Palestinian refugees outside the occupied Palestinian territory

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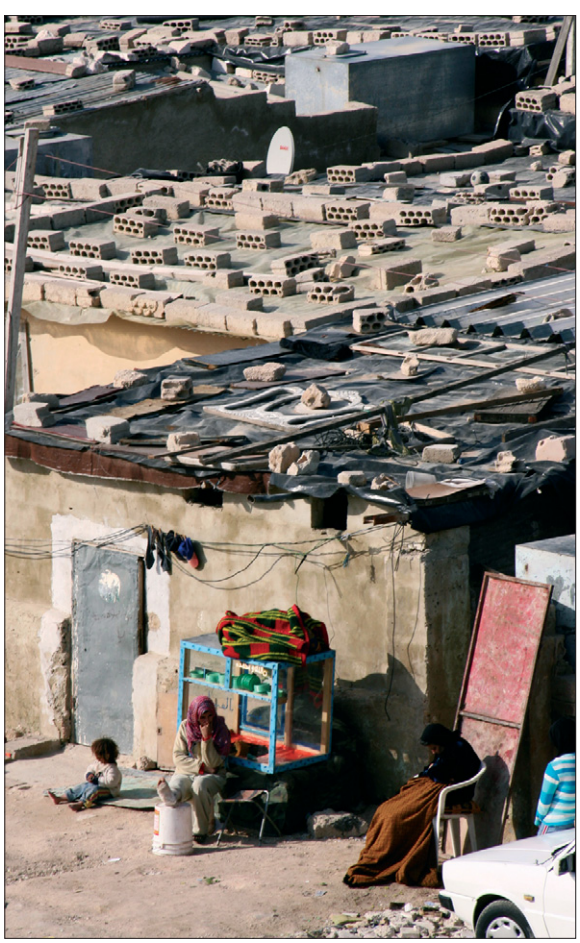
The 1948 Arab–Israeli war not only marked a crucial moment in the history of Palestine, but generated the largest refugee population in the world, thus affecting all its neighbouring countries. Of 4·6 million Palestinians with refugee status, 2·8 million reside outside the occupied Palestinian territory, in Syria, Lebanon, and Jordan. They are assisted by the UN Relief and Works Agency (UNRWA) for Palestine Refugees, which is their main health provider and therefore the most accurate source of information on their health status.[1]

The political and economic situation, the recognition of refugee status, and the level and possibility of access to governmental services in the hosting countries strongly influence the quality of life and health status of Palestinian refugees living outside the occupied Palestinian territory. In Lebanon, UNRWA is assisting about 417 000 refugees who are exonerated from the national taxation system but excluded from social security, and are prevented from practising 70 different professions including medicine.[2] All these factors contribute to making this refugee community the most vulnerable and financially dependent of those served by UNRWA outside the occupied Palestinian territory.[3] Almost 2 million Palestinian refugees reside in Jordan where they are entitled to full citizenship except for those who arrived from the Gaza Strip, who face restrictions on access to higher education and civil services.[4] About 457 000 refugees live in Syria where, even though they are not considered citizens, they enjoy full social rights. A particularly vulnerable group are 2700 Palestinians with refugee status who recently left Iraq and are stranded in camps in Syria and in the no-man's land between Syria and Iraq. The UN High Commissioner for Refugees and UNRWA provide them with basic relief while awaiting resettlement.

Palestinian refugees who live outside the occupied Palestinian territory are a young population with a 2005 fertility rate of 2·4 in Syria, 2·3 in Lebanon, and 3·3 in Jordan on average (number of children per woman). Similar rates are reported by hosting countries,[1] although fertility is higher in refugees in the Gaza Strip.

