definite organized pattern, with consistent frequency, indicating an intentional, concerted, planned action to commit such acts.”³²

ICERD defines racial discrimination as:

“...any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.”³³

The CERD has affirmed that Israel is prohibited from discriminating against Palestinian citizens of Israel and Palestinians in the oPt, and recommended that Israel “ensure equal treatment for all persons on the territories under its effective control and subject to its jurisdiction [and] amend or revoke any legislation that do not comply with the principle of non-discrimination.”³⁴

Fragmentation: “Fragmentation” refers to the ways in which the Palestinian people and institutions have been divided geographically, socially, economically and politically by Israel’s policies and practices.

The geographic separation of Palestinians is a key element of the fragmentation they endure within and between areas of the oPt, and is imposed through policies and practices including the separation wall and other movement barriers; settlements and *de facto* annexation in the West Bank; *de jure* annexation of East Jerusalem; the closure of Gaza; controls on travel abroad; and the imposition of a stratified ID system and permit regime. As UN Special Rapporteur Michael Lynk has highlighted: “This fragmentation ... splinters the delivery of Palestinian health services and deforms the social determinants of health throughout the occupied Palestinian territory.”³⁵

Israel’s denial of the right of return of refugees and prohibition on Palestinian family unification also entrench the fragmentation of the Palestinian people.³⁶ Fragmentation denies the Palestinian people the ability to “freely determine their political status and freely pursue their economic, social and cultural development” and therefore prevents the exercise of their collective right to self-determination.³⁷ It has caused unequal parallel development, and stymied the building of vital institutions such as healthcare.

3.1 PALESTINIAN REFUGEES

Between 1947 and 1949, at least 750,000 Palestinians were expelled from or fled their homes in historic Palestine during violent events related to the creation of the state of Israel. An estimated 65% of Palestinian refugees were displaced to the West Bank and Gaza, and the remaining 35% sought refuge mainly in Jordan, Lebanon, Syria and Egypt.³⁸ 150,000 Palestinians remained in the land that became Israel, including 30-40,000 people who were internally displaced.³⁹ These events, known by Palestinians as the Nakba (“catastrophe”), began more than seven decades of fragmentation for the Palestinian people. Today, there are an estimated 7.94 million Palestinian refugees, including 5.7 million registered with the UN Relief and Works Agency for Palestinian Refugees (UNRWA) – established by the international community in the immediate aftermath of the Nakba as a temporary mechanism to deliver humanitarian assistance and protection for registered refugees until the realisation of their rights – across the oPt, Lebanon, Syria and Jordan.⁴⁰

PALESTINIAN CITIZENS OF ISRAEL

Palestinians who remained in present-day Israel after 1948 were absorbed as Palestinian citizens of Israel, living under martial law until 1966 and now comprising one fifth of Israel’s population.⁴¹ Today, they continue to face legal and social discrimination and inequity – including as a result of more than 65 discriminatory laws – leaving them disadvantaged in healthcare, employment and education.⁴²

Palestinian refugees’ right to return to their homeland and to compensation for loss or damage to their property (see above 2.3) are denied by a discriminatory legal framework in Israel, including the 1950 Law of Return and 1952 Citizenship Law, which permit immigration and citizenship for Jewish people, while denying return and citizenship to Palestinian refugees.⁴³ The 1950 Absentee Property Law further denied Palestinian refugees’ rights by allowing for confiscation of land owned by those who were expelled or fled in 1947-48.⁴⁴

Israel's discriminatory rejection of Palestinian refugees' rights imposes on them a life of permanent limbo, with many continuing to languish in unhealthy and unsanitary refugee camps; dependent on international aid; and, cut off from their compatriots, unable to sustainably build essential healthcare infrastructure.⁴⁵ Furthermore, UNRWA relies almost entirely on voluntary contributions and is chronically underfunded, seriously hampering its ability to deliver essential health, education and social services and leaving Palestinian refugees even more precarious.⁴⁶

In the oPt, more than 2.3 million refugees are registered with UNRWA and endure the same challenges of living under occupation, blockade and annexation outlined below, with the additional burdens of overcrowded refugee camps and underfunded service provision.⁴⁷

In Lebanon, where MAP has worked since the 1980s, perpetual forced displacement, and discrimination and marginalisation within Lebanese society, place the population of approximately 270,000 Palestinian refugees in a state of permanent humanitarian crisis, characterised by manifold social, political, and economic challenges to their physical and mental health, including poverty and poor living conditions.⁴⁸

The semi-permanent system of healthcare which has developed to address these needs, comprising UN agencies, local and international NGOs and private providers, remains piecemeal and chronically under-resourced.⁴⁹ As a result, Palestinian refugees struggle to access adequate services to meet their needs. This situation has been deeply exacerbated by Lebanon's economic crisis since 2019.⁵⁰

The Lebanese government's discriminatory laws and practices, including restrictions on Palestinians' right to work, cause social marginalisation and violate other fundamental rights including to health, shelter, food and water. This not only holds back the refreshing of the human resources needed to maintain Palestinian-focused healthcare in Lebanon, but also restricts the development of an educated, empowered and professionalised Palestinian workforce who would be able to contribute to the building of Palestinian society and the economy on the realisation of their right to return.⁵¹ The Lebanese government is obligated to respect and protect refugees' rights, including rights to the highest attainable standard of health, to work, to adequate housing and to education.

Fundamentally, however, those rights cannot be realised in a context of permanent displacement which cuts them off from their compatriots. As MAP concluded in its 2018 *Health in Exile* report: "Ultimately, unaddressed displacement and dispossession lie at the heart of the Palestinian refugees' perpetual dependence on aid."⁵² Israel's systematic, discriminatory denial of return, and the fragmentary impacts this has on Palestinian society, are thus fundamental barriers to the health and dignity of refugees and their ability to contribute to the sustainable development of healthcare institutions to serve the Palestinian people.



