



# STRENGTHENING THE PRIMARY HEALTH CARE SYSTEM IN PALESTINE



"The health of the people is the highest law" (Cicero, 1st Century BC)

Fact Sheet - 2014

**Printing:**

HMC Printing and Labeling, Bethlehem

Website: [www.hmc.ps](http://www.hmc.ps)



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## A DISJOINTED HEALTH SYSTEM

As in other lower and middle-income countries, Palestine is going through a demographic and epidemiologic transition. The burden of diseases depends mainly on Non-Communicable Diseases (NCD: cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases), which are progressively replacing infectious and perinatal conditions.

Behavioural risk factors (mainly tobacco, unhealthy diet and physical inactivity) and related social determinants, jointly with psychosocial stressors linked to conflict, poverty and socioeconomic inequalities, play a key role in this change. The Primary Health Care (PHC) services – the heart of the Palestinian health system – have been pivotal in the last decades to control infectious diseases and improve maternal and child health. This is shown by the optimal coverage for immunization, ante-natal care and delivery assistance. Yet health care services in Palestine have to face the new challenges adapting their responsiveness to the current health needs. This is coherent with the vision of a high societal value placed on health as stated in the Palestinian National Development Plan 2014-2016 and in the National Health Strategy of 2014-2016. These documents highlight, as priorities, the development of the health infrastructure at both primary and secondary level, prevention and control of NCD including mental health disorders, as well as managerial and governance issues.

Referrals of patients outside the governmental health services (either within Palestine or abroad) account for more than one third of the governmental health expenditure. This is financed mainly by the National Health Insurance and international aid and contributes substantially to the public debt of the Palestinian Authority. In this context, the Department of PHC and Public Health of the Palestinian Ministry of Health in partnership with the Italian Cooperation have launched the POSIT project aimed at strengthening the PHC system and at reducing the burden of disease of the Palestinian population.

At present in Palestine the burden of disease depends mostly on Non-Communicable Diseases:

- Cardiovascular
- Chronic Respiratory Diseases
- Cancer
- Diabetes

POSIT: A project supporting the Primary Health Care system to adapt its responsiveness to the current challenges and to the new health needs

## POSIT FOR PRIMARY HEALTH CARE AT FIRST

According to the WHO's vision concerning the renewal of PHC, POSIT envisages it as the way to organise the full range of health care, from households to hospitals, with prevention equally important as cure. PHC intends to foster universal coverage, equity, effectiveness, intersectoral collaboration and community participation, and to address the fundamental, social determinants of health.



Source: see footnote<sup>1</sup>

POSIT envisages 5,450 Million Euro over three years (2014-2016): 60% of it as earmarked Budget Support to the Ministry of Health

Moreover, the PHC paradigm implies a shift from a biomedical approach towards a biopsychosocial perspective of health – health is nowadays conceived as the capability to adapt to aging and to environmental dynamics. Renewal of PHC means to foster a person-centred approach and to integrate individual care with community health. Proper application of PHC may have far-reaching consequences in terms of policy reforms, towards a health system able to integrate different providers in a frame of accreditation, and encourage a competent and properly remunerated health force with avoidance of the dual practice.

Taking into account this strategic view, the POSIT initiative relies on a budget of 5.45 Million Euro over three years (2014-2016), with 60% of this directly managed by the MOH as earmarked budget support.

This innovative modality of funding for the health sector in Palestine is realised through the Palestinian Ministry of Finance and aims to contribute to ownership and institutional building.

<sup>1</sup> The world health report 2008: primary health care now more than ever. World Health Organization 2008; Chan M. Return to Alma Ata. Lancet 2008; 372:865

The interventions envisaged by POSIT embrace several PHC components including emergency services, women's health with a focus on early diagnosis of female cancers, prevention and control of NCD, community mental health, mainstreaming of disability, and the development of family practice.

Moreover, the project aims at contributing to aid effectiveness and donors' coordination, with the role of Italy as lead donor among European Union Member States and the past shepherd function within the Health Sector Working Group for many years.

Protection of health, health promotion and disease prevention – a “three P approach” – are the project's strategies envisaged to empower health personnel, communities and people in an equitable and sustainable way in order to improve the health status, reduce the burden of disease and invest in cost containment.