The infant mortality rate of Palestinian refugees declined from 180 deaths per 1000 livebirths in the 1960s to 32 per 1000 in the 1990s (32 in Jordan, 35 in Lebanon, and 29 in Syria).[1] In 2004, the infant mortality rate was 22 per 1000 (22·5 in Jordan, 19·2 in Lebanon, and 28·1 in Syria).[5] Communicable diseases have been replaced by prematurity, low birthweight, and malformations as major causes of infant death. Since the infrastructural and professional quality of postdelivery and neonatal assistance, including neonatal intensive care, are essential to preventing neonatal deaths and since refugees give birth in local public hospitals, the infant mortality rates are now similar to those in most host countries. The other health-related Millennium Development Goal indicators for Palestinian refugees who live outside the occupied Palestinian territory are similar to those of the respective host countries, except for the vaccination coverage rate (96·8% in Jordan, 100% in Lebanon, and 99·3% in Syria), and



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Palestinian refugee camp at Baqaa, Jordan

the proportion of births attended by health personnel (99·9% in Jordan, 99·9% in Lebanon, and 99·2% in Syria) that are consistently higher, which suggests effective health-service delivery and referral by UNRWA.

Communicable diseases associated with poor sanitation, such as viral hepatitis and enteric fevers, are still a public-health threat that reflects an endemicity pattern observed in the near East. The incidence of acute hepatitis per 100 000 refugees who live outside the occupied Palestinian territory in 2007 was 107·8 in Syria, 80·5 in Lebanon, and 17·4 in Jordan, and for typhoid fever was 25·4, 3·5, and 1·0, respectively. Notwithstanding the high vaccination coverage rate, an outbreak of mumps occurred in Lebanon in 2007 with a total of 133 cases over 231 000 assisted refugees (ten-fold the average incidence in the previous 5 years).[1]

The reduction of communicable disease incidence combined with a longer life expectancy and modifications in lifestyle have led to a change in the refugees' morbidity profile with the emergence of non-communicable diseases. The highest detection rate of diabetes mellitus in Palestinian refugees older than 40 years accessing non-communicable disease clinics run by UNRWA was noted in Syria (10·8%) and the highest prevalence of hypertension in Lebanon (20·2%).[1] These rates are service based and therefore lower than the expected prevalence rates in the eastern Mediterranean Region, where almost 26% of the adult population is estimated to be affected by hypertension and 7·7% by diabetes.[6] The global change in eating habits and lifestyles is also leading to higher caloric intakes and physical inactivity in Palestinian refugees who live outside the occupied Palestinian territory. However, this higher caloric intake is not associated with mitigation of existing nutritional deficiencies, which leads to a new and perhaps more unsettling kind of malnutrition, in which an excessive caloric intake, in the form of fat and carbohydrates, accompanies a persistent lack of micronutrients. Obesity is highly prevalent, reaching 53·7% in women in Jordan, while the lowest prevalence was found in Lebanon (men 23·6%, women 40·6%).[6] Meanwhile, iron-deficiency anaemia and vitamin-A deficiency remain severe public-health problems. In Lebanon, the prevalence of anaemia in Palestinian refugee children younger than 3 years in 2004 was 33·4%, which makes it the highest in Palestinian refugees who live outside the occupied Palestinian territory (28·4% in Jordan and 17·2% in Syria). In the same survey, the prevalence of anaemia in the West Bank and Gaza Strip was higher (34·2% and 54·7%, respectively).[1] Mental disorders, related to the chronically harsh living conditions and long-term political instability, violence, and uncertainty are becoming a public-health concern. In Lebanon, 19·5% of Palestinian refugee adolescents suffer from mental distress, and 30·4% of women in the same refugee camps reported mental distress.[7]

The data depict a complex situation, with emerging diseases and chronic and endemic unsolved health problems. Although UNRWA has effectively assisted refugees so far, their increasing economic vulnerability makes them increasingly dependent. The future of Palestinian refugees will be conditioned by how children are followed up in their development and growth, how women are protected from negative outcomes of pregnancy, and how the adult population is treated and counselled for leading diseases. By providing the best possible primary-health-care services, UNRWA is enabling these refugees to hold their destiny in their own hands.

We have summarised the health status of Palestinian refugees who live outside the occupied Palestinian territory. These refugees do need remembering as well, in addition to those populations described in *The Lancet* Series on health in the occupied Palestinian territory.[8–12]

Guido Sabatinelli, Stefania Pace-Shanklin,
**Flavia Riccardo, Yousef Shahin*
United Nations Relief and Works Agency for Palestine Refugees in the Near East, Amman 11814, Jordan
flaviariccardo@hotmail.com

We declare that we have no conflict of interest.

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