Palestinians in Lebanon's Shatila refugee camp. (Photo credit: Ahmad Laila)



OCHA recorded 593 obstacles to Palestinians' movement in the West Bank in 2020. (Photo credit: William Parry)

3.2 **OCCUPIED** **PALESTINIAN** **TERRITORY**

Israel has occupied the West Bank, including East Jerusalem, and Gaza, for more than 54 years. This occupation has been characterised by discriminatory policies and practices that fragment Palestinian communities and systematically deny them rights in ways that severely undermine health and dignity.

3.2.1 **THE WEST BANK**

Since the signing of the Oslo II Accord in 1995, the West Bank beyond East Jerusalem has been split into three territorial categories: Areas A, B and C. The PA maintains civil and political control in Area A which comprises roughly 18% of the West Bank. A further 22% of the land designated Area B is under PA civil control and shared PA-Israeli security control. With Israel's military authorities making regular incursions into Areas A and B and controlling the movement of Palestinian security forces between them, these areas have become permanently disconnected – and fragmented – islands of Palestinian semi-autonomy under Israel's continued effective control.

Area C comprises the 60% of the West Bank which remains under full Israeli civil and military control, where Israeli authorities dictate all plans for Palestinian construction, development, and movement. Approximately 300,000 Palestinians live in 532 residential areas entirely or partially in Area C, alongside more than 400,000 Israelis living in 230 illegal settlements and "outposts".⁵³

These settlements are maintained through a physical infrastructure of restricted roads, permanent and flying checkpoints, military bases and closed military areas, and other restrictions which facilitate free movement of settlers around the West Bank and across the Green Line, while severely curtailing Palestinian movement. In 2020, the UN Office for the Coordination of Humanitarian Affairs (OCHA) recorded 593 movement obstacles – many of which exist to facilitate the presence of settlements.⁵⁴

Israel's settlement project is upheld through a discriminatory and restrictive planning regime that privileges settlement construction while preventing Palestinians from building homes and essential infrastructure such as healthcare in Area C. Between 2009-2018, Israel granted 98 permits – just 2% of those requested – for Palestinian construction in Area C.⁵⁵ Such restrictive practices essentially make it impossible for Palestinians to "legally" construct on their own land, leaving them vulnerable to Israeli demolition orders. In that same decade, Israeli authorities demolished 4,636 Palestinian structures citing a lack of permits, including emergency shelters, agriculture, water and sanitation structures, and 1,270 inhabited homes.⁵⁶

Palestinians in Area C are therefore forced to choose between building without permits, risking demolition and displacement, or moving away. Construction in illegal settlements, meanwhile, is actively promoted by the Israeli government. Between 2009 and 2018 construction was initiated on 19,346 settlement housing units in the West Bank, excluding East Jerusalem.⁵⁷ The settler population in the West Bank increased by more than 100,000 during that period.⁵⁸ While Israeli settlements enjoy ready access to water, electricity and other essential infrastructure, most Palestinian communities in Area C are not connected to the water or electricity network.

The coercive environment which facilitates the presence of the settlements also comprises a range of abusive Israeli military practices, which have serious deleterious impacts on the mental and physical wellbeing of Palestinian communities, including the military detention of Palestinian children and night raids on Palestinian homes.⁵⁹ Palestinian communities also face the growing threat of violent attacks by settlers, often in the presence of the Israeli military.

The purportedly temporary post-Oslo division of the West Bank has crystallised into a reality of *de facto* annexation, geographic fragmentation, and unequal access to resources. UN Special Rapporteur Michael Lynk has described this context as “the permanent alien rule of one people over another, encased in a two-tiered system of unequal laws and political rights ... based entirely on nationality and ethnicity.”⁶⁰ This situation has profound implications for Palestinian health, and has entrenched health inequalities between Palestinians and Israelis.

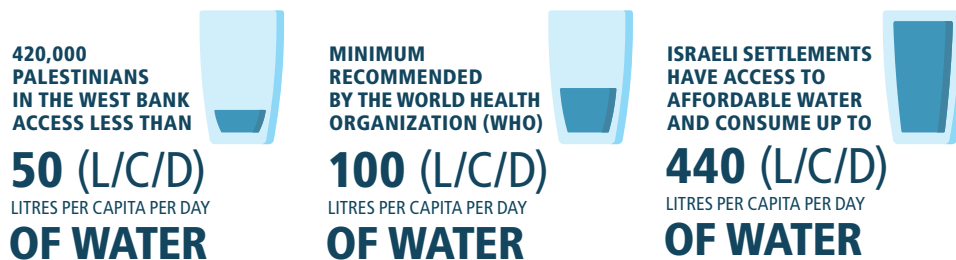
A UNDERLYING DETERMINANTS OF HEALTH: WASH, SHELTER, FOOD SECURITY AND A HEALTHY ENVIRONMENT

Israel’s control over the West Bank systematically denies Palestinians equitable access to key underlying determinants of health including access to shelter; water, sanitation and hygiene (WASH); livelihoods and food security; and a healthy environment.

SHELTER: Housing is a known social determinant of health, directly undermined by Israel’s discriminatory planning regime and other punitive policies in the West Bank. The pervasive threat and practice of demolitions creates an insecure and coercive environment for Palestinian residents, with devastating impacts on mental health.⁶¹ Though the Government of Israel stated that it would pause almost all demolitions during the COVID-19 pandemic,⁶² the number of Palestinians made homeless by demolitions reached a four-year high in 2020, and there was a 40% increase in demolitions by July 2021 compared with the same period in 2020.⁶³ These demolitions are additionally harmful during the pandemic as they inhibit necessary infection control measures and compound exposure of affected families to food insecurity and dependency on humanitarian assistance.



