

WHO and the occupied Palestinian territory



Promoting the health of the Palestinian
people

Key considerations

- No major disaster or catastrophic deterioration in terms of health indicators has taken place
- Concern on trends, social determinants and quality of life

Development and Humanitarian Assistance in the Health Sector

- Until 2000 donor support focused on institution building and reconstruction
- After 2000 emergency and budgetary support has been growing

Consequences on funding

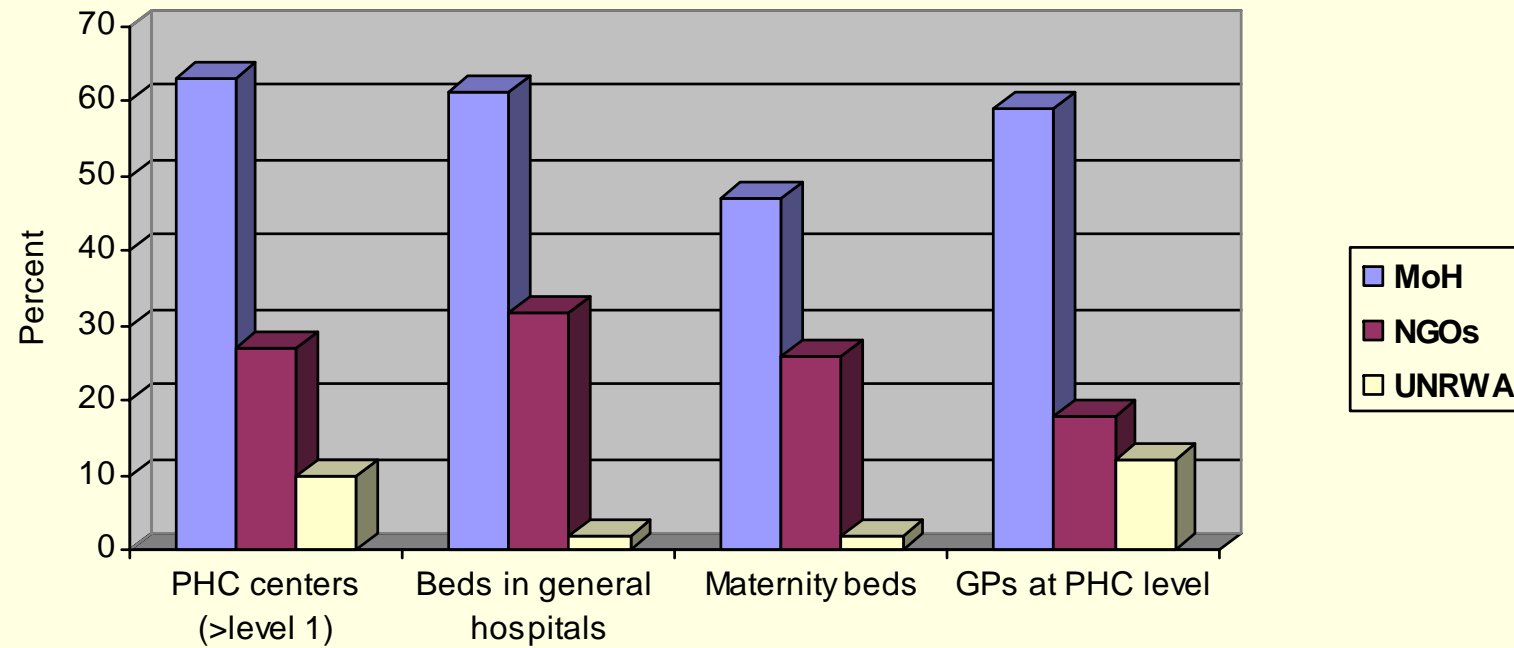
- Israel is withholding the transfer of VAT revenues (2/3 of Palestinian total tax revenues)
- New donor positions:
 - decrease of assistance from the major donors
 - more emphasis on humanitarian assistance and less on development projects

