
POSITION PAPER

EQUAL ACCESS TO COVID-19 VACCINES: WHO IS RESPONSIBLE IN THE OCCUPIED PALESTINIAN TERRITORY?

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KEY STATS: COVID-19 CONTEXT IN THE OCCUPIED PALESTINIAN TERRITORY

- 8,000 Palestinian health workers infected
- 45% of essential medicines and 33% of essential medical consumables in Gaza at 'zero stock'
- 11,400 elective surgeries postponed in Gaza
- Rising poverty, unemployment, household debt and food insecurity
- More than 178,900 confirmed cases and 2,012 deaths

EXECUTIVE SUMMARY

The COVID-19 situation in the occupied Palestinian territory (oPt) is dire. The impact of perpetual military occupation and blockade mean that local the Palestinian health system does not have the financial or material resources it needs to sustain COVID-19 response long-term.

With the COVID-19 pandemic set to become a multi-year crisis, only a programme of mass vaccination can sustainably relieve the pressures on the Palestinian health system and prevent further avoidable loss of life, spiralling poverty and deeper health inequalities.

Israel leads the world in per-capita vaccinations, with more than a quarter of its population having received at least one dose by late January, including those residing in illegal settlements in the West Bank. Yet almost five million Palestinians living under Israel's 53-year military occupation in the West Bank and Gaza are excluded.

The Palestinian Authority has applied to the global COVAX facility, though any such support will only cover up to 20% of its population and may take weeks or months to arrive. The Palestinian Ministry of Health has issued an interim national vaccination plan detailing how it intends to roll-out support from COVAX, though with further supplies yet to be agreed it remains unclear how a rapid and comprehensive programme of vaccination for Palestinians can be realistically implemented in the oPt. The chronic financial crisis and resource and infrastructure limitations of the Palestinian Authority and *de facto* authorities in Gaza, caused in large part by decades of occupation and blockade, severely hamper their ability to purchase and administer vaccines for the population.

The ultimate responsibility for ensuring Palestinians in the West Bank and Gaza can access vaccines remains with Israel as an occupying power. Articles 55 and 56 of the Fourth Geneva Convention impose on Israel a duty to provide healthcare goods where local resources are insufficient, and to adopt "*prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.*" As UN human rights experts have recently outlined, the Oslo Interim Accords, signed in 1995, do not exempt Israel from these duties. Moreover, Israel's responsibilities to uphold Palestinians' right to health do not diminish with time; they are heightened by the prolonged nature of its military occupation.

Emerging disparities in vaccine access and resources are set to drive up existing health inequalities between Israelis – including settlers living in the West Bank – and Palestinians who live under Israel's military control. The current situation with regards to vaccine access is indicative of decades of structural discrimination against Palestinians and the systematic neglect of their rights to health and dignity that has characterised the policies and practices of Israel's military occupation. It also reflects a persistent failure on the part of the international community to hold Israel to account for its violations of Palestinians' right to health.

A situation in which most Israelis are vaccinated but not their Palestinian neighbours would lead inevitably to deeper restrictions to Palestinians' freedom of movement, further restricted access to work, healthcare and livelihoods, and a spiralling humanitarian crisis in the West Bank and Gaza. Palestinians must be ensured fair, rapid and equitable access to vaccines that meet the same standards as the Israeli population and the World Health Organization.

As WHO Chief Dr Tedros Adhanom Ghebreyesus has said, ensuring equitable vaccine access is "*not just a moral imperative, but a strategic and economic imperative*" and failure to do so will "*only prolong the pandemic, the restrictions needed to contain it, and human and economic suffering.*"

THE INTERNATIONAL COMMUNITY, INCLUDING THE UK GOVERNMENT, MUST PLAY THEIR PART IN ENABLING PALESTINIANS TO ACCESS A COMPREHENSIVE CORONAVIRUS VACCINATION PROGRAMME THROUGH THE FOLLOWING ACTIONS:

