

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

At the request of the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva, the Director-General has the honour to transmit the attached report to the Sixty-third World Health Assembly.

DEMOGRAPHICS¹

Population census

1. In 2009, the population of the occupied Palestinian territories was estimated to be 3 935 249, including 375 167 in occupied Jerusalem. The population distribution was 62.2% in the West Bank and 37.8% in the Gaza Strip. Men accounted for 50.8% of the population and women 49.2%.

Crude birth and death rates

2. Data from the Palestinian Central Bureau of Statistics indicate that in 2008, the crude birth rate was 32.7 per 1000 and the crude death rate was 4.4 per 1000.

Population distribution

3. Palestinian society is still young. In 2009, children under five years of age constituted 14.8% of the total population living in the occupied Palestinian territories; 41.9% were in the age group 0–14 years and 3.1% were in the group 65 years and above.

DETERMINANTS OF HEALTH

4. It is obvious that the determinants of health in Palestine are no better than those observed last year. Poverty and unemployment rates in the Gaza Strip have considerably worsened owing to the enduring stranglehold of the Israeli blockade. Demographic indicators such as high fertility rate and high population growth rate and epidemiological changes exemplified by the prevalence of chronic diseases still constitute formidable challenges facing the Palestinian health system. The presence of the Israeli occupation forces however, is the greatest challenge facing the health sector, not to mention the daily acts of violence perpetrated by the occupying army and the exactions of the hordes of Jewish settlers against Palestinians. Factors such as the presence of hundreds of military checkpoints, the apartheid wall that dismembers Palestinian territories and isolates them from the rest of the world, in addition to closures of crossings and borders, contribute to making life miserable for all Palestinians.

5. The consequences of the barbaric aggression against the Palestinian people in the Gaza Strip that continued unabated for 23 days from 27 December 2008 to 18 January 2009 are still felt today, and the situation has deteriorated further because of the blockade imposed on the Gaza Strip since January 2006. The restriction of fuel and electricity supplies to the Gaza Strip, combined with the embargo on agricultural exports and imports of building materials, medicines, medical devices and equipment, is only making things worse for our people in the Gaza Strip.

6. Mrs Karen Abu Zaid, former UNRWA Commissioner General, declared that the system of closures that the Gaza Strip has been subjected to is unprecedented anywhere in the world in terms of its scope and the humanitarian consequences for those living there. Confining one and a half million people within the borders of the Gaza Strip – thus fundamentally restricting their quality of life by reducing food, medicines, fuel supplies and other life-saving essentials – and provoking extreme

¹ Information on health indicators is attached at Annex.

anger, fear and poverty among Palestinians by means of air raids, incursions, targeted assassinations and other military operations, amount to a sustained war to annihilate the civilian population. Consequently all aspects of life have been compromised, as the majority of Palestinians are forbidden either to leave or to enter the Gaza Strip.

7. The blockade that has continued for more than four years, in addition to the dreadful consequences of the aggression that began on the morning of 27 December 2008, will inexorably lead to a real catastrophe. No one will be able to assess or predict the dire consequences for the Gaza Strip because of the impossibility of monitoring the various indicators in these conditions. This endeavour requires more strenuous efforts and the provision of better technical and logistic support to the Ministry of Health of the Palestinian National Authority in order to allow it to better monitor health indicators. Based on the monitoring of shelling positions, evaluations of casualties and the examination of ammunition debris, field workers are aware that the Israeli Army has used internationally prohibited weapons in its war on the Gaza Strip and that more than 600 people have been hit during the war by invisible microscopic incendiary pieces of shrapnel, necessitating amputations of limbs and resulting in numerous casualties and deaths. The majority of cases admitted to hospital provided proof that the Israeli occupation forces have used internationally prohibited dense inert metal explosive (DIME) bombs that cause death and cancer, usually within six months of exposure.

8. A great many death cases have been caused by inhaling white phosphorus gas. Internationally banned white phosphorus bombs have been used against civilians, as demonstrated by debris found at locations shelled by the Israelis. There is also evidence of a health and environmental disaster in the Gaza Strip due to the destruction of infrastructure and sewage systems: the pathogen content of drinking-water samples is 16% (the universal water safety norm recommended by international standards is 1%). Unfortunately, these findings have not been legally documented, and it is essential that the United Nations system play a greater role in documenting these events and in monitoring their future consequences on health and the environment.