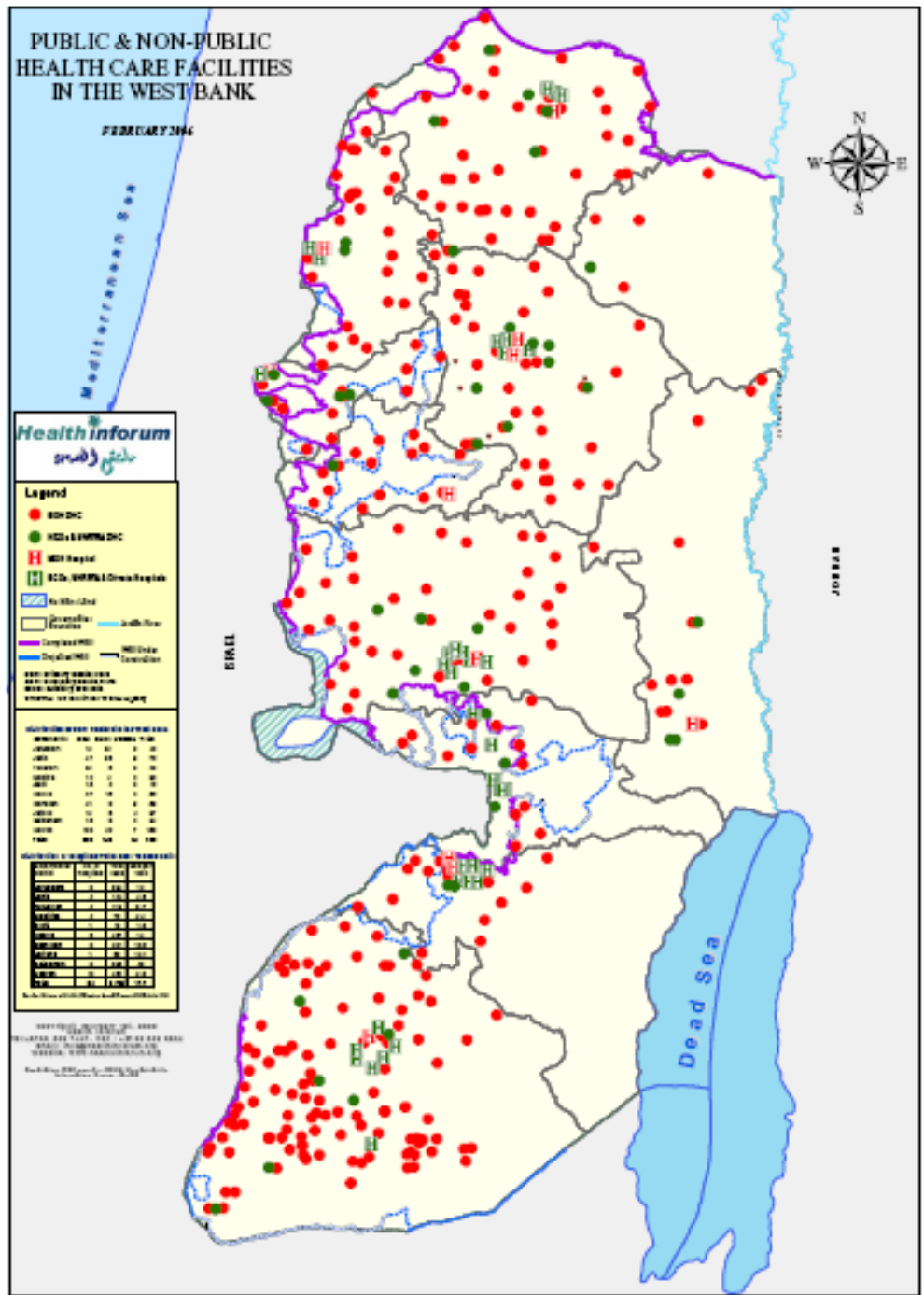
Current financial situation - MoH

The Palestinian MoH is currently out of funds. Monthly urgent financial needs are 6.3 million USD (salaries) and 4.6 million USD (drugs, vaccines and consumables) per month*