- 1. Urgently take all necessary measures to guarantee Israel respects its duty as an occupying power to ensure Palestinians in the occupied Palestinian territory have fair, rapid and equitable access to coronavirus vaccines by:**
 - a. Immediately offering financial or other resources required by the Palestinian Authority necessary to procure stocks of vaccines of sufficient quality and quantity to cover the population of the West Bank and Gaza, to the extent that local resources are insufficient
 - b. Immediately offering financial or other resources required by the Palestinian Authority necessary to implement safe and effective 'cold chain' transport, storage and administration of vaccines in the West Bank and Gaza, to the extent that local resources are insufficient
 - c. Ensuring the timely import of vaccines and all equipment needed to implement immunisation programmes and combat the COVID-19 pandemic in the occupied Palestinian territory
 - d. Immediately ending its violations of international law that undermine the capacity of the Palestinian healthcare system to respond to the COVID-19 pandemic, including the illegal closure of Gaza and blanket restrictions on the free movement of patients and health workers.
 - 2. Publicly monitor Israel's compliance with its obligations under international humanitarian and human rights law in this regard and support international initiatives to promote accountability where these are not met.**
 - 3. Urge the Palestinian Authority to take all feasible steps, insofar as it is able within the constraints and financial limitations created by the occupation, to enable all people across the West Bank and Gaza to access coronavirus vaccines by:**
 - a. Working with Israel, the international community, COVAX and the de facto authorities in Gaza to continue to develop its National Deployment and Vaccination Plan, ensuring it is fair, rapid and comprehensive, and identifying gaps in financial and other necessary resources for implementation
 - b. Coordinating the implementation of this vaccination programme across the West Bank and Gaza, without discrimination, and with prioritisation for the most vulnerable individuals
 - c. Providing accurate public health information relating to vaccines across the West Bank and Gaza, as outlined in the National Deployment and Vaccination Plan, and ensure that this is accessible to people with disabilities.
 - 4. Support the Palestinian Ministry of Health to implement a fair, rapid and comprehensive vaccination programme, respond to humanitarian needs created by COVID-19, and build back better after the pandemic by:**
 - a. Urgently providing technical, economic, and humanitarian cooperation and assistance to help address the direct and indirect humanitarian impacts of the pandemic in the occupied Palestinian territory
 - b. Immediately facilitating access to essential COVID-19 healthcare supplies, including vaccines
 - c. In the long term, placing the principle of self-determination at the core of foreign and aid policies regarding the Palestinian people by supporting the sustainable development of healthcare and other institutions; ensuring Palestinians are meaningfully consulted in the development of aid initiatives; and tackling chronic impunity for violations of international law in the occupied Palestinian territory.
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1. CONTEXT

1.1 COVID-19 AND THE PALESTINIAN HEALTHCARE SYSTEM

1.1 The COVID-19 situation in the occupied Palestinian territory (oPt) is dire. The impact of perpetual military occupation and blockade mean that the local Palestinian health system does not have the financial or material resources it needs to sustain COVID-19 response long-term.

According to the World Health Organization (WHO), by the end of January there had been 178,919 confirmed coronavirus cases in the oPt and 2,012 deaths. Of these, 127,607 cases were confirmed in the West Bank, including 19,957 in East Jerusalem, and 1,490 deaths. In Gaza 51,312 cases were reported and 522 deaths.¹

Gaza currently accounts for over 50% of all active cases in the oPt. A high population density and pervasive poverty mean that the rate of infections and hospitalisations remains high despite curfews and the closure of schools, universities and mosques. In Gaza an evening and weekend curfew is in place until further notice.

A spike in coronavirus cases in December pushed Gaza's health service close to collapse, and there continues to be a serious risk that the health system will reach capacity and become overwhelmed if there are further surges in the future.² News in January of 17 cases in the West Bank of the more highly transmissible COVID-19 variant originating in the UK raises fears that such a surge may occur.³

MAP's permanent team in Gaza, who are in daily contact with the Ministry of Health, frontline responders and international humanitarian agencies, report that health facilities face chronic shortages to adequate infrastructure; human resources; essential equipment; oxygen generation capacity for patients needing respiratory support; electricity and fuel; and other supplies needed to manage widespread outbreaks of the virus.⁴ Nearly half of all essential drugs (45%) and a third of essential medical consumables (33%) are at 'zero stock' – meaning less than a month's supply available or completely depleted – at Gaza's Central Drug Store, including those needed to treat coronavirus.