9. The unjust blockade imposed by Israeli occupation on the Gaza Strip is now in its fifth year, with disastrous consequences for health and the environment. It has caused a serious deterioration in the living conditions of the population. We are still witnessing the results of the Israeli attack on the Gaza Strip that caused the death of 1380 people, including 431 children and 112 women, and the maiming of 5380 people who sustained varying degrees of injury, including 1872 children and 800 women. The number of resulting permanent disabilities has not yet been established. Many victims were health workers, of whom 16 were killed while performing their duties and 25 injured while giving first aid to the victims of the Israeli attack. Conditions have worsened because of the tightening of the blockade and the inability to rebuild the Gaza Strip.

10. The attack wrought havoc with the infrastructure, including water and sanitation systems, and left more than 100 000 people homeless because of the destruction of their homes, 49 693 of whom found shelter at makeshift camps established by UNRWA. The others found refuge in the overcrowded homes of relatives and friends. Fifteen hospitals and 41 primary health care centres were destroyed; 29 ambulances were hit and could no longer be used; and donor countries and international organizations, as well as the Palestinian National Authority, were unable to import the necessary building materials and the required equipment into the Gaza Strip in order to rebuild what the Israelis had destroyed.

11. The continuing Israeli blockade combined with the restrictions imposed on the imports of building materials and the rationing of medicines and medical appliances and equipment have led to a deterioration in the living conditions and the health situation of all segments of society in the

Gaza Strip. The quality of maternal and child health services has suffered enormously: many births have occurred at home instead of being performed under supervision because of the difficulties in reaching hospitals; and many deaths have occurred among mothers and newborn babies. It has been impossible to rebuild damaged houses, hospitals and clinics. It has been estimated that the health status of nearly 40% of those suffering from chronic diseases has deteriorated as a result of the reduction in health-care services.

12. The primary health care centres and hospitals no longer operate as they should in all governorates of the Gaza Strip owing to the deterioration of medical equipment and devices, poor maintenance, and the lack of spare parts, medicines and medical appliances together with the lack of training opportunities for health workers. Consequently, many patients have been referred to hospitals abroad for treatment at the expense of the Palestinian National Authority, thus overburdening the budget of the Ministry of Health and causing Palestinian citizens untold hardships in getting the requested authorizations to exit the Gaza Strip, in addition to the travel and living expenses incurred by the patients and those accompanying them abroad.

13. The concern of the Palestinian National Authority, through the Ministry of Health, for promoting the health of Palestinian citizens as a basic right, and its efforts to provide integrated health services to citizens in response to economic, demographic and epidemiological changes has markedly improved health indicators, thus giving national health services an edge over the services provided by neighbouring countries, taking into account the differences in rates of health expenditure. This is evidence of the resilience of the Palestinian health sector and its ability to cope despite all manner of challenges, and demonstrates concrete results in efforts to achieve the Millennium Development Goals.

14. Despite these achievements, the continuous presence of the occupying forces and the measures they take in the Gaza Strip and the West Bank, including Jerusalem, remain the greatest obstacle to the enjoyment of the right to health and the provision of safe and sustainable health services to Palestinian citizens. In the following sections the most significant consequences of the blockade, closures and aggressions against the population and the health sector of the occupied Palestinian territory are reviewed.

THE ECONOMIC SITUATION

15. The rate of unemployment reached a staggering 55.2% in the Gaza Strip compared with 23% in the West Bank, and the rate of poverty was more than 80% in the Gaza Strip and 40% in the West Bank. This is the result of measures taken by Israel and is an indicator of the enormous impact of the blockade imposed on the Gaza Strip in particular, and on the Palestinian people in general. The perpetuation of the occupation and the measures taken against the Palestinian people constitute a major obstacle that prevents patients from paying for treatment costs, thereby adding to the burdens that the Ministry of Health is compelled to bear on behalf of the people.

POLITICAL SITUATION

Health conditions of Palestinians in Israeli jails and torture

16. A new report published by Mr Abdel Nasser Farawneh, a former prisoner and a specialist in Palestinian prisoners' affairs, on the occasion of Palestinian Prisoner Day, commemorated each year

on 17 April, indicates that from 1967 to date the Israeli occupation authorities have detained about 750 000 citizens from all Palestinian regions, including 12 000 women and tens of thousands of children. The report pointed out that around 70 000 prisoners have been detained since the start of the Al-Aqsa intifada on 28 July 2000, including some 850 women and 8000 children. It also indicated that detentions did not target a single group but rather all strata of Palestinian society, including children, young people, women, the elderly, boys, girls, patients, disabled people, workers, academics, members of parliament, former ministers, political leaders and trades union officials. The total number of prisoners in Israeli jails and concentration camps thus far (as at 15 April 2010) amounts to 7000 people, including 35 women, 337 children, 257 administrative detainees, 15 members of parliament, former ministers and a number of political leaders in nearly 20 jails, concentration camps and detention centres. Approximately 5110 detainees, or 73% of the total, are serving imprisonment sentences for various terms, including: 791 prisoners serving life sentences or multiple life sentences; 579 jailed for more than 20 years; 1065 jailed for more than 10 years and less than 20 years; and 1633 (23.3%) in pre-trial detention. There are 257 administrative detainees (3.7% of the total) and eight people detained under the Unlawful Combatant Law.

