



17 May 1973

TWENTY-SIXTH WORLD HEALTH ASSEMBLY

INDEXED

Agenda item 3.13

HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS
IN THE MIDDLE EAST

PHYSICAL AND MENTAL HEALTH OF THE POPULATION OF THE OCCUPIED
TERRITORIES AND OF POPULATIONS SERVED BY UNRWA IN THE MIDDLE EAST

Abridged Annual Report for 1972 of the
Director of Health of UNRWA

CORRIGENDUM

1. Page 3, under heading "Medical rehabilitation" insert the following text:

"13.1 The programme of medical rehabilitation of crippled children through physical therapy was continued on a modest scale. 237 patients completed treatment and another 143 were still under treatment at the end of the year. Orthopaedic devices, as necessary, were provided out of funds made available by certain voluntary organizations, though difficulties were experienced in supplying artificial limbs because of their expensiveness."

2. A new heading, "Medical supplies" should be given to paragraph 14.

3. Page 6, paragraph 29. Delete the last sentence commencing with "Simultaneously," to ".... in the camp." and insert the following text:

"Simultaneously, however, road construction in Rafah and Nuseirat Camps, resulted in the demolition of some 695 refugee shelter rooms, the occupants of which later purchased housing in the new project or were accommodated in vacant shelters in the camps. In addition, 104 (comprising 121 seats) family and public septic tank latrines and 59 refuse platforms or bins were demolished in these two and the Beach (Shati') camps."

4. Page 7, paragraph 40, line 2. The figure "\$ 4515 million" should read "\$ 4.515 million".





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Introduction

1. During 1972, for the twenty-third year running, and pending a political solution to their problem, with which matter the United Nations General Assembly and the Security Council remains seized, UNRWA continued to provide essential relief, education and health services for Palestine refugees residing in east Jordan, Lebanon and the Syrian Arab Republic, and in the Israeli-occupied territories of the Gaza Strip and the West Bank of Jordan (including east Jerusalem). The current mandate of UNRWA, vide the United Nations General Assembly resolution 2792 A (XXVI) dated 6 December 1971, covers the period to 30 June 1975.

2. The Palestine refugee community registered with UNRWA (as at 31 December 1972) for assistance numbered 1 523 035, of whom 591 595 are officially accommodated in UNRWA-serviced camps. They are distributed as follows (the number in parenthesis indicating camp residents): Gaza 327 179 (200 785); Jordan (east) 557 971 (177 300); West Bank 281 058 (71 654); Lebanon 185 597 (95 331); Syria 171 230 (46 525). So, of the total number of refugees only 39 per cent. are accommodated in camps while the remaining 61 per cent. live dispersed among the local inhabitants. Socio-economically these are basically underdeveloped areas and that is one main reason why the majority of the refugees depend substantially on UNRWA to provide their basic necessities of life.

Relationships with the World Health Organization

3. The World Health Organization continued to support UNRWA's health programme in accordance with the basic agreement signed between these two international bodies in 1950 and extended thereafter as necessary so as to conform to the Agency's own mandate. According to the agreement WHO bears the responsibility for the technical direction of UNRWA's health services.

UNRWA's health programme in 1972

4. UNRWA provided, as in previous years, a comprehensive community health programme comprising preventive and curative health services for approximately 1 322 200 refugees eligible for such services, an environmental sanitation programme for about 643 300 persons (including unofficial population) living in the 63 (including 10 emergency) refugee camps, and a programme of supplementary feeding for the vulnerable refugee groups.

5. The health services were maintained at the on-going level and in general operated smoothly in all the Agency's Fields of operation. It was also possible to effect some modest improvements in the health programme and facilities, owing largely to designated

contributions. Thus two health centres had their unsatisfactory premises replaced by new constructions and a maternal and child health clinic extension was added to another. New sub-units established at selected health centres included two specialized clinics for the treatment of rheumatic diseases and two clinical laboratories.

6. Certain setbacks were also suffered by the health services. Two air attacks by Israeli forces on the Nabatieh Camp in Lebanon (on 27 February and 8 September) resulted in almost total destruction of the camp's health centre and the supplementary feeding centre. Alternative temporary arrangements have been made to carry out the centre's functions for the refugees who still remain in this camp and those dispersed in the camp's close neighbourhood. Towards the end of December a strike called by the General Union of Palestine Workers resulted in the temporary closure of medical and supplementary feeding services in north Lebanon for nearly two weeks.

