

## The West Bank and Gaza

### Preventing a humanitarian health crisis

#### The current situation

The Palestinian Authority (PA), established in 1994 after the Oslo Accord, is a parliamentary system with legislative, executive and judiciary powers. The territory is divided in 15 provinces (ten in the West Bank and five in Gaza).

After the January constitutional elections and the establishment of new Hamas controlled government in April 2006, all major donors decided to freeze the aid provided to the PA which represents a substantial part of its budget. On the other hand, Israel stopped advancing the 50-60 million/monthly it collects on behalf of the PA from revenues resulting from Palestinian customs. The PA with a monthly budget of roughly USD 165 million, is left with only USD 30 million that is internally generated. The collapse of the PA, with its Ministry of Health (MoH) components threatens the existence of approximately 56% of the health services in the West Bank and Gaza and the majority of public health programmes.



#### Funding of the Ministry of Health

In 2005, according to the Ministry of Finance, the MoH expenditure amounted to USD 155 607 000, representing 8.75% of the total PA budget. The expenses of the MoH include salaries and non-salary items.

In 2005, salaries accounted for USD 75.7 million and non salary items for USD 79.8 million, including out-sourced services. Salary expenses covered 12 200 technical and administrative MoH staff. The budget for salaries is covered by the Ministry of Finance, and the source of funding is distributed as follows: 25-33% international aid, 25-29% directly collected taxation, 42-46% taxation collected by Israel.

The non salary items expenses covered the following:

- ✓ Drugs and vaccines for primary and secondary health care (32.9 million)
- ✓ Medical supplies and consumables (8.8 million)
- ✓ Laboratory materials and supplies (2.3 million)

- ✓ Other utilities such as medical gauzes, office supplies, fuel, maintenance and cleaning services (11.7 million)
- ✓ Contracting out of health services, including referral abroad (24.1 million)

The estimated monthly financial needs to cover costs for both salaries and non salary items, according to 2005 expenditure, correspond to USD 6.3 and 6.65 million per month respectively.

### **Main issues and challenges**

- a. Risk of disruption of basic health services and even collapse of the MoH public health sector, including preventive and curative programmes.
- b. Deteriorating purchasing power of Palestinians with negative health and nutrition impact (the lack of salary payment for the 152 000 PA employees will affect approximately 1 million people).
- c. Decreasing access to available health services because of the declining public health services, the worsening of economic situation and the tightened closures (barrier and external and internal closures).
- d. Deteriorating security situation and increasing societal violence especially due to the lack of payment to 70 000 armed PA security personnel.

### **Impact of the collapse of the Palestinian health system on the health of the population**

While assessment is ongoing on the ground, generic data obtained from analysis of health services shows that lack of access to PHC and to Hospitals has an impact on health. Estimates of People seeking services every month in the West Bank and Gaza are:

- ✓ 35 000 people are admitted to hospital, of which 23 000 (64.5%) to the MoH hospitals.
- ✓ 85 000 people receive specialized out-patient care in hospital, of which 62 000 (73.5%) in the MoH hospitals.
- ✓ 11 000 people undergo surgical operations, of which 8 000 (72.5%) in the MoH hospitals.
- ✓ 9 000 women deliver babies, of which 5 000 (55%) deliver in MoH hospitals and PHC facilities.
- ✓ 8 600 children are immunized, of which 5 500 (63.5%) receive their vaccination in MoH facilities.
- ✓ 5 300 children receive Vitamin A and D supplementations, all in the MoH facilities.
- ✓ 8 400 and 2 900 women receive antenatal and postnatal care, of which 7 500 and 2 600 (90%) in MoH facilities.

Furthermore, there are :

- ✓ about 73 000 people affected by diabetes, and 110 000 with hypertension, that go for a monthly medical follow-up and receive drugs at the PHC centres. Three quarters of them rely on MoH centres.
- ✓ almost 500 patients, in need of haemodialysis twice a week, receive this life-saving health care at MoH health centres.

