



**World Health  
Organization**

**SIXTY-NINTH WORLD HEALTH ASSEMBLY**  
**Provisional agenda item 19**

**A69/INF./5**  
**20 May 2016**

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## **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 World Health Assembly the attached report of the Director of Health, UNRWA, for the year 2015 (see Annex).

## ANNEX

### **REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2015 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, serving a population of 5 716 134 registered Palestine refugees in the Gaza Strip, the West Bank, including east Jerusalem, Jordan, Lebanon and the Syrian Arab Republic. Although this population is in large part 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 2015, over 44.9% of Palestine refugees registered with UNRWA were under the age of 25 while 19.3% were aged over 50 years.

2. Over 2 359 301 Palestine refugees and other persons are registered with UNRWA in the occupied Palestinian territory (1 388 668 in the Gaza Strip and 970 633 in the West Bank). At the end of 2015, 34.1% of those registered were living in 27 Palestine refugee camps, 8 in the Gaza Strip and 19 in the West Bank.

3. The number registered with UNRWA in the occupied Palestinian territory rose by 3% since 2015. The 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 the full spectrum of UNRWA's health services in 2015.

#### **UNRWA ASSISTANCE**

4. The Agency's mission is to help Palestine Refugees in Jordan, Lebanon, the Syrian Arab Republic, the West Bank and the Gaza Strip to achieve their full potential in human development, pending a just and durable 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 the 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 goal, UNRWA programmes focus on achieving strategic objectives. When it comes to health, those objectives are: to ensure universal access to quality and comprehensive primary health care; to protect and promote family health; and to prevent and control diseases.

5. UNRWA delivers primary health care in the occupied Palestinian territory through a network of 65 primary health care centres (22 in the Gaza Strip and 43 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 2015, 47.7% of all registered Palestine refugees in the West Bank and 92.2% of those

in the Gaza Strip accessed UNRWA's preventative and curative services. The number of Palestine refugees in the West Bank and the Gaza Strip who have received hospital care support steeply increased by 15.5%, from 35 509 in 2014 to 41 004 in 2015.

6. The Family Health Team approach was launched in 2011, based on person-centered family medicine principles and practice, to deal with the pressures related to scarce resources as elderly populations increase, so do noncommunicable diseases and their risk factors. By December 2015, it had been adopted in all health centres in the West Bank and in 20 out of the 22 in the Gaza Strip. The transition to the approach has been completed in Jordan and Lebanon. In spite of the challenging situation in the Syrian Arab Republic, the health programme established 12 new health points and implemented the Family Health Team approach in four health centres to date. In addition, UNRWA is expected to expand the approach to further clinics within the Syrian Arab Republic in 2016.

7. The Agency-wide e-Health (electronic health record database) is now operational in 97 of the 117 health centres (excluding those in the Syrian Arab Republic). In the Gaza Strip, 19 of the 22 health centres have implemented the e-Health system, compared to 40 clinics out of 43 in the West Bank.

8. While health reforms based on the Family Health Team approach continue, UNRWA provided over 5.3 million medical consultations for adults and adolescents in the occupied Palestinian territory in 2015 (approximately 4.0 million in the Gaza Strip and 1.3 million in the West Bank). In addition, it conducted 353 889 oral health consultations and 125 158 oral health screening sessions, while over 16 330 beneficiaries received physical rehabilitation (29.6% of whom had suffered physical trauma or injuries, including due to armed conflict).

9. As for the West Bank, the Family and Child Protection Programme reported 429 detected victims of gender-based violence, domestic violence and abuse. Home visits identified 364 cases of neglected elderly people, 41 of which were critical (emergency cases) and referred to services outside of UNRWA. Overall, psychosocial counsellors in the health centres provided 11 137 individual counselling sessions, in addition to family counselling, consultations and home visit sessions to 7411 individuals. Of these, 274 persons were externally referred and 1 488 internally referred. Supportive counselling groups benefited 2 033 individuals through 704 sessions, and 1085 sessions of awareness activities, open days, summer and winter camps benefited 26 028 individuals.

