
The Question of Palestine in the times of COVID-19: Position paper on the situation for Palestinian refugees in Jordan, Lebanon, occupied Palestine and Syria (No.2)

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This position paper is part of a series that the Global Network of Experts on the Question of Palestine (GNQP) is producing to document the impact of COVID-19 (Coronavirus) on the Question of Palestine, by studying the effect of the pandemic on Palestinian refugees in the region. This brief focuses on Palestinian refugees residing in Jordan, Lebanon, occupied Palestine and Syria.

Purpose of the brief

The brief shows how the COVID-19 crisis is affecting Palestinian refugees in Jordan, Lebanon, occupied Palestine (Gaza Strip and West Bank, including East Jerusalem) and Syria. Following a general background, the paper presents:

- a summary of available regional and country-specific facts that indicate that COVID-19 is aggravating the humanitarian conditions and vulnerability of Palestinian refugees;
- a brief overview of applicable legal obligations toward Palestinian refugees;
- recommendations to ensure that the local, regional and international response to COVID-19 takes into account Palestinian refugees' specificities and ensures that the rights of this group are fully protected.

General background

The majority of Palestinian refugees¹, numbering today over 7 million, originate from modern-day Israel, from which they were displaced in 1947-9. Seventy years on, most still live where they found refuge: Jordan, Lebanon, occupied Palestine (Gaza Strip and West Bank, including East Jerusalem) and Syria. Of those,

approximately 5.6 million are registered as "Palestine refugees" with the United Nations Relief and Works Agency for Palestinians in the Near East (UNRWA) in Jordan, Lebanon, occupied Palestine and Syria.² A smaller number was displaced when Israel occupied the Gaza Strip and West Bank, including East Jerusalem in 1967; while these are not officially registered with UNRWA, some receive its services on humanitarian grounds. Less than half of these refugees, including their descendants, live in one of the [58 recognized refugee camps](#), while an unknown number live in urban and rural (camp) settings across the region. Many of these refugees have progressively moved outside of the original host countries, toward the Middle East and beyond.

Palestinian refugees face varying degrees of marginalizing laws and policies in their host countries. In **Jordan**,³ most Palestinian refugees have citizenship. However, ex-Gazan refugees, added to few hundred West Bankers⁴ do not have Jordanian national identity cards and are treated as provisional residents. The latter, together with Palestinian refugees from Syria (PRS) that crossed the border following the Syria crisis,⁵ still lack access to most rights and services, including the right to work. Palestinian refugees in **Lebanon**⁶

live in extremely precarious conditions – especially PRS⁷ and Palestinian refugees who do not hold a national ID (non-IDs) – as discriminatory legislation bars access to employment and government services, including public health care. In both Jordan and Lebanon, the situation for PRS that illegally crossed the borders remains cause for concern in terms of visibility and reception of assistance, and/or protection by humanitarian actors, including UNRWA. In **occupied Palestine**,⁸ Palestinian refugees, like other Palestinians in the area, experience challenges primarily related to the Israeli occupation: territorial fragmentation, including a 13-year-old blockade of Gaza and the threat of annexation of ample areas of the West Bank; the annexation of East Jerusalem, in disregard of its internationally recognized status; the continuous exposure of Palestinians, including minors, to assaults by Israeli armed forces and Jewish settlers; a strangulated economy with limited livelihood opportunities; severe curtailment of freedom of movement; the suppression of significant civil and political rights and freedom. In pre-war **Syria**,⁹ Palestinian refugees were treated almost on par with Syrian citizens (but precluded from acquiring citizenship), with a granted access to economic rights and social services. The ongoing conflict has compromised their safety resulting in internal displacement within Syria, and seeking refuge in neighbouring countries, and abroad.

With specific regard to health, Palestinian refugees are prone to various forms of disease, common among poor, deprived communities, including non-communicable diseases (NCDs) such as diabetes, hypertension and cancer, as well as common risk factors such as obesity, tobacco smoking, and lack of physical exercise.¹⁰ Studies of Palestinian refugees

in Jordan and Lebanon have indicated that camp residents are especially prone to ill-health, largely due to heightened poverty levels and the lack of adequate water, sanitation, hygiene and health (WASH) infrastructure.¹¹ Indeed, there is a strong social gradient to health for Palestinian refugees; poor Palestinians with low educational attainment are typically more prone to disease.¹²

