

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

Report by the Director-General

1. In 2021, the Seventy-fourth World Health Assembly adopted decision WHA74(9), which requested the Director-General, *inter alia*, to report on progress in the implementation of the recommendations contained in the report by the Director-General,¹ based on field monitoring, to the Seventy-fifth World Health Assembly. This report responds to that request.

SUPPORT AND HEALTH-RELATED TECHNICAL ASSISTANCE TO THE POPULATION IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN

2. In 2021, WHO provided support and health-related technical assistance to the Palestinian people in the occupied Palestinian territory, including east Jerusalem, in line with its Thirteenth General Programme of Work, 2019–2023 and the strategic priorities agreed between the WHO office for the occupied Palestinian territory and the Palestinian Ministry of Health. WHO leads the One United Nations humanitarian and development health response in the occupied Palestinian territory, including east Jerusalem.

3. In the context of the continuing coronavirus disease (COVID-19) pandemic throughout 2021, the major escalation of hostilities in the Gaza Strip in May, and the use of force in response to demonstrations across the West Bank, WHO's Health Emergencies programme worked to strengthen response and preparedness efforts with funds from the Governments of Australia, Canada, France, Germany, Italy, Kuwait and Switzerland, and from the European Union, the United Nations Central Emergency Response Fund, the WHO Contingency Fund for Emergencies and the Humanitarian Pooled Fund. As the United Nations Cluster Lead Agency for health, WHO supported coordination of the humanitarian health sector, including the assessment of humanitarian health needs and planning of the humanitarian response. Through technical assistance to the Palestinian Ministry of Health, WHO supported strategic efforts for emergency preparedness and response, including through addressing core capacities under the International Health Regulations (2005) and the development and implementation of national emergency strategies and plans.

¹ Document A74/22.

4. In responding to the COVID-19 pandemic, WHO provided support to the Ministry of Health in line with Palestine's Emergency COVID-19 Response Plan¹ and continued to lead the One United Nations COVID-19 response across all core pillars of WHO's COVID-19 Strategic Preparedness and Response Plan (SPRP 2021).² Through COVAX, the COVID-19 Vaccines Global Access initiative co-led by Gavi, CEPI and WHO, alongside key delivery partner UNICEF, the Secretariat had delivered 1 566 200 doses of COVID-19 vaccines by 17 February 2022. By the same date, an additional 5 979 560 COVID-19 vaccine doses had been delivered, with the purchase of 4 574 400 doses by the Palestinian Ministry of Health and bilateral donation of 1 405 160 doses to assist the Palestine Deployment and Vaccination Plan for COVID-19. WHO supported resource mobilization efforts and provided operational and logistical assistance for supply chain management and entry of vaccines and other essential medical supplies identified in the inter-agency COVID-19 Response Plan. Other aspects of the COVID-19 response supported by WHO in 2021 included: the ongoing development of the Central Public Laboratory in the Gaza Strip; setting up Public Health Emergency Operation Centres in the West Bank and the Gaza Strip; and capacity building through training of frontline workers in the latest evidence-based guidance for disease surveillance, contact tracing, laboratory diagnosis, infection prevention and control, clinical management of critical cases, and respiratory triage. WHO co-chaired the risk communications and community engagement working group and produced and disseminated communications materials to raise awareness and understanding around COVID-19 risks and to encourage vaccine uptake.

5. WHO's Health Emergencies programme continued to provide support to pre-hospital first response services, emergency departments and acute surgical units, to build capacities to reduce trauma-related mortality and morbidity – including the complex trauma and mass casualty incidents associated with conflict. A comprehensive approach for trauma care has been adopted, extending from care at the point of injury, through pre-hospital care and transportation, emergency department care, surgery, critical care, post-operative care, and rehabilitation (especially for those with limb loss and long-term disability). Technical assistance included training, development of technical guidelines and standard operating procedures, supply of essential materials, and funding to strengthen needed human resources to maintain the limb reconstruction centre at Nasser Medical Complex in Khan Younis in the Gaza Strip. The centre provides specialist interventions, assistive devices, and mental health and psychosocial support to patients and families, addressing acute needs from the recent escalation of hostilities and longer-term needs from the high number of trauma injuries that occurred during the Great March of Return in 2018–2019. WHO assisted in the humanitarian health response to bombardment of the Gaza Strip in May 2021, including with regular assessment and reporting of needs and damages and mobilization of resources for immediate response and rebuilding efforts.

6. WHO's Health Systems programme worked with the Palestinian Ministry of Health to support health systems strengthening towards universal health coverage, focused on health system building blocks of leadership/governance; financing; services delivery; essential medicines, vaccines and technologies; health information systems; and the health workforce. At the level of leadership and governance, WHO is the designated technical advisory agency to the Health Sector Working Group. With funding from the Government of Belgium, the Secretariat undertook analysis related to financial risk protection, to inform policies addressing hardship and exposure to catastrophic expenditure for Palestinian households, and research examining the role of the private sector in the COVID-19 response.

¹ State of Emergency: Palestine's COVID-19 Response Plan. State of Palestine; 2020. (http://www.emro.who.int/images/stories/palestine/documents/Palestine_Authority_COVID-19_Response_Plan_Final_26_3_2020.pdf?ua=1, accessed 26 April 2022).

² COVID-19 Strategic preparedness and response plan: 1 February 2021 to 31 January 2022. Geneva: World Health Organization; 2021 (<https://apps.who.int/iris/handle/10665/340072>, accessed 26 April 2022).

