



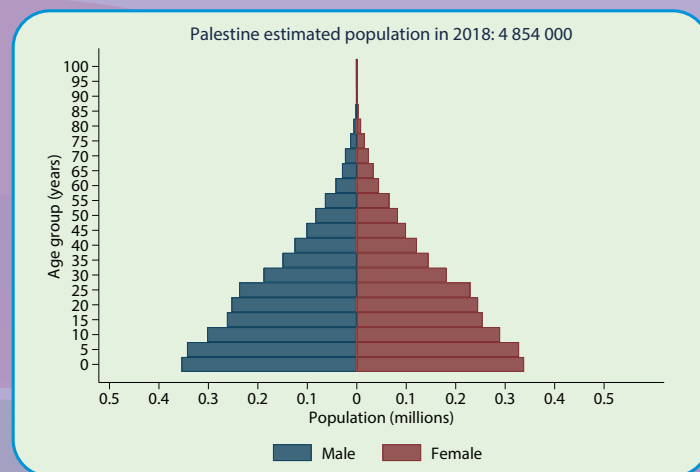
Universal health coverage

UHC service coverage index (2017)	64
Primary health care facilities per 10 000 population (2018)	1.6
Hospital beds per 10 000 population (2018)	13.3
Demand for family planning satisfied with modern methods (%)	...
Antenatal care visits (4+ visits) (%) (2018)	95.5
Measles immunization coverage among 1-year olds (%) (2018)	100
Tuberculosis treatment success rate and relapse TB cases notified (%) (2017)	100
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2018)	100
Out-of-pocket expenditure (OOPS) as percentage of current health expenditure (CHE) (2017)	41.9
Domestic General Government Health Expenditure (GGHE-D) as % of General Government Expenditure (GGE) (2017)	13.7

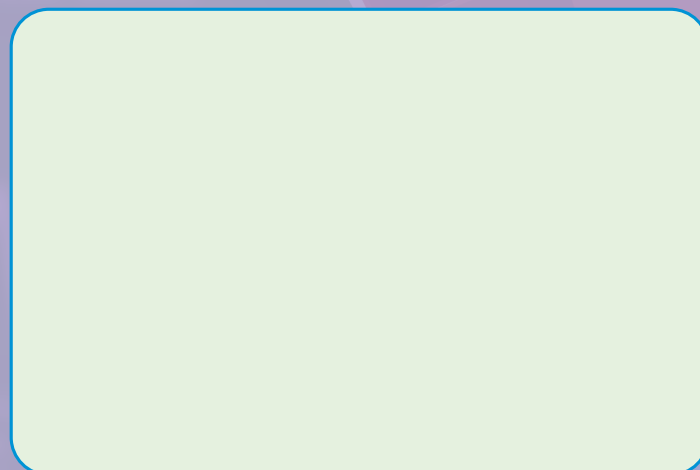
Selected determinants of health

Population living in urban areas (%) (2018)	85
Annual GDP growth (%)	...
Population growth rate (%) (2018)	2.6
Children aged < 5 years with pneumonia symptoms taken to a healthcare provider (%)	...

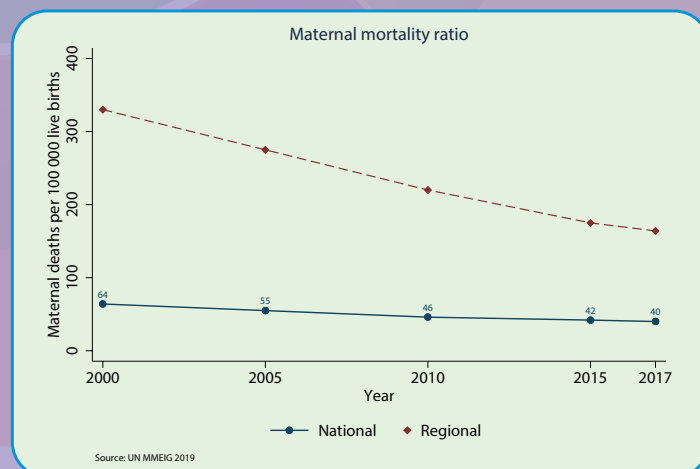
Estimated population in 2018



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



Trends in estimates of maternal mortality ratio



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2017) % 29.2

Proportion of employed population below the international poverty line (ILO estimate)

Male %	...
Female %	...

2 ZERO HUNGER

Children under 5 who are (2014)

stunted	%	7.4
wasted	%	1.2
overweight	%	8.2

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2018)

Total %	99
Male %	99
Female %	99

Net primary school enrolment ratio per 100 school-age children (2018)

Total ratio	98
Male ratio	98
Female ratio	99

7 AFFORDABLE AND CLEAN ENERGY

Population with primary reliance on clean fuels and technologies at the household level (Global Health Observatory) % ...

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2017) % 62

Access to improved sanitation facilities (World Health Statistics, 2017) % 100

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2019)

Total %	30.2
Male %	24.2
Female %	50.9

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (µg/m³) (WHO/CEHA)

Total	...
Urban	...

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2012-2016) ...

