



9 May 1979

THIRTY-SECOND WORLD HEALTH ASSEMBLY

Agenda Item 3.12

INDEXED



*Refugees - East. Med.*

HEALTH CONDITIONS OF THE ARAB POPULATION IN THE  
OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE

At the request of the Delegation of Israel, the Director-General has the honour to transmit to the Thirty-second World Health Assembly, for its information, a report<sup>1</sup> of the Ministry of Health of Israel.

---

<sup>1</sup> Annex.

ANNEX

MISSION PERMANENTE D'ISRAEL  
AUPRES DES NATIONS UNIES A GENEVE

8 May 1979

Sir,

I have the honour to send you herewith the report presented by the Ministry of Health, Israel, on the Health Services of Judea-Samaria, Gaza and Sinai, 1978 and would kindly request you to circulate the report as an official document of the 32nd World Health Assembly.

Please accept, Sir, the assurances of my highest consideration.

(signed) Joel Barromi  
Ambassador  
Permanent Representative

Dr H. T. Mahler  
Director-General  
World Health Organization  
Avenue Appia  
1211 Genève 27

THE HEALTH SERVICES OF JUDEA-SAMARIA,  
GAZA AND SINAI, 1978

Report presented by the Ministry of Health - Israel

This report presents some of the main indices and activities of 1978. For background, reference should be made to previous reports and particularly to the report presented to the Thirtieth World Health Assembly where more details will be found.

JUDEA AND SAMARIA

1. In spite of the inflation in Israel, the level of living in the Judea-Samaria area as measured by income and personal expenditure, continued to increase during 1978 by 3.5% in constant Israeli Pounds. Health services have been expanded and no distinction made between "refugees" and others. The total population was, at the end of 1977, 691 500. In February 1978, a voluntary health insurance scheme was started and nearly 60% of the population joined it until now. The budget for the health expenditures allotted by the Ministry of Health in 1978 was IL 132 million, an increase of 50% and equivalent to about \$ 14.5 per head.

2. Overview of services and utilization

Improvement and expansion of services, facilities and standards continued. The number of admissions to general beds in 1978 was 54 712, for an average stay of 7.5 days. Bed occupancy was 70%. Closer association with Israeli medical centres led to an increase in the ability of local hospitals to perform more complex procedures and to an increase in referrals. 1097 patients were admitted to Israeli hospitals. Several thousands more, as well as visitors from Saudi Arabia, Kuwait, Lebanon, Syria and Jordan received medical care in Israeli institutions.

3. New buildings and services

3.1 One additional integrated clinic has been opened. This gives a total of 141 General Government clinics of all types, of which three are mobile, as compared to 89 in 1967.

3.2 The new Nablus General Hospital building, completed and fully equipped in 1976 (\$ 4 million investment) is in full operation and constitutes the most modern hospital in Judea-Samaria. The old hospital is now attached administratively to it in order to avoid overlapping.

3.3 New outpatient clinics have been opened in orthopaedics in Jenin, Hebron and Tulkarem and a new ophthalmology outpatient clinic was opened in Hebron.

3.4 The Central Medical Store for equipment and drugs has been reorganized administratively and as a result supply to hospital and clinics greatly improved.

3.5 The Regional Health Centre at Salfit with the first four village satellite clinics which opened in 1975, is a specially designed prototype in organization and structure, for the provision of integrated primary health services to rural populations. The director, a family physician trained in public health at the Hebrew University, is supported by two other physicians, one of them resident. Consultants in obstetrics and ENT visit the Centre regularly, backed up by other specialists as necessary. There are three nurses, five midwives, a laboratory technician and a pharmacist, to serve a population of about 30 000.

Annex

3.6 In March 1978, the first department of oncology was opened for the population of Judea and Samaria in the Beit Jala Hospital. The new department consists of beds for inpatients, an outpatient clinic for follow up, and day hospital beds in which all modern combination chemotherapy is provided to the patients. All modern and very expensive drugs were made available to this department, as well as new drugs used in the main cancer centres of the world. Most expenses are paid by the health authorities, and patients contribute a sum according to the recommendation of local social workers. As there are no specialists in oncology in Judea and Samaria, it was decided to train local doctors in this field. During the first six months of this new service, about 150 new patients were treated, coming from all sections of Judea and Samaria as well as from neighbouring countries.

4. Mother and child care

There were 32 672 live births during 1977, 35.6% of them in hospital. The crude birth rate was 40.5 and the infant mortality 27.8 per thousand. In addition to extensive use of private facilities, there were 81 633 visits to MCH stations.

