

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-second World Health Assembly.

ANNEX

Ministry of Health

**HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN
TERRITORY, INCLUDING EAST JERUSALEM**

Report presented to the Sixty-second World Health Assembly

April 2009

HEALTH DETERMINANTS

1. Economic changes (i.e. high levels of poverty, unemployment and insufficient financial support), demographical changes (high rates of fertility and population growth) and epidemiological changes (the substantial increase in the prevalence of chronic diseases) are the major challenges facing the health system. However, the most important challenge facing the health sector in the occupied Palestinian territories is the Israeli occupation of the Palestinian territories, the continued savage aggressions against Palestinians as human beings, the construction of many military barriers and of the apartheid wall and the separation of different parts of Palestinian lands, and the separation of those lands from the rest of the world through the closure of crossing points and frontiers. Israel launched a savage aggression against the Palestinian people in the Gaza Strip for 23 days, from 27 December 2008 to 18 January 2009, and is continuing its attacks. This has followed its blockade of the occupied Palestinian territories imposed since January 2006.
2. Israel's blockade of the Gaza Strip was reinforced after June 2007. On 19 September 2007, the Israeli occupation government issued a decision by which it considered the Gaza Strip a hostile entity, accordingly, the International Committee of the Red Cross announced, on 20 September 2007, that the Gaza Strip was facing a very critical humanitarian crisis.
3. On 25 October 2007 the Israeli authorities began limiting fuel and electricity supplies to the Gaza Strip, an act approved by the Israeli Supreme Court. On 28 November 2007, the Israeli authorities began reducing fuel supplies to the Gaza Strip even further. As a result, the association of owners of oil and gas companies, and fuel and fuel derivative stations in the Gaza Strip refused to receive any combustibles or gas supplies in the Gaza Strip as of 7 April 2008 in view of the continued reduction of supplies.
4. Addressing the United Nations Security Council, the Assistant Secretary-General for Political Affairs said that the UNRWA fuel reserve would run out by 24 April 2008 and that thereafter the Agency would suspend food assistance to 650 000 Palestinian refugees in the Gaza Strip.
5. In her address to the Ministry of Foreign Affairs in The Hague, the UNRWA General Commissioner explained that the closure regime imposed on the Gaza Strip was unmatched in any part of the world, in its scope or in its serious humanitarian consequences for the people of Gaza. The seclusion of 1.5 million Palestinians within Gaza substantially lowered the quality of their lives through the reduction to the bare minimum for survival of food, medicine, fuel and other vital supplies, while the repeated air raids, invasions, assassinations and other military operations took the lives of civilians, caused terror, extreme anger and poverty among the Palestinian people. As a result, all aspects of life were undermined and the vast majority of Palestinians were unable to leave or enter the Gaza Strip.
6. As many as 1380 citizens, 40% of them children and women (431 children and 112 women), representing 1 in 1000 of the Gaza Strip's population, were killed in the latest aggression against the Palestinian people that started on Saturday, 27 December 2008, at 11:15 a.m., while children and students were on their way home, and streets and public places were overcrowded. F-16 fighter aircraft, Apache helicopters, and reconnaissance aircraft were used simultaneously in the aggression and dropped hundreds of bombs and missiles simultaneously on dozens of targets in the Gaza Strip. This showed the brutality of the aggression that left entire families under the rubble, some of whom were only found after two weeks.

7. The number of wounded reached 5380, 50% of them women and children (1872 children and 800 women), more than 2000 of whom were lightly-to-seriously wounded. Most of injuries were in the head, the abdominal areas, and the chest, with multiple contusions. Many of them died during transport and surgeries. The Zionist enemy, while targeting civilians, attacked also emergency assistance crews, killing 16 physicians and first-aid workers, and wounding 24, in addition to destroying 11 ambulances and trucks of health-services providers from within and outside the Ministry of Health.

8. Furthermore, the enemy attacked hospitals and health centres. Of the 27 hospitals in the Gaza Strip, it targeted 15 hospitals and partly destroyed nine hospitals of the Ministry of Health and six hospitals of nongovernmental institutions, including Alshefaa Hospital, Aldorra paediatric hospital, Gaza European Hospital, Beit Hanoun Hospital, and Alwafaa Hospital for the disabled, the single rehabilitation hospital in the Strip. A part of Al Quds Hospital of the Palestinian Red Crescent was burnt and the hospitals and health centres near the attacked areas were seriously damaged, including Alnasr paediatric hospital, Alshefaa medical complex, the ophthalmology hospital, and the psychiatric hospital. Communications were entirely interrupted with Aldorra Hospital and Beit Hanoun Hospital, and 41 primary health care centres were partly destroyed, including 28 centres of the Ministry of Health, eight centres of nongovernmental institutions and seven UNRWA centres, and two health centres were entirely destroyed as well as a drug warehouse. The clinics in Gaza City were the most affected by the Zionist aggression, as 12 of them were bombed or shelled, followed by clinics of the northern governorate where nine clinics were bombed or shelled. Six clinics in the central governorate were also bombed or shelled. In the southern governorates, six clinics were bombed or shelled, four of them in Rafah governorate. In Khan Younis governorate, two clinics were bombed or shelled.

9. The Zionist enemy prevented medical crews from reaching their workplaces by separating different parts of the Gaza Strip and Gaza City and the north and threatening their lives during their movement, affecting the delivery of health services, as well as the delay and prevention of emergency assistance crews from pulling out dead bodies and saving wounded persons for long hours. Many victims stayed alive under the rubble for days. Some 514 members of health-sector crews could not reach their workplaces in the Ministry of Health. Palestinian formal and civil medical crews exerted enormous effort and worked night and day under the crisis plan developed by the Ministry of Health to respond to this aggression, involving all the health-sector institutions for the sake of their people.

10. European countries despatched medical teams to the Gaza Strip in order to help their brothers in alleviating the suffering of wounded and sick people, and more than 250 surgeons, nurses and first-aid workers came to Gaza with medical aids, including medicines, kits and devices, greatly reducing suffering and improving medical crews' morale. They witnessed the Zionist crimes and the use of internationally prohibited weapons. In view of the large numbers of wounded, the Ministry referred more than 1080 wounded to Arab, Islamic and European countries; many of them died during treatment. During this crisis, our Arab and Islamic worlds contributed popularly donated and governmental aid. Huge amounts of medicines and medical consumables totalling 200 trucks carrying 3500 tons, 20 electric generators, and 65 ambulances, as well as medical devices required for the operations of medical crews in hospitals were received. Our people highly appreciate the contributions of our Arab and Islamic worlds and of free peoples, although an important part of this aid has neither been coordinated in advance with the Ministry of Health and nor with the institutions of the Palestinian authorities, leading to duplication of many materials and devices, while other essential needs of health institutions were not met.

