

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-ninth World Health Assembly (see Annex).

ANNEX

**MINISTRY OF HEALTH
STATE OF PALESTINE**

THE HEALTH CONDITIONS OF THE POPULATION OF OCCUPIED PALESTINE

**Report submitted to the Sixty-ninth World Health Assembly of the
World Health Organization (Geneva, 23–28 May 2016)**

by

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Contents

	Page
Introduction	5
Demographics	6
Provision of healthcare services	6
Primary healthcare	7
Hospitals	11
Disabilities	13
Traffic accidents	14
Mental health	15
Health sector labour force	17
Financial situation and healthcare expenditure	17
Medical referrals	18
Availability of pharmaceuticals, medical equipment and medical supplies	19
Healthcare challenges	20
Health of Palestinian prisoners in Israeli prisons	21
Settler violence	29
Settlement expansion in occupied Palestine	29
Settler violence against inhabitants and their property	30
Environmental aggressions due to the occupation authorities	31
Depletion of Palestinian water	32
The apartheid separation wall and its checkpoints	33
Israeli roadblocks in the West Bank and east Jerusalem	36
The situation in the Gaza Strip	38
Inadequate fuel and electricity supplies in the Gaza Strip	42
The Jerusalem uprising and Israeli violations	44
Conclusion	49
Recommendations	
Appendix 1: Health indicators	
Appendix 2:¹ International agreements and projects implemented by the Ministry of Health in the Gaza Strip, 2015	
Appendix 3:¹ Reconstruction projects in the Gaza Strip, 2015	

¹ Not available.

THE HEALTH OF THE POPULATION OF OCCUPIED PALESTINE

Introduction

1. Of no less importance than security, health is a key concern to the State of Palestine. Since the Palestinian National Authority assumed authority for healthcare in 1994, the health sector has faced significant challenges resulting from the impact of the Israeli occupation on the Palestinian people and Palestinian State institutions. The ongoing blockade, closures and roadblocks, arrests and human rights abuses perpetrated against women, children, the elderly and those with special needs, steps taken to prevent Palestinians from accessing safe healthcare services, repeated military aggressions, particularly against Palestine's southern governorates, settlement building, settler violence, and the construction of a racist separation barrier have all had a devastating effect on the physical and mental health of Palestinians and have undermined the Palestinian Government's efforts to establish an integrated healthcare system, through infrastructure development and the provision of services, with a view to meeting the needs of citizens.
2. Despite these challenges, the Palestinian Ministry of Health, with the support of the international community and the United Nations, including, in particular, the World Health Organization, has successfully prevented the collapse of the country's healthcare system and achieve healthcare outcomes that compare well with those of other States in the region.
3. The present report reviews the health of the inhabitants of occupied Palestine and draws attention to a number of primary, secondary and tertiary healthcare indicators. The report considers the finances of the healthcare sector, the medical referral system and the health sector labour force. It also reviews mental health, societal issues affecting health, the health of prisoners and the impact on the health of Palestinian citizens of measures and policies implemented by the occupation authorities.
4. The figures and statistics cited in the present report are based on the most recent data compiled by the Palestinian Ministry of Health.

DEMOGRAPHICS

Population

1. According to the Palestinian Central Bureau of Statistics, there were approximately 16.12 million Palestinians at the end of 2015, distributed as follows by place of residence: 4.68 million in the State of Palestine (comprising 38.5% of all Palestinians in the world), 1.46 million Palestinians (12%) resided within the Green Line, 5.34 million in Arab countries (43.9% of all Palestinians in the world) and 675,000 in non-Arab countries (5.6% of all Palestinians in the world).

2. In 2015, the population of occupied Palestine was estimated at 4,682,467, including 419,108 residing in occupied Jerusalem. Approximately 61.1% resided in the West Bank and 38.9% in the Gaza Strip. Males comprised 50.8% of the population and females 49.2%.

Birth and mortality rates

3. According to the Palestinian Health Information Center there were 26.7 births per 1000 people in 2014, while mortality rates for the same year stood at 3.1 per 1000 people.

Population distribution

4. Palestinian society is still a young society. Children under five years of age comprised 15% of the overall population of Palestine in 2015 while children between 0 and 14 years of age comprised 39.4%. Persons aged 65 and over comprised 2.9%.

Provision of healthcare services

5. Over the last three years, the Palestinian Ministry of Health has taken steps to enhance the quality of the healthcare services provided to citizens, and has formulated an ambitious plan for health sector reform and development for the years 2014 to 2016. Despite measures taken by the Israeli occupation authorities and the severe financial constraints it has faced as a result of actions perpetrated by those authorities, the Ministry of Health has moved forward with its implementation its health sector reform and development plan. The Ministry has worked closely with international organizations and United Nations agencies working in the area of health and, with their help, has made remarkable progress including, in particular, expanding, rehabilitating, equipping and furnishing primary healthcare facilities and hospitals, facilitating the provision by Governmental facilities of innovative healthcare services, and implementing ambitious programmes to train and enhance the skills of medical and healthcare personnel.

6. Below is a brief overview of the Palestinian healthcare system and the key services provided to citizens. Also provided are key healthcare indicators for the year 2015 with a special focus on the healthcare sector in the Gaza Strip, which has deteriorated significantly. Indeed, without reconstruction, the lifting of the siege and political reconciliation between the two parts of the country, the healthcare system in Gaza will remain in danger of collapse.

THE PALESTINIAN HEALTHCARE SYSTEM

Primary healthcare

7. Since the establishment of the Palestinian National Authority and the assumption by the Ministry of Health of its responsibilities, the Ministry has accorded priority consideration to upholding primary health care principles. The Ministry has sought to provide, develop and facilitate access to healthcare services by all sectors of the population and ensure that all parts of society and all areas enjoy equitable access to those services. Primary health care services are delivered by a range of providers, including the Health Ministry, nongovernmental organizations, UNRWA, the military medical services and the Palestinian Red Crescent. The Ministry of Health Department of Primary Healthcare plays a key role in that area. The number of healthcare centres in the various governorates of the country increased from 454 in 1994 to 767 in 2014 (an increase of 68.9%).

8. Ministry of Health healthcare centres comprise 61.5% of the total number of primary healthcare centres.

9. In 2014, there were 2,259,638 visits to Ministry of Health general medicine clinics at primary healthcare centres in the West Bank, compared with 2,134,080 visits in 2013.

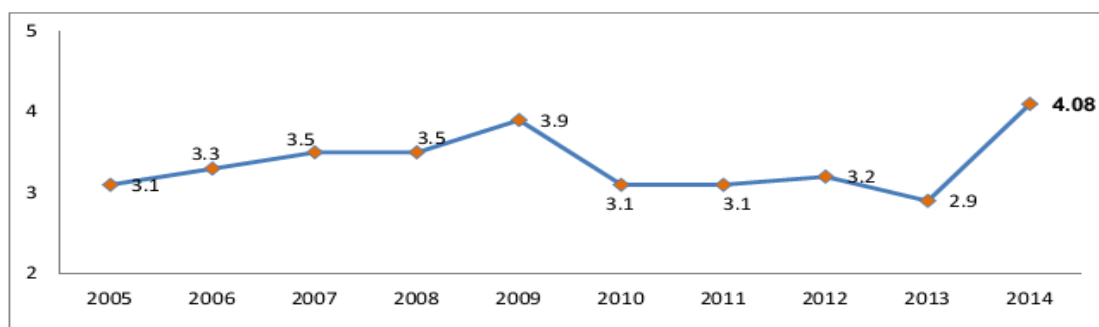
10. In 2014, there were 462,126 visits to specialist primary healthcare clinics, compared with 409,694 in 2013. A total of 2,217,043 people received treatment from nurses at general medicine clinics at primary health care centres in the West Bank – an increase of some 8% compared with 2013, when there were 2,053,255 such visits. There were 384,802 visits to specialist clinics in 2014, compared with 364,967 in 2013 (an increase of 5.4%).

Births

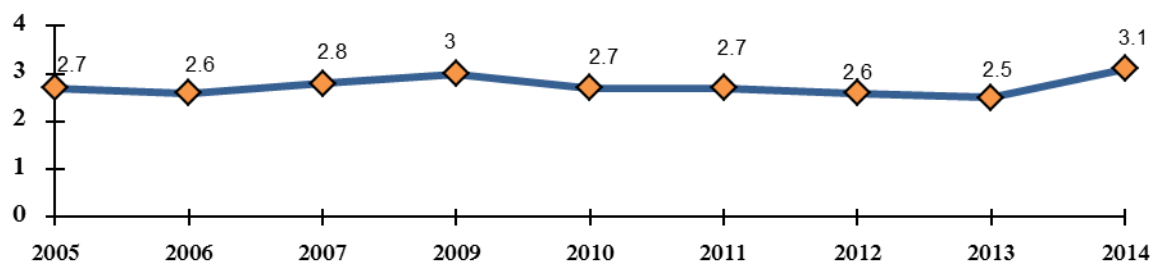
11. Ministry of Health data shows that 99.7% of births in Palestine take place at equipped healthcare facilities and in the presence of specialist and trained medical staff. In 2014, only 0.3% of births occurred at home and 63.4% of births took place at hospitals run by the Ministry of Health, as these provide specialist maternity services and because the majority of Palestinians have medical insurance which covers all childbirth costs. Ministry of Health hospitals therefore provide the most appropriate facilities.

Deaths

12. According to the Palestinian Health Information Center, there were 13,865 deaths in Palestine in 2014, including 7169 deaths in the Gaza Strip and 6696 deaths in the West Bank. Based on the number of deaths communicated to the Ministry of health, the overall mortality rate in Palestine stood at 3.1 deaths per thousand people, with a mortality rate of 2.6 per thousand people in the West Bank and the rate of 4.08 per thousand people in the Gaza Strip. The increase in the average mortality rate in the Gaza Strip in 2014 was due to the Israeli war against its Palestinian inhabitants.



Average mortality rate per thousand people in the Gaza Strip, 2005–2014



Average mortality rate per thousand people in the West Bank, 2005–2014

Principal causes of death in Palestine in 2014

13. Cardiovascular disease is still the primary cause of death for Palestinians and caused 29.5% of recorded deaths in 2014.
14. Cancer is the second most common cause of death among Palestinians, causing 14.2% of fatalities.
15. Strokes are the third most common cause of death in Palestine; strokes are registered as the cause of 11.3% of deaths.
16. Diabetes is the fourth most common cause of death, causing 8.9% of fatalities.
17. Respiratory diseases are the fifth most common cause of death, causing 5.4% of fatalities.
18. Perinatal mortality is the sixth most common cause of death, causing 5.2% of fatalities.
19. Accidents, due to a number of causes, comprise the seventh most common cause of death, accounting for 5% of fatalities.
20. Renal failure is the eighth most common cause of death, causing 3.9% of fatalities.
21. The ninth most common cause of death is infectious diseases, which account for 3.3% of fatalities.

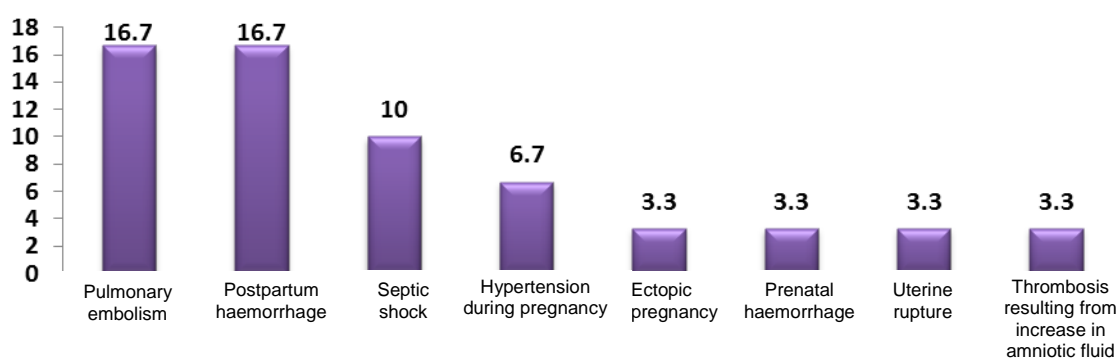
22. The tenth most common cause of death is death due to old age. This leads to 3.1% of fatalities.

Infant mortality in Palestine in 2014

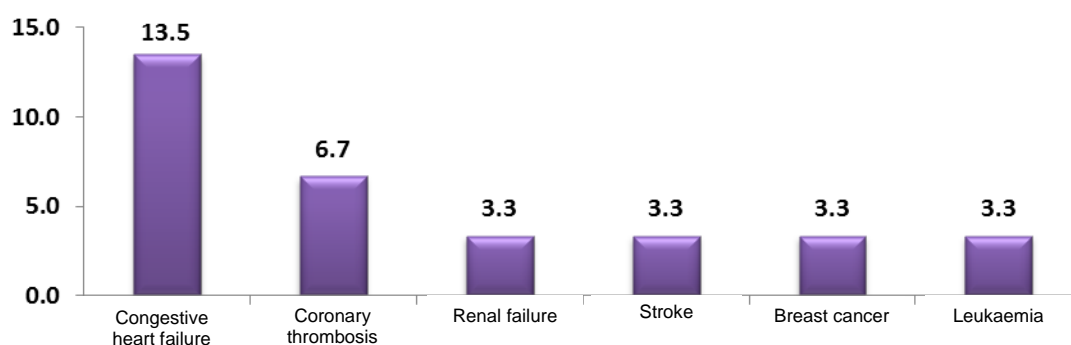
23. The infant mortality rate in Palestine has decreased sharply in the past two decades. In 1967 it was approximately 150 per 1000 live births, in 1995 it was 25 per 1000 live births and, in 2014, had fallen to 12.7 per 1000 live births, with a rate of 14.1 per 1000 live births in the Gaza Strip and 11.6 per 1000 live births in the West Bank.

