

**Haitham T. Idriss.\*****1950-2007: UNRWA Revisited.**

Annals of Alquds Medicine, Editor's Office.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Palestinians of my generation probably remember visiting a United Nations Relief and Work Agency (UNRWA)<sup>1</sup> clinic for vaccination, check-ups, medical treatment or dental treatment. One need not have lived in a refugee camp to use UNRWA services. Those who have never lived in a refugee camp, may remember UNRWA paying fees to the private schools they attended in Lebanon, for example, in order for them to receive an education and for establishing UNRWA clinics for health and dental check-ups. My private secondary schooling in Beirut-Lebanon was paid for by UNRWA (I paid fees to be able to attend school and university in London-England).

The UNRWA was established in 1949 by the United Nations (UN) in response to the mass exodus of Palestinians in 1948, subsequent to the Zionist assault on Palestine. It was intended to provide three major services to displaced Palestinians; Healthcare, education, work and social welfare. The crisis faced by Palestinian people at the time made it essential to have a service that would replace the basic infrastructure that Palestinians lost. UNRWA started its operations in 1950 and to date continues its work in five geographical areas (operation fields): the West bank, Gaza, Jordan, Syria and Lebanon. During a recent visit to Amman in Jordan I met with Dr. Zuhair Al-Zu'bi, Chief Field Health Programme, UNRWA-Jordan, over a cup of coffee for a discussion about UNRWA healthcare services. I wanted to learn more about the services UNRWA health care offers and what needed to be done to optimise UNRWA's services to the Palestinian refugees.

**Q1: Can you tell me, Dr. Zuhair, about UNRWA healthcare.** A: 'UNRWA provides free comprehensive primary health care services that are intended to be similar to the health services provided by the country hosting Palestinian refugees. Palestinians who were living in Palestine between 1946 and 1948 and who were displaced from their homes because of the Palestinian-Israeli conflict are themselves eligible (as well as their descendants) for registration with UNRWA for services including healthcare'.

**Q2: Would Palestinians who now hold other Citizenship(s) still qualify for UNRWA Healthcare services?** A: 'Yes, technically speaking. Palestinians do not lose UNRWA services eligibility by acquiring other citizenships'.

**Q3: How about Palestinians born outside Palestine and who hold other citizenship(s), would they qualify for UNRWA healthcare services?** A: 'In principle, they qualify for UNRWA health services, should they choose to live in any of the areas where UNRWA operates as far as they are registered refugees'.

**Q4: Would it be in their interest to register with UNRWA ?** A: 'Yes, it would. This would preserve their rights as Palestinians'. Registration is available with UNRWA Jordan from 7:30 to 1:45 Saturday through Thursday.

**Q5: What does a Palestinian refugee moving to Jordan need to do to use UNRWA healthcare services in Jordan?** A: 'This person should advise us that s/he is moving to Jordan and disclose the UNRWA number and we will do the rest. We then issue a letter from this office requesting registration with UNRWA in Jordan'.

**Q6: What if one does not remember one's UNRWA number?** A: 'We can find it since records are now computerised'. UNRWA numbers were issued for Palestinians and their families (spouses and children) post-1949 and are kept on record in Austria!

**Q7: Could I have a consultation with an UNRWA physician or obtain medicines whilst on visit in Jordan?** A: 'No, the services are meant to be for residents and not for visitors'.

**Q8: What services does UNRWA healthcare provide to Palestinians?** A: 'Mainly comprehensive primary health care, including preventative and curative medical care services which are provided free of charge and selective secondary and tertiary health care (this services is partially subsidized), including rehabilitation. UNRWA preventive health care services include family planning and maternity (antenatal and postnatal) care, and school health services. UNRWA also offers free basic diagnostic services (including X-rays) and free essential medicines. We also provide some training for health care workers, participate in national health awareness campaigns, and maintain acceptable environmental health standards in refugee camps'.