The diversion of precious resources and hospital capacity to COVID-19 response greatly exacerbates this ongoing crisis, with knock-on implications for the availability of non-COVID healthcare services such as cancer treatment. In Gaza, only 19 out of 51 primary healthcare centres are functioning. Around 3,500 elective surgeries are being postponed per month, with the waiting list having now reached 11,400 surgeries, including hundreds still needing complex limb reconstruction treatment as a result of injuries incurred from Israel's use of live ammunition against protesters in the 2018-19 'Great March of Return' protests. In the West Bank, hospital outpatient admissions have reduced by 50%.⁵ Despite the pandemic increasing the need for mental health support, the oPt suffers from major shortages in specialised mental health experts and medicines, with just 0.41 psychiatrists per 100,000 Palestinians.⁶ Meanwhile, across the oPt as many as 8,000 Palestinian medics have reportedly been infected with COVID-19, affecting local capacity to respond.⁷

1.2 SECONDARY IMPACTS ON POVERTY, FOOD INSECURITY AND MENTAL HEALTH

1.2 Lockdowns and other public health measures have exacerbated the economic distress facing Palestinian families across the oPt, particularly for families reliant on insecure employment or day labour. Among the poorest refugee families in Gaza, 90% have accumulated significant debt to cover essential expenditure.⁸

According to MAP's partners in Gaza, rising rates of unemployment, poverty and food insecurity have triggered a surge in childhood malnutrition. A recent needs assessment surveying over 600 households in Gaza to assess the impact of COVID-19 on already-vulnerable children and their

families, found that 90% of surveyed households report not having enough food.⁹ Across the oPt, 40% of households reduced their food expenditure during the first three months (March-May) of the COVID-19 crisis.¹⁰ The rate of demolitions of Palestinian homes and other structures by Israeli authorities reached a four year high in 2020, disproportionately affecting Bedouin communities in Area C affecting livelihoods and increasing their exposure to food insecurity and dependency on humanitarian assistance.

Many families in Gaza required to undergo home isolation because of coronavirus infections, sometimes for two weeks or more, have experienced increased hardships. Gaza is one of the most densely populated areas in the world, challenging necessary social distancing measures. UN OCHA report that 50% of these families lack a separate bedroom or bathroom for members who tested positive, 30% lack protective masks or gloves, and more than 60% report at least one family member showing signs of psychological distress.¹¹ There are also impacts on access to education, with 42% of children reporting difficulties taking part in distance learning as a result of daily electricity cuts or lack of necessary devices or adequate internet connection.

With the COVID-19 pandemic set to become a multi-year crisis, only a programme of mass vaccination can sustainably relieve the pressures on the Palestinian health system and prevent further avoidable loss of life, spiralling poverty and deeper health inequalities.

1.3 VACCINE ACCESS FOR ISRAELIS AND PALESTINIANS

By late January, Israel had provided at least one dose of vaccination to more than a quarter of its population, giving it one of the highest per capita vaccination rates anywhere in the world.¹² Only citizens of Israel, including Israeli settlers in the West Bank, and Palestinian residents of East Jerusalem are included in the Government of Israel's vaccine allocation policy.¹³

Palestinian prisoners in Israeli jails will reportedly also be vaccinated, following pressure from human rights groups.¹⁴ Israel began vaccinating 16 to 18-year-olds in January ahead of national exams.¹⁵

The almost five million Palestinians living under Israel's 53-year military occupation in the West Bank and Gaza are excluded from Israel's vaccination programme. At the end of January, no Palestinians in these areas had reportedly been vaccinated. Media reports have indicated that Israel may offer small numbers of vaccines to the Palestinian Authority as a "humanitarian gesture",¹⁶ however, Israel has not publicly offered supplies or assistance ensure a comprehensive programme of immunisation is accessible for Palestinians. Israel's health minister has wrongfully claimed that Israel has no legal obligation to do so.¹⁷

The Palestinian Authority has submitted an application to the global COVAX facility to support vaccination for up to 20% of its population.¹⁸ This support may take many months to arrive, and alone would not be sufficient to address vaccination needs in the West Bank and Gaza. The Palestinian Authority has entered negotiations with pharmaceutical companies including AstraZeneca and other countries in seeking to access vaccine, reportedly for another 40% of the population.¹⁹ There are also reports that the Palestinian Authority has passed emergency approval for the Russian Sputnik V vaccine for use in the oPt, with the first limited shipment of 5,000 doses expected within weeks,²⁰ though delays due to "technical reasons" were also reported in late January.

