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 Palestine Refugees registered with the Agency in Jordan, Lebanon, Syria, Gaza and the West Bank, including East Jerusalem. While the majority of Palestine Refugees consist of youth, there is a demographic shift towards higher life expectancy, resulting in an aging population, a trend that mirrors patterns observed across the Middle East region. In 2023, 39.9 per cent of Palestine Refugees registered with UNRWA were under the age of 25, while 14.1 per cent were aged over 60 years.

2. As of 2023, 2,499,844 Palestine Refugees were registered with UNRWA in the occupied Palestinian territory (oPt), marking a 1.8 per cent increase from 2,454,903 in 2022. In total, 1,586,965 Palestine Refugees are registered in Gaza and 912,879 in the West Bank, including East Jerusalem.

3. The increase in population of Palestine Refugees in the oPt is attributed to natural population growth. Approximately 61.6 per cent of eligible persons in the oPt accessed UNRWA health services in 2023².

4. 2023 was marked by the outbreak of a devastating war in the Gaza Strip, following the Hamas’ attack on Israel on 7 October. At the time of this writing at the end of April 2024, the reported death toll among Palestinians in Gaza since the onset of war has surpassed 34,000,³. Around 5.5 percent of the population is either dead, injured or missing, potentially resulting in demographic change⁴. In the West Bank, since 7 October 2023, 469 Palestinians have been killed and 4,974 Palestinians have been injured as of the end of April 2024⁵.

UNRWA’S HEALTH RESPONSE TO THE HUMANITARIAN CRISIS IN GAZA (7 October 2023 - 30 April 2024)

5. The health situation in Gaza was already dire before 7 October as result of sixteen years of blockade and several previous escalations of violence. This situation led to restricted movement of people and goods, including medical equipment and supplies. The current war exacerbated this critical state, forcing the complete closure of many UNRWA primary healthcare centres. As of the end of April 2024, only eight UNRWA health centres are operational out of 22. Of those, two health centers are temporarily opened following the war. Nearly 816 health care providers remain working in the eight operational health centres.

¹ The Agency mandate is set out in UNGA resolutions; the latest resolution A/77/398, Assistance to Palestine Refugees extends the Agency’s mandate to 30 June 2026.
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.
³ Hostilities in the Gaza Strip and Israel: Flash Update # 157, OCHA, 24 April 2024
⁴ Based on available data from OCHA and demographic data.
⁵ Hostilities in the Gaza Strip and Israel: Flash Update # 160, OCHA 1 May 2024.
providing an average of 95 consultations per doctor. Since the beginning of the war, UNRWA has provided health-care services to the whole population regardless of the Refugee status.

6. An estimated 1.7 million of Gaza’s 2.2 million people have been internally displaced, many multiple times. Displaced individuals are currently sheltering in both UNRWA and public emergency shelters, informal camps, and in close vicinity of UNRWA facilities. UNRWA has established medical units staffed with doctors and nurses in these shelters to primarily provide outpatient care. From 8 October 2023 to 30 April 2024, a total of 1,844,054 consultations were provided in operational UNRWA health centres, with 1,831,133 additional consultations provided in shelters.

7. Due to the ongoing war, the situation regarding water, sanitation and hygiene has reached a critical point. On average 772 people share one toilet, and an average of 2,762 people share a shower in UNRWA shelters. The significant lack of basic sanitation coupled with deficiencies in clean water supply poses a serious health risk, leading to the spread of diseases among a population already at risk. Between 8 October 2023 and 30 April 2024, reported incidents of non-bloody diarrhea have increased significantly, reaching 97 times higher compared to data from 2022.

8. War-related injuries have become a major public health concern in Gaza, leading to increased mortality and morbidity, including physical disability. Concerns are growing for those with life-threatening chronic diseases who have lacked access to medications and treatment for months. The number of patients with such needs is unknown due to the inability to reach them and update medical health records.

