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

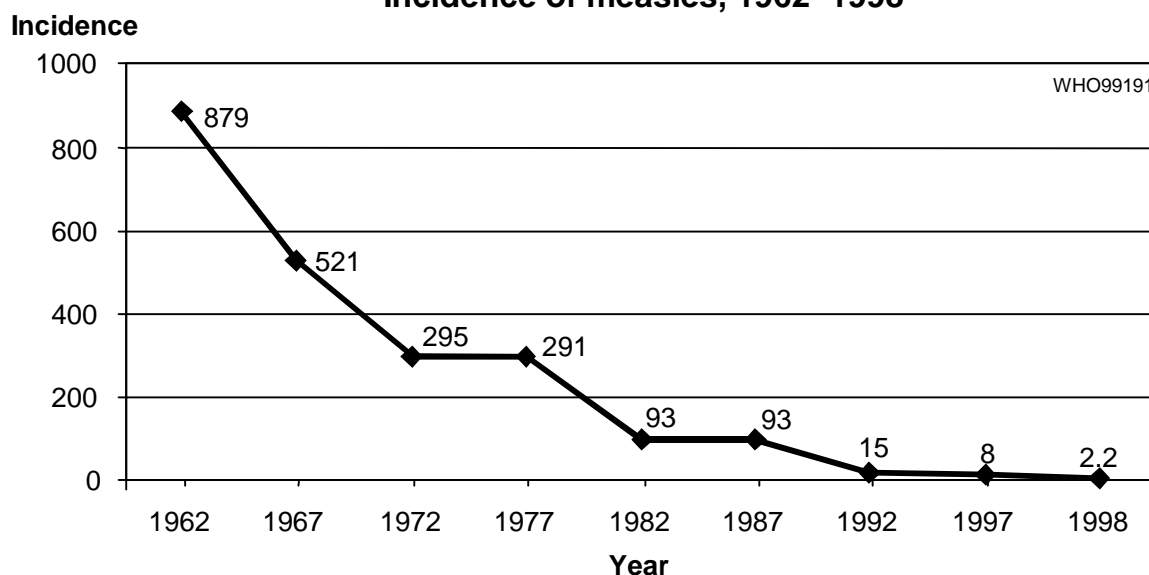
The Director-General has the honour to bring to the attention of the Health Assembly the attached annual report of the Director of Health, UNRWA, for the year 1998.

REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 1998

HEALTH CONDITIONS OF THE PALESTINE REFUGEES

1. The epidemiological morbidity and mortality pattern of Palestine refugees today resembles that of many populations whose health status is in transition from a developing to a developed stage. On the one hand, vaccine-preventable diseases are well under control due to the optimal coverage of the expanded programme on immunization. Zero incidence of neonatal tetanus and poliomyelitis was maintained since 1988 and 1993, respectively. In the meantime the incidence of measles has dropped considerably, as shown below. On the other hand, mortality due to noncommunicable diseases such as diabetes mellitus, cardiovascular diseases and cancer is rising.

