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Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

The Director-General has the honour to bring to the attention of the Health Assembly the attached report of the Director of Health, UNRWA, for the year 2003.

ANNEX

REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2003

INTRODUCTION

1. As the new millennium began, the Palestinian refugees registered with UNRWA numbered in excess of four million, five times the 800 000 people who lost their homes as a result of the Arab-Israeli War in 1948 and took refuge in Jordan, Lebanon, Syria,¹ the Gaza Strip and the West Bank.
2. Since 1950, under the terms of an agreement with UNRWA, WHO has provided technical supervision of UNRWA's health care programme through the sustained support of the WHO Regional Office for the Eastern Mediterranean. In response to the humanitarian crisis that began in the occupied Palestinian territory in the autumn of 2000, UNRWA maintained an expanded programme of emergency assistance in addition to its regular and developmental health activities.

HEALTH CONDITIONS

3. For the third year running, the humanitarian crisis in the occupied Palestinian territory continued to affect every aspect of the everyday life of the population. The state of unrest and violence, widespread unemployment and obstacles hindering humanitarian access led to increased poverty rates and a deterioration of the health and nutritional conditions of the population in general, and of refugees in particular.
4. In violent conflicts, women and children are normally the most affected. The Palestinian child rights organization, Defence for Children International/Palestine Section, had documented the death of over 500 Palestinian children under the age of 18 years. These deaths were the result of measures implemented since September 2000 in the West Bank – including East Jerusalem – and the Gaza Strip. Defence for Children International/Palestine Section reported that an estimated 10 000 children were wounded during the period. The majority of these children were killed and injured while going about their normal daily activities, such as going to school, playing, shopping, or simply when in their homes.
5. In its January 2003 report, CARE International noted that chronic malnutrition among children under five had reached emergency rates and that over 40% of children in that age group were anaemic. Anaemia rates among women were even higher, reaching approximately 53% in the Gaza Strip. The United Nations Special Rapporteur on the right to food, confirmed these trends in his October 2003 report. Currently, over 50% of Palestinians are largely dependent on food aid.
6. The Food Security Assessment, West Bank and Gaza Strip – conducted by FAO in collaboration with WFP and sponsored by the European Commission and the United States Agency

¹ Now the Syrian Arab Republic.

for International Development¹ – concluded that access and affordability are limited by physical factors (namely, restrictions on movement) or economic factors (such as high unemployment, depletion of resources, exhaustion of coping strategies and strained social support networks). Approximately 40% of the population of the West Bank and the Gaza Strip are food insecure and a further 30% are under threat of being food insecure should current conditions persist. The study also concluded that food aid accounts for a large and growing share of the diet and that despite increased access to food aid, adequate food supplies are not reaching all households; diets are also of low quality in terms of vitamin and mineral content. The study also concluded that although the flow of humanitarian and development assistance from national and international bodies is substantial, it is far below the amount needed to ensure food security for all. Currently, most assistance is aimed at maintaining the status quo. The main problem is that many do not have the money to buy food even when it is available and a large share of households have shifted to lower-cost foods that provide a less nutritious diet. The reductions in the quantity and quality of food consumed means that access to a nutritious diet has been seriously affected.

7. Since September 2000, Palestinian children have been living in an environment of continuous violence and uncertainty, which has led to a high rate of post-traumatic stress disorder symptoms. An April 2003 survey by the Gaza Community Mental Health Programme, found that 33% of the children surveyed required psychological intervention and 49% suffered from a moderate level of post-traumatic stress disorder symptoms. A study conducted in March 2003 by Save the Children-UK and Save the Children Sweden noted that parents report that their children under five exhibit disturbing behavioural symptoms, including increased violence and aggression, lack of concentration, bed-wetting and nightmares and failure to eat properly and maintain good personal hygiene. According to a July 2003 joint study by Save the Children USA and the secretariat of the National Plan of Action for Palestinian Children, 90% of parents reported that their children exhibit similar traumatic stress-related symptoms. Given that children constitute 40% of the Palestinian population in the occupied territories, the future impact of the current humanitarian crisis is a cause for grave concern.

