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Health conditions of the Arab population in the occupied Arab territories, including Palestine

At the request of the Permanent Observer of Palestine to the United Nations and Other International Organizations at Geneva, the Director-General has the honour to submit the attached report[1] to the Forty-seventh World Health Assembly for its information.

[1] See Annex.

ANNEX

State of Palestine

Palestine Red Crescent Society - Palestine Health Council

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

Report submitted to the Forty-seventh World Health Assembly

March 1994

CONTENTS

1. INTRODUCTION

The States of the world have given their blessing to the Declaration of Principles signed by the Palestine Liberation Organization and Israel on 13 September 1993 in Washington, D.C., hoping that this agreement will mark the beginning of the end of decades of gruelling conflict in the Middle East and an important step towards a world in which peace and justice prevail.

The peoples and countries of the world share the aspirations of the Palestine Liberation Organization (PLO), and are sparing no effort to establish peace; they strongly reject any obstacles that might hinder progress towards this goal. The massacre perpetrated on 25 February 1994 at the sacred Ibrahimi Mosque in Hebron, where many of our people were killed at dawn prayers in the holy month of Ramadan, was an ugly crime committed by the enemies of humanity and peace. This heinous act constitutes an obstacle to the peace process. The international community has strongly condemned it, and called upon countries and upon international and nongovernmental organizations to shoulder their responsibilities by intervening to put an end to the inequities and arbitrary acts perpetrated against our people under occupation.

The Palestinian people are trying to exercise their national authority in the West Bank and Gaza Strip during the transitional period. When the agreement comes into effect, the Palestine Health Council, established to be the health authority and to succeed the Palestine Red Crescent Society in accordance with a decision by the Chairman of the PLO Executive Committee, will have full authority to provide and develop health services for our people.

The Palestine Health Council has drawn up a plan of action to meet the urgent health needs of the Palestinian people during the transitional period, based on the Comprehensive Health Plan which aims at promoting and developing health services and strengthening coordination among the various sectors involved in providing public and private health services. We aspire to obtain the support of the international community for our health plans, and the support of all international organizations, governmental and nongovernmental, to enable the Palestinian people to build the health system they need for the implementation of strategies and plans of action to attain the goal set by WHO and the peoples of the world: "Health for all by the year 2000".

Dr Fathi Arafat
Chairman of the Palestine Red Crescent Society
President of the Palestine Health Council

2. THE DEMOGRAPHIC SCENE

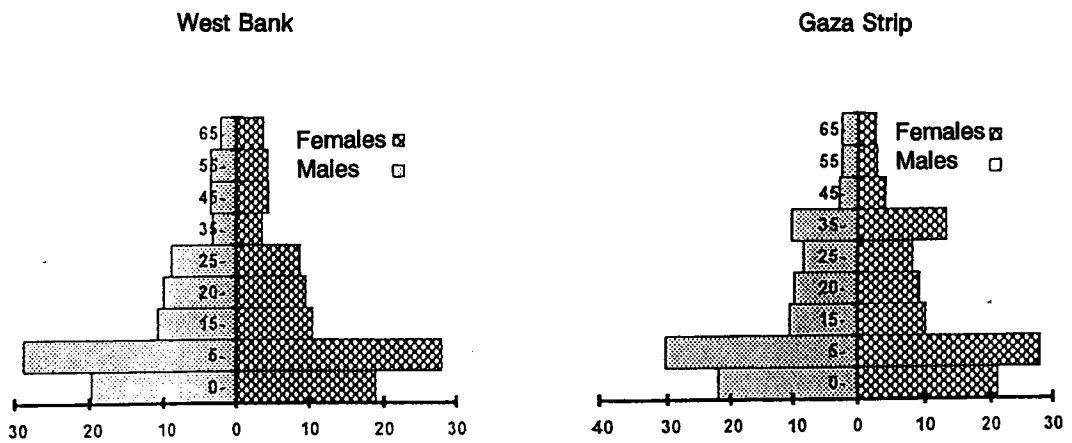
Demographically there is a conflict between two population groups: the Palestinians, with a high population growth rate, and the Israeli settlers, who are seeking to outnumber the former through immigration. This situation has had an abnormal effect on Palestinian demographic indicators and population density. The confiscation of a large part of the West Bank and the Gaza Strip since the beginning of Israeli occupation in 1967 has made the inhabitants of these territories refugees twice over; only 42% of refugees in the occupied territories live in camps, the others live in towns and small communities. The area of land confiscated in the occupied Palestinian territories between the beginning of the *intifada* and 30 September 1993 stands at 411 621 dunums.

TABLE 1. DEMOGRAPHIC DATA ON PALESTINIANS IN THE OCCUPIED PALESTINIAN TERRITORIES

Item	West Bank	Gaza Strip
Area (km^2)	5 500	365
Population (1993)	1 450 084	788 903
Registered refugees (1993)	476 586	591 742
Population density (per km^2)	264	2 161
National growth rate (1992)	4.2	5.1
Net birth rates (per 1000)	44.7	54.6
Population growth rate	3.91%	4.88%
Percentage of urban population	30%	50%

Children under five years of age represent 20.4% of the population and those under 15, 49%. An average Palestinian family consists of six persons.