CURATIVE MEDICAL SERVICES

7. Medical and dental out-patient and in-patient care were provided for eligible Palestine refugees at UNRWA's own and at subsidized health centres, points, clinics, laboratories and hospitals in all the Agency's Fields.

Out-patient medical care

8. This service was made available in 119 health centres/points (95 UNRWA, 11 government and 13 voluntary society). Attendances for general medical consultation numbered 598 409 first visits (i.e. for the first time during the year) and 1 582 691 repeated visits.

9. Domiciliary treatment of eye infections, ringworm infection of the scalp and mass treatment of ascariasis among school and pre-school children according to a uniform therapeutic regimen for each disease, were extended to all Fields. Studies of the efficacy of different therapeutic regimens in the management of diabetes, rheumatic subjects and chronic suppurative otitis media were carried out in various health centres. UNRWA also operated 18 specialized clinics attached to selected health centres in the various Fields. Of these, 12 were for the management of patients suffering from diabetes mellitus and six for rheumatic diseases.

Out-patient dental care

10. This service remained available to the refugees on the same limited scale as before, greater attention being given to the preventive aspects of the dental health of school children, pregnant women and nursing mothers. An increase of 5 per cent. in the per capita rate of attendance compared with the previous year was indicative of greater utilization of this service.

Laboratory services

11. These services were provided at UNRWA, government, university and subsidized private laboratories in all Fields. Diagnostic tests and those of a public health nature were performed. The Agency itself operates a central laboratory in Gaza besides 12 clinical laboratories attached to larger health centres in the different Fields; two of the latter were newly established during the year, one each in Syria and Gaza.

In-patient medical care

12. In-patient care facilities were secured in government, local authority, university, voluntary agency and privately-owned hospitals and institutions. The Agency continued to operate its cottage hospital (36 beds) at Qalqilya on the West Bank, a paediatric ward (15 beds) in the Gaza Strip and 20-day rehydration/nutrition centres (230 cots in total)

distributed in all Fields. Conjointly with the Public Health Department in Gaza, UNRWA also continued to administer the 210-bed tuberculosis hospital at Bureij.

13. The total bed complement made available to refugee patients was 1762, giving an overall bed-population index of 1.33 per 1000 eligible population. Of these beds 80 per cent. were used for acute conditions and 20 per cent. for chronic diseases (tuberculosis 9 per cent. and mental illness 11 per cent.). Provision was also made to assist medically selected cases in securing highly specialized in-patient care, including heart, chest and plastic surgery, kidney transplant and haemodialysis and positive-pressure respiratory treatment, whenever possible through the generosity of specialized institutions, or voluntary societies or out of the Agency's small 'Life-saving' fund.

Medical rehabilitation

14. During the year, about \$261 000 worth of medical supplies were procured and an additional \$50 000 worth (mainly vaccines) were received as contributions. The Agency continued to maintain a central stock reserve in Gaza and Lebanon Field pharmacies to meet unforeseen needs arising in any of the Agency's areas of operation. Medical supplies issued to Agency health units during the year amounted to about \$ 280 000.

PREVENTIVE MEDICAL SERVICES

Epidemiology and control of communicable diseases

15. Surveillance was maintained over selected diseases through weekly reports of their incidence from 83 UNRWA health centres or health points in all the Fields, as well as through special investigations and surveys. Vigilance and preventive measures also continued in relation to cholera and were intensified upon the reappearance of the disease in Syria and West Bank in October 1972. One case only occurred among the refugees in Syria, resulting also in death. In the outbreak in West Bank, extending from 29 October to 1 December and confined to Jerusalem and its surrounding areas, 7 of the total of 20 cases occurred among refugees. Of these, two were residents of Shufat Camp. There was one late death. The threat of an invasion by smallpox resulting from an outbreak of the disease, for the first time since 1956, in March in a limited area of Syria, was averted successfully through similar preventive measures, including mass vaccination, and no case occurred among the refugee population.

