World Health Organization

THE RIGHT TO HEALTH IN THE OCCUPIED PALESTINIAN TERRITORY:

WEST BANK AND EAST JERUSALEM

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World Health Organization

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Photo: Federico Busonero/WHO. A 7 months old patient suffering from intestinal occlusion is admitted in Hadassah hospital after a back-to-back transfer through Tunnel checkpoint.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Preamble to the Constitution of the World Health Organization

The right to health, short for the right to the highest attainable standard of health, is not only enshrined in many international conventions and ratified by nearly all the countries in the world, but it also underlines the work done by the World Health Organization (WHO). In 1997, former UN Secretary General, Kofi Anan, called for an effort to mainstream human rights into all programs of the different UN agencies. Since then, there has been an endeavor to apply a rights--based approach to all development work. This has meant a shift in the way development and humanitarian projects are conceptualized, from a needs-based approach, where development is measured, for example, in terms of how many sacks of grain are distributed or farm houses are built, to a rights-based approach, where the key is how to empower the rights of a population so they can secure food supplies in the future.

The Advocacy Unit for WHO West Bank and Gaza has applied a rights-based approach in its analysis of the health situation in the West Bank and East Jerusalem. The information presented here was obtained in the course of visits by a WHO consultant between 23 July and 18 August 2009 to areas of the West Bank and East Jerusalem that are particularly vulnerable in terms of health and human rights.

We believe that the information gathered and presented here reinforces the view expressed in the recent Lancet Series on Health in Palestine that "*conventional explanations of poor health need to move to grounds that are often ignored, including the consequences for health of social, economic, and political exclusion, and the lack of basic freedoms, disempowerment, fear, and distress.*"

(The Lancet, March 2009, Health in the occupied Palestinian territory, p. 24)

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Photo: Federico Busonero/WHO. Augusta Victoria Hospital, Paediatric Oncology Unit. The girl needs a permit to access treatment which is only available in Augusta Victoria hospital, in East Jerusalem.

1. BARTA'A ASH SHARQIYA ENCLAVE

Freedom of movement and discrimination
Emergency medical care
Lack of infrastructure
Quality of medical care

Area

5,600 residents, living between the Green Line, which separates Israel from the occupied Palestinian territory (oPt), and the Separation Barrier. Residents cannot cross the Green Line to enter Israel. Although Barta'a Ash Sharqiya is part of the West Bank, residents need to cross one of two checkpoints to access the West Bank. Around 400 people live in Barta'a Ash Sharqiya village. Around 5,000 people live in Barta'a enclave.

Physical Barriers

There are two checkpoints for accessing Barta'a Ash Sharqiya from the West Bank. This is the only way that Palestinians can enter the village (see map above). The first checkpoint is Reikhan. It is open from 0500 to 2100 hrs. A private security company searches people, goods and vehicles using metal detectors and other screening machines. This causes long delays and crossing the checkpoint can take one to two hours each way. Access permits are required for residents, visitors and cars. The second checkpoint is Tura. It is open between 0630 and 1100 hrs and between 1200 and 1930 hrs.
The Separation Barrier was completed in 2003, extending well beyond the Green Line, and closing the area between the Barrier and the Green Line. Almost half of the area is occupied by Israeli settlements. Residents and visitors are not allowed to cross the 'invisible' Green Line - except for a few residents who are granted a permit by Israeli authorities. Movement in and out of the West Bank is restricted by a complex permit system, and is limited to the two checkpoints mentioned above.
Around 500 people, including teachers, doctors, and other workers, cross Reikhan checkpoint every day between 0700 and 2200 hrs. All goods for Barta'a Ash Sharqiya village have to come from Jenin.
Patients need a permit to cross the two checkpoints and reach the hospital in Jenin for treatment. Residents are granted a two-year permit. Renewal can be denied by Israeli Authorities. Israeli police patrol the village regularly.

Access to Health

- Primary health clinic in Barta'a Ash Sharqiya village.

- One doctor and one midwife on duty four and five days a week respectively. No laboratory facilities.

- The Israeli Authorities operate a complex permit system for patients needing to access specialized treatment in Jenin. No medical assistance provided from the Israeli side.

- Pregnant women are usually obliged to leave the area one month before their delivery to avoid possible complications as there is no medical coverage.

