Leaving no one behind in Palestine: Health status between developmental efforts & challenges

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Abstract:

Palestinians have been living under fragile political, social and economic conditions since the last five decades. These are manifested in political instability, insecurity, high poverty and unemployment rates, geographical fragmentation, and human rights violations under the Israeli occupation.

The Palestinian government recently endorsed the National Policy Agenda (NPA) 2017-2022- "Citizen First" in tandem with the global agenda for sustainable development "leaving no one behind". The 9th priority in the NPA which emphasized "Quality Healthcare for All" is aligned with the 8th target of SDG3 on universal health coverage.

There has been tangible progress in the national health status indicators during the last two decades such as improvement in the average life expectancy, maternal and child mortality rates, vaccination coverage and management of communicable diseases. However, there is marked evidence of increasing prevalence of non-communicable diseases, increase in road traffic accidents and associated injuries, distinct prevalence of tobacco use and illicit drugs and other aspects of sedentary life style and unhealthy behaviors especially among youth.

Healthcare service delivery also saw major infrastructural and technical advancement. The Palestinian Ministry of Health, non-governmental and private sector, international and developmental stakeholders collaborate to improve service delivery including emphasis on modern health technologies; expansion of primary healthcare services and the increase in hospital beds during the last two decades is well recognized.

Despite national progress, political and structural challenges continue to put restrictions on achieving universal health coverage and threaten the sustainability of the current achievements. The protracted unstable political situation in the West Bank and Gaza, Gaza blockade, poor access to healthcare services for the marginalized populations in vulnerable areas, movement restrictions caused by checkpoints, blockade, the wall, settlers' violence, Israeli control on natural sources and environmental conditions; all disturb and restrain the national efforts towards achievement of universal health coverage.

Other structural challenges the health system faces include rapid population growth and the resulting increase in health demand, fragile health financing system, declining external financial aid, high cost of purchasing health services out of Palestine, lack of specialized health workforce and brain drainage, weak law enforcement and lack of contingency plans.

Achievement of universal health coverage and good health in Palestine necessitates multi-sectoral efforts that target health challenges ultimately aiming to improve the social determinants of health and ensuring secured living and poverty reduction. The achievement of SDG3 is also contingent to the achievement of the other SDGs and the ability of Palestine to overcome all the political challenges and to conduct multi-sectoral reforms.

Purpose: This paper delivers a descriptive analytical overview of the current health situation in Palestine, including the targets and indicators of the third sustainable development goal, health system challenges and major developmental achievements towards universal health coverage.

1. Introduction: The Contextual Implementation of SDGs in Palestine:

The Palestinian government has articulated its commitment towards implementing the 2030 global agenda of Sustainable Development. National arrangements have been taken to follow up and coordinate the process on different levels. By the beginning of 2016, the Palestinian government established a National Team to lead the implementation of the SDGs under the overview of the Prime Ministers' Office. The team includes representatives from governmental, non-governmental and private sectors. Twelve SDG working groups were established to support the national team, including the health group of SDG3; the group is led by the MOH with the support of World Health Organization as the UN counterpart. SDG3 group is composed of representatives from different governmental and non-governmental stakeholders, and aims to coordinate planning and implantation efforts, share information and follow up progress achieved.

SDGs are integrated as part of the national planning process during the development of the national sectoral strategies including the National Health Strategy 2017-2022. The National Policy Agenda 2017-2022 “Putting Citizens First” which represents a national program of action for Palestine is also fully aligned with the Sustainable Development Agenda.

The implementation of sustainable development in Palestine is a challenging matter on the ground, mainly due the continued Israeli occupation since more than five decades and the resulted living conditions of geographical fragmentation, siege and closure, political instability, bad economic situation causing high rates of poverty and unemployment, insecurity and continuous Israeli military violations. Despite all that, the Palestinian Authority has been putting great efforts to strengthen its health system and promote good health status. Remarkable achievements have been made during the last two decades in several health aspects related to healthcare services provision, health infrastructure, combatting infectious diseases, good governance, work force development, health technologies and other aspects.

2. SDG3: Good Health and Wellbeing:

The 2030 global agenda for sustainable development includes seventeen developmental goal and 169 targets, the third sustainable developmental goal is **"Ensure healthy lives and promote wellbeing for all at all ages"**. The health goal includes 13 targets and 28 indicators focusing on the areas of mother & child health, reproductive & sexual health, NCDs and communicable diseases, environmental and community health, health system sustainability

and universal health coverage. The key target within the health goal is to achieve **Universal Health Coverage by 2030 (UHC)**. From public health point of view, it is believed that this specific target of UHC is essential to achieve other health and wellbeing targets.

