# Health conditions of, and assistance to, Palestine refugees 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 above-named report of the Director of Health, UNRWA, for the year 2020.

# REPORT OF THE DIRECTOR OF HEALTH, UNRWA, FOR 2020 ON HEALTH CONDITIONS OF, AND ASSISTANCE TO, PALESTINE REFUGEES IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

## DEMOGRAPHIC PROFILE

1. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA or the Agency), was established by General Assembly Resolution 302 (IV) on 8 December 1949.[1] UNRWA is one of the largest United Nations Agencies in terms of staff employment, due to its unique model of direct service provision, and is mandated to serve a population of 5.7 Palestine refugees registered with the Agency in Jordan, Lebanon, Syria, Gaza and the West Bank, including East Jerusalem. While the majority of Palestine refugees are youth, a current demographic transition towards increasing life expectancy is seeing the population age, a trend similar to that being observed throughout the Middle East. In 2020, over 41.9 per cent of Palestine refugees registered with UNRWA were under the age of 25, while 20.9 per cent were aged over 50 years.

2. As of 2020, 2,348,267 Palestine refugees were registered with UNRWA in the occupied Palestinian territory (oPt), a 1.3 per cent increase from 2,319,073 in 2019. In total, 1,476,716 Palestine refugees reside in Gaza and 871,551 in the West Bank. Some 37.4 per cent of these live inside or near 27 official Palestine refugee camps; eight in Gaza and 19 in the West Bank.

3. The increase in population of Palestine refugees in the oPt is attributed to natural population growth. Approximately 67.52 per cent of eligible persons in the occupied Palestinian territory accessed UNRWA health services in 2020.[2]

### UNRWA's health response to the COVID-19 pandemic

4. In March 2020, the World Health Organization (WHO) recognized COVID-19 as a worldwide pandemic and an unprecedented health crisis with significant additional socio-economic and other implications.

UNRWA followed the instructions and guidance of WHO and Palestine refugee host governments. The primary health care centres continued delivering essential health services to Palestine refugees through a triage system, introduced in all UNRWA clinics, to segregate patients exhibiting respiratory symptoms from those who did not. Physical separation of the two groups was maintained inside the clinics to prevent subsequent mingling. UNRWA has continued to ensure equitable access of Palestine refugees to COVID-19 testing and treatment, including support to hospitalization when needed.

5. At the onset of COVID-19, UNRWA health centres immediately initiated alternative ways to deliver health services, such as establishment of telemedicine, home delivery of essential medications and home visits, among other innovations in service delivery. E-Health was a critical component in this process, enabling the Agency to monitor and analyze the utilization of health services, and thereby adapt those services to the prevailing public health situations in all fields. The e-NCD (Non-Communicable Diseases) and e-MCH (Maternal and Child Health) mobile applications were also utilized as a means of providing health information and services for, respectively, NCD patients and mothers with children under the age of five during periods of lockdown and other restrictions, when access to health centres was otherwise limited. By the end of 2020, 506 e-NCD and 16,155 e-MCH accounts had been utilized.

## UNRWA ASSISTANCE

[1] The Agency mandate is set out in UNGA resolutions; the latest resolution A/RES/74/85, Assistance to Palestine refugees extends the Agency's mandate to 30 June 2023.

[2] 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.

6. UNRWA provides humanitarian and human development assistance to all registered Palestine refugees, supporting the rights of Palestine refugees to hope, opportunities and the fulfilment of their potential until a just and lasting solution to their plight is found. The Agency's services to Palestine refugees across its five fields of operation – Gaza, the West Bank including East Jerusalem, Jordan, Lebanon and Syria – include protection, basic education, comprehensive primary health care, emergency relief, social interventions, microfinance, shelter and infrastructure support. UNRWA has continued, for seven decades, to be the main primary health care provider to Palestine refugees, particularly in Gaza and the West Bank including East Jerusalem. UNRWA remains the largest United Nations agency operationin in the oPt. UNRWA works to ensure that the health of Palestine refugees is protected, and their disease burden reduced, through provision of primary health care services addressing the evolving health needs of Palestine refugees across all stages of the life-cycle.

