

Palestinian Central Bureau of Statistics

**The Health Survey in the West Bank and
Gaza Strip – 1996**

Analytical Reports Series (No. 2)

Health Insurance and Utilization of Health Care Institutions

September, 1999

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Presidential Decree No. (19/1999)

On the Expansion of PCBS' Mandate and Scope of Operation

**The Chairman of the Executive Committee of the Palestine Liberation Organization,
President of the Palestinian National Authority,**

Upon reviewing the Statistics Law No. (31/1947) which is effective in Gaza Governorates, the Statistics Law No. (24/1950) which effective in the West Bank Governorates, the Presidential Decree No. (163/1994) on the establishment of the Palestinian Bureau of Statistics and the Presidential Decree No. (4/1995) on the transformation of the Palestinian Bureau of Statistics into the Palestinian Central Bureau of Statistics,

We decree the following:

Article (1)

[... *This article has to do with the changing the title of PCBS as stated in Arabic, The English title is the same. The change is effective as of May 4, 1999*]

Article (2)

The Palestinian Central Bureau of Statistics is requested to compile, tabulate, and disseminate statistics on *all* Palestinians wherever they reside.

Article (3)

The Palestinian Central Bureau of Statistics shall issue an annual statistical yearbook for Palestinian official statistics as of May 4th 1999.

Article (4)

All concerned parties, each in their respective field, shall enforce this decree as of the date of issue and publication in the official gazette.

Issued in Gaza City on June 24th 1999.

Yaser Arafat
The President of the Executive Committee
of the Palestine Liberation Organization
President of the Palestinian National Authority

The financial support necessary for preparing this report has been provided by the Ford Foundation. The technical assistance was brought about by cooperation with the Social Researches Center – the American University – Cairo.

Preface

Statistics on health and access to medical care are mostly based on administrative records from primary health care centers and hospitals. Very few countries conduct health surveys on a regular basis. In the Palestinian case, adequate health indicators for the Palestinian population were not available given the country's previous situation. However, during Palestine's new transitional period of self-ruled government, the first health survey was conducted in the summer of 1996, in order to provide Palestinian planners and decision makers with a realistic vision of Palestinian mothers and children's health situation.

The survey in question was designed to produce a wealth of indicators about the health situation of Palestinian children as stated by the so-called "mid-decade goals". In conducting this survey, several statistics became available for the public utilization for the first time.

Several reports have been published out of the survey. As for this report, we have tried to summarize the findings of the survey related to health insurance indicators for the use of non-Arabic speakers interested in the subject. The report comes as a product of Palestinian and Egyptian cooperation in the research field. Several of the PCBS researchers have worked closely with researchers from the Social Researches Center (SRC) during the analysis phase, with active encouragement and financial support from the FORD Foundation.

We do hope that the findings of this report will be of value to the international community and those organizations, which take a special interest in supporting the Palestinian population, and those who are actively involved in activities relating to the Palestinian health sector.

September, 1999

**Hasan Abu-Libdeh, Ph.D.
President**

Acknowledgement

Mr. Khalid Abu Khalid (Researcher Assistant–PCBS' Health Statistics Department) and Mr. Mohammad Al–Omari (Director–Health Statistics Department) prepared this report. Dr. Al–Tijani Al–Taher (Assistant Professor in the Social Researches Center and Head of the Special Work Team) undertook the analysis of the health survey data, supervised and followed up the preparation of this report. Prof. Hasan Abu-Libdeh (PCBS President), Prof. Huda Rashad (Director of the Social Researches Center–the American University–Cairo), and Dr. Abdelrahim Barham (Director General of PCBS' Population and Social Statistics General Directorate) reviewed the report material and provided valuable comments.

The Palestinian Central Bureau of Statistics would like to acknowledge the assistance of the Palestinian Ministry of Health for providing official and technical support for the implementation of this survey.

United Nations Children's Fund (UNICEF) has contributed financially to the implementation of the health survey, while the Ford Foundation has granted PCBS financial support for producing this report. We acknowledge with thanks all assistance.

Foreword

Within the framework of the PCBS' efforts to provide data on all current needs and issues of the Palestinian people, the Health Survey in the West Bank and Gaza Strip was carried out in cooperation with the Palestinian Ministry of Health and the United Nations Children's Fund. Data collection was launched in the West Bank throughout the period of June 11th – July 8th 1996 and in Gaza Strip throughout the period of August 27th – September 18th 1996. The sample of this survey was comprised of 3,722 households (2,530 and 1,192 households in the West Bank and Gaza Strip, respectively).

The Health Survey in the West Bank and Gaza Strip aims to provide a comprehensive database on the health conditions of the Palestinian citizens. Likewise, the survey provides data on the biological and behavioral factors affecting the health of the citizen, which will enable planners and decision makers to design, implement, and follow up health programs that may improve the health level of the Palestinian citizen.

The survey data were compiled through three questionnaires

Household Questionnaire: This questionnaire was designed to collect data on household members in terms of gender, age, availability of household members, mortality, accidents during the two weeks preceding the survey, disability, health insurance, marital status for persons aged 14 years and above, and smoking for persons aged 14 years and above.

Maternal Health Questionnaire: This questionnaire was designed for collecting data on the employment status of ever married women aged between 15–49 years. Likewise, this questionnaire tackles data on maternal care, vaccination against tetanus, place of delivery, post-natal health care, breast feeding, family planning and reproduction trends.

Child Health Questionnaire: This questionnaire was used for collecting data on under 5 years old children in terms of health care, and care-takers, accidents encountered by children, diarrhea, respiratory system diseases, child vaccination, child access to vitamins A & D and child weight and height. This report aims to examine the utilization rates and patterns of health care institutions during the various stages of the reproduction process.

This report also aims to measure the extent to which the West Bank and Gaza Strip population are covered by the different types of health insurance, coupled with identifying the impact of insurance coverage on the utilization of health care services for the treatment of sudden diseases and injuries as well as the utilization of maternal and child care services. Such an objective aims to put forward some suggestions and recommendations on the coverage of insurance services and the promotion of optimal benefits in order to improve the health status of all the Palestinian population.

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1. Introduction

Health insurance is an important financial source for the improvement of the health services in the developed countries. The last few years have witnessed an increasing interest in health insurance systems in many developing countries as well. This interest is due to the fact that health insurance allows health service expansion without overburdening the public budgets of developing countries. The health insurance system enables the contribution of individuals, institutions, and local communities in financing these services.

