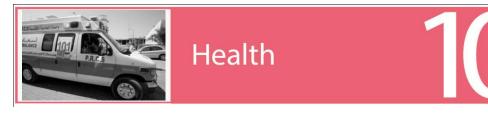
Agenda 2015





Main Health Indicators

	WBGS	WB	GS
Hospitals (2013)	80	50	30
of which: Government (Min. of Health)	25	12	13
NGO	34	20	14
UNRWA	1	1	0
Military Medical Services	3	0	3
Private	17	17	0
of which: General	46	27	19
Specialized	16	7	7
Rehabilitation	4	3	1
Maternity	16	13	3
Hospital Beds (2013)	5,619	3,263	2,356
Hospitals beds per 1,000 pop. (2013)	1.25	1.2	1.4
Bed Occupancy Rate (%) (2013)	85.3	85.0	85.6
Average Duration(days)	2.4	2.2	
Number of Primary Health Centers (2013)	759	622	147
of which: Government (Min. of Health)	479	425	54
NGO	197	140	57
UNRWA	62	41	21
Military Medical Services	21	16	5
Population per Primary Health Centers	3,294	4,019	
Number of Physicians (general and specialist)	10,562	7,012	3,550
Physicians per 10,000 population (2013)	23.5		
Number of Dentists	2,839	2,401	438
Dentists per 10,000 population (2013)	6.3		
Number of Pharmacists	5,806	3,485	2,321
Pharmacists per 10,000 population (2013)	12.9		
Number of Nurses / Midwifes	10,315/898	5,792/661	4,523/237
Nursing/Midwifery per 10,000 pop. (2013)	23.0/2.0		
Crude Birth Rate per 1,000 population (2013)	25.9	22.3	31.7
Crude Death Rate per 1,000 population (2013)	2.5	2.5	2.1
Total Fertility Rate (2013)	4.4	4	5.2
Infant Mortality Rate (<1 year) per 1,000 live births (2013)	12.9		
Child Mortality Rate (<5 years) per 1,000 live births (2013)	15.5		
Life Expectancy at Birth male - female (2013)	71.5 – 74.4		
Maternal Mortality Rate per 10,000 live births (2013)	24.1	26.1	21.9
Cancer Incidence Rate per 100,000 (2013)	79.5		
No. of referrals outside MOH facilities (2013)	61,635	44,244	17,635
of which: for treatment abroad	11,233	4,512	6,721
(of which Israel / Jordan / Egypt)	(8,118/256/2,859)	-	
for treatment in East Jerusalem	26,850	20,904	5,946

Sources: Ministry of Health (MOH), Health Annual Report Palestine 2013, June 2014. PCBS, West Bank Central Governorates Statistical Yearbook 2013, April 2014.

Agenda 2015

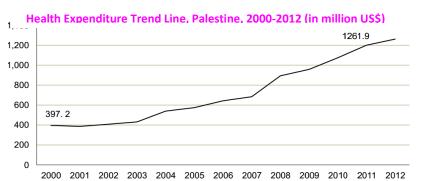
Facts & Figures

- Key chronic problems of the health financial constraints. sector are maintenance of equipment, staff shortages and problems of access to health facilities for staff, patients and medical commodities, and restrictions on construction and rehabilitation of health infrastructure, especially in Area C and Gaza. In Gaza, an additional problem has been the shortage of fuel and power that is needed to operate the emergency generators and ambulances.
- Health service provision in the West Bank and Gaza is divided among public providers (Ministry of Health and Ministry of Interior), multiple private (hospitals, clinics) and NGO providers, incl. UNRWA.



- Social security services in the OPT can be classified into three broad categories: 1) health insurance services administrated by the health insurance department of the Ministry of Health, 2) social insurance funds (based on subscriptions) managed by the Palestinian Pension Authority (which in addition to health insurance providers, also encompasses the private sector, UNRWA, and military services), and 3) social assistance (transfers for needy families) provided by the Ministry of Social Affairs, the Alzaka Fund, UNRWA, the World Food Program (WFP), and other local and foreign NGOs (MAS, *Social Security in the Occupied Palestinian Territory: Situation and Challenges*, Ramallah, 2012). Access to **health insurance** remains generally low with no health insurance coverage for nearly half of Palestinian society (PCBS: *Women & Men in Palestine, Issues & Statistics*, 2013).
- In 2012, **total health expenditure** amounted to US\$ 1,261.9 million a 5.1%-increase over 2011. The government sector (via the Ministry of Finance, Health, etc.) contributed 38.7% of health funding in 2012, households 39.8%, non-profit institutions serving households 18.3%, Private Insur-

ance Enterprises 2.3%, and the rest of the world 0.9% in 2012. Some 92.2% of the health services were provided within the government sector and 65.8% of the total expenditure went for services of curative care (PCBS, Statistical Report, National Health Accounts, 2011-2012, Feb. 2014).



