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Integrity, Transparency and Accountability in the Public Health Services

Contents

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Introduction

This report examines the provision of transparent and equitable health services to Palestinians, concentrating on the public health insurance system. It will review the current procedures of providing healthcare services in the public sector, the standards and bases of professional ethics of administrators and workers in this sector, and a survey of the extent of information available to the public by the public health sector.

This report will primarily concentrate on public health insurance pertinent to:

1- Treatment abroad

2- Hospital admissions

3- Dispensing medicines

These are the critical domains of public health services. This report will identify the gaps, obstacles and critical needs of procedures, accountability mechanisms and job ethics. It aims at providing suggestions and recommendations for raising the standards and professional ethics of health services, and at guaranteeing transparency and accountability.

The report relies on a number of indicators for each field:

1. Transparency: The extent to which citizens are aware of how to acquire a service, how the service is provided, and whether there is a system that provides information regarding this service, where it is located, the cost, and other relevant issues.

2. Accountability: Is there a mechanism for holding the service provider accountable by concerned parties? Are there any periodical reports submitted to a higher authority? Is there a system for filing complaints? Is there a specialized party for receiving complaints, researching the complaints, and providing answers?

3. Ethics and professional standards: Do public-health employees provide services as a form of duty? Is there a manual that guides doctors, nurses and pharmacists in their duties, rights and authority? Are there written standards to be adhered to? Is it obligatory to work within the written standards or are there exceptions? When these exceptions take place, how are they dealt with?

Methodology

The following steps were taken to produce this report:

1. Review of relevant literature.

2. Review of the Palestinian Ministry of Health documents related to health insurance and treatment abroad, hospital admission and provision of medicine. In addition to reviewing the procedures under which the public health sector operates, this report examined the status quo through conducting interviews with:

   - Executives in the Ministry of Health who are associated with the report's fields of research. Interviews were conducted with eight ministry executives in the West Bank and Gaza Strip who are responsible for the implementation of the ministry's main activities;
   - Executives at six health care centers and clinics in rural and urban areas, half of which were in cities, in addition to two surgeons in four major hospitals;
   - Selected citizens who are consumers of health services, who were interviewed for their evaluation of services received and their level of knowledge of the health care system and regulations, the methods of service provision and the manner in which they became acquainted with procedures. These interviews were conducted with 12 individuals in different regions of the West Bank.

This report was prepared in a period during which the Palestinian people were living under harsh circumstances in general, and in which the public health care sector in particular was adversely affected. There was an economic and political siege on the Palestinian government during 2006, as Israel withheld the taxes it collects on behalf of the Palestinian

Authority. This siege has resulted in a partial paralysis in the work of the Palestinian government, which has led to non-payment of public-service salaries. In turn, this has weakened the government's ability to cover the operational expenses of public institutions in a continuous manner.

The severity of the internal Palestinian political crisis has been reflected in the long-term civil-servant strike, which included those working in the health sector. Health care sector employees went on strike for most of the last four months of 2006, the period during which this report was conducted.

An internal conflict also broke out during this period, involving armed clashes whether among factions or families. This crisis affected the state of the public health sector, and impacted the ability of the field research team to move about and collect data, especially in the Gaza Strip.

Overview of Public Health Care in the Palestinian Territories

The public health sector claims the largest expenditure on health services in the Palestinian territories: around 42%. The total expenditure on health care reached around $221 million US in 2004[1], constituting 5.3% of the GDP in the Palestinian Territories. The individual's share of health expenditure was $61 US. This expenditure was divided by the various sectors indicated in the table below:

The public health sector, along with the United Nations Relief and Works Agency (UNRWA) and the non-governmental organizations, concentrates on preventive health services, primary health care and public hospitals. (The private sector specializes in treatment medicine, and most of the private-sector facilities are general or specialized medical clinics, dental clinics, and a number of medical support services and specialized hospitals.)

Primary indicators show improvement in the provision of medical services; existing data shows that health services cares for almost 96% of pregnant women. However, maternal and postnatal care is still low and covers only 25%. The majority of women who do not receive these services are the least educated and most impoverished (Palestinian Central Bureau of Statistics, 2004, Demographical Health Survey 2004: Main results. Ramallah, Palestine).

On the other hand, the mortality rate of children has decreased in the past years, to 20.5 in one thousand live births in 2004, down from 22.9 in 2001 (Health Information Center- Ministry of Health, 2004). The principal causes of child mortality are premature births, deformation, lung infections, virus diseases, diarrhea, intestinal diseases, and domestic accidents (Shahin, 2005).

Vaccination of children has declined as a result of Israeli policies from over 95% in 2001to 86% in 2004. This constitutes a challenge to the Palestinian health care system, which use to provide almost full coverage (Maram, 2003).