In the Jordan Valley, 23% of Bedouin children are stunted, a condition linked to undernutrition. (Photo credit: Cavan Images / Alamy Stock Photo)



WATER: Almost 660,000 Palestinians in the West Bank have limited access to water.⁶⁴ Many Area C communities must purchase water tanks from private sellers, paying up to 400% more per litre than those connected to a water network, costing up to 18% of total family income.⁶⁵ Some 420,000 Palestinians in the West Bank, including 150,000 in Area C, access less than 50 litres per capita per day (l/c/d) of water, half of the 100 l/c/d minimum recommended by the World Health Organization (WHO).⁶⁶ Some Area C communities consume just 20 l/c/d.⁶⁷ By contrast, Israeli settlements have access to permanent, unlimited and affordable water supply and consume up to 440 l/c/d.⁶⁸ This inequality results in large part from the diversion of water resources from Palestinian lands to Israeli settlements by Mekorot, an Israeli government company that operates dozens of wells and reservoirs in Area C. For example, in the settlement of Ma'ale Adumim, settlers have access to a water supply around four times greater than Palestinians in East Jerusalem.⁶⁹

Limited access to water has clear impacts on the health and living standards of affected Palestinian communities, who must limit their consumption by reducing daily drinking water or domestic uses, affecting hygiene standards. During the COVID-19 pandemic, the health risks associated with limited water access are heightened, particularly for children and elderly people, as households are impeded from implementing infection control measures. Nevertheless, in 2020, Israel demolished or confiscated 83 WASH structures, citing a lack of building permits.⁷⁰

LIVELIHOODS AND FOOD SECURITY: While more than three quarters (78%) of Area C households rely on agriculture and livestock for part of their household incomes, these livelihoods are directly impeded by Israel's discriminatory planning and zoning policies, frequent demolitions of structures such as livestock shelters, and restrictions on access to land.⁷¹ Livelihoods are also undermined by the separation wall which, by design, has enveloped settlements while excluding Palestinian populations, cutting thousands of Palestinians off from their lands. A significant proportion of Palestinian households in Area C (38%) rely on insecure employment and daily wages for part of their income, with many of these (38%) working in Israel or settlements.⁷²

As a result, poverty and food insecurity remain persistent challenges in Area C. In the Jordan Valley, which lies largely in Area C, 16% of Palestinian children under five are stunted (small for their age), rising to 23% among Bedouin children.⁷³ Children from homes exposed to forced displacement have a higher prevalence of stunting (19%) than children who had never been forcibly displaced (10%). Stunting has been linked to life-long impacts on physical health, cognitive development, and educational and economic outcomes.⁷⁴

HEALTHY ENVIRONMENT: Industrial pollution, quarrying, waste dumping and untreated wastewater runoff from Israeli settlements present significant environmental hazards to Palestinian health. Israeli environmental regulations are less stringently monitored in the 11 industrial settlements in the West Bank than inside Israel.⁷⁵ The presence of industrial settlements such as Nizanei Shalom, where the Geshuri chemical works is located near the Palestinian city of Tulkarm, have been associated with poor health outcomes in nearby Palestinian communities including "high rates of cancer, asthma, and eye and respiratory health anomalies compared with residents in other districts."⁷⁶ Each year, 2.5 million cubic metres of untreated wastewater from settlements is disposed of into streams and absorption pits in the West Bank, severely affecting Palestinian communities.⁷⁷

B THREATS TO HEALTH: ATTACKS ON PALESTINIAN HEALTHCARE AND CIVILIANS

Pervasive violence from Israeli forces and settlers present direct threats to Palestinians' physical and mental health in the West Bank. The rate of violent attacks from settlers, often occurring with full knowledge and complicity of Israeli forces, has risen in recent years. In 2020, 771 incidents of settler violence were recorded, and 135 Palestinians injured as a result.⁷⁸ While Palestinians in the West Bank are held under military law and frequently prosecuted and punished through military courts for actual or perceived violent acts, settlers are tried in Israel's civilian legal system and regularly afforded impunity for violent attacks on Palestinians.⁷⁹

The systematic use of excessive force against Palestinians by Israeli forces – including those protesting the illegal takeover of their land – also presents a persistent threat to physical and mental health. During more than 100 days of protest against the establishment of a settlement outpost near Beita, Israeli forces injured 972 Palestinians and killed seven.⁸⁰ The presence of an occupying military exposes Palestinians to manifold traumatic and humiliating experiences, including house raids; military detention and interrogation, including of minors; degrading treatment at checkpoints; settler and military violence; and bureaucratic barriers to healthcare, education, and family life.⁸¹ Experience of humiliation – “an internal experience where the victim has feelings of having been unjustly treated and debased”⁸² – has been associated with higher levels of fear, depression and stress among Palestinians in the West Bank.⁸³ According to the WHO, insecurity in employment, housing and income caused by the demolition of Palestinian homes and businesses and exposure to violence, adversely affect mental health and wellbeing for Palestinians.⁸⁴

These conditions are particularly damaging to children's mental wellbeing. Between 500 and 700 children are arrested, detained and prosecuted in Israeli military courts each year.⁸⁵ A majority experience physical and psychological abuse, resulting in anxiety, depression, behavioural changes, eating and sleeping disorders, and other physical manifestations of trauma.⁸⁶

Palestinian healthcare workers are also frequently subjected to violence. In 2019, 226 attacks on health workers and facilities were recorded in the oPt, with 304 health personnel injured.⁸⁷ Such attacks have continued despite the COVID-19 pandemic.⁸⁸ During May 2021, the Palestinian Red Crescent Society (PRCS) reported almost daily attacks on their staff and facilities in the West Bank, with three ambulances put out of use due to damage.⁸⁹ Israeli forces frequently impede the work of Palestinian health workers, including by preventing access to the wounded, delaying the transportation of injured people, and physically assaulting paramedics and ambulances.