9. The psychological consequences of the trauma resulting from the violence, loss of family members, death, displacement, and fear are taking a heavy toll on the well-being of Palestinians in Gaza, with long-term negative effects. Mental health and psychosocial support (MHPSS) services have been provided with teams of health professionals consisting of psychiatrists and mental health specialists. On average, the team responds to nearly 1,000 cases daily in health centres and medical points through individual consultations, awareness sessions and support for cases of gender-based violence. Additionally, UNRWA provides psychosocial support (PSS) including psychosocial first aid, intervention sessions, assistance with handling psychological fatigue, and recreational activities. Since the start of the war, over 590,000 internally displaced persons (IDPs), including 320,000 children have benefited from a total of 167,559 PSS sessions / activities.

10. In early January 2024, UNRWA received 11 different types of vaccines (refrigerated and freezer storage) from UNICEF to be distributed to UNRWA health centres. This allowed vaccinations to restart. Between 3 January and 14 April 2024, over 74,296 children were vaccinated against diseases such as measles, mumps and rubella, and others.

11. The Global Nutrition Cluster is reporting a steep rise in malnutrition among children and pregnant and breastfeeding women in Gaza, with potential life-long consequences such as increased vulnerability to infection and illness. UNRWA was part of the nutrition assessment, conducting nutrition screenings when children received vaccinations in the Agency’s health centres. The situation remains critical in North Gaza, where one in six children were found to be acutely malnourished.

12. In Gaza, the health-care system has been severely impacted by the ongoing hostilities. Most of UNRWA health centres are not accessible and have been forced to close, while some have been directly hit and even destroyed. Since the start of the war, 20 UNRWA health centres were attacked. As a result, protection

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6 UNRWA Situation report # 105 on the situation in the Gaza strip and the West Bank, including east Jerusalem, 28 April, 2024
7 Ibid
8 Nutrition Vulnerability and situation Analysis in Gaza, Global nutrition cluster, February 2024
concerns relating to the right to access physical and mental health have been greatly exacerbated. Overcrowded conditions across the Gaza Strip continue to create severe health and protection concerns for IDPs. The available assistance remains insufficient to cover people’s basic needs in Gaza. In the West Bank, a sharp increase in violence in Refugee camps and condensed residential areas has been witnessed, causing deaths, injuries, and damage to infrastructure, including UNRWA health centres.

ACCESS TO HEALTH CARE IN THE WEST BANK (7 October 2023 – 30 April 2024)

13. Since October 2023, drastic increase of violence has caused the death and injuries of Palestinians in the West Bank. Additionally, the complete closure of checkpoints and increased number of checkpoints between Palestinian governorates and towns is impacting every aspect of service delivery, forcing health centres to open late with reduced healthcare providers. In the northern area of the West Bank, service delivery was disrupted for 49 working days from 7 October to 31 December 2023. There was a total reduction of 28 percent in consultations in 2023, compared to the previous year.

14. Since the start of the war, approximately 5,000 Palestinians from Gaza who were working in Israel, usually returning to Gaza daily or on a weekly basis, have been unable to return to Gaza due to the closure of the Erez border. UNRWA provided them with health services in the West Bank. During October 2023 to March 2024, a total of 2,798 Palestinians, from Gaza, regardless of the refugee status, received health services at UNRWA health centres located in the West Bank.

15. Since 7 October 2023, UNRWA staff with West Bank IDs have been unable to access the Central Pharmacy located in East Jerusalem, hindering the distribution of medication and medical supplies to health centres across the West Bank. UNRWA has employed new personnel with Jerusalem ID to continue distribution. To cope with the current volatile security situation and transportation disruptions, UNRWA is distributing bulk quantities of supplies to the health centres. However, procurement of essential medications and supplies is hampered as only limited international shipments have arrived since 7 October through Israeli ports and further delays are anticipated, likely leading to stockouts. UNRWA plans to procure some quantities of medication from the local market, increasing the financial cost for the Agency.

UNRWA HEALTH SERVICE DELIVERY IN THE OCCUPIED PALESTINIAN TERRITORY (The year of 2023)

16. UNRWA provides humanitarian and human development assistance to all registered Palestine Refugees, supporting the rights of Palestine Refugees, their 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 – comprise protection, basic education, comprehensive primary health care, emergency relief, social interventions, microfinance, shelter, and infrastructure support. UNRWA has continued, for seven and a half decades, to be the main primary health care provider to Palestine Refugees. UNRWA remains the largest United Nations agency 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.

