WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY **A54/INF.DOC./5**
Provisional agenda item 17 **4 May 2001**

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 2000.

ANNEX

REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2000

INTRODUCTION

1. UNRWA began operations in May 1950. Its task was to provide emergency assistance to the hundreds of thousands of Palestinians displaced by the 1948 Arab-Israeli conflict. Since 1950, under the terms of an agreement with UNRWA, WHO has provided technical supervision of the Agency's health programme through sustained support from the Regional Office for the Eastern Mediterranean and headquarters. The mandate of the Agency, deriving from a resolution adopted by the United Nations General Assembly in December 1949, has been renewed repeatedly pending a solution to the Palestine question. Today, UNRWA continues to provide essential education, health, relief and social services to 3.8 million Palestine refugees living in Jordan, Lebanon, the Syrian Arab Republic, Gaza Strip and the West Bank.

2. The registered Palestine refugee population served by UNRWA in Gaza Strip and the West Bank represents about 50% of the total 2.5 million population in those territories, 43% of whom live in 27 camps and the rest in towns and villages. UNRWA's health care services are provided through a network of 51 primary health care facilities and one hospital in Qalqilia town in the West Bank. With a limited regular budget of US$ 28.3 million in year 2000, UNRWA provided comprehensive health care services to the Palestine refugees in Gaza Strip and the West Bank, comprising outpatient and inpatient medical care, mother and child health care, family planning, disease prevention and control, and environmental sanitation in refugee camps.

HEALTH CONDITIONS OF THE PALESTINE REFUGEES IN THE OCCUPIED TERRITORIES

3. Some demographic and health status indicators of the Palestine refugees and coverage with primary health care services, based on UNRWA statistics and surveys, as of 2000, are given below:

Indicator	West Bank	Gaza Strip
Total fertility rate	4.1	4.4
Percentage of population below 15 years of age	31.9	43.1
Percentage of women of reproductive age (15-49 years)	23.9	21.2
Mean marital age (years)	19.5	18.9
Percentage of women married below the age of 18 years	31.2	36.3
Percentage of mothers with birth intervals below 18 months	22.1	20.9
Prevalence of anaemia among children <3 years of age (percentage)	49.7	74.9
Prevalence of anaemia among pregnant women (percentage)	35.5	44.7

Indicator	West Bank	Gaza Strip
Prevalence of diabetes among adult refugees (percentage)	4.0	6.4
Prevalence of hypertension among adult refugees (percentage)	6.3	9.4
Incidence rates of vaccine-preventable diseases (percentage of population)		
• Pulmonary tuberculosis, smear positive	0	0.7
• Measles	0.3	0
• Poliomyelitis	0	0
• Diphtheria	0	0
• Tetanus, neonatal	0	0
Percentage of infants 12 months fully immunized	99.2	99.9
Percentage of women immunized against tetanus	97.6	98.6
Percentage of deliveries attended by trained personnel	95.3	99.0
Contraceptive usage (percentage) among women of reproductive age attending UNRWA clinics	41.9	36.5
Percentage of camp shelters with access to sewerage facilities	65.8	61.0
Percentage of camp shelters with access to safe water	99.6	100.0

PROGRAMME OF EMERGENCY ASSISTANCE

4. Seven years after the Oslo accord between the Palestine Liberation Organization and Israel was signed, the situation in Gaza Strip and the West Bank cannot be described as stable or promising.

5. As the transition period towards empowerment of the Palestinians passed without a real breakthrough, it became evident that the sporadic episodes of violence could develop into mass protests and fierce confrontations, at any time. Indeed, confrontations between the Palestinian people and the Israeli armed forces erupted in Jerusalem on 28 September 2000, spread all over Gaza Strip and the West Bank and continued unabated until the end of the year. Coupled with the use of force, the restrictions imposed on movements between zones A, B and C in the West Bank on the one hand and between Jerusalem, Gaza Strip and the West Bank on the other generated a situation requiring immediate emergency humanitarian assistance.

6. The emergency exerted extreme pressure on UNRWA and overtaxed its limited resources. The Agency's budget for the biennium 2000-2001 was prepared on the assumption of continued progress in the peace process and sustained improvements in the Palestinian economy. The heavy casualty toll and the setbacks to the economy substantially increased the numbers of refugees in need for unforeseen (unfunded) medical aid and relief services. In addition, the unrest and restrictions severely disrupted all UNRWA's regular activities.