The Health Systems programme worked with the Palestinian Ministry of Health to finalize the hospital sector profile for the West Bank, which will form the situation analysis for development of the National Hospital Master Plan in 2022. This, combined with the Primary Health Care and E-Health Strategies, aims to promote integrated models for services delivery. Regarding essential medicines, vaccines and technologies, the programme concluded a needs assessment for primary health care in Bethlehem and Gaza governorates, identifying priority equipment and supply needs and undertaking initial procurement to strengthen IT infrastructure. With funds from the Governments of France and Japan, WHO worked to implement a system strengthening approach to reduce neonatal mortality and improve quality of care, called the Early Essential New-born Care package. Six maternity departments of Ministry of Health hospitals in the Gaza Strip had received support for capacity-building and periodic quality improvement by June 2021, with the focus then moving to 10 nongovernmental maternity departments.

7. The Palestinian National Institute of Public Health (PNIPH) is a WHO-led project funded by the Government of Norway that promotes the translation of evidence into policy- and decision-making in the health sector, through strengthening public health surveillance and health information systems, public health research and capacity-building. In 2021, PNIPH worked to further enhance registries and health information systems for maternal and child health, mammography, gender-based violence, cancer, noncommunicable diseases, primary health care and family health, cause of death, and road traffic collisions and injuries. Through implementation of an observatory for human resources for health, PNIPH generated reports on the availability of human resources for health, analysis of the health labour market, and projections for the health workforce needed with comparison to countries of the Organisation for Economic Co-operation and Development (OECD). The data generated will form the basis of the Palestinian Human Resources Strategy, while the Institute worked to build the capacity of the Ministry of Health to apply the workload indicators of staffing need tool. PNIPH contributed to the COVID-19 response by maintaining the online COVID-19 dashboard, inputting data to promote readily available public information and disaggregated indicators. The Institute finalized the COVID-19 Serosurvey report based on data collected in 2020 and initiated a new study, the Vaccination Sero-Survey. Other capacity-building activities included the provision of training on basic life support and infection, prevention and control to frontline health care workers, including technicians, physicians and nurses working in emergency departments.

8. WHO's Noncommunicable Diseases and Mental Health and Psychosocial Care programmes worked to provide technical assistance to strengthen the capacity of the Palestinian Ministry of Health to prevent, manage and control noncommunicable diseases, including mental health disorders, and to reduce risk factors for violence and injuries. The Secretariat supported implementation of evidence-based interventions for noncommunicable diseases, including: piloting the HEARTS technical package¹ in primary health care centres of the Gaza Strip; working to strengthen surveillance and reporting of main noncommunicable diseases; providing logistic and technical support to sustain implementation of the package of essential noncommunicable disease interventions; undertaking campaigns for the prevention of noncommunicable diseases focused on tobacco control, diet and physical exercise during the COVID-19 pandemic; and providing essential medicines for treatment of the main noncommunicable diseases and to address shortages of essential medicines affecting primary health care in the Gaza Strip. WHO's Mental Health Programme received funds from the Republic of Korea for work now ongoing to establish two outpatient rehabilitation centres in the West Bank, as well as for longer-term strategic efforts to promote mental wellbeing and strengthen mental health services in the occupied Palestinian territory. In 2021, the programme supported the Palestinian Ministry of Health to develop the National Suicide Prevention Strategy, endorsed in January 2022, and to define mental health priorities and gaps for the Mental Health Strategy 2022–2026. In the Gaza Strip, the

¹ For further information on the package, see <https://www.who.int/publications/i/item/hearts-technical-package>.

Secretariat supported provision of psychological first aid and stress management for 320 health workers after the escalation of hostilities in May 2021. The programme trained 100 UNRWA primary health care staff on the mental health Gap Action Programme Humanitarian Intervention Guide and purchased essential psychotropic medicines to address critical shortages. In east Jerusalem, WHO assisted a local nongovernmental organization to provide mental health and psychosocial capacity-building for east Jerusalem Palestinian hospitals in the face of the COVID-19 pandemic. The organization adapted capacity-building interventions to enable health professionals to provide mental health and psychosocial support remotely in the West Bank and the Gaza Strip. WHO conducted a study in partnership with Juzoor for Health and Social Development, another local nongovernmental organization, on the impact of the COVID-19 pandemic on Palestinian adolescent mental health, and supported the rehabilitation programme of the Bethlehem Psychiatric Hospital.

9. WHO's Right to Health programme continued to document and report barriers to health access and attacks against health care; to work with the Palestinian Ministry of Health and partners to build capacities for effective measures and coordination to address barriers; and to advocate with all duty bearers for the respect, protection and fulfilment of the right to the highest attainable standard of health for Palestinians. The programme maintained a database and disseminated monthly reports on health access barriers, in June publishing a ten-year retrospective (2008 to 2017) analysis¹ of the impact of permits delay and denial on the survival of cancer patients. The Secretariat presented the initial findings of field research into the health needs and exposure to precarity of households in east Jerusalem affected by demolitions and/or displacement and worked with a local university to assess barriers to accessing noncommunicable disease services during COVID-19 for vulnerable communities in Area C of the West Bank and the Access Restricted Area of the Gaza Strip. During the escalation of hostilities in the Gaza Strip and demonstrations in the West Bank, the programme increased monitoring and public reporting on attacks against health care. With the Ministry of Health, Ministry of Foreign Affairs and Office for the High Commissioner of Human Rights, WHO worked to finalize an indicator set to assist the Palestinian Authority in treaties monitoring and reporting on the right to health, due for launch in 2022. The programme collected and synthesized evidence to inform bilateral and multilateral briefings to duty bearers, inputs to multisectoral United Nations reporting on health and human rights, and public advocacy products and efforts to address determinants of health inequities, health attacks and barriers to health access.