## **The UN position**

The United Nations carries out a wide range of activities throughout the West Bank and Gaza. In light of current developments, it is likely that the scale of these activities will increase. UN entities will continue to discharge their responsibilities, in keeping with their respective mandates.

In so doing, UN programmes and agencies will continue to interact with their PA counterparts to ensure that we serve the interests of peace and meet the needs of the Palestinian people as effectively as possible. Political and diplomatic contacts may take place at the discretion of the Secretary-General (Letter from the Secretary General to the Special Coordinator on UN contacts, 24 April 2006).

In addition to the Secretary-General's statement, the recent meeting of the Executive Committee on Humanitarian Affairs (26 April) identified action points for the UN position:

- ✓ UN entities will continue to liaise with the PA, in keeping with their respective mandates and responsibilities, as stated by the Secretary General.
- ✓ ECHA Members will advocate strongly on the deteriorating humanitarian situation in the West Bank and Gaza, the emerging social crisis, and the deteriorating security situation based on facts rather than projections.
- ✓ ECHA Members will stress that public service delivery – in key areas such as health, education and social services – are best achieved by the PA ministries and that the UN cannot substitute in terms of extent or quality of coverage.
- ✓ ECHA Members will advocate for the maintenance of humanitarian space to ensure that humanitarian operations continue on the basis of core principles, including impartiality.
- ✓ ECHA Members will increase efforts to ensure that access for humanitarian supplies and relief workers is guaranteed.
- ✓ ECHA Members will continue to advocate for the protection of civilians and condemn attacks against civilian populations in the region.

## **The health sector in the West Bank and Gaza**

The objectives related to the health sector that have been identified by the UN agencies in the CAP 2006 are: strengthening the public health system and improving the national capacity to deliver effective, quality services, through a multitude of strategies including training, improved capacity for emergency planning and monitoring, as well as technical support. At the time when the objectives were set, at the end of 2005, it was defined that humanitarian actions were meant to complement larger development-oriented interventions, including policy development and health system reform.

The withdrawal of financial support to the PA, and the consequent threat to the functionality of the public health system, places additional objectives for the humanitarian actions, as follows:

- ✓ To guarantee universal coverage of health services
- ✓ To preserve the key functions of the public health system

The actions required to pursue these goals are related to the revision of the current programmes by readjusting project implementation to the new context, with a particular emphasis to the advocacy, monitoring and coordination roles of the UN agencies.

In addition, mechanisms for funding the public health system must be identified. UN agencies and other humanitarian actors could explore together possible options for channelling international

aid, if humanitarian needs require it. However, the risk of weakening or replacing the stewardship role of the PA is a critical issue, and possible options should be weighed against this risk.<sup>1</sup>

### **Priorities for the ongoing crisis**

- ✓ Ensure a minimal package of health services and maintain the functioning essential public health programmes.
- ✓ Address inequality and lack of access due to economic vulnerabilities and internal movement restriction.
- ✓ Prevent a major outbreak of communicable diseases (including Avian Influenza).
- ✓ Addressing the risk of rise of malnutrition, mass injury and mental health disorders.
- ✓ Continue to advocate for the right of health and the promotion of dialogue between Palestinian and Israeli health communities.

### **Overarching WHO strategies for the ongoing crisis in the West Bank and Gaza**

- ✓ WHO will continue to deliver programmes as in the CAP 2006 while mobilizing human and material resources for the ongoing contingency.
- ✓ WHO will continue to liaise with the PA, in keeping with its own mandate, **not<sup>2</sup>** trying to replace the PA or undermine its authority while dealing mainly with the technical working levels.
- ✓ WHO will continue to advocate for the universal coverage of health services and for the preservation of the key functions of the public health system.
- ✓ WHO will continue to respond to the urgent health needs of the Palestinians arising from the financial crisis of the system.
- ✓ WHO will closely work with UNRWA, other UN agencies, NGOs and Palestinian Institutions.

