# WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

الهيئة العمية العالمية المسكتب الاقلمى لشرق البحر الابيض

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REPORT OF THE HEALTH DEPARTMENT OF THE UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES

The Regional Director has the honour to present to the Fourteenth Session of the Regional Committee for the Eastern Mediterranean the Annual Report of Dr. M. Sharif, Director of Health and WHO Representative of the United Nations Relief and Works Agency for Palestine Refugees, covering the period 1 July 1963 to 30 June 1964.

# UNITED NATIONS RELIEF AND WORKS AGENCY

# FOR PALESTINE REFUGEES

# REPORT OF THE HEALTH DEPARTMENT

# 1 July 1963 - 30 June 1964

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UNRWA Headquarters Beirut - Lebanon August, 1964 Dr. M. Sharif Director of Health & WHO Representative UNRWA

# UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES REPORT OF THE HEALTH DEPARTMENT

#### 1 July 1963 - 30 June 1964

#### I. GENERAL

UNRWA has continued to provide a comprehensive range of health services for the refugee population. Although simple and inexpensive these services have over the years proved effective in safeguarding and improving the health of the refugees. They comprise both the preventive and curative aspects of health care and its pattern is designed to accord as nearly as possible with the governmental health services available for comparable sections of the local population in the host countries. Close and cordial relations were maintained during the year with the respective ministries of health in the host countries and the working relationships, particularly in the field of public health, between the ministries and the Agency's department of health, were well co-ordinated.

The Agency's health programme has remained under the technical supervision of staff seconded from the World Health Organization. While there has been no expansion of the programme nor any basic change in its nature or extent, efforts have been made to achieve improved efficiency and economies in existing services, with shifts in emphasis dictated by medical requirements and in accordance with WHO policies and principles. In general the state of health of the refugee population during the year under review has been maintained at a satisfactory level. Problems related to aspects of water supply and drainage, which are not susceptible of easy solution, have emerged in certain camps, particularly in those adjacent to towns.

As in past years, generous assistance, in such forms as the provision of personnel, free hospital and laboratory facilities, medical supplies, supplementary food items, layettes and help in immunization campaigns, was received from the host Governments and from universities, voluntary agencies, firms and individuals.

#### II. CURATIVE AND PREVENTIVE MEDICAL SERVICES

# (a) Clinics. Hospitals and Laboratories

In the 12-month period just concluded, UNRWA directly maintained or subsidized ten mobile and 102 static clinics providing services at 123 points. The Agency's clinics have continued to furnish both curative and preventive services. The curative services have included medical consultations and referral to specialists and hospitals, ophthalmic treatments, injections, dressings, dispensing of medicines as well as dental attention of a limited nature. The preventive services have been directed mainly to all aspects of maternal and child health care and health education. Modern methods in the treatment of communicable eye diseases have been introduced and are proving effective. Table 1 of the annex provides a summary of clinic attendances.

The Agency's hospital policy continued to be one of using local facilities, where available, by subsidizing beds in institutions operated by Government or local authorities, universities, charitable organizations or private enterprise. In addition, it has continued to maintain directly two hospitals - a tuberculosis hospital, and a small cottage hospital - and, in conjunction with the Government authorities, to share responsibility for the maintenance of a tuberculosis hospital in Gaza. During the period of this report. UNRWA was able to conclude important new agreements with the Government of Jordan and the Lutheran World Federation respectively. The agreement with the Jordan Government embraces in a single contract virtually all the different medical services furnished to the refugees by that Government; these had previously been the subject of several separate agreements. As a result of the new agreement with the Lutheran World Federation, the Augusta Victoria Hospital in Jerusalem has been transformed into a reference hospital. In addition to producing a substantial economy, these two new agreements have combined to effect both a reduction and a redistribution of subsidized hospital beds more in keeping with the Agency's requirements in Jordan, and without affecting standards of medical care. The number of hospital beds both subsidized and maintained by UNRWA for refugee use now totals 1,837, made up in the main of general medical and surgical beds, but including a proportion for the more important specialities. Table 2 shows, in summary form, the hospital facilities available for refugees.

