



State of Palestine

Ministry of Health

**National Health Strategy
2017-2022**

Assistant Deputy of Planning Affairs

General Directorate of Health Policies & Planning

Foreword

Based on our belief at the Palestinian Ministry of Health about the importance of strategic planning and effective supportive leadership and seeking to advance the State building process and make assertive contribution to achieving health-related goals and enhancing the Palestinian health status, and the health service delivery to the Palestinian citizens as an integral part of comprehensive economic and social development, the Ministry of Health closely and actively collaborated with all stakeholders in the Palestinian health sector to develop the National Health Strategy for Palestine 2017-2022.

This Strategy is consistent with the National Policy Agenda (NPA) and responds to 2030 UN Agenda for Sustainable Development and the related goals, including the third goal of good health and wellbeing, noting that the State of Palestine has managed to achieve a large number of its targets and indicators.

Following the directions of the Palestinian government, the Ministry of Health has taken the initiative to develop this ambitious health strategy, in line with the numerous available data, studies and research in the health field, followed by many workshops held by the Ministry in the past period. Indeed, the Ministry of Health has been working with all stakeholders to enhance healthcare services delivered to the Palestinian citizens and to improve services quality towards comprehensive healthcare system that goes beyond caring for the sick to cover all other aspects in terms of prevention and early detection of diseases and health awareness raising among all the Palestinian people.

We hope that all health sector stakeholders in the State of Palestine will closely cooperate with the Ministry of Health to implement this Strategy and to achieve its objectives in order to further advance this important sector to the benefit of the Palestinian citizens and their health.

Dr. Jawad Awwad
Minister of Health

Acknowledgment

The present document of the National Health Strategy for Palestine for the six-year period 2017-2022, developed under the directions of HE Dr. Jawad Awwad, Minister of Health, within the Palestinian government policy, with the involvement of representatives of the different health service providers in Palestine.

The development of this National Health Strategy vividly represents commitment of the wide spectrum of the health sector to cooperation and coordination under the leadership of the Ministry of Health, presenting a bright picture of such effective and constructive cooperation. In its goals, the Strategy focuses on ensuring safe, effective, equitable, accessible and quality services for all Palestinian citizens.

This Strategy reflects our recognition of major challenges facing the health sector and our belief that health is the state of complete physical, mental, social and material well-being and not merely the absence of disease and illness. This understanding requires more attention to health promotion, health education, prevention and early detection of diseases.

Participants in the development of the Strategy have made significant efforts to bring it to the present status in terms of content and format, which has been possible only through long hours and many days of relentless and hard work. We hope that we can all work together in a team spirit to overcome all challenges to achieve our goals abiding by the policy and direction of this National Strategy to ensure successful implementation of all future health programs and projects.

I would like to express gratitude to all stakeholders contributing to the development of this National Strategy, to the team of Health Policies and Planning including Director of Strategic Planning Dept. and all directors and staff of the General Directorate's departments for their important inputs and efforts. Thanks are also due to the World Health Organization, Palestine, for their incessant support to the Palestinian health sector.

Dr. Naim Sabra,
Assistant Deputy for Planning Affairs



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Planning Approach

This national sectoral strategy is developed according to the agreed national strategic planning approach for the next six years 2017-2022, based on the approved guidelines for the development of sectoral strategies. The Palestinian government launched the national strategic planning process for the different sectors at the beginning of this year. The National Policy Agenda was developed, covering national policy themes, priorities and interventions that would provide the overall national reference for all sectoral and cross-sectoral strategies. On this basis, the Palestinian MOH, in cooperation with all health sector stakeholders, started to prepare for the national health strategic planning process for the years 2017-2022.

Development of the National Health Strategy 2017-2022

The development process was carried out through the participatory approach based on coordination and cooperation with all health service providers and health sector stakeholders, through consultations involving all partners in the national planning team and internal meetings of Ministry's decision makers. Under the directions of HE Minister of Health Dr. Jawad Awwad and the supervision of Assistant Deputy Minister Dr. Naim Sabra, the General Directorate of Health Policies and Planning lead the process to ensure engagement of all relevant governmental partners and representatives of civil society, the private sector and international organizations, as well as to ensure coordination and consultation with all directorates, units and departments within the Ministry throughout the different following phases:

1. Sectoral review: By the beginning of first trimester of 2016, the Strategic Planning Department of the General Directorate of Health Policies and Planning started preparations for the development of this health Strategy by conducting a sectoral review of the previous strategy, analysis of achievements and bottlenecks, analysis of national health indicators, and analysis of the current health situation and health system (strengths, weaknesses, opportunities and threats), followed by setting priorities in consultation with partners within and outside the Ministry.
2. Forming the planning and budgeting task force lead by HE the Minister of Health, consisting of seven members from Ministry's decision makers and heads of programs. The task force was assigned to develop the medium-term budget.
3. Establishing the National Team for the development of the National Health Strategy 2017-2022 also lead by HE the Minister of Health, consisting of representatives from all health sector stakeholders, particularly health service providers, civil society

organizations, UN agencies, relevant ministries and government agencies, as well as representatives from MOH general directorates and units and from departments under the General Directorate of Health Policies and Planning, with technical support from the World Health Organization (WHO), and coordinated by the Strategic Planning Department of the General Directorate of Health Policies and Planning.

4. Workshops and consultations: Several extended meetings were held for the National Team (between September and November 2016) for consultations and agreement on sectoral priorities and strategic objectives and expected outputs, as well as to discuss the drafts developed by the General Directorate of Health Policies and Planning.
5. Consultations within the MOH: Consultations were made with the different general directorates, units and technical departments within the Ministry addressing the different drafts and Strategy contents.
6. Consultations with donors and health sector stakeholders through the "Health Sector Working Group", where the Strategy was presented and discussed in a working group meeting held in October 2016.
7. Follow up and approval of the final draft by HE the Minister of Health and the Council of Ministers.

Main Pillars of the Strategy

The National Health Strategy is based on three main pillars: the National Policy Agenda (NPA), the previous National Health Strategy 2014-2016 and the sectoral review that included a situation analysis and an analysis of main recent health achievements, shortcomings, gaps and priorities, as well as the international Agenda of Sustainable Development and the State of Palestine's commitment to work towards achieving the SDGs and their targets by 2030.

National Policy Agenda

The NPA provides the reference policy framework for all ministries and government agencies. In identifying its strategic objectives and priorities, the National Health Strategy refers to the first draft of the NPA issued by the Council of Ministers, which includes a matrix of ten national priorities underpinning 22 policy priorities and 40 policy interventions for the period 2017-2022.

This Strategy is linked to the ninth national priority “Comprehensive, quality and affordable health care for all,” especially through the policy priorities that seek to provide comprehensive health care services for all and enhance citizens’ health and well-being, by contributing to reforming the public health insurance system, enhancing the financial sustainability of the health care system (improving the system of purchasing medical services and referrals), advancing the level and quality of health services, increasing equality in accessing health care services, as well as promoting preventive health services and enhancing public awareness and healthy behaviors, Introducing the family health approach, and enhancing programs for the management of non-communicable diseases and implementing related national policies.

Sustainable Development Goals

The SDGs are a set of global goals developed by the UN and adopted internationally in September 2015 as global goals for sustainable development. The SDGs include 17 goals and 169 targets, seeking mainly to end poverty and hunger, ensure health, education and security for all, reduce inequality and combat climate change.

The State of Palestine is committed to work toward achieving the SDGs during the next 15 years. The government would incorporate these goals and targets into national frameworks and policies and include them in the upcoming national strategies and plans towards achieving them by 2030 within the available resources and national priorities. Progress will be monitored by means of localizing the globally adopted indicators that monitor achievement of the SDGs and their targets in partnership with the Palestinian Central Bureau of Statistics (PCBS).

Within the same context, this Strategy abides by the State of Palestine’s commitments to international conventions and treaties, primarily the Convention on the Rights of the Child (CRC), the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and others.

The sectoral review and the National Health Strategy 2014-2016

Five main strategic objectives underpinned the National Health Strategy 2014-2016: ensure comprehensive and integrated health care services, promote preventative health care and management of non-communicable diseases, establish an effective, comprehensive and sustainable quality system, ensure the availability of qualified health workforce, and enhance institutional development and governance of the health sector.

The development of the present Strategy was informed by the National Health Strategy 2014-2016, including its objectives, policies and programs, by conducting a comprehensive sectoral review of that strategy and assessing achievements made, as well as analyzing gaps and bottlenecks and highlighting priorities for the years to come.

In addition, previous national health strategies were considered, including adopted health strategies and national policies in major areas such as mental health, women and reproductive health, nutrition, and purchase of medical services.

Finally, and on my behalf and behalf of the entire team of the General Directorate of Health Policies and Planning, I would like to extend my thanks and to HE Minister of Health, Deputy Minister and Assistant Deputy Minister for their continuous support and fruitful efforts for inspiring the planning process and the development of this Strategy. Thanks are also due to all colleagues in the Ministry of Health and partners in the health sector who participated in developing this Strategy.

This English-language version of the National Health Strategy 2017-2022 is based on the Arabic version approved by the Council of Ministers. Every attempt has been made to accurately reflect the intended meaning of that text. However, if any differences between the two versions exist, the Arabic version would take the precedence.

Dr. Ola Aker
Director of Strategic Planning Department

Chapter One: Overview of the Health Sector

1.1 The Palestinian health sector

The Palestinian health sector consists of four main partners: the MOH and Military Medical Services, the UN Relief and Work Agency for Palestine Refugees (UNRWA), nongovernmental organizations (NGOs) and the private sector. They all participate in the delivery of different health services at the three levels: primary health care, secondary health care and tertiary health care.

1.1.1 The Palestinian Ministry of Health

The MOH is the responsible national institution for leading and regulating the functioning of the health sector and ensuring the necessary resources for its sustainability and development in response to the changing and increasing needs of the entire population. The Public Health Law of 2004 lists MOH functions and responsibilities, which include delivery of the government's preventive, diagnostic, curative and rehabilitative health services; regulation of the health sector functioning to ensure high level of harmonized and integrated work between the different service providers and sectors; development of national health regulations, laws and policies; and reinforcement of the health financing system and optimal investment of the available resources.

The Ministry insistently seeks to improve the health status of the Palestinian society by promoting individual and community health, ensuring the provision of comprehensive, high quality health services to all citizens within the available potentials and resources, enhancing health education and community awareness programs, and contributing to the provision of a safe and healthy environment for citizens in cooperation with all partners and relevant sectors.

The MOH leads strategic planning in the health sector. HE Dr. Jawad Awwad, the Minister of Health, chairs the Ministry's planning and budgeting task force and the national planning team. The planning and budgeting task force consists of seven members representing MOH decision makers and heads of programs, which have the responsibility for overseeing the planning process and compliance with tasks, set out in the agreed methodology, making decisions on program policy statement (goals, objectives and standards), identifying planned program outputs and allocate budget ceilings to programs and outputs.

The National Team for planning and development of the National Health Strategy 2017-2022 is established with a view to reinforce the principle of effective engagement. The

National Team includes representatives from government institutions and agencies, NGOs, civil society organizations, and the private sector (see Annex). The Team has the responsibility of revising and approving the strategic planning methodology and work plan, supporting the different phases of situation analysis, prioritization and implementation, as well as revising and approving the finalized strategy.

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, through a network of governmental primary health care (PHC) centers and hospitals in the different governorates. With regard to tertiary health care services (specialized medical 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 from other national specialized hospitals and medical centers (East Jerusalem hospitals and private hospitals) on the other.

The Palestinian Military Medical Services Agency offers its health services to members of the security system and their families through its own health centers and hospitals in the different governorates, in addition to providing medical support in cases of disasters through the first aid and emergency unit.

1.1.2 Non-governmental Health Sector

It includes the nongovernmental and private health centers. These institutions join the MOH in providing health services at the different levels. The nongovernmental sector plays a key role in economic development and employment in Palestine in terms of medical services.

It partners with the MOH in institutional development and health planning. Private and NGO hospitals, including East Jerusalem hospitals, play a major role in providing health services, particularly tertiary health care services.

NGOs own and run 35 hospitals with a capacity of 2,052 beds, or 34.2% of total hospital beds in Palestine. While the private sector owns 15 hospitals with a capacity of 472 beds, that is about 8% of total hospital beds in Palestine.

NGOs also run 206 PHC centers (27% of total centers in Palestine). The Palestine Red Crescent Society (PRCS) is the prime provider of ambulance and pre-hospital emergency medical services in Palestine.

1.1.3 UN Relief and Work Agency for Palestine Refugees (UNRWA)

The UN Relief and Work Agency for Palestine Refugees (UNRWA) offers health services in the West Bank and Gaza Strip to Palestine refugees (42.8% of the population in the State of Palestine are refugees, i.e., around 2.03 million refugees, including 787,000 in the northern governorates (West Bank) and around 1.25 million in the southern governorates (Gaza Strip)) through 62 PHC centers in addition to one hospital with the capacity of 63 beds in the West Bank town of Qalqilia.

1.1.4 International organizations and donor countries

International organizations and institutions, including UN organizations, donor agencies and countries, play an important role in supporting the Palestinian health sector's sustainability and development by offering the required financial, logistical and technical support, while adhering to the standards of aid effectiveness according to Paris Declaration.

Moreover, the international community plays an important role in raising awareness on the unique Palestinian situation and the importance of international support to the Palestinian health sector to ensure the achievement of health for all, particularly the marginalized groups, areas under siege, prisoners in the Israeli occupation's jails and Gaza population.

1.1.5 National Institute of Public Health

The Palestinian National Institute of Public Health (PNIPH) plays a key role in promoting health research, analyzing health information and indicators, and participating in the development of various health surveillance programs. In doing so, it provides the scientific evidence required to institutionalize strategic planning and national policymaking by decision-makers.

1.1.6 Other ministries and government institutions

Various ministries, governmental and national institutions and agencies participate effectively in supporting the health sector in different ways, especially the Ministry of Finance and Planning (MOFP), the Ministry of Education and Higher Education (MOEHE), the Ministry of Social Development (MOSD), the Ministry of Women's Affairs (MOWA), the Ministry of Labor (MOL), the Ministry of Agriculture (MOA), the Ministry of Local Government (MOLG), the Environment Quality Authority (EQA), the General Secretariat of the Council of Ministers, the Palestinian Central Bureau of Statistics (PCBS), the Palestine Standards Institution, the Ministry of National Economy (MONE), and Customs Control Office.

Cooperation with the different government institutions takes place through cross-sectoral interventions and national strategies, particularly in the areas of environmental health, water and food safety, control of water or food-borne diseases, control of environmental pollution, youth health, women's health and empowerment and gender mainstreaming in health policies and interventions.

The General Secretariat of the Council of Ministers and the MOFP support the implementation of the different sectoral strategies and policies through their developmental and regulatory role at the national level, as well as through support to health policies and the NPA by facilitating technical and material support to implement these policies. This is in addition to their role in overseeing and evaluating the performance of ministries and sectors in the implementation of the different strategies and policies (monitoring and evaluation).

The MOFP monitors and provides the required financial support to the health sector, seeking to solve the problem of MOH accumulated debts. It also leads the development of sectoral strategies and the process of integrating budgeting and planning.

Chapter Two: Health Sector's Vision and Health Strategic Objectives

Vision

A comprehensive and integrated health system that contributes to improving the quality of health services and sustainably enhancing the health status.

All health sector stakeholders aim to achieve a comprehensive and integrated health system that provides high quality health services to all citizens. An integrated health system would include the provision of comprehensive, high quality health services, the provision of medicines, treatments, curative and health technologies, the provision of competent health human resources, the provision of appropriate infrastructure, the provision of health information to the public and decision makers, the provision of financing needed to ensure sector sustainability, and the provision of good governance. A comprehensive and integrated health system would adhere to the principles of accountability, efficiency, quality, access to services, sustainability and equity. It would be responsive to community needs and seek to enhance the health status of citizens and secure financial protection against health costs.

This vision is based on a national consensus that sustainable improvement of the health situation in the Palestinian society requires the establishment of a solid and effective integrated health system. This includes promoting public health programs, prevention and health awareness to reduce diseases prevalence, promoting community health, changing unhealthy lifestyles, as well as supporting, enhancing and orienting the primary health care system towards the health of the individual and the family. Also ensuring that the different diagnostic and curative services are available to all citizens and enhancing access to health services for marginalized groups, such as the poor, persons with disabilities, women and children, the elderly, and residents of marginalized areas, such as Bedouin communities in Area C, borderline areas, communities adjacent to the Wall, refugees living in camps and Gaza population.

Our aspiration is that all Palestinians enjoy suitable health status and can enjoy the full spectrum of their rights to receive health services according to the provisions of national laws and international conventions and treaties accessed by the State of Palestine. Achieving sustainable health promotion and a healthy society requires addressing all aspects that affect community and individual health and contribute to health and wellbeing (determinants of health) through coordination and joint work with other relevant sectors (cross-sectoral approach). This requires attention to social aspects (education, income and economy), environmental aspects including water, food, pollution, safety at home, in the workplace and on the road, industrial and technological advancement in the country,

individual behaviors and lifestyle in society, genetic and demographic factors, among others. To enhance the community health situation, all these determinants need to be taken in consideration towards achieving sustainable health and wellbeing.

Overall principles

1. **Equity and equality:** All citizens have unimpeded access to health services without discrimination.
2. **Sustainability:** Ensuring sustainability of the Palestinian health system with all its components (health services, human resources, health information, medicines and health technology, leadership and governance).
3. **Right to health:** The right of all citizens to enjoying a decent health status and healthy society, with focusing on the most needy segments of society.
4. **Integration and partnership:** Partnership between all health service providers and other sectors to ensure integrated health services.
5. **Financial protection:** National commitment to achieving Universal Health Coverage.
6. **Quality:** Safe and high quality health services within approved standards that ensure continuing development.
7. **Palestine-specific situation:** Taking into consideration the unique situation in Palestine in terms of Israeli occupation-related obstacles, seeking to respond to the increasing needs of society and giving attention to marginalized groups and vulnerable areas due to occupation-related constraints.

Strategic objectives

The National Health Strategy 2017-2022 is anchored in six national strategic objectives that have been agreed through consultation and consent of all stakeholders, as follows:

1. **Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.**
2. **Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.**
3. **Mainstream quality systems in all aspects of health service delivery.**
4. **Enhance and develop the human resource management system.**
5. **Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.**
6. **Enhance health financing and improve financial protection of Palestinian citizens against health costs.**

Chapter Three: Sectoral Review of Health Sector Policy

3.1 National Health Strategy 2014-2016

Through the National Health Strategy 2014-2016 and other previous national health strategies, the MOH has adopted several national policies aimed at promoting the health situation in the country, ensuring that health services are available for all citizens, improving performance and enhancing the quality of the health sector, and promoting optimal utilization of available resources in view of the recent economic and political crises. To this end, the MOH in cooperation with all partners in the health sector has made significant strides towards upgrading and ensuring the provision of high quality health services to all citizens. The MOH, through its General Directorate of Health Policies and Planning and in cooperation with all MOH directorates and units and external partners and service providers, initiate a review of these policies and major achievements made over the past years by conducting a sectoral review in early 2016, followed by an analysis of national health indicators and health sector performance indicators. The following is a brief account of the findings of the sectoral review in terms of major policies and achievements made in the last years:

3.1.1 Upgrading the infrastructure and health services in hospitals and health centers, including the upgrading and renovating of buildings and medical equipment and introduction of new health services

In this respect, the construction of two new hospitals was initiated in Hebron governorate (Dura and Halhoul). The operation of Al-Muhtaseb Hospital was resumed and the hospital was added to MOH hospitals. The operation of Tubas Turkish public hospital was initiated. Magnetic resonance imaging (MRI) services were introduced by installing three machines in public hospitals. Central warehouses for medicines and medical consumables were constructed and operationalized in Nablus. Intensive care units, nursery, surgery and dialysis sections were upgraded in several public hospitals. All hospital imaging machines were replaced by digital equipment. Public hospitals were equipped with new oxygen plants. An Opioid alternative treatment center (methadone treatment) was opened for the treatment of heroin users. PHC centers were opened, constructed and expanded in the different governorates. Health directorate offices were constructed in Jericho and Nablus. Two new health directorates were newly established in North Hebron and Yatta. Rota virus vaccine was introduced to the national immunization program, costing around USD 2 million.

On the other hand, the NGO and private sectors play a major role in the development of health services in Palestine. East Jerusalem hospitals contribute significantly to the provision of high quality specialist services and serve as major referral centers for MOH purchase of health services. Furthermore, NGO and private hospitals make effective contributions to delivering remarkable health services, seeking to respond to the needs for certain specialist services and helping to reduce referrals for treatment abroad, including heart surgery (open heart surgery, catheterization, and treatment of complex cases), specialist surgeries, hematology, oncology and others.

In cooperation with all partners, the MOH employs great efforts to localize health services in Palestine and reduce the referrals of patients abroad. To this end, the MOH has been upgrading the infrastructure and specialist medical services. In this respect, foundations were laid for the construction of Khaled Al-Hasan Oncology Center as a unique specialized center for cancer treatment in Palestine with the aim of responding to the relevant needs. Foundations were also laid for the construction of Chavez Ophthalmology Hospital.

3.1.2 Enhancing health governance and developing national policies and health laws and regulations

The MOH seeks to reinforce its oversight and regulatory role in the health sector by institutionalizing strategic planning in health, developing and ensuring the implementation of evidence-based national health policies and plans, improving financial management and optimal utilization of available resources, and promoting coordination with the different stakeholders. Major achievements in this respect are:

- a. Finalizing national strategies and policies in several areas including women's health, capacity development for health service providers in dealing with women victims of violence, mental health, national pharmaceutical policies, and food safety strategy, as well as developing contingency plans in public hospitals, developing the Master Plan for hospital sector in coordination with all relevant stakeholders, and activating the monitoring and evaluation of national and governmental health plans and strategies
- b. Developing and approving a number of health laws and bylaws, including the Palestinian narcotics law, instructions on medicines' pricing, the law on medicinal studies, the national code for marketing of breast milk substitutes, mandatory instructions on fortification of foods with minerals and vitamins, and technical mandatory instructions on special foods; developing the bylaws on smoking bans and the public health institute law; approving the instructions on medicinal information, and the emergency medicines booklet; updating the delivery and family planning protocols; and operationalizing the youth-friendly health services protocol and the mother and child nutrition national protocols.

- c. Reducing the prices of over 1,500 items of medicines in the Palestinian market, with the reduction reaching over 40% for some items. Rolling out the electronic pricing application system and standardized medical recipe forms for medicines under control in the private sector in partnership with the Medical Association.
- d. Launching the Good Governance for Medicines Program in Palestine (completion of Stages I and II).
- e. Establishing the national observatory for human resources in the health sector to serve as the national data-base for health human resource in Palestine that provides the basis for developing evidence-based national policies for human resources development.