Palestinian paramedic injured by a gas cannister during the Great March of Return. (Credit Image: © Ahmad Hasaballah/IMAGESLIVE via ZUMA Wire)

C DEVELOPMENT AND ACCESSIBILITY OF HEALTHCARE

Israel's physical, legal and administrative restrictions inhibit the development of and access to healthcare in the West Bank. There are no permanent Palestinian health centres serving Palestinians in Area C, and temporary infrastructure is frequently targeted for demolition.⁹⁰ Area C communities are therefore deprived from developing local and sustainable healthcare, leaving over 170,000 people chronically reliant on emergency stopgaps such as mobile clinics.⁹¹ Where infrastructure does exist, for example in areas A and B, Palestinians in Area C must navigate obstacles including checkpoints, roadblocks, and fences to reach services. Around half of Palestinian Area C communities are more than 30 km away from their closest clinic.⁹²

All Palestinians with a green West Bank ID must obtain a permit from Israeli authorities to cross the separation wall and access essential services in occupied East Jerusalem, through a process the WHO has described as "neither transparent nor timely".⁹³ In 2019, 13.5% of West Bank patients' applications for permits were denied, while the rate of denial for their companions was 17%.⁹⁴

Most Israeli settlements, by contrast, are designated by the government as "National Priority Areas", and thus receive subsidies including for healthcare, education and local development, and benefit from investment in transport infrastructure that enables settler travel between the West Bank, East Jerusalem and Israel, unobstructed by checkpoints or other measures imposed on Palestinians.⁹⁵

3.2.2 EAST JERUSALEM

In 1967 Israel extended its laws and administration over East Jerusalem, in violation of the absolute prohibition on the acquisition of territory by force under international law. The annexation of East Jerusalem, formalised in 1980, has been consistently repudiated by the international community through numerous UN Security Council resolutions declaring it "null and void".⁹⁶

Israel imposes the status of "permanent residency" on the more than 358,000 Palestinian Jerusalemites, essentially rendering them stateless in their own land, while more than 225,000 Israeli settlers live in East Jerusalem with full citizenship and access to all the benefits and securities it affords.⁹⁷ Palestinian Jerusalemites are required to pay taxes to the Israeli authorities but do not enjoy equal access to municipal services as Israeli Jews, including those living in East Jerusalem settlements. As B'Tselem has observed:

"The Jerusalem Municipality deliberately avoids significantly investing in infrastructure and services in the Palestinian neighborhoods – including roads, pavements, water and sewage systems, schools and cultural institutions."⁹⁸

While Israelis may leave and return as they please – to Israel or illegal settlements in the West Bank – Palestinians are required to continuously prove that their so-called 'centre of life' is in Jerusalem to retain the right to live in the city of their birth. Since 1967, more than 14,700 Palestinians have had their residency revoked by Israel,⁹⁹ in turn losing access to social benefits including healthcare.¹⁰⁰

Israel's illegal construction of a separation wall since 2003, and its associated permit and closure regime, has cut off around 90,000 Palestinians living in East Jerusalem from the rest of the city.¹⁰¹ The route of the wall intentionally incorporated and *de facto* annexed Israeli settlements in the occupied West Bank, while separating densely populated Palestinian neighbourhoods from Jerusalem.¹⁰² These neighbourhoods now beyond the wall, including Kufr Aqab, Shuafat refugee camp and Anata, have been deliberately neglected by the Jerusalem municipal authorities, suffering inadequate access to services and severe overcrowding.

Israel's systematic discrimination against Palestinians from Jerusalem is enshrined in the discriminatory "demographic goals" of its master plans for the city, through which it has continuously and overtly sought to transfer Palestinians from the city while seeking to maintain an Israeli-Jewish demographic majority.¹⁰³ Israel's isolation of East Jerusalem from the rest of the West Bank entrenches the fragmentation of Palestinian communities. These discriminatory policies have profound impacts on Palestinian health and access to healthcare.

A UNDERLYING DETERMINANTS OF HEALTH: POVERTY, INFRASTRUCTURE, AND ACCESS TO SERVICES

Palestinians in East Jerusalem face a discriminatory planning and zoning regime, and are permitted to build on only 13% of land in East Jerusalem, much of which is already built up.¹⁰⁴ This has led to severe overcrowding in Palestinian neighbourhoods, frustrating social distancing measures during the COVID-19 pandemic.¹⁰⁵ Only 16.5% of housing permits in Jerusalem are granted to Palestinians, forcing most to build without, risking the demolition of their homes.¹⁰⁶ In 2019 alone, 236 Palestinians, including 122 children, were displaced as a result of demolitions in Jerusalem.¹⁰⁷ At least one third of Palestinian homes in the city lack a building permit, placing 100,000 Palestinians at risk of displacement.¹⁰⁸ Meanwhile 45% of all building permits granted by the Jerusalem municipal authorities between 1991 and 2018 were in settlements in the annexed east of the city.¹⁰⁹

The impact of decades of discriminatory Israeli rule on the underlying social determinants of health is starkly evident in Jerusalem.¹¹⁰ While 72% of Palestinian families in the city live in poverty, only 26% of Jewish families do.¹¹¹ A third (32%) of Palestinian children in East Jerusalem drop out of school by the age of 16, compared to just 1.5% of Jewish children in the city.¹¹² The Jerusalem Municipality operates six mother and child clinics serving Palestinian communities in Jerusalem, equivalent to 1.8 clinics per 100,000 of the population, compared to 25 in Jewish neighbourhoods, a rate of 4.4 clinics per 100,000.¹¹³ There are also significant disparities in education, welfare, transportation, water and sewage infrastructure.¹¹⁴

THE JERUSALEM MUNICIPALITY OPERATES...



