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

At the request of the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva, the Director-General has the honour to transmit the attached report to the Fifty-second World Health Assembly.

ANNEX

**State of Palestine
The Supreme Palestinian Health Council -
Palestinian Ministry of Health**

**HEALTH CONDITIONS OF THE ARAB POPULATION IN THE
OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE**

Report submitted to the Fifty-second World Health Assembly

April 1999

INTRODUCTION

Our Palestinian people have lived under special conditions well known to the entire world. Some of our people still live under the yoke of hateful occupation, suffering from endless repression, which has intensified recently to the point of erasing any hope of an imminent peace leading to liberation, repatriation, the construction of the Palestinian State and the achievement of justice, that would let us exercise the rights enjoyed by other peoples of the world, rights which have been denied to the Palestinians for decades.

With that hope our people started to look forward to a future that would compensate for all they had endured for a century to liberate their land and return to it; we began the struggle for welfare and institution building, notably health institutions to cater for the health of our people.

Earnest efforts were made in that direction: the Supreme Health Council was established, it developed a comprehensive national health plan; and in cooperation with WHO, ministries of health in other parts of the world, and numerous international institutions, concerted efforts were made to lay the foundations of a health infrastructure, particularly the Ministry of Health, so as to consolidate all progress in the field of health, and develop the health services provided to Palestinians everywhere.

The Palestinian Ministry of Health has provided numerous basic services, particularly in the field of outpatient primary health care, hospital and disability services, in cooperation with the Palestine Red Crescent Society, and nongovernmental health institutions.

However, continued occupation, constant closures and blockades of areas under the Palestinian Authority, compounded by obduracy and brutality, are hindering implementation of the national health plan and attainment of health objectives, and even progress in the fields of development, education and training.

In view of the current peace process, and the imminent end of the transition period, i.e. 4 May 1999, the Palestinian people are preparing for the declaration of their independent Palestinian State, and with the approach of this, they look to the entire world for solidarity and support so that they can occupy their rightful place among peace-loving peoples of the world.

Dr Fathi Arafat
President, Supreme Palestinian Health Council
President, Palestine Red Crescent Society

BACKGROUND

Following the establishment of the National Palestinian Council, the Palestine Red Crescent Society - the first Palestinian health institution - was established in 1968. It undertook the responsibility of providing health care to the Palestinian people in the diaspora; as well as every possible support to health institutions set up inside the occupied homeland. Such services continue to be provided and have been extended to include the homeland itself following the arrival of the National Palestinian Authority.

In 1992 the Palestinian Health Council was established, with several specialized committees that were all involved in developing a comprehensive national health plan.

After the signing of the declaration of principles between the Palestine Liberation Organization and the Israeli Government in September 1993, health responsibilities were transferred to the Palestinian Authority in May 1994, beginning with Gaza and Jericho, and later extended to the rest of the homeland.

In 1994 the Palestinian Ministry of Health was established to provide health services and develop Palestinian health institutions following decades of deliberate neglect by occupation authorities; it was also to set up new health facilities to compensate for the shortage of existing institutions, increase human resources needed for their operation, and upgrade the qualifications and performance required in the technical, administrative and service sectors, with a view to meeting the urgent need for better health services, in terms of both quality and quantity. To this end, the Ministry has established a number of specialized departments to cover health fields such as the general administration for primary care, hospitals, pharmaceuticals, ambulance and emergency services, research, planning and development, management and finance, etc. Numerous other divisions and departments have been established to provide better and more comprehensive services, such as women's health, child health, health education and promotion, quality improvement, health insurance, private medicine, and coordination with nongovernmental organizations.