**Q9: What subspecialties does UNRWA offer?** A: 'Almost all, including cardiology, (heart) vascular , ophthalmology and Gynaecology/ Obstetric subspecialties. We have 24 clinics in Jordan and a special arrangement with the Hussein Medical City in Amman'. UNRWA reimburses a small amount of the incurred cost. Health centres in Jordan operate from 7:30 to 13:45 for six days a week, Saturday through Thursday. The opening and closing times of the health centres varies from host country to host country. In Jordan we provide health services to 1.9 million registered refugees, and during 2007 UNRWA health services provided 2 million consultations.

**Q10: How about cancer treatment?** A: 'That and renal dialysis we do not offer. However, cancer treatment is usually provided free of charge by the Ministry of Health in Jordan and renal dialysis is available through Jordan government hospitals' .

**Q11: Does UNRWA have its own hospitals?** A: 'No, but we have agreements with Jordanian hospitals for treating Palestinian patients through UNRWA. We used to (partially) reimburse patients for hospital treatment until October 2006. Patients used to pay the whole cost for hospital treatment and recover 75% of what they had paid from UNRWA. However, now we have direct agreements with (MoH) Jordanian hospitals whereby payments are made directly to the hospitals'.

**Q12: Does UNRWA provide free dental treatment?** A: 'Yes, it does for preventive and restorative (scaling, filling and extraction) '.

**Q13: How extensive is the UNRWA Pharmacy?** A: 'We provide all the medicines (generics) on the WHO essential medicines list<sup>2</sup>'.

Essential medicines are the medicines that address the priority health care requirements of a given population. These medicines are selected through an evidence-based process with due regard to public health relevance, quality, safety, efficacy and comparative cost-effectiveness. UNRWA has a list of hundreds of essential drugs that are revised and updated every few years according to WHO recommendations. UNRWA Health services provided at our primary health care centres are free to all registered Palestine refugees. UNRWA does not sell medications.

**Q14: Do you lack any items not present in the list?** A: 'No, we buy everything we need, including non-catalogued items'.

That sounded all too well, but I wanted to sample opinions of Palestinians who use UNRWA healthcare services. I asked a Palestinian woman who lives in Amman about the quality of services UNRWA healthcare provides and she said: 'They tell you they have all the necessary medicines at UNRWA but it is a regular occurrence to go to the UNRWA pharmacy only to realise that it has run out of essential medicines, so one ends up having pay money to buy them from private pharmacies in Amman and medicines are expensive. It also takes a long time to see a physician'. I asked a Palestinian man living in Amman who takes tablets for type II diabetes about UNRWA and he said: 'I can find the medicines I need at UNRWA and it's free. It would cost a fortune to buy them from a pharmacy in Jordan. My wife has to buy her medicines though, because UNRWA would not register her for the service, even though she is Palestinian, since we could not demonstrate she or her parents had refugee status in the fifties'. I further sampled some opinions from Palestinians who live in Beirut. One Palestinian man who lives in Beirut said: 'I take blood pressure (antihypertensive) tablets and often when I call for a repeat prescription at the UNRWA pharmacy in Beirut they tell me they have run out of the medicine I need, so I end up having to buy it from private pharmacies in Beirut and it is very expensive. Last time I had someone bring it to me from Turkey, because it is cheaper over there'. A Palestinian woman who lived in Beirut since 1948 said: 'UNRWA does not provide the Asthma medication I take. I pay for private consultations myself and constantly pay for medicines I need for my asthma. My husband needed a blood transfusion when he was ill with a bleeding condition, but could not find a blood donor through UNRWA'. Another Palestinian woman who lives in Beirut said: 'UNRWA does not pay the full cost for heart surgery. My husband had to personally raise 8000 USD to have Coronary Heart Surgery in a private Lebanese hospital, because this service is not provided by UNRWA and the Lebanese do not subsidise treatment for Palestinians. UNRWA paid only 1000 USD and we had to find the rest'.

I communicated some of these concerns to Dr. Zuhair who said: 'Medication should be available to dispense to patients at all times. Every Palestinian qualifies for UNRWA healthcare services, as long as they can demonstrate they were made refugees. Registration with UNRWA is not means tested. In Jordan we subcontract with national (MoH) hospitals to provide Palestinians with the in patient services they need, including surgery, and meet 75% of the cost. Lebanon seems to be lagging in terms of the services it provide'.