Maternal mortality in 2014

24. This refers to the deaths of women during pregnancy, during childbirth and up to the 42nd day after they have given birth. A significant rise in the number of maternal deaths took place in Palestine in 2009, when the maternal mortality rate reached 38 per 100,000 live births. The rate fell in 2010 to 32 deaths per 100,000 live births and in 2011 to 28 per 100,000 live births. In 2012 it stood at 23.7 and in 2013 stood at 24.1 per 100,000 live births, with a rate of 26.1 in the West Bank and 21.9 in the Gaza Strip. In 2014, maternal mortality rate rose slightly to 24.7 per 100,000 live births with a rate of 19.8 in the West Bank and 30.6 in the Gaza Strip. A total of 30 maternal deaths were recorded in Palestine in 2014, with 13 deaths in the West Bank and 17 in the Gaza Strip.



Distribution of direct causes of maternal mortality reported in Palestine, 2014



Distribution of indirect causes of maternal mortality reported in Palestine, 2014

Infectious diseases

25. In recent years, the Ministry of Health has made significant headway in its efforts to combat a number of infectious diseases. No cases of leprosy or diphtheria have been reported in Palestine since 1982, no case of poliomyelitis have been reported since 1988, and no cases of rabies or cholera have been reported for many years, despite the presence of all these diseases in neighbouring States.

26. Notwithstanding this significant achievement by the Ministry of Health, major challenges remain in terms of combating and preventing the spread of certain communicable diseases, including meningitis, hepatitis, brucellosis, tuberculosis and HIV/AIDS.

Noncommunicable diseases

27. Chronic, noncommunicable diseases are a significant health challenge for Palestinian society. Indeed, noncommunicable diseases are the top five causes of death and account for 70% of fatalities. The Ministry of Health spends some 80% of its budget on initiatives to combat noncommunicable diseases, which constitute the main burden on its resources. Medical referrals to facilities that are not overseen by the Ministry of Health and which, overwhelmingly, are authorized for the treatment of chronic diseases, consume 40% of the Ministry's budget alone. Increasingly oppressive measures by the occupation authorities, which cause considerable psychological stress, together with the use by the occupation forces of toxic substances and internationally prohibited weapons in their efforts to stifle resistance have all exacerbated the prevalence of these diseases among uncharacteristically young sectors of the population. The Ministry has accorded particular attention to noncommunicable diseases since responsibility for health issues was transferred to it by Israel. In recent years, the Ministry has taken important steps in this regard: in the governmental sector, a national cross-sectoral chronic disease control and prevention committee has been established and, in terms of health monitoring, the Ministry has taken part in a number of global surveys on chronic diseases that have deepened understanding of the prevalence of those diseases and of critical factors that exacerbate their diffusion. In terms of addressing the factors that facilitate the spread of those diseases considerable progress has been made in combating smoking and Palestine has adopted strategies provided for under the Framework Convention On Tobacco Control, even though, due to legal considerations relevant to the State of Palestine (in that Palestine was not deemed to be a State when the Convention was signed), it has not been able to sign or accede to that Convention. Now that Palestine has been recognized internationally as a State and has acceded to numerous international instruments, we are determined to take the necessary legal steps in order to accede to the Convention. To that end, Palestine has adopted an anti-smoking law and an executive framework in that regard, and there is now a comprehensive ban on all forms of publicity and promotion of tobacco products. Taxes on tobacco products have, moreover, been increased and are now among the highest taxes in the region in that regard. Palestine has also taking part in a number of global surveys on the consumption of tobacco among young people and adults and written health warnings are now placed on all tobacco products. Nonetheless, the Ministry continues to face numerous challenges in this area, including the fact that it has not been able to place photographic warnings on tobacco products, as recommended in the Framework Convention, due to the fact that we are subject to economic agreements as a consequence of the Israeli occupation. Challenges also remain in terms of combating the smuggling of tobacco products as Palestine is unable to completely control its border crossings. With regard to health care services Palestine has adopted the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care – one of the protocols formulated by the World Health Organization. Indeed, Palestine was one of the first countries to adopt the Package and provide for its implementation in all primary health care clinics in the West Bank and in a number of clinics in the southern governorates in the Gaza Strip. The current financial difficulties faced by the Palestinian Government mean that there are

insufficient medical staff and irregular access to the medicines and treatments for those diseases. Furthermore, the occupation authorities place restrictions on the movement of medical staff and prevent them from moving between Palestinian towns and villages.

Hospitals

28. The Ministry of Health is the main provider of secondary healthcare services (hospitals) in Palestine. It provides and oversees 3259 hospital beds which are distributed among 26 hospitals in all governorates of the country. There are a total of 80 hospitals operating in Palestine with 5939 beds. These include 50 hospitals in the governorates of the West Bank, with 3502 beds (59% of the total). The remaining hospital beds are in the governorates of the Gaza Strip.

29. Apart from the Ministry, civil society organizations operate 34 hospitals, with 1967 beds, while the private sector runs 16 hospitals, providing 512 beds. UNRWA operates a single hospital, located in Qalqilyah governorate, with 63 beds. The military medical services also run three hospitals in the Gaza Strip with 138 beds. Ministry of Health hospitals provide almost all specializations, including general surgery and other surgery sub-specializations, internal medicine, paediatrics, psychiatry and other disciplines. Rehabilitation and physiotherapy are provided by civil society institutions (nongovernmental organizations).

30. Ministry of Health hospitals provide outpatient services at external clinics, emergency departments and dialysis units. There are 15 kidney dialysis units at Ministry of Health hospitals in Palestine and another unit at An-Najah National University Hospital in Nablus. In total, there are 241 machines and dialysis units in Palestine carried out 195,519 dialysis procedures in 2014.

31. Important services provided by Ministry of Health hospitals include diagnostic, x-ray and laboratory services. A total of 1,020,900 x-rays were performed at Ministry of Health hospitals in Palestine in 2014.

32. A total of 809 beds at Ministry of Health hospitals are set aside for internal medicine and related disciplines, accounting for 24.8% of beds at Ministry of Health hospitals. These include 437 beds in the West Bank and 372 in the Gaza Strip. The Ministry of Health has also set aside 890 beds for general surgery and other surgery sub-specialisations, accounting for 27.3% of the beds provided at the Ministry of Health hospitals. These include 444 beds in the West Bank and 446 beds in the Gaza Strip.

33. Paediatric wards account for 20.2% of Ministry of Health hospital beds. In 2014, there were 658 such beds, with 259 in the West Bank (including 14 beds for child blood transfusions) and 399 in the Gaza Strip. A total of 484 beds are made available in hospitals run by the Ministry of Health for obstetrics and the treatment of diseases affecting women, comprising 14.9% of the total number of beds available in Ministry of Health hospitals. These include 227 beds in hospitals in the West Bank and 257 beds in hospitals in the Gaza Strip. A total of 404 beds (12.4% of the total number of beds available at Ministry of Health hospitals) are set aside for intensive care, including general intensive care, cardiology units, premature baby units, paediatric units and burns units. These include hundred 198 beds in hospitals in the West Bank and 206 beds in hospitals in the Gaza Strip.

34. The Ministry of Health is the only institution in Palestine that makes beds available for the treatment of mental and psychological disorders. Two hospitals have such beds: one in the Gaza Strip, with 25 beds, and the other in the West Bank, with 180 beds.

35. Efforts are underway to expand the network of Government hospitals. In the West Bank the al-Muhtasib Hospital (formally the al-Ahli hospital) in the Hebron area has become part of the governmental network. Efforts are also underway to establish two hospitals in the Hebron governorate, one north of the city of Hebron and the other to the south, with a loan facilitated by the Government of Italy. The foundation stones of two other hospitals have been laid: the Khalid al-Hasan Transplant and Cancer Treatment Center and the al-ʿAyun Hospital. In the Gaza Strip, the Palestinian Indonesian hospital, funded by Indonesia, is now treating patients.

36. New services are also being provided. For example, a paediatric cardiac surgery unit has been opened in the West Bank, and another unit in the Gaza Strip. Paediatric tumour units have, likewise, been established in both parts of the country. MRIs and CT scans are now provided at Government hospitals whereas they used to be procured from nongovernmental providers. Kidney transplants are also now provided and efforts are underway to start providing liver transplants.

Days of medication and hospital treatment

37. In 2014, there was a total of 965,531 days of medication, equivalent to 212 days medication per 1000 people in Palestine. The number of days of medication in hospitals treating mental and psychological disorders totalled 44,045. The average hospital stay in Ministry of Health hospitals in Palestine was 2.5 days. This excludes hospitals treating mental and psychological disorders where the average period of hospitalization was 2.8 days in the Gaza Strip and 2.2 days in the West Bank. The longest average hospitalization periods in 2014 were at the Abu Jihad European Hospital in Gaza, with an average stay in hospital of 4.8 days. The shortest hospitalizations were recorded at the Tal Sultan Hospital in Gaza, with an average hospitalization period of 1.2 days. The average length of stay in hospitals treating mental and psychological disorders in Palestine in 2014 was 44.1 days (71.1 days in the West Bank and 8.5 days in the Gaza Strip).

Medical Operations

38. A total of 100,218 medical operations were performed in Ministry of Health hospitals in Palestine in 2014. Ministry of Health hospitals in the West Bank performed 50,936 operations, equivalent to 51% of the total number of operations performed in Ministry of Health hospitals.

Caesarean sections

39. A total of 16,837 caesarean sections were performed in Ministry of health hospitals in Palestine in 2014. Deliveries by caesarean section accounted for 22.4% of births. A total of 8202 caesarean sections were performed in Ministry of Health hospitals in the West Bank (23.7% of births) while 8635 caesarean sections were performed in Ministry of Health hospitals in the Gaza Strip (21.3% of births).

OUTPATIENT SERVICES

Visits to outpatient clinics

40. There were 1,187,706 visits to Ministry of Health hospital outpatient clinics in 2014, with 424,427 visits in the West Bank and 763,279 visits in the Gaza Strip.

Emergency departments

41. There were 1,699,121 visits to Ministry of Health hospital emergency departments in Palestine in 2014, with 816,306 visits in the governorates of the West Bank and 882,815 visits in the Gaza Strip.

Disabilities

42. As a proportion of the total population of the State of Palestine, there are a large number of persons with special needs. This is due to arbitrary attacks by the Israeli occupation forces against Palestinians. Since the outbreak of the Palestinian popular intifada in 1987, the number of persons with disabilities has increased dramatically due to the excessive use of all forms of force against the Palestinian population by the occupation authorities. Israel has used live rounds and rubber bullets and also instigated a “broken bones” policy. This led to an increase of some 10,000 young persons with disabilities. The number of persons with disabilities also increased during the Al-Aqsa intifada and the wars perpetrated against the Gaza Strip, and because of repeated measures taken by Israeli soldiers to break up peaceful popular Palestinian demonstrations opposing the separation barrier and settlement construction or demonstrations in solidarity with prisoners held in Israeli occupation prisons.

43. The most recent statistics compiled by the Ministry of Health (in mid-2014) show that there are 113,000 persons with disabilities in Palestine including 75,000 in the West Bank (some 2.7% of the total population there) and 38,000 in the Gaza Strip (equivalent to 2.5% of the total population). The most prevalent form of disability was ambulatory disability, with some 49% of the total number of persons with special needs unable to walk easily. Learning disability was the second most prevalent form of disability, accounting for 24.7% of disabilities in the West Bank and 26.7% in the Gaza Strip.



The consequences of the Israeli aggression against the Gaza Strip, 2014

44. Israeli attacks have led to a significant increase in the number of persons with physical disabilities: many have lost arms and legs or suffered paralysis as a result of spinal injuries. Some have become deaf as a result of loud explosions while others have speech or language difficulties due to psychological disturbances.



A victim of the Israeli aggression on Gaza, 2014

45. These disabilities constitute an additional burden on the Palestinian healthcare sector and a drain on available resources; persons with disabilities require long-term rehabilitation and disability has repercussions on all aspects of productive life.

Traffic accidents



46. Traffic accidents cause numerous deaths and injury-related disabilities in Palestine. Figures provided by the National Traffic Council reveal that there were 82 traffic-related deaths and a total of more than 2100 traffic-related light, moderate and severe injuries in the Gaza Strip in 2015. According to the latest statistics (for the year 2014), there were 101 deaths in the West Bank, including 52 which occurred at the site of the accident. The remaining deaths occurred in hospital. There were 7252 traffic-related injuries.

47. Human error is responsible for some 85% of traffic accidents, 10% are caused by road conditions and 5% are caused by unsafe vehicles. It should be noted that dozens of traffic accidents

occur on roads outside Palestinian cities and towns in areas that are under Israeli control. Those roads are used by settlers and Palestinians, and Palestinians' fear while on those roads of encountering settlers, being pursued by settlers or provocative actions by the Israeli occupation forces contribute to an elevated number of vehicle-related accidents.

Mental health

48. Ministry of Health statistics show that there were 76,018 visits to mental health clinics in 2015, including 2735 new cases. These figures reflect a sharp increase in the number of visits compared with 2014, when 72,867 visits were recorded, including 2257 new cases. Despite this increase, it is clear that the mental health care system in Palestine cannot address more than a small proportion of its enormous need for psychological health care services.

49. There is, moreover, a lack of comprehensive data regarding the capacity of the mental healthcare system to provide care. There is only one mental hospital in the West Bank, which has 180 beds. The mental hospital in Gaza has 40 beds. These two hospitals serve a population of 4.5 million (Jabr et al, 2013). There is only one psychiatric training programme in Palestine. This is not an integrated training programme despite the fact that it has been endorsed officially by the Palestinian Medical Board. There is very limited opportunity for training in psychiatric medicine and Palestinian medical students are not encouraged to enter this field. This moreover facilitates a brain drain as many students who travel abroad to complete their training in psychiatry do not return. Although hundreds of doctors have graduated from Palestinian medical colleges in recent decades, there is only one psychiatrist working in Palestine.