3.1.3 Improving and reforming the system of referrals and purchase of medical services

In 2015, implementation of a special reform work plan has been initiated, aiming to improve the system of referrals and purchase of services in the MOH by exercising closer oversight of medical referrals abroad, controlling and auditing bills from Israeli hospitals, reducing referrals abroad and relying on national hospitals, and conducting a comprehensive review of referrals and a tendering process for services from Israeli and Jordanian hospitals. Major achievements in this regard include:

- a. Implementing a comprehensive plan to regulate referrals to Israeli hospitals with the aim of containing the monthly bill and reducing the number of referred patients, by regulating electronic communications, rejecting self-referrals and road and work accidents, auditing the bills on monthly basis, signing MOUs with four hospitals (Hadassah, Tal Hashomer, Ichilov and Shaare Zedek), and starting to implement a plan to follow up with the hospitalized patients to monitor their stay in the hospital.
- b. Developing referral protocols to manage the main diseases for which referrals are made (oncology, haematology, cardiac catheterization, and neurosurgery).
- c. Adopting medical and financial auditing of bills from national hospitals, where it was not applied before, which has contributed to reducing the value of national hospital bills by around 8%.
- d. Applying the first stage of a web-based application for southern governorates and Jerusalem referrals to improve the level of health services and reduce the number of overlooked or disregarded applications.

The above-mentioned procedures have been helpful in reducing the annual bill paid to Israeli hospitals by 30% in 2015 compared to 2014 and reducing the number of patients referred to Israeli hospitals by 1.4% (from 4,439 to 4,051 patients), although the total number of patients referred by the MOH to all national and outside hospitals increased in 2015 compared to 2014 by 5.3% (from 41,603 to 43,802 patients).

3.1.4 Continuously enhancing the quality of health services in hospitals and PHC centers

The implementation of patient safety initiative continued in all public hospitals and one NGO hospital – Caritas Pediatric Hospital. Palestine Medical Complex and Caritas Hospital have achieved the second level of quality and patient safety standards based on WHO assessment as the first two hospitals achieving the required standards for this level in Palestine and the region. All participating hospitals have also been assessed by the 20 critical standards of the initiative. Moreover, work is underway to implement PHC quality standards in all health directorates, and implement the Baby-Friendly Hospital Initiative in all public hospitals, with six hospitals already accredited by UNICEF as baby-friendly, and to launch the youth-friendly clinics project.

On another note, the Central Public Health Laboratory has received ISO 15189 accreditation for medical tests. Requirements for ISO 15189 accreditation are being completed in other four government labs in the first stage. The Central Public Health Laboratory has also introduced new quality tests such as color testing, insecticide testing and antibiotic residue testing.

In parallel with the implementation of these initiatives and standards, work is underway on training the personnel on quality approaches and tools to assist in the implementation and assessment, including the development of policies and operating procedures according to quality standards and patient safety requirements.

3.1.5 Computerized health information system

The computerized information system was applied for patients' medical files in eight public hospitals (Dr. Khalil Suleiman Hospital – Jenin, Dr. Darwish Nazzal Hospital – Qalqilia, Alia Public Hospital – Hebron, Jericho Public Hospital, Rafidia Surgical Hospital – Nablus, Al-Hussein Public Hospital – Beit Jala, Martyr Yasser Arafat Hospital – Salfit, and Palestine Medical Complex – Ramallah). The implementation will be completed for the remaining hospitals to ensure that all MOH hospitals are using the computerized system. Further, four health district directorates and four clinics are using the computerized system now (Ramallah and Al-Bireh Health Directorate and Beit Rima Clinic – Ramallah, Qalqilia

Health Directorate and Azzoun Clinic – Qalqilia, Central Hebron Health Directorate and the Quarantina and Tarqumia Clinics – Hebron, and Nablus Health Directorate and Mohammed Bin Rashed Al Maktoum Center – Nablus).

Work is also underway on implementing a computerized system for mother and child health and linking the MOH and the Ministry of Interior electronically with regard to reporting of births and deaths.

3.1.6 Enhancing education in health and improving the capacity of health personnel to keep pace with scientific and technological developments

The MOH, in cooperation with all stakeholders, is seeking to advance the skills of health sector personnel, introduce continuing education and e-learning programs and keep pace with regional and global scientific and medical advancements. Major achievements include:

- a. Institutionalizing training programs such as the infection control program and the trauma primary care program to be compulsory training programs for health sector personnel.
- b. Establishing e-libraries in several public hospitals.
- c. Developing unified national standards for the BA degree in nursing and developing a national training program on selected advanced skills in midwifery.
- d. Completing the development and programming of 25 courses of e-learning on MOH website.
- e. Completing several local and external trainings in different health and medical aspects.
- f. Making use of the telemedicine project to enhance the skills of Palestinian personnel and open the perspectives for global communications on scientific and medical issues.
- g. Continuing efforts to host internationally recognized medical delegations with specialists in needed medical fields.

3.2 Gaps Analysis

- a. The financial crisis affecting the governmental health sector has markedly reflected on the pharmaceutical sector in governmental health centers. The MOH has exerted relentless efforts to overcome the shortage in medicines over the past two years by paying the outstanding debts to suppliers in cooperation with the MOFP and following up the procurement process with the pharmaceutical companies, especially suppliers who fail to meet the deadlines for sending their supplies. The number of medicine items (on the essential medicines list) that have a balance in the Central Pharmaceutical Warehouses below emergency demand level has decreased to 123 items in 2015, compared to 174 items in the previous years 2013 and 2014.
- b. Similar to most countries in the region and worldwide, Palestine is facing a major health challenge in terms of the high prevalence of NCDs, especially the continuous increase in the incidence of cancer and cardiovascular diseases, as well as the high prevalence of associated risk factors, such as smoking, overweight and lack of physical activity. To address these risks, the MOH, in cooperation with all partners, has adopted national policies aimed at promoting healthy lifestyles and raising community awareness on NCD risk factors. However, these policies will take long time to make tangible results on the ground. Therefore, NCD morbidity and mortality are still relatively high. During the past year, the MOH developed several national policies in this regard, mainly the bylaws for the smoking ban law, the national strategy for food safety, and the ongoing application of the PEN Approach for NCD monitoring and management.
- c. In cooperation with its partners, the MOH has recently advanced a slogan of “working towards nationalizing health services in Palestine.” The aim is to develop tertiary services within local hospitals, support specialized centers in the private and NGO sectors, especially East Jerusalem hospitals, and rationalize the purchase of services abroad to the extent possible. However, to achieve these aims, concerted efforts are needed from all sectors in Palestine and financial, human and technical resources should be made available during the coming years.
- d. With regard to developing and mainstreaming quality and patient safety systems in the health sector, efforts have been fruitful over the past years in implementing the patient safety initiative in all public hospitals. Yet there are still gaps in mainstreaming quality systems in health institutions, especially in the implementation of quality standards for PHC centers, which is an issue to be addressed over the coming years. Seeking to support and mainstream quality systems, there is still a need to create an independent body charged with the accreditation of health institutions and quality assurance.

- e. Family Practice Approach: The implementation of this approach is still in the beginning stages and large-scale implementation will require time, funding and qualified human resources.
- f. With regard to the expansion of the network of the computerized information system in the health sector, focus was made on public hospitals and more material support is needed in order to complete system implementation in the remaining governmental hospitals and centers.
- g. With regard to health governance, there are still gaps that need to be addressed now and in the coming years, especially the need to develop and approve laws and regulations to regulate some new health professions, ensure disaster preparedness and emergency response (national emergency plan), enhance health financing, introduce an incentive system in the public sector, and develop the health insurance system.

Chapter Four: Analysis of the Current Situation

4.1 Demographic Situation

In 2015, the population of Palestine was estimated at 4,682,467, including 61% in the northern governorates (the West Bank) and 38.9% in the southern governorates (Gaza Strip). Gender distribution of the population reveals that 50.8% are males and 49.2% are females. Around 40% of the total population is under the age of 15. Youth in the age group 15-29 years constitute 30% of the total population. Of these, 37% are adolescents (15-19 years) and 63% are young adults (20-29 years)¹. In 2015, the natural population growth rate in Palestine was 2.9% (2.6% in the West Bank and 3.4% in Gaza Strip).

According to preliminary findings of a study on population growth in Palestine and its impact on social and economic sectors (the National Population Committee and UNFPA), the total population is projected to increase from 4.7 million in 2015 to 6.2 million in 2025 and to 9.5 million in 2050. This increase will take place despite the expected decline in fertility, leading to a demographic transformation in the population groups. The proportion of population in young ages (0-14) will decline significantly from 39.3% to 25.2% and the proportion of elderly will increase slightly from 2.9% to 7.7%. The proportion of population in working age (15-64) will increase from 57.8% to 67.1%². This transformation will lead to a reduction in the demographic dependency rate, indicating a population opportunity that can be harnessed to achieve a demographic dividend, i.e., an opportunity to promote economic development if Palestine invests well in economic, social and governance policies and in human capital, particularly promoting health, and quality of education, productive employment and equality.

Rapid population growth and changes in the age structure in Palestine will affect the social and economic sectors and will increase demand for public services, including healthcare, education, employment, food and energy, among others. The projected population growth will have a significant impact on the delivery of health services in the near future, requiring more physicians, nurses, paramedics, hospital beds and infrastructure. The demographic transformation through modifications in the population structure will also affect the health needs of the population, with specific implications for health priorities of the different population groups, mainly children, youth, women in childbearing age, and the elderly.

¹ PCBS, 2016. http://www.pcbs.gov.ps/portals/pcbs/PressRelease/Press_En_InterYouthDy2016E.pdf

² UNFPA and the National Population Committee, Population Growth in Palestine and Its Impact on Social and Economic Sectors, 2016.

Within the health context, in 2015, life expectancy was estimated at 73.5 years in Palestine (72 years for men and 75 years for women), with some variations between the northern and southern governorates. In the West Bank, life expectancy was estimated at 73.9 years (72.4 years for men and 75.3 years for women), compared to 72.9 years in Gaza Strip (71.5 years for men and 74.4 years for women).

4.2 Economic Situation

The perspectives of economic growth in Palestine are shaped by the jurisdiction system imposed by the Israeli occupation, especially in Area C and Gaza Strip, and the associated successive decades of land confiscation, control of natural resources, mobility and access restrictions, as well as the blockade on Gaza Strip.

Despite these barriers, there has been some noticeable improvement in certain economic indicators.

Preliminary estimates at constant prices showed an increase of 8% in GDP in Palestine during the first quarter of 2016 compared to the first quarter of 2015. GDP per capita showed an increase of 1.5% for the same period.³ Participation in the labor force reached 45.8%. The year 2015 witnessed a decline in unemployment from 27.5% in 2014 to 26.6% in 2016. Nevertheless, unemployment rate for youth (15-29 years) is persistently increasing, reaching 39%. According to PCBS (2016), unemployment rate stood at 51% among new graduates in the first quarter of 2016.⁴

The government's approach is to improve performance and efficiency in collecting revenues coupled with rationalization of expenditure. A scheme has been developed to improve revenue reforms by adopting the revenue strategy aimed at expanding the taxation base, increasing the number of taxpayers, enhancing compliance by registered taxpayers, reviewing tax exemptions and improving commercial and financial relations with the Israeli side through ad-hoc committees with the task of solving outstanding issues and improving revenue collection from clearance arrangements.

With regard to government's expenses, the expenditure policy seeks to maintain an austerity policy and avoid any unnecessary expenses, maintain the same level of employees, seek to reduce debts to banks in order to provide a credit margin which can be utilized in times of crisis, reduce the size of arrears, and finally develop a plan to finance investment expenses and projects with focus on top priority projects.

³ http://www.pcbs.gov.ps/pcbs_2012/PressAr.aspx

⁴ PCBS, the Census.

4.3 The Israeli occupation and health status

The blockade and closure policy imposed by the Israeli occupation undermine the functioning of the health care system and people's timely access to health services, particularly in Gaza Strip, Jerusalem, and areas affected by the Separation Wall and settlements. The Israeli policy has seriously undermined the capacity of the health system in Gaza Strip due to inability to upgrade, maintain or reconstruct the infrastructure following the large-scale damage caused by the last Israeli aggression on Gaza Strip in 2014, which also caused high levels of injuries, physical disabilities and psychological problems among children and women.

Within the same context, during 2014, the PRCS documented 1,246 violations against their medical personnel and vehicles in the West Bank, while they were transporting and providing emergency care to patients. Such violations included delaying and denying access of ambulances transporting patients and targeting ambulances and their personnel by arms and gas canisters.⁵

Palestinian prisoners in the Israeli occupation's jails live in very harsh health and environmental conditions. Most prisons do not meet the international health standards, infested by insects and rodents. The health situation is especially difficult for many prisoners with various illnesses and for those who are subjected to persistent torture and denial of their human right to medical treatment.

The ongoing constraints and obstacles imposed by the Israeli occupation undermine the development process in the Palestinian health sector and threaten achievements made in the sector, especially in most affected areas such as Area C, Jerusalem and southern governorates. Restrictions imposed by the Israeli occupation extend to areas of pharmaceutical industry, import of raw materials, entry of building materials to Gaza Strip, banning Palestinian patients from traveling abroad for treatment and restricting their movement for treatment between the West Bank and Gaza Strip and between Jerusalem and all other governorates. In such context, an important role is played by human rights organizations, international organizations, UN agencies, civil society organizations, and NGO health sector, reflecting the importance of coordination and complimentary work of these entities with the MOH in order to mitigate and overcome these restrictions and support furthering the development process and enhancing the health situation of individuals and communities.

⁵ Preliminary Report submitted by the State of Palestine on the Convention on the Elimination of All Forms of Discrimination Against Women, State of Palestine, 2016.

4.4 Health Situation

National health indicators in Palestine during the last decade demonstrate a remarkable improvement in indicators related to life expectancy, maternal mortality, infant and under five child mortality, and declining incidence of communicable diseases. However, there has been a rise in the prevalence of NCDs with the associated increase in demand for health services and specialist services. This has increased the burden on the health sector's material and human resources, adding to the effect of the continuous increase in the cost of health services domestically and globally.

The Palestinian infant mortality rate is among the lowest in the Arab region (with the exception of UAE and Lebanon). However, the majority of these countries have lower fertility rates than that of Palestine. Although the crude death rate is specifically low, declining from 4.9 deaths per 1000 people to 3.6 deaths per 1000 people in the period 1997-2015, birth rate remains remarkably high, despite a decline from 42.7 births per 1000 people to 31.9 births to 1000 people. Consequently, the 2.83% national growth rates remain high enough to induce a doubling of the total population within the next 25 years.

4.5 National health indicators and health sector performance indicators

The following table presents major health indicators related to the health status of Palestinian citizens, certain indicators measuring performance under the National Health Strategy 2014-2016, as well as some important health indicators, which together can help analyze the health situation, assess health sector's performance and associate it with the recent achievements in the sector.

Table 1: Major Health Indicators

Indicator	2012	2013	2014	2015
Life expectancy at birth (years)	72.7	72.9	73.2	73.5
Maternal mortality rate due to antenatal, delivery and postnatal complications (per 100,000 live births)	23.2	24.1	24.7	15.7
Infant (under one year) mortality rate per 1,000 live births	13.5	12.9	12.6	10.9
Under five child mortality rate per 1,000 live births	16.2	15.5	14.9	13.9
Immunization coverage for children	97%	99.6%	98.6%	99.4%

Underweight prevalence for children under five (MICS, 2014)	/	/	1.4%	/
Stunting prevalence for children under five (MICS, 2014)	/	/	7.4%	/
Wasting prevalence for children under five (MICS, 2014)	/	/	1.2%	/
Deaths due to cardiovascular disease as a percentage of total deaths in Palestine			29.5%	27.5%
Deaths due to cancer as a percentage of total deaths			14.2%	13.8%
Deaths due to stroke as a percentage of total deaths			11.3%	9.9%
Average population per PHC center	5,467	5,645	5,599	5,819
Ratio of physicians/population per 10,000 people	20	23.5	21.5	21.5
Ratio of nurses/population per 10,000 people	18	23	23.2	20.1
Ratio of pharmacists/population per 10,000 people	/	/	/	9.7
Ratio of midwives/population per 10,000 people	1.7	2.0	2.1	2.2
Ratio of hospital beds/population per 10,000 people	13	12.5	13.1	13.8
Incidence rate of new cancer cases per 100,000 people	74	80.3	82.2	83.8
Occupancy rate of secondary health care facilities	83%	85.3%	86.6%	88.2%
Percentage of services purchased from local hospitals and the private sector within Palestine (compared to services purchased from outside Palestine)	82%	81.8%	82%	86.2%
Number of medicine items (essential medicines) that have a balance in the Central Pharmaceutical Warehouses below emergency demand level	134	174	174	123
Number of hospitals utilizing the computerized information system	4	4	8	8
Proportion of health expenditure as a share of GDP	12.3%	10.9%	11%	---
Proportion of government's expenditure as a share of total health expenditure	35.3%	43%	37%	---

Proportion of household's out-of-pocket health expenditure as a share of total health expenditure	43%	37.7%	40.8%	---
Number of hospitals applying the patient safety standards initiative – first stage	2	11	15	14
Daily average number of patients per general practitioner in PHC centers	47	55	52	45
Prevalence of smoking among youth (15-29 years)	/	/	/	24% ⁶

4.6 Health Services Delivery in Palestine

1. Concept of Universal Health Coverage

Universal health coverage is defined – by World Health Organization- as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services. This definition of universal coverage signifies three dimensions and key concepts: the proportion of citizens covered seeking to ensure coverage of all citizens, 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.

Universal coverage is firmly based on the WHO Constitution that affirms that health is a fundamental human right, and the principle of "Health for All" defined by Alma-Ata Declaration.

The achievement of comprehensive health coverage has been recognized as one of the most important development goals and objectives as set out in the Global Sustainable Development Agenda of 2030. The State of Palestine is committed to achieving comprehensive health coverage in 2030 as part of its international commitments to the sustainable development agenda adopted by globally in 2015.

2. Primary Health Care services

PHC is provided by various health service providers, including the MOH, NGOs, UNRWA and Military Medical Services. The number of PHC centers throughout the country has increased from 454 centers in 1994 to 760 in 2015, with an increase rate of 67.4%. In 2015, there were 608 PHC centers in the West Bank and 152 centers in Gaza Strip.

⁶ PCBS, National Youth Survey, 2015.

MOH centers comprise 62% of the total number of PHC centers. In absolute terms, there are 471 PHC centers run by the government, 62 by UNRWA, 206 by NGOs and 21 run by the Military Medical Services.⁷

Although the numbers reflect an excellent coverage of the different districts by PHC centers, there is still a need to reexamine the geographic distribution of these centers in terms of their coverage of marginalized areas (Area C, areas affected by the Wall and settlements), especially Qalqilia, Jerusalem and Salfit governorates. Another observation that merits review is the increased caseload in certain governorates, particularly Tulkarem, Hebron, Nablus and North Hebron governorates, where clinics have recorded the highest ratio of patients per general practitioner. Among other issues is the need to upgrade some of the centers and increase the number of their staff in accordance with the projected population growth and the growing health needs.

3. Hospital Services

The MOH is the main provider of secondary health services (hospital care) in Palestine, running 3,258 hospital beds in 26 hospitals throughout the country, out of a total of 80 hospitals in Palestine with the capacity of 6,006 beds. Out of the 80 hospitals, there are 50 hospitals in the northern governorates with the capacity of 3,607 beds, accounting for 60% of total hospital beds in Palestine, and the rest are located in the southern governorates.

In addition to the MOH, NGOs run 35 hospitals with the capacity of 2,052 beds. The private sector runs 15 hospitals with the capacity of 472 beds. UNRWA operates one hospital in Qalqilia governorate with the capacity of 63 beds. The Military Medical Services operate three hospitals in the southern governorates with the capacity of 161 beds.

MOH hospital beds cover the majority of medical specializations, including general surgery and specialized surgeries, internal medicine, pediatrics, mental illnesses and others.

Rehabilitation and physiotherapy services are offered by NGOs. While dialysis services is mainly supported by MOH facilities, there are 16 dialysis units in MOH hospitals in Palestine in addition to one unit in Al-Najah National University Hospital, Nablus, with the total of 274 dialysis machines.⁸

Indicators of the hospital care sector show a persistent increase in the occupancy rate in public hospitals, with apparent variations in occupancy rate between hospitals in the different governorates, whereas the rate exceeds 100% in certain cases. This indicates an

⁷ Palestinian Health Information Center, Palestinian MOH, 2016.

⁸ Palestinian Health Information Center, Palestinian MOH, 2016.

urgent need for increasing the number of hospital beds in some governorates, especially in Alia Governmental Hospital, which serves Hebron governorates, as well as Palestine Medical Complex and Rafidia governmental hospital, which offer specialized services in heart surgery, ophthalmology, pediatrics, orthopedics and other specialized surgeries.

4.7 Non-communicable diseases (NCDs)

NCDs (chronic diseases) present a major challenge to the Palestinian health sector. They account for the largest proportion of morbidity and mortality in Palestine. The main NCDs (cardiovascular diseases, cancers, strokes and diabetes) are responsible for 58.0% of total reported deaths in 2015. Cardiovascular diseases remain the first cause of death among the Palestinians, accounting for 27.5% of deaths recorded in 2015. Cancer ranks second (13.8% of deaths) and strokes third (9.9%).

The total number of newly reported cases of cancer in West Bank governorates in 2015 was around 2,400, representing a 4.6% increase compared to 2014. Incidence rate of cancer diseases in the West Bank was 83.8 per 100,000 people. Breast cancer ranked first among the reported cases in 2015, accounting for 17.8% of the total, followed by colon cancer (9.4%) and lung cancer (8.7%).

The increasing prevalence of NCDs in Palestine, similar to other developing countries, is linked to changes in lifestyles and health behavior, lack of physical activity, unhealthy eating habits, and high prevalence of smoking. Therefore, efforts should aim at promoting health behaviors among individuals and a healthy environment in the Palestinian society in order to reduce the incidence of these diseases and the associated morbidity and mortality to the possible extent and improve people's health and life expectancy.

4.8 Reproductive Health

Reproductive health services are a major component of health services in Palestine, especially in view of the increasing proportion and numbers of population in the reproductive age, the prevailing social and political changes, the high fertility rates (4.1 births per woman) and the high prevalence of early marriage.

Reproductive health indicators in Palestine suggest that the country enjoys a very good level of services, with over 99% of deliveries taking place in well-equipped health facilities. The rate of reported maternal mortality declined to 15.7 deaths per 100,000 live births in 2015, compared to 32 deaths per 100,000 live births in 2010. Furthermore, in 2015, 95.5% of women in the age group 15-49 years in Palestine reported receiving health care (at least four visits) by a qualified care provider during their most recent pregnancy. The rate of

contraceptive use increased to 57.2% of married women in the age group 15-49 years in 2014. Exclusive breastfeeding for children under six months of age also increased to 38.6%.

While the above indicators place Palestine among the advanced countries in terms of coverage and outcomes, there is still an opportunity and a need to sustain and improve these levels. Moreover, the Israeli occupation and the crisis situations continuously pose serious risks to health development achievements. Within the same context and in view of the increasing proportion of population groups in the reproductive age, high fertility rates and population growth, improved access to high quality reproductive health services remains a main priority in Palestine, with particular focus on family planning services, postnatal care, sexual health and preconception care, high risk pregnancy, premature delivery and newborn care.

Violence against women (VAW) represents a major issue for reproductive health and women's health in view of its direct effects and consequences for women's reproductive health. The findings of the 2011 violence survey in the Palestinian society indicate that 37% of ever married women have been exposed to any form of violence by their husbands (around 30% of women in the northern governorates compared to over 51% of women in southern governorates). Health is an important entry point to breaking the silence and managing the long-term health consequences of VAW on women in view of public acceptance, respect and confidence in health institutions.

