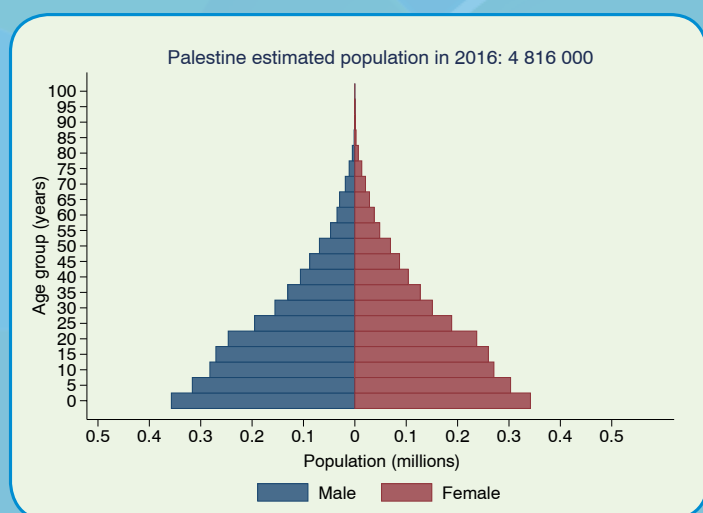




Universal health coverage

Primary health care facilities per 10 000 population (2016)	1.6
Hospital beds per 10 000 population (2016)	12.8
Modern contraceptive prevalence rate (2015)	43
Antenatal care visits (4+ visits)	...
Measles immunization coverage among 1-year olds (%) (2016)	100
Tuberculosis treatment success rate of new bacteriologically confirmed cases (%) (2013)	91
DTP3-containing vaccine / Pentavalent coverage among 1-year olds (%) (2016)	100
General government expenditure on health as % of GDP (2013)	4.2
General government expenditure on health as % of total government expenditure (2013)	11.0

Estimated population in 2016



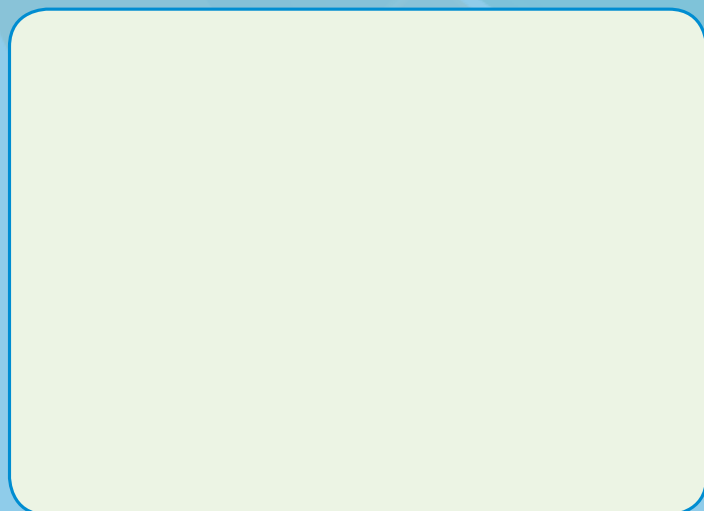
Selected determinants of health

Population living in urban areas (%) (2016)	83
Annual GDP growth (%) (2016)	4.1
Number of refugees ^a (2016)	2 158 274
Number of internally displaced persons ^b (2016)	0

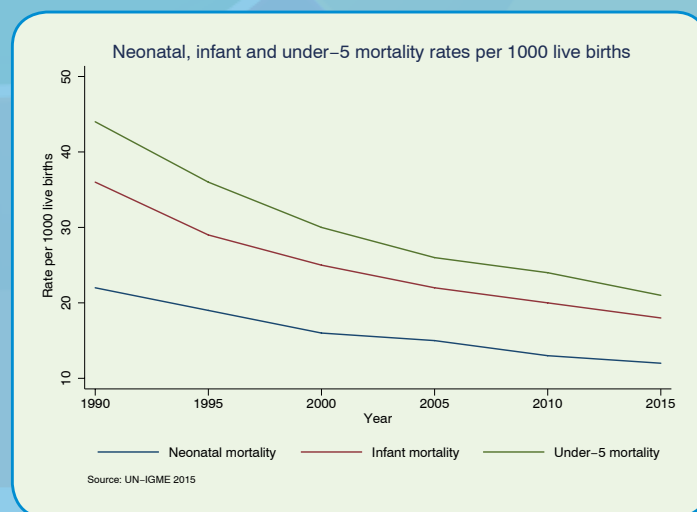
^a Including Palestinian refugees registered and reported by UNRWA.