Figure 1.
Incidence of measles, 1962–1998

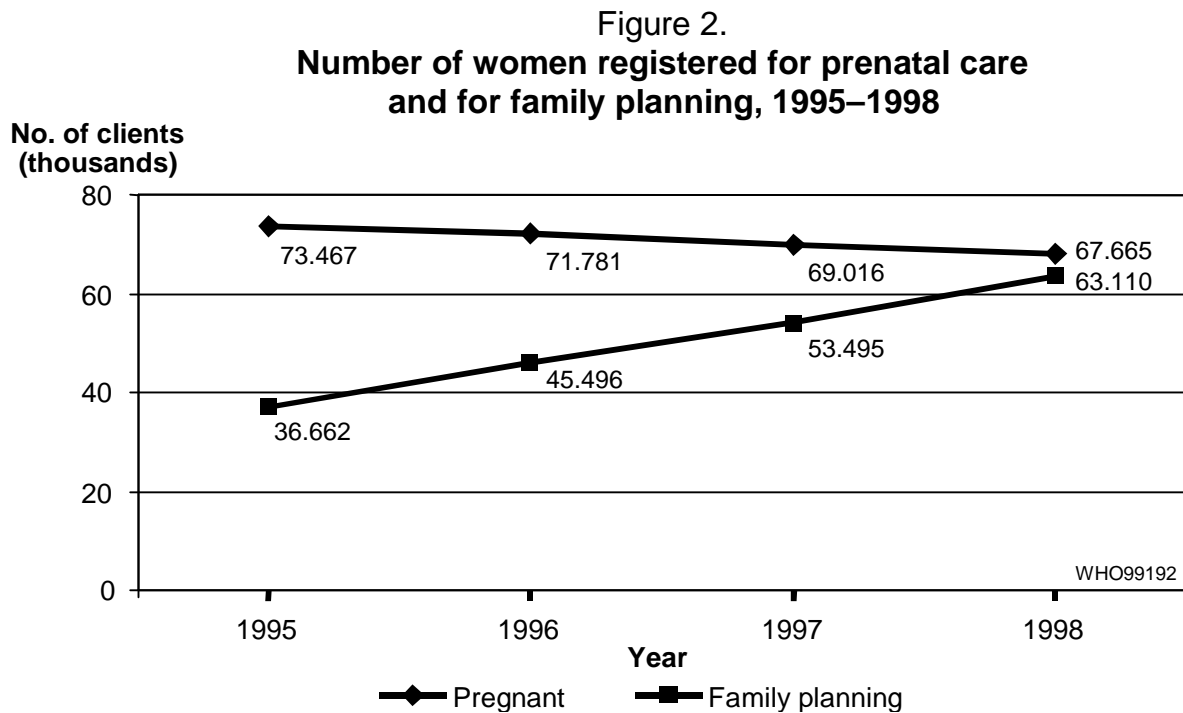


2. Protein-calorie malnutrition among children has been eliminated. However, the problem of stunting remains, which suggests that the nutritional status of children is still compromised. The prevalence of micronutrient deficiencies among women of reproductive age and children such as iron deficiency anaemia and iodine deficiency disorders is high, and there is still a high dental fluorosis index in Gaza Strip.

3. Infant mortality has declined steadily and the pattern of leading causes of infant mortality has changed significantly. Incidence of diarrhoeal diseases, gastroenteritis and malnutrition, which accounted for approximately two-thirds of infant mortality in the early 1960s, dropped to negligible levels and was overtaken by acute respiratory infections, low birth weight prematurity and congenital malformations, which are more difficult to prevent. Likewise, the ratio of postneonatal mortality had shown an identical declining trend, with the highest proportion of deaths, namely 60%, taking place during the neonatal period.

4. The proportion of deliveries of women attended by trained personnel in 1998 was 93.3% in the West Bank and 98.2% in Gaza Strip, including 27.4% in UNRWA maternity units. Furthermore, the number of

pregnant women registered for prenatal care had declined steadily as the number of women enrolled in the Agency's family planning services increased, as can be seen from the figure below.



5. In spite of the marked progress that has been achieved, the health status of women and children still leaves much to be desired. The crude birth rates are still as high as 46.3 per thousand population in Gaza Strip and 42.9 in the West Bank, with an average family size of above 6 in Gaza and 5.8 in the West Bank. Based on registration statistics, the population growth rate in the territories covered by the Agency was approximately 3%, and 3.5% in Gaza Strip. Approximately 35% of the registered refugee population were below 15 years of age (44% in Gaza).

6. According to an UNRWA study, the mean marital age among refugee women ranged between 19.1 years in the West Bank and 18.5 in Gaza Strip, with 10% of girls married at or before 15 years of age. Of the women cared for by UNRWA in Gaza Strip and the West Bank, 53.2% and 47.9% respectively had birth intervals of less than two years. In 1998, more than one-third of women receiving antenatal care at UNRWA clinics in the West Bank were classified as at risk (high or alert). The corresponding rate in Gaza was as high as 37.3%.

7. Virtually all dwellings in refugee camps have access to safe water, and about 66% in the West Bank and 47% in Gaza Strip are connected to sewerage networks. The quantity of water supplied to the refugee camps either from municipal sources or deep wells is inadequate in general, and particularly so in Gaza Strip where ground water is the only source and the rate of consumption for domestic use and agricultural purposes exceeds three times the rate of replenishment from natural resources.

8. By all measures, water sources do not meet the international criteria for drinking-water quality. The levels of salinity, especially nitrates, exceeds five times the recommended international standards. Other types of even more dangerous pollution and toxicity are expected.

9. The nutrition and anaemia survey conducted in Gaza Strip in October 1998 in collaboration with the United States Centers for Disease Control and Prevention, Atlanta, United States of America, had detected signs of lead poisoning among children in at least one site, namely Jabalia.

