



# WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY  
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## **Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine**

### **Report by the Director-General**

#### **INTRODUCTION**

1. Resolution WHA53.11 requested the Director-General to take urgent steps in cooperation with Member States to support the Palestinian Ministry of Health in its efforts to overcome the current difficulties, and in particular so as to guarantee free circulation of those responsible for health, of patients, of health workers and of emergency services, and the normal provision of medical goods to the Palestinian medical premises. The resolution further requested WHO to continue to provide the necessary technical assistance to support health programmes and projects for the Palestinian people; to take the necessary steps to obtain funding from various sources including extrabudgetary resources, to meet the urgent health needs of the Palestinian people; and to continue her efforts to implement the special health assistance programme.

2. In response to the terms of this resolution, WHO has maintained its special technical assistance programme aimed at empowering the Palestinian Ministry of Health to play its role in caring for the health of the Palestinian people. In addition, WHO had to respond to the humanitarian situation that arose as a result of the Israeli-Palestinian confrontations in late 2000.

#### **ACHIEVING PALESTINIAN HEALTH GOALS**

3. The Palestinian Ministry of Health budget allocation for 2001 has been set at US\$ 98 million, the same level as for 2000. However, the disruption and re-allocation of resources caused by the aforementioned crisis call for the re-drafting of plans for the years to come.

4. The Five-Year National Health Plan envisages sustained capital investments that in current economic conditions pose a special challenge. The provision of emergency services under the pressure of the present circumstances is diverting resources from regular development activities and may jeopardize the long-term sustainability of the health system.

5. The difficulties of managing the emergency and humanitarian situation in the health sector are compounded by the financial crises affecting the Palestinian Self-Rule Areas and the Palestinian Authority. Acute shortage of drugs and medical supplies, as well as difficulties in re-supplying remote facilities during the disruptions of movement, have constrained the quality and delivery of health care services.

6. Efforts to enhance coordination between the Ministry of Health and non-governmental health organizations have continued. In several areas, primary health care services are being delivered harmoniously by the Ministry of Health and the organizations within the same premises. The Ministry of health, UNRWA and Palestinian nongovernmental organizations are using common standard guidelines for the delivery of reproductive health care within primary health care services.
7. Efficient health information systems, supported by geographical information systems, are more necessary than ever to support decision-making processes for health planning and management.

## **SPECIAL TECHNICAL ASSISTANCE PROGRAMME AND ITS EMERGENCY RESPONSE**

8. The WHO Special Technical Assistance Programme has continued working towards empowering the Ministry of Health to undertake its role in overseeing the health of the Palestinian people. In particular, WHO enhanced its coordination and technical role within the Health Sector Working Group in the framework of the Local Aid Coordination Committee. Collaboration with both the gavelholder (Ministry of Health) and the shepherd (Government of Italy) of that Group was strengthened. The response to urgent appeals by the Ministry of Health at the outset of the emergency was organized within the Sector Working Group. Activities have been jointly planned and carried out with the World Bank, UNICEF, UNFPA, UNDP, the European Commission and several nongovernmental organizations.
9. WHO also maintains its long-standing special links with UNRWA whose Director of Health is chosen from WHO senior staff. The UNRWA health care delivery system is managed by Palestinian professionals, and provides a health security network for Palestinian refugees in different countries.
10. An assessment by WHO, with UNDP and the World Bank, of the general situation of the primary health care network in the West Bank and Gaza has led to collaboration between several donors and agencies. As a result, the network of primary health care clinics in the West Bank and Gaza is being rehabilitated and rationalized, with services being strengthened and improved.
11. WHO has implemented the third year of two projects in the West Bank and Gaza, funded by UNFPA, both aimed at the integration of reproductive health services into primary health care. UNFPA also provided additional funding for emergency reproductive health care supplies and equipment during the crisis.
12. The Palestinian Essential Drug Programme continued its activities to improve the pharmaceutical sector in the Palestinian Self-Rule Areas with technical and financial assistance from WHO. The Palestinian essential drug list has been finalized and is being used by the Ministry of Health as the basis for drug procurement. The compilation of a pharmaceutical formulary is almost completed, its completion having been hindered by recent events; next steps that have been planned, such as the training of personnel and dissemination of the formulary, are being prepared. Training on the use of essential drugs according to the formulary could result in not only better health for the Palestinian people but also substantial savings – estimated at about US\$ 1.5 million – for the Ministry of Health.
13. Guidelines for drug donations, developed last year under the Palestinian Essential Drug Programme which was supported by WHO, proved an invaluable tool during the current crisis in assisting the Ministry of Health to prevent inappropriate drug donations.