17. Since the start of the Al-Aqsa intifada on 28 July 2000, the occupation forces have arrested some 8000 children, 337 of whom are still in detention. They constitute 4.8% of the total number of prisoners; 298 children are aged 16–18; and 39 are below 16 and are subjected, like adults, to all manner of torture and ill-treatment. They are deprived of their basic rights, and have no prospect of leading a free and decent life in violation of all international conventions and the Convention on the Rights of the Child. Among these detained children, 97% have been subjected to torture including suspension from the ankles, beatings and enclosing their heads in sacks. Some 400 prisoners were mere children when they were arrested; they have turned 18 in prison, and they are still being detained. Many imprisoned children have spent more years in jail than their age when they were first arrested.

18. During the Al-Aqsa intifada the occupation authorities arrested some 850 women, 35 of whom are still held in jail. One of them is Wafa Elbes from the Gaza Strip. She has been held for more than four months in solitary confinement in Ramallah prison. There are four women prisoners from Jerusalem, three women prisoners from among Palestinians living in Israel, and the others are from the West Bank. They are being held in sordid prisons that violate their basic human rights and neglect their special needs, in contravention of all international and human rights conventions and covenants. Five prisoners are serving multiple life sentences, namely Aham Al-Tamimi, Qahira Al-Saadi, Sanaa Shadeh, Duaa Al-Jayussi, and Amena Muna.

19. As far as the health conditions of prisoners are concerned, the report noted that, without exaggeration, it could be said that all prisoners suffer from a range of diseases due to their harsh conditions of confinement, medical neglect and lack of treatment. Hundreds of prisoners suffer from very severe illnesses, including neoplasms.

20. The report emphasized that Israel is the only State in the world that sanctions internationally banned torture in any form, both physical and psychological, within its security and judicial institutions. The Israeli security agencies have used more than 70 forms of physical and psychological torture against prisoners, including beating, locking in refrigerators, the Shabab position, violent shaking, standing for long periods, sleep deprivation, withholding food, isolation, squeezing of the testicles, breaking ribs, beating of wounds, detaining prisoners' relatives and torturing them in their presence, spitting in their face, using the banana method, and beating on the stomach and on the back of the head.

21. Official statistics indicate that there is a correlation between detention and torture, and that all detainees have suffered from one form of torture or another, involving psychological and physical maltreatment or public humiliation, including humiliation in the presence of their family members. They also indicate that the majority of detainees have suffered more than one form of torture. The report notes that the total number of martyrs of the Prisoners' Movement since 1967 was 197 (according to documents), the last of whom was Obaida Maher Alqudsi Aldwaik from Hebron (aged 25). He was detained in an injured state on 26 August 2009 and received no treatment. He was tortured directly with the intention of killing him, and he died on 13 September 2009.

22. Forty-nine prisoners have died due to medical neglect; 70 have died under torture; 71 have been deliberately killed immediately after detention; and 7 have been killed as a result of the excessive force used against them or have died after being shot inside prisons or detention centres.

ISRAELI ATTACKS ON CIVILIANS

23. Reports of human rights institutions working in the Palestinian territories, such as the Al-Haq organization, the Almeezan Centre for Human Rights, and the Addameer Prisoners' Support and Human Rights Association, indicate that Israel is escalating its attacks against civilians and continues to violate the rights of human rights defenders and peaceful resistance activists campaigning against the occupation. Since September 2009, Israel has intensified its repression campaign against Palestinian human rights defenders, activists and people demonstrating against the annexation wall.

24. The Israeli repression campaign against the residents of the Palestinian villages and towns affected by the wall coincided with the launch of the Goldstone report. The Israeli forces started with daily raids and military campaigns at dawn against the villages affected by the wall. During these campaigns, they arrested young people and children in order to extract confessions from known community leaders calling for resistance against the wall, and to intimidate activists through the destruction of personal property and threats of detention.

25. In Bil'in, Ni'lin, Beit Duqqu, Jayyous, and Al Ma'sara villages, Israeli soldiers attacked the homes of activists, burst into their homes at midnight, launched tear gas, and destroyed their personal property. They also launched a campaign of intimidation against witnesses to human rights violations. The whole world has seen the blindfolded Palestinian young man from Ni'lin, with his hands manacled, being shot where he stood at point-blank range by an Israeli soldier.