The demographic, political and social changes pose special challenges in terms of mental and physical health of youth, who account for 30% of the population. MOH innovative experience with youth-friendly health centers suggests the need to assess and mainstream youth-friendly health services within PHC services. Health problems facing young people include the lack of a safe and healthy environment, nutrition problems, risk of communicable diseases, inadequate attention to physical exercise, alcohol and drug abuse, risky behaviors, and low awareness of positive behaviors related to reproductive and adolescent health.⁹

4.9 Health Financing

Health accounts data on the level of expenditure on health in Palestine indicate that total expenditure on the Palestinian health sector during 2014 reached USD 1,391 million, representing a 3.3% increase from 2013. Around 37% of this expenditure was financed from governmental sources, whereas out-of-pocket contributions from households covered 40.8% and non-profit organizations covered around 18.3%. Health expenditure accounted for 11% of the GDP.

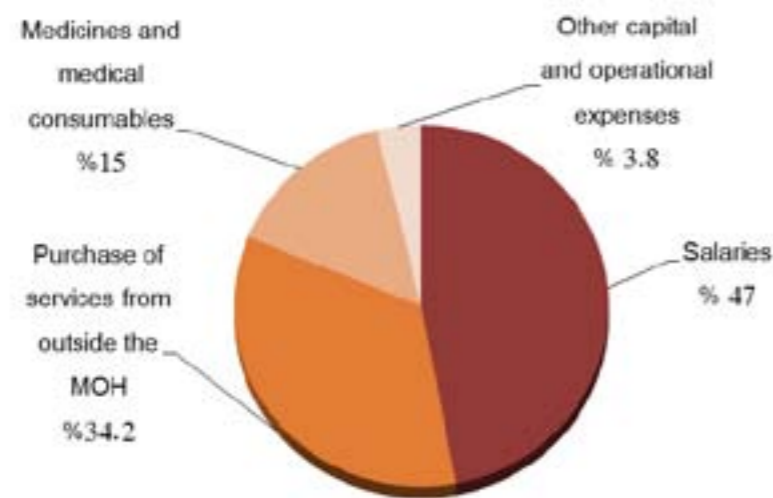
⁹ Analysis of the realities of young people in Palestine, UNFPA and the High Council for Youth and Sports, 2014.

At the same time, the largest share in health expenditure was consumed by curative care services, accounting for around 66.8%. These include curative in-patient and out-patient services. The second largest share of expenditure was that related to expenditure on medicines for out-patient clients, at around 16.6%.

4.10 MOH Health Expenditure

According to data from MOH General Directorate of Financial Affairs, the total current budget of the MOH in 2015 was NIS 1,745,621,000. The salaries budget item accounted for 47% of the total current budget, followed by treatment abroad at 34.2%. The share of medicines and medical consumables was 15%.

Figure 1: Percentage distribution of MOH current budget, Palestine, 2015



Arrears budget (related to carried over debts from 2014 and before) was around NIS 542 million, distributed to main budget items, with treatment abroad (purchase of health services from outside the MOH) accounting for 44.7% of the total arrears budget and medicines and medical consumables accounting for 46% of this budget.

Health expenditure indicators in Palestine reveal that health expenditure has a high share of the GDP relative to many similar countries, in addition to high proportion of household out-of-pocket expenditure, high cost of curative services and the significant financial burden of referrals and purchase of health services on MOH budget. These findings highlight the need to rationalize health expenditure, increase its efficiency, focus on investment in the local sector, invest in more sustainable sources of health financing, as well as provide financial protection of citizens accessing health services by ensuring universal health coverage.

4.11 Purchase of health services from outside the MOH

The total number of referrals for services outside MOH facilities in 2015 was 87,620, representing a 17.3% increase from 2014 and a 42.2% increase from 2013.

Table 2: Purchase of health services from outside the MOH (2013-2015)

Indicator	2013	2014	2015
Total number of referrals	61,635	74,683	87,620
Percentage of referrals to local hospitals (including Jerusalem hospitals)	81.8%	82%	86.2%
Percentage of referrals to hospitals inside the Green Line	13.2%	10.4%	11.8%
Percentage of referrals to hospitals outside Palestine	5.0%	7.6%	2.0%

Indicators on purchase of health services suggest the need to continue working on rationalizing referrals abroad and enhancing investment in local Palestinian hospitals (Jerusalem, private and NGO hospitals) by enhancing the quality of services offered by Palestinian governmental and nongovernmental hospitals.

4.12 Disabilities

PCBS statistics indicate that there are around 113,000 persons with disabilities in Palestine, including 75,000 in the West Bank, who comprise 2.7% of West Bank population, and around 38,000 in Gaza Strip, who comprise 2.4% of Gaza population. The overall percentage Palestine-wide was 2.9% for males compared to 2.5% for females in 2011.

Physical disability is the most prevalent type of disabilities in Palestine, accounting for around 49.0% of total persons with disabilities in Palestine. Learning difficulties rank second, accounting for 24.7% of persons with disabilities in 2011.

4.13 Challenges and Obstacles

1. The Israeli occupation subjects over four million Palestinians, especially in Gaza Strip, to the worst violations of human rights and people's health. The Israeli blockade, checkpoints and the Separation Wall is the main obstacle preventing medical teams from accessing their workplaces and health centers providing services to citizens. This is in addition to the obstruction of reconstruction in the health sector in the southern governorates following the massive damage inflicted to health institutions as a result of the latest Israeli aggression against Gaza Strip in 2014 and

resulted large numbers of injuries, physical disabilities and psychological trauma for children and women.

2. The situation in Gaza Strip has aggravated following the Israeli war on Gaza in July-August 2014 and the resulting increased burden on the health sector in view of the large number of injuries and the severe damage affecting the health sector's infrastructure.
3. The financial crisis experienced by the Palestinian government has affected MOH ability to fulfil its obligations towards suppliers.
4. The shortage of personnel and financial allocations to the MOH hinders the operation of hospitals and new sections in health centers, in addition to the shortage of qualified professionals in certain specialized medical and nursing fields.
5. The absence of a comprehensive health insurance system presents a challenge to ensuring sustainable financing and development of health services.
6. The continuous increase of NCD incidence rates and consequent increased demand for health care services and consequently increases health care costs.

4.14 Achievements and Successes

Despite the above mentioned obstacles and challenges, the sectoral review reveals success in several aspects at all levels. This is the result of relentless efforts of all health service providers in delivering the best possible service to all citizens and keeping abreast with advancements in the fields of infrastructure and technical and professional competencies, the presence of an effective system of primary health care services in Palestine, which serves as the backbone of the Palestinian health system, as well as the optimal utilization of many of the available opportunities and resources and introduction of global and national initiatives, such as the computerized health information system, the health indicators surveillance system, the patient safety and quality of health services initiatives, in addition to effective support from the local community, donors, UN agencies and all other stakeholders.

Moreover, the MOH, in cooperation with all stakeholders, seeks to overcome the challenges to the extent possible by applying development policies, particularly in areas of controlling diseases, increasing the potential for health financing, increasing efficiency and rationalizing health expenditure, enhancing and modifying the health insurance system, and recruiting competent human resources to work in the Palestinian health sector.

4.15 SWOT analysis of the Palestinian health system: Strengths, Weaknesses, Opportunities and Threats

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strong and effective system of primary and secondary health care, providing high coverage through a broad network of government, nongovernmental and private service providers. • Advanced health infrastructure providing a good level of technology; regularly updated national list of essential medicines. • Health strategic planning and national policy drafting are systematically conducted under MOH leadership. • Qualified human resources. • An institutionalized, routinely applied national health information system and a computerized health information system in most public hospitals. • An effective system of national health accounts. • Introduction of international initiatives to improve quality systems, particularly patient safety standards in hospitals and PHC. 	<ul style="list-style-type: none"> • The health system is reliant on donor support, lacking financial sustainability. • Weak monitoring, evaluation and accountability systems. • Persistent shortage of medicines and essential supplies. • Lack of contingency plans for emergencies or disasters, including phasing out of financial support. • –Unequal distribution of health services geographically and between the different sectors (government, NGO and private). • Lack of preventive maintenance of infrastructure and equipment. • Poor implementation of laws and regulations in some issues. • Absence of an independent body for the accreditation and quality assurance.
Opportunities	Threats
<ul style="list-style-type: none"> • National commitment towards universal health coverage with a very good current level of coverage. • The PNIPH acts to promote evidence-based decision-making and contributes to enhancing certain health surveillance systems. • The health insurance system is reviewed to promote sustainability of health financing. • A policy to rationalize referrals abroad to ensure effective use of resources. • A Higher Health Council exists. • Initiatives introduced at the level of national policies promoting rational use of drugs, mainstreaming of quality and patient safety systems, family practice approach and human resource development are translated into implementable programs. 	<ul style="list-style-type: none"> • The Israeli occupation: Policies of blockade, closures, the Apartheid Wall, and the situation in Gaza Strip. • High poverty and unemployment rates. • The financial crisis affecting the ability to pay bills, purchase essential medicines or implement developmental plans. • Continuous increase of NCD burden, causing increased demand for health care services and consequently increasing health care costs. • Shortage of specialized workforce and brain drain. • Absence of a universal health insurance system that ensures sustainable financing and development of health services.

Chapter Five: Linking the Health Strategic Objectives with the National Policy Agenda 2017-2022

The national strategic health objectives stemmed from the national priorities as included in the NPA document, which is underpinned by priority issues in the national development process for the coming six years. In addition to a sectoral review of the previous strategic objectives and current status and achievements in the health sector.

At the health level, the NPA includes a national priority of “comprehensive, quality health care for all” through two policy priorities: “Provide comprehensive health care services for all” and “Improve citizens’ health and wellbeing,” listing several main policy interventions to achieve these priorities (the table below).

Table 3: National health priorities as presented in the NPA 2017-2022

Policy priorities	Policy interventions
National priority: Comprehensive and quality health care for all.	
Provide comprehensive health care services for all.	1. Reform the public health insurance system.
	2. Enhance the financial sustainability of the health care system.
	3. Improve the level and quality of health services (infrastructure, equipment, medicines, information technology, training and qualification, standards).
	4. Increase equitable access to health care services.
Improve citizens’ health and wellbeing.	1. Promote preventive health services, raise awareness and promote healthy behaviors.
	2. Implement the family health approach.
	3. Enhance programs for the management of non-communicable diseases and implement related national policies.

This strategy is highly aligned with achieving the national health priorities of the National Policy Agenda; it seeks to achieve the two main national priorities:

- The provision of comprehensive health care services for all: this would be achieved through nationalization of health services and ensuring their availability to all

citizens with high quality, institutionalizing quality systems and ensuring qualified adequate human resources, continuous development of services delivery including infrastructure, medical equipment, advanced medical procedures and technologies, implementing Family Health Approach (which is a comprehensive approach for prompting individual and community health from one side, and improve PHC services delivery from another side). While also stressing the importance of integrated and coordinated efforts of all stakeholders and service providers and stressing the important role of the nongovernmental sectors to ensure comprehensive and integrated service delivery, rationalize expenditure and optimal use of resources (health governance), as well as expand the health insurance system to cover the largest possible proportion of citizens with health services.

- Enhancing citizens’ health status: this would be sought by promoting preventive health care and community health awareness programs, implementing Family Health Approach, promoting healthy behaviors and safe healthy environment in partnership with different sector, enforcing health laws and regulations (health governance), NCD prevention programs and gender issues, and seeking to ensure financial protection of citizens against high costs of morbidity and health services.

Table 4: Linkages between the NPA and the sectoral health strategic objectives

National policy priorities / NPA	Strategic objectives / National Health Strategy 2017-2022
Provide comprehensive health care services for all.	Ensure the provision of comprehensive health care services for all citizens towards nationalization of services
	Provide competent human resources and enhance the human resource management system.
	Institutionalize quality systems in all aspects.
	Enhance health governance, including effective management, cross-sectoral coordination and integration.
Improve citizens’ health and well-being.	Enhance health financing and improve financial protection of Palestinian citizens against health costs.
	Ensure the provision of comprehensive health care services for all citizens.
	Promote programs of NCDs management, preventive health care, community awareness and gender issues.
	Enhance health governance, including enforcement of laws and legislations, cross-sectoral coordination.
	Enhance health financing and improve financial protection of Palestinian citizens against health costs.

Chapter Six: Financial Envelops for the Health Sector (Governmental Health Financing)

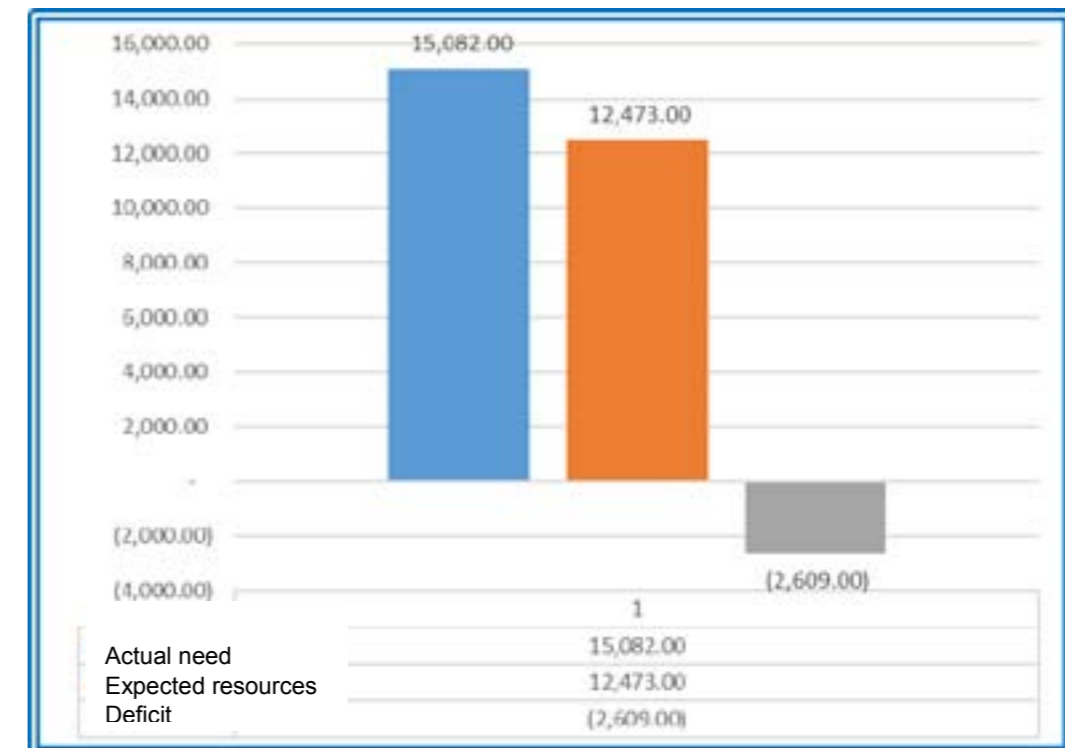
6.1 Public budget

In line with the government's focus on integrating planning and budgeting, and in order to use budgeting as a financial tool to achieve health and developmental goals, the MOH General Directorate of Health Policies and Planning, in cooperation with the General Directorate of Finance, reviewed and developed the health programs to be in congruence with the applicable government accounting system. The budget allocation to the MOH for the period 2017-2022 is around NIS 12 billion, in addition to NIS 14 million as a MoH developmental budget. Salaries and social benefits accounted for around 45% of the budget and the remaining operational expenses around 53%.

Looking at the budget in terms of health programs, Program 1 "Primary Health Care and Public Health Program" accounts for 13% of the total budget and Program 2 "Secondary and Tertiary Care Program" for around 38%, while Program 3 "Management and Governance" accounts for around 49%. The high cost of the latter is explained by the fact that it includes the cost of purchasing services from outside MOH facilities and the cost of central procurements.

Budgetary ceilings allocated to the MOH are in fact below the actual needs, with a funding gap in the operational and capital expenses starting from NIS 347 million in 2017 and reaching NIS 492 million in 2022 if the Ministry of Finance does not adopt financial policies to close the gap in operational and capital expenses. In addition, there is a high need for support from donors and development partners to respond to MOH developmental needs during the Strategy period, which are projected to be around NIS 297 million. The following figure illustrates the expected financing gap during the period 2017-2022.

Figure 2: Actual needs against projected resources



The table below demonstrates the annual deficit in operational, capital and development expenses;

Table 5: Budgetary ceilings against the operational and development needs of the MOH 2017-2022 (NIS 1000)

Year	Actual need	Allocated budget	Financing gap
2017	2,187,065	1,839,753	347,312
2018	2,280,696	1,892,601	388,095
2019	2,391,693	1,977,559	414,134
2020	2,652,441	2,175,336	477,106
2021	2,746,762	2,256,549	490,213
2022	2,823,780	2,331,233	492,547
Total	15,082,437	12,473,031	2,609,407

By analyzing the above figures, it is noted that operational needs forms the higher percentage of the actual needs, that is around 92% in the year 2017, this percentage is ascending through the six years of the Strategy to reach 98% in 2022. The operational costs

are usually covered by direct governmental expenditure, while donors and developmental partners mostly cover the developmental and capital needs. The table below shows the actual operational and developmental needs throughout the years 2017-2022:

Table 6: Operational, Capital and Development needs for MOH (NIS 1000)

Year	Actual need	Operational need	Developmental need
2017	2,187,065	2,013,071	173,994
2018	2,280,696	2,188,743	91,953
2019	2,391,693	2,306,512	85,181
2020	2,652,441	2,575,161	77,280
2021	2,746,762	2,671,582	75,180
2022	2,823,780	2,755,200	68,580
Total	15,082,437	14,510,269	572,168

In addition to the above, there is a national project to construct Khaled Al-Hasan Oncology Center, which is estimated to cost USD 300 million for construction and equipment. This project will be a national referral hospital for cancer patients.

6.2 Financial envelopes

Tables below present the financial resources and estimated cost for the period 2017-2022 for the public sector in particular. They demonstrate financial envelopes in terms of how public funds will be allocated to operational outputs not linked to a specific project, such as expenses related to salaries, operational costs and capital costs, in addition to project costs covered by the government and project costs that are planned to be covered from non-government sources that are expected to be “within the budget” (i.e., through the provision of different development projects’ grants), and finally project costs that are planned to be covered from non-government sources from outside the budget.

Table 7: Financial envelopes for the years 2017-2022 (in NIS 1000)

2017			
Source of funds	Expected cost	Expected resources	Financing gap
Government (not linked to a specific project)	2,026,571	1,720,622	305,949
Government (project)	2,000	2,000	0
Donor (project within the budget)	-	-	-
Available	117,131	117,131	0
Agreed	-	-	-
Under discussion	-	-	-
Donor (outside the budget)	41,363	-	41,363
Available	-	-	-
Agreed	-	-	-
Under discussion	-	-	-
Total	2,187,065	1,839,753	347,312

2018			
Source of funds	Expected cost	Expected resources	Financing gap
Government (not linked to a specific project)	2,202,243	1,858,158	344,085
Government (project)	2,060	2,060	0
Donor (project within the budget)	-	--	-
Available	32,383	32,383	0
Agreed	-	-	-
Under discussion	-	-	-
Donor (outside the budget)	44,010	-	44,010
Available	-	-	-
Agreed	-	-	-
Under discussion	-	-	-
Total	2,280,696	1,892,601	388,095

2019			
Source of funds	Expected cost	Expected resources	Financing gap
Government (not linked to a specific project)	2,320,012	1,954,556	365,456
Government (project)	2,122	2,122	0
Donor (project within the budget)	-	-	-
Available	20,881	20,881	0
Agreed	-	-	-
Under discussion	-	-	-
Donor (outside the budget)	48,678	-	48,678
Available	-	-	-
Agreed	-	-	-
Under discussion	-	-	-
Total	2,391,693	1,977,559	414,134

2020			
Source of funds	Expected cost	Expected resources	Financing gap
Government (not linked to a specific project)	2,588,662	2,161,080	427,582
Government (project)	2,475	2,475	0
Donor (project within the budget)	-	-	-
Available	11,780	11,780	0
Agreed	-	-	-
Under discussion	-	-	-
Donor (outside the budget)	49,525	-	49,525
Available	-	-	-
Agreed	-	-	-
Under discussion	-	-	-
Total	2,652,441	2,175,336	477,106

2021			
Source of funds	Expected cost	Expected resources	Financing gap
Government (not linked to a specific project)	2,685,082	2,244,070	441,012
Government (project)	2,599	2,599	0
Donor (project within the budget)	-	-	-
Available	9,880	9,880	0
Agreed	-	-	-
Under discussion	-	-	-
Donor (outside the budget)	49,201	-	49,201
Available	-	-	-
Agreed	-	-	-
Under discussion	-	-	-
Total	2,746,762	2,256,549	490,213

2022			
Source of funds	Expected cost	Expected resources	Financing gap
Government (not linked to a specific project)	2,768,700	2,326,224	442,476
Government (project)	2,729	2,729	0
Donor (project within the budget)	-	-	-
Available	2,280	2,280	0
Agreed	-	-	-
Under discussion	-	-	-
Donor (outside the budget)	50,071	-	50,071
Available	-	-	-
Agreed	-	-	-
Under discussion	-	-	-
Total	2,823,780	2,331,233	492,547

Chapter Seven: Health Sector Strategic Objectives and Outcomes

7.1 Strategic Objectives

Health planning is an ongoing process. This strategy with its national strategic objectives, policy directions, and health programs serves as a continuation of national health strategies and directions for the previous years under the same framework of good governance and state building, with a special focus on Palestinian citizens' priorities and his right to health.

The previous strategic objectives for the period 2014-2016 have been reviewed to identify to what extent they have been achieved during the past three years. Next, they were redrafted to be more specific and comprehensive for the next six years, taking into consideration the current health situation analysis, opportunities and obstacles, as well the national and policy priorities as outlined in the NPA. Specifically, due consideration was given to the aim of achieving comprehensive, accessible and high quality health care for all citizens by providing universal health services and enhancing citizens' health and wellbeing, as well as the State of Palestine's national commitment to work on achieving the SDGs for 2030 within the available national capacity in cooperation with local and international stakeholders.

The current strategy is based on six strategic health objectives that have been agreed through consultation and consents of all stakeholders, as follows:

1. Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.
2. Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.
3. Institutionalize quality systems in all aspects of health service delivery.
4. Enhance and develop the human resource management system.
5. Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.
6. Enhance health financing and improve financial protection of Palestinian citizens against health care costs.

Objective 1: Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.

All stakeholders and health service providers seek to offer comprehensive and integrated health services to all citizens of different groups and in all localities in line with the national commitment to ensure universal health coverage (SDGs), achieve comprehensive health care for all citizens (NPA) and work towards nationalization of health services in Palestine and rationalization of the purchase of services from abroad.

This objective includes the provision of all basic health services at the different levels (primary, secondary and tertiary) within the available capacity of the Palestinian health sector, including PHC services (as per the approved Essential Package of Services), the different hospital care services, pre-hospital emergency care and specialized medical services. As well as upgrading these services to keep pace with scientific and medical developments in the region, and the introduction of new services in governmental and nongovernmental centers in response to pressing needs and to close the gaps, localize services across Palestine and rationalize referrals for treatment abroad to the minimum. This includes ensuring availability of medicines, vaccines, modern treatments, advanced medical equipment, advanced therapeutic, diagnostic and rehabilitative methods and techniques, and adequate numbers of qualified and trained personnel.

