



General Assembly

Distr.: General
14 February 2022

English only

Human Rights Council

Forty-ninth session

28 February–1 April 2022

Agenda item 7

**Human rights situation in Palestine and other
occupied Arab territories**

Written statement* submitted by Medical Aid for Palestinians (MAP), a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[4 February 2022]

* Issued as received, in the language of submission only. The views expressed in the present document do not necessarily reflect the views of the United Nations or its officials.



Systematic discrimination and fragmentation as barriers to Palestinians' right to health

1. Overview and legal framework

Medical Aid for Palestinians (MAP) is a humanitarian and development organisation operating in the occupied Palestinian territory (oPt) and Lebanon. Our key areas of work are women and children's health; disability; mental health and psychosocial support; and emergency response, including the provision of essential equipment, medicines, training, and other resources to support health services' response to the COVID-19 pandemic and recent military violence against Palestinians in the oPt.

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

This deeply inequitable context has caused an increasing plurality of Palestinian, Israeli, and international human rights groups, legal scholars and statespersons to conclude that Israel is imposing a regime of apartheid on Palestinians.(1)

International humanitarian law stipulates that, as the occupying power, Israel is responsible for ensuring access to healthcare, essential health resources and humanitarian relief for the Palestinian population under its control.(2) Under international human rights law, Israel is obligated to respect, protect and fulfil the right to the highest attainable standard of physical and mental health to all those subject to its jurisdiction, and to guarantee equality and prohibit racial discrimination including in the realisation of the right to public health, medical care, and social services.(3)

2. Systematic discrimination, fragmentation, and Palestinian health

Though the conditions for Palestinians in MAP's areas of operation are distinct, they are connected by policies and practices imposed on them collectively by Israel based on nationality and ethnicity, preventing the enjoyment of the rights to health and dignity, and inhibiting the development of a Palestinian healthcare system of sufficient availability, accessibility, acceptability and quality.(4)

2.1 Palestinian refugees

Israel's discriminatory rejection of Palestinian refugees' rights imposes on them a life of perpetual limbo and humanitarian crisis. In Lebanon, many of the approximately 270,000 resident Palestinian refugees languish in unhealthy and unsanitary refugee camps. They face high levels of unemployment, poverty, dependency on international aid, and manifold challenges to their physical and mental health, including the chronically under-resourced semi-permanent system of healthcare available to them.(5) This situation has been deeply exacerbated by Lebanon's economic crisis since 2019.

The Lebanese government's discriminatory laws and practices, including restrictions on Palestinians' right to work, cause social marginalisation and violate fundamental rights including to health, shelter, food, and water. Fundamentally, however, those rights cannot be realised in a context of permanent displacement which cuts them off from their compatriots, unable to contribute to the collective development of sustainable healthcare institutions.

2.2 The occupied Palestinian territory

In the West Bank, Israel upholds its settlement project through a discriminatory and restrictive planning regime that privileges illegal settlement construction while preventing Palestinians from building homes and essential infrastructure, particularly in the approximately 60% of land under full Israeli military and civil control, designated “Area C”. As a result, there are no permanent health centres serving the approximately 300,000 Palestinians in Area C, and the network of 593 movement obstacles including checkpoints, restricted roads and other barriers frustrate access to healthcare services.(6) By contrast, Israel subsidises and invests in the development of settlement healthcare, education and transport infrastructure, ensuring unimpeded access to healthcare for the approximately 400,000 settlers in the West Bank.

Israel’s discriminatory practices, including its planning regime and frequent demolition of Palestinian infrastructure, also systematically deny Palestinians in these areas equitable access to key underlying determinants of health including shelter, water, sanitation and food security, while it guarantees these to the settler population.(7)

In East Jerusalem, in addition to a discriminatory planning regime and demolitions, Israel has systematically neglected Palestinian communities and healthcare institutions, denying them equitable access to essential services and social determinants of health, including education, welfare, transportation, water and sewage infrastructure.(8)

Israel’s illegal closure and blockade of Gaza has cut the population off from the West Bank and East Jerusalem through a policy of separation, further fragmenting Palestinian society and institutions. This has severely limited the movement of people and goods in and out of Gaza, resulting in economic collapse and a man-made humanitarian crisis characterised by high rates of poverty, unemployment, and food insecurity. These restrictions have drastically undermined enjoyment of social determinants of health and prevented Gaza’s healthcare system from developing in line with the population’s needs. Restricted access to professional development opportunities for healthcare staff and shortages of medical equipment are huge challenge in the context of COVID-19 pandemic response.(9)

Pervasive violence from Israeli forces, including systematic use of excessive force against protesters and frequent assaults on healthcare personnel and infrastructure, presents a direct threat to Palestinians’ physical and mental health across the oPt. Repeated attacks are fuelled by Israel’s consistent failure to conduct genuine investigations into potential serious violations of international law or hold wrongdoers to account, and have accelerated the degradation of the Palestinian healthcare system and its ability to provide adequate care to the population.

