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# Strengthening the Palestinian Health System

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## Summary

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This book examines potential strategies for strengthening the Palestinian health system. We focus particularly on major institutions that would be essential for the success of the health system over the first decade of a future independent Palestinian state. In addition, we recommend several programs for preventive and curative care that are urgently needed and that could be implemented in the short term, with the goal of rapidly improving the health status and health care services of Palestinians.

The health system of a future Palestinian state starts with many strengths. These include a relatively healthy population; a high societal value placed on health; many highly qualified, experienced, and motivated health professionals, including clinicians, planners, administrators, technicians, researchers, and public health workers; national plans for health system development; and a strong base of governmental and nongovernmental institutions.

At the same time, there are important areas of concern. These include poor system-wide coordination and implementation of policies and programs, across geographic areas and between the governmental and nongovernmental sectors of the health system; many underqualified health care providers; weak systems for licensing and continuing education; and considerable deficits in the operating budgets of the Palestinian Ministry of Health and the government health insurance system (the principal source of health insurance). There are also important and persistent health problems, including gastroenteric and parasitic diseases, hepatitis A, respiratory infections, and meningitis; high—and rising—rates of malnutrition; and rising rates of chronic disease. Also, access to health care has declined, along with social and economic conditions, since the start of the second intifada in 2000.

This book describes a number of ways to strengthen the Palestinian health system, to help achieve specific health targets and financial sustainability. Our principal recommendations are as follows:

- Integrate health system planning and policy development more closely, with meaningful input from all relevant governmental and nongovernmental stakeholders.

- Develop viable and sustainable health insurance and health care financing systems.
- Update, standardize, and enforce licensing standards for all types of health care professionals.
- Update, standardize, and enforce standards for licensing and accrediting health care facilities and services.
- Improve training of health professionals, including academic and vocational training programs that are internationally accredited, and implement comprehensive and ongoing programs for continuing medical education.
- Implement a national strategy on health care quality improvement. Systematically evaluate quality improvement projects; disseminate those that succeed.
- Develop and enforce national standards for the licensing, supply, and distribution of pharmaceuticals and medical devices.
- Improve health information systems for tracking data such as health and nutritional status, use and costs of inpatient and outpatient care, health care quality, health system staffing, pharmaceutical inventories, health insurance enrollment, and medical records.
- Improve research and evaluation capacity, including public health, clinical, and biomedical research.
- Improve public and primary health care programs, including an updated immunization program, comprehensive micronutrient fortification and supplementation, prevention and treatment of chronic and noninfectious disease, and treatment of developmental and psychosocial conditions.

While all of these recommendations are important, we suggest that immediate priority be given to the first (improving system-wide coordination and implementation) and the last (improving public and primary health care programs).

In practice, the appropriate strategies for addressing these issues will depend on many factors that are currently unknown, including the borders of a future Palestinian state, its security arrangements and relations with its neighbors, its governance structure, and economic conditions. We therefore discuss policy alternatives applicable to several possible scenarios.

We believe that local stakeholders can and should determine both the overall development process and the details of the health system, particularly given the expertise that already exists in Palestine and among Palestinians living abroad. At the same time, we recognize that successful health system development in Palestine will require considerable outside resources, including technical and financial assistance. We estimate that the Palestinian health system could constructively absorb between \$125 million and \$160 million per year in external international support over the first decade of an independent state. For comparison, external support for the Palestinian health system averaged around \$40 million per year over the period 1994–2000.

Successful development of the Palestinian health system is worthwhile in its own right, and it may be a relatively cost-effective way to help demonstrate the tangible benefits of independence and peaceful relations with neighboring countries. Moreover, health system development is an area where Israel, other neighboring countries, and the larger international community could play a constructive role, especially in areas such as health system planning, licensing and accreditation, development of information systems, and research.