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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. The Arab population in the occupied Palestinian territories are experiencing a severe economic recession associated with increased unemployment and security measures that have led to closures of the occupied territories and restrictions of movements – of goods and people – within them. Daily life in the territories has been affected and the proportion of the population that is poor has risen.
2. Of the population that seeks medicines, referral health care or treatment for chronic conditions, a high proportion reports receiving these services. However, there are often delays in the receipt of care: both health workers and patients go to great lengths to overcome restrictions of movement. For example, the separation barrier in the West Bank creates challenges for those concerned with the management of medical emergencies and persons with chronic conditions. Some patients from communities isolated by the barrier have to make detours to receive the services they need.
3. Thanks to the effectiveness of public and personal health services, major outbreaks of communicable diseases have been prevented, and principal health indicators (maternal and child mortality rates) remain low. The levels of anaemia among pregnant women and micronutrient deficiency among children are a cause for concern and currently the subject of detailed study.
4. Years of chronic insecurity and violence have had a deep psychological impact on the population. Almost 50% of children report that they have experienced conflict-related violence or witnessed violent acts affecting immediate family members. This trauma has resulted in high rates of psychological problems among children, sometimes reflected in aggressive behaviour. The numbers of people seeking treatment at community mental-health centres are increasing.
5. The public health system has been maintained through an increase in the number of locality clinics (some of them mobile) operated by the Ministry of Health, UNRWA and nongovernmental organizations. Provision of specialized health care has been decentralized. These changes have complicated both the management and financing of the health system, especially as revenues available for the Ministry of Health have decreased by 17% since 2000. Compliance with standard procedures is less easy to maintain – so, for example, systems for the management of medical waste have started to break down.
6. WHO's Secretariat has intensified its efforts to support health-service providers in the occupied Palestinian territories, so as to improve the physical, mental and social well-being of the population. It continuously supports UNRWA's services in the health sector for the refugee population. The

Regional Office for the Eastern Mediterranean assists the Palestinian Ministry of Health with a programme focusing on several specific health interventions. Since 1994, WHO has implemented a Special Technical Assistance Programme with the Palestinian population in Gaza and the West Bank. This Programme supports the evolution of a health system that is based on equity, effectiveness and sustainability, and that addresses the broader social, economic, environmental and cultural determinants of health.

7. In 2004 WHO maintained its strategic support to the Palestinian Ministry of Health with the intention of preserving the health status of the population. The objectives are to ensure efficient and effective **coordination** of health actors; collection and interpretation of useful and reliable health **information**; maximization of health through up-to-date **technical assistance**; and promotion and protection of the health of all people in the occupied Palestinian territories through rights-based **advocacy**, and to secure **cooperation** between Palestinian and Israeli health professionals, nongovernmental organizations and health institutions. The Government of Norway has provided crucial financing in order to maintain this support for the health of people in the occupied Arab territories, including Palestine.

8. As a contribution to the new Palestinian National Health Strategic Plan, WHO provided support for a **coordinated** effort of the Ministry of Health, the European Commission, the World Bank and the Government of Italy to complete a review of the health sector. WHO has also provided technical assistance to enhance the Ministry's capacity to involve donors in coordinated health sector planning. A Health Sector Working Group supports the Ministry of Health in managing and coordinating thematic work in several areas, so as to harmonize the policies and implementation practices adopted by all relevant major stakeholders (Ministry of Health, the United Nations system, nongovernmental organizations and donors). WHO's Secretariat has provided technical advice to the Working Group.

9. The Health Inforum (led by WHO) focuses on consolidating **information** about health and health-sector activities, the status of health facilities, and the availability of medical supplies. It has gathered and disseminated information concerning the humanitarian health situation and response on a continuous basis. It reports through its website and a monthly newsletter.¹ This work has been generously supported by the Governments of Italy and the United States of America.

10. WHO's Secretariat provides the Ministry of Health with **technical assistance** for strengthening policies, strategies and capacity in key areas such as essential medicines, mental health, nutrition, and food safety. A far-reaching programme provides support for mental-health care.

11. Drafting of a new mental-health policy document was complemented by pilot or "demonstration" projects implemented at field level, to assess the practical value of the policy. A substantial capacity-building effort was made (basic training, in-service training and continuous education) and facilities were upgraded. Three community mental-health centres were opened to the public in Gaza, Hebron and Ramallah, multidisciplinary teams were deployed to provide services, and extensive and comprehensive in-service training is now being provided. Family mental-health associations have been set up, and an extensive media campaign against stigmatization of mental illness is being implemented. Support for this work has been provided by the European Commission.

¹ www.healthinforum.org.

12. Technical support has also been provided for preparation of a nutrition policy and strategy and of a “state of nutrition” document, with backing from the Government of the United States of America.

13. Together with other organizations of the United Nations system, WHO has been actively **advocating** the reduction of movement restrictions, in view of their effect on household prosperity and individual health.

14. WHO’s Secretariat has facilitated and supported effective communication between Israeli and Palestinian health professionals and their institutions, by actively promoting opportunities for dialogue and **cooperation**. Such dialogue has also been promoted through a network of European, Israeli and Palestinian cities for health and social partnership (generously supported by the Arab Gulf Fund). In addition, WHO has launched **bridges**, Israeli-Palestinian Public Health Magazine, conceived, edited and produced jointly by Israeli and Palestinian health professionals.

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