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FIFTY-FIRST WORLD HEALTH ASSEMBLY

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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 annual report of the Director of Health, UNRWA, for the year 1997.

REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 1997

INTRODUCTION

1. UNRWA cared for approximately 3.4 million registered refugees, of whom over a million, i.e. one-third, lived in 58 camps, while the rest lived in cities, towns and villages. The registered refugee population as at 31 December 1997 was distributed as follows: 1 437 000 in Jordan, 362 000 in Lebanon, 361 000 in the Syrian Arab Republic and 1 309 000 in the Gaza Strip and West Bank.

2. UNRWA offers comprehensive primary health care to the Palestine refugees, comprising medical care services, disease prevention and control, and maternal and child health care, including family planning services. These services are provided through a network of 122 primary health care facilities, including 89 health centres, 23 health points and 10 maternal and child health centres. Special care of noncommunicable diseases, including diabetes mellitus and hypertension, and specialist care for paediatrics, obstetrics and gynaecology, and cardiology are fully integrated into the activities of health centres. All health centres are equipped with clinical laboratories, and 73 of them with dental clinics offering comprehensive oral health services, while eight mobile teams provide community oral health care. Thirteen clinics in Jordan, the West Bank and the Gaza Strip provide physical rehabilitation services, and 15 X-ray units in Jordan, West Bank, Lebanon and Gaza provide basic radiological services to the refugee population in these Fields.

3. During 1997 over 3400 health personnel, the majority of whom were locally recruited Palestinians, provided essential primary health care services, supported by specialized medical care and hospital services, at a budget of US\$ 61 million in 1997. This represented a per head cost of approximately US\$ 16.7 per annum. However, due to the financial difficulties of the Agency and the effect of austerity measures implemented since 1995, the actual expenditure was maintained at little more than US\$ 50 million, i.e. US\$ 13.4 per capita.

4. More than 5.4 million patient visits were paid to UNRWA clinics for medical consultations, and more than 446 000 dental consultations were reported from the five Fields of UNRWA's area of operations. The average number of consultations per doctor per day remained as high as 100 Agency-wide, with the highest rate of 117 in Gaza. The number of dental clinics increased from 79 in 1996 to 81 in 1997, and the number of laboratories increased from 88 to 89. Purchases of medical supplies and equipment during 1997 exceeded US\$ 4.3 million, and contributions amounted to US\$ 1.8 million.

5. In addition, the Agency cared for approximately 225 000 children below three years of age, about 69 000 pregnant women, and provided family planning services to approximately 53 500 family planning acceptors. Special efforts were exerted to improve the standards and quality of maternal and child health care, expand family planning services, and strengthen the surveillance of maternal mortality.

6. In addition to the activities aimed at supporting UNRWA's strategies in family health and disease control, emphasis was focused in 1997 on reactivation of the targeted health educational activities for prevention of HIV/AIDS and prevention of tobacco use, through a multisectoral approach involving the Agency's three programme departments, namely Education, Health and relief, and Social services.

COOPERATION FOR HEALTH IN THE PALESTINE SELF-RULE AREAS

7. Since the Palestinian Authority took over responsibility for health in the self-rule areas of Gaza Strip and the West Bank, the Agency remained committed to the goals of contributing to the process of rehabilitation and building a sustainable health care system within the means available to it and within any framework that is considered appropriate by the Authority. The Agency envisaged a transitional period during which the

modalities of cooperation and interaction would be established, beginning with streamlining of health policies and service standards with the Ministry of Health, in order to avoid duplication, overlap and incompatible priorities. However, this objective could not be pursued because of political, financial and practical considerations.

8. The slow progress in the peace process and the limited flow of international financial assistance renders the Agency's role in Gaza Strip and the West Bank indispensable within the foreseeable future. The main areas of emphasis of the Agency's health programme continued, therefore, to focus on preserving the sustainable development that has been attained in providing primary health care to the refugee population, completing major development projects funded under the Peace Implementation Programme, and strengthening technical cooperation with the Ministry of Health.

9. The progress towards attaining these objectives was, however, adversely affected by several constraints, including the prolonged closures of Gaza Strip and the West Bank, which not only hampered effective communication between the two Fields, but also affected access to Jerusalem and movement of staff and vehicles within the West Bank itself. It also caused serious delays in implementation of projects because the flow of supplies and construction material into Gaza Strip was interrupted.

10. Cooperation between the Ministry of Health and UNRWA during 1997 covered several areas relevant to exchange of information, disease surveillance and control, development of human resources for health and capital projects, as outlined below.

Technical cooperation

11. UNRWA health personnel of Gaza Strip and the West Bank participated in the work of all technical committees established by the Ministry of Health to address practical aspects of health policy and in all the planning initiatives undertaken to strengthen certain programme components in coordination with WHO, UNICEF and other organizations of the United Nations system.

