



دائرة الصحة العامة و المجتمعية *Community & Public Health Department*

**A Preliminary Evaluation of Urban Health
in Palestinian Cities**
[Draft Copy]

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Introduction

In order to fully explain the policy issues surrounding health care in urban areas, it is essential to understand health in its socio-environmental as well as biomedical contexts. Dye (1995) suggests that good health policy follows a well defined distinction between "good health care" and "good medical care". He contends that good health care does not necessarily mean only good medical care. Thus, when attempting to affect health policy makers often must reach beyond the realm of medicine. Issues of poverty, environment, behavior, nutrition and many other complex social determinants become main inputs in effective health policy making.

The previous definition of health is most critical when addressing urban health policy. While the urban environment may seem to harbor a wealth of medical services, it is also infested with socio-economic and environmental problems that subvert the total quality of health of city dwellers. Policy makers will be incapable of affecting positive change in health conditions if they only use the availability of health services, medical technology, and professional health personnel as indicators of good health care.

As urbanization is increasing in the world , particularly in developing countries (WHO, 1993), it is necessary to determine the effect of the city ecosystem on the health of its people, and how policy makers are responding to the health needs of their constituency. The change in the physical environment, modernization, industrialization and social aggregation experienced by city dwellers have been shown to affect the health status and the quality of life of urban populations (Williams,1990; Harpham, 1986; Harpham & Stephens, 1991). The effects of urbanization on health are a complex phenomenon influenced by many factors that are unique to each urban

environment and community. Hence, the study of urban health is a multi-disciplinary endeavor that requires the input of various professional and governmental sectors along with the community at large in order to produce effective and efficient policy.

Urbanization in the West Bank and Gaza

Urbanization proceeded at a limited rate in the West Bank and Gaza for the last two decades. The Palestinians, to a large extent, have been immuned to the effects of urbanization and modernization due to the restrictive policies of the Israeli occupation on socio-economic growth and development. With the onset of political changes in the area, there is a marked increase in economic activity which is contributing to the rapid expansion of some urban areas.

Currently, the Palestinian society is undergoing significant urbanization relative to other developing countries. A recent survey estimated that an average of 3 out of 5 Palestinians live in urban areas. In the West Bank an average of 2 out of 5 persons live in urban areas (FAFO, 1993). The Gaza population is predominantly urban and refugees. The West Bank urban population is distributed in 11 urban centers with an average population size of 43,000 inhabitants. However, the majority of urban population lives in only three of the 11 urban centers (ICBS, 1994).

What constitutes an urban area in Palestine is a little different than in other areas of the third world. The number of inhabitants may seem low compared with cities in the Arab world and other developing countries, but the rate of urbanization and urban expansion as well as the cultural composition of society play a major role in characterizing urban areas. The rate of rapid urbanization currently serves as an early warning system for what may come if there is no intervention both on the political and community levels.

Rapid urbanization in the West Bank and Gaza seem to have started in early 1990 following the Middle East peace initiatives which affected political, social, and economic life in the area. During that time, a surge in economic growth started that was - and still is - characterized by an unprecedented increase in building and construction, an influx in financial institutions, and an increase in entrepreneurial activities. The promise of greater opportunities resulted in a population shift to the city centers. The in-migration of rural populations is currently represented by an increase in both daily and permanent migration. The sudden increase in city dwellers left many public services lagging behind and produced visible injury to the urban environment. Even though plans are under way to upgrade some infrastructural components of some urban areas, little is done to study the effects of urbanization on health and how these upgrading schemes will merge into a master plan that will accommodate the increase in population while protecting the health of the people and the environment.

As is the case in many developing countries and until recently, most health services in the West Bank and Gaza have concentrated on rural and undeserved areas with a general belief that urban areas have better access to health care delivery venues. Even the primary health care model that was efficiently and effectively utilized by some local health service sectors was mainly implemented in rural areas for two reasons. First, for nationalistic reasons to activate the rural population and empower villages. Second, following the international aid trend of rural development (Garner, 1991). Now, with the social transitions the Palestinian nation is going through, health services in urban areas are insufficient to respond to the rapid changing needs of Palestinian cities

The urban health condition in the West Bank and Gaza presents another complexity not so uncommon among other developing nations. The diversity of socio-economic groups among urban populations as well as the prolonged exposure to military occupation produced multifaceted health conditions. In some disadvantaged areas and among urban poor, many of the common so called " third-world diseases " persist, while more chronic modern-day diseases are now a common phenomena among most socio-economic strata (UNCTAD, 1994).

Urbanization presents itself as a major potential health hazard to city planners and policy makers in the West Bank and Gaza. It is proceeding much faster than the response rate of the political establishment, and it entails the consideration of many variables within all service sectors. If a state of non-responsiveness persists, the general health of the population and the environment will be compromised.

Methods

A major methodological hinderance to urban policy analysis is the lack of data on the various urban centers. Most urban centers include data from a large majority of surrounding rural areas. Many important indicators are not regularly captured by city or state offices. In light of these realities, the study of urbanization must proceed with a large emphasis on qualitative data collected through qualitative methods.

The study design was constructed to accommodate the political realities of a region that is still in the process of emerging out of 27 years of military occupation. First, the region has not had any systematic methods for data capture and many data sets such as population census and morbidity and mortality statistics have been lacking or controlled due to their inherent effects on politics. Second, the new National Palestinian Authority is still in the process of establishing the necessary governmental

and non-governmental institutions. Third, mobility within the area is still restricted due to delays in the redeployment of Israeli forces and handing-over procedures.

The objective of the preliminary evaluation was to identify the features of urbanization in Palestinian cities and to assess the urban health planning strategy at the local and national levels.

The subjects for the interviews were independent experts and governmental employees representing various public sectors. Appendix 1 lists all the experts by profession and place of employment.