11. Information obtained through field surveillance, observation of bomb sites, the follow-up of injuries and associated treatment files, and the examination of different weapon debris confirmed the use of internationally prohibited weapons by the Israeli occupation forces in its war on the Strip.

During the war, over 600 persons were injured with minuscule burning shrapnel that caused amputation and a large number of deaths. In many cases, a comparison against modern scientific literature and references confirmed the use by the Israeli occupation forces of the internationally prohibited dense inert metal explosive bombs which cause death and sometimes cancer within a short period not exceeding six months. Information confirmed a large number of deaths due to the inhalation of white phosphorus smoke and chemical burns caused by the use of internationally prohibited white phosphorus bombs against civilians. The debris of these bombs are still present in the bombarded areas, and some of them are still burning and all of them are inflammable.

12. Furthermore, information confirmed the occurrence of a health and environmental disaster in the Strip due to the destruction of infrastructure and sewage systems. Biological positive samples were found in drinking-water at 16% against the international standard of 1%.

13. In spite of the security plan applied by the Palestinian Authority in many cities of the West Bank, Israeli occupation forces continued their daily incursions in those areas, imposing blockades and curfews on the inhabitants and attacking civilians as well as their private and public properties. In addition, the Israeli occupation authorities have continued construction of the apartheid wall, extension of settlements and creation of fixed and temporary road barriers, transforming parts of the West Bank into isolated cantons.

14. The importance that the Palestinian Authority attaches, through the Ministry of Health, to human health as a fundamental right, and to the provision of integrated health services to the Palestinian people in response to economic, demographic and epidemiological changes, has led to a marked improvement of health indicators, which surpass those in neighbouring countries as regards health expenditure, and demonstrates the ability of the Palestinian health sector to deal with those challenges and to make substantial progress towards the achievement of the Millennium Development Goals. Notwithstanding this progress, the occupied Palestinian territories still suffer from occupation practices, in addition to high morbidity rates and the dual effect of infectious and chronic diseases, obesity and malnutrition. The present report reviews the major impacts of the blockade, closure and aggression on the population and on the health sector in the occupied Palestinian territories.

THE ECONOMIC SITUATION

15. Economic changes (i.e. high levels of poverty and unemployment, and insufficient financial support) resulted in many financial and administrative problems in the health sector. In 2008, unemployment rose to around 20% (50% of the population of the Gaza Strip and 13% in the West Bank). The poverty rate rose to more than 60% (40% of the population in the West Bank and 80% in the Gaza Strip, of whom 49% suffer from extreme poverty) as a result of Israeli policies, making it very difficult for individuals to pay treatment expenses, laying yet another burden on the Ministry of Health. Table 1 shows the effective and projected economic changes up to 2010.

Table 1. Effective and projected economic changes up to 2010

	Effective values			Projected values		
	2005	2006	2007	2008	2009	2010
Nominal gross domestic product (in US\$ million)	4.478	4.533	5.054	6.083	6.564	7.115
Public external debt (in US\$ million)	1.297	1.297	1.118	-	-	-
Nominal gross domestic product per capita (in US\$)	1190	1166	1258	1467	1535	1614
Unemployment rate (% workforce)	23.5	23.6	21.5	22.0	21.8	21.5
Poverty rate (%)	-	58	65	60	-	-

16. The deterioration of the economic situation, high inflation, the decline in the purchasing power of the dollar and the increase in prices seriously affected the capacity of the individual to pay for health services; 80% of the people of the Gaza Strip are now dependent on humanitarian assistance provided by UNRWA, WFP and various other institutions. There was also a sharp decrease in food supplies in general and, in particular, in animal and dairy products, whose prices skyrocketed in the space of a few months. That was in addition to the accumulation of solid waste in the streets and floods of sewage attributed to the lack of fuel, and strikes by municipal workers who, for many months, had not received their wages. All these factors adversely affected the health conditions of the population in the occupied Palestinian territories, and the health of women and children in particular. It is expected that anaemia and malnutrition will increase among the latter. Table 2 shows the changing rates of effective gross national product growth and inflation.

Table 2. Changing rates of effective gross national product growth and inflation rates

	Annual rate (real)		Annual rate (projected)			
	2005	2006	2007	2008	2009	2010
Real growth/gross domestic product (market prices 1997)	6	-4.8	0	3	5.5	6.5
Inflation rate (end of period)	2.3	3.3	6.9	3.5	3	2.5
Inflation rate (average)	3.6	3.8	2.7	4	3	2.5

17. The economic changes have led to another financing problem related to the increased volume of services provided to an increasing number of insured people. At the same time, the health sector faced lower incomes, irregular and delayed provision of financial advances to hospitals, high treatment costs outside the Ministry of Health for services not provided by the Ministry of Health, poor quality of public health services and low level of satisfaction among users. In 2008, the average level of overall health expenditure per capita reached US\$ 140. In the same year, the overall level of the Ministry of Health's expenditure on the health sector reached US\$ 150 million, including US\$ 80 million for salaries and wages, i.e. US\$ 42 per person. Table 3 shows the income of the Palestinian Authority, salaries, and operating expenses as a percentage of gross domestic product.

Table 3. Income of the Palestinian Authority, salaries, and operating expenses as a percentage of gross domestic product

Public finances	Percentage of gross domestic product					
	2005	2006	2007	2008	2009	2010
Income	27.5	25.4	23.6	24.4	25.4	25.7
Salaries	22.4	26.3	25.4	24.4	23	21.7
Operating expenses (including regular capital expenditure)	14.5	16.5	14.4	15.9	14.8	14.4
Net debts	7.7	7.4	10.6	6.6	5.8	5.2

18. The economic changes have also resulted in a decline in the recruitment of certain qualified medical personnel and nurses, especially in anaesthesiology, radiology, nephrology and midwifery; in a brain drain due to low wages and insufficient motivation scheme; in irregularity in the replacement of outdated and overused medical equipment and ambulances; and in insufficient and delayed maintenance work in some hospitals. At the end of a visit to the Gaza Strip on 15 February 2008, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator said to journalists that he was shocked at seeing the misery and desperate conditions caused by the Israeli restrictions imposed on Gaza and the limited amount of goods entering the Gaza Strip (less than 10% of the amount that had entered during the previous year). He added that in order to alleviate the situation it was essential to open the crossing points to allow for larger quantities of humanitarian aid and commercial goods to enter, thus enhancing people's lives and providing them with the minimum requirements for human dignity.