This objective focuses on responding to the needs of different vulnerable needy groups, particularly children, women, pregnant women, adolescents, the elderly and persons with special needs, as well as those living in vulnerable geographic areas, i.e., the marginalized and isolated areas, especially Area C, areas adjacent to and affected by the Wall and Israeli settlements, Gaza Strip and East Jerusalem.

In this context, it is necessary to put long-term plans for the development of health services in Palestine aiming to achieve universal health coverage in cooperation with all service providers, and based on population growth and corresponding increased health needs, similar to Hospitals' Sector Master Plan and ensure the commitment of all parties to implement these plans. It is also necessary to review the basket of basic services covered by health insurance system, taking into consideration the growing health needs and high cost of health services and the Palestinian private health, political and economic situation.

The MOH focuses its attention on enhancing citizens' health and wellbeing, targeting citizens with its services through a family- and community-oriented approach. To this end, in the recent years, the MOH has introduced the family health program into the PHC system, based on the success of this initiative in UNRWA clinics. Family health is an integrated approach aimed to upgrade and improve PHC and public health services offered

to Palestinian citizens, including reproductive health, mother and child health, mental health, school health, community health and health education, NCDs, and communicable diseases.

All health service providers have a role in achieving this objective. The NGO and public sectors play a major role in the delivery of services at the different levels, in addition to the important role of UNRWA. Achieving nationalization of health services in Palestine will require complementarity of service providers, increased coordination and partnerships between the different sectors, improvement and support of specialized medical services in the Palestinian governmental and nongovernmental hospitals, and the provision of new health services that respond to the needs and close the gaps in health services availability. This would contribute to achieving equal access to health services, increased public satisfaction and reduction in the number of referrals for treatment abroad.

Objective 1: Ensure the provision of comprehensive health care services for all citizens and localization of health services in Palestine.

Expected outcomes by end of 2022:

1. Essential medicines, medical consumables and vaccines are available at all times in all governmental clinics and hospitals by 100%.
2. Preventive, diagnostic, curative, specialized and emergency health services are available at all times in governmental and nongovernmental clinics and health centers within the available capacity.
3. Referrals abroad are rationalized and reduced to the minimum. (7% of all referrals).
4. Prevalence of child malnutrition for those under the age of five is reduced by 60%.
5. Mother and child health indicators and reproductive health indicators improve by 30% by 2022.
6. Community mental health services are integrated into PHC clinics by 100%.
7. School health programs are effectively implemented by 100%, including vision screening, physical examination, health education, school-based vaccination, dental health and environmental health and safety in the school.
8. Environmental health programs are implemented, including safe drinking water, food security, medical waste management, and control of pathogenic environmental pollutants.
9. Family health (family practice) approach is introduced and implemented in all health directorates.

Objective 2: Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.

In cooperation with all stakeholders, the MOH will increase its efforts to enhance the NCD control programs, including prevention and early detection of NCDs; community health awareness on healthy behaviors, nutrition and lifestyles (prevention of obesity and overweight, healthy behavior, physical exercise, etc.); and implementation of protocols and guidelines on NCD management and treatment to reduce morbidity, serious complications and mortality through WHO program on NCDs (PEN Approach) and strengthening of palliative care services.

In addition, the national policies emphasizes on the joint efforts of different sectors to provide safe and healthy environment (food and water safety and healthy environment in workplaces, schools and homes, and the nutrition-friendly schools initiative), ensure an environment free from drugs, pollutants and violence; develop and implement procedures linking diseases with causing environmental pollutants and other risk factors; and reinforce the health surveillance systems, especially on NCDs and the associated risk factors.

On another note, the MOH pays considerable attention to cross-sectoral strategies and work plans, in particular mainstreaming youth and gender issues with health dimensions, especially reproductive and sexual health, adolescent and youth health, sexually transmitted diseases, women empowerment and health care for women and men throughout their life cycle.

Within this context, MOH national policies and awareness- raising and prevention programs target youth, adolescents and children based on a premise that promoting health and healthy lifestyles should start at an early age. Therefore, it is necessary to address some of the main health issues facing the youth, particularly the problem of substance abuse through community awareness and provision of free treatment. As well as addressing other issues like the use of psychotropic drugs and food supplements, smoking, eating habits among youth and children, sexual health and education, psychosocial counseling, domestic and gender-based violence, in addition to prevention of disabilities in children by rolling out the approved protocols on early detection and intervention regarding disabilities and development delays in children.

To achieve this objective, all stakeholders are required to coordinate their efforts to ensure active engagement of all service providers in the delivery of services for NCDs and reducing their risk factors, reproductive health services and health education. This is in addition to the important role of other sectors (environment, education, local government,

youth and sports, women, Ministry of Interior, and executive authorities) and the important role of civil society organizations and community participation in issues like environmental health, food and water safety, healthy environment in schools, workplaces and homes, control of substance abuse, reduction of environmental pollutants and prevention of domestic violence.

This objective is in line with the national aim of enhancing citizens' health and wellbeing by focusing on NCDs and their prevention, promoting healthy behavior and awareness among Palestinian citizens, and providing a healthier and safer environment that is free from health and environmental pollutants, particularly drugs and violence. The objective is also in line with SDGs and their targets related to preventing drug abuse, strengthening the implementation of WHO Framework Convention on Tobacco Control and reducing premature mortality from NCD control.

Objective 2: Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.

Expected outcomes by end of 2022:

1. The WHO program for NCDs (PEN Approach) is actively implemented in the governmental and nongovernmental sectors and UNRWA.
2. Improved citizens' awareness about major health problems and issues, including healthy lifestyles, gender, reproductive health and domestic violence issues.
3. The Salt content of bread does not exceed 1.0 gm. per 100 gm. of bread.
4. Executive bylaws for the antismoking law are endorsed and implemented.
5. Nutrition-Promotion programs are effectively implemented and contributing to enhanced healthy diets for children, youth, women and people of different ages.
6. Early detection programs are operated effectively, including early detection of breast cancer and colon cancer, health screening campaigns for NCDs such as diabetes mellitus and hypertension, and the different diagnostic services.
7. The National Center for Addiction Treatment and Rehabilitation and the Methadone Treatment Centers are effectively working and offering services free of charge.
8. Protocols for early detection of disabilities and developmental delays in children are endorsed and implemented and intervention care services are available.
9. Preventive oral health services are available for target groups, effective, accessible and of high quality,
10. Control of emerging communicable diseases is effective by 95%.
11. Control of infectious, zoonosis, water-borne and food-borne diseases is carried out effectively.

Objective 3: Institutionalize quality systems in all aspects of health services.

The MOH works with all stakeholders to enhance the quality of health services at all levels and in all facilities in order to perform their functions efficiently and effectively and respond to the needs of the public, by providing high quality and safe health services for all citizens, while also ensuring satisfaction of both health service recipients and providers.

This objective focuses on institutionalizing and mainstreaming quality and patient safety systems in the health sector and promoting a culture of quality improvement and patient safety by ensuring the implementation of the relevant endorsed standards, institutionalizing the monitoring and evaluation process, assisting in changing attitudes and practices of health service providers, and encouraging citizens' accountability and demand for services improvement. Within the same context, efforts will seek to implement international initiatives that help mainstream quality in health centers, particularly the Baby-Friendly Hospital Initiative and youth friendly clinics initiative, as well as ensuring the implementation of infection control policies in hospitals and health centers.

Enhanced quality of health services would significantly contribute to changing attitudes of service providers, encourage citizens to seek accountability and demand improvement and development and increase the satisfaction of patients and health sector personnel.

The MOH has made great efforts to mainstream the quality system in public hospitals by the introduction of the WHO-endorsed patient safety initiative in all public hospitals. The Ministry's aim is to institutionalize the quality system in the Palestinian health sector across all governmental and nongovernmental institutions based on nationally endorsed standards lined with international and WHO standards. In addition to standardizing all policies and operating procedures to ensure an effective monitoring and evaluation system, followed by accountability and corrective measures, as a baseline for efforts to expand the scope of quality improvement and patient safety.

This objective also addresses the development of the accreditation system in Palestinian hospitals by establishing an independent national body and initiating the process of applying accreditation of Palestinian hospitals in all sectors. The application of the accreditation approach will guarantee continuing improvement of the quality of health services, since the accreditation criteria are expected to be more ambitious but also attainable. The accreditation criteria seek to improve the quality of health care outcomes and improve the outcomes of diagnostic and treatment services, which would improve the quality of people's lives. Accreditation will also be seen as a certification, of which all staff members will feel proud, as they all have participated in its achievement. This will create a sense of affiliation to the institution and positively reflect on the institution's reputation and credibility.

This objective is closely linked to the NPA call for enhancing the level and quality of health services (infrastructure, medical equipment, medicines, information technology, training, and standards) to be able to address people’s health needs at the most optimal level.

Objective 3: Institutionalize quality systems in all aspects of health service delivery.

Expected outcomes by end of 2022:

1. National standards for health quality are applied by 100% in PHC centers.
2. Patient safety initiative standards are applied in all participating public hospitals (140 standards).
3. The number of government labs applying the ISO standards increases to 15 labs.
4. The monitoring and evaluation system for quality standards is applied and functional.
5. Infection control policies and procedures are applied by 100%.
6. All hospitals offering maternity services are certified as baby-friendly hospitals.
7. 50% of maternity clinics are certified as baby-friendly clinics.
8. An independent national body for health accreditation is operating effectively by 2022.

Objective 4: Enhance and develop the human resource management system.

This objective focuses on ensuring the provision of qualified human resources with the capacity to offer high- quality health services that can keep pace with the rapid population growth in Palestine and respond to the increasing demand for qualified health human resources in the different fields. This will assist in achieving nationalization of health services in Palestine and establishing quality services, and consequently reduce referrals abroad to the minimum.

As part of its national policies, the Ministry is looking forward to introducing and applying a national system and strategy for Continuing Professional Development of health personnel linked to the licensing procedures. The system comprises developing and mainstreaming continuing education and e-learning programs for all categories in the health sector, continue the work on establishing e-libraries in public hospitals and health directorates, support planning for health human resources by developing a national strategy for human resource development and adopting national policies that support planning for future needs of human resources, and providing development programs for health specialists and technicians in the different areas based on actual needs assessment and human resource development plans.

The national observatory for health sector workforce represents a national computerized database for human resources working in all components of the Palestinian health sector

(government, NGO and private). It covers all types of health human resources (physicians, pharmacists, nurses, technicians, administrators, etc.). Hence, the observatory provides the foundation to be used by decision makers to identify gaps and problems related to health human resources by monitoring shortages or mal-distribution in the different specialties. It also contributes effectively to human resources planning and evidence-based policymaking.

In order to enhance health workers’ satisfaction, it is important to adopt national health policies to protect health workers and secure their rights by finalizing and applying job description system for all technical and administrative categories of personnel, orientation of staff members on their responsibilities and duties as outlined in their job descriptions. It is also important to develop and adopt an insurance system against medical errors that provides protection to health workers against risks associated with their work. The medical errors insurance system would protect health personnel and responsibility in cases where a patient may experience a health-related harm resulting from an error or negligence while practicing their jobs.

MOH partners in achieving this objective include academic institutions, national universities, institutes, research center, as well as the Ministry of Higher Education and the different health and medical professional associations. The private and NGO sectors also play a major role in recruiting competent human resources, especially Palestinians working abroad, and reducing brain drain.

This objective is in line with the NPA aim of advancing the quality of health services through the provision of qualified and trained personnel. It is also in line with the SDGs in terms of increasing the recruitment, development and training of the health workforce.

Objective 4: Enhance and develop the human resource management system.

Expected outcomes by end of 2022:

1. Qualified human resources are adequately available in to match with health needs and population growth.
2. Job descriptions are endorsed and applied by 100%.
3. The continuing professional development program is endorsed and applied.
4. The national observatory for health workforce is functional and used by decision-makers.
5. The national strategy for human resource development is endorsed and implemented.
6. The insurance system for health professionals against medical errors is endorsed and implemented.

Objective 5: Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.

a) Institutional development and enhancement of laws and legislations

This objective seeks to activate MOH leadership role by means of institutional development and effective management of the health system, including the promotion of health planning, implementation of adopted policies, mainstreaming the monitoring and evaluation system for national plans and policies. Also through promotion of legal and legislative environment in the health sector in line with national and global health developments, including international obligations and UN recognition of the State of Palestine which would require major amendments in health regulations and legislations to comply with international conventions on human rights, children rights, women, persons with disabilities and others.

In cooperation with stakeholders, the Ministry seeks to enhance regulations of health professions, adopt and apply accreditation and licensing systems for institutions and individuals working in the different health professions, develop and enforce laws and regulations related to drugs, smoking, management of medical, hazardous and solid waste and legislations on radiations, amend the public health law and health insurance system, and adopt insurance against medical errors.

Moreover, the Ministry seeks to support and develop the capacity of the pharmaceutical sector and good governance for medicines, support the implementation of national pharmaceutical policies, regulations and instructions, including the National Pharmaceutical law of 2016. Also looking to promote the performance of health media, develop health management information systems and health surveillance, and complete the computerization of health facilities (hospitals and healthcare centers).

b) Promoting partnerships and complementary roles of service providers and all other stakeholders in the health sector

This objective seeks to strengthen partnership, cooperation, and coordination among the different stakeholders in the Palestinian health sector, including the different service providers, to achieve complementarity, close the gaps and build public-private partnerships that would ensure universal health coverage in Palestine and nationalization of health services. Areas of public-private partnerships focus on closing the gaps in health services, this is mainly evident in the areas of enhancing specialized tertiary care, developing infrastructure, medical equipment and technology, creating new medical services to keep pace with medical advancements, improving quality and implementing international

relevant initiatives and standards, and developing health human resources. The role of the private and NGO sectors is anchored in the provision of services that are not available or not adequate in the public sector, enhancing the competitiveness of hospitals on the basis of quality, provision of exceptional services and attraction of specialist physicians and professionals with special competencies.

This objective also seeks to enhance coordination with universities, the PNIPH, and health research centers in order to promote scientific research in the different health and medical fields according to the national needs and in support of health planning and evidence-based policymaking. In the same context, strengthening cooperation with universities and academic institutions to raise the level of academic education in the different health and medical disciplines and provide advanced training and continuing education programs to health students and personnel in order to supply the local health sector with qualified competent human resources.

Cooperation between all stakeholders in the health sector and other sectors is critical in different areas, especially the areas of health planning and implementation of national health plans and policies; development and implementation of laws and legislations; disasters preparedness and emergency response to health hazards; implementation of international health regulations aiming to reduce transmission of communicable diseases and manage global health hazards; development of different national health surveillance systems; health information and quality improvement of health data; reinforcement of monitoring and evaluation systems in the health sector; and enhancement of the pharmaceutical sector (including local pharmaceutical manufacturing, medicines import and export, pharmaceutical quality, good governance for medicines, rational use of medicines and antibiotics, and others).

c) Implementing cross-sectoral strategies and interventions

Policies in this Strategy emphasize the importance of promoting partnerships between health and other sectors through enhanced coordination with other ministries, relevant institutions, and civil society organizations, particularly in the field of national emergency and disaster preparedness by developing a national plan for disaster and crisis management. They also stress the importance of engagement with the different sectors in pursuing sustainable development and implementing the different national sectoral and cross-sectoral strategies (youth, gender, environment and social development strategies). The MOH cooperates with the MOSD and MOWA in the implementation of the national referral system for women victims of violence and the case surveillance system, in addition to MOH interventions aiming to reduce violence and gender-based violence (GBV) through awareness-raising and educational programs, and the establishment of women

empowerment clinics in health directorates and different government hospitals, as well as targeting youth groups with all kinds of health services, with focus on priority issues related to youth, including smoking and substance abuse; health education and healthy lifestyles that include health diet, physical exercise and regulation the use of food supplements by young people; reproductive and sexual health; and health education for young children and adolescents in schools.

Furthermore, the MOH coordinates with the EQA and partner ministries (MOA, MOLG and Palestinian Water Authority) to ensure the implementation of laws and procedures for medical, hazardous and solid waste management and legislations on radiations, ensure the implementation of procedures linking diseases with environmental pollutants causing them, ensure food and water safety and provision of food needs for all groups, reduce pollutants, and implement the Arab Strategy for Health and Environment.

Objective 5: Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.

Expected outcomes by 2022:

1. Health surveillance systems are functional in several fields: NCDs, cancer, disabilities, epidemics, nutrition, road accidents, mother and child health and mammography.
2. The computerized system is effectively applied in all public hospitals, and in health directorates and PHC centers in 9 governorates (9 health directorates and 392 clinics) as planned by end of 2022.
3. Health laws, bylaws and instructions that contribute to improved sectoral performance and correspond to the national health developments are endorsed and implemented.
4. Mandatory technical instructions regulating the marketing of foods containing saturated and hydrogenated fats and high sugar content are endorsed and effectively applied.
5. State of Palestine’s accession to WHO Framework Convention on Tobacco Control.
6. The health information system is functional and ensures the provision of relevant health data and indicators to monitor the situation and performance of the health sector.
7. The national plan for emergency and disaster preparedness is endorsed and applied.
8. National plans to achieve universal health coverage are endorsed and applied on the basis of complementarity and partnership between service providers.
9. External aid is highly aligned with the agreed priorities and plans.
10. The pharmaceutical sector provides all medicines and medical and pharmaceutical consumables with high quality according to the local needs and under an endorsed system for registration, quality, control, manufacturing, marketing, import and export.
11. Cross-sectoral interventions addressing youth, women, gender, environment and food security are implemented in coordination with the different sectors.
12. Active and effective health media capable to communicate with the public efficiently.

Objective 6: Enhance health financing and improve financial protection of Palestinian citizens against healthcare costs.

In cooperation with relevant partners and government agencies, the MOH seeks to enhance mechanisms of health financing to ensure sustainability of the Palestinian health sector and maintain health protection by ensuring that all citizens have access to health services and medical treatment without being subjected to financial hardship, including the poor, the unemployed, marginalized groups and others who cannot afford the cost of treatments and health services.

This objective covers efforts to improve efficiency of health expenditure, including to rationalize expenditure, reduce duplication, ensure optimal use of available resources, in addition to reviewing the pricing system and developing procurement and contracting mechanisms for purchase of health services, as well as improving the financing mechanism by enhancing the current health insurance system, linking budgeting with planning and applying program budgets, improving the governmental and nongovernmental financial resource management (through donors and external and local assistance), and making sure that the financial aid is aligned with the implementation of strategic plans and responds to priority development and humanitarian needs.

Therefore, this objective is in line with the national priorities of reforming the government health insurance system, enhancing financial sustainability of the health care system, and increasing equality in accessing health care services. It is also in line with the international agenda in terms of increasing health financing and achieving universal health coverage.

While the achievement of this objective primarily depends on government efforts from the MOH, MOFP and other relevant ministries, it also involves the cooperation of stakeholders from the NGO and private sectors and supporting international organizations and donors to achieve more sustainable and efficient health financing.

Objective 6: Enhance health financing and improve financial protection of Palestinian citizens against health costs.

Expected outcomes by 2022:

1. The government health insurance system is modified and upgraded to achieve equity, financial protection and access to universal health coverage.
2. The health pooling and financing system is aligned with the achievement of universal health coverage.
3. The health service purchasing system and payment mechanisms are aligned with the achievement of universal health coverage.

Chapter Eight: Policy Statements of Health Programs

The MOH intends to work towards the strategic objectives through three main health programs, which are: sustainable high-quality primary health care services and promotion of healthy lifestyles, sustainable high quality secondary and tertiary health care services, and health management and governance program. Integration of budgeting and planning as well as performance improvement and effectiveness will be sought. All major interventions and activities related to the MOH have been incorporated into these three programs, envisioned to achieve specific targets and objectives that are aligned with the national strategic objectives and seek to obtain specific outputs within a projected timeframe and cost.

The three health programs and their goals, objectives and interventions are directly associated with achieving the strategic health objectives. Although each program overlaps most or all of the health strategic objectives in one way or another, the first program is highly related to the achievement of Strategic Objectives I, II and III, while the second program seeks to achieve the First and Third objectives, and the third program highly related to the First, Fourth, Fifth and Sixth national objectives.

Table 8: Health Programs and relevant National Strategic Health Objectives.

Program	Program Cost (1000 NIS)	Directly Related Strategic Objective
First Program: Sustainable and high-quality primary health care and public health services and promotion of healthy lifestyles.	2,533,881	<ul style="list-style-type: none"> - Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine. - Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues. - Institutionalize quality systems in all aspects of health service delivery.
Second Program: Sustainable and high quality secondary and tertiary health care services	6,935,600	<ul style="list-style-type: none"> - Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine. - Institutionalize quality systems in all aspects of health service delivery.

Third Program: Health management and governance program	5,612,956	<ul style="list-style-type: none"> - Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine. - Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers. - Enhance and develop the human resource management system. - Enhance health financing and improve financial protection of citizens against health costs.
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8.1 First Program: Sustainable and high-quality primary health care and public health services and promotion of healthy lifestyles.

Through this program, the MOH seeks to sustain and upgrade PHC and public health services that are of high quality according to the adopted PHC service package. This includes the national immunization program, child care, antenatal care, postnatal care, general practice and specialist clinics, medical labs, preventive medicine, environmental health, school health, health education, community health, nutrition, oral and dental health, and community mental health. The Ministry also works on implementing the family health approach in its centers in order to serve as the gateway through which patients are referred to the secondary and tertiary levels, as well as to promote early detection programs for NCDs and their risk factors and raise community awareness on these factors and how to prevent them. It also aims to improve emergency preparedness through emergency and safe delivery centers, development of emergency plans and staff training at all levels, implement the global actions and internationally endorsed health regulations to prevent transmission of communicable diseases and address global health risks, develop community health centers and youth-friendly centers, upgrade the infrastructure and operationalize the computerized health information system in all clinics and PHC centers. The following are the main expected program targets, objectives and outputs by 2022. Annex 1 provides more details on policy interventions to achieve the targets and indicators to assess their achievement.

Target 1: Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package seeking to provide universal coverage.

Objectives	Outputs
Ensure that medicines, medical consumables and supplies and vaccines are available in PHC centers.	<ol style="list-style-type: none"> Essential medicines, medical consumables and vaccines are available at all times in all clinics and PHC centers, National immunization program coverage reaches 100%.
Provide an adequate number of qualified and trained health personnel to enhance the quality of medical services offered to patients.	Health personnel working in PHC and public health are qualified and have the capacity to offer high quality services.
Ensure nutrition services are available in PHC clinics.	<ol style="list-style-type: none"> 30 nutrition clinics are opened by end of 2022. The nutritional surveillance system is operational and effective. Prevalence of child malnutrition for those under the age of three is reduced by 60%.
Ensure the provision of school health and oral health services.	<ol style="list-style-type: none"> School health programs are effectively implemented, including medical screening, health education for students, school-based vaccination, and environmental health and safety in schools. Preventive oral health services are available for the target groups effectively and with high quality.
Ensure the provision and upgrading of community health, women's health, reproductive health and mother and child health services in PHC clinics.	<ol style="list-style-type: none"> Reproductive health services, menopause care, mental health and psychological counselling are available to women and delivered efficiently and effectively. Mother and child health indicators and reproductive health indicators improve by 20-30% by 2022. The National Center for Addiction Treatment and Rehabilitation is effectively working and offering services free of charge.
Ensure that environmental health services are available with regard to pesticides, licensure of professions and industries,	<ol style="list-style-type: none"> 80% of artisan and industrial shops and establishments are duly licensed. Microbial contamination of drinking water

water testing, food testing, and food and water safety programs in order to prevent epidemics and diseases and maintain public health.	<p>networks does not exceed 5%.</p> <ol style="list-style-type: none"> Chemicals' registration system is applied by 100%. The incidence of leishmaniosis is reduced by 20%.
Ensure the provision of community mental health services in public health clinics to detect and treat disorders and reduce complications.	<ol style="list-style-type: none"> Community mental health services are integrated into PHC clinics by 100%. A national data system for mental health indicators is operational and effective.