- Emergency services are poor. The clinic is closed on Friday and Saturday and at night. Ambulances must travel from the West Bank (usually from Jenin) to the checkpoint but are not allowed to enter. The patient must reach the checkpoint by car or on foot. Permits are required for both the ambulance and the patient. Long delays are common for transferring the patient. Cases of patients dying whilst waiting to cross the checkpoint have been reported (MoH statistics).

- The clinic has a pharmaceutical type refrigerator for storage of vaccines. The temperature is regularly checked by the nurse. There is no back-up system in case of power failure and no regular maintenance of the refrigerator. Vaccine stock is supplied on a monthly basis by the doctor who transports them from Jenin via Tura checkpoint, in a box with ice packs, without monitoring the temperature during transportation.

- There are 1,140 UNRWA-registered refugees and the UNRWA mobile health team used to visit them twice a week, passing the Barta'a Reikhan checkpoint with prior coordination from the Israeli authorities. In September 2007 this arrangement broke down and the team has not entered since.

Photo: Federico Busonero/WHO. The doctor and midwife at Barta'a Ash Sharqiya primary health care clinic holding the various permits they need to access the village from the West Bank.

2. SALFIT

Freedom of movement and discrimination
Environmental emergency
Lack of safe drinking water

Area

80,000 residents. The territory of Salfit has been fragmented by the illegal construction and expansion of the Israeli settlement of Ariel where around 17,000 settlers live today. Daily life has been disrupted, including access to health, education, and land.

Physical Barriers

A complex system of six gates, road blocks, and the Separation Barrier restrict movement. Salfit Governorate has been split into three parts since Ariel was built. Ariel was built around 1982 and today is home to about 17,000 Israeli settlers. 1000 dunum behind Ariel are cultivated by Palestinian farmers. Farmers require a permit to access the land. Israel only grants these seasonally between the hours of 0800 to 2000.
The main road connecting Salfit to Deir Istya and other villages on the northern side was closed by Israelis in 2000. Visitors and residents are obliged to make long tours around Ariel and Tappuah checkpoint. From Salfit it takes up to one hour to reach Deir Istiya (previously, the average time was ten minutes). There is no direct access between northern and southern sides of the district.

Access to Health

- Level III clinic and one hospital located in Salfit. Emergencies are usually referred to Ramallah or Nablus. There is no intensive care unit in Salfit.

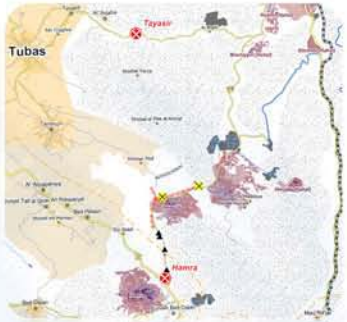
- 15 level I clinics provide primary health care in the area around Salfit. Supply of medications and vaccines, movement of medical staff, and emergency services are severely disrupted. Traveling from the clinics to Salfit takes up to one hour.

Environmental Issue

Although Salfit is one of the richest areas in the West Bank in springs and deep aquifers, only 40% of the potable water supply to Salfit comes from a natural spring south of the town. The remaining 60% has to be purchased from the Israeli Water Agency, which controls most of the water reserves.
The spring, used and controlled by the Salfit municipality, is allegedly polluted by sewage flowing from Ariel through fruit and olive orchards, a few meters away from the spring and the water pump. The spring is also said to be polluted by the unregulated discharge of chemical waste from Barqan industrial area. Salfit municipality has constructed a wall to prevent the overflow of sewage during the rainy season, but this has not resolved the problem.
A treatment plant project proposed by the local Palestinian City Council and funded by the German Development Agency was rejected by the Israelis.

Photo: Federico Busonero/WHO. The road Salfit - Der Istiya is blocked since 2000.

3. AL HADIDIYA (JORDAN VALLEY) TUBAS



Freedom of movement and discrimination
Emergency medical care
Social exclusion
Access to health, education and other services is limited
Lack of safe drinking water

Area

Al Hadidiya is a community of around 180 shepherds, situated between the desert to the east and the Israeli settlements of Roi and Bekalot to the west, along road 578. There are 70,000 residents in the district of Tubas.

