Palestine: Health Systems Profile

Health status (2013)

<table>
<thead>
<tr>
<th></th>
<th>total</th>
<th>males</th>
<th>females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth in years</td>
<td>73.2</td>
<td>71.8</td>
<td>74.7</td>
</tr>
<tr>
<td>Maternal mortality ratio per 100 000 live births</td>
<td>47.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution of causes of death among children aged <5 years (%)

- Injuries: 4.8%
- HIV/AIDS: 0%
- Diarrhoea: 0%
- Malaria: 0%
- Measles: 0%
- Other diseases: 18.6%
- Pneumonia: 31.6%
- Congenital anomalies: 22.1%
- Prematurity: 13.9%
- Neonatal sepsis: 7%
- Birth asphyxia: 2%

Communicable diseases (2014)

- Tuberculosis notification rate per 100 000 population: 1.0
- Incidence rate of malaria per 100 000 population: ...
- Number of newly reported HIV cases: ...

Behavioural risk factors

<table>
<thead>
<tr>
<th></th>
<th>males</th>
<th>females</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco smoking (2011)*</td>
<td>2.6</td>
<td>37.6</td>
<td>20.2</td>
</tr>
<tr>
<td>Insufficient physical activity (2008-)</td>
<td>...</td>
<td>...</td>
<td>46.5</td>
</tr>
</tbody>
</table>

Metabolic risk factors

2014 estimated prevalence (%)

<table>
<thead>
<tr>
<th></th>
<th>males</th>
<th>females</th>
<th>total</th>
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</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</td>
<td>...</td>
<td>...</td>
<td>57.8</td>
</tr>
<tr>
<td>Obesity</td>
<td>...</td>
<td>...</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Expenditure and mortality trends

- General government expenditure on health as % of gross domestic product:
- Out-of-pocket expenditure as % of total health expenditure:
- Per capita total health expenditure at exchange rate (US$):
- Infant and under 5 mortality rates per 1000 live births:

Health system: selected coverage interventions

- Antenatal care visits (4+ visits) (2013): ...
- Treatment success rate of new bacteriologically confirmed TB cases (2014): 88
- DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014): 100

Health system: finance (2013)

- General government expenditure on health as % of general government expenditure: 11
- Out-of-pocket expenditure as % of total health expenditure: 37.7
- Per capita total health expenditure at exchange rate (US$): 304.8

Health system: workforce (2014)

- Health workforce per 10 000 population:
- Physicians: 21.5
- Nurses/midwives: 25.3
- Dentists: 6.6
- Pharmacists: 12.7

Health system: information

- Percentage of births registered: 0.97
- Percentage of causes of death recorded: 0.8

Health system: medicines and medical devices (2013)

- Availability of selected essential medicines and medical products in health facilities (%):
- public: ...
- private: ...
- Number of scanners (in public facilities) per million population:
  - CT: ...
  - MRI: ...
- Number of primary health care facilities per 10 000 population: 1.3
- Hospital beds per 10 000 population: 13.1

Please note the data sources are in the attachment.

*GGHE%GDP is the general government expenditure on health as % of gross domestic product
**OOP%THE is the out-of-pocket expenditure as % of total health expenditure
* Age-standardized estimated

World Health Organization / Regional Office for the Eastern Mediterranean - Health System Country Profile, 2015
## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Palestine 2015

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>• High level of health service coverage and commitment to universal health coverage</td>
<td>• Donor-dependent health system lacks financial sustainability</td>
</tr>
<tr>
<td>• Active National strategic health planning process in place</td>
<td>• Weak enforcement of laws and regulations</td>
</tr>
<tr>
<td>• Well established National health accounts system</td>
<td>• Relatively high out-of-pocket expenditure for health</td>
</tr>
<tr>
<td>• Well qualified staff with good retention within Ministry of Health</td>
<td>• Weak monitoring and evaluation systems</td>
</tr>
<tr>
<td>• Well-established primary health care, referral system with high coverage through a network of governmental, nongovernmental and private providers</td>
<td>• Insufficient use of data for decision-making</td>
</tr>
<tr>
<td>• Well-developed health infrastructure, wide availability of technology and regularly updated national essential medicines list</td>
<td>• Shortages of essential medicines and supplies in remote areas</td>
</tr>
<tr>
<td>• National health information strategy in place with well-established routine health information system and computerized health information system in governmental hospitals</td>
<td>• Lack of alternative plans for emergency situations including financial shortages</td>
</tr>
<tr>
<td>• Establish the National Institute of Public Health to strengthen information management and evidence-based decision-making</td>
<td>• Weak maintenance mechanism for health system infrastructure and medical equipment</td>
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<tr>
<td>• Review the feasibility of health insurance to create a sustainable health financing system</td>
<td>• Weak accountability systems</td>
</tr>
<tr>
<td>• Rationalize policy on referral abroad based on need to ensure efficient use of resources</td>
<td>• Uneven distribution of health workforce between primary and secondary, and among different geographic areas</td>
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<td>• Establishment of the National Observatory for Health Workforce</td>
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<td>• Establishment of the “High Palestinian Health Council” under the leadership of the Palestinian President</td>
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<td>• Translate policy level initiatives that promoting rational use of medicines, quality standards in health care, family practice and human resource development into actionable programmes</td>
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## Opportunities

- Establish 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
- Establish 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 promoting 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, 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 personnel

## Priorities

- Develop a clear vision, strategy and roadmap for moving towards universal health coverage
- Adapt the family practice initiative into the primary care system
- Promote preventive health care and management of non-communicable diseases
- Develop and implement clear guidelines and standard operating practices that promote cost containment mechanisms and enhance efficiency (in relation to referrals, for example)
- 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