10. Regarding the public health situation in the occupied Syrian Golan, WHO is planning a field assessment.

REPORT ON THE HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

Demographics, health outcomes and health inequities

11. The estimated Palestinian population living in the occupied Palestinian territory by mid 2022 will be 5.35 million, with 3.18 million in the West Bank, including east Jerusalem, and 2.17 million in the Gaza Strip.² More than 350 000 Palestinian residents live within the Israeli-defined municipality of

¹ Bouquet B, Barone-Adesi F, Lafi M, Quanstrom K et al. Comparative survival of cancer patients requiring Israeli permits to exit the Gaza Strip for health care: A retrospective cohort study from 2008 to 2017. PLOS One <https://doi.org/10.1371/journal.pone.0251058>.

² Palestinian Central Bureau of Statistics (PCBS); 2021 (web page). Estimated population in Palestine mid-year by governorate, 1997–2021. (http://www.pcbs.gov.ps/Portals/_Rainbow/Documents/2017-2097%20%20المحافظات%20انجليزي.html, accessed 26 April 2022).

Jerusalem and comprise nearly two-fifths (38%) of its residents.¹ UNRWA-registered refugees comprise two-thirds (70% or 1.52 million) of the population of the Gaza Strip and over a quarter (28% or 0.88 million) of the Palestinian population in the West Bank.² Meanwhile, 3.4 million Palestine refugees are registered in the surrounding countries of Jordan, Lebanon and Syrian Arab Republic, while the Palestinian Central Bureau of Statistics and UNFPA estimate that there were 13.8 million Palestinians worldwide in 2021, including 1.7 million with Israeli citizenship.^{3,4} Within the occupied Palestinian territory, including east Jerusalem, children comprise 44% of the population;⁵ youth aged 18 to 29 comprise 22%;⁶ and persons aged 60 years and older comprise 5%.⁷

12. By 2020, the life expectancy in the occupied Palestinian territory was 74.1 years, higher in the West Bank (74.4 years) than in the Gaza Strip (73.7 years) and higher for girls and women (75.3 years) than boys and men (73.3 years).⁸ The life expectancy in Israel in 2019, by comparison, was 82.8 years, with differences between Jewish citizens (85.1 for females; 81.8 for males) and citizens identifying as Palestinian or Arab, including those in east Jerusalem (81.9 for females; 78.1 for males). In 2019/2020, infant mortality for Palestinians in the occupied Palestinian territory was 12 per 1000, higher for children born in refugee camps (17 per 1000), while the under-five mortality was 14 per 1000 and higher for boys (16 per 1000) than girls (12 per 1000).⁹ These figures compare to an infant mortality rate of 3 per 1000 and under-five mortality of 4 per 1000 in Israel in the same year.¹⁰ Noncommunicable diseases continue to be the leading cause of mortality in the occupied Palestinian territory, accounting for more than two-thirds of Palestinian deaths in 2020.¹¹ Meanwhile, COVID-19 was listed as the cause of 11% of deaths in the occupied Palestinian territory in 2020.¹¹

¹ East Jerusalem – Facts and Figures, 2021 (website). The Association for Civil Rights in Israel; 2021 (https://www.english.acri.org.il/post/_/283, accessed 26 April 2022).

² Data provided by UNRWA, 2022.

³ Where we work (website). UNRWA; 2022. (<https://www.unrwa.org/where-we-work>, accessed 28 April 2022).

⁴ PCBS-UNFPA Joint Press Release on the occasion of World Population Day. Palestinian Central Bureau of Statistics (PCBS) and United Nations Population Fund (UNFPA); 2021 (<https://palestine.unfpa.org/en/news/pcbs-unfpa-joint-press-release-occasion-world-population-day#:~:text=Based%20on%20population%20estimates%20prepared,males%20and%202.57%20million%20females>, accessed 28 April 2022).

⁵ H.E. Dr. Awad, highlights the Palestinian children's situation on the Occasion of the Palestinian Child Day, 05/04/2021. Palestinian Central Bureau of Statistics (PCBS); 2021 (<https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=3964>, accessed 28 April 2022).

⁶ On the Eve of the International Youth Day, the Palestinian Central Bureau of Statistics (PCBS) issued a press release demonstrating the situation of the youth in the Palestinian society. Palestinian Central Bureau of Statistics (PCBS); 2021 (<https://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=4046>, accessed 28 April 2022).

⁷ On the Eve of the International Day of Older Persons 01/10/2021. Palestinian Central Bureau of Statistics (PCBS); 2021 (https://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_30-9-2021-elder-en.pdf, accessed 28 April 2022).

⁸ H.E. Dr. Awad, Highlights the Situation of the Palestinian Women on the Eve of the International Women's Day, 08/03/2021. Palestinian Central Bureau of Statistics (PCBS); 2021 (<https://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3934>, accessed 28 April 2022).

⁹ Children in the State of Palestine: Child development data from the 2019/2020 multiple indicator cluster survey. UNICEF; 2021 (<https://www.unicef.org/sop/media/1681/file/Children%20in%20the%20State%20of%20Palestine.pdf>, accessed 28 April 2022).

¹⁰ Israel: Key demographic indicators (website). UNICEF; 2022 (<https://data.unicef.org/country/isr/>, accessed 28 April 2022).

¹¹ Health Annual Report 2020. Nablus: Ministry of Health (Palestine); 2021.