Physical Barriers

A road gate, trenches, and earth mounds prevent movement between Al Hadidiya and Khirbet Atuf village and Tammun. The road gate is opened by IDF (Israeli Defense Force) three times a week (Sunday, Tuesday and Thursday from 0800/0830 to 1500/1530). The area has been declared a military zone. Visitors from the rest of the oPt are not allowed entry. Residents are obliged to make a two to three hour detour to reach Tubas, passing through Hamra and Tayasir checkpoints.

Photo: Federico Busonero/WHO. Israeli greenhouses located a short distance from Al Hadidiya.

Access to Health

- There are no health facilities nor mobile clinics. Level I clinic in Tammun.

- Pregnant women leave the community one month earlier than their expected delivery date and relocate to Tammun. Children must go to Tammun or Tubas for scheduled vaccinations. Due to distance, lack of transportation, and severe restrictions on movement, compliance with these schedules is difficult.

- There is a severe lack of care for medical emergencies because of the shortage of ambulances in Tubas and Jiftlik and the long distance to health facilities. For the transportation of patients, residents rely almost exclusively on their tractors since the cost of hiring a private car is beyond their means. Cases of patients who have died in Hadidiya due to medical emergencies and lack of transportation have been reported (MoH statistics).

- Access to water is a problem: the nearest filling station is 30 km away. Water is carried in tanks by tractors and, transported in this way, may not be safe to drink. A water pump station close to the Al Hadidiya only supplies the settlements.

- No electricity.

- There are only two Palestinian Red Crescent ambulances and a few private ambulances for the whole of Tubas District (70,000 residents). From 1500 to 0700, only one ambulance is on call for emergencies. Priority is given to emergencies near Tubas; ambulances rarely reach remote locations such as Al Hadidiya.

Photo: Federico Busonero/WHO. Only a few drops of water are available for Abu Saqer and the people in his camp. He must buy water at a filling station 30 km away and carry it in a tank to the camp by tractor. It is doubtful that water transported in this way is safe to drink.

Photo: Federico Busonero/WHO. Al Hadidiya.

4. QALQILIYA AND AZZUN ATMA

Social exclusion
Emergency medical care
Freedom of movement and discrimination
Access to water

Area

Qalqiliya has 2,000 residents. The area is surrounded by seven Israeli settlements, the Barrier, and the Green Line. This situation has disrupted the life of residents: families, transportation, and access to land and basic services, including health and education, have been cut off. Azzun Atma village is completely encircled and residents are obliged to pass trough a checkpoint to enter and exit the village.

Physical Barriers

- Azzun Atma checkpoint is open from 0600 to 2200 hrs. Permits for residents and visitors are required. Residents are registered at the checkpoint.
- The director of the Health District of Qalqiliya, which has jurisdiction over Azzun Atma, is not allowed to cross the checkpoint.

Photo: Federico Busonero/WHO. Azzun Atma checkpoint

Access to Health

- Level II clinic delivers primary health care, pediatric and gynecological services. These services are provided by Merlin NGO.

- One doctor is on duty twice a week (Sunday and Wednesday), doctors from Merlin once a week (Monday), and one nurse five days a week.

- Emergency medical treatment is poor. The clinic is closed on Friday and Saturday and at night. Ambulances must travel from Qalqiliya to the checkpoint but are not allowed to enter. Patients must contact the city council to arrange the ambulance service and must reach the checkpoint by car or on foot. Long delays are common for transferring patients. Cases of patients dying whilst waiting to cross the checkpoint have been reported (MoH statistics).

- Pregnant women are usually obliged to leave the area one month before delivery to avoid possible complications as there is no medical coverage.

- The stock of medications and vaccines lasts two weeks. Conditions for storage are suboptimal.

- The Barrier has closed off many wells and restricts access to water.

Photo: Federico Busonero/WHO. Premature baby. The main causes of infant death are prematurity and low birthweight, and congenital malformations." (The Lancet – Health in the Occupied Palestinian Territory, March, 2009) In the oPt, the infant mortality rate is 25 per 1000 births (source: Ministry of Health) - five times higher than in developed countries.

5. RAMALLAH AND BEITIN

Freedom of movement and discrimination
Access to health services

Area

The settlements of Bet El to the west and Ofra to the east have isolated Beitin and its surrounding area from Ramallah. To access Beitin, ambulances, trucks, and cars must travel all the way north around Bet El. The road connecting Beitin to Ramallah is blocked with earth mounds and rocks.
During the course of research for this report, an ambulance was dispatched by the Palestinian Red Crescent Society. It left Ramallah Palestinian Red Crescent Society headquarters at 1100 and was followed by the WHO car. It arrived in Beitin forty minutes later via a steep and narrow road with heavy traffic after passing through the villages of Dura Al Qara and Ein Yabrud.

