

LAWYERS FOR PALESTINIAN
HUMAN RIGHTS



Lawyers for Palestinian Human Rights' briefing on infant mortality rate rise in Gaza and the context of illegal closure

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About Lawyers for Palestinian Human Rights (LPHR)

LPHR is a lawyer-based charity in the UK that works on projects to protect and promote Palestinian human rights. We distinctly provide a legal and human rights perspective on issues affecting Palestinians. Our trustees include leading human rights lawyers, Sir Geoffrey Bindman QC and Tessa Gregory.

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1. A striking [research article](#) published by the United Nations Refugee & Works Agency (UNRWA) in August 2015 shows an increase in infant mortality rates among Palestinian refugee new-borns in Gaza for the first time in five decades. While infant mortality had declined to 20.2 per 1,000 live births in 2008, the following five years saw an increase to a rate of 22.4 per 1,000 live births in 2013. A substantial increase was also seen in the rate of neonatal mortality, meaning the number of babies that die before the age of four weeks. While the figure was 12 per 1,000 live births in 2008, it reached 20.3 per 1,000 in 2013.
2. It is highly unusual to see a reverse of this nature following progress in decreasing infant mortality. Dr. Akihiro Seita, Director of the UNRWA health programme, noted in a [press release](#): “*This seems to be the first time we have seen an increase like this*”, noting that the only comparable examples stemmed from “some African countries which experienced HIV epidemics.”
3. This naturally poses a series of questions about the background to such an unprecedented and worrying trend. When identifying the prevailing context of Gaza from 2008 to 2013, it becomes acutely apparent that the findings of the research article intersects with significant legal and human rights issues, including: prohibited collective punishment, the right to health, the right to life, and children’s rights.

Israel’s illegal closure regime and repeated large-scale military offensives

4. The introduction of UNRWA’s research article deliberately references the damaging impact on Gaza’s health sector of the illegal closure imposed by Israel on Gaza, and recurrent large-scale military offensives:

“In particular, the socioeconomic condition in the Gaza Strip has deteriorated dramatically following imposition of a blockade by the Israeli government in 2007. The blockade has impacted the health sector in Gaza, as hospitals continue to lack adequate physical infrastructure, drugs and supplies. In addition, armed conflicts during June 2006, December 2008 to January 2009, November 2012 and July and August 2014 have contributed to a health and healthcare environment that may have affected pregnancy outcomes and the health care provided to infants.”

5. The findings of this research article provides grave evidence of the real life impact of Israel’s unilaterally imposed and enforced illegal closure of Gaza. The International Committee of the Red Cross, among other, has described Israel’s closure of Gaza as constituting collective punishment, prohibited under international humanitarian law.
6. As the UNRWA research article notes, the closure that has been imposed by the Israeli government since 2007 has had a seriously detrimental impact on the health sector in Gaza, meaning hospitals are lacking in physical infrastructure, drugs and supplies.



Healthcare shortages of particular relevance to infant mortality highlighted include a lack of incubators, inadequate practices on infection prevention, insufficient support for breastfeeding and a shortage of life saving drugs.

7. The closure has also contributed to problems rebuilding and maintaining health facilities that were destroyed or damaged during the Israeli military offensive last summer – such as al Wafa hospital – as a result of severe restrictions on the building facilities that can enter the Gaza Strip. (For more information on the destruction and damage caused to Gaza’s health facilities please see LPHR’s recent report – with Al Mezan Center for Human Rights and Medical Aid for Palestinians – entitled ‘No More Impunity: Gaza’s Health Sector Under Attack’.

The adverse impact of the closure regime on children

8. With 80% of Gaza’s population in receipt of some kind of aid, primarily consisting of food assistance, the closure of Gaza has been described by Save the Children as “*the single biggest contributor to endemic and long-lasting household poverty in Gaza.*” This has a series of detrimental impacts on both children, with long-term exposure to chronic malnutrition found among 10% of children under five, and on pregnant women. As well as affecting 68.1% of children ages 9 – 12 months, anaemia is a problem for 36.8% of pregnant women, and has adverse impacts on child development if untreated.
9. Additionally, preventable diseases such as diarrhoea and typhoid fever are on the increase in Gaza. The United Nations reported that water and sanitation infrastructure suffered almost \$6 million worth of damage during Israel’s military bombardment of Gaza in December 2008 to January 2009. Last summer’s Israeli military offensive on Gaza left more than 20 – 30 % of households unable to access municipal water.
10. In addition to the lack of clean drinking water, crops also become contaminated by sewage. As long as these attacks on infrastructure are allowed to take place, and repairs are prevented by the closure, Israel cannot be said to be meeting its international human rights obligations - under Article 12, International Covenant on Economic, Cultural and Social Rights - to improve all aspects of environmental hygiene and to prevent and control disease.
11. As the occupying state, Israel has a general responsibility under international conventions, for the safety, welfare and human rights protection of civilians living in the occupied Palestinian territory. Specifically, as a party to the UN Convention on the Rights of the Child, Israel is required not only to recognise a child’s inherent right to life but also to ensure, to the maximum extent possible, the survival and development of the child. This means it must take appropriate steps measures to diminish infant and child mortality, ensure provision of necessary medical assistance and health care to all children, combat disease and malnutrition, and ensure appropriate pre- and post-natal health care for mothers. Similarly, Israel has an obligation under the International



Convention on Economic, Cultural and Social Rights to take such steps as are necessary for the reduction of infant mortality and the healthy development of the child.

12. Furthermore, as the occupying power, Israel has an obligation (with limited exceptions) to allow for a free flow of consignments of medical and hospital stores under Article 23 of the Fourth Geneva Convention. It is also a requirement that persons living under occupation shall, if their state of health so requires, receive medical attention and hospital treatment to the same extent as the nationals of the State concerned, and that children under fifteen years, pregnant women and mothers of children under seven years shall benefit by any preferential treatment to the same extent as the nationals of the State concerned.
13. Far from ensuring that provision for Palestinians is equivalent to that available to Israelis, there are huge disparities in both healthcare provision, with per capita expenditure in the occupied Palestinian territory around one eighth of the expenditure for Israelis, and outcomes, as the average life expectancy of a Palestinian under occupation is 10 years lower than that of an Israeli. This is reflected in the corresponding disparity in infant mortality rates, which stand at just 3.5 per 1000 live births in Israel compared to 15.8 per 1000 across the OPT, with the statistics in Gaza even more dramatic. As Dr Seita notes in the UNRWA press release, infant mortality is one of the best indicators for a health of a community, meaning the concerning statistics are not only an effect, but also an indicator, of a more general decline in the Gazan population's wellbeing.

The indefinite closure of Gaza must end now

14. As the world rightly recoils in horror from the image of a refugee child perished on a beach, determined to avoid more such preventable tragedies, we should not forget the equally avoidable deaths of children in Gaza. The striking finding that the infant mortality rate in Gaza has increased for the first time in five decade underscores the need to change the status quo in accordance with requirements of international humanitarian and human rights law. Only an immediate end to the indefinite illegal closure imposed on Gaza can enable the rebuilding of infrastructure and improvements in healthcare and nutrition that are needed to ensure infant mortality rates moves, once again, in the right direction.

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