**Q15: What was UNRWA's total budget for this year?** A: '360 million USD in 2005, 68 million USD was the share for UNRWA healthcare in all five fields of

operation'. UNRWA's regular budget for 2007 is expected to be 394.6 million USD of which 328.2 million USD is the anticipated expenditure for staff costs. The funding excess (shortfall) for 2007 is expected to be 2.6 million USD<sup>1</sup>.

**Q16: If I ask you now what UNRWA lacks, what would you say?** A: 'We could do with more laboratory equipment and additional human resources'.

**Q17: Who is the head of UNRWA?** A: 'Karen Abu Zayd. She does a good job'

**Q18: Is she Palestinian?** A: 'No, American'.

Karen Konning-Abu Zayd, who is married to a Sudanese professor, became Commissioner General of UNRWA in 2005.

**Q19: Has there ever been a Palestinian that headed UNRWA since it started in 1949?** A: 'No'.

I bid Dr. Zuhair and staff on the floor farewell and went on to UNRWA headquarters in Amman to meet with Dr. Ali Khader, Reproductive Health Officer, UNRWA-Jordan. I was given a copy of the 2005 UNRWA Annual Report of the Health Department to read. I asked Dr. Ali over a second cup of Arabic coffee some questions about UNRWA in general.

**Q20: What are the education standards in UNRWA schools like? I attended private schools in Beirut and then in London.** A: 'Students can go through UNRWA schools and receive a good education and subsequently do well. I received my education in UNRWA schools and attended UNRWA health centres and now work for UNRWA'.

**Q21: What would you say about UNRWA in general?** A: 'It is one of the good organisations looking after the well-being of Palestinians. It provides essential services to many Palestinians and its staff are dedicated'.

**Q22: Does UNRWA have universities or research institutes?** A: 'UNRWA only has teacher training programmes and vocational training centres, but does sometimes support students for higher education when it receives funds'. Budgetary constraints forced the Agency to discontinue the scholarship programme it previously supported from the general fund of contributions in 1997/1998<sup>1</sup>.

Al-Teereh College in Ramallah educates Palestinian girls to be teachers, nurses and other disciplines such as housekeeping, hairdressing, etc.

**Q23: Does UNRWA conduct medical (e.g. biomedical) research?** A: 'No. In fact we used to conduct operational and field research to monitor the health status of refugees in addition to making the necessary program management and adjustment'.

**Q24: Is *in vitro* fertilisation was available to married Palestinian couples through UNRWA?** A: 'No this service is not available'.

**Q25: Would you recommend the new generation of Palestinians, who were born in Britain, for example, and who hold UK citizenships to register with UNRWA?** A: 'Yes this is the only means for them to preserve their status and rights as Palestine refugees'.

**Q26: Can you tell me about some of the difficulties UNRWA is facing?** A: 'Some voices are calling for its abolition<sup>3</sup>, arguing it is no longer needed now that there are talks for a peace settlement. However, its role in supporting and building peace is obvious. Funding is another issue, not every country is honouring its commitment to UNRWA. Scandinavian countries tend to be the best donors, unlike Arab countries. There are organisations that support UNRWA such as the US Friends of UNRWA<sup>5</sup> and the UNRWA Spanish Committee<sup>6</sup>, which are very supportive'.

I concluded my meeting with Dr. Ali, but still had many questions going through my mind. Why is it that UNRWA does not have hospitals, universities and research institutions? Most of its money seems to go towards staff costs rather than reach the hands of Palestinian refugees. What happened to the wealth of Palestinians? Surely, this is what in reality is paying for organisations like UNRWA and not donor states.

Further questions (suggested by peer-reviewers) were later put to Dr. Ishtaiwi Abu-Zayed, who succeeded Dr. Zuhair Al-Zu'bi and is currently Chief Field Health Programme, UNRWA-Jordan.

**Q27: Can you tell me about future plans to improve the UNRWA services?** A: 'UNRWA is dependant on donations from donors and therefore the implementation of future plans is dependant on the availability of funds. However our long term strategy to improve UNRWA Health Services includes: (1) Improving the infrastructure through extension and renovation of some health centers. (2) Recruitment of additional health staff members. (3) Building the capacity of health staff members. (4) Improving access to health services by building new health centers in remote areas where some refugees have problems with accessibility. (5) Modernization of medical equipments. (6) Automation of laboratory services. (7) Provision of growth and monitoring services for children from 0-5 years age instead of the present one that covers children from 0-3 years old. (8) Mechanization of refuse removal from camps'.