A health insurance system can belong to the private or public sectors. In the public health insurance system (health or social insurance), health services are financed through taxes, salary deductions, employees, contributions, through the fees individuals pay for recovering some of the treatment expenses they receive, and through the state's allocations for health from the public budget.

There are two ways by which individual can subscribed in one of the different health insurance systems. The first method allows a health insurance institution, whether public or private, to provide insured individuals with treatment at its own health care facilities administered by the insuring party. The second method enables the insured to seek health services at independent health care institutions (which are not owned or run, directly or indirectly, by the health insurance institutions) to which the health insurance system company will subsequently pay the treatment costs.

The following factors should be taken into consideration when exploring the impact of health insurance systems on actual health care utilization rates and patterns:

- The size of the population that benefits from the health insurance system
- The extent of variation present in health care utilization rates and patterns among the individuals covered by a health insurance system and the uninsured ones.

2. Health Insurance in the West Bank and Gaza Strip

The public health insurance system was initiated during the period of the Israeli occupation. In 1973, the insurance system started by covering governmental employees and their family members. That insurance coverage allowed its subscribers to benefit from governmental hospitals, health centers and pharmacies in return for a certain monthly subscription fee. At that time, the fee was equivalent to 4 US dollars per month. In 1978, the health insurance system was opened not only to public employees and their families but extended to other willing families.

The Palestinian National Authority carried out a considerable expansion in the public health insurance system to make it compulsory to all individuals (and their families) employed by the governmental bodies, municipalities, and police forces. Public health insurance, today, is optional and available for all families. Contractual insurance is also covering members of trade unions, societies, charitable organization, and Palestinians working in Israel. In addition, the Ministry of Social Affairs offers social insurance to families in difficult circumstances that are unable to enroll in the public health insurance system.

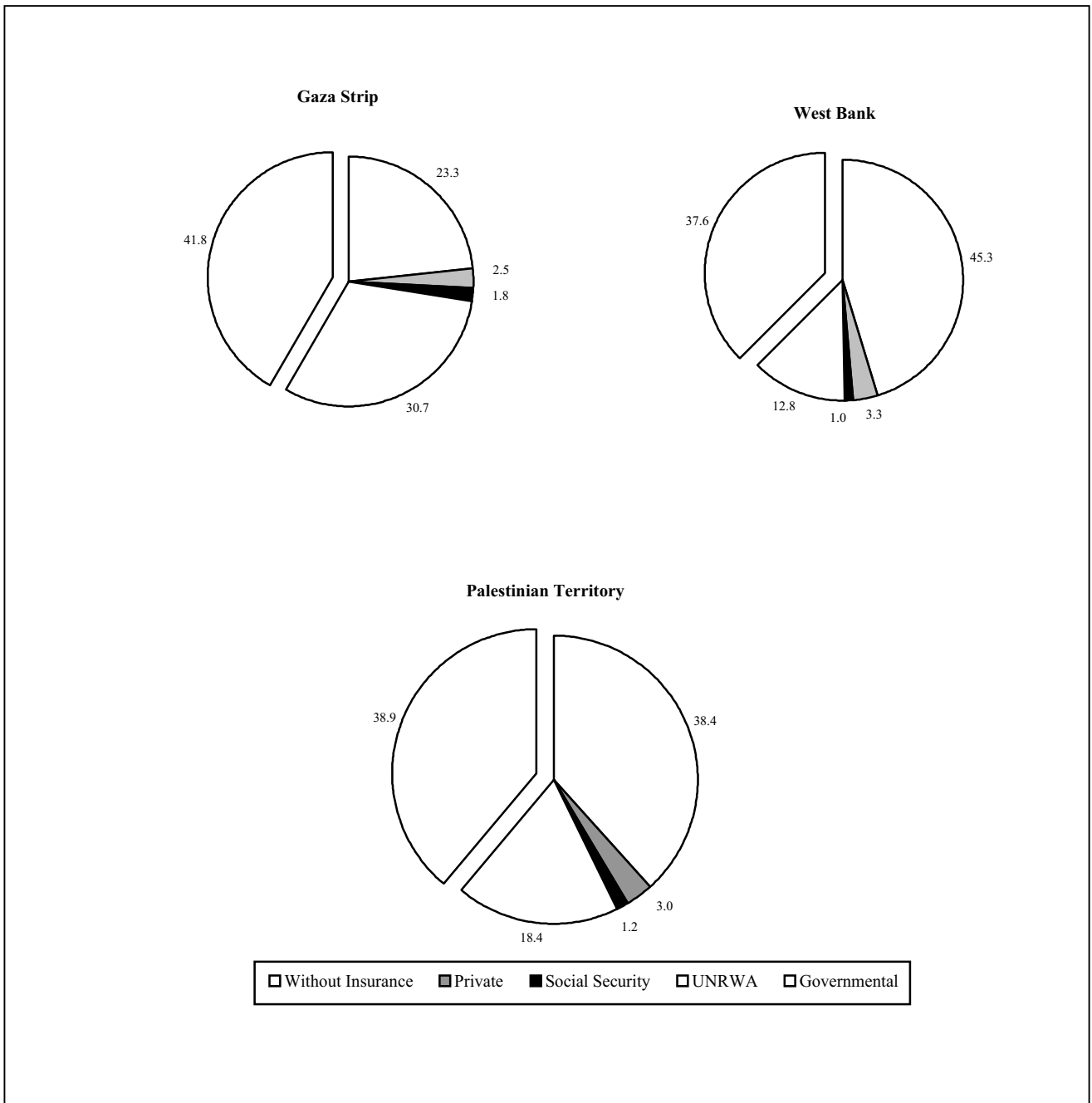
In addition to the public insurance system, the United Nations Refugees Working Agency (UNRWA) is providing health insurance to registered Palestinian refugees and free health care in UNRWA owned clinics. Though it does not run secondary health care facilities, UNRWA's policies allow refugees to seek treatment at local secondary health care facilities and pay partial treatment costs while the remaining costs are subsidized by UNRWA.

The last few years witnessed a greater demand, by the population of West Bank and Gaza Strip, on private health insurance provided by a number of private insurance companies.