Health care fragmentation and financing

13. Fragmentation of the health care system in the occupied Palestinian territory derives from divided responsibilities for health care provision and financing; geopolitical separation of the West Bank and the Gaza Strip; and restrictions on access. Since 2007, the Gaza Strip has been under closure and blockade with severe limitations to entry and exit, including passage to different areas of the occupied Palestinian territory. In the West Bank, administrative subdivisions mean different entitlements to health care for the Palestinian population in different areas. These subdivisions combined with physical obstacles of Israel's separation barrier, settlement infrastructure and the extensive number of fixed and "flying" checkpoints create additional barriers to health care provision for certain communities. Following annexation of east Jerusalem by Israel, Palestinians in the city were allocated conditional residency with entitlement to access Israeli National Health insurance,¹ to which Palestinians in the rest of the occupied Palestinian territory do not have access. In Area C of the West Bank, restrictions on Palestinian development prevent the establishment of permanent or semi-permanent health facilities, while in the Seam Zone between Israel's separation barrier and the 1949 Armistice line, many communities are only accessible via one gate of entry/exit – with health care providers requiring Israeli-issued permits to reach certain communities. In the H2 area of Hebron limitations to entry and approximately 120 obstacles, including 21 permanently staffed checkpoints, hamper access for health care workers and patients. Across these areas in the West Bank – Area C, the Seam Zone and H2 of Hebron – 150 000 people continue to depend on the provision of primary health care by mobile clinic services, with 112 000 facing severe under-provision due to funding shortages at the beginning of 2022.²

14. Successive fiscal crises of the Palestinian Authority have affected the delivery and procurement of essential services by the Ministry of Health. Barriers to sustainable financing include evisceration of the productive base of the Palestinian economy; limitations to import and export, including in the context of Gaza's blockade; high rates of unemployment affecting revenues from income taxation; lack of control over and fiscal leakage of customs revenues;³ and unpredictability and fluctuations of international assistance with high donor dependency (in 2020, 12% of public expenditure on health care derived from donor contributions).⁴ In 2021–2022, escalating debts with major Palestinian providers of referral services – including providers in east Jerusalem, the rest of the West Bank and Gaza Strip – led to reduced availability of services and significant concerns around access. In a high-profile case, from November 2021 to January 2022, Israeli authorities did not approve a permit three times for Saleem, a 16-year-old patient⁵ with acute leukaemia, for treatment outside the Gaza Strip. On the fourth time the patient travelled, but the destination hospital was unable to receive him, citing lack of available medical supplies due to escalating debts owed by the Ministry of Health. After successive attempts the family secured an appointment at Ichilov Hospital in Tel Aviv, but Saleem died on 9 January at the Palestinian Medical Complex in Ramallah, with his fifth permit application under study.

¹ Palestinians with Jerusalem residency have and do not require permits to reach hospitals in east Jerusalem or Israel, but they lose residency rights if they live abroad for seven years or become resident or citizen of another country; if they cannot prove their "centre of life" (place of residence or work) in Jerusalem; or if they are accused of breaching allegiance to Israel. See: Al Haq (2017): Residency Revocation: Israel's Forcible Transfer of Palestinians from Jerusalem (alhaq.org).

² Data provided by the Health Cluster, occupied Palestinian territory.

³ Report on UNCTAD assistance to the Palestinian people: Developments in the economy of the Occupied Palestinian Territory report. United Nations Conference on Trade and Development; 2020 (TD/B/67/5; <https://www.un.org/unispal/document/unctad-assistance-to-the-palestinian-people-developments-in-the-economy-of-the-opt-unctad-report-td-b-67-5/>, accessed 30 April 2022).

⁴ Estimate provided by the Palestinian Ministry of Health.

⁵ http://www.emro.who.int/images/stories/palestine/Jan_2022_Monthly_4.pdf?ua=1, accessed 16 May 2022.

15. Long-term displacement and refugeehood¹ contributes to enduring humanitarian health needs for the Palestinian people, including for the provision of essential basic health care. UNRWA is mandated to provide humanitarian assistance for health care to Palestine refugees, with more than two fifths (45%) of the Palestinian population in the West Bank, including east Jerusalem, and the Gaza Strip holding registered refugee status. UNRWA delivers primary health care in the occupied Palestinian territory through 65 primary health care centres, with 22 in the Gaza Strip and 43 in the West Bank, including east Jerusalem, while providing secondary and tertiary care through its network of contracted hospitals, as well as through the direct provision of services at Qalqilya Hospital in the West Bank. In 2021, 47% of Palestine refugees in the West Bank and 84% of those in the Gaza Strip accessed UNRWA preventive and curative services. Meanwhile, 36 991 Palestine refugees were provided secondary or tertiary care funded by UNRWA. In 2021, UNRWA's financial situation remained critical. The Agency's shortfall for its programme budget was US\$ 75 million, with an additional sum of US\$ 152 million needed for its COVID-19 response. As of December 2020, the Gaza Strip had received 55% of total requirements, while 86% was received for interventions specific for COVID-19 response in the West Bank.

COVID-19 preparedness and response

16. By 2 February 2022, there had been 556 550 confirmed cases of COVID-19 among Palestinians in the occupied West Bank (348 504) and Gaza Strip (208 046). By the same date, there had been 5128 deaths associated with COVID-19 infection: 3358 in the West Bank and 1770 in the Gaza Strip.² For the West Bank, data include estimates for east Jerusalem though there is no formal sharing of disaggregated data collected by Israeli authorities in the city. Case numbers are likely a significant underestimate, particularly for periods with high positivity rates of testing by the Palestinian Ministry of Health. For example, for the week of 27 January to 2 February 2022 the positivity rates for the West Bank and Gaza Strip were 35% and 52% respectively,¹ where WHO's recommended target positivity rate is less than 5% over the preceding two weeks.³ In December 2021, the Palestinian Ministry of Health confirmed the first COVID-19 case due to the Omicron variant of the coronavirus. Despite increasing numbers of COVID-19 cases in early 2022, there remained residual capacity to manage hospitalization and admission to ICU: from 27 January to 2 February 2022, hospital bed occupancy in the West Bank was 3% and in the Gaza Strip was 58%, while ICU occupancy was 75% and 51% respectively.⁴

