State of Palestine

Ministry of Health



National Health Strategy

2021-2023

FOREWORD OF H.E. MINISTER OF HEALTH

Based on our deep belief in the importance of the Palestinian health sector development, and in line with our national health vision towards sustainable comprehensive high-quality health system that contributes to improving the quality of health services, the Ministry of Health has updated the National Health Strategy in partnership with all health service providers and stakeholders.

This updated national health strategic plan comes within the framework of the eighteenth government's approaches to strengthen the resilience of the Palestinian people, disengagement from the Israeli occupation, and strengthening public services provided to the Palestinian citizen towards achieving comprehensive and sustainable development in various sectors. We take into account the enormous political, economic and health challenges especially challenges due toCOVID-19 pandemic.

We in the Palestinian Ministry of Health, and through this national strategy, confirm our commitment to work together with all partners towards achieving our national health objectives in nationalizationof health services, provision of comprehensive, integrated, safe and high-quality health services for all citizens, towards achievingUniversal Health Coverage in Palestine.

We are looking to work cooperatively with all health partners in the spirit of one team to overcome the challenges towards achieving our national health goals, thanking everyone contributed to the preparation of this Strategy from both Ministry of Health and stakeholders, also extending my thanks to World Health Organization for their continuous support to Palestinian health sector.



Dr. Mai S.Alkaila

Minister of Health

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Chapter one

National Health Vision and National Health Strategic Objectives

1.1 The Vision and Mission

The Vision

Comprehensive, integrated high-quality health system towards sustainable enhancement of health status, effective managment and responsiveness to crisis and health needs.

The Mission

The MoH is committed to work jointly with all partners to enhance citizen's and community health, improving performance of the health sector, through the provision of comprehensive, high quality health services for all, enhance community public health, lead and manage the health sector efficiently, develop polices, laws and regulations that manage the health sector and monitor its implementation.

1.2 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.
3. Right to health: The right of all citizens to enjoying a decent health status and healthy society, focusing on the most vulnerable groups, and taking into consideration the standards of World Health Organization and the Universal Declaration of Human Rights.
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, working to respond to the increasing needs of society and giving attention to marginalized groups and vulnerable areas.
8. Health Information sharing: health information is publically shared to enhance citizens' confidence with Palestinian health system and services without compromising patients' privacy.

1.3 Strategic Objectives

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 Communicable Diseases and non-communicable diseases (NCDs), preventive health care and community health awareness.
3. Institutionalize quality systems in all aspects of health service delivery.
4. Provide adequate, efficient and qualified human resources in the Palestinian health sector
5. Enhance health governance and institutional development, including enforcement of laws and legislations, cross-sectoral coordination and integration among service providers, enhance health financing and financial protection against health costs.

1.4 Planning Approach

In 2016, the Palestinian government adopted the long-term sectoral and cross-sectoral strategic planning approaches for the six-year period and the three-year medium-term budgeting. On this basis, the National Health Policy Agenda 2017-2022 was developed, in addition to twenty-one sectoral and cross-sectoral plans, including the National Health Strategy 2017-2022.

Following the halftime period for the national strategies and agenda, the government intention to update and review the national policy agenda and sectoral and cross-sectoral strategies came to reflect any emerging priorities and reality on the ground, foremost of which is the Cluster Development Approach that was adopted to enhance the Palestinian economic sector and support the economic disengagement from the Israeli occupation.

The national strategic planning process is based on the participatory approach through mutual coordination and cooperation with all health service providers and sectoral stakeholders, consultations involving all partners in the national planning team and internal meetings of Ministry's decision makers.

Under the directions of her Excellency Minister of Health Dr. Mai AlKaila, the General Directorate of Health Policies and Planning leads the updating process to ensure engagement of all stakeholders including relevant governmental partners, representatives of civil society, the private sector and international organizations, as well as to ensure coordination and consultation with all MoH directorates, units and departments throughout the different following phases:

1. Mid-term review: At the end of 2019, the General Directorate of Health Policy and Planning undertook a comprehensive review of the achievements accomplished in the first half of the strategy period 2017-2019[1] in addition to analysing the national health indicators and the current health situation in the light of developments and achievements realized.

2. Adopting the recommendations of the National Health Committee: the National Health Committee was formed under the Cabinet Resolution in May 2019, involving a group of experts in the Palestinian health sector and former ministers and representatives of the various health service providers. It worked on reviewing the health system and came up with recommendations to strengthen the health sector through the following four main domains: universal health coverage and health insurance, nationalization of health services, improving the quality of health services and supporting the Emergency Medical Services system. In this context, the recommendations of this committee in the different domains were considered and incorporated in this updated strategy.

3. Consultation with different partners through the national health planning team: at the beginning of 2020 several extended meetings were held with various partners in the health sector in order to discuss future priorities, expected results, indicators and future targets with the participation of various health service providers, civil society institutions, United Nations agencies, ministries and relevant government institutions in addition to different MoH departments and units, with technical support from the World Health Organization.

[1] Full report is available from the General Directorate of Health Polices and Planning .

4. Consultations within the MoH: Consultations were made with the different general directorates, units and technical departments within the MoH addressing the different drafts and Strategy contents.

5. Revision in light of the COVID 19 pandemic: where the effects of the pandemic on the Palestinian health sector were studied and integrated within the updated Strategy, including its implications on service delivery, and the highlighted new priorities and lessons learned from the pandemic and policies adapted for Living with COVID 19.

1.5 Perspectives and Issue considered in the Updating Process.

The process of reviewing and updating the national health strategy is based on assessing what has been achieved on the ground of the national health strategy during the three years 2017-2019, and taking into consideration the developments of the current situation and the national vision of the eighteenth government focusing on the disengagement from the Israeli occupation and investing in the local sector through the available resources by including the following dimensions:

1. Cluster development approach: The eighteenth Palestinian government adopted the cluster development approach, which depends on considering the competitive advantage of each governorate and effective utilization of the resources available in the governorates.
   The government adopted the industrial development cluster in the cities of Hebron and Nablus, the cluster-based agricultural development in the governorate of Al-Aghwar and northern cities of the West Bank, and the tourism cluster in Bethlehem, in addition to the clusters of Capital of Jerusalem and Gaza strip (the sea).
   Although the national health strategy is based on the principle of comprehensive health coverage in Palestine, the strategy has paid attention to providing needed services that contribute to achieving cluster development in the various governorates, especially safe food and water and the promotion of environmental health through reducing water-borne diseases, food or environmental pollutants, medical waste management, infectious disease control programs, and awareness-raising programs about safe healthy behaviours. In addition, the national policies focuses 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, monitoring the safety of food products available in the Palestinian markets in cooperation with partner governmental authorities and sectors, in addition to investing in the

local health sector, supporting the private and non-governmental sectors in Palestine, supporting local pharmaceutical industries, supporting stability and development of East Jerusalem hospitals and giving them priority in purchasing the services in a way that contributes to strengthening the Palestinian economy and strengthen the steadfastness of Jerusalem, the eternal capital of the State of Palestine.

2. The geographical dimension: The strategy is based on the principles of equality, justice and the right to health for all citizens in all their places in their homeland, but it also takes into account the specific situation of Palestine and the current situation imposed by the policies of the Israeli occupation such as the continuous blockage and siege on the Gaza Strip and Jerusalem, and the marginalized areas affected by the Separation Wall and settlements. Accordingly, the geographical dimension of the national health strategy has been taken into consideration in terms of working to increase equality and justice in the distribution of health services in all governorates, providing services in remote places through mobile clinics and opening or expanding PHC centers in different villages, enhancing health services in the governorates most in need, ensuring the coverage of health insurance for our citizens in Jerusalem, the capital of the State of Palestine, opening new hospitals or expanding existing governmental hospitals in some governorates with a high population growth to address the needs of citizens and facilitate access to health services.

3. Integrating cross-sectoral issues: the updating process has focused on integrating the health dimension of the various cross-sectoral issues within the Strategy content and objectives, specifically youth health, gender and women's health issues, environmental health issues, promoting accountability and integrity, preventing and combating corruption within the Palestinian institutions. These issues were addressed and highlighted through health priorities, different results, indicators, and targets. Other cross-sectoral concerns include healthy behaviours among young people, combating drug abuse and addiction, fighting tobacco, promoting healthy lifestyle and community awareness among youth, women, and adolescents in several areas including reproductive and sexual health, healthy behaviours, gender-based violence, family counselling, mental health, prevention of infectious and chronic diseases, social responsibility and community participation, providing reproductive and sexual health services to all age groups, and promoting environmental health services in terms of food and water safety, medical waste

management, prevention of infectious diseases and environmental pollutants, and promotion of occupational safety.

4. New developmental priorities: In light of the political developments and the current developmental vision of the economic disintegration from the Israeli occupation, the Palestinian MoH and the Palestinian health sector has paid great attention to the health disintegration also from the Israeli occupation through the national decision to stop referrals and service purchase from Israeli hospitals in 2019 and working to find alternatives in the local health sector or from the nearby Arab countries. In this context, the updated health strategy emphasizes strengthening the efforts towards nationalization of health services and investing in the governmental, non-governmental and private local health sector, improving hospital services in the country in a way that contributes to achieving the localization of services and complete disengagement from Israeli occupation hospitals. Consideration was also given to highlighting the national commitment towards achieving universal health coverage as the general framework for the strategy and future health vision for 2030.
   The strategy also reflected the recommendations of the National Health Committee, which was formed by the cabinet in 2019; main recommendations were to intensify efforts to achieve universal health coverage and nationalization of services, review and develop the health insurance system towards more comprehensive and compulsory system that is aligned with achieving universal health coverage, enhance the quality of health services, enhance national monitoring and evaluation systems according to the principles of transparency and integrity, enhance the MoH oversight and organizational role by strengthening accountability, monitoring systems, implementation of laws, legislations, regulations and health plans, implement the family health approach that would contribute to raising the efficiency of PHC system , provide efficient and specialized human resources that contribute to achieving the nationalization of health services, review the service purchasing system to reflect the principles of efficiency, effectiveness, transparency, and accountability, and enhance the medical emergency system in Palestine.

   In the same context, the Strategy includes the emerging priorities that raised due to COVID 19 pandemic, especially the need for strengthening the resilience and response of the health system in the face of pandemics, global health risks and emerging diseases, supporting and improving the health sector infrastructure, strengthening the implementation of international health regulations to face global health risks, strengthening and supporting the differente-health applications and telemedicine programs, emphasizing the

fulfilment of infection control protocols and instructions in all health facilities, strengthening the health surveilance system for pandemic and infectious diseases, strengthening and supporting emergency services at all levels, strengthening scientific research in the health sector and promoting community health awareness.

5. Improving health service delivery: The health sector is considered one of the most important service sectors in Palestine, all stakeholders and service providers confirm their commitment to provide comprehensive, integrated and high-quality health services that are accessible to all citizens, and work to provide these services nationally in the local Palestinian health sector (nationalization of service) leading to the achievement of universal health coverage in Palestine. In the same context, they emphasize on the importance of improving the quality of services in Palestine, adherence to the national quality standards in all health facilities, institutionalizing the monitoring and evaluation process of quality standards, promoting oversight and monitoring of health services in a way that contributes to improve citizen's satisfaction level.
   The updated strategy has paid special attention to developing and supporting emergency medical services in Palestine by supporting the infrastructure including the provision of modern ambulances and emergency departments in hospitals, developing updated protocols for emergency departments, and updated strategies for coping with disasters and crises, and continuing the implementation of emergency medicine program.

   Priorities for improving health services have become more important on the Palestinian and international arena in general in after COVID 19 pandemic, as the global pandemic has demonstrated the need to invest in the sector and improving health services in many countries, including Palestine, by supporting and developing the health infrastructure sector, medical devices and equipment, increase the number of hospital beds especially intensive care beds, strengthen emergency preparedness and emergency services to face disasters, strengthen laboratory and diagnostic services, strengthen mental health services during disaster and crisis situations, support the continuation of primary health care services and reproductive and sexual health services in emergency and crisis situations, and support health services in marginalized and remote areas.

6. Alignment with international conventions and the sustainable development agenda: This updated Strategy comes in line with the sustainable development agenda, especially since it is based from the national priority of working towards universal health coverage, which is one of the most important goals of the third sustainable development goal.

The State of Palestine affirmed its commitment to work towards achieving universal health coverage by signing The2030 International Health Partnership Global Compact for Progress towards Universal Health Coverage in Salalah in 2018; this Compact confirms the commitment of all countries in the region to take their actions to accelerate progress towards achieving universal health coverage by building equitable, sustainable and resilient health systems.
In the same context, the Strategy affirms the commitments of the State of Palestine to Nairobi Summit of Population and Development in 2019, specially the commitment to work towards universal access to sexual and reproductive health and rights as a part of universal health coverage, reducing morbidity and mortality threatening the lives of mothers, provision of adequate needs for family planning programs, and the provision of multi-sectoral services addressing gender-based violence.
This updated Strategy also comes in line with relevant regional strategies and plans, such as the "Arab Multi-sectoral Strategic Plan for Maternal, Child and Adolescent Health 2019-2030" launched by the Arab League in Cairo last year with the participation of the Palestinian Ministry of Health.

7. Realistic: The revision process aimed to make the strategy more realistic and implementable, by setting more specific and clear outcomes, and reviewing the indicators and targets to be achievable, measurable, and consistent with the current situation and available resources.

   In line with the principle of realism and the actual priorities, taking into consideration the emerging health crisis locally and globally of corona virus pandemic (COVID 19) at the beginning of 2020, the declaration of the state of emergency and the intensification and directing all national health efforts towards responding to the pandemic of COVID 19. The revised Strategy took into consideration the implications of COVID 19 pandemic, priorities and the needs raised due to responsiveness to the pandemic.

Chapter Two

Situation Analysis of the health sector

2.1 Demographic Situation

According to the Palestinian Central Bureau of Statistics (PCBS), in 2019 the population of Palestine was estimated at 4.976.684. of these 2.53 million are males compared to 2.44 million females While the population of Palestine in the West Bank was estimated at 2.98 million, or about 60 % of the total population of Palestine, and the population of the Gaza Strip was about 1.98 million, or 40% of the total population of Palestine.

The population pyramid shows that the Palestinian society is a young society, as the base of the population pyramid is widened by individuals under the age of fifteen, they constitute a high proportion compared to other age groups. The percentage of individuals under the age of fifteen years is estimated at 38.4% of the total population in Palestine: Of these about 36.4% are in the West Bank and 41.5% are in the Gaza Strip. The percentage of individuals who are over the age of 65 years in 2019 was about 3.3%, with a difference between the West Bank and the Gaza Strip, where the ratio was 3.6% in the West Bank and 2.8% in the Gaza Strip. In 2019 the natural growth rate of the population in Palestine was 2.5%, at a rate of 2.2% in the West Bank and 2.9% in the Gaza Strip.

The rapid population growth and the change in the age structure in Palestine is expected to be reflected in all social and economic sectors, and will increase the demand for public services including health care, education, work, food and energy. The expected population growth will strongly affect the provision of health services in the near future, which will require the availability of more doctors, nursing and health personnel in addition to more hospital beds and infrastructure. the demographic shift through changing the structure of the population pyramid will also affect health requirements, with consequent implications for the health priorities of different population groups, including children, youth, women of reproductive age and the elderly.

2.2 Economic Situation

The Gross Domestic Product (GDP) in Palestine was worth 13.6 billion US dollars in 2018 (at constant prices), the GDP per capita was about 3072 dollars, the

unemployment rate stood at 38.5% (17.6% in the West Bank and 52% in the Gaza Strip), preliminary estimates indicate a decrease in GDP at constant prices by 2.5% during the first quarter of 2019 compared to the fourth quarter of 2018 at constant prices, and a decrease in GDP per capita by 3% compared to the fourth quarter of 2018.

The current government is planning to boost the local economy, amidst challenges of Israeli control of the Palestinian tax revenues known as (clearing) pushed the Palestinian Authority to rely on internal loans from banks to finance its operating expenses. This plan is based on the principle of replacing imports from Israel and compensating them through local products, or importing from Arab countries, within the framework of the economic disengagement from Israel.

In the context of achieving this goal, the government announced the launch of the strategy of clusters in the economic sectors, which is based on the principle of stimulating investment in a specific economic sector within a specific geographical area, as the government identified the cities of Hebron and Nablus under the category of industrial cluster, while the Jordan Valley (Al-Aghwar) and northern cities of West Bank were identified under the agricultural cluster, Bethlehem was considered as a tourist cluster, in addition to the cluster of the capital city (Jerusalem) and the sea cluster (Gaza).

The economic situation and the financial hardship experienced by the Palestinian government have negatively affected the financial indebtedness and the budget of the Ministry of Health, as the debt has exceeded one billion shekels, and the MoH has made vigorous efforts to raise the proportion of its budget to reduce the annual financing gap, where it was agreed to raise the budget share of the MoH to reach 13.5% of the total government spending in the year 2020. However, due to the emergency situation resulted from the COVID 19 pandemic and political situation, where emergency governmental budget was adopted for 2020 causing further reduction of budget ceilings and reduction of the allocated capital budget for MoH due to the adoption of the rationalization policy.

With the arrival of the pandemic, unemployment rate has increased worldwide due to the quarantine measures applied in many countries, which negatively affected the global economic situation. In Palestine, the closure and quarantine measures that were applied in the year 2020 have fundamentally affected the economic situation causing alot of daily paid workers to lose their jobs and thus their source of income, in addition to the noticeable economic recession and sharp decline in the state treasury revenues.

2.3 The Israeli Occupation and Health Status

The blockage 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 Apartheid 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.

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 the fields of pharmaceutical industry, import of raw materials, entry of building materials to Gaza Strip, banning Palestinian patients from travelling abroad for treatment and restricting their movement for treatment from Gaza Strip to West Bank and/or Jerusalem. 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.

The threats of the Israeli occupation and its plans of annexation for specific parts of the West Bank lands is considered a new obstacle to accessing health services and a real threat to developmental achievements and the implementation of any future health developmental plans. The Israeli annexation of any parts of occupied Palestine will lead to terrible consequences on the health status of these communities; as the Israeli idea of annexation is to control the land without being directly responsible for the population, and therefore the annexation will greatly and negatively affect the ability of the citizens of these lands to access to health services and the ability of health workers to reach their workplaces in these areas. The Israeli annexation plans will further divide Palestinian cities and villages and limit the free movement of citizens between cities and villages, thus depriving

them of their right to health and access to basic services, as well as depriving them of their right to growth and development. In addition to the increased threats of attacks on citizens, settler attacks on Palestinian villages, and the policies of house demolitions and the eviction of Palestinian families.

2.4 National health indicators and health sector performance indicators

The following table (***Table 1***) shows a comparison between the values achieved in the last four years for the most important health indicators related to the health status of the Palestinian citizens, and certain indicators measuring performance under the National Health Strategy 2017-2022, they were compared with the expected targeting values as stated in the strategy 2017-2022.