Target 2: Reduce the risk of infectious and communicable diseases.

Objectives	Outputs
Ensure monitoring and control of infectious and communicable diseases.	Control of zoonosis, water-borne and food-borne diseases is carried out effectively. Control of emerging communicable diseases is effective.

Target 3: Introduce and implement the family health approach in PHC centers to ensure enhanced and integrated PHC services.

Objectives	Outputs
Adopt the family health approach into PHC.	The family health approach is adopted and implemented in health directorates as planned.

Target 4: Develop preventive health programs, health awareness and early detection programs for diseases and health problems, especially NCDs and disabilities.

Objectives	Outputs
Promote healthy lifestyles and behaviors through health education and awareness programs, activities and national strategies.	<ol style="list-style-type: none"> The disability early detection protocol is endorsed and implemented in PHC facilities and hospitals. Large scale community awareness campaigns are actively implemented on major health problems and issues,
Activate the early detection and screening programs for cancer diseases.	<ol style="list-style-type: none"> The national cancer registry is operational efficiently and effectively. The mammography-screening program is effectively implemented.
Support and develop NCD prevention and control programs.	<ol style="list-style-type: none"> WHO program for NCDs (PEN Approach) is actively implemented by all health service providers.

	<ol style="list-style-type: none"> Salt content of bread is gradually reduced from 1.3 gm. to 1.0 gm. per 100 gm. of bread. A legal framework regulating the marketing of foods containing saturated and hydrogenated fats is endorsed and implemented. The State of Palestine's accession to WHO Framework Convention on Tobacco Control.
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Target 5: Develop health surveillance systems in the different fields.

Objectives	Outputs
Develop health surveillance systems in the different fields.	Health surveillance systems are functional in several fields: NCDs, cancer, disability, epidemics, nutritional surveillance, road accidents, mother and child health and mammography.

Target 6: Institutionalize health quality and patient safety systems in PHC services and implement initiatives supporting this effort.

Objectives	Outputs
Institutionalize health quality and patient safety systems in PHC services.	<ol style="list-style-type: none"> National quality standards are implemented in all PHC centers. Seven PHC labs are applying the ISO standards by 2022. Health service recipients' satisfaction indicators are improved to at least 90% by 2022.
Implement the baby-friendly clinics initiative and expand the youth-friendly clinics.	<ol style="list-style-type: none"> 50% of maternity clinics are certified as baby-friendly. The youth-friendly clinics initiative is expanded and introduced in PHC centers in several governorates.

Target 7: Upgrade the infrastructure of PHC services to ensure sustainable services and safe and universal access for all citizens.

Objectives	Outputs
Upgrade the infrastructure of PHC and public health services.	<ol style="list-style-type: none"> The proposed clinics are constructed by 90%. 90% of PHC clinics are adapted to ensure accessibility for persons with special needs and green construction.

Target 8: Operationalize the computerized health information system in PHC centers.

Objectives	Outputs
Operationalize and expand the computerized system in PHC centers.	The computerized system is effectively applied in health directorates and PHC centers in 9 governorates (9 health directorates and 392 clinics).

8.2 Second Program: Sustainable and high quality secondary and tertiary health care services

The MOH seeks to ensure the provision of outstanding, high quality medical services in public hospitals by equipping the hospitals sector with specialized medical personnel, upgrading the infrastructure and medical equipment, applying international quality standards, improving the work environment, enhancing paramedical services, seeking to achieve patient satisfaction with service delivery, implementing the baby-friendly hospital and other patient-friendly programs, and ensuring complementarity with other medical sectors.

As part of its efforts to rationalize the expenditure and maintain a high quality of services, the MOH looks for finding local alternatives for specialist medical services by developing specialized centers such as Palestine Medical Complex (heart surgery, catheterization, kidney transplantation and others) or searching for such services in the NGO or private sector. The following are the main expected program targets, objectives and outputs by 2022. Annex 2 provides more details on policy interventions to achieve the targets and indicators to assess their achievement.

Target 1: Ensure sustainable provision and upgrading of hospital services, including outpatient and inpatient services and hospital stay services.

Objectives	Outputs
Ensure that medicines, medical consumables and supplies are available in governmental hospitals.	Essential medicines and medical consumables are available at all times in all governmental hospitals.
Provide adequate qualified and trained health personnel able to deliver high quality medical services.	Qualified human resources are available in all hospitals as per the needs.
Provide and upgrade the different curative services in hospitals.	<ol style="list-style-type: none"> Diagnostic, curative, specialized and emergency medical services are available at all times in public hospitals within the available capacity. The proportion of referrals from public hospitals is reduced by 10% by 2022.

Develop and support paramedical services.	<ol style="list-style-type: none"> 1. Lab services in hospitals and blood banks are available and effective. 2. 8 new physiotherapy sections are established in hospitals by 2022, 3. Curative nutrition services are effectively provided in hospitals.
Develop and support hospitality services.	Indicators of patient satisfaction with hospitality services reach 90%.

Target 2: Institutionalize and implement the patient safety initiative in all hospitals.

Objectives	Outputs
Institutionalize and implement the patient safety initiative in all hospitals in its first and second stages.	<ol style="list-style-type: none"> 1. Patient safety initiative standards are applied in all hospitals in the first and second stages. 2. The monitoring system for the patient safety initiative is applied and functional.
Institutionalizing and implementing initiatives and standards to raise the quality of services in hospitals.	<ol style="list-style-type: none"> 1. The number of hospital labs applying the ISO standards increases to 7 labs by 2022. 2. All hospitals providing maternity and child care services apply child-friendly hospital initiative standards. 3. Nosocomial infection is reduced to 20%.

Target 3: Upgrade and develop the infrastructure in the hospitals sector.

Objectives	Outputs
Upgrade the infrastructure of secondary and tertiary health care service.	The different wards and hospitals are constructed and expanded according to the set plans.

Target 4: Operationalize the computerized health information system for secondary and tertiary health services.

Objectives	Outputs
Complete the implementation and operationalization of the computerized information system in all hospitals.	The computerized system is effectively applied in all public hospitals.

8.3 Third Program: Health management and governance program

This program aims at developing MOH capacity and activating its oversight and regulatory role in leading the health sector, policymaking, enforcement of laws and regulations and ensuring that health services fulfill citizens' needs. It also seeks to reinforce partnership, cooperation and coordination among the different health sectors and with other sectors, while also underscoring the importance of coordination and cooperation among the different service providers in order to complement each other's work.

The MOH seeks to develop the proper tools to ensure sustainable financing and management of financial resources obtained from the Palestinian government and from donors through transparent financial management in order to ensure or support the provision of health commodities and services and provide citizens with financial protection from health expenses through universal health coverage and enhanced health insurance system. Moreover, the Ministry seeks to ensure that adequate numbers of qualified and trained human resources are available to respond to the increasing health needs and the growing population. The following are the main expected program targets, objectives and outputs by 2022. Annex 3 provides more details on policies interventions to achieve the targets and indicators to assess their achievement.

Target 1: Provide competent human resources with the capacity to offer high quality health services.

Objectives	Outputs
Provide competent human resources with the capacity to offer health services activate the incentive system and finalize job descriptions.	<ol style="list-style-type: none"> 1. The national system for continuing professional development is endorsed and implemented. Job descriptions are endorsed and applied. 2. The national observatory for health workforce is functional and used by decision-makers. 3. New training courses ensure the qualification of health professionals in response to the needs.

Target 2: Enhance the governance and performance of the Palestinian health sector.

Objectives	Outputs
Promote health planning and policies and monitor their implementation.	<ol style="list-style-type: none"> 1. Development activities and interventions are aligned with the approved plans and strategies. 2. National plans for universal health coverage are endorsed and applied.

Develop a national accreditation system by the beginning of 2018.	An independent national body for health accreditation is operating effectively by end of 2022.
Enhance the performance of the pharmaceutical sector and ensure the implementation of approved pharmaceutical policies.	<ol style="list-style-type: none"> 1. The third stage of the good governance for medicines program is applied. 2. The pricing system for medicines is amended, endorsed and applied electronically with consideration of citizens' purchasing power. 3. All medicines and pharmaceuticals are registered in the Palestinian market. 4. The registration system for biopharmaceuticals, serums and biological alternatives is endorsed and applied and the patenting system for bio products is applied. 5. All food supplements are officially registered. 6. The bylaws for the narcotics law are endorsed and applied. 7. New training courses ensure the qualification of professional human resources in line with the situation in the pharmaceutical sector. 8. The pharmaceutical vigilance program is fully implemented and membership is secured in the WHO program. 9. All local pharmaceutical producers are certified by the Good Manufacturing Practice (GMP) system and some are certified by the European Union's GMP (EU-GMP).
Enhance and upgrade the registration system for special foods and foods fortified with minerals and vitamins.	<ol style="list-style-type: none"> 1. All special foods are registered by the MOH. 2. 60% of foods fortified with minerals and vitamins are registered by the MOH.
Enhance the leadership and regulatory role of the Palestinian MOH.	<ol style="list-style-type: none"> 1. Laws, regulations and bylaws regulating the function and performance of the health sector are reviewed, developed and endorsed, including licensing system for institutions and professions. 2. The health information system is functional and ensures the provision of relevant health data and indicators to enable monitoring of the situation and performance of the health sector. 3. The Licensure and Certification Unit is computerized. 4. The grievance system is standardized and

	functional in all health institutions, ensuring that it is easily accessible and providing feedback and corrective measures.
	5. Active health media capable to communicate effectively and efficiently with the public.
Upgrade the infrastructure of administrative centers and operationalize the computerized system.	The health information system is computerized in all hospitals and health directorates within the available capacity.

Target 3: Promote financial sustainability and sources of health financing.

Objectives	Outputs
Enhance mechanisms and increase sources of health financing.	<ol style="list-style-type: none"> 1. External aid is aligned with the agreed priorities and plans. The health pooling and financing system is aligned with universal health coverage. 2. The health service purchasing system, payment mechanisms and basic health service package are aligned with the achieving universal coverage.

Target 4: Develop governmental health insurance system.

Objectives	Outputs
Increase the proportion of the insured and review and enhance the current government health insurance system.	The government health insurance system is modified and upgraded to achieve equity, financial protection and universal coverage.

Program policy target 5: Enhance partnerships and complementarity between health service providers and coordination across the different sectors.

Objectives	Outputs
Enhance sectoral and cross-sectoral coordination.	<ol style="list-style-type: none"> 1. The national plan to manage emergencies and disasters is ready and endorsed. 2. National plans to achieve universal health coverage are endorsed and applied. 3. International health regulations to address and monitor global health risks are implemented. 4. The national referral and monitoring system for women victims of violence is implemented.

Chapter Nine: Work Plan

The work plan for the implementation of this Strategy and its sectoral strategic objective, health programs and policies is reflected in the MOH annual operational plans, which are developed by the General Directorate of Health Policy and Planning in coordination with the different directorates and units based on the approved health programs towards the achievement of these programs' goals and targets within the financial resources available in the budget.

The annual plans delineate the detailed activities and interventions at the government level that are intended to achieve the expected outputs of each program according to the planned standards. The implementation process is also reflected at the government and national levels in the adoption and implementation of global and national health initiatives aimed at improving performance in the health sector and ensuring enhanced quality of health services in order to enhance the health status, protection and social wellbeing of Palestinian citizens. In the same context, implementation is reflected in the enhancement of the legal and legislative environment of the health sector in order to ensure well-governed and effective performance and regulation of the different health professions.

9.1 Health initiatives

In the recent years, the MOH has adopted a number of health initiatives and will continue to implement and expand them. Major such initiatives include WHO- initiative of patient safety initiative, aiming to ensure improved quality of health services. The Ministry has worked on implementing the first stage of patient safety initiative in all governmental hospitals and the second stage in some of those hospitals. In the coming years, the implementation of the second stage will be completed in all governmental hospitals and the initiative will be scaled up to include the NGO sector, in addition to introducing the quality standards and patient safety initiative in PHC to be implemented in all PHC centers.

Within the same framework of enhancing the quality of health services, the MOH has been working on implementing the baby-friendly hospital and clinic initiative and is seeking to expand this initiative into NGO hospitals and PHC centers. Furthermore, in the past two years, the Ministry started to implement the youth friendly clinics initiative, understanding the importance of targeting young people by its health services and focusing on youth issues from a health and social dimension to promote healthy behaviors and raise health awareness, with a focus on health education, reproductive and sexual health, adolescence,

combating smoking and substance abuse among adolescents and youth, and adoption of healthy lifestyles, particularly physical activity, healthy diet, obesity, and others.

The introduction of the family health approach aims to enhance PHC and public health services, particularly mother and child care and reproductive health services, health services targeting youth, elderly groups and persons with disabilities, community mental health services, management of chronic and skin diseases, and promotion of preventive health and early detection programs. This approach is unique in being an integrated developmental approach that compasses the different PHC programs and services and is based on the notion of person-centered primary health care.

9.2 Regulations and legislations

In this regard, the MOH seeks to promote the legal and regulatory environment in the health sector. Making important achievements in the past two years, the Ministry will continue with these efforts during the coming years and will focus on sustainability of the health system and enhancing its performance. In this context, the Ministry addresses two main issues: amending the public health law and amending the government health insurance system. Enacted in 2004, the current public health law needs urgent amendments and development in order to be more comprehensive and specific and correspond to national health developments and innovations. There is also an urgent need to review, revise and upgrade the health insurance system in order to increase its potential to enhance financial sustainability and achieve equity and financial protection for all citizens, and consequently achieve universal health coverage.

Seeking to institutionalize quality in all aspects of the Palestinian health sector, the MOH in cooperation and coordination with all partners aims at establishing the national system for accreditation of health institutions. This includes establishing and endorsing a national independent body to lead and institutionalize the health accreditation process, developing and institutionalizing a national process and national standards to implement the health accreditation system.

The MOH will also continue to develop the different health laws and legislations as deemed necessary, review the old laws and regulations and propose new laws responding to health sector developments, particularly developing and adopting a law on human organ transplantation and ban on organ trade, approving the executive bylaws for the antinarcotic law, and completing the work on developing, endorsing and monitoring the implementation of regulations for health professions and licensure of institutions and individuals working in the different health professions.

Table 9: Initiatives and documents proposed for endorsement by the Governmental Cabinet.

Year	Title	type
2018	Amendments to the Public Health Law	Draft amending decree-law
2018	Amendment of the government health insurance system	Draft law
2017	Executive bylaws for the antinarcotic law	Executive bylaws
2017	Human organ transplantation law	Draft law
2019	National system for accreditation of health institutions	Proposal to establish a national body
2017	Executive bylaws for the antismoking law	Executive bylaws

Chapter Ten: Management Plan

Management of the implementation of the Strategy and health programs is an integral part of the national planning cycle where implementation is monitored in partnership with all stakeholders inside and outside the MOH, through monitoring indicators and evaluating performance. The management (monitoring and evaluation) process aims at monitoring and measuring the achievement of strategic objectives and the desired outcomes by 2022 within the overall performance of the health sector by means of routine collection and analysis of available health information, evidence and research at the national and government level. This process will be monitored periodically by the General Directorate of Health Policies and Planning.

The MOH will lead a periodical (annual) review of the Health Strategy in cooperation with all stakeholders in order to monitor the implementation of interventions and programs and use the lessons learned in the development of work plans for the coming years. This will be carried out through a national task force for health sector review that comprises all stakeholders, including PCBS, the different service providers, the PNIPH and other ministries and institutions that contribute to the development and effective management of the national information system and participate in the research, planning, monitoring and evaluation processes.

10.1 Strategic objectives and monitoring indicators

The present Strategy focuses on six specific strategic objectives. Several health indicators have been selected to monitor and evaluate each strategic objective and measure the achievement of objectives and progress made in terms of implemented interventions and improvement made in these indicators and how this reflects on the health situation. The monitoring, evaluation and measurement of indicators will take into account the geographical location, age groups and gender. They are illustrated below:

Table 10: Strategic objectives and monitoring indicators

Strategic objective	Indicators	2015 baseline ¹⁰	2022 target
Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine	Percentage of children's coverage by immunization against the adopted national program.	99.4%	99.8%
	Average number of patients' daily visits to GP at PHC / doctor.	45	Maintain the ratio
	Average population per PHC center.	5,819	6,000
	Occupancy rate of governmental hospitals.	88.2%	90%
	Occupancy rate of East Jerusalem hospitals.	73.6%	78%
	Hospital bed ratio per 10,000 people.	12.8	14

¹⁰ Source: Annual Health Report 2015, Palestinian MOH, 2016.

	Average number of medicine items (essential drug list) that have a balance below emergency demand level.	123	30
	Percentage of births attended by skilled health personnel of total births (MICS, 2014).	99.7%	99.7%
	Percentage of women using modern family planning methods (MICS, 2014).	44.1%	55%
	Unmet need for family planning (MICS, 2014).	10.9%	8.0%
	Percentage of clinics offering community mental health services of total PHC clinics equipped to offer this service.	/	95%
	Percentage of clinics applying the family health approach of total PHC clinics equipped to apply the approach.	/	95%
	Percentage of services purchased from local hospitals within Palestine (compared to services purchased from health providers outside Palestine).	86%	92%
	Percentage of active and latent foci of leishmaniosis and vectors sprayed and managed.	80%	100%
Promote programs for the management of NCDs, preventive health care, community health awareness and gender issues.	Indicators of NCD risk factors (STEP-wise surveillance) (including smoking, overweight, obesity, hypertension, hyperglycemia, and physical activity).	9/10 citizens have at least one risk factor	Reduce the proportion to 7/10
	Incidence of new cancer cases per 100,000 people.	83.8	80
	Salt content of bread (per 100 gm. of bread).	1.3	1.0
	Percentage of control of emerging diseases.	/	95%
	The referral system for violence cases and women and children affected by violence is activated and applied in cooperation with all partners.	/	90%
	Adoption and application of protocols for early detection and intervention of disabilities among children.	/	90%
Institutionalize quality systems in all aspects of health service delivery.	Presence of an effective monitoring and evaluation system for quality standards and indicators in health institutions (hospitals and PHC).	40%	95%
	Mainstreaming infection control inside health institutions.	25%	90%
	Number of hospitals applying patient safety initiative standards.	13	20
	Number of hospitals certified as baby-friendly.	6	25
	Number of clinics certified as youth-friendly.	1	7
	Number of labs with ISO 15189 certification.	1	14
	The national accreditation system is implemented and effective.	/	100%
Enhance the human resource management system.	Job descriptions are endorsed and implemented.	50%	85%
	Number of continuing education/e-learning programs implemented.	4	30

	Percentage of implementation of the National Strategy for Continuing Professional Development (percentage of health institutions applying the continuing professional development system, percentage of beneficiaries, number of accredited training curricula and implemented training programs).	/	85%
Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.	Number of clinics and hospitals using the computerized information system.	8 hospitals 3 health directorates	13 hospitals 9 health directorates
	Number of laws and regulations (for the different health professions) reviewed and endorsed.	/	16
	Updating and implementation of the national plan for management of emergencies and disasters.	20%	90%
	Development and implementation of national plans to achieve universal health coverage.	20%	90%
	Percentage of activities and policies in the National Strategy that have been implemented.	78%	85%
	Percentage of assistance and projects implemented as planned.	85%	90%
	The grievance system is updated, endorsed and applied in all health institutions.	20%	80%
	The registration systems for all pharmaceutical products, biopharmaceuticals, serums and biological alternatives and for the patenting of bio-products are endorsed and applied.	/	95%
	The third stage of the good governance for medicine is applied.	/	100%
	Average morphine consumption mg/capita (West Bank, 2014).	0.33	0.1
	The different health surveillance systems are functional (surveillance of road accident injuries, national cancer registry, reproductive health, referral system for victims of violence).	/	90%
	Enhance health financing and improve financial protection of Palestinian citizens against health costs.	Proportion of government's expenditure as a share of total health expenditure.	37% (2014)
Proportion of health expenditure as a share of GDP.		11% (2014)	13%
Proportion of government expenditure on medicines and vaccines out of total health expenditure.		12.7%	18.0%
The government health insurance system is updated and activated.		/	100%
Proportion of population covered by an approved health insurance system, including government insurance.		83% (2011)	90%

10.2 National Health Indicators

These are a set of indicators that give evidence about the general health situation in Palestine, and the impact resulting from the realization of national strategic objectives. They will be monitored periodically by the General Directorate of Health Policies and Planning alongside the monitoring of achievements made towards the strategic objectives and desired outcomes. These indicators measure progress towards the strategic objectives and SDG targets.

Table 11: National health indicators

indicator	Actual 2015	Target 2022
Life expectancy at birth (years).	73.5	74.5
Fertility rate.	4.1	3.9
Maternal mortality rate due to antenatal, delivery and postnatal complications (per 100,000 live births) (National Health Report, 2014).	24.7	20
Neonatal (0-28 days) mortality rate per 1,000 live births.	3.7	3.0
Infant (under one year) mortality rate per 1,000 live births.	10.9	10
Under five child mortality rate per 1,000 live births.	13.9	12
Prevalence of exclusive breastfeeding.	38.8%	55.0%
Underweight prevalence for children under five (MICS, 2014).	1.4%	1.0%
Wasting prevalence for children under five (MICS, 2014).	1.2%	0.8%
Deaths (age group 30-60 years) due to cardiovascular disease as a percentage of total deaths.	14.2%	13.0%
Deaths (age group 30-60 years) due to cancer as a percentage of total deaths.	7.7%	7.0%
Deaths (age group 30-60 years) due to diabetes as a percentage of total deaths.	3.4%	3.0%
Prevalence of smoking among youth (15-29 years).	24%	18%
Ratio of physicians/population per 10,000 people.	21.5	25.0
Ratio of dentists/population per 10,000 people.	5.7	7.0
Ratio of nurses/population per 10,000 people.	20.1	24.0
Ratio of midwives/population per 10,000 people.	2.2	3.0
Ratio of pharmacists/population per 10,000 people.	9.7	11.0
Number of health institutions accredited by the National Accreditation System.	/	10
Indicators of patient satisfaction with government health services.	70% ¹¹	85%
Percentage of the implementation of national quality standards in PHC centers.	/	80%

¹¹ Source: A study on patient satisfaction in government health institutions, General Directorate of Government Performance Quality, General Secretariat of the Council of Ministers, 2015.

Incidence of Hepatitis B infection per 100,000 people (cases and carriers).	20.4	15.0
Prevalence of tuberculosis per 100,000 people.	0.61	0.50
Incidence of malaria infection per 1,000 people.	0.00	0.00
Number of new cases of HIV infection.	3 cases	3
Percentage of microbial contamination of drinking water networks.	15%	5%
Number of pharmaceutical producers certified by the Good Manufacturing Practice (GMP) system.	4	5
Percentage of artisan and industrial shops and establishments that are duly licensed.	50%	80%
Proportion of household's out-of-pocket health expenditure as a share of total health expenditure.	40,8%	37%

Chapter Eleven: Linking Health Strategic Objectives to the Sustainable Development Targets

This strategy takes into consideration the international obligations of the State of Palestine towards international instruments and agreements, including the Sustainable Development Agenda and its goals and targets to be achieved by 2030. This link is evident in the national strategic objectives and further reflected in program targets and objectives and major policy interventions.