^b Including persons forcibly displaced due to conflict, remaining in their own country, as recognized and reported by UNHCR.

Distribution of causes of death among children aged <5 years (%)



Neonatal, infant and under-5 mortality rates per 1000 live births



Selected SDGs health-related indicators*

1 NO POVERTY

Population below the international poverty line (2014) % 25.8

Proportion of employed population below the international poverty line (ILO estimate, 2016)

Male %	0.6
Female %	1.3

2 ZERO HUNGER

Children under 5 who are (2014)

stunted	%	7.4
wasted	%	1.2
overweight (2013)	%	5.3

4 QUALITY EDUCATION

Literacy rate (15-24 years) (2015)

Total %	99
Male %	99
Female %	99

Net primary school enrolment ratio per 100 school-age children (2015)

Total ratio	97
Male ratio	97
Female ratio	97

5 GENDER EQUALITY

Demand for family planning satisfied with modern methods (UN Population Division estimate, 2015) % 78.5

6 CLEAN WATER AND SANITATION

Access to improved drinking water (World Health Statistics, 2015) % 93

Access to improved sanitation facilities (World Health Statistics, 2014) % 99

8 DECENT WORK AND ECONOMIC GROWTH

Unemployment rate (15+ years) (ILO estimate, 2015)

Total %	25.9
Male %	22.5
Female %	39.2

11 SUSTAINABLE CITIES AND COMMUNITIES

Concentrations of fine particulate matter (PM2.5) (WHO/CEHA, 2014)

Total	...
Urban	...

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Estimated direct deaths from major conflicts (per 100 000 population) (WHO Global Health Observatory, 2011-2015) ...

*Because of the scarcity of data, the above presentation is limited. Where available, information is obtained from the Regional Core Indicators Programme

Key health indicators

Indicator	Male	Female	Total
Life expectancy at birth in years (2016)	72.0	75.0	73.5
Maternal mortality ratio (deaths per 100 000 live births) (UN-MMEIG 2015 estimate)	—	—	45
Neonatal mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	12
Infant mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	18
Under-five mortality rate (deaths per 1000 live births) (UN-IGME 2015 estimate)	...	...	21
Tobacco use among persons 15+ years (%) (2011)	37.6	2.6	20.2
Overweight (18+ years) (%)	...	...	...
Obesity (18+ years) (%)	...	...	...
Raised blood pressure among persons 18+ years (%) (2011)	...	...	35.8
Raised blood glucose among persons 18+ years (%) (2011)	...	...	8.5
Raised cholesterol among persons 18+ years (%)	...	...	...
Mortality between ages 30 and 70 from cardiovascular disease, cancer, diabetes, chronic respiratory disease per 10 000 (2015)	...	...	21
Cancer incidence per 100 000 (2012)	...	...	145.7

Universal health coverage (UHC) means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. UHC is one of the targets of Sustainable Development Goal 3, and attaining UHC will also contribute directly or indirectly to achieving the other SDGs. Achieving UHC means ensuring healthy lives and promoting well-being for all at all ages with explicit affirmative action for vulnerable populations including refugees and migrants. Thus, disaggregated data will be necessary to assess and address inequities in health. UHC requires inter-sectoral action. All countries can and must advance towards UHC by year 2030, if not earlier.

3 GOOD HEALTH AND WELL-BEING



ENSURE HEALTHY LIVES
AND PROMOTE WELL-BEING
FOR ALL AT ALL AGES

Voluntary National Review

N/A

National Focal Point for 2030 Agenda

Dr Estephan Salameh. Head of Policy and Reform Unit, Prime Minister's Office.