17. Emergency Use Authorization of COVID-19 vaccines by WHO and vaccine provision by countries since late 2020 has underscored the need to address global health inequities for an effective response to the pandemic. In the occupied Palestinian territory, the discrepancy in vaccine availability additionally raised questions about the responsibility of Israel as occupying power for provision to the protected Palestinian population in the West Bank and Gaza Strip.⁵ As of 2 February 2022, 1.65 million Palestinians, or 31% of the total Palestinian population in the West Bank and Gaza Strip, had received at least two COVID-19 vaccine doses or equivalent (i.e. were fully vaccinated) through programmes

¹ UNRWA: Palestine refugees (website) (<https://www.unrwa.org/palestine-refugees>, accessed 28 April 2022).

² Data from the Palestinian Ministry of Health, 2022.

³ Public health criteria to adjust public health and social measures in the context of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/bitstream/handle/10665/332073/WHO-2019-nCoV-Adjusting_PH_measures-Criteria-2020.1-eng.pdf?sequence=1&isAllowed=y, accessed 28 April 2022).

⁴ Data provided by the Palestinian Ministry of Health, 2022.

⁵ COVID-19 Vaccines for the Palestinian Population: Who is Responsible under International Law? Jerusalem: Diakonia International Humanitarian Law Centre; 2021 (<https://apidiakoniase.cdn.triggerfish.cloud/uploads/sites/2/2021/05/covid-19-vaccines-for-the-palestinian-population-who-is-responsible-under-international-law.pdf>, accessed 28 April 2022).

administered by the Palestinian Ministry of Health. By comparison, as of 3 February 2022 approximately 66% (6.10 million) of the Israeli population had been vaccinated.¹ Some groups of Palestinians have been eligible for vaccination by the Israeli Ministry of Health, including: all with Israeli-issued Jerusalem residency; Palestinians from the West Bank working in Israel, during programmes carried out at Israeli checkpoints; and Palestinians in Israeli prisons. There exist inequities in vaccine coverage within the occupied Palestinian territory, between the West Bank and the Gaza Strip. By 2 February, 48% of the eligible population 12 years or older in the occupied Palestinian territory had been fully vaccinated, with coverage higher for the West Bank (61%) compared to the Gaza Strip (30%).² In a survey published in September 2021, 39% (92/237) of unvaccinated Palestinians in the Gaza Strip were not intending to vaccinate, compared to 36% (91/253) in the West Bank.³

Exposure to violence and attacks on health care

18. There were 257 fatalities and 2367 injuries among Palestinians in the Gaza Strip as the result of occupation-related violence in 2021.⁴ The majority of fatalities (253 or 98%) and injuries (2211 or 93%) occurred during the military escalation from 10 to 21 May 2021. Air-launched explosives accounted for 86% of fatalities and 69% of injuries; surface-launched explosives accounted for 7% of fatalities; and live ammunition accounted for 2% of fatalities and 4% of injuries.⁵ Three-fifths (60%) of fatalities were men aged 18 years or older; 17% boys; 15% women; and 9% girls; meanwhile 48% of injuries affected men; 20% women; 19% boys; and 11% girls. The large number of complex and serious injuries put pressure on health services, with health care facilities and associated infrastructure sustaining damages during heavy aerial and surface bombardment, while major destruction of surrounding roads, electricity pylons and water further affected access for patients and ambulances as well as the functioning of health care facilities.⁶ By 20 May 2021, all health facilities were either non-functioning or only partially functioning: two of the 30 hospitals in the Gaza Strip were not functioning and 28 were partially functioning; 57 of 93 (61%) primary care clinics were not functioning and 36 (39%) were only partially functioning.⁷ The United Nations Office for the Coordination of Humanitarian Affairs additionally reported damage to 331 education facilities, 2173 housing units, and 290 water, sanitation and hygiene facilities.⁸

19. In the West Bank, there were 82 fatalities and 16 421 injuries as the result of occupation-related violence over the course of 2021.⁵ This included 1136 injuries with live ammunition, principally in the context of demonstrations, while 470 injuries were the result of physical assault, 3815 were from

¹ Our World In Data, 2022. Share of people vaccinated against COVID-19, Feb 3, 2022 (https://ourworldindata.org/covid-vaccinations?country=OWID_WRL, accessed 4 February 2022).

² Public health criteria to adjust public health and social measures in the context of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/bitstream/handle/10665/332073/WHO-2019-nCoV-Adjusting_PH_measures-Criteria-2020.1-eng.pdf?sequence=1&isAllowed=y, accessed 28 April 2022).

³ 2nd KAP Study for the “Risk Communication and Community Engagement Plan (RCCE)” for the State of Palestine Information.

⁴ Data on casualties (website). OCHA; 2022 (<https://www.ochaopt.org/data/casualties>, accessed 27 April 2022).

⁵ 2nd KAP Study for the “Risk Communication and Community Engagement Plan (RCCE)” for the State of Palestine Information. ABC Consulting and UNICEF; 2021.

⁶ WHO Surveillance System for Attacks on Health Care.

⁷ Escalation in the occupied Palestinian territory, Issue #3. WHO; 2021 (http://www.emro.who.int/images/stories/palestine/documents/210520_-_OPT_flash_update_May_20.pdf?ua=1&ua=1, accessed 27 April 2022).