12. The various WHO reviews and training missions which were mobilized at the request of the Ministry of Health cooperated with UNRWA to assess the current status and to prepare plans of action for addressing basic health needs. These missions comprised, *inter alia*, quality assessment of laboratory services, control of blindness in Gaza, assessment of the current status with respect to storage and stability of drugs, surveillance and control of human brucellosis, and the second phase of the disability survey conducted by the International Initiative Against Avoidable Disablement, known as IMPACT.

13. In addition, UNRWA is planning to conduct a nutrition survey among children in Gaza Strip in collaboration with the Ministry of Health, the WHO Regional Office for the Eastern Mediterranean, and the Centers for Diseases Control and Prevention, Atlanta, United States, a WHO collaborating centre. The main objectives of the survey, which will cover refugees and nonrefugees, will be to assess the possible consequences of the generalized socioeconomic distress on the nutritional status of children and the factors contributing to the high prevalence of iron-deficiency anaemia among children and women of reproductive age.

Disease surveillance and control

14. UNRWA continued to receive its requirements of vaccines for the expanded programme on immunization from the Ministry of Health, and is coordinating all aspects relevant to disease surveillance and control with the concerned public health departments of the Ministry. This collaboration reached its highest expression during the outbreak of aseptic meningitis which affected children in Gaza Strip and the West Bank during the summer season. Necessary steps were also taken to coordinate all aspects relevant to surveillance and control of tuberculosis.

Development of human resources for health

15. For the third year, UNRWA and the Ministry of Health maintained close cooperation for development of an open learning programme and training of resource personnel in the field of maternal health and family planning. The project coordinating committee, comprising representatives from UNRWA, the Ministry of Health and nongovernmental organizations, produced six training modules on antenatal care, family planning and management information systems in collaboration with Kingston University, United Kingdom. The last phase of the project will focus on total quality management and is expected to be completed in August 1998.

16. In addition, staff from UNRWA and the Ministry of Health participated in the training workshops on epidemiology and counselling on family planning organized by UNRWA in Amman in collaboration with the Centres for Diseases Control and Prevention during November 1997.

Development projects

17. The plans for expanding or rehabilitating the Agency's infrastructure of primary health care facilities and for implementing major development health and health-related projects were well in progress during 1997. All unfunded projects under UNRWA's Peace Implementation Programme were included in the Palestinian Development Plan, 1998-2000, for possible funding by potential donors.

European Gaza Hospital

18. Following completion of major construction work of the 232-bed general hospital, known as the European Gaza Hospital, UNRWA, the European Commission and the Palestinian Authority maintained contacts in order to reach a common understanding on the practical modalities for the commissioning and future management of the hospital. A Memorandum of Understanding was signed by the Palestinian Authority, the European Commission and UNRWA. It envisages setting up an international management team which will be responsible for the preparation of an operating plan, budgets, staffing requirements, acquisition of consumables, priming of plant, etc. The project will be entrusted to the team, which will be responsible to the European Gaza Hospital Project Board, comprising representatives of the Palestinian Authority, the European Commission and UNRWA. The team's work programme will be in two phases: commissioning activities required for the early operation of the hospital, followed by management of the hospital for a transitional period. The hospital will be transferred to the ownership of the Palestinian Authority once commissioning is complete.

19. It is expected that the hospital, located in Khan Younis in the Gaza Strip, will provide medical, surgical obstetric, gynaecological and paediatric services, and accept emergency and accident cases. Funds for the construction of the hospital and its facilities have been provided by the European Commission, together with contributions from European Member States. By the end of 1997, the Project Board had reviewed the terms of reference of the management team contract and UNRWA had solicited the interest of qualified international firms for the commissioning and management of the hospital.

