United Nations Relief and Works Agency for Palestine Refugees in the Near East

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health

protecting and promoting family health
Together... for Better Health

health

protecting and promoting family health
UNRWA’s health mission

To provide quality health care for Palestine refugees that enables them to live long and healthy lives by ensuring universal access to quality comprehensive services, preventing and controlling diseases, and protecting and promoting family health.
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introduction

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established as a subsidiary organ of the United Nations General Assembly on 8 December 1949. The Agency has played an essential role since its establishment in providing vital services for the well-being, human development and protection of Palestine refugees and the amelioration of their plight, pending the just resolution of the question of the Palestine refugees. UNRWA’s mission is to help Palestine refugees achieve their full potential in human development under the difficult circumstances in which they live, consistent with internationally agreed goals and standards. The Agency carries out its mission by providing a variety of essential services within the framework of international standards to Palestine refugees in the Gaza Strip, the West Bank, Jordan, Lebanon and Syria.

UNRWA has been the largest humanitarian operation in the region for over 60 years. Indeed, it has also been—and continues to be—the main provider of comprehensive primary health care for Palestine refugees in the region. As part of its mandate, the Agency protects and promotes the health of Palestine refugees registered in its five fields of operation.

Unlike many other UN agencies, UNRWA is engaged in direct service delivery. It is responsible for the management of health centres and the hiring, training, and retention of health-care staff. Through the Agency’s network of 139 primary health centres and mobile clinics, refugees can access free primary health-care services ranging from preventive care to general medicine, specialist care, and referrals to other medical services. The services are guided by the World Health Organization (WHO) standards.

To improve effectiveness and efficiency of its health services, UNRWA is reforming its program through the family health team approach. Working in family health teams, UNRWA’s medical staff are able to provide holistic and continuous care to their patients and families. Taking this community-style and family-centred approach, the teams involve the whole family in addressing comprehensively health issues; particularly non-communicable diseases such as diabetes and hypertension. The family health teams offer continuous preventative and curative care for each stage of life.

UNRWA’s provision of health care to Palestine refugees is in line with the development goals of the UN and host governments regarding promotion of healthy living and access to health care. One of the Agency’s human development goals, represented in its Medium Term Strategy for 2010-2015, is the ability to live long and healthy lives. This goal is guided by three strategic objectives: to ensure universal access to quality comprehensive primary health care; to protect and promote family health; and to prevent and control diseases.
palestine refugee health in the 21st century

UNRWA’s health programme has delivered comprehensive primary health-care services to Palestine refugees for over 60 years, achieving real health gains in the area of communicable diseases and maternal and child care. Today, like other health-care providers, UNRWA faces the challenge of the rise of costly non-communicable-diseases and their treatment.

As the life expectancy of the Palestine refugee population increases, its demography has changed. Refugees are largely young, as those under 24 years of age represent 50 per cent of the population, and overall, the refugees are living increasingly longer as per the host countries. The population’s demography, the global trend of ageing populations suffering from non-communicable diseases, and expensive health care all contribute to the economic burden borne by families who are already struggling under the weight of generalised poverty and unemployment.

Today’s health trends

Non-communicable diseases and their complications are now responsible for 60 per cent of deaths worldwide. In the Eastern Mediterranean region, this proportion is even higher. In 2004, non-communicable diseases resulted in 84 per cent of all deaths in Jordan, 86 per cent in Syria, and 81 per cent in Lebanon.

Mental health is also recognised as a significant unmet need.

This trend is apparent in the Palestine refugee population. The main causes of mortality and morbidity in UNRWA’s refugee population are no longer communicable diseases traditionally managed through interventions such as improved water and sanitation, immunisation, and short-term medical treatment. They are non-communicable diseases which may be caused by progressive urbanisation, reduced physical activity, changes in nutritional habits and life-style, and increased life expectancy.

Therefore, the Agency’s health priority is tackling non-communicable diseases including diabetes, cancer, and cardiovascular and chronic respiratory diseases. Associated with these are risk behaviour factors (including tobacco use, physical inactivity, harmful alcohol use, and unhealthy diet) which require preventative and pre-emptive medical interventions at the primary-health level to reduce in the long-term the expensive care for patients succumbing to these diseases.

