SIXTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 15

A64/INF.DOC./3
12 May 2011

Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

The Director-General has the honour to bring to the attention of the Health Assembly the attached report of the Director of Health, UNRWA, for the year 2010 (see Annex).

ANNEX

REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2010

HEALTH CONDITIONS OF, AND ASSISTANCE TO, PALESTINE REFUGEES IN THE OCCUPIED PALESTINIAN TERRITORY

DEMOGRAPHIC PROFILE

1. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is one of the largest United Nations programmes, with a population of 4 760 000 Palestine refugees under its mandate in 2010. The Agency's mission is to assist Palestine refugees in achieving their full potential in human development until a durable and just solution is found to the refugee issue. The Agency fulfils its humanitarian and human development mandate by providing protection and essential services to Palestine refugees in the Gaza Strip, the West Bank, Jordan, Lebanon and Syrian Arab Republic. Some 2 016 000 Palestine refugees are registered in the occupied Palestinian territory: 1 167 000 refugees in the Gaza Strip and 848 000 in the West Bank, making up 75.8% and 33.8% of the respective total resident populations.[1]

2. The number of refugees eligible for UNRWA's health services in the occupied Palestinian territory increased by 6.9% (about 130 000 people) in 2010 compared with 2009. Half this increase was due to natural population growth, and the other half was due to the inclusion of additional refugees married to non-refugee family members (i.e. husbands and descendants of women who are registered refugees and are, or were, married to husbands who are not registered refugees). Approximately, 73% of all eligible refugees in the occupied Palestinian territory used UNRWA's health services in 2010.

3. At the end of 2010, some 36% of the Palestine refugees in the occupied Palestinian territory were living in 27 refugee camps: 8 camps in the Gaza Strip and 19 camps in the West Bank.

4. The refugee population is predominantly made up of young people, as observed in many countries in the Near East. More than 50% of refugees in the occupied Palestinian territory were younger than 25 years of age in 2010.

HEALTH CONDITIONS

5. Through the support of UNRWA, governmental and other health-care providers, the health conditions of Palestine refugee mothers and children have shown continued improvement. Progress against Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health), for example, has been on track. The percentage of deliveries attended by skilled health personnel was

[1] UNRWA Annual Report of the Department of Health 2010, in press.

very high: 99.6% in the West Bank and 99.9% in the Gaza Strip in 2010. As reported previously,[1] the infant mortality rate is comparable to, if not better than, rates in other countries of the Near East.

6. The main health problems of Palestine refugees are noncommunicable diseases or lifestyle-related illnesses. The epidemiological transition has taken place. Anecdotal evidence in the occupied Palestinian territory and information available from neighbouring countries in the Near East indicate that noncommunicable diseases account for approximately 70% of total deaths.[2] The number of people with diabetes and/or hypertension under care in UNRWA's health services has been continuously increasing.

7. The prevailing insecurity and political instability and the limited availability of medicines and drinking-water are having a negative impact on the health status of Palestine refugees. Restrictions on the movement of people and goods remain a major obstacle to socioeconomic development and health-care provision and, in particular, are affecting access to specialized care.

8. Among Palestine refugees, children and adolescents are particularly vulnerable to such situations. Tackling post-traumatic stress and other psychological and behavioural disorders is emerging as a health priority. Women are also vulnerable to these difficulties. Available information suggests an increase in gender-based violence among Palestine refugees due to social and economic difficulties.

9. Continued food insecurity is also affecting health conditions. After years of political instability and impoverishment, including the aftermath of the conflict in the Gaza Strip between 27 December 2008 and 18 January 2009, the level of food insecurity among Palestine households is still very high in the Gaza Strip (52%) and in the West Bank (22%).[3] The nutritional status of pregnant women and preschool and school-age children in the occupied Palestinian territory therefore remains a major concern.[4]

UNRWA HEALTH ASSISTANCE

10. UNRWA has been the main comprehensive primary health care provider of Palestine refugees for 62 years and is the largest humanitarian operation in the occupied Palestinian territory. UNRWA aims to ensure a "long and healthy life" for refugees as stated in its Medium Term Strategy 2010–2015. In order to do so, the Agency provides comprehensive services addressing the health needs of each refugee from birth to old age. This lifecycle approach to health focuses on primary health care, family health and disease control.

