



# Health

## Main Health Indicators

	WBGS	WB	GS
<b>Hospitals (2017)</b>	<b>81</b>	<b>51</b>	<b>30</b>
of which: Government (Min. of Health)	27	14	13
NGO	34	20	14
UNRWA	1	1	0
Military Medical Services	3	0	3
Private	16	16	0
of which: General	43	29	14
Specialized	21	8	13
Rehabilitation	4	3	1
Maternity	13	11	2
<b>Hospital Beds (2017)</b>	<b>6,213</b>	<b>3,792</b>	<b>2,421</b>
Hospitals beds per 10,000 pop. (2017)	13.2	13.4	12.9
<b>Bed Occupancy Rate (%) (2017)</b>		<b>97</b>	
<b>Average Duration of Hospitalization (days)</b>		<b>2.2</b>	
<b>Number of Primary Health Centers (2017)</b>	<b>743</b>	<b>583</b>	<b>160</b>
of which: Government (Min. of Health)	466	413	53
NGO	192	112	80
UNRWA	65	43	22
Military Medical Services	20	15	5
<b>Population per Primary Health Centers</b>	<b>5,984</b>	4,408	11,725
<b>Number of Physicians (general and specialist)</b>	<b>8,339</b>	5,676	2,663
<b>Physicians per 10,000 population (2017)</b>	17.7		
<b>Number of Dentists</b>	<b>3,343</b>	3,135	208
<b>Dentists per 10,000 population (2017)</b>	7.1		
<b>Number of Pharmacists</b>	<b>4,833</b>	4,534	606
<b>Pharmacists per 10,000 population (2017)</b>	10.9	14.5	
<b>Number of Nurses / Midwives</b>	<b>10,934/1,159</b>	7,656/730	3,278/429
<b>Nursing/Midwifery per 10,000 pop. (2017)</b>	23.2/2.5		
<b>Number of Laboratories (Min. of Health, 2017)</b>	<b>180</b>	<b>208</b>	
<b>Crude Birth Rate per 1,000 population (2017)</b>	<b>30.7</b>	<b>30.4</b>	<b>31.1</b>
<b>Crude Death Rate per 1,000 population (2017)</b>	<b>2.6</b>	<b>2.8</b>	<b>2.3</b>
<b>Infant Mortality Rate (&lt;1 year) per 1,000 live births (2017)</b>		<b>10.7</b>	
<b>Child Mortality Rate (&lt;5 years) per 1,000 live births (2017)</b>		<b>12.1</b>	
<b>Maternal Mortality Rate per 100,000 live births (2017)</b>	<b>5.9</b>	<b>3.8</b>	<b>8.6</b>
<b>Life Expectancy at Birth male - female (2017)</b>	<b>73.8 (72.3–75.4)</b>	<b>74.1</b>	<b>73.3</b>
<b>Cancer Incidence Rate per 100,000 (2017)</b>	<b>113.7</b>		

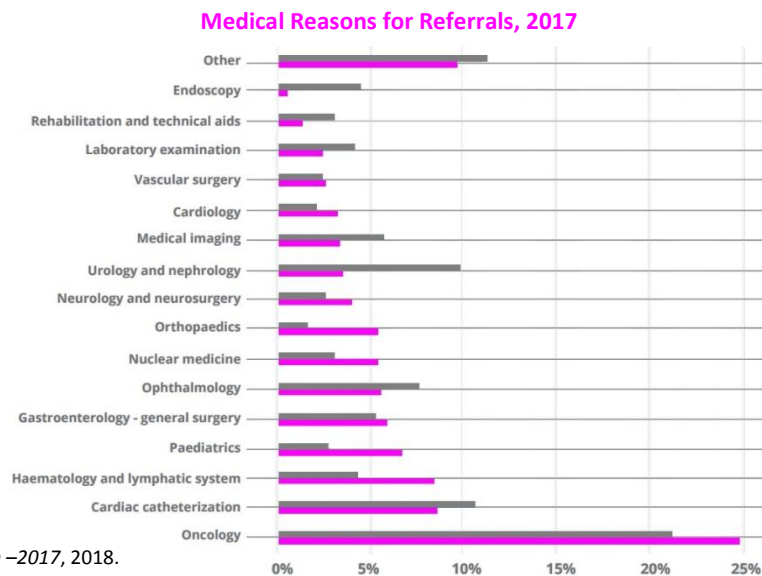
Sources: Ministry of Health, *Health Annual Report Palestine 2017*, July 2018.