THE POLITICAL SITUATION: THE HEALTH CONDITIONS OF PALESTINIAN PRISONERS IN ISRAELI JAILS

19. The number of prisoners in Israeli occupation jails reached 11 500 Palestinian and Arab detainees in more than 25 prisons, camps, detention and investigation centres in the Israeli occupation state. This number includes 13 prisoners detained for over 25 years and 81 prisoners detained for 20 or more years out of 352 prisoners arrested before the Oslo agreements. As for administrative prisoners, their number reached 920, detained in several jails for long periods on the grounds of security and on the basis of secret files. This is a flagrant violation of human rights. Israeli prison administrations

practise a policy of silent killing of Palestinian prisoners through solitary confinement on a regular and systematic basis as a punitive measure aimed at degrading the prisoner's dignity and morale by confining him in a single, narrow cell for an undefined period that may be extended to many years, during which the prisoner remains completely isolated from the outside world, deprived of all rights and needs. As indicated by the Mandela Foundation, which deals with prisoners' files, the confinement rooms and departments in most prisons are not suitable for human habitation, since they are damp, infested by insects and tightly sealed; the prisoner is allowed to go to the exercise yard only once, and usually with his hands and feet manacled. He is not allowed to meet other prisoners or to receive visits from his family. Difficult confinement conditions, especially deliberate neglect and delays in providing treatment, aggravate the prisoners' and detainees' health. Reports indicate that around 1300 male and female prisoners need treatment and medical care, and that they are detained in several jails where the proper treatment and care are not provided. The number of deaths among prisoners between 1967 and 2008 was 192.

20. The Mandela Foundation for the welfare of detainees noted the permanent detention of about 32 prisoners with incurable health conditions at the Ramla Hospital, criticized this serious degradation of the prisoners' health and called on both the United Nations Security Council and WHO to take their responsibility for what is happening inside Israeli prisons and detention centres as regards medical negligence and delays in providing treatment, which jeopardizes the lives of thousands of male and female prisoners. The Nafha institute for the defence of Palestinian prisoners in Israeli jails cited the following violations of prisoners' rights to health:

- (a) repeated neglect of health and delays in providing treatment, and a lack of surgical interventions for sick prisoners
- (b) lack of effective treatment for different diseases among sick prisoners. The Israeli prison doctor is the only doctor in the world who treats all illnesses with a paracetamol tablet or a glass of water
- (c) the lack of specialized and night shift doctors to deal with emergencies in Israeli jails
- (d) the lack of psychological supervision and therapy to deal with the many prisoners suffering from psychological disorders
- (e) the lack of medical equipment for patients with special needs
- (f) the lack of suitable and healthy diets for sick prisoners
- (g) the transfer of sick detainees to hospital with hands and feet shackled, in unventilated trucks
- (h) depriving some prisoners suffering from chronic diseases of their medicines as a punishment inside jails.

21. Children and women prisoners suffer the most. Israeli occupation authorities have detained more than 340 children, many of whom suffered from different kinds of torture, harsh and degrading treatment. The Israeli occupation authorities, through their repressive and savage treatment of prisoners, especially child prisoners, violate all international instruments and conventions, including the fourth Geneva Convention and the 1989 Convention on the Rights of the Child. Of the 600 Palestinian female prisoners detained in Israeli jails, 99 are still living in difficult conditions inside the Telmund "Ha Sharon" and Jelma prisons. Four of them gave birth in prison in extremely difficult

conditions. Delivery does not take place in normal circumstances and minimum medical care is lacking. Pregnant prisoners are usually driven from jail to hospital in harsh conditions which further aggravate their suffering. Their transfer is usually carried out under strict military and security supervision with hands and feet shackled with metal chains. Their families are not allowed to accompany or stand by them. They are also chained to their beds until they enter delivery rooms and after giving birth they are chained once again to their beds.

22. The health conditions of female prisoners in general are extremely poor and difficult. They suffer from loss of weight and general weakness due to poor-quality food and the lack of different essential nutrients. In addition, they are exposed to harsh treatment from male and female jailers with no regard for their condition or their special needs in pregnancy. All such factors aggravate their suffering, given their need for special medical care in suitable conditions, as well as a special diet. In this context, the Ministry of Health calls on human rights organizations and international law societies to work urgently in order to put pressure on the Israeli Government to end the suffering of female detainees and to provide care and treatment for pregnant prisoners, both before and after birth. It stresses the right of pregnant women to give birth in conditions similar to all other mothers and to care for their children under humanitarian conditions. It is a shame for the world to remain silent, given the delivery conditions and practices inside Israeli occupation jails.

ISRAELI ATTACKS ON CIVILIANS

23. Most hospital admissions (66% of all injuries) were caused by shrapnel from new and advanced types of missiles and bombs, causing amputation and severe burning of the injured parts of the body, which demonstrates the magnitude and gravity of the injuries. Most of the casualties also undergo surgery, limbs are amputated and charred, and burns extend to most parts of the body. The shrapnel makes small holes in the body and spreads inside, causing lacerations and burns to the intestines, spleen and most of the other internal organs. To judge from the physical ruptures and internal burning it causes, the shrapnel may contain some toxic and radioactive materials, which would adversely affect the lives and future of the injured after their recovery. The shrapnel appears like powder spread on the body of the injured, with very small entry wounds and large exit wounds accompanied by severe lacerations to the bones, tissue, liver and intestines. Doctors in the hospitals of the Ministry of Health are faced with new kinds of injuries, since many of the dead and the wounded when examined in hospital do not seem to be affected by the shrapnel traces, which raises questions about the existence of new explosive materials that are used against unarmed Palestinian civilians. The injured need to stay for long periods in hospital in addition to their need for intensive and continuous rehabilitation and follow-up because of the severe inflammations and septicaemia resulting from direct injury.

24. The Ministry of Health therefore calls upon the international community and human rights institutions to send a medical committee to examine the wounded and check for toxic materials in the bodies of those killed or wounded by Israeli missiles. The Ministry also calls upon the international institutions to apply pressure on Israel so that it stops using internationally prohibited weapons against unarmed and peaceful civilians in their homes and meeting places.

SHORTAGE OF FOOD SUPPLIES

25. On 14 April 2008, UNRWA asserted that the population in the Gaza Strip was still facing severe shortages of essential materials, foodstuffs, power supplies and other necessities of life, as a result of the blockade the Israeli authorities had been imposing on the movement of persons and goods

since June 2007. Ten in every 100 children under five are chronically or acutely undersized, with a rise of 3% during the period 2004–2006. This rate reached 7.9% in the West Bank compared with 12.4% in the Gaza Strip. Some 13 741 children are underweight: a rate of 2.9%. Some 38 818 children have low birth weight (7% of births).

26. A statement issued by UNRWA noted that the number of trucks carrying food and humanitarian supplies which entered the Gaza Strip decreased from 10 000 during March to about 2400 during April 2008; the lack of animal feed took meat prices to record levels.

27. A report issued on 23 April 2008 by the United Nations Office for 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 itself in a similar situation. In spite of the significant decline in gross domestic product in the occupied Palestinian territories in 2006, due to the fall in the income of Palestinian families, lack of investment, and insecurity resulting from closure and siege, there has been a rise of 31% in the proportion of households consuming iodized salt during the period 2004–2006; however, 14.3% of families (89 527) do not yet use such salt.