*according to 2005 expenditure

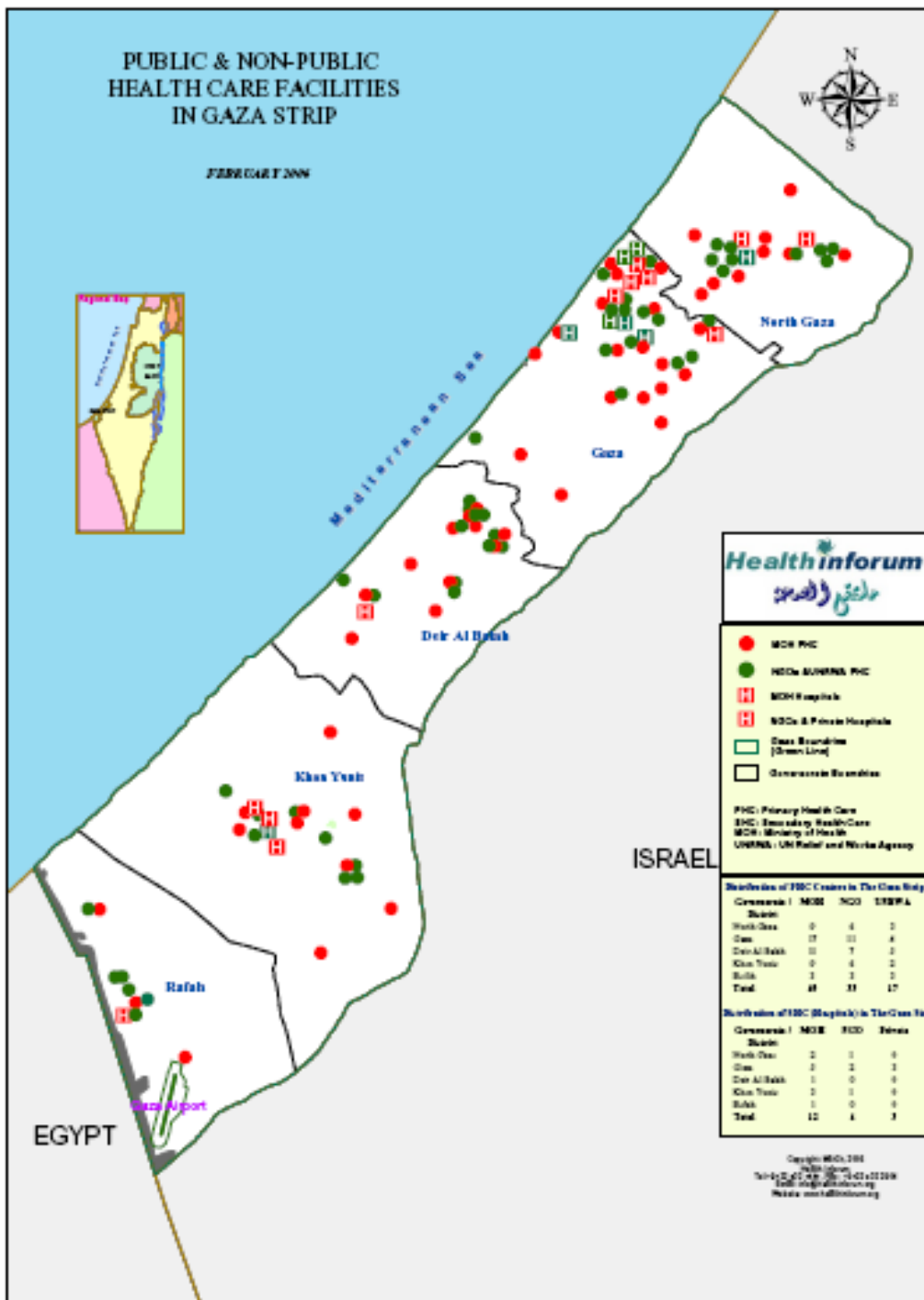
Ministry of Health, NGOs and UNRWA services





PUBLIC & NON-PUBLIC HEALTH CARE FACILITIES IN GAZA STRIP

FEBRUARY 2008



Healthinform
معلومات صحية

- MCH PHC
 - NCDs & URMNS PHC
 - MCH Hospital
 - NCDs & Private Hospital
 - Gaza Boundary (Green Line)
 - Administrative Boundary
- PHC: Primary Health Care
 PHC: Emergency Health Care
 MCH: Ministry of Health
 URMNS: UN Relief and Works Agency

Number of PHC Centers in The Gaza Strip

Category	MCH	NCD	URMNS
Subtotal			
North Gaza	0	4	0
Gaza	17	11	4
Deir Al Balah	11	7	2
Khan Younis	0	4	2
Rafah	2	2	0
Total	30	31	17

Number of PHC Hospital in The Gaza Strip

Category	MCH	NCD	Private
Subtotal			
North Gaza	0	1	0
Gaza	2	2	2
Deir Al Balah	1	0	0
Khan Younis	0	0	0
Rafah	1	0	0
Total	4	3	2

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 Health Inform
 Tel: 011 972 36 744122008
 Email: info@healthinform.org
 Website: www.healthinform.org