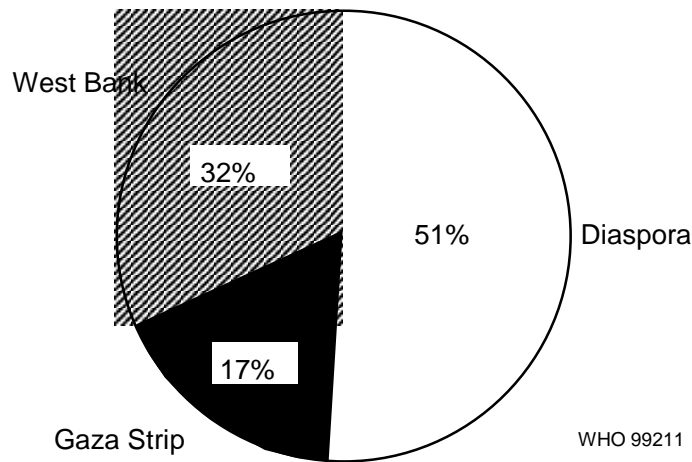
The world had considered the measures referred to above as positive steps towards peace in the Middle East, but successive events and Israeli procrastination in implementing the agreements reached, as well as the non-withdrawal from most parts of the West Bank and the Gaza Strip, have hampered direct supervision of the provision of health services in those areas, and implementation of any health activities by the Ministry in Jerusalem, thereby preventing central departments from operating not only between the West Bank and Gaza but also within areas of the West Bank.

Despite such difficulties the Palestinian Ministry of Health is determined to continue implementation of its National Health Plan, and to work persistently and tirelessly to heal the wounds of the Palestinian people, build solid health institutions capable of fulfilling the health needs of the population, and develop such institutions to the highest level possible.

DEMOGRAPHIC INDICATORS

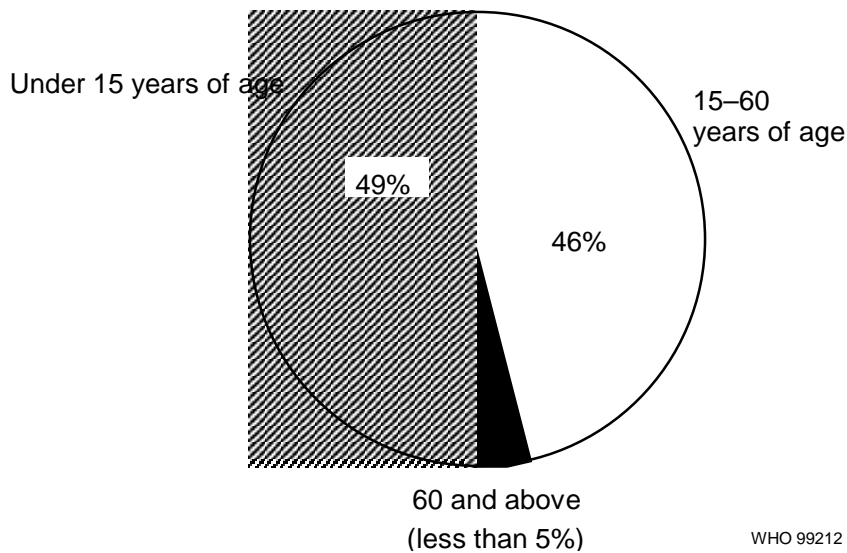
Population

The total Palestinian population in 1998 was 5 886 132. Of those, 1 023 068 were in the Gaza Strip where the population density was 2826 persons per square kilometre; and 1 859 044 were in the West Bank, where population density was 320 persons per square kilometre. The rest of the population of 3 004 020 people lives in the diaspora, outside Palestinian territories, in Arab and non-Arab countries throughout the world. Palestinians still living in the territories occupied in 1948 number 1 170 100.



Population distribution (1998)

The Palestinians are a society of young people. Children under 15 years of age account for about 49.2% of the population in the West Bank and Gaza Strip. Those aged 60 and above make up 4.84%, which indicates that some 45.96% of the population are between 16 and 60 years of age, which means that there is a wide-based population pyramid as in most developing countries.



Some 50% of the population lives in families of eight members or less, averaging seven persons per family. Ninety-one per cent of families live in extremely crowded homes (more than one person per room). Some 14.6% of family homes face weekly water shortages. Homes connected to the public sewage network constitute only 31.7%, which adversely affects public health, leading to the spread of parasitic diseases and epidemics. Israeli occupation is primarily responsible for water shortages, and the failure to connect these homes to the public sewage network. Settlements control sources of ground water and prevent the building of public sewage networks, especially in the coastal part of the Gaza Strip.