10. Over the past 10 years, the refugee population of Gaza Strip has almost doubled. Coupled with depletion of water resources and worsening of socioeconomic conditions owing to rapid inflation and high unemployment rates, this pattern of population growth continues to represent a major threat to health and economic development. UNRWA therefore continued to accord family health services, including family planning and improvement of environmental health conditions, top priority.

UNRWA HEALTH SERVICES TO REFUGEES

11. Since 1950, under the terms of an agreement with UNRWA, WHO has provided technical supervision of the Agency's health care programme through the sustained support of the Regional Office for the Eastern Mediterranean and the cooperation of WHO headquarters, as well as the assignment to UNRWA headquarters, on nonreimbursable loan, of the UNRWA Director of Health and other senior staff.

12. UNRWA since then has been the main health care provider for the Palestine refugee population in the five fields of its area of operations, namely Jordan, Lebanon, Syrian Arab Republic, Gaza Strip and West Bank. The total refugee population registered with UNRWA in 1998 was 3.6 million, out of whom 1 349 000 were in Gaza Strip and the West Bank, representing approximately 50% of the total population. Of the refugee population in the West Bank and Gaza Strip, 27% and 54% respectively lived in 27 camps.

13. UNRWA's health care programme continued to focus on comprehensive primary health care, comprising essential medical care services, disease prevention and control and family health services, including family planning. These services were provided directly and at no cost to Palestine refugees through the Agency's network of 51 primary health care facilities in and outside camps: 34 in the West Bank and 17 in Gaza Strip. Because of the high workload in Gaza, a system of double-shift clinics was maintained at six large health centres.

14. Of the 51 primary health care facilities, 38 accommodated fully equipped laboratories, 35 accommodated dental clinics, and all of them provided family planning services as an integral part of maternal and child health care services. These facilities also provided special care for diabetes mellitus and hypertension as part of the integrated noncommunicable disease control programme.

15. In 1998 these facilities handled over 3.5 million consultations, 0.86 million injections and dressings and 189 463 dental consultations. In addition, 35 997 pregnant women received antenatal care and 105 000 children below three years of age received comprehensive preventive care comprising growth monitoring, immunization and medical supervision. More than 9500 new family planning acceptors were enrolled in the programme, bringing the total number of family planning acceptors to 34 374. There were more in Gaza, namely 24 665, where UNRWA is the main provider of health care to approximately two-thirds of the total population, both residents and refugees.

16. In addition to these services at the primary level, UNRWA provided support for the cost of hospitalization of refugee population at nongovernmental hospitals in Gaza Strip and the West Bank, and direct assistance through its 43-bed hospital in Qalqilia in the West Bank. More than 20 000 refugee patients received hospital care in 1998, equivalent to a total of 63 666 hospital days.

17. Because of the shortfall in funding, the budgetary and human resources that UNRWA allocated to health remained far below regional standards, as can be seen from the table below.

FINANCIAL AND HUMAN RESOURCES ALLOCATED TO HEALTH

	Jordan	Syrian Arab Republic	Lebanon	Palestinian Authority	UNRWA
Annual per capita budget of ministries of health and UNRWA (US\$)	31	19	89	37	10
Human resources per 10 000 population					
Physicians	16.6	10.8	28.0	5.2	0.8
Nurses/midwives	30.0	20.6	6.5	10.9	2.5

Source: Demographic and health indicators for countries of the Eastern Mediterranean. WHO Regional Office for the Eastern Mediterranean, 1997.

18. Notwithstanding this modest provision of human and budgetary resources, UNRWA's health care system remained very cost effective. This has been ascertained by independent assessments. A World Bank report concluded that:

Even allowing for the logistic advantages of providing services to a clustered population, UNRWA strategy and approach to health delivery has been efficient and could provide a basis to the development of a sustainable Palestinian health care system. In a cultural and epidemiological situation similar to that of non-refugees, certain aspects of the UNRWA system, e.g. treatment protocols and material resources management, could be easily adopted and adapted to the government sector.¹

19. UNRWA also continued to provide essential environmental health services to approximately 579 000 Palestine refugees living in 27 camps in Gaza Strip and the West Bank, including sewerage disposal, management of storm water runoff, provision of safe drinking-water, collection and disposal of refuse and control of insect and rodent infestation. In addition, UNRWA provided nutritional support in the form of dry rations to pregnant women and nursing mothers.