Data collection

The study concentrated on gathering two types of data. The first type was necessary to characterize urbanization in the area. This data included both qualitative and descriptive quantitative data. It was sectioned according to the sectors included in the study. The second type of data was obtained from extensive semi-structured interviews with governmental and non-governmental professionals to determine their level of awareness of this emerging problem and the existence of any plans to guard from its consequences. A case-study city of Ramallah was used to identify some of the issues that are of more concern at the local level. This particular city was used as it promises to be an interim capital city that is already attracting substantial governmental, commercial and residential activity. Furthermore, as an urban center, Ramallah is not as large as other cities like Nablus or Hebron and intervention may still yield a healthy city life. A comparative study with the city of Amman was conducted to analyze the modalities by which its city management and the national government responded to the fast urbanization that Amman went through. Amman was used because it also witnessed sudden waves of population influxes resulting from the

political situation in the region. It started with the Palestinian immigration of 1948 then 1967, the influx of people to the Jordanian capital due to the Lebanese war and most recently the Gulf war.

The methodological approach concentrated on assessing the perceptions of decision makers at both the local and national governmental levels. The main interest was to determine the level of awareness among public officials and independent experts who have the capability influencing public policies and services. In addition, the study aimed at exposing any discrepancy between the current policies and implementation practices.

The majority of data was collected through a semi-structured interview format where participants were asked general questions about urban health issues and specific questions within their areas of speciality. The focus of the study was the one question which was common to all interviews: "What are the most pressing health problems within your urban area?" All answers were analyzed by producing recurrent themes to the interview questions and extracting points of consensus among participants.

Results

Features of urbanization

Preliminary observational data indicated that Palestinian cities display a dichotomous nature. They mimic third world countries in many aspects, at the same time they manifest the challenges of cities from more developed countries in other aspects. Many of the features of urbanization documented in other cities are seen emerging in some Palestinian cities (WHO, 1993). There is a marked growth in urban population due to both high birth rates and in-migration, unprecedented spread in

residential settlements into the hinterland, a rapid change in the cultural context of housing shifting from segregated housing to multi-level aggregated housing, many older areas within cities are changing to run-down residential areas attracting rural migrants and poorer segments of society, visible increase of solid waste within cities, congestion in traffic, the failure of some public services such as health and sanitation, and the destruction of green areas internal and external to cities.

Urbanization and its related effects in Palestinian areas are highly variable and depend on a large number of factors. The Gaza strip contains the largest urban area where the majority of the population are refugees. This is a much different situation than that found in West Bank cities. Another factor that effects urban development is the distribution of Israeli settlements in the area. Some cities are surrounded by Israeli settlements while others are more distant. Some cities such as Hebron contain Israeli settlements within city boundaries and share a major part of their land and resources with these Israeli settlements, yet city governments for both areas are completely separate. Expectedly, the needs of Israeli settlements out-weigh the needs of Palestinian urban areas. The distribution and expansion of Israeli settlements is a major factor restricting plans for developing Palestinian urban areas. Such restrictions are expected to last long after the implementation of the full self-rule agreement for the West Bank and Gaza.

In addition, the sub-populations of each urban area are different. In the city of Ramallah there are four distinct sub-populations. The original residents of the city who have a long lineage in the area, the middle class refugees who immigrated for political and economic reasons but managed to assimilate into the city culture and were accepted as such, refugees who live in refugee camps within and at city boundaries

and rural immigrants who reside in run down old areas in the city. The last group represents a quasi under-class as they are not well accepted within the city culture, and they mostly occupy jobs in the formal and informal sectors, such as gardening, construction, domestic work, and garbage collection. While these different social strata are evident, little research has been done to characterize the differences among these groups. The same was observed in the city of Amman. The urban community is highly heterogeneous including very visible distinctions in socio-economic strata, much more so than that in the West Bank and Gaza. Some immigrants were fully integrated in the society and some remain aloof. Of all immigrant populations, the most visible is still the Palestinian refugee population living in refugee camps.

Policy issues

The evaluation of certain policies regarding some of the problems encountered in the observational data revealed that some problems may be attributed to the lack of a clear policy, while others were due to total disregard to existing policies. The housing and construction sector exemplifies some of these policy discrepancies. The city of Ramallah has an ordinance that requires commercial buildings to have parking lots (City Code, 1966). A rapid appraisal of some of the newly constructed commercial buildings in Ramallah revealed that none had a parking lot. The same holds for building permits, cutting trees, and many other public policies. Policies regulating the different aspects of city development exist, but little is being done to enforce them. At the local government level, the municipality only forwards notifications and warnings but does not follow up with any legal action or law enforcement to implement its policies.

Another obstacle that is directly related to the formulation of rational and effective policy is the lack of an organized information system for the collection of relevant data at the local government level. Interviews with Ramallah city officials indicated a number of areas that lack information collection necessary as inputs for policy formulation. To illustrate, the city had no standard definition of what is the poverty line in the city or any other statistics relating to the poor urban dwellers. The city did not know how much space is designated as parking space, neither did it have any guidelines for traffic laws. There were no clear areas marked for green space. Public parks and recreation were not presented as a priority. The old city of Ramallah was mentioned as a possible sight for a folk museum and art exhibit with no plans as to what will happen to the current inhabitants of these areas.

The process of policy formulation seemed to lack necessary inputs generated through scientific research. In contrast, urban policy formulation in Amman followed a more methodical approach of first researching a certain need and then formulating policy. Even though Amman still has major urban health challenges, most seem to be systematically eradicated through heavy governmental intervention programs that follows the recommendation of governmental and non-governmental research bodies. While most policies were a by-product of royal decree, this top-down approach proved to be efficient in responding to many of the urban needs of the Jordanian capital. High sensitization of the political leadership to community development needs resulted in a significant success in the urban policy arena.

A top-down approach to policy formulation may be effective as long as the leadership is benevolent and community conscience. Such a model may prove ineffective in the case of the West Bank and Gaza given the recent political history of

the area. Thus, a more systematic due-process of community involvement in policy formulation in the form of community-based research and community empowerment may stand a more rigorous test of efficiency, effectiveness, and sustainability. This model necessitates the dissemination of valid and reliable information to the community and empowering communities to make choices regarding their needs.