**Q28: What is the expected growth rate and how will UNRWA handle it?** A: 'The estimated population growth rate based on the UNRWA registration system, which is voluntary, is 2.3%. This growth in population will have an impact on the UNRWA Health Programme, as health services are already very stretched to accommodate the current refugee population. Only through an increase in resources (both financial and human) will the UNRWA Health Programme be able to manage the added responsibility of servicing more refugees'.

**Q29: Does UNRWA they provide food?** A: 'Food aid is coordinated through UNRWA's Relief and Social Services Programme. Food rations are distributed to refugees in the special hardship case category on a bi-monthly basis at special UNRWA distribution centers. The value of this relief assistance is about US\$136 per person annually, and most of it is received as in-kind donations from donor governments in the form of basic foodstuffs such as flour, rice, sugar, milk and cooking oil. Quality control is carried out at the Agency field offices to ensure that the

commodities meet the right specifications and are properly stored and handled. As part of its emergency relief activities in the West Bank and Gaza since September 2000 UNRWA has greatly increased its provision of food aid – for example prior to 2002 UNRWA distributed food to 11,000 refugee families. However, it is now targeting almost 220,000 families across the West Bank and Gaza. By September 2002 UNRWA had distributed 1.5 million food parcels. These typically contain 50kg of flour, five kg of rice, five kg of sugar, two liters of cooking oil, one kilogram of powdered milk and five kilograms of lentil<sup>1</sup>.

**Q29: Why doesn't UNRWA establish some institutions or companies that may produce benefits and generate some profit?** A: 'UNRWA is not a private sector organization; therefore it is not in the business of profiting from assisting the Palestine refugees'.

**Q30: Will UNRWA establish medical school(s) in its fields of operations to educate Palestinians to degree level in Medicine and related subjects?** A: 'Medical schools are very specialized schools and they are out of the scope of UNRWA mandate'.

**Q31: Does UNRWA advice Palestinian students on where best to study medicine and/or related subjects?** A: 'As UNRWA only educates to high school level (with the exception of Lebanon where secondary schooling is offered), it is often through the Host Country schooling system that Palestinian students receive advice on graduate study programmes'.

UNRWA was established by the UN to ensure the well-being of Palestinians who lost much of their country's infrastructure. Generally, the healthcare sector filled a big gap in meeting the health needs of Palestinian refugees<sup>6</sup>, but not enough in my view. A recent evaluation of UNRWA healthcare service by a WHO committee concluded that the organisation provides a satisfactory and important service to Palestinian refugees, yet highlighted some shortcomings in services offered in the Lebanon<sup>7</sup>. For instance, Palestinians of the Lebanon requiring heart surgery would only receive \$1500 towards a cost of surgery of around \$6000. The report highlighted key areas where improvisation of UNRWA services would have a positive impact on the healthcare of Palestinian refugees.

**Acknowledgements:** I thank Drs. Zohair Al-Zu'bi, Ali Khader and Ishtaiwi Abu-Zayed for their cooperation and comments at the manuscript.

**References:**

1. [www.unrwa.org](http://www.unrwa.org) .
2. <http://www.who.int/entity/medicines/publications/EML15.pdf> and  
<http://www.who.int/mediacentre/factsheets/fs325/en/> .
3. [http://www.cdn-friends-icej.ca/un/a\\_unrwa.html](http://www.cdn-friends-icej.ca/un/a_unrwa.html) .
4. <http://www.friendsunrwa.org/index.html> .
5. <http://www.friendsunrwa.org/index.html> .
6. UNRWA, Annual Report of the department of Health, 2005.
7. [http://www.emro.who.int/docf/who\\_em\\_dhs\\_001\\_e\\_en.pdf](http://www.emro.who.int/docf/who_em_dhs_001_e_en.pdf) .

\*Correspondence e-mail: [aqmeditor@najah.edu](mailto:aqmeditor@najah.edu) .