The systematic neglect and de-development of healthcare in East Jerusalem has been clearly demonstrated in the context of the COVID-19 pandemic. Palestinian communities faced a lack of testing facilities, particularly in the first few months of the pandemic. Palestinian NGO-run hospitals in the city, already facing chronic under-funding, have contended with shortages of ICU beds, ventilators, and personal protective equipment.¹¹⁵

B DIRECT THREATS HEALTH: INSECURITY AND VIOLENCE

Pervasive violence from Israeli forces and settlers in Jerusalem directly impacts Palestinians' physical and mental health. For example, more than 1,500 Palestinians were injured by Israeli forces and settlers during protests against discriminatory practices in Jerusalem in April-June 2021.¹¹⁶ Al Saraya Center, a MAP partner providing psychosocial support to Palestinian youth in the Old City, reported that the children they work with had suffered "physical and mental bruises" and suffered "feelings of frustration, fear and insecurity in their own neighborhood."¹¹⁷ Military detention by Israeli forces also carries risks of physical and mental abuse, with 73% of children reporting that they had endured physical violence and 55% reporting verbal abuse and intimidation in 2019.¹¹⁸

C ACCESS TO HEALTHCARE: CHECKPOINTS, SEPARATION WALL, PERMIT REGIME

A network of six Palestinian non-governmental hospitals in East Jerusalem provide an array of treatments unavailable anywhere else in the oPt, including radiotherapy and other specialist oncology treatments; complex eye and heart surgeries; and treatments for inherited metabolic disorders. Access to these hospitals is therefore essential for the health of many patients from the rest of the West Bank and Gaza.¹¹⁹

Palestinians without Jerusalem IDs must obtain an Israeli-issued permit to enter Jerusalem and receive treatment at these hospitals. The process of obtaining a permit is complicated, stressful and confusing for patients and their family members in the West Bank and Gaza (see 3.2.1 and 3.2.3).

The separation wall and checkpoints also impede the duties of Palestinian health workers carrying patients to these hospitals from outside Jerusalem. In almost all cases – 97% in 2020 – ambulances traveling from the West Bank must undergo “back-to-back” procedures at checkpoints into the city, whereby patients are transferred from Palestinian-registered ambulances to Israeli-registered ambulances.¹²⁰ This process delays transit and creates unnecessary risk and discomfort for patients. Israeli ambulances traveling from illegal settlements in the West Bank face no such restrictions, and have unimpeded access to travel between settlements in the oPt and Israel.

3.2.3 GAZA

Gaza is one of the most densely-populated areas of the world, with two million Palestinians – 70% of whom are refugees – living in an area of 365km². In 2005, Israel removed its settlements from inside Gaza but maintained its occupation and control over its land, sea, airspace, population registry and economy. Since 2007, Israel has imposed an intensified closure and blockade, cutting Gaza off from the West Bank and East Jerusalem through a policy of separation. The International Committee of the Red Cross (ICRC) has termed the closure “a collective punishment imposed in clear violation of Israel’s obligations under international humanitarian law.”¹²¹

This illegal closure has severely limited the movement of people and goods in and out of Gaza, resulting in economic collapse¹²² and a man-made humanitarian crisis characterised by high rates of poverty, food insecurity and de-development.¹²³ The UN estimates that the closure cost the Palestinian economy \$16.7bn between 2007 and 2018.¹²⁴ Since 2007, Gaza has also experienced four major Israeli military offensives which have caused widespread death and injury, and significant, repeated damage to homes and essential infrastructure including healthcare. In 2012, the UN predicted that Gaza’s prolonged economic and humanitarian collapse would make it unliveable by 2020. This threshold has indeed been crossed, with basic needs in Gaza upheld only through international aid, on which 80% of the population are dependent.¹²⁵

Closing Gaza and separating it off from the rest of the oPt further fragments Palestinian society, economy and institutions. As Gisha has highlighted, Israel’s policies in the West Bank and Gaza are inextricably linked:

“Israel’s control over each individual area, the residency status and extent of the rights it grants to Palestinians living there, express an overarching goal that has defined the state’s practices over the years: a desire for maximum land with minimum Palestinians ... Israel has pursued a ‘divide and conquer’ strategy, weakening Palestinian institutions that would underpin a state, and engages in population control by encouraging, coercing and preventing movement in ways that meet its demographic goals.”¹²⁶

Israel has created a situation of permanent insecurity for Palestinians in Gaza, over whose lives and basic needs it maintains control, while justifying its collective punishment as necessary for the security of its own citizens. This discriminatory control has profound impacts on Palestinian health and healthcare.