17. Before the war, UNRWA delivered primary health care in the oPt through 65 primary health care centres; 22 in Gaza and 43 in the West Bank, including East Jerusalem. In 2023, 395,643 of Palestine Refugees received medical consultations from UNRWA health centres.

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9 C.R (email communication: Needs assessment Gazan workers in the West Bank) 3 November 2023
Refugees in the West Bank and 1,264,682 of those in Gaza\textsuperscript{10} accessed UNRWA preventive and curative services.

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 across the region. The total number of Palestine Refugees accessing hospitalization care in the West Bank and Gaza decreased from 40,926 in 2022 to 31,825 in 2023, representing a 22 per cent decrease due to the inability to collect data in Gaza after the war began on 7 October 2023, and escalating insecurity, closures, movement restrictions for patients, and the UNRWA staff strike from March to mid-June 2023 have affected health accessibility in the West Bank.

18. In Gaza, from January to September 2023, UNRWA provided over 249,124 telemedicine consultations for Palestine Refugees. This represents 10 per cent of total consultation conducted in Gaza in 2023. Telemedicine provides access to medical expertise and consultations remotely and ensures continuity of care without the need for in-person visits. However, since the start of the war, the use of telemedicine services has significantly dropped due to communications blackouts caused by the destruction of communication systems, hampering access to life-saving information.

19. In addition, 241,067 oral health consultations were provided throughout the oPt in 2023, representing an increase of 9 per cent from 2022. Besides this, 146,752 oral health screenings were conducted, representing a decrease of 29 per cent from 2022.

20. In 2023, a total of 13,436 beneficiaries received physical rehabilitation, 30 per cent of whom have suffered from the consequences of physical trauma and injuries. Before the war, UNRWA data indicated four per cent of registered Palestine Refugees in Gaza had a physical disability. While limited data is available, a significant increase in disabilities is estimated due to war related injuries.

21. 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 80,179 MHPSS consultations throughout the oPt (58,882 in Gaza – January to June 2023, and 21,297 in the West Bank – January to December 2023).

22. Provision of treatment for non-communicable diseases (NCD) continued in 2023, and during the war. A total of 152,107 patients with diabetes and/or hypertension were treated in the oPt; 111,293 in the Gaza (January to September 2023) and 40,814 in the West Bank (January to December 2023). UNRWA continues to work with specialized health centres and hospitals for diabetes care to improve control rates and prevent late complications of the disease. Since the start of the war, UNRWA has managed to provide medication for diabetes and hypertension, despite the challenges in logistics and distribution to the health centres. However, frequent network disconnection and multiple displacement of the population have made it difficult for UNRWA to monitor all NCD patients in Gaza.

23. In 2023, a total of 19,885 new family planning users received modern methods of contraception, making a total of 129,569 users continuing to use contraception. Antenatal care services were provided to 39,818 Palestine refugee, decrease of 22 per cent from 2022 with an estimated coverage rate of 51.1 per cent in Gaza and the West Bank. Of all pregnant women accessing UNRWA services, an estimated 78.7 per cent registered for antenatal care during the first trimester. 86.4 per cent attended four or more antenatal visits in UNRWA health centres in 2023, compared with 95.8 per cent in 2020.

\textsuperscript{10} The data collected from January to September 2023 are services provided to registered Palestine Refugees. The data from October to December 2023 includes service provided both Refugees and non-Refugee population in Gaza.
HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY

24. The significant disruption of the healthcare system in Gaza has been caused by factors such as extensive bombardment, widespread destruction, increasing health demands, limitations on the entry of essential resources like medical supplies, as well as restrictions on movement, including of patients and humanitarian aid workers. Consequently, health facilities, including UNRWA health centres, are functioning at reduced optimal levels, struggling to accommodate a high volume of patients with reduced staffing. Electronic medical records no longer work in operational UNRWA health centres due to the lack of connectivity, resulting in the inability to collect medical data of patients and follow up.

