



Health conditions in the occupied Palestinian territory, including east Jerusalem

The Director-General has the honour to bring to the attention of the World Health Assembly the attached report of the Director of Health, UNRWA, for the year 2014 (see Annex).

ANNEX

REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2014

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 operations. It serves a population of 5 589 000 beneficiaries registered with the Agency in the Gaza Strip, the West Bank, Jordan, Lebanon and the Syrian Arab Republic. Although this population is predominantly made up of young people, it is concurrently experiencing a demographic transition with ageing and increased life expectancy resulting in a growing proportion of elderly refugees, a transition similar to that being experienced throughout the Middle East. In 2014, over 45.8% of Palestine refugees registered with UNRWA were under the age of 25 while 18.9% were aged over 50 years.

2. Over 2 291 000 Palestine refugees are registered with UNRWA in the occupied Palestinian territory: 1 349 473 in the Gaza Strip and 942 184 in the West Bank. By the end of 2014, 40.7% of those registered were living in 27 refugee camps: eight in the Gaza Strip and 19 in the West Bank.

3. The number of Palestine refugees registered with UNRWA in the occupied Palestinian territory increased by 3.1% from 2013 (2 221 206). This increase is attributed to natural population growth, and the inclusion in the statistics compiled by UNRWA of children of Palestine refugee women married to non-refugees, who, though not registered as Palestine refugees, are eligible to register to receive UNRWA services. Approximately 74% of eligible persons in the occupied Palestinian territory were estimated to use full spectrum UNRWA's health services in 2014.

UNRWA ASSISTANCE

4. The Agency's mission is to help Palestine refugees in Jordan, Lebanon, Syrian Arab Republic, West Bank and the Gaza Strip to achieve their full potential in human development, pending a just solution to their plight. UNRWA's services encompass the provision of: education, health care, relief and social services, camp infrastructure and improvements, microfinance and emergency assistance. For over six decades, UNRWA has been the main primary health care provider to Palestine refugees, with the largest operation among United Nations agencies in the occupied Palestinian territory. UNRWA aims to ensure a "long and healthy life" for Palestine refugees as one of its four human development goals. In order to achieve that objective, the Agency provides primary health care services addressing the health needs of eligible registered Palestine refugees of all ages.

5. UNRWA delivers primary health care in the occupied Palestinian territory through a network of 64 primary health care centres: 22 in the Gaza Strip and 42 in the West Bank. The Agency also provides secondary and tertiary care through a network of contracted hospitals in the West Bank and the Gaza Strip; in addition, it also provides direct care through an UNRWA hospital in Qalqilya in the West Bank. In 2013, 50.5% of all registered Palestine refugees in the West Bank and 90.9% of those in the Gaza Strip accessed UNRWA's preventive and curative services. The number of refugees in the

West Bank and the Gaza Strip who have received hospital care support increased by 21%, rising from 29 174 in 2013 to 35 509 in 2014.

6. The family health team approach was launched in 2011, based on principles and practice of family medicine to deal with pressures related to scarce resources in the face of increasing elderly populations, noncommunicable diseases and their risk factors. It has now been adopted in 35 health centres in the West Bank and 17 in the Gaza Strip as of December 2014. Agency-wide, 99 of 115 health centres have made the transition (this number excludes the Syrian Arab Republic, where expansion has been suspended due to the ongoing conflict). UNRWA expects to have full implementation in the West Bank, the Gaza Strip, Jordan and Lebanon by the end of 2015. Plans for 2015 include launching the family health team approach in six health centres in the Syrian Arab Republic. The electronic health record database (e-Health) is now operational in 79 of 115 health centres Agency-wide (excluding the Syrian Arab Republic), which includes 17 health centres in the Gaza Strip and 21 in the West Bank.

7. While health reforms based on the family health team approach continue, UNRWA provided over 5.4 million medical consultations for adults and adolescents in the occupied Palestinian territory in 2014 – about 4.1 million in the Gaza Strip and 1.3 million in the West Bank. In addition, some 370 000 oral health consultations and 126 000 oral health screening sessions were conducted, while over 14 900 beneficiaries received physical rehabilitation (28% of whom suffered from the consequences of physical trauma and injuries, including those due to conflict, occupation and violence).

