Palestine: Health Systems Profile

Health status (2015)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth in years</td>
<td>73.5</td>
<td>72.0</td>
<td>75.0</td>
</tr>
<tr>
<td>Maternal mortality ratio per 100,000 live births</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Proportional mortality (% of total deaths, all ages, both sexes)

- Cardiovascular diseases: 27%
- Cancer deaths: 14%
- Other causes: 15%
- Injuries: 5%
- Respiratory system diseases: 7%
- Diabetes mellitus: 7%
- Perinatal period conditions: 7%
- Congenital malformations: 4%
- Infectious disease: 2%
- Senility: 2%

Communicable diseases (2015)

- Tuberculosis notification rate per 100,000 (2014): 1.0
- Incidence rate of malaria per 1,000 population: ...
- Number of newly reported HIV cases: 3

Behavioural risk factors

<table>
<thead>
<tr>
<th>Estimated prevalence (%)</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco smoking (2011)*</td>
<td>37.6</td>
<td>2.6</td>
<td>20.2</td>
</tr>
<tr>
<td>Insufficient physical activity (2010)</td>
<td>...</td>
<td>...</td>
<td>46.5</td>
</tr>
</tbody>
</table>

Metabolic risk factors

<table>
<thead>
<tr>
<th>2011 estimated prevalence (%)</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raised blood pressure</td>
<td>...</td>
<td>...</td>
<td>35.8</td>
</tr>
<tr>
<td>Raised blood glucose</td>
<td>...</td>
<td>...</td>
<td>8.5</td>
</tr>
<tr>
<td>Overweight (2010)</td>
<td>...</td>
<td>...</td>
<td>57.8</td>
</tr>
<tr>
<td>Obesity (2010)</td>
<td>...</td>
<td>...</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Health system: information (2012-2015)

- Percentage of births registered: 97.0
- Percentage of deaths registered: 70.0


- Physicians: 21.5
- Nurses/midwives: 22.3
- Dentists: 5.7
- Pharmacists: 9.7

Health system: medicines and medical devices (2013)

-Availability of selected essential medicines and medical products in health facilities (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>...</td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>

Health system: service delivery (infrastructure) (2015)

- Primary health care facilities per 10,000 population: 1.6
- Hospital beds per 10,000 population: 12.8

Please note the data sources are in the attachment.
## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Palestine 2016

### Strengths
- High level of coverage and commitment to universal health coverage
- Well qualified staff with good retention within Ministry of Health
- Well established primary health care and referral with high coverage through a network of governmental, nongovernmental and private health care providers
- Well-developed health infrastructure, wide availability of technology and regularly updated national essential medicines list
- National health information strategy in place with well-established routine health information system and computerized health information system in governmental hospitals
- Well established National health accounts system
- Active National strategic health planning process

### Weaknesses
- Donor-dependent health system lacks financial sustainability
- Insufficient bi-laws to fully enforce the Public Health Law
- Relatively high out-of-pocket expenditure for health
- Weak monitoring and evaluation systems
- Insufficient use of data for decision-making
- Ongoing shortages of essential medicines and supplies
- Lack of alternative plans for emergency situations including financial shortages
- Lack of preventive maintenance for infrastructure and equipment
- Uneven distribution of staff between primary and higher service levels, and among geographic areas

### Opportunities
- Establishment of the National Institute of Public Health to strengthen information management and evidence-based decision-making
- Review the feasibility of health insurance to create a sustainable health financing system
- Rationalize policy on referral abroad based on need to ensure efficient use of resources
- Establishment of the National Observatory for Health Workforce
- Establishment of the “High Palestinian Health Council” under the leadership of the Palestinian President
- Translate policy level initiatives that promote rational use of medicines, quality standards in health care, family practice and human resource development into actionable programmes

### Challenges
- Israeli occupation: restriction on Palestinian movement, siege, Apartheid Wall, siege and continuous violations on Gaza
- Increasing demands for health services and rebuilding of destroyed health services in Gaza after the last Israeli hostilities
- Financial crisis that affects the ability to pay referral bills, to purchase essential medications or to implement rational planning
- Continuous increase of “NCDs epidemic”, which contributes to increasing demands on healthcare and thus increasing health costs
- Shortages in specialized workforce and migration of qualified health personnel

### Priorities
- Develop a clear vision, strategy and roadmap for reaching universal health coverage
- Promote preventive health care and management of NCDs
- Implementation of the family practice approach as a strategy for service delivery
- Develop and implement clear guidelines and standard operating practices that promote cost containment mechanisms and enhance efficiency (for example in relation to referrals)
- Ensure the availability of qualified and adequate health workforce capable of delivering high quality health services
- Establish and enforce an effective, comprehensive and sustainable system of quality and patient safety that encompasses all aspects of health service delivery
- Enhance institutional development and health governance