50. Psychotherapy and mental healthcare services are provided by a number of clinics in the West Bank and the Gaza Strip that are not subject to Government oversight. There are also a number of nongovernmental organizations providing such services as well as a number of international and local civil society organizations. There is also a small private mental health sector. Published data shows that, in total, there are 20 psychologists in the West Bank and the Gaza Strip, although we believe that the figure is closer to 30 (Ministry of Health, Palestinian National Authority 2010; Jabr et al, 2013). An extremely small number of doctoral-level psychology researchers are also present.

51. All these challenges mean that, like other low-income developing countries in the region, Palestine lacks the necessary human resources and infrastructure in the field of mental health. It is, moreover, particularly alarming that there are other restrictions that prevent patients from receiving mental healthcare services in Palestine. Foremost among these is the occupation itself which affects all aspects of Palestinians' lives, inter alia, by undermining their access to services through restrictions on their movement, roadblocks and checkpoints, making it extremely difficult to travel between different parts of the West Bank and cutting off all access to Gaza.

52. The impact of the occupation on mental health has been examined in numerous medical, psychological and social studies in Palestine. The negative social impacts, poverty, unemployment, restrictions on movement the repercussions of political violence, the experience of families and the widespread use of torture against detainees has had a massive impact on Palestinians. The Palestinian Bureau of Statistics estimates that 20% of Palestinians have been detained on political grounds since 1967, and that approximately 40% of Palestinian men have been held in detention and subjected to ill-treatment and torture. That experience has significant longer-term psychological repercussions. Statistics compiled by the Global Movement for Children show that approximately 800 minors are arrested each year. The number of arrests has recently increased, and according to a report by the Palestinian Prisoners' Association, 400 minors are currently being held in Israeli prisons.

53. A study carried out by the YMCA shows that 90% of minors who are detained are beaten and that 65% suffer psychological disturbances as a result of their experience in detention. The average age at detention is 15 and the average period of detention is 150 days.
54. Numerous studies have highlighted the ways in which detention stunts the mental development of minors and impedes their reintegration into their families and schools when they are released.
55. Studies have also revealed the prevalence of post-traumatic stress disorder symptoms among children and adolescents in the wake of Operation Cast Lead, and that such symptoms were present in a third of those studied. UNICEF estimated that, six months after the war against Gaza in 2014, more than 300,000 children required social and psychological care.
56. A number of deep-rooted factors within Palestinian society also discourage people from seeking access to mental healthcare services. Many people in Palestine have misconceptions about mental health and believe, for example that psychiatric medicines are addictive or that mental disorders stem from weak moral values or religious beliefs (Jabr et al, 2014).
57. However, even when there is a general understanding that those suffering from psychological disorders need to be treated, there is often considerable social stigma, particularly among women that discourages treatment (Jabr et al, 2014). Many of those suffering blame themselves for their illnesses and expect to be ostracised by their communities. The stigma associated with psychological disorders affects people's chances of getting married or finding work, especially among those living in more traditional and conservative rural communities. This explains the gender-based discrepancy between those seeking help.
58. International organizations working in the area of mental health, particularly those working with the victims of political violence such as Doctors Without Borders (MSF) and Doctors of the World, have reported that they have increased their therapeutic activities by some 20% in the last year.
59. It is clear that the painful experiences of families, including those who have suffered loss or trauma or have had their houses destroyed, as well as the sense of humiliation, lack of security and persistent fear are all integrally linked to the violence of the occupation. There are often long-term feelings of frustration, lack of opportunity and crushed dreams. Indeed, the indirect consequences of the occupation and the restrictions placed on the lives of Palestinians have a huge effect on mental health and amount to much more than simple psychological disturbances. The World Health Organization has defined mental health as not merely the absence of mental illness, but as a state of well-being in which all individuals can realise their individual potential, cope with day-to-day stress, and work productively and usefully in a way that contributes to their local communities.
60. Numerous reports by national, United Nations and Israeli human rights organizations have documented the innumerable ways that the occupation severely and chronically undermines Palestinians' security in all areas of life thwarts individuals' plan for their futures and their efforts to achieve their full potential.
61. Through its brazen attacks and repeated incursions into Palestinian cities and towns, its use of lethal and horrific force, and its imposition of a suffocating blockade on the Gaza Strip, the Israeli occupation has played a key role in exacerbating mental health problems, particularly among women and children.

62. Numerous reports have underscored the increase in mental health problems that has occurred in the wake of the conflict in the Gaza Strip. The incidence of such problems has risen exponentially since the most recent Israeli attack on the Gaza Strip and Israel's repeated attacks against inhabitants in the Gaza Strip and their property.

63. In 2014, a total of 2257 new cases of mental illness were reported: a rate of 89 cases per 100,000 people. These included 980 cases among males (43.4%), and 1277 cases among females (56.6%). Most of these new cases (980) were among persons between the ages of 25 and 49.

64. Mental health services in Palestine are provided by 13 community mental health clinics in the West Bank (no figures are available for Gaza) and by a specialist paediatric centre run by the north Hebron health authority. There were 72,869 visits in 2014 to government-run community mental health clinics. In the West Bank most visits were for neurotic disorders and schizophrenia (19.8 and 13.7 visits, respectively, per 100,000 inhabitants). There are two hospitals in Palestine that provide mental health services namely Bethlehem Psychiatric Hospital and Gaza Hospital for Mental and Nervous Disorders.

Health sector labour force

65. The size of the Ministry of Health labour force has steadily increased since the Palestinian National Authority took over responsibility for health care in Palestine in 1995. Indeed, since 1995 the number of personnel working for the Ministry of Health has increased by 185.2% and the Ministry has worked tirelessly to meet the growing healthcare needs of Palestinian society.

Year	Doctors*	Nurses**	Medical support staff	Administrators	Total
1995	963	1 634	804	1 357	4 758
2014	2 880	3 917	1 715	5 058	13 570

Number of Ministry of Health personnel in 1995 and 2014

* Includes general medicine practitioners, specialists and dentists

**Includes nurses and midwives

Financial situation and healthcare expenditure

66. Excluding salaries, the total operating budget for 2015 was 1,269,973,961 New Israeli Shekels (NIS), equivalent to \$322,729,781. This sum was allocated to several items (medicines and medical consumables, medical referrals, medical equipment, spare parts, maintenance, fuel, transport, rents, installations, etc).

67. In 2015, total expenditure totalled 710,942,001 NIS, equivalent to \$180,666,819 and 56% of the total operating budget. In 2015, there was a budget deficit of 44% or 559,031,959 NIS, equivalent to \$142,062,961.

68. Medicines and medical and laboratory supplies consumed most of the Ministry's budget. The budget earmarked 586,177,393 NIS for medical referrals in 2015. This only covered 45% of their cost however and debts were incurred to fund the remaining 55%.

69. The second largest expense in the Ministry's budget is for medical referrals. In 2015, the budget for medical referrals was 545,788,844 NIS, with some 67% of referrals funded and debts incurred to cover the remaining 33%.

70. Total expenditure on the salaries of governmental health sector employees in 2015 was 653,677,356 NIS (244,889,788 NIS in Gaza and 408,787,568 in the West Bank).

71. In 2015, developmental and humanitarian projects provided for under agreements concluded with donors exceeded \$55 million (See Appendix ¹2 for a list of projects).

Medical referrals

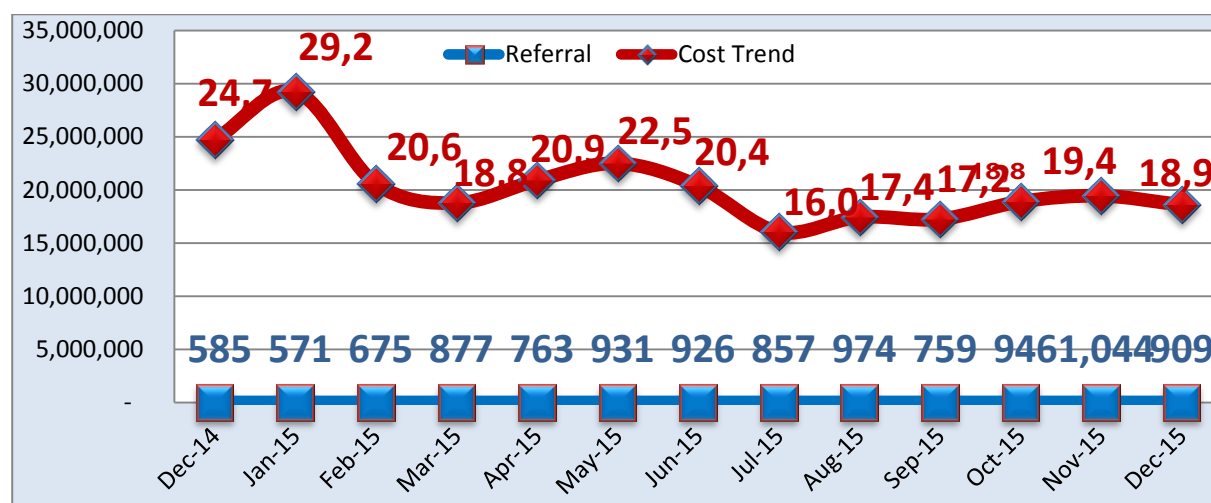
72. Comprehensive reforms to the medical referral system have been implemented in recent years with a view to containing costs of referrals without jeopardizing the health of patients and ensuring that Palestinian healthcare services are provided within the country. The reform process has been facilitated by a number of international institutions, including the United States Agency for International Development, the World Bank, the World Health Organization and the European Union.

73. Referral system reforms aim to:

1. Strengthen the internal coherence, core functions and regulatory role of the service procurement unit.
2. Develop, implement and ensure compliance with comprehensive referral system policies, protocols and standard operating procedures.
3. Formulate and develop standard contracts, and conclude agreements and memoranda of understanding for the purchase of services.
4. Develop an effective and highly efficient information and communication system, namely the comprehensive e-transfer system.
5. Create and implement medical and financial auditing and oversight mechanisms.
6. Promote changes in behaviour and conduct awareness raising activities; establish mechanisms to address grievances.
7. Strengthen the capacities of local service providers and enhance the quality of healthcare sector human resources.
8. Develop a strategic plan for the establishment of a clear and rational referral system that makes medical referrals within the country.

74. The first area addressed by the reform process was the question of medical referrals to Israeli hospitals. Considerable progress has been achieved in this regard and bills for treatment have been reduced by some 10 to 15 million NIS per month, despite the increase in the number of referrals.

¹ Not available.



75. In 2015, a total of 49,097 patients received medical referrals. These included referrals for 33,536 patients from the West Bank at a cost of 420,902,106 NIS, and referrals for 15,561 patients from the Gaza Strip at a cost of 175,907,397 NIS. Patients were transferred to Jordan, hospitals in Jerusalem, hospitals within the Green Line, Egypt and to private hospitals in the West Bank and the Gaza Strip.

Destination	Northern governorates			Southern governorates		
	Number of patients	Cost	%	Number of patients	Cost	%
Jordan	28	618 350	0.0834924	35	77 498	0.224921278
Jerusalem	12 892	168 412 028	38.442271	5 568	84 516 047	35.7817621
Within the Green Line	2 245	81 640 788	6.6942987	1 844	43 343 764	11.85013817
Northern governorates	18 359	169 960 327	54.744156	3 870	34 369 005	24.86986698
Southern governorates	0	0	0	2 693	10 651 817	17.30608573
Egypt	12	270 613	0	1 551	2 949 266	9.967225757
Total	33 536	420 902 106		15 561	175 907 397	

Number of referred patients, their treatment costs and destinations, 2015

76. A number of individuals who were injured as a result of the recent Israeli attack, launched on 1 October 2015, were transferred to institutions within the Green Line or to private sector institutions within Palestine without the involvement of the Ministry of Health. These included, in particular, individuals who were severely injured or who required intensive treatment and rehabilitation.

Availability of pharmaceuticals, medical equipment and medical supplies

77. The Ministry of Health has compiled a list of 570 key medicines and 39 key medical supplies. The Ministry is responsible for ensuring their availability to patients. The severe financial constraints on the Palestinian Government because of the difficult political situation, as well as the burdens placed on governmental healthcare services due to the thousands of persons injured as a result of repeated Israeli attacks in various parts of Palestine, the limited resources available to the Government and the

Governments heavy reliance on international assistance mean that the Ministry is unable to meet the needs of patients in either the West Bank or the Gaza Strip at all times from its stocks of pharmaceuticals or to ensure the availability of needed medical supplies. In 2015 some 30% of essential medicines and between 25 and 30% of medical equipment were unavailable. The Government was unable to procure a similar proportion of laboratory supplies. This exacerbated the debts of pharmaceutical companies to the extent that they were no longer able to supply necessary pharmaceuticals. The Ministry of Health is the authority responsible for ensuring the provision of all essential supplies to hospitals and health centres in the Gaza Strip and the West Bank and any shortfall in stocks stored in the West Bank will have direct repercussions on Gaza.

Healthcare challenges

78. It is clear that the healthcare challenges in Palestine have not improved in recent years. Indeed levels of poverty and unemployment in Palestine have risen sharply and alarmingly, particularly in the Gaza Strip as a result of the ongoing stifling Israeli blockade imposed on that area. Demographic indicators reveal rising birth rates, population growth and a notable rise in the prevalence of noncommunicable diseases. All these constitute major challenges to the Palestinian healthcare system. The most important challenge to the healthcare sector in Palestine is the ongoing Israeli occupation and daily attacks by Israeli occupation forces and settlers against Palestinians. Another challenge is the continued presence of hundreds of military checkpoints, a racist separation barrier and closed border crossings, which isolate various parts of the territory of Palestine from each other and from the wider world.

79. Israel, the ongoing occupying power, continues to perpetrate attacks against Palestinian civilians and against children demonstrating peacefully against measures implemented by the occupation army and settlers with a view to confiscating their land and destroying their agricultural sector, particularly their olive trees – Palestinians' most important revenue source. Such destruction is perpetrated by settlers who carry out almost daily attacks on Palestinians' olive groves and burn and uproot their trees.