---

[1] Riccardo F, Khader A, Sabatinelli G. Low infant mortality among Palestine refugees despite the odds. *Bulletin of the World Health Organization 2011*, **89**(241): 304–311.

[2] *The global burden of disease: 2004 update*. Geneva, World Health Organization, 2008.

[3] *Socio-Economic and Food Security Survey: West Bank and Gaza Strip, occupied Palestinian territory*. WFP, FAO, Palestinian Central Bureau of Statistics, 2010, available online at http://home.wfp.org/stellent/groups/public/documents/ena/wfp232398.pdf (accessed 21 April 2011).

[4] Nasser K, Awartani F, Hasan J. Nutritional status in Palestinian schoolchildren living in West Bank and Gaza Strip: a cross-sectional survey. Health in the Occupied Palestinian Territory 2010, *Lancet*. Available online at http://www.thelancet.com/health-in-the-occupied-palestinian-territory-2010 (accessed 21 April 2011).

11. UNRWA provides primary health care in the occupied Palestinian territory through a network of 61 primary health care centres: 20 in the Gaza Strip and 41 in the West Bank. UNRWA also ensures access to secondary and tertiary care by contracting hospitals in the West Bank and the Gaza Strip and by providing such care directly in the UNRWA hospital in Qalqilya, situated in the West Bank. In 2010, 56% of all registered refugees in the West Bank and 86% of those in the Gaza Strip utilized UNRWA's preventive and curative services. The number of refugee patients from the West Bank and the Gaza Strip who were admitted to hospitals increased by 3.3%, rising from 24 831 in 2009 to 25 655 in 2010.

12. Five Mobile Health Teams have been operating in the West Bank since February 2003. Their objective is to facilitate access to health services in locations affected by closures, checkpoints and the Barrier. They offer a full range of essential curative and preventive medical services to around 11 000 patients per month – refugees and non-refugees – living in over 78 isolated locations. In 2010, a total of 129 803 Palestine refugees were treated. However, their mobility was often affected due to the frequent closures and checkpoints. Moreover, access to hospital care in east Jerusalem from other parts of the West Bank was often blocked as a consequence of lack of permits and other movement restrictions.

13. In line with the life-cycle approach, UNRWA provides comprehensive perinatal care from preconception to the postpartum period. Couples receive counselling when planning pregnancies, including on the use of modern methods of family planning. In 2010, the total number of continuing users of modern contraceptive methods increased by 3.9% compared with the previous year to reach 70 611 clients. Antenatal care services were provided to 56 507 pregnant women in UNRWA health centres, with a coverage rate of almost 100% in the Gaza Strip and 51.3% in the West Bank. On average, 75% of pregnant women registered during the first trimester, 99.4% delivered in a health institution and over 90% received postnatal care.

14. Activities in support of infant and child health focus on providing paediatric preventive and curative services as well as school health services. Almost 320 000 children enrolled in UNRWA schools in the occupied Palestinian territory in 2010. Services targeting infants and children include medical examinations, immunization, screening for vision and hearing impairment, oral health, vitamin A supplementation, de-worming, health education and promotion activities. In 2010, UNRWA introduced the new WHO Child Growth Standards, increasing the span of monitoring up to five years of age.

15. Control of communicable diseases is still important for children and young adults. Continued progress is being made, partly thanks to high immunization coverage and partly due to the early detection and management of outbreaks. The latter is achieved through a health centre-based epidemiological surveillance system. During 2010, the full immunization coverage rate among infants at 12 months of age was 90.2% in the Gaza Strip and 99.9% in the West Bank. The coverage rate for children aged 18 months receiving booster doses was above 99% in both the West Bank and the Gaza Strip. New preventive programmes on HIV/AIDS and sexual and reproductive health were introduced, targeting young adult refugees.