• The main cause of infant mortality in the

West Bank in 2012 was respiratory system infections (36.7%), followed by premature and low birth weight (17.5%), congenital anomalies (14.1%), and heart diseases (9%), and main causes of **child mortality** (under five years) were conditions in the prenatal period (53.8%). (PCBS, *Press Release on Palestinian Children's Day*, 5 April 2014).

- In Palestine, malnutrition is on the rise among children under-five, having increased by 41.3% between 2000-2010 (or even 60% if looking only at the Gaza Strip). Currently, 11% of children under five years suffer **chronic malnutrition** (WB: 11.5%, GS: 10.4%) and 3.7% were **underweight** (WB: 3.9%, GS: 3.5%) (PCBS, *Child Statistics Report on the Eve of Palestinian Children's Day*, April 2013).
- 94% of women received **ante-natal** health care during pregnancy and about 98% gave **birth** under medical supervision, but only 50% received all the tests recommended during pregnancy and post-natal services remain limited. (PCBS, *Women and Men in Palestine, Issues and Statistics*, 2013).

Source: PASSIA Desk Diary 2015, Jerusalem: PASSIA, December 2014.

Health

Agenda 2015

Health

- 52.5% of married women agreed 15-49 used some form of **contraceptive** (WB: 55.1%, GS: 48.2%) (PCBS & MOH, *Press Release on International Health Day*, 7 April 2014).
- There are some 113,000 people 2.7% of the population with **disabilities** in Palestine (WB: 75,000, GS: 38,000). (PCBS, *Press Release on the Eve of the International Population Day*, 11 July 2014).
- The Palestinian Monitoring Group of the Negotiations Affairs Dept. reported **6 incidents of assaults on the health sector** (denying access to ambulances, assaulting patients, raiding or attacking clinics or ambulances) caused by Israeli forces between Jan.-end of Aug. 2014.
- In 2013, 8,180 patients from Gaza referred by the Health Ministry for treatment in East Jerusalem or the West Bank required permits; 15% were denied or delayed. In the West Bank, 40,219 (or 1 in 5) Palestinians who applied for permits to enter Jerusalem for treatment or to accompany patients were refused, 35% of them for "security" reasons or no reason given. About 20% of the referrals are cancer patients (there are not radiotherapies or special chemotherapies available in the WBGS). (WHO, The Wall: Ten Years of Dividing Palestinians in the oPT and Restricting Access to Health Care, July 2014).
- As of June 2014, Health and Social Work contributed **3.4%** to the **GDP** (excl. East Jerusalem) (PCBS, *Quarterly National Accounts*, Q2-2014).
- Assessments of **destruction from the Gaza War** suggest that 15 of 32 hospitals (three of them closed), and 45 of 97 primary health care clinics in Gaza were damaged (four completely) and 17 are closed, along with two psychiatric clinics and the only rehabilitation center in Gaza. In addition, 25 ambulances were destroyed or damaged, 23 medical personnel were killed, and 83 injured (State of Palestine, *The National Early Recovery and Reconstruction Plan for Gaza*, Oct. 2014).

Recommended Research Sources:

http://www.thelancet.com/series/health-in-the-occupied-palestinian-territoryhttp://www.moh. ps (Min. of Health)http://www.emro.who.int/palestine/ (WHO)http://www.pcbs.gov.ps (Health Statistics)http://www.palestinercs.org (Red Crescent)

Lancet Series: Health in the Occupied Palestinian Territory 2012.

Ministry of Health, Health Annual Report Palestine 2013, June 2014. WHO, Right to health: Barriers to health access in the occupied Palestinian territory, 2011 & 2012, March 2013. WHO, Demographic, Social and Health Indicators for Countries of the Eastern Mediterranean, 2013. WHO, The Wall: Ten years of Dividing Palestinians in the oPT and Restricting Access to Health Care, July 2014. The World Bank, West Bank and Gaza - Health Policy Report: Reforming Prudently Under Pressure - Health Financing Reform and the Rationalization of Public Sector Health Expenditures, 2009.