Housing and Construction

This represents the sector within the Palestinian economy that was highly responsive to the recent political developments. In the early 1990's and as various formulas for peace and political agreements were being drafted, the occupied regions started witnessing a surge of building activity in the West Bank and Gaza. Many Palestinians locally and in the diaspora realized the market potentials of the region and took advantage of early entry into the market. The main areas of investment were the purchasing of land and construction that centered in major Palestinian cities. This follows the cultural trend that values building as a sign of wealth and safe investment. City officials interviewed indicated that funding for all this private construction came from sources within the West Bank and from Palestinians in the diaspora. Internal investments seem to be restricted to a minority segment of the population that remained active in business and trade during the uprising. External funding came through investors who came back to seize the opportunity and establish early market entry.

Figure 1 illustrates the increase in building permits that were granted in the case-study city of Ramallah. Some numbers that the Ramallah municipality is using for city planning purposes show the increasing problems arising from urbanization. For example, municipal records show that the current average rent in the city (~ \$500) doubled in the last five years, and it is expected to peak soon after Ramallah becomes

part of the autonomous region under Palestinian rule. This increase in rent was not found to be paralleled by an increase in the average annual urban household income of the population which remains at \$2100 for lowest income families to about \$11400 for the highest income families (CHD, 1992). The municipality and the union of engineers report over 8000 empty rental units that are being held off from the market until the expected real estate appreciation occurs. In the mean time, there is a housing shortage and many middle income families will not be able to rent at the expected high rental prices.

One of the most interesting interview results with municipality officials - that explains some of the observational data from the city of Ramallah - was the inability of the municipality to list the number of building violations for the same years as the building permits. Their response was: "They [violations] are too many and we have no statistics for them". As to the most common types of building violations, the municipal engineering office listed the following (listed from most common to least common):

- 1) Unauthorized increase in the number of levels (zoning violations).
- 2) Unauthorized increase in the percent of the lot that a building should occupy.
- 3) Unauthorized renting of a designated parking garages.
- 4) Unauthorized initiation of construction prior to obtaining a permit.

The engineering office insisted that the reason for the inability to regulate construction is the lack of an executive authority and law enforcement bodies in the area that are capable of implementing city ordinance. The municipality only forwards a letter to the owner regarding the violation and no legal action is initiated. Restriction to water connections or other utilities is used as a punitive action for violators, but owners easily over-come these actions through contacts to people in influential

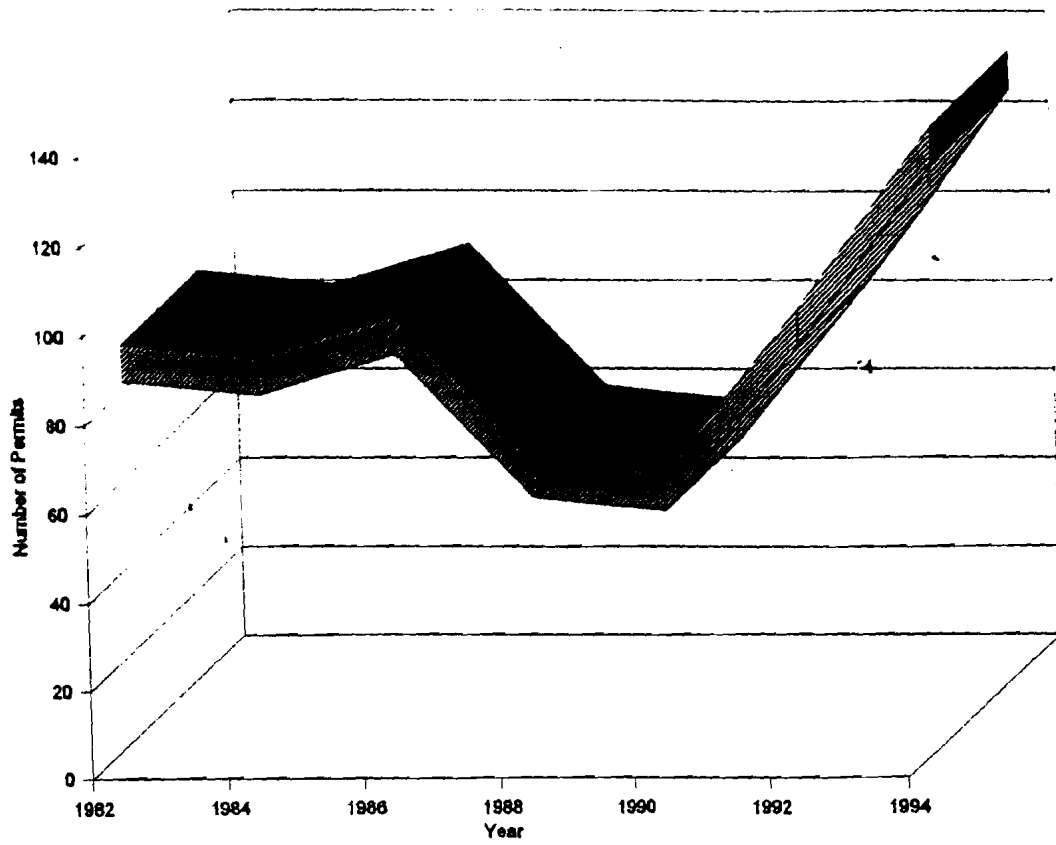


Figure 1: Number of building permits granted by Ramallah municipality for commercial and residential use.

positions and through bribery. The municipality also collects fines for any building that is not built to code. This however, has proven to be a very ineffective measure because most builders are rich enough to afford such penalties which, in any case, are not set at high ranges. In addition some violations are highly evasive to health and safety standards and should have been prevented completely. In general, financial penalties are ineffective punitive actions as municipalities tend to over-look their intended purpose of punishing offenders and are inclined to view penalties as an alternative funding source for a public sector with constraint resources:

Aside from this quantitative measure, field observations of a selected sample of commercial and residential buildings in the city of Ramallah revealed some striking discrepancies between building regulations (City code, 1966) and the actual building process. Most commercial buildings lacked parking facilities, and their height relative to the distance between building violated city ordinance . While zoning rules are present at the local government level, there are many violations that were highly visible among the observational assessment of the city that were not documented in the records of the municipality, and none had been followed with any legal action.

