



Palestinian National Plan 2011-13

Health Sector Strategy

Executive Summary

1. Sector Profile

In Palestine, health services are made available by four major providers, including the Ministry of Health (MoH), United Nations Relief and Works Agency (UNRWA), NGOs, and private sector. as a primary provider, MoH play a major role in the delivery of healthcare service. It is responsible for equitable and affordable healthcare service delivery to all Palestinian citizens.

Healthcare services in Palestine face innumerable predicaments by the Israeli occupation and arbitrary measures, particularly in the Gaza Strip. Currently, Gaza is facing an acute situation as a result of the Israeli siege. During the December 2008-January 2009 military offensive on Gaza, the Israeli army destroyed public infrastructure and caused damage to thousands of civilian houses, public facilities, and healthcare centres. 15 hospitals, 41 primary healthcare clinics, and 29 ambulances were destroyed.

2. Situation Analysis

The ongoing Israeli occupation and arbitrary practices are the most dangerous restrictions that face the health sector in the Palestinian territory. Persecution of Palestinian citizens throughout the West Bank, including East Jerusalem, and Gaza Strip, expansion of settlement, Wall construction, military checkpoints, and other impediments have adversely impacted the health situation and quality of life in Palestine. These also pose a major challenge to Palestinian efforts to develop an effective and efficient health care system. Further complicating the situation is that the Palestinian National Authority (PNA) does not control borders, movement of persons and goods, land, and water sources, thereby restricting PNA's capability of governance and state building. Since established in 1994, the PNA has sought to build the state, promote the rule of law, achieve social justice and equality and, over the past years, to end the political division in the Palestinian territory.

Compared to other countries with low or medium income, the health situation in the Palestinian territory is relatively good. The crude birth rate is 32.6 per 1,000 and crude mortality rate is 4.3 per 1,000. Newborn death rate is estimated at 18.1 per 1,000 live newborns; infant mortality rate 25.6 per 1,000 live births; and child mortality 28.4 per 1,000 children under the age of five years.

According to the World Health Organisation (WHO), Palestine is void of poliomyelitis. Thanks to the Government-sponsored vaccination programme, several communicable disease have also been under control, including mumps, whooping cough, tetanus and measles. Cases of diphtheria or tetanus among newborns have not been recorded.

The health situation in Palestine is at a transitional stage; rates of chronic diseases are increasing, including heart diseases, diabetes, and cancer. At the same time, the health sector encounters a major challenge in controlling certain communicable diseases.

In relation to service delivery, the number of primary health centres in the West Bank rose from 176 in 1994 to 357 in 2008 and in Gaza from 29 in 1994 to 55 in 2008. Rising from 826 to in 1994 to

1,548 in 2008 in Gaza, the number of beds at governmental hospitals increased in the West Bank from 1,026 in 1994 to 1,289 in 2008. A total of 672 primary healthcare centres are in operation, including 542 in the West Bank and 130 in Gaza. MoH manages 425 primary healthcare centres, including 55 in Gaza and 370 in the West Bank. MoH also provides a number of high-quality healthcare programmes, including health education, community health, school health, and expanded vaccination programme. UNRWA runs a total of 53 healthcare centres, including 18 in Gaza and 35 in the West Bank. NGOs operate 178 primary healthcare centres and clinics, including 57 in Gaza and 121 in the West Bank. Both the Government and the NGOs manage 76 hospitals, including 57 in the West Bank and 24 in Gaza. These accommodate a total of 4,878 beds, including 59.9% in the West Bank and 40.1% in Gaza. These include 16.5% specialised beds; 3.4% rehabilitation beds; and 7.2% delivery beds. Accordingly, an average of 12.8 beds is provided to 10,000 citizens, including 14.6 in Gaza and 12.2 in the West Bank.

Private and NGO hospitals provide specialised secondary and tertiary healthcare services. These total 51 hospitals and accommodate 40% of beds in Palestine. For a large part, private and NGO hospitals focus on specialised medical and rehabilitation services. Housing 1,517 beds, NGOs is the second largest secondary healthcare provider. It operates six high-quality specialised hospitals with 550 beds in East Jerusalem.

As they are not provided by governmental facilities, MoH purchases tertiary healthcare services from the private sector, particularly from East Jerusalem hospitals. MoH seeks to strengthen and promote this working relationship through an effective, planned and informed medical transfer system that will enhance health service and benefit citizens. Additionally, MoH transfers cases with no treatment in Palestine to some hospitals in neighbouring countries. In 2008, a total of 43,047 patients were transferred, including 20,894 to hospitals in East Jerusalem. In light of improvements introduced to governmental hospitals, the number of transferred cases dropped in 2008. However, more patients had to be transferred from Gaza to receive medical attention abroad due to the ongoing blockade and war.