Possible consequences –health system

- Non payment of 12,200 health workers salaries for the past 3 months (increasing absenteeism, possible drain of MoH professionals to the NGO and private sectors)

Possible consequences –health system

- Severe shortage of drugs and medical supplies

Possible consequences –health system

- Reduced health services capacity to function

People using health services per month

- 35,000 people are admitted to hospital, of which **23,000 (64.5%) to the MoH hospitals**
- 85,000 people receive specialized out-patient care in hospital, out of them **62,000 (73.5%) in the MoH hospitals**
- 11,000 people undergo surgical operations, of which **8,000 (72.5%) in the MoH hospitals**

People using health services per month

- 9,000 women deliver babies, of which **5,000 (55%) in MoH hospitals and PHC facilities**
- 8,600 children are immunized, of which **5,500 (63.5%) receive their vaccination in MoH facilities**

People using health services per month

- **5,300 children receive Vitamin A and D supplementations, all in the MoH facilities**
- 8,400 and 2,900 women receive antenatal and postnatal care, of which **7,500 and 2,600 (90%) in MoH facilities**

People using health services per month

- 73,000 people are affected by diabetes, and 110,000 with hypertension. **Three quarters of them rely on MoH centers**
- **500 patients are in need of haemodialysis twice a week who receive this life saving health care at MoH health centers**

Possible consequences –health system

- Reduced MoH capacity to develop health policy, regulatory and coordination related functions as well as the health reform process
- Suspended training and capacity building activities
- Suspended maintenance of health services

Early indications of negative impact

■ Health staff attendance:

- annual leaves, extra time a day and attending alternate days to save transport expenses and others (Shifa, Gaza European Hospital and WB PHC).

■ Drug availability:

- lack of usual minimum stock of essential drugs (e.g. 22 items are out of stock in Shifa hospital and several anesthetics and oncology drugs are out of stock at the Gaza European hospital), medical supplies and lab reagents.

Early indications of negative impact

■ Hospital services:

- specialized services, eg: surgical operations are limited to only urgent and semi-urgent operations (Shifa);
- the oncology department in the Gaza European hospital reduced its service delivery due to the lack of necessary drugs;
- Difficulties to continue the payment of patients' food supply and hospital cleaning services (Hebron and Nablus hospitals).

■ Fuel shortage and health services:

- MCH services including vaccination at village health rooms, home visits and health inspectors' field visits are compromised (Hebron, Jenin, Salfit).

Summarizing

- acute financial crisis of MoH
- rapid decline of the public health system, toward a possible collapse compromising service availability and accessibility, efficiency, quality of care, sustainability and equity
- Risk of shifting the control and management of health system away from the public sector to NGOs, the UN system and the private sector
- no access -or limited access- to preventive programs and curative services for the majority of the Palestinian population

UN position in the health sector

■ **Objectives:**

- To guarantee universal coverage of health services
 - To preserve the keys functions of the public health system
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- Revision of the current programmes by readjusting project implementation to the new context

WHO main strategies

- **Coordination**: WHO as third party allows indirect communication between the donor community and the PA, otherwise impossible at the moment. WHO can guarantee higher reliability and authority to inform on, and coordinate, activities and outcomes.
- **Advocacy**: Continue the communication on the need to guarantee universal coverage of health services; of preserving the key functions of the public health system; and the need to avoid a humanitarian crisis.

WHO main strategies

- **Monitoring:** An ad hoc monitoring tool with two sets of indicators relevant to the current situation has been developed:
 - *health system surveillance indicators*, meant to monitor mid-term trends (monthly and quarterly) of selected health status / health services / health system performance indicators
 - *sentinel indicators*, intended to detect (bi-monthly) early signals of an impending collapse of health service delivery, both at hospital and district PHC level
- a second monitoring tool is being used to collect the donor response information, including donations to central and peripheral levels

WHO main strategies

- Supply of drugs, consumables, etc.

Although the supply is not a usual area of engagement for WHO, due to the described circumstances of lack of drug and medical supplies, WHO is available to implement supply activities according to the needs of the public health system. The WHO guidelines on drug donation will be followed for this activity

In conclusion

- No major disaster or catastrophic deterioration in terms of health indicators has taken place
- Concern on trends, social determinants and quality of life
- Concern for a possible collapse of the public health system
- Need to prevent further deterioration
- Need to integrate humanitarian and emergency aid into sound and constructive sectoral planning