3. Percentage of Health Insurance Coverage

Data show that the health insurance systems cover 62% of the total population surveyed in the West Bank and Gaza Strip. This percentage of insurance coverage increases in Gaza Strip to reach 77% of the total population in comparison to 55% in the West Bank.

Figure 1: Distribution of Population by Source of Health Insurance in the West Bank and Gaza Strip



The same figure shows that about 39% of the Palestinian population (42% in Gaza Strip and 38% in the West Bank) is covered by the public health insurance. Moreover, about 18% of the Palestinian population (31% in Gaza Strip and 13% in the West Bank) is covered by UNRWA’s health insurance. The private health insurance system and the “social security” insurance systems constitute low percentages amounting only to 3% and 1% of the total population in the West Bank and Gaza Strip, respectively.

Despite the low insurance coverage among West Bank residents, in general, compared to Gaza Strip, a number of differences in insurance coverage are observed between the regions of the West Bank. As shown in table1, about 66% of the residents of the central West Bank have health insurance, in comparison to 50% in the North of West Bank and 41% in the southern parts (Hebron areas). This decrease in health coverage in the northern and southern parts of the West Bank may be due to the limited number of health units available in these areas, and to the relative decrease in the economic status of their populations, compared to the central parts of West Bank.

Table 1: Distribution of Population by Source of Health Insurance and Place of Residence

Source of Health Insurance	Gaza Strip		Hebron Area		Central West Bank		North West Bank		Total	
	%	No.	%	No.	%	No.	%	No.	%	No.
Governmental	41.8	3314	27.9	1095	51.7	3711	27.3	1693	38.9	9813
UNRWA	30.7	2433	8.7	343	11.6	836	16.8	1044	18.5	4655
Social Security	1.8	140	2.6	102	0.3	18	0.8	50	1.2	310
Private	2.5	198	1.9	75	2.8	200	4.6	286	3.0	759
Without Insurance	23.3	1847	58.8	2305	33.6	2413	50.4	3127	38.4	9692
Total	100	7932	100	3919	100	7178	100	6200	100	25229

As for the distribution of population having health insurance by source, table 2 shows that the majority of subscribers benefit from the public health insurance system (63%). About 30% are covered by UNRWA’s health insurance system. The coverage varies from as high as 78% in the central West Bank to 55% in the northern parts of the West Bank. The percentage of those covered by UNRWA varies also from 40% in Gaza Strip to 18% in the central West Bank.

Table 2: Distribution of Population Having Health Insurance by Source of Insurance and Place of Residence

Source of Health Insurance	Gaza Strip		Hebron area		Central West Bank		North West Bank		Total	
	%	No.	%	No.	%	No.	%	No.	%	No.
Governmental	54.5	3314	67.8	1095	77.9	3711	55.1	1693	63.2	9813
UNRWA	40.0	2433	21.2	343	17.5	836	34.0	1044	30.0	4655
Social Security	2.3	140	6.3	102	0.4	18	1.6	50	2.0	310
Private	3.3	198	4.6	75	4.2	200	9.3	286	4.9	759
Total	100	6085	100	1615	100	4755	100	3073	100	15537

As for the distribution of population by gender, age and type of insurance, table 3 shows that children of the age group 0-4 years constitute the largest sector covered by all health insurance systems (85%). This is due to a PNA policy requiring the health system to automatically cover all children up to the age of 3 years. The percentage of not insured people reaches its maximum levels among individuals of the age group 15-64 years. It is worth mentioning that no clear gender differentials are observed in insurance coverage rates between women and men in the West Bank and Gaza Strip.

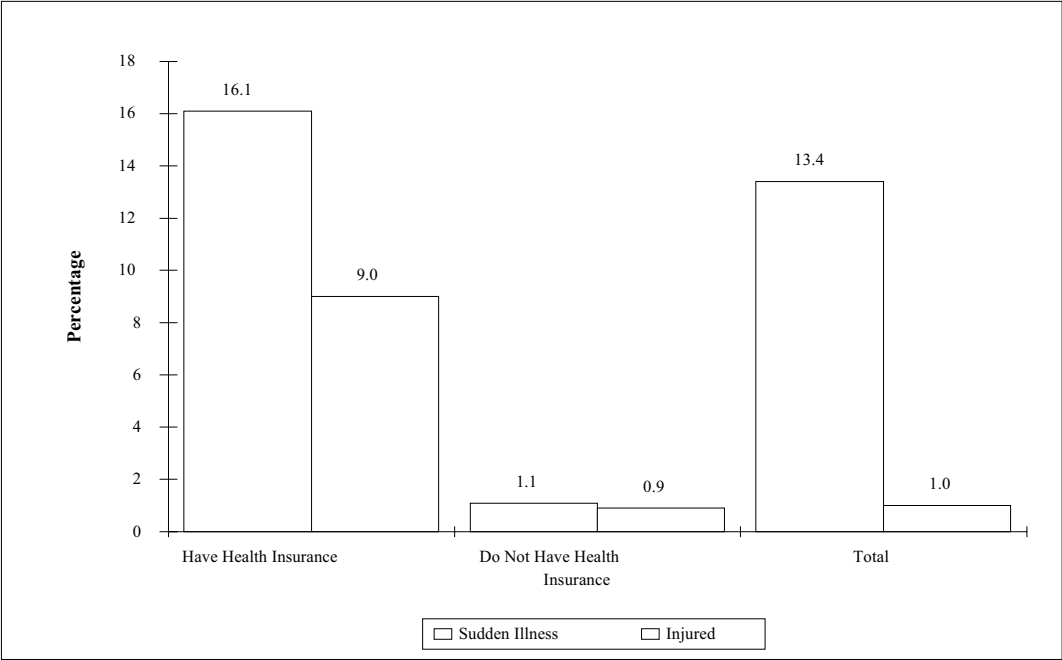
Table 3: Distribution of Population by Gender, Age, and Health Insurance Source in the West Bank and Gaza Strip

