

**Health conditions of, and assistance to, the Arab population
in the occupied Arab territories including Palestine:
Report by the Director-General**

FIFTY-FIFTH WORLD HEALTH ASSEMBLY

A55/33

Provisional agenda item 18

26 April 2002

1. At the time of writing, events in the occupied Palestinian territory are dominating the international agenda. This document focuses on very recent developments from a health and humanitarian perspective; information on the activities of WHO in the territories before the recent military actions by Israel is summarized in the annex.
2. On 13 March 2002, the Director-General issued a statement, referring to the overall breakdown in health services and individuals' access to care in the occupied Palestinian territory, stating her deep concern that health workers had themselves been casualties and issuing an appeal to respect the neutrality of doctors, nurses and paramedical workers. She has since been in correspondence with the Minister of Health of Israel about the situation.
3. The heads of the major international humanitarian agencies - United Nations, international and nongovernmental organizations¹ - issued a joint statement in Rome on 10 April 2002, including an expression of deep dismay and outrage over the military actions in the occupied Palestinian territory and the consequences of such actions in exacerbating the humanitarian crisis.
4. With respect to health, it also stated: "The increased demand for emergency medical assistance is precipitating a medical crisis" and "We strongly deplore the restrictions on humanitarian access in the occupied Palestinian territory. The obstructions placed on humanitarian workers have led to unnecessary suffering and, in some cases, death. In particular, the detention of medical workers and ambulances has prevented access to the wounded, in gross violation of basic humanitarian principles."
5. The most recent reports (20 April 2002) from WHO personnel in the area indicate increasing risk of disease outbreaks in the West Bank due to general lack of water, sanitation and garbage disposal. Lack of electricity is affecting blood units and vaccine storage. There is a lack of medicines and disposable equipment of all kinds. Prohibition of movement of ambulances continues and medical personnel are unable to work in many areas. Quantitative data are still unavailable.
6. The Director-General has recently authorized additional funding of US\$ 350 000 for the supply of new emergency health kits (each kit is sufficient for 10 000 people for three months) to assist the Palestinian people and work is currently under way to arrange for their delivery. A further US\$ 150 000 in support from the Eastern Mediterranean Regional Office has been used to buy medical supplies.
7. To the extent permitted by the restrictions imposed, WHO staff in the area continue to work with other agencies, and in particular with UNRWA and the Palestinian health authorities to do what is possible in extremely difficult circumstances.
8. Given the rapidly changing situation, the Director-General will provide an update to the situation in a further document.

ACTION BY THE HEALTH ASSEMBLY

9. The Health Assembly is invited to note this report and to consider any action it may wish to take.

ANNEX**THE SPECIAL TECHNICAL ASSISTANCE PROGRAMME**

1. The WHO Special Technical Assistance Programme continued its activities in the West Bank and Gaza. Several programmes were implemented in order to strengthen the technical capabilities of the Palestinian Ministry of Health. In parallel, the mechanisms for coordinating assistance to the Palestinian population, a role that is increasingly being taken over by the Ministry, were streamlined and strengthened.
2. Staff from headquarters and the Regional Office for the Eastern Mediterranean have actively participated in the biannual programming of the Regional Office's assistance to the Ministry of Health. A mission from the Regional Office was organized through the country offices in order to assess the present situation in the West Bank and Gaza. In addition, logistic support and facilitation were provided for activities from the Regional Office's regular budget.
3. Assessment. WHO technical missions were sent to assess the situation and to monitor the impact of the crisis on the health system. A vulnerability analysis identified the major social, economic and political conditions that were detrimental to the health status of the population. The implications of the root causes of health vulnerability for the response of the international health sector were explored.
4. Coordination. WHO maintained and strengthened its role as the Secretariat of the Health Sector Working Group collaborating closely with the gavelholder (Ministry of Health) and the shepherd (Government of Italy, representing the donor community). The creation of the Core Group on Health and the different thematic groups has made coordination more functional and effective; indeed, coordination in the health sector has become a success story. Through this mechanism the Ministry of Health, WHO, UNRWA, donors, national and international nongovernmental organizations have advanced from information sharing to the active setting of priorities and programming health and health-related activities. WHO, as part of its role and mandate, is continuing to offer information, advice, and technical assistance to local and international organizations working on health and health-related projects.
5. WHO has maintained its links with UNRWA, whose Director of Health is selected from WHO senior staff. WHO has also continued its role in the task force committees established by the Office for the Coordination of Humanitarian Affairs.
6. Essential drugs. Together with the Ministry of Health WHO has finalized the Palestinian Essential Drug Programme. The first Palestinian Drug Formulary has been printed and the Palestinian Essential Drug List is now used as the basis for drug procurement for the health sector.
7. Public health. Started four years ago, the public health component of the Brucellosis Control Programme, with the assistance of the Government of Greece and the technical support of the WHO Collaborating Centre for Research and Training in Mediterranean Zoonoses (Crete, Greece) has been implemented by WHO and the Ministry of Health, working in coordination with UNDP and the Ministry of Agriculture, which implemented its veterinary component. As a result, the incidence of brucellosis has decreased from more than 32/100 000 to less than 9/100 000. The process included the formulation of a brucellosis-control policy, implementation of a surveillance system, training of professionals in epidemiology, and provision of essential testing equipment for the central public health laboratory.
8. Food-safety initiatives, started by WHO and supported by the Government of Greece, have been postponed several times because of the current crisis. Courses in hazard analysis have been designed and a local university in the West Bank has been subcontracted to implement them in close cooperation with the WHO.

Collaborating Centre in Crete (see above) as soon as the current situation allows.

9. Reproductive health. WHO implemented UNFPA-funded projects to strengthen reproductive health services. The following measures have all gradually contributed to the intended objective of integrating reproductive health services into primary health care: strengthening the infrastructure of health centres and providing equipment; improving human-resource capabilities through in-service training and fellowships; and improving service delivery by formulating guidelines and protocols, coordination, supply of contraceptives and stronger management.

10. Water and sanitation. A recently completed project to improve water quality in the Palestinian Self-Rule Areas, funded by the European Commission's Humanitarian Aid Office, was implemented jointly by WHO, the Palestinian Water Authority, the Ministry of Health and the Ministry of Education. The project included provision of water-testing kits and materials, other equipment and cars, rehabilitation of springs and wells in the districts of the West Bank and Gaza, including wells in facilities under the aegis of the Ministry of Education, and training courses on water testing for health inspectors from the Ministry of Health and municipalities.

11. Mental health. A WHO mission in the West Bank and Gaza in April-May 2001 aimed at assessing mental health services and assisting the Palestinian Ministry of Health to formulate and develop national mental health policy and legislation. Mental health professionals were sent on study tours to France and South Africa. Plans for psychosocial support are being designed to assess the population's ability to cope with the crisis. Health professionals from the Ministry of Health have already attended several training conferences as a start for improving the mental health services.

12. Health publications. WHO publications and other technical and scientific documents have continued to be provided free of charge to the Ministry of Health, other health institutions and health providers, universities, nongovernmental organizations and Palestinian individuals. WHO policies and guidelines are provided to national and international organizations.

Note:

¹ United Nations Office for the Coordination of Humanitarian Affairs, United Nations Development Programme, United Nations Population Fund, United Nations Children's Fund, Office of the United Nations High Commissioner for Refugees, World Food Programme, World Health Organization, International Federation of Red Cross and Red Crescent Societies, International Council on Voluntary Agencies, the Steering Committee for Humanitarian Response, and the United Nations Relief and Works Agency for Palestine Refugees in the Near East.