Laboratory services covering diagnostic, clinical and public health needs were provided by Government, university or private laboratories, in certain instances free of charge but mostly on a flat payment or service cost basis. The Agency has continued to maintain its central laboratory in the Gaza Strip as well as two small clinical laboratories in Lebanon. In addition, a small clinical laboratory is attached to the Agency's tuberculosis hospital at Nablus in Jordan. Medical supplies continue to be purchased through UNICEF on a world-wide tendering basis. The UNRWA medical formulary has been reviewed and amended and due attention has been paid to keeping abreast of modern therapeutic developments. On the whole, supplies have been regularly received and have proved adequate.

#### (b) Control of Communicable Diseases

No case of the six "Convention" diseases (smallpox, plague, cholera, yellow fever, typhus and louse-borne relapsing fever) was notified among the refugee community during the period under review. Table 3 summarizes the number of cases of the different communicable diseases notified as having occurred amongst refugees during the period. Communicable eye diseases and dysenteries continued to be the most widespread of these disease, followed by certain of the infectious fevers commonly associated with childhood, such as measles, whooping cough, chickenpox and mumps. In so far as measles is concerned, new developments in the perfection of an immunizing vaccine are being closely watched. The routine immunization of infants and small children has led to a decrease in the incidence of whooping cough and the virtual eradication of diphtheria. Poliomyelitis has continued in sporadic form, and immunization campaigns directed towards the epidemiologically susceptible age groups have been carried out in Jordan, Lebanon and the Syrian Arab Republic, in co-operation with the host Governments. In the Gaza Strip, the Government health authorities offered immunization with oral vaccine to children in the most susceptible age group. For the future, immunization against poliomyelitis will be included in all host countries in the routine provision of prophylactic measures for refugee infants.

The accepted modern practice of treating tuberculosis on a domiciliary basis as opposed to institutional treatment has continued to be employed. The number of cases of pulmonary tuberculosis reported reflects an overall sharp downward trend, though there has been some increase in the number

of cases recorded amongst refugees in the Syrian Arab Republic. Discussions are in progress between the Agency and the Government authorities on the implementation of the recommendations (referred to in last year's report) of the WHO Regional Adviser for a tuberculosis control programme in the Gaza Strip.

# (c) Maternal and Child Health

Maternal and child health services continued to be provided substantially at the same level and standard as during the previous year. Eighty-one ante-natal centres and 79 infant health centres, attached for the most part to Agency clinics, provide maternal and child health services for expectant mothers, infants and young children. The centres are so located in the four host countries as to serve the refugees in all the Agency's camps and, as far as possible, any large groups of refugees living outside the camps.

In these centres, women are offered routine antenatal care at monthly intervals during the latter half of pregnancy and supervision during and after delivery and are encouraged to attend infant health centres each month with babies and children up to the age of two years. Prophylactic vaccinations against smallpox, diphtheria, tetanus and whooping cough are given as a matter of routine to all infants and children who attend, and the opportunity is taken of giving the mothers general instruction in health matters.

The high incidence of gastro-enteritis among refugee infants and small children continues to be a matter of concern to the Agency's health department. Encouraging results have, however, been obtained, and many lives saved, through treatment provided in the Agency's pilot rehydration nutrition centres, the first of which was set up experimentally in 1961 in the Gaza Strip. Eight such centres have now been established, several with funds specially donated for the purpose, and it is hoped that by the end of 1964 twelve centres will be in operation.

The Agency has continued to maintain five school health teams two in Jordan, and one in each of the other three host countries. The teams are responsible for the routine medical inspection of children entering UNRWA schools, for giving prophylactic vaccinations and for conducting

periodic surveys of diseases and conditions which are especially prevalent among schoolchildren.

Table 5 gives details of the anternatal and infant health services and of the school health service.

### (d) Nursing Services

In addition to the nursing staff employed in clinics and hospitals subsidized by UNRWA, 103 nurses and 373 nursing auxiliaries were employed by the Agency in its preventive and curative programmes. They have continued to play an indispensable role in these programmes as well as in such other activities as the school health programme, health education and home visiting. The Agency has experienced some difficulties in filling nursing posts, because of the shortage of nursing staff throughout the region.

# (e) Health Education

A programme of health education, carried out by specially trained health education workers, has continued on general lines established in previous years. In addition, medical and para-medical staff have been encouraged to make use of their day-to-day contacts with refugees in clinics for purposes of health education. Increased emphasis is being given to health education amongst schoolchildren.

