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COMMITTEE A

INDEXED

DETAILED REVIEW OF THE OPERATING PROGRAMME

ANNUAL REPORT OF THE DIRECTOR OF HEALTH
OF UNRWA FOR THE YEAR 1970

A brief resumé



The Director-General has received for circulation to the World Health Assembly the attached report for the year 1970 from the Director of Health of the United Nations Relief and Works Agency for Palestine Refugees in the Near East.

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES
IN THE NEAR EASTANNUAL REPORT OF THE DIRECTOR OF HEALTH
FOR THE YEAR 1970
(A BRIEF RESUME)Introduction

1. On the 1 May 1970, the United Nations Relief and Works Agency for Palestine Refugees in the Near East completed twenty years of its operation in the discharge of the responsibilities entrusted to it by the United Nations General Assembly. The Agency provides education, health and relief services to eligible persons among the UNRWA-registered Palestine refugees who now number approximately 1.5 million and are living in Jordan, Lebanon, Syria and the Israeli-occupied territories of West Bank of Jordan and the Gaza Strip.

Relationship with the World Health Organization

2. Through an agreement signed between UNRWA and the World Health Organization at the very inception of the Agency in 1950, the latter bears responsibility for the technical direction of UNRWA's health services which it does by loaning, on a non-reimbursable basis, certain WHO staff members (presently numbering 5), including the Director of Health, to hold key positions at headquarters of the Agency's Department of Health.

Objective of UNRWA's Health Programme

3. The Health Services provided by UNRWA include medical care, environmental sanitation and supplementary feeding. The last named, though an activity of the Relief Services, is actually administered by the Department of Health. The fundamental objective of UNRWA's Department of Health is the preservation of the health of the refugee population through the steady development of its programme into a comprehensive community health service based primarily on direct family care and on environmental sanitation. At the same time the Agency adheres to the policy of maintaining a level of service which approximates to that provided by the host Arab governments for their own populations in comparative economic circumstances.

UNRWA's Financial Difficulty and its Effect on the Health Programme

4. During recent years UNRWA has been facing growing financial difficulties resulting from annually recurring deficits of an increasing size in its income versus its expenditure. To meet this problem UNRWA not only has exercised strict control over and economy in expenditure in respect of the ongoing programme but the compelling circumstances have also forced it, for some years, to adopt a policy of 'no improvement and no expansion' of services except for such as was required by normal population increase or what might be made possible through the receipt of specific-purpose donations. This embargo has, of course, hindered the normal progress of the health services, as might be expected under a long-term health care programme which is serving a circumscribed community of the size and adverse economic circumstances of the Palestine refugees who largely depend on UNRWA's assistance. Like other similar services, UNRWA's health services need to be constantly improved in respect of staffing, facilities, operational equipment and therapeutic agents to raise the quality of services, and as well to allow for expansion in dimensions hitherto uncovered and yet essentially needed. In fact towards the end of 1970, UNRWA's financial situation had reached such a critical point that curtailments seemed inevitable in services already at their lowest acceptable level. However, much effort is being made by the UN and UNRWA itself to overcome this impending threat in 1971 which, if it were to materialize, could result in the disruption of UNRWA with serious consequences for the refugee population.

Special Events and Their Effect on UNRWA's Health Services

5. Two other major factors exercised substantial influence on UNRWA's health services during 1970. The first was the spread to all UNRWA Fields of Cholera el Tor, which necessitated the rigorous enforcement of anti-cholera measures in consultation with the Ministries of Health concerned. These measures, described more fully in a subsequent paragraph proved to be largely successful and the disease was brought rapidly under control.

6. The second factor was the state of political unrest in the Middle East, particularly the outbreak of disturbances in Jordan in September, and the frequent imposition of curfew in the Gaza Strip. However, in Jordan, as soon as the disturbances ceased, the Agency's health services were rapidly restored to their normal level. Similarly, in the Gaza Strip, with lifting of individual curfews, health services again became immediately available to the affected population. In the remaining three Fields (Lebanon, Syria and West Bank) health services were maintained uninterruptedly.