7. UNRWA delivers primary health care in the oPt through 65 primary health care centres; 22 in Gaza 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 hospital, which is the Agency's only directly managed hospital in the West Bank. In 2019, 45.4 per cent of Palestine refugees in the West Bank and 80.6 per cent of those in Gaza accessed UNRWA preventive and curative services. COVID-19 led to a decline in the number of Palestine refugees accessing hospitalization care in the West Bank and Gaza by 2.8 per cent, from a total of 38,058 in 2019 to 36,991 in 2020.

8. The Family Health Team (FHT) approach, implemented by UNRWA in all of its health centres, including 43 in the West Bank and 22 in Gaza, is based on the principles and practice of family medicine. The FHT has enabled the Agency to provide improved health care outcomes to a population facing increasing prevalence of NCDs and their risk factors. E-Health, the electronic health record database, is now operational in 138 out of all 140 UNRWA health centres in five fields of UNRWA operation.

9. COVID-19 led to a steep decline in the number of primary health care consultations provided by UNRWA. In 2020, UNRWA provided over 3.4 million medical consultations for Palestine refugees in the oPt. This represents a decline of 35 per cent compared with the 5.3 million consultations conducted in 2019. In Gaza 2,683,834 face-to-face consultations were conducted, and in West Bank 758,746, representing reductions of 36.3 per cent and 32.6 per cent respectively on 2019. In addition, 134,237 oral health consultations here conducted throughout the oPt; a reduction of 56 per cent on 2019. 95,464 oral health screenings were conducted; a reduction of 63 per cent on 2019. 6,732 beneficiaries received physical rehabilitation, 37.7 per cent of whom suffered from the consequences of physical trauma and injuries.

10. UNRWA aims to protect and promote the mental health of Palestine refugees through its Mental Health and Psychosocial Support (MHPSS) programme, implemented in all UNRWA health centres. Palestine refugees accessed 16,507 MHPSS consultations throughout the oPt (12,968 in Gaza and 3,539 in the West Bank), representing a reduction of respectively 57.5 per cent and 54.6 per cent compared with 2019. MHPSS services also experienced a similar reduced utilization trend due to COVID-19.

**Table 1. Number of Health centres in the occupied Palestinian Territory implementing MHPSS into FHT, 2020.**

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

11. Protection concerns relating to the right to physical and mental health have been exacerbated by the COVID-19 pandemic and therefore are priorities of UNRWA. UNRWA witnessed first-hand the protection impact of COVID-19 containment measures in 2020, including movement restrictions, particularly on women and girls. High rates of GBV, online harassment, child marriage and other concerns were reported through rapid socio-economic and other studies carried out by the Agency, and addressed through adapted hotlines and remote case management functions. UNRWA's protection teams designed new monitoring approaches to

ensure continued contact, identification of urgent needs and adapted UNWRA response for remote and hard-to-reach places including 23 isolated refugee communities in Area C of the West Bank. This included extending mobile health services and food parcel deliveries to families, delivery of hygiene kits for girls and women, and providing dignity kits especially for older persons and persons with disabilities. UNRWA sought to address risks of exclusion or barriers to access to needed health care by engaging with duty bearers and by working at the community level to enhance protection amongst the most vulnerable refugees. UNRWA provides critical services to those exposed to protection threats including through psycho-social counselling, cash-based interventions, and the provision of dedicated programming to specific vulnerable groups in the West Bank and Gaza.

12. Provision of treatment for NCDs also expanded during 2020. A total of 140,550 patients with diabetes and/or hypertension were treated in the oPt; 98,373 in the Gaza and 42,177 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.

13. Despite the pandemic, UNRWA health centres continued provision of care for patients diagnosed with diabetes mellitus as well as other NCDs. Services were adapted to protect those at a higher risk of contracting COVID-19 by: (i) introducing home delivery of medicines which benefited 93,635 patients; 78,359 in Gaza and 15,276 in the West Bank,and (ii) launching the e-NCD mobile application to allow NCD patients to access health education materials relating to their condition which could otherwise only be accessed through visits to health centres. The application also allows patients to monitor their individual records and view appointment-related information.