SHORTAGE OF FUEL AND ELECTRICITY SUPPLIES IN THE GAZA STRIP

28. A report issued by United Nations Office for Coordination of Humanitarian Affairs on 8 February 2007 indicated that most families and health institutions in the Gaza Strip suffered from power cuts for 8 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, affecting the infrastructure for drinking-water and the sewage system and also disrupting the provision of health care for civilians in the Gaza Strip.

29. Figures documented by the Palestinian Centre for Human Rights indicate that the Gaza Strip's imports of fuel and combustibles have been reduced since the decision taken on 25 October 2007 by the Israeli authorities to reduce those imports by more than 50%. Hence, the imports of petrol, diesel and gas for domestic use declined by between 60% and 73%. On 28 November 2007, the Israeli authorities further reduced the quantities of fuel supplied to the 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 it 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 has refused to receive combustibles and gas supplied to the Gaza Strip, because of the continuing policy of cutting the quantities supplied, which do not meet its basic needs.

30. On 16 April 2008, the head of the UNRWA office said that eight organizations of the United Nations had issued a joint statement that the current situation in the Strip represented a danger to the health and welfare of the population, of whom 56% were children. He added that the eight organizations which had signed the statement stressed that the current situation led to disruption of the work of the United Nations organizations in Gaza, affecting schools and health facilities and food distribution. He pointed out that in the absence of fuel at petrol stations, the normal transport operations within the Gaza Strip had stopped. The Palestinian Centre for Human Rights stressed on the same day, that the cutting of fuel supplies to the Gaza Strip by the occupation authorities had

paralysed 85% of transport and communications, disrupted 50% of the educational process and resulted in the closure of 145 fuel stations. It was feared that all the basic services of life, such as delivery of drinking-water, sewage treatment and waste collection from the streets and neighbourhoods, would be totally paralysed.

31. On 23 April 2008, the director of UNRWA operations in the Gaza Strip said in an interview on United Nations radio that the humanitarian efforts in the Gaza Strip by either international organizations or by the private and public sectors needed 3.8 million litres of diesel per month, but they had received none since the closure of the crossing on 9 April 2008. He added that UNRWA had suspended all relief operations in the Gaza Strip as of 24 April 2008, since the fuel required to operate their trucks and centres had run out. He said that the lack of fuel would stop all the relief operations and the distribution of the rations by UNRWA and WFP for more than one million Palestinians in the Gaza Strip. He also said that fuel for mills would run out, fishermen would have no fuel to run their boats and farmers would obtain no fuel for irrigation machinery, in addition to the paralysis of industries and daily life.

The impacts of the shortage of fuel

32. The impact of fuel and electricity shortage on the health situation in the Gaza Strip can be summarized as follows:

- stoppage of several types of surgery, now limited to emergencies and critical operations
- shut-down of some oxygen-generating stations, which need levels of power that cannot be supplied by small generators
- X-ray units running at 50% capacity
- increased suffering of patients with kidney failure owing to disruption and stoppage of dialysis units because of power outages
- disruption of the functioning of central air conditioners in hospitals, which adversely affects the work, especially in enclosed areas such as operating theatres and intensive care units particularly for the newborn and infants
- compromised validity and vitality of blood units and plasma, which can be damaged by power outages of more than two hours.

The impact of the fuel and electricity shortage on drinking-water and sewage systems in the Gaza Strip

33. There are 180 water and sanitation facilities in the Gaza Strip, including 140 water wells and 37 water pumping stations and sanitation plants, and three sewage treatment plants, all of which require regular maintenance, spare parts and technical equipment that are not available in local markets due to the Israeli blockade and closure. In December 2007, the water authority was able to obtain only 50% of its fuel needs, leading to a chronically irregular drinking-water supply. Also, the projects for drinking-water systems funded by the World Bank and UNICEF were suspended in mid-June 2007, owing to the failure to introduce devices, equipments, pipes, valves, pumps and spare parts for machines needed for drinking-water and sewage systems. The lack of spare parts has also led to the stoppage of a large number of water wells and thus a shortage of drinking-water. Hence, the

longer the period of the siege, the greater will be the effect of equipment and spare parts shortages on the quantity and quality of drinking-water and waste-water disposal. A UNICEF report indicates that the partial functioning of the main water-pumping station in the city of Gaza hinders the provision of safe water to some 600 000 Palestinians. The competent authorities are worried about potential contamination of drinking-water in the Gaza Strip due to the lack of chlorine injection pumps and spare parts needed to clean and disinfect drinking-water. A health disaster could be caused by the contamination of drinking-water, and the spread of diseases and epidemics among a million and a half citizens in the Gaza Strip.

34. The stoppage of sewage treatment leads also to the discharge of large quantities of untreated sewage water into the sea, which causes pollution of sea water, fish and beaches. The shores of the sea at the Gaza Strip are badly polluted, because untreated sewage water is pumped into the sea, thus exacerbating the crisis of the environment and public health, which is continuously deteriorating.

35. Municipal rubbish disposal vehicles have stopped working because of lack of fuel and spare parts. Rubbish is piling up in the streets, affecting public health and risking the spread of disease.

36. One third of the population suffers from the lack of water supply in summer. In the Gaza Strip, more than a third of the population does not have a sewage system, and some 76 134 families, 12.2% of the total, are still unable to obtain safe drinking-water. The power cut in the Gaza Strip hinders the operation of water pumps and refrigerators in homes and health centres, where water is pumped for only two to three hours a day.

PREVENTION OF TREATMENT ABROAD FOR PATIENTS IN THE GAZA STRIP

37. The UNRWA General Commissioner indicated in her speech mentioned above that the impact of closures on the possibility of delivering medical care outside Gaza City was particularly depressing. The demand for such care was increasing at a time when the levels of medical care within Gaza were declining. However, the permit system imposed by the Israeli occupation authority in order to allow referral of patients abroad had become more stringent. For many, treatment had been delayed or even denied, which worsened health conditions and led to many deaths that could have been avoided.

38. Although the Palestinian Government and Ministry of Health are exerting vigorous and continuing efforts and using Arab and regional links to facilitate the movement of Palestinian patients from the Gaza Strip for treatment in hospitals in neighbouring countries, the Israeli occupation authorities continue to refuse to allow hundreds of them to travel.

39. The report of the Specialized Treatment Department of the Ministry of Health, issued on 16 February 2008 in Gaza, shows that the Israeli siege has led to a significant increase in the number of medical referrals abroad; the number of those referred in the second half of 2007 increased by 63% over the same period in 2006. The report adds that the reason for this increase is the acute shortage in medicines and technical capabilities needed to treat patients, which prompted doctors to refer patients for treatment outside the hospitals of the Ministry of Health.

40. The same report also shows a significant increase (118%) in the same period in the number of referrals of patients with tumours, due to insufficiency of doses of chemotherapy, inability to purchase these doses and the lack of some medical tests needed for those patients.