14. During 2000, a project aimed at improving the availability and quality of water for human consumption with funding from the European Community Humanitarian Office, was completed. This WHO initiative was implemented in close collaboration with the Palestinian Water Authority, the Ministry of Education and the Ministry of Health. About 185 water sources (springs and wells) were rehabilitated and chlorinators were installed. One hundred reverse osmosis units were provided and installed in health and educational institutions in Gaza. The capability of the Ministry of Health to monitor water quality was strengthened through the provision of adequate equipment, vehicles and training of the staff in charge. Health education campaigns were undertaken in the media and through direct contacts with the populations who stood to benefit.

15. The Brucellosis Control Programme is close to completion, with support from the Government of Greece. Together the public health component of this programme, implemented by the Ministry of Health with the technical support of the WHO Collaborating Centre on Research and Training in Mediterranean Zoonoses (Crete, Greece), and the veterinary component, implemented by the Ministry of Agriculture in collaboration with UNDP, have put in place the main elements of strategy for control of the most serious zoonosis in the area. The programme includes several components: training of laboratory and surveillance staff, milk hygiene, animal surveillance and control, health education and agricultural extension, and the establishment of a laboratory referral system for human and animal brucellosis. In 2000, 303 cases of brucellosis were reported in the West Bank and Gaza Strip; the incidence (10/100 000 population) represents a drastic decrease of human disease in comparison with the mean incidence for 1990 of 29/100 000.

16. Health-related technical and scientific publications have continued to be provided to the Ministry of Health, nongovernmental organizations and relevant health institutions in the Palestinian Self-Rule Areas. Advice and support on health matters was provided to Member States collaborating in strengthening the health sector in those Areas.

## **THE HUMANITARIAN HEALTH SITUATION IN THE OCCUPIED ARAB TERRITORIES AND PALESTINIAN SELF-RULE AREAS**

17. The Israeli-Palestinian conflict flared up in the last quarter of year 2000. The confrontations raised dramatically the number of deaths and injuries on both sides, especially among young Palestinian civilians. According to the available data, the death toll in the period October to December 2000 was more than 300. Thousands of injuries were recorded, many of which will result in permanent disabilities.

18. The sudden increase in demand for emergency medical and surgical treatment put a severe strain on all Palestinian health institutions; increased consumption of pharmaceuticals and consumables, depleted existing stocks, and forced medical personnel to work long shifts. New emergency medical services had to be set up, and health services established for other purposes had to be urgently transformed in order to cope with casualties.

19. Injured people, as well as other patients, were not guaranteed timely access to medical assistance. The transport of wounded and patients to and from medical facilities was constrained by the confrontations. Casualties were recorded among health staff carrying out their humanitarian duties and, in contravention of resolution WHA46.39, vehicles and ambulances of both the Palestinian Red Crescent Society and the Magen David Adom were the target of violent acts.

20. Closure of the Palestinian Self-Rule Areas led to disruption of a number of health programmes run by the Ministry of Health and other health service providers and affected the capacity of various bodies whether United Nations agencies, or other international or nongovernmental organizations – to provide humanitarian relief and assistance in the occupied Arab territories. Projects and activities that were under way will have to be reviewed in light of the consequences of the crisis. Leadership by the Palestinian Authority and by the Ministry of Health in particular will be essential in guaranteeing the coordination of investments by donors in human and material resources for the health sector.

21. The Humanitarian Task Force on Emergency Needs was established under the chairmanship of the Ministry of Health and UNSCO in order to coordinate donor responses. Although this undertaking provided a valuable forum for the exchange of information, it yielded few operational results. The task force activated field sector groups in the West Bank and Gaza within the framework of existing sector working groups. The field sector groups have been empowered to work locally in order to provide quick emergency responses in specific fields of action.

22. WHO promptly responded to requests by the Ministry of Health and the Palestinian Red Crescent Society, providing emergency assistance in terms of supplies and technical expertise. WHO has participated, in the Humanitarian Task Force for the Emergency Needs since its inception, and set up and coordinated the Field Task Force on Health in the West Bank. Coordination between these bodies enabled the WHO Special Technical Assistance Programme to define the requirements for WHO's urgent international humanitarian appeal for assistance to the Palestinian population for US\$ 7.5 million to help meet the needs for health infrastructure, programmes, and supplies. The appeal was made to a limited number of donors and, as of now, only the governments of Italy and Norway have responded with contributions. The Government of Norway has also provided funding to maintain and reinforce the WHO Special Technical Assistance Programme.

23. Furthermore, WHO has organized humanitarian convoys – joining the forces of United Nations organizations, donor countries, international and local nongovernmental organizations and the Palestinian Ministry of Health – to selected remote or isolated localities and villages affected by closures, to monitor the situation, deliver aid, reinforce services, performing assessments and making advocacy.

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

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

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