

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 2021 (see Annex).

ANNEX
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. UNRWA is mandated to serve a current population of 5.8 million registered Palestine refugees. Palestine refugees registered as such with the Agency are eligible to access its services within the UNRWA areas of operations (Lebanon, Jordan, Syria, the West Bank, including East Jerusalem, and the Gaza Strip). However, not all registered refugees avail themselves of the Agency's services. As of 2021, 1.9 million refugees accessed UNRWA health services.

2. As of 2021, a total of 2,400,208 Palestine refugees were registered with UNRWA in the occupied Palestinian territory (oPt), a 2.2 per cent increase from 2,348,267 in 2020. 1,516,258 Palestine refugees reside in Gaza and 883,950 in the West Bank.

3. 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 2021, over 41.4 per cent of Palestine refugees registered with UNRWA were under the age of 25, while 21.2 per cent were aged over 50 years. The increase in population of Palestine refugees in the oPt is attributed to natural population growth. Approximately 70.28 per cent of eligible persons in the occupied Palestinian territory accessed UNRWA health services in 2021.²

UNRWA's health response to the COVID-19 pandemic

4. UNRWA's health department has maintained health service continuity to Palestine refugees throughout the COVID-19 pandemic. In 2021, following the introduction of COVID-19 vaccinations for the general population, including Palestine refugees, utilization of services started returning to pre-COVID-19 trends across all UNRWA fields of operation.

5. In close coordination with host authorities, UNRWA health centres supported national vaccination campaigns by designating UNRWA health centre as vaccination sites and deploying UNRWA health staff to rollout the vaccination campaign. Furthermore, COVID-19 triage points at all UNRWA health centres improved patient compliance with protective measures and contributed to segregate patients exhibiting respiratory symptoms from those who did not.

6. UNRWA health centres started resuming the Family Health Team (FHT) approach towards the second half of 2021. Currently, all health centers have resumed normal service arrangements in addition to COVID-19 triage points. The use of telemedicine continued throughout 2021 to improve access to services and to avoid unnecessary physical contact for high-risk patients such as NCD clients. Enhanced cleaning of UNRWA health centres and the distribution of PPE continued to assure the safety of UNRWA health workers and patients.

7. The e-NCD (Non-Communicable Diseases) and e-MCH (Maternal and Child Health) mobile applications continued to be utilized as a means of providing health information and services for NCD patients and mothers with children under the age of five when access to health centres was otherwise limited. By the end of 2021, 65,783 e-NCD and 193,641 e-MCH accounts had been utilized.

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.

UNRWA ASSISTANCE

8. UNRWA provides humanitarian and human development assistance to Palestine refugees. 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 operation 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.

9. 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 hospital 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 2021, 46.7 per cent of Palestine refugees in the West Bank and 84.0 per cent of those in Gaza accessed UNRWA preventive and curative services. The total number of Palestine refugees accessing hospitalization care in the West Bank and Gaza increased to 40,052 in 2021 from 36,991 in 2020 – a year-on-year 8.0 per cent increase. The increased access in hospitalization care in the oPt is a result of return to a normal health seeking behaviour, where movement restrictions were lifted and Palestine refugees were able to easily access hospitals compared to 2020.

10. 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. In 2021, an evaluation of the FHT found that this approach has been consistently relevant and coherent with strategic objectives of improving health of refugees, including addressing the growing burden posed by NCDs. E-Health, the electronic health record database, is now operational in all 65 UNRWA health centres in the oPt.

11. In 2021, UNRWA provided over 4.2 million face-to-face and telemedicine consultations for Palestine refugees in the oPt. This represents an increase of 14.6 per cent compared with the 3.7 million consultations conducted in 2020. Telemedicine has become one of the safest medical consultation systems between patients and health workers during the COVID-19 pandemic. Telemedicine remains an active method of consultation since it also helps to reduce overcrowding in the health centres. In addition, face-to-face consultations continued, with 2,585,051 face-to-face consultations conducted in Gaza and 894,951 consultations in the West Bank.

12. In addition, 190,190 oral health consultations were conducted throughout the oPt in 2021. an increase of 41.6 per cent from 2020. 194,091 oral health screenings were conducted also conducted in 2021– this represents an increase of 103 per cent from 2020. A total of 11,399 beneficiaries received physical rehabilitation, 33.6 per cent of whom suffered from the consequences of physical trauma and injuries. The resumption of full health services during 2021 and lifted movement restrictions contributed to an increased service utilization compared with that of 2020.

