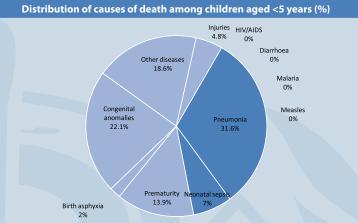
## **Occupied Palestinian Territory: Health Systems Profile**

Key health system indicators



Regional Office for the Eastern Mediterranean WHO-EM/PHC/156/E

Health status			
Life expectancy at birth in years		total	73
Adult mortality rate (probability of dying		males	1
between 15 and 60 years)		females	1
per 1000 population	total	1	
Communicable diseases			
Communicable diseases			
Tuberculosis notification rate per 100 00		1	
Incidence rate of malaria per 1000 popul		•••	
Estimated number of people living with HIV			
Behavioural risk factors			
2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	36	2	19
Physical inactivity	64	87	75



 $Communicable\ diseases\ are\ estimated\ to\ account\ for\ 38.6\%\ of\ all\ deaths\ among\ children\ aged\ < 5\ years$ 

Metabolic risk factors			
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	36.0	35.6	35.8
Raised blood glucose	9.5	7.6	8.5
Overweight	55.2	60.7	57.8
Obesity	23.3	30.8	26.8
Raised cholesterol	35.8	37.3	36.5

Expenditure and mortality trends			
Health finance	Infant and under 5 mortality rates per 1000 live births		
The general government expenditure on health as % of Gross Domestic Product (GDP) The out-of-pocket expenditure as % of fotal Health Expenditure (THE)	96 - 1995 2000 2005 2010 2012 year Under-5 mortality		

Health system: governance	Health system: information		
	Yes (2011-2013)	Functioning civil registration and vital statistics	
Existence of a national health strategy/strategic plan and time frame		Percentage of births registered	93
		Percentage of causes of death recorded	59.8
Annual publication/dissemination of ministry of performance report	Yes	Year most recent use of ICD in mortality classification reported	2012
High level multisectoral advisory council for health available	Yes	Year most recent annual health statistics report published	2012

Health system: health workforce		Health system: service provision	
Health workforce per 10 000 population (2011)		Infrastructure	
Physicians	20.2	Primary health care facilities per 10 000 population	1.8
Nurses/midwifes	19.7	Hospital beds per 10 000 population	13
Dentists	6.1	Service delivery	
Pharmacists	11.5	Access to local health services (%)	100
Health professions education institutions		Contraceptive prevalence (%)	53
Medical	3	Antenatal care visits (4+ visits) (%)	42.8
Nursing	20	Measles immunization coverage among 1-year-olds (%)	99
Percentage of doctors working in rural settings	•••	Smear-positive tuberculosis treatment success (%)	82
		Number of tobacco (m)POWER measures implemented at the highest le of achievement	vel

Health system: finance		Health system: technology	
National health accounts conducted (number of rounds; last reference year(s))	2011	Existence and year of last update of published essential medicines list (EML)	Yes (2012)
General government expenditure on health as % of GDP (2011)	5.4	Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Out-of-pocket expenditure as % of total health expenditure (2011)	37	Number of MRI/CT scanners (in public facilities) per million population	11451
General government expenditure on health as % of total government expenditure (2011)	10.0		
No data available ICD: International Classification of Diseases			

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

## Strengths Weaknesses • High level of coverage and commitment to universal health • Ministry of Health is both regulator and provider of services, but coverage with weak regulatory function · Well qualified staff with good retention within Ministry of Health · Donor-dependent health system lacks financial sustainability and with inadequate focus on sound financial management • Well established primary care and referral care with high coverage through a network of governmental, nongovernmental and private High and increasing out-of-pocket expenditure for health providers Inadequate development of management capacity among mid-· Well developed health infrastructure, wide availability of technology level managers and lack of succession planning for key leadership and regularly updated national essential medicines list positions Uneven distribution of staff between primary and higher service National health information strategy in place with well established routine health information system, including surveillance, at levels, and among geographic areas Insufficient use of data for decision-making allservice levels National health accounts system well established Ongoing and frequent shortages of medical products and essential supplies · Lack of preventive maintenance for infrastructure and equipment **Opportunities Challenges** • High level of commitment of development partners to align external · Split in Palestinian Authority between West Bank and Gaza leading assistance to national health plan to lack of coordination • Establishment of a National Institute of Public Health to strengthen Disproportionate expenditure on high-cost curative care with high information management and evidence-based decision-making number of referrals from Ministry of Health to other providers within · Review the feasibility of a health insurance to create a sustainable and outside Palestine Primary care service delivery model not yet configured to the health financing system • Rationalize policy on referral abroad based on need to ensure changed epidemiological burden of noncommunicable diseases efficient use of resources and mental health • Translate policy level initiatives that promote rational use of Inadequate multisectoral involvement to address determinants of medicines, quality standards in health care, family practice and health and noncommunicable diseases human resource development into actionable programmes Low staff motivation, inadequate oversight and lack of accountability culture undermining quality of care Substantial investment in infrastructure and system support needed for expansion of electronic patient-based information system

## **Priorities**

Lack of standardization of equipment specifications, resulting in

operational and maintenance difficulties

- Develop a clear vision, strategy and roadmap for reaching universal health coverage by the year 2020
- Develop multisectoral mechanisms at all levels to address determinants of health, particularly noncommunicable diseases
- · Develop clear guidelines and standard operating practices that promote cost containment mechanisms and enhance efficiency
- Ensure rational distribution, development and use of health professionals within the Ministry of Health
- · Establish and enforce of national quality standards for government, nongovernmental and private health care providers
- $\bullet \ \ \text{Adapt aprimary care system on the family medicine model and train family physicians}\\$