As for health services, access to public health care differs across the region: in Jordan, Palestinian refugees have access to public healthcare on the same level as citizens, with the exception of certain groups like the ex-Gazans and PRS; in Lebanon, Palestinian refugees, as non-citizens, cannot access the public health system; in occupied Palestine, refugees have access to the same public services as all Palestinians, but are affected by the restrictions and barriers imposed by the occupation (lack of permit, checkpoints, the wall); in Syria, Palestinians used to have access to public health care, but services have been significantly limited due to the conflict. Insurance coverage differs across the region, ranging from high coverage in occupied Palestine to extremely low coverage (5.5%) in Lebanon.¹³ In all countries, the main health provider for Palestinian refugees is UNRWA, which provides comprehensive primary health care (PHC) in all areas through 143 Agency-run health centers. The Agency also operates a Hospitalization Support Programme that covers part of the costs of secondary and tertiary care at external facilities, depending on national policies.¹⁴ Nevertheless, in practice, Palestinian refugees' access to health care is often compromised by limited resources and capacity, low quality of care, and unaffordable co-payments.¹⁵

An international responsibility

Palestinian refugees remain a responsibility of the international community until their overall question is settled in line with relevant UN resolutions (e.g. UNGA Res. 194 of 1948, 302 of 1949, 2252 of 1967, and UNSC Res. 237 of 1967) and other norms of international law. Although host countries bear the responsibility of ensuring the enjoyment of human rights of everyone living on their territories, international protection of Palestinian refugees is guaranteed by UNRWA on behalf of the international community.¹⁶ As part of this responsibility, UNRWA delivers core program and services to million refugees in the field of education, health, and relief and social services.

Current regional facts: Palestinian refugees and COVID-19

The COVID-19 pandemic in the region has had a significant impact on Palestinian refugees and exposed their hazardous and precarious living situation. Although the number of confirmed cases has been small, the risk for a public health crisis remains high, and the extended social, political and economic impact of the crisis is expected to have long-lasting consequences. In general, the following facts apply to the situation of Palestinian refugees in the region per sector:

Health

As of May 26, a total of 2,359 cases of COVID-19 have been registered across Jordan, Lebanon, occupied Palestine and Syria, of which [130 involve Palestinian refugees](#). Anecdotal evidence suggests that Palestinian refugees themselves have been steadfast in adopting preventive measures to avoid the spread of the virus. In the long term, the threat of a COVID-19 epidemic remains high for

Palestinian refugee camps. The camps are notoriously crowded – with some of the highest population densities in the world – making enforcement of social distancing largely impossible. Inadequate WASH infrastructure is likely to contribute to accelerated contagion and mortality rates.¹⁷ [Pre-existing health conditions](#) that the WHO considers high risk factors for “Severe Illness” – especially NCDs such as cardiovascular diseases, chronic respiratory diseases, diabetes and cancer are also pose a threat for many camp refugees. The social factor vis-à-vis health in the refugee camps means that the adverse effects of containment strategies on Palestinian livelihoods can also be expected to negatively impact community resilience to the virus.

Domestic and gender-based violence (GBV)

At the time of COVID-19, an increased risk of domestic and gender-based violence (GBV) has been indicated by women in vulnerable communities across the [Arab region](#). Since the lockdown measures were put in place in [Jordan](#), [Lebanon](#), [occupied Palestine](#) and [Syria](#), [UNRWA witnessed a drop in the identification of cases](#) – 68 per cent decrease in the number of GBV cases in Jordan – as monitoring and reporting became difficult due to movement restrictions and the closure of GBV dedicated offices and services. More specifically, movement restrictions prevented women and girls from accessing essential services, including health, protection, security and justice.

Livelihood

In line with the general consequences of responsive measures to the COVID-19 pandemic, many Palestinian refugees have lost their jobs and other sources of income.¹⁸ This has particularly been the case for Palestinian refugees who work

as daily laborers and/or in the informal labor market.¹⁹ These groups typically lack savings and are often ineligible for social security coverage. Moreover, reports from legal aid providers show that Palestinian refugees working in all sectors have often been disproportionately affected and tend to be the first group of employees to be let go of, primarily due to their relative lack of labor protection. As one of the largest employers of Palestinian refugees in the region, [UNRWA has suspended the salaries](#) of those working in the daily fare system. Since Palestinian refugees living in refugee camps often live in [abject poverty](#), the loss of livelihoods means that many families are currently struggling to obtain basic necessities, and reports have indicated that Palestinians risk falling into [acute food insecurity](#) as a result of the crisis.²⁰

Education

Although the educational systems of host countries and UNRWA schools have launched an extensive [distance learning program for Palestinian refugees](#), many children experience difficulties in continuing their education, as e-learning curricula have been difficult to implement in camps due to limited internet and computer access.²¹ Moreover, Palestinian refugees tend to live in large family households in small houses and cramped conditions, and the absence of privacy and child-appropriate discipline risks leaving little 'room' for concentration.