26. The majority of injuries among Palestinian civilians arriving at hospitals are caused by live ammunition and rubber bullets shot from a short distance with the intention of killing or causing disability.

SHORTAGE OF FOOD SUPPLIES

27. The continuation of the blockade of the Gaza Strip has led to a continued and acute shortage of essential materials, foodstuffs, energy supplies, and other vital necessities. This situation has resulted in the emergence of chronic nutritional diseases, including stunting or excessive underweight. Ten out of every 100 children under five are chronically or acutely undersized. An assessment by the WHO office performed in July 2009 indicated that the prevalence of anaemia in the Gaza Strip is high among children and women, and data show that the prevalence of anaemia has reached 65.5% among children aged 9–12 months, 32.3% among school children aged 6–18 years, and 37.5% among

pregnant women. Lack of access to food and high food prices due to the continuing military barriers, restrictions on movement and confiscation of land in the West Bank have resulted in high levels of unemployment and limited purchasing power among a large segment of the population, which in turn has led to the occurrence of malnutrition-related diseases in the West Bank, but to a lesser extent than in the Gaza Strip.

28. A report issued on 23 April 2008 by the United Nations Office for the Coordination of Humanitarian Affairs in the occupied Palestinian territories explained that the closure had led to a decline in economic activity and an increase in transport costs, that 8.7% of Palestinian families were now headed by women and that about 34% of the population suffer from food insecurity, while a further 12% risked finding themselves in a similar situation. A significant decline in gross domestic product in the occupied Palestinian territories occurred in 2006, due to the fall in the income of Palestinian families, lack of investment, and insecurity resulting from closure and siege.

SHORTAGE OF FUEL AND ELECTRICITY IN THE GAZA STRIP

29. The electricity supply to the Gaza Strip comes from three sources: the local power station (40%) using industrial fuel arriving in the Gaza Strip via Israel; the direct electricity supply from Israel (50%); and the Egyptian electricity supply (10%). This means that Israel has total control over the electricity supply required for city lighting and for allowing the activities of everyday life to function. Since 2007, as indicated in a report by the United Nations Office for the Coordination of Humanitarian Affairs on 8 February 2007, most families and health institutions in the Gaza Strip suffer from power cuts for eight to 12 hours a day or more. On 7 February 2008, on the instructions of the Israeli defence ministry, the Israeli electricity company reduced the supply of electricity to the Gaza Strip by 0.5 megawatts per week. The reduction in electricity and energy puts immense pressure on the already crumbling electricity system in the Gaza Strip, affecting the infrastructure for drinking-water and the sewage system, and disrupting the provision of health care for civilians in the Gaza Strip.

30. Figures documented by the Palestinian Centre for Human Rights indicate that the Gaza Strip's supplies of fuel and combustibles have been reduced since the decision taken on 25 October 2007 by the Israeli authorities to reduce supplies by more than half. Hence, supplies of petrol, diesel and gas for domestic use declined by between 60% and 73%. On 28 November 2007, the Israeli authorities issued a new decision that further reduced the quantities of fuel supplied to the Gaza Strip (to less than 10% of its needs). On 30 January 2008, the Israeli High Court of Justice rejected the appeal by human rights organizations against the Israeli authorities' reduction of the quantities of fuel and electricity supplied to the Gaza Strip. Consequently, since Monday 7 April 2008, the association of owners of oil and gas companies, and fuel and fuel derivative stations in the Gaza Strip have refused to accept delivery of combustibles and gas supplied to the Gaza Strip because of the continuing policy of cutting the supplied quantities, which are not enough to meet even basic needs.

31. On 16 April 2008, the Head of the UNRWA office, Mr Mathias Bergard, said that eight organizations of the United Nations system had issued a joint statement that the current situation in the Gaza Strip represented a danger to the health and welfare of the population in the Gaza Strip, of whom 56% were children. He added that the eight signatory organizations had stressed that the current situation was disrupting the work of the United Nations organizations in the Gaza Strip, by affecting schools, health facilities and food distribution; he also pointed out that in the absence of fuel at petrol stations, normal transport operations within the Gaza Strip had stopped. The Palestinian Centre for Human Rights stressed on the same day that the stoppage of fuel supplies to the Gaza Strip by the occupation authorities had paralysed 85% of transport and communications, disrupted 50% of the

education system and closed 145 petrol stations. It was feared that all basic vital services such as delivery of drinking-water, sewage treatment and waste collection from the streets and neighbourhoods would be totally paralysed.

32. The shortage of fuel required to operate the Gaza power station, as well as the regulation of the electricity supply from Israel are continuing at the same rate, leading to many health, social, and economic impacts.