FIGURE 1. POPULATION OF THE WEST BANK AND THE GAZA STRIP



3. SOCIOECONOMIC SITUATION

3.1 Economic situation

The Palestinian economy in the occupied Palestinian territories is obviously dependent on the Israeli economy. More than 90% of Palestinian trade is with Israel, and about 30% of Palestinian manpower work in Israel, where the wages they receive constitute more than a quarter of the GNP in the occupied Palestinian territories.

TABLE 2. ECONOMIC SITUATION IN THE OCCUPIED PALESTINIAN TERRITORIES IN 1992

	Million US$
GNP	2 026
GDP	1 667
National income	2 219
Net transfers	194

Money transfers by Palestinians working abroad make up a large part of GNP, of which agriculture accounted for about 30% in 1991, industry 8% and construction 12%. Health care was allocated 10.5-12.6% of GNP. If this percentage seems high, it should be noted that GNP is very low and that health expenditure includes spending on the nongovernmental sector. The level of health care provided to the Palestinian people is still extremely low.

Family income among Palestinians is very low, despite the high cost of living. Per capita income is US$ 780 in the Gaza Strip and US$ 1400 in the West Bank; Israeli per capita income is many times higher. Some 80% of Palestinians live in poverty, which leads families to neglect health care for their members and place it very low on their list of priorities, especially in view of the fact that health insurance is disproportionately high compared with family income.

International Labour Organisation estimates indicate that there were 425 000 potential workers in the occupied Palestinian territories in 1993, 155 000 of whom were unemployed because of the scarcity of work opportunities for Palestinians. Unemployment therefore stands at 25-40% and sometimes rises to 100% in times of curfew.

3.2 Social situation

3.2.1 Education

Basic education in the occupied Palestinian territories is provided by three institutions: the so-called civil administration of the occupied territories, UNRWA, and private institutions. Education in the occupied Palestinian territories is not given due attention by the occupation authorities, who continually attempt to keep the Palestinian people as ignorant and backward as possible, by resorting to frequent closure of schools for long periods of time, citing any reason or pretext to hamper the education process. As though this were not enough, the occupation authorities have also prohibited alternative education outside formal institutions which the Palestinians organized to compensate for the closure of schools, on the pretext of security requirements.

Many poorer families have ceased to send their children to school since the abolition of free primary education; families are now required to pay for such education.

The illiteracy rate has risen among children as a consequence, and illicit child labour has flourished. The illiteracy rate among youths over 15 years of age now stands at 40% and examination failures have increased to 7% of the total number of pupils. The student-teacher ratio has risen to 30 students per teacher.

Educational facilities are in a bad state of repair. Buildings need to be renovated, school libraries and laboratories modernized and equipped. Teaching staff need training before and during service. Universities cannot meet the needs for higher education, particularly in the sciences. The differences between the Egyptian system of education used in the Gaza Strip and the Jordanian system used in the West Bank also hinder the education process.

3.2.2 Public utilities and services

There are 25 municipalities in the West Bank, besides the Jerusalem municipality which has been annexed by the occupation authorities; in the Gaza Strip there are four municipalities. The services sector suffers from extreme neglect, and the municipalities face financial crises owing to the continual reduction of services budgets and the total cut-off of financial support from time to time. Some municipalities are unable to meet even basic needs. The occupation authorities resort to disconnecting electric power and cutting off water supplies as a mean of collective punishment.

The tourism sector has deteriorated, and hotels in various parts of the West Bank have suffered the consequences. In occupied Jerusalem, where hotels have to face intense competition from Israeli establishments, tourist services have also suffered.

4. HEALTH SITUATION

In view of the different methods of data collection, the available health information may appear contradictory at times; a comprehensive national health information system is required, therefore, to be used by the national health authority represented by the Palestine Health Council.

4.1 Environmental health

Environmental pollution still adversely affects the health of Palestinian citizens. Rapid population growth and poverty have aggravated environmental health problems. Settlement activities by the occupation authorities also threaten the natural environment, either by exhausting resources through confiscation of fertile land and seizure of water resources, or direct damage through the burial of industrial waste from Israeli factories in Palestinian territories, the uprooting of trees, and the reduction of green areas. More than 167 015 trees were uprooted during the *intifada* up to 31 October 1993, according to reports by the Palestine Human Rights Information Centre.

4.1.1 Housing

The Gaza Strip is one of the most densely populated areas in the world. Population density in the majority of refugee camps is more than 50 000 per km^2 (Italian Ministry of Foreign Affairs, October 1993), and most dwellings in these camps are without services. A FAFO study has found that the average size of dwellings for each family in the camps is 50 m^2, whereas in urban areas it is twice that. Heating is inadequate and is produced by either coal or fuel oil that emits health-threatening substances.

As for electricity, 138 Palestinian villages are without electric power, and only 85% of houses are connected to the grid. Average per capita consumption is only 680 kW per year. Frequent power failures are due to inadequate maintenance, and distribution wastage is estimated at 20%.

4.1.2 Water supplies

The infrastructure and public utilities in the Palestinian territories are dilapidated for lack of regular maintenance. Statistics show that the average daily per capita consumption in urban areas is 50 litres. In most water distribution systems, about 60% of water is lost through leakage in some areas (World Bank, October 1993). The water is often polluted as a result of the repeated cutting-off of supplies.

Groundwater quality in the West Bank is acceptable and meets the present and future needs of the region, but Israel uses a huge quantity of such water. In the Gaza Strip, however, the quality is unsatisfactory, salinity being as high as 200 mg per litre (the permissible limit is 45 mg/l). Nitrate concentrations in some areas are 10 times the level WHO regards as acceptable.

