

---

## Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

### Report by the Secretariat

1. The year 2006 was particularly difficult. The fiscal consequences of political developments in the occupied Palestinian territory in 2006 have had an impact on the budget of the Ministry of Health, and consequently on the delivery of health services and programmes and on ability to pay the salaries of its staff.
2. Nevertheless, major disease outbreaks or significant deterioration of health indicators have been prevented. Life expectancy in 2005 was 71.7 years for males and 73 years for females. Maternal and infant mortality rates were 7.7 per 100 000 and 24.0 per 1000 live births, respectively.
3. Noncommunicable diseases, in particular cardiovascular diseases, and perinatal conditions, constitute the main causes of death. The number of deaths due to accidents decreased from 32.4 per 100 000 in 2004 to 14.5 per 100 000 in 2005. Iron-deficiency anaemia remains the major nutritional problem in the occupied Palestinian territory. Mental disorders continue to be of major concern.
4. More details about the health and economic situation in the occupied Palestinian territory are given in the fact-finding report produced in response to the request contained in resolution WHA59.3.<sup>1</sup>
5. WHO has been supporting UNRWA's health programmes for assistance to the refugee population for more than 50 years, and has increased its efforts to improve the physical, mental and social well-being of the Palestinian people.
6. In 2006 WHO continued to support the Ministry of Health in its strategic response to the health needs of Palestinians by steering the development of **health policy and systems**, guided by the values of health-for-all and the work on social determinants of health; improving the outcome of health interventions through efficient and effective **coordination**; enhancing health through advanced **technical assistance**; promoting and protecting health as a human right and as a bridge for peace through **advocacy** and the advancement of dialogue and cooperation between Palestinian and Israeli health professionals, nongovernmental organizations and health institutions.

---

<sup>1</sup> Document A60/29 Add.1.

7. In order to sustain the public health system and in response to the events in the Gaza Strip, WHO strengthened its **humanitarian assistance** in the occupied Palestinian territory, mainly through the provision of essential drugs, supplies and consumables for primary health care services. WHO continues to lead health information activities, focusing on consolidating data on health status and delivery of health services, including workforce attendance, availability of medical supplies, and capacity to continue public-health programmes, and on producing a monthly report on health-sector surveillance indicators.

8. The Secretariat provided support to the Ministry of Health in formulating and implementing **health policies** for the occupied Palestinian territory. Specific technical support has been provided in key areas such as mental health, nutrition, essential medicines, control of communicable diseases and food safety in order to strengthen policies, strategies and local capacities.

9. In the area of **coordination**, WHO has been involved in both strengthening the capacity of the Ministry of Health and directly promoting a shared vision and approach among organizations of the United Nations system and other international agencies working in the health sector. Specific emphasis has been given to monitoring the effects of the financial crisis on health status and service-delivery capacity. Coordination initiatives have provided support for the exchange of information between the Ministry and the international community. Monthly coordination meetings have been organized in order to inform the donors about health status, health-services delivery and health-system performance.

10. Provision of **technical assistance** responded to programme-specific needs. In the field of mental health the focus has been on policy, service delivery and training. In nutrition, emphasis has been on policy and strategy, on establishing a national nutrition surveillance system and on ad hoc research. Support has also been provided for strengthening policies, strategies and local capacities in key areas such as essential drugs, communicable diseases and food safety.

11. The Secretariat has facilitated and supported effective communication between Israeli and Palestinian health professionals and institutions, by promoting platforms for **dialogue**. Examples include *Bridges*, the Israeli-Palestinian public health magazine, conceived, edited and produced jointly by Israeli and Palestinian professionals every two months.

12. As requested by resolution WHA59.3 and in an effort to address the health needs of the population of the occupied Palestinian territory, a meeting (Geneva, 12 June 2006) reviewed the health situation and discussed mechanisms to address the needs of the population so as to avert a possible health crisis. The Secretariat's emergency response in the occupied Palestinian territory has been considerably strengthened, mainly through contributions in the humanitarian field: the European Commission's Humanitarian Aid department (ECHO) contributed substantially to assuring the availability of essential drugs and supplies at primary health care level. The Government of Finland donated to the emergency response; and the United Nations Central Emergency Response Fund provided support for responding to the health situation in the Gaza Strip.

13. Also in response to resolution WHA59.3, support was provided to the Palestinian Authority for tackling the outbreak of avian influenza. A preparedness plan against avian influenza was defined, laboratory facilities in the occupied Palestinian territory were assessed, laboratory technicians were trained, and reagents and seasonal influenza vaccines were provided.

14. Assessment of the Consolidated Appeals Process (CAP) offers an appropriate framework for developing a consensus on likely scenarios and for preparing coordinated humanitarian interventions.

WHO strengthened its contribution to CAP 2006 and identified immediate steps for saving lives and reducing suffering in the Gaza Strip. Within this framework, WHO built up its technical presence in order to improve coordination and advocacy, and to sustain the delivery of essential health services and programmes by providing support for basic public-health functions, supply of vaccines, consumables, and essential supplies and response to other urgent needs. CAP received financial support from the Government of Norway and ECHO.

15. The Secretariat requested all parties to share relevant information in order to prepare a fact-finding report. The information available to the Secretariat on the occupied Syrian Golan has been insufficient to compile such a report.

16. WHO will continue to work with the Palestinian Ministry of Health, organizations of the United Nations system, particularly UNRWA, and nongovernmental organizations in order to monitor the health situation in the occupied Palestinian territory and keep Members States informed.

#### **ACTION BY THE HEALTH ASSEMBLY**

17. The Health Assembly is invited to note the above report.

= = =