Characteristics	Governmental	UNRWA	Social Security	Private	Without Insurance	Total
Male						
0 – 4	62.9	18.1	1.0	2.7	15.3	100
5 – 14	33.8	18.8	1.6	3.9	41.9	100
15 – 64	31.6	19.2	1.0	3.0	45.3	100
65 +	45.5	11.6	2.1	2.3	38.5	100
Female						
0 – 4	63.7	16.1	0.4	2.9	16.8	100
5 – 14	33.6	19.5	1.5	2.9	42.5	100
15 – 64	34.2	18.8	1.4	2.8	42.9	100
65 +	46.9	13.7	1.9	2.2	36.4	100
Total						
0 – 4	63.3	17.1	0.7	2.8	16.1	100
5 – 14	33.7	19.1	1.5	3.4	42.2	100
15 – 64	32.8	19.0	1.2	2.9	44.1	100
65 +	45.7	12.7	2.0	2.2	37.4	100

4. Health Insurance and Utilization of Health Care Facilities

The survey questionnaire involved questions asking the respondents and their family members if they encountered unexpected illness or injury during the two weeks preceding the survey. Figure 2 shows that 13% and 1% of the respondents had suffered from a sudden illness and injury, respectively. The figure shows that the percentage of those who suffered from a sudden illness or injury is higher among those having health insurance (16%) than among those who do not have health insurance (10%). These figures, especially those pertinent to exposure to a sudden illness or injury, do not mean that the health status of the insurance holders is worse than that of the not insured. On the contrary, it could entail that persons having health insurance tend to register their problems/ sicknesses/ illnesses more than the not insured.

Figure 2: Percentage of Population who was Suddenly Ill or Injured During the Last Two Weeks Preceding the Survey, by Insurance Coverage in the West Bank and Gaza Strip



4.1 Utilization of Health Care Services for Treatment of Sudden Illness and Injuries

Table 4 shows that 69% of those who suffered from a sudden disease or injury, in the last two weeks preceding the survey, received medical care. The percentage of those who were treated or received medical care rises among the holders of private health insurance (74%). The percentage increases slightly among those having UNRWA’s health insurance (72%) over individuals having public insurance policies (69%). The lowest percentage is noted among those not insured by any health insurance system (67%).

Table 4: Percentage of Population who Suffered from Sudden Illness /Injury and Sought Medical Consultation in the Last Two Weeks Preceding the Survey, Distributed by Source of Consultation and Health Insurance in the West Bank and Gaza Strip

Source of Health insurance	Consultation ratio	Persons who Suffered an Illness / Injury	Source of consultations						
			Health center	MHC	Private clinic	Hospital	Pharmacy	Not stated	Total %
Governmental*	69.0	1880	40.2	9.2	32.0	14.5	2.4	1.6	100
UNRWA	72.4	674	32.0	16.9	32.6	14.4	3.2	0.9	100
Private	74.0	115	30.1	1.6	37.8	25.1	5.4	0.0	100
Without Insurance	66.3	965	20.1	1.1	62.2	11.6	4.6	1.4	100
Total	69.1	3634	33.1	8.4	39.8	14.1	3.2	1.4	100

* Including persons having the social security's health insurance.

The same table also shows that 33% of cases receiving medical care had sought services at health centers. About 40% of those covered by public health insurance did receive medical care at the health centers. About a third (30%) sought service at private clinics, although, access to such services is contingent on the financial status of the concerned person. The above figures imply that one third of the public health insurance policies' holders - who have free access to medical care at governmental hospitals and health centers – prefer to have private medical treatment regardless of additional treatment costs. This is due to the feeling that private health services are better than those offered by the public health insurance system, which stresses the importance of drawing more attention to improving quality and quantity of governmental health services for attracting larger numbers to the public health insurance system and save them any additional treatment costs.

As for persons having no health insurance, the survey indicates that 61% of this category resorts to private physicians for treatment.

In relation to those who did not seek medical care when suffering from a sudden illness or injury, in the last two weeks preceding the survey, table 5 reflects the causes that discouraged them to do so. According to the survey, 47% felt that the illness or injury did not require medical attention whereas 21% took their own medications without medical consultation .

Table 5: Percentage of Population who Suffered from Sudden Illness /Injury and had not Sought Medical Consultation in the Last Two Weeks Preceding the Survey, Distributed by Reason for not Seeking Medical Consultation and Source of Health Insurance in the West Bank and Gaza Strip

Source of Health Insurance	Reasons for Not seeking Medical Consultation								Number of Persons Who Did Not Get Medical Consultation
	The Case Was Not Serious	Unable to Pay Treatment Cost	Unavailability of Health Services	Treatment Without consultation	Traditional Treatment	Was Busy	Not Stated	Total	
Governmental*	54.1	1.8	2.1	10.8	17.6	4.9	8.8	100	575
UNRWA	50.9	1.2	1.2	10.2	24.7	7.0	5.1	100	186
Private	52.2	0.0	0.0	0.0	40.2	4.2	5.6	100	30
Without Insurance	31.6	20.5	1.1	10.3	23.7	4.5	8.3	100	321
Total	47.0	7.0	1.6	10.2	21.1	5.1	8.0	100	1112

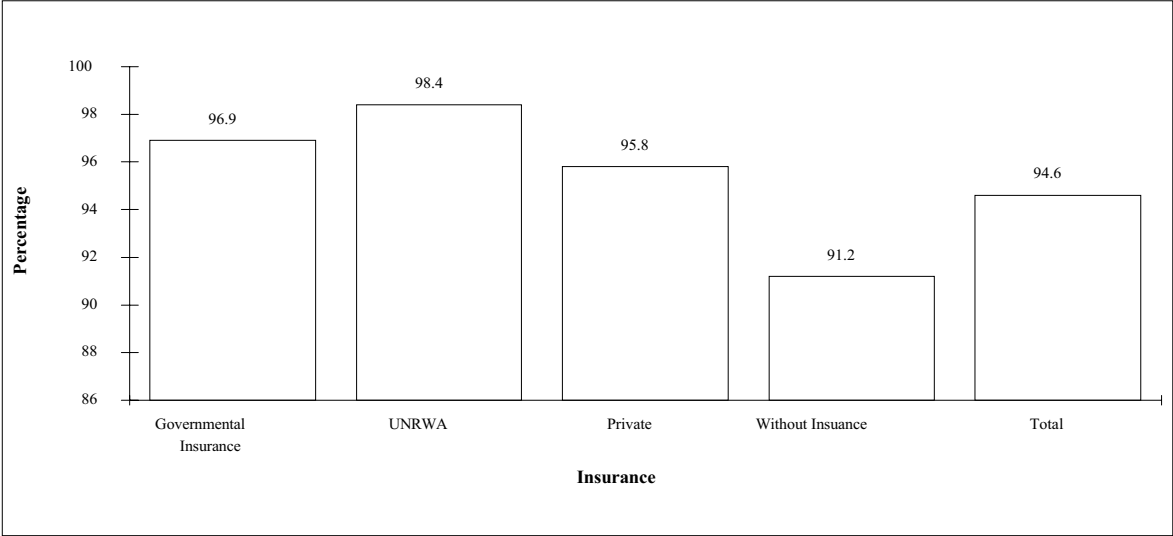
* Including persons having the social security's health insurance.