The **right to health** is a basic, universal human right upheld in the WHO Constitution (1946), the Declaration of Alma Ata (1978), the World Health Assembly (1998), the International Covenant for Economic, Social and Cultural Rights (Art. 12), and in General Comment 14 by the Committee on Economic, Social and Cultural Rights. Yet, the Palestinian health sector suffers from its **dependency on Israel** in terms of tax transfers, authorization of medical personnel, import of medicines, access and movement restrictions for patients, personnel and ambulances, and construction/rehabilitation of health infrastructure. Key problems include a **shortage** of medications, equipment (sometimes as basic as syringes or rubber gloves), specialist physicians and other medical personnel, and funding. In **Gaza**, fuel and power shortages further limit the operation of emergency generators and ambulances.

## ■ Facts & Figures

- **Health services** are provided by public (Ministry of Health and Ministry of Interior) and private bodies (hospitals, clinics) as well as NGOs, incl. UNRWA.
- As of June 2018, Health and Social Work contributed **2.8%** to the **GDP** (excl. East Jerusalem) (WB: 2.4%, GS: 3.9%) (PCBS, *Quarterly National Accounts*, Q2-2018).
- In 2017, **health expenditure** totaled NIS 1.6 billion (=10.8% of the total PA budget), of which 44.3% was for salaries and wages, and 48.6% for use of goods and services, and only 2.5% for development (Palestinian Ministry of Finance, monthly report for December 2017).
- In 2017, there were 74,400 **West Bank** referrals to East Jerusalem and Israel, but Israel denied access to 12% of patients and 18% of their companions as well as to 90% of the 2,125 ambulances transporting patients to hospitals in Jerusalem (forcing them to undergo the 'back-to-back' procedure with a Jerusalem ambulance at the checkpoint). As for **Gaza**, 46% of patient applications and 56% of patient companions applications were denied or delayed. West Bank and Gaza referrals to **East Jerusalem hospitals** amounted to 40,220 (WHO, *Right to Health 2017*, Oct. 2018).
- In 2017, the PA Ministry of Health approved 94,939 **referrals** for 51,987 patients to non-Ministry of Health facilities (WB: 78% of referrals; GS: 22%). Of the total referrals, 24% were for **children** under 18 years, 17% were to hospitals in Israel, 4% to hospitals in Gaza, 1% to hospitals in Egypt, and a small number to Jordan (12) and Turkey (5). Of the **West Bank referrals**, 46% were to hospitals in the West Bank, 37% to East Jerusalem hospitals, and 16% to hospitals in Israel; while 40% of the **Gaza referrals** were to East Jerusalem, followed by Israel (20%), Gaza (16%), West Bank (15%), and Egypt (6%) (*Ibid.*).
- **Oncology** (treatment and investigation) was the single largest referral specialty for all patients (WB: 21%, GS: 25%), followed by **Cardiac catheterization** (WB: 11%, GS: 8%) and **Ophthalmology** (WB: 8%, GS: 5%). In **Gaza**, a larger proportion of referrals was for hematology (8%) and pediatrics (7%), and in the **West Bank** for urology and nephrology and nephrology (10%) (*Ibid.*).