41. Owing to Israeli actions that hamper the movement of patients from the Gaza Strip through the crossing of Beit Hanoun (Erez), impeding or deferring their entry for additional days after the issuance of permits, the Specialized Treatment Department has documented the death of 20 patients as a direct result of these unjust actions. With the closure of the crossings, the unjust Israeli blockade imposed on the Gaza Strip and the prevention by the Israeli occupation authorities of patients from leaving the Gaza Strip to receive the necessary treatment abroad, the total number of deaths among patients had risen to 273 by 16 February 2009.

42. The continuing Israeli blockade on the Gaza Strip will result in complications in the medical situation of patients and worsen their health condition, in addition to raising mortality rates among them.

43. The continuous closure of the Rafah crossing has led to the referral of patients who were previously referred to Egyptian hospitals for treatment, to hospitals in Israel and the West Bank and Jerusalem, with delays in their arrival because of the difficulty of obtaining travel permits from the Israeli side, high treatment cost and increased pressure on hospitals in the West Bank and Jerusalem.

44. The same report states that the Israeli side had only agreed to the entry of 64% of all patients who had applied for permits to travel through the Beit Hanoun (Erez) crossing. Many of them are being returned and prevented from travelling through that crossing, or their entry is postponed for several more days. In a flagrant violation of the fundamental rights of patients, the Israeli side obliged 71 patients to meet the Israeli secret service in the last six months of 2007.

LIFESTYLE

45. More than 70% of the population has no means of recreation or entertainment. Watching television is the main activity for children over six, leading to obesity and lack of physical exercise. The high rate of obesity in adults – up to about 40% – is a growing challenge to the health sector, and the greatest challenge is that most people have no access to guidance on obesity control and practising physical exercise. One person in five aged 12 or over in the Palestinian territories smokes, and the rate is higher in the West Bank than in the Gaza Strip. The data indicate that the highest smoking prevalence is in the 40–49 year age group, reaching 30% in 2006.

THE DEMOGRAPHIC SITUATION

46. The demographic pyramid in Palestine is flat, and the population doubles every 23 years; 50% of the population is under 18, about 3% is over 65, and approximately 44% are refugees (69% in the Gaza Strip and 29% in the West Bank). Fertility rates remained stable in 2004–2006; 4.6 births per woman in the Palestinian territories in late 2006, which is the same rate as 2004, with 4.2 births in the West Bank and 5.4 births in the Gaza Strip. Table 4 shows the most important demographic indicators in the occupied Palestinian territories in 2007.

Table 4. Demographic indicators for the occupied Palestinian territories, 2007

Indicator	West Bank	Gaza	West Bank and Gaza
Population (1000)	2 300	1 400	3 700
Population growth rate (%)	3.1	4	3.3
Fertility rate	4.2	5.4	4.6
Births	52 000	42 000	94 000
Crude birth rate per 1000 inhabitants			27.5
Crude death rate per 1000 inhabitants			2.8
Population under 18 years	44%	49%	46%
Population over 65 years	3.3%	2.6%	3.1%
Dependency rate	0.9	1.07	0.94
Refugee rate of the population	29%	69%	44%

47. Table 4 shows that rates of population growth and fertility are among the highest in the world, leading to a high proportion of people under 15 years of age and forming a flat demographic pyramid. This leads to a remarkable increase in the demand for primary health care and public health services, and burdens the workers in the Ministry of Health.

FREEDOM OF MOVEMENT IN THE OCCUPIED WEST BANK

48. On 11 April 2008, investigations by human rights organizations and a report of the Office for the Coordination of Humanitarian Affairs of the United Nations revealed that the declaration Israel made to the United States to remove the earthen walls in the West Bank had not been put into effect, and that in some cases the occupation authorities removed earthen walls in front of the cameras of the journalists, only to rebuild them again afterwards.

49. The report issued by the Betslim Organization at the end of 2007 states that the number of fixed barriers erected in the West Bank has hardly changed in the last year, at an average of 102 barriers; 66 are erected for controlling movement within the West Bank (including 16 barriers in Hebron), and 36 are final checkpoints before arriving in Israel. In addition to the fixed barriers, the army sets up tens of mobile checkpoints every week. Furthermore, Israel continues to use the major obstacles that restrict access to the main roads and direct traffic to the enhanced barriers. These obstacles have increased in number in recent years, reaching 459 in 2007 compared with 445 in 2006 and 410 in 2005. Israel prohibits Palestinians from travelling or imposes restrictions on more than 300 kilometres of roads in the West Bank. Restricted freedom of movement, and the resulting geographic fragmentation, are severely affecting the performance of the basic institutions for the Palestinian population in the occupied territories, including the health system and municipal services.

50. In 2007, the population of settlements increased by 4.5% (compared with 1.5% in Israel), and the number of Palestinian homes demolished by Israel rose by 38%, to 69 homes. Palestinians are still

significantly discriminated against in the distribution of water in the West Bank, leading to an acute shortage of drinking-water during summer.

51. During his visit to the West Bank on 16 February 2008, the Under-Secretary-General of the United Nations for Humanitarian Affairs and Emergency Relief Coordinator noted the difficulties faced by the Palestinian population in accessing basic services and places of work, because of the obstacles, barriers and permit laws imposed on them by the Israeli occupation forces. He also saw the major obstacles patients and health workers of the occupied West Bank face in accessing hospitals and health clinics in Jerusalem for work and for treatment there because of the Israeli barriers. Although the distance the patients travel from their homes to health centres does not exceed a few kilometres, a journey which took 10 minutes by car, now takes more than an hour. Patients usually go to hospital to receive basic and essential services for their life, such as radiotherapy, dialysis and paediatric oncology.

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

52. 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 reaching their workplaces, families, markets, schools, hospitals and health centres.

53. 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, and the “seam” zone. After completion, the wall will isolate a total of 71 clinics: 41 clinics were already fully isolated. Some 450 000 Palestinians will be directly affected, and a further 800 000 indirectly.

54. The establishment of the wall is part of an Israeli integrated policy which began with the building of settlements, then barriers, and finally the wall which dismembers the West Bank and turns it into ghettos. The aim of building the wall with 35 kilometres inside Salfit and Qalqilya, 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 of Palestinian communities.

55. 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 fully isolate some Jerusalem communities, such as Anata village and Shufat refugee camp, from the major facilities providing 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 of Jerusalem origin are threatened, as the next step of Israel, upon constructing the wall, is to prevent them from reaching Jerusalem, and then withdraw their health insurance and Jerusalem identity on the grounds that they no longer reside in the city.

56. Furthermore, the report shows that there is only one simple hospital 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.

57. 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 the occupied Jerusalem because of those roads.

58. In the same visit to the West Bank, the Under-Secretary-General of the United Nations for Humanitarian Affairs and Emergency Relief Coordinator stated that the wall, the settlements and the Israeli permit system destroy the economic and social life of the population in the West Bank, and are responsible for exacerbating poverty and unemployment among them. Thus, the first step to build an economy conducive to strengthening peace talks is to stop building the wall and prevent the expansion of settlements and lift the barriers.