Access to Health

There is a lack of support for medical emergencies in Beitin as well as problems in referring chronic patients to Ramallah hospital. It can take more than one hour to complete the trip from Beitin to Ramallah, instead of the ten minutes it took before the settlements of Bet El and Ofra were built.

Photo: Federico Busonero/WHO. Ambulance at the roadblock at the entrance to Beitin.

Photo: Federico Busonero/WHO. Roadblock. In the background the road for Beit El settlers' use only.

6. KHALLET AN NU' MAN EAST JERUSALEM AREA

Severe restrictions on movement and access to services, including health care
Discrimination
Social exclusion

Area

Nu'man village, with 172 residents, is situated a few kilometers away from Jerusalem. It was unilaterally annexed into the Jerusalem Municipality in 1967. The majority of residents were given West Bank IDs and are not, therefore, permitted to travel to Jerusalem. Some residents received Jerusalem IDs, and are allowed to drive cars with Israeli number plates. They are not allowed to transport any West Bank ID holders. All residents are registered at the checkpoint for entering Nu'man. Although located in Jerusalem, the municipality refuses to provide essential services, including health services, to the residents.

Physical Barriers

Mazmuriyya checkpoint: both visitors and residents need a permit to enter and exit Nu'man. At the entrance they must pass through metal detectors. Goods are inspected. The road, the checkpoint and the Barrier (completed in 2004) have separated Nu'man from Al Khas. Residents from Al Khas (situated in the West Bank) cannot visit their relatives and friends in Nu'man. Access to land and services has been disrupted.

Photo: Federico Busonero/WHO. The road and the checkpoint photographed from Al Khas.

Photo: Federico Busonero/WHO. The entrance to Nu'man (left of photo) approaching the checkpoint from the West Bank and Al Khas. Police barriers oblige drivers to enter the checkpoint first and then to go through it again backwards in order to enter the road. The sign "Nu'man" has been replaced with the Hebrew name "Mizmorly". The photograph shows the complexity of the barrier system. The road to Mizmorly/Nu'man runs parallel to the electric fence which divides the West Bank from Jerusalem. On the left, behind the road sign, there is a guarded container-like room where, Nu'man residents report, residents and visitors entering and exiting the road have to pass through metal detectors. Ambulances must stop here to pick up patients coming from Nu'man. Patients are inspected and must have authorization for hospital referrals.

Access to Health

- There are no clinics in Nu'man. UNRWA dispatches a mobile clinic on a monthly basis although clearance to enter the village is often denied.

- One orthopedist, living in Nu'man, holds a work permit for Al Maqassad hospital in East Jerusalem. He is not allowed to transport Nu'man residents to hospitals in East Jerusalem. His permit only allows him to enter and exit Jerusalem through Gilo checkpoint. It can take up to one hour for him to reach the hospital where he works.

- Before 2004, a doctor was allowed to visit patients in Nu'man once a week. Due to alleged IDF harassment at Mazmuriyya checkpoint, he refused to continue this service.

- The closest hospital is located in Beit Jalla 20 minutes away.

- Ambulances are not allowed to enter Nu'man. Residents reach the checkpoint on foot or by car if available in order to be transferred from the checkpoint to medical services.

"Silent transfer"

The severe restrictions on entering and exiting Nu'man, both for residents and visitors, isolate residents from the external world. Residents who wish to marry a person from another place are obliged to leave the village. No building permits are issued. The last birth occurred three years ago.

Photo: Federico Busonero/WHO. Elderly Palestinian woman. The woman underwent surgery in Nablus. From her home she can see the house where her daughters live in Al Khas, on the other side of the checkpoint. Her daughters are not allowed to enter Khallet an Nu'man and visit her, and she is too old to travel there.