It is noteworthy that all sectoral strategic objectives are fully aligned with the Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages,” as and partially overlap with Goal 2: “End hunger, achieve food security and improved nutrition,” Goal 5: “Achieve gender equality and empower all women and girls” and Goal 6: “Ensure availability of water and sanitation for all.”

Relating the national strategic objectives with the SDG targets; the national objectives and expected results are highly aligned and integrated with the different targets of the Third SDG, specifically the first strategic objective (health services to all citizens) is linked to targets related to reducing maternal, children and neonatal mortality, as well as targets related to reproductive and sexual health services, universal health coverage, elimination of epidemics and communicable diseases, access to medicines and vaccines for affordable cost for all, and provision of safe water and nutritional needs for all and in all ages.

The second strategic objective (NCDs Control and preventive programs) is linked to targets related to narcotic drug control, tobacco control, and reduction of deaths due to NCDs. It also overlaps with targets of reproductive and sexual health, gender, empowerment of girls, control of communicable diseases, addressing nutritional needs of all ages, and elimination of all forms of malnutrition.

Similarly, the third strategic objective (quality of services) is linked to the targets of reducing maternal, children and neonatal mortality and achieving universal health coverage. The fourth strategic objective (human resources management) is linked to developmental target of increasing the recruitment, development, training and retention of the health workforce. The fifth strategic objective (health governance) is concerned with targets related to supporting research and development, compliance with international conventions and treaties, health risk management, universal health coverage and issues overlapping with other sectors, such as water, environment, nutrition and ending violence. The sixth strategic objective (health financing) aligns with targets related to universal health coverage and increasing health financing.

Annex 4 also describes major policy interventions that will be implemented through the different health programs in order to achieve the SDG targets during the next six years.

Table 12: Strategic objectives 2017-2022 and SDG targets by 2030

Strategic objectives 2017-2022	SDG targets by 2030
Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine	<p>3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs.</p> <p>3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p> <p>3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p> <p>3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p> <p>3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p> <p>6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</p> <p>2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p>

<p>Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.</p>	<p>3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p> <p>3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p> <p>3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p> <p>3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.</p> <p>2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p> <p>5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p> <p>6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</p> <p>6.3: By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.</p>
<p>Institutionalize quality systems in all aspects of health service delivery.</p>	<p>3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</p> <p>3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5</p>

	<p>mortality to at least as low as 25 per 1,000 live births.</p> <p>3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>
<p>Enhance and develop the human resource management system.</p>	<p>3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>
<p>Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination and integration among service providers.</p>	<p>3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.</p> <p>3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p> <p>3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p> <p>3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>6.3: Improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.</p> <p>5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</p>
<p>Enhance health financing and improve financial protection of Palestinian citizens against health costs.</p>	<p>3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>

**Annex 1: First Program: Quality primary health care and public health services and promotion of healthy lifestyles
Policy interventions, program policy standards and expected outputs by 2022**

Target 1: Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package.		
Objective 1: Ensure that medicines, medical consumables and supplies and vaccines are available in PHC centers		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Ensure sustainable provision of medicines and medical consumables in clinics and health centers.	100% of the essential drug list and medical consumables are available.	Essential medicines, medical consumables and vaccines are available at all times in all clinics and PHC centers.
2. Provide vaccines to age groups as per the adopted Palestinian national immunization schedule.	a. 100% of under three years children and schoolchildren are immunized according to the Palestinian immunization schedule.	National immunization program coverage reaches 100%.
	b. 100% of Hajj pilgrims and 90% of Umrah pilgrims are immunized.	
Objective 2: Provide adequate number of qualified and trained health personnel to enhance the quality of medical services offered to patients		
1. Train the different medical, health and technical personnel on technical developments and programs, including the new family health program.	80% of the different medical, health and technical personnel are trained on technical developments and programs, including the new family health program.	Health personnel working in PHC and public health are adequate, qualified and have the capacity to offer high quality services.
Objective 3: Ensure nutrition services are available in PHC clinics.		
Policy interventions	Program policy standards by 2022	Expected output by 2022

1. Develop and standardize the national nutritional surveillance program.	The nutritional surveillance system is applied in selected schools by 100%.	Nutritional surveillance reports are used in decision making to improve the nutritional status.
2. Enhance the food fortification and special foods programs.	a. 90% of flour is fortified as per the mandatory technical instructions.	The food fortification program is functioning with high effectiveness reaching 90% and micronutrient deficiency is reduced by 30%.
	b. 95% of table salt is iodized as per the mandatory technical instructions.	
	c. 80% of fortified and special foods in the Palestinian market are registered.	
3. Increase awareness and compliance of vulnerable groups with micronutrient supplements.	The prevalence of child malnutrition for those under the age of three is reduced by 60%.	The prevalence of anemia, iron and vitamin A deficiency is reduced by 40% among pregnant and breastfeeding mothers and children under the age of two.
4. Enhance community awareness on the importance of diversified and balanced diet.	The prevalence of malnutrition in the Palestinian society is reduced by 60%.	Community awareness on diversified diet is prevalent in society.
5. Strengthen the national code for marketing of breast milk substitutes at all levels.	90% of hospitals and clinics are free from promotion for breast milk substitutes.	The prevalence of exclusive breastfeeding reaches 60%.
6. Improve the nutritional status of schoolchildren and apply the referral system for students with malnutrition to nutrition clinics.	The nutrition awareness program is applied in 60% of schools.	The nutritional status of schoolchildren is improved, including micronutrient deficiency, overweight and obesity.
7. Develop the national program to monitor growth charts of children under five.	The new program for monitoring children's growth charts is applied by 100%.	The nutritional status of children under five is improved.
8. Promote the curative nutrition program and	30 nutrition clinics are opened by end of	

implement the National Anemia Strategy.	2022.	
Objective 4: Ensure the provision of school health and dental health services.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Develop and implement an expanded program for detection of vision and dental problems among schoolchildren.	a. 100% of first graders receive full medical checkups. b. 100% of government school children in grades 5, 8 and 10 are covered by eye care and dental health programs.	School health programs are effectively implemented.
2. Promote programs to protect children from substance abuse, dangerous drugs and promote healthy behaviours among students.	100% of secondary school students have the knowledge about the hazards of drug abuse.	Health education programs in schools are effectively implemented.
3. Promote the role of students, parents and civil society in preserving a healthy school environment.	100% of school children have the knowledge about the importance of maintaining a healthy school environment.	The environmental status in schools is improved.
4. Maintain immunization of school children according to the national immunization schedule.	100% of school children receive immunization according to the Palestinian immunization schedule.	The national vaccination program is effectively implemented.
5. Promote the school mental health program for early detection of mental disorders, curative interventions and psychological counseling.	80% of school children receive psychological assessment and care.	The psychological status of school children is improved and cases referred to MOH mental health clinics are treated.

6. Support preventive dental health programs and increase the number of their beneficiaries, particularly schoolchildren and pregnant women.	30% increase in the number of beneficiaries from preventive dental health programs.	Community awareness on dental health increases gradually, with the increase in the number and percentage of beneficiaries from dental health services.
7. Increase the number of dental clinics to cover all areas, provide the necessary equipment and increase the number of dental personnel.	Establishing 7 new dental clinics in Halhoul, Yatta, Al-Bireh, Bidya, Toulkarem, Beit Liqya and Jama'in.	
Objective 5: Ensure the provision and upgrading of community health, women's health, reproductive health and mother and child health services in PHC clinics.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Improve the quality of reproductive health services offered to women in the different age groups by introducing preconception care services, menopause care, health and psychological counseling for women during pregnancy and after childbirth and abortion, and counseling services for young couples.	100% of pregnant women attending PHC clinics receive high quality maternal services.	Reproductive health services, menopause care, mental health and psychological counseling are provided to women of all ages with high quality by trained health personnel using modern medical equipment.
2. Provide the required medical equipment, supplies and medicines to ensure sustainable and quality mother and child care services.		
3. Support and increase family planning centers to cover the unmet needs for family planning and ensure modern contraceptives are available on the essential medicines list.	30% increase in the proportion of women attending family planning clinics.	

4. Enhance mothers' access to postnatal care through awareness raising during pregnancy and training of personnel.	30% increase in the proportion of women receiving postnatal care by 2022.	Mothers receive high quality postnatal health care.
5. Enhance the health and reproductive status of young people in the premarital period through community awareness, sex education, and preconception care.	30% increase in the proportion of youth demonstrating awareness on sexuality and sexual health.	Community awareness is prevalent in society on adolescence, risks of unsafe abortion, sexually transmitted infections and sexual health.
6. Raise awareness on adolescence, risks of unsafe abortion and sexually transmitted infections.	100% of children and infants receive health care.	Child and infant care services are offered competently in PHC centers.
7. Support and enhance infant and child health services in PHC centers.	% reduction in infant (0-365 days), under 5 and maternal mortality rates.	Maternal, child and infant mortality rates decline continually.
8. Enhance the surveillance system for maternal mortality and near miss cases and conclude lessons learned, the surveillance systems for abortion and its causes, and the child and neonatal mortality.	30% reduction in infant (0-365 days) mortality rate by 2022.	Health care for premature babies is offered with high competence and according to national protocols.
9. Develop and endorse the national protocol for premature babies and enhance the competence of personnel in this area.	The prevalence of exclusive breastfeeding increases to 60%.	A culture of exclusive and continued breastfeeding is prevalent.
10. Support and encourage breastfeeding.	The national referral system for women victims of violence is working with high effectiveness through women empowerment clinics.	Health and psychological care is provided to women victims of violence with high quality.
11. Improve health services offered to women victims of violence by implementing the national referral program, creating women empowerment clinics in health directorates		

and hospitals, and training the staff on managing women victims of violence.		
12. Develop and support community health services offered to elderly persons.	A special program is applied to offer health services to the elderly.	Community health services are offered to elderly people efficiently. .
Objective 6: Ensure that environmental health services are available with regard to pesticides, sewage and waste management, licensure of professions and industries, water testing, food testing, food and water safety programs in order to prevent epidemics and diseases.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Develop the integrated vector management program.	100% of active and latent foci of leishmaniasis and vectors are sprayed and controlled.	Leishmaniosis and vector-borne diseases decline gradually.
2. Reduce microbial contamination of drinking water networks to below 5%.	Microbial contamination of drinking water networks does not exceed 5%.	Drinking water is clean and disinfected.
3. Ensure that central and northern West Bank governorates are covered by management of medical waste in all health institutions.	All health centers manage medical solid waste according to the endorsed health protocols.	All health centers manage medical solid waste according to the endorsed health protocols.
4. Raise the proportion of licensed artisan and industrial shops and establishments from 50% to 80%.	80% of artisan and industrial shops and establishments are duly licensed.	Artisan and industrial shops and establishments are duly licensed.
5. Develop a standardized registration system for chemicals (chemical safety).	Chemicals' registration system is applied by 100%.	Chemicals are duly registered.

6. Develop and implement protocols for the treatment of liquid and solid radiography wastes, treatment of medicines and expired medicines waste and chemicals waste management.	Protocols are developed and implemented.	Treatment and management of medical and chemical wastes is carried out in healthy approved methods according to approved protocols.
Objective 7: Ensure the provision of community mental health services in PHC to detect and treat disorders and reduce complications.		
Policy interventions		Expected output by 2022
1. Provide a national data system that includes mental health indicators.	A national data system for mental health is applied by 100%.	Information on mental health indicators is available and analyzed.
2. Integrate mental health services and counseling into PHC services, support the referral system, support community-based services to the most vulnerable groups and provide specialized staff.	Mental health services and counseling are offered as part of PHC services by 100%.	Mental health services and counseling are offered as part of PHC services, a referral system exist, and community-based services for the most vulnerable groups are supported.
3. Allocate beds in public hospitals and develop the capacity of these hospitals to manage mental health disorders.	Hospital beds for the treatment of mental health disorders are available and sufficient.	Treatment of mental health disorders is offered adequately and competently by trained and qualified health personnel.
4. Raise awareness on mental health, reduce stigmatization, and develop a national legislation for mental health in line with international human rights treaties and conventions.	50% increase in the proportion of awareness on mental health.	Community awareness on mental health is prevalent and stigma is reduced.
Target 2: Reduce the risk of infections and communicable diseases.		
Objective 1: Ensure monitoring and control of infections and communicable diseases.		

Policy interventions		Expected output by 2022
1. Sustain achievements made with the eradicated diseases and those being eliminated and vaccine-controlled diseases.	The national program for vaccination and control of eradicated diseases is applied by 100%.	Prevention, monitoring and response programs for communicable and infectious diseases are implemented effectively.
2. Promote effective monitoring of acute flaccid paralysis cases, bacterial meningitis and other communicable diseases and water, food and animal-borne diseases.	40% reduction in the incidence of brucellosis by 2022.	The system for monitoring, prevention and response to emerging diseases is functioning efficiently.
3. Develop a system for monitoring, prevention and response to emerging and re-emerging diseases, such as West Nile fever, dengue fever and malaria.	Control of emerging communicable diseases is effective by 95%.	WHO protocols for HIV prevention measures are implemented efficiently.
4. Develop prevention measures for HIV/AIDS through screening of high risk groups and improved access to prevention services, community awareness, and treatment provision.	The expected number of HIV/AIDS cases is reduced.	Illnesses from different occupations are treated and complications reduced.
5. Activate occupational medicine in Palestine.	Three occupational medicine clinics are established.	The situation of hepatitis B patients is improved.
6. Introduce new medicines that help treat epidemic hepatitis infection.	New medicines for hepatitis B treatment are available and in use.	
Target 3: Introduce and implement the family health approach in PHC centers to ensure integrated PHC services.		
Objective 1: Introduce the family health approach into PHC.		
Policy interventions	Program policy standards by 2022	Expected output by 2022

1. Apply the family health approach in health directorates as planned and provide training and qualification of personnel.	The family health approach is applied in health directorates and clinics prepared for implementation as planned by 100%.	The family health approach is introduced and applied in health directorates as planned.
Target 4: Develop preventive health programs, health awareness and early detection programs for diseases and health problems, especially NCDs and disabilities.		
Objective 1: Promote healthy lifestyles and behaviors through health education and awareness programs, activities and national strategies.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Support and enhance health awareness programs and promote healthy behaviours in the following fields: healthy lifestyles; accidents particularly road accidents; youth and adolescent health with focus on violence, drug abuse, smoking, sexual health; NCDs; reproductive health for young couples; safe and healthy environment; tomography and x-ray hazards for patients and radiology personnel.	Implement 100 health awareness and education campaigns in schools and communities by end of 2022.	Community awareness on healthy behaviors, healthy lifestyles and different health issues is increased. The proportion of smokers is reduced by 7% by end of 2022.
2. Develop a resource center for health education materials of all forms, including mass media and social media, and enhance engagement in electronic health education.	The resource center for health education materials is functioning efficiently.	Faster development of educational materials and quicker access to and dissemination of electronic educational information.
3. Mainstream NCDs in all relevant development strategies and plans and increase budget allocations supporting NCD prevention and control programs.	30% increase in financial allocations to support NCD control programs.	NCD control policies are applied effectively by all sectors and at all levels.
4. Strengthen the implementation of WHO	Antismoking regulations are applied by	The proportion of smokers is reduced by 7%.

Framework Convention on Tobacco Control	85%.	
5. Control the prevalence of narcotics through awareness raising campaigns, particularly among young people, and develop free-of-charge treatment and rehabilitation services.	a. Number of drug users is reduced by 20%. b. The National Center for Addiction Treatment offers its free services.	A culture against substance abuse is prevalent, with raised awareness of narcotics' hazards to society and gradual reduction in the number of users.
Objective 2: Activate the early detection and screening programs for cancer diseases.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Upgrade the national cancer registry.	The national cancer registry system is updated, upgraded and computerized by 100%.	National information on cancer prevalence is available and used to make health decisions and monitor cancer treatments.
2. Create a computerized system to monitor and record mammograms in partnership with the PNIPH.	An integrated computerized system to monitor and record mammograms is available and well-functioning	National information on breast cancer detection is available and used to make health decisions.
3. Enhance citizens' access to early detection services for cancer diseases by promoting screening programs for breast cancer, cervical cancer and colon cancer, and enhance the availability of diagnostic equipment.	a. 100% of colon cancer early detection protocols are ready and applied. b. 25% increase in the proportion of screenings detecting breast cancer in its early stages by end of 2022.	Protocols and services for early detection of cancer are available and functioning.
Objective 3: Support and develop NCD prevention and control programs.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Develop and implement disability prevention and early detection programs by	a. The disability early detection protocol is implemented in PHC facilities and	Increased efficiency of early detection, treatment

developing nationally endorsed protocols and building a disability monitoring and information system in cooperation with MOSD.	hospitals by 95%. b. Disability documentation and information system is fully applied.	and mitigation of disabilities.
2. Develop and expand the youth-friendly clinics initiative in several governorates.	The number of youth-friendly clinics is increased to 7.	The youth-friendly clinics initiative is applied effectively.
3. Support prevention and management services for violence and GBV in partnership with relevant parties through community awareness and implementation of relevant protocols.	Prevention and management services for violence and GBV are functioning by 90%.	GBV cases decline gradually in society.
4. Enhance the application of WHO program for NCDs (PEN Approach) in the governmental and nongovernmental sectors.	The PEN Approach is implemented in the governmental and nongovernmental sectors by 85%.	The PEN Approach is effectively implemented in the governmental and nongovernmental sectors.
5. Reduce community consumption of table salt in line with WHO recommendations by applying and monitoring the technical instructions on salt content in bread.	Salt content of bread is gradually reduced from 1.3 gm. to 1.0 gm. per 100 gm. of bread.	The prevalence of diseases associated with table salt consumption, such as hypertension and cardiovascular diseases is reduced.
6. Reduce consumption of sugar in line with WHO recommendations by raising awareness, using clear labeling method that helps consumers to monitor their consumption, and reducing promotion of foods with high sugar content in the media.	Mandatory technical instructions to reduce sugar in food products are endorsed and applied by 90%	The prevalence of diseases associated with sugar consumption, such as diabetes and obesity is reduced.

7. Completely eliminate the consumption of hydrogenated fats and reduce consumption of saturated fats by raising awareness and developing a legal framework regulating the marketing of foods containing saturated and hydrogenated fats.	Mandatory technical instructions to reduce saturated and hydrogenated fat content in foods are available and applied by 100%.	The prevalence of diseases associated with the consumption of saturated and hydrogenated fats is reduced.
8. Strengthen the implementation of WHO Framework Convention on Tobacco Control	Antismoking regulations are applied by 85%.	The proportion of smokers is reduced by 7%.
Target 5: Develop health surveillance systems in the different fields. Objective 1: Develop health surveillance systems in the different fields.		
Policy interventions		Expected output by 2022
1. Support and improve the current epidemiological surveillance system to become more comprehensive, integrated and open to other sectors.	An integrated and computerized national epidemiological surveillance system is functional by 100%.	Health surveillance systems are functioning competently and data on health, nutrition, epidemics, NCDs, cancer, disabilities and injuries from violence and accidents are available and used to make health decisions and develop evidence-based health policies and priorities.
2. Build a national health surveillance system to monitor major NCDs (hypertension, diabetes, cancer, and heart diseases).	An integrated computerized system to monitor major NCDs is functional by 90%.	
3. Enhance staff competence in health surveillance.	All personnel involved in health surveillance are trained and qualified.	
4. Develop disability information system in cooperation with MOSD.	The disability monitoring and documentation system is applied by 95%.	
5. Develop and standardize the national nutritional surveillance program.	An integrated computerized nutritional surveillance system is fully functional.	

6. Build a computerized system to monitor road accidents and resulting injuries in partnership with the PNIPH and the Ministry of Interior.	An integrated computerized system to monitor road accidents is functional by 90%.	
7. Computerized system to monitor mother and child health in partnership with PNIPH.	An integrated computerized system to monitor mother and child health is functional by 95%.	
8. Develop the national surveillance system for domestic violence and violence against women and apply the national referral system for women victims of violence.	The surveillance system for domestic violence and GBV is functional by 70%.	
Target 6: Institutionalize health quality and patient safety systems in PHC services and implement initiatives supporting this effort.		
Objective 1: Institutionalize health quality and patient safety systems in PHC services.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Apply national quality standards in PHC centers.	Quality standards are applied in PHC centers by 100%.	Health services are offered in PHC centers with high quality.
2. Apply ISO 15189 standards in medical labs in PHC centers.	7 PHC labs have ISO 15189 certification.	Health services in medical labs within PHC centers are offered with high quality.
3. Apply infection control policies and procedures in PHC centers.	Infection control policies and measures are effectively implemented by 100%.	Transmission of infections associated with PHC is reduced.
Objective 2: Implement the baby-friendly clinics initiative.		
1. Continue and expand the implementation of the standards of baby-friendly clinics initiative in PHC settings.	50% of maternity PHC clinics are certified as baby-friendly.	The baby-friendly clinics initiative is implemented as planned.

Target 7: Upgrade the infrastructure of PHC services to ensure sustainable services and safe and universal access for all citizens.		
Objective 1: Upgrade the infrastructure of PHC and public health services.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Build new health directorates in Yatta, Qalqilia, North Hebron and Toubas.	The proposed health directorates are constructed by 80%.	The infrastructure of PHC centers and directorates and emergency and safe delivery centers is upgraded and adapted to effectively offer services and respond to the needs of all groups in line with international standards.
2. Establish 3 emergency and safe delivery centers, and build a second floor in Al-Thahriyeh emergency center.	The proposed emergency and safe delivery centers are well-functioning.	
3. Promote 10 PHC clinics from level 1 to 2.	10 PHC clinics are promoted from level 1 to level 2.	
4. Promote 5 clinics from level 2 to level 3.	5 PHC clinics are promoted from level 2 to level 3.	
5. Adapt PHC centers to be accessible for persons with special needs and encourage the practice of green construction in clinics.	90% of PHC clinics are adapted to ensure accessibility for persons with special needs and apply green construction.	
Target 8: Operationalize the computerized health information system in PHC centers.		
Objective 1: Operationalize and expand the computerized system in PHC centers.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
Activate and implement the computerized system in health directorates and PHC centers in 9 governorates (9 health directorates and 392 clinics): Salfit, Jerusalem, Jenin, Jericho, Toubas, North Hebron, South Hebron, Tulkarem and Bethlehem health directorates.	The computerized system is effectively implemented and well-functioning in health directorates and PHC centers in 9 governorates (9 health directorates and 392 clinics).	Health services are offered through a computerized system in health directorates and PHC centers in 9 governorates (9 health directorates and 392 clinics).

