



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

Report by the Director-General

This document reports on progress made in implementing resolution WHA50.38, and on the collaborative effort made within the United Nations system to strengthen the Palestinian health institutions established after the Oslo Accord. It also reviews the special technical support programme WHO is providing to the Ministry of Health of the Palestinian Authority. The Health Assembly is invited to note this report.

INTRODUCTION

1. The Fiftieth World Health Assembly, in resolution WHA50.38, requested the Director-General to take urgent steps to support the Ministry of Health of the Palestinian Authority, to continue to provide necessary technical assistance to support the implementation of health programmes and projects, to activate the organizational unit at WHO headquarters concerned with the health of the Palestinian people, and to pursue efforts to obtain funding from various sources, including extrabudgetary sources, to meet the urgent needs of the Palestinian people during the transitional period of self-rule.

2. Within the terms of this resolution WHO continued its technical assistance programme to the Palestinian Authority, which had been started in the late 1980s and intensified during the years of the *intifada*, linking it to the coordinating mechanisms established by the Office of the Special Coordinator in the Occupied Territories (UNSCO). Within this coordinating mechanism, WHO acts as the secretariat to the Health Sector Group, the overall coordinating body emanating from the "Ad Hoc Liaison Committee" established by the Donors Conference (Washington, 1 October 1993) convened after signature of the "Declaration of Principles" on 13 September 1993.

COORDINATION IN ACHIEVING PALESTINIAN HEALTH GOALS

3. In 1997 the process of decline in economic conditions in the West Bank and Gaza Strip continued, despite hopes that the negative trends of 1996 could be reverted. The decrease in wages in the Occupied Territories, coupled with a decline in employment opportunities in Israel and repeated "closures", contributed to increased consumer prices. Household living levels declined 5.8% in the first quarter of 1997, with basic monthly

household expenditures falling by an average of 8.3% and medical care expenditures by almost 13%. The prolonged closures imposed by the Government of Israel disrupted the flow of Palestinian patients, health staff, drugs and supplies between and within the West Bank and Gaza. This seriously affected the development of the nascent health administration.

4. Donors' assistance to the Palestinian people also decreased: in the first half of 1997, donors' disbursements for the Palestinian Public Investment Programme amounted to 50% of the 1996 level (US\$ 116.1 million), affecting mainly much-needed building up of infrastructure and institutions, including the health sector. A recent review of donors' disbursement shows that almost 47% of all donor assistance to the Palestinian Authority over the past five years has been used for budgetary support and emergency job-creation programmes, and the remainder for development projects.

5. The level of health care provided by UNRWA to the refugee population (estimated at over 40% of the population of the Palestinian Self-Rule Areas) could be maintained only with difficulty in 1997 because of the dramatic financial situation of the Agency. The growth of the refugee population is not matched by increased donor support for UNRWA. This has meant that basic services had to be provided with dwindling financial support, posing a threat to the quality of services provided by the Agency, should adequate funding not become available.

6. The seriousness of the economic situation in the Occupied Territories is also reflected by the large number of people living below the poverty line (US\$ 650 per annum). Recent estimates indicate that at least 20% of the population is poor: around 40% of the Gaza population and 10% of the West Bank.

7. At the latest Donors' Conference (Paris, 14-15 December 1997) participants declared their intention to commit close to US\$ 750 million for development activities in the Palestinian Self-Rule Areas. An additional US\$ 150 million were committed as guarantees for private investments. It is expected that this will translate into US\$ 500 to 600 million of disbursements in 1998. The commitments of the donor community were made as a result of the preparation by the Palestinian Authority, together with the World Bank and UNSCO, of a three-year development plan (1998-2000), focusing on a strategy of encouraging private sector investment and on infrastructure and human resources development. It includes requirements for the health sector, consisting of 48 partially funded and unfunded projects whose implementation requires a total of US\$ 76.5 million in 1998. As some projects for the health component of the development plan are already funded net additional resources required for 1998 amount to US\$ 50.5 million.