SHORTAGE OF DRUGS, MEDICAL SUPPLIES, LABORATORY MATERIAL AND MEDICAL DEVICES

59. In January 2008, the Health Medical Warehouse Service of the Ministry of Health in Gaza reported that, out of 486 items listed as essential medicines, 91 were out of stock. These included medicines for tumours, intensive care, obstetrics, paediatrics and chronic diseases. The remaining essential medicines were sufficient for one or two months. The strategic stock was depleted because of the lack of medicines and of procurement budgets. Non-essential medicines for tumours, kidney disease and epidemic hepatitis were also unavailable. Hospitals experienced severe shortage of vitamin K. Fifteen mental health medicines remained out of stock for several months. Private-sector pharmacies experienced a severe shortage in many medicines.

60. On 17 February 2008, a report issued by the Ministry of Health laboratory and blood bank service in Gaza showed that of 1200 items needed for blood banks and laboratories, 52 were out of stock and stocks of 150 items, mostly required for blood banks, measuring blood gas levels and salt assays for intensive-care patients and the newborn, would be out of stock within two months. In addition, much laboratory and blood bank equipment, such as chemistry and haematology devices and blood-gas measurement instruments was out of service either due to lack of spare parts or because it was obsolete and unusable.

61. At the end of January 2008, the Medical Supply Department of the Ministry of Health in Gaza reported that 200 medical items (23%) needed for hospitals and primary care were out of stock, while a further 150 items in stock (17%) would last only two months.

62. Several reports by the WHO Office in the occupied Palestinian territories showed that the Ministry of Health suffered over several periods between October 2007 and April 2008 from a shortage of medical gas supplies (notably nitrous) needed for surgeries. This led to delays in terms of non-emergency surgeries.

63. The severe shortage of essential medicines, coupled with the breakdown of diagnostic and treatment equipment at all the hospitals in the Strip, including equipment for neonatal feeding, kidney dialysis and computer tomography because of the lack of maintenance and spare parts due to the closure of crossing points, led to a deterioration in the quality of health services delivered by those hospitals to Palestinian patients.

64. Owing to the lack of spare parts, the infrastructure of hospitals and primary health care clinics and their basic equipment are deteriorating in a dangerous fashion, making its repair and maintenance an impossible job. The Engineering and Maintenance Department of the Ministry of Health in Gaza

reported on 7 February 2008 that four projects to build and extend hospital departments, including surgery and intensive care units at a cost of about US\$ 6.15 million have been halted, as were rehabilitation and restoration of nine buildings, including a paediatric hospital, central medicines warehouses and six primary health care clinics at a cost of US\$ 1 050 000. Regular maintenance of hospitals, primary care centres and several health departments were also stopped.

65. According to the same report, 94 medical devices were no longer operational because of extended use over long periods of time without access to spare parts. Some of them are required for intensive care for general health conditions, cardiology and neonatal treatment. Others are required for diagnosis and treatment. The hospitals of the Ministry of Health in Gaza need 13 medical devices, including anaesthesiology, radiology and electrocardiography equipment at a cost of US\$ 500 000.

66. Statements issued by the Ministry of Health on the health situation in the Palestinian occupied territories in 2006 pointed out that the deterioration of the economic situation combined with cessation of payment of salaries had led to strikes by government employees in the West Bank. Moreover Israeli repressive measures against Palestinian citizens continued. The increase in the number of checkpoints and curfews imposed, and continuing the building of the apartheid separation wall had also led to patients and citizens experiencing untold difficulties in accessing primary health care centres. Consequently many health indicators had declined in 2006 compared with 2005. Some of these indicators include:

- drop in the rate of vaccination coverage to less than 90%, in general, and to 72% for measles, mumps and rubella vaccine and 94% for oral poliomyelitis vaccine; the rate of tetanus immunization in pregnant women declined from 25% to 16% in the same period
- decline in the rate of visits to primary health care centres by 15.1%, and a drop in visits to general practitioners by 20.6%
- decrease in the number of visits by newly pregnant women to maternal and child health care facilities from 4.8 visits in 2005 to 3.7 in 2006
- decline in the rate of visits to community psychiatric clinics by 16.6% in the same period.

67. In the Gaza Strip, economic circumstances compelled the population to use more government-owned health services. The average rate of visits to primary health care general practitioners increased by 8.8%, whereas the rate of visits to family planning clinics increased by 29%. The prevailing situation led to an increase in the rate of births at government hospitals by 10.7%. Citizens in the Gaza Strip were compelled to use primary health care services provided by UNRWA. Visits to UNRWA's primary health care facilities increased by 11.2% and the number of X-ray films used rose by 44.6%.

68. The Ministry of Health has been diligent in working with international health agencies and especially with UNICEF to provide the required vaccines for newborns, children and mothers. The report of the Immunization Department at the Health Ministry, published in Gaza on 4 February 2008, pointed out the success of the Ministry in establishing strategic stockpiles of most vaccines up until March 2008. Unfortunately, the Ministry experienced a sharp decrease in doses of measles, mumps and rubella vaccine from October 2007 to February 2008 despite its best efforts.

69. Recurrent power cuts and the lack of the fuel necessary for operating power generators affected vaccines stocked at the central warehouses and the care unit warehouses. Consequently, a great number of children might receive substandard vaccines.

Hospitals

70. The Ministry owns and runs 24 out of the 78 hospitals in Palestine (12 in the West Bank and 12 in the Gaza Strip) with a 2864-bed capacity, i.e. 56% of the total bed capacity of Palestine's hospitals. The population per bed ratio in Palestine, which is equivalent to 13 per 10 000, is the lowest ratio in the Region. The Emergency Aid and Assistance Department of the Ministry of Health in Gaza operates 57 ambulances, 42 of which work with petrol and 15 with diesel. They all need 600 litres of petrol and 400 litres of diesel daily.

71. Despite tremendous efforts by the Ministry of Health to provide fuel, spare parts and vehicles necessary for providing health services to patients and to the injured in these difficult times, the Emergency Aid and Assistance Department reported on 20 February 2008, continuous lack of fuel supplies required for running those vehicles due to the Israeli blockade and the closure of crossings. It has also reported severe shortage of spare parts required for maintenance of those vehicles. Consequently many ambulances have been discarded and 20 ambulances stopped working (35% of the total available), although the Department is in dire need of finding substitutes. Emergency intensive-care ambulance monitors that collect and analyse vital data of patients and injured persons have been out of order for more than two years and have not been replaced. The Ministry of Health appeals to international agencies, human rights organizations, especially the Red Cross and WHO to act rapidly in order to support ambulance and emergency assistance crews, lift the blockade imposed on the Gaza Strip, and supply ambulances with fuel and the necessary spare parts in order to provide humanitarian services. The situation that prevails in the Gaza Strip, the continuous shelling, incursions and siege are all things that should incite donors to provide four-wheel drive equipped ambulances to transport the dead and injured across sandy and impassable tracks, and to provide emergency stations with telecommunications services means.

