

Primary Health Care Investment Plan

Main components

- Situation Assessment
- Major challenges
- Gap analysis
- Priority investment areas
- Objectives
- Expected benefits
- Resource requirements
- Implementation plan
- Monitoring impact



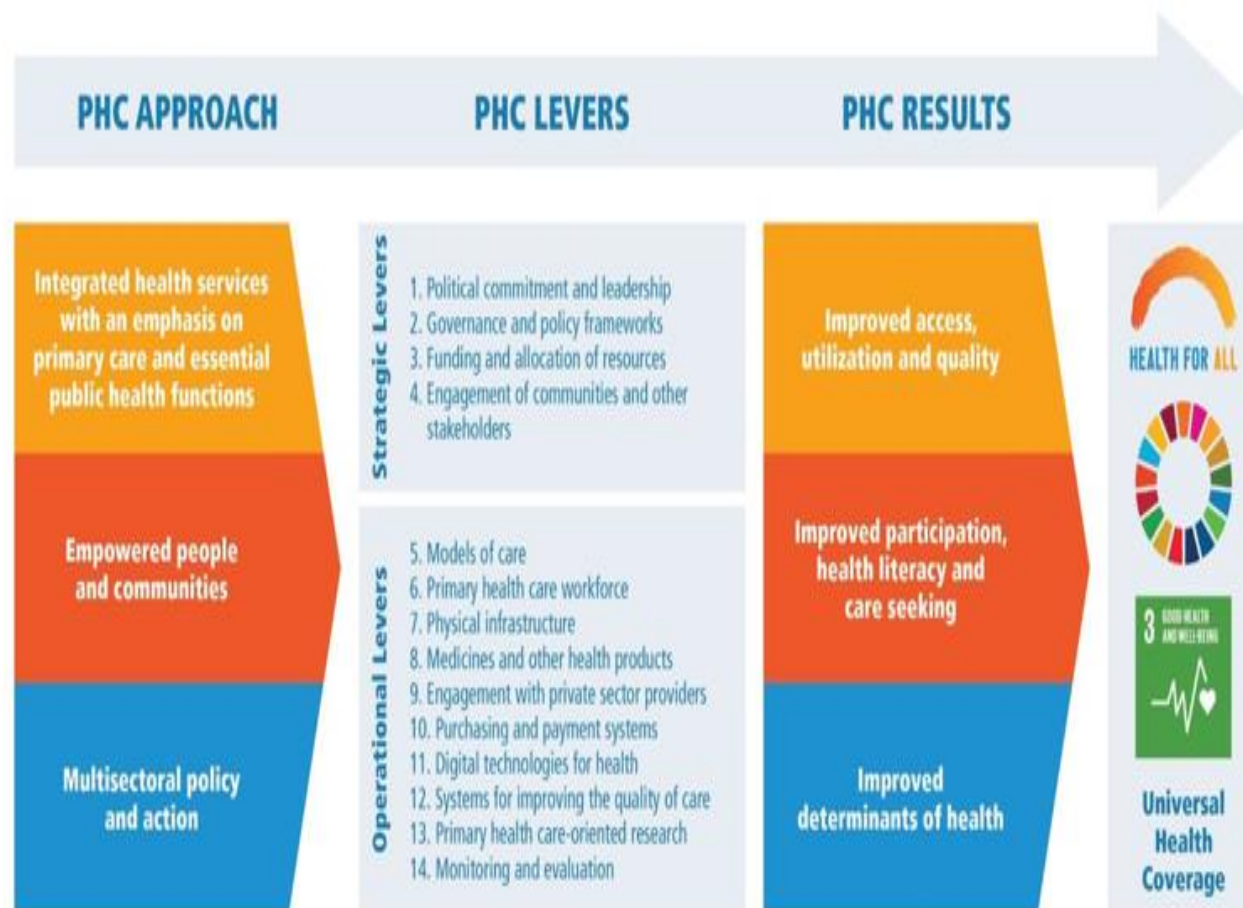
Situation Assessment

Major Challenges

Gap analysis

Assessment of Primary Health Care in Palestine: 2023¹

DRAFT FOR CONSULTATION: NOT FOR FURTHER DISSEMINATION



Priority Investment Areas

- Undertake a rapid prioritization exercise
 - Use a prioritization matrix
- Criteria for prioritization
 - Expected impact
 - Feasibility
- Identify areas for investment



Objective 1 Enhance primary care infrastructure to improve geographic access (based on population growth projections until 2035)

The physical infrastructure can be upgraded and equipped so that each health facility can provide a full range of family medicine services. Thereby, allowing patients to have a single main point of service for most general health needs. For the sake of planning, this is referred to as level 3+. This is a long-term objective, with several activities staged over time and others requiring immediate or continued action. Due to recent damages to facilities, a rebuilding component will also have to be considered.