Economy

Although few studies are currently available on the economic impact of COVID-19 in the region, existing data indicates a substantial economic impact on all national economies, leading to an increase in unemployment, government budget deficits and a higher cost of living.²² The long-term effects of the COVID-19 pandemic are likely to be substantial, and

the [IMF has predicted](#) that the COVID-19 pandemic will result in "the worst recession since the Great Depression." Considering that the economies of states in the region are already encountering major economic challenges and budget deficits, the impact the pandemic has on economies will have ramifications that are likely to be difficult to bear, particularly by vulnerable groups such as women, children, the elderly and refugees. This is certainly true for Palestinian refugees, who already witness [significant poverty and unemployment levels in all host states](#).

Humanitarian services

One of the greatest risk of COVID-19 is a [decrease in humanitarian and development aid](#), which will compromise access to essential services provided by INGOs and NGOs. Various humanitarian actors have launched emergency responses to the COVID-19 pandemic, providing Palestinian refugees with critical support, including cash assistance, medical supplies and PPE. To meet the increased needs of beneficiaries during the COVID-19 crisis, [UNRWA has launched an emergency flash appeal](#) of \$93.4 million. Despite widely circulated campaigns, the UNRWA flash appeal remains underfunded. In addition, access to aid services has been compromised by, inter alia, government lockdown orders, a lack of adequate resources, and periods of violence and incursions into Syria and in occupied Palestine. Moreover, difficulties in mapping certain groups of vulnerable Palestinian refugees – most notably PRS dispersed across Jordan and Lebanon, in and outside camps – and in providing them with humanitarian services, remain. Looking forward, the decrease in humanitarian and development aid in the region would be particularly worrisome for Palestinian refugees, as the main provider of humanitarian services – UNRWA – is already suffering from [deepening budget](#)

[deficits](#). Current levels of UNRWA funds only cover operations until the end of May, according to an [Agency statement](#).

The silver-lining of COVID-19 among Palestinian refugees

Despite the many challenges faced by Palestinian refugees during the COVID-19 pandemic – including a shortage of funding, neglected camps and living areas, and preexisting health conditions – Palestinian refugees have shown solidarity and a proactive approach to contributing to the health and wellbeing of their communities through grassroots and civil society initiatives. For example, in Lebanon, Palestinian refugees organized a [sterilization campaign](#) for refugee camps, together with civil society actors, and adopted preventive measures, such as taking the temperature of individuals entering the camps. Palestinian refugees also mobilized to [provide food and protective gear](#) for vulnerable camp residents, such as in Aida camp in the West Bank.

Current country-specific facts: Palestinian refugees and COVID-19

In each host state, the following facts can currently be noted in relation to the impact of COVID-19:

Jordan

- As of May 26, there are 711 confirmed cases of COVID-19 in Jordan, [six of which involve Palestinian refugees](#).
- The first case in a Palestinian refugee camp was reported on 13 April; it was discovered as a result of 165 random samples taken in Jabal El-Hussein Camp during an UNRWA-led testing campaign.
- Jabal El-Hussein Camp was [completely closed down](#) after the COVID-19 test results came back positive and

contacts of the infected were tested for the virus.

- Several remote educational systems have been implemented through national TV and certain applications were created for devices for all students enrolled in UNRWA schools, after UNRWA was forced to close its schools due to the lockdown.
- Legal aid providers highlight that the livelihoods of Palestinian refugees have been disproportionately affected by COVID-19: the amendments to the Defense Order No. 6 reverse the conditions of employment termination in favor Jordanian employees, excluding non-Jordanians from the protection granted through e.g. a complaint mechanism after employment termination (see also Article 26 Labor Code).²³
- The socio-economic impact of COVID-19 has been particularly strong on ex-Gazans and PRS, who are more likely to work [as daily labourers](#) and in the informal market.²⁴ For instance, [more than 80 per cent of ex-Gazans in Jerash camp work as day labourers](#); they all lost employment due to the disruption of business and movement restrictions.
- Hundreds of refugees have reportedly [not been able to pay the rent for 3 months](#), due to decreased or loss of income. However, the Department of Palestinian Affairs recently exempted shop tenants in certain refugee areas from paying rents for March and April.²⁵
- Palestinian refugees without citizenship could not apply for many types of permits to leave their house during lockdown and curfew hours, including permits for parental care, work in the agricultural sector, and work in the commercial and industrial sectors (unless they are registered with the social security).