Table 1: The main health indicators achieved during the past four years under the National Health Strategy 2017-2022.[2]

Indicator	2016	2017	2018	2019	2022
Life expectancy at birth (years)	73.7	73.8	73.9	74	74.5
Fertility rate	4.1	4.1	4.1	4.1	3.9
Maternal mortality rate due to antenatal, delivery and postnatal complications (per 100,000 live births)	13.8	5.9	16.7	19.5	17.0
Newborn mortality rate (0-28 days) per 1,000 live births	5.3	8.0	8.5	7.9	7.0
Infant (under one year) mortality rate per 1,000 live births	10.5	10.7	11.7	10.8	10.0
Child (Under five) mortality rate per 1,000 live births	12.2	12.1	13.4	12.1	12.0
Underweight prevalence for children under one	0.5%	0.5%	0.4%	0.5%	0.4%
Wasting prevalence for children under one	0.4%	0.4%	0.3%	0.4%	0.3%
Deaths due to cardiovascular disease as a percentage of total deaths in Palestine (30-60 years)	6.5%	5.7%	6.1%	5.2%	5.5%

[2]Health annual reports, Palestinian MoH, 2016.

Deaths due to cardiovascular disease as a percentage of total deaths in Palestine (30-60 years)	4.5%	5.1%	5.0%	5%	4.5%
Deaths due to diabetes disease as a percentage of total deaths (30-60 years)	1.4%	1.6%	1.1%	1.7%	1.0%
Ratio of physicians/population per 10,000 people	21.7	17.7	21.5	22.6	25
Ratio of dentists/population per 10,000 people	6.6	7.1	7.1	7.6	7.5
Ratio of nurses/population per 10,000 people	20.9	23.2	23.6	26.9	25.0
Ratio of midwives/population per 10,000 people	2.0	2.5	2.3	2.7	3.0
Ratio of pharmacists/population per 10,000 people	10	10.9	11.2	11.4	11.5
Percentage of implementation of national quality standards (first stage) in primary health care directorates.	-	-	100%	100%	100%
Incidence of acute hepatitis B per 100,000 population (cases & carriers).	20.4	20	17.78	13.6	15.0
tuberculosis incidence rates per 100,000 population (both pulmonary and non-pulmonary)	1.05	1.1	0.65	0.37	0.50
Malaria incidence rate per 100,000 population	0.02	0.02	0	0	0.00
Number of new HIV cases	7	4	4	8	3
Percentage of microbial contamination of the drinking water	14.7%	13.9%	13.3%	12%	10%
Number of GMP certified pharmaceutical companies	4	5	5	5	5
Number of crafts and industrial licensed facilities	41.8%	51.3%	39.5%	35.6%	60%
Proportion of household's out-of-pocket health expenditure as a share of total health expenditure	44.4%	41.9%	39.5%	NA	38%

2.5 Stakeholders in the Palestinian Health Sector:

The Palestinian health sector consists of five main partners: Ministry of Health (MoH), Military Medical Services, United Nations 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. The Palestinian Ministry of Health (MoH)

MoH is the responsible the 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 (2004) lists MoH functions and responsibilities, which include provision of preventive, diagnostic, curative and rehabilitative health services; regulation of the health sector functioning to ensure a 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.

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.

2. The Military Medical Services

The Palestinian Military Medical Services Agency (MMS) is one of the institutions of the State of Palestine that is concerned with providing medical and pharmaceutical services to all members of Palestinian security apparatuses and their families, with more than 480,000 beneficiaries, in addition to providing medical support in cases of disasters and crises.

The MMS owns and runs 17 primary health care centres in Palestine in addition to two hospitals in Gaza Strip with a clinical capacity of 143 beds.

3. Non-Governmental Health Sector

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

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 2,141 beds, or 33.2% of total hospital beds in Palestine. While the private sector owns 17 hospitals with a capacity of 631 beds, that is about 9.8% of total hospital beds in Palestine. While the NGOs also run 182 PHC centers (25% of total centers in Palestine).

4. UN Relief and Work Agency for Palestine Refugees (UNRWA)

The UN Relief and Work Agency for Palestine Refugees (UNRWA) offers health services in West Bank and Gaza Strip to Palestine refugees (42.2% of the population in the State of Palestine are refugees, i.e., around 2.05 million refugees, they constitute 27.4% of the total population in the West Bank and 66.2% of the total population of Gaza Strip.

The UNRWA owns 65 PHC centers in addition to one hospital with a capacity of 63 beds in Qalqilya district.

5. Palestine Red Crescent Society

The Palestine Red Crescent Society (PRCS) is a pioneering national institution in the Palestinian health sector, and it is part of the international movement of Red Cross and Red Crescent Societies. The PRCS is mandated to provide Emergency Medical Services outside hospitals in Palestine (Presidential Decree of 1996). In addition to its role in providing various health care services through its network of health facilities spread in the homeland and diaspora, where the association owns and operates 26 primary health care centers in the homeland (21 in West Bank and 5 in Gaza Strip) in addition to four hospitals in West Bank and two hospitals in Gaza Strip.

6. 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.

The World Health Organization (WHO) is the main technical supporter of the health sector in various health fields, especially achieving universal health coverage, developing the Palestinian health system and ensuring its continuity. While all United Nations organizations active in the health sector provide technical support to the health sector, each according to its specialization and field of work

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.

7. National Institute of Public Health

The Palestinian National Institute of Public Health (PNIPH) plays a key role in promoting health research, analysing health information and indicators, it also 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.

8. Other Ministries and Government Institutions

Various ministries, governmental and national institutions and agencies participate effectively in supporting the health sector in different ways, especially Ministry of Finance and Planning (MoFP), Ministry of Education and Higher Education (MoEHE), Ministry of Social Development (MoSD), Ministry of Women's Affairs (MoWA), Ministry of Labour (MoL), Ministry of Agriculture (MoA), Ministry of Local Government (MoLG), Environment Quality Authority (EQA), General Secretariat of the Council of Ministers, Palestinian Central Bureau of Statistics (PCBS), Palestine Standards Institution, Ministry of National Economy (MoNE), and Customs Control Office.

Cooperation with the different government institutions takes place through cross-sectoral interventions and national strategies, especially in the areas of support to

health services in marginalized areas, provision of health services to marginalized groups, quality assurance of health services, environmental health and water safety Food, reducing water-borne or food-borne diseases or environmental pollutants, youth health, women's health and empowerment, and gender mainstreaming.

Meanwhile, in financial and operational terms, Cooperation is reflected through the budget activities and programs of some of the partner government ministries and institutions and their interventions that support the health sector, as Ministry of Social Development and Ministry of Health participate in providing health services to the poorest groups by providing government health insurance for them provided by Ministry of Health in coordination with Ministry of Social Development. Similarly, the families of the Palestinian prisoners in the Israeli prisons are offered health insurance through the Prisoners Affairs Authority. The Ministries of Health and Education also cooperate in implementing school health programs, each according to its activities and through its available budget.

Ministry of Women's Affairs, Ministry of Health, and Ministry of Social Development are also involved in implementing gender-based violence (GBV) programs and providing services of the National Referral Program for battered women. It is taken into consideration that the implementation of the health activities of the program is largely supported through the United Nations Population Fund.

2.6 Health Services in Palestine

Concept of Universal Health Coverage:

Universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship. This definition of universal coverage signifies three dimensions and key concepts: the proportion of citizens covered seeking to ensure coverage of all citizens, services package 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.

1. Primary Health Care Services

The number of Primary Health Care (PHC) centers in Palestine has reached 749centers, of which 591are in the West Bank and 158 in the Gaza Strip. The number of governmental PHC centers is 475, which constitute 63.4% of the total

health service providers; the number of health centers run by NGOs is 192, accounting for 25.9% of the total health service providers, while the number of UNRWA facilities that provide services for Palestinian refugees is 65, and the number of Palestinian Military Medical Services facilities is 17 center.

In 2019, the total number of physician visits in the PHC centers of the MoH in the West Bank was 2,551,600 of which 2,149,468were to General Physician clinics.

It is noted that disparities in terms of workload between different governorates and health centers are evident. In 2019, the visit rate made to primary care physicians in the West Bank was%39.7 patient per physician visits; the geographical disparities between the governorates are noted in terms of the workload differentiation between primary health care centers; Hebron District recorded the highest rate of clients at 73.7 patients per doctor visits, while Jericho and Al-Aghwar governorate recorded the lowest rate at 25.5 clients for each visit (difference in population density between governorates). Likewise, there is a clear variation between health directorates in the West Bank in terms of the rate of patients for each specialist doctor, where the ratio in Nablus Health Directorate reached 40.1 patients per visit to specialist doctor, while reached 13.1 in Jerusalem Directorate and 15.3patients per specialist doctor visit in the Bethlehem governorate.

Although the numbers of PHC centers reflect relatively excellent health coverage in the different governorates, there is still a need to re-examine the geographic distribution of these centers in terms of their coverage of marginalized areas (Al Aghwar district and affected areas by the Separation Wall and settlements). Moreover, the difference in the workload between the different directorates reflects the need to develop the health service capacity of some of these centers and increase the number of working staff based on the expected population growth and the growing needs.

2. Hospital Services

In 2019, the total number of hospitals in Palestine was 85 hospitals with a clinical capacity of 6,435 beds, 53 hospitals are located in the governorates of the West Bank, including East Jerusalem with a clinical capacity of 3,950 beds, accounting for 61.3% of the total beds in Palestine. While the total number of beds in the governorates of the Gaza Strip is 2485 beds in 30 hospitals, accounting for 38.7% of the total beds in Palestine.

The MoH is the main provider of secondary health services (hospital care) in Palestine, running 3,531 hospital beds in 28 hospitals throughout the country; in addition, NGOs run 38 hospitals with the capacity of 2,096 beds. The private

sector runs 16 hospitals with the capacity of 573 beds. UNRWA runs one hospital in Qalqilya governorate with the capacity of 58 beds. The Palestinian Military Medical Services(PMMS) runs two hospitals in Gaza strip with a bed capacity of 177 beds.

The total number of hospital beds in 2019 increased to 6435 beds compared to 6006 beds in 2015 with an increase of 7.2%, while the number of beds in governmental hospitals increased from 3258 beds to 3531 with an increase of 8.4%.

Despite the increase in the number of hospital beds, the occupancy rate of governmental hospitals is still high, successive increases have been recorded over the past three years. The bed occupancy rate in the hospitals of the MoH in the West Bank has reached 103.4% in 2019, while the bed occupancy rate in the Gaza Strip has reached 100.1%. In this regard, it is observed that there is an apparent variation in the occupancy rate between the various governmental hospitals in the governorates of Palestine, the bed occupancy rate of Alia Hospital in Hebron reached 141%, whereas reached about 83% in Al-Muhtaseb Hospital.

The high bed occupancy rate indicates the increased caseload in the hospitals of the MoH and the urgent need for an increase in the number of beds in some governorates, especially the governorate of Hebron, Jenin, Ramallah and Nablus, and the need to develop and expand specialized medical services in the governmental sector, including Cardiac surgery, Ophthalmology, Paediatrics, Orthopaedics and other surgical specialties.

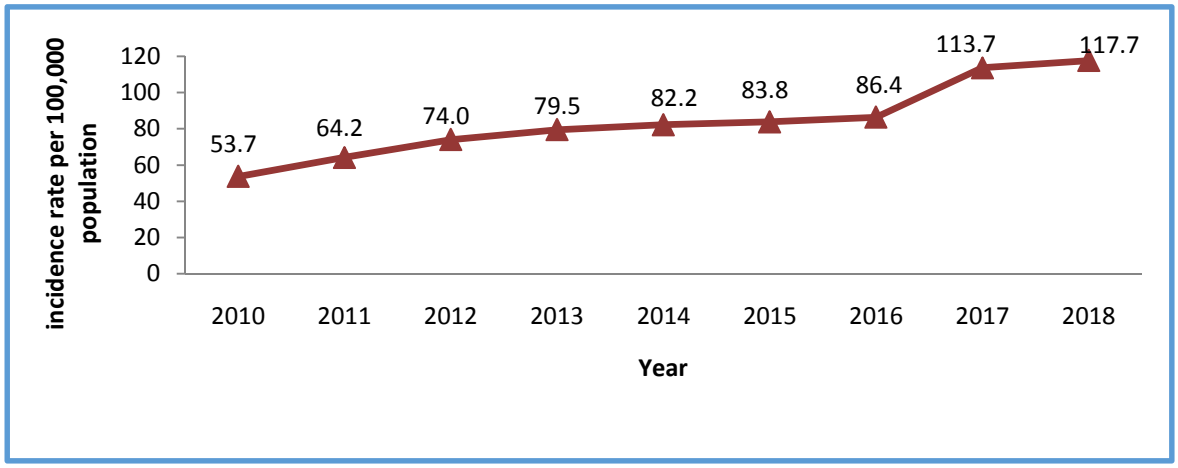
2.7 Non-Communicable Diseases (NCDs)

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 69% of total reported deaths in 2019. Cardiovascular diseases remain the first cause of death among the Palestinians, accounting for 29.9% of deaths recorded in 2019. Cancer ranks second (15.5% of deaths) and Diabetes complications third (12.1%).

Cancer: The total number of newly reported cases of cancer in West Bank governorates in 2019 was around 3,174. The Incidence rate of cancer diseases in the West Bank was 117.8 per 100,000 people. When comparing the number of cases recorded annually, a continuous increase in the number of cases is noted. It should be mentioned that the quality of cancer registry data has improved in recent

years as a result of the efforts made by the National Cancer Registry in the MoH in this regard (***Figure 1***).

Figure 1: Cancer incidence rate per 100,000 population, West Bank, Palestine 2010-2018



Breast cancer ranked first among the reported cases in 2019, accounting for 16.9% of the total reported cases with an incidence rate of 19.9 per 100,000 followed by colon cancer (12.6%) with an incidence rate of 14.8 per 100,000 and lung cancer (7.2%) with an incidence rate of 8.4 per 100,000.

The increasing prevalence of NCDs in Palestine, similar to other developing countries, is linked to changes in lifestyles and health behaviour, lack of physical activity, unhealthy eating habits, and high prevalence of smoking. Therefore, efforts should aim at promoting healthybehaviours 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.

2.8 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 is 19.5 deaths per 100,000

live births in 2019, compared to 32 deaths per 100,000 live births in 2010. Furthermore, it is noted that the maternal mortality rate reported in 2019 in the West Bank was 11.5 deaths per 100,000 live births, and in the Gaza Strip was 30.8 deaths per 100,000 live births.

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 new born care.

Violence against women 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 Ministry of Health has worked in cooperation with all partners to institutionalize a gender-based anti-violence program that provides physical, psychological and social health services to battered women and transfer services to other sectors according to the national transfer system since the MoH is one of the most important partner sectors of it and also contribute to protecting these cases and developed policies and procedures for the health sector that regulate these services, several ministerial decisions were issued to exempt battered women from first aid and medical reports fees to support battered women, in addition to the establishment of family counseling clinics in 11 hospitals and about 40 PHC centers with trained staff and special focal points in each clinic.

The MoH has also institutionalize a special program to monitor and report cases of gender-based violence during the last three years as in 2019, (1,894) cases of gender-based violence were recorded, by an increase of 117% over (873) cases reported in 2017, the largest number of cases reported in Hebron Governorate with 432 cases, or 22.8% of the reported cases, followed by Jenin Governorate 18.3% of the reported cases, then Nablus Governorate 17.6% of the reported cases, the lowest number of cases were reported in Jerusalem Governorate 1.1% of the total reported cases. It should be noted that 44.7% of the cases were in the age group of 19-29 years.

The demographic, political and social changes pose special challenges in terms of mental and physical health for the youth and adolescents sector, who account for 29% of the population (the age group between 15-29), which reflects the need to assess and mainstream health services targeting the youth needs, aiming to provide

comprehensive integrated services for adolescents and youth[3]. Health problems facing young people include the lack of safe and healthy environment, nutrition problems, risk of communicable diseases, inadequate attention to physical exercise, alcohol and drug abuse, risky behaviours, and weak awareness of positive behaviours related to reproductive and adolescent health. The Ministry has worked during the past two years to build and institutionalize health counselling services for young people planning marriage and young married couples as part of the reproductive health programs and primary health care services in the ministry, knowing that these programs are also provided within primary health care services in UNRWA centers and some active NGOs in the health sector.

2.9 Health Financing

Health accounts data that cover the value of health spending in Palestine indicate an increasingly high proportion of expenditure in health spending in Palestine as the total expenditure on the Palestinian health sector during 2018 reached USD 1,571.7million, representing a 7% increase from 2017.Whereas the spending reached in 2017, about (1,471.3 million USD), around 44.5% of this expenditure was financed from governmental sources, whereas out of pocket contributions from households covered 39.5%.Health expenditure accounted for 9.8% of the GDP.

At the same time, the largest share in health expenditure was consumed by curative care services, accounting for around 69%. These include curative in-patient and outpatient services. The second largest share of expenditure was that related to expenditure on medicines and medical goods, at around 19.3%.

2.10 Purchase of Health Services from Outside the MoH

The total number of referrals for services outside MoH facilities in 2019 was 104,881 representing a 4.5% decrease from 2018whereas the number of referrals was 109,818. While the total estimated cost of all referrals in 2019 amounted to 924,084,880 NIS (*Figure 2*,

Table 2).

[3]) 2017https://palestine.unfpa.org/sites/default/files/pub-pdf/Youth%20in%20Palestine%20-%20Oct%202017_0.pdf)

Figure 2: Number of referrals and purchase of health services from outside the MoH during the years 2001-2018.