4.1.3 Sanitation

Only 50% of the rural population in only 20% of the rural areas of the West Bank have waste disposal services. Solid waste is piled up on the streets or deposited in rubbish bins and transported in a limited number of vehicles to be dumped in open areas that are unsuitable for such disposal and become breeding grounds for rodents and insects.

The occupation has impeded participation by Palestinian communities in the efforts to improve environmental health. Despite some nongovernmental endeavours - which cannot be overlooked - to reduce the environmental health hazards, there is an urgent need for rapid measures to minimize such hazards. The current situation requires the presence of a national authority responsible for planning, coordination and management of the environment, and capable of promoting an integrated approach to health problems in this field, with the involvement of other sectors such as agriculture and education, and of town councils.

4.2 Maternal and child health

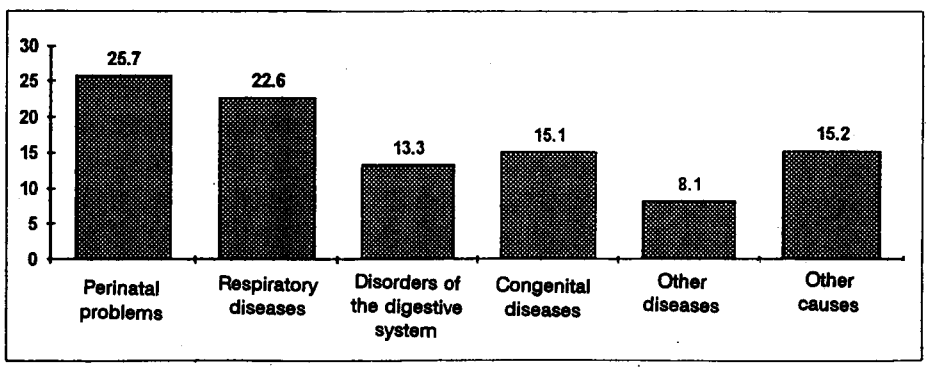
Women of childbearing age represent 22% of the entire Palestinian population of the occupied Palestinian territories. Children under five years of age account for 20%. Fertility rates are 7.89 in the Gaza Strip and 6.95 in the West Bank (UNICEF, January 1994). A health survey conducted on women in refugee camps in the Gaza Strip shows that as many as 67% of them suffer from anaemia in the last months of pregnancy. As for child nutrition, UNICEF figures in 1992 show that the percentage of breast-fed children falls from 98% after one month to 53% after one year.

Only 38% of PHC centres in the West Bank and Gaza Strip provide maternal and child health services. There are no policies or uniform criteria governing the maternal and child health sector; there is therefore an obvious need to strengthen PHC centres and provide them with the means of monitoring growth, treating anaemia and developing a nutrition policy with the help of WHO, by organizing workshops on nutrition for health workers in PHC centres. Priority must be given to maternal and child health and family planning programmes to safeguard the health of mother and child. Support for these programmes in PHC, MCH and family planning centres is needed. The main goal of the maternal and child health programme is to reduce rates of morbidity and mortality among mothers and children. Training courses for birth attendants in the occupied Palestinian territories, to enable them to provide adequate health care during delivery, and the placement of at least one birth attendant in each village or district, would be of great benefit.

4.3 Mortality rates

The general mortality rate is 7.4 per 1000 inhabitants; child and infant mortality ranges between 40 and 45 per 1000 live births. Causes of death are shown in the figure below. Respiratory infections constitute the primary cause of morbidity and the second cause of mortality among children and infants, particularly in the Gaza Strip, followed by digestive disorders.

FIGURE 2. RATES OF CHILD AND INFANT MORTALITY AMONG PALESTINIANS IN THE OCCUPIED PALESTINIAN TERRITORIES



4.4 Prevalence of disease and disability

4.4.1 Epidemic, parasitic and chronic diseases

The deterioration of environmental conditions in the occupied Palestinian territories has led to increased prevalence of epidemic and parasitic diseases among Palestinians, especially those living in refugee camps. The following table shows the rate of incidence of such diseases in the territories.

Efforts have to be intensified for the prevention and control of diseases, and the development, promotion and expansion of curative services, particularly with regard to diarrhoeal diseases, tuberculosis and zoonoses, as well as parasitic diseases, blindness and deafness. Epidemiological surveillance and information systems have to be strengthened for the planning of interventions to prevent and control such diseases.

Further efforts are also needed in the context of the Expanded Programme on Immunization so as to maintain high coverage rates among children and increase coverage of pregnant women and women of childbearing age.

Management of noncommunicable diseases will have to be within the framework of PHC, and the national programmes for the prevention and control of cardiovascular diseases, cancer, diabetes, accidents and other noncommunicable diseases will have to be integrated into PHC. WHO is called upon to cooperate in the planning and implementation of these programmes, the training of personnel and the provision of the necessary health information for health workers.

TABLE 3. INCIDENCE OF EPIDEMIC AND PARASITIC DISEASES AMONG PALESTINIANS IN THE OCCUPIED PALESTINIAN TERRITORIES, 1992-1993

Disease	Cases per 100 000
Chickenpox	930
Diphtheria	--
Mumps	9
Pertussis	--
Hepatitis A and B	235
Measles	5.9
German measles	113
Brucellosis	40.2
Conjunctivitis	no data
Diarrhoeal diseases	no data
Poliomyelitis	--
Tetanus	no data
Neonatal tetanus[1]	0.5
Typhoid	10.5
Scarlet fever	no data
Trachoma	no data
Tuberculosis	6.7
Meningitis	9
Severe encephalitis	1
AIDS	0.09
Hookworm disease	no data
Leishmaniasis	3.8

[1] Per 1000 live births.