New incubators have been installed in newborn nurseries and mobile incubators provided for transportation of premature babies. The Hadassah University Hospital provides regular consultants to the Ramallah children's hospital and admits difficult cases from the whole Judea-Samaria area.

5. Manpower development and training

5.1 The increase in trained personnel is summarized in the following table:

	End of year			
	1967	1974	1977	1978
Physicians	48	116	157	167
Nurses and midwives	237	448	555	604
Pharmacists, technicians and others	88	251	266	266
Totals (including non-professionals)	709	1 032	1 250	1 372

5.2 The following graduates from the new training schools until 1978:

- 76 staff nurses (Ramallah) - 16 in 1978
- 89 practical nurses (64 Tulkarem, 25 Nablus) - 11 in 1978
- 77 practical male nurses (Hebron) - 19 in 1978
- 35 midwives (Nablus) - 15 in 1978.

There is continuing improvement in the recruitment of girls, particularly to the nursing professions.

5.3 Advanced training periods of 1-12 months were given in Israeli hospitals to nine nurses from Ramallah and Nablus in renal dialysis intensive care and ophthalmology, to 15 X-ray technicians in modern methods, and two laboratory technicians, in public health laboratory technology to one hospital technician in dialysis unit maintenance and to 12 physicians.

Annex

5.4 Several programmes of in-service training and short periods of advanced specialization in Israeli institutions, have resulted from the increasing inter-institutional cooperation. Among these may be cited the links between Ramallah and Hadassah Hospital in paediatrics, haematology and chest surgery; Jericho, Beit Jallah, Nablus and Hadassah in orthopaedics, Nablus and Ramban Hospital in nephrology and Tulkarem and Kfar Saba Hospital in eye diseases.

5.5 The local in-service training programmes for physicians, pharmacists, technicians and sanitarians continued throughout the year.

6. Control of infectious diseases

The reported incidence of infectious diseases remained low.

6.1 Polio. As from 1978 a new vaccination schedule has been adopted. In addition to the regular five oral feedings, two intramuscular injections of inactivated vaccine (Salk) was given. The coverage reached 90% of infants.

In 1978 there were 11 cases of paralytic polio. The distribution of cases was through the whole year, but especially during October-November. As from 1 January 1979 and until 1 May 1979 no polio cases have been reported.

6.2 Coverage with three doses of DPT increased to 90% and 63% were given measles vaccine.

6.3 Despite the cholera epidemics in the Arab neighbouring countries, no cases of cholera were registered in 1978 in Judea-Samaria.

7. Environmental sanitation

7.1 39 712 samples of water were examined from wells, springs and pipe systems. All major cities continue to have central, safe water supplies with routine chlorination and distribution systems to almost all buildings and private homes within the cities. Much progress has also been made establishing central chlorinated water sources for villages: 160 villages have already achieved a central chlorinated water supply (56 more than one year ago).

7.2 The areas of agricultural land irrigated by sewage have almost completely disappeared as other sources of water could be made available.

7.3 Progress has been made with construction of extensive central sewage systems for the main towns and cities. Hebron has a collection system for more than three-quarters of it. Tulkarem has both collecting network and sewage farm; Jenin has nearly total collection by sewage network, while Ramallah, Nablus and El Bireh have city collection networks covering the majority of the population and treatment plants are planned or being built.

GAZA

8. Here also, considerable progress in health indices and health services were noted, during 1978.

Services are provided by the Ministry of Health and by UNRWA. The former financed by Israel are available equally to the so-called refugee and non-refugee population.

Annex

TABLE. POPULATION BY AGE AND SEX

Female %	Male %	Total population %	Absolute	Age
100	100	100	454.0	Total
44.7	50.1	47.4	215.2	0-14
27.1	28.7	27.9	126.7	15-29
13.9	8.8	11.4	51.4	30-44
10.8	9.1	9.9	44.9	45-64
3.5	3.3	3.4	15.4	65+

In February 1978 a Voluntary Health Insurance scheme was started in the area. This scheme covers all treatment (ambulatory-hospitalization) given in the area itself. For those cases where more advanced care is needed (which cannot be given locally) the cost of hospitalization in Israel is covered by this insurance scheme. The monthly fees for coverage for an entire family is approximately \$ 5.00.

This health insurance scheme is favourably accepted by the population and up till now (1.5.79) about 330 000 people have joined it (85% of the population).

The budget for the health expenditures allotted by the Ministry of Health in 1978 was IL 140 million, an increase of 60% over that of the previous year.

9. Overview of services and utilization

Services and facilities continued to be upgraded and expanded during 1978 in the drive toward local autonomy. The total number of hospital beds is 1030, to give a ratio of 3.5 beds per 1000 inhabitants.