⁸ Gaza after the May escalation, The Humanitarian Bulletin, November 2021 (<https://www.ochaopt.org/content/overview-november-2021>, accessed 27 April 2022).

rubber-coated bullets and 10 565 were due to gas inhalation.¹ Men and boys were disproportionately affected: over seven in 10 fatalities and injuries (71% and 77%, respectively) were among men aged 18 years or older, while one in five (20% and 21%, respectively) were among boys. Women accounted for 6% of fatalities and 0.8% of injuries; girls for 4% of fatalities and 0.6% of injuries documented.²

20. There were 235 attacks against health care in the occupied Palestinian territory in 2021,³ with 66 attacks (28%) in the Gaza Strip and 169 (72%) in the West Bank. Most health attacks in the West Bank (72%) occurred during confrontations and demonstrations in May and June 2021, while 92% of attacks on health care in the Gaza Strip took place during the military escalation in May. Of all recorded attacks, 185 (79%) involved physical violence towards health care, resulting in the injury of 106 health care workers and damage to 57 ambulances and 124 health facilities. In the West Bank, 58 health attacks involved obstruction to the delivery of health care, including to two persons who had been fatally injured. There were 15 health care workers arrested or detained in the West Bank during attacks, while three companions from the Gaza Strip were arrested by Israel when accompanying patients for health care.

21. Experience of violence, as well as insecurity related to employment, housing, and income, adversely affect mental health and well-being for Palestinians. A recent study by WHO and the nongovernmental organization Juzoor for Health and Social Development demonstrated a significant increase in psychological distress reported among adolescents in the occupied Palestinian territory, compared to levels before the COVID-19 pandemic,⁴ while a Multi-Sectoral Needs Assessment in 2021 found that 25–38% of households reported at least one member with self-diagnosed mental distress.⁵ The 11 days of aerial and artillery bombardment in the Gaza Strip in May 2021 had a particularly devastating impact on mental health. In 2022, more than 621 000 people are in need of mental health and psychosocial services in the occupied Palestinian territory, according to the MHPSS Technical Advisory Group.⁶

Health care access and restricted humanitarian space

22. The Israeli permits regime applies to all Palestinians in the occupied Palestinian territory, except those with Jerusalem residency and with some exemptions in the West Bank,⁷ and affects access to essential health care for thousands of vulnerable Palestinian referral patients and their companions each year. Of 15 466 permit applications submitted through the Palestinian Health Liaison Office by patients from the Gaza Strip in 2021, 63.4% were approved, 0.5% were denied, and 36.1% were delayed, receiving no definitive response by the date of their hospital appointment. Of these applications,

¹ Data on casualties (database). OCHA; 2022 (<https://www.ochaopt.org/data/casualties>, accessed 27 April 2022).

² Gaza after the May escalation, The Humanitarian Bulletin, November 2021 (<https://www.ochaopt.org/content/overview-november-2021>, accessed 27 April 2022).

³ WHO Surveillance System for Attacks on Health Care (database). <https://extranet.who.int/ssa/Index.aspx>, accessed 27 April 2022.

⁴ The impact of COVID-19 on the psychosocial and mental well-being of Palestinian adolescents. Juzoor for Health and Social Development and WHO; 2021 (<https://www.un.org/unispal/document/impact-of-covid-19-on-the-psychosocial-and-mental-well-being-of-palestinian-adolescents-who-survey/>, accessed 30 April 2022).

⁵ Multi Sector Needs Assessment. OCHA; 2021.

⁶ Data provided by MHPSS Technical Advisory Group, oPt..

⁷ Many women over 50 years old, men over 55, and children under 13 are exempted from the requirement to obtain a permit to travel, provided they are not travelling on a Saturday, before 08:00 or after 19:00 pm.

27% were for children under the age of 18 years and 47% were for female patients. Over two-fifths (41%) were for patients with cancer, with a critical need to expand and optimize services for the effective prevention, treatment and care of cancer patients in the occupied Palestinian territory, particularly for the Gaza Strip. For patient companions from the Gaza Strip, just 40.4% of permit applications were approved, with 1.3% denied and 58.4% delayed.¹ The Israeli office for the Coordinator of Government Activities in the Territories (COGAT) reported a higher rate of denial (32% for patient permit applications; 68% for companion applications), but does not record delays in relation to the date of the patient's hospital appointment.² In the West Bank, a significantly higher number of health-related permit applications were submitted directly to Israeli authorities rather than through the Palestinian General Authority of Civil Affairs (GACA): for patients, 152 040 compared to 83 297; for companions, 143 917 compared to 88 676. Israeli COGAT reported a denial rate for patients in the West Bank of 14% (20 628), while the Palestinian GACA reported a denial rate of 10% (8522). For companions, Israeli COGAT report a denial rate of 17% (23 814) while Palestinian GACA reported a denial rate of 16% (14 340).³

23. Referral needs are related to critical gaps in availability of health care, which disproportionately impact the Gaza Strip. Essential medical technology such as radiotherapy facilities and nuclear medicine scanning (for example positron emission tomography) are unavailable in the Gaza Strip. Meanwhile, there are longstanding shortages of medicines and supplies: over the course of 2021, 41% of essential medicines and 27% of essential medical disposables had less than a month's supply remaining during monthly stock takes of the Gaza Central Drugs Store for the Ministry of Health.⁴ In terms of human resources, there are insufficiencies for several medical specialties including family medicine, nephrology, ophthalmology and cardiac surgery. Meanwhile the density of nurses and midwives, at 2.4 per 1000 population, falls below the WHO suggested threshold of 3.0.⁵

24. Of 1245 ambulance journeys recorded by the Palestine Red Crescent Society to east Jerusalem from the rest of the West Bank, 94% were required to undergo the "back-to-back" procedure where patients are transferred from a Palestinian- to an Israeli-registered ambulance.⁶ This procedure causes delays in patient transit and diverts limited ambulance resources. According to data reported by five of the six east Jerusalem hospitals for 2021, 10 work permits for health care staff were denied while two were approved for 3 months rather than 6 months.⁷ Permits issued for Palestinian doctors from the West Bank to work in east Jerusalem and Israel allow for crossing of Israeli checkpoints by car. Other health care workers from the West Bank, including nurses, must cross Israeli checkpoints by foot, which can mean long and often unpredictable delays in reaching places of work.