Palestinian society in the West Bank and Gaza Strip falls into two major categories: the refugees and others. Refugees in the Gaza Strip constitute 76.78% of the population, and 30.27% in the West Bank, according to the latest census (1998) by the United Nations Relief and Works Agency.

Education

The literacy rate among those aged 15 and above in the Palestinian territories is over 83.4%. Children between 6 and 17 years of age who attend school constitute 85.1% of the total in this age group.

Births

The birth rate in the Palestinian territories under the National Authority was 37 per 1000 people in 1998, one of the highest in the world. The largest number of births was recorded in Gaza, the lowest in Jericho.

Fertility

The total fertility rate is steadily declining; it was 4.7 births on average per woman in 1994 and 4.6 in 1998. The highest age-specific fertility is for women between 20 and 24 years of age, followed by the 30-34 age group. By level of education, the women with the highest total fertility are women with secondary school education.

Mortality

The mortality rate is decreasing in Palestinian territories. In 1997, it stood at 3.5 per 1000 population, in 1998 it fell to 3.4 per 1000. The downward trend includes all age groups. Infant mortality reached 24.1 per 1000 live births in 1998, as compared to 31.7 per 1000 in 1992. Among children between 2 and 5 years of age, the rate is 0.79 per 1000, and in children between 6 and 12 years, 0.41 per 1000. Adolescent mortality (i.e. of 13-18 year-olds) is 0.44 per 1000. At ages 19-60 the rate is 2.17 per 1000; and 34.84 per 1000 of the 60+ age group, which is the highest in any age group. Foremost among the causes of infant mortality is premature birth, estimated at 24.5%, followed by congenital malformation and respiratory diseases attributable to the weakness of economic and social infrastructure, and environmental pollution in general.

Mortality of children under five years of age is attributable mainly to respiratory infections (16%), followed by road accidents, poisoning and other injuries.

Of children between 6 and 12 years of age, drowning and road accidents account for 17% of overall mortality, followed by respiratory and heart diseases.

The main causes of mortality of adults up to 60 years of age are nervous system disorders (16.2%) followed by cardiovascular diseases (13.1%) and cancer (12.7%).

The main causes of death among older people (60 years of age and above) are heart disease accounting for 19% of overall mortality rates, followed by nervous system disorders (13.9%), and cancer (12%).



Disease prevalence

Low birth weight among newborn children in Palestine is seen in about 7% of all births, malnutrition in 15.5%, respiratory tract infections in 41%, influenza and diarrhoea in 16% of infants.

Communicable diseases, such as tuberculosis, hepatitis A, B and C, brucellosis, typhoid and viral conjunctivitis, still affect the Palestinian population. Records show that cases of meningitis stand at 181.1 per 100 000 in the Gaza Strip. High rates of influenza are also prevalent (960.6 per 100 000). The most common parasitic diseases are entamoeba, giardia and ascaris with prevalence of 505.9 per 100 000, 222.8 per 100 000 and 166.6 per 100 000 population respectively.

The figures above indicate the extent of deterioration in environmental health, particularly with regard to waste collection and disposal and central sewage systems, with many areas totally deprived of such services; there is also the problem of contaminated and brackish drinking-water, especially in the central and southern parts of the Gaza Strip; the problem is compounded by insufficient water supply in numerous towns and villages in various areas of Palestine.

ISRAELI VIOLATIONS

Israeli violations of the basic human rights of the Palestinian people aggravate the already difficult conditions facing them, especially with regard to the health situation. Palestinians are deprived, through Israeli practice, of the right to life and medical treatment; their land is seized and they are forcibly evicted, continually displaced, and denied the right to education and a dignified life.