National Focal Point in Ministry of Health for health-related SDGs

To be determined

1. How is Palestine incorporating the 2030 Agenda into its development policy and planning?

The Palestinian national planning approach is currently managed jointly by the Prime Minister's Office and the Ministry of Finance and Planning. The 2017-2022 National Policy Agenda: Putting Citizens First represents a high-level policy document that sets out the national vision, priorities and policies for the next six years. Sustainable development is considered a main pillar in the agenda, and it involves major reform policies in several areas, including health.

The 2017-2022 National Policy Agenda 2017-2022: Putting Citizens first is available here: <http://www.ps.undp.org/content/dam/papp/docs/Publications/UNDP-papp-research-NPA2017-2022.pdf>

2. How is Palestine incorporating SDG 3 targets in health policy, strategy, and planning?

The National Health Strategy 2017-2022 is based on the national vision of a "comprehensive and integrated health system that contributes to improving the quality of health services and sustainable enhancement of the health status" and the SDGs are considered one of its main pillars. During the preparation of strategy documents, workshops were conducted where stakeholders were consulted for their inputs, including on how to link strategic objectives to the SDGs. All national strategic objectives of the National Health Strategy 2017-2022 are now fully aligned with SDG 3, and directly linked to targets in the areas such as Universal Health Coverage (UHC), health financing, recruitment of health workforce, as well as reproductive and sexual health services, NCDs and communicable diseases control.

The National Health Strategy 2017-2022 is available here: http://www.lacs.ps/documentsShow.aspx?ATT_ID=29996

3. Are there any major partnerships in Palestine for advancing the 2030 Agenda?

The National Team for Coordinating and Supporting National Efforts to implement the 2030 Agenda was established early 2016 under the leadership of the Prime Minister's Office. This team ensured that SDGs and targets were integrated in national sectoral and cross-sectoral strategies. In addition, a National Task Force for Statistical Monitoring of the SDGs implementation chaired by the Palestinian Central Bureau of Statistics (PCBS) was established in 2016. This task force is responsible for provision of statistical indicators to monitor the SDGs and the membership includes main line ministries. Two workshops to build the capacity of the national team and support the implementation of SDGs were held in November 2016 and April 2017, supported the by Executive Secretary of the UN Economic and Social Commission for Western Asia (ESCWA). UNDP additionally leads the joint SDG/UN task force which includes resident technical UN agencies in the country. In addition, the United Nations Development Framework (UNDAF) which is based on the National Policy Agenda, and the Common Country Analysis (CCA) are based on the principle of "leaving no one behind" and closely linked to the SDGs.

4. Are there any major partnerships in Palestine for advancing the health-related SDGs?

The Ministry of Health, in partnership with WHO, heads a national working group established in 2016 to support and monitor the implementation of SDG 3. The group includes representatives from different stakeholders, such as other related ministries, health service providers and civil society, working together to improve coordination on SDG related initiatives and plans.

5. Has Palestine reoriented its National Health Policies, Strategies, and Plans to incorporate Universal Health Coverage?

The former National Health Strategy (2014-2016) objectives were revised prior to the development of the current strategy for 2017-2022. Specifically, due consideration was given to the aim of achieving comprehensive, accessible and high quality health care for all citizens by providing universal health services and enhancing citizens' health and well-being. The three dimensions of Universal Health Coverage (UHC) are considered within the national objectives and policies which focus on: 1) Service provision for all and quality improvement, 2) Financial protection for citizens against health costs through a health insurance reform aiming to increase the percentage of population covered and 3) Revision of the service package. The three strategic objectives with focus on UHC include: 1) Ensure the provision of comprehensive health care services for all citizens towards nationalization of health services in Palestine, 2) Institutionalize quality systems in all aspects of health service delivery, 3) Enhance health financing and improve financial protection of Palestinian citizens against health care costs. Overall, all the strategic objectives included in the National Health Strategy are aligned with UHC. Similar to other national efforts, the preparation of the national strategy and its alignment with UHC included workshops with participation of key stakeholders.