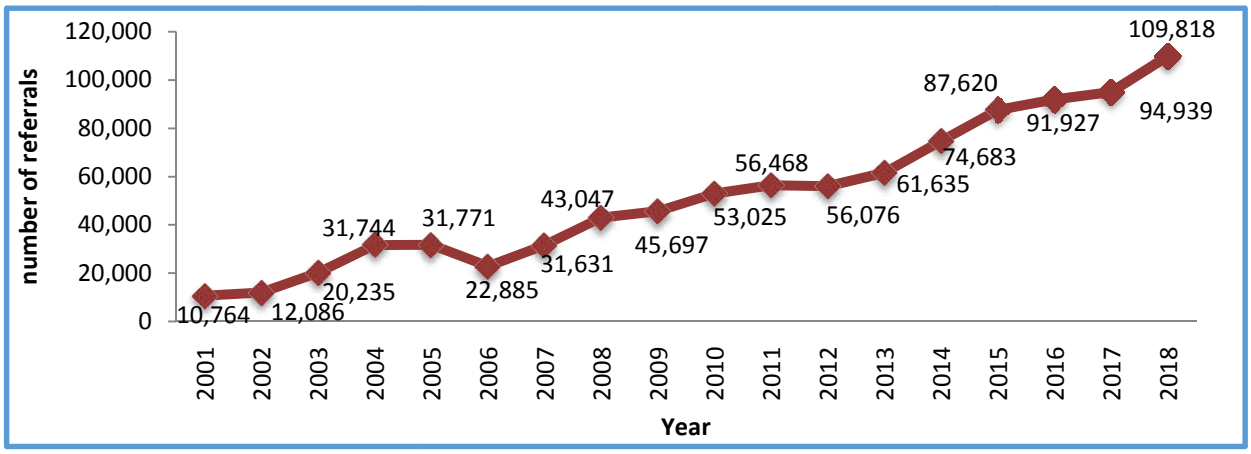
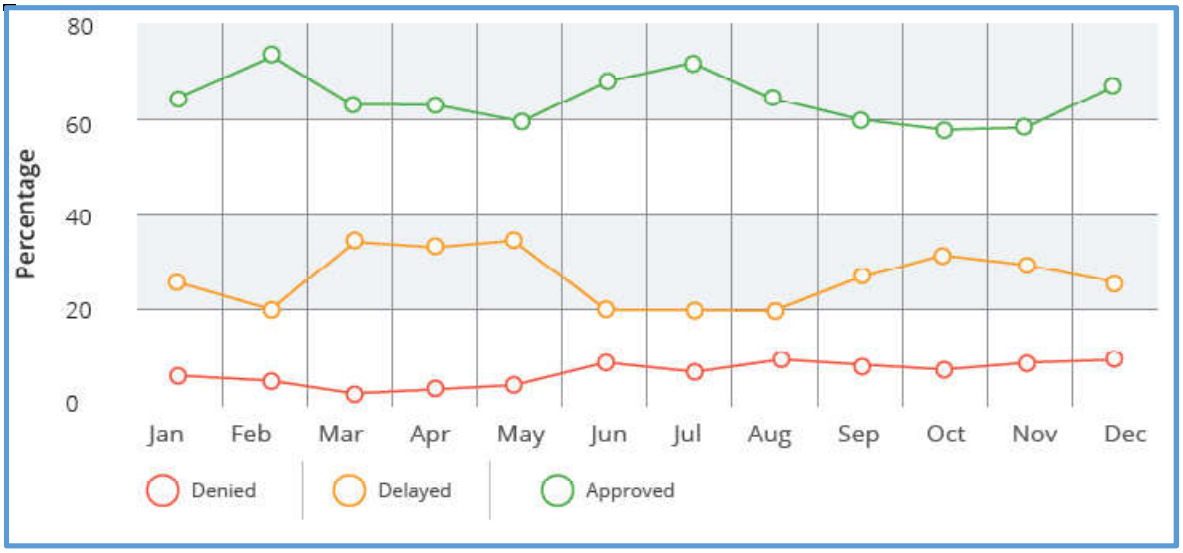


Table 2: Purchase of health services from outside the MoH (2015-2018)

Indicator	2015	2016	2017	2018	2019
Total number of referrals	87.620	91.927	94.939	109.818	104.881
Percentage of referrals to local hospitals (including Jerusalem hospitals)	86.2%	83.7%	81.5%	81.2%	89.3%
Percentage of referrals to hospitals outside Palestine including hospitals inside the Green Line	13.8%	16.3%	18.5%	18.8%	10.7%

Israeli occupation policies continue to impede the access of patients to health services, especially to hospitals in East Jerusalem, where patients are required to obtain prior permission to enter the city of Jerusalem for treatment, as well as for patients from the Gaza Strip and those referred for treatment in Palestinian hospitals in Jerusalem or the West Bank, where the approval rate for exit permits for patients in the Gaza Strip through the Erez crossing doesn't exceed 65% of the requests submitted for the exit in most months, as monitored by World Health Organization reports on the access of Gaza Strip patients to health services outside the Strip (***Figure 3***).

Figure 3: The Israeli occupation's monthly response to patient's requests to leave Gaza Strip during 2019 [4]



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, and invest in more sustainable sources of heath financing.

At the beginning of this year a national decision has been made to stop referrals to Israeli hospitals inside the Green Line, a national and strategic decision that is of vital national interest and within the policy of the Palestinian eighteenth government in seeking towards economic disengagement from the Israeli occupation, and to reinforce national policies towards nationalization of service and support of investment in local Palestinian hospitals (Jerusalem hospitals, private and NGO hospitals) by enhancing the level and quality of services provided in Palestinian governmental and non-governmental hospitals.

2.11 Disabilities

Individuals with disabilities in Palestine constitute 2.1% of the total population. Of these 48% are in the West Bank and 52% are in the Gaza Strip, according to the data of the General Census of Population, Housing and Establishments 2017, Physical disability is the most prevalent type of disabilities in Palestine, accounting for 47,109 persons constituting 51.0% of total persons with disabilities in

[4]WHO report on health access in the occupied Palestinian territory, December 2019

Palestine. It is also noted that 20% of individuals with disabilities in Palestine are children under the age of eighteen. In 2017 The General census of Population, Housing and Establishments data revealed that the unemployment rate among individuals with disabilities participating in the workforce (15 years and over) has reached 37%, 19% of them are in the West Bank and 54% in the Gaza Strip. It is worth mentioning that the level of unemployment among disabled people and unemployment in general has increased during COVID 19 crisis in 2020, specially that high percentage of disabled people are depending on daily-basis work or on small-enabling projects.

Illiteracy rate among people with disabilities reached 32% in Palestine, where illiteracy rate among males with disabilities reached 20% compared to 46% among females, while at the regional level, the illiteracy rate in the West Bank estimated at 35%, and in the Gaza Strip estimated at 29% among individuals of age 10 years and above with a disability.

Violence Survey data for the Palestinian society in 2019 indicated that 37% of women with disabilities who are currently married or who have previously been married have experienced violence by their husbands at least once. And that 27% of individuals (18-64 years) with a disability who have never been married have experienced violence at least once from a family member in Palestine.

2.12 COVID 19 Pandemic:

The global crisis of the COVID 19pandemic has cast its negative impact on the health, economic and social situation in Palestine, as other various developed and developing countries. At the Palestinian health sector level, the pandemic has increased the financial and human burden on the health sector, in addition to the effects that resulted from the high number of COVID 19infections and the increased need for curative health care, according to the level of severity of cases (quarantine and treatment centers designated for COVID 19 patients, intensive care care, in addition to the infected patients who need surgical interventions or close follow-up).

In the same context, the pandemic demonstrated the urgent need to strengthen health systems in all countries in the areas of infrastructure, resilience and response to crises, integration and coordination between the various sectors, formulating evidence-based health policies, and applying modern technology and innovations to serve and strengthen health systems. Several new developmental health priorities were highlighted on the health scene, most notably the strengthening the programmes of communicable disease and health risks management.

2.12.1 Implications of COVID 19:

1. Morbidity and mortality:
   The pandemic has caused(to the date of August 13)more than 20,000 infected patients and 115 deaths.In addition tothe health and psychological symptoms that accompanied theinfected patients, they also need two-weeks of self-quarantine- infectivity period, and also home quarantine for contacts and suspected cases. This led to the disruption of their work and social life, affecting their financial and psychological status.

2. The increasing workload on health staff,
   especially those working in the first line of defense with the pandemicin all governorates: preventive medicine teams, staff working in the screening, examination, quarantine and COVID 19treatment centers, the staff working in the central public health laboratory and other laboratories established specifically for COVID-19 tests in some governorates, staff working in hospitals that receive suspected cases, the technical committees and administrative teams participating in managing the pandemic at all levels.

3. High risk of infections for health cadres:
   Health workers are considered at high risk forinfection due to theirpresence in the direct confrontation with suspected and infected cases. So far (the end of August), there are more than 450 infected cases among the health staff.

4. Meeting urgent needs of health centers and infrastructure:
   With the beginning of the year 2020 and the spread of the pandemic in China and its spread to some countries,the Palestinian Ministry of Health has worked to raise its preparedness for the possibility of the pandemic reaching Palestineand there was an urgent needto work to estblish diagnostic and treatment servicesfor suspected and confirmed cases, with the need to emphasize the continuation of providing basic health services to all citizens in various governorates. Accordingly, it was necessary to provide appropriate places for sorting and quarantine patients , and urgently establish centers dedicated fortreating the infected so that are separated from the health system to ensure the continuity of regular services without affecting the basic essential health services,the provision of equipment and appropriate infrastructure in quarantine and treatment centers (respirators, Intensive care beds), providing adequate needs of swabs and laboratory equipments.

5. Meeting urget financial needs:
   Due to the pandemic and working to provide all urgent and necessary needs of infrastructure, medical equipments and consumables to effectively respond to the pandemic in Palestine, this was financially reflected on the government budget, so that there was an urgent need for direct purchasement processthrough a specialized committee approved by the cabinet to work on purchasing and providing these needs as soon as possible. The financial reservations for the pandemic purchases that were made by the MoH (until July 19) amounted to about 95 million NIS. In addition to the aid, medical devices and equipment provided by the international and local community and civil society institutions.

6. The increasing needs of health workforce:
   Due to the increase in the workload of health cadres and the specificity of the pandemic,there has become an increasing need for specialized health cadres such as anesthesiologists and intensive care doctors, specialized nursing staffandlaboratory technicians. This Ministry of Health made its all efforts to upgrade its capacity in this regard through sort term contracts appointment and opening the door for volunteeringfor various health personnel and university students from the College of Medicine and paramedical.

7. The increase in domestic and gender-based violence
   Several studies conducted during the COVID 19 pandemic showed a clear increase in domestic, gender-based and sexual violence cases, which requires placing health services targeting victims of social violence on the list of basic health services duringemergency.

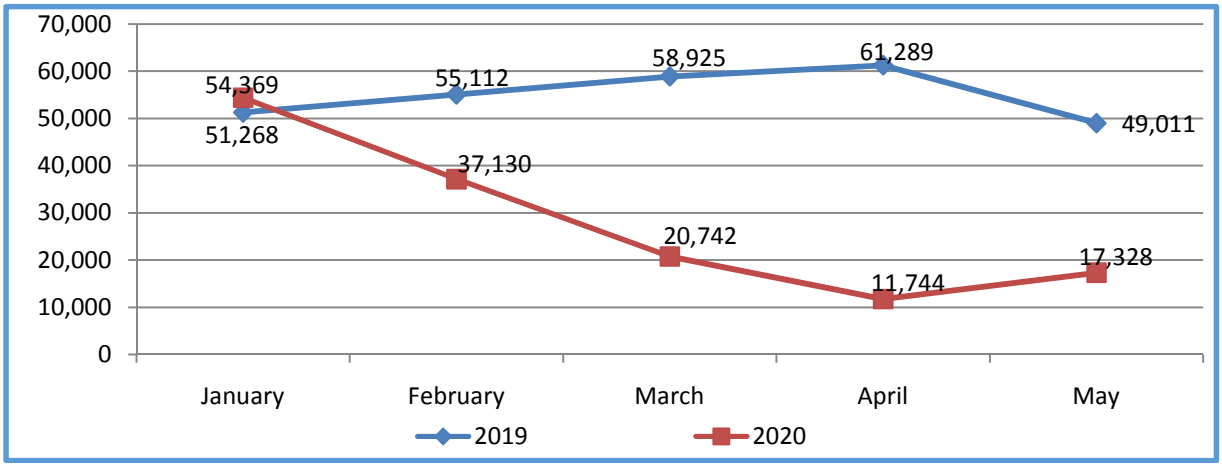
8. COVID 19 effects on the provision of health services:

The effects of the pandemic have clearly appeared on the provision of regular health services for non-COVID 19 patients. The pandemic has clearly affected citizens' access to health services due to emergency and closure measures, and the call for citizens to stay at home and movement limitations specially during the first three monthes of the pandemic. In addition to the measures taken bythe Ministry of Health within its centers to reduce crowdedness, which was reflected in the decrease in the number of primary health care visitors during the closure periods on the one hand and the accumulation of more postponed operations and out-patient clinics appointments on the other hand, which will lead to a significant increase in the workload in the coming future (Figure 5).

Examples of COVID-19 Implications on Hospital Services:

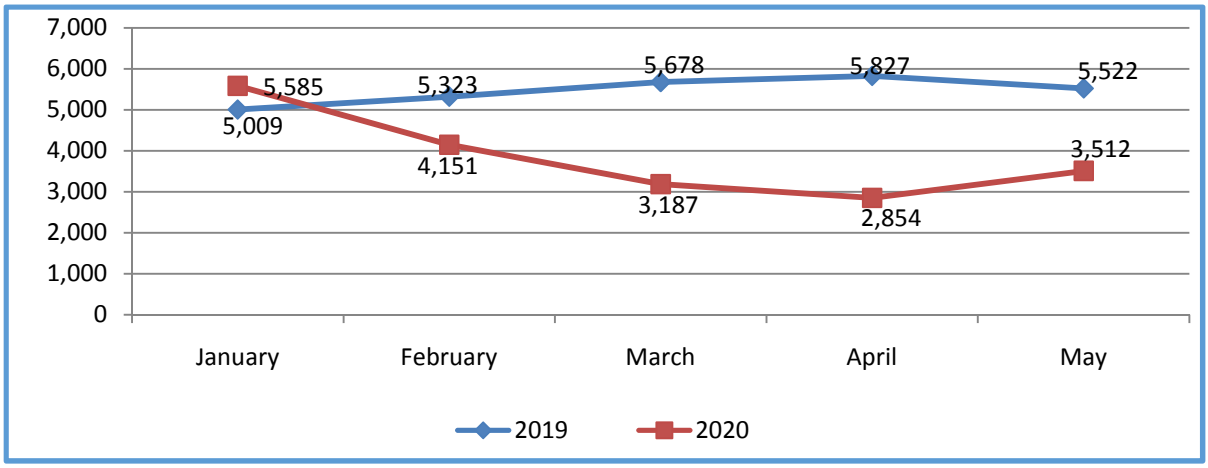
• Closure of outpatient clinics: to prevent overcrowding in outpatient clinics.

Figure 4: Comparison of the number of outpatient in West Bank governmental hospitals during the first five months of the years 2019 and 2020.



• Postponning scheduled surgical operations while maintaining urgent operations only.

Figure 5: Comparison of the number of surgeries in West Bank governmental hospitals during the first five months of the years 2019 and 2020.



• Maintaining emergency and basic health services in all hospitals: This includes emergency departments, cancer patients, kidney dialysis, deliveries , emergency surgeries, patients with thalassemia and hemophilia (**Error! Not a valid bookmark self-reference.**,

Figure 7).

Figure 6: Comparison of the number of births in West Bank governmental hospitals during the first five months of the years 2019 and 2020.

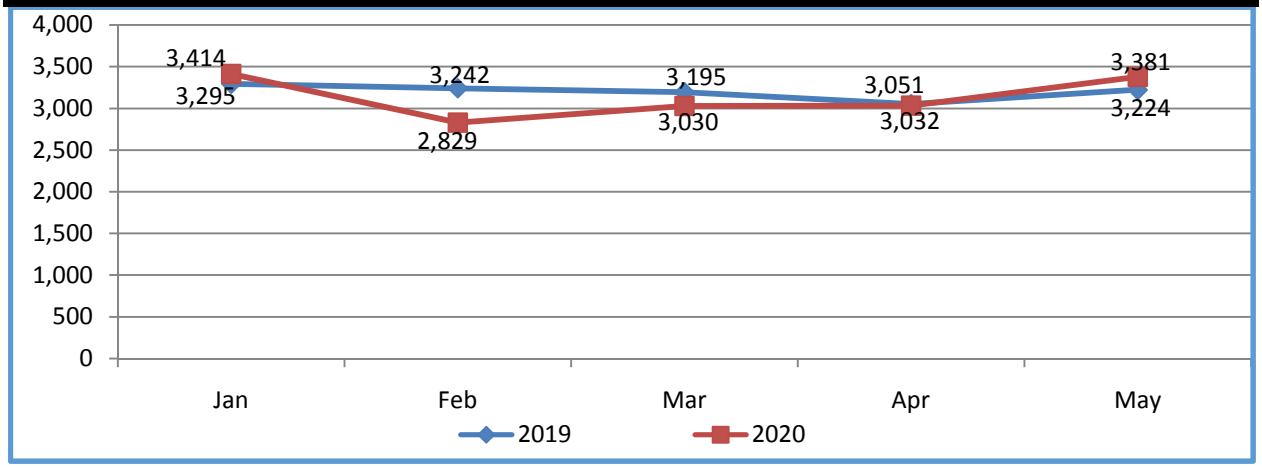
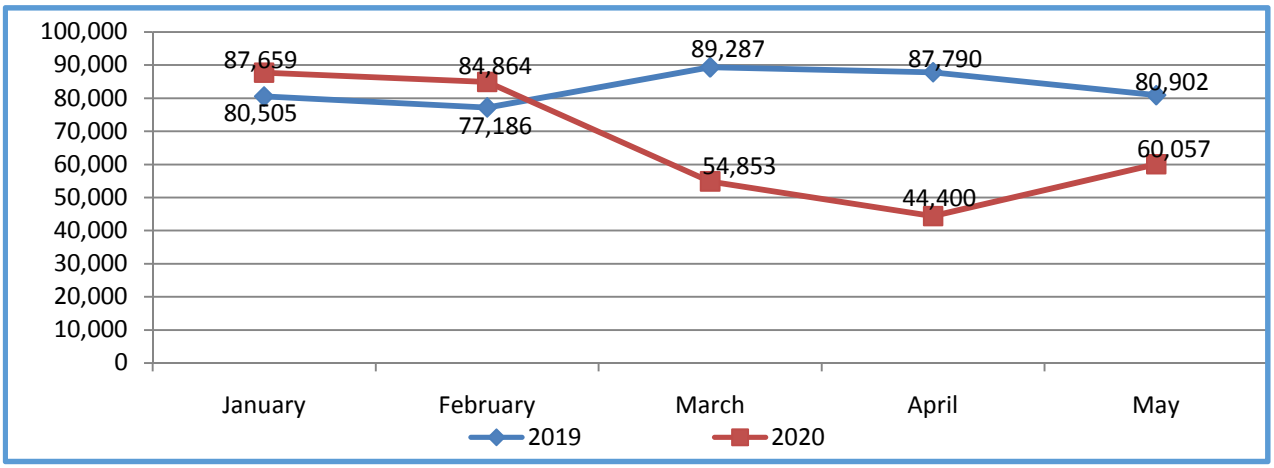


Figure 7: Comparison of the number of emergency department patients in West Bank governmental hospitals during the first five months of the years 2019 and 2020.



Examples of COVID-19 Implications on Primary Health Care Services:

The number of patients has decreased significantly in the various primary health care centers, especially during the beginning of the crisis due to the closure and movement-restrictions policy (

Figure 8, Figure 9,

Figure 10).