The year 1998 witnessed increased violations of the right to life: 37 Palestinian civilians, aged between three months and 65 years, were killed, 29 martyrs fell in the West Bank and eight in the Gaza Strip. Twenty-one of those were shot dead by the Israeli army, eight were killed by settlers, and four died in Israeli prisons. Other victims were killed by special forces or in obscure circumstances. The most serious of the incidents was the reaction of Israeli forces to a peaceful demonstration by Palestinian citizens commemorating the 14th of May, marking the occupation of Palestine, and expressing their right to security and peace based on justice and the right to return to their homeland from which they were evicted by force of arms, as well as the right to establish an independent State, with holy Jerusalem as its capital. Occupation forces opened fire on the demonstrators using live, explosive bullets which hit children, old men, young men and women. As

ambulances arrived to carry victims of this massacre to hospital, Israeli soldiers opened fire again and injured medical teams manning the ambulance vehicles. Among the victims was Zamel Al-Wahidi who died inside one of the ambulances while carrying out his humanitarian mission of tending the wounded. His colleague nurse Basel Nai'am had been shot dead during the Aqsa Mosque uprising. Five citizens were killed during that demonstration. Four other martyrs died on the way to hospital. Four hundred were wounded, among them 66 children under the age of 16. Most injuries were in the head, neck and chest.

With regard to violations of fundamental freedoms, the occupation authorities still hold 2500 Palestinian and Arab political detainees in some 13 prisons, detention centres and investigation cells. Some 200 of those detainees are under 18 years of age, more than 500 suffer from various ailments. There are 78 administrative detainees, 17 in solitary confinement, and 250 who have spent more than 10 years in prison; there are eight Palestinian women in detention, and 200 of the detainees come from Jerusalem.

As for house demolitions, Israel continues to build and expand settlements, turn a blind eye to daily attacks by settlers on Palestinian land and homes, and prohibit Palestinians from building on 70% of the West Bank, more than 86% of land in East Jerusalem, and about 40% of the Gaza Strip, in an attempt to diminish the Palestinian presence in those areas and evacuate the original population of the land, denying building permits by citing security requirements and various other pretexts. One hundred and forty-eight houses were demolished in 1998, two in the Gaza Strip, 46 in Jerusalem, and the rest in the West Bank.

Land seizure and confiscation and the establishment of settlements on such land after evicting its inhabitants is a policy pursued by successive Israeli Governments, particularly the present Government, although such actions are in violation of Article 49 of the Fourth Geneva Convention, and are classified as a war crime under Article 8-2b-vii of the Rome Statute of the International Criminal Court done in July 1998. Despite repeated assertions by the international community of the unlawful nature of this crime, through numerous United Nations General Assembly and Security Council resolutions, particularly Security Council resolution 452 of 1979 which affirms that the settlement policy pursued by Israel has no legal validity and constitutes a violation of the Fourth Geneva Convention relative to the Protection of Civilian Persons in Times of War, the perpetration of this crime is methodical and appears to be part of a programme implemented by the occupation authorities. Some 195 settlements have been built in the West Bank and Gaza Strip housing 350 000 settlers, of which 10 new settlements were erected in 1998. A total of 8461 *donums* of land in the West Bank has been confiscated to build 8431 new housing units on it.

Israeli violation of the right to work is part of an on-going policy, demonstrated by the practices of Israeli troops against workers at military check points and crossing points. In 1998 six Palestinian workers were shot dead in cold blood at such check points, not to mention daily incidents of torture and attacks on workers at military barriers on the Green Line, and the racial attacks by Israeli civilians who beat and knife Palestinian workers under the protection of Israeli authorities which condone such acts and let the perpetrators go unpunished.

Agricultural land and pastures from which Palestinians derive their living, were subject to violations in 1998, as in previous years. Agricultural lands were confiscated, fruit trees uprooted, large areas of arable land scorched and burnt (some 1200 *donums* in the village of Tubas in the West Bank); not to mention environmental damage caused by Israeli enterprises on a large scale through the dumping of industrial waste, quarries, and wastewater from settlements which contaminate agricultural soil, limit the size of pastureland, destroy crops, spread health hazards, and pollute the air, with all attendant damage to the health of inhabitants in neighbourhoods which are used as waste dumps.

Violations of the right to education by Israel persisted in 1998 for the sixth year in succession when some 1000 students in the Gaza Strip were denied access to universities and higher education institutes in the

West Bank, as a result of continual closures and stalling the implementation of agreements regarding safe passage. Systematic raids were carried out on schools, and scores of students, teachers and academics were arrested; raids were also made on student residence halls and some 30 students were detained in 1998.