“Three P approach”

- health protection
- health promotion
- disease prevention for an equitable health system

The collaboration with international agencies, in particular the World Health Organisation and other organisations working in the health sector, is aimed to make achievable goals aligned to national policies and delivered “as one”.

Four Italian Regions (Campania, Sicily, Tuscany and Umbria) also cooperate with POSIT through their public health experts and regional centres of excellence.



A family affected by cutaneous leishmaniasis in a Bedouin village in the area C, Kalkilia district.

In the first year of the project's implementation, drugs, equipments, and consumables were furnished to PHC units for an amount of 350,000 Euro - including response to emergencies in the West Bank and Gaza Strip.



A mobile clinic for the Bedouins communities living in the Area C, South Hebron district. A DISVI-MOH project temporarily supported by POSIT.



# INVESTING IN PREVENTION

## Non-Communicable Diseases

According to the Palestine Health Annual Report, NCD are responsible for more than 70% of the general mortality. This is associated with the alarmingly high prevalence of social determinants as well as of behavioural and metabolic risk factors (tobacco smoking, physical inactivity, unhealthy nutrition, overweight and obesity).

The Ministry of Health, in collaboration with the WHO, is successfully implementing the **PEN approach** (Package of Essential Intervention for NCD) for the management of NCD at a PHC level.



A food store in Ramallah. 2014



A narghile bar, a lure for children

Behavioural risk factors of NCD - tobacco, unhealthy diet and physical inactivity - need multilevel interventions

Narghile is not less dangerous than smoking cigarettes; Salt and sugar in food and beverage (“the two whites”) need regulatory interventions

Complementary initiatives oriented to health promotion have been set up to prevent and control these conditions. Training programs for health staff, health education at community level, stakeholder’s involvement and a media campaign are components of this multilevel intervention.

Training of trainers and community activities on health education are key component of the intervention strategy

Moreover, regulatory interventions concerning the content of salt, sugar and fatty-trans in foods and beverages are currently under scrutiny.

Training health staff of the PHC units on NCD prevention and related risk factors has started with a successful two-day training of trainers for health educators from all the districts. Successively, 13 training course were delivered for the PHC personnel at a district level accompanied by several initiatives that involved the communities: school teachers and students, religious personnel, women and community-based associations.

The evaluation of training effectiveness showed a fairly good knowledge on these issues by the health educators that was significantly reinforced after the training. Direct supervision and process indicators from the Ministry of Health Annual Reports assured monitoring and evaluation of these health education activities.



Training of trainers of health educators (Ramallah, May 22nd-23rd 2014)



Training of trainers of health educators on NCD prevention, Ramallah, May 22<sup>nd</sup> - 23<sup>rd</sup> 2014



Training course on NCD prevention in Dura, South Hebron, November 2014



Training course on NCD prevention in North Hebron, November 2014

Training focused on food safety laboratory techniques were also delivered to Public Health Central Laboratory staff at the Ministry of Health. The new competences are key to detect contaminants, such as hormones and toxic pollutants, in foods and environmental samples.



The laboratory technicians at the Central Laboratory of Public Health trained on food safety

Moreover, a media campaign with advertisements concerning the prevention of NCD will be broadcasted through TV and local radio networks during the first semester of the year 2015.

This will occur when the Palestinian Government finalizes the bylaws concerning the antismoking ban in public places as per the 2005 law. Other policy interventions are under scrutiny, including the feasibility to adopt plain packaging of cigarettes in Palestine.





Palestinian Prime Minister Rami Hamdallah , at the first PHC conference supported by POSIT project, Ramallah June 12<sup>th</sup> - 13<sup>th</sup> 2014

The antismoking campaign includes: dissemination of information; conferences on tobacco's risk in main Palestinian cities; media campaigns on behavioural risk factors; health education activities at community level

## Women's Health and Breast Cancer

Even though the prevalence rate is reported to be lower in Arab countries compared to Western ones, breast cancer does represent the most frequent cancer in Palestine with 18% of all cases of cancer.

The cancer incidence rate among Palestinian women is estimated to be around 15 per 100,000 women, with about 401 new cases reported yearly. Secondary prevention services with mammographic examination are available in all districts at PHC level. However, the shortage of radiologists and recurrent lack of Xray consumables recurrently hamper the effectiveness of the program.