The above-mentioned reasons are the two major factors accounting for neglecting proper medical care regardless of the presence or type of health insurance (for those covered by health insurance). Attention should be drawn to other important factors contributing to the fact that non-insured often do not receive medical consultation mainly for high-cost reasons. The financial factor was cited by more than one fifth of non-insured individuals (21%) who clarified that high cost was the main reason behind not seeking medical care.

4.2 Utilization of Maternal Care Services

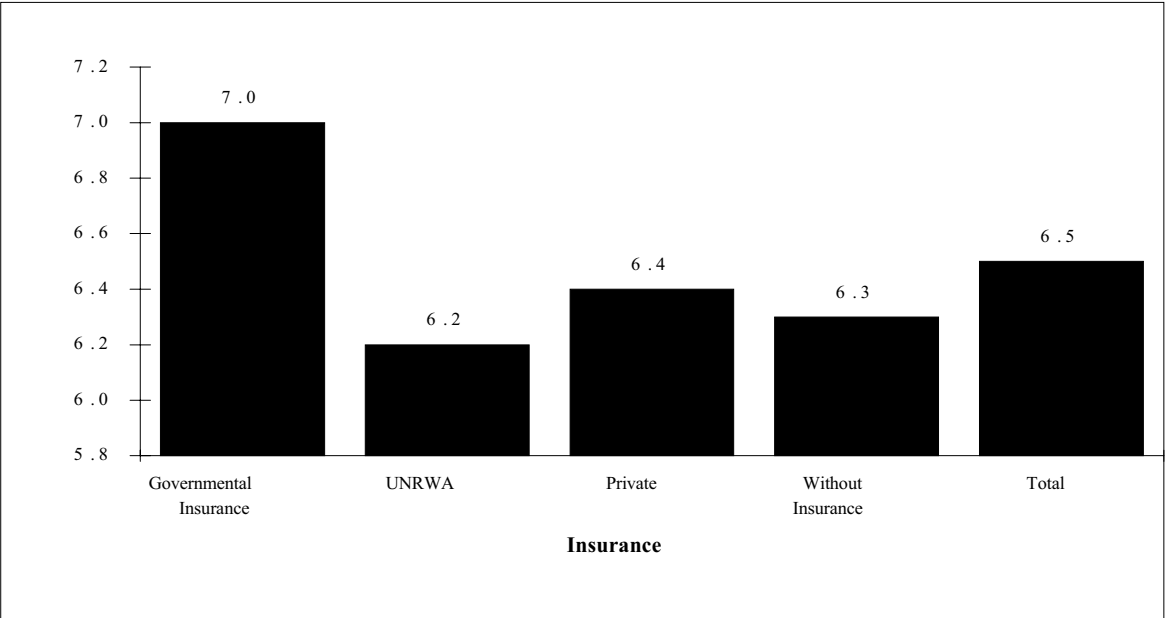
Figure 3 presents the percentages of deliveries, in the five years preceding the survey, that received pre-natal care by health insurance type. The figure shows the relative decrease in the number of deliveries among mothers with no health insurance (91%), in comparison to other mothers with same kind of health insurance.

Figure 3: Percentage of the Last Two Births that Received Pre-Natal Care by Source of Health Insurance in the West Bank and Gaza Strip



As for the number of births that received pre – natal medical follow up, figure 4 shows that the mean number of pre-natal follow up visits was 7, irrespective of the type of health insurance or health insurance system coverage.

Figure 4: Average Number of Pre-Natal / Births Medical Follow up Visits in the Five Years Preceding the Survey by Source of Health Insurance in the West Bank and Gaza Strip



As for the timing of the first pre-natal visit, table 6 shows that 53% of pregnant women had their first follow up visit within the first three months of pregnancy and 42% had their first follow-up visits within the 4-6 months of pregnancy. It

is observed that 62% of mothers having no health insurance had their first follow-up visits during the first three months of pregnancy. This is considered a high rate, especially when compared to the percentage of mothers having UNRWA insurance (32%). The majority (64%) of women insured by UNRWA had their first follow-up visits in the 4-6 months of pregnancy.

Table 6: Distribution of the Last Two Births, in the Five Years Preceding the Survey, for Mothers who Have Received Pre-Natal Care by Pregnancy Period at First Pre-Natal Follow up Visit and Source of Health Insurance in the West Bank and Gaza Strip

Source of Health Insurance	1 – 3 Months	4 – 6 Months	7 Months +	Not Stated	Total %	Total No.
Governmental*	52.1	41.2	3.6	3.1	100	1057
UNRWA	31.6	63.4	3.5	1.6	100	665
Private	50.4	33.9	11.4	4.2	100	114
Without Insurance	56.2	29.2	5.8	8.8	100	1513
Total	49.8	39.9	4.8	5.4	100	3350

* Includes those covered by the social security's health insurance system

Table 7 indicates that 90 % of births in the five years preceding the survey had occurred at health institutions, compared to 10% at home. Places of delivery vary according to the types of health insurance. About 38% of not insured mothers had their babies at governmental hospitals whereas 28% at private hospitals and 14% at home. About 59% of insured mothers gave birth at governmental hospitals; 18% at private hospitals; and only 5% had their babies at home.

