

System/structure

Governance

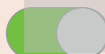
A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated (Palestine health strategy 2017-2022)



Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (Palestine health strategy 2017-2022)



Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in national health policies, strategies and plans (Palestine health strategy 2017-2022)



Finance

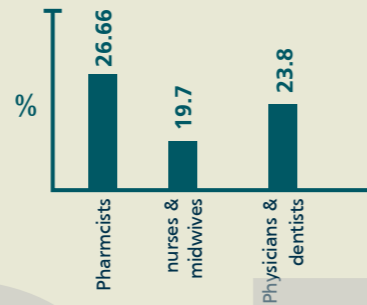
\$183.27 PHC expenditure per capita in US\$ (EMRO finance estimates, 2017)

33% Percentage of domestic general government health expenditure on PHC from total GGHE-D (EMRO finance estimates, 2017)

Inputs

Health workforce

% health workforce in primary care by occupation (PHC annual report 2018)



Density of PHC by occupation

Health information systems

100% Presence and use of unique patient identifiers (PHC General Directorate 2020)

Use of patient health records follow a patient through their encounter with the health care system

Infrastructure

Percentage of population that have to travel more than 5 km or 1 hour to arrive at PHC facility

Processes

Model of care

Percentage of patients who are registered at PHC facilities

%

Percentage of cases referred to secondary care

Gatekeeper role for general practitioners/family physicians

Formal process exists for referrals

Quality processes

Percentage of facilities that monitor patient experience

Empowerment and engagement

Community/patient participation in facility management meetings

Outcomes

Effective coverage and quality of care

Percentage of hospital admissions for ambulatory care sensitive conditions

Average availability of 5 tracer reproductive, maternal, newborn and child health (RMNCH) services

Empowerment and engagement

Percentage of population who believe decision-making is inclusive [SDG 16.7.2]

%

Equity

Under-5 mortality by residence



Percentage coverage of RMNCH services by mother's education



Impact

Financial protection

Percentage of population with impoverishing health expenditure [3.8.2]

Mortality

Maternal mortality ratio [3.1.1] (The regional booklet 2020)

20 per 100 000

Premature noncommunicable diseases (NCD) mortality [3.4.1]

18.9% (Regional core indicators 2020)

Country context

GDP per capita (PPP current international \$)

\$ 3,254

(EMRO financial estimates, 2017)

Population living in poverty (Under \$1.90 int'l dollars/day) (Regional core indicators booklet 2020)

16.8%

Life expectancy at birth

74 Years

(Regional core indicators booklet 2020)

REFERENCE KEY

Yellow fill indicates a Vital Signs Profile indicator
 Purple fill indicates an SDG indicator. The numbers included in brackets refer to an SDG indicator number. Standard reporting sources or accepted United Nations estimates should be used.

Present
 Absent
 Not available or not reported
 Not available or not reported

INTEGRATED SERVICES/PRIMARY HEALTH CARE

System/structure

Governance

Presence of UHC legislation inclusive of PHC	<input type="checkbox"/>
Equity mainstreamed in health policy	<input checked="" type="checkbox"/>
Existence of regulatory authorities for (health workforce, facilities, essential medicines and products) for both public and private sectors	<input checked="" type="checkbox"/>
Presence of quality improvement and assurance processes in the national health plan	<input checked="" type="checkbox"/>
Participatory governance structures	<input checked="" type="checkbox"/>

Finance

Government health spending as percentage of GDP	<input checked="" type="checkbox"/> 3.5%
PHC expenditure as percentage of current health expenditure	<input checked="" type="checkbox"/> 55.7%
Domestic general government expenditure on PHC as percentage of PHC spending	<input checked="" type="checkbox"/> 20.5%
Other sources of PHC expenditure (out of pocket, donor, etc.) as percentage of total PHC expenditure	<input type="checkbox"/> 79.5%

Inputs

Health workforce

Percentage of primary care workforce specialized in family practice (by occupation)	<input checked="" type="checkbox"/> 1.1% physicians
Proportion of health workforce in PHC who have received minimum continuous professional education according to national requirements in the last year	<input type="checkbox"/> N/A
Vacancy rate in PHC	<input type="checkbox"/> N/A