80. The ongoing blockade of Gaza, which has been in place since 2005 and which has severely restricted the movement of individuals and goods across all borders and border crossings controlled by Israel, stifles economic development, exacerbates unemployment and poverty and undermines the health of the population. Health services to mothers and children have been curtailed and there has been an upsurge in births taking place within the home. There has consequently been an increase in the number of at-risk pregnancies and maternal and infant deaths and the Ministry of Health has been severely limited in its ability to achieve the Millennium Development Goals.

81. It is estimated that some 40% of those suffering from noncommunicable diseases in the Gaza Strip have experienced a dramatic curtailment in the health services they receive. This has led to a deterioration in their health and has dramatically increased the number of referrals for treatment abroad. This has had financial repercussions for the Government of the State of Palestine and made unsustainable demands on the budget of the Ministry of Health. The siege has also made unsustainable demands on the inhabitants themselves, who suffer indescribable hardship when trying to obtain the necessary permits to exit the country. Patients and those accompanying them also face financial hardship because of the expenses they incur in order to travel and to reside away from their homes.

82. The State of Palestine, through the Ministry of Health, has remained committed to promoting the health of its citizens, which it regards as a fundamental right, and to providing comprehensive healthcare services to the Palestinian people in line with economic, demographic and epidemiological

changes. As a result there has been a notable improvement in healthcare indicators, which show Palestine leading certain neighbouring States in terms of expenditure on health and underline the capacity of the Palestinian healthcare sector to address challenges, achieve tangible results and make progress towards the achievement of the Millennium Development Goals.

Health of Palestinian prisoners in Israeli prisons



Female Palestinian prisoners in Israeli occupation prisons



Palestinian prisoners in Israeli occupation prisons

83. Palestinian prisoners held in Israeli face particular health challenges. They are subjected to systematic physical and psychological torture which leaves many of them physically frail. The torture inflicted includes the denial of proper medical treatment for prisoners, and delays in the provision of treatment to prisoners who are ill or injured. Those carrying out arrests and interrogations as well as guards belonging to a variety of Israeli military and security services coerce, humiliate and torture detainees with a view to breaking them both psychologically and physically. And all this unprecedented at the global level, as it is carried out in a State that preaches democracy even as its political class and judiciary legalize the perpetration of torture and psychological pressure against prisoners and detainees in violation of numerous international conventions and agreements.

84. Available data on the health of prisoners reveals that they receive very poor healthcare and that treatment is practically non-existent despite the increase in the number of detainees that require it. Detainees are treated at the discretion of Israeli prison administrations and the possibility of treatment is used as a bargaining chip and as a way to exploit and put pressure on detainees, in blatant violation of Articles 29, 30 and 31 of the Third Geneva Convention and of Articles 91 and 92 of the Fourth Geneva Convention, which provide for the right to treatment and to medical care, for the provision of appropriate medicines to prisoners who are ill, and for prisoners to be given periodic medical examinations.

85. The available data also makes it clear that clinics in Israeli prisons and detention centres fail to provide the most basic health care services or necessary medicines or medical supplies, and that they lack the necessary medical specialists for the identification and treatment of a range of illnesses. Indeed, the only medicines available are Acamol pills and pain killers.

86. Prison administrations continue to delay the transfer to hospitals of prisoners with medical complications. As if that were not enough, instead of being transferred by ambulance, sick and injured prisoners are often transferred with their hands and feet shackled in locked vehicles, in which they are subjected to harsh and humiliating treatment. Such treatment can in no way be described as healthy.

87. The occupation authorities continue to pursue a policy of administrative detention that is based on an emergency law that those authorities inherited from the British Mandate. Administrative

detention as a punitive measure is prohibited under international law. The occupation authorities impose administrative detention on individuals who they are unable to prove have committed a crime. All sectors of the Palestinian population are subject to such detention, including minors, women, parliamentarians, academics, activists and the relatives of those killed.

88. According to the administrative detention law, the occupation authorities can claim that they have “secret evidence” against the prisoner, that neither the prisoner nor his or her lawyers are permitted to review. An administrative detention order is valid for between two and six months, but can be renewed at random a number of times. An individual may therefore spend years in administrative detention. For the first time since 2009, there are almost 750 individuals currently being held in administrative detention.

89. Meanwhile, a number of prisoners in occupation authority prisons continued to wage hunger strikes against the policies employed by the occupation authorities against them, including, in particular, the policy of administrative detention, and they continue to demand an end to the practice.

90. The Palestinian Prisoners’ Association has documented some 25 prisoners who waged hunger strikes in 2015. The most prominent was Khader Adnan from Jenin, whose fast lasted 56 days. During that time he refused to appear before a military occupation tribunal. He won his freedom and ended his administrative detention on 12 July. Furthermore, the journalist Mohammad al-Qiq continued his hunger strike into 2016.

91. The occupying Power imposes punishments and restrictions on Palestinians while giving legal cover to those punishments and restrictions, particularly against the Palestinian prisoners movement. In that regard the Israeli Knesset has enacted several laws in recent years, including the law on the force-feeding of prisoners on hunger strike, and a law that stiffens penalties against stone throwers and which mandates courts to hand down sentences of between two and four years for throwing stones. Furthermore, a draft law that provides for children under 14 years of age to be sentenced to prison terms has been approved at its first reading. Legislation has been adopted that provides for the arrest of Palestinians for expressing their opinions and posting pictures on social media; many Palestinians have been arrested and brought before the courts in this way, and many have been sentenced to administrative detention. Other deeply concerning draft laws are under consideration.

92. The occupation forces continue to arrest children under 18 years of age, and more than 450 minors are currently languishing in Israeli jails without any regard for their most basic rights, as guaranteed by international instruments. Minors are subjected to the same forms of psychological and physical torture as older detainees.



Israeli occupation forces attacking a Palestinian child, West Bank



Palestinian child being held by Israeli occupation soldiers, West Bank

93. A total of 65 women are currently imprisoned by the occupation authorities. Most are held in HaSharon and Damon prisons. The oldest of those prisoners is Lena al-Jarboni, who has been imprisoned since 2002.



94. The female prisoners include 14 minors. The number of female minors in detention has increased in recent months. Some were shot with live ammunition during their arrests, including Istbarq Nur (15 years of age), Marah Bakir (16 years of age), Lama al-Bakri (15 years of age) and Nurhan Awad (14 years of age).

95. Pursuant to a policy adopted by *Shin Bet*, certain prisoners are held in solitary confinement on the pretext that they constitute a threat to State security. The occupation authorities can extend security-based isolation orders every six months. Prisoners held in isolation are subject to ill-treatment, including being moved constantly between prisons. They are also confined to tiny one-person cells that receive no sunlight and have only a small opening in the metal door through which they receive their food. These cells are infested with insects, lack adequate ventilation, are furnished with in-cell toilets and are located near the cells of Israeli prisoners serving terms for criminal offences who are constantly shouting and hurling insults and abuse. Prisoners held in isolation are not permitted to make telephone calls to their families or receive visits from family members. They are also subjected to beatings, denied medical treatment and prohibited from receiving reading material.

96. Solitary confinement constitutes a form of psychological torture and leads to physical and psychological disorders among prisoners that are sometimes difficult to treat when they are no longer held in isolation. Prisoners are sometimes held in solitary confinement for many years.

97. *Shin Bet* currently holds 14 prisoners in solitary confinement on the pretext of “security concerns” or what is contained in “classified files”. Seven of these prisoners have been held in solitary confinement since 2013. Many other prisoners are subject to a policy of near solitary confinement on a day-to-day basis as a form of punishment, usually for protesting against the conditions in which they are held.

98. The occupation authorities have also imprisoned seven members of the Palestinian Legislative Council, including Marwan Barghouti, who has been in detention since 2002 when he was sentenced to five life sentences. Another deputy, Ahmed Saadat has been in detention since 2006, when he received a prison term of 30 years.

99. In March 2014, the occupation authorities reneged on an agreement reached within the framework of Palestinian-Israeli negotiations, namely the release of 30 prisoners, including Karim Younis, the oldest, who has spent 34 years in occupation authority prisons. These prisoners constitute the fourth and final batch of older prisoners and were all imprisoned prior to the implementation of the Oslo Accords.

100. Pursuant to an arbitrary law that established so-called committees to examine civilian and military grievances against the occupation, which focused on the re-arrest of released prisoners, the occupation authorities re-arrested some 70 ex-prisoners who had been released as part of the June 2014 *Shalit* deal. More than 45 of those prisoners, most of whom had been serving life sentences, were then re-sentenced and returned to prison.

101. The 2015 annual report of the Palestinian Prisoners’ Association underscores a policy of medical negligence towards detainees and notes an upsurge of serious illnesses afflicting detainees in 2015. The report notes an increasing number of sick prisoners because many wounded and injured individuals have been arrested since the outbreak of the popular uprising in early November 2015. The Authority recorded the arrest of 35 individuals who had been shot and injured by the occupation forces, bringing the total number of sick prisoners to more than 1500, including 95 who had been disabled or paralysed and 25 suffering from cancer or tumours. Medical crimes are perpetrated against prisoners when they are denied treatment, medical examinations and operations. Al-Ramleh hospital, which is worse than a prison, continues overflow with prisoners with serious health conditions. Prisoners continue to be transported in post office trucks instead of ambulances. Meanwhile, there is a lack of specialist doctors, especially for neurological and psychiatric disorders.



Ahmed al-Munasirah, a child prisoner who was wounded in the Al-Aqsa uprising receives treatment in an Israeli hospital while handcuffed to his bed, 2015

102. Two prisoners died in 2015 as a result of medical negligence, bringing the total number of prisoners who have died in detention to 207. The two prisoners were Ja'far Awad (22 years of age) from Hebron who died on 10 April 2015 from illnesses from which he suffered during his detention, namely diabetes, severe pneumonia and glandular disorders, and Fady Ali Ahmad Dirby (30 years of age), from Jenin who died in October 2015 after suffering a stroke and lying clinically dead for several days. His death was due to medical negligence by the occupation prisons authorities, which had ignored his condition for two years and, even when he started bleeding from his navel, placed him in solitary confinement and denied him treatment.

103. Occupation prisons service personnel perpetrate abuse and torture against prisoners held in detention and interrogation centres. Such treatment takes place not only during interrogations but also while prisoners are being transported to courts and hospitals in post office vans.

104. Numerous cases of abuse against prisoners have been recorded. These include the denial of medicines and medical treatment, random night-time raids, arbitrary transfers between prisons and prison sections, prohibiting certain prisoners from prohibiting close relatives from being held together in the same prison, beating prisoners and firing tear gas into sections of prisons and cells, opening fire in courtyards, and prohibiting visits by relatives or compelling prisoners to communicate with visiting family members through glass partitions. Punishments include solitary confinement, the imposition of monetary fines or cutting off prisoners' access to electricity and water.



105. The occupation authorities have themselves authorized breaches of the Third and Fourth Geneva Conventions, and other international instruments and humanitarian laws and norms. Although those instruments provide for the right of prisoners to treatment and medical care while in detention, regardless of where they are held, the occupation authorities are adept at inflicting physical and mental harm on prisoners that leaves them seriously ill when they leave prison. Indeed, prisons have become ghettos or the starting point for a slow death.

106. According to the Palestinian Prisoners Association, 207 prisoners have died in custody. These include 55 whose deaths were due to medical negligence, 71 who died after being subjected to legally-sanctioned deadly torture in occupation prisons, 74 who were victims of deliberate extrajudicial killings following their arrest and seven who died after being shot while in a prison or detention centres. In the last five years, the following nine prisoners have died in prison or in the months after their release due to the serious illnesses they had contracted: Arafat Jaradat, Maysirah Abu Hamdiyah, Ashraf Abu Thari', Zahir Labadah, Hasan Turabi, Zakariya Isaa, Fady al-Darabi, Ja'far Awad and Ghasan al-Rimawi.

107. The Palestinian Prisoners Association underscores that a number of prisoners remain at high risk of imminent death, particularly those held in Israel's Ramleh Hospital who are seriously ill.

108. In 2015, and particularly in the last three months of that year, 35 persons were arrested after they had been shot by Israeli occupation soldiers. Israeli occupation forces had, in most cases attempted to shoot those individuals dead when it would have been possible to arrest them without opening fire. A number of prisoners were shot following their arrest and those injured were left to bleed for long periods and interrogated before being taken to be treated. Some were interrogated while under heavy guard and while shackled to hospital beds in Israeli hospitals, and two wounded prisoners, namely Jalal Sharawnah and Issa al-Mu'tay, had to have their feet amputated because of the severity of the injuries.

109. The Palestinian Prisoners Association notes that a number of wounded detainees in critical condition have been moved to other premises for interrogation, and that masked assailants in civilian clothes raided al-Ahli hospital in Hebron at daybreak on 12 November 2015 and abducted and executed Abdullah Azam al-Shalaldah. The Specialist Hospital in Nablus was also raided and Karam Razaq, who was injured, was arrested. Makkased Hospital in Jerusalem has also been raided on numerous occasions.

110. The Palestinian Prisoners Association attributes the increasing number of sick prisoners and prisoner deaths to the following:

- A lack of periodic and regular check-ups for prisoners to ensure the early diagnosis of illnesses.
- A lack of medical specialists in prison clinics. Most physicians in those clinics are, in fact, trainee doctors.
- Long delays for examinations and medical operations for prisoners.
- A lack of knowledge among prison doctors of the medicines being taken by prisoners.
- A lack of male or female gynaecological specialists. Only general medicine practitioners are available. This is of particular concern in that some female prisoners are pregnant at the time of the arrest and require specialist care during pregnancy and delivery.
- Forcing female prisoners to give birth while shackled and refusing to take action to address the pain they experience during labour or delivery.
- Refusing to allow Palestinian and Arab doctors to examine prisoners.
- A lack of appropriately equipped hospitals that can accommodate and provide treatment to prisoners who are ill.
- Delays in procuring medical equipment for prisoners with disabilities.
- Unsanitary prison conditions and the use of oppressive measures that are prejudicial to prisoners' health, such as tear gas and percussion grenades as well as harsh psychological treatment and ongoing punishments such as raids, arbitrary transfers, and the denial of family visits.
- Transfers of prisoners who are ill to hospitals in post office vans instead of in ambulances, thereby worsening their conditions.
- Old and unsanitary detention facilities that are often overcrowded and do not meet international standards.
- Malnutrition and the provision of meals that lack essential vitamins and minerals and of unclean drinking water – the latter because water tanks are not cleaned regularly.
- Harsh and erratic climatic conditions in both summer and winter. Even if this is normal, it is not normal to refuse to take steps to remedy this situation. This demonstrates clearly the occupation authorities' refusal to take any action to protect prisoners from extreme heat or cold, whether this is in indoor prisons or in open-air detention camps in the Negev.
- Solitary confinement, often for years on end, as well as ongoing psychological pressure, ill-treatment, strip searches, deliberate humiliations and the denial of family visits. All this undermines prisoners' mental health and causes a range of acute physical and neurological disorders, including depression, introversion and anxiety, as well as sleeping difficulties.