# III. NUTRITION AND SUPPLEMENTARY FEEDING

During the year, the Agency received the published report of the nutrition survey carried out at the request of the Jordan Government in the spring of 1962 by an interdepartmental committee on nutrition from the United States. In summary, the report indicated that the same types of mild nutritional problems were found amongst the refugee population as were evident in the non-refugee groups included in the survey. Evidence was found of a mild degree of growth retardation among infants and children, a moderate hypochromic anaemia and suggestive evidence of low vitamin A intake. Oral lesions consistent with marginal riboflavin deficiency were observed. Cheilosis was less frequently noted, however, among refugees than among non-refugees. Action is being taken on the recommendations contained in the report.

As a supplement to the basic food rations, vulnerable groups, such as infants, young children and expectant and nursing mothers, receive milk and special rations. The Agency provides a daily issue of whole/skim milk mixture for babies from six to twelve months of age and those below six months who are not breastfed. Skim milk is given on six days a week to children from one to fifteen years of age and to expectant and nursing mothers and milk is given on five days a week during the scholastic year to pupils in elementary classes in UNRWA schools. In all, some 210,000 refugees benefit from the milk programme. Nutritionally balanced hot meals. including special diets for infants and young children suffering from gastro-enteritis, are also provided at UNRWA feeding centres up to a maximum of 45,000 beneficiaries. The majority of beneficiaries under this programme are babies and pre-school children, but a limited number of schoolchildren and destitute adults are admitted on medical selection. Vitamins are given to infants and pre-school children attending supplementary feeding centres, and in schools to pupils in elementary classes. Expectant and nursing mothers and tuberculous out-patients receive extra rations on medical certification. Tables 6 and 7 give details of the supplementary feeding and milk programmes.

#### IV. ENVIRONMENTAL SANITATION

The environmental sanitation programme, primarily concerned with the provision of safe and adequate water supplies, sanitary waste disposal, drainage and vector control, was maintained at the established level. However, mounting problems, particularly as regards drainage and refuse disposal, have been faced in a number of camps. The camps particularly affected are certain large camps which in area and population are equal to sizeable towns and others which originally lay adjacent to towns and which, as a result of the expansions of those towns, are now surrounded by urban development. These problems are not susceptible of easy solution.

#### V. MEDICAL EDUCATION AND TRAINING

In addition to its regular in-service training courses for medical and para-medical staff, 216 students received professional training during the year in the medical sciences at university level, in nursing or in public health. Special attention has been paid in the selection of the courses to subsequent employment possibilities open to the students upon graduation.

# HEALTH SERVICES

Table 1

NUMBER OF VISITS TO UNRWA AND SUBSIDIZED CLINICS 1 JULY 1963 - 30 JUNE 1964

	Lebanon	Syrian Arab Republic	: Jordan	Gaza	Total
Population Served by Medical Services	130,273	117,995	621,153	272,511	1,141,932
General Medical Cases	370 <b>,</b> 55 <b>2</b>	333,756	672,729	478,572	1,855,609
Injections	206,720	252,060	461,984	<b>2</b> 85 <b>,</b> 747	1,206,511
Dressings and Skin Treatments	<b>2</b> 34,065	155,188	628,509	435,006	1,452,768
Eye Cases	159 <b>,29</b> 6	78,346	662,098	472,256	1,371,996
Dental	24,451	11,688	<b>2</b> 7,564	17,161	80,864
TOTAL	995,084	831,038	2,452,884	1,688,742	5,967,748

Table 2

HOSPITAL FACILITIES AVAILABLE TO PALESTINE REFUGEES, 1963 - 1964

Hospital beds available for refugees in each country during the year were as follows:-

Le	<u> þanon</u>	Syrian Arab Republic	Jordan	Gaza	Total
Population Served by Medical Services (1) 13	0 <b>,2</b> 73	117,995	621,153	272,511	1,141,932
N° of Beds Available					
General Tuberculosis (2) Maternity Paediatrics Mental TOTAL	155 66 4 15 59 <b>2</b> 99	79 21 a 7 - 2 109	486 116 b 5 <b>2</b> 11 <b>2</b> 75 841	3 <b>2</b> 0 150 75 52 - 597	1,040 353 138 179 136 1,846
Beds per 1000 population	2.29	0.92	1.35	2.19	1.61

- 1) Figures based on the Registration Statistical Bulletin for second quarter of 1964.
- 2) (a) An average of 1 Tuberculous bed was occupied by refugees from Syrian Arab Republic in Bhannes (Lebanon) Sanatorium.
  - (b) An average of 6 Tuberculous beds were occupied by refugees from Jordan in Bhannes (Lebanon) Sanatorium.