8. In the West Bank, the family and child protection programme reported 485 detected victims of gender-based and domestic violence and abuse. Of these, 21 were referred externally to services outside of UNRWA. Overall, psychosocial counsellors in the health centres provided 6397 individual counselling, consultation, and home visit sessions to 4617 individuals. Of these, 283 persons were referred by health clinic counsellors to other internal and external services. 3338 individuals also benefited from group counselling services by health clinic psychosocial counsellors. In 2014, 448 supportive counselling groups were convened and 695 sessions were held.

9. In the Gaza Strip, the Community Mental Health Program works through the main core programmes of UNRWA with 209 school counsellors, 45 limited duration contract counsellors and 26 counsellors working in health centres including 8 limited duration contract counsellors and 5 legal counsellors. A wide range of services targeting children, youth, parents, elderly and disabled people as well as local committees, local organizations, professionals and students are also provided including prevention, and awareness training. Three core trainers conduct in-depth interventions with severe cases and trauma.

Table: Community Mental Health Program Activities (2014) – Gaza

Activities	Total	Number of Beneficiaries
Individual counselling sessions in health centres	7 245	2 541
Awareness raising sessions	1 054	21 553
Group counselling sessions	211	1 792
Individual consultants	2 729	2 729

10. Addressing protection-related concerns also emerged as a priority in 2014. The average six-year-old child in an UNRWA Gaza Strip school has never left the enclave, and has witnessed three major military escalations in their short lifetimes. UNRWA has taken steps to establish an agency-wide protection framework, which will encompass mental health and psychosocial, gender-based violence needs. Additionally, UNRWA is ensuring that a systematic and coordinated programmatic response, tailored to the particular needs of girls and boys, is provided. The West Bank and the Gaza Strip have been implementing protection programming since 2002, which will inform the design of the Agency-wide response.

11. Care for people suffering from noncommunicable diseases also expanded during 2014. Over 109 000 patients with diabetes and/or hypertension were treated in the occupied Palestinian territory: 71 433 in the Gaza Strip and 37 869 in the West Bank. Collaboration with specialized centres has been expanded for diabetes care in order to improve control rates and prevent late complications of the disease.

12. From 2013 to 2014, UNRWA, in collaboration with the World Diabetes Foundation, embarked on a pilot diabetes campaign titled “Life is Sweeter with Less Sugar.” The campaign was conducted in a total of 30 health centres Agency-wide, including eight in both the West Bank and the Gaza Strip with a total of 200 and 400 participants, respectively. The campaign consisted of education, cooking and exercise sessions conducted in UNRWA health centres and schools and local partner facilities. Of the 1174 participants Agency-wide, 33% lost around 3% of their weight, and 16% lost around 5%. Body Mass Index and waist-height ratio was reduced among both genders and improvements were seen in both 2hrPPGT and cholesterol. UNRWA hopes to continue implementing this campaign on a broader scale in the coming year.

13. In 2014, the total number of continuing users of modern contraceptive methods decreased by 1.6% compared with the previous year (the new total being 34 300 users). Antenatal care services were provided to 53 216 pregnant Palestine refugee women with a coverage rate of an estimated 87.3% in the Gaza Strip and 95.5 % in the West Bank. This sharp rise in coverage in the West Bank (from 71.7% in 2013) is due to two factors. UNRWA calculations of antenatal care coverage changed in 2014. UNRWA had historically been using the total registered population, rather than the served population as a factor in the denominator. This calculation shifted in 2014, creating a smaller denominator, and therefore, higher coverage in the West Bank, specifically. Because not all registered refugees utilize UNRWA health services in the West Bank – perhaps choosing instead to use the Ministry of Health services or private services, the change in the calculation of the denominator greatly affected the coverage rate. This change was not seen in the Gaza Strip, as the registered population has limited options for health care, and utilizes UNRWA health services almost exclusively. Additionally, a strike in the West Bank for more than two months in 2013 affected Quarter 4 data reporting for that year, leading to lower reporting, which also affects the discrepancy between 2013 and 2014 figures. Of all pregnant women, an estimated average of 80.7% registered with UNRWA during the first trimester. Of the pregnant women assisted by the Agency, 99.2% gave birth in a health facility and over 95.4% received postnatal care.