-- Cases were not monitored.

4.4.2 Disability

Violence by Israeli occupation forces in the occupied Palestinian territories has brought a sharp increase in the number of the injured. Some of these injuries have led to various disabilities. The use of gases, metal and plastic or rubber bullets, in addition to beatings with clubs and rifle butts to break the victims' bones, have all led to various forms of disability.

An analytical study of the wounded during the *intifada* shows that one in every 11-12 injuries has caused permanent disability, be it the loss of a part of the body, paralysis of a limb, partial handicap hampering free movement, loss of a function, or permanent insufficiency of one of the body organs. There

are now 11 000 cases of disability among a total of 129 922 injuries, and the figures are rising rapidly on account of the escalation of violence against the Palestinian people.

A study conducted in Khan Younis in the Gaza Strip shows that the prevalence of disability has risen to 7.5% of the population; about 83% of the disabled are under 25 years of age, and half of these are under 18.

4.4.3 Mental health

Palestinian citizens have increasingly suffered psychotic disturbances and mental disorders as a result of the deteriorating social conditions and increased violence by the occupation forces, particularly since the outbreak of the *intifada*. During the *intifada* years up to 30 September 1993, 1255 persons were killed, including 329 children; 18 151 citizens were arrested and 481 expelled. The occupation forces also destroyed 2474 houses, of which 509 were blown up for security reasons, 1465 were pulled down for lack of a building permit, four were destroyed by settlers and 29 were destroyed in the course of military operations. Furthermore, the Israeli authorities closed down 404 houses.

TABLE 4. BREAKDOWN OF THOSE KILLED DURING THE *INTIFADA* UP TO SEPTEMBER 1993, BY CAUSE OF DEATH

Cause of death	Killed by occupation forces		Killed by settlers and death squads		Total	
	Children	Total	Children	Total	Children	Total
Gunfire	267	1 016	16	73	283	1 089
Beating and torture	8	55	20	17	10	72
Tear gas	36	93	-	1	36	94
Total	311	1 164	36	91	329	1 255

The above table shows that children account for 26% of all Palestinians killed in the course of the *intifada*, that Palestinians killed by settlers and death squads represent 7% and that 85% of Palestinians killed were shot.

Israeli settlers in the occupied territories, undeterred by the occupation authorities, have practised various forms of violence and terrorism against Palestinian settlers, including threats, beating, releasing gas, murder and kidnapping. In 1993 a substantial increase in inhuman acts by Israelis was reported. Between October 1992 and December 1993, 85 Palestinians were wounded, including 27 from Hebron which witnessed confrontations between Palestinians and settlers because of the construction and expansion of Israeli settlements in Kiryat Arba, Karsina, Houn and Mazat, which are located near Palestinian population centres. Early in 1994 the whole world was shaken by the Ibrahimi Mosque massacre perpetrated by settler Goldstein and his collaborators from Hebron settlements. This massacre, together with subsequent clashes between Palestinian citizens and occupation forces, claimed 59 lives and resulted in 500 Palestinian wounded.

Such conditions only enhance fear, sense of insecurity, anxiety and tension in the population, particularly children, with a corresponding increase in their need for health and mental care. These conditions have further increased the burden on the health system in the occupied Palestinian territories, which is already suffering shortages in many services, particularly mental health and rehabilitation services.

5. HEALTH RESOURCES

The above outline indicates the deterioration in the health conditions of the Palestinian population, and there is a need to support and develop health and infrastructure as suggested below.

5.1 Material resources

5.1.1 Primary health care

There are 487 governmental and nongovernmental centres for health care in the occupied Palestinian territories; however, most of these centres do not offer the usual services, as they focus on therapy and diagnosis while offering very limited preventive services.

Most of these centres therefore need to be developed so that the scope of their services can be extended to meet the requirements of the Palestinian community, particularly children under 15, with due regard to the utilization of the limited resources available in the territories. There is also a need to standardize the methods of extending health services in accordance with specific criteria of efficacy and efficiency, compatible with the requirements of Palestinian society. Efforts should be made to continuously monitor the application of these criteria and to avoid duplication of services.

There is also a need to improve systems of primary health care. This should take place through the participation of various suppliers of primary health care and the formulation of organizational and operational plans which take primary health care into account and ensure community participation and fair distribution of services. It is also necessary to develop and implement training programmes in primary health care for health workers and new doctors and to conduct a survey to determine the size of the population groups served by primary health care centres and the distances between these population groups.

5.1.2 Secondary health care

The number of hospitals and beds in the occupied Palestinian territories is not adequate for the needs of the Palestinian population. The number of beds is not even half the minimum recommended by WHO, which is three beds per 1000 citizens; their geographical distribution is also unbalanced. For example, in Jericho, which will be under Palestinian administration after the withdrawal of Israel, there are only 48 beds at the Jericho hospital, which makes it necessary to establish another hospital in the area.