Health information systems

Percentage of births registered	<input checked="" type="checkbox"/> 93%
Percentage of deaths registered	<input checked="" type="checkbox"/> 73%
Explicit adoption of a set of PHC indicators for monitoring and evaluation	<input type="checkbox"/>
Inclusion of section on PHC performance in annual health sector reporting	<input checked="" type="checkbox"/>
Percentage of public sector PHC that reports performance data	<input type="checkbox"/> N/A
Presence of a comprehensive individual patient record	<input type="checkbox"/> 35.7%
Presence of a comprehensive family record	<input type="checkbox"/> 100%
Is there a functioning electronic health information system (eHIS) in the country?	<input checked="" type="checkbox"/>
Percentage of PHC facilities using an eHIS	<input type="checkbox"/> N/A

Infrastructure

Percentage of PHC facilities with adequate	<input type="checkbox"/> N/A
Percentage of PHC facilities with rooms with auditory and visual privacy for patient consultations	<input type="checkbox"/> 100%
Percentage of PHC facilities with communication equipment	<input type="checkbox"/> 100%

Percentage of PHC facilities with access to computer with email/internet access	<input type="checkbox"/> N/A
Percentage of PHC facilities with standard precautions for infection prevention	<input type="checkbox"/> N/A
Percentage of PHC facilities with all infection control items	<input type="checkbox"/> N/A

Medicines

Percentage of PHC facilities with correlated package of services	<input type="checkbox"/> N/A
Proportion of facilities in which essential medicines are available (no stock outs in one year)	<input type="checkbox"/> 67.83%

Supplies

Percentage of PHC facilities with standard priority diagnostics and equipment available	<input type="checkbox"/> N/A
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Processes

Model of care

Annual outpatient department utilization rates per capita	<input type="checkbox"/> 2.1%
Percentage of PHC facilities that can provide mental health services	<input type="checkbox"/> 3.8%
Number of consultations per health worker (physician, nurse, etc.) per day*	<input type="checkbox"/> 39.5 Physicians <input type="checkbox"/> 37.7 Nurse

Management/quality improvement

Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality	<input type="checkbox"/>
Professionalized management at PHC level	<input type="checkbox"/>
Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year	<input type="checkbox"/> 100%
Percentage of PHC facilities with systems to support quality improvement	<input type="checkbox"/> N/A

Outcomes

Effective coverage/quality of care

Percentage of adverse events reported (immunization/medication)	<input type="checkbox"/> N/A
Percentage of PHC prescriptions that include antibiotics in out patient clinics	<input type="checkbox"/> N/A
Percentage of PHC prescriptions that include injectable medicines	<input type="checkbox"/> N/A

Percentage of registered hypertension patients with blood pressure <140/90 at last 2 follow up visits	<input type="checkbox"/> N/A
Percentage of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7%	<input type="checkbox"/> N/A
Percentage of registered NCD patients with 10 years cardiovascular risk recorded in the previous year	<input type="checkbox"/> N/A
Percentage of women who delivered and received at least once postnatal care visit within the first 40 days ¹	<input type="checkbox"/> N/A

22.9 78.9
Doctors Vists Nurse Vists

Percentage of substance users, including tobacco users, in receipt of brief intervention	<input type="checkbox"/> N/A
Percentage of children under 5 that had weight and height measured in the previous year ²	<input type="checkbox"/> 88.5%