HEALTH CONDITIONS IN OCCUPIED PALESTINIAN TERRITORY

14. Through the support of UNRWA, governmental and other health care providers, the health profile of Palestine refugee mothers and children has improved steadily since 1950. The infant mortality rate among Palestine refugees in the West Bank remains at levels comparable to rates among the population of the Agency’s host countries and are within reach of the Millennium Development Goal 4 target. However, a recent study conducted by UNRWA revealed that for the first time in

50 years, the infant mortality rate among Palestine refugees may not have decreased in the Gaza Strip. UNRWA has periodically estimated infant mortality rate among Palestine refugees in the Gaza Strip. These surveys have recorded a decline from 127 per thousand live births in 1960, to 82 per thousand in 1967, to 33 per thousand in 1996, to 20.2 per thousand in 2008. However, 2012's results show an increase to 22.4 per thousand, a figure which is cause for alarm and additional investigation.

15. A main health concern in the occupied Palestine territory continues to stem from the increasing burden of chronic, lifestyle-related illnesses, and noncommunicable diseases. The epidemiological and health transitions from communicable to noncommunicable diseases have been experienced in the occupied Palestinian territory. Consequently, the number of people with diabetes and hypertension has risen steadily in recent years. Fuelling this rise is the alarmingly high prevalence of sedentary lifestyle-related risk factors and behaviours. A 2012 clinical audit of diabetes care among Palestine refugees showed that more than 90% were overweight or obese, and just under 1 in 5 were smokers. The growing disease burden from noncommunicable diseases and the resulting increase in health care costs underscore the need for a stronger focus on well-tested and cost-effective prevention services, health education and promotion outreach, increased screening for early diagnosis, and good-quality treatment and management of diseases and their complications.

16. Furthermore, exposure to violence, instability and conflict associated with the occupation, including an increase in settler-related violence in the West Bank and recurrent episodes of military escalations and conflict in the Gaza Strip, including the most recent armed conflict in July and August, are having a significant impact on the mental health and psychosocial well-being of the refugee population. Stress-related disorders and mental health problems among women, children and adolescents are reportedly on the rise, as well as a reported increase in domestic violence. This increase is due both to increased incidence as well as better reporting and advocacy mechanisms, which are in turn allowing for more survivors to come forward in confidence.

17. In addition, increasing food insecurity is also adversely affecting the health status of Palestine refugees. According to a study published by the FAO, UNRWA and WFP in 2013,¹ 71% of households in the Gaza Strip remain food insecure or vulnerable to food insecurity even after having received food assistance from UNRWA and other agencies. Approximately 46% of the population has "poor or borderline" diets, involving, for example, a reduced consumption of fruits and dairy products. A large proportion of the population in the Gaza Strip reported relying on adverse coping strategies in times of economic hardship: 54% had reduced food quality and 31% had reduced the number of daily meals. These numbers have increased in the Gaza Strip in the aftermath of the July–August 2014 armed conflict.

THE JULY–AUGUST 2014 ARMED CONFLICT IN THE GAZA STRIP

18. The Gaza Strip continues to be one of the most densely populated areas in the world; the 320 square kilometre enclave has over 1.8 million inhabitants, 1.2 million of which are dependent on UNRWA services. The civilian population of the Gaza Strip, including Palestine refugees, continues to suffer from the consequences of the ongoing blockade. The blockade has driven many Palestine refugees in the Gaza Strip further into poverty and increased their dependency on UNRWA services. Their situation has worsened as a result of the July–August 2014 conflict in the Gaza Strip. Due to the ongoing blockade, Palestine refugees in the Gaza Strip are largely dependent on UNRWA services.