10. In the Gaza Strip, the UNRWA Community Mental Health Programme has counsellors in 207 of the 257 UNRWA schools as well as in each of its 21 health centres. UNRWA also has five legal counsellors, who support primarily survivors of gender-based violence through legal and protection advice. The Community Mental Health Programme provides individual counselling to at-risk children attending UNRWA schools, in addition to implementing resilience-enhancing activities aimed at strengthening their coping and life skills. School counsellors also conduct public awareness sessions with the aim of supporting parents, care-givers and other community members who have an important role in raising and educating children. Through its health clinics, UNRWA also provides individual counselling to adults experiencing mental and psychosocial difficulties, in addition to running group sessions.

**Table: Community Mental Health Programme Activities (2015) – Gaza**

Activities	Total	Number of Beneficiaries
Individual counselling sessions in health centers	13 868	4 217
Awareness-raising sessions	1 547	30 825
Group counselling sessions	902	1 425

11. The Israeli blockade of the Gaza Strip entered its ninth year in June 2015 and continues to have a devastating effect as access to markets and people's movement to and from the Gaza Strip remain severely restricted. Imposed by Israel, citing security concerns, since June 2007, the blockade has widespread adverse effects on the population in the Gaza Strip. Palestinians require coordination and permission from the Israeli authorities to transit through the Erez Crossing. Moreover, permits are required from the Egyptian authorities for transit through the Rafah Crossing, which mostly remained closed throughout 2015. The average seventh grade pupil in an UNRWA school in the Gaza Strip has never left the enclave and witnessed three major escalations in armed hostilities in her short lifetime. UNRWA has taken steps to establish an Agency-wide protection framework, which will encompass mental health and psychosocial and gender-based violence-related needs. In addition, UNRWA is ensuring the provision of a systematic and coordinated programmatic response, tailored to the particular needs of girls and boys. The West Bank and the Gaza Strip have been implementing protection programming since 2002, which will inform the design of the Agency-wide response.

12. Care for people suffering from noncommunicable diseases also expanded during 2015. Over 115 264 patients with diabetes and/or hypertension were treated in the occupied Palestinian territory (75 277 in the Gaza Strip and 39 987 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.

13. With regard to maternal health, in 2015, the total number of continuing users of modern contraceptive methods increased by 5.9% compared with the previous year (the new total being 12 772 users). Antenatal care services were provided to 55 354 pregnant Palestine refugee women, with a coverage rate estimated at 88.7% in the Gaza Strip and 96.3% in the West Bank. Since 2014, a sharp rise in coverage in the West Bank was recorded, attributed mainly to statistical factors leading to more accurate estimates. Indeed, UNRWA calculations of antenatal care coverage changed in 2014. UNRWA had historically used 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. Since not all registered refugees utilize UNRWA health services in the West Bank – perhaps choosing instead to use Ministry of Health services or private services – the change in the calculation of the denominator greatly affected the coverage rate. No such change was seen in the Gaza Strip, since the registered population there has limited options for health care and utilizes UNRWA health services almost exclusively. Of all pregnant women, an estimated average of 81.8% registered with UNRWA during the first trimester of pregnancy. Of the pregnant women assisted by the Agency, 99.98% gave birth in a health facility and over 96.2% 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 close to the Millennium Development Goal 4 target. However, a published study conducted by UNRWA revealed that the infant mortality rate trend among Palestine refugees may have been reversed in the Gaza Strip. UNRWA has periodically estimated the infant mortality rate among Palestine refugees in the Gaza Strip. These surveys have recorded a decline from 127 per 1000 live births in 1960 to 82 in 1967, 33 in 1996 and to 20.2 in 2008. In contrast, the findings of the 2015 survey highlight an increase in the infant mortality rate to 23.7 per 1000, particularly during the neonatal period.

15. A number of major health concerns in the occupied Palestinian territory continue to stem from the increasing burden of chronic, lifestyle-related illnesses and noncommunicable diseases. The occupied Palestinian territory has exhibited the epidemiological and health transitions from communicable to noncommunicable diseases. Consequently, the number of people with diabetes and hypertension has risen steadily in recent years, fuelled by the alarmingly high prevalence of sedentary lifestyle-related risk factors and behaviours. A 2015 clinical audit of diabetes care among Palestine refugees showed that more than 90.9% were either overweight or obese. The growing disease burden from noncommunicable diseases and the resulting increase in health care costs underscore the need for a stronger focus on a well-tested and cost-effective prevention services, health education and promotion outreach, increased screening for early diagnosis and high-quality treatment and management of diseases and their complications.