16. The common gastro-enteric infections, namely, diarrhoeal disease and dysenteries, had roughly the same incidence as during the previous two years. Typhoid and paratyphoid fevers, which have their main prevalence in Syria, and on a lesser scale in Gaza, had an incidence of 140 cases as compared with 135 in 1971. Infectious hepatitis showed a decrease in Gaza, the Field with the highest prevalence, but increased in all other Fields and especially in the West Bank. Poliomyelitis, with 23 cases, showed little change from 1971. Measles was marginally lower in incidence. Pertussis was substantially reduced, particularly in east Jordan and Lebanon. There was an epidemic wave of influenza in the operational areas in general, excluding Lebanon, which gradually built up during November and December and was to reach its peak in January 1973. Morbidity was moderately severe but mortality light. Both acute conjunctivitis and trachoma were slightly reduced. Five cases of malaria were reported from Gaza, two being imported, two relapses of imported cases and one indigenous in transmission. Respiratory tuberculosis, with 290 cases, had an incidence level close to that of 1971 (286 cases). East Jordan only showed a moderate increase. A case of cutaneous leishmaniasis was reported for the first time in Lebanon Field, occurring apparently by indigenous transmission in the south, near Sidon. (For details on communicable diseases, see Appendix 1.)

17. Much reliance continued to be placed on general measures for control of many of the communicable diseases, that is to say, upon environmental sanitation, food hygiene and

health education of the refugee public in personal hygiene and other ways of prevention. These measures had particular applicability in face of the threat and eventual outbreak of cholera, for which also booster immunization was continued as a supplementary measure. With the threat of smallpox, mentioned in paragraph 15 above, revaccination campaigns were successfully conducted in all Fields in coordination with national health authorities. A study was carried out with the Field Health Officers on the level of coverage and effectiveness of the Agency's routine immunization programme for the period 1968-1971. Within attainable levels of coverage, the programme's efficiency as a preventive and control measure was clearly demonstrated. The programme comprises primary and reinforcing immunization against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, typhoid fever, smallpox and, since 1970, cholera. Through donated vaccine, it was possible to continue protecting a sizeable part of the infant population against measles. In the various aspects of communicable disease control, close coordination was maintained with national health authorities. In east Jordan, refugee children up to 18 years and in Syria school children of all ages were being included in government BCG vaccination campaigns.

Maternal and child health (MCH) services

18. Health protection of mothers and children continued through the comprehensive MCH programme, which is an integral part of the community health services provided in 79 of the Agency's health centres, including specialist and hospital referral services as required. A number of local and international voluntary agencies supplemented these services. Prompt control of severe gastro-enteritis in infants and for nutritional rehabilitation in the more severely malnourished is carried out at the Agency's rehydration/nutrition centres, which are located at focal points. There were 2615 admissions of the more severe cases of gastro-enteritis and malnutrition into these centres. Valuable support for all categories in the MCH service was provided by the nutrition and supplementary feeding programme.

19. For maternal care, 29 436 women were registered at ante-natal clinics, where they received regular health supervision, prophylactic or therapeutic dosage of iron for anaemia of pregnancy, and authorization for extra rations and milk. Of the 30 055 deliveries, 67.5% were conducted in the homes by dayahs under the supervision of Agency nursing staff, 13% in Agency maternity centres and 19.5% in hospital. Hospitalization was comparatively high in West Bank, even for normal cases, because of the special benefits received by women delivering in hospital. There were 12 maternal deaths in all Fields or 0.44 per 1000 live births. The stillbirth rate was 12.86 per 1000 total births.

20. In the infant and child health supervisory service the average number of infants aged 0-1 year registered was 28 779 and of those aged 1-2 years 23 997. For the age group 2-3 years, to which the service has been extended since 1969, the average under registration was 12 081. In the surveillance of undernutrition carried out by calculating quarterly the proportions of underweight infants according to a modified Gomez scale, the average proportions of underweight in the age groups 0-1 year and 1-2 years, were 11.9% and 15.9% respectively, as compared with 11.3% and 15.5% in 1971.

21. The school health services covered 267 145 children enrolled in the 543 UNRWA/Unesco elementary and preparatory schools through the Agency health centres, supplemented by a school health team in each Field (two in east Jordan). A pilot programme in 'blanket' treatment of ascariasis for schools in a selected area of each Field was continued, pending availability of funds for extension of the programme (see also paragraph 9). Arrangements were made with the UNRWA Education Department to have a detailed medical examination on scholastically-retarded school children (twice repeaters).