- A range of legally-sanctioned physical and psychological torture techniques for interrogations, which have a range of negative repercussions on prisoners health, including erectile dysfunction, infertility, strokes and permanent disabilities.
- Abusing injured prisoners and leaving them to bleed to death, raiding wards in Israel's so-called Ramleh Hospital, torturing patients and offering treatment and medicines to prisoners in exchange for information. The confessions of many prisoners have been forcibly extracted in this manner. Recent years have seen an upsurge in the use of such methods particularly since the outbreak of the popular uprising in the West Bank and Jerusalem in October 2015.
- A lack of specialist clinics in Israeli prisons and detention centres with stocks of appropriate medicine and equipment to treat common illnesses or to address the needs of prisoners with disabilities. There are also insufficient numbers of resident specialist doctors, social workers and therapists. In some cases the so-called clinics are used for interrogations, or to blackmail or put pressure on prisoners, in violation of the professional ethical codes for prison doctors and nurses.
- A failure to conduct necessary tests or conducting these tests in secret. As a result, the patient fails to receive an appropriate diagnosis and is not prescribed the appropriate medicines. Instead prisoners are prescribed cheap Acomol pills.
- Widespread medical errors due to the fact that most doctors in the so-called clinics in prisons are recent graduates with little experience who are really still in training, or those who have not yet obtained their official licenses to practice medicine.
- Holding prisoners in polluted areas, such as in the vicinity of the Dimona reactor or near areas in which waste from that reactor has been buried. In January 2010, the Israeli Ministry of the Environment warned that toxic and dangerous waste was present in the Negev where the Beersheva, Nafha, Ramon and Ansar 3 prisons are located. Approximately half of all prisoners are held in these detention facilities and, as a result, they suffer from deadly diseases, including cancer. The area close to the reactor is used to bury cancer-inducing nuclear waste and asbestos. The Israeli Prisons Authority has taken no steps to protect the thousands of prisoners held there or to transfer them to other detention facilities.
- Deliberate medical negligence and delays in the provision of treatment to those who are sick or wounded or those who display symptoms of an illness. These prisoners do not receive appropriate medical care and medical operations are not conducted in a timely fashion. Easily treatable illnesses may become much more serious and difficult to treat. This is the main cause of death of prisoners in custody or shortly after their release.
- A lack of isolation rooms or wards for patients with infectious diseases, including acute gastrointestinal disturbances and scabies, exacerbating the risk that such diseases will spread rapidly the inmates of what are extremely overcrowded detention facilities. There are also no rooms set aside for prisoners with acute psychological disturbances who may pose a threat to other inmates
- There is a widespread belief among Palestinians that medical drugs are tested on prisoners, and that Israel has injected prisoners with carcinogenic viruses. In April 2013 the Russian newspaper *Pravda* accused Israel of injecting a number of Palestinian prisoners who were approaching their release date with cancer-causing viruses. Despite Israel's rejection of the

accusations made by the newspaper, the question remains: is it true that Israel is injecting prisoners with viruses?

Settler violence



Settlers burn to death the infant Ali Dawabsha and his family, Nablus governorate, 2015



Settlers attack a Palestinian child while being observed by Israeli occupation forces

Settlement expansion in occupied Palestine

111. According to the annual report of the Colonization and Wall Resistance Commission, there are now 159 settlements in the occupied Palestinian territory, 119 settlement outposts, 93 military installations, and 41 settlement zones (comprising industrial, tourist and service-related complexes). Settlements cover some 65,000 dunams of land. Some 520,000 dunams of land have been granted to settler regional councils and settlers farm some 105,000 dunams. There are now approximately 600,000 settlers, and the settlement population is growing at an annual rate of approximately 4.5%, mostly as a result of an influx of new settlers taking up residency in settlements.

112. Numerous structural and detailed settlement building regulatory plans were published in 2015. The committee against the separation wall and the settlements has noted that the supreme regulatory council, which is overseen by the civil administration and whose terms of reference have been drawn up by the Israeli Ministry of Security, has provided the legal basis for further settlement construction by granting final approval to 103 framework and detailed plans for further settlement construction in the occupied Palestinian territory.

113. In 2015, 671 demolitions of Palestinian homes and 368 demolitions of Palestinian facilities were carried out by the Israeli occupation forces; 61% of these demolitions were in Tubas and Jerusalem governorates.

114. According to the committee against the separation wall and the settlements, 701 notices of demolition were issued. These included demolition warnings, orders to cease construction and notifications of permission to contest a demolition order; 45% of these notices were issued in Hebron and Jerusalem governorates.

115. Members of agricultural and herding communities who have lived in the northern part of the Jordan Valley since before the Israeli occupation, including members of the Tana, Hadidiyah and Malih communities, have been expelled from their land and had their homes destroyed on numerous

occasions. Even caves inhabited by members of these communities have been destroyed. In 2015, members of these communities received a total of 40 orders to temporarily leave their homes on the pretext that the army was to conduct military training in that area.

116. In the south and south-east of the West Bank it is almost impossible to find a house that has not received a demolition notice or which has previously been destroyed. In 2015, the occupation authorities tried to get the inhabitants in that area to agree to leave their homes and communities for a few days so that the Israeli occupation army could carry out military manoeuvres using live rounds in those areas. The inhabitants have refused the Army's request and the Israeli occupation authorities continue to threaten to expel them en masse, claiming that most of the land there had been declared a military training zone.

117. Occupation and settlement practices in the Palestinian territories are designed to expel the inhabitants and prevent them from reaching their agricultural land and property. This has a devastating effect on the health of inhabitants, particularly women (and especially women who are pregnant), children and the aged.

Settler violence against inhabitants and their property

118. Recently, there has been a notable increase in number of crimes perpetrated by settlers against Palestinians and their property. The attacks, which have become more violent and extreme than in any time in the past, constitute a brazen violation of international humanitarian law and norms. Settlers' actions stem from policies adopted by successive Israeli governments and receive support from the Israeli army. Crimes by settlers include opening fire on Palestinians, deliberately running them over with vehicles, stabbings, burnings, throwing stones, damaging agricultural land and crops, attacking shepherds and livestock and desecrating religious sites. Most notoriously, settlers burned alive the Dawabsha family. It would be impossible for such crimes to continue without the support provided to settlers by the occupation law enforcement authorities. In May 2015, *Yesh Din*, an Israeli human rights organization, published a report that highlighted how the Israeli police has closed 85% of investigations into attacks perpetrated by settlers on the grounds that it is not possible to identify the perpetrators or that there is insufficient evidence against them; the Israeli authorities follow up on a mere 1.9% of complaints filed by Palestinians regarding attacks by Israeli settlers.



119. The burning alive of the Dawabsha family was one of the most heinous crimes committed in recent years. Ali, an infant aged 18 months, died of his burns, and his parents and four-year-old brother Ahmed were also seriously injured. Sa'ad, the child's father and the family breadwinner later died in hospital from his third-degree burns. His mother, Riham Hussayn Dawabsha, also later died.

The child Ahmed is the only surviving member of the family: his tiny body, covered in burns, bears witness to the brutality, evil and hatred of the perpetrators of the crime.



The Dawabsha family from the village of Duma, Nablus governorate: burned alive inside their home by settlers, 2015

120. The committee against the separation wall and the settlements documented 947 attacks by settlers in 2015; there were 783 attacks against individuals and their property and 164 attacks against religious sites in Palestine.

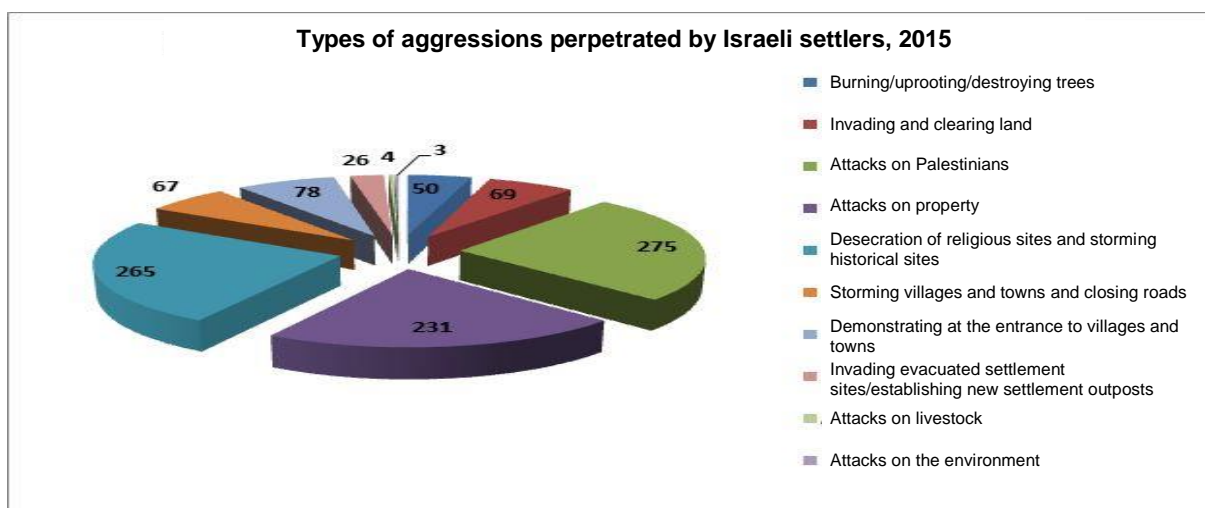
Environmental aggressions due to the occupation



121. There are more than 160 factories in settlements and Israeli industrial zones located throughout the West Bank. These factories produce chemicals, aluminium, leather, batteries, plastics, cement, canned foods, fibreglass, rubber, alcoholic beverages, ceramics, marble, detergents, cooking gas and pesticides. There are also quarries and secret military factories. These factories and their solid, liquid and gaseous waste products pose a threat to the environment and to the general health of the Palestinian population. The factories deplete Palestine's natural resources, pollute its water, degrade its agricultural land, pollute the air and pose a threat to Palestinians' physical and mental health. This also has economic repercussions. The water released by some of these factories is a major source of pollution affecting agricultural land, thereby affecting the plants that grow there. Industrial waste products and other pollutants have seriously degraded some 300 dunams of agricultural land, and the high mineral content of those pollutants has made it impossible to cultivate citrus crops and other fruit

in those areas. There are, moreover, at least 34 Israeli dumping sites spread throughout the northern governorates/West Bank and Jerusalem that have destroyed thousands of dunams of agricultural land, negatively affected tens of thousands more, and severely polluted groundwater, surface water supplies, valley watercourses and springs. Furthermore, no settlement, with the exception of those built within the municipality of Jerusalem, has a sewerage system. Settlements therefore release their wastewater into Palestinian watercourses and land, further exacerbating environmental pollution and degrading Palestinian agricultural water supplies. In the Gaza Strip there has been an accumulation of solid and hazardous waste products because of the ongoing blockade, especially since waste collection equipment requires regular maintenance and the spare parts for such equipment are rarely available. A high proportion of waste collection equipment stands idle. The siege has also impeded efforts to draw up appropriate strategies in that regard, such as plans for the establishment of sanitary landfills, since it is no longer possible to import the materials, tools and equipment to build such facilities. There is, moreover, no longer a system for sorting hazardous, chemical and medical waste from other forms of solid waste. Instead all waste products must be dealt with together. Medical waste in the Gaza Strip presents a particular challenge. Because of the blockade, the capacity to deal with such waste no longer exists. Tons of medical waste have recently accumulated outside medical centres. To dispose of it, it is mixed and dumped with other forms of solid waste. This practice poses serious environmental challenges. The recent Israeli war on Gaza has also exacerbated the challenges associated with solid waste: in addition to the degradation of the Palestinian environment by Israel, settlement activity deprives Palestinians of the capacity to manage environmental protection projects. Indeed, because the occupation forces have denied Palestinians' requests to implement a number of vital projects on grounds that those projects are located in Area C, no more than 13% of wastewater is properly treated and no more than 30% of solid waste is disposed of in a sanitary manner.

122. The following chart shows the numbers and types of attacks perpetrated by Israeli settlers against Palestinians in 2015:



Depletion of Palestinian water

123. Because of Israel's control over water sources in the occupied Palestinian territory and its ongoing settlement activity, Palestinians are forced to buy their water from settlers and at a higher cost than that paid by Israelis. As if that weren't enough, the quantity and quality of water made available to Palestinians is far from adequate. Palestinians' average per capita water consumption stands at 135 litres per day, while Israelis average per capita water consumption is 353 litres per day. In West Bank

settlements it stands at 900 litres a day – in other words more than seven times a Palestinian’s average daily water consumption.