7. EAST JERUSALEM HOSPITALS (EJH)

Freedom of movement
Emergency medical care
Transportation
Access to health services

Ambulance Access

Ambulances carrying patients from the West Bank are not allowed to enter East Jerusalem. A complex policy set up by the Israeli authorities authorizes five ambulances of the Palestinian Red Crescent Society (PRCS) based in East Jerusalem to meet PRCS ambulances coming from the West Bank at the checkpoints. Patients are transferred from one ambulance to the other (back-to-back procedure). The entire process, involving authorization for each case, the timing and coordination of the two ambulances, and the final authorization at the checkpoint, usually takes a minimum of 40 minutes, not including the time needed for the ambulance to travel from the point of origin, the back-to back transfer, and the transport to an EJH. On August 17, the case of a seven-month old baby from Beit Sahur suffering from intestinal occlusion was documented. It took 2 hours and 20 minutes from the time the PRCS was alerted to the case to the moment the patient was admitted to hospital. The usual travel time from Beit Sahur to East Jerusalem is around 15 minutes.

Photo: Federico Busonero/WHO. Back to back transfer, Tunnel checkpoint.

Access of Patients and Staff

Access to EJH for Palestinians living in the West Bank is increasingly difficult and stressful. A complex permit system set up by Israeli Authorities for medical staff and patients alike causes significant delays, adversely affects hospital staffing and activities, jeopardizes access to specialized health care not available in the West Bank and Gaza Strip, and disrupts the regular administration of vital treatment protocols, including chemotherapy and dialysis. Permits for patients who need lengthy treatments and for accompanying relatives are sometimes rejected or granted for one day only. The permit policy discriminates against Palestinians' right to access health care and constitutes a breach of human rights.

Photo: Federico Busonero/WHO. The girl needs a permit to access chemotherapy treatment which is only available in this hospital. The father is prohibited to enter Jerusalem to accompany her because he is a resident in Abu Dis, situated on the other side of the Barrier, only a few kilometers away from the hospital. The mother was born on the west side of the Barrier, in Jerusalem, thus, she is allowed to access the hospital. However, she will soon lose her permit status since she now lives with her husband in Abu Dis. For this reason, treatment for the daughter is at risk of being discontinued.

Photo: Federico Busonero/WHO. The girl and her parents in Abu Dis. The father is a truck driver. He is showing the residency permit in Abu Dis which prevents him from entering East Jerusa-

Photo: Federico Busonero/WHO. A nurse in the nephrodialysis unit of August Victoria hospital showing his permits

Photo: Federico Busonero/WHO. Young boy from Jenin diagnosed with Dent's disease and his one day permit.

8. SOUTH HEBRON

Poor quality of healthcare services
Freedom of movement
Emergency medical care
Transportation
Social exclusion
Poor living conditions

Area

Villages visited: Um Al Kher–Al Faqir, Um Ad Daraj Az Zuweidin, Hathaleen, Dkaika, Isfey Al Foqa, Jinba, Beit Yatir, At Tuwani.
The area south of Yatta is an enclave surrounded by the settlements of Karmel, Ma'on and Susaya on the northern side, Mezadot Yehuda and Beit Yatir on the western side, and by the Israeli border to the south. The arid territory is mainly inhabited by isolated communities of Bedouin and Fellahin shepherds. Living conditions in Al Faqir, Isfey al Foqa, Dkaika, Beit Yatir and Jinba are particularly poor.

Physical Barrier

Beit Yatir checkpoint: resident and visitor permits are required.
Roads and tracks connecting the communities southwest of Hathaleen are frequently closed by the IDF with trenches and earth mounds. The area is barely accessible. Movement and access to health and other services are severely jeopardized, in particular around Tuwani.

Photo: Federico Busonero/WHO. The Bedouin camp is located between the Israeli Karmel settlement and a chicken farm which belongs to the settlement. The camp has neither electricity, nor water nor transportation. Primary health care is available once a week at the level I clinic in the village of Az Zuweidin, a few kilometers away. Quality of care is poor. Emergency medical service is not available.

Photo: Federico Busonero/WHO. The road connects Isfey Foqa and other communities to At Tuwani and, from there, to Yatta. Roads like this one are blocked and destroyed by the Israeli Defense Force to prevent movement. Communities are cut off from all services and live in social isolation.

Access to Health

• Level I clinics are located in Zuweidin and Hathaleen. One doctor is available once a week. The quality of healthcare is poor. The refrigerator (provided by UNICEF) for vaccine storage is either out of order or is not used. Vaccines are transported from Hebron or Yatta in domestic cool boxes.