14. In 2020, a total of 10,667 new family planning users have received modern methods of contraception, making a total of 114,398 users continuing to use contraception. Antenatal care services were provided to 46,973 Palestine refugee, a reduction from 53,373 in 2019 with an estimated coverage rate of 64.3 per cent in Gaza and the West Bank. Of all pregnant women accessing UNRWA services, an estimated 77.5 per cent registered for antenatal care during the first trimester. 84.2 per cent attended four or more antenatal visits in UNRWA health centres in 2020, compared with 94.4 per cent in 2019. This decrease was due to (i) a reluctance of patients to visit health centres during the pandemic; (ii) COVID-19-related lockdowns and movement restrictions; and (iii) a focus on emergency and high-risk pregnancy in order to control the overall caseload. Around 96 per cent of pregnant women received postnatal care from UNRWA health centres.

## HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY

15. Through the support of UNRWA, governmental and other health-care providers, the health profile of Palestine Refugee mothers and children in the oPt 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 general population of the West Bank. However, a published study conducted by UNRWA revealed that a previously positive trend of IMR among Palestine Refugees in Gaza may have reversed in recent years. 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, 33 per thousand in 1996, and 20.2 per thousand in 2008. Conversely, findings of the 2015 survey highlight an increase in the IMR to 21.7 per 1000 live births, particularly during the neonatal period.

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

17. Furthermore, political instability, ongoing occupation, increased violence (including recurrent episodes of armed hostilities in Gaza and the use of force in the West Bank) and impact of COVID-19 continue to generate

a need for increased mental health and psychosocial support to Palestine refugees residing in the oPt. In addition, particular attention is given to children, adolescents and survivors of gender based violence (GBV). UNRWA is experiencing an increased number of GBV cases through its health clinics and other services, and existing gender inequalities are exacerbated by the COVID-19 pandemic. GBV is often underreported, and therefore these statistics do not reflect the full picture in Gaza and West Bank. However, an increase in reported cases is likely to be a reflection of better staff capacity to recognize the relevant indicators of GBV survival and to provide psychological first aid and strengthened referral mechanisms while maintaining privacy and confidentiality. There is also a general increased readiness of survivors to report incidents, as a result of years of awareness raising efforts by UNRWA and others leading to increased confidence that survivors can receive the appropriate support.

18. The protracted humanitarian crises in the Gaza and West Bank continues to impact food insecurity and therefore the overall health status of Palestine refugees. Restricted movement of people and materials due to the blockade have contributed to high unemployment rates and increasing vulnerability of Palestine refugees which increases dependence on UNRWA services. In 2020, a total of 1,133,326 persons received UNRWA food assistance in Gaza through the social safety net and the emergency programmes. Out of those, 699,254 individuals (or 62 per cent) are defined as abject poor or unable to meet even basic food requirements, while the remaining 434,072 individuals have been assessed as living below the absolute poverty line or unable to meet basic needs.

19. In 2020, a total of 35,023 Palestine refugees were infected with COVID-19 in all UNRWA's five fields of operation- Jordan, Lebanon, Syria, Gaza and the West Bank including East Jeruslaem. O those, 17,383 infections were in Gaza and 13,021 were in the West Bank, impacting a population which was already vulnerable before the pandemic.

## CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY

20.The global outbreak of COVID-19 has added greater pressure to the already overstretched health system in the Gaza and West Bank. Gaza, is still suffering from the aftermath of immense injuries sustained during the Great March of return. Years of blockade and movement restrictions on people and materials, including medical supplies, compounded by the internal Palestinian divide, have led to a serious deterioration in the availability and quality of health services. Hospitals continue to lack adequate physical infrastructure, drugs, supplies and infection prevention materials,increases the challenges experienced by UNRWA's health system.