Two case buildings in the city exemplify the gross violations in building ethics. One building on the main street and another near the post office were erected perpendicular to the edge of the lots as they are supposed to be. However, after the second level, the buildings start a gradual inclination outward to hang over the sidewalk. By the end of the last floor, the building is actually about 2 meters over the sidewalk, thus, stealing public space. Despite the legal violation, such buildings deprive streets from sunlight and lock the polluted air within areas for pedestrian

City planning during occupation was close to non-existent, and most city officials interviewed cited the lack of resources as a major reason for their inability to produce any favorable outcomes. The lack of policy, planning and leadership in the case-study city has translated into many health hazards.

One hazard that is highly visible and was a major complaint among most inhabitants and many medical practitioners interviewed in the study was the production of dust from the construction activities. Housing has brought on a surge in quarrying since all houses are built from stone materials. Aside from the fact that many of the residential areas are close to stone quarries, there is a high amount of stone cutting that takes place on the construction sites. None of the instruments used were found to have dust suppression mechanisms. Interviews collected revealed consensus among all medical professionals that there is a direct relation between this environmental condition and the sharp rise in the incidence of respiratory and eye problems. Sadly, there are no air pollution studies that have been designed to assess the quality of air in Palestinian cities.

The architecture of residential buildings also witnessed a dramatic shift. While most Palestinians have traditionally been accustomed to segregated single housing, most of the new buildings are multi-level aggregated housing. This deviation from the cultural context of housing has not been accompanied by any studies or assessments on how it will impact the health of the population, especially disadvantaged groups such as women, children, the disabled, and the elderly. Even though most houses assessed in this study were new, there were multiple problem areas in both the in-wall and out-wall environments. The total space of most apartments did not exceed 120m² which is insufficient for the size of the average Palestinian household of 6.2 individuals

(FAFO, 1993). Some apartments were only 90-100m². The majority of buildings had very little outdoor areas for each apartment in the form of an open balcony or an enclosed yard. Many buildings were more than three levels high and had no lifts.

Assessment of the out-wall environment of selected new housing projects revealed serious health implications. All buildings lacked basic safety features such as smoke detectors and emergency exits. Most multi-level buildings had no elevators and none had any accommodations for the handicapped or the elderly. Families living in these buildings had a large number of children (some as high as 11 per floor), few had playground areas, thus forcing most children to play in the streets and increase their risk of suffering from car accidents. Parks and recreational facilities are limited in most cities. In the case of Ramallah, and despite the increase in population, information from city officials indicated that public parks are not a priority given the other major problems facing a city with limited resources.

Multi-level housing creates another health problem related to water. Due to the scarce water resources and capabilities in the area, pumping water to these high elevations, especially in the summer, is a major problem and many find themselves lacking water mainly because pumping capacities is too weak to get the water to where it is needed.

Most building activity in the residential sectors is occurring near the outer boundaries of city limits where there is a high concentration of trees - especially olive trees - that are being up-rooted to make way for new construction. In addition, the highest rate of human settling is occurring in areas that are not connected to the sewage systems. The municipality estimate that 30% of buildings and almost all of the new housing projects are not connected to a sewage system. Residential expansion

has also brought housing closer to the once remote zones of industrial pollution and landfills. In the city of Ramallah there are housing projects within the industrial zone. Furthermore, most human settlements have no access to public transportation and are getting to be more distant to public services in general and health services in particular.

Housing and construction officials and experts summed the health problems of the cities in three general areas: pollution including noise, solid waste disposal, congestion, transportation and traffic.

In Amman the housing and construction activity is much more regulated and follows a well defined pattern. Even though Amman had major construction and housing explosions, parts of the city - mainly the wealthier neighborhoods such as Swafia, Shmaisany and others - maintained relative regulatory mechanisms that prevented the total disregard for other urban health needs. However, some poorer urban areas were not as well maintained such as Wadi Al-Seer and the down town area where the majority of the population lives. The poorest regions in the city represented by the Palestinian refugee campus such as Al-Hussein camp were not included in any urban development schemes due to political arrangements that kept these camps out of city jurisdiction and under UNRWA control. A fascinating project that was implemented and observed in the Al-Hussein refugee camp is a gentrification scheme where the visible parts of the refugee camp that falls within city jurisdiction were concealed with new building and commercial projects so as to keep the decrepit image of the camp from insulting the general view of the city. In addition the streets were upgraded and very well lit. Some of this construction was done by wealthier refugees who cannot build within the camp and move to the street sides. Ironically, the scene inside the refugee camps still remains dismal.

Since the late 70's Amman started a program for studying the effects of urban migration, and housing on community spirit (Bisharat & Zagah, 1986). These studies were followed by further studies monitoring and evaluating the various governmental intervention programs. Interviews with housing officials in Amman revealed that the city went through three different policy phases to address the issue of public housing. The first policy decision was to build houses and give it to urban immigrants and the poor within the city. The architecture and out-wall environment of these houses did not conform to the expectations of many residents. The second policy decision included a more detailed profile of the target communities to assess their needs before building the houses. Despite that, monitoring and evaluation studies showed a persistence in some of the problems encountered with the first policy. The third policy decision followed a more rigorous involvement of the community in assessing housing needs. The results produced a decentralized form of implementation where the government prepares the site by providing all infrastructural services including financial arrangements through public and private investment programs and banks in the form of long-term, low interest loans. The consumer is free to design the house within the limits of the financial award. The government maintained a role in regulating the zoning of these areas and also in monitoring and evaluating the success of this policy decision. Some of the benefits resulting from the last policy as articulated by some housing officials included community empowerment in making decision concerning their housing requirements, privacy of residence, and an increase in the access of families with low household incomes to such arrangements.