- Eligibility for support from the government's Social Security Corporation is limited to those who work in the formal sector.²⁶ This criterion [excludes the majority of ex-Gazans](#) and PRS. Nevertheless, emergency aid through the [National Aid Fund](#) has been extended to include household heads of ex-Gazans and Palestinian refugees without travel document working in the informal sector.

Access to health services provided at UNRWA PHC facilities has been limited due to travel restrictions placed upon staff, but the Agency resumed essential services after concluding an agreement with the government. Nonetheless, certain health services, like vaccinations, have been [post-poned](#).

Recent directives on repatriation of citizens abroad includes ex-Gazans who hold temporary Jordanian passports.

Charities operating in Palestinian refugee camps have experienced [difficulties in obtaining the necessary permits for the delivery of aid](#).

Lebanon

- As of May 26, there are 1,119 confirmed cases of COVID-19 in Lebanon, [seven of which involve Palestinian refugees](#).
- On April 22, a Palestinian woman from Syria became the [first refugee residing in a camp](#) in Lebanon to test positive for COVID-19. Two days later, four relatives of the woman tested positive, with [one more confirmed case registered since](#).
- UNRWA health centers currently offer critical services only, to reduce crowdedness. The Agency is covering the costs for Palestinian refugees in need of care for COVID-19 at external facilities, in collaboration with the Palestinian Embassy in Beirut. UNRWA and Médecins Sans Frontières also [opened up an isolation center in Sibliin](#).
- Palestinian refugees have [been excluded from repatriation flights](#) to Lebanon from abroad, leaving them stranded in third countries without financial support.
- The Lebanese Al Jomhouria newspaper published a caricature on the Lebanese Civil War Memorial Day [comparing Palestinian refugees to the COVID-19 virus](#), further exacerbating stigma and xenophobia.
- Palestinian refugees have experienced [obstacles in getting tested](#) for COVID-19 as Lebanese hospitals have been turning away undocumented people or setting prohibitively high costs for testing services.
- The COVID-19 crisis has [aggravated the pre-existing economic crisis](#), leading to a rise in costs of basic foodstuff in the entire country. For instance, the price of a food basket is estimated to have increased by more than 25 per cent following the pandemic. This drastically affects the affordability of basic products for vulnerable groups, including Palestinian refugees.
- The economic instability has led to a continuous decline in job opportunities, particularly for Palestinians. It is [estimated that 90% of all Palestinian refugees in Lebanon have lost work](#) as a result of the pandemic.
- Palestinian refugee camps have been excluded from the government sanitization campaign, but [separate campaigns](#) were organized by several NGOs and individual Palestinian refugees, covering all refugee camps.
- UNRWA relief assistance to registered

Palestinian refugees faced [several delays and technical logistical issues](#), resulting in crowded queues at money transfer companies and aggravating the risk of exposure to the virus.

Occupied Palestine

- As of May 26, there are 423 confirmed cases of COVID-19 in occupied Palestine, [117 of which are Palestinian refugees](#).
- The Palestinian Ministry of Health initiated extensive testing for COVID-19 in all of occupied Palestine. By May 19, it had conducted 43,343 laboratory tests. Moreover, [18,298 Palestinians are in quarantine at home, or in designated facilities for monitoring purposes](#).
- There are [critical gaps in the provision of medical supplies in both the West Bank and Gaza](#), including testing kits, personal protective equipment (PPE), ventilators and essential Intensive Care Unit (ICU) equipment. This is largely the result of the Israeli occupation and the blockade on Gaza.
- In all occupied Palestine, a [decline in public observance of regulations](#) is being reported, despite WHO campaigns meant to ensure adherence to recommended measures, such as physical distancing.