7. Notwithstanding the aforestated difficulties, it can be stated that UNRWA's basic health services, covering both the preventive and curative aspects, were maintained at a reasonably acceptable level and even some modest improvements were made through specific-purpose donations. These include replacement construction of unsatisfactory premises of certain health centres and other units and improvements in environmental sanitation facilities, particularly in the emergency camps. Certain functional improvements were also achieved as will be mentioned in subsequent paragraphs which deal with the various health services.

CURATIVE MEDICAL SERVICES

8. Curative medical and dental out-patient and in-patient care were made available to the Palestine refugee community at UNRWA's own and subsidized health centres, clinics, laboratories, X-ray departments, hospitals and rehabilitation centres in the host countries and in the occupied territories (West Bank of Jordan and the Gaza Strip).

Out-patient Medical Care

9. This comprises medical consultation and, when indicated, referral for specialist consultation; ophthalmic treatment, dressing, injections, dispensing of drugs, laboratory, radiological and other specialized investigations, the follow-up care of patients discharged from hospitals and the provision of dental care. These services were provided in 110 health centres (89 UNRWA, 8 Government and 13 voluntary society). Attendance for general medical consultation included 515 827 first visits (viz. for the first time during the year) and 1 503 345 repeated visits. The total numbers were lower by 7.05 per cent. and 11.19 per cent. respectively as compared to the corresponding numbers for the previous year (1969).

10. With the exception of a 6 per cent. increase in the dental attendance rate, all other out-patient services showed a decrease. For eye treatment the decrease may be attributed to such factors as improvement in recording, more effective therapy, and perhaps a rise in the level of environmental health. After an extensive review of the rates of therapeutic injections given in health centres made early in the year, a reversal has been noted in the earlier trend of increasing demand and frequent use of such injections. Special studies on treatment of eye infections at home, ringworm infection of the scalp and antibiotic utilization in health centres were carried out with interesting findings.

Dental Out-patient Care

11. This continued to be provided on a limited scale to include consultations, extractions, simple fillings, gum treatment, X-ray and, occasionally, minor oral surgery. Increasing attention was given to preventive aspects of dental health of schoolchildren and mothers.

Medical Rehabilitation

12. Out-patient or in-patient service was provided according to a priority listing. 123 children completed their treatment and another 22 were under treatment at the end of the year. Braces and other orthopaedic devices were issued to rehabilitated persons and others who needed them.

Laboratory Services

13. This service was provided at UNRWA, government, university and subsidized laboratories in all Fields. Tests both of public health and pathological interest were performed. In addition to a central laboratory at Gaza, the Agency maintained ten clinical laboratories attached to larger health centres in the different Fields.

Hospital Care

14. UNRWA continued to use local in-patient care facilities, as available, in government, local authority, university, voluntary organization or private establishments. In addition, the Agency continued to maintain a cottage hospital (36 beds) in West Bank, a paediatric ward (20 beds) in Gaza Strip, and 17 day-time rehydration/nutrition centres (with a total capacity of 198 cots) dispersed throughout all Fields. The Agency also administered a 210-bed tuberculosis hospital jointly with the Public Health Department in Gaza. Because of the rising cost of hospital services, the Agency had to increase its subsidy rates to some of the hospitals. There was a decrease from 1754 to 1720 in the total bed complement made available to refugee patients giving an overall bed-population index of 1.36 beds per 1000 of the eligible population. Of this about 80 per cent. was reserved for the treatment of acute conditions and 20 per cent. for chronic diseases (tuberculosis 11 per cent. and mental illness 9 per cent.). Highly specialized in-patient care, including heart, chest and plastic surgery; haemodialysis and positive-pressure respirator, etc. were provided whenever possible.

Medical Supplies

15. Medical supplies were purchased directly by UNRWA on the basis of world-wide invitations to tender. During 1970 about \$ 276 000 worth of medical supplies were so procured and \$ 90 000 worth (mainly vaccines) were received as contributions. Certain difficulties were experienced in the supply operation because of delays in delivery due to frequent alteration in shipping schedules, and the failure of the manufacturers to adhere to their quoted delivery dates. Medical supplies issued to Agency health units during the year amounted to about \$ 269 000 in value.