8. In an economic situation where government revenues, such as taxes and National Health Insurance Scheme (NHIS) premiums, are the main sources of income to cover the operational and recurrent costs of the health sector, very little is left for development of the public health system. The rapid growth rate of the population (3.7%), the increased number of households joining NHIS, and the increasing number of families relying on the social safety net (around 30 000 in January 1997) have all strained the resources of the Ministry of Health. It has been compelled to review its policies for the referral of patients to foreign institutions, to rationalize expenditure on drugs, and to increase the level of copayment. The Ministry began reviewing and rationalizing all its expenditure policies in an attempt to maintain the same level of care in the secondary and primary level health facilities of the Palestinian Authority. Real annual per capita expenditure on health is estimated at around US\$ 111, of which around 40% is spent by the Ministry. The financing of its services amounted to US\$ 97 million in 1997, with only about US\$ 48 million covered by NHIS premiums and copayments for drugs and other services.

9. The deteriorating economic situation is also posing severe threats to the financial sustainability of currently planned investments. Should investments in the health sector have become operational during this period of financial constraint, available resources might not have been sufficient to operate them.

10. Although access to health care is good (49.1% of the population live within 5 km of a hospital and only 8.1% of the population live further than 5 km from a doctor), the historic neglect of hospitals, primary health care

clinics and equipment influenced heavily the development pattern of the health system. The system consists for the most part of general hospitals with less than 100 beds, each with its own X-ray equipment, laboratories and ancillary services. This legacy requires duplicate investments in technology and human resources and does not lend itself to organizational or economic rationalization. Palestinian patients seek hospital care in large numbers, often for services that could be provided more efficiently and at lower cost at the primary health care level. This situation is reflected by a skewed allocation of Ministry of Health resources, with only 20% to 30% of funds directed to primary health care and public health services.

11. None the less, the Ministry of Health has pursued its efforts to improve the health of the Palestinian people. It has maintained and strengthened several public health programmes. Achievements of the Mediterranean, Caucasus and Central Asian republics' initiative to eradicate poliomyelitis (MECACAR) have received international recognition, surveillance of diseases covered by the Expanded Programme of Immunization (EPI) has been strengthened, and services in primary health care clinics have been enhanced with the employment of specialists. The Ministry of Health also started to improve and strengthen several much-needed hospital services.

12. The epidemiological transition is still unfolding in the Occupied Territories: diseases associated with more affluent societies are becoming more prevalent, yet coexist with forms of malnutrition such as micronutrient deficiencies (anaemia and iodine deficiencies) and high rates of infectious diseases (hepatitis B, brucellosis, salmonellosis, etc.). Higher levels of stunting and wasting in children below five have been observed. Epidemiological data shows that the leading causes of morbidity and mortality in children below five are preventable, although programmes for control of diarrhoeal disease and acute respiratory infections are starting to bear fruit. Health education of families and communities could dramatically reduce the toll of deaths for home and road accidents, and adoption of adequate measures could substantially reduce the disease and death burden associated with prematurity (13.9% of infant mortality).

SPECIAL TECHNICAL ASSISTANCE PROGRAMME

13. In the year under review WHO, besides its coordinating role in the United Nations system, provided technical and material support to the Ministry of Health and to other institutions involved in the health sector. With the agreement of the Ministry, WHO is collaborating with UNFPA in implementation of two reproductive health programmes in the West Bank and Gaza Strip. Coordination with UNICEF was maintained in the promotion of children's health. Activities with the United Nations Development Fund for Women for setting up a gender task force have been undertaken in collaboration with UNDP. Coordination with nongovernmental organizations was strengthened in 1997, especially in the frame of the humanitarian assistance provided by the European Commission Humanitarian Office (ECHO). Joint activities with local programmes and technical institutions have also taken place on the request of the Ministry. WHO set up a task force for defining indicators for the Palestinian health system and a consultant is working with the Ministry to draw up a national health plan.