16. During 2010, almost six million medical consultations took place for adult and adolescent refugees in the occupied Palestinian territory; 375 000 oral health consultations and 125 000 oral health screening sessions were also held; and 14 361 refugees received physical rehabilitation, 27% of whom suffered from the consequences of physical trauma and injuries, including trauma and injuries as a result of conflict, occupation and violence.

17. Care in respect of noncommunicable diseases like diabetes and hypertension expanded in UNRWA health centres focusing on primary and secondary prevention. By the end of 2010, 88 619 patients with diabetes and/or hypertension were under care in UNRWA health centres (56 819 in the Gaza Strip and 31 800 in the West Bank). Collaborations with specialized centres have been expanded for diabetes care in order to improve control rates and prevent late complications of the disease.

18. There are indications that stress-related disorders and mental health problems are increasing, including family violence, domestic abuse, and violence among children and youth. In 2010, the UNRWA West Bank Office started the Family and Child Protection Initiative to address such problems. The approach emphasizes primary prevention and response at the community level, while developing a comprehensive and multisectoral response for identification, response, case management and referrals.

CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY

19. While the health status of Palestine refugees in the occupied Palestinian territory used to show gradual and steady improvement, progress has stagnated recently, if not reversed, owing to the prevailing social and economic difficulties and insecurity. In addition, UNRWA faces increasing challenges in delivering health services.

20. The quality of care, particularly curative care, is at stake. UNRWA health services are overstretched with each doctor seeing an average of 102 patients a day. This does not allow good-quality care delivery. UNRWA has been struggling to introduce appointment systems, triage and other interventions; however, no progress has been observed to date. Although the prescription of antibiotics is under control at around 25%, other essential medicines are frequently overprescribed.

21. Care in respect of noncommunicable diseases, the main health problem for Palestine refugees, is not yet comprehensive. Apart from the screening of people at high risk in health centres, such care is still predominately curative. UNRWA has yet to achieve full capacity either for early detection and for the promotion of a healthy lifestyle within the community or to acquire the latest technologies like HbA1c tests for diabetes diagnosis and control. Unhealthy habits like smoking and other prevalent noncommunicable diseases like chronic obstructive lung disease are not yet being addressed.

22. One of the main reasons behind the most important challenges is the chronic imbalance between the increasing health-care needs and demands of the refugee population, and the stagnant human and financial resources available in UNRWA. The situation has become particularly difficult under the current global financial crisis. UNRWA has been struggling to maintain its services but has yet to fully transform those services in order to tackle prevention and health protection in the community.

23. UNRWA has therefore recently started health reform activities aimed at transforming UNRWA's health services, particularly primary care, into a comprehensive, horizontal, population-focused system. Health services will be refocused on the prevention and control of the main health problem, namely, noncommunicable diseases, improving the quality and efficiency of services while ensuring continuity of care for the community. In order to guide the reform process in a systematic manner, a health reform strategy is currently under development. In 2010, a shift from curative to preventive care has been initiated and a computerized health information system (or e-Health) and an appointment system have been introduced and expanded.

24. Nonetheless, financial constraints remain a serious concern. Since 2009, UNRWA has not been able to reimburse costs for all deliveries taking place in hospitals, opting to select only high-risk pregnancies. Life-saving tertiary care treatments like dialysis are still not reimbursed by UNRWA. The health expenditure of UNRWA per registered refugee is US$ 26.30 in the Gaza Strip and US$ 25.20 in the West Bank, below the target of US$ 30 to US$ 50 per capita that WHO recommends for the provision of basic health services in the public sector. Owing to these financial difficulties, UNRWA has found it difficult to attract and retain certain categories of medical professionals.