### **Strategic objectives**

- ✓ **Coordinate public health actions undertaken by various actors and NGOs which may influx to OPT as the crisis evolves.** Given the extremely politicized policy environment, the neutral mandate of the WHO as a UN agency, jointly with its technical expertise, can guarantee higher reliability and authority to inform on, and coordinate, activities and outcomes. WHO playing the role as third party allows for an indirect communication between the donor community and the PA, otherwise impossible at the moment.
- ✓ **Monitor the health situation including disease information and health service information.** The possible crisis of the health system and the consequences on the health of the population will be analysed at all levels and information will be made available to all stakeholders. The monitoring will benefit from WHO staff in the country,

---

<sup>1</sup> Increased UN and NGO activity cannot fill the void that would be created were the institutions of the PA to be unable to do so. These institutions, moreover, are the blocks on which we hope to build a Palestinian State. Bearing in mind all these considerations, the United Nations will continue to work with our partners and the parties to try to find ways to ensure that the needs of the Palestinians are met..” *Message of Kofi Annan for the UN Seminar on Assistance to the Palestinian People. Cairo 26-27 April 2006.*

<sup>2</sup> Reference is made to UNSG directives on XXXX May 2006.

from the country wide MOH network, from coordination with other UN agencies, especially UNRWA, and with NGOs. This includes the strengthening of diseases and nutritional surveillance system for priority diseases.

- ✓ **To advocate universal access to essential health services by all population** always relying on data collected, verified, analysed and presented and to guarantee key functions of the public health system needed to avoid humanitarian crisis.
- ✓ **To provide needed technical assistance** in communicable and non communicable diseases, nutrition, injury, mental health and other public health issues as key health sector in the present context.
- ✓ **To support the MOH in ensuring the flow of necessary non-salary items** into the Palestinian health system i.e. supply drugs, laboratory reagents, vaccines and consumables as an essential activity for the functioning of the public health services.

## **Action pillars for implementation**

### **1. Strengthen information management and coordination for the best use of health resources**

- ✓ Recruitment of one international at central and four national staff at peripheral level in order to develop data collection, analysis and dissemination on health and health systems. This network of additional staff will support information management and public health coordination.
- ✓ Development of a simple monitoring system, consisting of a set of short-term indicators, to assess trends in health and access to health services and for advocacy.
- ✓ Commissioning of academic bodies to analyse the current situation, and assist in monitoring the health and quality of life of Palestinian people as well as health services delivery and in planning public health interventions.

### **2. Improve access to primary and secondary care through advocacy and assistance**

- ✓ Advocacy for access to health services based on sound evidence (see also para1).
- ✓ Provision of drugs, critical supplies and equipment to all levels of the health care delivery system.
- ✓ Provision of technical assistance in various public health areas.

### **3. Strengthen the communicable disease outbreak response & nutritional surveillance**

- ✓ Strengthening and decentralizing the response mechanisms.
- ✓ Training of MOH, UN agencies and NGOs staff.
- ✓ Provision of lab support (consumables and equipment).

## Funding

Within the UN CAP for 2006, WHO requested USD 1 901 746 for its projects in the West Bank and Gaza: communication and advocacy for health access; coordination and information management; non communicable disease management; communicable disease management; nutrition surveillance; health sector preparedness and response; and medical waste management. As of today, WHO has only received a pledge of USD 0.45 million, which leave huge unmet needs as shown by the following table:

Item	USD
Funds requested in the 2006 CAP	1 901 746
Funds needed to meet MoH non salary items for three months (without outsourcing)	16 389 725
Funds needed to develop information and advocacy activities and to strengthen technical assistance in communicable diseases and nutrition for 12 months	2 300 000 <sup>3</sup>
Subtotal	20 591 471
Funds pledged up to May 2006	450 000
Unmet needs 2006	20 141 471 <sup>4</sup>

---

<sup>3</sup> USD 600 000 are needed to strengthen WHO capacity for monitoring analysis and dissemination of health information; USD 200 000 are needed to strengthen the advocacy initiatives and USD 1 500 000 for the Avian Influenza related activities.

<sup>4</sup> Including PMR and PSC.