According to 2007 statistics, GDP rose USD 4,672.3 million, or approximately USD 1,337 per capita. The Government allocates a considerable portion of its resources to the health sector. Total expenditure is estimated at around 11% of the GDP – one of the highest in many developing countries.

Since established in 1994, MoH has undergone several developments. In association with the scope of Israeli aggressions and abusive measure, these developments have either been speedy or slow. Lately, the situation has deteriorated due to exacerbated harsh measures, territorial division between Gaza and the West Bank, and the ongoing blockade as well as offensive on Gaza.

3. Vision

The health sector’s vision is underpinned by an informed recognition of available capacities, which largely rely on concerted efforts of all stakeholders towards more progress in the achievement of set goals.

“An inclusive, integrated healthcare system that contributes to the sustainable enhancement and promotion of the health situation, including major parameters of health in Palestine.”

4. Strategic Objectives

This strategy defines the proceeding of activities towards accomplishment of the following objectives:

1. Promote management and leadership.
2. Consolidate planning, management, and sustained funding to best utilise available capacities.
3. Promote healthy lifestyles and enhance the management of chronic diseases.
4. Ensure public access to high-quality health services, especially by the poor, marginalised groups, the unemployed, and residential areas isolated behind the Wall.
5. Promote funds and financial management to ensure sustainable and transparent service provision.
6. Promote effective aid to support the Health National Strategy.
7. Consolidate partnership and integration between the public and private sectors.
8. Strengthen and develop cooperation between sectors, including the health sector as provided under the National Plan on Dealing with Disasters and Emergencies.

5. Policies, Objectives and Interventions

The tables below summarise major objectives and intervention to be implemented in the health sector. The full Health Sector Strategy includes detailed policies and interventions.

Promote management and leadership:

Policy:

MoH believes that sound management is a prerequisite for successful delivery of equitable, high-quality and sustainable healthcare services. A most significant rule of development is sound management, prudent leadership, accountability and transparency. On the path to statehood, MoH is developing its capacities to perform assigned functions, make and implement policies, upgrade and enforce respective laws and regulations, and make sure that healthcare service delivery meets citizens’ needs.

Within this institutional framework, MoH relies on an accountability system to ensure realisation of aspired results. MoH is developing a more flexible organisational structure that will help materialise

required reforms, facilitate decentralisation, implement regulations, and abide by values and principles of the health sector.

Interventions:

- Promote the following:
 - a. MoH's role in the National Strategy, planning and integrated budget.
 - b. Planning, monitoring and evaluation through MoH.
- Review and promote MoH's regulatory role and manage the health information system as well as decentralised medical and administrative quality control.
- Develop and put to effect mechanisms and/or regulations that aim to consolidate cooperation between MoH's directorates, ensure accountability, and facilitate transparent decision-making.

Consolidate planning, management, and sustained funding to best utilise available capacities

Policy:

MoH highly appreciates efforts made by the health sector staff towards a better healthcare in Palestine. In this context, the Ministry intends to:

- Ensure that each staff member works in right place at the right time in line with tasks assigned to them and in conformity with their skills, capacity, and experience. Appointments will merit-based and through an open competition.
- Ensure that basic training curricula are congruent with applicable national and international standards.
- Develop sustainable professional educational programmes as well as capacity-building programmes, ensuring that all employees enjoy free choice.
- Set forth a performance-based professional code of ethics that safeguards a supportive working environment.

To materialise these four objectives, MoH will work closely with other PNA bodies, including the Council of Ministers, Ministry of Planning and Administrative Development (MoPAD), Ministry of Education and Higher Education (MoEHE), civil society actors, UNRWA, and development partners in order to establish a friendly system of effective mechanisms, such as a personnel database, vacancies, and sustainable incentives.

Interventions:

- Develop a human resources policy and strategy; review, upgrade and implement the Human Resources Development National Strategy in cooperation with relevant government agencies.
- Work with national universities in order to fill gaps in occupational specialisations.
- Develop and implement a continuing education programme and link it to licensing regulations.
- Review and promote human resources management, including recruitment regulations and practices, job descriptions, evaluation, and incentives.

Promote funds and financial management to ensure sustainable and transparent service provision

Policy:

PNA works towards ensuring public access to high-quality, affordable healthcare services through the National Health Insurance Programme. In close cooperation with the Ministry of Labour (MoL) and Ministry of Social Affairs (MoSA), MoH safeguards that the unemployed and poor, who cannot afford medical treatment costs, enjoy all healthcare services covered by the national health insurance.

