



*In the Name of God, the Compassionate, the Merciful*

**Address by**

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**to the**

**2013 LANCET PALESTINIAN HEALTH ALLIANCE CONFERENCE:**

**HEALTH OF PALESTINIANS INSIDE AND OUTSIDE THE OCCUPIED  
PALESTINIAN TERRITORY**

**Cairo, Egypt, 18–19 March 2013**

**Health Priorities in the Occupied Palestinian Territory**

Ladies and Gentlemen, Distinguished Colleagues,

Let me start by thanking the organizers – the Institute of Community and Public Health of Birzeit University and the Center for Research on Population and Health at the Faculty of Health Sciences of the American University of Beirut – for inviting me to the 2013 Lancet Health Alliance (LPHA) Conference on the health of Palestinians inside and outside the Occupied Palestinian Territory. I am very pleased to be here.

I thought it would be important to take this opportunity to look at the health priorities of the Palestinian population in the occupied territory, and to link this with what is happening across the Region. For, while the Palestinians and the Palestinian health care system face unique challenges in a unique situation – the impact of the occupation, the continuing efforts to establish the institutions of statehood and the political divisions between the West Bank and Gaza, to name just three – many of the issues that affect their health status are common to other populations in the Region. The rising burden of noncommunicable diseases, the challenge of ensuring universal and equitable access to health care at a price the country can afford, and the need to strengthen information systems and the evidence base for decisions

are principal among these common issues. I will say a few words about all three of these and about the role of the research community in tackling them.

Ladies and Gentlemen

Together with our Member States in the Region, WHO has established a clear agenda for the Region for the coming few years – an agenda which all countries in the Region, including Palestine, can relate to, but within which they can select the priorities they need to focus on. Thus, we have agreed together on five strategic health directions. These are: strengthening health systems; maternal, reproductive and child health and nutrition; noncommunicable diseases; the unfinished agenda of communicable diseases; and emergency preparedness and response.

It is fair to say that in two of these areas – maternal and child health and communicable diseases – the Palestinian population is doing well. The Palestinian Authority adopted the recommendations of the International Conference on Population and Development in Cairo in 1994, and has developed comprehensive women's health services in the country. In 2011, all pregnant women received antenatal care by skilled health personnel and all childbirths were attended by skilled health personnel.

In the government sector maternal health services and child health services for children under three years of age are offered free of charge. Deliveries for insured women are free in government centres. Breast and cervical cancer screening have been introduced into reproductive health services. Modern contraceptive methods are included in the essential medicines list, are accessible to all Palestinian married couples for small co-payments in government health facilities, and are used by half of couples in need of family planning.

The integrated management of child health strategy (IMCI) and integrated management of pregnancy and childbirth were introduced in primary health care services to improve the health of women and children. As a result, under-5 mortality rate in Palestine decreased by 49% between 1990 and 2011 at an annual rate of 3.2%. The maternal mortality ratio was reduced by 29% between 1990 and 2010, at an annual rate of 1.7%. The progress made is therefore substantial, although efforts are still required to achieve Millennium Development goals 4 and 5 by 2015.

The burden of communicable diseases among Palestinians, both in Palestine and refugee host countries is low, although we have some concerns about the exposure and risk of

the population to zoonotic diseases. WHO works jointly with UNRWA for prevention and control of communicable diseases and this includes surveillance and early warning. WHO is also working closely with the Palestinian Ministry of Health to implement the core capacities required under the International Health Regulations 2005.

The shift in disease pattern clearly indicates that the health authorities now need to focus on noncommunicable diseases, and also to address the issues of health financing and universal coverage of health care to ensure that all the population has equitable access.

The leading causes of death in Palestine are cardiovascular disease, cancer, cerebrovascular disease and diabetes. Prevalence of noncommunicable diseases and their risk factors are high. Among Palestinians aged 15-64 years, 58% are overweight, 36% have high cholesterol, and 8.5% have diabetes mellitus. 38% of men smoke tobacco daily; 75% of people do not engage in any vigorous physical activity. These are findings from the STEPS survey carried out in 2011 by the Ministry of Health with support from WHO. The results indicate that unhealthy behaviours start early. They show how important it is to establish a comprehensive strategy to address noncommunicable diseases. The Palestinian Authority has taken some important steps – it has developed and publicized a strategy on prevention and control of noncommunicable diseases; it has improved surveillance through the STEPs survey; it is piloting the new WHO protocols to integrate prevention and management at primary health-care level. The WHO-supported Health Division in UNRWA is integrating noncommunicable diseases into the newly adopted Family Health Team Approach in its health centres and this is projected to be completed by end of 2015 in all 137 clinics.

But clearly there is a lot more to do. Although initial measures have been taken on tobacco control, primary prevention and implementation of proven cost-effective measures is a key challenge. The Palestinian legislative council has passed laws on smoking, public health and the environment. The implementation of such laws requires introduction of fiscal policies, taxation and subsidies, and enforced prohibition of smoking in public places. Such programmes require political will at the highest level of government besides transparent and democratic governance.

The burden of disease and associated costs will go on rising as the population ages. The research community has a key role to play here, for example in exploring the evidence base for the effectiveness of interventions

Most countries face huge challenges in ensuring universal access to affordable health care. Palestine is no different in this respect, although it is better placed than many. It has a reasonably well developed health system with primary, secondary and tertiary facilities. Most of the population is insured or has access to public health care (for example, through UNWRA). However, thousands of Palestinian patients encounter difficulties in obtaining Israeli permits to access specialized health care in East Jerusalem, Jordan and Israel. Restrictions also affect access into Jerusalem for ambulances and health personnel from the West Bank to the East Jerusalem hospitals.

But the costs of the system are posing challenges for the short and longer term. There have been shortages of drugs and disposables and the payment of salaries has been delayed because of the Palestinian Authority's financial deficit. Even if the financial gap can be closed in the short term, there will be an on-going issue about the costs of health care. The key is not to lose sight of the goal of universal and equitable access to care. The research community has a role here too, examining the options for achieving this goal that will command the greatest public support.

In the area of emergency preparedness and response, since the 2008 crisis, when 14 hospitals and 38 primary health care facilities and 29 ambulances were damaged, WHO has been working very closely with the Ministry of Health to re-build capacity. The focus is particularly on health facilities' preparedness for efficient response, using an all hazard approach involving all stakeholders in the health sector, including civil defence and key donors under the auspices of the Ministry.

Tough issues like these require strong political leadership – not easy in the context of occupation. They also require sound data and evidence as the basis for rational decision-making. This is another area where Palestine has been making impressive progress despite all its challenges. The Lancet Palestinian Health Alliance has helped to generate evidence and to build up the necessary research community. The commitment to establish a National Public Health Institute, with support from Norway and WHO, is another example that will support decision-making, with its focus on 'Information for Action'. The Institute is already working on the improvement of registries and health information and in time will contribute also to the research agenda.

You have a dynamic and packed agenda before you. The issues I have outlined form the backdrop to addressing many of the other issues you will debate, such as mental health, environment, children's health, nutrition and reproductive health.

We must work together on these and other challenges. We must continue efforts to build strong institutions for public health teaching and research. We must use health to help bridge the deep divisions and heal the wounds.