The WHO has not yet issued emergency use validation for this vaccine, unlike the Pfizer/BioNTech vaccine being used in Israel.²¹ Interim Phase III trial data for Sputnik V were encouraging, claiming 91% efficacy, though final results have not yet been published.²²

The Palestinian Ministry of Health has issued, in consultation with its partners (UNICEF, WHO and UNRWA), an interim National Deployment and Vaccination Plan for the oPt. The PA has allocated budget to cover the cost of implementing support that will be received through COVAX, and will update the plan as and when bilateral agreements are signed for further vaccines to cover the rest of the population. However, the chronic financial crisis faced by the Palestinian Authority and de facto authorities in Gaza severely hamper their ability to implement a rapid and comprehensive programme. The PLO Negotiations Affairs Department has said that the constraints the Palestinian Ministry of Health faces mean it “*might take months*” for immunisations to begin in the oPt. Furthermore:

“It also means that Palestine might not be able to provide vaccines for the population as a whole and focus its immunization strategy, based on the number of vaccines received, on what it can provide for high-risk categories, such as health workers, elderly, and people at high risk due to existing health condition.”²³

An initial needs assessment of cold chain capacity in the West Bank and Gaza has been undertaken for the National Deployment and Vaccination Plan. However, given the long-standing limitations imposed by Israel’s occupation, many questions remain as to the PA’s resources and ability to scale up the basic essential infrastructure (including central warehousing, regional distribution centres and end-point vaccination centres) needed to roll out a rapid and comprehensive plan covering the whole population.



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2. RESPONSIBILITY FOR ENSURING VACCINE ACCESS IN THE OCCUPIED PALESTINIAN TERRITORY

2.1 ISRAEL Since 1967 Israel has held the West Bank, including East Jerusalem, and Gaza under military occupation, as recognised by the international community, including the UK Government, the UN, the International Committee of the Red Cross (ICRC) and the International Court of Justice (ICJ).²⁴ Israel's conduct in these territories is therefore regulated by International Humanitarian Law (IHL), most notably the 1907 Hague Regulations and the 1949 Fourth Geneva Convention (Geneva Convention IV), which are widely accepted to be reflected in customary international law.

Article 43 of the Hague Regulations requires Israel, and an occupying power, to “take all the measures in his power to restore, and ensure, as far as possible, public order and [civil life],” and therefore charges it with ensuring access to those resources needed to ensure health and hygiene.²⁵

Geneva Convention IV imposes on Israel primary responsibility for ensuring access to healthcare for the Palestinian population under its occupation, and situations such as the COVID-19 pandemic are explicitly referenced. Under Article 56, an occupying power has the:

“...duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory, with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.”

Under Article 55, an occupying power has the duty “to the fullest extent of the means available to it” to “ensur[e] the food and medical supplies of the population” and to “bring in the necessary foodstuffs, medical stores and other articles if the resources of the occupied territory are inadequate.” Article 60 outlines that the receipt of “relief consignments” including medical humanitarian relief from other countries or humanitarian organisations “shall in no way relieve” the occupying power of the aforementioned responsibilities.