2. World Health Statistics
the family health team: a family-centred health service

To address an increase in the incidence of non-communicable diseases, UNRWA is utilising its existing resources to readjust and modernize its primary health care through the introduction of family health teams. The family health team model provides comprehensive primary health-care services for the entire family through a multi-disciplinary team of service providers. Shifting from a vertical model of health-care delivery, where each clinician is responsible for one type of service, the family health team approach transforms service delivery into a horizontal model emphasising efficiency.

Under the family health team approach, each team in the same health centre treats a similar number of families. The redistribution of case-loads has equalised the staffs’ workload, namely daily medical consultation. This has allowed us to introduce measures to reduce overall daily consultations. One is the reduction of repeat visits. A patient can get answers to most questions during their appointment with the team. Decreases also resulted from enforcing the appointment system which reduced the extra traffic generated from non-emergency walk-in cases; and having patients seeking prescription refills go directly to the pharmacy rather than require a doctor’s signature.

To measure the impact of the reform, UNRWA has conducted a client flow analysis in the health centers.

Below are the results of the analysis conducted in the Rashidiyeh camp health center in Lebanon in July 2012. The analysis compared the number of consultations, wait time, and consultation time before and after introduction of the family health team approach.

Before the start of the family health team, one doctor at the health center was seeing an average 123 patients a day (or 123 average daily medical consultations per doctor). The number was too high for any doctors to provide sensible medical consultations. After the introduction of the Family Health Team, the number dropped to 83 per day and is attributed to the reasons listed above.

With an effective decrease in number of consultations, the average waiting time for doctors significantly reduced from 16.0 minutes to 8.2 minutes with help of appointment system. The average medical consultation time also increased, slightly though, from 3.2 minutes to 4.7 minutes.

Therefore the changes observed by those clinics piloting family health are positive: waiting rooms are less crowded and time spent in consultation is longer and more comprehensive. Overall the reform has helped the clinic to rationalize the flow of patients on a scale of most needy to less.

Results from client-flow analysis in Rashidiyeh Health Centre, Lebanon, July 2012

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Average daily medical consultations per doctor

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<thead>
<tr>
<th></th>
<th>Before FHT</th>
<th>After FHT</th>
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<tbody>
<tr>
<td>150 consultations</td>
<td>123</td>
<td>83</td>
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Average waiting time and consultation time per doctor

<table>
<thead>
<tr>
<th></th>
<th>Waiting time</th>
<th>Consultation time</th>
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<tbody>
<tr>
<td>Before FHT</td>
<td>16.0 minutes</td>
<td>3.2 minutes</td>
</tr>
<tr>
<td>After FHT</td>
<td>8.2 minutes</td>
<td>4.7 minutes</td>
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The family health team: comprehensive and continuous care

The family health team aims to improve the comprehensiveness and quality of care through prevention and management of non-communicable diseases and curative care across the entire life-cycle of patients. It also encourages staff to be cognisant of environmental, socio-economic, cultural, and other patient characteristics that could impact the health of families. As trust builds between the families and their health teams, the opportunity for improved counselling and treatment arises. By regularly seeing the same team, a patient receives relevant and consistent counselling, treatment, and follow-up on referrals and prescriptions.

Supported through the implementation of a formalised appointment system, an electronic health (e-health) records system, and the physical reorganisation of the clinic to facilitate easy navigation of service-delivery points for patients, there is also an emphasis on organisational efficiency at family health clinics.

Integrating the family health team approach in all five fields of operations

The family health team approach is being implemented in all of UNRWA’s fields of operation. In the clinics piloting the approach, UNRWA is receiving positive feedback from community and staff members alike on improved efficiency and service delivery in the clinics. In Lebanon and Gaza, all health centres will integrate the family health team approach by the end of 2013, while the process will be complete in Jordan, the West Bank, and Syria by 2015 subject to adequate funding.
primary health services provided by the family health team

From maternal and child health to family planning, preventative and curative care, outpatient and diagnostic services, oral care, specialists, pharmacies, and referrals, Palestine refugees have access to comprehensive health care provided by their family health teams.