TABLE 5. DISTRIBUTION OF SECONDARY HEALTH CARE SERVICES IN THE OCCUPIED PALESTINIAN TERRITORIES

	West Bank	Gaza Strip	Total
Number of hospitals	18	5	23
Number of beds	1 599	947	2 546
Beds per 1000 citizens	1.26	1.29	1.27

In addition to the information contained in the above table, there are 172 beds distributed over 11 private maternity centres and there are two mental hospitals, one in Bethlehem with 320 beds and one in Gaza with 37 beds.

Existing hospitals, particularly governmental hospitals, are in very poor condition. The buildings themselves need to be restored, while equipment is in a state of disuse and requires maintenance. These

hospitals also lack advanced diagnostic equipment and there is a need to develop workshops to undertake maintenance of buildings, equipment and instruments; this would in turn help bring about reasonably efficient operation of hospitals and health units.

5.1.3 Blood banks

There is a central blood bank society in Gaza with three branches in Khan Younis, Nuseirat and Rafah. This society covers the requirements of the private hospital and only 50% of the needs of government hospitals. In the West Bank, the blood bank at Al-Makassid hospital is the principal blood bank which distributes blood to nongovernmental hospitals in Al-Quds (Jerusalem). Hebron also has a blood bank at the private hospital. Laboratories at blood banks vary in their performance from one hospital to the other, but most of them lack capabilities and equipment and they all apply different procedures.

There is a pressing need to establish a national administration for blood banks affiliated to the Palestine Health Council to undertake coordination of existing activities in this area. It should also endeavour to standardize procedures, establish cooperation between governmental and nongovernmental hospitals and first aid and emergency centres, improve existing blood banks and provide them with facilities and equipment, publicize the importance of blood donations to build up adequate stocks of all blood groups and finally to endeavour to establish a national blood bank to contribute to research in blood diseases.

5.1.4 Ambulance services

There are only 102 governmental and nongovernmental ambulances in the occupied Palestinian territories, but there are no communication networks to connect them with a central point, which reduces the efficiency of existing ambulance services, particularly in Gaza and Jericho. The Palestinian health authority pays special attention to ambulance services because of the many accidents and incidents of violence. It aims to strengthen ambulance services at hospitals, to increase the number of equipped ambulance vehicles, and to set up a communication network of ambulance services to cover all Palestinian territories.

5.1.5 Dental services

Oral and dental health are an essential part of the health of individuals and of society. The Palestinian National Health Plan aims at reducing tooth decay and gum diseases by 30% by the year 2000. In order to reach this target, the Plan envisages health education programmes in schools and at the community level, incorporation of dental preventive services in primary health care centres and supplying them with the necessary equipment and instruments.

TABLE 6. DISTRIBUTION OF DENTAL CLINICS IN THE OCCUPIED PALESTINIAN TERRITORIES

Area	Government clinics	UNRWA clinics	Nongovernmental clinics	Total
West Bank	-	16	64	80
Gaza Strip	6	6	14	26
Total	6	22	78	106

5.1.6 Laboratories

In the occupied Palestinian territories there are 15 governmental laboratories for medical analyses in hospitals, 24 UNRWA laboratories and 112 nongovernmental laboratories. Most of these laboratories confine themselves to routine laboratory tests and cannot undertake advanced procedures such as hormone or enzyme measurements or detection of tumours. It is necessary to organize health laboratory services and increase their efficiency. This should take place in a coordinated manner and efforts should be made to establish a central laboratory to undertake those activities that are not available at present and to carry out nutritional and drug analyses and epidemiological and environmental monitoring.

5.1.7 Rehabilitation centres

All rehabilitation centres in Palestine are affiliated to nongovernmental organizations, are not coordinated, and are badly distributed in some areas. Only a quarter of these centres are in the densely populated Gaza Strip; there are no rehabilitation centres in many areas such as Jericho. Although these centres have increased their activities, the repeated curfews imposed by the occupation authorities in many areas obstruct the access of many handicapped people to the services of these centres.

TABLE 7. DISTRIBUTION OF REHABILITATION CENTRES IN THE OCCUPIED PALESTINIAN TERRITORIES

Area	Physical handicap	Sight impairment	Hearing impairment	Mental retardation	Total
West Bank	12	8	9	18	47
Gaza Strip	2	2	4	5	13
Total	14	10	13	23	60

In order to promote community-based rehabilitation as the best means of ensuring rehabilitation services and integrating the handicapped into their communities, thus meeting community needs for health care and incorporating these services into society, Palestinian voluntary organizations contribute to activities designed to attain this objective. The contribution of these organizations, however, has been obstructed by the occupation laws which do not provide the climate for treating the handicapped, as laid down in the United Nations Charter and the Declaration of the Rights of Disabled Persons, on the basis of equality and equal opportunities for all members of society, including the handicapped.

5.1.8 Drugs and pharmaceuticals

There is no national drug policy in the occupied Palestinian territories; the sale of drugs manufactured by Palestinian companies in Israel is subject to many restrictions. There is therefore a pressing need to formulate a national drug policy, to introduce the concept of essential drugs, to assess drug requirements and to set up a national system to ensure the quality and rational use of drugs. There is also a need for an effective national administration to provide essential drugs, reduce wastage and set up a laboratory for quality control.