Figure 8: Comparison of the number of general physician visitors in government primary health care centers during the first five months of the years 2019 and 2020

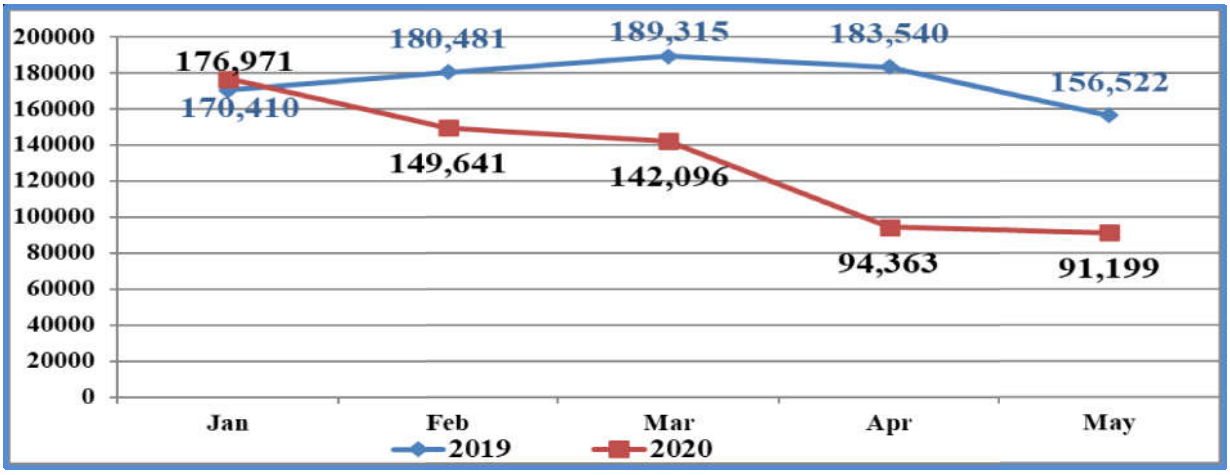


Figure 9: Comparison of the numbers of pregnancy care visitorsin government primary health care centers during the first five months of 2019 and 2020.

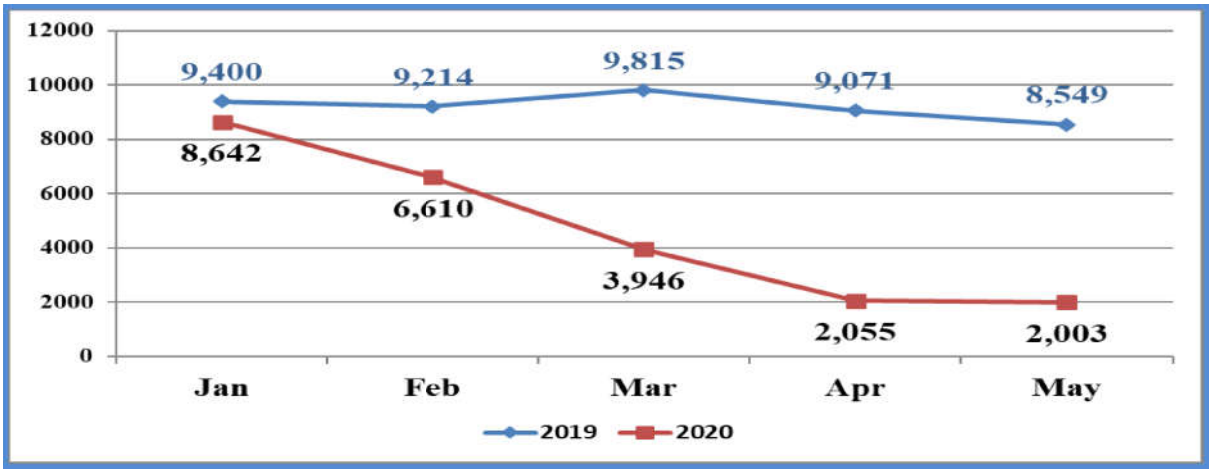
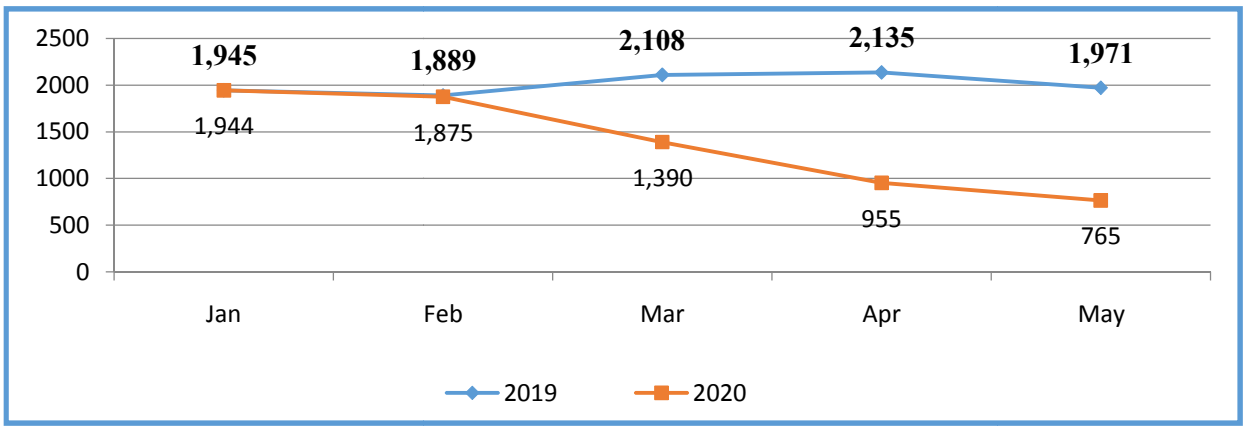


Figure 10: Comparison of the numbers of New Beneficiaries of Contraceptive Family Planning, MoH, West Bank, Palestine, January- May 2019 & 2020.



2.12.2 Interventions Implemented in Response to COVID 19 Pandemic:

The Palestinian Ministry of Health, from the first moment of the start of the global pandemic in China, has worked to raise the level of readiness and preparedness to confront the potential threat of the pandemic in Palestine through preventive measures, community awareness, the formation of various national and technical committees, developing plans, policies and procedures to enhance the readiness and response of the Palestinian health sector in facing the pandemic. In addition to ensure the provision of diagnostic and therapeutic services, for suspected and confirmed cases.

The following are the most interventions undertaken by the government and the Ministry of Health in this regard:

1. The declaration of a state of emergency at the national level, acompanied by movement limitation of citizens, closing schools, universities and educational institutions, and closing several private shops and companies.
2. The establishment of the National Emergency Committee headed by the Prime Minister, and its membership includes ministers, governors, and the security apparatuses. This clearly affected of raising the level of national coordination between the various sectors to the best levels.
3. Establishing the national emergency committees at the governorates level and local committees in villages and population centers, which effectively contributed to increase national coordination, community partnership and community solidarity.
4. The formation of National Health Committee to confront the virus COVID-19, the National Health Epidemiology Committee, and other technical committees within the Ministry, which have worked continuously to follow up the health and epidemiological situation at all levels.
5. Health education and community awareness campaigns: Implementing multiple educational activities, including producing various informational materials and educational brochures, targeting social media to raise awareness about symptoms and prevention, coordinate and cooperate with all partners, relevant ministries, civil society institutions, clerics and various media.
6. Use all available media and social media to educate the public about the importance of preventive measures. The management of the process of communicating with the public in a centralized way by the government through the governmental daily briefing on the health and epidemiological situation.

7. Ministry of Health, prepared, issued and circulated technical instructions for medical staff to deal with cases ,this includes approved mechanisms for dealing with suspected cases, contacts, infectedand recovered cases, as well as technical instructions about quarantine, home quarantine and dealing with quarantined.
8. Developing, issuing and publishing the approved national protocols for management and treatment of infected cases.
9. Training of health personnel to deal with cases by developing an appropriate cirriculum, using online training and visual communication.
10. Meeting the needs and the infrastructure necessary to confront the pandemic, as work has been done to equip specialized centers for screening, examination, quarantine, isolation and treatment of cases in all governorates, so that they are separate from the regular health system to ensure the isolation of the infectedpatients and the basic health services of the population in the governorates. These centers were established in each governorate in cooperation with the General Directorates of Ministry of Health and the Governorate with the local community institutions. They were provided with the necessary medical equipment and devices, in addition to health personnel and PPEs (personal protective equipment).
11. Laboratory diagnosis: Laboratory examinations were approved to diagnose virus COVID-19 infection (PCR), as it was conducted with the onset of the crisis in the central public health laboratory (Ramallah and Gaza) only. Astheinfected cases increased and based on the directions of H.E. the Minister of Health, the Ministry has worked to raise readiness and provide the appropriate infrastructure to establish more laboratories in all governorates and to increase the daily capacity to conduct the largest possible number of daily lab tests. RT-PCR laboratories have been established to examine COVID-19in the governorates. The main ones are Hebron, Jenin, Nablus and Bethlehem, in cooperation with several national universities and priavate hospitals. Preparations are currently underway to open an additional laboratory in Jericho, with the support of His Excellency the President.
12. Epidemiological surveillance: Establishing an epidemiological investigation system for the disease according to the protocols approved by World Health Organization, so that the epidemiological map for each patient is studied and cases are tracked. A study of random samples was also done in all governorates and random surveys were conducted in various regions for the groups and places most vulnerable to infection.
13. Living with the Pandemic: Within the government's tendencies to coexist with COVID-19 and work to gradually return economic life to normal,

Ministry of Health has developed a guide to public safety measures to be followed and applied in various ways of daily life. The government has also set up a system of control through issuing a law for violations against those not complying with public safety measures.

2.12.3 Health Priorities That Have Emerged as a Result of The Pandemic:

Priorities on the current and short term (Living with Corona and returning to normal life):

1- Continuing the process of responding to the pandemic through:

a- Continuation of preventive measures and follow-up of compliance by the competent authorities.

b- Citizens' commitment to preventive measures and public safety protocols to coexist with COVID-19 through intensive awareness and oversight by the competent authorities.

c- Continuation of an effective epidemiological surveillance system.

d- Continuing to provide treatment services for infected cases

e- Continuing and strengthening the implementation of infection control instructions at all levels, in a way that contributes to protect health facilities and their workers (health personnel) and their beneficiaries (visitors and patients).

f- Continuing to keep of global and regional developments regarding the epidemiological situation and developments in terms of treatment, vaccines, or health recommendations.

2- Strengthening the resilience and response of the health system in the event of a major return or massive spread of the pandemic:

a• Capacity building and training of health personnel, including new employees and volunteers.

b• Adequate equipment in quarantine and treatment centers to cope with possibility of larger numbers of COVID-19 infected cases, including treatment beds, intensive care beds and ventilators.

c• Adequate equipment in terms of diagnostic laboratories and swabs.

d• Sufficient quantities in terms of protective equipment (PPEs).

e• Intensifying community awareness campaigns to follow prevention and public safety guidelines.

f• Strengthening the epidemiological monitoring system, contact tracing,and the epidemiological tree of cases in the various governorates.

g• Emphasizing the aimplementation of infection control protocols and instructions in all health facilities.

h• Promoting and supporting studies and research related fordiscovering what might help to understand the developments of the virus in general, especially in Palestine, and what helps in finding a cure for the disease.

i• Study and monitor the health, psychological and financial impacts of corona that resulted from the pandemic in the health sector, and its effects on health services.

3- Ensuring the safety and security of health facilities and their workers (cadres) and beneficiaries (patients and outpatients).

4- Ensure the continuity of basic health services and facilitate their access to all citizens.

5- Effective medical waste management system, especially in health centers that provide health services to COVID 19patients.

6- Compensation and rescheduling of health services that were postponed due to the pandemic (such as surgeries).

Mid-term and Long-term national health priorities that have highlitedas a result of the pandemic:

a• Strengthening the health system in response to emergencies, disasters and global health risks.

b• Strengthening the system of providing basic health services in remote and marginalized areas.

c• Strengthening and enhancing emergency services at all levels, with a focus on marginalized and deprived areas.

d• Strengthening mental health services in crises and emergencies

e• Strengthening the health monitoring system for pandemics and infectious diseases: electronic monitoring that is linked with laboratories and civilregistry.

f• Strengthening the implementation of the International Health Regulations.

g• Promote and support the implementation of e-health, telemedicine, health e-education, computerized health monitoring programs, and others....

h• Emphasizing the implementation of infection control protocols and instructions in all health facilities.

i• capacity building of health personnel in all health facilities: continuous training of cadres, scholarships for specialization in the field of infectious diseases, emergencies, intensive care and anesthesia. Providing sufficient cadres to deal with emergencies.

j• Organizing and encouraging volunteer work in the health sector and the effectiveness of coordination with universities, unions, the private and the civil sector in this regard, in addition to strengthening the concept and the culture of volunteer work in the community.

k• Reviewing and developing the inventory management system for medical supplies and consumables to be more flexible and in response to emergencies.

l• Providing and supporting the continuity of distant team services to remote locations affected by the occupation measures.

m• Ensuring the continued supply and coverage of high-quality vaccinations according to the approved national program.

n• Providing updated references and protocols in the field of preventive medicine and combating emerging diseases.

o• Supporting strengtheningcentral laboratories

p• Raising the efficiency of medical waste treatment in all health centers, which became extremely important after the pandimic.

q• Establishing an emergency center to manage health crises and institutionalizing emergency preparedness in all aspects.

r• Enhancing services targeting Gender-based violance victims, especially during crises and emergencies.

2.13.Obstacles and challenges

1. The Israeli occupation is considered the biggest obstacle to thehealth development, in addition to the ongoing violations of human rights and the right of health. The Israeli siege, checkpoints and the separation wall are the main

obstacles for accessing health services, whether for citizens, patients, or medical staff, in addition to the ongoing attacks on citizens by the Israeli occupation forces and settlers.

2. The Israeli threats to implement the annexation plan for Palestinian lands, the instability in the political situation, and the stopping of security coordination, which reflected negatively on the economic situation and led to an increase and exacerbation of the governmental financial distress (due to the tax revenues crisis), as well as the suspension of security coordination for transporting patients from the Gaza Strip for treatment in West Bank or Jerusalem hospitals.

3. The deteriorating economic situation due to high unemployment and poverty rates, especially in Gaza Strip in light of COVID 19 pandemic crisis, which negatively affects the health situation with the increasing health needs.

4. The financial crisis that the Palestinian government is going through, which has deteriorated in light of the COVID-19 pandemic, the political situation, and the suspension of security coordination due to the threats of the Israeli annexation plans. and the suspension of security coordination due to the threats of the Israeli annexation plans. This was negatively reflected in the exacerbation the crisis of salaries for government employees, the ability of the government to fulfill its obligations and the resulting increase in the value of arrears and debts and the reduction of the development budget.

5. The COVID 19 pandemic and the spread of infections resulted in increasing in special health needs to face the pandemic, especially the provision of treatment centers dedicated to COVID 19 patients and medical equipment, in addition to the needs of PPEs and laboratory diagnostic supplies (swabs and laboratory examination tools), and the increase need of intensive care beds and ventilators. The logistical and material challenges hinder the work to provide these needs as soon as possible, most notably the scarcity of government financial resources, the limited global resources due to the global crisis, and the Israeli occupation's control of the borders.

6. Lack of cadres and appointments in Ministry of Health facilities to operate new hospitals and departments in these health facilities, in addition to the shortage of qualified personnel in the specialized medical and nursing fields at the national level.

7. The absence of a comprehensive and compulsory health insurance system that guarantees the continuity of financing, developing health services and achieving universal health coverage.

8. A continuous increase in non-communicable disease patients, which contributes to an increase in the demand for health care services, and thus an increase in health care costs.

9. The weak commitment of people to follow healthy lifestyles and healthy behaviors, which became increasingly important during COVID 19 pandemic and the accompanying weakness of citizens' commitment to health protocols, social distancing and wearing masks.

2.14 Gaps in health service delivery

The analysis of the current health situation reveals that there are gaps in the delivery of health services in the Palestinian health sector in several aspects:

1. There are apparent variations between the number of beds in the Palestinian governorates and their rate to the total population in the governorates. For example, the number of beds in Hebron Governorate (the largest governorate of the West Bank) reached 9.3 beds per 10,000 citizens, while the rate estimated at about 16 beds per 10,000 citizens in Ramallah and Nablus governorates, while in Bethlehem it has reached about 26 beds per 10,000 citizens. Furthermore, It is noted that there are some large hospitals that serve as major referral centers in some governorates such as Nablus, Ramallah, Beit Jala and Jerusalem, which has led to refer many patients for treatment in those hospitals through referral policy between governmental hospitals or referral and purchase of service policies from the private sector, in addition to the efforts made by the MoH and health service providers in recent years to improve hospital services in all governorates and increase the number of beds in proportion to population growth and health needs.

2. As for the primary health care level, despite the presence of an excellent network of primary health care centers spread in all governorates of the country and reflected in the indicators of excellent coverage in primary health care services, especially the national vaccination program for children, pre-pregnancy care services, school health services, environmental health and others . However, in the same context, and due to the Israeli occupation policies of closures, barriers, settlements and the separation wall, there is a need to increase clinics and raise the level of services in the most marginalized and needy areas. Accordingly, the Ministry, in cooperation with service providers, adopted a policy of providing mobile clinics and establishing emergency and safe delivery centers in those areas in order to provide better services and longer working hours.

3. Gaps in the specialized health services in the local health sector: they constitute a financial and social burden for the health sector and the Palestinian citizen alike, as the Palestinian health sector suffers from a shortage in some specialized health services, either because of the lack of service and modern medical technologies or because of the shortage of specialized health workers in some areas or both, and in these situations the ministry is obliged to purchase those health services from specialized centers outside the country and refer the patient for treatment abroad. Therefore, the nationalization of services is an important national priority in the Palestinian health sector and in the services sector in general, as all service providers aim to work together in order to provide all the health services that the Palestinian citizen needs inside the country by developing various specialized health facilities in the governmentaland private sectors .

4. The introduction of new services in primary health care sector and public health programs: In response to the growing health needs in the Palestinian society and the rapid health and technical development taking place at the regional and global levels, all partners and health service providers seek to provide all health services that meet the needs of citizens as the ministry and service providers work to adopt and localize new services in primary health care sector and within public health programs targeting different groups of citizens, especially the institutionalization of the adolescent health program and services, early childhood care services, and pre-pregnancy counseling services for young married couples, psychological counseling services during pregnancy, childbirth, postpartum and abortion, the national transformation program for women victims of gender-based violence and programs to combat violence against women and other health programs.

5. Gaps that emerged as a result of the COVID 19 pandemic: The COVID 19 pandemic has demonstrated the existence of structural and infrastructure gaps and medical equipment, specifically in the number of vacant intensive care beds and ventilators to meet the emergency situation which required intensifying efforts to work to provide more families and devices in all governorates with urgent speed, in addition to the shortage of specialized medical personnel at governmental and national levels(anesthesiologists, intensive care nurses and specialists infectious Diseases and Epidemiology).

Chapter Three

Strategic health objectives and expected results

3.1 National Strategic Health Objectives

The strategic planning is an ongoing process, which comes to update and review sectoral and cross-sectoral strategies, including the National Health Strategy 2017-2022, especially after the completion of the first half of the strategy. Accordingly, this updated strategy and its contents comes to complement the second half of the national health strategy and in line with the directions of previous years, and based on the results of the mid-term review, the achievements and the continuing priorities for the next three years.

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

All stakeholders and health service providers seek to provide 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), and work towards nationalization of health services in Palestine and investment in local sector, which will be reflected on the health of the Palestinian community, especial emphasis will be placed on enhancing primary health care through the application of the Family Medicine, continuous improvement in the quality of services, evidence-based health service planning focusing on sustainable health financing and health insurance.