¹ Palestinian Central Bureau of Statistics, FAO, WFP and UNRWA; Socioeconomic and Food Security Survey: West Bank and Gaza Strip, Palestine, 2012.

19. The 50 days of armed conflict during July and August 2014 resulted in significant destruction in the Gaza Strip; 1450 civilians – including 482 children and 250 women – were killed, and more than 100 000 homes or dwellings of Palestine refugees were damaged or destroyed. Eleven UNRWA staff members or associated personnel were killed as a result of the July–August 2014 armed conflict in the Gaza Strip. The months leading up to the summer conflict were marked by a deterioration of the relative calm experienced in the Gaza Strip throughout 2013.

20. Existing emergency preparedness plans in UNRWA Gaza Strip anticipated capacity to accommodate between 35 000 and 50 000 potential internally displaced persons in schools often used as shelters during times of conflict. Within two weeks of the commencement of the conflict in July 2014, that number had doubled, reaching a peak of over 290 000 shelter residents in 85 of 156 UNRWA schools. Conditions in the shelters were difficult, with an average of 3000 internally displaced persons in each. While UNRWA strived to prevent conditions in which communicable diseases flourish, hygienic conditions in shelters were challenging, with inconsistent access to potable water and sanitary facilities. As of February, 2015 more than 10 000 displaced persons continued to live in one of 15 collective shelters. While regular hygiene campaigns and a reduced number of internally displaced persons per shelter has eliminated immediate public health concerns, Palestine refugees continue to suffer.

21. In spite of these extremely challenging circumstances, an average of 68% of UNRWA health staff continued to come to work throughout the 50 days of conflict. There were no interruptions in essential, life-saving health services throughout the conflict and health centre pharmacies had no stock ruptures. In July, clinics reported only a 28% workload decrease (250 889), while August consultations were 27% higher than average monthly visits prior to the start of the conflict (445 252). Levels were reached despite the fact that only 65% of health centres were open for the majority of the conflict.

22. In light of a rapidly increasing internally displaced person populations in shelters, UNRWA installed health points at each shelter consisting of three health staff. Population reports on shelter residents, and records detailing patients from shelters were collected daily. Lice cases peaked on 4 September 2014 with 1126 reported new cases; by 7 September 2014 that number was down to 46, after widespread health education campaigns and improved access to sanitary facilities. Despite shelter populations being at 6.2 times anticipated capacity, UNRWA was able to prevent outbreaks of communicable disease common to areas with a high density of people living in difficult conditions.

CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY

23. UNRWA continues to face numerous challenges in mobilizing the necessary financial resources. The resource deficit is the main threat to efforts aimed at improving quality and efficiency of health services through the family health team approach. With the exception of 146 international staff funded from the United Nations regular budget, UNRWA is financed solely by the voluntary contributions of donors. Such contributions have not increased proportionately to either population growth or the increase in the disease burden from costly-to-treat noncommunicable diseases. Health expenditure per registered Palestine refugee continues to hover around US\$ 26, below the target of US\$ 40–50 per capita that WHO recommends for the provision of basic health services in the public sector.

24. Moreover, mobility restrictions for Palestinians in the West Bank and the complicated process for seeking referral permission to the hospitals in east Jerusalem from the West Bank and the Gaza Strip have continued to pose significant impediments to efficient and timely access to health

care. Moreover, nearly all referrals to care outside the Gaza Strip require coordination with Israel, a process that has at times been slow and cumbersome, sometimes causing patients to delay or miss their hospital appointments, including those for life-saving treatment such as chemotherapy. Frequent closures and checkpoints also limited the mobility of the UNRWA mobile health teams.

25. The crisis in the Syrian Arab Republic, now entering its fifth year, has internally displaced over 280 000 Palestine refugees and caused over 80 000 to flee to neighbouring countries, including Jordan and Lebanon; 95% of the remaining 460 000 Palestine refugees are estimated to be in continuous need of humanitarian support. The worsening situation for Palestine refugees in the Syrian Arab Republic is indicative of the declining quality of life for Palestine refugees in the region as a result of conflict, displacement and occupation.