14. With emergency funds from ECHO, WHO provided vaccines, disposables and essential cold chain equipment at a time when the Palestinian Authority financial conditions might not have permitted the Ministry to purchase expensive vaccines not normally donated by UNICEF. In the planning phase of this emergency programme WHO and UNICEF coordinated their respective responsibilities with the Ministry, thus avoiding waste of resources. WHO and UNICEF, through a *modus operandi* agreed upon with the Israeli authorities, also carried out the administrative procedures for importation of EPI vaccines for the Ministry. Assiduous collaboration with the Ministry and UNICEF enabled WHO to identify the urgent needs for rehabilitation of the Palestinian EPI cold chain and to draw up a proposal that has been submitted for funding to ECHO.

15. On the basis of earlier WHO work, UNDP and WHO collaborated with the Ministry of Agriculture and the Ministry of Health to draw up an eight-year plan for control of brucellosis in both the human and animal population. The human component of the programme is being supported by a grant from the Government of Greece, whose technical institutions are also partners in the implementation and technical backstopping of the

programme. The animal component is being supported by several donors: Argentina, Japan, Spain and the European Union.

16. The Palestinian Essential Drug Programme has continued the activities started earlier in 1996. Together with WHO, the Ministry of Health analysed the situation of the pharmaceutical sector. A list of essential drugs has been drafted which closely adheres to the WHO model list, and the broad process of consultation for the endorsement of the list is starting. Given the uniquely complex socioeconomic situation and the usual intermingling of economic and political interests, the process of framing a national drug policy is unlikely to begin soon. Nevertheless, several steps could be undertaken by the Ministry: the development and adoption of treatment protocols, for example, accompanied by effective public education campaigns could result in better services for the population and substantial financial savings for the Ministry.

17. On a donation by the Government of Italy, two consultants conducted a training course in the West Bank and Gaza, demonstrating a simple and inexpensive technique for the treatment of caries. Materials to be used with that technique were also donated. They also assessed the feasibility of starting an oral health programme. Under the same initiative a fellowship was granted to a staff member of the Ministry who, during her period in Minsk, drew up plans for improving the oral health of the Palestinian people.

18. WHO also identified essential activities to support the Italian Government's project to develop the Central Public Health Laboratory. A proposal which includes procurement and delivery of all the equipment for the laboratory, and training of environmental health inspectors and of Ministry of Health laboratory staff, was submitted to the Italian Government for funding.

19. In collaboration with the Ministry of Health and the World Bank a study was completed on the medium-term development strategy and public financing priorities for the health sector. It gathered existing data and information on the health sector and identified the main development issues faced by the Palestinian health system. Undertaken in time of economic difficulties for the Palestinian Authority, it highlighted measures that could enhance the sustainability and efficiency of the health system while producing tangible results for the Palestinian people.

20. A consultant was fielded to help develop the diploma course in primary health care offered by Birzeit University, and to improve teaching capabilities of the University staff.

21. Key Palestinian staff from the Ministry of Health and the Palestinian Red Crescent Society received training courses in Addis Ababa or Geneva to develop their planning and managerial capability for coping with emergencies.

22. Support was also provided to a mission of the International Initiative Against Avoidable Disability (IMPACT), a joint WHO-UNDP-UNICEF global programme. It discussed with the Ministry and other concerned parties possible strategies for launching disabilities prevention activities in the Palestinian Self-Rule Areas.

23. WHO publications were regularly provided to different departments of the Ministry, together with office equipment of various kinds and audiovisual aids in support of training activities. Maxillo-facial surgical equipment has been donated to the Ministry. Equipment for the Public Health Laboratory in Gaza was also donated to strengthen the capacity of the public health system.

CONCLUSIONS

24. The "empowerment" of the Palestinian people to take care of their own health affairs has progressed well, despite the difficult economic conditions that are being encountered in the Palestinian Self-Rule Areas. This human right as inscribed in WHO's Constitution is fundamental to the attainment of peace and security in the

area. It has to be nurtured during the transitional period of self-rule and will remain dependent on the fullest cooperation of all individuals and States in the area.

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

25. The Health Assembly is invited to note the report.

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