Table 7: Distribution of the Last Two Births in the Five Years Preceding the Survey by Place of Delivery and Source of Health Insurance in the West Bank and Gaza Strip

Source of Health Insurance	Governmental Hospital	Private Hospital	UNRWA Hospital	MHC	Private Clinic	At Home	Not Stated	Total %	Total No.
Governmental *	59.4	16.7	1.8	7.2	9.1	4.6	1.2	100	1057
UNRWA	30.5	15.4	9.7	19.0	15.4	8.1	2.0	100	665
Private	47.0	27.6	1.0	7.1	3.9	10.0	3.4	100	114
Without Insurance	38.1	27.7	0.9	3.8	9.8	14.4	5.3	100	1513
Total	43.6	21.8	2.9	8.0	10.5	9.9	3.3	100	3350

* Includes those covered by the social security's health insurance system

The distribution of births among mothers having UNRWA's health insurance by place of delivery indicates that 30% of births occurred at governmental hospitals; 10% at UNRWA subsidized private hospitals; 19% at maternal and health care centers and 16% at private clinics. The table indicates that 48% of births for mothers having private insurance occurred at governmental hospitals,

which may be due to the nature of the contracts between the governmental hospitals and the insurance companies.

The distribution of births, by place of delivery and type of health insurance system, may be used as an indicator reflecting the level of health services, especially those provided by the public sector. A considerable percentage of mothers covered by the public health insurance prefer to give birth at private hospitals and clinics using the higher cost services instead of utilizing the governmental hospitals in their areas.

As for the type of personnel providing assistance during birth-giving, table 8 distributes births in the last five years preceding the survey by the person assisting the course of delivery as follows: 59% by specialized doctors; 34% by trained midwives or qualified nurses; and 4% only by untrained daya. There is an increase in the percentage of births assisted by specialized doctors amongst mothers with public insurance (67%), and among those with private insurance (61%), compared to not insured mothers (54%). An increase is also noticed in the percentage of births assisted by trained midwives among women covered by UNRWA health insurance system and among not insured mothers.

Table 8: Distribution of the Last Two Births in the Five Years Preceding the Survey by the Person Providing Assistance During Delivery and Source of Health Insurance in the West Bank and Gaza Strip

Source of Health Insurance	Persons Assisting During Delivery								No. of Births
	Specialist	General Practitioner	Midwife	Relatives/Friends	Nurse / Midwife	Nobody	Not Stated	Total %	
Governmental*	66.1	1.6	1.6	0.4	20.0	0.1	0.1	100	1057
UNRWA	56.9	2.0	3.3	0.5	36.8	0.4	0.0	100	665
Private	61.7	4.1	5.8	0.7	26.5	1.2	0.0	100	114
Without Insurance	53.9	1.7	5.5	1.4	36.8	0.5	0.2	100	1513
Total	58.6	1.8	3.8	0.9	34.3	0.4	0.1	100	3350

* Includes those covered by the social security's health insurance system

The findings also show that family relatives or unqualified midwives assisted in about 7% of births for not insured mothers, in comparison to 2% of births amongst mothers having public health insurance.

The survey also sheds light on the nature of births that occurred at health care facilities. Table 9 shows that whereas 72% of births were normal, forceps / suction or induction of labor was used in 20% of births. Caesarian section was resorted to in 7% of the births. The table reflects the decrease in normal births amongst mothers with private insurance (67%) and an increase in the percentage of deliveries by cesarean section (19%) when compared to the rest of births. This pattern (nature of delivery by type of health insurance) is similar to patterns found in other countries: some doctors prefer completing delivery by caesarian section because its costs and revenues are higher. Since the private health insurance companies are committed to reimburse all costs incurred, a higher benefit rate is guaranteed for the doctor performing the operation.

Table 9: Distribution of the Last Two Births that Occurred at Health Care Institutions in the Five Years Preceding the Survey by Type of Delivery and Source of Health Insurance in the West Bank and Gaza Strip

Source of Health Insurance	Normal Delivery	Caesarian	Other *	Total %	Total No.
Governmental**	72.6	9.0	18.1	100	955
UNRWA	73.4	3.6	22.8	100	598
Private	66.5	18.9	14.6	100	99
Without Insurance	72.0	5.6	22.3	100	1215
Total	72.3	6.8	20.7	100	2867

* Includes surgical expansion, artificial labor, and suction / forceps.

** Includes those covered by the social security's health insurance system

The actual utilization rate of post - natal care after delivery is lower than pre-natal care. Table 10 indicates that 80% of all births, in the last five years preceding the survey, did not receive any type of post - natal care, and only 18% received post - natal care from physicians. The percentages of births where mothers had post - natal care increase relatively amongst mothers covered by the public health insurance (25%), or by private health insurance (20%) in comparison to mothers with UNRWA insurance (13%).

Table 10: Distribution of the Last Two Births in the Five Years Preceding the Survey by Source of Post-Natal Care and Source of Health Insurance in the West Bank and Gaza Strip

Source of Health Insurance	Did not Receive Post-Natal Care	Physician	Other	Not Stated	Total %	Total No.
Governmental*	75.2	23.7	0.7	0.4	100	1082
UNRWA	84.5	13.0	1.8	0.7	100	671
Private	79.6	20.4	0.0	0.0	100	115
Without Insurance	82.4	16.7	0.5	0.4	100	1523
Total	80.5	18.3	0.8	0.4	100	3391

* Includes those covered by the social security's health insurance system

4.3 Utilization of Child Care Services

The survey shows that 14% of surveyed children under the age of five had diarrhea episodes in the last two weeks preceding the survey. Figure 5 shows that 61% of these children had medical consultation for treatment of diarrhea, which was the highest amongst children covered by UNRWA health insurance (69%) in comparison to the remaining children, especially those covered by private health insurance.

As for the respiratory system diseases, available data reveal that 25% of surveyed under-five children had cold/cough during the last two weeks preceding the survey. Figure 6 shows that 55% of these children had medical consultation for treatment of cough / cold - The highest percentage was among

UNRWA insured children in comparison with the rest of children who had no health insurance (39%).