8. A major reason for concern in the West Bank was the decline in immunization coverage of infants below 12 months of age: primary series in certain localities had fallen to levels below the sustained coverage of over 95%. The main drop was reported from Hebron town, Dahrieh, Ein Arik, and Doura. There was also a drop in booster immunizations from UNRWA's Jerusalem Health Centre, Hebron town, Dahrieh and Doura. Although not dramatic, the sudden decline in immunization coverage for the second year running for a programme which had maintained almost complete coverage over several years is a further cause for concern. Isolated communities of unimmunized children in localities under prolonged curfews, in remote villages and border areas represent susceptible populations, among whom epidemics may break out at unpredictable times and places.

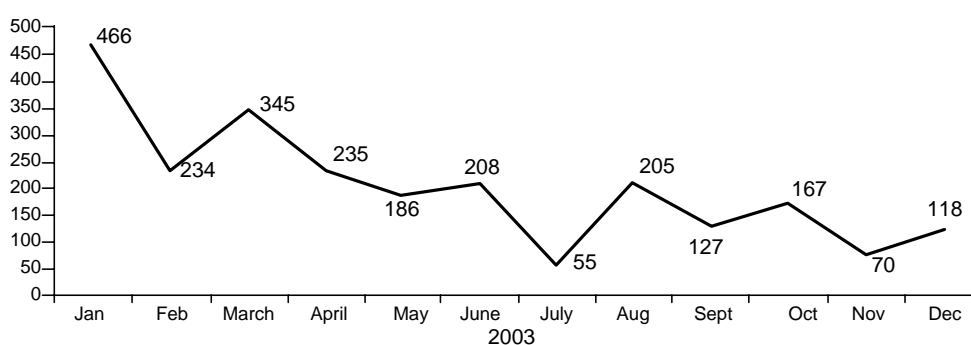
9. Cross-border outbreaks constitute an even more serious threat. This is particularly true for measles, but it could also be the case for poliomyelitis. In early December 2003 there was an outbreak of mumps in Askar camp, in Nablus area; this subsequently spread to the nearby Balata camp and adjacent localities. At the time this report was being prepared, the outbreak had still not subsided; 328 children had been affected, of whom 62.7% were between 6 and 15 years of age; 63.7% were males and 36.3% females. Thirty-one per cent had not previously been immunized.

10. During 2003, 2416 man/days were lost by UNRWA health personnel in the West Bank. This was the result of closures, curfews and restrictions imposed on staff movements (see figure below).

¹ Executive Report of the Food Security Assessment, West Bank and Gaza Strip, 2003.

Restrictions on staff movements were more severe during the first quarter of the year; by early May they were starting to be eased, however they were never removed. Given the breakdown in the lines of management and supervision together with the disruption of staff training and development activities, the loss of man/days – coming at a time of sustained increase in demand for UNRWA medical services – was starting to affect service quality especially in the West Bank.

Man/days lost in the West Bank, UNRWA health centres and Qalqilya Hospital



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11. Throughout 2003, the Government of Israel continued the planning and construction of what has been variously called a “security fence”, “separation barrier” or “separation wall”. The completed sections, consisting of concrete walls, electronic fences, patrol roads, ditches and trenches, stretches for 180 kilometres. The first phase was completed in July 2003 and is already having a negative impact on 66 towns, villages, and refugee camps in the Qalqilya, Tulkarem and Jenin governorates. Some 200 000 people are already affected to some degree by the first phase, having lost land, water and agricultural resources during the construction of the barrier; they are also experiencing problems in accessing essential services. This figure includes 17 931 refugee families, or 88 284 individuals, representing over 40% of those concerned. Particularly affected are 13 639 Palestinians in the 15 communities that are completely isolated between the barrier and the 1949 Green Line, including 623 refugee families or 3228 individuals.

12. The winding nature of the security barrier together with the “depth barriers” that have been constructed, have caused additional enclaves to be created to the east of the barrier (or may do so in the future). Fifteen communities will be affected, numbering approximately 139 121 Palestinians, including 15 356 refugee families, or 75 238 individuals. One such enclave is Qalqilya town, where access is only possible through one gate to the east, severely affecting the refugees who rely on the hospital and schools run by UNRWA. Plans to enclose Tulkarem and its immediate hinterland between a concrete wall to the west and a 10-kilometre-long “depth barrier” to the east will have a similarly negative impact on the approximately 7210 refugee families who live in Tulkarem and its two refugee camps. Thousands of Palestinians have left Qalqilya since the start of the intifada, because of the impact of the closure on social and economic life.