The 1995 Oslo II Accords stipulated that the Palestinian Authority would “continue to apply the present standards of vaccination” in areas under their control. However this referred to the implementation of a specified list of existing vaccinations (e.g. MMR, Hepatitis B, Diphtheria and Tetanus).²⁶ The Accords further established that Israel and the PA will “exchange information regarding epidemics and contagious diseases” and “cooperate in combating them”.²⁷

Nevertheless, Geneva Convention IV Article 8 establishes that the occupied population “may in no circumstances renounce in part or in entirety the rights secured to them by the present Convention”, and Article 47 establishes that:

“[p]rotected persons who are in occupied territory shall not be deprived, in any case or in any manner whatsoever, of the benefits of the present Convention ... by any agreement concluded between the authorities of the occupied territories and the Occupying Power”²⁸

As Israel's military occupation remains extant, so too does its duties under IHL. UN human rights experts have explicitly outlined that the Oslo Accords do not exempt Israel from its duties as an occupying power in this regard:

“...some Israeli commentators have justified the differential treatment on the grounds that the 1995 Israeli-Palestinian Interim Agreement, an integral part of the Oslo Accords, provides that the Palestinian Authority would assume the responsibility for health care in the Palestinian territory, including for vaccinations ... the Oslo Accords must be interpreted and applied consistent with international law, and cannot derogate from its broad protections. The ultimate responsibility for health services remains with the occupying power until the occupation has fully and finally ended.”²⁹

The humanitarian responsibilities placed on Israel as an occupying power are onerous, reflecting that military occupation is intended to be a temporary situation. Israel's responsibilities to uphold Palestinians' right to health do not diminish with time, but rather are heightened as a function of the prolonged nature of its half-century military occupation.³⁰

In addition to its IHL duties, Israel's conduct in the occupied Palestinian territory is governed by International Human Rights Law (IHRL), as recognised by the ICJ, ICRC, UN and the international community more broadly.³¹ This includes the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), under which Israel is obligated to respect, protect and fulfil the right of everyone in its jurisdiction to the enjoyment of the highest attainable standard of physical and mental health,³² including Palestinians in Gaza and the West Bank under its effective control.³³ This obligation involves taking steps including those necessary for the *“prevention, treatment and control of epidemic, endemic, occupational and other diseases.”*³⁴

Discrimination in access to health goods and services on the basis of national or social origin, including vaccines and other resources needed to combat pandemics, is prohibited by IHRL.³⁵ The provision of vaccines to Israelis living in illegal West Bank settlements but not Palestinians, who are also subject to Israeli jurisdiction and effective control, violates this obligation. Palestinians must be guaranteed access to vaccines of equal quality and efficacy as those provided to Israeli settlers.

Israel is therefore obligated to ensure that all Palestinians living under its military occupation can access quality vaccines against coronavirus. It must also ensure that the oPt has adequate materials and equipment required to treat those affected by the disease.

2.2 PALESTINIAN AUTHORITIES

Under international human rights law, the Palestinian Authority also holds certain obligations to respect, protect and fulfil the right to health of Palestinians in the West Bank and Gaza, commensurate to the level of control it has over the enjoyment of this right and the extent of its available resources. This involves taking steps including those necessary for the *“prevention, treatment and control of epidemic, endemic, occupational and other diseases.”*³⁶ The Palestinian Authority's level of control is, however, severely limited by the constraints – economic, geographic authority, freedom of movement – placed on it by Israel's occupation.³⁷

Insofar as it is able within the constraints and financial limitations imposed by Israel's occupation, the Palestinian Authority must work to implement a fair and comprehensive vaccination programme for all people across the West Bank and Gaza. It must ensure that its distribution of resources to combat the coronavirus pandemic are non-discriminatory, with equitable access to vaccines for Palestinians across the West Bank and Gaza.

The *de facto* authorities in Gaza are likewise obligated to respect, protect and fulfil the right to health in Gaza, and provide essential health goods including vaccines, to the maximum extent of the resources available to them. Notably amid Israel's illegal 13-year closure, the health system in Gaza suffers a chronic lack of essential health resources including medicines and equipment, with its control over these limited by Israel's control over imports and chronic financial shortfalls.³⁸

Neither the human rights obligations of Palestinian authorities nor the functions delegated to the PA by the Oslo Accords absolve Israel of its overarching duty, as an occupying power in the West Bank and Gaza, for ensuring access to essential healthcare supplies for Palestinians, as per Articles 8 and 47 of Geneva Convention IV.