West Bank, including East Jerusalem

- A state of emergency was first declared in Palestine on 3 March, renewed twice, with a possibility of a third renewal. A curfew has been imposed across the West Bank, including on movement to/from East Jerusalem, except for emergencies.
- [At least two Palestinians residing in Deheisheh Camp have tested](#)

[positive](#) for COVID-19. The camp was subsequently sealed off and subject to mandatory lockdown.

- Israeli Occupation Forces (IOF) [incursions in the West Bank have not halted and continue to target refugee camps](#). Mainly, Israeli infantry units patrol the streets, raid and search houses, arrest, chase stone-throwers, and indiscriminately fire live bullets, sound bombs and tear-gas canisters at refugees. Reports also show [that IOF incursions have targeted health infrastructure](#), including medical clinics meant to serve Palestinians.
- The [IOF continues to establish new checkpoints](#) between camps and villages, increasing the difficulty to move between the different areas and access health care.
- Approximately three-quarters of all cases detected so far have been among workers returning from Israel to the West Bank, including Palestinian refugees. Israel has refused to test and enable precautionary measures for these workers.²⁷
- The impact of COVID-19 pandemic on the Palestinian refugee camps is aggravated by the [advancement of annexation plans](#) of the West Bank, which threatens the existence of the camps and their access to aid. [Shu'fat Camp in East Jerusalem](#) faces challenges in receiving adequate assistance and protection from the Palestinian Authority, UNRWA, other NGOs and civil society organizations due to the Israeli occupation, despite the internationally recognized division of jurisdiction between East and West Jerusalem, further compromising the health of Palestinian refugees light of COVID-19.

Gaza

- On May 23, the Ministry of Health reported the [first death in Gaza](#) due to COVID-19, with no more deaths reported since.
- All UNRWA PHC facilities are prioritizing critical services. Eight temporary quarantine centers were opened in Gaza to host residents returning from outside.
- [The siege on the Strip is critically affecting provision of medical supplies and staff](#) to refugees, being the reason for the low number of available COVID-19 test kits as well as limited procurement pipelines of medical supplies. According to WHO, there are only 87 ventilators available in Gaza for a population of roughly two million.
- The economic impact of the virus has been enormous due to disruption of business and continued closure of the already limited available checkpoints out of Gaza. Its economy is [estimated to incur a \\$200 million](#) due to the Israeli siege and the coronavirus combined.
- Despite the COVID-19 crisis, Israel has continued incursions into the Gaza Strip, including [into refugee camps](#).
- [Shootings on Palestinian fishing boats](#), many of Palestinian refugees, continue to injure fishermen and harm a sector that supplies jobs and food in Gaza.

Syria

- As of May 26, there are 106 confirmed cases of COVID-19 in Syria, [none of which involving Palestinian refugees](#).
- Some refugee camps have been under [complete lockdown for extended periods](#), such as the Qaber Essit refugee camp. Camp lockdowns have temporarily negatively affected the provision of health services.

- The recent decline in the exchange rate of the Syrian pound and a “striking” rise in house rents²⁸ have been particularly difficult for Palestinian refugees in the context of the Syrian civil war, especially considering the destruction of Palestinian refugee camps that previously served as a hub for employment and business opportunities.
- Reports have indicated that some Palestinian refugees have not received aid during the COVID-19 pandemic. For instance, [Palestinian families displaced from Yarmouk Camp to Jdeidat Artouz](#), have reportedly not received any medical assistance from UNRWA. Similarly, tens of families residing in Al-Ball camp reported receiving no aid for all of Ramadan.
- The [delivery of humanitarian services has fundamentally been compromised](#) by the deteriorating security situation, particularly in the Dera’a area, where UNRWA facilities had to close several times during May. In general, UNRWA and aid agencies have difficulties reaching Palestinian refugees who are currently in areas controlled by rebel forces.
- Ongoing violence has led to an [increase in the internal displacement of Palestinian refugees in Syria](#). In addition to threatening the security and livelihood of the twice-displaced refugees, the human mobility in an attempt to flee conflict has hindered implementation of effective lockdown measures and social distancing.
- UNRWA has reported an [acute lack of COVID-19 testing facilities](#) in all of Syria.