With regard to the health sector, Israel continued its usual policy of closing and blockading Palestinian areas, violating thereby the right to health of the Palestinian people. The continued geographical separation of the West Bank, Gaza and Jerusalem from the rest of Palestinian territories has deprived patients of the use of health facilities and services outside their own areas; it has even prevented medical teams from travelling between the West Bank and the Gaza Strip, compelling the Ministry of Health to hold a meeting of the heads of Ministry departments in the Jordanian capital, Amman, to discuss policies and coordination among those departments. The extreme and intentional neglect by Israel of the health sector in the occupied territories, and restrictions on the freedom of movement, especially towards Jerusalem, have severely limited the enjoyment of the right to health by Palestinians. Three patients died in 1998 because Israel hindered their access to hospitals.

HEALTH CARE

The Palestinian Ministry of Health is responsible for the provision of health services to the Palestinian people in the National Authority territories. It provides, in collaboration with other partners, preventive, diagnostic, curative, and rehabilitation services.

The United Nations Relief and Works Agency (UNRWA) is the second provider of health services, mainly responsible for the provision of preventive and primary health care services in the refugee camps in various Palestinian governorates.

The private sector, domestic, nongovernmental and international organizations also provide some health services, particularly in the Gaza Strip, but their activities are confined to diagnostic and curative services.

Notwithstanding enormous difficulties and challenges faced by the Palestinian Ministry of Health in the provision of health service to Palestinian citizens, it continued its cooperation with the Palestine Red Crescent Society and nongovernmental organizations in providing emergency care and treatment to victims of daily confrontations with the occupation forces. It also establishes new health facilities, develops existing ones, and supplies them with medical equipment that was not available to them during the occupation. The Ministry endeavours, at the same time, to develop and upgrade the skills of people working in health institutions by organizing training courses, providing scholarships for study abroad in order to meet ever increasing needs and to catch up with the progress made in provision of better and more comprehensive health services.

HEALTH FACILITIES

Primary health care

The Ministry of Health manages and operates 329 primary health care centres in the West Bank, and 35 such centres in the Gaza Strip, all of which provide preventive, diagnostic and curative services. In the field of immunization against communicable diseases these centres rendered notable service, as they also do in prenatal care, where they provide comprehensive services during pregnancy and administer some fortifying medication to expectant mothers. There are maternity wings in many of the centres where special care is

provided in complicated pregnancies, which are monitored throughout and after child birth free of charge; the Ministry covers all expenditure related to follow-up, treatment and delivery. The Ministry cooperates in the field of immunization with UNRWA clinics, provides them with vaccines purchased by the Ministry, and numerous such centres also have radiology services, medical laboratories, and pharmacies. They provide almost free services to citizens with health insurance where the insured contribute part of the expenses. Children under three years of age receive medical care in these centres, as in hospitals, free of charge and are exempted from insurance premiums.

Hospital care

The Ministry of Health manages and operates a number of general and specialized hospitals in the West Bank and Gaza Strip. There are eight government hospitals and one hospital for nervous and mental disorders in the West Bank with an overall capacity of 1240 beds, i.e. one bed for every 1499 people. In the Gaza Strip there are four government hospitals and one hospital for nervous and mental disorders with a total capacity of 1048 beds, i.e. one bed for every 976 people. The number of beds is much lower than actual needs, which leads to overcrowding and greater workloads in those facilities. The nongovernmental sector has helped alleviate this situation: it has increased the number of existing hospitals in the West Bank by 31 national, local and charitable facilities with a capacity of 1292 beds. In the Gaza Strip the nongovernmental sector has added seven such facilities to existing hospitals, with 246 beds. But even with the contribution of the nongovernmental sector, the insufficiency of hospital care is still acute. The Ministry of Health is undertaking a number of projects to expand and modernize some hospitals as in Jericho, Jenin and Tulkarm in the West Bank, and the Nasser/Khan Younes Hospital in the Gaza Strip. The European Hospital, with a capacity of 260 beds, in the southern part of the Strip is expected to open shortly. Nongovernment hospitals include those of the Red Crescent Society in the majority of Palestinian cities, Al-Maqased Benevolent Hospital in Jerusalem, the UNRWA Kalkilya Hospital, the Arab Ahli Hospital, and the Al-Awda and Friends of the Patient Hospitals in Gaza.