Children under 5 who are stunted, wasted, overweight, obese	<input type="checkbox"/> 8.7 <input type="checkbox"/> 1.3 <input type="checkbox"/> 8.6 Stunted Wasted Overweight
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Children under 5 with diarrhoea receiving ORS	<input checked="" type="checkbox"/> N/A
Exclusive breastfeeding 0-5months (%)	<input type="checkbox"/> 38.6%
Cervical cancer screening rates	<input checked="" type="checkbox"/> 0.6%
Measles-containing-vaccine second-dose immunization coverage	<input type="checkbox"/> 100%
Diphtheria-tetanus-pertussis (DTP3) immunization coverage	<input type="checkbox"/> 100%
Average availability of services for 3 tracer communicable diseases (STI, TB, HIV)	<input type="checkbox"/> N/A
Average availability of diagnosis and management of 3 tracer NCDs (diabetes, chronic respiratory disease, cardiovascular disease)	<input type="checkbox"/> 85.4%
Care seeking for suspected child pneumonia	<input checked="" type="checkbox"/> N/A

Equity

DTP3 immunization coverage	<input checked="" type="checkbox"/> 100%
Perceived access barriers due to treatment costs	<input checked="" type="checkbox"/> N/A
Perceived access barriers due to distance	<input checked="" type="checkbox"/> N/A

Percentage of households with adequate WASH: [6.2.1/6.1.1]	<input type="checkbox"/> 97%
	<input type="checkbox"/> 97% Water Sanitation

Percentage of households cooking with clean fuel [7.1.2]	<input checked="" type="checkbox"/> N/A
Percentage of children under 5 years of age who are developmentally on track [4.2.1]	<input checked="" type="checkbox"/> N/A
Malaria incidence [3.3.3]	<input checked="" type="checkbox"/> N/A
Physical inactivity in adults	<input type="checkbox"/> 75.3%

Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months [16.1.3]	<input checked="" type="checkbox"/> N/A
Use of insecticide-treated bed nets for malaria prevention	<input checked="" type="checkbox"/>

Impact

Health status

Adult mortality rate 15–60 years	0.9 per 1000
Adolescent mortality rate	N/A
Under-5 mortality rate	19 per 1000 live births
Infant mortality rate	17 per 1000 live births
Neonatal mortality rate	9.4 per 1000 live births
Total fertility rate	4.1 children per woman
Met need for family planning [3.7.1]	64.1%
DPT3 dropout rate	0%
TB treatment success	87%
Antenatal care quality score based on WHO guidelines	N/A
Antenatal care coverage (4+ visits)	95.5%
Family planning quality score based on WHO guidelines	N/A
Demand for family planning satisfied with modern methods	64.1%
Sick child quality score based on IMCI guidelines	N/A
People living with HIV receiving anti-retroviral treatment	96%
Prevalence of raised blood pressure (age-standardized estimate)	35.8%

Mortality by cause

Household and ambient air pollution [3.9.1]	26 per 100,000
Road traffic injuries [3.6.1]	4.4 per 100,000
Homicide [16.1.1]	N/A
Suicide rate [3.4.2]	0.7 per 100,000

Causes of death

82.5%	4%	13.5%
NCDs	Injuries	Communicable diseases

Efficiency

Proportion of caregivers who were given sick child diagnosis	N/A
Proportion of family planning, antenatal care, and sick child visits over 10 minutes	N/A
Provider absence rate	N/A
Adherence to clinical guidelines	N/A
Diagnostic accuracy	<input type="checkbox"/>
Adequate waste disposal	N/A

Risk factor/chronic disease prevalence

Obesity prevalence	26.8%
Diabetes mellitus prevalence	N/A
Hypertension prevalence	35.8%
Tobacco use [3.A.1]	20.2%

Resilience

International Health Regulations core capacity index/joint external evaluation	N/A (Index score) 18 (JEE score)
Disaster-related death rate [1.5.1]	N/A

Alternative indicators

Alternative indicators are national indicators which are not exactly the same as a PHCMI indicator but provide similar data. In the case that an alternative indicator is provided and accepted, it will be displayed here.

Notes

- 1 the postnatal timing is unknown (not mentioned)
- 2 Provided value is for the age of 6 and below

The data presented here are either reported by countries, come from United Nations estimates, or are directly collected from publicly available sources such as demographic and household survey reports.

Jointly developed by:
Department of UHC/Health Systems and Department of Science, Information and Dissemination

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Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage.

The Declaration of Astana reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care.

Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.

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All data are country reported unless otherwise indicated