Legal obligations

In the context of COVID-19, the following legal norms apply to protect the Palestinian refugees in Jordan, Lebanon, Occupied Palestine and Syria:

The Right to Health

Widely recognized in international law,²⁹ the right to health requires countries to ensure that the provision of essential medicines, prevention and treatment are provided in a non-discriminatory manner. Access to food, water and sanitation, safe shelter and education are as part of realizing the right to health. These rights – of heightened relevance and importance in times like the current COVID-19 pandemic – apply to refugees, including stateless persons whose lack of effective nationality must not preclude them from enjoying the right to health. Nevertheless, in many host states, access to health care is limited by discriminatory legislation that charges Palestinians exorbitant costs for public health services, while the humanitarian community is unable to completely cover gaps in services. Moreover, in occupied Palestine, Israeli blockades prevent procurement of medical supplies and training of medical staff. In Syria, the West Bank and Gaza, violent attacks, demolitions and political instability have negatively affected Palestinian refugees' access to health care.

The Right to Livelihood³⁰

Countries have the obligation to assist refugees who lose their jobs and incomes due to the COVID-19 pandemic to the same extent that such protection is afforded to nationals. In addition, countries are to ensure respect of labor rights of refugees working in essential occupations and industries, and in particular take measures to protect their health. In several host states, Palestinian

refugees currently lack economic rights and are, particularly, at risk of immediate dismissal or suspension of labor. This is particularly the case for certain groups, such as ex-Gazans, “non-ID holders” and PRS. Moreover, many Palestinian refugees are ineligible to apply for unemployment benefits.

The Right to Equal Treatment and Non-Discrimination³¹

Host authorities have the obligation to comply with laws requiring equal treatment and non-discrimination in their approach to attempting to halt and responding to COVID-19. This regards all persons in the country, irrespective of their immigration and citizenship status or the fact of their displacement. Many Palestinian refugees in the region suffer from discriminatory legislations and treatment. In addition, non-discrimination is critical from a public health standpoint; since the virus is indiscriminate, adopting discriminatory policies increases the risk of further spread of COVID-19 and threatens the well-being of the entire country.

International Humanitarian Law

In the context of the ongoing occupation by Israel of the Gaza Strip and West Bank (including East-Jerusalem), Israel, as the occupying power, must take all necessary measures to effectively protect Palestinians in times of pandemic by ensuring hygiene and public health during an epidemic (Art. 55 and 56 Fourth Geneva Convention). Moreover, Israel is required to cooperate effectively with national and local authorities to protect the population from the virus (Article 56 of the Fourth Geneva Convention). Finally, Israel is also obligated to maintain public order, protect Palestinian life and property from all acts of violence or threats thereof, and

ensure the basic needs and welfare of the Palestinian civilian population under its control (Art. 43, Hague Regulations; Art. 4, 27 and 55 Fourth Geneva Convention).

Recommendations

In light of existing rights of and obligations toward Palestinian refugees, **the Global Network of Experts on the Question of Palestine (GNEQP) recommends** that a number of measures be considered in order to mitigate the impact of the COVID-19 pandemic and ensure the protection, safety and health of Palestinian refugees in Jordan, Lebanon, occupied Palestine and Syria:

International community and donors should

1. Put an end to the protracted plight of Palestinian refugees that has spanned over 72 years, and seek a just and comprehensive solution that enables their right of return.
2. *Remind* Israel of the obligations it has as the occupying power, in accordance with international humanitarian law, in particular the applicable provisions of the Fourth Geneva Convention. This entails lifting the siege on Gaza to allow for medical supplies and staff to enter.
3. *Acknowledge* the importance of including Palestinian refugees in the measures taken as a global response to the COVID-19 pandemic.
4. *Strengthen* support for UNRWA, including by fully funding the UNRWA Emergency Flash Appeal for the COVID-19 Response, to help maintain decent living standards for Palestinian refugees and increase resilience to future health crisis
5. *Increase* support for healthcare providers across the region, including governments, grassroots

organizations, and local and international NGOs, to fill immediate gaps in healthcare provision.

6. *Mobilize* funds to strengthen local economies and mitigate the negative socio-economic impact of COVID-19 on host and refugee communities.
7. *Ensure* an inclusive approach from implementation partners for information dissemination, service provision and case management to support Palestinian refugees in checking their eligibility, applying and resolving issues related to their application.