# No of Hospitals

Government and Local Authorities	31
Voluntary and Private Societies	39
Agency	2
	72

In addition there are maternity centres, 1 in Syria, 3 in Jordan and 7 in Gaza.

# Rehydration Nutrition Centres

	Lebanon	Syrian Arab Republic	Jordan	Gaza	Total
N° of Centres	2	3	1	2	8
N <sup>o</sup> of Beds	10	21	12	_44_	87

Table 2 (Continued)

		Present Pe	riod	Previous Period			
	bed days	•	% used of total bed days available	-	•	% used of total bed available	days
Lebanon Syrian Arab	105,686	107,525	102	111,739	114,809	103	
Republic	41,640	33,106	80	47,544	34,348	72	
Jordan	321,428	<b>2</b> 45,536	76	364,122	291,334	80	
Gaza	218,318	177,441	81	211,118	173 <b>,</b> 068	82	
	687,072	563,608	82	734 <b>,52</b> 3	613,559	84	

Of the patient days used, the number of bed days used per 1,000 refugees were as follows:

Country	Patient Days	Population	Patient Days per 1,000
Lebanon	107,525	130,273	825
Syria	33,106	117,995	<b>2</b> 81
Jordan	245,536	621,153	395
Gaza	177,441 563,608	272,511 1,141,932	651 494

Table 3

LABORATORY SERVICES

During the year 1 July 1963 - 30 June 1964, 55,454 tests were carried out. The most significant of these were as follows:

Services	N <sup>o</sup> Examined	Nº Positive	
Blood			
Films for malaria and relapsing fever	2,207		
Malaria Relapsing Fever		49 1	
Widal Weil Felix STS	1,084 479 17,463	316 0 377	
Stools			
Ova and Parasites  Ascaris Taenia (mostly Saginata) Ankylostoma Trichiuris Trichiura Amoebae Hist. (Cysts or Troph)	31,444	6,363 878 246 2,279 1,640	
Smears and Cultures			
Coryn. Diphtheria Neisser. Gonorrhea Mycobact. Tuberculosis	256 64 2,457	2 15 534	

Table 4

INFECTIOUS DISEASES RECORDED AMONG PALESTINE REFUGEE POPULATION
1 JULY 1963 - 30 JUNE 1964

	Lebanon	Syrian Arab Republic	Jordan	Gaza	Total
Population	130,273	117,995	621,153	272,511	1,141,932
Plague Cholera Yellow Fever	0	0 0	0	0 0	0
Smallpox Typhus (louse borne) Relapsing Fever	0	0	0	0	0
(louse borne) Relapsing Fever (endemic)	0	0	O 6	0	6
Diphtheria Measles Whooping Cough Chickenpox Mumps	0 1,796 811 1,182 773	6 79 <b>2</b> 43 825 1 <b>,</b> 177	2,138 247 1,905 2,739	0 2,688 645 1,652 997	12 7,414 1,746 5,564 5,686
Meningitis (cerebrospinal) Poliomyelitis Enteric Group Fevers Malaria Bilharziasis Ankylostomiasis Tuberculosis Syphilis Gonorrhoea Scarlet Fever Rabies Tetanus Tetanus Neonatorum Brucellosis Infective Hepatitis Leishmaniasis Cutaneous The following statistics	2 12 3 3 0 10 23 151 2 0 0 0 0 98 0	4 2 137 0 0 0 102 9 1 0 0 0 0 0 72 26	0 11 28 2 0 0 16 8 3 0 0 5 1	8 17 33 28 33 185 152 43 12 0 0 9 0 411	14 42 201 33 33 195 293 211 18 0 5 10 0 721 26
show the number of clinic attendances in respect of the diseases indicated: Dysentery Trachoma Conjunctivitis		2,843 231 6,715	3,946 11,943 38,336	<b>2,</b> 446 1,327 7,002	18,96 <b>2</b> 13,863 64,196