PHC is a basic pillar for achieving universal health coverage and it is essential to arise its importance.

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 (according to the approved Essential Package of Services), different diagnostic and therapeutic care services, hospital services, 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 both governmental and non-governmental centers) in response to press needs and to close the gaps, localize

services across Palestine and rationalize referrals for treatment abroad to the minimum.

This includes supporting and enhancing PHC services and different public health programs, enhancing the infrastructure of hospitals in West Bank and Gaza Strip to meet the different health needs, 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. In this regard, it is necessary to revise and update the essential Package of Services covered by the health insurance system, taking into consideration the growing health needs, increasing health costs, the Palestinian specific situation (health, economic and political situation).

In line with current MoH and governmental efforts to face the COVID 19 pandemic and ensure effective responsiveness to the crisis according to the epidemiological situation, the objective also considers the provision of needed diagnostic and therapeutic health services to those infected with the emerging COVID 19 virus. This includes provision of diagnostic services and laboratory screening tests in the specialized COVID 19 screening centers, and provision of high quality treatment services for patients who need hospitalization treatment in hospitals or specialized COVID 19 treatment centers.

This objective focuses on responding to the needs of different vulnerable and most needy groups, particularly children, women, pregnant women, adolescents, the elderly and persons with disability, as well as those living in vulnerable geographic areas and cluster development approach districts, marginalized and isolated areas.

In this context, it is necessary to grant the necessary financial, human and technical resources to develop health services in Palestine and achieve nationalization of health services, in cooperation with all health service providers to meet the increasing health needs and the growing population, ensuring the provision of needed resources would highly contribute to implement and achieving national plans of developing hospitals sector and nationalization of services.

In the recent years, the MoH has adopted the Family Medicine Approach into the PHC system. Family medicine approach is an integrated comprehensive approach

aimed to upgrade and improve PHC and public health services targeted to the Palestinian citizens, including preventive health, reproductive health, mother and child health, mental health, school health, community health NCDs, and communicable diseases.

The family medicine approach is defined as health care services provided by family physicians within a multidisciplinary health team; and it is characterized by comprehensive, continuous, coordinated, cooperative and personal services for the family. It provides comprehensive medicine care with a special focus on family unity (WHO and World Family Physicians definition).

Efforts continue towards implementation of family health approach in Palestine under the follow up of the National Committee led by the MoH. Several activities have been implemented such as training health personnel on the related approved protocols, the establishment of specialized training centers, providing adequate qualified and trained family doctors (Residency Program for specialization in family medicine is carried out in Palestine in cooperation with An-Najah National University), computerizing the patients' health record with the support of the Palestinian Public Health Institute towards reaching a unified national comprehensive system for the electronic patient health records.

On the other hand, the MoH pays great attention to youth, reproductive, sexual, adolescent health issues and gender issues related to health, as they were reflected in the process of updating the strategy and its results. The strategy focused on providing, improving and expanding community and reproductive health services in the West Bank, Gaza Strip and East Jerusalem in line with the growing health needs, such as maintaining high coverage of antenatal, childbirth and postnatal services, and continuing efforts aimed at improving reproductive health indicators, including maternal, newborn and child mortality, introducing and institutionalizing new health services such as counselling services for young married couples and pre-pregnancy services, psychological counselling services for pregnant and postpartum mothers and abortion cases, covering unmet needs for family planning, reducing caesarean section rates in governmental hospitals, and improving monitoring system of life-threatening complications of mothers (near-miss cases), in addition to the national referral program that targets women victims of gender-based violence.

In the same context, and in line with the recommendations of the National Health Committee and the development priorities that require more efforts, the review and update process has given attention to support Emergency medical services in Palestine, including ambulance services and emergency services in the emergency

departments in hospitals, by supporting the Infrastructure, provision of modern vehicles, medical devices and equipment, provision of adequate and qualified medical and health personnel (doctors, nurses, and paramedics), review the laws and work regulations related to Emergency medical services.

The global COVID 19 pandemic has shown the urgent need to increase investment in the Palestinian health sector and to provide the necessary financial and technical support to upgrade the health infrastructure in an effective and sustainable manner, by supporting and providing modern and adequate medical devices and equipment to cope with any potential crises, increasing the number of hospital beds (including intensive care beds) based on systematic need approach and approved national plans, strengthening ambulance services, emergency and disaster response, strengthening laboratory and diagnostic services, strengthening community mental health services, supporting health care services in marginalized and remote areas. In addition to work on keeping pace with health technology and e-health applications such as telemedicine, e-education, computerized health monitoring and other electronic and technological applications in the health field.

All health service providers have a role in achieving this objective, as the private sectors play a major role in delivering the health services at various levels, in addition to the important role of UNRWA. Achieving nationalization of health services in Palestine will require integration between health service providers, increased coordination and partnerships between the different sectors, improvement and support of specialized medical services in the Palestinian governmental and non-governmental hospitals, and the provision of new health services that respond to the needs and fill the gaps of the health services.

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

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 behaviours, nutrition and lifestyles (prevention of obesity and overweight, healthy behaviour, 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.

The goal also includes continuous national efforts in controlling infectious diseases, animal-borne diseases, infections transmitted by water or food, emerging diseases and global pandemics, by providing various preventive and treatment programs for infectious diseases and applying international health regulations in facing epidemics and global health risks, including confronting the new global pandemic of COVID 19.The MoH will continue, in cooperation with all partners, in its efforts to effectively respond to the COVID 19 pandemic through the continuation of preventive measures and community awareness, monitoring the citizens' commitment to preventive measures and public safety protocols of COVID 19, continuing epidemiological surveillance efforts, as well as providing diagnostic and therapeutic services for infected cases based on World Health Organization recommendations and international developments, in addition to work in providing the vaccine once available.

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, strengthening the various health monitoring and surveillance systems that are currently in place, especially the surveillance of epidemic diseases, chronic diseases and associated risk factors, and the establishment of the national register for chronic diseases, including hereditary diseases (thalassemia and haemophilia).

Within this context, MoH national policies and awareness- raising and prevention programs target youth, adolescents, 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 counselling domestic and gender-based violence, road safety and prevention of accidents, and other health issues. In addition to continued

community awareness and health education campaigns about COVID-19 pandemic and necessary compliance with safety measures and national protocols in this regard.

3.1.3 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 institutionalize 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 change 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 institutionalize 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 non-governmental

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.

3.1.4 Objective 4: The provision of adequate, efficient and qualified human resources.

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 introduce and apply a national system and strategy for Continuing Professional Development of health personnel linked to the licensing procedures. The system compromises 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.

COVID 19 crisis has emphasized the importance of providing adequate and qualified health workforce in the Palestinian health sector, especially the specialized cadres, including doctors and nursing, and the need to work on employing more health cadres in the government sector from one side, and increase the number of fellowships and specialization oppurtinities in the near future from the other side.

The objective also emphasizes the need to work to ensure compliance of health personnel with laws, policies, and approved standards, including adherence to the code of conduct for workers in the public positions.

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.

3.1.5 Objective 5: Enhance health governance and institutional development, including enforcement of laws and legislations, cross-sectoral coordination, integration among service providers and enhancing health financing and financial hardship protection.

1. **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, and the integration of national, regional and international issues with health dimensions, such as gender issues and environmental health issues, in health plans and strategies, and the implementation of regional and international strategies and policies in this regard, particularly contributing to the implementation of the sustainable development agenda and nationalization of the Arab Health and Environment Strategy.

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.

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 health insurance system, service purchasing and referrals system, procurement system and procedures, regulations and laws related to substance abuse, smoking, management of medical and solid waste, legislations on radiations, amend the public health law and health insurance system. In addition to capacity building of pharmaceutical sector and good governance of medicines, enforce medicinal laws and regulations 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.

The Palestinian health system aims to ensure the provision of health services and medical treatment to all citizens without causing this exposure to financial hardship, including the poor, the unemployed, marginalized groups and groups that cannot afford the costs of treatment and health services. Accordingly, it will aim to work on reviewing and developing the health insurance system to be more comprehensive and binding on all citizens, which contributes to achieve universal health coverage, in addition to working on computerizing the government health insurance system and organizing the relationship with partners in this regard. It is also necessary to review and basic health service package, which is covered according to the approved health insurance system based on the growing health needs and the high cost of services and the Palestinian specific nature in terms of health, political and economic situation. In addition to the continuous efforts to improve the service purchasing system by reviewing and developing the mechanisms and schemes of purchasing medical service towards strategic purchase system aligned with the principles of universal health coverage, develop and update contracting mechanisms, and working to implement the payment system based on the package and diagnosis (DRG Diagnosis Related Groups)

2. **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 complementarily, 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 policy-making. 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).

The Ministry is also seeking, in coordination with the Environmental Quality Authority and partner ministries (Agriculture, Local Government and the Water Authority) to ensure the application of laws and procedures for the management of medical and dangerous and solid waste, and radiation legislations and laws, and to ensure the application of procedures for linking diseases and their causes of environmental pollutants, ensuring food and water safety and providing nutritional needs for all groups, reducing pollutants, and implementing the Arab Health and Environment Strategy.

3. Promoting health financing

This objective aims at improving the efficiency of health spending, including rationalizing spending, reducing duplication and ensuring optimal utilization of available resources, in addition to reviewing the price system, enhancing procurement and contracting mechanisms for health service purchase, as well as improving health financing mechanisms and ensuring their sustainability and adequacy by working to develop the current health insurance system, integrating the budget into planning and implementing program budgets, improving the management of governmental and non-governmental financial resources (through donors and foreign and local aid) and ensuring that the support to the health sector is in line with the implementation of strategic plans and meets development priorities and humanitarian needs.

Table 3: National Objectives and Expected Results

Objective 1: Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services.					
Result	**Indicator**	**Baseline**	**Target**		
		2019	**2021**	**2022**	**2023**
(1.1) Diagnostic, curative, and specialized medical services are available within the available capacity including diagnostic and treatment services for COVID-19 patients.	Occupancy rate of governmental hospitals	103.4%	100%	98%	98%
	Occupancy rate of East Jerusalem hospitals[5].	93.8%	94%	94%	94%
	Hospital bed ratio per 10,000 people.	12.9	13.1	13.4	13.6
	The number, capacity and capability of centers designated for the diagnosis and treatment of COVID 19.				
	Introduced new health services	Initiate the first stage of running Hugo Chavez Ophthalmic Hospital, developing Paramedical services, diagnostic services, surgery services and others as indicated in the achievements.	Initiate the second stage of running Hugo Chavez Ophthalmic Hospital, developing Cardiac catheterization and surgery services in the governmental sector. Continuation in providing curative services for COVID	Developing neurosurgery services in the governmental, non-governmental and private sectors, providing bone marrow transplant service in the local health sector.	Continuing the development of cancer disease services in the health sector.

[5] working on calculating the occupancy rate indicator of non- governmental hospitals in the future.

			19 patients (Opening of 3 specialized centers in the West Bank)		
	Number of patients' visits per general doctor in PHC centers	2,149,468 (West Bank)	2.2 million (West Bank)	2.25 million (West Bank)	2.3 million (West Bank)
	Daily average number of patients per general doctor PHC centers.[6]	37.7	Maintain the ratio	Maintain the ratio	Maintain the ratio
	Average population per PHC center.[7]	6,255	Maintain the ratio	Maintain the ratio	Maintain the ratio
(1.2) Essential medicines, medical consumables, contraceptives, vaccines and modern medical equipment are available within the available resources	Rate of medicine availability in the MoH Central Pharmaceutical Warehouses. Increase financial allocations for the supply of family planning services and goods.	97.0%	Maintain the ratio	Maintain the ratio	Maintain the ratio. Increase financial allocations for the supply of family planning services and goods to $ 500,000, if possible
(1.3) The infrastructure in all health facilities is in line with international standards, environmentally	Percentage of implementation of infrastructure development and expansion projects in governmental health facilities,	80%	85%	85%	90%

[6] Taking into consideration working to reduce the different workload between different governorates and centers.
[7] Taking into consideration working to raise the level of primary health care centers.

friendly and meets the growing health needs.	according to the approved plans.				
	Adoption of green building practices in different health facilities (implementation rate)	---	Assessing the situation	Improved by 10%	Improved by 20%
(1.4) Family Health Approach is adopted and implemented in all governorates	Number of governorates applying the family health approach	5	7	9	12
(1.5) The percentage of service purchase referrals to governmental and local hospitals increased to 90%.	The percentage of referrals to governmental local hospitals out of the total service purchase referrals.	89.3%	90%	92%	93%
(1.6) Reproductive and sexual health services are provided to women of all ages to contribute to the continuous improvement of maternal and child health indicators and reproductive health indicators, which include maintaining high coverage of pregnancy, childbirth and postpartum care services, meeting the unmet need of family planning methods and	The percentage of pregnant women health coverage in the MoH health centers	46%	48%	50%	50%
	Implementation of a national protocol for pre-pregnancy services (implementation rate)	Develop and endorse a national protocol for pre-pregnancy services.	Training primary healthcare providers on the national protocol for pre-pregnancy services.	The protocol is fully implemented	The protocol is fully implemented
	Percentage of anaemia among pregnant women in governmental health centers	26.7%	26%	25%	24%

introducing new services, especially pre-pregnancy care and counselling service for young couples, safety age care, health services Psychological counselling for women during and after pregnancy, childbirth and abortion.	Percentage of births attended by skilled health personnel of total births	100%	100%	100%	100%
	The percentage of caesarean deliveries in government hospitals.[8]	25.8%	25%	23%	23%
	Number of new women beneficiaries in family planning centers (government and UNRWA)	26,445 Governmental 2,400 UNRWA	Annual increase by 3%	Annual increase by 3%	Annual increase by 3%
(1.7) A high quality health and psychosocial care is provided to women victims of violence , according to the national referral system for Gender Based Violence	The number of cases of women victims of gender-based violence who received services by referral system in MoH facilities.	1982[9]	2000	2100	2200
	Number of family counselling clinics of the MoH in hospitals and PHC centers	28	Finalize equipping the mentioned clinics (28)	31 (3 new clinics)	40 (9 new clinics)
Result (1.8) Child and community health programs are provided effectively and institutionally, especially targeting the most needy groups (adolescents, the elderly, persons with disabilities, and early	Number of children who received health services by a doctor in governmental PHC centers	65,320	66,000	67,000	69,000
	The establishment of a unit for adolescent health under the MoH structure	---	approving the unit within the updated structure	The unit is active and performs its duties	The unit is active and performs its duties
	Update the health services	---	The initial draft is	The health	The health

[8] Taking the national indicator into account.

[9] Emphasize the continuity and effectiveness of the monitoring process for women victims of viollence.

childhood care).	package with consideration to the targeted groups		ready and submitted to the governmental cabinet	service package is updated and approved	service package is updated and approved
	Institutionalizing and developing early childhood care programs and services, including introducing new quality tests for children, providing medical devices, and training health personnel.	---	35%	50%	80%
	Implementation of early detection protocols for disabilities and delayed growth in children	Initial draft of the protocols is ready	Protocols adopted , launched and trained.	Protocols implementation and training	Promote health and psychological services for children from developmental disorders, including autism.
(1.9) Eye care and dental health screening programs for school students are implemented effectively.	Percentage of school screening coverage programs for the first grade students	98.1%	Maintain the ratio	Maintain the ratio	Maintain the ratio
(1.10) Environmental health services are implemented with regard to pesticides, medical waste treatment, water purification, occupational safety and linking diseases	Percentage of microbial contamination of drinking water networks.	10.3%	10%	9.5%	9%
	Percentage of treated medical waste from the total medical waste generated by the centers.	32%	35%	42%	50%

with their causes	Linkage system between diseases and their associated causes	---	Work is underway to create a system	Work is underway to create a system	Implement the system by 30%
	The Arab Health and Environment Strategy is implemented	---	50%	60%	80%
1.11) Nutrition and special food programs, breastfeeding promotion programs, are effectively implemented and targeting needy groups.	Percentage of underweight among children under one year	0.5%	0.4%	0.4%	0.3%
	Percentage of easting among children under one year	0.4%	0.4%	0.3%	0.3%
(1.12) Oral and dental health services and programs are implemented and include preventive and curative services , focusing on the most needy groups (persons with disabilities, pregnant women, diabetics and kindergarten children.	Number of patients in governmental oral and dental health centers	53,692	54,000	55,000	56,000
	Implementing special programs for diabetics, kindergarten children and persons with disabilities (implementation rate and number of beneficiaries).	diabetics: (beneficiaries 1186) persons with special needs (under anaesthesia): (beneficiaries 183)	Recipients increased by 5%	Recipients increased by 5%	Receipents increased by 10%
(1.13) Community mental health services are provided; targeting needy groups especially women, children and victims of violence.	The average number of new registered cases in community mental health centers in the West Bank (per 100,000)	118.1	119	120	120
(1.14) The infrastructures	Number of patients treated in	2,436,100	2.45 million	2.5 million	2.5 million

for ambulance services, emergency and crisis response are more efficient with updated protocols and an advanced infrastructure(ambulances and departments in hospitals, and the establishment of a center to deal with health crises), and specialized and trained cadres.	emergency departments in governmental hospitals				
	Number of training targeted ambulance crews		5 training	5 training	5 training
	The National Center for Health Crisis Management is actively working (as a focal point in national health emergencies).	---	Work is ongoing to build the center with the support of the World Health Organization	The center works with the support of the World Health Organization	The center works effectively

Objective 2: Promote programs for the management of Communicable and non-communicable diseases (NCDs), preventive health care, Community health awareness.					
Result	**Indicator**	**Baseline**	**Target**		
		2019	**2021**	**2022**	**2023**
(2.1) WHO program for NCDs (PEN Approach) is actively implemented through approved national protocols	Percentage of PHC clinics applying the WHO program (Pen approach)	National protocols are being prepared	Protocols are adopted and implementation process has been initiated	Implementation by 50% in PHC clinic	Implementation by 85% in PHC clinic
	Deaths(age group 30-60 years) due to cardiovascular disease as a	5.3%	5.2%	5.1%	5%

	percentage of total deaths.				
	Deaths (age group 30-60 years) due to cancer as a percentage of total deaths.	5%	4.8%	4.8%	4.7%
(2.2) Early detection services for cancer diseases are available for all citizens, promoting screening programs for breast cancer, cervical cancer and colon cancer.	Incidence rate of new cancer cases per 100,000 people	117.7 (2018)	Maintain the ratio	Maintain the ratio	Maintain the ratio
	Number of mammography-screening cases in PHC centers[10]	10339	11000	12000	13000
(2.3) The WHO recommendations of reducing the incidence rate of chronic diseases are implemented including community reduction of table salt consumption	Salt content of bread (per 100 gm. of bread).	0.9 gm	0.8 gm	0.7 gm	0.6 gm
	Indicators of NCDs risk factors (STEP-wise surveillance) expected to be implemented in 2020.	---	Decrease from the previous survey (2010)	---	---
(2.4) Health awareness programs and healthy behaviours are implemented in the following fields: healthy lifestyles, accidents particularly road accidents, youth and	The number of health education activities carried out annually	36,496 activities	Maintain the ratio[11]	Maintain the ratio	Maintain the ratio

[10] With an emphasis on working to increase awareness and encouragement campaigns for early detection and mammography screening.