Impact on the health situation in the Gaza Strip

33. The fuel shortage is having the following consequences for public health:

- the stoppage of several types of surgery, now limited to emergencies and critical cases
- the shutting-down of a number of oxygen-generating stations, which need high levels of power that cannot be supplied by small generators
- X-ray units running at 50% capacity
- the increased suffering of kidney failure patients owing to disruption and stoppage of dialysis units because of power outages
- the halting of central air conditioners in hospitals is adversely affecting the performance of duties, especially in enclosed areas such as operating theatres and intensive care units, particularly for newborn infants
- the compromised validity and viability of blood and plasma supplies, which can be damaged when power outages last more than two hours.

Impact on drinking-water and sewage systems in the Gaza Strip

34. There are 180 water and sanitation facilities in the Gaza Strip, including 140 wells, 37 water pumping stations and sanitation plants and three sewage treatment plants, all of which require regular maintenance, spare parts and technical equipment not available in local markets owing to the Israeli blockade and closure. In December 2007, the Water Authority secured only 50% of its fuel needs, resulting in the sustained irregular supply of drinking-water.

35. The stoppage of sewage treatment plants also causes large quantities of untreated sewage water to be discharged into the sea, thereby polluting sea water, fish and beaches. The sea shores of the Gaza Strip are badly polluted, because untreated sewage water is pumped into the sea, thus exacerbating the environmental crisis and continuously damaging public health.

36. Some 76 134 families, 12.2% of the total, have no access to safe drinking-water. The cuts in power to the Gaza Strip hinder the operation of water pumps, domestic refrigerators and health centres, since water is pumped for only two to three hours a day.

TREATMENT ABROAD FOR GAZA STRIP PATIENTS

37. The level of health services at hospitals has deteriorated for the reasons outlined above and, most importantly, because of the lack of maintenance, new medical equipment, electrical power supply and medicines. This has created an ever-increasing need for treatment abroad, mainly in Egypt, Israel and the West Bank. However, authorizations to cross the border for medical treatment are occasioning increased hardship. The Israeli authorities either refuse to issue such authorizations “for security reasons” or issue them after long delays. This attitude has exacerbated health conditions and led to many avoidable deaths among Palestinian patients. Moreover, treatment outside the Gaza Strip is very costly and burdensome for the budgets of the National Palestinian Authority, thereby weakening its potential to deliver high-quality local health services. In 2009 a total of 12 049 cases were referred for treatment outside the Gaza Strip. Their overall cost was US\$ 28 million.

THE ANNEXATION, EXPANSION AND APARTHEID WALL IN THE WEST BANK AND OCCUPIED JERUSALEM

38. In defiance of the advisory opinion of the International Court of Justice in 2004, the construction of the annexation, expansion and apartheid wall did not stop, nor did its destructive effects on the lives of Palestinians. It continues to divide and isolate communities, destroy their livelihoods and prevent hundreds of thousands of people from travelling normally to their workplaces, families, markets, schools, hospitals and medical centres.

39. In 2002, Israeli occupation forces began building the annexation, expansion and apartheid wall. Upon its completion, the proportion of villages unable to access health facilities in the region will be about 32.7%, rising to 80.7% if the isolated pockets are taken into account as well as the “seam zone”. After completion, the wall will cut off a total of 71 clinics: 41 clinics were already totally cut off. Some 450 000 Palestinians will be directly affected, and a further 800 000 indirectly.

40. The establishment of the wall is part of a comprehensive Israeli policy which began with the building of settlements, then barriers, and finally the wall that dismembers the West Bank and turns it into ghettos. The aim of building the wall 35 kilometres deep inside Salfit and Qalqilya – thereby isolating the occupied city of Jerusalem from the West Bank, and expanding the settlements of “Ma’aleh Adumim”, Bethlehem and Hebron – is to create ghettos; there are about 28 ghettos containing 64 Palestinian communities.

41. The report of the Palestinian Centre for Information in Ramallah states that the situation in the occupied city of Jerusalem is horrendous and that the wall, settlements and barriers cause serious health problems and isolate entire communities in Jerusalem, such as Anata village and Shufat refugee camp, from those major facilities that provide them with the most critical services in the city of Jerusalem, such as Al-Uyoun, Al-Maqasid and the Red Crescent hospitals. The report also shows that more than 70 000 Palestinians living in Jerusalem are threatened, as Israel’s next move, after constructing the wall, will be to prevent them from reaching Jerusalem, and then to withdraw their health insurance and Jerusalem identity cards on the grounds that they no longer reside in the city.

