

# **Health conditions in the occupied Palestinian territory, including East Jerusalem**

The Director-General has the honor to bring to the attention of the World Health Assembly  
To the attached report of the Director of Health, UNRWA, for the year 2019 (see Annex).

ANNEX

**REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2018  
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 or the Agency) is a subsidiary organ of the United Nations, established by General Assembly Resolution 302 (IV) on 8 December 1949.<sup>1</sup> UNRWA is one of the largest United Nations operations, mandated to serve a population of some 5.6 Palestine refugees registered with the Agency in Jordan, Lebanon, Syria, the Gaza Strip and the West Bank. While the majority of Palestine refugees is youth, a current demographic transition of an increasing life expectancy is seeing the population age, a trend similar to that being observed throughout the Middle East. In 2019, over 43.0% of Palestine refugees registered with UNRWA were under the age of 25 while 20.18% were aged over 50 years.

2. In 2019, 2,319,073 Palestine refugees have been registered with UNRWA in the occupied Palestinian territory, 2.3% increase from 2,267,747 Palestine refugees in 2018. In total, 1,460,315 Palestine refugees reside in the Gaza Strip and 858,758 in the West Bank, 37.4% of whom live inside or near 27 official Palestine refugee camps, eight in the Gaza Strip and 19 in the West Bank.

3. The increase in population of Palestine refugees in the occupied Palestinian territory is attributed to natural population growth. Approximately 74.2% of eligible persons<sup>2</sup> in the occupied Palestinian territory accessed UNRWA health services in 2019.

**UNRWA ASSISTANCE**

4. UNRWA provides humanitarian assistance to Palestine refugees, in support of all individuals achieving their full potential in human development until a just and lasting solution to their plight is found. The Agency fulfils its humanitarian and human development mandate by providing protection and essential services to Palestine refugees across the five fields, Gaza, the West Bank, Jordan, Lebanon and Syrian Arab Republic. Services include basic elementary and preparatory education, comprehensive primary health care, emergency relief, social interventions, microfinance, shelter and infrastructural support. For seven decades, UNRWA continues as the main primary health care provider to Palestine refugees, particularly for Gaza and the West Bank, with the largest operation among United Nations agencies in the occupied Palestinian territory. UNRWA works to ensure that the health is protected and the diseases burden is reduced for Palestine refugees, through providing primary health care services addressing the health evolving needs of Palestine refugees across all stages of the life-cycle.

5. UNRWA delivers primary health care in the occupied Palestinian territory through a network of 65 primary health care centers: 22 in the Gaza Strip and 43 in the West Bank, including East Jerusalem. UNRWA also provides secondary and tertiary care through a network of contracted hospitals and direct care through Qalqilya, the agency run hospital in the West Bank. In 2019, 51% of Palestine refugees in the West Bank and 88% of those in the Gaza Strip accessed UNRWA preventive and curative services. The number of Palestine refugees accessing hospitalization care in the West Bank and the Gaza Strip increased by 4.4%, from 36,459 in 2018 to 38,058 in 2019.

6. The Family Health Team (FHT) approach launched in 2011, is based on principles and practice of family medicine, enabled the Agency to provide improved health care outcomes to a population facing increasing prevalence of non-communicable diseases (NCDs) and their risk factors. The FHT approach have been adopted in all UNRWA health centres, including 43 health centers in the West Bank, and 22 health centres in the Gaza Strip. E-Health, electronic health record database, is now operational in 137 out of all 141 UNRWA health centres, with some exceptions in Syria due to connectivity and accessibility constraints. E-Health is expected to be implemented in the remaining 4 health centres in Syria in 2020.

---

<sup>1</sup> The Agency mandate is set out in UN GA resolutions; the latest resolutions A/RES/74/85, **Assistance to Palestine refugees extends the Agency's mandate to 30 June 2023**.

<sup>2</sup> Registered Palestine refugees and other persons who are not registered as Palestine refugees but are eligible to receive UNRWA services in accordance with the Agency's Consolidated Eligibility and Registration Instructions (CERI), including 1967 displaced and the children of Palestine refugee women married to non-Palestine refugees.

7. In 2019, UNRWA provided over 5.3 million medical consultations for Palestine refugees in the occupied Palestinian territory, approximately 4.2 million in the Gaza Strip and 1.1 million in the West Bank, including East Jerusalem. In addition, some 304,951 oral health consultations and 255,422 oral health screening sessions were provided, and over 16,200 beneficiaries received physical rehabilitation, 30% of whom suffered from the consequences of physical trauma and injuries.

8. Great March of Return (GMR), mass demonstrations started from 30 March 2018 continued in 2019, resulting in 195 Palestinians being killed (including 41 children) and nearly 29,000 people were injured (including over 7,000 wounded with live ammunition) as of March 2019, according to OCHA report. While UNRWA is not able to record all Palestine refugee deaths and injuries, 22 UNRWA health centre in Gaza treated 2,729 people for injuries sustained in the conflict; of those 533 were children under 18 years old and 80% of them were injured with gunshot wounds<sup>3</sup>.