13. 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 53,014 MHPSS consultations throughout the oPt (40,438 in Gaza and 12,576 in the West Bank), representing an increase of respectively 32.4 per cent and 61.3 per cent compared with 2020. In 2020, due to the COVID-19 pandemic, MHPSS services experienced a sharp reduction in utilization. UNRWA suspended partial MHPSS services to control the foot traffic in health centre, and instead, conducted home visits. In 2021, UNRWA resumed full services, therefore, utilization increased in 2021 compared with 2020.

14. The hostilities in Gaza between 10 and 21 May 2021, resulted in the death of 260 Palestinians, including 66 children and 40 women. More than 2,200 people were injured. The recurrent cycles of violence in the oPt have affected the emotional and psychological well-being of Palestine refugees. A decade of blockage in Gaza plus

the COVID-19 pandemic further exacerbate the stress faced by Palestine refugees. UNRWA health centre provides both direct and remote MHPSS services to Palestine refugee in need.

15. Protection concerns relating to the right to physical and mental health continued to be exacerbated by the COVID-19 pandemic and the associated movement restrictions in 2021, with the greatest impact on the most vulnerable populations, including women and girls, the elderly, persons with disabilities, and persons with chronic diseases. COVID-19-related restrictions, combined with the escalation of violence and hostilities, has exacerbated GBV risks, with domestic violence against women and girls being the most reported, as well as the increased adoption of negative coping mechanisms such as child labour, school dropouts and early marriage.³ In response to these concerns, UNRWA developed cross-programmatic remote case management services in Gaza, supported by helplines, to ensure a timely response to identified critical protection cases, complemented by awareness sessions in health centres to inform survivors about protection mechanisms. UNRWA provides critical services to those exposed to protection threats including through cash-based interventions, psycho-social counselling, and the provision of dedicated programming to specific vulnerable groups in the West Bank and Gaza. UNRWA also sought to address risks of exclusion or barriers to access to needed health care by engaging with duty bearers and working at the community level to enhance protection amongst the most vulnerable.

16. UNRWA's professionally trained social workers in Gaza and West Bank have provided direct assistance to 790 cases (individuals and families) through case management interventions. These included addressing stress, grief, violence, abuse, neglect among other areas of psycho-social distress.

17. Provision of treatment for NCDs continued to expand during 2021. A total of 143,339 patients with diabetes and/or hypertension were treated in the oPt; 101,009 in Gaza and 42,330 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. Delivery of NCD medication continued in some parts of the oPt when movement restrictions were still imposed.

18. During the COVID-19 pandemic, UNRWA health centres managed to continue providing 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 28,664 patients; 6,029 in Gaza and 22,635 in the West Bank, and (ii) using 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 allowed patients to monitor their individual records and check their appointment-related information.

19. In 2021, a total of 20,026 new family planning users received modern methods of contraception. A total of 116,467 users continuing to receive contraception in 2021. Antenatal care services were provided to 53,461 Palestine refugee, an increase from 6,488 in 2020 with an estimated coverage rate of 71.1 per cent of all pregnancy in Gaza and the West Bank. Of all pregnant women accessing UNRWA services, an estimated 77.1 per cent registered for antenatal care during the first trimester. 88.2 per cent attended four or more antenatal visits in UNRWA health centres in 2021, compared with 84.2 per cent in 2020. This increase was due to (i) reduced restrictions of movement; (ii) resumption of the FHT approach and the restoration of the full range of services in all health centres (iii) improved effort to reduce loss to follow up from previous year. In 2021, 95.6 per cent of pregnant women received postnatal care from UNRWA health centre in Gaza and the West Bank.

HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY

20. The current main health burden faced by Palestine refugees in the oPt stems 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.

³ See for example: <https://www.gage.odi.org/wp-content/uploads/2021/10/Adolescents-in-protracted-displacement-exploring-risks-of-age-and-gender-based-violence-among-Palestine-refugees-in-Jordan-Lebanon-and-the-State-of-Palestine.pdf>

This includes health education at an early age, health promotion outreach, regular screening for early diagnosis, and close follow up and high quality of treatment and management of diseases and their complications.