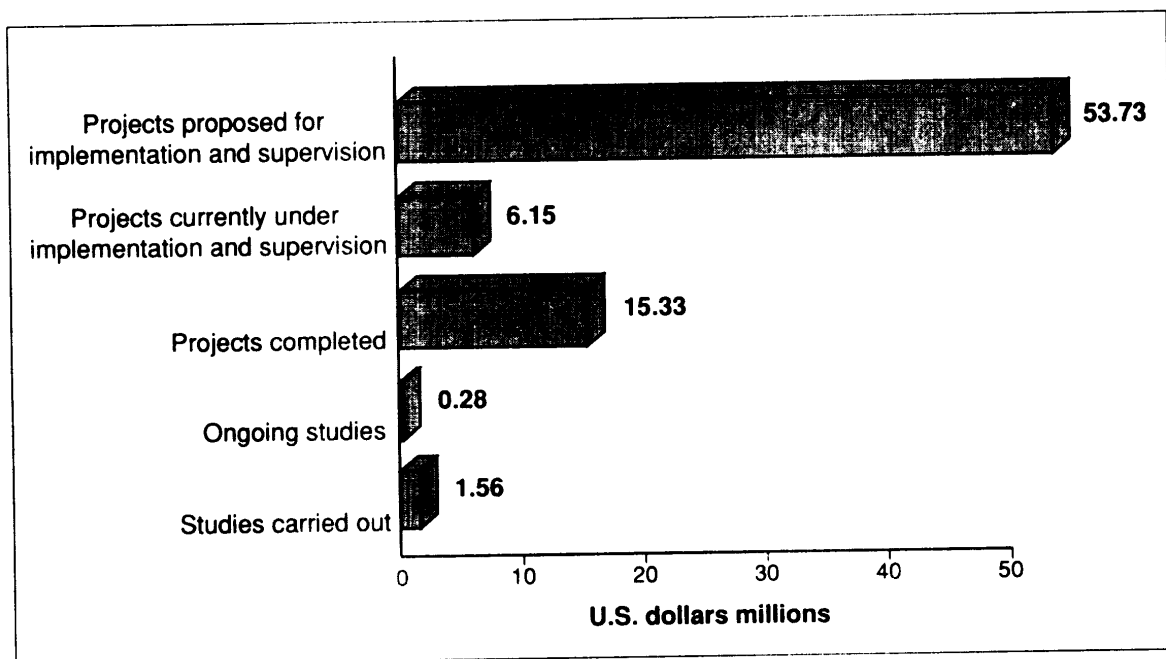
Special Environmental Health Programme

20. UNRWA established in 1993 a Special Environmental Health Programme (SEHP) to participate in and support activities which appeared to be essential for improving the situation, including comprehensive planning for the environmental health sector in the Gaza Strip; planning, design and construction of water supply, sewerage and drainage works in refugee camps and surrounding areas, and maintenance of basic environmental health services in the camps.

21. Since establishing SEHP, feasibility studies were carried out for sewerage, storm water drainage and solid waste management for a total cost of US\$ 1 549 000, and projects have been implemented in the three focus areas costing more than US\$ 15 million. These projects have brought about major improvements in

environmental conditions in refugee camps and surrounding areas. Areas prone to flooding in Beach camp have been relieved. The percentage of shelter connection to sewerage systems in all camps has risen from an average of 27% at the end of 1992 to 46% at the end of 1997. Severely defective sewers and storm water drains and interconnections in Gaza have been rehabilitated or replaced, thus helping further in separating sewage from storm water. Storm water collection ponds have been enlarged and rehabilitated; sewage conveyance capacity within Gaza has been improved tremendously by renovating existing, and constructing new, sewage pump stations. By renovating Gaza Wastewater Treatment Plant, its capacity to treat sewage was increased.

AGENCY INVESTMENT UNDER THE SPECIAL ENVIRONMENTAL HEALTH PROGRAMME, GAZA



22. The Programme has made a considerable contribution in the field of solid waste management and in building up the capability of municipalities. This was achieved mainly by purchasing equipment, providing technical advice, and coordinating activities in the sector related to water supply. Replacement of the most severely corroded water pipes in the Beach camp has had a positive impact on the level of the service in terms of quality, quantity and pressure of shelter taps. More effective use of water, which is a scarce resource in Gaza Strip, has been achieved by minimizing leakage.

INDICATORS OF HEALTH STATUS

	Jordan	West Bank	Gaza	Lebanon	Syrian Arab Republic
• Crude birth rate	33	31.3	46.2	33	NA
• Neonatal mortality rate per 1000 live births*	22	NA	20	26	20
• Infant mortality rate per 1000 live births*	32	27	33	35	29
• Early childhood mortality rate per 1000 live births*	35	NA	36	37	32
• Life expectancy at birth	68	70	70	68.7	67.1
• Average family size**	5.89	5.79	6.04	5.33	5.30
• Mean marital age**	19.7	19.1	18.5	19.6	20
• Modern contraceptive prevalence (%)**	34.7	33.5	23.7	50.1	46.7
• Birth interval**					
% ≤ 12 months	3.3	3.3	5.5	2.7	2.8
% ≤ 24 months	43.9	47.9	53.2	34.9	37.6
Mean birth interval (months)	31	29.4	26.6	36.7	37.3
• Institutionalized deliveries (%)	94.4	88.5	73.6	73.9	71.8
• Pregnant women immunized against tetanus (%)	97.7	92	96.5	98.5	89
• Incidence of low birth weight among surviving infants (%)**	6.7	5.0	3.6	3.5	6.8
• Prevalence of diabetes mellitus among registered refugees, 40 years and above (%)	3.5	3.2	6.4	3.3	4
• Prevalence of hypertension among registered refugees, 40 years and above (%)	2.6	2.6	6.1	3.0	5.8
• Camp shelters with access to safe water (%)	100	99	100	95	100
• Camp shelters with access to sewerage facilities (%)	76	69	54	71	87

* Based on a study conducted by UNRWA in 1997. West Bank data are derived from a survey conducted by the Palestinian Central Bureau of Statistics in 1995.

** Based on an Agency-wide study conducted in 1995.