Figure 5: Percentages of Under-Five Children who had an Episode of Diarrhea in the Last Two Weeks Preceding the Survey, and Sought Medical Consultation, by Source of Health Insurance in the West Bank and Gaza Strip

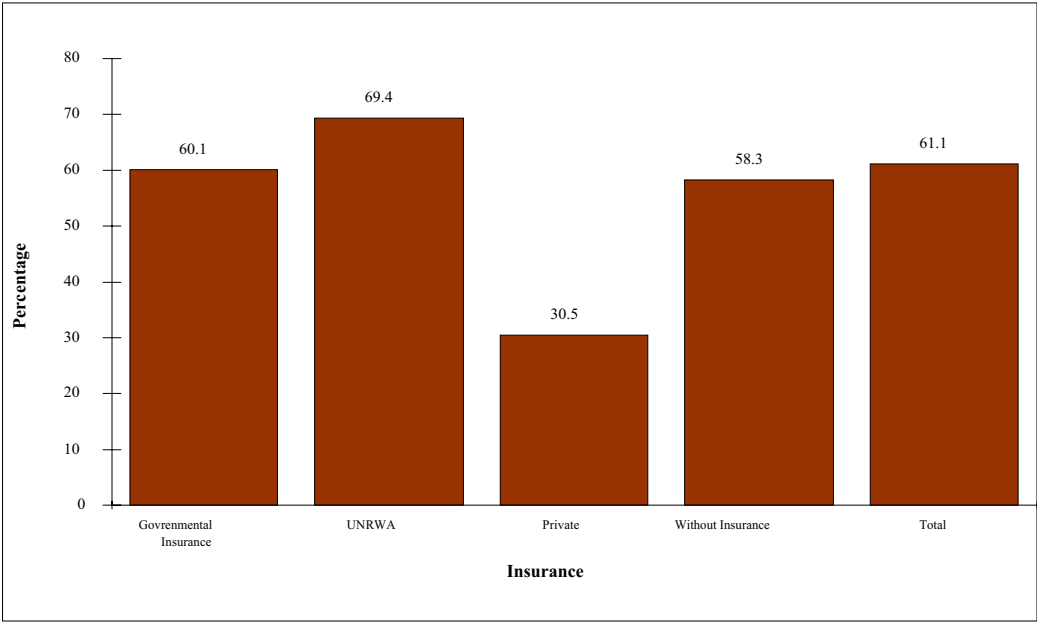
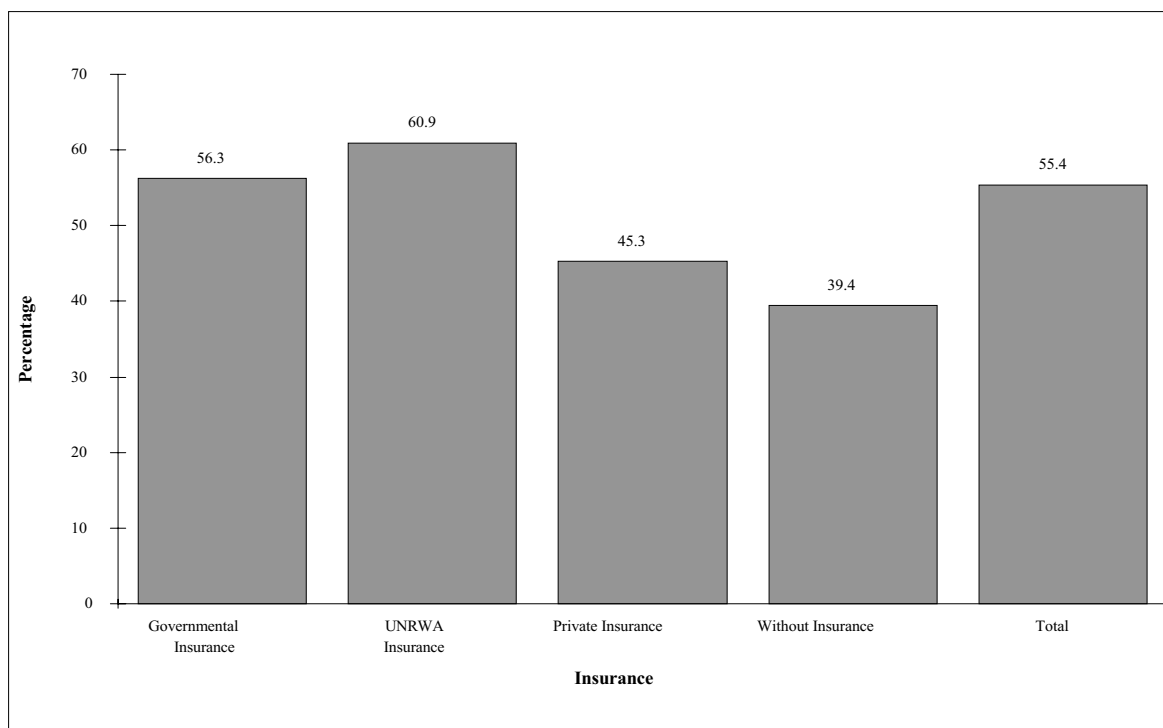


Figure 6: Percentages of Under-Five Children who had an Episode of Cough/Cold During the Two Weeks Preceding the Survey, and Sought Medical Consultation, by Source of Health Insurance in the West Bank and Gaza Strip



5. Conclusion

Health insurance constitutes an important source of financing the health services in the developed countries. The developing countries pay increasing attention to health insurance in order to expand the scope and base of the health services offered to their citizens. In the West Bank and Gaza Strip, about 62% of the population have health insurance. The percentage of health insurance coverage is higher in Gaza Strip (76%) than in the West Bank (55%). The relative decrease in the percentage of insured individuals in the West Bank is due to the general decrease in insurance coverage in the northern parts of the West Bank and in the Hebron Area. The limited number of health services and low economic status of their populations might explain the lower coverage of health insurance.

The governmental health insurance represents the most important type of health insurance; it covers about 63% of the total insured individuals, followed by UNRWA insurance (30%) and the private insurance, which covers only 3% of the health insured individuals.

The impact of health insurance coverage on the utilization of the various types of health services is also examined in the survey. A relative decrease is found in the utilization of health care services by not insured when encountering sudden illness or injury, compared to the insured individuals. The available data show

that the individuals covered by the public system would rather utilize private health care services despite the resulting financial burdens they generate than the reception of free governmental health services. This may be due to the public notion of the insufficient quality of public health services and institutions. No other choice is left but to improve the quality of health care and services offered by the public sector. It shall also increase the share of governmental insurance and prevents burdens on individuals resulting from treatment costs at private health facilities.

As for the impact of health insurance type on the actual utilization of maternal care services, the findings show a slight decrease in the percentages of births whose mothers have received pre-natal care among not insured mothers in comparison with the rest of mothers. The data also indicate no regional differences between the West Bank and Gaza Strip on the number of follow-up visits among mothers with or without health insurance.