¹ West Bank and Gaza Medium-Term Development Strategy and Public Financing Priorities for the Health Sector. World Bank, December 1997.

COOPERATION IN HEALTH

20. UNRWA remained committed to the goal of contributing to the process of rehabilitation and building a sustainable health care system in the West Bank and Gaza Strip within the means available to it and within any framework that is considered appropriate by the Palestinian Authority. The cooperation between UNRWA, the Ministry of Health of the Palestinian Authority and nongovernmental organizations in 1998 covered several areas, including disease surveillance and control, maternal health, and development of human resources for health. The immunization policies of UNRWA and the Ministry of Health have been streamlined, consistent with WHO concepts and principles. In the meantime, UNRWA continued to receive its requirements of the six antigens for the expanded programme on immunization, as well as hepatitis-B and measles-mumps-rubella vaccines as in-kind contribution from the Ministry of Health.
21. Other aspects of cooperation in the area of disease surveillance and control comprised implementation of the DOTS strategy (directly observed treatment, short course) for control of tuberculosis beginning 1999, with full coordination between UNRWA and the national tuberculosis control programme. UNRWA is also participating in the national programme for control of human brucellosis. In the meantime, UNRWA implemented two multisectoral health educational activities targeting mainly schoolchildren: one for prevention of tobacco use and the other for prevention of HIV/AIDS with support from UNAIDS.
22. By the end of March 1999, the maternal health project for development of open learning material on antenatal care, family planning, management information systems and total quality management will have been completed with the assistance of Kingston University, United Kingdom of Great Britain and Northern Ireland, and the full participation of the Ministry of Health and local nongovernmental organizations in Gaza Strip. Not only has this project enhanced the process of capacity-building of all project partners, but it has also helped to streamline several aspects relating to service standards and practices of all health care providers in the Strip.
23. UNRWA is considering ways and means of ensuring the future sustainability of the project and the feasibility of expanding its activities to the West Bank, building on the institutional capacity that has been so far developed at the local level.
24. UNRWA, in collaboration with the WHO Collaborating Centre at the Centers for Disease Control and Prevention, and the Ministry of Health of the Palestinian Authority, carried out a nutrition and anaemia survey in Gaza Strip. The survey covered preschool and school children, women of reproductive age and adult men, both refugees and resident population. The survey revealed that the prevalence of iron deficiency anaemia ranges between 51.5% to 57% among preschool children and between 33% to 56% among women of reproductive age.
25. Staff from the Ministry of Health of the Palestinian Authority participated in the training programme organized by UNRWA in collaboration with the WHO Collaborating Centre at the Centers for Disease Control and Prevention. The programme, which aims at enhancing the process of institutional capacity-building of senior and mid-level managers in epidemiology, reproductive health and management, has been under way since 1997 and will be maintained in 1999. Participants from UNRWA and the Ministry of Health have identified joint health services research projects to be carried out in the context of this training project. The project will ultimately help to build up a core group of trainers-of-trainers, who will transfer the knowledge and skills acquired to other staff.
26. UNRWA started construction works for establishment of a public health laboratory in Ramallah, West Bank, which will be integrated within the health care system of the Ministry of Health of the Palestinian

Authority. In the meantime, works for construction and equipment of a 20-bed paediatric ward in the UNRWA hospital in Qalqilia is expected to start in early 1999.

27. In the environmental health sector, UNRWA completed the construction of a sewerage and drainage system in Beach camp, Gaza, in November 1998 and works are progressing well in construction of a sewerage and drainage system and of a pressure main at Der-el-Balah camp. In the meantime, detailed technical designs had been completed for construction of a gravity main interceptor in Der-el-Balah, for the Beach camp shore protection project, and for internal sewerage and drainage system in Jalazone camp, West Bank. In addition, design drawings were prepared by UNRWA for lift stations and surface drainage in Nusseirat, Bureij and Maghazi camps in the middle area of Gaza Strip.

28. Regarding Palestine refugees outside Gaza strip and the West Bank, UNRWA continued to provide essential health services to the Palestine refugees in Jordan, Syrian Arab Republic and Lebanon. It established collaborative links with the Palestine Red Crescent Society, mainly by purchasing hospital services from the hospitals it runs in Lebanon and Syrian Arab Republic.

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