From another hand, the different 17 goals are actually interrelated, the achievement of good health and wellbeing in any community is directly related to ending hunger and poverty, women empowerment, good education, sustainable adequate water and sanitation management, sustainable energy, safe environmental conditions, good economic situation, safe cities with proper infrastructure and peaceful societies.

3. SDG3 in Palestine: Look on the reality:

The following analysis consider the different strengths and challenges that would affect the achievement of good health and wellbeing in Palestine, with an overview of current situation of different targets and national progress achieved in this regard.

3.1.: Population and Demographics:

According to the 2017 census, the Palestinian population reached 4.7 million inhabitants, (60.1%) living in the northern governorates (West Bank), and (39.9%) living in the southern governorates of Gaza Strip (50.9% males and 49.1% females). Palestinian society remains a young society; the population under 15 years old constitutes (38.6%), while youth in the age group of 15-29 years old constitute (29.5%) of the total population. Life expectancy rate is estimated to be 73.8 years (72.3 for males, 75.4 for females) (74.1 in WB and 73.3 in GS)[1].

Due to such demographic status of young population and high fertility rates (4.4 births per woman) and rapid population growth (2.7%), a recent study estimated that total population is projected to increase to 6.2 million in the year 2025 and to 9.5 million in 2050[2]. ***The current demographic status and the expected population growth indicate the need to consider the growing health needs during the upcoming fifteen years*** and the necessity to focus on areas of child health, reproductive and sexual health, elderly health, youth health, burden of NCDs, and different health problems of modernized life.

According to the national poverty definition, (29.2%) of Palestinians are living under the poverty line of 2017, (13.9%) in West Bank & 53% in Gaza Strip. Whereas (16.8%) are living in deep poverty (5.8% in West Bank & 33.8% in Gaza Strip)[3]. Poverty is a crosscutting and multidimensional problem that hinders health access and affects public health in different aspects.

[1] Health Annual Report 2017, Ministry of Health, 2018.
[2] Palestine 2030, Demographic Change: opportunities for development. UNFPA, National Population Committee, 2016.
[3] Palestinian National Voluntary Review on the Implementation of the 2030 Agenda, State of Palestine, 2018.

3.2.: Health Indicators are improving in different aspects[4]:

Remarkable improvements have been demonstrated in health status and national health indicators in various aspects during the last decade, annex (1) shows the reported available health indicators for SDG3 during the last three years 2015-2017.

Health indicators in Palestine compared to many other neighboring and Arabic countries are considered very good in different health aspects, this is mainly due to the national efforts in the last two decades of the MOH and health partners in supporting the health sector. In the same perspective, the Israeli occupation control and the continuous crises conditions pose serious risks on health developmental achievements and system sustainability, and can cause sudden deterioration of these indicators at any moment.

Reproductive and Child Health (targets: 3.1, 3.2, 3.7): Reported maternal mortality in Palestine is markedly declining during the last decade and reached 13.8 per 100,000 in 2016 (5.9 in 2017). Children under five years mortality rates have amounted 22 per 1,000 (MICS, 2014) and 13.7 in 2017 (MOH Report, 2017), while neonatal (first month of life) mortality rates have accounted 11 per 1,000 (MICS, 2014) and 6.6 (MOH report, 2017). In addition, 99% of births occurred under professional supervision and 95.5% of pregnant women received medical anti-natal care[5]. Such good indicators demonstrates good coverage of reproductive healthcare services and continuous efforts to improve quality of services. However, the need to sustain such status and to address other health issues is still critical such as neonatal mortality, family planning, nutrition and mental health for women.

Communicable Diseases (target 3.3): The MOH made significant headway in eliminating a number of infectious diseases, Palestine has succeeded in combatting major infectious diseases through its successful immunization program reaching 99% coverage, including diseases of Polio, Cholera, Malaria and others. Challenges remain in maintaining achievements, strengthening surveillance system, combating and preventing the spread of certain communicable diseases including, hepatitis, brucellosis and HIV/AIDs.

Health Workforce[6]: Health workforce is considered a critical pillar in health system strengthening. It is also one the main SDG3 targets (3.c) that confirms the necessity of workforce development and adequacy. Palestine has managed during the last decade to increase the numbers of health workforce in different categories. The rate of physicians in 2017 reached 17.7 per 10,000 population, while the rate of registered nurses 23.3, midwives 2.5, and dentists 7.1 per 10,000 population.