13. According to the United Nations Office for the Coordination of Humanitarian Affairs, completion of the barrier will result in approximately 15% of West Bank land being isolated between the barrier and the Green Line (excluding East Jerusalem and the Jordan Valley section). In total, some 274 000 Palestinians in 122 communities will be isolated, either living between the barrier and the Green Line or in fenced-in enclaves. An additional estimated 400 000 Palestinians will be obliged to

pass through access gates to reach land, workplaces and services. In addition to constraints on UNRWA facilities and services located in these areas, the barrier will increase access problems for refugees entering and leaving the enclaves; it will also hinder UNRWA outreach mobile clinics and distribution teams, who may require special entry permits to pass through the gates in order to conduct the Agency's regular and emergency programmes within these enclaves. Already, UNRWA medical and distribution teams have been denied access to affected villages in the Qalqilya and Tulkarem areas.

14. Of particular concern is the situation in Jerusalem, where UNRWA's operations are already constrained by the special permits that are required for West Bank resident employees and beneficiaries accessing the field office, the eight Agency facilities in Jerusalem, and the Augusta Victoria Hospital. In the northern Jerusalem area, approximately 15 000 refugees in Qalandia Camp, Kfar Aqab and Rafat, including 5000 Jerusalem identity card holders, are already outside the "Jerusalem Envelope". The southern completed section of the Envelope already effectively cuts off the Bethlehem urban area and its three refugee camps from Jerusalem, affecting a total of 45 000 refugees. The barrier will also exclude over 10 000 refugees in Shufat Camp, with negative consequences for UNRWA and municipal services. Those holding Jerusalem identity cards left outside the "Jerusalem Envelope" may have to move within the municipality proper, because of potential access problems and to avoid losing their Jerusalem identity cards.¹

15. UNRWA is particularly concerned about the impact the barrier will have on the Agency's ability to continue to provide essential humanitarian services to registered refugees and others in need throughout the West Bank. Refugees constitute a particularly vulnerable group and, when the barrier is completed, they are likely to face a further sharp decline in living standards and increased dependency on outside humanitarian aid.

16. Prior to the current crisis, UNRWA's hospital in Qalqilya provided care to a large number of refugees throughout the northern areas of the West Bank and the bed occupancy rate was 67.5%. As a result of restrictions on movement, including curfews and closures and more recently the construction of the separation wall around the city, this rate has fallen to only 43.5%. The number of patients from outside the city who are now treated in the hospital has declined from 38.6% to only 16.7%. Similarly, the number of surgical procedures performed has fallen from an average of 1154 to 305 a year.

17. There are also major concerns that, once completed, the separation wall around Jerusalem will create similar problems, preventing patients requiring emergency care from using nongovernmental hospitals in East Jerusalem including Makassed, Augusta Victoria and St John's. In several localities of the West Bank, women and children previously able to benefit from UNRWA-provided maternal and child health care, might effectively be denied access to these services.

18. According to the statistics released by the Palestinian Red Crescent Society, a total of 2636 fatalities and 24 363 injuries were reported among the Palestinian population of the West Bank and the Gaza Strip during the period 29 September 2000 to 31 December 2003. Israeli sources reported that 909 Israelis were killed and 6077 were injured during this period. The number of Palestinian deaths resulting from Israeli actions in the past two years is equivalent, in proportional terms, to the death of about a quarter of a million people in the United States of America.² In addition

¹ This problem is currently the focus of the UNRWA Emergency Appeal for 2004.

² See *The Arab human development report 2003: building a knowledge society*, New York, United Nations Development Programme, 2003.

to the human loss, many of the injuries suffered lead to permanent disabilities requiring complex reconstructive surgery and tertiary care not readily available in local hospitals.

19. According to UNRWA statistics, a total of 121 children in UNRWA schools have been killed and 1532 injured in the Gaza Strip and the West Bank since the beginning of the current crisis; all were below the age of 15 years and none involved in any way in the conflict raging around them. They were exposed while at home, on their way to school or in their classrooms.

20. In August 2003, a WHO survey revealed that more than 50% of the respondents had had to change health care provider facility, and that in 90% of these cases this change was provoked by restriction of access. Healthlink Worldwide reported that since September 2000, medical personnel had been the object of more than 254 attacks while performing their duties; as a result, 15 medical staff had lost their lives.