**Annex 2: Second Program: Sustainable and high quality secondary and tertiary health care services
Policy interventions, program policy standards and expected outputs by 2022**

Target 1: Ensure sustainable provision and upgrading of hospital services, including outpatient and inpatient hospital services.		
Objective 1: Ensure that medicines, medical consumables and supplies are available in public hospitals.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Rationalize the use of medicines and medical consumables in governmental hospitals through rational use of medicines policies.	Essential medicines and medical consumables are available at all times in all governmental hospitals.	Health services in governmental hospitals are provided with the availability of all essential medicines. Rational use of medicines and antibiotics policies is applied in all hospitals.
2. Implement the antimicrobial resistance program.	The rate of antibiotic use is gradually reduced in public hospitals.	
3. Implement computerized coordination mechanism with the Central Warehouses, Procurement Department and General Directorate of Pharmacy to ensure the provision of medicines and medical consumables.	Essential medicines and medical consumables are available in public hospitals by 95%.	
Objective 2: Provide adequate qualified and trained health personnel able to deliver high quality medical services.		
1. Close the gaps in medical personnel in hospitals.	Numbers of health personnel working in governmental hospitals are in line with international standards.	Quality health services are offered by adequately trained and qualified personnel.
2. Provide continuing training of medical personnel on all basic and new medical and health procedures.	Number of training courses offered to health personnel in government hospitals according to the agreed training plan.	

3. Assign a number of health personnel to receive specialisation in needed health disciplines.	The required medical specializations are available by 30% in hospitals.	
Objective 3: Provide and upgrade the different curative services in hospitals.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Develop and expand health services in emergency departments, train the staff, provide well-equipped ambulances according to approved specifications, provide all essential medical equipment and develop and apply emergency care protocols in hospitals.	a. Number of beds in emergency departments of public hospitals meets international standards. b. Referrals related to emergency care from governmental hospitals are reduced by 10% by 2022.	Medical services in emergency departments are competently offered by trained and qualified personnel, using quality and modern medical equipment.
2. Support and upgrade the maternity and pediatric wards in all hospitals and ensure the provision of modern equipment and trained staff.	a. Number of beds in maternity and pediatric wards of governmental hospitals meets international standards. b. Referrals from maternity and pediatric wards of governmental hospitals are reduced by 10%.	Medical services in maternity and pediatric wards are efficiently offered by trained and qualified personnel, using quality and modern medical equipment.
3. Reduce waiting lists in hospitals by using a centralized computerized registration system.	Patient waiting time in governmental hospitals meets international standards.	Patient waiting time in governmental hospitals meets international standards.
4. Upgrade outpatient and daycare services in governmental hospitals by increasing and upgrading daycare and ambulatory care sections and providing qualified staff and required equipment.	Number of daycare and ambulatory care sections in public hospitals meets international standards.	Medical services in outpatient and daycare sections are competently offered by trained and qualified personnel, using quality and modern medical equipment.

5. Support and upgrade endoscopic surgery in governmental hospitals by providing qualified staff and modern equipment.	Referrals related to endoscopic surgery from governmental hospitals are reduced by 10% by 2022.	Medical services related to endoscopic surgery are efficiently offered by trained and qualified personnel, using quality and modern medical equipment.
6. Support and upgrade specialist services in major hospitals (Palestine Medical Complex, Rafidia Surgical Hospital, Alia Hospital and Beit Jala Hospital) by providing specialist staff and modern equipment.	Referrals from governmental hospitals due to lack of specialist care are reduced by 10% by 2022.	Specialist medical services are efficiently offered by trained and qualified personnel, using quality and modern medical equipment.
Objective 4: Develop and support paramedical services.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Support and upgrade physiotherapy services in governmental hospitals.	8 new physiotherapy sections are established in hospitals by end of 2022.	Physiotherapy services are adequate, competent and of high quality.
2. Support and upgrade laboratory services in governmental hospitals and blood banks (particularly Jenin, Alia and Rafidia hospitals) and implement mechanisms to separate labs from blood banks.	All labs in governmental hospitals and blood banks are effectively operational and well-equipped with the required infrastructure.	Medical lab and blood banks in governmental hospitals are offering competent, high quality and advanced services through state-of-the-art infrastructure and equipment meeting international standards.
3. Upgrade the infrastructure of public hospital labs and introduce new state-of-the-art equipment.		
4. Establish a refrigerator and freezer unit in the National Blood Bank and a mobile blood bank.		
5. Establish a tissue typing lab for tissue transplantation (genetic testing lab).		

6. Establish a reference lab to assess and register lab instruments.		
7. Apply ISO 15189 standards in governmental hospital labs.	At least 7 labs in governmental hospitals are applying ISO 15189 standards by 2022.	
8. Support and upgrade radiology and tomography services in governmental hospitals.	Radiology and tomography services in governmental hospitals are upgraded by 85%.	Radiology and tomography services in governmental hospitals are offered competently by qualified personnel.
9. Upgrade curative nutrition services in governmental hospitals.	Curative nutrition services are offered in governmental hospitals by 70%.	Curative nutrition services are competently offered in all governmental hospitals.
Objective 5: Develop and support hospitality services.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Support and improve hospitality services in governmental hospitals, including food services for inpatients and conducive environment (cleanliness, ventilation, public utilities, etc.).	Citizens' satisfaction with hospitality services is raised to 90% by end of 2022.	Hospitality services in governmental hospitals are offered competently and meet international standards.
Target 2: Institutionalize and implement the patient safety and quality initiatives in all hospitals.		
Objective 1: Institutionalize and implement the patient safety initiative in all hospitals.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Apply the quality and patient safety standards in all governmental hospitals and in 5 private and NGO hospitals.	Implement 100% of patient safety initiative standards in all governmental hospitals as planned.	Health services are offered by governmental hospitals according to international quality standards.

2. Develop and apply a periodical monitoring system to track and assess hospitals' performance with regard to patient safety.	The monitoring system for quality and patient safety standards is applied by 100%.	A periodical monitoring system to track and assess hospitals' performance with regard to patient safety is competently implemented.
Objective 2: Institutionalize and implement different initiatives and approved standards that promote quality of hospital services.		
3. Implement the baby-friendly hospital initiative in all hospitals that offer maternity and paediatric services.	All target hospitals implement the baby-friendly hospital initiative.	Maternity and delivery services are offered with full alignment to the principle of breastfeeding promotion.
4. Implement ISO 15189 standards in medical labs.	The number of labs applying the ISO 15189 standards increases to 7 labs.	The number of labs applying the ISO 15189 standards increases to 7 labs by 2022.
5. Develop national quality and accreditation standards for hospitals.	National standards for quality and accreditation for hospitals are applied.	Hospitals are accredited according to the national accreditation system.
Target 3: Upgrade and modernize the infrastructure in the hospital sector.		
Objective 1: Upgrade the infrastructure of secondary and tertiary health care services in governmental hospitals.		
Policy interventions		Expected output by 2022
1. Upgrade the infrastructure of governmental hospitals as planned.	Renovation, construction and maintenance of buildings in hospitals are completed by 90% by end of 2022.	Health services are offered in governmental hospitals through an upgraded infrastructure.
2. Renovate, maintain, expand and construct hospital wards in governmental hospitals.	Hospital wards are renovated and maintained as planned.	
3. Adapt the infrastructure to be accessible by persons with special needs in all governmental hospitals and to green construction practices.	All hospitals are prepared to service persons with special needs.	

4. Procure and install the required furniture and equipment for governmental hospitals.	All governmental hospitals are supplied with the required furniture and equipment.	
5. Complete the construction of new hospitals: the Venezuelan ophthalmic hospital, Dura hospital and Halhoul hospital.	The Venezuelan ophthalmic hospital, Dura hospital and Halhoul hospital are constructed, equipped and well-functioning.	
Target 4: Operationalize the computerized health information system for secondary and tertiary health services.		
Objective 1: Complete the implementation and operationalization of the computerized health information system in all hospitals.		
Policy interventions		Expected output by 2022
1. Complete and expand the application of the computerized HIS in all governmental hospitals by end of 2017; operationalize the computerized HIS in the Al-Watany, Toubas, Tulkarem, Yatta and Al-Muhtaseb Hospitals.	The installation and operationalization of the HIS system is completed in all hospitals by 100% by end of 2018.	The computerized system is effectively applied in all governmental hospitals.
Target 5: Support and institutionalize infection control programs in hospitals.		
Objective 1: Reduce the incidence of nosocomial infections in hospitals.		
Policy interventions		Expected output by 2022
1. Enhance and support infection control committees and activities within hospitals.	Nosocomial infection is reduced to 20%.	Nosocomial infection is reduced by 80% by 2022.
2. Train personnel and members of infection control committees in hospitals.	100% of infection monitoring personnel is trained on infection control.	
3. Apply infection control policies and procedures in all hospitals.	Infection control policies and procedures are applied in hospitals by 100%.	

**Annex 3: Third Program: Health management and governance program
Policy interventions, program policy standards and expected outputs by 2022**

Target 1: Provide competent human resources with the capacity to offer high quality health services.		
Objective 1: Provide competent human resources with the capacity to offer high quality health services and finalize job descriptions.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Develop and adopt a national system for continuing professional development of health personnel, linked to the licensing system.	The national system for continuing professional development is endorsed and applied by 100% by 2022.	The national system for continuing professional development is endorsed and applied.
2. Promote and institutionalize internal continuing education in hospitals and PHC centers for all categories.	The continuing education program is endorsed and applied by 100%.	Health personnel are trained and qualified through continuing education programs.
3. Develop and institutionalize e-learning programs for all categories in the health sector by developing and monitoring the implementation of a modular e-course system.	E-learning is available to all health personnel and e-libraries are functional in all hospitals and health directorates.	New training courses are available and ensure the qualification of professional human resources according to needs.
4. Complete the work on establishing e-libraries in governmental hospitals and health directorates.		
5. Provide capacity development, specialization and training programs for health specialists and technicians in different areas according to needs.	Developmental and specialized health programs exist for all health personnel within a strategic training plan.	The continuing education program is endorsed and implemented.
6. Adopt needs assessments, evidence-based policies and research to inform the education	a. The national human resource development strategy is implemented.	The national observatory for health sector workforce is functional and used by decision-makers.

programs and human resource planning, including data and studies provided by the national observatory on health workforce.	b. Number of studies and data supported by the national observatory.	The national human resource development strategy is endorsed and implemented.
7. Support the infrastructure and educational programs in Ibn Sina College for Health Sciences to enhance the quality of graduates in nursing and midwifery.	The infrastructure in Ibn Sina College is upgraded according to international standards.	Education of health personnel in Ibn Sina College is offered through an advanced infrastructure.
8. Endorse and apply job descriptions in the governmental health sector.	Job descriptions are endorsed and implemented by 100%.	Job descriptions are endorsed and implemented by 100%.
Target 2: Enhance the governance and performance of the Palestinian health sector.		
Objective 1: Promote health planning and policies and monitor their implementation.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Promote health planning and policy and monitor their implementation by institutionalize the monitoring and evaluation process and institutionalizing evidence-based national health planning.	Periodical reviews of national plans and strategies are implemented by 100% by 2022.	Development activities and interventions are aligned with the approved plans and strategies.
2. Develop and implement joint plans to enhance health services and achieve universal health coverage in an integrated manner to close the gaps.	Activities and policy interventions in national plans and strategies are implemented by at least 85%.	National plans for universal health coverage are endorsed and implemented.
3. Encourage scientific research and studies in support of evidence-based and sound decision-making and policymaking.	Number of health policies developed on the basis of health and management research and studies.	Health decision-making is based on health research.

4. Develop health information systems, monitoring of health indicators and mechanisms for analysis and data quality.	National health indicators are produced and monitored annually by 100%.	The health information system is functional and ensures the provision of relevant health data and indicators to monitor the health situation and performance.
Objective 2: Develop a national accreditation system by the beginning of 2018.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Create a neutral national body for the accreditation of different health institutions.	National accreditation standards are endorsed for application and assessment in the different health institutions.	Health institutions function with high quality within an internationally recognized health accreditation system.
2. Develop a national health accreditation system.	The national accreditation system is applied and functional by 100%.	National accreditation standards are endorsed for application and assessment in the different health institutions.
Objective 3: Enhance the performance of the pharmaceutical sector and ensure the implementation of approved pharmaceutical policies.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Assure the quality of medicines and pharmaceutical preparations, including the quality of local production and of imported preparations through medicinal registration, pricing and control systems.	<p>a. Suppliers comply with the requirements of pharmaceutical vigilance in local pharmaceutical industry by at least 90%.</p> <p>b. GMP technical standards and requirements are implemented.</p> <p>c. Electronic pricing of registered medicines is implemented by 100%.</p> <p>d. Instructions for import and export of pharmaceuticals are fully implemented.</p>	<p>Locally produced and imported medicines and pharmaceutical preparations are of high quality and reasonable prices.</p> <p>All local pharmaceutical producers are certified by the Good Manufacturing Practice (GMP) system.</p>

2. Implement the third stage of the Good Governance of Medicines (GGM) program.	Standards of the third stage of the Good Governance of Medicines (GGM) program are applied by 100%.	Medicines are used rationally to the maximum possible and according to international standards.
3. Promote policies for rational use of medicines and implement pharmaceutical vigilance policies pharmaceutical control programs and pharmaceutical economic strategies.	National pharmaceutical policies are applied by 100%.	Full application of pharmaceutical policies including the pharmaceutical vigilance program.
4. Promote laws and regulations that govern the pharmacological practice.	The pharmacology law of 2016 is implemented by 100%.	Executive bylaws for the antinarcotic law are endorsed and implemented.
5. Develop the human resources involved in the pharmaceutical sector and enhance the capacity and infrastructure.	New training courses ensuring the qualification of professional human resources in accordance with the realities of the pharmaceutical sector,	Pharmaceutical services are offered by trained and qualified personnel.
6. Endorse and apply all registration systems, including registration of medical, pharmaceuticals and biological preparations, serums, biological alternatives and lab instruments and the patenting system for bio products.	90% of medicines, medical, pharmaceuticals and biological preparations, serums, and lab instruments are registered by the MOH.	Medical, pharmaceuticals and biological preparations, serums, and lab instruments in the market are registered by the MOH.
Objective 4: Enhance and upgrade the registration system for special foods and foods fortified with minerals and vitamins.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Apply the registration system for special foods and foods fortified with minerals and vitamins.	50% of special foods and foods fortified with minerals and vitamins are registered by the MOH.	Special foods and foods fortified with minerals and vitamins are legally available in the market through their registration by the MOH

Objective 5: Enhance the leadership and regulatory role of the Palestinian MOH.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Develop and endorse practice regulations and laws for all health professions.	Health professions' laws and regulations are endorsed and applied by 100%.	All health professions are practiced through endorsed laws and regulations.
2. Review and update the regulations for licensing the different health institutions, linking them with the mainstreamed standards for the quality of service delivery.	Regulations for licensing health institutions are updated and applied by 100%.	The different health institutions are licensed according to endorsed and updated regulations.
3. Promote the monitoring and regulatory role of the MOH Licensure and Certification Unit by making sure that all health professions and institutions are licensed.	100% of health institutions and personnel are licensed to work under endorsed laws and regulations.	Health sector institutions are licensed and working under endorsed regulations.
4. Develop and implement different health laws and legislations keeping in pace with national and international developments.	Laws and legislations are developed, endorsed and applied by 80%.	The different health laws and legislations regulating the functioning of the health sector are endorsed and implemented.
5. Develop and implement different health laws and legislations keeping in pace with national and international developments.	Laws and legislations are developed, endorsed and applied by 80%.	The different health laws and legislations regulating the functioning of the health sector are endorsed and implemented.

6. Enhance and enforce health media performance through offering professional staff, and improve the public awareness about MOH and health services through local media programs.	Number of trainings in health media. Number of awareness campaigns about MOH services.	Professional health media capable of efficient and effective communication with the public.
Objective 6: Upgrade the infrastructure of administrative centers and operationalize the computerized system.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Computerize the health information systems in all centers and health surveillance systems to support and enhance performance of the health sector.	The health information system is computerized in all management centers within the available capacity.	The health information system serves all national health institutions.
Target 3: Promote financial sustainability and sources of health financing.		
Objective 1: Enhance mechanisms and increase sources of health financing.		
Policy interventions	Program policy standards by 2022	Expected output by 2022
1. Enhance the health financing policy by studying possible alternatives, improving the pooling process and increasing financing sources.	The proportion of government health expenditure out of total health expenditure is increased by 20% (baseline is 37%, 2014).	The health pooling and financing system is aligned with the implementation of universal health coverage.
2. Review the health expenditure policy, including procurement mechanisms and payment schemes, rationalize the purchasing	a. The proportion of household out-of-pocket expenditure out of total health expenditure is reduced by 20% (baseline is 40%, 2014).	The health service purchasing system and payment mechanisms are aligned with the implementation of universal health coverage.

of health services and referral system and review the basic service package and essential medicines list.	b. Expenditure on referrals abroad is rationalized by 10%.	The basic health service package is aligned with the implementation of universal health coverage.
3. Seek to contain health costs by limiting the costs of health services and developing policies on health expenditure determinants.	Five studies on the cost of the different health services are conducted.	All health costs are identified and made available to decision makers.
4. Ensure external aid is aligned with and directed towards the objectives and priorities and complements them.	90% of health aid projects are implemented according to the agreed priorities and plans.	External aid is aligned with the agreed priorities and plans.
Target 4: Develop and upgrade governmental health insurance system.		
Objective 1: Increase the proportion of the insured and review and enhance the current government health insurance system.		
Policy interventions		Expected output by 2022
1. Mitigate the health financing barriers by developing mechanisms to move from direct payment to co-payment by 2022.	The modified health insurance system is endorsed and applied by 100%.	A health co-payment system providing equity and sustainability.
2. Review the health expenditure policy, including procurement mechanisms and payment schemes, rationalize the purchasing of health services and referral system and review the basic service package and essential medicines list.	<ul style="list-style-type: none"> The proportion of household out-of-pocket expenditure out of total health expenditure is reduced by 20% (baseline is 40%, 2014). Expenditure on referrals abroad is rationalized by 10%. 	<p>The health service purchasing system and payment mechanisms are aligned with the implementation of universal health coverage.</p> <p>The basic health service package is aligned with the implementation of universal health coverage.</p>
3. Seek to contain health costs by limiting the costs of health services and developing policies on health expenditure determinants.	Five studies on the cost of the different health services are conducted.	All health costs are identified and made available to decision makers.

4. Ensure external aid is aligned with and directed towards the objectives and priorities and complements them.	90% of health aid projects are implemented according to the agreed priorities and plans.	External aid is aligned with the agreed priorities and plans.
Target 4: Enhance financial protection of Palestinian citizens against health costs.		
Objective 1: Increase the proportion of the insured and review and enhance the current government health insurance system.		
Policy interventions		Expected output by 2022
1. Mitigate the health financing barriers by developing mechanisms to move from direct payment to co-payment by 2022.	The modified health insurance system is endorsed and applied by 100%.	A health co-payment system providing equity and sustainability.
2. Develop a strategy to increase the proportion of those insured by reviewing and upgrading the current government health insurance system.	Health coverage is expanded to reach over 90%.	The government health insurance system is modified and upgraded to achieve equity, financial protection and universal coverage.
Program policy target 5: Enhance partnerships and complementarity between health service providers and coordination across the different sectors.		
Objective 1: Enhance sectoral and cross-sectoral coordination.		
Policy interventions		Expected output by 2022
Promote coordination with universities, the PNIPH and health research centers to support and institutionalize the health research system.	Number of scientific research directed at health needs.	Research provides systematic health information that is used in health decision making.
Promote coordination in national preparedness to address emergencies and disasters and development of national crisis intervention plans.	The national plan to manage emergencies and disasters is developed and applied by 100%.	The national plan to manage emergencies and disasters is developed and endorsed.

Enhance complementarity between the private and public sectors by developing and implementing joint plans to upgrade health services and achieve universal health coverage in an integrated manner to close the gaps.	National plans to achieve universal health coverage are endorsed and applied by at least 90%.	National plans to achieve universal health coverage are endorsed and applied.
Coordinate and cooperate in the implementation of national cross-sectoral strategies (youth, gender, environment and social protection strategy).	National cross-sectoral strategies are applied in the health sector by at least 85%.	Cooperation in the implementation of cross-sectoral strategies is a basic rule in the work towards achieving all common targets and objectives.
Apply the national referral system for women victims of violence and promote women protection from violence by creating women empowerment clinics in health directorates and hospitals (4 clinics per year) and training the staff on managing women victims of violence.	The national referral system for women victims of violence is endorsed and applied.	Women victims of violence are referred to clinics, hospitals and women empowerment centers according to the needed specialist care.
Enhance coordination with stakeholders in issues of children and child protection from violence, abuse and neglect, and juveniles issues through early detection, referral, early treatment and networking.	Up to 50% of children experiencing violence, abuse and neglect and juveniles are addressed by early detection, referral, early treatment and networking.	Children experiencing violence, abuse and neglect and juveniles receive appropriate health care.
Promote the application of international health regulations.	The international health regulations are applied by 50%.	The international health regulations are adopted in the health field.

Annex 4: Sustainable Development Agenda 2017-2022: Targets, Interventions and Indicators

SDG 3: Ensure healthy lives and promote well-being for all at all ages Responsible ministry: MOH			
Development target: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.			
The expected result by 2022: improvement in maternal and child health and reproductive health indicators by 30% by the year 2022.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
<p>Improve and enhance reproductive health services during pregnancy and birth and postnatal care offered in government and nongovernmental PHC centers and hospitals and introduce new services such as counseling for young couples and following abortion.</p> <p>Enhance the surveillance system for maternal mortality and near miss cases, conclude lessons learned from these cases, increase safe deliveries, and develop the surveillance system for causes of abortion of all types,</p> <p>Develop the capacity of health staff and train them on the latest scientific developments and technical instructions, including the updated national protocol for management of neonatal complications.</p> <p>Implement the family health approach and e-records in MOH and UNRWA PHC centers.</p> <p>Upgrade the infrastructure and provide medical equipment, consumables and medicines in Obstetrics and Gynecology wards in all hospitals and maternity centers, as well as health centers in refugee camps and marginalized and remote areas.</p> <p>Develop a work plan to sustain reproductive health services in emergencies and disasters.</p>	Maternal mortality rate	24.7 deaths per 100,000 live births	20
	Proportion of births attended by skilled health personnel	99.7% of total births	99.7%

Development target: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.			
The expected result by 2022: improvement in maternal and child health and reproductive health indicators by 30% by the year 2022.			
The expected result by 2022: all maternity hospitals are certified as baby-friendly hospitals.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Support and enhance child and infant care services in PHC centers through the national immunization program, health counseling and regular checkups, and provide treatment for communicable diseases and emergency cases among children.	Infant mortality rate	10.9 deaths per 1,000 live births	10.0
Maintain the high immunization rate for children reaching up to 100% according to the national immunization program.			
Implement the family health approach and e-records in MOH and UNRWA PHC centers.			
Develop and endorse a national protocol for management of premature babies.			
Enhance the competence of health personnel and train them on the latest medical and scientific developments on child health, and strengthen the educational programs for nursing services for neonates and preterm babies.			
Support and encourage breastfeeding.	Under-five mortality rate	13.9 deaths per 1,000 child births	12.0
Endorse and implement the national strategy for early childhood care and development, which aims at promoting and intensifying national efforts to care for children in all age groups and provide them with safe physical and psychological environment.			
Enhance the surveillance system and mechanisms for child mortality, particularly neonatal mortality, at the national level,			

Upgrade the infrastructure of health centers and mother and child health centers and provide the required medical equipment, supplies, medicines and vaccines related to child health.			
Upgrade the infrastructure and provide medical equipment, supplies and medicines in pediatric wards, incubators and preterm babies units in all hospitals and maternity facilities.			
Development target: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.			
The expected result by 2022: Control of emerging communicable diseases is effective by 95%.			
The expected result by 2022: Control of infectious, zoonosis, water-borne and food-borne diseases is carried out effectively.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Sustain achievements made in terms of eradicated diseases and those being eliminated, and vaccine-controlled diseases.	Number of new HIV infections	0.04 (per 100,000 persons)	0.03
Promote effective monitoring of acute flaccid paralysis cases in the public and private sectors under the Global Polio Eradication Initiative.			
Ensure the provision of vaccines according to the approved national schedule and introduce new vaccines as needed.	Tuberculosis incidence	0.61 (per 100,000 persons)	0.50
Enhance monitoring of bacterial meningitis to reduce the associated mortality.			
Develop an integrated vector management program and a vector surveillance program, monitor leishmaniasis and spray its foci.	Malaria incidence	0	0
Introduce new medicines that help treat hepatitis B and reduce complications.			