124. Data shows that a mere 55.3% of water from available resources is fit to drink. In particular, the Gaza Strip suffers from a severe lack of safe drinking water with some reports estimating that some 90% of water used in the Gaza Strip is not fit for human consumption because it is contaminated with wastewater or seawater that has infiltrated the Gaza Strip’s aquifer. The Palestinian Water Authority estimates that individuals in the Gaza Strip consume no more than 70 litres of water per day, far below the standard established by the World Health Organization. This state of affairs is due to Israeli control over Palestinian water sources and the fact the Palestinians are prohibited from digging new wells to meet their water requirements. The majority of Bedouin and herding communities living in the Jordan Valley and on the eastern and southern slopes of the West Bank continue to face difficulties due to action taken by the occupation authorities to destroy and confiscate their cisterns, communal wells and water transportation tanks. Frequently, the pipes supplying water to settlements pass through these communities’ lands. As if that is not shocking enough, the wells from which water is pumped to settlements are sometimes located on these communities’ lands. Moreover, the majority of urban Palestinian communities continue to suffer irregular water pressure, particularly in the summer.

The apartheid separation wall and checkpoints

125. On 29 March 2002, Israeli forces launched a large-scale military operation in the Palestinian territories, named Operation Defensive Shield, which prescribed a full-scale invasion of Palestinian towns and villages. The Israeli forces committed the most heinous crimes against the Palestinian people during this operation, which heralded a new phase for the region in which Israel revealed its true intentions, namely to seize Palestinian land and expel its Palestinian inhabitants. A few days after the operation was launched, the Israeli Government issued orders and approved a large-scale budget for a plan to achieve separation that entailed the building of a separation wall.

126. The annexation and racist expansion wall is some 770 km long. Approximately 406 km of the wall have already been built (52.7%) and 322 km are in the planning stages. Work is underway on building a further 42 km. The wall isolates an area of 733 km². Through their construction of the eastern wall, which runs from north to south for about 200 km, the Israeli authorities have isolated and seized control of the Jordan Valley, the breadbasket of Palestine and the main source of food for the Palestinian population.



Pope Francesco praying at the separation wall, occupied Palestine

127. The wall snakes through the West Bank and affects the lives of at least 210,000 Palestinians living in 67 West Bank villages and towns. One of the wall's direct effects is to truncate large areas of Palestinian land and attach that land to the Israeli side. Most of this land is inhabited and the wall therefore has an impact on the social fabric of communities, especially among Palestinians who live to the west of the wall, and negatively affects their social relationships and activities. A statistical study of villages affected by the wall, conducted by the Palestinian Central Bureau of Statistics, revealed that 9.6% of households living west of the wall are unable to visit their relatives, as can 63.5% of those living east of the wall. The wall has also made it difficult for 38.3% of households living west of the wall and 84.4% of households living to the east of the wall to carry out their social and cultural activities. The wall also makes it difficult for marriages to take place between individuals living on opposing sides of the wall. Some 50.4% of families surveyed in the study reported such difficulties. The wall separates family members from each other and some 50.9% of those living west of the wall are effectively cut off from their relatives.



The racist separation wall and a way to get through, West Bank

128. According to a report by the Psychological Counselling Centre, many Palestinians experience a sense of hopelessness when they think of the future of their villages. Preliminary studies on the psychological impact of the wall indicate that it has exacerbated depression, feelings of anxiety and despair, a sense of isolation, suicidal thoughts and post-traumatic stress disorder symptoms among the population. These affects are due to the fact that, by trapping individuals within their homes, fragmenting families, destroying communities and exacerbating unemployment and poverty, the wall has undermined people's social relationships and support networks.

129. The apartheid wall has also deprived Palestinians of their economic resources or undermined their ability to use those resources effectively. Palestine's economic resources, including its water, its labour force, and the skills acquired by its people have been confiscated for the construction of the wall or cannot be exploited because people can no longer access their lands or workplaces.

130. The construction of the wall has hindered access to healthcare facilities in villages that it surrounds, and especially in those villages situated between the wall and the Green Line. The health situation in those villages is likely to deteriorate still further. Nine out of the 15 villages isolated on the western side of the wall have no medical facilities at all and rely on healthcare personnel travelling to them to provide such services. The wall makes such journeys practically impossible and healthcare professionals are unable to visit these isolated areas as frequently as they once could, if they can get there at all. This is because it now takes considerably more time, and costs considerably more, to get

to those areas, and because the gates in the wall through which they must pass are only open erratically.

131. The construction of the wall in the south, particularly within and surrounding east Jerusalem, has impeded access by Palestinians living outside the wall to healthcare facilities. This affects the entire West Bank because the wall limits access to east Jerusalem hospitals, which are the only hospitals in the West Bank providing certain specialist medical treatments.

132. Denied access to healthcare facilities, there is an increasing prevalence among the population of health-related problems, including waterborne diseases. Furthermore, rates of child and infant mortality are rising, and rapid emergency healthcare assistance is unavailable. These are other problems can only get worse as the wall is extended. Access by mobile medical clinics and ambulances and to supplies of medicines and vaccines will be further impeded. Inevitably, the burden on general healthcare service providers will also grow as distances between facilities, health sector staff and resources increase, while the pressures on, and costs incurred by, rural healthcare centres will also rise.

133. Numerous reports by the United Nations Office for the Coordination of Humanitarian Affairs in the occupied Palestinian territory on the impact of the wall on health have underscored that emergency healthcare services are unavailable to farmers in the “seam zone” and that the opening times of gates in the wall constitute a potential threat to the health of thousands of farmers who access their land in that zone on a daily or seasonal basis. Most of these gates are open only for short periods, twice or three times a day. Only two of the 13 gates in the wall are open continuously throughout the day, and because the gates are usually closed and unmanned by soldiers outside the short periods in which they are open, there is widespread concern among farmers that they would be unable to leave the “seam zone” if they suffered a work-related accident, were bitten by a snake or inhaled pesticides. Unless they were able to attract the attention of the military patrol supervising the gate, or contact the Israeli liaison office using the emergency humanitarian telephone number, such farmers would be unable to leave the area until the next time the gate was opened and would be left without any access to first-aid. Moreover, restrictions on vehicle traffic passing through the gates in the wall mean that an individual requiring medical assistance must be transported to a gate by horse, mule or tractor. This often requires a long detour over difficult terrain. Farmers are also concerned that restrictions in force in the “seam zone” prohibit entry by medical teams and ambulances to assist those requiring medical attention.

134. The “seam zone” declared in the northern West Bank in 2003 affects some 10,000 Palestinians living in what is now a closed area. Palestinians aged 16 or over must apply for a “permanent residency” permit so that they may continue to live in their own homes. Because most services and livelihoods are located on the “Palestinian” side of the wall, children, the sick and workers must pass through checkpoints located at points along the wall to get to hospital or to access health centres, schools and workplaces. Relatives and service providers who live outside “closed areas” must obtain “visitors permits” to reach those communities.



Schoolchildren attempting to get to school by squeezing through a hole in the separation wall, West Bank

The apartheid separation wall isolates inhabitants from services

135. Hygiene is another issue of grave concern to villages on both sides of the wall. Many of those villages used trucks to regularly remove sewage and collect garbage from local collection points. The wall prevents trucks from accessing certain villages, while other villages are now compelled to pay more for this service. The accumulation of sewage and garbage exacerbates health risks in those villages. Small villages, such as Thahr al-Malih in Jenin governorate, are particularly affected by restrictions placed on waste management.

136. From a human rights perspective, Article 33 of the Fourth Geneva Convention prohibits collective punishment by the occupying Power. Furthermore, Article 12 of the International Covenant on Civil and Political Rights provides for freedom of movement. Nonetheless, the Israeli Government refuses to comply with those Articles and, through its construction of the wall, has instigated a policy of collective punishment against Palestinians, which it justifies on security grounds, that entails the destruction and permanent appropriation of Palestinian citizens' land and property, even though international humanitarian law prohibits such punishment. Indeed, Article 53 of the Fourth Geneva Convention, to which Israel is a signatory, prohibits the destruction of property in occupied territory, which, as we have already highlighted, constitutes a form of collective punishment prohibited under Article 33 of the same Convention. Israel's wide scale destruction of property and homes also constitutes a grave violation of Article 147 of the Fourth Geneva Convention and is tantamount to a war crime. Furthermore, the confiscation and annexation of Palestinian land is a blatant violation of the general principles of international law as affirmed in United Nations Security Council Resolution 242 (1967). Such appropriations are illegal and impinge upon the freedom and lives of Palestinians. This is even more shocking in view of the fact that no restrictions are placed on the freedom of movement of Jewish settlers who live in illegal settlements in the West Bank.

Israeli roadblocks in the West Bank and east Jerusalem

137. Israeli roadblocks in the West Bank are a significant problem for millions of Palestinians. In addition to the more than 100 permanent Israeli roadblocks in the West Bank, Israel also employs what are known as flying checkpoints, which move from place to place and suddenly appear randomly on West Bank roads. There are more than 350 of these movable roadblocks. Like the Zionist settlements and the apartheid separation wall, these checkpoints have fragmented the West Bank and constitute devastating real-world, psychological and social barriers in people's lives.



An Israeli checkpoint near Jerusalem

138. The year 2015 witnessed a sharp increase in the number of oppressive measures imposed on the Palestinian population in all parts of the country. Additional checkpoints and military observation posts were erected on main roads between Palestinian cities and governorates and at road junctions leading to Israeli settlements. Israel has also deployed units and squads of its army and special forces throughout the West Bank.



Israeli forces stop elderly pedestrians and force them to reveal what is under their clothes

139. Israeli roadblocks, closures and blockades imposed on Palestinian cities and towns impede or prevent Palestinian hospitals and medical centres from obtaining the medicines they need, especially when Israel is conducting military operations in the field. When checkpoints are closed, doctors cannot get to work and health centres cannot procure essential drugs. As a result, the centres are unable to treat even patients with easily curable conditions, even though, without treatment, these conditions can deteriorate and lead to the patient's death. Much worse, Palestinians who are sick cannot reach hospitals or healthcare centres for treatment or to undergo medical operations. Many Palestinians have died at Israeli checkpoints because Israeli occupation forces have refused to allow them through so they could reach hospital treatment for their injuries or illnesses. At the beginning of the Al-Aqsa intifada, for example, the youth Nadir Salim from the village of Juma'ayn near Nablus died because the Israeli forces prevented the car carrying him to hospital to pass through a military roadblock. There are dozens of similar stories. Many others have died, or, more accurately, been killed, because of the

obstinacy of Israeli soldiers who prevented them from passing through a checkpoint so that they could receive appropriate treatment. Israeli soldiers at checkpoints have also blocked the passage of pregnant Palestinian women on their way to hospital to give birth.



Persons with disabilities and children being prevented from passing through an Israeli roadblock



Israeli occupation checkpoint in the West Bank: inspecting the documents of women and the elderly, 2015



Israeli occupation forces stop a Palestinian child at a roadblock and force him to take off his clothes, West Bank, 2015

The situation in the Gaza Strip

140. Due to Israel's siege on the Gaza Strip, in place now for 10 years, some 40% of the inhabitants of the Strip live in poverty, 80% receive food aid and 73% of families have experienced an increase in gender-based violence. According to a report by the Euro-Mediterranean Human Rights Monitor, more than 50% of Palestinian children are in need of psychological counselling and some 55% of the inhabitants of the Gaza Strip suffer from depression. Because of the extremely difficult humanitarian situation and living conditions in the Gaza Strip, more than 922,000 refugees require assistance in areas such as health, educational and housing and are in urgent need of basic protections and security.



The devastation caused by the Israeli war on Gaza, 2014



Photograph taken during the Israeli war on Gaza, 2014

141. The Gaza Strip continues to suffer the effects of the most recent devastating war, which lasted from 7 July to 26 August 2014 and which came on the heels of two other wars that were separated by only brief intervals. The war killed 2260 people including 612 children (21.7% of total casualties) and 230 women (10.2% of total casualties); 11,231 were wounded, including 3827 children (36% of the wounded) and 1773 women (16.7% of the wounded). Some 1000 individuals were left permanently disabled. Some 51% of the children who are wounded were under 17 of years of age. Some 373,000 children urgently need specialist social and psychological care.



Gazan man and his child sit among the rubble of their house, destroyed by the Israeli war machine, 2014



The devastation wrought by the Israeli war on Gaza, 2014

142. The war displaced 500,000 people, including those whose homes and possessions were completely destroyed. In 2015, there were still approximately 4900 people living in UNRWA shelters. The war also destroyed much of the infrastructure of the Gaza Strip, including houses, roads, schools, and healthcare centres. It also destroyed much of the Strip's water, electricity and fuel infrastructure. As of April 2015, more than 60% of the inhabitants of the Strip were unable to access their Government jobs or educational and healthcare services, and had no access to electricity or fuel.

143. The 2014 war was devastating in many ways. More than 142 families lost three, four or more family members, who were killed when their houses were indiscriminately bombed. More than 1900 children lost their fathers, mothers or both parents.

144. Healthcare centres, hospitals, ambulances and medical and healthcare personnel were not spared in Israel's war on Gaza. More than 100 members of medical and healthcare teams or ambulance crews were killed or injured (23 killed, 83 injured). Israel bombed and destroyed 19 hospitals (18 partially and one completely), 63 healthcare centres (60 partially and three completely) and 27 pharmacies (18 partially and nine completely). Some 45% of Governmental and nongovernmental healthcare centres and 35% of hospitals were no longer able to provide services and were forced to close as a result of the Israeli war or because they were located in unsafe areas.



A hospital ward in one of the hospitals targeted during the most recent war on Gaza, 2014

145. There is no doubt that the devastation wrought by the war will affect the Gaza Strip for many years to come. According to the Detailed Needs Assessment and Recovery Framework for Gaza Reconstruction, it will cost some \$383 million to rebuild, strengthen and ensure the resilience of the healthcare sector in the Gaza Strip. Despite the pledges made by donor countries at the recently convened Cairo Conference on Palestine – Reconstructing Gaza, reconstruction efforts are proceeding extremely slowly. Some \$13.8 million was spent in 2015 and work is underway to implement a range of key intervention projects, includes projects to build and rehabilitate hospitals and healthcare centres, as well as projects to ensure the provision of fuel, medicines and medical supplies, laboratory supplies, medical equipment and spare parts. There are also plans for a major water desalination plant at al-Shifa Hospital as well as nutritional programmes and initiatives to improve hygiene. Approximately \$24.2 million has been earmarked for projects for 2016 and 2017. Major challenges in this area include inadequate funding, a lack of predictability (crucial for the implementation of reconstruction projects), and foot dragging by the occupation authorities when they are asked to

approve the entry into Gaza of building and other materials, on the pretext that these materials could be used for other purposes (see Appendix 3:¹ Reconstruction Projects in the Gaza Strip).