Table 5

MATERNAL AND CHILD HEALTH

Ante-Natal Services	Lebanon	Syrian Arab Republic	Jordan	Gaza	Total
Nº of ante-natal clinics	19	<u>24</u>	<u>29</u>	9_	81
N° of pregnant women newly registered Average monthly attendance N° of STS performed N° of cases positive serology N° of home visits (ante-natal care)	4,661 1,429 1,997 152 1,115	3,089 933 1,196 18 1,089	11,391 3,488 4,419 8 1,130	13,559 3,654 4,376 37 196	32,700 9,504 11,988 215 3,530
Infant Health Care					
No of infant health centres	<u>19</u>	<u>24</u>	<u>27</u>	2	<u>79</u>
N° registered O-1 year monthly average N° attended O-1 year, monthly average N° registered 1-2 years, monthly average N° attended 1-2 years, monthly average N° of smallpox vaccinations N° of TAB immunizations completed N° of triple vaccine immunizations completed N° of home visits (infant care)	4,641 3,369 4,126 1,460 3,137 3,340 4,141 13,184	2,991 2,055 3,532 1,158 2,908 2,098 2,781	8,248 5,801 8,333 3,506 4,842 6,048 6,570 16,617	13,130 7,716 9,705 2,682 12,565 6,497 9,789	29,010 18,941 25,696 8,806 23,447 17,983 23,281 41,734
School Health Services					
N° of school teams	1	1	2	1	<u>5</u>
N° of children examined N° of schools inspected N° of TAB boosters given N° of diphtheria boosters given	15,005 176 23,883 3,527	16,922 118 0 2,807	23,713 172 0 11,883	6,701 229 95,036 6,352	62,341 695 118,919 24,569

Table 6

UNRWA SUPPLEMENTARY FEEDING PROGRAMME

Average number of beneficiaries 1 July 1963 - 30 June 1964

	Daily co	ooked mea	al beneficia	Monthly dry ration beneficiaries					
	Ave	e <b>ra</b> ge for	r the year		Average for the year				
Country	Nº of feeding centres	0-2 yrs	2-15 yrs and special cases	Total	Pregnant women		TB out patients		Grand Total
Lebanon	19	493	3,9%	4 <b>,</b> 489	1,188	3,593	80	4 <b>,</b> 861	9 <b>,</b> 350
Syrian Arab Republic	18	481	4 <b>,</b> 257	4,738	764	1,967	149	<b>2,</b> 880	7,618
Jordan	<b>4</b> 8 6	1,924 205	15,445 7œ <sup>a</sup>	18 <b>,2</b> 80	3,012	12,592	552	16 <b>,1</b> 56	34,436
Gaza	108	1,352 4,455	10 <b>,2</b> 53 34 <b>,</b> 657	11,605 39,112		9,983 28,135	399 1,180	13,621 37,518	25,226 76,630

a Centres operated by voluntary societies

Table 7

UNRWA MILK PROGRAMME

Average number of beneficiaries 1 July 1963 - 30 June 1964

	Number of mi	.lk centres	Daily number of beneficiaries Average for the year					
Country	Preparation and distribution	Distribution only	Milk distribution centres	Schools	Orphanages, medical pre- scriptions etc	Total		
Lebanon	22	3	25,176	7,332	2 <b>2</b> 8	3 <b>2,</b> 736		
Syrian Arab Republic	<b>2</b> 1	-	26,737	11,614	59	38,410		
Jordan	<b>79</b> 10 <sup>a</sup>	-	46,276 1,131	<b>2</b> 7 <b>,</b> 260	151	74,818		
Gaza	17 149	3	19,234 118,554	33,580 79,786 b	10 <u>1</u> 539	52,915 198,879		

<sup>&</sup>lt;sup>a</sup> Centres operated by voluntary societies

b Average for the scholastic year

Table 8
TRAINING PROGRAMME

The following is a summary of the training of medical and para-medical personnel in the universities and nursing training schools per country of residence during the period under review:

	<u>Lebanon</u>	S.A.R.	<u>Jordan</u>	<u>Gaza</u>	<u>Total</u>
		<del>-</del>	_	<del></del>	
Medicine	15	27	90	44	176
Dentistry	1	-	6	-	7
Pharmacy	-	6	10	9	25
Sanitation	-	-	-	1	1
Sub-Total	16	33	106	54	209
General Nursing					
A.V.H. School	-	-	13	-	13
PARI School	-	27	-	••	27
A.U.B. School Sub-Total	4	27	3 16	-	47
Grand Total	<b>2</b> 0	60 ===	122 ====	54 ===	256 ====