21. Water quality surveys undertaken in July 2003 indicate that 69% of samples failed the WHO water standard for the occupied Palestinian territory. New wells built by the United States Agency for International Development, which could have helped alleviate the water shortage in Gaza, were recently destroyed in an Israeli military incursion. Construction of the northern section of the separation barrier has itself brought the destruction of 35 000 metres of domestic and agricultural water pipes.

UNRWA'S EMERGENCY RESPONSE

22. Since the beginning of the humanitarian crisis in the autumn of 2000, UNRWA has launched a series of appeals to implement a comprehensive programme of emergency humanitarian assistance comprising, inter alia, emergency employment generation, emergency food aid, emergency shelter repair and reconstruction and emergency medical care. Funds requested through these appeals together with confirmed pledges, both cash and in kind are shown below for the period October 2000 to December 2003. In addition, UNRWA has launched an emergency appeal to sustain its programme of emergency assistance in 2004 at US\$ 193.5 million.

Emergency appeals funding status (US\$ million)

	2000/2001 Appeals	2002 Appeal	2003 Appeal	Total
Amount requested	160.3	172.9	196.6	529.8
Confirmed pledges	133.1	94.6	83.3	311.0

23. By the end of 2003, UNRWA had only received 48% of its total requirements as set out in its 2003 emergency appeal. The Agency was again forced to reprogramme its response towards food aid, direct employment and cash assistance. Lack of funds meant cancellation or severe curtailment of programmes in education, health and shelter rehabilitation.

24. UNRWA has consistently dealt with the emergency within a developmental perspective, recognizing that poverty is both a cause and a consequence of ill-health. Guided by this approach, a central component of the Agency's response to poverty stemming from the current crisis has been

emergency employment creation. Since UNRWA launched its emergency programme of assistance in late 2000, some four million work days have been generated under the direct hire programme.

25. Since the first emergency appeal was launched in late 2000, in response to escalating food insecurity among the refugee population of the occupied Palestinian territory, UNRWA has distributed more than 3.4 million food parcels. Food aid has been provided to more than 200 000 families in the Gaza Strip and the West Bank, representing approximately two thirds of the refugee population and one third of the total population of the occupied Palestinian territory. Assistance to non-refugees will be provided in close coordination with WFP and the Palestinian Authority.

26. In response to health-related needs arising out of the current crisis, UNRWA continued to employ additional staff, both in the Gaza Strip and the West Bank; their role was to assist in maintaining regular services and in meeting the additional demand on medical services, including doctors, nurses and paramedical staff. There were five emergency mobile teams operating in the West Bank, two serving villages in Nablus area, two serving villages around Hebron and the fifth in the vicinity of Jerusalem. Additional emergency medical supplies were made available and assistance was provided towards settlement of the hospitalization bills for patients who were in need of emergency care but who could not reach hospitals with which UNRWA has contracts.

27. In order to mitigate the growing distress of the Palestinian people, UNRWA maintained its multidisciplinary programme of psychological counselling and support in the Gaza Strip and the West Bank. Seven consultants specializing in psychological health conducted 13 workshops for 234 UNRWA employees in the West Bank, including doctors, nurses, social workers, teachers and school counsellors. Counsellors conducted 784 group guidance sessions to 6152 beneficiaries in the Gaza Strip and 4261 sessions to 36 106 beneficiaries in the West Bank. These activities were complemented by group guidance sessions provided by teaching staff and social workers.

28. At the same time, work was in progress on the reconstruction of Jenin camp, major parts of which were reduced to rubble during an Israeli military operation in March 2002. The project included rehabilitating water and sewage networks and roads. Contracts for the road, water, storm-water drainage and sewerage networks were signed in September 2003 and work on the storm-water drainage network, a water trunk-line and roads were 30% complete by mid-January 2004. Work on the main wastewater trunk-line began in November, almost two months behind schedule because the production of pipes was hampered by Israeli Defence Force operations. In addition, a rapid assessment of the needs for emergency repairs in other camps of the West Bank was carried out by a WHO consultant sanitary engineer.

29. In October 2003, UNRWA completed an assessment of the current humanitarian crisis in the occupied Palestinian territory in terms of both people and services. The report covered humanitarian and economic conditions, health conditions, casualties, food and nutrition, mental and psychological problems and housing and environmental conditions. The report also provided a vision of the way forward to meet medium- and long-term development needs and challenges, should changing conditions favour a move away from conflict towards recovery and development.

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