MoH is managing and effectively using financial resources, which it receives from the Government and donors. To this avail, the Ministry has developed a prudent financial strategy, rationalised expenditure, and make a priority- and evidence-based financing policy. In cooperation with the Ministry of Finance (MoF), MoPAD and development partners, MoH ensures transparent financial management. MoH anticipates that the health sector funding mechanism be in the form of funding the National Health Sector Strategy through a support of “sector” and/or a director support of the budget.

Interventions:

- Promote regulations and skills in the public finance management, estimate costs, and conduct an economic evaluation and relevant research.
- Apply the national health accounts.
- Implement effectively the National Health Insurance Programme.

Promote healthy lifestyles and enhance the management of chronic diseases

Policy:

To enhance the health conditions of both the society and the individuals is an indispensable part of MoH's vision of health in Palestine. The prevalent political situation is the most significant factor that influences public health. Through joint work with development partners, the Ministry seeks to overcome obstacles, including the prevention of traffic accidents, smoking control. For example, MoH will work towards enforcing the Law on Smoking Control in public places.

Fully recognising the negative impacts of public factors on the general framework of health, the Ministry is working on enabling individuals, groups and local communities to improve their health conditions by raising awareness on healthy lifestyles, such as exercising, quitting smoking, planning a healthy diet, abiding by other safety rules, including safe driving and fastening seat belts.

Interventions:

- Raise public awareness on health promotion through public outreach and behaviour change programmes.
- Promote sector and cross-cutting partnership as well as communication with all segments of the society.
- Develop and implement early disease detection policies.
- Promote implementation of bylaws and protocols and ensure effective monitoring and evaluation.

Promote effective aid to support the Health National Strategy

Policy:

PNA articulates its profound appreciation of international grants and funds channelled to the health sector. Committed to ensure effective aid management, MoH will work with development partners towards implementing all principles of the 2005 Paris Declaration on Aid Effectiveness and 2008 Accra Agenda for Action.

Ownership, harmonisation, alignment, results and mutual accountability, as well as predictability, strengthening the state apparatuses and removing restrictions on goods and services are significant in the health sector context. Accordingly, MoH seeks to shift donors' focus on partial project support to a holistic support of the National Health Sector Strategy.

Interventions:

- Promote the Ministry's coordination role and capacity.
- Develop regulations and practices to ensure adherence to the Paris Declaration and promote commitment thereto by all development partners.
- Consolidate and liaise aid management between MoH and MoPAD.

Consolidate partnership and integration between the public and private sectors

Policy:

MoH will promote partnership in policy making and planning as well as coordination and integration in the implementation of respective programmes and projects. The Health Sector National Team and Technical Teams will work together to implement inclusive national programmes, such as the Expanded Vaccination Programme (in partnership with UNRWA), Early Disease Detection Programme, etc.

Interventions:

- Reduce duplication and resource wastage.
- Enhance cooperation and coordination between partners in the health sector.

Ensure public access to high-quality health services, especially by the poor, marginalised groups and the unemployed

Policy:

Based on the Public Health Law, MoH is the policy-maker and regulator of the health sector, as well as the major provider of health care. The Ministry believes that all Palestinians, including residents of East Jerusalem, residential areas isolated by the Wall, and the Jordan Valley) have the right to receive high-quality health care services.

In the context of this commitment, MoH will ensure balance between disease prevention, health enhancement, and increased opportunities of access to specialised hospitals in the Palestinian territory, particularly in East Jerusalem. Through a network of primary, secondary and tertiary health facilities, the Ministry will ensure that high-quality healthcare service is delivered to everyone

so as to alleviate suffering.

The Ministry highlights the need to a prudent management through healthcare centres, especially hospitals, in order to enhance service quality, exterminate dysfunctional attitudes, and reduce cost. Additionally, MoH will support decentralised operation to improve performance and service delivery efficiency.

Interventions:

- Highlight the significance of major health parameters from a national and international political perspective.
- Review, upgrade and ensure commitment to the National Health Coverage Plan.
- Review, develop and safeguard an utmost commitment to the minimum appropriate quality standards in the public and private sectors.
- Strengthen hospital management through annual executive plans for each hospital.

Strengthen and develop cooperation between sectors, including the health sector as provided under the National Plan on Dealing with Disasters and Emergencies

Policy:

In light of the ongoing occupation and practices on the Palestinian territory, MoH seeks to develop an effective, inclusive national plan to cope with the state of emergency and disasters in cooperation with development partners. The plan will alleviate suffering, defend rights of the needy, promote an operational capacity, strengthen the prevention system, and devise permanent solutions.

In line with available capacity, the Ministry is working towards providing an effective response mechanism. MoH highly appreciates national and international responses to states of emergency, especially during the latest offensive on Gaza. At the same time, the Ministry hopes that stakeholders respect what are the suitable or unsuitable humanitarian aid it needs in emergencies.