Source: WHO, *Right to Health –2017, 2018.*

- In 2017, 78.9% of the Palestinians (excl. Jerusalem), had a **health insurance** (WB: 65.7%, GS: 95.4%). Of the total, 31.7% had a government, 15% a UNRWA, and 1.7% a private insurance, while the rest had combined insurances (e.g., government and private). Some 0.7% of the total had an Israeli insurance (PCBS, *Population, Housing & Establishments Census 2017, 2018*).
- 5.8% of the total population have at least one type of **disability** (*Ibid.*).
- In 2017, of the 3,448 **humanitarian health staff** applying for permits to exit **Gaza** for continuing professional development, coordination meetings, and conferences only 13% were successful, while almost 98.5% of **West Bank** staff applications to access hospitals in East Jerusalem were approved (*Ibid.*).
- In 2017, there were at least 111 **attacks on health care** (WB: 87, GS: 24), affecting 18 facilities, 43 personnel, 75 ambulances, 133 patients, and 4 companions (*Ibid.*).
- Between 30 March and 22 September 2018 alone, the WHO recorded 251 incidents of **attacks on health care** in the Gaza Strip, in which 3 personnel got killed and 428 injured as well as 68 ambulances, 5 others health vehicles as well as 2 health facilities have been damaged (WHO, *Situation Report occupied Palestinian territory, Gaza, 10-22 September 2018*).
- As of August 2018 in **Gaza**, 243 out of the total 516 **essential medicines** list (47%) were at less than one month's supply and 206 (40%) were completely depleted. In addition, 253 out of the total 853 **essential disposables** list (30%) were at less than one month's supply (*Ibid.*).
- In 2017, the **main leading cause of deaths** in Palestine was cardiovascular disease (30.3%), followed by cancer (14.7%) and stroke (11.7%) (Ministry of Health, *Health Annual Report Palestine 2017, 2018*).
- The main **causes of infant mortality** are premature and low birth weight, respiratory system infections, and congenital anomalies, and of **child mortality** (<5 years) conditions in the prenatal period and congenital malformations (Ministry of Health, *Health Annual Report Palestine 2016, 2017*).
- 95.5% of women aged 15-49 receive **ante-natal health care** during pregnancy at least 4 times. 99.3% of **births** take place in health institutions, and 90.7% receive **post-natal** services (PCBS, *Multiple Indicator Cluster Survey 2014 – Final Report, Dec. 2015*).
- Some 96.6% women **breastfed** their babies and 57.2% of married women aged 15-49 use some form of **family planning method** (WB: 59.8%, GS: 53.4%) (*Ibid.*).
- **Outlook:** Maintaining the current ratios, it is estimated that by 2030, the number of physicians has to **increase** to 11,700, that of nurses to 20,800, and that of hospital beds to 11,000, while an **additional** 36 hospitals and almost 350 primary health care are needed (Prime Minister's Office, State of Palestine & UNFPA, *PALESTINE 2030: Demographic Change*, December 2016).



### Recommended Research Sources:

<http://www.moh.ps> (Ministry of Health) <http://pniph.org> (Palestinian National Institute of Public Health)  
<http://www.emro.who.int/palestine> (WHO) <http://www.palestinercs.org> (Red Crescent Society)

**Lancet Series:** *Health in the Occupied Palestinian Territory, 2009-2015*, <http://www.thelancet.com/health-in-the-occupied-palestinian-territory-2015>.

**Ministry of Health,** *Health Annual Report Palestine 2017*, July 2018.

**Physicians for Human Rights,** *Divide and Conquer: Inequality in Health*, January 2015.

**Prime Minister's Office, State of Palestine & UNFPA,** *PALESTINE 2030: Demographic Change: Opportunities for Development*, December 2016.

**WHO,** monthly reports on referral of patients from the Gaza Strip.

**WHO,** by monthly situation reports on Gaza.

**WHO,** *Country Cooperation Strategy for WHO and Occupied Palestinian Territory 2017-2020: Palestine*, 2017.

**WHO,** *Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan*, Report by the Director-General to the 71<sup>st</sup> World Health Assembly, May 2018.

**WHO,** *Right to Health 2017*, October 2018, [http://www.emro.who.int/images/stories/WHO\\_Right\\_to\\_health\\_Book\\_for\\_web.pdf?ua=1](http://www.emro.who.int/images/stories/WHO_Right_to_health_Book_for_web.pdf?ua=1).