PREVENTIVE MEDICAL SERVICES

Epidemiology and Control of Communicable Diseases

16. Surveillance was maintained over a selected list of diseases through weekly reporting of their incidence by health centres and by investigation and surveys. Cholera was occurring sporadically or epidemically in the various Fields from mid-August until the end of the year. During this period there were 177 cases in all (Gaza 109, West Bank 45, Syria 13, Lebanon 7 and east Jordan 3). Four deaths occurred in West Bank and one each in Gaza, Lebanon and Syria. Inaba was the prevailing serotype in east Jordan, West Bank and Gaza, and Ogawa in Lebanon. From Syria the type was not reported.

17. Continuing downward trends were observed in the incidence of the following diseases: diarrhoeal disease in children 0-3 years, enteric-group fevers, poliomyelitis, pertussis, measles, acute conjunctivitis, pulmonary tuberculosis. Trachoma remained at the same level as in 1968 and 1969. Infectious hepatitis continued in its step-wise upward trend.

Ankylostomiasis, which is endemic in parts of Gaza Strip, appeared unusually in several communities near Tyre in Lebanon. Bilharzia cases in Gaza and Lebanon all proved to be imported. One of the two malaria cases among refugees in Gaza was, for the first time, reported as having apparently arisen as a result of local transmission in that Field.

18. In prevention and control in general, emphasis continued on environmental sanitation and on health education in domestic sanitation, food hygiene and personal hygiene. Efforts in these areas were intensified in face of the emergent cholera situation in the region. Prompt case detection and treatment, tracing and management of contacts and community prophylactic measures are routinely employed methods. Primary immunization in infancy followed by appropriate re-immunization is employed for specific prevention against tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, smallpox, the enteric fevers and, when vaccine is available, against measles. Anti-cholera immunization is employed as one of the measures for control of cholera. Close co-ordination is maintained with national health authorities in many aspects of communicable disease control.

Maternal and Child Health (MCH) Services

19. The Agency continued to provide comprehensive health protection for the maternal and child population as an integral part of its community health programme based on 79 of its own health centres. Some voluntary agencies supplemented these services through their centres in the various Fields. A number of international voluntary agencies provided direct assistance for the operation of one or other aspects of the MCH programme. Of special importance in this regard were the training programmes and the health education programme in girls' preparatory schools in Gaza under the UNRWA-Swedish health project assisted by Radda Barnen. Treatment is provided as necessary for patients registered in the MCH services, as well as for children in the school health services, through their reference to the various services described under 'Curative Services'. There were in operation also 17 rehydration/nutrition centres with 198 cots for the treatment of the more severely malnourished infants as well as those having severe gastro-enteritis.

20. Maternal care comprises the usual antenatal service, attendance at delivery by supervised dayahs or qualified staff, and post-partum care of the mother and new-born infant. During the year, the routine use of iron tablets was introduced for prophylaxis of anaemia in pregnancy. Of the 29 045 deliveries in 1970, 75 per cent. took place in the homes, 12 per cent. in maternity centres with nursing personnel or dayahs in attendance, and 13 per cent. in hospitals. Maternal deaths numbered 7 (0.24 per 1000 total births) and the stillbirth rate was 11.1 per 1000 total births.

21. In the infant and child health services, 25 449 infants 0-1 year and 24 984 children 1-2 years were, on the average, under registration for health supervision. The service consisted essentially of routine checking by nursing personnel of development, nutritional state and general health, with reference for medical attention as necessary. Mothers are instructed in all aspects of child care and are encouraged to utilize the Agency's supplementary feeding programmes. Immunization is provided as mentioned in para. 18 above. Surveillance of nutritional state of infants 0-2 years is maintained by determining at monthly or bi-monthly intervals the percentages of infants who are underweight. The age-group 2-3 years is being brought increasingly under health supervision and their average number under registration in 1970 was 8799, almost double the number of 1969.

22. School health service was provided through the Agency health centres, assisted by a school health team in each Field (2 in east Jordan), to 244 735 children in the age range 6-16 years who were attending the UNRWA/Unesco schools. The service comprises essentially the medical screening of new entrants and re-examination beyond this stage upon indication; treatment as required; nutritional support; school sanitation; health education. Studies of special problems or of various aspects of health are carried out and broad-scale programmes

are often introduced on the basis of the findings, for example, the iodide prophylaxis and treatment programme in Damascus area and the pilot project of 'blanket' treatment for ascariasis in Gaza and West Bank.