A UNDERLYING DETERMINANTS OF HEALTH: POVERTY, FOOD INSECURITY, AND BASIC AMENITIES

Israel's closure has drastically undermined enjoyment of social determinants of health. Gaza has the highest unemployment rate in the world (49%) and more than half of the population live in poverty – estimated to reach 64% by the end of 2021.¹²⁷ Israel imposes severe limits on access to fishing waters and a “buffer zone” covering approximately 35% of Gaza's cultivable land.¹²⁸ As a result, more than two thirds (68%) of people are food insecure, and one in ten children is stunted.¹²⁹

Gaza is suffering an enduring electricity crisis, limited to 13 hours of mains power each day.¹³⁰ The pumping of untreated wastewater into the sea has polluted Gaza's coastline, contaminating 75% of the water along its shores.¹³¹ 97% of fresh water is undrinkable, and nearly a quarter of the population is not connected to a sewage network, leaving one million people suffering from insufficient access to WASH services.¹³² More than a quarter of diseases reported in Gaza, prior to the COVID-19 pandemic, were attributable to poor water quality.¹³³ Lack of access to clean water has frustrated hygiene measures needed to contain the spread of COVID-19. Israel's diversion of water sources that previously replenished Gaza's groundwater has contributed to the inaccessibility of water, paralleling discriminatory water policies in the West Bank.¹³⁴

B DIRECT THREATS TO HEALTH: ATTACKS ON PALESTINIAN HEALTHCARE AND CIVILIANS

Israel's repeated military assaults on Gaza (2008-9, 2012, 2014 and 2021) have exacted a staggering toll on Palestinian health. More than 4,000 Palestinians have been killed and nearly 20,000 injured,¹³⁵ and over 245,000 Palestinian homes have been damaged.¹³⁶ During their systematic use of excessive force against demonstrators at the 2018-2019 “Great March of Return” protests, Israeli forces killed 214 Palestinians and shot more than 7,000 with live ammunition, many of whom are still undergoing limb reconstruction treatment today.¹³⁷

Beyond the massive physical injury toll, Israel's military violence has also had a profound impact on the mental health and wellbeing of Gaza's residents. A child of 14 in Gaza has lived their whole life under blockade, and witnessed four major military assaults. A majority of children in Gaza report feelings of depression (62%), grief (55%), and persistent fear (50%), and caregivers report their children being nervous (93%), having frequent nightmares (63%) and bedwetting (53%).¹³⁸ The UN estimates that 198,000 children are at risk of moderate or severe mental health conditions and 242,000 adults need access to mental health and psychosocial support services.¹³⁹ There is arguably no “post” traumatic stress in Gaza: the impact of perpetual violence and blockade is cumulative.¹⁴⁰ Gaza has also seen a worrying rise in suicides as socioeconomic conditions have deteriorated.¹⁴¹



Palestinians evacuate a body from the site of Israeli strikes in Gaza City May 17, 2021. (Photo credit: Mohammed Zaanoun)

Gaza has also experienced recurrent attacks on healthcare. Successive military operations between 2008 and 2014 saw 147 cases of hospitals and primary health clinics being damaged or destroyed; 80 cases of ambulances being damaged or destroyed; and 145 medical workers injured or killed.¹⁴² At the “Great March of Return” demonstrations, Israeli forces killed at least three and injured 845 health workers, and damaged 112 ambulances.¹⁴³ During the escalation in May 2021, Israel damaged more than 30 healthcare centres, including the near-total destruction of a COVID-19 testing and vaccination clinic, and killed two doctors and a psychologist.¹⁴⁴ Repeated attacks are fuelled by Israel’s consistent failure to conduct genuine investigations into potential serious violations of international law, or to hold wrongdoers to account.¹⁴⁵ This situation led the 2019 UN Commission of Inquiry to conclude that the oPt is “one of the most dangerous places in the world for healthcare workers.”¹⁴⁶

These attacks have accelerated the degradation of Gaza’s beleaguered healthcare system and its ability to provide adequate care to the population. The frequent need to respond to conflict and mass casualties has also skewed services toward emergency response, diverting limited resources and skills away from elective surgeries, chronic disease management, and preventative medicine.

C DEVELOPMENT AND ACCESSIBILITY OF HEALTHCARE

Restrictions on the movement of people and goods, and increasing economic damage, have prevented Gaza’s healthcare system from developing in line with the population’s needs. Moreover, the separation of Gaza from the West Bank, exacerbated by Palestinian political divisions, are causing the unequal and fragmented development of healthcare institutions, and frustrating the creation of a cohesive healthcare system to serve all Palestinians.

Gaza suffers persistent shortages of basic medical resources. According to the Ministry of Health, in August 2021, 38% of essential medicines (including for oncology, primary care and intensive care) and 22% of medical disposables (including for heart cardiological surgery and haemodialysis) were at “zero stock”, meaning less than one month’s supply was available at Gaza’s Central Drug Store.

Healthcare workers are routinely denied permits to access training or professional development opportunities outside of Gaza, exacerbating shortages of specialists in cardiovascular surgery, oncology, neurosurgery and other key disciplines.¹⁴⁷ Israel also imposes a “dual-use” list, severely restricting or prohibiting the import of materials it considers to have potential military use, including carbon fibre and epoxy resins used to treat limb injuries, x-ray scanners and medical radioisotopes.¹⁴⁸

Due to the unavailability of some services locally, many patients must travel to East Jerusalem, the West Bank or abroad for treatment. Access to healthcare outside of Gaza is, however, contingent on obtaining a permit from the Israeli authorities. The approval rate of permits declined significantly from 92% in 2012 to 65% in 2019 before the COVID-19 pandemic.¹⁴⁹ In 2019 Israel denied 9% of exit permit applications, and delayed 26% past the appointment date.¹⁵⁰ Of patients referred outside Gaza, 31% required cancer treatment.¹⁵¹ Cancer patients whose initial permit application was unsuccessful have been found to have a significantly higher (1.45x) mortality rate than those who were successful.¹⁵² Five-year survival rates for breast cancer and colorectal cancer in Gaza are significantly lower than for Israelis (see 4.2), illustrating how the fragmentation of the Palestinian healthcare system has tangible impacts on health outcomes.