[11] Taking into account the health priorities of health education.

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 radiologists					
(2.5) Executive bylaws for the antismoking law are approved and implemented	Implementation rate	The draft is ready and submitted to the governmental cabinet.	The draft is under discussion and amendment by the Governmental Cabinet.	Bylaws are approved by the governmental cabinet.	Bylaws are approved by the governmental cabinet and are under implementation.
(2.6) Control of infectious, zoonosis, water-borne and food-borne diseases is carried out effectively through various preventive and treatment programs, including the national vaccination program and effective response policies to the COVID 19pandemic.	Incidence of Hepatitis B infection per 100,000 people (cases and carriers).	13.7	Maintain the ratio	Maintain the ratio	Maintain the ratio
	Prevalence of tuberculosis per 100,000 people.	0.4	Maintain the ratio	Maintain the ratio	Maintain the ratio
	Incidence of malaria infection per 1,000 people.	0.0	Maintain the ratio	Maintain the ratio	Maintain the ratio
	Vaccination coverage for children according to the approved national vaccination program.	100%	Maintain the ratio	Maintain the ratio	Maintain the ratio

(2.7) Policies and procedures to face COVID 19 pandemicare implemented effectively and in line with the recommendations of the World Health Organization and the developments of the epidemiological situation.	Number of COVID 19 infected patients				
	Deaths caused by COVID 19				
(2.8) The National Center for Addiction Treatment and Rehabilitation and the Methadone Treatment Centers are effectively working and offering services free of charge	Training therapists in the National Center for Addiction Treatment and Rehabilitation	301	340	350	370

Objective 3: Institutionalize Quality Systems in all Aspects of Health Services.					
Result	**Indicator**	**Baseline**	**Target**		
		2019	**2021**	**2022**	**2023**
(3.1) National quality standards are implemented in all PHC centers.	Number of directorates applying the four stages (full standards)	1 directorate applies the 4 levels 14 directorates apply the first level only	8 directorates apply the 4 levels	14 directorates apply the 4 levels	14 directorates and several clinics apply the 4 levels
(3.2) Patient safety initiative standards are applied in all participating public hospitals (140 standards).	Number of participating hospitals	12 hospitals apply the first level 1 hospital applies the second level	4 hospitals apply the second level	8 hospitals apply the second level	12 hospitals apply the second level
(3.3) The number of government labs applying the ISO 15189 standards increases to 15 labs.	ISO accredited labs	2	3	3	4
(3.4) Quality standards are implemented and accredited in the dental clinics	Implementation rate	---------	Standards are approved at the end of year	Training of staff and implementation	50 % implemented
(3.5) implementation of infection prevention and control policies and procedures including (anti-microbial resistance program and COVID 19	Implementation rate.	60%	80%	90%	90%

infection control) in hospitals and health centers.					
(3.6) The Baby-Friendly Hospital Initiative is actively implemented through an ongoing monitoring and evaluation process.	Percentage of re-evaluated hospitals	50%	60%	80%	90%
(3.7) The Baby-Friendly Clinics Initiative is endorsed and implemented in PHC centers	Percentage of clinics implementing the baby-friendly initiative	---	5%	10%	15%
(3.8) An independent national body for health accreditation is operating effectively by 2022.	Implementation rate	--	Issuing a decision to establish the body	Staff training and development of standards	The accreditation process is initiated

Objective 4: The provision of adequate, efficient and qualified human resources.					
Result	**Indicator**	**Baseline**	**Target**		
		2019	**2021**	**2022**	**2023**
(4.1) Qualified human resources are adequately available in to match with health needs and population growth.	Ratio of physicians/population per 10,000 people.	22.6	23	23.4	24
	Ratio of dentists/population per 10,000 people.	7.6	7.8	7.9	8.0
	Ratio of pharmacists/population per 10,000 people.	11.3	11.5	11.7	11.9
	Ratio of nurses/population per 10,000 people.	26.9	27.4	28	29
	Ratio of midwives/population per 10,000 people.	2.7	2.8	2.9	3.0
	The number of new employments in the Ministry of Health annually	----	400	400	450
(4.2) The continuing professional development program is endorsed and applied.	Number of health institutions applying the continuing professional development system.	---	Applied at the experimental stage	Applied in Jerusalem hospitals, application process has been initiated in the MoH	Implementation continues in the ministry by 50%.

(4.3) Various health education programs including the residency program for doctors, electronic training programs, and face-to-face training programs are being conducted on a regular basis.	Number of applied training programs	35 e-learning courses	37 e-learning courses + 6 face to face training programs	39 e-learning courses + 7 face to face training programs	40 e-learning courses + 7 face to face training programs
	Continuing and expanding residency training programs in governmental and partner hospitals (including emergency medicine and family medicine)	The residency training program is implemente d by 100%	100%	100%	100%
(4.4) The national strategy of developing and planning for health human resources is endorsed and approved	Implementation rate	Work is underway to research the needed human resources in the health sector	Work is initiated to develop a strategy	The preliminary draft is ready	The strategy is ready and approved
(4.5) Governmental institutions and workers in the governmental health sector are adhered to the employee code of conduct duly.	Number of training programs for workers on employee code of conduct.	---	5	10	15

	Increasing the Ministry's internal control staff and providing it with the necessary skills and capabilities	27 staff members	35 staff members 7 individual and group training programs	40 staff members 10 individual and group training programs	45 staff members 10 training programs

Objective 5: Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, cross-sectoral coordination, integration among service providers and enhancing health financing.					
Result	**Indicator**	**Baseline**	**Target**		
		2019	**2021**	**2022**	**2023**
(5.1) Health surveillance systems are functional in several fields: NCDs, cancer, disabilities, epidemics, nutrition, road accidents, mother and child health, mammography and gender-based violence	Health surveillance systems are functioning Competently including COVID 19 monitoring.	90%	90%	95%	95%
	Establishing the National Registry for Chronic diseases.	---	15%	30%	40%
(5.2) The information systems in the various health programs are active and computerized, including the patient's medical record in hospitals, telemedicine and e-learning.	Number of clinics and PHC centers applying computerized health information system (implementation rate)	Computerization of child health programs: 80%	Computerization of child health programs: 90% Computerization of the family health file: 30%	Computerization of child health programs: 100% Computerization of the family health file: 60%	Computerization of child health programs: 100% Computerization of the family health file: 80%
	The national e-health strategy and the operational action plans are ready and under implementation	Preparing the initial draft of the National E-Health Strategy	The National E-Health Strategy and the action plan is approved	Applications are implemented according to the established plans	Applications are implemented according to the established plans
(5.3) The health information system is functional and ensures the provision of relevant health data and indicators to monitor	The annual health report and the annual follow-up reports are issued continuously.	Annual report is annually issued. Midterm review of the national	Issuing the updated report.	Issue an updated report.	Issue the report according to an updated form

the situation and performance of the health sector.		strategy.			
(5.4) The registration system for special foods and fortified foods with minerals and vitamins is implemented.	Implementation rate	75%	80%	90%	95%
(5.5) National plans to develop health services and achieve universal health coverage are approved and applied.	Implementation rate	Investment plans to localize services in the health sector.	The national plan for hospital sectors is updated and approved	The national plan for the PHC sector is ready and approved	The plans are implemented according to the approved time frame
(5.6) The pharmaceutical sector provides all medicines and medical consumables with high quality according to the local needs and under an endorsed system for registration, quality, control, manufacturing, marketing, import and export.	The third stage of the good governance for medicines program is applied.	Develop an implementation plan for the third stage	Implementing the plans by 50%	Implementing the plans by 85%	The third stage is implemented by 100%
	Average morphine consumption mg/capita.	1.5 mg/ capita	1.6 mg/ capita	1.7 mg/ capita	1.9 mg/ capita
	Establishing Food & Drug Authority (Implementation rate).	---	Prepare an initial draft and submit it to the governmental cabinet	The founding stage: the decision of establishing Food & Drug Authority and training the staff.	The food and drug authority is active and performs associated tasks
(5.7) The government health insurance system is modified and upgraded to achieve equity, financial protection and access	Implementation rate	---	Initial reviews and conduct researches, increase the rate of	Increase the rate of insurance beneficiaries.	Increase the rate of insurance beneficiaries, endorse the

to universal health coverage.			insurance beneficiaries.	Preliminary draft of the amendments	amendments.
	Updating the health services basket as part of developing the health insurance system. (implementation rate)	---	The initial draft of the update is ready and submitted to the governmental cabinet	The basket of services is updated and approved	The basket of services is updated and approved
	Number of valid government health insurance cards	350,917	Annual increase by 5%	Annual increase by 5%	Annual increase by 5%
(5.8) The health pooling and financing system is aligned with the implementation of universal health coverage.	Proportion of government's expenditure on vaccines and medicines as a share of total health expenditure	15.9%	16%	17%	18%
	Proportion of government's expenditure as a share of total health expenditure	42.3% (2017)	45%	46%	46%
	Proportion of household's out-of-pocket health expenditure as a share of total health expenditure	41.9% (2017)	40.5%	39.5%	39%
(5.9) The health service purchasing system and payment mechanisms are aligned with the achievement of universal health coverage	DRG-based payment system (implementation rate)	Pilot	20%	30%	50%

(5.10) Monitoring, accountability and follow-up systems are effective at all levels, preventing and combating corruption and detecting deviations	Number of laws and regulations (for the different health professions) reviewed and endorsed.	12 regulations for practicing health professions has been worked on during the past two years.	3	3	3
	Achievements of monitoring and accountability systems in the health sector	----	- Developing and adopting the internal monitoring system in the ministry. - Preparing and approving the monitoring procedures manual.	Effective oversight of the public procurement system, Developing procedures manuals and staff turnover in this field	
(5.11) International Health Regulations (IHR) and national plans to promote health emergency preparedness are approved and implemented	Implementation rate licensing system for paramedics and ambulances crews is effectively implemented	The number of active registered ambulances is 321 vehicles in the country	The ambulance licensing system is effective, implementing the regulations on the use of the emblem, implement the regulations related to using and protecting the red crescent, red cross and red crystal emblems.	The national plan to promote health emergency preparedness is updated	

	The National Center for Health Crisis Management is actively working (as a focal point in national health emergencies).		The center is being established with the support of the World Health Organization	The center works effectively and supported by the World Health Organization	The center is operating effectively
(5.12) Active and effective health media capable to communicate with the public efficiently and effectively.	Number of media campaigns implemented about local health services	---	At least two campaigns annually	At least two campaigns annually	At least two campaigns annually
(5.13) Foreign aid is in line with established laws, regulations, plans and priorities.	The percentage of implementation of the proposed plans and projects annually	85%	90%	90%	90%

3.2 National Health Indicators

They are a set of indicators that give evidence about the general health situation in the country, the health standards of citizens, the performance of the health system and the impact resulting from the realization of national strategic objectives(Table 4).

Table 4: National Health Indicators and their targets for the year 2023.

Indicator	Actual 2019	Target 2023
Life expectancy at birth (years)	74	74.3
Fertility rate.	4.1	The same rate
Maternal mortality (per 100,000 live births) (National Health Report, 2018).	19.5	Maintain the ratio
Neonatal (0-28 days) mortality rate per 1,000 live births	7.9	7.5
Infant (under one year) mortality rate per 1,000 live births.	10.8	10.0
Under five-child mortality rate per 1,000 live births.	12.1	11.5
Prevalence of exclusive breastfeeding. (MICS, 2014)	38.6%	50%
Proportion of women of reproductive age (aged 15-49 years)who have their need for family planning satisfied with modern methods. (MICS,2014)	57.2%	74%
Unmet need for family planning (MICS, 2014).	10.9%	8%
Percentage of women using modern family planning methods (MICS, 2014).	44.1%	55%
Adolescent birth rate (aged 15-19 years) per1,000 women.	48	30
Underweight prevalence for children under five (MICS, 2014)	1.4%	1.0%
Wasting prevalence for children under five (MICS, 2014).	1.2%	0.8%
Prevalence of smoking among persons over 18 years.(2019, PCBS)	29.5%	26%
Ratio of physicians/population per 10,000 people.	22.6	24
Ratio of dentists/population per 10,000 people.	7.6	8.0
Ratio of pharmacists/population per 10,000 people.	11.4	11.9
Ratio of nurses/population per 10,000 people	26.9	29
Ratio of midwives/population per 10,000 people.	2.7	3.0
Vaccination coverage for children according to approved national vaccination program	100%	100%
Incidence of Hepatitis B infection per 100,000 people (cases and carriers).	13.7	12.0
Number of new cases of HIV infection.	8	Maintain the ratio

Prevalence of tuberculosis per 100,000 people.(pulmonary and extra-pulmonary)	0.4	Maintain the ratio
Incidence of malaria infection per 100,000 people.	0.00	0.00
Mortality rate due to cardiovascular, cancer, diabetes and respiratory diseases per 10,000 people(30-70)	20.6	18
Mortality rate due to deadly road traffic accidents per 100,000 people	3.9	3.6
Suicide mortality rate per 100000 people (West Bank, PCBS).	0.95	Maintain the ratio
Proportion of household's out-of-pocket health expenditure as a share of total health expenditure (PCBS - National Health Accounts Report) (2017).	41.9%	39%
Proportion of population with significant family expenditure on health as a proportion of total household spending or income (health spending is more than 25% of total spending) (PCBS, 2017)	1.5%	1%
Total amount of contributions by the Official development assistance (ODA) provided to the basic health sectors and medical research, (2016,PCBS)	USD 77.3 million	90 million

Chapter Four

Linking National Health Strategic Objectives to the National Policy Agenda and Sustainable Development Targets.

The process of reviewing and updating the national health strategic objectives is in line with reviewing and updating the National Policy Agenda with the priorities that meet the requirements of the future development vision and current situation.

On this basis, the updated National Policy Agenda has adopted the concept of universal health coverage, in fulfilment of the national commitment to work towards achieving universal health coverage as the most important third goal of the sustainable development agenda, in addition to the commitment of the State of Palestine to achieve universal health coverage through the Salalah Agreement. Accordingly, the national priority has been modified to become "working towards achieving universal health coverage" through the two policy priorities: providing high-quality comprehensive health care services and improving the health and welfare of citizens. Listing several main policy interventions to achieve these priorities (Table 5).

Table 5: National health priorities as presented in the updated NPA

Policy priorities	Policy interventions
Working towards achieving national health coverage.	
The provision of comprehensive health care services for all	1. Nationalization and enhancing the quality of health services.
	2. Enhance the financial sustainability of the health care system.
	3. Reform and develop the public health insurance system.
	4. Increase equitable access to health care services.
	5. Promote and expand community, reproductive and sexual health services and programs.
	6. Capacity building and training for different health personnel.
	7. Improving Emergency Medical Services, enhancing emergency preparedness and facing health risks.
Improve citizens' health and wellbeing.	1. Promote preventive health services, raise awareness and promote healthy behaviours. 2. Adopt and implement the family practice approach. 3. Enhance programs for the management of communicable and non-communicable diseases and implement related national policies.

This strategy is based on the framework for achieving universal health coverage, which was reflected through the expected outcomes and various health programs, and it is largely consistent with the Sustainable Development Agenda, since universal health coverage is the third goal of Sustainable Development agenda, it is considered the most comprehensive and important. In fact all 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."

In the same context, the strategy is in line with the policy priorities and health policy interventions outlined in the updated national policy agenda, as the provision of comprehensive health care services for all comes through localization of health services in the country and ensuring that they are provided to all citizens with high quality through mainstreaming health quality systems and the provision of qualified and sufficient human resources to provide high-quality services, and work to provide infrastructure and modern equipment and keep abreast of treatment and diagnostic medical developments and advanced healthcare delivery systems such as applying the family health approach, improving community health services, reproductive and sexual health services, emergency services, and emergency preparedness against health hazards as well as stressing the importance of integrated and coordinated efforts of all stakeholders and service providers and stressing the important role of the non-governmental 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 and maintain health protection by ensuring that all citizens have access to health services and medical treatment without being subjected to financial hardship. Enhancing the health status of citizens is achieved through strengthening preventive healthcare programs and raising community health awareness, implementing the family health approach, promoting healthy behaviours and safe health environment in cooperation with other partner sectors, and ensuring the application of health laws, regulations and legislation (health governance) that contribute to strengthening and enhancing the performance of the health system and supporting NCD control programs

Table 6: Linking National Health Strategic Objectives to the National Policy Agenda and Sustainable Development Targets.

The strategic objectives linked to the national policy agenda and sustainable development targets		
Strategic Objective	**Policy intervention of related national policy agenda**	**Related Sustainable Development Targets**
1. Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.	• Nationalization and enhancing the quality of health services. • Increasing equal access to health care services. • Adopt and implement the family health approach. • Promote and expand community reproductive and sexual health services and programs. • Improving Emergency Medical Services, enhancing emergency preparedness and facing health risks.	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 3.1: By 2030, reduce the global maternal mortality ratio to less than70 per 100,000 live births. 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. 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. 3.7: By 2030, ensure universal access to sexual and reproductivehealth-care services, including for family planning, information andeducation, and the integration of reproductive health into nationalstrategies and programs. 3.9: By 2030, substantially reduce the number of

		deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination. 6.3: By 2030, improve water quality by reducing pollution,eliminating dumping and minimizing release of hazardouschemicals and materials, halving the proportion of untreatedwastewater and substantially increasing recycling and safe reuseglobally. 6.1: By 2030, achieve universal and equitable access to safe andaffordable drinking water for all. 2.2: By 2030, end all forms of malnutrition, including achieving, by2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs ofadolescent girls, pregnant and lactating women and older persons.
2. Promote programs for the management of non-communicablediseases (NCDs), preventive health care, community health awareness	• Enhance programs for the management of non-communicable diseases and implement related national policies. • Promote preventive health services, raise awareness and promote healthy behaviors.	3.8: Achieve universal health coverage, including financial riskprotection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicinesand vaccines for all 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being. 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 nationalstrategies and programmes. 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate 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. 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria andneglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. 3.9: By 2030, substantially reduce the number of deaths andillnesses from hazardous chemicals and air, water and soil pollution and contamination.
3. Institutionalize quality systems in all aspects of health service delivery.	• Nationalization and enhancing the quality of health services. • Increasing equal access to health care services.	3.8: Achieve universal health coverage, including financial riskprotection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicinesand vaccines for all.
4. Provide adequate, sufficient and	• Capacity building and sustained training for	3.c: Substantially increase health financing and

qualified human resources.	health personnel. • Human resources development in the civil service sector and manage them effectively. • Institutionalizing government institutions ’commitment to the code of conduct, and fighting corruption	the recruitment,development, training and retention of the health workforce in developing countries.
5. Enhance health governance, including effective management ofthe health sector, enforcement of laws and legislations, cross-sectoralcoordination, integration among service providers and enhance health financing.	• Nationalization and enhancing the quality of health services. • promote financial sustainability of the healthcare system. • Reform and develop the public health insurance system • Improve Emergency Medical Services and enhance emergency preparedness. • Institutionalizing government institutions ’commitment to the code of conduct, and fighting corruption • Enhancing transparency in the work of the government including the right of access to information. • Strengthening results-based public administration and completing the process of integrating budget planning and shifting to program budget.	3.c: Substantially increase health financing and the recruitment,development, training and retention of the health workforce in developing countries. 3.d: Strengthen the capacity of all countries, in particulardeveloping countries, for early warning, risk reduction andmanagement of national and global health risks. 3.b: Support the research and development of vaccines andmedicines for the communicable and non-communicable diseasesthat primarily affect developing countries, provide access to affordable essential medicines and vaccines 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

Chapter Five

Financial Resources

5.1 Health Financing:

National health accounts data indicate that the largest funding source in the health sector is the governmental sources and programs. The budget of the MoH is the primary source of financial resources in the governmental health sector, while health development partners in the health sector contribute to financing and supporting development activities in a large proportion. These partners include friendly donor countries, United Nations organizations, and international and local civil society institutions. The MoH seeks to develop appropriate mechanisms to provide 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 achieving universal health coverage.