Develop prevention measures for HIV/AIDS through screening of groups at highest risk and improved access to prevention services to prevent HIV transmission from mothers to babies (for HIV positive pregnant women and their children), community awareness, and provision of treatment to patients.	Hepatitis B incidence	20.4 (per 100,000 persons)	15.0
Enhance national achievements in the prevention and treatment of sexually transmitted diseases and complete staff training.	Number of people requiring interventions against neglected tropical diseases	0	0
Develop and implement an integrated multi-sectoral plan to prevent and control emerging diseases, create a system for monitoring and response to emerging and re-emerging diseases, and control imported malaria through early screening and providing travelers with instructions.			
Provide a healthy and clean environment through periodic water testing and safe food in all areas, especially in those with highest risk and densely-populated, in particular remote villages and refugee camps.			
Development target: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.			
Sectoral strategic objective: Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness and gender issues.			
The Expected result by 2022: Community mental health services are integrated into PHC clinics by 100%.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Increase budget allocations to NCD prevention and treatment programs and mainstream them in all relevant development strategies and plans.	Mortality rate attributed to cardiovascular disease (age group 30-60 years)	14.2%	13.0%
Enhance health surveillance systems for NCDs and risk factors.	Mortality rate	7.7%	7.0%

Enhance citizens' access to early detection and treatment services for major NCDs and their risk factors by enhancing the implementation of WHO program for NCDs (PEN Approach) in all sectors, providing trained and qualified personnel, promoting screening programs for diseases, providing medicines, treatments and diagnostic equipment, enhancing curative services to patients to keep pace with modern scientific developments, and standardizing diagnosis and treatment protocols.	attributed to cancer diseases (age group 30-60 years)		
Reduce community consumption of table salt in line with WHO recommendations	Mortality rate attributed to diabetes (age group 30-60 years)	3.4%	3.0%
Reduce community consumption of sugar in line with WHO recommendations.			
Completely eliminate the consumption of hydrogenated fats, reduce consumption of saturated fats and develop a legal framework regulating the marketing of foods containing saturated and hydrogenated fats.	Suicide mortality rate	0.5% of total deaths	0.4%
Promote and encourage physical activity among the different age groups by developing and implementing a national strategy and raising community awareness.			
Integrate mental health and psychological support services in PHC centers to detect and treat morbidity and reduce complications.			
Development target: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.			
The expected result by 2022: The National Center for Addiction Treatment and Rehabilitation and the Methadone Treatment Centers are effectively working and offering services free of charge.			
The expected result by 2022: Control of drugs and alcohol addiction through the promotion of community awareness and implementation of the Palestinian Drugs Act and bylaws.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Conduct research to assess the prevalence of harmful use of alcohol in Palestine.	Harmful use of	Not available	/

Develop and implement the relevant regulations and legislations, including the executive bylaws for the Palestinian antinarcotic law.	alcohol, defined according to the national context as alcohol per capita consumption.	Actual 2015	Target 2022
Reduce the prevalence of substance abuse and alcoholism through community awareness campaigns specifically targeting youth and adolescents, and developing free-of-charge treatment and rehabilitation services.			
Development target: By 2020, halve the number of global deaths and injuries from road traffic accidents.			
Expected result by 2022: community is more aware and committed to traffic laws and regulations.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Raise community awareness on the hazards of traffic accidents and promote a community dialogue to prevent them.	Death rate due to road traffic injuries.	3.9 deaths per 100,000 persons	3.0 deaths per 100,000
Promote the surveillance system for injuries resulting from traffic accidents in cooperation with the PNIPH.			
Develop and promote integrated efforts among the relevant sectors to reduce traffic accidents and enhance compliance with traffic regulations (the transport sector, health sector, the police, local government and municipalities).			
Development target: By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.			
The expected result by 2022: Family Health Approach is adopted and implemented by 2022.			
The expected result by 2022: Reproductive health services, menopause care, mental health and psychological counselling are available to women and delivered efficiently and effectively.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022

Enhance the health and reproductive status of young people in the premarital period through community awareness. sex education, preconception care and awareness raising on adolescence and sexually transmitted infections.	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (PCBS).	44.1%	55%
Improve quality of reproductive health services offered to women in the different age groups by introducing preconception care services, protection of women from the hazards of unsafe abortion, menopause care, health and psychological counseling for women during pregnancy and after childbirth and abortion.			
Support and increase family planning centers to cover the unmet needs for family planning and ensure contraceptives are available on the essential drug list.	Adolescent birth rate (aged 15-19 years) per 1,000 women.	30	24
Enhance mothers' access to postnatal care through awareness raising during pregnancy and training of personnel.			
Activate youth health programs through the youth-friendly clinics initiative.			
Development target: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.			
Sectoral strategic objective: Enhance health financing and improve financial protection of Palestinian citizens against health care costs.			
Sectoral strategic objective: Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Develop and implement a systematic plan to upgrade health services in all sectors to reach universal health coverage.	Number of people covered by health insurance or a public health system per 1,000 population.	830 per 1,000 population.	900 per 1,000
Upgrade the health infrastructure in the PHC and hospital sectors to correspond to achieving universal health coverage.			
Enhance the public health insurance system and expand coverage to over 90%.	Coverage of essential	Needs clarification.	/

Mitigate the financial barriers to health by developing mechanisms to move from direct payment to co-payment by 2022.	health services.	Actual 2015	Target 2022
Review the basic service package and essential drug list to correspond to achieving universal health coverage.			
Development target: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.			
The expected result by 2022: Environmental health programs are implemented, including safe drinking water, food security, medical waste management, and control of pathogenic environmental pollutants.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Enhance monitoring of water and food-borne diseases in cooperation with partners.	Mortality rate attributed to unintentional poisoning.	0.3% of total deaths.	0.2%
Develop a unified strategy to ensure chemical safety both in the establishment and the product, develop a unified registration system for chemicals and raise community awareness on how to deal with chemicals (chemical safety).			
Reduce the use of chemical pesticides in vector control to the minimum, increase the proportion of biological pesticides used in vector control and promote environmental sanitary measures that help prevent and control diseases.			
Reduce microbial contamination of foods from 11% to below 5% and in drinking water networks from 15% to below 5%.			
Ensure that central and northern West Bank governorates are covered by management of medical waste.			

Development target: Strengthen the implementation of WHO Framework Convention on Tobacco Control in all countries, as appropriate.
The expected result by 2022: The State of Palestine's accession to WHO Framework Convention on Tobacco Control.

Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Raise community awareness on the hazards of smoking.	Prevalence of smoking among youth (15-29 years).	24%	18%
Formal accession to the WHO Framework Convention on Tobacco Control.			
Develop a legal framework regulating tobacco industry, trade and consumption based on WHO recommended interventions and ensure the application of antismoking bylaws.	Development target: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health.		
The expected result by 2022: The pharmaceutical sector provides all medicines and medical and pharmaceutical consumables with high quality according to the local needs and under an endorsed system for registration, quality, control, manufacturing, marketing, import and export.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Advance research in the field of communicable and non-communicable diseases.	Proportion of the population with access to affordable medicines and vaccines on a sustainable basis.	Immunization coverage of children 99.4%	100%
Ensure the provision of vaccines according to the approved national schedule and introduce new vaccines as needed.			
Ensure the provision of medicines and medical consumables according to the essential drug list in all hospitals and PHC centers.			
Promote cooperation with all service providers, universities, the PNIPH and all partners to conduct health research and scientific studies on priority health issues.	Development target: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.		
Sectoral strategic objective: Enhance the human resource management system.			
Sectoral strategic objective: Enhance health financing and improve financial protection of Palestinian citizens against health care costs.			

Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Enhance health financing sustainability by developing financial policies, reviewing procurement mechanisms and payment schemes, increasing financing sources, seeking to contain health costs and developing policies on health expenditure determinants.	Physician/population ratio per 100,000	21.5	25.0
Develop and implement a strategy for continuing professional development, linked to the licensing procedure.	Nurse/population ratio per 100,000	20.1	24.0
Raise the level of academic education in the different health and medical disciplines and provide advanced training and scientific approach to students and health personnel to ensure supplying the local health sector with competent human resources with the capacity to respond to the needs, especially supplying the health sector with adequate numbers of midwives.	Midwife/population ratio per 100,000.	2.2	3.0
Provide training and support continuing education and e-learning programs for the health sector workforce based on an assessment of training needs of personnel.	Pharmacist/population ratio per 100,000.	9.7	11.0
Development target: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.			
The expected result by 2022: International Health Regulations for early warning and risk management are nationally adapted by 2022.			
Suggested interventions	Suggested indicators (SDGs)	Actual 2015	Target 2022
Promote the application of international health regulations.	International Health Regulations (IHR) capacity and health emergency preparedness.	Not available	/
Promote coordination in national preparedness to address emergencies and disasters and development of national crisis intervention plans.			
Train the different health personnel on disaster response and management plans, including staff of Emergency Services Unit hospital directors and directors of primary of health directorates, and provide a general safety officer in each hospital and health directorate.			

Annex 5: List of Ongoing Projects by Year 2017-2022

Program	Development project	Total (NIS)	2017 (NIS)	2018 (NIS)	2019 (NIS)	2020 (NIS)	2021 (NIS)	2022 (NIS)
1st Program	Joint Program with UNFPA	9,120,000	1,520,000	1,520,000	1,520,000	1,520,000	1,520,000	1,520,000
1st Program	Support to PHC project in Palestine (SA-POSIT-MOH)	3,000,000	1,500,000	1,500,000				
1st Program	Construction, finishing and furnishing the PHC unit in Bir Nabala	513,000	513,000	-	-	-	-	-
1st Program	Equipping Ras Atiyeh lab.	164,324	164,324	-	-	-	-	-
1st Program	Child care support projects	186,000	186,000	-	-	-	-	-
1st Program	Reproductive health coordinated records	3,040,000	3,040,000	-	-	-	-	-
1st Program	Total	15,969,324	6,870,324	3,020,000	1,520,000	1,520,000	1,520,000	1,520,000
2nd Program	Design, construction, supervision and finishing works of Dura Hospital.	13,490,000	13,490,000	-	-	-	-	-
2nd Program	Design, construction, supervision and equipment of Halhoul Hospital.	13,490,000	13,490,000	-	-	-	-	-
2nd Program	Support of health services to hemophilia patients	76,000	76,000	-	-	-	-	-
2nd Program	Renovate the nephrology ward in Palestine Medical Complex, Sons of Ramallah Wing	2,660,000	2,660,000	-	-	-	-	-
2nd Program	Apply the computerized HIS in the remaining public hospitals (Al-watani, Toubas, Toulkarem and Hebron)	3,040,000	3,040,000	-	-	-	-	-

Program	Development project	Total (NIS)	2017 (NIS)	2018 (NIS)	2019 (NIS)	2020 (NIS)	2021 (NIS)	2022 (NIS)
2nd Program	Endoscopic surgery project in public hospitals	1,140,000	1,140,000	-	-	-	-	-
2nd Program	Creation of a picture archiving and communication system (PACS) to archive all digital imaging, x-ray and MRI images	1,520,000	1,520,000	-	-	-	-	-
2nd Program	Enhancing and upgrading oxygen stations in hospitals	9,431,600	7,030,000	2,401,600	-	-	-	-
2nd Program	Upgrading dialysis section in hospitals	4,503,000	1,501,000	1,501,000	1,501,000	-	-	-
2nd Program	Accreditation of medical labs according to quality standards (ISO 15189)	304,000	304,000	-	-	-	-	-
2nd Program	Upgrading health services in the neonates ward (Yatta, Salfit, Jericho, Qalqilia, Alia and Rafidia hospitals)	3,800,000	3,800,000	-	-	-	-	-
2nd Program	Continuous midwifery care in public hospitals (Rafidia, Beit Jala, Hebron, Yatta, Toubas, Jenin, Toulkarem and Qalqilia hospitals)	361,000	361,000	-	-	-	-	-
2nd Program	The Venezuelan ophthalmic hospital	15,200,000	7,600,000	7,600,000	-	-	-	-
2nd Program	Upgrading medical equipment in hospitals	38,000,000	7,600,000	7,600,000	7,600,000	7,600,000	7,600,000	-
2nd Program	Emergency department – Jenin	10,135	10,135	-	-	-	-	-
2nd Program	Procuring medical equipment for the Blood Bank in Gaza Al-Shifa Complex	372,400	372,400	-	-	-	-	-

Program	Development project	Total (NIS)	2017 (NIS)	2018 (NIS)	2019 (NIS)	2020 (NIS)	2021 (NIS)	2022 (NIS)
2nd Program	Procuring medical equipment project (CRONO)	5,700,000	5,700,000	-	-	-	-	-
2nd Program	Total	113,098,135	69,694,535	19,102,600	9,101,000	7,600,000	7,600,000	0
3rd Program	National Antinarcotic Center	7,600,000	7,600,000	-	-	-	-	-
3rd Program	Capacity building for the Palestinian health sector project	11,400,000	11,400,000	-	-	-	-	-
3rd Program	Palestinian health sector resilience project	19,000,000	5,700,000	5,700,000	1,900,000	-	-	-
3rd Program	Establishment of central medical warehouses project	60,800	60,800	-	-	-	-	-
3rd Program	Upgrading the medical engineers' training center	38,000	38,000	-	-	-	-	-
3rd Program	Adding two floors above the warehouse in MOH premises	939,729	939,729	-	-	-	-	-
3rd Program	Mental health	6,574,000	6,574,000	-	-	-	-	-
3rd Program	Support to the health sector in Toubas governorate	1,679,600	1,679,600	-	-	-	-	-
3rd Program	Integration of palliative care and elderly care project	874,000	874,000	-	-	-	-	-
3rd Program	Reproductive health	1,140,000	1,140,000	-	-	-	-	-
3rd Program	Joint program with the MOH	4,560,000	760,000	760,000	760,000	760,000	760,000	760,000
3rd Program	PNIPH transitional period	11,400,000	3,800,000	3,800,000	3,800,000	-	-	-

Program	Development project	Total (NIS)	2017 (NIS)	2018 (NIS)	2019 (NIS)	2020 (NIS)	2021 (NIS)	2022 (NIS)
3rd Program	Total	65,266,129	40,566,129	10,260,000	10,260,000	2,660,000	760,000	760,000
	Grand Total	194,334,587	117,130,987	32,382,600	20,881,000	11,780,000	9,880,000	2,280,000

Annex 6: List of Proposed Projects by Year 2017-2022

Program	Development project	Total (NIS)	2017 (NIS)	2018 (NIS)	2019 (NIS)	2020 (NIS)	2021 (NIS)	2022 (NIS)
1st Program	Supporting the family health approach in PHC	12,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
1st Program	Supporting and expanding community mental health services	5,000,000	-	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
1st Program	Implementing the HIS in 9 health directorates and 392 clinics	16,000,000	-	-	4,000,000	4,000,000	4,000,000	4,000,000
1st Program	Emergency and safe delivery centers	12,830,000	2,600,000	3,830,000	1,600,000	1,600,000	1,600,000	1,600,000
1st Program	Supporting preventive care, public health and NCDs programs	7,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000	1,200,000
1st Program	Enhancing child care and MCH centers, Child-friendly clinics initiative	14,400,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000	2,400,000
1st Program	Opening dental clinics in several districts	660,000	110,000	110,000	110,000	110,000	110,000	110,000
1st Program	Construction and renovation of health departments in several West Bank areas	18,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
1st Program	Replacement of administrative vehicles in health directorates	2,220,000	370,000	370,000	370,000	370,000	370,000	370,000
1st Program	Improving the infrastructure of PHC labs	480,000	80,000	80,000	80,000	80,000	80,000	80,000
1st Program	Renovation and equipment (including power regulator, electricity generators and air conditioners)	2,040,000	340,000	340,000	340,000	340,000	340,000	340,000
1st Program	Tubas mental health center	2,000,000	1,000,000	1,000,000	-	-	-	-

1st Program	Opioid substitution center	1,843,000	843,000	1,000,000	-	-	-	-	-
1st Program	Arab food safety initiative	380,000	380,000	-	-	-	-	-	-
1st Program	Total	95,053,000	14,323,000	16,330,000	16,100,000	16,100,000	16,100,000	16,100,000	16,100,000
2nd Program	Construction and upgrading of central sterile services departments (CSSD) in hospitals	5,000,000	1,000,000	1,000,000	1,000,000	1,000,000	500,000	500,000	500,000
2nd Program	Construction of a radiology department, clinics and a new floor in Yatta public hospital	4,800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000
2nd Program	Upgrading the infrastructure and quality in hospitals.	5,400,000	900,000	900,000	900,000	900,000	900,000	900,000	900,000
2nd Program	Opening new physiotherapy sections	500,000	200,000	200,000	100,000	-	-	-	-
2nd Program	Implementing the HIS in Al-Muhtaseb Hospital and Chavez Ophthalmology Hospital	1,400,000	-	700,000	-	700,000	-	-	-
2nd Program	Implementing the HIS in different hospitals	1,800,000	-	-	-	600,000	600,000	600,000	600,000
2nd Program	Establishment of a heart surgery center in Alia governmental hospital	12,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
2nd Program	Medical equipment for Halhoul hospital	24,000,000	-	-	6,000,000	6,000,000	6,000,000	6,000,000	6,000,000
2nd Program	Upgrading radiology sections in 13 governmental hospitals	39,000,000	6,000,000	6,000,000	6,000,000	6,000,000	7,000,000	7,000,000	8,000,000

2nd Program	Upgrading different sections in Palestine Medical Complex	90,000,000	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000	15,000,000
2nd Program	Total	183,900,000	25,900,000	26,600,000	31,800,000	33,000,000	32,800,000	33,800,000	33,800,000
3rd Program	Enhancing and developing the pharmaceutical sector in the MOH	7,800,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000	1,300,000
3rd Program	Developing the continuing education and training program	4,800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000
3rd Program	Supporting and strengthening the Licensure and Certification Unit	4,800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000
3rd Program	Establishing the Palestinian Health Accreditation Board	200,000	100,000	100,000	-	-	-	-	-
3rd Program	Support and capacity building for the Palestinian Health Information Center	280,000	140,000	140,000	-	-	-	-	-
3rd Program	Total	17,880,000	3,140,000	3,140,000	2,900,000	2,900,000	2,900,000	2,900,000	2,900,000
	Grand Total	296,833,000	43,363,000	46,070,000	50,800,000	52,000,000	51,800,000	52,800,000	52,800,000

Annex 7: Members of the National Team for the Development of the National Health Strategy 2017-2022

Name	Position
Dr. Jawad Awwad	Minister of Health / Chairman of the National Team
Dr. Asaad Ramlawi	Deputy Minister of Health
Dr. Naim Sabra	Assistant Deputy for Planning Affairs / MOH
Daoud Al-Deek	Assistant Deputy for Administrative Development and Planning / MOSD
Mahmoud Ataya	Office of the Prime Minister
Dr. Nizam Najjib	Chairman of the Physicians' Association
Dr. Yasser Abu Safiyyeh	Chairman of the Association of Private and NGP Hospitals
Shatha Odeh	General Director of Health Work Committees
Fadi Al-Barghouthi	Health and Education Officer, General Directorate of Planning and Policy / MOFP
Dr. Mamoun Jabr	Director General of Planning / MOE
Dr. Mahmoud Daher	WHO
Yousef Muheisen	WHO
Dr. Nadim Al-Barghouthi	WHO
Dr. Rand Salman	PNIPH Director
Dr. Mahmoud Al-Wuhoush	UNRWA
Dr. Mohammed Al-Khalili	UNRWA

Name	Position
Khawla Abu Diab	UNRWA
Kanar Al-Qadi	UNICEF
Ziad Yaish	UNFPA
Snaa Al-Assi	UNFPA
Atef Al-Rimawi	East Jerusalem Hospitals Network
Eng. Zaghoul Samhan	Director General of Planning/EQA
Nizar Basalat	Director General of Planning and Policymaking / Higher Council of Youth and Sports
Samira Qawasmi	MOWA
Dr. Kamal Al-Shakhra	Director General of PHC / MOH
Dr. Yaser Bouzief	Director General of Public Health / MOH
Dr. Hamdi Al-Nabulsi	Director General of Hospitals / MOH
Abdul-Karim Hamadneh	Director General of Financial Affairs / MOH
Eng. Ali Al-Helou	Director General of Engineering and Computer Unit / MOH
Dr. Rania Shahin	Director General of Pharmacy
Najat Dweikat	Director General of Nursing / MOH
Dr. Basem Al-Rimawi	Director General of Health Insurance / MOH
Dr. Amal Abu Awad	Director General of Continuing Education / MOH

Name	Position
Dr. Omar Al Naser	Director General of Public Relations and media
Maha Awwad	Director General of Women's Health / MOH
Eng. Alaa Abu Rub	Director of Quality File/ MOH
Adv. Arwa Al-Tamimi	Legal Advisor / MOH
Maria Al-Aqra'	Director of International Cooperation Unit / MOH
Rawd Assaf	Director of Quality Department, General Directorate of Hospitals / MOH
Eng. Ibrahim Ilayan	Director of Medical Engineering Unit / MOH
Dr. Ramez Dweikat	Director of NCD Department. General Directorate of PHC / MOH
Abdul-Naser Al-Fari	Director of Administrative Affairs. General Directorate of PHC / MOH
Aida Zawahreh	Director of Nursing Department. General Directorate of PHC / MOH
Dr. Ghadeer Al-Sharif	General Directorate of Pharmacy / MOH
Nidal Alawneh	Director of Laboratory Department, General Directorate of Paramedical Professions / MOH
Dr. Sawsan Abu Shari'a	Director of Community Health Department , General Directorate of PHC / MOH
Eng. Nader Barhoush	Head of Crafts and Industries Section, Department of Environmental Health / MOH
	General Directorate of Health Policy and Planning Team
Dr. Ola Aker	Director of Strategic Planning Department

Name	Position
Samer Jabr	Director of Health Economics Department
Dr. Jawad Bitar	Director of Palestinian Health information Center
Dr. Huda Al-Lahham	Director of Epidemiological Analysis Department,
Abdel Raouf Saleem	Director of Quality Planning Dept.
Fawziyeh Kamal	Head of Documentation and Publication Section, General Directorate of Health Policies and Planning
Zuhour Mansour	Projects Department, General Directorate of Health Policies and Planning
Lubna Hashash	Projects Department, General Directorate of Health Policies and Planning
Khuloud Jabr	Head of Research and Studies Section, General Directorate of Health Policies and Planning
Mawhiba Othman	Head of Documentation and Publication Section/ PHIC.
Nimr Al-Daghamin	Head of Health Services Development Section, Quality Planning Department.