There were 47 014 admissions and an occupancy rate of 67%. Deliveries in hospital rose to 49% and there were 223 613 visits to MCH centres, more than a fivefold increase over 1974.

Approximately 1 300 000 visits to clinics were registered. Several thousand residents sought medical treatment in Israel. Of these, 3416 were referred by Government clinics for consultation and special treatment in Israeli hospitals, 933 (until 30.11.78) being admitted.

10. New buildings and services

10.1 Shiffa Hospital. This is the regional hospital for the northern area of the Gaza Strip.

It is in the framework of a four-year and \$ 4 million investment programme. Construction and equipment of Building 2 was completed in 1976 to provide 70 beds for obstetrics and gynaecology (including an operating theatre), the X-ray department was enlarged and modernized (four X-ray rooms), the dental clinic refurnished, as were the pharmacy, the central medical stores and the hospital kitchen. During 1978 there has been very intensive building activity principally with massive renovations started in the Internal Medicine building (Building No. 3). The building will be finished in April 1979, and will include two sections of 48 beds each (\$ 750 000 investment). A refrigerator for pathology has been installed, the power building has been finished, as have a new water supply system and the main reservoir.

The ICCU established in the hospital includes nine beds, four of which are connected to fixed monitors.

Annex

10.2 Nasr Paediatric Hospital has undergone a complete renovation. There are now 135 beds. In addition to the records system with diagnostic index, the modern X-ray service and a central oxygen distribution system have been inaugurated. Power and water supply systems have been completely renovated.

This hospital constitutes also the core of all paediatric care in the Gaza Strip providing visiting specialists and residents to the different integrated health centres of the area.

10.3 Khan Younis Hospital. This is the regional hospital for the southern area of the Gaza Strip.

In addition to the elevator, new generator and hot water system which were installed in 1975 to complete the extensive renovations of 1974, a central heating system was installed this year, as well as a daily care unit for children (opened in a building near the hospital) and a third X-ray machine has been added to the X-ray department. Medical records have been brought up to accepted international standards.

It should be noted that this hospital had 100 beds until 1972, and its capacity stands today at 240 beds. Partial funds have been made available by WHO for opening a four-bed ICCU department.

10.4 Ophthalmic Hospital treated 25 202 outpatients and performed 2442 operations in 1978.

Israel consultants continue to service the patients and complex cases are admitted to Israeli hospitals for treatment.

10.5 El Bureij Hospital. This hospital run jointly with UNRWA, is the focal point for tuberculosis control in Gaza and Sinai and to some extent, Judea and Samaria.

In view of the few new cases of TB, the hospital is utilized today as a pulmonary diseases hospital.

10.6 A new scheme for the integration of peripheral clinics with hospital was started, integrating preventive and curative services, similar to the one existing for several years in the MCH services.

According to this scheme, all clinics depend on the internal medicine sections in the hospitals, two to three clinics being attached to each hospital service. The physicians working in the clinics are rotated from the hospital to the clinics and back. In addition to the three new health centres inaugurated in 1977, two new health centres were opened in Khan Younis and in Bandar-Gaza. Two more have been opened, a third will open in the near future in the town of Gaza: in Rimal, in Sheikl Rodwan and in South Rimal (a donation of the Abu Shaban family).

Since the introduction of the voluntary health insurance scheme, health centres have started to work also in the afternoons. This widening of the service hours improved the quality of care by reducing the pressure which existed in the clinics during the morning.

10.7 Psychiatry. A service of psychiatry is now in the process of being established.

The service is based on community centres with emphasis on day care and outpatient clinics in the city of Gaza and in Khan Younis, as well as consultation to hospital, general clinics, schools, etc. For patients who need longer hospitalization, a service will be established in Buriy Hospital.

Annex

11. Manpower development and training

11.1 While there are still shortages of trained staff, particularly of nurses, considerable improvements may be noted. The overall numbers in government service are shown in the table below.

	End of year					1 May 1979
	1966	1967	1975	1977	1978	
Physicians (and dentists)	97	36	139	198	216	245
Nurses and midwives	241	217	374	545	552	570
Paramedical workers	66	49	152	176	176	176
Total (including administrative staff, and others)	912	850	1 140	1 436	1 450	1 501

11.2 Nursing schools

Practical nurses. Two new classes have been opened, one including 31 males and 25 females, and the second with 20 females. In addition, 32 dressers completed a one-year training course and passed the practical nurses examination.

Staff nurses. A third class has been opened this year with 23 students. A new course for teachers opened with six staff nurses from Gaza and four from Judea-Samaria area.

11.3 Medical staff

For the first time, eight physicians are starting their specialization course in University hospitals in Israel, in anaesthesia, pathology, etc. where shortage is felt.

