



General Assembly

Distr.: General
15 February 2021

Original: English

Human Rights Council

Forty-sixth session

22 February–19 March 2021

Agenda item 2

**Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of the
High Commissioner and the Secretary-General**

Written statement* submitted by Women's Centre for Legal Aid and Counseling, 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.

[01 February 2021]

* Issued as received, in the language(s) of submission only.



Accountability of the Israeli Occupying Authorities in Covid-19: A gender-based perspective

Since the beginning of the outbreak of the pandemic, the Israeli Occupying Authorities (IOA) have not taken into account the gender-based needs or rights of Palestinians living under national lockdown. The gendered impact of Israel systematic violations include restriction of movement, healthcare access, and house demolition. This systematically hinders Palestinians' access to hospitals and healthcare services, and blocks medical equipment from reaching clinics including COVID-19 testing kits.

In line with the demographic policies, Israel continues to demolish Palestinian infrastructure, including medical infrastructure, for example in Hebron the IOA demolished a building intended to serve as a hospital specialized in COVID-19.¹ Furthermore, the demolition of Palestinian residential structures in Area C and East Jerusalem (EJ) has left hundreds of Palestinians homeless, while suffering from the vigorous financial and psychological impacts of demolition. The latter particularly relates, among other things, to the burdens house demolition forces upon Palestinian women.

This cycle of international law violations sets out a clear indication of the continuous impunity and lack of accountability of the IOA. In this submission, Women's Centre for Legal Aid and Counseling (WCLAC) calls on the Council to condemn Israel's negligence to its legal obligation, specifically during a global pandemic.

Access to healthcare: Israel's neglect of responsibilities as an occupying power

As an occupying power, Israel has a clear legal obligation under Article (55) (Fourth Geneva Convention (GC)) to ensure that necessary care or treatment for civilians living under occupation shall not be withheld. Article (56) affirms the duty of the occupying power to ensure adequate food and medical supply for the occupied population, and to maintain medical services, public health and hygiene, particularly during a pandemic. The occupying power also has an obligation under Article (59) to allow and facilitate relief and aid to the territory.

Discrimination against East Jerusalemites in accessing the right to health

The gendered impact of the pandemic directly affects women's access to healthcare, particularly women with West Bank (WB) identity documents married to Jerusalemites and residing in Jerusalem. Access to medical care to these women is restricted due to the national lockdown. They are also ineligible for treatment in Jerusalem, leaving them deprived of the necessary medical care.²

Israeli discriminatory policies in East Jerusalem (EJ) have created stark inequalities between the populations of East and West Jerusalem. This includes underlying determinants of health, and a population density that is twice as high in Palestinian neighborhoods than in Israeli ones.³ On top of this, the IOA has been systematically deprioritizing and discriminating against residents of EJ in combating COVID-19.

¹ A/75/532.

² WCLAC, *The Culture of Impunity: Israel's Ongoing Violations against Palestinian Women during COVID-19*. Submission to Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, May 2020.

³ Al-Haq, JLAC, MAP: "COVID-19 and the systematic neglect of Palestinians in East Jerusalem", July 2020.

Increased Vulnerability of Women in Gaza Strip (GS)

During 2020, WCLAC documented 21 testimonies of women suffering from cancer and chronic diseases are denied access to healthcare in WB and Jerusalem hospitals as part of the IOA's response to Covid-19. The IOA has almost stopped issuing permits for cancer patients who were already receiving medical treatment in Jerusalem and Israel. In March 2020, 44 patient applications (33male; 11 female), were denied permits to cross Erez checkpoint to reach healthcare.⁴

This ban on the movement of Palestinian patients from Gaza has left them in a constant state of fear, especially those waiting on their scheduled treatment. In addition, the IOA have not been taking the needed precaution measures against the spread of Covid-19 for patients admitted to Israeli hospitals, except for measuring body temperatures only upon entry and discharge.

E. B. expressed her constant worry about her health situation as a breast cancer patient. She explained that “[h]ere in the [GS], no one reassures us, and Israel refuses to issue entry permits, and there is a ban on movement to anywhere outside Gaza, in addition to this Israel will not provide us with first aid or guarantees of safe passage to take our treatment outside Gaza and return to our homes.”⁵

Before COVID-19 pandemic, Gaza's hospitals lacked vital lifesaving equipment such as ventilators. The Committee on the Elimination of Discrimination against Women (CEDAW) has attributed Gaza's inadequate health sector to the blockade imposed by Israel and Egypt: “[the blockade] undermine[s] the functioning of the health-care system, thereby affecting the health and endangering the lives of 1.8 million Palestinian women and men in Gaza”.⁶

House Demolitions in the WB and EJ

In Area C and EJ, building permits are almost impossible to obtain. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), less than 1% of Area C is permitted for Palestinians to build upon, and only 15% of EJ, yet Israel continues to punish Palestinians residing in these areas by demolishing their houses under the pretext of lacking building permits, which is a grave breach to international humanitarian law (IHL).