Environment

Field observation and most participants indicated a major insult to the urban environment. The leading issue was the problem with solid waste disposal. Collection of solid waste does not follow a regular schedule. Collection problems have produced a large number of unauthorized sites for dumping solid waste within and outside city boundaries. Garbage dumpers are usually full and left open. Many of the bigger dumpers are rarely empty and most of the waste ends up around the dumpers. In Ramallah, solid waste is disposed of in non-sanitary landfills using burning. Aside from the inherent health hazards of the dumping practices, the treatment procedure is a health risk since it produces toxic fumes.

The second high priority problem was identified as deteriorating traffic conditions and air pollution. All health and environment officials concurred that the disproportionate growth between the population and the delivery of services is a major burden on the environment. The main concern is that some problems are reaching a stage where it will be too late to correct. Issues such as the accumulation of solid waste in and around the city, the lack of sewage networks in new residential areas, traffic congestion, growth of landfills, air pollution, loss of green areas, and unhealthy residential facilities all constitute a gloomy urban health profile of the case-study city and many other cities with an even higher rate of urbanization than Ramallah. One environmental expert concluded that there is no environmental planning and all infrastructural projects are only attempts to take small stabs at a major problem. When interviewing agencies responsible for infrastructural upgrading, answers indicated that some consideration of selected environmental issues are taken into account, but there was no strategic plan for environmental health protection.

An interview with the Environment Department (still under Israeli control), revealed a general shortage in many necessary resource. The major resource is an executive power to implement laws and penalties. In addition, there are no local laboratories to assist in producing the measurements needed to provide information on the health of the environment. Moreover, a larger number and more qualified staff is needed to fulfill the countries needs. Collaboration with universities and other local laboratories was impossible because the Department is still under the control of the Israeli government.

Environmental health planning in Amman proceeded effectively because of the stability of the government and its ability to provide most of the necessary resources. Jordanian and international experts drafted various environmental laws that evolved into a national strategic plan for protecting the environment. The plan was debated in the parliament and ratified by the King.

Amman used many creative steps to maintain the urban environment. Aside from the usual fine and law enforcement venues, the city put in a double shift for street cleaning. The Department of the Environment sponsored many successful environmental awareness campaigns. The government started a competition for the cleanest cities and offered incentive to winners. The consensus among most officials was that fines along with the government's own initiatives to maintain the environment were the most effective tools to get the message across to the general population. For example, the most effective way to keep the streets in Amman clean, aside from fining offenders, was to keep cleaning them using a large number of staff. Once the city started to look clean, people took pride in the results and were encouraged to maintain the cleanliness of the streets.

City community

Cities by definition are assumed to facilitate the loss of a sense of community and cities are described as full of "strangers". Even one's own neighbors remain strangers. The number of people and the fast life along with economic challenges have all been implicated as causes for the death of community life in the city. Even the planning and layout of cities have been major contributors to the improvement or dissolution of community within cities (Jacobs, 1966; Dye, 1995; Rybczynski, 1995). Palestinian cities and their poor planning are alienating city dwellers and contributing to a detachment of a true sense of community that once existed prior and even during occupation.

While some urban changes seem to be unavoidable, such as the increase in size and population, poor planning and the lack of effective urban policy is contributing to a general state of chaos. This is reflected in the agitation and intolerance of city dwellers. Field observation of pedestrians and drivers in the city center revealed a general sense of hostility, frustration, and anger. A simple traffic jam would result in an endless argument between drivers and pedestrians, a host of cars honking their horns and angry shop keepers screaming at drivers not to honk. Scenes of noisy businesses such as carpentry, blacksmiths, and small poultry slaughter-shops distort the image of a Ramallah that once was a summer resort to many from all over the Arab world.

Amman moved all noisy small businesses to industrial zones. Killing poultry was disallowed except in licensed slaughter-houses. Parking was not allowed in older small roads to maintain traffic flow, and all new roads were wide enough to accommodate the density of cars.

Maintaining a vivacious city community amidst the tide of alienation the sweeps through urban areas is the ambition of every urban planner. Many factors in city planning have been manipulated to increase the sense of community in cities. Jacobs (1966) presents a classic analysis of the uses and misuses of side walks, neighborhoods, streets, and parks and how they can create or destroy city life. She illustrates the consequences of irrelevant city planning to the real needs of the city and how such an error has converted some American cities to crime centers and urban slums for the poor and caused the death of once flourishing American cities. Rybczynski (1995) contends that no matter what architects and city planners do, creating a sense of community must center on working directly with the community. Nevertheless, he does not undermine the effect of good parks, museums, community centers and other city facilities on the augmentation of the sense of community among urban dwellers.

In the case of Palestinian cities and Ramallah in particular, neither planning nor city facilities are conducive to the creation of an urban community. There is a scarcity of cultural and community centers. There is one public park which is slowly turning into a restaurant, and recreation in the city is very limited. Thus, the city offers very little places where urban dwellers can meet and communicate. Such features add to the alienation of city dwellers and dissociation between the residents of cities and their own environment. Consequently, the social psychology of city dwellers is restricted, and a general state of indifference is created. As a result, the social support network within the city and the general mental health of many city dwellers are effected.

Traffic and roads

At the time of the study, the Division of Motor Vehicles was still under the Military Governor's authority, and we were unable to obtain any information from this department despite many attempts. However, field observations of traffic patterns yielded significant information that has a direct impact on health. As residential patterns spread with no public transportation, the population is forced to purchase more cars. While there are no analytical studies regarding air pollution from cars, it is reasonable to assume that air pollution increases as the number of automobiles increase. Furthermore, the increase in high rise building in city centers and the evasion of building codes has produced areas within the city where air is locked or poorly circulated, thus increasing the concentration of pollutants in these areas.

In addition, for security reasons, the Israeli military rule blocked major streets leading into the cities to protect Israeli settlers from entering congested city centers where they have been repeatedly attacked. These security measures re-routed traffic from major roads to side roads passing through residential areas. Many of these areas are suffering from an increase in air and noise pollution.