In addition to physical impact, violence related to GMR has also had significant impact on the psychosocial well-being and mental health. All those who seeking health care in UNRWA health center received psychological first aid and 1,263 were assessed to be in need of individual psychosocial support and received them.

9. UNRWA aims to protect and promote the mental health of Palestine refugees through its Mental Health and Psychosocial Support (MHPSS) program, implemented in most UNRWA health centres. Recent studies have confirmed a high prevalence of mental health issues and psychological distress among Palestine refugees. Services to address these issues have strengthened and expanded in 2019.

MHPSS refers to local and outside support that address and promote psychosocial well-being of individuals and their communities. Implemented with the FHT approach, MHPSS and Mental Health Gap Action Programme (mhGAP) training were provided to medical officers, senior staff nurses and midwives, and MHPSS training was provided to all other health staff categories. In 2019, service provision of MHPSS was implemented in nearly all UNRWA health centers, with exception of a small number of health centers in Jordan and Syria, which is planned to be completed in 2020.

**Table 1. No. of Health centres in the occupied Palestinian Territory implementing MHPSS into FHT, 2019.**

Field	Health center with MHPSS	Total health center	% of HC coverage
Gaza	22	22	100%
West Bank	43	43	100%
Total	65	65	100%

10. Addressing protection-related concerns also emerged as a priority of UNRWA. The average first grade student in UNRWA schools in Gaza has witnessed at least three major military escalations and has never left the Gaza Strip during their lifetime. UNRWA has taken steps to develop its Agency-wide protection framework which includes mental health and psychosocial support as a key response to violence and other protection cases. 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 implemented protection programming to a range of different protection issues.

11. Provision of treatment for non-communicable diseases (NCDs) also expanded during 2019. 136,396 patients with diabetes and/or hypertension were treated in the occupied Palestinian territory, 94,616 in the Gaza Strip and 41,780 in the West Bank. UNRWA continues to work with specialized health centres and hospitals for diabetes care in order to improve control rates and prevent late complications of the disease.

<sup>3</sup> UNRWA (2019) Gaza's great march of return, one year on [https://www.unrwa.org/sites/default/files/content/resources/gaza\\_gmr\\_one\\_year\\_on\\_report\\_eng\\_final.pdf](https://www.unrwa.org/sites/default/files/content/resources/gaza_gmr_one_year_on_report_eng_final.pdf)

12. In 2019, a total of 13,173 new family planning users have received modern contraceptive method, making a total of 108,831 users continuing to use the contraceptive methods. Antenatal care services were provided to 53,373 pregnant Palestine refugee women with an estimated coverage rate of 70% in the Gaza Strip and the West Bank. Of all pregnant women accessing UNRWA services, an estimated 86.1% registered for antenatal care during the first trimester, 94.3% attended four or more antenatal visits in UNRWA health centres, 99.9% had facility based deliveries and over 97.5% received postnatal care.

## **HEALTH CONDITIONS IN OCCUPIED PALESTINIAN TERRITORY**

13. 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 (IMR) among Palestine Refugees in the West Bank remains at levels comparable to rates among the population of the West Bank. However, a published study conducted by UNRWA revealed that the trend of IMR rate among Palestine Refugees may have been reverted in the Gaza Strip. UNRWA has periodically estimated IMR among Palestine Refugees in Gaza. These surveys have recorded a decline from 127 per 1000 live births in 1960, to 82 per thousand in 1967, to 33 per thousand in 1996, to 20.2 per thousand in 2008. Conversely, findings of the 2015 survey highlight an increase in the IMR to 21.7 per thousand, particularly during the neonatal period.

14. The current main health burdens for Palestine refugees in the occupied Palestinian territory is more commonly stemming from chronic, lifestyle-related illnesses, and NCDs. The disease burden of health has shifted from communicable to NCDs. Diabetes and hypertension are the most common NCDs among Palestine refugees, with sedentary lifestyle-related factors and behaviors causing an alarmingly rise in prevalence. Increased NCD prevalence has resulted in an increase in health care costs, and has underscored the need for a well-tested and cost-effective prevention services. This includes health education at early age and promotion outreach, regular screening for early diagnosis, and quality of treatment and management of diseases and their complications.

15. Furthermore, political instability, ongoing occupation and increased violence (including recurrent episodes of armed hostilities in Gaza and the use of force in the West Bank as well as in relation to the Great March of Return) continues to generate a need for increased mental health and psychosocial support to Palestine refugees residing in the occupied Palestinian territory. In addition particular attention is given to children, adolescents and survivors of gender based violence (GBV). UNRWA is experiencing increased number of GBV cases through its health clinics and other services. Understanding that GBV is often underreported and this does not reflect the whole scenario in Gaza and West Bank, but increased reported cases is likely to be a reflection of better staff capacity to read a sign of survivors and provide psychological first aid, strengthen referral mechanisms while maintaining privacy and confidentiality, and a general increased readiness to report as a result of years of awareness raising efforts by UNRWA and others leading to increased confidence that survivors can receive appropriate support.