22. In face of the concern felt for some years by UNRWA Health and Education Departments about the need to know more clearly the extent of mental health problems in pre-school

and elementary school children and the possibility of applying more effective preventive measures, the Agency was fortunate in securing the services of a WHO Consultant. The Education and Health Departments and Social Welfare Branch at Headquarters and in each Field, through a series of meetings and seminars, examined the nature and the known extent of the problem, the current preparation of staff for the early recognition and management of psychologic problems and the types of programme which could most feasibly be developed to deal with the demonstrated needs. The report of the Consultant, expected early in 1973, will constitute the basis for consideration of specific measures to be applied by the Agency.

Health education

23. Integrated into the Agency's health services in general, the health education programme is aimed at eliciting the co-operation of the refugee public in health promotional activities. This is sought through enhancing the efforts of health committees in camps, school committees in the schools and communities at large in such undertakings as health exhibitions, sanitation and cleanliness campaigns, etc. While emphasis was placed in 1972 on the theme of the year - 'Sanitation of the Environment' - attention was given routinely in MCH clinics, MCH welfare centres and schools to maternal and child care, nutrition and personal hygiene. World Health Day was solemnly observed throughout the Agency on 7 April and its theme 'Your Heart is your Health' extensively propagated. The health education course in motherhood and child care (family life) for senior classes of UNRWA girls' preparatory schools in Gaza was continued for its seventh scholastic year, with 3824 students participating in the current course. The Agency's Audio-visual Division produced a range of visual aids in support of all aspects of the health education programme.

NURSING SERVICES

24. The nursing staff carried out their usual functions at the Agency's health centres, maternity wards, rehydration/nutrition centres and Agency-operated hospitals, including an extensive home-visiting programme, regular immunizations and mass cholera inoculation campaigns. They also engaged in various surveys and studies.

25. Young refugee men and women were encouraged to take basic nursing training and much emphasis was placed on in-service and on-the-job training as well as post-basic education of nursing staff. Since nursing is not within the Agency's regular training programme for refugees, efforts were made by the Health Department to obtain scholarships from various sources for trainees enrolled at schools of nursing.

26. Various types of layette were provided for eligible new-born infants, taking into particular consideration the need of special hardship cases and premature babies.

ENVIRONMENTAL HEALTH SERVICES

27. The environmental health services provided to the 63 Agency-serviced camps (including 10 emergency camps in east Jordan and Syria) comprise provision of safe and adequate water supplies; disposal of solid and liquid wastes; storm water drainage; control of disease vectors (fly, flea, louse, bed-bug and rodent); and certain ancillary facilities such as bathhouses and slaughter houses in selected camps. During 1972 a total of about 643 000 refugees and displaced persons living in the camps benefited from these services, which are basically aimed at the prevention of communicable diseases transmitted through environmental channels. All the basic sanitation facilities provided by the Agency were maintained at a fairly reasonable standard in spite of continuing financial difficulties.

28. The living conditions in all the emergency camps, excluding Dera'a emergency camp in Syria (where allocation of a site for shelter construction is still awaited), continued to improve and most of the camps sheltering the displaced refugees now possess all the basic facilities normally available in the older-established camps.

29. There was no change affecting environmental health in the old established camps, save that in the three camps in the Gaza Field in which shelters were demolished by the Israeli military authorities in July and August 1971, several hundred families remained inadequately housed. A small number of these families (less than fifty) were rehoused in a project constructed by the Israeli authorities near Rafah camp. Simultaneously, however, road construction in Rafah camp involved the demolition of about shelters, the occupants of which later purchased housing in the new project or were accommodated in vacant shelters in the camp.

30. The improvements which were carried out during 1972 in some of the camps included the extension of the municipal water supply system to Nablus Camp No. 1 and Nur Shams camp in the West Bank, thus enabling the refugees to have private water connexions; the connexion of Jalazone camp with a regional water supply scheme, thereby eliminating the need for haulage of water to the camp; augmentation of water supplies to four other camps in the West Bank and one camp in Gaza; the installation of an improvised water chlorinator at Rashidiyeh camp in Lebanon and mechanical gas chlorinator at Baqa's camp in east Jordan; the construction of 4146 family latrine units in the five Fields, and the extension of the family latrine construction programme to emergency camps in Syria; construction of a terminal sewer at Nairab camp in Syria and a branch sewer at Wavel camp in Lebanon; the waste water drainage networks of two camps in Lebanon have been connected with the nearby municipal sewers and two additional tractor-trailer units have been procured for transportation of refuse from eight camps in the Gaza Field.