25. Moreover, political instability and socioeconomic difficulties continued to affect health-service delivery in the occupied Palestinian territory. Access restrictions have put strain on an already overstretched UNRWA health-care delivery system. The difficulties in the movement of health staff and goods continued to complicate logistics and consequently contributed to increasing operational costs. The matter was further complicated with the increase in the already high prices of goods, including medicines and food commodities.

26. In the West Bank, the movement of staff and beneficiaries is extremely restricted and regulated owing to the numerous Israeli checkpoints, the Barrier, settlement expansion and closed military areas. All restrictions, particularly those into east Jerusalem, limit UNRWA's ability to meet the needs of increasingly vulnerable communities. Since 2002, the West Bank Barrier has had a devastating impact on Palestinian lives. In 2010, there were an average of 608 permanent checkpoints and 411 flying checkpoints, dividing and controlling movement in the West Bank. There were 523 reported incidents of delayed or denied access at checkpoints.[1]

27. The quality of general medical services in the Gaza Strip at large is in decline owing to the blockade and the effects of internal Palestinian political divisions. According to a briefing note issued by the WHO office in the occupied Palestinian territory, 38% of essential drugs were out of stock in the Gaza Strip at the beginning of January 2011; and at the end of December 2010, 165 drugs and 144 disposables were at zero stock level.[2] This situation is increasing demands on UNRWA as the second most important health-care provider in the occupied Palestinian territory. Moreover, restrictions on access to medical care outside the Gaza Strip are having a negative impact on health services. The WHO office in the occupied Palestinian territory indicated that in 2010, 650 (5.6%) requests to use the Erez crossing point to go from the Gaza Strip to Israel for medical treatment were refused, as opposed to 149 (2%) in 2009.[3] At the same time, import limitations on building materials delayed the reconstruction of health facilities.

CONCLUSIONS

28. Palestine refugees are victims of health access inequalities and of factors such as conflict, violence, occupation, political instability, poverty, social discrimination and hardship that are impacting negatively on their right to attain the highest attainable standards of health. UNRWA aims

[1] United Nations Office for the Coordination of Humanitarian Affairs, The Monthly Humanitarian Monitor, January 2011. Available online at http://www.ochaopt.org/documents/ocha_opt_the_monthly_humanitarian_monitor_2011_02_11_english.pdf (accessed 26 April 2011).

[2] Available online at http://issuu.com/who-opt/docs/backgroundnote-drugs (accessed 26 April 2011).

[3] Monthly report. Referral of patients from the Gaza Strip. WHO office in the Gaza Strip, December 2010. Available online at http://issuu.com/who-opt/docs/update_rad_december_2010 (accessed 26 April 2011).

to address these socioeconomic disparities and to mitigate their effects on health through the provision of the best possible comprehensive primary health care services. UNRWA's goal is to enable beneficiaries to live long and healthy lives.

29. UNRWA provides comprehensive care and contributes to the improvement of the health status of the Palestine refugees under extremely difficult conditions. Supported by the host countries and the international community, UNRWA has developed a package of measures to mitigate the effects of conflict, occupation and violence on the refugees.

30. However, achievements reached so far are at stake. Political instability, economic difficulties, access limitation and the persistent blockade are increasingly problematic. In addition, the quality of UNRWA health services is in jeopardy. Curative services are overstretched between the increased demand for care and the stagnant human and financial resources available. Preventive services need to be expanded while care for noncommunicable diseases, which represent the key health problems for Palestine refugees, is not extensive enough.

31. UNRWA will continue to undertake its health reform in order to address the changing demands in health and health services in collaboration with host authorities, and the international community. Should this not succeed, the health gains obtained, particularly those for mother and child health, could be lost in the future.

32. In 2010, financial difficulties, and more importantly socioeconomic hardship and political instability in the occupied Palestinian territory seemed insurmountable. It is vital for the international community to renew its support to UNRWA so that the Agency, in collaboration with hosts and international stakeholders, can pursue necessary health reforms and continue protecting the health status of Palestine refugees in this chronic humanitarian situation.

= = =