146. The Israeli occupation forces continued to target civilians and their property in the Gaza Strip and perpetrate human rights violations and violations of international legal norms. In 2015 the Israeli occupation forces maintained their blockade of Gaza and imposed further restrictions on its population. Israeli occupation forces killed 28 inhabitants, including four children and one woman, and wounded 1275 people including 132 children and nine women. There were 202 persons held in detention including 38 children.

147. As part of the comprehensive siege imposed on the Strip, the Israeli occupation forces continued to target Palestinian fishermen, preventing the population from working and violating their human rights. Israeli forces targeted fishermen and prevented them from working by forbidding them to fish more than six nautical miles from the coast of Gaza. On numerous occasions Israeli forces opened fire on fishermen or pursued them in inflatable boats until they reached the shore. According to the annual report of the Al-Mezan Center for Human Rights, Gaza fishermen were targeted 126 times, one fisherman was killed while out fishing and 29 fishermen were wounded. A total of 73 fishermen were arrested and escorted to Israel. Most of these fishermen were released within hours although three fishermen remain in detention. Israel also impounded 21 fishing boats. On 12 occasions, fishing equipment such as fishing nets and boat lighting equipment was vandalized. The report also notes attacks by Israeli warplanes on a number of sites in the Gaza Strip. These attacks caused material damage to homes and civilian facilities, while the bombing raids also caused great panic among civilian inhabitants, particularly among women and children. The Al-Mezan Center recorded 29 missile attacks on Gaza.

148. The Israeli occupation forces also continued to arrest and hold people in arbitrary detention in 2015, both during their incursions into the Gaza Strip and when they pursued and kidnapped fishermen while they were at sea. The occupation forces arrested 202 Palestinians, including 38 children, and 73 fishermen. A total of 44 individuals were arrested at the Bayt Hanoun (Erez) crossing while entering or exiting from the Gaza Strip.

149. Israeli occupation forces have imposed tighter restrictions at crossing points for commercial goods and on crossing points for people. There was no structural change to the siege and the purported easing of restrictions announced by the occupation authorities had no discernible effect on the movement of individuals or goods.

150. Within very prescribed limits, it was possible for certain groups of people to travel through a crossing point. These included individuals who were sick, and particularly persons with disabilities. The process was still extremely complicated, however, and those individuals still faced severe restrictions. They were also treated inhumanely. Rafah crossing point has been completely closed since the beginning of 2015, thereby denying Gazans their right to travel in and out of the Gaza Strip. According to the Crossings and Borders Authority, some 90,000 individuals urgently need to travel. That figure includes some 15,000 persons who are registered with the Ministry of the Interior, 3500 of whom are in possession of a medical referral.

151. With regard to the living conditions of Palestinians in Gaza, the unemployment rate stood at 43.9% in 2015 and more than 201,900 people were unemployed. The most recent report by the World

¹ Not available.

Bank noted that levels of unemployment in the Gaza Strip were the highest in the world and that the unemployment rate among young people and graduates in the Gaza Strip exceeded 60%.

152. Poverty and extreme poverty rates also rose, reaching 65%, while more than 1 million people, equivalent to 60% of the population of the Strip, were recipients of relief assistance provided by UNRWA and international relief agencies. More than 72% of families suffered food insecurity. GDP declined by 1.5% in the second quarter of 2015, compared with the second quarter of 2014, and declined by 8.2% compared with the fourth quarter of the previous year. Per capita GDP in the Gaza Strip declined by 4.8% compared with the second quarter of 2014 and stood at \$261.2 in the second quarter of 2015.

153. Gaza's crossing points remain closed. The only exception is the Kerem Shalom crossing which is the only crossing that continues to operate according to mechanisms established prior to the most recent war. The operation of the crossing remains unchanged, including the hours it is open, the number of trucks it processes and the type and quantities of goods allowed through. Although there are more trucks passing through the crossing, this is due to the higher number of trucks transporting relief assistance and building supplies for international projects in the Strip, as well as carefully controlled quantities of building supplies for private sector reconstruction projects in Gaza. Meanwhile, Israel continues to prevent the entry into the Gaza Strip of a wide range of goods, raw materials equipment and machinery, including, in particular building materials. Recent reports on the movement of trucks through the Kerem Shalom crossing note that the crossing was closed for 133 days in 2015 – equivalent to 36% of the year.

Inadequate fuel and electricity supplies in the Gaza Strip

154. The Gaza Strip depends on electricity from three sources: 40% is supplied by a local electricity generating station that relies on fuel supplied to the Strip via Israel, 50% is fed directly into the electricity grid by Israel, and 10% is supplied by the Egyptian electricity grid. Israel therefore has considerable control over Gaza's electricity supply.

155. According to report on the humanitarian repercussions of the fuel and electricity crisis on the Gaza Strip, published by the United Nations Office for the Coordination of Humanitarian Affairs in July 2015, the Israeli airstrike on Gaza in June 2006 constituted the start of the ongoing electricity crisis in Gaza. The report estimates that the Gaza Strip requires some 470 megawatts of power, but that only 45% of the need is currently being met. All parts of the Gaza Strip suffer scheduled electricity cuts of between 12 and 18 hours a day. The situation is most acute in densely populated areas. Since November 2013, international institutions have spent some \$11 million on emergency fuel supplies.

156. To cope with repeated power cuts, service providers and households make use of alternative generators. These generators cannot be relied on however because they must be supplied with fuel and require expensive spare parts. The generators are also potentially hazardous and pollute the environment. They are also too expensive for those surviving on modest incomes.

157. This situation has had serious repercussions for the health sector and medical services in the Gaza Strip, including those that are potentially life-saving. Sensitive medical equipment, including heart monitors, x-ray machines, MRI machines, ultrasound machines, sterilization equipment and incubators all fail to function correctly, and hospitals are compelled to postpone elective surgeries and perform emergency surgeries only. This can have serious, if not life threatening repercussions.



Inside a Gaza Hospital

The negative effects of power cuts on the healthcare sector in the Gaza Strip can be summarised as follows:

- Power cuts jeopardize Palestinians' human right to health because of their extremely serious impact on health care services. Many healthcare services cannot be provided during power cuts, which can last for hours each day and occur when hospitals and primary healthcare centres are unable to procure enough diesel fuel to keep their generators running. Hospitals and primary healthcare centres require between 8000 and 10,000 litres of fuel each day.
- Medical services, including urgent procedures to save lives in emergencies are jeopardized when reserves of fuel for ambulances and back-up generators run short. Volatile supplies of electricity has damaged sensitive medical equipment and disrupted the provision of medical services. Hospitals have had no choice but to set priorities, giving precedence to emergency operations and postponing surgeries that can be delayed. Although delaying such surgeries may not prove life-threatening, it can cause a range of complications and negative consequences for patients who are ill or injured.
- Many elective surgeries need to be cancelled as priority must be given to emergency cases and critically important operations.
- High-voltage oxygen-producing equipment can no longer function because small electric generators cannot produce sufficient power to keep it operating.
- Radiology departments operate at only 50% of capacity.
- Power cuts disrupt and shut down dialysis machines, causing additional suffering for patients with renal failure.
- Central air conditioners in hospitals shut down, adversely affecting indoor spaces without windows, such as operating rooms, intensive care wards and neonatal intensive care units.

- Power cuts lasting more than two hours can degrade blood and plasma stores held in blood banks.
- Intense heat in the summer causes numerous diseases among adults and children. Because electrical power cannot be provided for more than eight hours a day, diseases affecting children, including skin conditions that cause intense itching and discomfort and prevent sleep, have become more prevalent. A lack of air-conditioning in periods of intense heat exacerbates hypertension and high blood sugar in patients with diabetes. A number of other diseases are exacerbated by changes in temperature, including rheumatism and rheumatoid arthritis among the elderly.
- When there is no electricity to run air conditioners and fans, it is not possible to reduce temperatures within the homes of patients who have undergone surgery. This can delay healing and increase the risk of post-operative complications.
- Power cuts seriously undermine people's right to sufficient and safe food.

158. Furthermore, power shortages and cuts and insufficient supplies of fuel to run water pumps and wells mean that, more and more often, there is often no running water in Palestinians' homes. As a result, people have to depend on water sources that are not monitored to ensure their safety. Sewage treatment plants have cut back on the number of cleaning cycles they perform, leading to increased pollution levels in (what is only partially treated) sewage, which is then discharged into the sea. There is also a danger that sewage will overflow into the streets.

159. There are 180 water and sanitation facilities in the Gaza Strip. These include 140 water wells, 37 water and sewage pumping stations and three sewage treatment plants. All these facilities require periodic maintenance and spare parts that, because of the blockade imposed by Israel, are unavailable in local markets. The Water Authority receives only 50% of its fuel requirements and, consequently, there have been only irregular supplies of water, and especially of drinking water, for a long time. Because sewage treatment plants are unable to operate, large quantities of untreated sewage have been discharged into the sea, polluting Gaza's sea and beaches and affecting fish. Pollution levels on Gaza's beaches remain high. Indeed, pumping untreated sewage into the sea has exacerbated Gaza's environmental crisis and further undermined the health of its population.

The Jerusalem uprising and Israeli violations

160. The year 2015 witnessed an escalation of Israeli actions and a tightening of restrictions in all Palestinian governorates, particularly in the West Bank and east Jerusalem. Attacks by Israeli occupation forces and settlers on holy sites in east Jerusalem, frequent incursions into the Al Aqsa mosque and excavations that threaten its structural integrity, attacks by settlers on Palestinians, their property and farms, closures of Palestinian roads, restrictions on movement between Palestinian cities and towns and random shootings all stoked Palestinian anger and led to a wave of protests against Israel's oppressive policies.



Israeli forces stop Palestinian woman and children in the street, West Bank

161. Perhaps the most bloody and shocking incident that stoked Palestinian anger in 2015 was the attack perpetrated at dawn on Friday 31 July by extremist Jewish settlers in which they set fire to the home of the Dawabsha family in the village of Duma, located to the south of Nablus. The family was inside and fast asleep. An 18-month-old baby, Ali Dawabsha was killed and his parents and four-year-old brother Ahmed suffered serious burns. His father and mother died in August and September, respectively, as a result of the injuries they had sustained in the fire.

162. The “Duma crime”, ongoing settlement activity, repeated incursions into Al Aqsa Mosque by extremist settlers escorted by Israeli occupation police officers, and attempts to separate Muslims and Jews at the Mosque, both in terms of when they could enter and the areas they could visit, outraged Palestinians, who, at the beginning of October, launched a popular uprising that prevented the division of Al Aqsa. The uprising continues.



Israeli occupation forces desecrate the esplanade outside the Al Aqsa Mosque and the Dome of the Rock in occupied Jerusalem



Israeli occupation forces provocatively search pedestrians in occupied Jerusalem

163. As of 23 March 2016, the most recent Israeli escalation has resulted in the deaths of 204 people, including 10 women and 48 children. Of those killed, 28 were from Gaza and the others were from various parts of the West Bank, including Jerusalem.



Palestinian child killed in cold blood by Israeli occupation forces, West Bank



Palestinian girl killed in cold blood, West Bank

164. More than 18,000 Palestinians have been injured in the latest Israeli escalation. A total of 15,673 have been injured in the West Bank, including 1386 with gunshot injuries caused by live ammunition, 966 with gunshot injuries caused by rubber covered metal bullets, 393 who were beaten, 49 who suffered burn injuries, and 10,653 who were injured after inhaling poisonous gas. Another 2000 injuries have been reported in the Gaza Strip.

165. Many of these injuries were caused after the victims were targeted in the upper parts of their bodies, including the head, neck, chest, abdomen, and back. These injuries are consistent with deliberate attempts to kill. Many victims were shot multiple times in various parts of their bodies. The lives of many of those killed, who posed no threat or danger to Israeli occupation soldiers, could have been saved. Instead, they were executed in cold blood or left to bleed to death while no attempt was made to provide medical treatment or while Palestinian ambulance crews were prevented from reaching them. The bodies of those killed were sometimes abused or stripped naked. Photos were taken of some individuals as they lay dying.



Israeli occupation forces disrespectfully treat and take photographs of a dying man



Palestinian killed in cold blood and stripped naked by Israeli occupation forces, West Bank

166. In line with its oppressive policies and in blatant violation of all relevant international instruments, Israel continues to abduct and retain the bodies of those killed. Corpses are held in refrigerators at minus 35°C. According to Dr. Sabir al-Alawl, the forensic medicine director in the

West Bank, refrigerating corpses at minus 35°C makes it impossible to carry out an autopsy for up to 48 hours. Meanwhile, Israel will only deliver the bodies of individuals killed to their families if they agree to bury the corpse immediately. Dr al-Alawl emphasizes that this makes it impossible to issue an autopsy report documenting how the crime was committed, and prevents the Palestinian Authority from obtaining an important document that might incriminate the Israeli occupation authorities and could be used as evidence in any future lawsuit filed with the International Criminal Court. Insisting that the frozen corpse is buried immediately also makes it impossible to ascertain whether the deceased individual's organs have been stolen.

167. Since the outbreak of the popular Palestinian uprising in October 2015, Israel has held onto more than 48 corpses, which it has used as bargaining chips and as a way to bring pressure to bear on the Palestinian people.