72. Since 7 April 2008, the percentage of patients visiting health facilities dropped by more than 25% because of lack of means of transportation and communication. Hundreds of medical crews failed to report to duty in those facilities. The Palestinian Human Rights Centre announced that most ambulances stopped conveying patients for lack of fuel. The Ministry of Health has started using the limited stocks to run health centres and the necessary hospital equipment. It cautioned that the depletion of its fuel reserves would cripple all health sector institutions and all ambulances that were running temporarily.

73. The Director of UNRWA Operation in Gaza declared on 23 April 2008 that "Doctors and patients were compelled to walk to hospitals and 20% of ambulances had stopped functioning, another 60% of them would stop functioning by the end of the week."

74. In 2007, the report of the Palestinian Red Crescent said that there was a total of 520 Israeli aggressions against ambulances, medical crews and health facilities. Twenty ambulances were prevented from reaching casualties to transport them to health centres and hospitals to receive life-saving treatment. Sixteen ambulances were severely damaged, and one ambulance was totally destroyed. Thirty-six members of medical crews were assaulted, 13 of them were injured on duty and two others were arrested. Some hospitals and government centres were shelled, stormed and ransacked by occupation forces thus damaging medical facilities. What happened in the Nablus National Hospital and the Rafidya Hospital on 3 and 4 January 2008, when these facilities were raided and ransacked, the patients and personnel frisked was yet another example of what health facilities undergo in the occupied West Bank. On 16 April 2008, Israeli tanks inflicted heavy damage on Al-Waha Rehabilitation Hospital in eastern Gaza, which led to the disruption of many of its wards. The Al-Ihsan mosque in Juhr-al Deek region was also severely damaged.

Primary health care and mother and child health

75. There are 654 health centres in the Palestinian territories (525 in the West Bank and 129 in the Gaza Strip), 416 of the primary care centres are owned and run by the Ministry of Health (360 in the West Bank and 56 in the Gaza Strip), i.e. 63.6% of all primary care centres in Palestine. The ratio of Health Ministry primary care centres to the population is 1.8 per 10 000.

76. The maternal mortality rate is about 33 per 100 000 live births, which is low compared to Palestinian realities and this is due to low rates of documentation resulting from the dismemberment of Palestinian territories by the Israeli army which turned them into isolated and scattered cantons. This also applies to registering of neonates. The Ministry of Health still gives priority to the unified child immunization programme; however, Israeli measures have affected the coverage rate, which was less than 90% for all vaccines.

77. As to the nutritional status of children less than three years old, 54.7% suffer from anaemia and 4.1% suffer from rickets. The rate of visits of pregnant women to government centres is 5.9 visits for every pregnant woman. The rate of caesarean sections amounts to 20% of the total births. The Gaza Strip accounts for the highest percentage of high-risk pregnant women. There are 62 347 children under five who suffered from bouts of diarrhoea in 2006, i.e. 11.7%. The Province of Qalqilya on the West Bank accounted for the highest rate (15.8%) and the Province of Gaza the highest rate in the Gaza Strip (13.2%). There is evidence that some 79 890 children under five suffered from respiratory infections in 2006, i.e. 14.1%. The increase in anaemia rates among pregnant women and the poor in the occupied Palestinian territories is the natural result of the increase in the fertility rate and the shortness of child spacing periods. The percentage of use of contraceptives (47%) is considered acceptable compared with the rates prevailing in neighbouring countries, however, reproductive health services should be made more accessible.

Infections and chronic diseases

78. The Ministry supports the epidemiological surveillance programme and has succeeded in eliminating and stopping the spread of many diseases. As a result, the mortality rate from infectious diseases dropped to 27.8 per 100 000 population. Rates of prevalence of mumps, hepatitis (A and B) and brucellosis have been reduced. The biomolecular unit at the Public Health Laboratories in Gaza and Ramallah was equipped in order to enable it to diagnose avian influenza, meningitis, brucellosis, hepatitis and pulmonary tuberculosis which are the major epidemic diseases in Palestine.

79. Cardiovascular diseases are the foremost population killers, heart diseases accounting for 60 deaths per 100 000 population, stroke and essential hypertension for 30 and 15 deaths respectively per 100 000 population. The rate of prevalence of diabetes is 9%, however, it is not considered among the 10 leading causes of death. The rate of prevalence of chronic diseases in 2004–2006 rose by 31.1%, hypertension diseases and diabetes have been prevalent among the elderly accounting for 24.8% of patients aged 60 years and over; while hypertension rates in the same category accounted for 35.2%. In 2007 the major killer diseases were cardiovascular diseases, stroke, and neoplasms, while bronchitis, respiratory infections, accidents, malformations and essential hypertension were the major killers of children.

Mental health

80. In 2007, there were about 100 000 visits to mental health psychiatric clinics; 2500 new cases were registered in the Palestinian territories more than doubling the incidence rate to 62.2 per 100 000

population (from 30.3 per 100 000 population in 2000), 13% of those suffer from schizophrenic disorders, 15% from neurosis, 27% from affective disorders. Those rates have doubled since 2000 because of the current political and economic deteriorating situation where various banned weapons have been used by the occupation power, and because of its policy of killing and destruction. The policy of killing, assassinations, destruction and shellings gave rise to the emergence of a whole generation of people suffering from various psychosomatic disabilities, including children who daily witness scenes of carnage. Mental health services should be prioritized in order to address the desperate situation of the population; support and counselling activities should be undertaken, as a priority, to help all segments of the population, and the Ministry of Health has to be provided with psychiatrists as well as with efficacious medicines to treat those disorders.

81. In Gaza, the report of the Community Mental Health Department, published on 6 February 2008, pointed out an increase in the number of cases treated in community mental health clinics, especially cases involving children. In 2007, 16 752 children under 18 years of age visited those clinics, including 414 new cases. Enuresis rates in some parts of the Gaza Strip reached 63% among 6–12 year old children, and nail-biting (onychophagia) rates jumped to 8.8%. This steep increase in visits and incident psychiatric cases is due to the extreme frustration, fear and panic among the population, especially children resulting from distress due to continuous blackouts and darkness. Psychiatric clinics are subjected to daily power cuts, which affect the functioning of the EEG tests. Essential psychiatric medicines are lacking and are insufficient if available.

82. The Gaza Mental Health Centre stressed that the blockade that was strangling the Gaza Strip had catastrophic effects on the psychosomatic health of the population. It pointed out that it resulted in an increase in mental health disorders such as depression, anxiety and in psychosomatic disorders. It led to relapses in many patients, causing bouts of extreme distress that translated into family, tribal and community violence, in general.