Health Education

23. Health education continued to be a vital part of all the Agency's health services. Within the community at large, attention is devoted to environmental sanitation, control of communicable diseases, mass vaccination and other campaigns, as well as to the current subject in the health calendar theme of the year. A wide range of visual aids is produced by the Agency's Audio-Visual Division for use in all aspects of the educational activities in the Field.

NURSING SERVICES

24. The nursing staff remained busy in performing their many and varied duties as detailed under the preventive and curative services at the Agency's health centres, maternity wards, rehydration/nutrition centres and hospitals. Daily treatments were carried out by the auxiliary nurses under the supervision of a qualified nurse. They also participated in various studies and surveys, in health exhibitions and immunization programmes, including the mass cholera inoculation campaign. They equally provided nursing services during emergencies in east Jordan and Gaza. The home visiting programme, which embraces pre- and post-natal visits, visits to infants and children below 3 years, and to ambulatory tuberculous patients, was stepped up.

25. The great majority of deliveries occurred in the refugee homes and were attended mostly by the traditional midwives (dayahs), abnormal cases being admitted to hospital. In addition, maternity care was also provided at the Agency's nine maternity wards (most of them in Gaza) attached to the health centres. Delivery bags (UNICEF type) and uniforms are provided to the dayahs and replenished regularly.

26. Token layettes, each consisting of a blanket and a piece of soap, and numbering 24 207 were distributed to eligible new-born infants. In addition those born in the emergency camps (4575) two-thirds in east Jordan and Syria and hardship cases (8834) elsewhere each received a complete layette and a woollen blanket during the winter months.

ENVIRONMENTAL SANITATION SERVICES

27. The pattern of the services continued to have as its main objective the provision of basic community sanitation, primarily aimed at the prevention of communicable diseases which are transmitted through environmental channels. A good deal of improvement is called for in the quality of service but the strictly limited financial resources of the Agency do not leave much room at present for vital improvements, e.g. water-borne sewerage, private water connections, etc.

28. Out of a total of 1 265 160 refugee population eligible for UNRWA health services 616 142 refugees living in 63 camps (10 established as emergency camps after the 1967 war) benefitted from the environmental sanitation services. These consist of provision of safe water supplies, sanitary waste disposal, surface drainage and control of insect and rodent vectors of disease. Composting, incineration and dumping are the methods employed in garbage disposal. Fly control is based primarily on prevention of breeding through biological methods, but insecticide of choice (dimethoate) is used in supplementation. Self help construction of family latrines is encouraged and so far about 33 per cent. of the camps population is covered by such latrines. The rest use public latrines. The availability of very limited space in shelter compounds and over-crowding in old camps is hampering the speedy construction of private latrines. Only 20 per cent. of the shelters in the 53 old

established camps (excluding 10 emergency camps) are provided with private water connections, and the rest utilize public taps. The sanitation labour force is authorized at a ratio of 1.7 labourers per 1000 camp population.

29. The living conditions in the 10 emergency camps has continued to improve with the gradual replacement of tents with prefabricated shelters, construction of additional surface drains and septic tank type public latrines. 13 926 new shelters have been completed during the year and more are under construction. Little improvement took place in the 53 established camps excepting in Syria where the water supply at Nairab was augmented to permit private water connections and at Homs where the municipal sewerage and water supply system have been extended to serve Cite camp. Over-crowding is becoming quite a serious problem in most of the established camps.

NUTRITION AND SUPPLEMENTARY FEEDING SERVICES

30. The Agency's nutrition and supplementary feeding programme is specially directed towards protecting the nutritional status of the most vulnerable groups of refugees which include those in the age of growth and development, pregnant and lactating women, tuberculous out-patients, selected medical cases and displaced refugees. The protection of refugees' health and nutrition is of paramount importance since the UNRWA basic ration does not contain any proteins of animal origin or any fresh food items. The programme consists of:

A. The normal programme which was in force before June 1967 and is composed of the following:

- (i) Milk distribution - Daily issues are made, from milk distribution centres, of reconstituted (1) whole/skim milk mixture to infants 6 to 12 months old and to non-breastfed babies; (2) skim milk to children 1-6 years, pregnant and nursing women and sick adults and (3) skim milk to children in the elementary classes at school.
- (ii) C.S.M. (corn, soya and skim milk mixture) is distributed to children 6-10 years at the rate of 500 grams per month.
- (iii) Nutritionally balanced hot meals are made available 6 days per week at the supplementary feeding centres to all children below 6 years and upon medical recommendation to children 7-15 years of age.
- (iv) P.D. Menu - A special high protein, high calorie diet is made available at the rehydration/nutrition and supplementary feeding centres to young children needing nutritional rehabilitation after suffering from diarrhoea, gastro-enteritis and/or malnutrition.
- (v) Vitamins - One A & D vitamin capsule is issued daily to each beneficiary of the hot meal or school milk.
- (vi) Extra dry rations are issued to pregnant women from the fifth month of pregnancy until 12 months after delivery, and to tuberculous out-patients.

B. The emergency programme, which was introduced following the 1967 hostilities for special groups of refugees affected by the hostilities. It provides for:

- (i) extended milk benefit to infants of displaced families in the 4th-6 month; to displaced children aged 6-15 years in east Jordan and Syria, and all in this group in Gaza;

- (ii) extended hot meal benefit to cover displaced children aged 6-15 years in east Jordan and Syria and all in the group in Gaza and
- (iii) a protein supplement consisting of 12-oz. tinned meat and 500 grams C.S.M. per beneficiary per month is issued to all displaced refugees in Syria, and to all displaced refugees living in the emergency camps in east Jordan, to displaced pregnant and nursing women and tuberculous out-patients living outside emergency camps in east Jordan, and to the same groups throughout Gaza and West Bank; however, this programme was discontinued in the latter Field with effect from 1 September 1970.

31. Quality control and testing for cooking and palatability qualities was carried out in respect of food items prior to purchase or delivery and on food offered as donation prior to acceptance or delivery.

32. The Nutrition and Supplementary Feeding Division continued to provide guidance and exercise control over the feeding operations in the Agency's training centres, maternity centres, rehydration/nutrition centres and hospitals.

EDUCATION AND TRAINING

33. A very active programme of education and training was maintained in the field of health. While basic professional and vocational training is largely the responsibility of the Agency's Department of Education, in-service training of its own department staff is entirely that of the Department of Health.

34. In-service training included attendance of staff at professional and scientific meetings held in the region, regular distribution of leading professional journals, the scientific publications of WHO, the quarterly bulletin of the Department of Health and of technical papers on specific health subjects. There is a medical library at HQ and at each of the Field Health Offices for use of the staff. Regular staff meetings take place at all levels and there is an active programme of health education. As examples of in-service training of staff, reference is made to the 10-week part-time in-service training course for 16 camp sanitation supervisory staff held in West Bank from 6 May - 22 July and to the refresher course in MCH and home-visiting for 16 practical nurses commenced in December at Damascus.

ADMINISTRATION

35. The Director of Health is responsible to the Commissioner-General of UNRWA for the planning, implementation and supervision of the health programme within budgetary limitations approved by the Commissioner-General. He is assisted in his task by a staff of professional, semi-professional and auxiliary health workers and manual labourers, totalling 3196 persons at the end of 1970. In order to ensure co-ordinated planning in the development of the health programme regular staff meetings are held at HQ and annual meetings are held with Field staff. An Agency Manual of Health Operations lays down procedures in respect of routine services. General and technical instructions are issued as required, as are also information papers on technical subjects. The main administrative difficulty experienced was the shortage of medical and nursing staff in the Gaza Field but this situation has been substantially eased by recruitment of staff in UNRWA from abroad.

FINANCE

36. The Agency's total budget for the year 1970 amounted to \$ 47 962 000 (including \$ 7 582 000 common costs). The budget and expenditure in respect of the three main activities administered by the Department of Health were as follows:

	Budget \$	Expenditure \$
Health services	3 727 000	3 719 005
Environmental sanitation services	1 432 000	1 455 834
Supplementary feeding	2 160 000	2 194 684
Total	7 319 000	7 369 523

In addition, an amount of \$ 1 112 938 must be added as common costs to the expenditures under health services and environmental sanitation. Since supplementary feeding is budgeted under relief services, the related common costs are not chargeable to health services.