42. Furthermore, the report shows that there are no advanced health services in the city of Qalqilya; so its 46 000 inhabitants have no choice but to rely on hospitals in other cities, such as Nablus, in a trip that used to take 20 minutes but now takes three and a half hours because of the barriers and the wall.

43. Moreover, the separation wall even directly affects the villages that seem to be remote from the construction site, because of the road network that Palestinians are forbidden to use. For example, Palestinians are unable to reach Ramallah and occupied Jerusalem because of these roads.

44. In the same visit to the West Bank, Mr Holmes stated that the wall, the settlements and the Israeli permit system are destroying the economic and social life of the population in the West Bank, and are responsible for exacerbating poverty and unemployment. Thus, the first step towards an economy that is conducive to strengthening peace talks is to stop building the wall, prevent the expansion of settlements and lift the barriers.

HEALTH SERVICE DELIVERY

45. Over the last two years, the Ministry of Health has endeavoured to improve the quality of health services and has drawn up an ambitious workplan (for the period 2008–2010) to reform and further develop the health sector. Despite the actions of the Israeli occupation forces and the lack of financial resources, the Ministry of Health has pressed ahead with the workplan and was gratified by the positive response from many donor countries and from the United Nations agencies involved in the health sector. The Ministry has recorded several achievements such as the rehabilitation and re-equipping of health facilities, and the development and delivery of training courses for health managers. The only important obstacle hindering the National Strategic Reform and Development Plan for the Health Sector 2008–2010 is the blockade against the Gaza Strip and the unusual political situation.

46. The following paragraphs offer an overview of the Palestinian health system and its main services, together with the principal health indicators for 2009, which highlights the deterioration of the health situation in the Gaza Strip. The only hope of saving the health sector from total collapse lies in ending the blockade, returning the political situation to normal and, above all, returning the entire Gaza Strip to the control of the central management of the Palestinian National Authority.

PALESTINIAN HEALTH SYSTEM

Primary health care

47. Since the installation of the National Authority, the Ministry of Health, discharging its responsibilities for health, has attached considerable importance to the application of the principles of primary health care through the provision and development of health services, facilitating access to such services for different sectors of the population, and providing health services to different social groups and areas in an equitable manner.

48. Primary health care is delivered by a variety of health staff working for the Ministry of Health, nongovernmental organizations, UNRWA, the military health service, and the Palestinian Red Crescent. In this regard, the central administration of primary health care at the Ministry of Health plays a remarkable role. The network of health-care centres has been extended throughout the national governorates, from 454 centres in 1994 to 693 in 2009 – an increase of 52.9% compared with 1994. Government-run centres represent 63.5% of all centres operating in the area of primary health care. In the West Bank in 2009, the number of visits to primary health care centres administered by the Ministry of Health totalled 1 775 388 for consultations with physicians and 1 042 284 for visits to nurses.

Maternal and child health

49. This section deals with various maternal and child health issues, as well as family planning, necessitating as such a comprehensive assessment of the special needs of families and of reproductive health. Major health indicators have been set up in order to measure the progress made by the Ministry of Health and the whole range of health service providers in this particularly important area. The report set out the conclusions provided below.

50. **Maternal mortality.** The proportion of Palestinian women of reproductive age (i.e. 15–49 years) is 48.8% of the total number of women in Palestine. The mortality rate recorded at the national level was 38 per 100 000 live births. The Ministry of Health has set up a high-level national committee to monitor the recording and reporting of maternal mortality. Due to the current political situation in the Gaza Strip, reporting of these rates is extremely poor. The reported rates do not always reflect reality.

51. **Total fertility rate.** According to the Palestinian Central Statistical Office, the total fertility rate among women of reproductive age (15–49 years) is 4.6 at the national level (5.4 in the Gaza Strip and 4.2 in the West Bank).

52. **Births.** The report showed that most births in Palestine occur in hospitals or in maternity homes (98.9%), mainly in hospitals administered by the Ministry of Health (56.0%). This confirms that most Palestinian women prefer to give birth in a hospital setting, and especially hospitals administered by the Ministry of Health, in view of the good service they offer, and because most of the Palestinian population benefits from the health insurance system covering childbirth. Government hospitals therefore represent the most appropriate choice.

53. **Family planning programmes.** Family planning programmes are a major priority for health service providers in general and for the Ministry of Health in particular. The number of primary health care centres offering such services has increased by 159 in the course of 2009 in different governorates. There are currently 139 such centres in the West Bank and 2018 in the Gaza Strip.

54. In 2009, a total of 142 789 women visited family planning centres (51 591 in the Gaza Strip and 91 198 in the West Bank). The number of first visits to a planning service during the same period was 43 582. Oral contraceptives were the most common birth-control method among women making their first visit to such services in 2009; (64.8%) of them used contraceptive pills compared with (14.7%) who used an intrauterine device.