NO.	Activities	Output	Mechanism of impact	Timeline
	Action 1	Establish new level 3 or 4 facilities to ensure access within 30 minutes according to the situation		
1.1.1	Import the detailed infrastructure assessment including density, building specifications, and human resources into a digital system	<i>Inventory of current facilities, with access and quality data in a computerized format for real-time situation analysis including:</i> • Energy supply • WASH • Service <u>package</u> • Workforce • Population <u>served</u> • Etc.	Baseline available for refined planning, implementation, and monitoring	Short-term
1.1.2	Develop an infrastructure master plan for primary care, including human resources, based on population growth until 2035 and focus on areas with lower geographic access	<i>Density and building specifications that match the current service delivery model with updated benchmarks</i>	Improved access for underserved people and the general population overall	Short-term
	Action 2	Expand mobile clinics for area C		
1.2.1	Increase the number of mobile health units in Area C communities, build upon existing vaccine carrier vehicles, and address immediate needs to respond to service disruptions that result from the ongoing <u>crisis</u>	<i>Increased number of mobile health units with at least one per directorate (n=14)</i>	Improved access for nomadic populations and those affected by current conflict	Short-term

Objectives

Annex 3: Primary Health Care (other than cancer) action plan for West Bank

Background:

Primary health care (PHC) is a health system strategy to address the needs of the most significant number of people through effective and evidence-based approaches to the full spectrum of health services (promotion, prevention, clinical care, rehabilitation, and palliation). The World Health Organization's (WHO) strategic approach is to reach universal health coverage and other health-related sustainable development goals.

PHC is the founding block that provides the most significant returns for the most common health concerns. Based on a mature PHC infrastructure, secondary and tertiary care deliver additional benefits with the most advanced technologies. In addition, it is the basis, on which emergency preparedness and response plans, can address system resilience.

The European Investment Bank (EIB), in consultation with Palestinian Authorities, mandated WHO to support the development of two investment plans; one for oncology services and one for PHC. Following thorough assessments in the West Bank and Gaza, action plans, have been developed, with the Ministry of Health (MoH). This document presents the PHC component for the West Bank only, as the Gaza assessment requires important revisions due to the ongoing crisis.

The PHC action plan has been designed to complement the overarching national health sector strategies. Among its seven objectives, several activities are led and managed at the ministry level and encompass the whole health sector. Where relevant, this indicates to reflect that proposed activities are already implemented for PHC within a broader scope.

General objective:

In Palestine, **ensure geographical access to a full range of family medicine services within 30 minutes of residence.** Seven main actions are proposed that will serve as the basis for granular costing of capital investments and implementation planning. As this vision requires a long-term perspective (horizon 2035), each activity has a timeline that includes short-, medium- and long-term perspectives.

Initially, short-term priorities will be identified with government officials for capital expenditures to be submitted through the investment plan. The full-cost action plan will provide a basis for financial dialogue to build a robust PHC system by 2035.

Goal: In Palestine, ensure geographical access to a full range of family medicine services within 30 minutes of residence