3. Health inequalities

Inevitably, these discriminatory and fragmentary policies have led to divergent health outcomes for Palestinians and Israelis. The data below illustrate the entrenched health and healthcare inequalities which exist – and are growing – between Israeli citizens (including settlers in the West Bank), and Palestinians in the oPt:(10)

- There are 1.3 beds per 1,000 people in the oPt, compared to 2.9 per 1,000 people in Israel.
- There are 1.1 doctors and 1.7 nurses per 1,000 people in the oPt, compared to 2.4 and 5.0 respectively in Israel.
- Life expectancy at birth in the oPt is 74 years, compared to almost 83 years for Israelis.
- The maternal mortality rate per 100,000 live births is nine times higher in the oPt (27.0) than in Israel (3.0).
- The neonatal mortality rate (deaths in first 28 days of life) is 10.7 per 1,000 live births in the oPt, compared to 1.9 in Israel.

- The under-five mortality rate per 1,000 live births is five times higher in the oPt (19.4) than in Israel (3.7).
- In Gaza, five-year survival rates for breast cancer (65.1%) and colon cancer (50.2%) are significantly lower than in Israel (88.0% and 71.7% respectively).

4. Conclusion and recommendations

Whether living under Israel's prolonged occupation or enforced exile in Lebanon, Palestinians in all areas where MAP operates endure perpetual humanitarian crisis and the denial of their rights to health and dignity. The root causes of this dire situation are policies and practices that systematically discriminate against Palestinians, and entrench the fragmentation of Palestinian society and institutions including healthcare. This situation is fuelled by the near-total impunity Israel enjoys for violations of international law. Of 551 recommendations made to it by UN bodies and mechanisms from 2009 to 2017, Israel has "fully implemented" just 0.4%.⁽¹¹⁾

Considering the above, we call on Member States of the Human Rights Council to take the following actions:⁽¹²⁾

1. Demand Israel abide by its obligations under international humanitarian and human rights law, and end discriminatory policies and practices that prevent Palestinians from enjoying equal rights to health and dignity and fragment Palestinian society and institutions such as healthcare, including:
 - Settlement expansion and the associated matrix of policies that impede the free movement of patients and healthcare workers;
 - The closure and blockade of Gaza and associated restrictions on the freedom of movement of goods and people;
 - The separation wall and its associated regime in the West Bank; and
 - Discriminatory laws which prevent the enjoyment by Palestinian refugees of their inalienable rights.
2. Urge Israel to implement the recommendations of relevant international human rights bodies.
3. Support Palestinians' recourse to international forums and mechanisms to pursue international action to uphold their rights to health and dignity, including the UN Human Rights Council, the UN Security Council, and the International Criminal Court.
4. While continuing humanitarian assistance to address immediate needs, place the principles of sustainable development and self-determination at the heart of development and aid policies.

(1) Amnesty International (2022) <https://www.amnesty.org/en/latest/news/2022/02/israels-apartheid-against-palestinians-a-cruel-system-of-domination-and-a-crime-against-humanity/>; Human Rights

Watch (2021) <https://www.hrw.org/report/2021/04/27/threshold-crossed/israeli-authorities-and-crimes-apartheid-and-persecution>; B'Tselem (2021)

https://www.btselem.org/publications/fulltext/202101_this_is_apartheid; Al Haq, BADIL, PCHR, Al Mezan et al (2019) <https://www.alhaq.org/advocacy/16183.html>

(2) Fourth Geneva Convention (1949) Arts 55, 56, 59

(3) ICESCR (1966) Art. 12; ICERD (1965) Art. 5

(4) MAP (2021) <https://www.map.org.uk/downloads/reports/map-health-inequalities-paper-final.pdf>

(5) MAP (2018) <https://www.map.org.uk/downloads/health-in-exile--barriers-to-the-health-and-dignity-of-palestinian-refugees-in-lebanon.pdf>

(6) MAP (2021) <https://www.map.org.uk/downloads/reports/map-health-inequalities-paper-final.pdf> p.8

- (7) Ibid. p.9
- (8) MAP, Al Haq & JLAC (2020) <https://www.map.org.uk/downloads/covid-19-and-the-systematic-neglect-of-palestinians-in-east-jerusalem.pdf>
- (9) MAP (2022) <https://www.map.org.uk/news/archive/post/1330-omicron-surge-threatens-to-overwhelm-gazaas-health-services>
- (10) MAP (2021) <https://www.map.org.uk/downloads/reports/map-health-inequalities-paper-final.pdf> p.17
- (11) UN High Commissioner for Human Rights (2017) A/HRC/35/19
- (12) Further recommendations, data and sources are available in: MAP (2021) “Systematic Discrimination and Fragmentation as Key Barriers to Palestinian Health And Healthcare”: <https://www.map.org.uk/downloads/reports/map-health-inequalities-paper-final.pdf>