16. Furthermore, political instability, ongoing interference with the enjoyment of basic human rights as a result of numerous Israeli policies and practices as the occupying Power, and increased violence owing to the Israeli–Palestinian conflict, including recurrent episodes of armed hostilities in Gaza and the use of force in the West Bank, threaten the mental health and psychosocial wellbeing of the refugee population. The Agency provides services for stress-related disorders and mental health problems among women, children and adolescents, and support for domestic violence. The increase in the uptake of domestic violence services could be attributable to both an increased incidence of such violence and better reporting and advocacy mechanisms allowing more survivors in turn to come forward in confidence.

17. In addition, increasing food insecurity also adversely affects the health status of Palestine refugees. According to a study published by the Food and Agriculture Organization of the United Nations, UNRWA and the World Food Programme in 2013,<sup>1</sup> 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 increased in the Gaza Strip in the aftermath of the armed conflict in July and August 2014.

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<sup>1</sup> Palestinian Central Bureau of Statistics, FAO, WFP and UNRWA; Socioeconomic and Food Security Survey: West Bank and Gaza Strip, Palestine, 2012 (<http://documents.wfp.org/stellent/groups/public/documents/ena/wfp259657.pdf>, accessed 11 May 2016).

## CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY

18. Increasing numbers of patients suffering from lifelong and costly-to-treat noncommunicable diseases, coupled with prevailing insecurity, limited mobility and socioeconomic challenges, have compounded challenges in enhancing health services to address more complex medical needs.

19. 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, may be contributing factors. Although UNRWA has actively striven to address these problems, including through its protection work, inadequate resources are a continuing constraint.

20. Recurrent emergencies in the Gaza Strip – the July–August 2014 hostilities having been the third escalation in armed violence in seven years – have resulted in cumulative impacts on children and their caregivers, 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 adequate responses more difficult.

21. Moreover, mobility restrictions for Palestinians in the West Bank and the complicated process for seeking referral permission to the hospitals in east Jerusalem for patients from the West Bank and the Gaza Strip have continued to pose significant impediments to efficient and timely access to health care. In addition nearly all referrals to medical care outside the Gaza Strip require coordination with, and a permit from, Israel to enable the patient to transit through the Erez Crossing. The process has at times been slow and cumbersome, delaying patients or causing them to miss their hospital appointments, including for life-saving treatment such as chemotherapy.

22. UNRWA continues to face numerous challenges in mobilizing the necessary financial resources. The resource deficit is the main threat to efforts to improve the quality and efficiency of health services through the Family Health Team approach. With the exception of 212 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 with either the population or 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–US\$ 50 per capita that WHO recommends for the provision of basic health services in the public sector.

23. The funding limitations continue to affect the health care package offered to persons with noncommunicable diseases, who could benefit from the addition of evidence-based interventions such as lipid-lowering medications and HbA1c tests for diabetic patients. Also, despite the financial constraints, the Agency increased its pledges in meeting Palestinian refugees' mental health needs and is currently piloting its Mental Health and Psychosocial Support Programme in the Gaza Strip. However, UNRWA has been forced to suspend its cash assistance programme supporting repairs and providing rental subsidies to Palestine refugee families in the Gaza Strip due to lack of funds. In the context of these ongoing emergencies and the increased burden of the conflict in the Syrian Arab Republic on neighbouring Lebanon and Jordan, the funding stream available is not sufficient to expand the package of primary health care services provided to Palestine refugees.

## CONCLUSIONS

24. The lack of a just and durable solution and its consequences continue to affect the physical, social and mental health of Palestine refugees. They remain severely affected by economic hardship. The particular circumstances in each of UNRWA's five fields of operation, interfere with their enjoyment of their basic human rights, including the right to achieve the highest attainable standards of health on a non-discriminatory and equal basis.

25. The reform of UNRWA's health service delivery and deployment of the electronic records initiative in support of a holistic family- and patient-centered approach is already producing gains in the efficiency of service delivery, patient and provider satisfaction, and care quality.

26. However, such 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 high-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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