25. The burden of infectious diseases witnessed recently are compounding what Palestine Refugees in the Gaza have faced in recent decades. Eleven epidemic potential diseases have been monitored in UNRWA shelters. Between 8 October 2023 and 30 April 2024, Gaza reported 23,049 cases of acute jaundice syndrome, a figure 887 times higher than pre-war levels.

26. In past years, diabetes and hypertensions have been the most common NCDs among Palestine Refugees, with insufficient dietary diversity due to high food insecurity and lifestyle related factors and behaviour. Interruption of medication supply for NCD patients and progression of chronic disease due to interrupted treatment would further exacerbate the health conditions of Palestine Refugees in Gaza.

27. With the onset of the war in Gaza, UNRWA has implemented Community Management of Acute Malnutrition (CMAM) in its nutritional programme with support from UNICEF. This includes screening with Mid-Upper Arm Circumference (MUAC), case reporting, and follow up procedures, and setting criteria of introducing Ready-to Use Infant Formula (RUIF) and supplementary food for pregnant and lactating women and children below 5 years old. The data collected from January to February 2024 in the southern and middle parts of Gaza shows that the Global Acute Malnutrition (GAM) rate reached 5.75 per cent, signaling an alert level according to WHO guidelines. However, the provision of nutritional services faces significant challenges due to the increased number of IDPs and security constraints across all parts of Gaza. These factors pose obstacles to the effective delivery of nutritional support.

CHALLENGES AND CONSTRAINTS IN HEALTH SERVICE DELIVERY

28. Hostilities across the Gaza Strip have been creating indescribable suffering and a catastrophic situation in the health care system. With more than 77,00011 people injured, as of the end of April 2024, and the health-care system having collapsed, their chances of receiving lifesaving treatments are rapidly decreasing. UNRWA health-care providers are currently attending to many patients while fearing for their own lives. 182 UNRWA’s staff have been killed12 as consequence of the hostilities and eight of those were healthcare providers. Every injury or death of a health-care provider causes damage to the health system itself.

In the West Bank, the deteriorating security environment has contributed to an erosion in basic protections for Palestine Refugees. Extensive closure has been enforced in the West Bank cities, significantly hindering access to vital services, including health.

29. The Agency suffers from chronic underfunding and vulnerability to financial shocks. This not only threatens the provision of healthcare services in the oPt but also impacts all UNRWA’s fields of operations.

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11 Hostilities in the Gaza Strip and Israel: Flash Update # 159, OCHA, 29 April 2024
12 UNRWA situation report #105 on the situation in the Gaza strip and the West Bank, including East Jerusalem. 30 April 2024
30. The delivery of health services is unique in each of UNRWA’s fields of operation. In Gaza, hospitals and primary health care systems are struggling to function, lacking essential medication, supplies, and even electricity and internet connectivity. Gaza faces chronic threats to basic human security, felt by the population as a whole. The delivery of primary health care by UNRWA is critical to prevent a total breakdown of the health system across the Gaza Strip.

CONCLUSION

The right to health is internationally recognized as a fundamental human right. However, in the oPt, the ability to access healthcare is today severely compromised due to the catastrophic humanitarian crisis in Gaza, acute resource gaps, and safety concerns surrounding aid delivery. Member states and UNRWA have a responsibility to ensure equitable access to primary health care for Palestinians. This includes addressing underlying health determinants such as safe physical access to health facilities, water and sanitation facilities, sufficient food, and health information and education. UNRWA’s work is enabled by the generous support of donors. As tensions in the region rise and the healthcare needs of Palestine Refugees grow, this support remains essential.

Although the full realization of the right to healthcare is significantly compromised and space for humanitarian aid has shrunk, UNRWA’s healthcare services will continue to operate efficiently and maintain high-quality standards of care to the best of their capacity. This includes providing primary healthcare for all those in need in Gaza and Palestine Refugees in the West Bank, as well as facilitating referrals to secondary and tertiary care.

In strong partnership with WHO, UNRWA is committed to continuing its collaborative efforts to uphold the rights of Palestine Refugees to access vital primary physical and mental health services according to the highest attainable standards and human rights.