• Level I clinic in Tuwani, currently managed by the Palestinian Medical Relief Society (PMRS), opens every second Wednesday for two to three hours. Residents complain about the limited opening hours, the cost (3 ILS for a consultation, and 500 ILS for an ambulance), and the quality of service.

• No health care and emergency services are available for the communities living south of Tuwani. People travel either by tractor or on foot to reach the nearest hospital in Yatta. Pregnant women leave the community one month earlier than the expected delivery date and relocate to Yatta. Same situation as in Hadidiya for vaccinations.

Photo: Federico Busonero/WHO. Dkaika, near the Israeli border, south of Al Hathaleen. The construction is a toilet with no roof. Permit for the roof was not given by the IDF for security reasons.

Photo: Federico Busonero/WHO. No trespassing firing zones signs in the desert around Jinba.

Photo: Federico Busonero/WHO. A fellahin family living in a cave in Isfey Foqa area. The nearest health facility is in At Tuwani and closed most of the time. The journey is risky and long. Medical services and emergencies in the entire area are very critical.

Photo: Federico Busonero/WHO. Members of a Palestinian family holding their permits and, in the background, Beit Yatir checkpoint.

Photo: Federico Busonero/WHO. Beit Yatir checkpoint.

THE RIGHT TO HEALTH AND THE WORLD HEALTH ORGANIZATION

The right to health is short for the right to the highest attainable standard of physical and mental health. It refers to a set of norms and standards that lay out the obligations states and third parties hold towards citizens in assuring that the highest attainable standard of health is protected, fulfilled, and respected. Furthermore, it is used as an analytical framework to analyze specific contexts, and as a programming tool.

Stating that health is a human right means that having access to health facilities is not just a concession that is granted to somebody, but is the intrinsic right of all people, and this must be respected by all duty-bearers. Like other human rights, the right to health includes freedoms, such as the right to be free from discrimination, and entitlements, such as the right to essential primary health care.

The right to health does not simply mean that individuals have the right to be healthy. It also refers to a group of entitlements that include the social determinants of health, such as access to safe drinking water, good living conditions and education. The right to health is enshrined in numerous international treaties, such as the Universal Declaration of Human Rights (1948 – Art. 25) and the International Covenant on Economic Social and Cultural Rights (1966 – Art. 12). In 2000 the Commission on Economic Social and Cultural Rights published General Comment 14 which has the basic function of operationalizing the right to health.

General Comment 14 states that the right to health is composed of four key interdependent elements:

1. Availability: meaning that health facilities, goods and services must be available in sufficient quantity.

2. Accessibility: health facilities, goods, and services must be accessible, not only physically, but they must also be free from discriminatory distribution and economic barriers.

3. Acceptability: health facilities, goods and services must be respectful of local cultures and be gender sensitive.

The right to health identifies "duty-bearers" and "rights-holders" with a vision for strengthening the capacity of the duty-bearers (for example states) to further the fulfillment of the right to health in their country, and of right--holders (for example the most vulnerable in society) to claim and be able to secure such a right.

In the implementation of and respect for the right to health, an important concept is that of progressive realization. This term refers to the fact that although not all countries have the same capacities or the same level of health care, all duty-bearers still have an obligation to ensure that, within their very specific development processes, they work to further the right to health. The term progressive realization indicates that there is a clear difference between the incapacity and the unwillingness of a state to comply with its obligations under Human Rights Law. Nonetheless, the right to health also demands some obligations of immediate effect, such as non-discrimination.

The right to health is very relevant for the work of the WHO. The right to health is enshrined in various documents that are binding for the WHO, beginning with the WHO constitution (1946) – Art. 1 – to the Alma Ata Declaration (1978), the World Health Declaration of 1998 on "Health for all in the Twenty--first Century" and the 11th Global Agenda for the General Program of Work of the WHO for 2006-2015, where, out of the seven priority areas identified, one includes health and human rights. Therefore, work on the right to health is deeply embedded in the mandate of the WHO, and is very relevant for its work around the world.

WHO's mission is to ameliorate the health of people and strengthen the capacity of states and governments to provide good quality and modern health care through a well functioning health system. It is widely acknowledged today, especially within the UN system, that a human rights approach to development is the most effective way to implement developmental goals. Therefore, the right to health should be seen both as a general objective and as a central tool in the programming and implementation of WHO´s activities all over the world.

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