2.3 THE INTERNATIONAL COMMUNITY

Third states, including the UK, also have international legal obligations relevant to the issue of vaccine access for Palestinians. Third states are obligated to “ensure respect” for international humanitarian law rules,³⁹ which “implies using one’s influence and taking proactive steps to bring Israel’s violations of the Conventions to an end”;⁴⁰ and are prohibited from rendering aid or assistance to the commission of violations of international law such as the closure and blockade of Gaza.⁴¹

Under the ICESCR, states including the UK undertake to “take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of [their] available resources” toward the full realisation of rights contained in the covenant, including the right to health.⁴² The UN committee responsible for monitoring the Covenant has outlined that states have a responsibility to “cooperate in providing disaster relief and humanitarian assistance in times of emergency, including assistance to refugees” and should do so “to the maximum of its capacities.” The Committee further outlined that “given that some diseases are easily transmissible beyond the frontiers of a State, the international community has a collective responsibility to address this problem.”⁴³



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3. INTERNATIONAL REACTIONS AND STATEMENTS

3.1 UK GOVERNMENT AND PARLIAMENT

The UK has committed £548 million to the COVAX Advance Market Commitment (AMC) which will support vaccine access for lower- and middle-income countries, including the oPt, making it the largest bilateral donor to the mechanism.⁴⁴

In [response to a written parliamentary question by Shadow Minister Wayne David MP](#) asking what representations the UK government has made to Israel to encourage equitable access to COVID-19 vaccines for Palestinians in the oPt, Foreign, Commonwealth and Development Minister James Cleverly confirmed the UK's belief that:

"[u]nder International Humanitarian Law, Israel, as the occupying power, has the duty of ensuring and maintaining public health and hygiene in the OPTs to the fullest extent of the means available and with the cooperation of the local authorities."

In January, a [cross-bench group of 19 MPs and peers led by Layla Moran MP](#) wrote to UK Foreign Secretary Dominic Raab, calling on him to *"make representations to Israel to meet its international obligations as an occupying power and ensure equitable access to coronavirus vaccines and medical equipment"* for Palestinians in the West Bank and Gaza.⁴⁵

In a public letter to the Telegraph, [two former Conservative Party Ministers](#), Sir Nicholas Soames and Sir Alan Duncan stated that *"[i]t is difficult to understand how any person can support [the] unjustifiable differentiation"* between the Israeli and Palestinian populations in vaccine access, and urged the UK Foreign Secretary to address the matter.⁴⁶

3.2 UN & WHO

The [UN Special Rapporteurs on human rights in the occupied Palestinian territory \(Prof Michael Lynk\) and on the right to health \(Dr Tlaleng Mofokeng\)](#) issued a statement on 14 January 2014 calling on Israel to *"ensure swift and equitable access to COVID-19 vaccines for the Palestinian people under occupation"*. The Special Rapporteurs reiterated Israel's obligations under international humanitarian and human rights law to ensure access, and called on the Palestinian Authority and the de facto authorities in Gaza to cooperate with Israel to implement a comprehensive vaccination programme:

"It will only be through the sustained effort by all the governing authorities with the common goal of a comprehensive vaccination program which reaches everyone between the Jordan and the Mediterranean on the basis of equality and best-practices that the prospect for the defeat of the pandemic will be possible."⁴⁷

On 18 January, [WHO chief Dr Tedros Adhanom Ghebreyesus](#) warned that as a result of growing inequities in vaccine access between high- and low-income countries: *"the world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world's poorest countries."*⁴⁸ Dr Tedros explained that ensuring equitable vaccine access is *"not just a moral imperative, but a strategic and economic imperative"* and failure to do so will *"only prolong the pandemic, the restrictions needed to contain it, and human and economic suffering."*

[UN Secretary-General António Guterres](#) has similarly called for greater support for vaccine access in developing countries, highlighting that: *"'Vaccinationalism' is self-defeating and would delay a global recovery."*⁴⁹

3.3 PALESTINIAN, ISRAELI AND INTERNATIONAL CIVIL SOCIETY

A [coalition of 29 Israeli, Palestinian and international health and human rights organisations](#) – including MAP, Physicians for Human Rights Israel, Al Haq, Oxfam, B'Tselem and Al Mezan – issued a joint statement calling on the international community to *“urge Israel to fulfill its duties and moral responsibilities to assist the Palestinian health systems and Palestinians in the Gaza Strip and the West Bank.”* The organisations stated:

*“Where budgetary shortages resulting from the long-term restrictions imposed by the occupation and blockade limit the ability of the Palestinian Authority to purchase and distribute vaccines, Israel must provide the necessary funds, as part of its legal obligations. As such, the Israeli authorities must not deduct the vaccine costs from the tax revenues it collects on behalf of the PA.”*⁵⁰

Similar statements have been issued by Human Rights Watch⁵¹ and Amnesty International. Saleh Higazi, Deputy Regional Director for the Middle East and North Africa at Amnesty International, explained:

*“Israel’s COVID-19 vaccine programme highlights the institutionalized discrimination that defines the Israeli government’s policy towards Palestinians. While Israel celebrates a record-setting vaccination drive, millions of Palestinians living under Israeli control in the West Bank and the Gaza Strip will receive no vaccine or have to wait much longer – there could hardly be a better illustration of how Israeli lives are valued above Palestinian ones.”*⁵²

A [joint statement from more than 100 Palestinian organisations](#) that are members of the Palestinian NGOs Network (PNGO), the Palestinian Human Rights Organisations Council (PHROC) and the Palestinian National Institute for NGOs (PNIN) expressed their concern that: *“the Israeli occupying authorities have implemented its vaccine policy in a discriminatory, unlawful, and racist manner by completely disregarding its obligations to Palestinian healthcare.”*

The [international delegation of Bishops from ten countries of the Holy Land Coordination](#) issued a statement calling for the international community to *“hold Israel accountable for its moral, legal and humanitarian responsibility to make Covid-19 vaccines accessible for Palestinians in the West Bank and Gaza.”*⁵³



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4. CONCLUSION

Measured against the legal duties and obligations outlined above, Israel is comprehensively failing to meet its responsibilities as an occupying power to ensure Palestinians are able to access vaccines against COVID-19. This is starkly illustrated by the fact that young and healthy Israeli teenagers are being vaccinated ahead of vulnerable and elderly Palestinians. The clear disparities in vaccine access and resources are set to drive up existing health inequalities between Israelis – including settlers living in the West Bank – and Palestinians who live under Israel’s military control. The current situation with regards to vaccine access is indicative of the decades of structural discrimination against Palestinians and the systematic neglect of their rights to health and dignity that has characterised the policies and practices of Israel’s 53-year occupation.

A situation in which most Israelis are vaccinated but not their Palestinian neighbours would lead inevitably to deeper restrictions to Palestinians’ freedom of movement, further restricted access to work, healthcare and livelihoods, and a spiralling humanitarian crisis in the West Bank and Gaza.

Moreover, persistent shortages of essential healthcare resources;⁵⁴ ongoing restrictions on the freedom of movement of patients and healthcare personnel;⁵⁵ and continuing attacks on Palestinian health facilities during the COVID-19 pandemic⁵⁶ reinforce the 2018 finding of the UN Special Rapporteur for human rights in the occupied Palestinian territory, Prof. Michael Lynk, that Israel is in “*profound breach*” of its international obligations with regards the right to health of Palestinians despite the vastly increased needs resulting from the pandemic.⁵⁷ This reflects a persistent failure on the part of the international community to “*ensure respect*” for Geneva Convention IV in the occupied Palestinian territory, and to hold Israel to account for its violations of Palestinians’ right to health.

Palestinians must be afforded fair and equitable access to vaccines that meet the same standards of approval as for the Israeli population and the WHO without delay, and in line with the duties and obligations firmly established in international law. Once a vaccine is made available, Palestinian authorities must work to implement a comprehensive immunisation programme without delay and equitably across the West Bank and Gaza, with priority access for the elderly, healthcare workers, people with pre-existing clinical vulnerabilities, and those with learning disabilities.

Ensuring equal access to safe and effective COVID-19 vaccines is a public health and economic necessity globally. No people will be safe from coronavirus until all are, and so it is incumbent on all actors to cooperate and meet their legal and moral responsibilities in this shared struggle.