Health insurance and referrals

83. There is a growing trend towards institutionalizing health insurance schemes through increasing the proportion of optional insurance and applying the concept of universal coverage of citizens through an updated contribution system that leads to more justice in financing and providing medical services. The Government's health insurance scheme now covers some 60% of Palestinian families, which puts a serious strain on the Ministry of Health. Consequently, the Ministry started to check spending on referrals to medical centres outside its purview. The total sums spent on those referrals amounted to some 238 million shekels in 2007, including those occurring in the Gaza Strip since 15 June 2007. The cost of treatment abroad rose from US\$ 3.6 million in 2002 to US\$ 32 million in 2003 and to US\$ 53 million in 2004. It became, since 2005, the third biggest expense incurred by the Ministry of Health. In 2007, the cost of these referrals (9000 cases) amounted to US\$ 59 million with cancer the most common cause. The most frequent diseases that required treatment abroad, after cancer, were cardiovascular diseases, eye diseases and surgery. Other transferrals concern rehabilitation and urinary tract diseases. Table 5 includes the most important indicators of referrals to centres outside the Ministry's purview for the past three years.

Table 5. Major indicators of referrals to centres outside the purview of the Ministry of Health

Indicator	2005	2006	2007
Number of referred patients	31 721	22 885	25 000

Number of referrals inside Palestine	16 800	13 121	14 000
Number of referrals outside Palestine	14 921	9 764	9 000
Total cost (in US\$ millions, US\$ 1 = 4 shekels)	67	42	59

HEALTH INDICATORS

84. No progress was made, in the period 2000–2008, in reducing infant mortality rates which reached 25.3 per 1000 live births. No concrete progress was made either in reducing the national under-five mortality rate, which reached 28 per 1000 live births in 2007 compared to 28.7 per 1000 live births in 2000. However, that rate was reduced by 5.5% in the West Bank in 2000–2008; in the Gaza Strip it rose by 1.6% during the same period. Life expectancy rates at birth increased in 2000–2008 from 71.1 to 71.7 years for men and from 72.6 to 73.3 years for women. The following table compares between the main basic health indicators in Palestine.

Table 6. Main basic health indicators in Palestine in 2008 and projected for 2013

Main performance indicators	2008	Target (2013)
Infant mortality (per 1000 live births)	25	16
Life expectancy at birth	72.3	75
Maternal mortality (per 1000 live births)	33	20
Under-five mortality rate (per 1000 live births)	28	20
Diabetes prevalence rate among population (18 years and more)	9%	9%
Hypertension prevalence rate among population (18 years and more)	18%	18%
Tobacco use prevalence rate among population (18 years and more)	25%	15%
Percentage of population covered by any insurance scheme	60%	90%
Total fertility rate	4.5%	3.5%
Post-natal care	30%	50%
Anaemia prevalence among women of reproductive age	38%	25%
Neonatal low-birth weight	6.5%	4.5%
Main performance indicators	2008	Target (2013)
Anaemia prevalence among children (under-fives)	50%	20%
Stunting (under-fives)	10	5

Annual per capita health care expenses (in US\$)	150	180
Number of beds (per 10 000 population)	12	15
Satisfaction with health services	50%	80%
Number of doctors (per 10 000 population)	20	25
Number of dentists (per 10 000 population)	5	8
Number of legal (registered) nurses (per 10 000 population)	17	25
Number of pharmacists (per 10 000 population)	10	5

CONCLUSION

85. The UNRWA Commissioner General said, “the most optimistic person is striving to envisage a viable Palestinian State in the near future in the context of this great number of land confiscations, constraints on movement, the separation wall, the permits system, security inspection operations, watchtowers, trenches and electrified fences”.

86. The Palestinian Authority still believes that peace is the strategic option for both Palestinian and Israeli peoples, and that peace only can put an end to the long Israeli occupation and lead to the establishment of a Palestinian independent state with Jerusalem as its capital. For this reason the Palestinian Ministry of Health:

- calls on the international community to exert pressure on the Israeli government in order to lift the blockade, prevent the worsening of the humanitarian crisis in the Gaza Strip, and act to fulfil its moral and legal responsibilities in protecting the basic human rights of civilians in the Palestinian occupied territories;
- calls on the States Parties to the Fourth Geneva Convention to fulfil their obligations enshrined in Article 1 of the Convention, which provides for adhering to the Convention and guaranteeing the adhesions thereto in all circumstances as well as their commitments, as provided for in Article 146, to pursue those accused of serious breaches of the Convention. It is noteworthy that those breaches are deemed war crimes in accordance with Article 146 of the Fourth Geneva Convention, as well as the Additional Protocol thereto, which guarantees the protection of Palestinian civilians in the occupied territories;
- express 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 necessary support to implement the medium-term national development plan 2008–2010 in order to maintain the health status of the Palestinian people in the Palestinian occupied territories, including Jerusalem;
- requests the international community to exert pressure on Israel in order to implement the consultative opinion of the International Court of Justice on the illegal building of a separation wall in the depth of the occupied Palestinian territories;
- 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

Israeli prison service to compel them to provide treatment to all prisoners and patients in Israeli jails whose health is daily deteriorating. They should call for the establishment of an international committee composed of specialized physicians to review critical cases and treat them immediately and rapidly. They also should appeal to civil society bodies to exert pressure in order to save the lives of prisoners, treat prisoners and patients immediately and release critically ill prisoners so they can be treated abroad, allow imprisoned Palestinian women to receive maternal health prenatal and postnatal services and allow them to give birth in healthy and humanitarian conditions in the presence of their families;

- condemns the barbaric, inhuman and immoral aggression perpetrated by the Israelis against our people, which jeopardizes their lives, properties and humanity, and strongly deprecates targeting of medical and emergency crews and health facilities, in breach of all international covenants and conventions;
- deprecates the use by the Zionist enemies of various internationally banned weapons and chemical arms that destroy human body tissues, such use being documented by well-known international bodies. Such practices are not foreign to such an enemy who has systematically used all kinds of banned mass destruction weapons against our Palestinian people for more than six decades. It demands, also, that highly competent, technical, medical and human rights experts be sent to Gaza to collect all kinds of evidence on such crimes;
- calls on human rights bodies and civil society organizations to condemn the criminal enemy, prosecute offenders and lodge complaints with the International Criminal Court of Justice and courts of all countries for all war crimes and crimes against humanity;
- stresses that the blockade imposed on the Gaza Strip is still on, that the crossing are still closed, which means perpetuating the crisis and sufferings that had preceded the aggression; declares that the Ministry of Health needs to rebuild and rehabilitate the health facilities destroyed by the Israelis, and needs also to furnish those facilities with the necessary medical equipment;
- requests all formal and local supporting and humanitarian bodies to continue to uphold the health sector in order to help it resist the aggression and obviate its effects, and to secure the extension of sustainable health services to Palestinian citizens.

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