In the same context, the MoH is the largest employer of health workforce, the number of MoH employees reached 14,248 employees in 2017, the number of MoH medical staff was 7225 employees constituting around 51% of the total MoH staff.

[4] Main source: Health Annual Reports, Ministry of Health.
[5] Multiple Indicators Cluster Survey (MICS), PCBS, 2014
[6] Health Annual Report 2017, Ministry of Health, 2018.

Shortages of specialized workforce (in medical specialities and subspecialties) is still an issue mainly due to lack of training and local specialization programs, lack of certified continuous education programs or workforce accreditation system, and immigration seeking for better working opportunities due to lacking incentives and motivation systems in the public sector.

Healthcare Service Delivery system[7]: There are four main healthcare services providers in Palestine: the Ministry of Health, UNRWA, non-governmental organizations, and the private sector providers. Services are provided at primary, secondary and tertiary healthcare services levels. The public sector makes up the bulk of the health service delivery system in Palestine at its different levels, especially the primary and secondary health care. Remarkable progress has been made on healthcare service delivery during the last two decades in terms of number and availability, infrastructure, new services provision, health technology implementation and upgrading of services. However, the need to cover the gaps in services and minimize referrals outside the country is still critical.

Since the establishment of the Palestinian MOH, it has emphasized the importance of primary health care services (PHC). It worked extensively to widen PHC network among different governorates, the total number of PHC centers reached to 743 centers in 2017, (583 in WB and 160 in GS). MOH centers constitute 62.7% of the total PHC centers in Palestine.

The MoH is also the main provider of hospital services with a total bed capacity of 3384 beds in 27 governmental hospitals. This represents 54.5% of total hospital beds capacity (6213 beds) and 33% out of total hospitals (81 hospitals); and constitute 13.4 beds per 10,000 population. There are 34 non-governmental hospitals with 2286 beds and 16 private hospitals with 344 beds. With regard to tertiary services (specialized services), the MOH also plays a key role in this regard through specialized services offered in its hospitals on one hand, and by purchasing services not available in governmental hospitals on the other hand. MOH purchases medical services mainly from other local hospitals inside Palestine including East Jerusalem hospitals. When services are not available locally, the MOH refers patients for treatment abroad in nearby countries that is costly for the MOH and irritating for patients.

3.3.: Health Indicators are alerting in some other aspects[8]:

Non-communicable Diseases (target 3.4): Non-communicable diseases remain a major health challenge. Cardiovascular diseases are the main cause of death in Palestine, followed by cancer and brain stroke. Non-communicable diseases are continuously increasing where reported cancer cases increased by 15.3% between 2016 and 2017, compared to 5.7% increase between 2015 and 2016. Cardiovascular diseases was the leading cause of death in 2017 accounting for 30.3% of death records, cancer was the second while cerebrovascular diseases were the third. As a result, the Ministry of Health spends huge amounts of its budget

[7] Health Annual Report 2017, Ministry of Health, 2018.

[8] Main source: Health Annual Report 2017, Ministry of Health, 2018

on initiatives to combat non-communicable diseases and ensure proper treatment provision, constituting a major drain of its resources.

Drug Abuse (3.5): Illicit drug use in Palestine is becoming an aggregate issue with 26,500 endangered addicts, of which 16453 in West Bank mostly use synthetic marijuana or hashish, and 10,047 in the Gaza Strip where Tramadol and Lyrica are the most widespread drugs[9].

Road accidents Injuries (target 3.6): Road accidents in Palestine has seen a dramatic rise between 2011 and 2016, where the total number of accidents increased by 43.5% and the number of injuries increased by 18.5%. The number of deaths from road accidents increased from 3.8 to 5.3 per 100,000. This rise is attributed to the lack of adequate infrastructure and safety awareness amongst drivers, alongside the surge of vehicles and vehicle drivers.

Environmental health (3.9): Environmental health in Palestine is a complicated issue, mostly due to Israeli occupation policies and poor Palestinian control on environmental resources. The restrictive and unequal Israeli water policy led to poor water infrastructure and the inability of vulnerable communities to connect to the water network in Area C. Additionally, water sources are increasingly contaminated from wastewater and pollution from illegal Israeli settlements. Furthermore, only 30% of Palestinians are connected to the sewage network, therefore leaving many vulnerable Palestinian households relying on cesspits, particularly in the Gaza Strip.

Health financing (3.c): In 2016, total health expenditure stood at US$ 1.420 billion reaching 10.7% as a share of GDP[10]. Around 39% of this expenditure was financed from governmental sources, whereas out-of-pocket contributions from households covered 45%. The ***large household out-of-pocket expenditure points to high risk of financial hardship caused by health costs from one side, and confirms the need to review the health expenditure and health insurance systems on the other side***.