5 RECOMMENDATIONS

THE INTERNATIONAL COMMUNITY, INCLUDING THE UK GOVERNMENT, MUST PLAY THEIR PART IN ENABLING PALESTINIANS TO ACCESS A COMPREHENSIVE CORONAVIRUS VACCINATION PROGRAMME THROUGH THE FOLLOWING ACTIONS:

- 1. Urgently take all necessary measures to guarantee that Israel respects its duty as an occupying power to ensure Palestinians in the occupied Palestinian territory have fair, rapid and equitable access to coronavirus vaccines by:**
 - a. Immediately offering financial or other resources required by the Palestinian Authority necessary to procure stocks of vaccines of sufficient quality and quantity to cover the population of the West Bank and Gaza, to the extent that local resources are insufficient
 - b. Immediately offering financial or other resources required by the Palestinian Authority necessary to implement safe and effective 'cold chain' transport, storage and administration of vaccines in the West Bank and Gaza, to the extent that local resources are insufficient
 - c. Ensuring the timely import of vaccines and all equipment needed to implement immunisation programmes and combat the COVID-19 pandemic in the occupied Palestinian territory
 - d. Immediately ending its violations of international law that undermine the capacity of the Palestinian healthcare system to respond to the COVID-19 pandemic, including the illegal closure of Gaza and blanket restrictions on the free movement of patients and health workers.
- 2. Publicly monitor Israel's compliance with its obligations under international humanitarian and human rights law in this regard and support international initiatives to promote accountability where these are not met.**
- 3. Urge the Palestinian Authority to take all feasible steps, insofar as it is able within the constraints and financial limitations created by the occupation, to enable all people across the West Bank and Gaza to access coronavirus vaccines by:**
 - a. Working with Israel, the international community, COVAX and the de facto authorities in Gaza to continue to develop its National Deployment and Vaccination Plan, ensuring it is fair, rapid and comprehensive, and identifying gaps in financial and other necessary resources for implementation
 - b. Coordinating the implementation of this vaccination programme across the West Bank and Gaza, without discrimination, and with prioritisation for the most vulnerable individuals
 - c. Providing accurate public health information relating to vaccines across the West Bank and Gaza, as outlined in the National Deployment and Vaccination Plan, and ensure that this is accessible to people with disabilities.
- 4. Support the Palestinian Ministry of Health to implement a fair, rapid and comprehensive vaccination programme, respond to humanitarian needs created by COVID-19, and build back better after the pandemic by:**
 - a. Urgently providing technical, economic, and humanitarian cooperation and assistance to help address the direct and indirect humanitarian impacts of the pandemic in the occupied Palestinian territory
 - b. Immediately facilitating access to essential COVID-19 healthcare supplies, including vaccines
 - c. In the long term, placing the principle of self-determination at the core of foreign and aid policies regarding the Palestinian people by supporting the sustainable development of healthcare and other institutions; ensuring Palestinians are meaningfully consulted in the development of aid initiatives; and tackling chronic impunity for violations of international law in the occupied Palestinian territory.

6 ENDNOTES

- 1 The latest data is available from the World Health Organization here: <https://bit.ly/3j7VzRY>
- 2 World Health Organization (January 2021), <https://bit.ly/36wf2Xf>
- 3 Wafa News Agency (January 2021) <https://english.wafa.ps/Pages/Details/122950>
- 4 MAP (December 2020) <https://www.map.org.uk/news/archive/post/1181-covid-19-emergency-update-map-calls-on-uk-to-help-gaza-breathe-as-oxygen-supplies-dwindle>
- 5 UN OCHA (December 2020), https://www.ochaopt.org/sites/default/files/hno_2021.pdf
- 6 UN OCHA (December 2020), https://www.ochaopt.org/sites/default/files/hno_2021.pdf
- 7 The Independent (January 2021) <https://www.independent.co.uk/news/world/middle-east/israel-palestine-coronavirus-vaccine-b1784474.html>
- 8 UN OCHA (January 2021) <https://www.ochaopt.org/content/gaza-strip-owing-money-part-day-day-life>
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