The construction boom affected the sidewalks and road conditions. First, constant dumping of building material on sidewalks is visible all-over the city in the down-town area and even in neighborhoods all around cities. Consequently, pedestrians were deprived of accessing the safety of sidewalks and were thus exposed to the dangers of car injuries. Second, most of the construction debris produced by construction is dumped along road sides inside and out of the city. The resulting heaps of stone and rubble distort visibility of many roads and thus make them highly dangerous for drivers. In addition, some of these piles erode in the winter season onto

the paved part of the street and cause great dangers to drivers and pedestrians. One area in the city of Ramallah that is a prime example of this phenomena is the Masyoon area south of the down-town.

Subsequent to the degradation of the street conditions in Palestinian cities, the deterioration of sidewalks, and the absence of traffic laws and proper drivers' education, the medical and health experts from various specialties reported a notable increase in car accidents.

Education

Information extracted from the education sector revealed that there are physical curricular restrains in schools that impact the general health status. Most officials stated needs for adding and maintaining class rooms, particularly in Ramallah schools. The political changes affected this need. First there are the returnee families that are concentrating mainly in urban areas especially Ramallah. Second school interruptions are much less than during the years of the "Intifada" and schools are adding many extra-curricular activities that require space and facilities.

Many of the schools visited did not display a health-promoting physical environment. Play grounds had a deficit of trash cans; bathrooms in many schools were dirty; drinking fountains were old and not well maintained; entrances to schools located on major roads were not well marked for cars to reduce speeds. Ironically, many of the same schools visited had incorporated some health awareness programs. Some through traditional mechanisms such as offering a class in health and others by incorporating health in science classes. While Education Ministry officials presented some impressive plans for improving school health programs, the general review indicated that there is a need for implementation and follow-up programs.

One remarkable observation made by education experts in the ministry is the increased incidence of violence among students in urban areas as compared to rural areas. While no explanation was presented for such a phenomena, it seemed to be supported by more than one expert interviewed.

Education and better schooling have become an ultimate solution to much more than ignorance and literacy. Now schools are called upon to resolve a wide variety of social issues including health, environment, gender equality, drug abuse, road safety, and the list goes on. Hence, it becomes critical to formulate highly effective educational policy that is responsive to the needs of the community and promotes the notion of citizenship and public good.

Urban Health Services

Health services seem to concentrate in urban areas. However, qualitative issues were much more of a concern to many of the participants than the quantity of health services. At first glance, the city of Ramallah seems to have a wealth of medical centers serving various needs. The issue, however, extends to more than physical access to health services; the issue is access to "good" quality and affordable health services. All participants interviewed indicated that there is a major quality problem that extends to all sectors of the health services delivery.

The director general of hospitals in the Department of Health in Ramallah stated that there is no quality control division responsible for regulating the services in the hospitals. Health inspection teams are disbursed to hospitals when it is requested by hospital officials. Another quality indicator is the physician to patient ratio. In Ramallah Hospital the physician to patient ratio is "supposed to be 2 : 1, but it is usually lower" according to Health Department officials. As for the nurses to patient ratio, it is $\frac{1}{2}$: 1

in the general medical services. Some specialized sections such as intensive care may have a higher ratio. The same source revealed that there is a general lack of health care workers, both professional and non-professional. One attempt to respond to these shortages is to sub-contract some ancillary services to the private sector.

The hospital serves an estimated population of 250,000. The hospital average occupancy rate is constantly over 90% (see Figure 2). At many instances patients are housed in sections that do not correspond to their ailments.

In most Palestinian cities the majority of health services are in the form of private clinics. This service sector is concentrated in the down town areas away from most residential settlements. As the city expands, these services will be located further away from the population, especially, since the public transportation system is almost non-existent. If no "first contact" medical services follow the city expansion patterns, the population will be remote from primary, secondary and tertiary services.

Aside from the physical location of private service, most are inaccessible to people because of cost concerns. High cost of health care financing is a concern at both the household and national levels. There is a large private health care sector that seems to be growing according to recent governmental estimates. In the city of Ramallah, one private company built a large secondary care center, and it is planning to build a large general hospital in a village few kilometers away from the city center. These expensive services will only be available to the middle and upper middle class who can afford to pay for such services.