The majority of births, in the five years preceding the survey (except among UNRWA insurance holders), occurred at governmental hospitals, irrespective of the availability or source of health insurance. A relative increase is noticed in the percentage of home births among not insured mothers compared to the rest of births. For mothers covered by UNRWA's health insurance, 31% of their births occurred at governmental hospitals, in comparison to 31% at private hospitals and clinics and 19% at the maternal / health care centers.

The relationship between health insurance and the utilization rates of child care service shows no differences between the insured (public and private) and not insured under-five children among those who had an episode of diarrhea, in the last two weeks preceding the survey, but had medical consultation for treatment of diarrhea. The highest percentage of children seeking medical consultation is found among children insured by the UNRWA's insurance system.

Medical consultation data on the under-five children suffering from cough / cold, in the last two weeks preceding the survey, show a decline in the percentage of children seeking treatment among children with no health insurance, in comparison to the rest of the children, particularly refugee children covered by UNRWA's insurance system.

It could be concluded that the health insurance coverage negatively influences the health services utilization rates among sectors that have no health insurance, even if this effect is not obvious in some cases.

6. Recommendations

The above presentation of the survey findings can provide some suggestions in relation to the health insurance system in the West Bank and Gaza Strip. The purpose is to broaden the health insurance system base and minimize the differences in the utilization of health services between the insured and not insured. These suggestions could be summarized as follows:

- Expand the public health insurance system based in the West Bank, especially in the northern parts and in the Hebron area.
- Expand the social security research in order to identify the most deprived households that can not afford health insurance and to offer them free / partially free insurance.
- Expansion of health services particularly for areas lacking sufficient services to meet the needs of their populations and encourage local communities to benefit from the public health insurance system.
- Improve the quality of governmental health services offered for free to the insured community. The aim shall be to protect the public health insurance policy holders from any additional costs incurred from private health insurance (in addition to the public insurance); minimize costly treatment expenses; and ensure access to better private health services and facilities. Improving the quality of services offered by the governmental health care system shall attract other health insurance policy holders to utilize the improved public health care facilities, which will also generate additional income for the public facilities.

7. General Indicators

Demographic Indicators

Indicator	West Bank	Gaza Strip	Palestinian Territory
Total Population (Millions) ¹ - 1997	1.86	1.02	2.89
Annual Growth Rate (%) ² - 1998	3.90	4.40	4.08
Crude Births Rate (Per 1000) ² - 1998	40.31	45.06	42.08
Crude Deaths Rate (Per 1000) ² - 1998	4.73	4.51	4.65
Life Expectancy at Birth ² Male/Female - 1998	70/74	69/72	70/73
Mortality – 1995			
Child Mortality Rate (Per 1000) ³	25.5	30.2	27.3
Under 5 Years old Child Mortality Rate (Per 1000) ³	31.0	37.0	33.2
Maternal Mortality Rate (Per 100,000 Live Births) ³	NA ⁴	NA	70 – 80

The Health Survey in the West Bank and Gaza Strip– 1996

Indicator	West Bank	Gaza Strip	Palestinian Territory
Sample Size			
Number of Household	2530	1192	3722
Unweighted Average Number of Ever Married Women (15 – 49 years)	2278	1273	3551
Weighted Average Number of Ever Married Women (15 – 49 years)	2260	1076	3335
Number of Under 5 Years old Children	2753	1476	4229
Respondent (Women) Background			
Percentage of Illiterate Women	10.8	6.6	9.5
Percentage of Women who Attained Elementary Education and Higher	47.3	61.0	51.8

¹PCBS, 1998. Population, Housing and Establishments Census, 1997. Census Final Results-Summary.

²PCBS, 1999. Population in the Palestinian Territory, 1997-2025.

³PCBS, 1997. Demographic Survey in the West Bank and Gaza Strip, 1995. Final Report.

⁴Not available.

The Health Survey in the West Bank and Gaza Strip– 1996

Indicator	West Bank	Gaza Strip	Palestinian Territory
Child Health			
Percentage of under 5 years of age children suffering from:			
Stunting	6.7	8.2	7.2
Wasting	2.3	3.7	2.8
Underweight	3.6	4.7	4.0
Percentage of under 5 years of age children:			
Ever had breast feeding (last child)	95.3	97.1	96.0
Average breast feeding period	10.5	12.2	11.1
Percentage of children who have vaccination & health card (card was seen)	74.4	52.7	66.8
Percentage of children (aged 12 – 23 months) who have vaccination / health cards (card was seen) and underwent vaccination against:			
Tuberculosis	21.6	90.5	43.2
Polio and DPT – First dosage	97.8	98.3	98.0
Polio and DPT – Second dosage	97.2	97.4	97.2
Vaccination against Polio and DPT – Third dosage	93.8	97.5	94.9
Vaccination against measles	28.7	93.2	48.9
Percentage of under five years of age children (during the two weeks preceding the survey) who have suffered from:			
Diarrhea	14.5	11.5	13.5
Cough / Cold	27.0	20.3	24.7
Cough / Cold associated with difficulties in breathing	10.2	8.6	11.1

The Health Survey in the West Bank and Gaza Strip– 1996

Indicator	West Bank	Gaza Strip	Palestinian Territory
Percentage of under five children suffering from diarrhea who:			
Medicated through manufactured rehydration salts	18.4	29.8	21.8
Medicated through home made rehydration salts	6.2	6.8	6.4
Not medicated through manufactured nor home made rehydration salts	71.3	56.8	67.0
Percentage of children suffering from cough who:			
Did not take any medicine	10.3	11.0	10.5
Maternity Care			
Percentage of Pregnant Women Who:			
Followed up Pregnancy	82.9	76.8	80.3
Received Tetanus Vaccination	19.6	24.4	21.6
Percentage of Deliveries Supervised By:			
Specialized Physicians	53.1	69.1	58.6
Trained Midwives	38.9	25.1	35.3
Untrained Midwives	5.0	1.4	3.8
Percentage of Deliveries took place in:			
Governmental Hospitals	47.4	36.1	43.6
Private Hospitals	28.3	8.8	21.8
Private Clinics	2.7	25.2	10.5
At Home	12.9	4.1	9.9
Health Insurance			
Percentage of Households having:			
Governmental Insurance	37.6	41.8	38.9
UNRWA Insurance	12.8	30.7	18.4
Social Security	1.0	1.8	1.2
Private Insurance	3.3	2.5	3.0
Without Insurance	45.3	23.2	38.4