World Health Organization

Health Action in Crises

occupied Palestinian territory

The Present Context*

With a projected GDP of US$ 1183 per capita, Palestinians are facing a sixth year of economic crisis. Unemployment is 25.3%, and poverty affects 56% of the population – 80% in Gaza (1).

With a population numbering 3.9 million, the oPt, is in the middle of a demographic transition. The fertility rate remains high, 4.6 children per woman, while infant and under-five mortality rates are low at 24.2 and 28.3 per 1000 live births respectively (2, 3). Life expectancy is 72.3 and non communicable diseases are the main causes of mortality.

The population's socioeconomic conditions and access to health care are severely affected by lack of contiguity between the West Bank and Gaza and restrictions on movements.

Progress was observed with the hand-over of the West Bank and Gaza Strip to Palestinian control and the withdrawal of settlements from Gaza. Recent donor policy shift following post-election political changes early 2006 has led to an escalation of the crisis.

Included in: ☒ *CAP 2005* *Crisis involving: The Whole Population*

Millennium Development Goals in the West Bank and Gaza

The United Nations MDG databank for the occupied Palestinian territories provides some figures that can be consulted at:
http://millenniumindicators.un.org/unsd/mi/mi_results.asp?crID=275&fID=r15 .

Main Public Health Issues and Concerns

Health Status

- In 2004, injuries, whether domestic, road or conflict-related, represented the first cause of death for the age groups 1-4 (22.9%), 5-19 (56.1%), and 20-59 (29.3%). Other causes of death (among all age groups) included: cardiovascular diseases, 25.1%; accidents, 11.4%; cancer, 10%; perinatal conditions, 8%; and respiratory disorders including pneumonia, 6.4%. The prevalence of chronic conditions such as diabetes mellitus, hypertension, cardiovascular diseases and asthma, seems to show an increasing trend (2).
- Wasting levels and underweight rates for children under five were 2.8% and 4.9% respectively in 2004 and have changed little since 1996 (3). Stunting seems a significant problem, both in terms of current levels and trend. In 2004, stunting levels for under-five were estimated at 9.9% (11.4% in Gaza and 8.8% in the West Bank), an increase from 7.5% in 2000 and 7.2% in 1996 (3).
- Iron deficient anaemia affects nearly half of children under five. The rate was reported at 47% among women of childbearing age in the West Bank in 2003, (2). The prevalence of sub-clinical vitamin A deficiency among under-five children was 22% (4), iodine deficiency among school-age children was 20% (8), and clinical rickets among children under three in Gaza Strip was 4.1% (9).
- Levels of psychological trauma and stress are high. Almost 50% of all children report personal experience of conflict-related violence or have witnessed violence affecting a member of their immediate family (5). A high proportion of parents report aggressive behaviour in their children (6). Since 2000 there has been a significant increase in the number of patients seeking treatment at community mental health centres (2).

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Health System

- The MoH and UNRWA (the United Nations Relief and Works Agency for Palestine Refugees in the Near East) are the main health providers (56.5% of all primary health care centres are run by the MoH) through local NGOs and private professionals. This dual stewardship, the multiplicity of health actors and the fragmentation in the delivery of health services due to physical barriers such as roadblocks, cause loss of effectiveness and efficiency in the system.
- Access to health services is also affected by financial barriers. Economic status does not appear to affect access to drugs, but it influences access to hospital care and care for chronic conditions. People below the poverty line run twice the chance of being unsuccessful in accessing hospital care than people above the poverty line (7).
- More than 95% of women receive some form of antenatal care and deliver in a health institution (3). Among children, all available figures confirm very high immunization coverage of over 95%.
- Availability of community mental health services is scarce, and access difficult. Findings suggest that about 70% of people having sought mental health care over a six-month period did not receive any (7).
- Every year, thousands of patients seek care abroad, mainly in Egypt, Israel and Jordan. The MoH budget for "referral abroad" (including by private providers) represents 16.6% of its total budget for health (10).
- Reduced financial resources and problems of access affect the quality of environmental health services. The MoH programme monitoring the quality drinking water is not sustained. Deterioration of municipal solid-waste disposal management has led to a proliferation of temporary dumpsites that present environmental hazards. Management of medical waste also has weakened, contributing to public health risks.

Main Sector Priorities

The main sector priorities include:

- Maintaining cash flow through the public health system;
- Strengthening the MoH technical capacity for policy, planning and aid coordination;
- Developing a health policy framework with established roles for the different health actors within a unified system;
- Implementing mechanisms of intersectoral collaboration and decentralized health management;
- Promoting an appropriate human resource development policy;
- Strengthening health information system (including disease surveillance);
- Improving the quality of care through the development of national standards, the rationalization of the referral system, the development of policies of accreditation and incentives and improved use of drugs;
- Developing community mental health care policies, standards and services;
- Maintaining equitable health care, addressing financial and geographical access barriers, especially in vulnerable population;
- Improving and facilitating environmental health programmes;
- Strengthening the capacity of national authorities in emergency preparedness and response.

References: (1) PCBS 2006; (2) MoH 2004; (3) PCBS-DHS 2004, 1996; (4) MARAM 2004; (5) GCMHP 2003; (6) IUED 2004; (7) WHO analysis of IUED 2004; (8) MoH/UNICEF 2006; (9) MoH/WHO 2006; (10) WHO analysis of MoF data.