Attacks on medical staff and hospitals



Israeli occupation soldiers search the interior of a Palestinian ambulance

168. Not even health facilities, medical personnel or ambulances have been spared attack by Israel. There have been repeated raids on hospitals and healthcare centres, including the Arab Specialist Hospital in Nablus, which was raided by undercover troops in the middle of the night. These troops arrested a wounded individual who was being treated in a hospital bed, attacked medical personnel and caused widespread panic among patients, their families and medical staff. The worst attack occurred on 12 November 2015 when dozens of undercover Israeli soldiers in civilian clothes stormed al-Ahli hospital in Hebron where they executed Abdullah al-Shalaldah, arrested one of his neighbours, interrogated doctors working in the hospital and threatened medical staff at gunpoint. Hospitals in Jerusalem, including Makassed Hospital, have been raided numerous times, patients have been arrested and those accompanying them have been attacked. Tear gas has been released in hospital areas without windows, patients' medical files have been examined and a protest by doctors denouncing the repeated raids was broken up with percussion grenades, tear gas and rubber bullets. Such actions violate the provisions and most basic principles of human rights and international law, which provides for the inviolability of healthcare facilities.

169. In its report entitled "Caught on Camera: Extrajudicial killings of Palestinians" the Euro-Mediterranean Human Rights Monitor noted the arbitrariness of Israeli killings, a systematic culture of

violence, and the use by the Israeli authorities of excessive force when dealing with Palestinians in the West Bank, occupied Jerusalem and the Gaza Strip. Noting that arbitrary killings have occurred when Palestinians whom were allegedly carrying out attacks against Israelis have been shot, the report emphasized that those Palestinians had posed no real danger to the soldiers that would have justified their torture and death.

170. In its report, the Euro-Mediterranean Human Rights Monitor documented the attack perpetrated against 13-year-old Ahmed Munasirah, who was run over by a car before being beaten with batons and pipes. He was denied first aid for approximately 25 minutes. The Israeli authorities claimed that the child had attempted to stab a soldier. A photograph shows the child asking for help as he lies bleeding on the ground. The report also highlights the case of 16-year-old Marih Bakr, accused by the Israeli occupation authorities of trying to stab a soldier. Pictures of the child show her lying on the ground surrounded by soldiers pointing their guns at her. The Israeli authorities have refused to provide any evidence that she had committed any crime that would have justified her killing. The report also notes the recklessness disregard for civilian life shown by Israeli police forces. In that regard, it documents the attack on 19-year-old Isra' Abid, whom the Israeli authorities accused of attempting to carry out a stabbing. Footage show the girl in a state of panic when she is surrounded by Israeli soldiers who order her to remove her hijab. Refusing to do this, she raises her hands above her head before being shot four times by the soldiers with live rounds. The Euro-Mediterranean Human Rights Monitor also documented the killing of 18-year-old Fady Samir Mustafa Alon, who was also accused of carrying out a stabbing. Alon was chased and surrounded by a group of settlers. The Israeli police later arrived to protect the settlers. Video footage shows a group of settlers pursuing Alon before an Israeli police officer fires seven rounds directly at him. All these facts make it clear that, in blatant disregard for human life, the first instinctive reaction of an Israeli soldier is to open fire.



Israeli soldiers raid Makassed Hospital in Jerusalem



Israeli soldiers raid wards at Makassed Hospital in Jerusalem

171. Since 3 October 2015, the Euro-Mediterranean Human Rights Monitor has recorded approximately 400 assaults against doctors and other health sector personnel, and especially against Palestinian Red Crescent personnel and ambulance crews. A total of 167 members of emergency medical crews and paramedics have sustained a variety of wounds. There have also been 105 attacks on ambulances and 128 incidences in which medical personnel were prohibited from providing treatment to victims, putting them at great risk of death. Indeed, some victims died as a result.



Israeli occupation soldiers stop a Palestinian ambulance and prevent the ambulance crew from reaching victims



Israeli occupation soldiers stop a Palestinian ambulance and search an injured individual

172. The Euro-Mediterranean Human Rights Observer has also noted discrimination in the way in which injured individuals are treated and has recorded a number of incidences in which it seems that the staff of Magen David Adom (an Israeli organization providing emergency medical services) have practiced discrimination in their treatment of the wounded, prioritising care for injured Israelis and ignoring wounded Palestinians whose lives could have been saved. This constitutes a grave breach of the code of conduct of the medical organization and an unjustified violation of established medical norms and ethics. Furthermore Israeli occupation soldiers treat the wounded in a humiliating fashion and leave them to bleed for many hours, denying them emergency medical assistance. In other cases the wounded have been interrogated while they lay bleeding on the ground. Furthermore, photographs taken of members of Magen David Adom ambulance crews show them carrying weapons, in violation of their humanitarian duties and international humanitarian law.



Armed Magen David Adom ambulance crew members in the West Bank

Conclusion

173. This brief overview of the health in the State of Palestine shows a country struggling to deal with an Israeli occupation, arbitrary practices and repeated violations of international humanitarian

law, and a dire financial crisis that is impeding the ability of the Palestinian Government to deliver healthcare services to its citizens. With limited resources available, the Palestinian Government is heavily reliant on aid and grants from abroad. The provision of support is often irregular or unpredictable, however, and is closely linked to political developments. The burdens and challenges faced by the Palestinian healthcare sector are therefore immense. The Palestinian healthcare sector remains in imminent danger of collapse, despite the considerable efforts that have been made to enhance its resilience. Ongoing attacks by Israeli occupation forces against Palestinian civilians and the repercussions of those attacks, including the thousands of persons left wounded and disabled in their wake, have exacerbated the burdens placed on the Palestinian healthcare sector and its capacity to meet the needs of citizens effectively. Furthermore, the devastating impact of the occupation on the Palestinian economy, coupled with rising unemployment and poverty rates has seriously undermined the overall health of the Palestinian population. The occupation also continues to have devastating effects on the mental health of Palestinians, particularly among women, children and the elderly.

174. In the light of these challenges, we believe that it is only by fostering peace and ending the Israeli occupation – the longest occupation in history – that the health situation in Palestine can be ameliorated and the long-term health of Palestinians improved.

Therefore, the Palestinian Ministry of Health:

- calls on the international community to exert pressure on the Israeli Government to lift the blockade on the Gaza Strip and prevent the worsening of the humanitarian crisis there, to stop its attacks and provocations in the different Palestinian governorates, including the occupied city of Jerusalem, and to take action to fulfil its moral and legal responsibility to protect the basic human rights of civilians in the occupied Palestinian territories;
- calls on the High Contracting Parties to the Fourth Geneva Convention to fulfil their obligations under Article 1 of the Convention, whereby the High Contracting Parties undertake to respect and to ensure respect for the Convention in all circumstances, in addition to their obligation, under Article 146, to prosecute those accused of grave breaches of the Convention. It should be noted that such breaches are deemed war crimes under Article 147 of the Fourth Geneva Convention relative to the Protection of Civilian Persons and the first Additional Protocol thereto, which guarantees the protection of Palestinian civilians in occupied Palestine;
- expresses its thanks to donor countries for their support of the Palestinian people in all areas, and particularly in the area of health, and appeals to them and to international health agencies to provide all necessary political and financial support, fulfil the commitments they have made vis-à-vis the reconstruction of Gaza, and create the political environment necessary for the implementation of the document on ending the occupation and establishing the State, as presented by the Palestinian Government, and to work in earnest to create an environment conducive to the implementation of that document;
- requests the international community to exert pressure on Israel to implement forthwith the consultative opinion of the International Court of Justice on the illegality of building the annexation wall deep inside the occupied West Bank. It also requests the cessation of house demolitions, of the displacement of Jerusalem citizens from their homes, the cessation of the judaization of Jerusalem and the construction of settlements in the Palestinian territories occupied in 1967, which constitutes not only a violation of international resolutions, but also

a threat to the safety and health of Palestinian citizens, and in particular to their ability to access health services;

- invites all international human rights bodies, and in particular the International Committee of the Red Cross, to intervene urgently and immediately with the occupation authorities and the Israeli prison administration to require them to provide treatment to sick prisoners in occupation jails whose health is deteriorating daily. It calls for the establishment of an international committee composed of specialized doctors to review critical cases and provide immediate and rapid treatment, and appeals to civil society organizations to exert pressure to save the lives of prisoners, treat sick prisoners immediately and release those who are critically ill so they can be treated abroad. It also appeals for imprisoned Palestinian women to be allowed to receive maternal, prenatal, delivery and postnatal care and to be allowed to give birth in healthy and humane conditions in the presence of their families; it further demands the immediate release of child prisoners, cease the practice of administrative detention and abrogate the law on the force-feeding of prisoners on hunger strike who are protesting against the conditions in which they are being held;
- requests the strengthening of formal and civil support for the Palestinian health sector as an important stabilizing factor in order to guarantee the right of the Palestinian people to access health services, as endorsed by international law.
- Calls on Israel to release forthwith the corpses of persons who have died in the struggle that it has not yet handed over.
- Calls on the international community and international human rights agencies to exert pressure on Israel to permit patients and their family members to access health services, regardless of where those services are provided, in safety and without hindrance.

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Appendix 1

POPULATION AND DEMOGRAPHY

Indicator \ Palestine, 2014	Value	Indicator \ Palestine, 2014	Value
Total Population Gaza Strip 1,760,037 West Bank 2,790,331 PCBS	4,550,368	Proportion of Pop. Aged under 15 years (43.2% in GS and 37.6% in WB)	39.7
Males Gaza Strip 894,130 West Bank 1,417,591 PCBS	2,311,721	Proportion of pop. aged 65 years and above (2.4% in GS and 3.2% in WB) PCBS	2.9
Females Gaza Strip 865,907 West Bank 1,372,740 PCBS	2,238,647	Number of Reported Births (GS 55,552 & 65,778 WB)	121,330
Male/ Female ratio in general pop (per 100).	103.3	Number of Reported Deaths (GS 6,601 & 6,696 WB)	13,297
Life Expectancy among pop. (year). PCBS	73.2	Reported CBR per 1,000 pop (31.6 in GS Vs 23.6 WB).	26.7
Life Expectancy among males (year). PCBS	71.8	Reported CDR per 1,000 pop (3.8 in GS Vs 2.6 in WB)	3.1
Life Expectancy among females (year). PCBS	74.7	Reported Under 5 Mortality Rate (per1,000)	14.9
Median age (years) (18.1 Y in GS and 20.6 Y in WB). PCBS	19.6	Reported Infant Mortality Rate (per1,000)	12.6
Total Dependency Ratio 83.8 in GS and 69.3 in WB). PCBS	74.6	Percentage of low birth weight (<2500 gm) of total births	6
Population natural increase rate (3.41% in GS and 2.59% in WB). PCBS	2.9	Percentage of unemployment rate (44 in GS & 18 in WB). PCBS	27
Percentage of refugees in Gaza Strip out of Total Population. PCBS	68.0	Crude marriage rate per 1000 pop. PCBS	9.7
Percentage of refugees in WB out of Total Population. PCBS	27.3	Crude divorce rate per 1000 pop. PCBS	1.6

Women Health

Indicator \ Palestine, 2014	Value	Indicator \ Palestine, 2014	Value
Rate of women of child bearing age of total population (23.8 in GS & 25.3 in WB) PCBS	24.7	% of Reported anemia among pregnant women	25.6
Total fertility rate (4.5 in GS & 3.7 in WB) PCBS	4.1	% of Reported anemia among high risk pregnant women	31.2
% Reported of pregnant women attended MOH antenatal care out of total live births (Prenatal rate)	40.7	% of Reported children under six months received exclusively breastfeeding.	28.6

% of deliveries in health institution	99.7	% of deliveries in home	0.3
Maternal mortality rate (30.6 in GS and 19.8 in WB)	24.7	% of Reproductive age women deaths of total deaths	3.6

Primary Health Care

Indicator \ Palestine, 2014	Value	Indicator \ Palestine, 2014	Value
No. of PHC centers in Palestine	767	No. of MOH PHC centers	472
Pop\ PHC centers	5,599	% of MOH PHC centers of total PHC centers	61.5

Hospitals

2014Indicator \ Palestine, •	Value •
No. of Hospitals	80
Population \ hospital ratio	56,879.6
No. of beds	5,939
Population \ bed ratio	766.2
Beds Per 10,000	13.1
MOH Hospital Indicators	
No. of Hosp	26
Population\ hospital ratio	175,014
No. of beds	3,259
population bed ratio	1,396
Beds Per 10,000	7.2
Admissions	397,683
Average length of stay (days)	2.5
Bed occupancy rate (%)	86.6
No. of Hospitalization days	965,531
No. of Births	10075,
% of Caesarian Sections	22.4
No. of Operations	100,218

No. of Deaths	4,788
Treatment without hospitalization	2782,886,

Human Resources

Human Resources Rate per 10,000 Population, 2014	
Specialty	Rate (per 10,000 Pop)
Physicians*	21.5
Dentists	6.6
Pharmacist	12.7
Nursing	23.2
Midwifery	2.1

*Physicians = General and Specialists

Purchasing Health Services

Indicator	2014		
	West Bank	Gaza Strip	Total
Total number of patients referred to treatment outside MOH facilities	54,345	20,338	74,683
Estimated cost (NIS) of patients referred to treatment outside MOH facilities	426,754,668	142,833,512	569,588,180
Total number of patients referred to treatment outside MOH facilities inside Palestine	50,166	14,179	64,345
Estimated cost (NIS) of patients referred to treatment outside MOH facilities inside Palestine	322,515,553	97,302,212	419,817,765
Total number of patients referred to treatment outside MOH facilities outside Palestine	4,179	6,159	10,338
Estimated cost (NIS) of patients referred to treatment outside MOH facilities outside Palestine	104,239,115	45,531,300	149,770,415
Estimated cost (NIS) per patient referred to treatment inside Palestine	6,429	6,862	524,6
Estimated cost (NIS) per patient referred for treatment outside Palestine	24,944	7,393	14,487

Non Communicable Diseases

Indicator, Palestine, 2014	Value
Reported Cancer incidence rate (per 100,000 pop)	82.2
Reported Diabetes Mellitus incidence rate (per 100,000 pop)	145.7
% of Reported Cardiovascular deaths of all deaths	29.5
% of Reported Cancer deaths of all deaths	14.2
% of Reported Cerebrovascular deaths of all deaths	11.3
% of Reported Diabetes Mellitus deaths of all deaths	8.9

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