

## West Bank and Gaza Strip



Refugees account for 73.1% of Gaza Strip and 30.2% of West Bank populations (1.67 million). The Palestinian Authority (PA), established in 1994 after the Oslo Accord, is a parliamentary system with legislative, executive and judiciary powers.

While political stability will contribute to alleviation of poverty and ill health, some structural constraints still remain such as regulation of movement of people and goods, ongoing settlement expansion, bypass road construction, continued construction of the barrier and control over water and water resources.

Since the beginning of 2006 the situation has become more uncertain and only can be viewed with concern by the international organizations working in the West Bank and Gaza Strip. Specifically, this uncertainty is based on the results of the Palestinian Legislative Council elections at the end of January 2006 – in which the Islamic Resistance Movement (Hamas) won 74 of the 132 seats. Following this election, the international community, through public statements issued by the Quartet for the Gaza Disengagement, the United Nations (UN) and the European Union (EU) have asked the future Hamas-led government to commit to non-violence, to the recognition of Israel and to the acceptance of previous obligations (the Roadmap) in order to allow international donors to continue providing funds to the PA. Israel has announced that it will withhold monthly tax payments to the PA, amounting to between US\$ 50 million and US\$ 65 million per month and constituting about two-thirds of the income derived from Palestinian economic activity.

Under the current conditions, possible humanitarian scenarios need to be developed in preparation for emergency actions in response to the potential emergence of crisis.

### HEALTH & DEVELOPMENT

**Health care in West Bank and Gaza Strip is complex and fragmented.** Nevertheless, basic public health and primary care functions are continuing. Providers include the Ministry of Health (MOH - the main provider), UN Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), nongovernmental organizations (NGOs), private sector and hospitals outside the oPt. In 2002, 15% of healthcare funding came from the PA, 37% from patients' direct payments and 48% from external donors. The continuing crisis results in lack of access to essential services and Government Health Insurance only covers 56% of families.

**Demographic and epidemiological transition is occurring.** The fertility rate remains high at 4.6 children per woman, while infant and under-five mortality rates are low at 24.2 and 28.5 per 1000 live births respectively. Noncommunicable diseases are the major causes of mortality (heart disease 19.1%, cerebrovascular conditions 8.2%, cancers 9.9%, and a sharp increase in accidents from 9 per 100 000 in 1995 to 32.2 per 100 000 in 2004) together with perinatal conditions (9.7%).<sup>a</sup> Communicable diseases including pneumonia, respiratory infections, viral hepatitis (A, B and C) and tuberculosis account for 10% of deaths. HIV/AIDS is not yet a significant problem.

**Mental health morbidity is increasing.** Levels of psychological trauma and stress are high especially for children and young people. Almost 50% of children report personal experience of conflict-related violence or have witnessed violence. Aggressive behaviour among children and adolescents is increasingly reported. Since 2000 there has been a significant increase in the number of patients seeking treatment at community mental health centres.

**Chronic malnutrition and dietary-related disease are slowly increasing.** Iron-deficiency anaemia affects 25% of children under five and 33% of women of child-bearing age; stunting is increasing in children under five; premature and low birth weight are responsible for 25.9% of all reported infant deaths in 2004. Obesity and chronic diseases related to diet are increasing in older groups.<sup>b</sup>

**There is a significant health imbalance between West Bank and Gaza Strip.** Infant mortality rates are 30% higher in Gaza (30.2 per 1000) than in the West Bank (20 per 1000) and mortality figures in Gaza have increased by 15% compared with pre-*intifada* figures.

**Socioeconomic conditions have been severely affected** by the lack of contiguity between West Bank and Gaza Strip, and restriction of free movement within the West Bank. The gross domestic product (GDP) per capita declined by almost 30% between 2000 and 2005, unemployment increased from 14 to 22.5% and the population living below the poverty line increased from 27% to 43%.<sup>c</sup>

Total population (2005) <sup>1</sup>	3 702 000
% under 15 (2005) <sup>1</sup>	45
Population distribution % rural (2005) <sup>1</sup>	28

Source :  
<sup>1</sup> United Nations Population Division

<sup>a</sup> Ministry of Health, *Health Status in Palestine, Annual Report 2003*, July 2004.