Advanced medical care

The Ministry of Health had to refer a number of cases to facilities abroad in the past, especially with regard to patients for whom no local medical services were available, such as heart, brain and neurological surgery, as well as some cancer cases, which meant bearing the exorbitant cost of such referrals, apart from having to provide services locally. The Ministry has, therefore, opened a heart surgery clinic at Al-Shifa Hospital in Gaza, hosted specialized medical teams from the Arab Republic of Egypt led by H.E. The Egyptian Minister of Health Dr Ismail Salam at one point; and has sought the assistance of a number of specialists in heart surgery who came to Al-Maqased Benevolent Hospital in Jerusalem from the United Kingdom, the United States of America, Germany and France for this purpose. It has also opened an intensive care unit at the Nasser/Khan Younes Hospital.

Family planning and women's health

In order to establish a department for women's health and development, the Ministry has set policies and made plans for women's health and family planning; in cooperation with world women's organizations some 29 family planning centres have been opened in the West Bank and the Gaza Strip. The department also organizes education seminars, maternity services, and campaigns for the promotion of breastfeeding. It conducts health surveys on female mortality and health education. There is a project for the incorporation of reproductive health services into governmental and nongovernmental primary health care centres, which are supplied with equipment through a programme of the United Nations Population Fund.

School health

School health surveys are conducted regularly, and students are referred to specialized centres for treatment when and if needed. School health programmes also involve participation in immunization activities, the organization of summer camps, and health education. These programmes cover all schools in the West Bank and Gaza Strip, and are among the achievements made by the Ministry of Health since the National Authority took control of the government in Palestine.

Environmental health

Systematic checks are made on school buildings, restaurants, drinking-water and public sewage networks. Regular meetings are held with personnel working in the field of health education, and with parents, to discuss environmental issues and find appropriate solutions. Close cooperation is maintained with nongovernmental institutions in this respect. A number of new units have been established such as the water-quality control, insect and pest control, and waste and disposal control units. Palestinians in the National Authority territories face an acute shortage of drinking-water because occupation forces still control vast areas of land containing natural water sources.

Human resource development

The development of human resources is a high priority for the Palestinian Ministry of Health in view of its paramount importance in the provision of quality health services. Efforts continue for the training of sufficient numbers with the necessary skills and specializations to ensure better care at the appropriate time and place throughout the country. The Division of Human Resource Development was established for this purpose. The Ministry of Health has concluded agreements with partners abroad for the strengthening of infrastructure and the utilization of expertise in this field. The functions of this department have been expanded to include the training of health personnel other than those employed by the Ministry of Health. The department has organized several training courses for the current year covering a wide variety of subjects such as intensive care, heart disease in children, the use of specula in surgery, pharmacy, laboratories, medical secretarial work, and computer science. Two nursing schools have been established in Ramallah and Gaza, and a public health school in Gaza which awards Master's degrees.

Health education and promotion

The Programme for Health Education and Promotion implements plans and activities related to health promotion and education. A department for health education materials and the dissemination of health information has been established for this purpose. Radio and television programmes are broadcast with a view to raising health awareness, especially in relation to maternal and child health.

Among the most important activities implemented by the department this year were the European Programme and a United Nations Fund programme for educating society in the principles of reproductive health and family planning, the training of schoolteachers to become health educators, the social training programme, the establishment of a database to monitor child behaviour in school, and the development and distribution of pamphlets aimed at raising awareness in health matters.

Oral health

The oral health programme provides preventive and curative services in most primary health care centres and in hospitals. Mobile dental units have been incorporated in it to extend the programme to cover

schools, and several new dental clinics have been established in primary health care centres to provide services to most areas in the West Bank and Gaza. The atraumatic restoration treatment (ART) project and the fissure sealants project have been implemented among primary school children.

Rehabilitation and physiotherapy

The Rehabilitation and Physiotherapy Department consists of three units: rehabilitation, physiotherapy, and research and training. The Department also sets policies and develops plans for rehabilitation and physiotherapy in hospitals, and more recently in primary health care centres, in an attempt to provide advanced medical care; it also undertakes supervision and follow-up activities, and refers special cases of various disabilities to nongovernment centres. It develops the necessary plans and holds training courses to improve the efficiency of physiotherapy personnel and cooperates with physiotherapy departments at the Al-Azhar and Islamic Universities. It is now in the process of developing a national rehabilitation and physiotherapy plan in cooperation with nongovernment institutions.