5.1.9 Health education institutions

Problems in the area of nursing education have generally been associated with the following three points:

- scarcity of financial resources available to governmental nursing institutes, which resulted in acute shortage of educational aids and other facilities required to carry out educational activities, on the one hand, and the difficulty of paying the salaries of highly qualified teachers, which adversely affected the process of attainment, on the other. In addition, the development programme has taken more time than planned because of the acute shortage of resources;

- the absence of a professional nursing authority has adversely affected coordination of nursing programmes, in addition to defective planning and geographical distribution of nursing education programmes. The absence of evaluation procedures has also led to uncertainty concerning the qualification of graduates of most of these programmes;

- nursing education institutions have, like all other institutions, suffered under the policy of continued and interrupted closure of schools. The impact is clear on academic attainment and the number of graduates during the last few years. In addition, the policy of separating the Gaza Strip and the West Bank undermined coordination in educational matters and programmes, and this in turn resulted in the divergence and inconsistency of qualifications.

There is a need to develop the education institutions in place and to standardize their curricula in accordance with specific criteria. There is an urgent need to set up an institute of public health in the immediate future, and to set up a Palestinian faculty of medicine, especially as Palestinian doctors graduate from various medical schools and study different curricula which do not meet the requirements of Palestinian society.

5.2 Human resources

Although there are adequate numbers of general practitioners, dentists and pharmacists in terms of ratio to the population, there is a shortage of specialists; some general practitioners actually practise as specialists although they do not have the necessary qualifications. There is also a shortage of nurses and midwives and various auxiliary health professionals.

A survey in 1993 of human resources for health indicated that women constitute only one-third of the total number of people working in the health sector; they constitute 56% of nursing staff, 19% of dentists, 27% of pharmacists, 10% of general practitioners and 2% of veterinary surgeons. These low percentages are attributed to paucity of educational opportunities available to women and to the fact that most women give up their jobs after marriage or giving birth.

TABLE 8. BREAKDOWN OF HUMAN RESOURCES IN THE HEALTH SECTOR IN THE OCCUPIED PALESTINIAN TERRITORIES

	West Bank	Gaza Strip	Total	Ratio 1:1000
Physicians	1 236	1 110	2 346	0.2
Dentists	337	158	595	0.9
Nurses	1 114	908	2 022	0.29
Pharmacists	412	236	648	0.27
Technicians			377	0.17

It is clear from the above that there is an acute shortage of health manpower; it is essential to provide adequate numbers of specialists, nursing staff and auxiliary health professionals. There is also a

strong need to provide training opportunities for health administrators in addition to professionals through basic education programmes and continuous training, and to promote higher standards. Women must also be encouraged to join the Palestinian health sector.

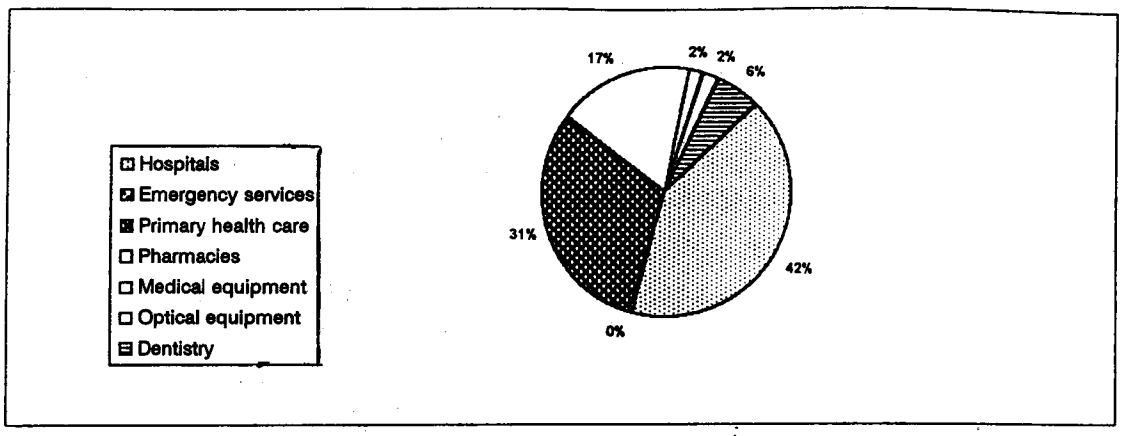
5.3 Financial resources

The following table shows the size of expenditure in various health sectors. The figures were obtained through a study conducted by a number of Palestinian specialists in collaboration with consultants from UNRWA and WHO. This study proves that there is a wish on the part of the Palestinian community to apply a comprehensive health insurance system. The creation of such a system would contribute to the health budget through the collection of health insurance premiums.

TABLE 9. HEALTH SECTOR EXPENDITURE IN THE OCCUPIED PALESTINIAN TERRITORIES

Area of expenditure	Expenditure (million US$)	Total expenditure (million US$)
Hospitals		67.6
Government	33.1	
UNRWA	5.5	
Nongovernmental (private)	29	
Mental hospitals		1.6
Public health and primary health care		49.3
Government	15.6	
UNRWA	7.8	
Nongovernmental	8.6	
Doctors (private)	14.1	
Private laboratories	3.2	
Pharmacies		28.0-61.0
Government	5	
Nongovernmental	1	
Private	22-55	
Optician services		3.2
Dental services		9.3
Emergency services		0.8
Mental health		0.7
Medical equipment		3
Total operating budget		163.5-196.5
Capital expenditure		10.1
Government	8.4	
UNRWA	1.0	
Nongovernmental	0.7	
Total health expenditure		173.6-206.6

FIGURE 3. DISTRIBUTION OF HEALTH SECTOR EXPENDITURE IN THE OCCUPIED PALESTINIAN TERRITORIES



Expenditure on health as a percentage of gross national product may seem high but it is not properly reflected in the health of the Palestinian people. This may be due to the improper distribution of the health budget and to the emphasis laid on hospital services (secondary level) and on small specialized units which are often established to serve local rather than national needs. It is also attributable to the scant attention paid to the health of vulnerable groups such as mothers and children.