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

² Data provided by Israeli office for the Coordinator of Government Activities in the Territories (COGAT). COGAT reported a slightly higher number of total permit applications for patients (16 428) and companions (17 588).

³ Permits data for the West Bank provided by the Israeli office for the Coordinator of Government Activities in the Territories and the Palestinian General Authority of Civil Affairs.

⁴ Data provided by the Central Drugs Store of the Ministry of Health in the Gaza Strip.

⁵ National Human Resources for Health Observatory: Health Workforce Dynamics in Palestine. WHO, Palestinian Ministry of Health and PNIPH; 2020.

⁶ Data provided by the Palestinian Red Crescent Society.

⁷ Data provided by East Jerusalem Hospitals.

25. There is a priority need to address restricted and shrinking humanitarian space for health care provision in the occupied Palestinian territory.¹ In 2021, Israel arrested and brought charges against three staff members of the Health Works Committees, a Palestinian nongovernmental organization providing essential health care in the West Bank. In the charges, the Health Works Committees was referred to as a proscribed organization and allegations were made related to funding the Popular Front for the Liberation of Palestine. Later in 2021, Israel labelled six prominent Palestinian civil society and human rights organizations as terrorist, again alleging affiliation to the Popular Front for the Liberation of Palestine. As of February 2022, no evidence had been provided to the United Nations by the Israeli government to substantiate these claims. A former project coordinator with the Health Works Committees was released on 7 February 2022 in the context of a plea bargain, while the organization's director and accountant remained in detention on the same date. Israeli forces have raided the administrative offices of the organization three times since 2019, ordering their closure from June to December 2021. Special Rapporteurs of the United Nations Human Rights Councils have expressed concern over arrests, harassment, criminalization, and threats against civil society organizations in the occupied Palestinian territory² and condemned Israel's designation of Palestinian civil society organizations as terrorist.³

Prison health for Palestinians

26. Palestinian prisoners in Israeli detention receive health care services from the Israeli Prison Service, rather than the Israeli Ministry of Health or another independent health provider. The International Committee of the Red Cross continues to access Israeli prisons to monitor conditions, including public health measures and health care provision, but is not able to report publicly on conditions for the estimated 4500 Palestinian prisoners, of whom 500 were under administrative detention without trial, 180 were child prisoners and 34 were women as of February 2022.^{4,5} The Palestinian Authority's Commission of Detainees and Ex-Detainees Affairs, along with Palestinian prisoners' civil society organizations, documented 530 cases of COVID-19 by the end of 2021, although this is likely an under-estimate of the scale of prison outbreaks and no data have been shared with these organizations by the Israeli Prison Service, notwithstanding their requests.⁶ In 2021, human rights organizations have continued to document unsanitary detention conditions, including overcrowding, insufficient ventilation, and lack of hygiene products; incidents of alleged medical neglect; and practices of torture and ill-treatment. Incidents of alleged medical neglect included delays in the timely provision of medicines and refusal of medicines, such as for attention-deficit hyperactivity disorder; delays and lack of access to specialist care, including periodic examinations and investigations for detainees with a history of cancer; failure to implement recommendations of medical specialists outside the Israeli Prison Service; provision of treatments not in accordance with standard protocols; and refusal or delay of

¹ Humanitarian Response Plan oPt, Humanitarian Programme Cycle 2022. OCHA; 2021 https://www.un.org/unispal/wp-content/uploads/2021/12/OCHAHUMRESPLAN2022_161221.pdf, accessed 28 April 2022).

² Israel must safeguard human rights defenders in Occupied Palestinian Territory and within its borders – UN expert. OHCHR; 2021. (<https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=27375&LangID=E>, accessed 28 April 2022).

³ The Question of Palestine: UN Special Rapporteurs Condemn Israel's Designation of Palestinian Human Rights Defenders as Terrorist Organisations. United Nations; 2021 (<https://www.un.org/unispal/document/un-special-rapporteurs-condemn-israels-designation-of-palestinian-human-rights-defenders-as-terrorist-organisations-press-release/>, accessed 28 April 2022).

⁴ Summary statistics (website). Addameer; 2022 (<https://www.addameer.org/>, accessed 28 April 2022).

⁵ For the end of December 2021, statistics provided to Physicians for Human Rights Israel by the Israeli Prison Service were: 4271 Palestinian prisoners, 497 administrative detainees, 145 child prisoners, and 35 women prisoners.

⁶ Information provided by Addameer, 2022.

vaccination for detainees vulnerable to more severe health impacts of infectious diseases, including COVID-19.¹ According to data provided by the Israeli Prison Service to Physicians for Human Rights Israel,² 142 prisoners tested positive for hepatitis C antibodies and wished to receive treatment between 1 August 2020 and 31 May 2021, but only 20 prisoners received treatment.³ Between 2019 and 2021, Addameer Prisoner Support and Human Rights Association⁴ documented 238 cases of torture and ill-treatment among Palestinian political prisoners, and filed over 25 complaints against perpetrators to the Israeli Inspector for Complaints against the Israel Security Agency (Mavtan), none of which were opened for investigation. In January 2021, the Israeli Attorney General closed investigations into the circumstances surrounding the hospitalization of a Palestinian man hospitalized with severe bruising and 11 broken ribs and who remained in a coma for 14 days with renal failure after interrogation by Israeli security services (Shin Bet) in September 2019.⁵ Documented forms of ill-treatment include physical assault and beatings, solitary confinement, invasive body searches, sexual- and gender-based violence, stress positions and psychological torture.⁵ In 2021, 60 Palestinian detainees undertook hunger strikes to protest their indefinite detention on grounds of information to which neither they nor their legal counsel have access, known as administrative detention. In November, the hunger strike of two administrative detainees exceeded 100 days where their health was in a critical condition and they faced imminent threat to their lives.⁶ The United Nations Secretary General, United Nations agencies and Special Rapporteurs of the Human Rights Council have repeatedly called for an end to the practice of administrative detention.^{7,8,9}