Host governments should

8. *Abide by* the provisions of international law related to the right to health, livelihood, and equal treatment and non-discrimination of all Palestinian refugees.³²
9. *Provide* Palestinian refugees, as long-term residents in their countries, with affordable, appropriate and comprehensive access to public health services, including testing and treatment for COVID-19, without discrimination.
10. *Include* Palestinian refugees in the provision of economic relief to families that suffer from the consequences of isolation, restriction of movement and loss of income.
11. *Acknowledge* the precarious situation of particular groups, such as the PRS and Palestinian refugees without a national ID, in responding to the COVID-19 pandemic, in particular their labor rights and access to health care.
12. *Allow* Palestinian refugees habitually residing in the country to take part in national repatriation efforts to the country.
13. *Discourage* circulation of material, including in government publications

and media, that exacerbates stigma and incites xenophobia against Palestinian refugees.³³

UNRWA and other NGOs should

14. *Ensure* that Palestinian refugees receive reliable information and support needed to facilitate their application and registration for assistance they are entitled to.
15. *Cooperate* with local grassroots organizations and civil society organizations to identify less identifiable Palestinian refugee communities, groups and individuals in need, including PRS, women and children.
16. *Create* new forms of collaborative networks that can identify and mitigate potential threats and humanitarian crises, including public health crises, currently and in the long term.
17. *Implement* remote education programs that adequately tackle current practical challenges faced by refugee families, including the lack of necessary electronic equipment and infrastructure.

18. *Ensure* that designers of aid and development initiatives aimed at addressing the humanitarian needs of Palestinian refugees consult with these communities and uphold their right to self-determination.

Refugees and host communities should

19. *Enhance and expanding* efforts foster a sense of solidarity between the refugee and host community to combat the spread of COVID-19 and its indirect impact on society, taking into consideration the ways in which the pandemic is affecting the society's most vulnerable.
20. *Respect* the measures implemented at global and local levels by governments and other policy makers, including social distancing recommendations, to the greatest extent possible, in order to prevent the spread of the virus in local communities
21. *Encourage* children to continue education despite the difficult circumstances posed by distance learning and work towards creating a positive learning environment to the greatest extent possible.

The Global Network of Experts on the Question of Palestine

The GNQP members consist of leading international academia, lawyers and human rights activists that share their insights and outlooks on predominant legal and political discussions on the [Question of Palestine](#). The establishment of the GNQP is a result of the three-year programme dedicated to the 'Question of Palestine 70 Years On: Priorities for Action' launched in October 2018 by the Arab Renaissance for Democracy and Development (ARDD) with the purpose of strengthening dialogue on Palestine through strategic, innovative and evidence-based advocacy.



النهضة العربية للديمقراطية والتنمية
Arab Renaissance for Democracy & Development

1 Palestinian refugees are persons who were: (1) displaced from the territory of British Mandate Palestine subsequently designated as Israel, the West Bank and Gaza Strip respectively to neighboring countries (Jordan, Lebanon, and Syria), as well as the West Bank and the Gaza Strip – with small numbers also fleeing to Egypt and Iraq - in connection with the creation of the state of Israel (i.e., the 1947-49 Arab-Israeli war); they are commonly referred to as “Palestine refugees” or “1948 refugees:” despite them holding British Mandate citizenship since 1925 and Ottoman nationality before that, they were prevented from returning to their homes and were denationalized en masse by Israel. (2) displaced from the West Bank, including East Jerusalem, and the Gaza Strip when Israel occupied those territories in 1967 (commonly referred to as ‘1967 displaced persons’). All of them, together with their descendants, are refugees, according to international law, until their overall situation is definitely settled in line with UN resolutions. See *UNHCR Guidelines on International Protection No. 13: Applicability of Article 1D of the 1951 Convention Relating to the Status of Refugees to Palestinian Refugees, December 2017, HCR/GIP/16/12, para. 9*. For a comprehensive discussion see Francesca Albanese & Lex Takkenberg, *Palestinian Refugees in International Law* (Oxford: Oxford University Press, 2020).

2 UNRWA population statistics are limited to 1948 refugees eligible for Agency services; education/health/relief and social service figures are limited to the sub-group of registered refugees who use Agency services. Survey data from other sources are limited in various ways, e.g., focus on camp refugees.

3 Jordan hosts over two million Palestinian refugees, of which approximately 370,000 live in one of the 10 official refugee camps. See “Where We Work - Jordan,” UNRWA, <https://www.unrwa.org/where-we-work/Jordan>, accessed May 22, 2020.