Two physicians started the International Master of Public Health course held in the Haddassah-Hebrew University in Jerusalem.

Directors of hospitals are receiving a course of senior administrators.

Programmes for continuing education of medical staff were continued and intensified during 1978. This includes seminars, and formal lectures by physicians from Gaza, Israel and abroad, weekly case presentations and mortality conferences, clinical pathology conference held monthly by a visiting pathologist.

Five UNRWA physicians completed a postgraduate course on paediatrics held in the Governmental Paediatric Hospital. A similar course started in January 1979.

11.4 Other personnel. In-service training is given to all nurses both in hospitals and in public health. Hospital administrators attended a course in health administration organized by the Ministry of Health. A course for medical records has been completed by 12 clerks.

One physiotherapist returned from a four-month training period in the United Kingdom (granted by WHO).

11.5 The medical libraries with up to 35 international journals, have been expanded and the "Gaza Medical Bulletin" is now in its fifth year of regular publication.

Annex

12. Control of infectious diseases

12.1 Poliomyelitis. The new polio immunization strategy which has been elaborated in 1978, includes:

- (a) a campaign of feedings of children up to the age of two years with monovalent Type 1 oral vaccine (Sabin type);
- (b) feeding of every child one month old with monovalent Type 1 oral vaccine (Sabin type) given at the same time as BCG vaccination;
- (c) four feedings of trivalent oral polio vaccine;
- (d) two injections of quadruple vaccine (Triple plus polio, inactivated trivalent vaccine, Salk type);
- (e) two feedings of triple vaccine.

All of the above schedule is performed up to the age of 12 months. This plan was decided to be implemented because of the two polio outbreaks which occurred in Gaza Strip, the first in 1974 with 75 paralytic cases and the second in 1976 with 77 paralytic cases.

The decision to introduce inactivated polio vaccine in addition to oral vaccine was based on the assumption that in this way we would immunize not only by the oral route and thereby would make a bypass of the interfering enteroviruses, other than the polio strains, which are prevalent in the area and hamper immunization of the child by the oral route. On the other hand, we did not restrict ourselves to immunization by injection because we still believe that the oral route is important in hyperendemic areas of polio such as the Middle East.

In the years 1973, 1977, which were the inter-epidemic years, as opposed to 1974 and 1976 which were the epidemic years, we were naturally expecting to have an epidemic year in the Gaza Strip in 1978. At the end of 1978, after the implementation of the new strategy, 1978 may be considered as a comparatively "good" year with only 17 paralytic cases. As from 1 January 1975 and until 1 May 1979 only one polio case has been reported. During 1978, 37 000 doses of tetracol vaccine and more than 70 000 oral vaccines have been distributed.

12.2 During 1978, 75 000 DPT vaccine have been given and more than 17 000 infants received BCG.

12.3 Reported measles, chickenpox, influenza and hepatitis remained relatively low.

12.4 Gastroenteritis is causing directly and indirectly up to 50% of the infant mortality (55% in 1978). In order to reduce morbidity and mortality, a campaign toward two major aims was carried out during the summer: (a) to reduce the incidence of the disease, and (b) to reduce its complications.

During the spring an intensive training programme for health personnel was established, in order to enable them to carry out a health education programme for the population and particularly for mothers with small children. This programme included: lectures in the meeting places of women - MCH centres, clinics, markets, etc.; lectures in mosques, meeting with mokhtars and leading people, posters and explanatory propaganda made through radio and TV.

WHO anti-cholera solution was distributed to all health centres and distributed freely to any child suffering from diarrhoea. Rehydration units were established in all peripheral clinics as well as near the major hospitals.

Annex

Due to these efforts infant mortality connected to gastroenteritis has declined by 30%.

12.5 Cholera. Although cases have been reported in neighbouring countries, the area remained free of the disease.

12.6 Rift Valley fever. Control measures have been taken to prevent the disease spreading to Sinai and Gaza. These measures included:

- (a) vaccination of animals;
- (b) mosquito control;
- (c) monitor systems in El-Arish and surrounding areas;
- (d) summarizing of the symptomatology of the disease and distribution to all health personnel in Gaza and Sinai.

12.7 Only one imported case of malaria has been reported during 1978 from 7556 thick films examined.

Anti-mosquito measures, however, continued unabated.

12.8 The 28 wells of Gaza and environs and the 10 wells in the refugee camps continued to be chlorinated and the water monitored. Two thousand and eleven samples were tested bacteriologically. Special efforts continue to be made to raise the standard of food hygiene by inspection, laboratory examination and campaigns to educate the public and the shopkeepers and to encourage the use of refrigeration.

= = =