IN 2019 ISRAEL

DENIED 9%
OF GAZA PATIENT EXIT
PERMIT APPLICATIONS



DELAYED 26%
PAST THE APPOINTMENT DATES



4. UNEQUAL TREATMENT MEANS UNEQUAL HEALTH OUTCOMES

Through occupation, blockade and annexation, Israel maintains effective control over the lives of all people living either side of the Green Line, comprising approximately 6.8 million Palestinians and 6.8 million Jewish Israelis.¹⁵³ As Physicians for Human Rights Israel recently explained:

*"As things now stand, Israel controls the entire region between the Jordan River and the Mediterranean Sea and maintains two systems of law: one grants privileges to Israelis while the other deprives Palestinians of their rights and dispossesses them of many resources."*¹⁵⁴

Israel exerts its power in ways that systematically discriminate against Palestinians and fragment Palestinian society and institutions including healthcare, in turn preventing Palestinians across the oPt from enjoying their right to the highest attainable standard of physical and mental health.

Israel's domestic laws which deny Palestinian refugees their inalienable right to return are also discriminatory, entrench fragmentation, and are the root cause of the protracted humanitarian crisis which has long denied them full enjoyment of health and dignity while in exile.

Inevitably, this has led to divergent health outcomes for Palestinians and Israelis. The data below illustrate the entrenched health and healthcare inequalities which exist – and are growing – between Israeli citizens (including settlers in the West Bank), and Palestinians in the oPt.¹⁵⁵

4.1 HEALTHCARE SYSTEM CAPACITIES

HOSPITAL BEDS: There are 87 hospitals and 6,552 hospital beds in the oPt – a rate of 1.28 beds per 1,000 people.¹⁵⁶ In Israel, there are 2.9 beds per 1,000 people.¹⁵⁷

HOSPITAL BEDS:

IN OCCUPIED PALESTINIAN TERRITORY

1.28
PER 1,000 PEOPLE



IN ISRAEL

2.9
PER 1,000 PEOPLE



DOCTORS:

IN OCCUPIED PALESTINIAN TERRITORY

1.12
PER 1,000 PEOPLE



IN ISRAEL

3.29
PER 1,000 PEOPLE



UNIVERSAL HEALTH COVERAGE: 78% of Palestinians in the oPt, excluding occupied East Jerusalem, are covered by some form of pre-payment healthcare, mainly through Palestinian Government Health Insurance and UNRWA.¹⁵⁸ Many specialist treatments are unavailable at governmental hospitals, and so must be purchased from private providers in East Jerusalem or abroad. In Israel, universal health insurance legislation covers all citizens and documented residents, with 98% of the population covered by some form of insurance.¹⁵⁹ 45.5% of healthcare payments in the oPt are out-of-pocket, compared to just 6.5% for Israelis.¹⁶⁰

HEALTH WORKFORCE: In 2019, there were 1.12 doctors and 1.70 nurses per 1,000 people in the oPt,¹⁶¹ compared to 3.29 doctors and 5.01 nurses per 1,000 people in Israel.¹⁶² Fragmentation of the healthcare system has contributed to a shortage of certain specialists in some areas of the oPt, such as family practice, oncology, neurology, paediatric surgery and psychiatry.¹⁶³

4.2 HEALTH OUTCOME INEQUALITIES

VACCINATIONS: While the Palestinian Ministry of Health reports high rates of routine vaccinations, the COVID-19 pandemic has highlighted divergence in non-routine, emergency vaccinations. In Israel, 62% of the population is fully vaccinated against COVID-19 at time of writing, including settlers in the West Bank plus Palestinian residents of occupied East Jerusalem who are covered by Israel's vaccination programme.¹⁶⁴ In the West Bank (excluding East Jerusalem) and Gaza, less than 30% of the population is fully vaccinated.¹⁶⁵

LIFE EXPECTANCY AT BIRTH: Average life expectancy in the oPt is 74 years, in comparison to almost 83 years for Israelis. The gap between the two has increased from 7.9 to 8.8 years since 2000, indicating a growing divergence between the populations.¹⁶⁶

MATERNAL MORTALITY: In 2017, the maternal mortality ratio was 27 maternal deaths per 100,000 live births in the oPt, nine times higher than that in Israel, at three deaths per 100,000.¹⁶⁷

IN 2017

IN oPt
MATERNAL
MORTALITY IS
9 TIMES
HIGHER THAN
IN ISRAEL

IN oPt 
27 MATERNAL DEATHS
PER 100,000 LIVE BIRTHS

IN ISRAEL 
3 MATERNAL DEATHS
PER 100,000 LIVE BIRTHS

CHILD MORTALITY: The neo-natal mortality rate (deaths in the first 28 days of life) is 10.7 per 1,000 live births in the oPt, compared with 1.9 per 1,000 in Israel.¹⁶⁸ In the oPt, the under-five mortality rate is 19.4 per 1,000 live births, more than five times higher than in Israel, at 3.7 per 1,000.¹⁶⁹

CANCER MORTALITY: Women with breast cancer and patients with colon cancer in Gaza have been reported as having five-year survival rates of 65.1% and 50.2% respectively.¹⁷⁰ These survival rates are substantially lower than among patients in Israel, at 88% and 71.7% respectively.¹⁷¹

NON-COMMUNICABLE DISEASE: In the oPt, the mortality rates for many non-communicable diseases are higher than those in Israel, a discrepancy which is linked to poor management of such diseases due to the depleted capacities of the Palestinian health system:¹⁷²

- **ISCHEMIC HEART DISEASE (IHD):** the age-standardised mortality rate is 207.1 deaths per 100,000 people in the oPt, and 48.1 deaths per 100,000 people in Israel.
- **HYPERTENSIVE HEART DISEASE:** the age-standardised mortality rate is 37.3 deaths per 100,000 people in the oPt, and 1.95 deaths per 100,000 people in Israel.
- **STROKE:** the age-standardised mortality rate is 122.4 deaths per 100,000 people in the oPt, and 26.1 deaths per 100,000 population in Israel.
- **DIABETES:** the age-standardised mortality rate is 70.33 deaths per 100,000 people in the oPt, and 21.1 deaths per 100,000 people in Israel.