6. CHALLENGES AND DEVELOPMENT CONSTRAINTS IN THE HEALTH SECTOR

Any review of infrastructure in the occupied Palestinian territories would reveal that the facilities of public services, including environmental and health services, fall short of the health needs of the Palestinian people. The occupation authorities do little to maintain or develop such facilities. Indeed, any analysis of the quantity and quality of health services would reveal inadequate geographical distribution of primary and secondary health care services and an absence of tertiary-level services.

The health sector will not be able to meet the needs of returning Palestinians, particularly in the Gaza Strip which is the area where health services are the poorest, followed by Jericho, Hebron, Jenin and Tulkarem.

The dissipation of responsibility for programme implementation and the lack of coordination between the Government, UNRWA and nongovernmental organizations have led to discrepancies in standards of health service delivery. What the health sector actually needs is proper coordination, together with an adequate referral system covering the various services available. Stress must also be laid on the need for health plans and programmes to be implemented by the national health authority, namely the Palestine Health Council.

7. THE NATIONAL HEALTH STRATEGY AND THE PALESTINIAN HEALTH SYSTEM

7.1 The transfer of health services

The Declaration of Principles signed in Washington on 13 September 1993 by the Palestine Liberation Organization and the Government of Israel provides that, immediately after the entry into force of the

Declaration of Principles and the withdrawal from the Gaza Strip and the Jericho area, authority will be transferred to the Palestinians in a number of areas including health. It will subsequently extend to cover all other health-related sectors such as the environment and education, thus creating opportunities for health promotion and development.

The transfer of health authority referred to above implies that all "government" health facilities, consisting of 14 hospitals and 206 clinics, will be handed over to the competent Palestinian health authority. This handover will require careful planning in order to maintain, improve and develop the existing facilities with the aim of meeting the urgent health needs of the population. To this end, the Palestine Red Crescent Society, in collaboration with various health sector agencies in the West Bank and the Gaza Strip, has undertaken to establish the Palestine Health Authority to serve as a competent national authority responsible for the planning, management and coordination of health care systems during the interim period.

The overall approach of the Palestinian national health policy in the interim period is embodied in a number of basic principles: the enjoyment of good health is a fundamental human right and a social objective which forms an integral part of development; people have a right and a duty to participate individually and collectively in the planning and implementation of their health care; existing disparities in health standards between the various Palestinian groups should be minimized; the Government is responsible for the health of the people and must ensure conformity of the national health plan with the WHO health-for-all strategy - primary health care is the proper means of achieving this objective; health laws and legislation should be updated or enacted in a manner commensurate with the objectives of the strategy; and the practice of the medical, pharmaceutical and allied professions should be subject to supervisory procedures. This health policy will be implemented through the adoption of the following measures:

1. **Government health services**

   - Government health institutions in the occupied Palestinian territories should continue to function and their services should be strengthened and further developed.

   - Existing health administration structures in the West Bank and the Gaza Strip should be maintained and Palestinian officials should be appointed as positions become vacant following the transfer of authority.

   - The Central Health Administration will be established in Jericho and will coordinate work between the two health administrations in the West Bank and the Gaza Strip.

   - A Palestinian health insurance scheme that meets the needs of the people will be formulated.

2. **Nongovernmental health services (local charitable organizations)**

The interim period should be used to formulate the necessary systems that will ensure freedom of action for such organizations. The systems should also enable the organizations to develop their voluntary programmes and plans in conformity with Palestinian health policies.

3. **UNRWA health services**

UNRWA health services will be maintained and strengthened during the interim period in accordance with agreements to be concluded between UNRWA and the Palestine Health Authority.

4. International support

The Health Council will serve as the central coordinating agency for international assistance that is extended to Palestinian health institutions and is to be used for the implementation of the Palestinian Health Plan and the Interim Action Plan.

The overall approach of the health administration structure during the interim period will be based on the following principles:

- Retention of existing health administration structures in the West Bank and the Gaza Strip, with the introduction of some changes in the Gaza Strip in order to bring the structure into line with the health administration structure in the West Bank.

- Assimilation of the Palestine Health Council structures into the health administration structure to be established in Jericho.

- The need to ensure that interim plans for Palestinian health structures are consistent with the health system aspired to in the State of Palestine.

- The establishment of advisory health bodies to draft the necessary health policies and plans that will ensure the development of Palestinian health and health care services for Palestinians. Such advisory bodies should consist of representatives of all health activities including the health authority, the police health services, the Red Crescent, the trade unions, the private health sector, faculties of medicine and schools for health personnel.

- The decentralization of decision-making, planning, supervision and implementation.

7.2 Interim Action Plan

Under the Palestinian-Israeli Declaration of Principles the Palestine Health Council is to assume responsibility for health services now existing in the West Bank and the Gaza Strip and to ensure their development by securing their financial stability and by formulating the necessary plans for the improvement of services. The Health Plan will require a detailed action plan which the Red Crescent Society and the Health Council are currently preparing. This Interim Action Plan is intended to meet the urgent health needs of the Palestinian people during the interim period.