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2017)	72.3	75.4	73.8
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2017 estimate)	—	—	40
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	12
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	18
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2017 estimate)	21
Tobacco use among persons 15+ years (%)
Overweight (18+ years) (%)
Obesity (18+ years) (%)
Raised blood pressure among persons 18+ years (%)
Raised blood glucose among persons 18+ years (%)
Raised cholesterol among persons 18+ years (%) (year)
Probability of dying between age 30 and exact age 70 from any of cardiovascular disease, cancer, diabetes, chronic respiratory diseases, (%) 2015	21
Cancer incidence per 100 000 (2018)	158.6

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Health and SDGs at a glance in Palestine



Voluntary National Review, include year(s) and link(s)

Completed in 2018:

<https://sustainabledevelopment.un.org/content/documents/20024VNR2018PalestineNEWYORK.pdf>

National Focal Point for 2030 Agenda

Mr. Mahmoud Ataya, Policy and Reform Unit, Prime Minister's Office.

National Focal Point in Ministry of Health for health related SDGs

Dr Niemat Barawi, Ms. Ola Aker, Director of Health Planning, Ministry of Health.

1. What efforts have been made to agree on national targets for SDG3+?

Several discussions and meetings were held to agree on national priorities and targets related to SDG 3 during the preparation of the National Health Strategy 2017-2022 and even after finalizing the Strategy through the SDG 3 national working Group. The concurrence of the launching the 2030 Agenda with the preparation process of the national sectoral strategies for the years 2017-2022 presented a conducive opportunity to work on integration of SDGs targets within national priorities and highlighting targets that are of higher priority for the next six years. Universal health coverage (UHC) is considered the ultimate goal and main priority to achieve better health for citizens aligned with the slogan of "Putting Citizens First" of the Palestinian National Agenda for 2017-2022, in addition to continuous national efforts towards achieving different targets of combating noncommunicable diseases (NCDs), drug abuse, maternal and infant mortalities, and other areas while also maintaining achievements and good national health indicators in several areas despite the threats of instability, occupation and lack of resources.

2. How is Palestine incorporating SDG 3 targets in health policy, strategy, and planning?

The National Health Strategy 2017-2022 is based on the national vision of a "comprehensive and integrated health system that contributes to improving the quality of health services and sustainable enhancement of the health status" and the SDGs are considered one of its main pillars. During the preparation of strategy documents, workshops were conducted where stakeholders were consulted for their inputs, including on how to link strategic objectives to the SDGs. All national strategic objectives of the National Health Strategy 2017-2022 are now fully aligned with SDG 3, and directly linked to targets in the areas such as UHC, health financing, recruitment of health workforce, as well as reproductive and sexual health services, NCDs and communicable diseases control.

3. Are there any major partnerships for advancing the 2030 Agenda?

The National Team for Coordinating and Supporting National Efforts to implement the 2030 Agenda was established in early 2016 under the leadership of the Prime Minister's Office. This team ensured that SDGs and targets were integrated in national sectoral and cross-sectoral strategies. In addition, a National Task Force for Statistical Monitoring of the SDGs implementation chaired by the Palestinian Central Bureau

of Statistics was established in 2016. This task force is responsible for provision of statistical indicators to monitor the SDGs and the membership includes main line ministries. Two workshops to build the capacity of the national team and support the implementation of SDGs were held in November 2016 and April 2017, supported the by Executive Secretary of the UN Economic and Social Commission for Western Asia. UNDP additionally leads the joint SDG/UN task force which includes resident technical UN agencies in the country. In addition, the United Nations Development Framework which is based on the National Policy Agenda, and the Common Country Analysis are based on the principle of "leaving no one behind" and closely linked to the SDGs.

4. Are there any major partnerships for advancing the health-related SDGs?

The Ministry of Health, in partnership with WHO, heads a national working group established in 2016 to support and monitor the implementation of SDG 3. The group includes representatives from different stakeholders, such as other related ministries, health service providers and civil society, working together to improve coordination on SDG related initiatives and plans.

From another side, there are several national teams or committees that are working on specific issues related to SDG3 components and would support the achievement of SDG3 targets for example: The National Committee for Maternal Mortality (responsible for reviewing the cases of maternal mortality and drawing lessons), the National High Council for Road Safety, and the National Committee for Tobacco Control.

5. Describe a success story or an example of efforts to accelerate action on the health-related SDGs.

The National Center for Treatment and Rehabilitation of Addiction is managed by the Ministry of Health, and offers its free treatment and rehabilitation services for drugs and alcohol abuse. This Center is the first national center for addiction treatment in Palestine, and thus, facilitates achieving target 3.5.

The Palestinian Government is committed towards achieving UHC by 2030. In this regard, the Ministry of Health has adopted several policies to accelerate UHC achievement including:

- Infrastructure and health services development through building and expansion of new hospitals and primary health care (PHC) clinics (e.g. establishment of a specialized ophthalmic governmental hospital - Hugo Chavez Ophthalmic Hospital) with the support of the Government of Venezuela, building two new public hospitals in Hebron Governorate, upgrading several PHC clinics in different governorates, and development of pediatric heart surgery services in Palestinian hospitals.
- Expansion of healthcare services in remote areas and among vulnerable groups. The Ministry of Health has adopted in the last few years the policy of establishing Emergency Centers in remote areas and areas affected by Israeli Occupation closure and settlers. Eight centers are functional in different West Bank governorates.
- Implementation of Family Practice Approach in PHC services.
- Implementation of quality improvement policies and standards including Patient Safety Initiative, Baby-Friendly hospital initiative, ISO standards in laboratories.

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