26. Field observations at health centres as well as clinical evidence continued to indicate a growing problem of stress-related disorders and mental health problems, including family violence, domestic abuse, and violence among children and youth in the West Bank, the Gaza Strip, and the Agency's other fields of operation. A number of factors, including deepening poverty, forced displacement, and violence associated with the ongoing occupation in the occupied Palestinian territory, may be contributing factors. Although UNRWA has been actively striving to address these problems, including through its protection work, inadequate resources are a continuing constraint.

27. Recurrent emergencies in the Gaza Strip – the July–August 2014 armed conflict having been the third military escalation in seven years – have resulted in cumulative impacts on children as well as their care givers, which has limited their capacity for resilience and establishing effective coping mechanisms. Existing risks and threats have been exacerbated, while new ones have emerged, disrupting the existing protection system and making it more difficult to respond adequately. In the months after the August 2014 ceasefire, significant negative changes in behaviours due to an increase in psychosocial stress – particularly in boys and care givers – were identified. Increased resources are needed to adequately address these mental health and protection concerns properly.

28. Increasing numbers of patients suffering from life-long and costly-to-treat noncommunicable diseases, coupled with prevailing insecurity, limited mobility, socioeconomic challenges, and UNRWA's financial constraints, have compounded challenges in enhancing health services to address more complex medical needs. UNRWA has been forced to suspend its cash assistance programme supporting repairs and providing rental subsidies to Palestine refugee families in Gaza Strip due to lack of funds. In the context of these ongoing emergencies, and the increased burden of the Gaza Strip and Syrian Arab Republic conflicts on neighbouring Lebanon and Jordan, the funding stream available is not sufficient for providing and expanding health coverage to all Palestine refugees.

29. A US\$ 585 million shortfall exists for the Gaza Strip's shelter programme, stalling rebuilding efforts throughout the Gaza Strip. As a result, tens of thousands of Palestine refugees continue to sleep in partially destroyed homes, despite near-freezing winter conditions as a result of insufficient and delayed reconstruction funds and progress. Funding is urgently required to address the shelter needs for a significant portion of the population.

30. Funding limitations affect the health care package offered to persons with noncommunicable diseases, who can benefit from the addition of evidence-based interventions, such as lipid-lowering medications and HbA1c tests for diabetic patients. While the diabetes campaign conducted in 2013–2014 proved effective in increasing health promotion among pilot focus groups, funding constraints have limited UNRWA's ability to implement the campaign – and similar ones – on a broader scale.

CONCLUSIONS

31. The continuing protracted and acute conflicts, occupation, and the lack of a just and durable solution and their consequences continue to affect the physical, social and mental health of Palestine refugees. They remain severely affected by economic hardship, conflict and the consequences of conflict, which touch all five fields of UNRWA's operations, and which adversely affect Palestine refugees' right to achieve the highest attainable standards of health on a non-discriminatory and equal basis. The conflict in the Gaza Strip left tens of thousands homeless and in need of immediate financial and social service assistance. However, UNRWA aims to mitigate the effects of conflict and socioeconomic disparities on health through the provision of the best possible comprehensive primary health care services.

32. As mentioned above, the reform of UNRWA's health service delivery, with the electronic records initiative deployed in support of an approach that is holistic, family- and patient-centred, is already producing gains in efficiency of service delivery, patient and provider satisfaction, and care quality. Expansion of the health reform to UNRWA health centres in the Syrian Arab Republic in 2015 will serve to improve health services for that population as well.

33. However these reforms alone will not be sufficient. It is vital for the international community to renew and increase its support to UNRWA so that the Agency, in collaboration with hosts and international stakeholders, can sustain and strengthen necessary health reforms, and continue to provide good-quality health care and improve the health status and quality of life of Palestine refugees, despite the many challenges they face.

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