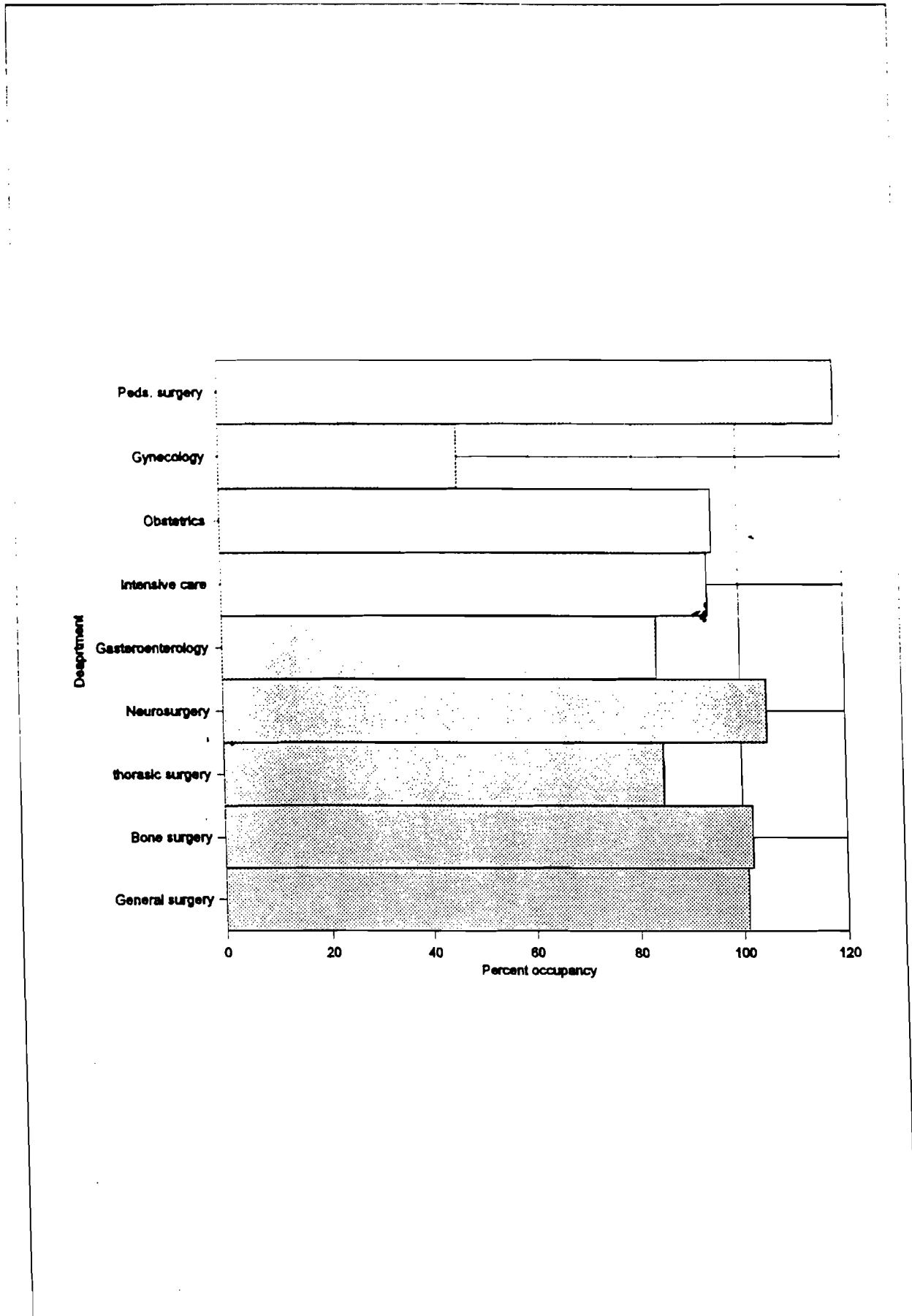


Figure 2: Percent occupancy rates for selected departments in Ramallah Hospital.

The other concern in health care financing is the ability of the government to fund health care expenses. According to the director general for administrative affairs in the Health Department in the city of Ramallah, the per capita expenditure of the governmental health services under Israeli military rule was 22 NIS for Palestinians compared with 500 NIS for Israelis. The new Palestinian Authority plans to increase per capita expenditure to 250 NIS. Given the new population estimates for the West Bank and Gaza ($\sim 2.5 \times 10^6$), the total health care expenditure is estimated to be in excess of 200 million dollars a year. When asked how the government would generate such funds, the same source listed insurance fees, fees for services, and taxes but added that these will not be enough to cover but a small fraction of the total expenditure and that the Health Ministry will have to finance the rest. This leaves the national government with two basic mechanisms: either to raise taxes or to borrow funds. In either case the middle class will be hurt from an increase in taxes and thus a lower household income or an increase in national deficit which will ultimately lead to economic instability in the country. The grand resultant of such a model will create a two-tier health care system: one for the poor that is poorly funded and quality controlled, and one for the rich that is expensive and well maintained.

With the expansion of human settlements in and around the city, it is evident that urban health services are becoming remote from population concentrations. The presences of a major hospital and several secondary care centers along with private clinics concentrated in the down-town area may prove to be inaccessible to people for reasons of location, affordability, and quality. Thus urban health services must take a different form concentrating more on reaching neighborhoods and building a solid referral system between first contact primary care centers and secondary and tertiary

care facilities. More importantly, quality issues must be included within the definition of health services as it is of no benefit to access urban populations to services that are known to be of lower quality.

Experts' attitude

Table 1 lists the health needs that were generated in response to the standard question: What are the main health problems in your urban area? When asked about the specific institutional constraints facing participants, three general constraints seem to be common among the majority of institutions: a) the lack of financial resources, b) the lack of human resources (specialists), and c) the lack of intersectoral collaboration within the public and private sectors. In general, the majority of participants listed many specific obstacles that can all be attributed to a general lack of coordination and information flow within the public sector, and between the private and public sectors.

Summary, Discussion and Conclusion

While this study was not designed as a policy analysis research project it started with a brief exposition of some of the discrepancies between current policies and the actual implementation processes. Results from all the other sectors included in the study indicate that policy and implementation are a major concern for both governmental and non-governmental bodies. This is obvious in light of the recent political history of the area. The main challenge facing the Palestinian nation now is how to establish legislative, executive and judicial systems conducive to growth and development of both governmental and non-governmental service.

Table 1: Main health problems cited by participants

Response	Response rate¹
Solid waste accumulation and management	70%
Roads and traffic congestion	57%
Waste water	40%
Unhealthy housing	30%
Lack of community-based health education programs	30%
Air pollution(dust and car emissions)	30%
Improper city beautification and space management	27%
Lack of health services	20%
Unsafe water	20%
Lack of a national executive body	20%
Food inspection and control	17%
Lack of citizenship and community support	13%
Peddling in the city	10%
Presence of wild dogs and cats	7%
Mental stress-family pressures from urbanization	7%
Lack of security	7%
Noise pollution	7%
Occupational health hazards	7%
Situation of refugees	3%
Increase in smoking among the population	3%
Lack of trained human health resources in the municipalities	3%
Lack of emergency medical services	3%
Lack of inter-sectoral collaboration	3%
Closure of Jerusalem (where tertiary care is provided)	3%
Population increase	3%

¹Response rate indicates the number of times each issues appeared to the total number of interviews.

The case of the housing and construction market is a typical example of how the lack of policy and enforcement can directly affect the health of the people. Urban centers are suffering from unplanned expansion that is mainly a by-product of the long years of occupation which neglected the needs of Palestinian cities. Even the new political arrangements place restriction on the amount of land available for developing urban centers.

The housing issue is directly related to the deterioration of the environment. Rapid expansion of residential areas have rendered water, sewage systems insufficient relative to needs. There is a great loss in the green areas within and outside cities. air pollution is suspected to be increasing due to the increase in car and factory emissions. Environmental conditions in the West Bank and Gaza present a critical need that won the attention of many international agencies. Ironically, this sector is still controlled by the Israeli government, even though most of this damage was due to the occupational policies of the Israelis whose environmental policies are highly discriminatory even for Arabs living as Israeli citizens within the 1948 boarder (Kanaaneh, McKay, & Smith, 1995).