Perinatal care

Registered women receive regular check-ups, screenings, supplements to prevent congenital malformation, and protection against micro-nutrient deficiencies. High-risk hospital deliveries are subsidised by the Agency.

Infant and child care

The family health team provides mothers with health education and counselling on child care. Infants and children from birth to five years old receive a thorough medical examination in the clinics and when first enrolling in UNRWA schools. Services also include growth monitoring, immunisation, and screening for disabilities, child abuse, and neglect. Oral health, vitamin supplementation, and health education are also priorities.

“When I was in the third month of pregnancy, I registered in Yarmouk Health Centre with the maternal child-care health programme. Throughout my pregnancy, I was provided with routine check-ups, useful child-care counselling, and modern fetal care”.

Amani Mshainish, Yarmouk Health Centre, Syria

“I use UNRWA’s health centre for my children’s healthcare. They have different services, including vaccinations, growth monitoring, and access to medicine and medical tests. I attribute their good health to UNRWA’s professional care. The staff also counselled me on a number of different health issues related to children’s well-being, healthy environments, and family planning”.

Majda Majid Mahmoud Abdallah, Am’ari Health Centre, West Bank
Adolescent and adult care

Through their family health team, adolescent and adult refugees can access the preventive and curative services available in UNRWA clinics. Overall, these include screening for breast cancer, family planning, community mental health and psycho-social support (in the occupied Palestinian territory), gender-based violence screening and counselling, outpatient services, health education and nutrition awareness, oral-health services, diagnostic services, physical rehabilitation, and dispensaries.

“I am over eighty now, and I have been coping with diabetes for over 25 years. I come to Jabalia Health Centre on regular basis. They are very kind and helpful here. They usually ask me to do a number of tests to see where my sugar level has reached. They also advise me on a number of other issues related to my health”.  
Aysha Battah, Jabalia Health Centre, Gaza

“The appointment system exists for the benefit of community. I hope that everyone in the camp will be encouraged to follow the new instructions and commit to this new system, because it gives the patient the full right to be examined and treated in a reasonable amount of time”.  
Mahmoud Abu al-Shabab, clerk at Rashidieh Clinic, Lebanon

“At the end of 2011, 211,533 patients with diabetes and/or hypertension were registered for UNRWA services across the five fields. This is an increase of more than 12,000 patients from 2010 and is more than twice the number registered in 2001.

“Active ageing and the burden of chronic disease

The reduction in the incidence of communicable diseases combined with modifications in lifestyle and ageing have led to a change in Palestine refugees’ morbidity profile; with a rise in cases of cardiovascular disease, diabetes, and cancer. The Agency is intensifying its screening programme to detect disease and begin management as early as possible. The focus of UNRWA care is on diabetes and hypertension as both conditions are common among the refugee population.

“The health care I get here is good, and I have been receiving treatment here for over 25 years. Had it not been for UNRWA, I would not be able to pay for the medicine I need to take to control my diabetes and hypertension as it is too expensive for me”.  
Mysar Bakir Qasim, Jalazone Camp, Gaza
support services: e-health and pioneering cohort monitoring analysis

Introduced with the family health team approach is an electronic patient record system referred to as "e-health". The current patient record system is based on hard-copy folders. As a complement to the family health team approach, e-health ensures that family health teams can readily follow up and/or offer curative or preventative services as result of having consolidated information about the patient’s health. Streamlining service delivery into an electronic platform improves data management within the health care centres; informs on patterns in diseases and treatment through cohort monitoring; simplifies the reporting and referral processes, and allows for a holistic view of the individual and family health history.

E-health improves monitoring and planning

The e-health system improves the performance of health staff. It enhances staff managerial and administrative capacity and ensures consistent and accurate recording of statistical information. Improved statistical information is a pillar for UNRWA to achieve one of its organisational development goals: to define the health programme through evidence-based planning and management. The e-health system encourages and supports the implementation of UNRWA’s health reform by helping achieve the twin targets of cost efficiency and programme effectiveness.

