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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. A number of studies on the health conditions of the Arab population in the occupied Palestinian territories have suggested the increasing presence of mental health distress among the people of the occupied Palestinian territories, higher malnutrition rates, decreased immunization coverage in specific areas, increased prevalence of low birth-weight, and higher anaemia rates among pregnant women in the past two years. Although prevalence of malnutrition among children between the ages of six months and five years has been reduced since June 2002, partly because of increased and sustained food assistance and physical access to health services, childhood malnutrition and micronutrient deficiency are major concerns for some groups. The organizations responsible for the studies include UNRWA, the nongovernmental organizations Save the Children and CARE, and the Ministry of Health of the Palestinian Authority.

2. A household survey on access to health services in the occupied Palestinian territories was carried out at the end of 2002 by WHO, in collaboration with the Palestinian Ministry of Health and Al-Quds University.¹ Findings from the districts of Nablus, Ramallah, Hebron, Rafah and Gaza indicated that more than 50% of the surveyed population changed their health-service provider between March and December 2002. In almost 90% of instances the change was related to restrictions on mobility. Of those seeking health-care services, 3% to 5% were not able to obtain them. Of pregnant women, 22% could not access some antenatal services. Of the surveyed population, 13% reportedly suffered problems related to their mental and psychological health. The study group cannot be considered as representative of the whole population of the occupied Palestinian territories, but the findings indicate the health-related problems faced by people in the districts included in the study.

3. According to information provided by UNRWA, immunization coverage has deteriorated somewhat since 2000. In some specific areas the percentage of children fully immunized has dropped from 100% to between 84% and 67%.

4. Following the 2003 review of the United Nations Humanitarian Action Plan, a United Nations Consolidated Appeal for 2004 was drawn up in October 2003 with a proposed budget of US\$ 305 million, including US\$ 26.6 million for health-sector activities. The analysis contained in the

¹ Access to health services in the West Bank and Gaza Strip. Facts and figures. Ministry of Health of the Palestinian Authority, World Health Organization, Al-Quds University, 2003.

Consolidated Appeal shows that the severe restrictions on movement of Palestinian people and goods is causing economic difficulties for much of the population. Military incursions, closures and curfews, the withholding of Palestinian tax revenues, land confiscation and levelling, house demolition and the construction of the “barrier” have disrupted economic life and generated unprecedented levels of unemployment. As a result, poverty, food insecurity and nutritional vulnerability are widespread.

5. The Palestinian health system is divided between Gaza and the West Bank and is severely short of funds. UNRWA, which provides health care for the refugee population, the nongovernmental organizations working in the area and even private health-service providers are, in general, underfunded or facing a critical financial situation. In this context, assistance from the international community and decentralization of health services in order to adapt to the constraints on the mobility of health workers and patients, have made possible the provision of essential health services in peripheral areas, thus avoiding a further deterioration of the health status of the Palestinian population.

6. Resolution WHA56.5 requested the institution of a fact-finding committee on the deterioration of the health situation in the occupied Palestinian territory. Under the current circumstances it has not yet proved possible to enable such a committee to undertake its role.

7. WHO, at both regional and global levels, has responded to the health needs of the Palestinian population for over 50 years, in conjunction with UNRWA. Through the WHO Regional Office for the Eastern Mediterranean the Organization assists the Palestinian Ministry of Health with a programme which focuses on several specific health interventions. Further, it is working with populations in the West Bank and Gaza Strip through the Special Technical Assistance Programme, established in 1994 to support the health of Palestinian people by promoting a health system based on equity, effectiveness and sustainability, and by addressing the broader social, economic, environmental and cultural determinants of health, particularly those which are most affected by the Israeli-Palestinian conflict. It maintains a direct link with, and provides support to, the Ministry of Health of the Palestinian Authority, and communicates and collaborates actively with the Ministry of Health of Israel.

8. During 2003, WHO continued to provide support to the Palestinian Ministry of Health for the development of a strategic response to health needs. In collaboration with the governments of Italy and of the United States of America, WHO leads the Health Inforum, a body which collects and disseminates information about the health situation.¹ Health Inforum aims to support the decision-making capacities of the Health Sector Working Group, and focuses on consolidating data on health and health sector activities, on the status of health facilities and on the availability of medical supplies.

9. With the Ministry of Health and other stakeholders, WHO has formulated a general plan for mental health and is implementing a programme financed by the European Commission to improve delivery of mental health services. The Organization is also participating in a review of the Palestinian health sector together with the European Commission, the World Bank, and the Government of Italy and of the United Kingdom of Great Britain and Northern Ireland.

10. WHO maintains its coordination role in the Health Sector Working Group, as technical adviser, where it represents the other organizations of the United Nations system. Within the same framework, thematic subgroups on nutrition, mental health, health management information and reproductive health have been established. WHO co-chairs, with the Ministry of Health of the Palestinian

¹ www.healthinforum.org.

Authority, bi-monthly emergency-support coordination meetings in the West Bank and Gaza Strip, and recently at district level. Participants at these coordination meetings have analysed the impact of the separation “barrier” on the health of the Palestinian population. One challenge is to ensure that United Nations personnel, including WHO staff, are able to enter and work in the occupied Palestinian territories in a predictable and timely manner.

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. WHO is committed to supporting effective communication between Palestinian and Israeli health professionals, nongovernmental organizations and health institutions. WHO seeks to create platforms for dialogue and to take advantage of every opportunity to encourage open discussion and cooperation. A “cities partnership” project is currently being implemented involving European, Palestinian and Israeli cities that focuses on health and social action. WHO has also drawn up, together with the United Nations Office for Humanitarian Affairs, UNICEF, UNDP, UNRWA, WFP and UNFPA, an advocacy strategy for health in the occupied Palestinian territories, and is implementing specific initiatives which promote health and human rights.

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