The chaos of Palestinian public life brought on by occupation served to damage most of the public services rendered to the Palestinian population. Health and education were among the victims. Facts uncovered in this and other studies show the level of discrimination against the Palestinians brought on a total destruction of the public services infrastructure in the country. With all the efforts put on by the new Palestinian National Authority, there still remains a large need that far exceeds the planning processes of both the governmental and non-governmental services.

The results of this study can be summarized in three main points. First, there is a general lack of data and information specific to each of the Palestinian urban areas which, in turn, complicates research and more importantly impedes the formulation of effective and efficient policy. Second, the rate of urbanization far exceeds the response of the political establishment. As a result, most urban policy will consist of reactive measures to urban health crises. The lack of proactive planning will result in much higher costs and much less efficiency when dealing with health challenges in urban areas. Third, there is still a general lack of inter-sectoral collaboration between services and no mechanisms for information exchange and discussion among professionals in the governmental and non-governmental sectors.

Urban areas in Palestinian areas do not resemble most of the decrepit slums of the third world and may therefore attract little or no attention at first glance. However, the rate of urbanization and the rapid change in the nature of Palestinian cities may soon result in a familiar urban crisis. Intervention on the part of the government, professional groups and the community is necessary to prevent these cities from falling into the more typical "Third World" city mode. The chance is conducive now to intervene with good policy aimed at preventing the fall of Palestinian cities.

The solution lies in formulating a systematic process to face the challenges of urbanization. Many general guidelines have been presented to manage urban health problems (Tabibzadeh, Rossi-Espagnet, Maxwell, 1989; Harpham, Lust & Vaughn, 1989; WHO, 1993) but in the case of the West Bank and Gaza the initial step seems to lie in establishing a systematic method for information capture and exchange specific to each urban area. The information flow may be then directed as input into the process of policy formulation

Information extracted from the community in the form of community-based research and returned to the community in the form of health promoting programs will activate the community and encourage public participation. This form of policy formulation ensures the representation of disadvantaged groups such as women, children, the disabled, the poor and the elderly.

This study strongly suggests that the overall improvement in health status in urban areas must consist of drastic measures separate from merely upgrading health services. Most health problems were a by-product of occupation which resulted in the absence of legislative, executive, and judicial systems that protect from human rights abuses, infrastructural deterioration, and environmental degradation. In addition, population growth and migration patterns were factors causing rapid growth of the urban areas, thus, overloading the public and private service sectors in cities. Policies need to be directed to manage the city ecosystem more effectively in order to avoid the hazards of city life as well as adjusting the health care delivery systems in the city.

Another key ingredient to the upgrading of urban centers is the mobilization of the political establishment at both the local and national levels to understand the complexity of urban health issues. This fundamental task lies within the domain of think tanks in the community capable of educating and influencing the political leadership. In addition, the community needs to be educated in constructive ways to effectively lobby the political establishment. Thus, the political system becomes highly sensitized to respond to the constituency it represents. In general, interviews with Palestinian National Authority officials revealed that the governmental system has put in place many plans for managing the rapid growth of Palestinian urban areas. Further evaluation studies may be necessary to study the implementation and effectiveness of

these plans.

The critical path for the progress of efficacious urban policy depends largely on the realization that policy effects the community and is not intended to be a tool to preserve the province of the political establishment. Thus, it is necessary that policies be consumer-based and not producer-based. Once this realization is absorbed into the fabric of the decision-making process, the community, through community-based research, becomes an active partner in policy formation. Subsequently, the community, through community empowerment and mobilization, becomes a partner in implementation. Ultimately, the community becomes the owner, benefactor, and protector of public policy, and a true sense of citizenship is created.

Appendix 1

Number	Name or Position	Place of Employment
1	Mr. Subhi Kayed	PNA: Education Ministry-School Health
2	Director of community colleges	PNA: Education Ministry
3	Mr. Fauaz Mujahed	PNA: Education Ministry-Engineering
4	Mr. Walid Al-Zagha	PNA: Education Ministry-General Director
5	Mr. Yosef Dijani	Council of Higher Education
6	Ms. Ferial Zidan	PNA: Health Ministry-Statistics
7	Mr. Ratib Makloof	PNA: Health Ministry-Hospitals
8	Dr. Assad Al-Ramlau	PNA: Health Ministry-General Director
9	Mr. Muhamed A'alian	PNA: Health Ministry-General Director
10	Dr. Violet Fasheh	Bethlehem Unversity-Drug abuse
11	Ms. Rima Ghazi	General Union for Disabled Palestinians
12	Dr. Yosef Nasser-Addeen	Ophthalmologist-Private
13	Dr. Nabil Sulaiman	Azzakah Clinic
14	Attorney at Law	Arab Insurance Company
15	Mr. Jamil Khalaf	Red Crescent Clinic
16	Ms. Naila Rabah	Al-Nahda Womens' Association-Disability
17	Mr. Imad Abriyosh	Health Services-Physiotherapy
18	Dr. Ramzi Sansour	Birzeit University-Environment
19	Mr. Adnan Kathaja	PNA: Housing Ministry
20	Mr. Abdul-Aziz Al-A'araj	PNA: Trade & Industry Ministry
21	Dr. Shaker Atta	PNA: Labor Ministry-Occupational Safety
22	Dr. Hussein Al-A'araj	PNA: Local Government Ministry
23	Mr. Ramzi Tameemi	Israeli Civil Administration-Environment
24	Mr. Ali Mahmud	Electric Company-Engineering
25	Mr. Abu Affif	Telephone Services
26	Mr. Abdul-Kareem Assad	Water Works
27	Mr. Mahmud Abdullah	Engineering Union
28	Dr. Hisham Shkokani	PECDR
29	Mr. Raji Zidan	Ramallah Municipality-Engineering
30	General Director	Ramallah Chamber of Commerce

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