Through e-health, which is now being introduced gradually in all UNRWA fields, UNRWA is pioneering cohort analysis to enable routine monitoring of the care of patients with non-communicable diseases. Before the introduction of e-health, such analyses were feasible only for a limited number of patients, requiring time-consuming hard-copy record reviews.

Testing new ideas for program cost-efficiency

To mitigate the impact of non-communicable diseases on the health programme, UNRWA applied a cohort monitoring and evaluation system used for Tuberculosis control to monitor and evaluate the management of patients with hypertension; the first attempt of its kind.

Cohort analysis provides detailed data which allows the health programme to assess changes in disease characteristics and measure the impact of current and long-term health care. It also facilitates planning and forecasting for patient care. Introducing this method across the Agency enables the health programme to adopt a systematic approach and replicable management structure in non-communicable-disease care, while simultaneously streamlining costs.

Integrating e-health into 139 clinics by 2015

The introduction of an electronic medical record system into a clinical practice is a complex task. However, experiences to-date have shown that the development and implementation of such a system is feasible even in a resource-constrained primary health-care setting. The Agency aims to introduce e-health into all of its 139 health care centres by 2015.

“I always come to this clinic for the regular follow-up visits and vaccination of my child; not only because the nurses are very kind and they always give me valuable advice regarding how to best care for my child, but also because I like the appointment system implemented at this clinic. It allows me to get the service without wasting time”.

Nada Yasser Hasan, Amman New Camp, Jordan

3. A cohort analysis is an analytical study in which a group having one or more similar characteristics (such as hypertension) is closely monitored over time simultaneously with another group (whose members do not suffer from the same health complications).
support unrwa and address palestine refugees’ health challenges

Financial challenges

While the costs of health care continue to escalate worldwide, the global financial crisis has negatively impacted upon the availability of consistent financial support from the Agency’s partners. Funding for UNRWA health services has not increased at the same pace as have the financial requirements for health programming.

Management of chronic diseases has also had substantial resource implications on UNRWA’s primary-health services, spanning staffing, to medicines, and hospital care.

Non-communicable diseases and their complications often require expensive long-term management, including the vital provision of medications, medical supplies and subsidies for hospitalization. Non-communicable-disease treatment and control is the health department’s largest area of spending as compared to other health services like maternal and child health and general outpatient costs.

Innovating & pioneering new approaches to meet the 21st century head on

Responding to these constraints, UNRWA has innovated and adopted new strategies to respond to the emergent needs of the population while strengthening the curative and preventative health components of its health services in a cost-effective way. Evidence gained through survey measuring the impact of the family health team and the appointment system has shown exciting and tangible results.

Health-care professionals work together to closely on patient treatment and are better placed to make timely decisions about their treatment and referrals. Immediate and direct access to patient files also simplifies the reporting processes and allows for longer consultation times due to the improved flow of patients in the clinics.

Working in this streamlined and cost-effective way ensures that investing in UNRWA’s health-care services translates into the efficient delivery of services to those in need.

Proportion of expenditure on medicines in 2011
NCD medicines accounted for 42%
unrwa cares

In line with its mandate, UNRWA will continue to provide primary health care to Palestine refugees through its network of health-care centres and mobile clinics. With its focus on comprehensive services encompassing preventive, general medicine, and specialist care services, together with the integration of the family health team and e-health reform initiatives to improve the cost-effectiveness and quality of its health-care services, the Agency provides reassurance that it is committed to contribute to the enjoyment of the right to health as a fundamental and inalienable human right of Palestine refugees.

Learning about the family health team

UNRWA’s health programme developed a set of cartoon characters to inform the community about the new family health team system. Key messages and cartoons were created in consultation with health staff and tested in the community.

The health team consists of a doctor, a nurse, and a midwife that provides you with comprehensive primary health-care services.

The team uses an appointment system which increases the medical consultation time and improves the quality of health-services delivery.

The team monitors the health of all family members from birth to old age: children, adolescents, adults and seniors.

The team is assigned to follow the same families; it cares for you each step of the way.

The team works with you to promote health and prevent diseases in the community.