WORLD HEALTH ORGANIZATION

FIFTY-SIXTH WORLD HEALTH ASSEMBLY A56/44
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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

1. Available evidence suggests that the health status – and well-being – of all people in the occupied Palestinian territory has deteriorated in the past year.[1] This deterioration has coincided with an escalation of conflict.

2. Following a visit to Israel and the occupied Palestinian territories by the United Nations Special Representative, a United Nations Humanitarian Action Plan was drawn up in November 2002, with a budget of US$ 290 million, including US$ 21.3 million for health sector activities.

3. The analysis contained in the Action Plan identified the immediate cause of the humanitarian crisis as the severe restriction on the movement of Palestinian people and goods. Military incursions, closures and curfews, together with the withholding of Palestinian tax revenues, have resulted in unprecedented levels of unemployment and poverty. Many people lack the resources needed to purchase basic needs: at the same time, they are often unable to access places of education, markets, workplaces, banks or health clinics. They cannot easily help others in need, including their family members. Immunization rates are falling and risks to public health are on the increase. Many patients with such chronic conditions as cardiovascular disease, cancer or renal illnesses are unable to afford treatment, or cannot travel to receive it. In summary, the occupying forces are not enabling the occupied population to access essential services, including health services.

4. The present situation in the occupied Palestinian territories undermines efforts to maintain public health. The incidence of domestic violence is on the increase; human security is impaired. More than two million people are considered in need of humanitarian assistance. It is only the strong family and social networks, the determination of service providers, and assistance from the international community, that limit the extent – and public health consequences – of the privations experienced.

5. In a public statement (27 September 2002) the Director-General emphasized the public health consequences of continuing hostilities and highlighted the risks associated with declining accessibility of medical services, reduced immunization coverage, lower nutritional status of women and children, and unsafe environments. She stressed the importance of health workers being able to move to places

[1] See, for example, Nutritional assessment and sentinel surveillance for West Bank and Gaza. Johns Hopkins University/Al-Quds University. Global Management Consulting Group. Care International, 2002.

where services are provided, of patients being able to reach these services and supplies being available where needed.

6. Moreover, international, national and United Nations staff have also been affected by the conflict. WHO has received reports that in the period from September 2000 to February 2003, 24 health staff in the occupied Palestinian territories have been killed and 419 injured. There have been 335 reported attacks on ambulances and 270 reported incidents where hospitals have been affected by military action.

7. WHO at both regional and global levels has been responding to the health needs of the Palestinian population for over 50 years, in conjunction with UNRWA. WHO is also working with populations in the West Bank and Gaza Strip through the Special Technical Assistance Programme, established in 1994, in ways that take account of health plans for people in the occupied Palestinian territories and respond to their needs.[1] It also maintains a direct link with, and provides support to, the Ministry of Health of the Palestinian Authority and the Ministry of Health of Israel.

8. During 2002, WHO has taken urgent steps, in cooperation with Member States, to provide support to the Palestinian Ministry of Health on a strategic response to the effects of the occupation. This has included a better flow of information between, and coordination among, different aid agencies and donors active in the health sector. Its efforts to establish functional links with other organizations of the United Nations system has resulted in the setting up of Health Inforum, an emergency operations web site, supported by the governments of Italy and the United States of America, and of an emergency response coordination group. Health Inforum improves the flow of information between groups active in the health sector, helping them to make optimal decisions about responses to public health risks, and improving the functioning of ties with national and international stakeholders.[2]

9. WHO participates in the United Nations coordination structure set up after the Oslo Accords, acting as secretariat for the health sector. Within this framework, it has facilitated the creation of thematic groups and improved coordination of initiatives that respond to nutritional and mental ill-health. WHO and Al-Quds University are further documenting the impact on health status of closures of, and lack of access to, health services.

10. As well as coordinating emergency humanitarian assistance, WHO continues to provide technical assistance to health programmes including optimizing responses to nutritional illness, and improving supply of essential medicines, and is developing new support activities for tackling zoonosis and unhealthy environments. Safeguarding the mental health of people in the occupied Palestinian territories is a priority. WHO is cooperating with the Ministry of Health to formulate a policy framework for mental health and to implement a programme to improve provision and coordination of mental health services financed by the European Commission.

11. WHO is taking steps to secure additional funding for health actions in the occupied Palestinian territories, in particular to meet with the urgent health needs of the Palestinian people. In addition, and as a contribution to sustained improvements in the health of people in the territories and in Israel, WHO is making contacts and facilitating links between different local governments in Europe and nongovernmental groups, and communities in both the occupied Palestinian territories and Israel. This

[1] See document A55/33, Annex.

[2] http://hart.itcoop-jer.org

is one example of WHO's commitment to maintaining open communications between different entities involved in the present conflict, creating platforms for dialogue and taking advantage of opportunities to encourage professional collaboration, particularly between Palestinian and Israeli health workers, and the health institutions and nongovernmental organizations in which they work.

12. The Director-General has invited three Member States – Finland, Kenya and Malaysia – to serve on the fact finding committee, reinstated as requested by resolution WHA55.2. Responses from these countries are awaited; the committee's first meeting will be convened once they are received. WHO has been advised that this committee will not be permitted to visit the occupied territories.

13. The Director-General followed up the proposal that she should visit the occupied territories as soon as possible to examine the facts related to their health situation. She has been advised that she would not be permitted to make such a visit within the context of resolution WHA55.2. Nevertheless, senior WHO staff have participated in the United Nations technical assessment mission (October 2002) and missions to review issues related to communicable diseases, nutrition, mental health and emergency response in the occupied Palestinian territories.

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