Breast cancer is the most frequent cancer in Palestine among women with 35% of all cases often diagnosed at a late stage and with an increasing occurrence

The project provided urgent support to restore mammography services in Palestine, through the provision of consumables and by means of a 6-month training course in mammographic reading for doctors from all districts, adopting a task-shifting approach. The doctors operate now as a task force on prevention and early detection of breast cancer in Palestine, as they participated into an ad-hoc training of trainers. The course was oriented to promote breast clinical examination at a PHC level and to empower women through awareness and breast self-examination.

## Family Medicine

The Ministry of Health is going to adopt a Family Practice approach to respond to the health needs of the population, as is done in other countries of the Eastern Mediterranean WHO Regions. NCD and multimorbidity will be better tackled. The new organisation of primary care services will be based on a person-centred approach relying on family doctors that operate within multidisciplinary teams. The initiative will be implemented in partnership with WHO, University College of London, MAP UK and the Italian Cooperation. It will be developed country-wide, on an incremental basis, relying on a large capacity building educational program and organizational rearrangements.



The presentation of the Family Medicine initiative to the Directors and staff of PHC in the West Bank, workshop in Ramallah, November 1<sup>st</sup> 2014.



Training of PHC doctors in mammographic reading performed by West Bank's best radiologists, in Nablus Ramallah and Hebron.



Breast cancer intervention strategy includes : Women empowerment through awareness and self-examination; early diagnosis through clinical breast examination; quality mammographic services and integrated clinical pathways for diagnostic work-up and treatment



Training of trainers on breast cancer prevention and early diagnosis with the final awarding (December 2014)

For 2015, a program for incremental digitalization of analogical devices for mammography has been planned to improve quality of reading (low dose, double reading, remote learning), to reduce recurrent costs, and to assure sustainability of the service.

Moreover, a plan to establish integrated clinical pathways for breast cancer diagnostic work-up and treatment is going to be developed in collaboration with Italian regional centres engaged in organised screening programmes.

### **Disability**

Regarding disability, actions to increase the physical accessibility to the health facilities have been planned. These will be realised through new constructions.

### **Mental Health**

MH represents a priority for global health, as neuropsychiatric disorders represent 14% of the Global Burden of Disease. This percentage is likely to increase in the near future.

Nowadays, the treatment gap is estimated to reach 80% in low and middle-income countries. According to the Palestine National Strategy on Mental Health, the MH system in Palestine is based on community services and on integration with PHC. However, several community MH centres need support to strengthen psychosocial rehabilitation component oriented to recovery, while the psychiatric hospitals in Bethlehem and Gaza Strip absorb most of the available resources for MH services.

The project envisages the strengthening of psychosocial rehabilitation for users of mental health services, with self-help programs, support to user and family associations and the establishment of social cooperatives

### **Health Emergency**

Trainings were delivered in collaboration with Palestinian NGOs: a three-day course on first aid funded by POSIT was delivered in Gaza in July 2014 by the NGO Palestinian Medical Relief Society for personnel of community based organisations - only a few days before the beginning of Military Operation "Protective Edge".

In order to strengthen the PHC infrastructure as requested by the Ministry of Health, new facilities will be constructed and equipped during the second and third year of the project's implementation.

In particular, a new Health Directorate established in North Hebron with an emergency service, three mental health centres and a network of maternity homes for low risk deliveries - managed by supervised midwives, well equipped and close to hospitals - will be implemented.

# Abbreviations

**NCD:** Non-Communicable Diseases

**PHC:** Primary Health Care

**POSIT:** Primary Health Care Programme funded by the Italian Ministry of Foreign Affairs and International Cooperation

**WHO:** World Health Organisation

**MOH:** Ministry of Health

**MAP:** Medical Aid for Palestinians

**MH:** Mental Health

**NGO:** Non Governmental Organisation

*This brochure has been funded by the Directorate General of the Development Cooperation, Ministry of Foreign Affairs and International Cooperation.*

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Funded by:



Cooperazione Italiana  
allo Sviluppo  
Ministero degli Affari Esteri  
e della Cooperazione Internazionale