Due to the COVID 19 pandemic, an emergency budget for the year 2020 has been approved, so that the health sector is considered one of the budget priorities in the current situation to confront the epidemic, and monthly cash spending plans are prepared on the principle of monetary rationing in accordance with the priorities approved by the Council of Ministers based on the recommendation of the Minister of Finance.

Also, a large part of budgets, spending and aid was allocated in the year 2020, whether from the government or from partners and donors, in order to work to provide emergency health needs and to purchase medical devices and supplies needed to confront the epidemic, in addition to equipping isolation and treatment centers and field hospitals for patients in all governorates and providing them with equipment Providing the necessary laboratory materials for laboratory examination and detection of injuries and other urgent priorities in this period.

5.2 Ministry of Health Budget

The Ministry of Health worked to reduce and eliminate the financial gap of the Ministry, improve financial performance and increase the confidence of suppliers and health service providers, through taking the initiative in the year 2019 to seek to raise the financial ceilings approved for the Ministry of Health's budget for the year 2020, through consultations with the Ministry of Finance to discuss the 2020 budget, whereby it was agreed to raise the approved fiscal ceilings for the year 2020 to a value of 2.385 million shekels, an increase of 400 million shekels over the previous ones. However, the COVID 19 pandemic has affected on the new budget ceiling, which led to re-reduction, while a special emergency budget was allocated to face the pandemic.

5.3 Budget of partner governmental institutions

The Ministry of Social Development and the Ministry of Education are the most prominent partner government institutions contributing to the spending on the health sector, where the Ministry of Social Development contributes to covering patient contribution fees of the service purchase costs for poor families covered by the government health insurance system for poor families, the Ministry of Education contributes to funding various school health programs, which are implemented in coordination and partnership between the Ministry of Health and the Ministry of Education, each according to its role and responsibilities.

It is noteworthy that the existing technical coordination between the Environmental Quality Authority and the Ministry of Health in implementing several activities is crucial and contribute to supporting various environmental health programs, in addition to the continuous coordination in several technical, regulatory and policy aspects with various partner government institutions, especially the Ministry of National Economy, the Palestine Standards Institution, the Water Authority , The Environmental Quality Authority and others.

5.4 Financial resources through development partners

The table below shows the most significant expected financial resources for the next three years 2021-2023, based on the data available at the MoH on the financial support expected from the development partners of the governmental

health sector. The data in the table represent the ongoing and expected projects and programs that are funded through international and local partners, which contributes to the support of the Ministry of Health and the provision of government health services, according to the available data during the process of preparing this strategy(Table 7).

Table 7: Available financial resources (NIS) for the years 2021-2023

Provider	2021	2022	2023	Notes
Government	2,388,318,300	2,453,248,300	2,503,320,000	
MoH budget	2,385,000,000	2,450,000,000	2,500,000,000	Budget of the leading institution of the health sector
Budget of partner government institutions / Ministry of Social Development	1,500,000	1,500,000	1,500,000	Contributing to cover costs of purchasing health services for the poor families (the patient's contribution amounted at 5% of the cost of treatment)
Budget of partner government institutions / Ministry of Education	1,818,300	1,748,300	1,820,000	Implementing school health programs
Donor countries	**345,419,400**	**281,471,700**	**201,397,900**	
Through unified budget account	16,010,000	9,500,000	3,500,000	
Projects funded by other partners	232,533,050	215,505,800	162,176,000	Projects funded by friendly governments and donor countries
United Nations organizations	33,342,850	10,100,000	10,100,000	Joint projects and programs from United Nations organizations to support the MoH
local civil society organizations	Data unavailable.	Data unavailable.	Data unavailable.	
Ministry of Education / School Health programs	7,950,000	8,500,000	8,500,000	Implementing school health programs
International civil society organizations	55,583,500	37,865,900	17,121,900	Projects funded by international civil society institutions
Private sector	Data unavailable.	Data unavailable.	Data unavailable.	
Total	**2,733,737,700**	**2,734,720,000**	**2,704,717,900**	

- In the case part of the proposed development projects is implemented

Chapter Six

Health Programs and Strategic Health Objectives

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 and Fifth national objectives.

6.1 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, childcare, 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.

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

The MoH seeks to ensure the provision of 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 and seeking to achieve patient satisfaction with service delivery.

6.3 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 and enforcement of laws and regulations. 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. In addition, the MoH seeks to achieve financial protection from health expenses for citizen through the development of the health insurance system in a way that contributes to achieving universal health coverage.

6.4 Budget Programs, Strategic Objectives and Outputs

Table 8: Budget Programs and Outputs

Budget Program No.	Budget Program	Goals of budget programs polices	Budgets programs objectives	The relevant strategic objective's Result
First strategic objective: Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine.				
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package.	Ensure the provision of diagnostic and curative health programs and services in all PHC centers (general and specialized clinics).	(1.1) The provision of diagnostic, curative and specialized health services within the available capabilities. (1.2) Essential medicines, medical consumables, vaccines and modern medical equipment are available.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Provision of appropriate infrastructure to provide health services in line with international standards and modern technology	Upgrade the infrastructure of PHC and public health services	(1.3) The infrastructure in all health facilities is in line with international standards, environmentally friendly and meets the growing health needs
1012	Sustainable and high quality secondary and tertiary health services. .	Ensure Sustainable and high quality secondary and tertiary health care Services. Provision of appropriate infrastructure in hospitals to provide health services in line with international standards and modern technology.	Provide and develop various curative services in hospitals. Develop and support paramedical services. Develop and support hotel services. Upgrade the infrastructure of secondary and tertiary	(1.1) The provision of diagnostic, curative and specialized health services within the available capabilities. (1.2) Essential medicines, medical consumables, vaccines and modern medical equipment are available. (1.3) The infrastructure in all health facilities is in line with international standards, environmentally friendly and meets the growing

			health care service.	health needs (1.5) The percentage of service purchase referrals to the national and local hospitals increased to 90%. 1.14) The infrastructure for ambulance, emergency and crises services is more effective.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Adopt and apply the family health approach in PHC clinics in order to ensure the development and integration of PHC services.	Implement the family health approach in PHC.	(1.4) Family Health Approach is adopted and implemented in all the governorates.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package.	Ensure the provision and upgrading of community health, women's health, reproductive health and mother and child health services and apply the national referral system for women victims of violence in PHC clinics.	(1.6) Reproductive and sexual health services and programs are available to women of all ages, contributing to the continuous improvement of maternal and child health indicators and reproductive health indicators including maintaining high coverage of pregnancy, childbirth and postpartum care services, meeting the unmet need of family planning methods and introducing new services, such as preconception and delivery care services,psychological counselling for women during pregnancy and after childbirth and abortion, and counselling services for young couples.

				(1.7) Psychological and healthcare services for women victims of gender-based violence are available in high quality through the National referral System for battered women. (1.8) Child and community health programs are institutionalized and provided effectively, targeting the neediest groups of adolescents, the elderly, people with disabilities, and early childhood care.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package.	Ensure the provision of school health and oral health services.	(1.9) Implement expanded school eye and dental screening programs. (1.12) Oral and dental health services and programs are implemented effectively. (3.4) Upgrade and apply quality standards in dental health clinics.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package.	Ensure that environmental health services are available with regard to pesticides, sewage and waste management, and licensure of professions and industries.	(1.10) Environmental health programs are implemented, including water purification, pesticides spraying, medical waste management, and linking the diseases with related causes.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed	Ensure the provision of community mental health services in public health clinics to detect and treat disorders and reduce	(1.13) Community mental health services are provided effectively, targeting needy groups especially women and children.

		service package.	complications.	
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package.	Ensure the provision of nutrition services in primary health care clinics.	(1.11) Fortified and special food programs, nutrition and breastfeeding promotion programs are implemented effectively and targeting needy groups.

Budget Program No.	Budget Program	Goals of budget programs polices	Budgets programs objectives	The relevant strategic objective's Result
Second strategic objective: Promote programs for the management of non-communicable diseases (NCDs), preventive health care, community health awareness				
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Ensure sustainable provision and upgrading of PHC and public health services according to the endorsed service package. Strengthen preventive health programs and policies to reduce and early detection of diseases and health problems, including non-communicable diseases, disabilities, communicable diseases and global health risk and pandemics.	Ensure the provision of diagnostic and treatment programs and services for non-communicable diseases in PHC centers.	(2.1) WHO program for NCDs (PEN Approach) is actively implemented through approved national protocols. (2.2) 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. (1.1) The provision of diagnostic, curative and specialized health services within the available capabilities. (1.2) Essential medicines, medical consumables, vaccines and modern medical equipment are available.
1011	Sustainable high-quality primary and	Strengthen preventive health programs and	Promote healthy lifestyles and	(2.3) The recommendations of the

	public health care services and promotion of healthy lifestyles.	policies to reduce and early detection of diseases and health problems, including non-communicable diseases, disabilities, communicable diseases and global health risk and pandemics.	behaviours through health education activities and programs, implement preventive policies and integrate them with various national strategies.	WHO with regard to reducing the incidence rate of chronic diseases and their complications are applied including reducing community consumption of table salt, completely eliminating the consumption of hydrogenated fats and reducing the consumption of saturated fats and sugar. (2.4) 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. (2.5) Antismoking regulations are endorsed and applied (2.6) Protocols for early detection of disabilities and developmental delays in children are endorsed and implemented and intervention care services are available. (2.8) The National Center for Addiction Treatment and Rehabilitation and the Methadone Treatment Centers are effectively

				working and offering services free of charge.
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Strengthen preventive health programs, policies to reduce, and early detection of diseases and health problems, including non-communicable diseases, disabilities, communicable diseases and global health risk and pandemics.	Ensure the monitoring and control of communicable and infectious diseases, limit their spread, and apply the national vaccination program.	(2.6) Control of zoonosis, water-borne and food-borne diseases is carried out effectively. Control of emerging communicable diseases is effective. (2.7) policies and procedures to face COVID 19 pandemic are continuing effectively and in line with the recommendations of the world health organization and the epidemiological status updates. (5.11) International Health Regulations (IHR) health emergency preparedness plans are endorsed and applied. (1.2) Essential medicines, medical consumables, vaccines and modern medical equipment are available.

Budget Program No.	Budget Program	Goals of budget programs polices	Budgets programs objectives	The relevant strategic objective's Result
Third strategic objective: Institutionalize quality systems in all aspects of health service delivery.				
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	Institutionalize health quality and patient safety systems in PHC services and implement initiatives supporting this	Quality standards and initiatives are implemented in all PHC centers. Develop and support paramedical services.	(3.2) National quality standards are implemented in all PHC centers. (3.3) Increase the number of PHC labs applying the ISO standards to 15 labs. (3.4) Develop and apply

		effort.		quality standards in dental health clinics. (3.7) The baby-friendly clinics initiative is approved and applied in PHC clinics.
1012	Sustainable high quality secondary and tertiary health care services.	Institutionalize health quality and patient safety systems in governmental hospitals services and implement initiatives supporting this effort.	Quality standards and initiatives are implemented in governmental hospitals. Develop and support paramedical services.	(3.1) Patient safety initiative standards are applied in all participating governmental hospitals (140 standards). (3.3) The number of government labs applying the ISO standards increases to 15 labs. (3.5) Infection control policies and procedures are applied in different health facilities. (3.6) The baby-friendly hospital initiative is implemented effectively through a continuous monitoring and evaluation process.
1015	Health management and governance program	Enhance the administrative and information systems in the Palestinian health sector	Develop a national system for accreditation of health institutions.	(3.8) An independent national body for health accreditation is operating effectively by 2022.

Budget Program No.	Budget Program	Goals of budget programs polices	Budgets programs objectives	The relevant strategic objective's Result
Fourth strategic objective: The provision of adequate, efficient and qualified human resources.				
1015	Health management and governance program.	Sustainable and sufficient financial and human resources.	The national system for continuing professional development is endorsed and implemented. Finalize	(4.1) Qualified human resources are adequately available in to match with health needs and population growth. (4.2) The continuing professional development

			Job descriptions schedule.	program is applied. (4.3) E-learning programs and face-to-face training are conducted continuously. (4.4) National strategy for planning and development of health human resources. (4.5) Governmental institutions abide by the employee code of conduct.

Budget Program No.	Budget Program	Goals of budget program policies	Budgets programs objectives	The relevant strategic objective's Result
Fifth strategic objective: Enhance health governance, including effective management of the health sector, enforcement of laws and legislations, integration among service providers and enhance health financing.				
1011	Sustainable high-quality primary and public health care services and promotion of healthy lifestyles.	provision of appropriate infrastructure to provide health services in line with international standards and modern technology.	Operationalize and expand the computerized health information system in PHC centers.	(5.2) E-health applications are effective according to the approved plans and strategies including the computerization of various health information systems, telemedicine and e-learning. (5.1) Early detection programs are operated effectively, including early detection of NCDs, cancer, disabilities, epidemics, nutrition monitoring, road accidents, mother and child health, mammography and gender-based violence.
1012	Sustainable high quality secondary and tertiary health care services.	Provision of appropriate infrastructure to provide health services in line with international standards and	Complete the implementation and operationalization of the computerized information system in all hospitals.	(5.1) Early detection programs are operated effectively, including early detection of NCDs, cancer, disabilities, epidemics, nutrition monitoring, road accidents, mother and child health, mammography and

		modern technology.		gender-based violence. (5.2) Computerization of the information systems for health programs including the patient's medical file in hospitals, mother and child health programs, the family health's file, and the patient's file for chronic diseases and others.
1015	Health management and governance program	Enhance the administrative and information systems in the Palestinian health sector	Upgrade the infrastructure of administrative centers and operationalize the computerized system.	(5.1) Early detection programs are operated effectively, including early detection of NCDs, cancer, disabilities, epidemics, nutrition monitoring, road accidents, mother and child health, mammography and gender-based violence. (5.2) Computerization of the information systems for health programs including the patient's medical file in hospitals, telemedicine and e-learning.
1015	Health management and governance program.	Enhance the administrative and information systems in the Palestinian health sector.	Enhance the leadership and regulatory role of the Palestinian MoH.	(5.1) Early detection programs are operated effectively, including early detection of NCDs, cancer, disabilities, epidemics, nutrition monitoring, road accidents, mother and child health, mammography and gender-based violence. (5.7) The government health insurance system is modified and upgraded to achieve equity, financial protection and universal coverage. (5.10) Monitoring and accountability systems are effective at all levels. (5.12) Active and effective health media capable to communicate with the public efficiently. (2.5) Antismoking regulations

				are endorsed and applied.
1015	Health management and governance program.	Enhance the administrative and information systems in the Palestinian health sector.	Enhance the performance of the pharmaceutical sector and ensure the implementation of approved pharmaceutical policies and the safety of Palestinian drugs and foods.	(5.4) The registration system for special foods and foods fortified with minerals and vitamins is applied. (5.6) 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.
1015	Health management and governance program.	Enhance the administrative and information systems in the Palestinian health sector.	Promote health planning and policies and monitoring their implementation.	(5.2) E-health applications are effective according to the approved plans and strategies including the computerization of various health information systems, telemedicine and e-learning. (5.3) 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. (5.5) National plans to develop health services and achieve universal health coverage are approved and applied. (5.11) International Health Regulations (IHR) and national plans to promote health emergency preparedness are approved and implemented. (5.13) External aid is highly aligned with the agreed priorities and plans. (4.4) The National Strategy of Developing and Planning for Health Human Resources is endorsed and approved.
1015	Health management and governance	Sustainable and sufficient	Promote financial sustainability and	(5.7) The government health insurance system is modified

	program.	financial and human resources.	sources of health financing.	and upgraded to achieve equity, financial protection and universal health coverage. (5.8) The health pooling and financing system is aligned with the implementation of universal health coverage. (5.9) The health purchase services system and payment mechanisms are aligned with achieving universal health coverage.