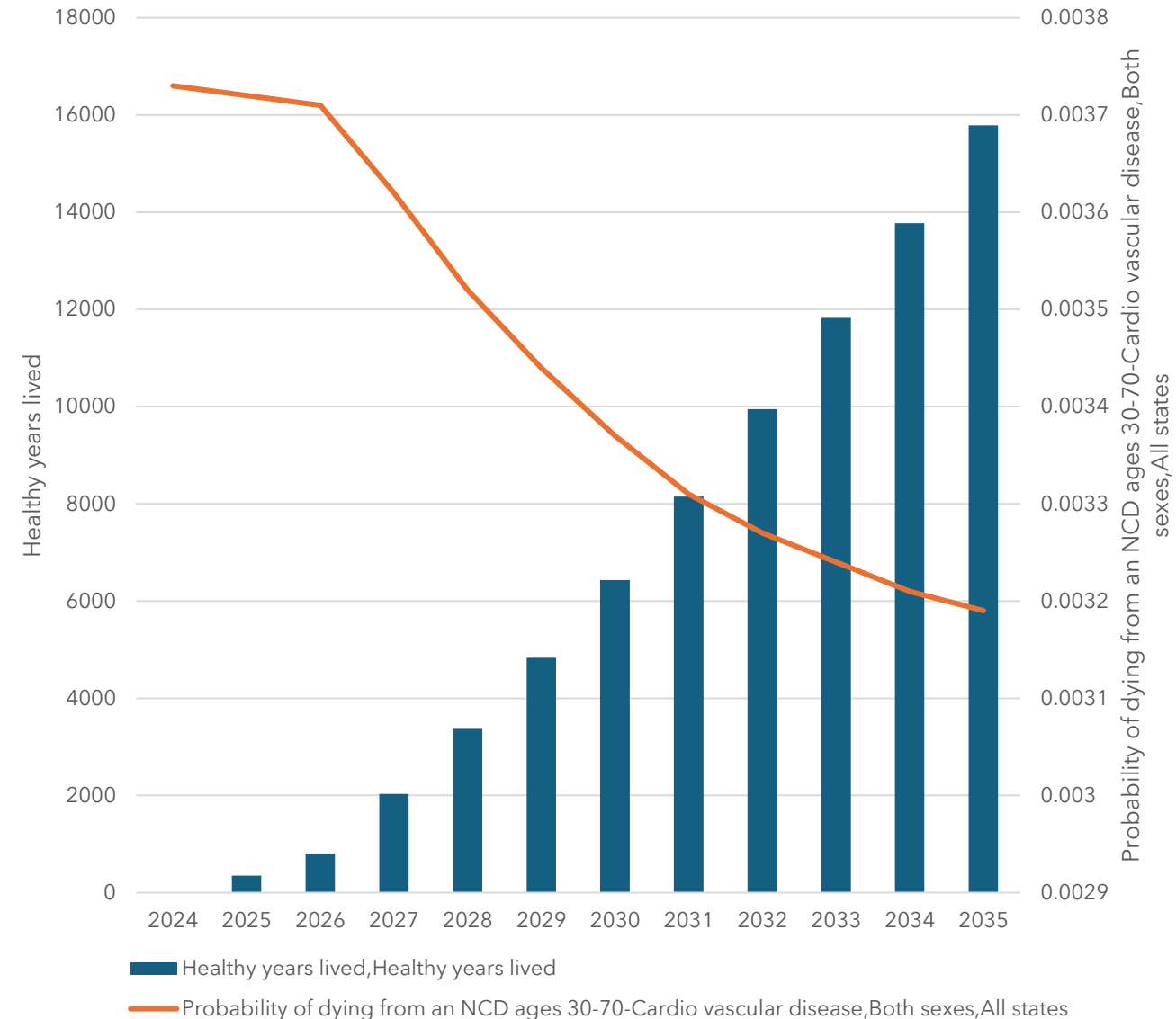
Objective 2: Increase workforce density to ensure level 3+ staffing of each facility by 2035

Inputs	Activities and strategies	Outputs	Outcomes	Risks and mitigation Measures
Funding, HR capacity, firm (supplier)	Increase training capacity of medical, pharmacy, dentistry, nursing, and midwife schools by 2026 towards family practice	- Increased capacity to train human resources that can deliver the full-service package. - Advanced practice curriculum developed and implemented through nursing and medical schools	Adequate quantity, competency levels, and distribution of a committed multidisciplinary primary healthcare workforce	Risk: The freeze on recruiting new personnel at PMoH is not lifted Mitigation: Early collaboration with PMoH and MoF to ensure new personnel are accepted and added to the organizational structure or that a new recruitment method (external contract) can be used
Funding, HR capacity, individual (supplier)	Develop a sustainable staffing plan for primary care with multidisciplinary teams (with the Ministry of Finance and General Staff Counsel)	- Staffing plan prepared - Availability of 1 general practitioner with a multidisciplinary team in each health centre - Specialized functions (lab, dieticians, etc.) being provided in some points of service	UHC service coverage (index) [SDG 3.8.1]	