7.2.1 Objectives of the Plan

Overall objective:

To meet the immediate health needs of the Palestinian people within the framework of the national Palestinian Health Plan.

Specific objectives:

- to establish a national health authority capable of managing the health sector efficiently and effectively;

- to ensure the continued provision of health care services by maintaining the current services;

- to raise the standard of health care services;

- to formulate a detailed five-year action plan covering the entire health infrastructure for Palestinians in Palestine on the basis of the National Health Plan.

7.2.2 Activities

Implementation of the first objective: "To establish a national health authority"

This is to be achieved through:

- strengthening of the Palestine Health Council;
- development of human resources;
- development of information systems;
- promotion of health research.

Implementation of the second objective: "To consolidate the existing health services"

This is to be accomplished through:

A. The maintenance of existing "government" services and programmes at their current capacity and under the direct authority of the Palestine National Council. This will require:

(i) securing funds to cover operating costs;

(ii) adopting policies on medical referrals outside the West Bank and Gaza Strip and on central supplies, salaries, incentives and health insurance;

(iii) appointing Palestinians to health sector positions currently held by Israelis (some 20 such positions in the West Bank and the Gaza Strip).

B. The continued functioning of UNRWA health services in coordination with the Palestine Health Council. This coordination will require close contact between the Health Council and UNRWA through a liaison committee.

C. Support for nongovernmental and local charitable organizations to enable them to continue to play their vital role under the indirect supervision of the Palestine Health Council. This will require:

- the creation of a liaison committee between the Health Council and the nongovernmental organizations;
- the provision of support for nongovernmental organizations by commissioning them to undertake basic services consistent with the Interim Action Plan and the National Plan;
- support for NGO projects.

D. Ensuring the continued provision of basic health services by the Palestine Red Crescent Society outside Palestine (Lebanon, Egypt and Syrian Arab Republic) during the interim period. This will require:

- coordination with UNRWA and other health organizations;
- strengthening of Palestinian Red Crescent hospitals and centres in Lebanon, Egypt and Syrian Arab Republic.

Implementation of the third objective: "To raise the standard of health services"

The development and improvement of the health care sector to enable it to meet the basic health needs of the Palestinian people require the following:

- improvement of existing health services, with emphasis on primary health care;
- establishment of a public health laboratory and a central blood bank;
- establishment of emergency medical services;
- restoration of the buildings of government health services;
- continued assessment of services.

Implementation of the fourth objective: "To formulate a five-year action plan"

This is to be achieved through the drafting of a detailed five-year action plan covering the entire health infrastructure for Palestinians in Palestine. The plan will cover the following areas:

- primary health care;
- secondary health care;
- rehabilitation;
- mental health;
- education.

Attainment of the objectives set out in the plan will require the following:

- undertaking comprehensive basic field research in the various sectors;
- determining human, material and financial resources;
- formulating detailed management plans;
- updating the various departments concerned.

The Palestine Health Council has asked the Health Research and Planning Centre to prepare the plan. However, the attainment of the above-mentioned objectives will require concerted efforts and coordination with all levels of health service providers and with local communities. The process also requires close coordination with neighbouring countries and will call for the services of international experts and consultants to advise the working groups.

7.2.3 Financial needs for the maintenance and continued development of the health sector during the interim period (24 months)

Objective	West Bank and Gaza Strip (million US$)	Palestine Red Crescent Society (million US$)
1. Establishment of a national health authority	8	1
2. Support for existing health services:		
recurrent costs	104.2	12
salaries	48.8	12
salary increases	14	
NGO funding	30	
Total	197	24
3. Health care development:		
primary health care	20	2
secondary health care	30	5
diagnostic and laboratory equipment	10.5	1
rehabilitation	10	1.5
priority health programmes	20	0.5
Total	90.5	10
4. Formulation of a five-year plan	1	-
Total	296.5	35
Grand total	331.5	

8. CONCLUSION

It is obvious from this report that the occupation has brought the economy to a standstill and has led to the deterioration of social conditions for the Palestinian people. Indeed, the very indicators by which the health conditions of the Palestinians are measured have deteriorated as well, because of oppressive practices and human rights violations which have continued even after the signing of the Declaration of Principles in Washington on 13 September 1993.

The Declaration provides for Israeli withdrawal from the Gaza Strip and Jericho, to be followed by a phased pull-out from other parts of the West Bank over a two-year period. This will coincide with the transfer of authority from the Israeli military government and civil administration to authorized Palestinians. The process will entail the transfer, to a Palestinian authority designated by the Palestine Liberation Organization, of the following sectors: education and culture, direct taxation, tourism, social affairs, and health.

This situation will require the comprehensive development of all sectors, including the health sector, in order to meet the needs of the Palestinians expected to return as soon as the implementation of the Declaration begins. Therefore, the Palestine Red Crescent Society and the Palestine Health Council have

worked out an Interim Action Plan within the framework of the National Health Plan, aimed at meeting the health requirements of the Palestinian people as determined by them.

The Plan, which details the objectives and the activities to be carried out during the interim period, will be sent to all funding bodies - United Nations agencies, governments and nongovernmental organizations - in the hope that they will contribute to the realization of the Palestinian people's aspirations. These are the achievement of their just and legitimate objective to establish their own independent State that will enable them to contribute to the consolidation of peace, the promotion of development, and the attainment of WHO's objective of health for all by the year 2000.

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