16. The protracted humanitarian crisis in the Gaza Strip and West Bank continues to impact the food insecurity and therefore overall health status of Palestine refugees. Restricted movement of people and goods due to the blockade, high unemployment rates and increasing vulnerability of Palestine refugees has seen an increase on the dependence on UNRWA services. 1,187,000 Palestine refugees received assistance in the Gaza strip through the social safety net and the emergency programmes in 2019. Out of those, 713,369 individuals (or 60%) are defined as abject poor and live below the abject-poverty line of US\$ 1.74 per day and the rest (473,643) are defined as churning poor. Both groups are provided with a diversified food basket that meet their caloric needs.

## **CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY**

Managing implementation of a large programme of work, and strengthening effectiveness, require organizational stability to plan and perform to high standards expected of a UN organization. These are not conditions that UNRWA can count on, given the long term humanitarian emergencies in Gaza, Syria and the West Bank including East Jerusalem. Moreover, UNRWA's annual financing does not meet basic

requirements, creating risks for all programmes – including health – and necessitating regular adjustments in areas such as budgeting, expenditure, and staffing.

In 2019 UNRWA's financial situation remained critical. A number of donors conditioned their funding for the first time, and financial "topping up" which the Agency expected from others did not materialize. UNRWA's head of Agency continued leading fundraising efforts at a high level and benefitted from strong diplomatic support from the UN Secretary-General and others, including the League of Arab States. Income did not, however, keep up with needs that continue growing as a result primarily of conflict and poverty. The Agency ended 2019 only with a loan and grant from the CERF and by deferring payments to a significant number of suppliers.

Despite these extraordinary challenges, UNRWA is effectively delivering services that a government ordinarily would, in four countries including Palestine. In all areas, health outcomes are of a high standard, often exceeding levels in the developing world including middle income countries, despite operating with a modest budget in conflict-affected regions.

As UNRWA's leadership grapples with chronic under-funding, it relies on strong programme performance to help preserve donor commitments and mobilize approximately \$1 billion per year for all expenditures – core programmes, emergency responses, projects, and management. The Health Programme represents a small fraction of the expenditures, while maintaining high performance and contributing to the humanitarian stability of the refugee communities and around 58 refugee camps served by UNRWA. These are attributes that the donor community values immensely and encourages them to sustain funding for UNRWA over the long term.

17. Increasing prevalence of Palestine refugees suffering from chronic and costly NCDs, coupled with prevailing insecurity, and limited mobility, and socioeconomic challenges have compounded challenges in UNRWA enhancing its health services and addressing the evolving more complex medical needs.

18. Stress-related disorders and mental health problems, including intimate partner violence, gender based violence and violence in children and youth are on the rise among Palestine refugees. 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. To address these issues UNRWA continues to implement ongoing protection services, although inadequate resources are a continuing constraint.

19. In each of UNRWA's fields of operation, distinct features affect modes of health delivery such as larger catchment areas with dispersion of camps in some, or higher morbidity rates in others. The Gaza Strip presents its own challenges. A blockade lasting over 12 years, extreme poverty, and periodic military conflicts have profound effects on the entire population.

20. A symptom of Gaza's condition is the chronic nature of threats to basic human security, felt by the population as a whole. This includes the 1.4 million Palestine refugees, the vast majority of whom rely on UNRWA for basic medical services. Many of the challenges highlighted last year, such as injuries sustained on a large scale by Palestinians protesting along the boundary with Israel, and the denial of medical treatment outside for condition untreatable in Gaza, continue unabated in 2019. Many have lasted for years. With no change in sight for a political solution or lifting of the blockade, delivery of primary health care by UNRWA is absolutely critical to prevent a breakdown in health status across Gaza.

## CONCLUSIONS

The international community continues its search for means to revive a peace process, one that leads to a just and lasting solution to the Israeli-Palestinian conflict. Despite a firm intent expressed in numerous resolutions of the UN Security Council and General Assembly, in 2019 fears grew that prospects for such a resolution were becoming ever more remote.

The human rights of Palestinians, among them the refugees, continue to be denied during a long-term political process that has struggled to produce results but is deadlocked. In contrast, services delivered by UNRWA are part of the universe of human rights to which the Palestine refugees are entitled to and continue to receive.

Access to education, health and other services are rights enshrined in the Universal Declaration of Human Rights, the Convention on Economic, Social and Cultural Rights, and the Convention on the Rights of the Child. UNRWA is fulfilling these rights in accordance with its mandate from the UN General Assembly.

While its scope and reach are not helped by a long-term resource gap, nor unending humanitarian crises, UNRWA's health services, the caliber of their innovation and professionalism, make a difference in the lives of millions of Palestine refugees. Our health services set a high standard of care, and ongoing reforms continue delivering accessibility and quality that make our clinics the first port of call for a majority of refugees seeking primary care, or referral to secondary and tertiary care.

In partnership with the WHO, we look forward to continuing supporting the rights of the Palestine refugees to the highest attainable standards of physical and mental health.