7. As the crisis continued, the Agency had to deal with the double burden of responding to an emergency situation of unprecedented scale while striving to sustain regular programme activities. By the end of December, the number of casualties had risen to 321 deaths and 10 127 injuries, many of which might lead to permanent disability. The main impact of the restrictions on mobility and border closures has been the disruption of services, productive activities and circulation of goods and supplies.

8. The World Bank estimated that, at the end of 2000, some 32% of the Palestinians were living below the poverty line (i.e. on less than US$ 2.10 per capita for daily consumption) compared to 20% in September 2000. It also estimated that the poverty rate rose from 21% in November to 28.3% in December, and forecasts a raise to 43.7% by December 2001, should these socioeconomic conditions persist in 2001. The unemployment rate went up from 11% to at least 30%, a figure that does not include those persons who have lost employment owing to mobility restrictions and operational shut downs within the West Bank and Gaza.

9. UNRWA responded to the humanitarian emergency needs in the West Bank and Gaza Strip rapidly and effectively. It launched a flash appeal for US$ 4.8 million on 4 October 2000 and is an active partner in the Humanitarian Task Force for Emergency Needs, which is co-chaired by the Office of the United Nations Special Coordinator in the Occupied Territories and UNRWA. The task force was established in October 2000 to identify sectoral strategies to respond to the emergency through sector working groups, and to coordinate its humanitarian relief efforts with donor representations, the Palestinian Authority, sister organizations of the United Nations system (including WHO, UNICEF, UNDP, WFP and the Office for the Coordination of Humanitarian Affairs), the World Bank and international nongovernmental organizations. Corresponding sector working groups have also been established in order to identify synergies at the day-to-day operational level. At that level, UNRWA sought to forge partnerships with community-based organizations and nongovernmental organizations at the grass roots in refugee camps and other communities for medical, educational, counselling and social services.

10. On 8 November 2000, UNRWA launched an emergency appeal for US$ 39.3 million for an expanded programme of assistance to the refugees. The response of the international community was swift and favourable. The appeal was fully subscribed, but even then UNRWA continued to encounter great difficulties in providing emergency assistance to the refugees owing to the Israeli-imposed restrictions on movement of personnel, vehicles and supplies.

11. The emergency strategies focused on the following activities:

- providing immediate emergency humanitarian assistance to the Palestine refugees, including emergency medical care, food assistance, post-injury physical rehabilitation, psychological support and counselling, cash assistance and emergency employment creation; and
- planning for the longer-term impact of months of intensive violent conflict, the traumatic effects of sudden impoverishment, and the breakdown in service delivery, quality and sustainability, while maintaining preparedness for unknown future scenarios.

12. The Agency has been one of the predominant actors in the health system during the crisis. Not only was it able to cope with the sudden dramatic influx of casualties but also it reacted immediately to address the devastating effects of violence and it managed, despite its limited resources, to extend services beyond its regular mandate. The prompt response to the emergency appeal, thanks to the generous contributions from the international community, had allowed UNRWA to strengthen its position as one of the only providers of health services able to operate and sustain its operations while border closures, curfew and blockade are in force. The Agency rebuilt its stock of medicines, strengthened its fleet of ambulances, improved the level of equipment in its health centres, retrained its staff in emergency and casualty care and reactivated its physiotherapy programme. It is better positioned to meet longer-term consequences of the crisis, and to respond immediately if confrontations resume.

13. The system of double-shift clinics was maintained in the five largest camps in Gaza and two additional emergency teams were established to assist in the evacuation and treatment of injured persons at the front lines of confrontation. The mobile health teams established in collaboration with local nongovernmental organizations in the West Bank helped to meet urgent needs of non-refugee populations, assisted refugees who had never before used their services and provided assistance in human resources, equipment and drugs to hospitals, nongovernmental organizations and the Ministry of Health. They played a crucial role in reaching some remote geographical areas that had not received regular medical assistance for three months. They also assisted acute patients who were unable to travel to their institution for regular treatment.

14. UNRWA also provided assistance for the immunization programmes, as public sector coverage was falling sharply and the Ministry of Health asked for urgent assistance from the international organizations that can still operate in the present situation. In addition, the Agency has assisted 95 rural and urban health points in the West Bank with drugs and first-aid kits. Nevertheless, the first assessment of the impact of the emergency effort on the refugee population, especially for those living outside camps, shows that what has been done is still insufficient to stop a further deterioration of the health conditions.

15. If the border closures continue, the need to cover those areas not yet reached will become increasingly urgent in order to safeguard some of the achievements made in the country over the past few years. The collapse of the preventive services will have a tremendous effect on the overall population health. The first outbreak of hepatitis has been identified and controlled in the Jordan valley and an outbreak of diarrhoeal diseases took place in Fawwar camp (Hebron Area). Four cases of meningitis have also been identified. UNRWA has managed to control such outbreaks.