ANNEXES

Annex 1: List of Ongoing and Committed Projects for 2021-2023:

Project name	Budget 2021	Budget 2022	Budget 2023	Donor
Program I: Primary health care and public health program				
Construction of a clinic in BaniNa'im, 300 m2 + finishing + furniture / north of Hebron health directorate	-	630,000	420,000	Arab and Islamic funds
Improving early childhood development in West Bank and Gaza Strip	3,500,000	3,500,000	3,500,000	World Bank
Construction of a 220m2 Kafr Sour clinic + finishing + equipment and furniture / Tulkarm Health Directorate	-	644,000	161,000	Arab and Islamic funds
building of Al Far'a clinic: 360m2 + finishing + furniture / Toubas health directorate	-	714,000	476,000	Arab and Islamic funds
Providing a portable blood bank	-	490,000	210,000	UAE Charity
Construction, finishing and equipping of a health clinic in KofrRa'i/Jenin	-	630,000	420,000	Arab and Islamic funds
Finishing and qualifying a part of the ground floor and the whole first floor of the municipal building for use as a health center\ Silwad	-	350,000	350,000	Arab and Islamic funds
Building, finishing and equipping a fourth level health center measuring 600 m2 in Birzeit	-	1,302,000	868,000	Arab and Islamic funds
Construction, finishing and equipping of a fourth floor of the 450m2 \Jericho health directorate	-	612,500	612,500	Arab and Islamic funds
Building a finishing and equipping additional floor for Bethlehem Health Directorate, 600 m2	-	735,000	735,000	Arab and Islamic funds
Building, finishing and equipping a third-level health clinic in Dirstia-Salfit, 300 m2	-	630,000	420,000	Arab and Islamic funds
Support for mother, child and premature babies services in Gaza	16,520,000	16,520,000	8,260,000	Financing of the French Agency for

Strip (assessment stage: Khan Younis)				Development/implementation of UNICEF
Rare-blood diseases management project	1,200,000	2,400,000	2,400,000	Italian Development Agency
Improving the quality of delivery of reproductive and sexual health services	650,000	650,000	650,000	UNFPA
Primary health care support project in Palestine (SA-POSIT)	1,268,300	3,170,750	-	Italian Development Agency
Child health support project	227,850	-	-	UNICEF
Improving the dental health of school in in Palestine (dental Health)	61,250	-	-	BARRO foundation
Improving the quality of reproductive health, safe delivery and post-natal services in marginalized areas	1,750,000	-	-	Juzoor
Construction, furnishing and equipping of the Eastern Clinic in Qalqilya	400,000	600,000	-	MoH
Implementation of the Children's Immunization Program (Rota Virus) in the West Bank and Gaza Strip	700,000	-	-	UAE Red Crescent
Support the implementation of the family health curriculum in primary health care	187,400	187,400	187,400	MAP-UK
Coordinated reproductive health records	1,900,000	-	-	Who/ Public Health Institute
Emergency center and safe birth in Deir Al-Ghosoun, construction and finishing Tulkarm Health Directorate	2,880,000	2,880,000	2,880,000	Italian Development Agency
Care and empowerment project for hemophilia patients	135,000	-	-	Switzerland
Follow-up to the start of new projects approved for 2019 financed by the Islamic Bank through Becdar, including the clinics of jinsafout, Yabed, Madma, Khrsa, Nelein, Ramadin, Toubas health Directorate , Salfit Health Directorate, Tulkarm Health directorate , equipping and furnishing of Aldahryea emergency center	4,455,500	4,455,500	-	Islamic Bank

The non-communicable disease treatment project (Corono)	2,588,000	-	-	Italian Development Agency
Activities to support the primary health programs of the Italian Government\ Ring	11,200,000	-	-	Italian Development Agency
Restoration of 6 clinics in Ramallah (Betunia, QarawaBani Zaid, -Rantis, DeirBzei', Bal'in, and the Medical Foundation)	870,000	870,000	-	MoH
Build and equip Om alsharayet health center	496,800	331,200	-	MoH
Completion of construction, finishing, expansion and rehabilitation of a group of clinics (Jaba/Jerusalem, Ouja/Jericho, mwaradeh /Yatta, Karaza/south Hebron)	NA	NA	NA	Local fund
Purchase a radiography device for Qabatia Health Directorate	210,000	315,000	-	Islamic bank
Mother, Child and premature Services Support Project in Gaza Strip \ Khan Younis	1,200,000	1,400,000	1,400,000	Financing of the French Agency for Development/implementation of UNICEF
Strengthening the capacity of physical therapists in the Gaza Strip	364,000	546,000	-	Japan Government
Ensure safe access to life-saving services by creating a LMB module	647,500	647,500	-	Qatar Red Crescent
Building, finishing and equipping a primary health care unit in BirNabala	400,000	544,000	-	The Japanese government
Construction of an additional floor of Jerusalem Health Directorate	500,000	700,000	-	MoH
Project for the provision of medical equipment and supplies to the southern governorates	764,750	764,750	-	Indonesian Government
Health and nutrition programs	8,000,000	8,000,000	8,000,000	UNICEF
Life pulse project	25,000	-	-	World vision
Sa'eer clinic	490,000	-	-	Estimated budget
Program II: Secondary and tertiary health care program				
Oxygen plants improvement project	1,173,250	469,300	-	The Norwegian government

Health Services improvement Project at Nasser Medical Complex	210,000	-	-	Malaysian government
Rehabilitation of (Physiotherapy department and rehabilitation) at the Nasser Medical Complex	153,000	-	-	The Japanese government
Provide 50 incubator for the Ministry of Health	1,750,000	2,625,000	-	The Japanese government
Medical equipment for Dora and Halhoul Hospitals	-	19,600,000	19,600,000	The Japanese government
Construction and finishing of an additional floor at Tulkarm Hospital (CCU, expansion of intensive care to ten beds instead of six beds and equipment for the two sections)	-	5,250,000	3,500,000	Arab and Islamic funds
Finishing and equipping of the reconciliation floor at Yatta State Hospital -(Laundry Section, death refrigerator and store)	-	1,155,000	770,000	Arab and Islamic funds
Rehabilitation of the Emergency Department in Yatta hospital and provision of the necessary equipment	1,500,000	2,000,000	-	Arab and Islamic funds
support the rehabilitation of the Operations Section of the Tulkarm governmental Hospital	-	588,000	392,000	PCRF
The construction of warehouses and a kitchen area of 700m2, and the rehabilitation of old warehouses to turn them into a holistic laundry unit in Tulkarm hospital	2,000,000	2,200,000	-	Arab and Islamic funds
Equipping the new neonatal unit in Jenin Hospital (equipments and devices)	400,000	400,000	400.00	PCRF
Support for rehabilitation and Physiotherapy services	7,000,000	14,000,000	14,000,000	KOICA
Support Ministry's hospitals in West Bank and Gaza Strip by heavy equipment related to response to chronic diseases (Rafidia, European Gaza, Indonesian and Nasser)	14,000,000	28,000,000	28,000,000	The Japanese government
Pet Scan project	-	9,500,000	9,500,000	The Japanese government
Emergency response Support Project in the Gaza Strip (focus on Al-Shifa Hospital	368,000	736,000	736,000	Italian Development Agency
Provision of a photocopier to	480,000	720,000	-	French province of

Toubas hospital(CT Scan)				Octane
Finishing and equipping Qalqilya hospital	-	2,100,000	2,100,000	Arab and Islamic funds
The construction and furnishing of Dora Hospital	15,680,000	-	-	Italian Development Agency
The construction and furnishing of Halhoul Hospital	15,680,000	-	-	Italian Development Agency
Expansion of Salfit Hospital	700,000	-	-	Kuwait
Construction of a new X-ray department and clinics in Yatta government hospital	1,400,000	-	-	Islamic Bank
Central freeze room	175,000	-	-	Arab bank
Development of infrastructure and quality in laboratories and blood banks in Ministry of Health hospitals (Alia, Jenin, Rafidiya)	5,670,000	-	-	Islamic Bank
The Ring Project, which includes the purchase of medical devices and construction at Jenin Hospital and the construction of a floor for catheter and cardiac surgery	5,600,000	5,600,000	2,800,000	Italian Development Agency
Palestinian Indian Specialist Hospital	34,800,000	40,600,000	40,600,000	Indian Government
Develop hospital kidney dialysis departments	100,000	-	-	Arab and Islamic funds
Additional bone floor finishing above the emergency of Rafidiya hospital	350,000	150,000	-	MoH
Breast cancer unit at BeitJala hospital	2,950,000	-	-	Italian Development Agency
Palestinian-Turkish Friendship Hospital \ Gaza	73,500,000	29,400,000	-	Turkey
Rehabilitation of the psychological health center \ Bethlehem	1,178,100	-	-	Islamic Bank
Medical Equipments for Hugo Chavez Ophthalmic Hospital	3,150,000	3,150,000	-	Islamic Bank
Building a new floor for the Children's department of the Palestine Medical Complex	NA	NA	NA	PCRF
Breast cancer unit at Rafidiya hospital	NA	NA	NA	MAP-UK
Purchase 50 incubator for the hospitals	2,375,000	2,000,000	-	Islamic Bank
A project to purchase an advanced CT device for Jenin hospital	3,500,000	-	-	Islamic Bank

Upgrade radiography and CT equipment at ALIA hospital and supply a CT device to Yatta hospital	3,500,000	-	-	Islamic Bank
Development and modernization of water treatment systems in R.O System hospitals in Yatta, alia and Jenin hospitals	1,155,000	770,000	-	Islamic Bank
Build the Fluoroscopy section of BeitJala	1,300,000	2,600,000	2,600,000	Islamic Bank
Rehabilitation of the emergency department of Alia hospital	902,000	-	-	PCRF
Construction, finishing and equipment for neurosurgery at Rafidiya Hospital	2,000,000	5,000,000	5,000,000	MoH
Supplying 100 incubators for hospitals	4,000,000	4,750,000	-	President office and JAICA
Supplying 3 anesthesia devices and 3 anesthesia monitoring devices for Abu Al-Hassan Al-Qassem Hospital / Yatta	315,000	-	-	
Building and equipping a pediatric intensive care unit and a pediatric cardiac unit at the Palestine Medical Complex	11,200,000	-	-	
Building two floors for the Obstetrics and Gynecology Department and the Operations Department in Ramallah	2,000,000	2,500,000	2,500,000	
Purchase, supply and installation of medical devices to counter COVID 19	5,200,000	-	-	AFD
Program III: Governance Program				
Palestine College of Nursing Project	210,000	-	-	World bank
Project to strengthen the steadfastness of the Palestinian health system	6,000,000	6,000,000	-	World bank
Who support health governance programs	500,000	500,000	500,000	WHO
Transitional period of the Palestinian National Institute of Public Health	NA	NA	NA	WHO
Empower child health care providers	450,000	90,000	-	World vision
Strengthening of the basic capacities for the implementation of international health regulations	1,400,000	950,000	950,000	WHO

Evaluate the subject matter of suicide and develop its conceptual framework	980,000	-	-	MDM-CH
Rural development in the Jordan River Area C.	387,500	-	-	AFD
Technical assistance on food safety in Palestine	175,000	-	-	UNIDO
Framework Cooperation Agreement between the Polish Center and the Ministry of Health For international assistance	437.500	-	-	PCPM
Community Development and resilience Program	490,000	-	-	UNDP
Construction, equipping and furnishing of IbnSina College of Health Sciences	16,000,000	32,000,000	32,000,000	AFD
The emergency response to the COVID 19 pandemic in West Bank and Gaza Strip	6,300,000	-	-	World bank
The emergency response to the COVID 19 pandemic in West Bank and Gaza Strip	20,000,000	-	-	WHO
Total budget	344,426,200	280,622,900	197,897,900	

Annex 2: List of Proposed Projects for 2021-2023:

Proposed Project	Project Budget	Estimated budget
First program: Primary care and public health program		
Improvement of the infrastructure of the health care laboratories	480,000	**Palestine**
Supporting preventive health, public health and chronic diseases programs	2,050,000	
Supporting the medical waste management program(three incinerators with a capacity of 30-50 kg per cycle, in addition to a shredding device and infrastructure	1,150,000	
Create a national protocol for colon cancer	100,000	
Certificate and approval of biosafety cabinets (BSCs)	50,000	
Establishing a health education information resource center	50,000	
Establishing a laboratory information system	100,000	
Establishing a laboratory for evaluation of In-vitro (IVDs) Diagnostics	150,000	
Establishing a governmental Rehabilitation center (the center will provide different rehabilitation services including physical, occupational and speech therapy).	3,000,000	
Replacing and adding radiology devices in hospitals and health departments (DIGITAL RADIOGRAPHY)	4,500,000	
Purchasing a survey Meter for Radiation Protection Monitoring	10,000	
Replacing Mammography devices	600,000	
Providing 15 mobile clinics to the West Bank Governorates	6,000,000	
Establishing a calibration lab (to calibrate lab equipment)	80,000	
Providing devices and equipment for the health directorates of the General directorate of Primary Health Care	2,500,000	
Establishing freezing rooms for vaccine storage in the west bank and Gaza	85,000	
Rehabilitation of the Health Directorate building and adding a third floor	400,000	**Hebron**

Rehabilitation and maintenance of Karantina Clinic	100,000	
Building an additional floor for Edna clinic	180,000	
Construction of Al-Masharkah clinic with a total area of 220 m2 ,finishing, furnishing and equipping /Hebron Health	230,000	
Building BaytKahil clinic	250,000	
Building Dora Central Clinic	490,000	**South Hebron**
Building a health clinic for Al-Surra area	180,000	
Building an additional floor for a Al-zzahiria clinic	280,000	
Building an additional floor for the Health Directorate	280,000	
Construction of the northern Hebron Health Directorate with a total area of 1500 m2 /Furnishing and equipping	1,200,000	**North Hebron**
Al-shuyukh clinic	160,000	
Emergency stair for Halhul clinic	10,000	
Rehabilitation of BaniNaim current clinic	140,000	
Expansion of KifanKhamis Clinic (adding lab and rooms)	40,000	
Building third floor with a total area of 450 m2 +Finishing and Furnishing	300,000	**Yatta**
Building an additional floor for the central clinic	150,000	
Additional construction to BeitUmrah clinic	70,000	
Additional construction to Zweden clinic	80,000	
Additional building to Umm Amer clinic	80,000	
Building a wall around Al-Dahria Emergency Center	15,000	**Al-Dahria Emergency Center**
Finishing the fourth floor of Al- Dahria Emergency Center	250,000	
Electric elevator in the directorate	35,000	**Jericho**
Expanding and rehabilitation of Al-DoyokAlfawqa clinic	100,000	
Nowaymeh clinic	80,000	

Building an additional floor for Jerusalem Primary Health Directorate	343,000	**Jerusalem**
Building a medicine store in the directorate	30,000	
Providing medical equipment's for the Directorate	90,000	
Establish a car park in the directorate	50,000	**Bethlehem**
Building a water well in the health directorate	20,000	
Construction of Al-Shawamra clinic	500,000	
Equipping a dental clinic for people with special needs	25,000	
A waiting hall in front of the Directorate building	50,000	
Hosan Clinic expansion	300,000	
Al-Obaidiya Clinic expansion	100,000	
Rehabilitation of the Church of Nativity clinic	250,000	
BeitFajjar clinic expansion	300,000	
Rehabilitation of Al-Rashaida clinic	20,000	
Rehabilitation of Wad-Fuckin clinic	20,000	
Adding Cafeteria to the directorate building	10,000	
Construction of an additional floor for Jenin Primary Health Directorate with a total area of 450 m2, finishing and furnishing/ Jenin Health Directorate	350,000	**Jenin**
Transferring 5 clinics from level 1 to the level 2	900,000	
Building and operating a health center in Barta'a Asharqiya	180,000	
Building supplies store in the Directorate	50,000	
Providing a MOBILE MAMOGRAM	150,000	
Building and operating Romanah health center	180,000	
Building and operating Al-mughir health center	180,000	
Building and operating Sanoor Health Center	350,000	

Building water tank, removing walls and rehabilitating yards	50,000	
Rehabilitation and operation of the eastern clinic building in the city	150,000	
Building and operating Salit Al-Thaher health center	350,000	
Building and operating Tora Al-Gharbia health center	180,000	
Building and operating Anen health center	180,000	
Establishing an antibiotic resistance testing unit at the Molecular Biology lab/(CPHL)	100,000	
Provision of Sanger Sequencing device to the National Center for Diagnosis of Cancer and Molecular Genetics	220,000	
Building the fifth floor in the Central Blood Bank to expand the National Cancer Diagnostic Center	165,000	**Ramallah**
Provision of medical waste management device in Ramallah health directorate	40,000	
FUME HOOD imaging device culture department in Ramallah health directorate	N/A	
Building an additional floor for the Health Directorate	350,000	
Deir Ballut Health Clinic	240,000	
Marda Health clinic	240,000	
Equipping Bedia emergency center	60,000	**Salfit**
Completion the construction of the mental health floor	110,000	
Administrative car for the Directorate	40,000	
Al Fara'a Health Center	290,000	
Tayasir Health Center	290,000	
Bardala Health Center	290,000	
Building an emergency department in Ain Al-Bayda	160,000	**Tubas**
X-ray device for the Eastern Tamoun Health Center	75,000	
CR device for Ain El-Baida center	35,000	
Far'oon clinic	155,000	**Tulkarm**

Syda health center	155,000	
Nazlah Al-sharqia health center	155,000	
Kufur-Jamal health center	30,000	
Ateel health center	30,000	
Providing medical devices for the Directorate	700,000	
Administrative cars, number (2)	85,000	
Completing the fourth phase of Tulkarm primary health care directorate	200,000	
Constructing and finishing the third floor in Qalqilya Health Directorate and installation of an elevator	700,000	**Qalqilya**
Finishing and furnishing the second floor of Azzoun Clinic	100,000	
Providing and developing the medical devices in Qalqilya Health Directorate, including providing two dental clinics in each of Azzun and western clinics.	1,000,000	
Rehabilitation of the western clinic and installation of an electrical generator	70,000	
Beit Amin Clinic	350,000	
RasAttia Clinic	350,000	
Jet Clinic	350,000	
Prophet Elias clinic	350,000	
Maintenance and rehabilitation of Habla clinic	30,000	
Essential supplies for public safety in the Directorate	50,000	**Nablus**
Bazaria Clinic	140,000	
Qabalan Clinic	200,000	
Construction of a floor above the garage in Balata health Directorate	150,000	
Building and finishing of medical store in Al-Makhfia clinic with a total area of 250 m2/Nablus Health Directorate	250,000	

Building, equipping and furnishing a second floor for the central clinic in Nablus Governorate	175,000	
Second Program: Secondary and Tertiary health care program		
Renovation of the blood drawing room and donors / Renovation of the Central Blood Bank building	60,000	**Palestine**
Update sterile services departments in different governmental Hospitals	1,500,000	
Purchasing and renovation of 500 hospitals beds and 100 ICU beds	1,500,000	
Renewal of X-ray and CT scan machines in different hospitals	8,000,000	
Developing of computerized electronic infrastructure ((computers, servers	1,000,000	
Supplying of 3 anesthesia instruments and 3 anesthesia monitoring devices to Abu Al Hassan Qassem Hospital / Yatta	90,000	**Hebron**
Establishing a central medical gases station and network at Bethlehem Psychiatric Hospital	20,000	**Bethlehem**
Finishing and equipping Al-Quds Specialized Hospital in Wadi Al-Nis in Bethlehem	500,000	
Providing of medical equipment and devices to develop Palestine Medical Complex departments	2,000,000	**Ramallah**
Building five floors above the new kidney dialysis department in Palestine Medical Complex	4,000,000	
Construction of a new general hospital in Ramallah District	7,000,000	
Rehabilitation of some departments(ICCU, CCU, Sterilization and Continuous education)	1,570,000	
Completion of the third stage of the expansion of Salfit Hospital, which includes finishing and completion of building floors(outpatient clinics and inpatients wards)	1,100,000	**Salfit**
Provision of a Lithotripsy shockwave for Salfit Governmental Hospital	800,000	
Providing and developing medical devices in Qalqilya Governmental Hospital	2,000,000	**Qalqilya**
An incubation and maternity section above the new building at Rafidia Hospital	1,500,000	**Nablus**

Expansion and renovation, equipping and furnishing the Day Care Department at Rafidia Hospital	900,000	
Building, finishing and equipping SaedSayel Hospital ((Gynecology, Obstetrics and Child Custody	14,000,000	
Expansion and rehabilitation of Al-Watani Hospital	10,000,000	
Third Program: Health management and Governance		
Proposed Project	**Project Budget**	
Enhancing and developing the pharmaceutical sector in the ministry of health	7,800,000	**Palestine**
Developing the continuing education ,training programs, E-learning programs and Supporting IbnSina College	4,800,000	
Support & strengthen Licensure and certification unit	4,800,000	
Capacity Building for the Palestinian Health Information Center (PHIC)	280,000	
The establishment of the Palestinian health accreditation center	200,000	
Development of Food Safety Program in State of Palestine	380,000	
Establishment of Two Opium Substitution Therapy (OST) Centers	485,000	
Total	**118,828,000**	