The MoH budget for 2017 consists 10.7% of total governmental budget, and expected to increase to 12% for 2019, salaries continues to have the largest share of MOH budget (51%), followed by services purchasing (25%), while medicines and consumables amounted for 18%. The figures also indicate the need to increase MOH budget to ***ensure the running of sustainable budget for developmental activities.***

3.4.: Universal Health Coverage in Palestine:

According to the World Health Organization definition, the goal of universal health coverage is “to ensure that all people obtain the health services they need without suffering financial hardship when paying for them". This definition of universal coverage signifies three dimensions: the proportion of citizens covered seeking to ensure coverage of all citizens,

[9] Illicit Drug Use in Palestine, (PNIPH, MOH, UNODC and KOIKA), 2017.
[10] National Health Accounts Report 2016, PCBS and MOH, 2017

health services covered (taking into consideration the quality of services) and protection from financial risks - ensuring that the cost of care will not expose people to financial hardships.

The Palestinian government has repeatedly expressed commitment to initiate reforms that improve health system performance to move towards (UHC); with the overall goal of ensuring that all Palestinians have access to their needed health care of good quality.

UHC- Current overview: According to the 2017 census (PCBS), 78.9% of those surveyed reported to be covered by at least one type of health insurance scheme; mostly covered by either Governmental Health Insurance (GHI) scheme or the UNRWA scheme, with a significant overlap between the two. GHI coverage provides a generous benefit package against nominal copayment. UNRWA "coverage" consists of comprehensive primary care services and limited financial support for hospital care, revenues raised by the (GHI) through premiums and co-payments contributions to less than 8% of public health expenditure. The figures indicate the ***need for revising the insurance system in Palestine and adopting a more comprehensive health insurance system that covers broader spectrum of population and contributes to UHC achievement in Palestine.***

Despite the governmental commitments to provide quality health services for all, health access is considered a major obstacle***; access is hindered by several limitations*** including the services gaps and inadequacy, access barriers caused by Israeli occupation and limited access to tertiary hospitals in East Jerusalem (special Israeli permission is needed), geographical split between WB and GS with restricted mobility of patients and medicines that is also aggravated by the political situation. Other challenges include the interrupted supply of essential medicines and the limited working hours of PHC centers.

Gaps in health services in the Palestinian health sector is a critical issue, patients are obligated to seek medical treatment in expensive hospitals outside the country and seeking the coverage of the GHI in this regard though the MOH referrals system. When services are not available locally, the MOH refers patients for treatment abroad in nearby countries (Jordan, Egypt and Israeli hospitals). In 2017, the total number of referrals outside MOH was about 95,000 with a total cost of 431 million shekels. (17,600) referrals were for outside Palestine (18.5% of total referrals), with a total cost of 142 million (33% of total cost)[11].

UHC-National Commitment and ongoing efforts: The Palestinian government recently confirmed its commitment to achieving UHC through the regional commitment agreement signed by EMRO countries in Oman (September 2018). The MOH has been focusing its efforts and adopting national policies towards achieving UHC. The ninth national priority in the National Policy Agenda (2017-2022) of **"Quality Health Care for All"**, and the national health vision of comprehensive integrated health system come to ensure the national determination to improve healthcare delivery system and health access to all citizens. The government has adopted several reform initiatives towards institutional capacity building and achieving UHC in Palestine, reform initiatives include improving services purchasing

[11] Health Annual Report 2017, Ministry of Health, 2018.

mechanisms (services pricing and contracting system), adopting rationalized spending measures, minimizing referrals outside the country, reviewing and upgrading the current health insurance system.

The MOH has adopted the national initiative of "Localization of Health Services" which aims to promote health services provision within the country and minimize referrals abroad. Main elements include upgrading and strengthening available services to meet the growing population needs, covering the gaps in unavailable services especially in tertiary care, supporting the efforts of the non-governmental and private sectors in services provision in a comprehensive and cooperative manner towards localization of services in Palestine. In the same context, the MOH is implementing the new model of Family Practice Approach as a developed model for (PHC) provision, also supporting better access to PHC services through upgrading PHC in different governorates, establishing Emergency and Safe Childbirth Centers in vulnerable and remote areas, promote mobile clinics services in remote areas.