4 Until 1988, West Bank Palestinians had enjoyed Jordanian citizenship. This changed in response to PLO’s demarche for statehood in the occupied Palestinian territory. See King Hussein of Jordan’s Address to the Nation, 31 July 1988. Palestinians from the West Bank, including refugees, were no longer considered Jordanian citizens, but can apply for a temporary passport which serves as a travel document. Jamjoum, H., ‘Palestinian refugees in Jordan and the revocation of citizenship: Interview with Anis F. Kassim’, *Al Majdal: Forced Secondary Displacement: Palestinian Refugees in the Gaza Strip, Iraq, Jordan, and Libya* 45 (2010).

5 Since 2011, Jordan has received close to 17,000 Palestinian refugees from Syria (PRS), although the exact number remains unknown, most of them living in abject poverty, with compromised legal rights and status.

6 Lebanon hosts over 470,000 Palestinian refugees, of which approximately 225,000 live in one of the 12 official refugee camps. The protracted economic crisis and recent political unrest in Lebanon have negatively affected the already dire living conditions of Palestinian refugees. See “Where We Work - Lebanon,” [UNRWA, <https://www.unrwa.org/where-we-work/Lebanon>, accessed May 22, 2020.

7 Over the past decade, Lebanon became host to approximately 30,000 PRS, who are especially vulnerable.

8 The West Bank hosts over 800,000 Palestinian refugees, out of which approximately 194,000 live in one of the 19 official refugee camps. Gaza hosts a total of 1,386,455 Palestinian refugees, out of which approximately 600,000 live in one of the eight recognized refugee camps. Under siege since 2007, Palestinian refugees in the Gaza Strip have been isolated well before the current pandemic. The situation for Palestinian refugees in Gaza is extremely dire, and the Gaza Strip is often referred to as an “open-air prison.” See “Where We Work – West Bank,” UNRWA, <https://www.unrwa.org/where-we-work/west-bank>, accessed May 22, 2020; and “Where We Work – Gaza,” UNRWA, <https://www.unrwa.org/where-we-work/Gaza-strip>, accessed May 22, 2020.

9 Syria currently hosts approximately 438,000 Palestinian refugees, not including the 120,000 who have left Syria since the start of the Syria crisis in 2011. The country counts nine official refugee camps for Palestinians, in addition to three unofficial camps. As part of the ongoing conflict, Palestinians have suffered from a depletion of resources, destruction of infrastructure, and limited livelihood opportunities. See "Where We Work - Syria," UNRWA, <https://www.unrwa.org/where-we-work/Syria>, accessed May 22, 2020.

10 *UNRWA Health Department Annual Report 2018* (UNRWA: Jerusalem, 2019), https://www.unrwa.org/sites/default/files/content/resources/annual_report_2018_final_low-2.pdf; Jad Chaaban et al., *Survey on the Socioeconomic Status of Palestine Refugees in Lebanon* (Beirut: American University of Beirut and UNRWA, 2016), https://www.unrwa.org/sites/default/files/content/resources/survey_on_the_economic_status_of_palestine_refugees_in_lebanon_2015.pdf; *Insights Into the Socio-Economic Conditions of Palestinian Refugees in Jordan* (UNRWA: Amman, 2013)

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31 See *ICCPR arts. 2(1), 26; ICESCR art. 2(2); Charter of the United Nations, preamble, arts. 1(3), 55; UDHR, art. 2(1); Guiding Principles on Internal Displacement, principle 1(1).*





32 For Palestinian refugees, the right to health can be inferred from: *UDHR art. 25; ICESCR art. 12; ICERD 5(e)(iv); UN Committee on Economic, Social and Cultural Rights, General Comment No. 14 on the right to the highest attainable standard of health; UN Human Rights Committee, CCPR Nell Toussaint v Canada (2018), para 11.* The right to livelihood can be inferred from: *UDHR art. 23; ICESCR art. 6; ICERD art. 5, Convention on the Protection of the Rights of All Migrant Workers and Members of their Families arts. 11, 25, 55, 56.* The right to equal treatment and non-discrimination can be inferred from: *ICCPR arts. 2(1), 26; ICESCR art. 2(2); Charter of the United Nations, preamble, arts. 1(3), 55; UDHR, art. 2(1); Guiding Principles on Internal Displacement, principle 1(1).*

33 For legal provisions on this responsibility, see *UDHR art. 2(1); ICCPR art. 2(1); ICESCR art. 2(2); International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) arts. 2,4.*



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