16. While compilation of statistics and breakdown of disabilities is still under way, it is estimated that large numbers of seriously injured persons will need long-term post-traumatic physical rehabilitation. UNRWA's Health Department has refurbished its rehabilitation centres with new adapted equipment and recruited a professional physiotherapist to meet the future need. It is expected that most severely disabled people will only seek UNRWA services in some weeks or months, as they are at present receiving treatment in hospitals in the territories and abroad. Most of these cases have not yet been identified by UNRWA services and will require immediate physical and psychological assistance.

17. Assistance to the disabled includes modification of homes as well as issue of prosthetic devices such as wheelchairs, walkers, crutches, artificial limbs and hearing aids. In addition, sets of prosthetic devices have been provided to local community rehabilitation centres in refugee camps for loan to those with temporary disabilities. Counselling, guidance and vocational rehabilitation have been started through referrals to specialists and through activities organized at such centres in camps.

18. The results of a rapid assessment of the psychological needs of UNRWA personnel as well as vulnerable population groups, conducted in the West Bank, highlighted the need to develop and implement a community-based, multidisciplinary programme for providing counselling and psychological support through clinics, schools and social services. Such a programme would contain an appropriate curriculum supported by educational material to assist a core group of trained health workers, teachers, social workers and community volunteers in acquiring basic counselling skills that would help create and strengthen post-traumatic stress-coping mechanisms among target population groups. Negotiations were started in the West Bank to finalize partnership agreements with nine specialized nongovernmental organizations and 19 in-camp organizations to provide counselling and psychological support services for refugees, and consideration was given to undertaking similar activities in Gaza Strip.

19. The emergency situation has had tremendous consequences for the hospital programme in the West Bank. New demands have emerged that were neither accounted for in the hospital budget nor in the standing contracts with hospitals. During the first three months of the crisis, the major issue was the huge number of casualties, injuries and traumas, but new demands are being placed on the Agency's hospital programme by the restrictions on movement and lack of income. UNRWA is now required to provide coverage of hospital-admission expenses for refugees who are denied access to contracted hospitals and who are referred to local hospitals, which are often more expensive, than those in their areas of residence. Furthermore, the number of patients eligible for subsidies has increased as families exhaust their limited savings. Lastly, there are many cases of serious injury and premature delivery that require prolonged hospital treatment.

20. The Agency has focused on raising funds to cover the costs of emergency medical supplies and equipment and provision of additional ambulances. In anticipation of long-term emergency challenges, it is planning to renovate and develop an emergency unit in order to replace the existing inadequate and inappropriate unit currently in use at the only UNRWA-operated hospital, in Qalqilia. During the recent events, the emergency unit in Qalqilia Hospital treated 534 people with ammunition wounds in addition to the regular monthly case-load of 2000 patients. Among the wounded, 113 injuries were in children younger than 15 years. Twenty people arrived dead or died in the hospital, of whom two were children younger than 15 years.

21. In order to meet the basic minimum needs of the population, including food security, UNRWA embarked on a large-scale food-aid programme to ensure nutritional safety nets. Rations composed of flour, rice, sugar, powdered milk and cooking oil were distributed to 127 500 families in Gaza Strip and 90 000 families in the West Bank.

22. By the end of the year, the overall situation in Gaza Strip and the West Bank had shifted from an emergency defined by major widespread confrontations with large numbers of casualties to one of sporadic confrontations. The potential for the resumption of wider conflict remains high. Restrictions on movement of personnel, vehicles and supplies continue to have adverse effects on UNRWA operations.

23. The Health Department's priority is to ensure that UNRWA can cope adequately with any fresh outbreak of violence and the immediate consequences of past conflict, in terms of sustaining emergency preparedness, maintaining regular programme activities and dealing with pressing needs for admission to hospital and drug supplies. It is of urgent humanitarian importance to ensure the provision of basic services to those populations deprived of access to medical coverage as a result of restrictions on movement and border closures. A particularly disturbing trend is the overall decline of preventive and educational services beside the increased demand on curative services, including increases in premature deliveries and still-birth rates, drop in immunization coverage and decline in number of new clients who agree to use family planning methods. Likewise, the disruption of the treatment of tuberculosis patients and patients suffering from serious conditions such as diabetes mellitus, cardiovascular diseases and cancers could lead to development of complications and/or premature death. Agency staff are closely monitoring medical needs and nutritional levels to ensure that the health system can anticipate serious breakdowns in services and preserve the sustainable investment achieved in primary health care.

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