Expected Benefits

- Among the expected outputs in the short run (1 to 3 years) include:
 - 107 number of clinics refurbished and fully equipped to provide multi-disciplinary family practice care from promotion to palliative care
 - Increased number of mobile health units, at least one per directorate
 - Availability of 1 general practitioner with a multidisciplinary team in each health center
 - 358 number of facilities equipped with electronic health records
 - Updated full package of essential health services
 - 70 training conducted for (2860) health workers and community health workers

Longer-run



Resource Requirements

Projects (2025-2035)			
Action plan			
Action no		Procurement type	Cost USD
Project 1: Enhance primary healthcare services through infrastructural development of mobile clinics, technological integration, community engagement, patient support and governance reform in the West Bank by 2035			
Objective 1: Expand mobile clinics for area C			
1.2	Action 1 Add new mobile clinics to area C	Goods	1,024,650
Objective 2: Expand the health information system to each public facility with linkage (integration) to hospital based HIS and in the future also with private sector			
4.1	Action 1. Finalize and endorse eHealth strategy with Palestine National Institute of Public Health (PNIPH)	TA International	26,519
4.2	Action 2. Establish DHIS-2 based family health registries in each public primary care facilities	Firm / Individual/MOH	994,880
4.3	Action 3. Equip every public primary care facility with electronic health records	TA International	266,667
4.4	Action 4. Strengthen DHIS2 Team department to ensure capacity for implementation, maintenance and scale-up of DHIS-2 based family health e-registries	Others (Government counterpart)	6,453
4.5	Action 5 Recruit central level staff for DHIS 2 platform	Others (Government counterpart)	3,628,838
4.6	Action 6. Enhance data collection and use with regular surveys, dashboards, quality of care indicators and inclusion of primary care indicators	TA International	26,519
Objective 3: Engage communities in health promotion and support to patients			
6.1	Action 1. Develop operational plan for community engagement	TA National	33,965
6.2	Action 2. Promote and develop community health workers networks in support of patients	TA International	121,850
Objective 4: Review and update existing governance mechanisms			
7.1	Action 1. Ensure a comprehensive chain of supportive supervision across each level of the system	TA National	36,703
7.2	Action 2. Develop operational plan for non-government engagement to ensure effective stewardship	TA International	9,245
7.3	Action 3. Engage non-health sectors with health promotion and prevention efforts	TA National	23,599
5.14	Action 6. Test mechanisms to improve health system utilization	TA International	30,063
5.15	Action 7. Improve empanelment/registration	TA National	10,917
5.16	Action 8. Unify clinical protocols/care pathways	TA International	-
Objective 5: Ensure 100% availability against the national essential medicines list			
3.1	Action 1. Maintain the essential medicines list along the updated primary care service package	TA National	7,085
3.2	Action 4. Enhance the regulatory process towards improved registration of health products	TA National	7,085
3.3	Action 5. Develop e-registration of health products within the logistics management information system (LMIS) through a common platform	Goods	14,400

Brief project summary

The project aims to enhance primary health care in the Hebron governorate by focusing on improving primary care infrastructure by establishing new level 3 or 4 primary health care facilities or upgrading existing centers. This is in addition to adjusting staffing needs and essential medications to meet the restructured primary health care system's needs. This will improve geographic access to comprehensive primary health care services. This will contribute to addressing the various community health needs and will result in improving overall health outcomes.

Project Description :

Strengthen primary healthcare by 2035 through improved access, adequate staffing, essential medicine, and comprehensive health services in the Hebron governorate (North Hebron, Hebron, and South Hebron health directorates)

Component 1: Enhance primary care infrastructure to improve geographic access (based on population growth projections until 2035)

- Establish new level 3 or 4 facilities to ensure access within 30 minutes according to the [situation](#)
- Upgrade clinics to higher levels to ensure full family [service](#)
- Ensure operating and maintenance budget (other than salaries) for the whole [system](#)
- Adjust staffing to meet the needs of the restructuring PHC system and enhanced DHIS2 [platform](#)

Component 2: Implement the full package of essential health [services](#)

- Provide drugs and supplies for increasing coverage of all PHC [interventions](#)
- Medical supplies required for the increased service coverage

Project Cost Structure:

Civil work \$ 6,850,957

Project Management \$ 548,077

Estimated Project Cost \$ 7,399,034

Others (drugs and medical supplies; government counterpart)
\$ 60,715,262

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Monitoring Impact