Despite the Israeli Authorities declaring their intent of suspending demolition of inhabited structures during COVID-19 period⁷, 2020 marked the second highest year of house demolition since 2009.⁸ In total, 946 Palestinians had been displaced by the end of November, including 488 children.⁹ During the months of March and May only, 129 Palestinian structures were demolished or seized, including agricultural and sanitary structures, thus threatening the health of Palestinians and deepening the impact of economic hardships.¹⁰

WCLAC believes in the disproportionate impact house demolition has on girls and women, and with the global pandemic there is an added threat of violence against them. Since many

⁴ World Health Organization, monthly report March 2020, available at: https://www.un.org/unispal/wpcontent/uploads/2020/04/WHOMARPTMARCH20_260420.pdf.

⁵ WCLAC's Testimony, April 2020.

⁶ WCLAC, The Culture of Impunity: Israel's Ongoing Violations against Palestinian Women during COVID-19, p.12, May 2020, <https://www.wclac.org/files/library/20/06/v7nkh14lczprcnb7tdg3av.pdf>.

⁷ European Union, Six-Month Report on Demolitions and Seizures in the West Bank, including East Jerusalem, 12 November 2020, https://www.un.org/unispal/wp-content/uploads/2020/11/EUDEMERT_181120.pdf.

⁸ OCHA, Peak in demolitions and confiscations amidst increasing denial of the right to justice, December 2020, <https://www.ochaopt.org/content/peak-demolitions-and-confiscations-amidst-increasing-denial-right-justice>.

⁹ *Ibid.*

¹⁰ OCHA.

Palestinian women are the caregivers in their homes, ensuring sanitized environments amid the targeting of sanitation structures during COVID-19 is a main concern that has become difficult to fulfill, and nearly impossible without a shelter.

Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) requires Israel, as a ratifier, to recognize “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”, and specifies it as a necessity to “the prevention, treatment and control of epidemic, endemic, occupational and other diseases”.¹¹ House demolitions are usually carried out early in the morning or late at night.¹² This is especially traumatizing for women and children who would be present during the time of the demolition. A woman from Silwan in EJ explained how after the destruction of their house she restored to social affairs who then sent her, as well as her children, to get psychological treatment from the distress.¹³

House demolitions also impose heavy financial burdens on women and their families. In light of the current situation, many men have lost their jobs, which forces their wives to sell or give up on their share of inheritance to support the household’s finances. This is true even in cases of self-demolition, a phenomenon that emerged after the enactment of Amendment 116 in 2017, which inter alia increased the use of financial penalties in cases of illegal building work.¹⁴

Many families are left without adequate shelters, namely tents, while others seek refuge in relatives’ homes. Living with relatives has its own negative impact on women, for it might lead to the further diminishing of wives’ influence in the domestic sphere, and erosion of their decision-making power. There is also an increased risk of domestic violence and abuse against women who move into homes of their husband’s relatives.¹⁵

Conclusions and Recommendations

- Stop the practice of forced eviction and demolition threats which negatively impact the physical and psychological well-being of Palestinian women and their families.
- Exert pressure on Israel to comply with its legal obligation towards the Occupied Palestinian Territory and provide adequate medical care and take preventive measures in order to minimize the spread of COVID-19, and actively endorse the principles of gender equality and equal treatment.
- Follow up with CEDAW General Recommendations No. 24 adopted by the Committee on Article (12), which allow access to healthcare without discrimination, and actively promote female health requirements to address the entrenched imbalance.
- WCLAC recalls on implementing the clauses of Resolution 43/3, mainly the need for States to investigate and prosecute grave breaches of the GC of 1949 and other serious violations of IHL, to end impunity, to uphold their obligations to ensure respect and to promote international accountability.

¹¹ United Nations, ICESCR, Article 12.

<https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx#:~:text=Article%2012&text=1.-,The%20States%20Parties%20to%20the%20present%20Covenant%20recognize%20the%20right,of%20physical%20and%20mental%20health.>

¹² WCLAC, The Culture of Impunity: Israel’s Ongoing Violations against Palestinian Women during COVID-19. Submission to the Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, May 2020.

¹³ WCLAC Testimony, N.D.

¹⁴ Keneset News, 31 December 2019,

[https://m.knesset.gov.il/en/News/PressReleases/Pages/press311219k.aspx.](https://m.knesset.gov.il/en/News/PressReleases/Pages/press311219k.aspx)

¹⁵ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.