Health insurance

The Ministry of Health has established a comprehensive health insurance department, and increasing numbers of citizens are joining this health insurance scheme. In the Gaza Strip the percentage of people, other than the police force, covered by health insurance has risen to 57% of the population of the Strip, and to 40% of the population of the West Bank, not counting some 120 000 personnel and family dependants of the police force. Health insurance revenue accounts for some 34.3% of the overall expenditure of the Ministry of Health. There are several types of health insurance, some compulsory and others optional, in addition to those financed by the Ministry of Social Affairs. The Military Medical Services cover the health insurance of members of the police force and their families; and trade unions and professional societies provide health insurance at lower premiums for their members.

Health budget

The budget of the Ministry of Health in 1998 was US\$ 89 502 000; staff salaries accounted for US\$ 39 054 970 (or 43.6%) of the budget; medicines and medical services cost US\$ 22 095 076 (or 24.6%). Vaccines cost US\$ 1 203 021 (or 7.5%), treatment abroad accounted for US\$ 9 331 918 (or 10.4%) of the overall budget.

	1997	1998
	US\$	US\$
Budget	101 555 500	89 502 000
Expenditure		
Operational	55 187 500	48 538 500
Referral	46 875	206 050
Capital	1 359 375	1 674 450
Salaries	44 649 250	39 054 970
Other	31 250	28 030
Revenues	37 940 711	40 636 497

The 1998 budget was lower than the 1997 budget on account of the lower rate of exchange of the Israeli shekel for the United States dollar.

The three-year plan

The Ministry of Health has developed a three-year (1999-2001) plan for the expansion and improvement of health services throughout the country. It contains important projects in various areas of health, and includes:

1. The establishment of 50 primary health care centres: 31 in the West Bank and 19 in the Gaza Strip at an overall cost of US\$ 20 393 000 to be distributed as follows: US\$ 8 430 000 in 1999, 5 500 000 in 2000, and 6 463 000 in 2001.
2. The expansion, development and building of hospitals, as well as establishment of new departments in such hospitals throughout the West Bank and Gaza Strip, and the introduction of other auxiliary services such as libraries, radiology departments and laboratories, at an overall cost of US\$ 115 748 000 to be spread out as follows: US\$ 19 830 000 in 1999, US\$ 49 618 000 in 2000, and US\$ 46 300 000 in 2001.

Prepared by

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CONCLUSION

Despite the scarcity of financial resources, the weak infrastructure left behind by the occupation authorities, the lack of sewage systems, especially in villages and camps, in addition to increasing salinity and contamination of drinking-water, and the depletion of limited natural resources by settlers in Palestinian territories, health indicators have improved over the past five years, since the National Authority took control of the liberated Palestinian territories. Mortality rates have declined in all age groups, particularly among

infants and mothers during pregnancy and childbirth. Immunization rates against the six childhood diseases recommended by the World Health Organization (diphtheria, poliomyelitis, pertussis, tetanus, measles and tuberculosis) have risen to almost 95%. The Ministry of Health covers the high cost of immunization, be it for citizens at Ministry centres or at UNRWA centres. Benefits were derived from the improvement and quality control of health services as can be seen from the improvement of health services provided for the Palestinian people. Numerous international organizations and countries have provided assistance to the Palestinian Ministry of Health in the provision of basic health services to the Palestinian people, their protection against disease and the improvement of their health status. But such assistance is often hindered by Israeli policies, with the resulting increased burden on the health care system.

The health status of the Palestinian people cannot improve unless there is an end to occupation, granting them their legitimate rights to establish their own State and achieve full sovereignty over land and natural resources, the freedom to travel from one part of their homeland to the other, and free access to international gateways to all countries of the world.

The Palestinian people look to all countries of the world to support them in order to get their rights and attain the ultimate goal of the World Health Organization: achievement of health for all by the year 2000.

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