<sup>b</sup> Palestinian Central Bureau of Statistics, *Demographic and Health Survey, 2004*.

<sup>c</sup> World Bank, *Four-Years Intifada, Closures and Palestinian Economic Crisis: an Assessment, 2004*.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>The PA initiated its first Medium-Term Development Plan 2006-2008</li> <li>MOH and World Bank developing the health management information system</li> <li>Health Inforum, an information hub to collect and disseminate health information was developed in 2002 by WHO, the Italian Cooperation and the United States Agency for International Development (USAID)</li> <li>MOH and partners are currently working on the health sector reform.</li> </ul>	<ul style="list-style-type: none"> <li>Poor MOH policy development and regulatory function capacity</li> <li>Barriers for communication and coordination within the MOH, West Bank and Gaza Strip</li> <li>Lack of mid-term national health plan</li> <li>Inadequate health information system</li> <li>Poor development of human resource capacity; shortages and imbalanced distribution of staff</li> <li>Reliance on external cooperation for healthcare funding</li> <li>Lack of territorial contiguity and restriction of movement impede socioeconomic recovery and improvement of health status.</li> </ul>

## PARTNERS

After the Oslo Accord in 1993, the West Bank and Gaza Strip received massive donor support mainly as development aid for institution building and reconstruction; since the second *intifada* in 2000, most donors shifted towards emergency aid. In 2004, the health sector received 6.3% of international disbursements (US\$ 66.1 million), increasing from previous years. Over 40 official donors are active, aid flows are high and the general situation is volatile.

Bilateral partners include Canada, Denmark, Germany, Italy, Japan, Norway, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland and the United States of America. Multilateral assistance is received from the EU, the League of Arab States and the World Bank.

The major health sector donors are USAID, European Commission, Islamic Development Bank, World Bank, Italy and Japan.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Ministry of Planning and other Ministries produced Mid-Term Development Plan</li> <li>• Donors pledged US\$ 3 billion to the recovery effort over three years</li> <li>• Development of the Local Aid Coordination Committee, a country-level body for aid coordination</li> <li>• Office for the Coordination of Humanitarian Aid leads the Common Humanitarian Action Plan and the Consolidated Appeal Process.</li> </ul>	<ul style="list-style-type: none"> <li>• Weak MOH capacity for coordination of complex array of international partners</li> <li>• Poor integration of humanitarian and emergency aid into sound sectoral plans</li> <li>• High dependency on foreign aid and limited Government capacity to manage it</li> <li>• Donor/Palestinian Authority disagreements, inter-ministerial competition and lack of coordination.</li> </ul>

## WHO STRATEGIC AGENDA (2006-2008)

WHO operates through the West Bank and Gaza Strip offices which are part of the WHO Regional Office for the Eastern Mediterranean (EMRO) and provide support to the Palestinian MOH. EMRO also supports UNRWA. WHO's mission in the West Bank and Gaza Strip is to promote the population's health by improving health sector performance based on equity, effectiveness and sustainability, and addressing the broader determinants of health, particularly those most affected by the Israeli-Palestinian conflict.

Focusing on strengthening capacity of the MOH and other ministries and national partners so that the Palestinian people will be able to address all health issues with effective governance and coordination, four strategic directions have been identified:

- **Health policy and systems development.** Support development of adequate and appropriate health policy, considering macroeconomics and social determinants of health.
- **Donor coordination.** Support PA agency coordination in relation to sector planning, ensuring harmonization and alignment of external aid and interventions in the health sector.
- **Specific support to technical programmes.** Build health sector capacity for addressing critical emergency and long term needs particularly in mental health, noncommunicable diseases, nutrition, emergency preparedness, environmental health, pharmaceuticals, food safety, child health, hospital care and supplies.
- **Advocacy and communications: *health as a human right and as a bridge for peace.*** Collaborating with partners, promote, lobby and monitor health and its determinants in the West Bank and Gaza Strip, focusing on access to health services; creating platforms for dialogue and collaboration between Palestinian and Israeli health professionals, NGOs and institutions.



## ADDITIONAL INFORMATION

WHO's Department of Health Action in Crises (HAC) page <http://www.who.int/hac/crises/international/wbgs/en/>  
EMRO country profile page <http://www.emro.who.int/emrinfo/index.asp?Ctry=pal>

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