Oral health

55. The Ministry of Health administers and operates 52 dental clinics at primary health care centres, including 28 in the West Bank and 24 in the Gaza Strip. There are several hundred such clinics in the private and public sectors.

56. In 2009, the Ministry of Health recorded a total of 143 026 visits to dental clinics (32% in the West Bank and 68% in the Gaza Strip). A total of 51 517 operations to insert dental fillings (all types) were performed (34.4% in the West Bank and 65.6% in the Gaza Strip). There were 191 minor surgical acts (5.8% in the West Bank and 94.2% in the Gaza Strip), 32 956 cases involving tooth extractions (30% in the West Bank and 70% in the Gaza Strip), and 37 156 cases where gum treatment was provided (1.1% in the West Bank and 98.9% in the Gaza Strip).

Laboratories and blood banks

57. The Ministry of Health runs 192 laboratories, including four central laboratories (two in the West Bank and two in the Gaza Strip). There were 23 hospital laboratories (12 in the West Bank and 11 in the Gaza Strip) and 165 laboratories located at primary health care centres (128 in the West Bank and 37 in the Gaza Strip).

58. In 2009, a total of 7 213 983 laboratory tests were carried out at laboratories run by the Ministry of Health. A total of 325 technicians and professionals are employed at laboratories administered by the Ministry of Health in the West Bank. The total number of blood donors was 53 072, of whom 42% were voluntary donors, while 58% donated their blood to relatives or to friends.

59. Laboratory tests for blood-borne diseases are carried out on all units of donated blood prior to transfusion. In 2009, the rate of viral hepatitis B detected was 1.8%, and 0.22% of donations were found to be infected with viral hepatitis C. Two patients tested positive for HIV in preliminary tests. These two cases require further tests for confirmation.

Hospitals

60. The Ministry of Health is considered the major provider of secondary care (hospitals) in Palestine. It owns and administers 2917 beds in 25 hospitals in all governorates. These hospitals are among the 75 hospitals operating in Palestine with a total capacity of 5058 beds. Fifty of these hospitals, with 3045 beds, are in the West Bank; the rest are in the governorates of the Gaza Strip.

61. In addition to hospitals administered by the Ministry of Health, there are 30 hospitals owned by private institutions with capacity for 1639 inpatients, and 19 privately-owned hospitals with 439 beds.

62. UNRWA owns a single hospital in Qalqilya governorate with 63 beds. The Ministry of Health's services cover almost all specializations including general and specialized surgery, internal medicine, paediatrics, and psychiatry.

63. Rehabilitation and physical therapy are provided by private hospitals (i.e. nongovernmental hospitals), which also offer other services such as outpatient and emergency treatment. Dialysis is provided by 12 units distributed among government-administered hospitals. These units performed 107 026 dialysis interventions in 2009.

64. The main services offered by government hospitals include diagnostics such as radiology. In 2009, Palestinian government hospitals produced a total of 827 067 radiological images. Other important services in this area include laboratory tests.

CONCLUSION

65. In conclusion, we can confirm that the Palestinian National Authority still believes that peace is the strategic option for both the Palestinian and the Israeli people, and that peace alone can bring an end to the long Israeli occupation and lead to the establishment of an independent Palestinian State with Jerusalem as its capital. We also confirm the need to take immediate action to end the unjust blockade on the Gaza Strip and to remove Israeli annexation and extension blocks and walls, so that the Palestinian people can enjoy its right to health and safe access to high-quality health services. Therefore, the Palestinian Ministry of Health:

- calls on the international community to exert pressure on the Israeli Government to lift the blockade on the Gaza Strip, to prevent the worsening humanitarian crisis there, and to take action to fulfil its moral and legal responsibility to protect the basic human rights of civilians in the occupied Palestinian territories;
- calls on the States Parties to the Fourth Geneva Convention to fulfil their obligations under Article 1 of the Convention, whereby the Contracting Parties undertake to respect and to ensure respect for the Convention in all circumstances, and their obligation, as provided for in Article 146, to pursue those accused of grave breaches of the Convention. It should be noted that such breaches are deemed war crimes under Article 147 of the Fourth Geneva Convention and the Additional Protocol thereto, which guarantees the protection of Palestinian civilians in the occupied territories;
- expresses its thanks to donor countries for their support of the Palestinian people in all areas and appeals to them and to international health agencies to extend their political and financial support to implement the health development plan 2008–2010 in order to create the political environment necessary for the implementation of the document entitled “Ending the Occupation, Establishing the State”, as presented by the Palestinian Authority. The Palestinian Authority is now focusing its efforts on creating an environment conducive to the implementation of this text;
- requests the international community to exert pressure on Israel to implement forthwith the consultative opinion of the International Court of Justice on the illegal building of the annexation wall deep inside the West Bank territories. It also requests the cessation of house demolition, the displacement of Jerusalem Palestinians from their homes, the Judaization of Jerusalem and the construction of settlements in Palestinian territories occupied in 1967 which constitute a violation of international resolutions, a threat to “the safety and health of the Palestinian nationals” and a restriction of their access to health services;
- invites all international human rights bodies and the International Committee of the Red Cross, in particular, to intervene, urgently and immediately, with the occupation authorities and the Israeli prison service to compel them to provide treatment to sick prisoners in Israeli jails whose health is deteriorating daily. It calls for the establishment of an international committee composed of medical specialists to review critical cases and treat them immediately and rapidly, and appeals to civil society organizations to exert pressure to save the lives of prisoners, treat sick prisoners immediately, and release critically ill prisoners so they can be treated abroad. It also appeals for imprisoned Palestinian women to be allowed to receive prenatal and postnatal treatment and to be allowed to give birth in healthy and humane conditions in the presence of their families; it further demands the immediate release of child prisoners;
- confirms that the blockade is continuing and that crossing points are still not fully open, which means a continuation of the crisis and sufferings that preceded the Israeli aggression in the Gaza Strip at the end of 2008, and that the Ministry of Health needs to rebuild the health facilities destroyed in the aggression, to complete works on other needed medical institutions and to provide them with essential medical equipment;
- and requests the strengthening of formal and local support for the Palestinian health sector as an important stabilizing factor and to guarantee the right of the Palestinian people to have access to health services, as approved by international legislation.

ANNEX

HEALTH INDICATORS, 2009

Population and demography:

Indicator/Palestine, 2009	value	Indicator/Palestine, 2009	value
Total population (GS 1 486 816 and WB 2 448 433). PCBS	3 935 249*	Proportion of population aged under 5 years (19% in GS and 16.7% in WB)*	14.7
Males (754 561 in GS and 1 243 064 in WB). PCBS	1 997 625	Proportion of population aged under 15 years (48.8% in GS and 44.8% in WB)*	41.5
Females (732 255 in GS and 1 205 369 in WB). PCBS	1 937 624	Proportion of population aged 65 years and above (2.6% in GS and 3.1% in WB)*	3.0
Male/Female ratio (in general pop) (per 100). PCBS	103.1	No. of (reported) births (53 450 in GS and 63 144 WB). MOH	116 594
Life expectancy among male (year). PCBS	70.5	Reported CBR per 1000 population (35.9 in GS versus 25.8 in WB). MOH	29.6
Life expectancy among female (year). PCBS	73.2	Reported CDR per 1000 population (3.5 in GS versus 2.6 in WB). MOH	3.0
Median age (years) (19.1 Y in GS and 17.0 Y in WB). PCBS	18.3	Under 5 mortality rate (1000)	14.3
Total dependency ratio (%) (89.1 in GS and 75.6 in WB). PCBS	80.5	Percentage of low birth weight (<2500 gm) of total births (GS 5.9 and 8.4 in WB). MOH	7.15
Population natural increase rate (3.3% in GS and 2.6% in WB). PCBS	2.9%	Percentage of unemployment rate. PCBS	24.5
Percentage of refugees in Gaza Strip out of total population. PCBS	69.2	Crude marriage rate per 1000 population (10.3 in GS versus 8.0 in WB)* 2008. PCBS	8.8
Percentage of refugees in WB out of total population. PCBS	30.2	Crude divorce rate per 1000 population (1.1 in GS versus 1.2 in WB)* 2008. PCBS	1.1

* Estimation

Women's health:

Indicator/Palestine, 2009	value	Indicator/Palestine, 2009	value
% of women of child bearing age of total population. PCBS	24	Prevalence of anaemia among pregnant women. MOH	28.6 WB
Total fertility rate (5.4 in GS and 4.2 in WB)	4.6 PCBS 2006	Tetanus toxoid immunization coverage among newly pregnant women. MOH	36
% of pregnant women attended antenatal care out of total live births (prenatal rate). MOH (WB)	38.9	% of children received breastfeeding. PCBS	95.8
% of deliveries in health institution. MOH	98.9	% of deliveries in home. MOH	1.1
Maternal mortality rate. MOH	38		

GS: Gaza Strip, WB: West Bank, PCBS: Palestinian Central Bureau of Statistics, MOH: Ministry of Health, CDR: crude birth rate, CDR: crude death rate