4. Key Challenges to UHC and Good Health in Palestine:

Despite the governmental and national efforts to strengthen the Palestinian health system, several constrains are facing the system sustainability and efforts towards UHC in Palestine. Major challenges include Israeli Occupation policies, political instability, lack of financial sustainability and continued financial crises, increasing health demands and population growth, social and economic situation, lack of comprehensive compulsory health insurance system, shortages in specialized workforce and migration of qualified health personnel.

Israeli occupation continues to put sever restrictions on well-being and development in Palestine, through its policies of movement restrictions between cities and villages, closure and siege, Apartheid wall and violence of Israeli settlers, restrictions over infrastructure expansions in area C and East Jerusalem. In addition to continued violations of Israeli military army forces leading to increased health burden associated with increased injuries, disabilities, mental and psychosocial problems among children and other vulnerable groups. The healthcare system in the Gaza Strip suffers the most of destruction of its infrastructure and reduction in the ability of to cope with the Israeli restrictions.

The declining health funding and external aid is highly threatening the system' sustainability. The reduction in funding to the Palestinian government as well as the UNRWA is expected to have negative consequences on the quality and coverage of the healthcare system. The partnerships between the civil society, private sector, government and international organizations like the UNRWA is the cornerstone of providing quality healthcare.

The noticeable rise in major public health problems is considered a regional and global challenge as well as the case in Palestine, including increased incidence of NCDs and its associated risk factors (tobacco, obesity, sedentary life style…etc), drug addition, road traffic injuries, and violence.

5. Moving Forward towards Good Health and Well-being:

The government of Palestine is committed to “Quality Healthcare for All", it is committed to sustaining its healthcare achievements and widening its coverage network while ensuring a fiscally sustainable healthcare system. The Ministry of Health continues putting great efforts in this regard to improving health access especially in vulnerable areas and Area C, widening its specialty coverage network and localizing the treatments to reduce costs of referring patients to hospitals abroad. ***The continuity of these national efforts, cooperation of different stakeholders and secure of enough funding are vital issues for good health.***

However, national commitment and attempts to improve health access remains not enough to achieve UHC in Palestine with the constant presence of occupation. ***The need to ending occupation and overcome all political challenges is an urgent necessity.***

The large number of challenges facing the Palestinian health system call for a ***comprehensive health sector reform***, involving different stakeholders' cooperation and multi-sectoral efforts ***to tackle the mentioned challenges. Improving the social determinants of health and ensuring secured living conditions are fundamental concerns to achieve good health in Palestine***. This is could be attained through a broad policy dialogue on the future of the service delivery and health financing systems in Palestine that involves all stakeholders and related sectors.

Annex 1: SDG3 Available Indicators in Palestine for the years 2015-2017[12]

Indicator according to target number	Data Source	(MICS 2014)	2015	2016	2017
3.1.1 Maternal mortality ratio	MOH		15.7	13.8	5.9
3.1.2 Proportion of births attended by skilled health personnel	MOH	(MICS 2014) 99.6%	%100	100%	100%
3.2.1 Under-five mortality rate	MOH	(MICS 2014) 22	13.9	12.7	13.7
3.2.2 Neonatal mortality rate	MOH	(MICS 2014) 11	7.1	5.5	6.6
3.3.1 Number of new HIV infections per 1,000 uninfected population.	MOH		0.00066	0.0014	0.0008
3.3.2 Tuberculosis incidence per 100,000 population	MOH		0.61	1.05	1.1
3.3.3 Malaria incidence per 1,000 population (Imported cases)	MOH		0.0004	0.0002	0.0002
3.3.4 Hepatitis B incidence per 100,000 population (cases and carriers)	MOH		20.4	20.4	19.5
3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	MOH		20.6	21.5	19.2
3.6.1 Death rate due to road traffic injuries	MOH		3.8	5.3	NA
3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	MICS 2014	(MICS 2014) %66.9	NA	NA	NA
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group **(ONLY FOR THE AGE 15-19 YEARS)**	MOH		14.3	14.5	16.3

[12] Main source: Health Annual Reports, Ministry of Health.

3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income (more than 25% total household expenditure)	PCBS		NA	NA	1.5%
3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income (more than 10% total household expenditure)	PCBS		NA	NA	9%
3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	PCBS	(MICS 2010)19.4	NA	NA	NA
3.b.2 Total net official development assistance to medical research and basic health sectors	UNSD		95.9	77.3	NA
3.c.1 Health worker density and distribution/ 10,000 population	MOH				
Physicians			20.1	21.7	17.7
Dentists			5.7	6.6	7.1
Pharmacists			9.7	10.0	10.9
Nurses			20.1	20.9	23.3
Midwifery			2.07	2.00	2.5