F. Palestinian Health System After Three Years of the Intifada—Survival, Development, or Both?

Husseini Rafiq, PhD

Introduction

In 1994, following the signing of the Oslo Accords and establishing the Palestinian Authority, the Palestinians had inherited a weak and fragmented health system that was controlled by the Israeli occupation authorities. The system, made of four almost competing/duplicating providers (government, nongovernmental organization [NGO], United Nations, and private) needed immediate rehabilitation and urgent inputs in several areas, the most important of which were:

—Developing and improving hospital and clinic infrastructure and equipment;
—Human resource development in healthcare fields;
—National policy and planning;
—Regulations, licensing, and accreditation;
—Improving quality of service through training and education, proper management, and information systems;
—Coordination between the different providers; and
—Cost-effectiveness and cost control through a "prevention rather than cure" approach.[1,2]

Although some steps were taken, albeit slowly, toward improving the Palestinian health system and its delivery methods, the last three years of Intifada and re-occupation saw the system becoming more fragmented, disorganized, poorly resourced, and concentrating on emergency and trauma rather than on primary health care and community/preventive medicine.

With over 2,500 Palestinians dead, of which 570 are children under 18 years; approximately 30,000 injured,[3,4] of which 5,000 are estimated to have permanent or semi-permanent disabilities; 40,000 houses damaged[5]; 900,000 fruit trees uprooted[6,7]; and a 410-mile wall being constructed to split the Palestinian territories and create several permanently or semi-permanently closed enclaves,[8] the Palestinian health system resources have become stretched to the limit.

Instead of a projected increase from US$250 million in 1998 to $381 million in 2003, only taking into account the population's (approximately 3.2 million) natural increase as well as inflation,[9] the recurrent health expenditure budget is estimated to have dropped to approximately $230 million. This represents a decrease of 33%, which should be reflected in the foreseeable future through a noticeable drop in health status.[10,11] This decrease is due mainly to gross domestic product per capita decreasing by approximately 50%, from $1,771 in 2000[12] to approximately $900 in October 2003,[13] leading to a dramatic increase in the poverty ratio, from 31% in 2000 to 61% in 2003.[14]

Other, less apparent health issues, such as mental health caused by children's daily trauma, have not been researched or quantified as yet,[11] and suitable intervention and funding strategies are far from being developed. Medical education is suffering from lack of adequate financing, along with the rest of the higher education sector, which is running at an estimated 15%-20% yearly deficit, thus severely affecting quality and quantity of education.[15]

What the system currently needs are meaningful inputs in all the areas mentioned above, but such meaningful inputs will not be met with great success unless and until the Israeli re-occupation of the Palestinian Territories comes to a halt.

Meanwhile, Palestinians cannot sit and watch their health system further

From the Welfare Association, Jerusalem.

disintegrate. Inputs in most of the areas mentioned above can take place, even under the conditions of Israeli occupation and Palestinian Intifada. Such inputs will allow the Palestinians to be ready with a better health system in the future, especially when the time comes and the Israeli occupation ends. This strategy needs a new Palestinian approach and frame of mind, as well as donors/investors whose investment in the Palestinian health system is motivated by long-term impact rather than short-term relief.

REFERENCES

1. *The National Health Plan for the Palestinian People: Objectives and Strategies* [final draft]. Jerusalem Planning and Research Center; April 1994.
2. *The Interim Action Plan.* Jerusalem: Palestine Council for Health; January 1995.
3. *Closure/Curfew, Economic and Social/Humanitarian Monitoring Indicators.* Washington, DC: The World Bank; October 15, 2003. Report No. 8.
4. Palestine Red Crescent Society website. Available at: www.Palestinercs.org. Accessed on 8/29/04.
5. *Report to Welfare Association.* Palestinian Ministry of Public Works; September 2003.
6. *Palestinian Ministry of Agriculture Press Statement.* September 2003.
7. Arab Group for the Protection of Nature. Available at: www.apnature.org. Accessed on 8/29/04.
8. The Israeli Information Center for Human Rights in the Occupied Territories. Available at: www.btselem.org.
9. Husseini RH. Financing the healthcare system in Palestine: rationalize expenditure or bust. In: Barnea T, Husseini R, ed. *Separate and Cooperate: The Disengagement of the Palestine Healthcare System from Israel and Its Emergence as an Independent System.* Westport, Conn: Praeger Publishers; 2002.
10. Husseini RH. Unpublished data. September 2003.
11. *Twenty Seven Months—Intifada, Closures, and Palestinian Economic Crisis. An Assessment.* Washington, DC: The World Bank; May 2003.
12. *Annual Report, 2001.* Palestinian Ministry of Health; July 2002.
13. Press statement by Islamic Development Bank president on October 18, 2003. Available at: *www.Arabnews.com.* Accessed on 8/29/04.
14. *The Trust Fund for Gaza and West Bank: Status, Strategy, and Request for Replenishment.* Washington, DC: The World Bank; November 5, 2003.
15. Elagha A. Higher education in Palestine. Comite de Solidarite avec le Universites en Palestine, November 9, 2002. Available at: www.solidarite-birzeit.org. Accessed on 8/29/04.