AVERAGE LIFE EXPECTANCY

IN oPt
74 YEARS



IN ISRAEL
IS ALMOST
83 YEARS

5. CONCLUSION AND RECOMMENDATIONS

Whether living under Israel's prolonged occupation or enforced exile in Lebanon, Palestinians in all areas where MAP operates endure a perpetual humanitarian crisis and the denial of their rights to health and dignity. The root causes of this dire situation are policies and practices that systematically discriminate against Palestinians, and entrench the fragmentation of Palestinian society and institutions including healthcare.

In 2018, Professor Michael Lynk concluded that Israel is "in profound breach" of its obligations regarding Palestinians' right to health:

*"At the heart of this chasm between the right to health and the harrowing conditions on the ground is what Dr. Paul Farmer has called the pathologies of power: the enormous gap in situations of structured inequality between those who control the power to decide and those without power who must bear the consequences of these rapacious decisions, until some combination of a vision for justice, an organized opposition and the display of an international conscience can bring these disparate relationships to an end."*¹⁷³

While the international community is increasingly recognising that a just peace will only be achievable if it is grounded in international law – and the recognition of the equal human rights of Palestinians and Israelis – the COVID-19 pandemic has exposed how the health and healthcare inequalities between these populations are only growing.

This situation is fuelled by the near-total impunity Israel enjoys for violations of its duties under international law.¹⁷⁴ Of 551 recommendations made to it by the UN bodies and mechanisms from 2009 to 2017, Israel has "fully implemented" just 0.4%.¹⁷⁵ Israel's non-compliance with international law is, as UN Special Rapporteur Michael Lynk has outlined, "a sustained show of defiance meant to preserve the fruits of its conquest", indicative of its status as a "bad-faith occupier".¹⁷⁶

The international community, including the UK, must therefore play their part to reverse these disparities and their root causes through the following actions:

- 1 END SYSTEMATIC DISCRIMINATION:** Take all necessary diplomatic and political measures to ensure an end to discriminatory policies and practices and other violations of international law that prevent Palestinians from enjoying equal rights to health and dignity, including by:
 - A** urging Israel to implement the recommendations of relevant international human rights bodies, in particular the recommendations by the CERD that it "ensure equal treatment for all persons on the territories under its effective control and subject to its jurisdiction [and] amend or revoke any legislation that does not comply with the principle of non-discrimination" and that it "take concrete measures to improve the health status of Palestinian and Bedouin populations";¹⁷⁷
 - B** independently monitoring, assessing and making public findings on compliance by Israel and all duty bearers with their obligations under international law;
 - C** supporting genuine investigations into, and legal accountability for, violations of international law that undermine Palestinian health and dignity, including the International Criminal Court's investigation on the situation in Palestine.

-
- 2 ADDRESS FRAGMENTATION:** Take all necessary diplomatic and political measures to ensure that Israel reverses policies and practices that entrench the fragmentation of Palestinian society and institutions such as healthcare, including by:
- A** using bilateral and multilateral efforts to press Israel to end settlement expansion and lift the associated matrix of policies, including the permit regime, that impede the free movement of Palestinians, including patients and healthcare workers;
 - B** urging Israel to permanently lift the blockade and closure of Gaza and associated restrictions on the freedom of movement of goods and people, including immediately ending restrictions on the freedom of movement of patients, healthcare workers, and medical materials and equipment in and out of Gaza;
 - C** urging Israel to dismantle the separation wall and its associated regime in the West Bank in line with the ICJ's 2004 Advisory Opinion, and in doing so immediately allow the free movement of health workers and patients in and out of East Jerusalem;
 - D** upholding the right of Palestinian refugees to return to their homelands and urging Israel to end discriminatory laws which prevent the enjoyment by Palestinian refugees of their inalienable rights.
- 3 REFORM AID:** While continuing humanitarian assistance to address immediate needs affecting Palestinians in the oPt and Lebanon, place the principles of sustainable development and self-determination at the heart of development and aid policies, including by:
- A** ensuring that all assistance promotes the realisation of equal rights for Palestinians, and is matched by a political commitment to address violations of international law that are root causes of humanitarian needs;
 - B** meaningfully consulting with affected communities when designing programmes, and implementing these through local civil society partnerships where possible;
 - C** focusing on the long-term development of essential institutions such as healthcare, and investing in essential infrastructure, capacity building, and professional development for health workers through expanded scholarship opportunities;
 - D** supporting projects that overcome fragmentation by bringing together Palestinians from different geographic areas to pursue their common economic, social and cultural development.
- 4 PROMOTE PALESTINIAN VOICES:** Ensure the voices of Palestinians affected by systematic discrimination and fragmentation are heard at all levels of policymaking, including by:
- A** supporting Palestinians' access to international forums and mechanisms to pursue international action to uphold their rights to health and dignity, including the UN Human Rights Council and the UN Security Council;
 - B** taking action to address shrinking civil society space for Palestinian organisations and individuals advocating their rights at home and abroad.

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