31. Funds have become available also for the extension of surface drainage systems in selected camps in Lebanon, east Jordan and West Bank Fields. Schemes for augmentation of water supplies to four more camps in West Bank and one camp in Syria are under consideration.

NUTRITION AND SUPPLEMENTARY FEEDING SERVICES

32. The Agency's nutrition and supplementary feeding programme is especially directed towards protecting the nutritional state of the most vulnerable groups of refugees, which include those in the age of growth and development, pregnant and lactating women, tuberculous out-patients, selected medical cases and the refugees displaced as a result of the 1967 hostilities. The protection of refugees' health and nutrition is of particular concern because the UNRWA basic ration does not contain any protein of animal origin or any fresh food items. (For details of the programme see Appendix 2.)

33. Although no nutrition survey was carried out in 1972, reliance was placed on the studies regularly conducted on children attending the Agency's infant health centres for preventive medical care, which give a fair indication of the nutritional status of this vulnerable group. Generally speaking the nutritional state of the refugees has been maintained at a satisfactory level in all Fields.

EDUCATION AND TRAINING

34. The Department of Education has a programme of basic professional and vocational training in the health field.

35. In-service training was maintained by the Department of Health for its own staff. This included the attendance of staff at professional and scientific meetings, the regular distribution of selected professional journals, WHO scientific publications, the quarterly bulletin of the Department of Health and technical papers on specific health subjects. Three field food supervisors from Lebanon, east Jordan and Gaza attended a one-month group feeding training course organized and sponsored conjointly by FAO, WHO, UNICEF, and the American University of Beirut and held in Cairo, Arab Republic of Egypt.

ADMINISTRATION AND PERSONNEL

36. The Director of Health is responsible to the Commissioner-General of UNRWA for the planning, implementation and supervision of the health and supplementary feeding programmes within budgetary limits approved by the Commissioner-General. He is assisted in his task by a staff of professional, semi-professional and auxiliary health workers and manual labourers, totalling 3150 persons. An UNRWA Manual of Health Operations laying down procedures in respect of routine services is provided as a guide to the health staff. General and technical instructions are issued as required, as well as information papers on technical subjects. The shortage of medical and nursing staff in the Gaza Field has been substantially eased by recruitment largely of graduates of Palestinian origin.

FINANCE

37. The Agency's total budget for the year 1972 amounted to \$ 51 837 000 (including \$ 7 778 000 for common costs). The budget and expenditure in respect of the three main activities administered by the Department of Health were as follows:

	Budget	Expenditure and Commitments	Per capita rate of expenditure
	\$	\$	\$
Medical services	4 038 000	4 260 697	3.22
Environmental sanitation services	1 581 000	1 583 012	1.19
Supplementary feeding	2 319 000	2 490 656	1.88
Total	7 938 000	8 334 365	6.30

In addition an amount of \$ 1 168 340 must be added as common costs to the expenditures under medical services and environmental sanitation. Since supplementary feeding is budgeted under relief services, the related common costs are not chargeable to health services.

FINANCIAL SITUATION OF UNRWA

38. After several months of anxiety during which special appeals and efforts were made by all concerned to various contributors to UNRWA in order to overcome a serious budget deficit, the situation eased considerably.

39. Towards the end of the year the Commissioner-General of UNRWA concluded a Convention with the European Economic Community (EEC) whereby the Agency was assured of increased EEC contributions to its income for 1972/1973. In addition to other contributions in kind, the Community decided, as part of a three-year aid programme, to supply the Agency, for the first year of the application of this Convention (1 July 1972 to 30 June 1973) with 6000 tons of sugar for use in basic rations and sugar, flour, rice, milk and cash required for the Agency's supplementary feeding programme.

40. With all the additional assistance received, UNRWA's budgetary deficit, which stood at \$ 4515 million at the beginning of 1972, was reduced to \$ 0.4 million at the end of the year. However, the financial prospect for 1973, with an estimated deficit of approximately \$ 4.5 million, largely owing to world currency fluctuations and increases in commodity costs, does not leave much room for optimism once again.

APPENDIX 1

COMMUNICABLE DISEASES

Reported cases of notifiable diseases among refugees.