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

27. Progress regarding previous recommendations made to Israel, the Palestinian Authority and the international community to improve health conditions in the occupied Palestinian territory, including east Jerusalem, is outlined in the content of this report. Many of these recommendations remain relevant for 2022.

¹ Summary statistics (website). Addameer; 2022 (<https://www.addameer.org/>, accessed 28 April 2022).

² <https://www.phr.org.il/en/about/>.

³ Information provided by Physicians for Human Rights Israel, 2022.

⁴ <https://www.addameer.org/about/our-work>.

⁵ <http://www.addameer.org/news/addameer-condemns-israeli-attorney-generals-decision-close-investigation-against-shabak>, accessed 16 May 2022.

⁶ Two hunger striking detainees surpass 100 days on hunger strike. Addameer; 2021 (<https://www.addameer.org/news/4554>, accessed 28 April 2022).

⁷ The Question of Palestine: Special rapporteurs call on Israel to release or charge five Palestinian hunger strikers. United Nations; 2021 (<https://www.un.org/unispal/document/special-rapporteurs-call-on-israel-to-release-or-charge-five-palestinian-hunger-strikers-press-release/>, accessed 28 April 2022).

⁸ UN expert calls for Israel to end practice of administrative detention and immediately release Maher Al-Akhras. OHCHR; 2020 (<https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26415&LangID=E>, accessed 28 April 2022).

⁹ UN agencies call for the immediate release of a seriously ill Palestinian child detained in Israel. UNICEF; 2022 (<https://www.unicef.org/mena/press-releases/un-agencies-call-immediate-release-seriously-ill-palestinian-child-detained-israel>, accessed 28 April 2022).

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

1. *To the Government of Israel*

- (a) End the arbitrary delay and denial of permits for Palestinian patients in need of essential care and ensure unhindered access for patients and their companions throughout the occupied Palestinian territory, including between the West Bank and Gaza Strip and including to all administratively divided areas of the West Bank.
- (b) End the arbitrary delay and detention of ambulances and health care staff at checkpoints and the arbitrary arrest of health care workers and ensure that Palestinian health care providers can work unobstructed throughout the occupied Palestinian territory, including in east Jerusalem and including in providing immediate first aid to all persons seriously or fatally injured.
- (c) Facilitate entry of all essential medicines and medical supplies, including through simplification of administrative requirements and processes; ensure transparency and timely responses to requests for entry of medicines, medical supplies and equipment, particularly to the Gaza Strip; and safeguard health care providers and organizations, as well as international donors, from incurring additional costs due to administrative delays.
- (d) End discriminatory planning policies in Area C that prevent the development of permanent and semi-permanent health care facilities and ensure access for mobile clinics.
- (e) Ensure respect for, and protection of, medical personnel and medical facilities, as required by international humanitarian law, and refrain from acts of intimidation and the arbitrary arrest and detention of health care workers.
- (f) Ensure the independent and timely provision of health services to Palestinian prisoners, improve prison conditions, including through adequate nutrition and care of patients in prison, and ensure no one is subjected to torture or other cruel, inhuman, or degrading treatment or punishment.
- (g) Respect, protect and fulfil underlying social determinants of health for Palestinians in the West Bank, including east Jerusalem, and the Gaza Strip, including through ending movement restrictions, closures, practices of demolition and/or displacement, and refraining from the use of excessive force.

2. *To the Palestinian Authority*

- (a) Prioritize health care expenditure to ensure the continuity of essential health care services across the occupied Palestinian territory and urgently address indebtedness to Palestinian health care providers.
- (b) Implement policies and procedures to strengthen the protection of Palestinian households against catastrophic health expenditure and impoverishment.

- (c) Simplify and streamline the referrals system to promote accessibility and transparency for patients, including through identifying and promoting understanding and awareness of patient entitlements to essential health care services.
- (d) Promote monitoring and reporting to strengthen transparency, equity, and accountability in health care provision to the Palestinian population in the occupied Palestinian territory, including for essential medicines and supplies, services provision, and health outcomes.
- (e) Strengthen mechanisms for identifying priorities in health sector and build multi-sectoral engagement to address determinants of health and promote access and acceptability of health services.
- (f) Improve the prison conditions of all prison services and ensure no one is subjected to torture or other cruel, inhuman, or degrading treatment or punishment.

3. *To the international community*

- (a) Promote development of the Palestinian health sector through expanding investment in essential health services in line with strategic priorities of the Palestinian Ministry of Health and by technical support through the WHO Secretariat and its representation in the occupied Palestinian territory.
- (b) Work to protect underlying determinants of health for Palestinians, including through investment in related sectors and the Palestinian economy.
- (c) Support efforts to strengthen the protection of Palestinians from violations, including for Palestinian health care staff, patients, and services, and work to uphold accountability under international law.
- (d) Promote coordination at the technical level between health authorities, and support the coordination of humanitarian interventions, to ensure the protection of health for all by all and that health services are ring fenced and de-politicized.

ACTION BY THE HEALTH ASSEMBLY

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

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