21. Furthermore, political instability, ongoing occupation, repeated violence, including recurrent episodes of armed hostilities in Gaza and the use of force in the West Bank, and the impact of COVID-19, continue to generate a need for increased mental health and psychosocial support to Palestine refugees residing in the oPt. 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 centres and other services, and existing gender inequalities are exacerbated by the COVID-19 pandemic. GBV is often underreported, and therefore reported number do not reflect the full picture in Gaza and the 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 incidents and to provide psychological first aid and strengthened referral mechanisms while maintaining privacy and confidentiality.

22. The protracted humanitarian crisis in Gaza, caused by a blockade since 2007, 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 increased vulnerability of Palestine refugees which adds dependence on UNRWA services. The poverty headcount stood at 81.5 per cent for Palestine refugees in Gaza according to an UNRWA-PCBS survey in November 2021. In 2021, over 1.1 million persons in Gaza received basic food assistance. This intervention contributes to stabilization of food prices for basic commodities given de facto subsidized food imports at large-scale smoothen any price hikes resulting from a rise in global food market prices or local supply chain limitations.

23. In 2021, a total of 120,519 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 Jerusalem. Of those, 74,042 infections were in Gaza and 23,723 were in the West Bank, impacting a population who was already vulnerable before the pandemic.

CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY

24. The global outbreak of COVID-19 has added greater pressure to the already overstretched health system in Gaza and the West Bank. Gaza has been suffering from a decade and half of blockade and movement restrictions on people and materials, including medical supplies which have led to a serious deterioration in the availability and quality of health services. Recurrent hostilities and cycles of violence in May 2021 caused immense damages on health systems in Gaza. Hospitals continue to lack adequate physical infrastructure, drugs, supplies and infection prevention materials, increasing the challenges experienced by UNRWA's health system.

25. UNRWA continues to face numerous challenges in mobilizing necessary financial resources, threatening the provision of quality health services to Palestine refugees. Managing implementation of a large programme of work requires organizational stability to plan and perform to the expected high standards. However these are not conditions that UNRWA can count on, given the long term humanitarian emergencies in Gaza and the West Bank including East Jerusalem. Yet, the health programme is committed to meet the fully with the growing needs presented by COVID-19 and increased health needs of Palestine refugees.

In the oPt, the Agency appealed for US\$ 230.6 million for its emergency appeal which included the needs for COVID-19 response; pledges reached US\$ 167 million by the end of 2021, 72.4 per cent of total funding required. In May 2021, the Agency also issued the Flash Appeal for US\$ 38 million to respond to the humanitarian needs arising from the hostilities in Gaza and tension in the West Bank. In June 2021, the Agency issued an updated humanitarian and early recovery appeal for US\$164 million. Pledges made by end of 2021 cover only 54 per cent of the requirement.

Despite these extraordinary challenges, UNRWA has continued to deliver its services in its five fields of operation, including the oPt. 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 Agency's funding constraints. This represents a demonstrably high return of donor investment, ultimately contributing to regional peace and stability. The donor community values their 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.

26. The increasing prevalence of chronic and costly NCDs among Palestine refugees, along 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.

27. 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, deepened by the COVID-19 pandemic and repeated conflict in the oPt. 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.

28. Operationalization of health delivery is unique in each of UNRWA's fields of operation. Gaza presents its own challenges, due to a blockade lasting almost 15 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 1.51 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

In the absence of a just and durable solution and consequences of hardship affecting physical and mental health of Palestine refugees, UNRWA has continued providing primary health care, maintaining essential services to Palestine refugees, including throughout the COVID-19 pandemic. Quality of care and its continuity has been maintained with a number of preventive measures introduced to limit the transmission of the diseases. However, 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 crisis, including increasing financial crisis and lack of predictability which affects UNRWA's ability to plan and deliver essential services to Palestine refugees.

The right to health is an internationally agreed human right. UNRWA's mandate is to ensure equitable access to quality primary health care to Palestine refugees as well as providing for the underlying health determinants, such as health information and education, gender equality and access to food.

While full realization of the right to health remains a challenge due to a long term resource gap and continued humanitarian crisis, UNRWA health services will continue to be efficient and maintain a 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.