21. Managing implementation of a large programme of work, and strengthening effectiveness, require organizational stability to plan and perform to the high standards expected of a UN organization. These are not conditions that UNRWA can count on, given the long-term humanitarian emergencies in Gaza, the West Bank including East Jerusalem and Syria. Moreover, UNRWA's continued and increasing financial crises puts all programmes at risk – including health – and necessitates regular adjustments in areas such as budgeting, expenditure, and staffing. This runs counter to sound and efficient strategic planning.

UNRWA projected an additional need of US$ 152 million in 2020 to cover the additional requirements of its COVID-19 response. As of December 2020, Gaza had received 55 per cent of total requirements, while 86 per cent was received for COVID-19-specific interventions in the West Bank. Despite cost reduction measures, the strenuous efforts of UNRWA's Commissioner-General at the highest levels, and the significant support and commitment of the UN Secretary-General in 2020, the health programme failed to meet fully with the growing needs presented by COVID-19.

Despite these extraordinary challenges, UNRWA has continued to deliver effective services, normally provided by governments, in its five fields of operation, including the oPt. In some fields, UNRWA pays for PCR testing and hospital treatment for Palestine refugees. In all areas, health outcomes are of a high standard, often exceeding levels in developing and middle income countries, despite operating with a modest budget in conflict-affected environments.

As UNRWA's leadership grapples with chronic underfunding, it relies on strong programme performance to help preserve donor commitment and to mobilize the resources needed to ensure continuity of UNRWA's core

programmes, emergency responses and projects. The Health Programme enjoys a reputation of strong performance and high achievement of results, despite the immensity of the Agency's funding constraints. This represents a demonstrably high return of donor investment, ultimately contributing to regional peace and stability. The donor community values the high performance with high efficiency that UNRWA provides, and UNRWA encourages the donor community to sustain UNRWA's funding in a more predictable manner for the longer-term.

22. The increasing prevalence of chronic and costly NCDs among Palestine refugees, along with with the prevailing insecurity, limited mobility and increased socioeconomic challenges exacerbated by COVID-19, have compounded the challenges experienced by UNRWA in a world of evolving more complex medical needs.

23. Stress-related disorders and mental health problems, including intimate partner violence, GBV and violence in children and youth are on the rise among Palestine refugees, exacerbated by the COVID-19 pandemic. A number of factors, including deepening poverty, forced displacement, and violence associated with the ongoing occupation in oPt may be contributing factors. To address these issues UNRWA continues to implement ongoing protection services, although inadequate resources are a continuing constraint.

24. Operation of health delivery is unique in each of UNRWA's fields of operation. Gaza presents its own challenges, a blockage lasting over 13 years with extreme poverty and periodic military conflicts. Gaza's condition is the chronic nature of threats to basic human security, felt by the population as a whole. This includes the 1.47 million Palestine refugees, the vast majority of whom rely on UNRWA for basic medical services. 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

UNRWA has continued providing primary health care in 2020, maintaining essential services to Palestine refugees despite of COVID-19 pandemic. Quality of care has been maintained with a number of preventive measures introduced to limit the transmission of the diseases. However, the COVID-19 has put increased pressure on an already overburdened health system which has increased the challenges experienced by UNRWA in its provision of health services. The challenges have coupled with multiple crises, including increasing financial crisis and lack of predictability which affects UNRWA ability to plan and deliver the essential services to Palestine refugees.

The rights to health is human rights agreed internationally. It is a responsibility of UNRWA to ensure equitable access to quality primary health care to Palestine refugees as well as providing for the underlying health detarminants, such as health information and education, gender equality and access to food.

While full realization of right to health and its reach are not fully supported due to a long term resource gap, unending humanitarian crisis, UNRWA health services will continue to be efficient and maintaining high standard of care through its ongoing reforms, ensuring provision of first port of services for majority of refugees seeking primary care, or referral to secondary and tertiary care.

In partnership with the WHO, we look forward to continuing our support for the rights of the Palestine refugees to access vital primary physical and mental health services, according to the highest attainable standards.