According to the Emergency National Plan, all the health sector will be fully prepared and highly operational to act in line with planned roles prior to emergencies. As an example, MoH provided a swift response in 2009 to control H1N1 flu. The Ministry also takes all needed measures in consistence with applicable international standards and through regional cooperation to prevent transmission of trans-boundary diseases.

The said objectives have shifted into integrated, synchronised and linked programmes. As this Strategy identifies the approach and scope of work, it will be partitioned and translated into annual action plans. Also, certain technical themes, including healthy diet and chronic disease control, will have their own strategy and executive plans.

Interventions:

- Build capacities for emergency preparedness.
- Promote coordination between emergency healthcare providers.
- Consolidate/ensure “healthcare” throughout policies.

6. Allocation of Resources and Responsibilities

In view of the shift in the Government policy of preparing programme-based budget, MoH's policies and objectives are in line with the four major health programmes, as articulated in the 2011-13 National Health Sector Strategy.

Estimated costs of major health programmes:

#	Programme	2011	2012	2013	Total
1.	• Access to sustainable, high-quality health services	290	310	366	966
2.	• Public health programmes, particularly those promoting healthy lifestyles.	32	35	40	107
3.	• Human resources development	47	50	58	155
4.	• Good governance	69	73	85	227

Note: The budget includes development expenditures.

Note: Currently is in USD million.

7. Expected Results

Institutional governance and development of MoH:

- Monitor and evaluate the health information system and ensure effective operation of quality control systems.
- Reduce non-commitment to laws and regulations.
- Enforce accreditation, licensing and leaves systems.
- Comply with applicable decision-making, transparency and accountability regulations and practices.

Develop human resources:

- Finalise the human resources development strategy and policy and implement in a comprehensive fashion.
- Adopt new health-related academic programmes at universities.
- Provide continuing education requirements for licensing healthcare practitioners.
- Provide more effective human resources management regulations, including a regulation on performance appraisal.

Health lifestyles and disease prevention:

- Launch public sensitisation campaigns.
- Increase the number of trained staff in primary healthcare.
- Follow up on the implementation of guidance manuals and protocols.

Access to high-quality healthcare services

- Develop an efficient system of comprehensive oversight to provide timely and purposeful information on compliance with set plans and standards.
- Enhance the governance of hospitals.
- Utilise guidance manuals, protocols and healthcare standards.

Sustainable funding of the health sector

- Integrate budgeting and planning processes.
- Provide an effective and efficient financial management.
- Develop a sustainable and inclusive financial system for the health sector.
- Develop a health insurance fund to operate on grounds of equity and comprehensive coverage.

Aid effectiveness:

- Support the health sector in line with the National Health Sector Strategy.
- Ensure transparency in the kind and value of aid delivery.
- Coordinate between MoH and MoPAD and create a compatible database.

Partnership between the public and private sectors:

- Conclude memorandums of understanding between MoH and major healthcare providers.

Sector and cross-cutting cooperation:

- Develop a cross-cutting emergency response plan.
- Train all health sector staff to respond states of emergency.
- Incorporate “health” in all policies.

8. Development Approach

The National Health Sector Strategy introduces an inclusive vision underpinned by a wide participation of all stakeholders and healthcare providers. It reflects real priorities within the Palestinian health system and takes account of real state of affairs in the Palestinian territory, which effectively obstruct implementation of the Strategy. First and foremost of these is the Israeli

occupation and practices, including the Wall, military checkpoints, blockade, and economic and social restriction.

In cooperation with all MoH directorates and units, Policy Making and Planning Directorate leads this process, taking into consideration the former National Health Sector Strategy 2008-10. All civil society actors and the private sector are engaged and coordination is in place with MoPAD and with respective ministries and government bodies.

This Strategy is grounded on previous strategic plans as well as on several studies, dialogues and conferences, including recommendations and decisions of the First Health Conference held under auspices of the Minister of Health in May 2009. The Strategy also derives from research papers and studies conducted in Palestine over past years. Chapter III under the Strategy incorporates recommendations of the First Health Conference on financial management, service delivery, partnership between the public and private sectors.

Such participation-based development approach has been in place through consultation with coordination committees and structures, including the Monitoring and Evaluation Committee and Health Sector Working Group. Headed by the Minister of Health and WHO, which provides necessary technical support, the Health Sector Working Group comprises major donors, United Nations agencies, international development institutions and NGOs. All strategies are presented to the National Council of Health Planning and Policy Making, which is presided by the Minister of Health and involves all the health sector staff, including health colleges, civil society actors, syndicates, the private sector, the Medical Board, relevant ministries, and healthcare networks.