	East Jordan	West Bank	Gaza	Lebanon	Syria	All Fields
<u>Population</u> ¹	511 477	227 508	272 307	159 350	151 545	1 322 187
Ankylostomiasis	0	0	18	2	0	20
Bilharziasis	0	0	1	0	0	1
Chickenpox	1 570	509	448	1 360	746	4 633
Conjunctivitis	11 750	1 894	1 691	2 569	4 922	22 826
Cholera	0	7	0	0	1	8
Diarrhoeal diseases						
(O-3 years)	23 047	9 078	13 268	13 636	14 176	73 205
(over 3 yrs. (NOS))	7 919	2 553	7 828	6 024	5 755	30 079
Diphtheria	0	0	0	0	1	1
Dysentery						
(amoebic & bac.)	1 386	257	1 363	465	189	3 660
Enteric group fevers	1	3	32	1	103	140
Gonorrhoea	4	2	5	8	6	25
Infectious hepatitis	197	101	404	96	141	939
Influenza	1 436	1 217	5 662	224	6 860	15 399
Leishmaniasis						
Cutaneous	0	0	0	1	4	5
Malaria	0	0	5	0	0	5
Measles	1 915	373	737	369	511	3 905
Meningitis						
(cerebrospinal)	1	0	1	0	3	5
Mumps	1 679	630	160	864	1 250	4 583
Pertussis	78	4	24	35	15	156
Poliomyelitis	2	4	13	1	3	23
Scarlet fever	0	0	0	0	2	2
Syphilis	0	0	26	5	4	35
Tetanus neonatorum	1	0	12	1	0	14
Trachoma	292	28	78	29	167	594
Tuberculosis						
(respiratory)	112	11	71	93	3	290

¹ Population figures are as at 30.6.72. (In addition there are about 25 000 UNRWA staff members and their direct dependants.)

N.B. No cases of plague, yellow fever, smallpox, tetanus, typhus (louse borne), relapsing fever (louse borne), brucellosis, leprosy, rabies, relapsing fever (endemic) and typhus (endemic) were reported.

UNRWA's NUTRITION AND SUPPLEMENTARY FEEDING PROGRAMME
(1972)

Type of benefit, its nutritional value and average number of beneficiaries.

I. Basic Rations:

	<u>Protein</u> <u>gr./day</u>	<u>Calories/</u> <u>day</u>	<u>Average monthly</u> <u>beneficiaries</u>
Summer	42	1 500	**
Winter	44	1 600	833 840

** includes 2 340 temporary beneficiaries.

II. Supplementary feeding programme

A. Daily milk and hot meals

	<u>Protein</u> <u>gr./day</u>	<u>Calories</u> <u>per day</u>	<u>Average daily</u> <u>beneficiaries</u>
Hot meals	15-30	250-700	45 098 ***
Infants milk (whole/skim)	18	355	4 630
General milk (skim)	12.3	125	62 955
School milk (skim)	9.5	96	97 506

*** includes 2 566 displaced persons (on reimbursable basis) on behalf of the Government of Jordan.

B. Monthly extra-rations

	<u>Protein</u> <u>gr./day</u>	<u>Calories</u> <u>per day</u>	<u>Average monthly</u> <u>beneficiaries</u>
For pregnant and nursing women	17.3	590	27 026
For T.B. outpatients:			
Summer	42	1 500	} 1 269
Winter	44	1 600	
For children 6-10 years (CSM) ¹	3.5	60	171 930
Protein supplement ²	6.3	84	68 490

C. Vitamin A-D capsules

Total number of capsules distributed during the year: 15 913 207

¹ CSM = corn, soy, milk mixture.

² Protein supplement = one 12 ounce tin of meat and 500 grams CSM or substitute.



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Letter from the Government of the Arab Republic of Egypt

(Document A26/WP/5 distributed on 15 May 1973 contains an abridged version of the annual report, the publication of which is requested by the Government of the Arab Republic of Egypt)



Mission Permanente de la République Arabe

d'Egypte

72, rue de Lausanne

1202 Genève

Geneva, 15 May 1973

Sir,

I have the honour to refer to agenda item 3.13 on health assistance to refugees and displaced persons in the Middle East.

In the course of the debate on this item in the past, it has proved to be beneficial to refer to the annual report of the Director of Health of the United Nations Relief and Works Agency for Palestine Refugees in the Near East. I would request this session that this annual report be circulated as an official document under item 3.13.

Please accept, Sir, the assurances of my highest consideration.

M. M. Mahfouz
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