Table 1: Contribution of different sectors to public health care services in the Palestinian Territories, 2004

Sector	%
Individuals (out-of-pocket expenditures)	24.5
Ministry of Health	42.3
UNRWA	11.8
NGOs	21.4
Total	100

Source: Palestinian Central Bureau of Statistics, 2006, Survey on the health-service providers and beneficiaries of these services, 2005. Press conference on the preliminary results of the survey. Ramallah, Palestine

1 Most updated data.

Data from the Palestinian Central Bureau of Statistics (PCBS) has shown that 36.2% of Palestinian families have at least one member suffering from chronic disease (37.4% in the West Bank and 34.0% in the Gaza Strip). Moreover, 44.2% of households with chronic diseases have reported difficulty in receiving treatment (45.9% in the West Bank and 40.9% in the Gaza Strip), while 75.3% of Palestinian households reported needing medical services in the second quarter of 2006 (71.1% of those in the West Bank and 83.5% of those in the Gaza Strip). The majority of those households were able to acquire medical services (91.7%), and most received them on the first day of requesting it (84.0%).

Conversely, 62.5% of households which did not receive medical services stated the reason as being that these services were unaffordable, while 29.2% stated that such services were unavailable in their area. Eight per cent of other families surveyed said they did not know where to get these services, while 16.1% cited a lack of medical staff. Additionally, 21% of families could not receive medical treatment because of Israeli practices[2] (PCBS, 2006: survey on the effects of Israeli unilateral procedures on the economical, social and environmental aspects of Palestinians families; Key findings).

The percentage of Palestinian families with public health insurance increased to 55.9% in 2004, double the percentage prior to the beginning of the uprising (intifada) in 2000, especially upon the issuance of al-Aqsa Intifada Insurance (labor insurance), which has been revoked recently. Hospital occupancy reached 81.1% in 2004 compared to 72.4% in 2000.

Pressure on public health services intensified during the al-Aqsa intifada, with a decline in the resources of the Ministry of Health and foreign funding and closures in the Palestinian Territories by the Israeli military, the separation of Palestinian districts from each other and restrictions on movement. According to Shahin (2005), this has led to:

- Difficulty for patients in reaching medical facilities, especially for those living in remote areas and close to the Wall;
- Decline in the effectiveness of vaccinations that depend on an appropriate cooling system, such as measles and the like, despite the increase in measles vaccination coverage from 92.5% in 2000 to 98% in 2004;
- Increase in the infant death rate during the years of the al-Aqsa intifada, especially in poor areas;
- Decrease in the quality of health care services in general;
- Decrease in income that forced people to buy health care services of poorer quality and reliability;
- Shortages in medicine and services for the elderly and chronically diseased.

Challenges Facing the Health Care System

The structure and capabilities of the Ministry of Health impact the health system in general, as the existing Ministry adopts an absolute centralized management system. It also suffers from confused roles and decision-making mechanisms, unqualified staff in the fields of planning and setting policies and strategies, lack of health care systems and clear specific criteria for performance evaluation. Moreover, it suffers from ineffective coordination between international institutions providing or funding health care. The Palestinian health care system is dependent on external funding, which creates a barrier to building a system capable of meeting urgent health needs. It also hinders the health development programs that aim to improve the Palestinian health care system (Shahin, 2005).

The Palestinian health care system largely provides expensive remedial services and hospitals, especially in the Gaza Strip, at the expense of developing a social health care system providing improved basic health services. Nevertheless, the increase in chronic diseases and disabilities adds more pressure on this health care system, with its limited resources.

The Palestinian National Authority (PNA) has

2 Percentages do not equal 100%, as one family may have more than one reason for not receiving the service.

important achievements in the field of health care services and therefore positive influences on key indicators: improvement in child death rates, vaccination coverage, increase in infant life expectancy at birth, and the like. However, the greatest challenges facing this system are:

Increases on demand for health care services provided by the Ministry of Health, whether the services are provided by the public health institutions or through referral systems for treatment outside these institutions;

Continuous improvement of medical services, including the basic services due to the availability of external funding. This questions the sustainability of these services and makes it important that these parties think strategically about this matter, thus creating a fundamental change in the health system and emphasizing self-reliance and sufficiency in funding the main programs;

Continuous focus on emergency services weakens the possibility of improving basic health services, weakening the chance to improve its effectiveness.

Legal Framework of the Public Health Care System

The Public Health Law sets the health services provided to Palestinians, as well as health insurance and referral systems for getting treatment abroad which is stipulated by the Council of Ministers No. 113 for 2004, in addition to the instructions derived from it that deal with the different health services. In this report, we will examine the fields of relevance to the health services presented within the public health insurance.

Public Health Law

The Palestinian Public Health Law, 2004 provides for health insurance based on needs and payment. It calls upon the Ministry to prioritize the health of women and children. The Ministry offers preventive vaccination programs and provides vaccinations free of charge.

Public Health Insurance System

Public health insurance in the Palestinian Territories is based on the right of citizens to health services and their obligation to share expenses. Beneficiaries of health insurance include:

- Mandatory health insurance participants; civil servants are automatically insured by deducting monthly payments from their salaries, regardless of their commitment to other insurances;
- Children under the age of three have the right to benefit from the services of the public health institutions regardless of their parents' insurance;
- Individuals subject to injuries resulting from school activities, official vocational training centers and other public institutions;
- Those who receive health insurance services as part of overall services provided to them by the ministries and other public institutions, e.g., families receiving aid from the Ministry of Social Affairs, or families of martyrs and prisoners;
- Optional health insurance, whether through individual or group subscriptions (institutions). This type is relatively low against the total number of insured people.

As a source of funding, the health insurance depends greatly on the fees paid by civil servants. Patients can benefit from the health insurance services of the current system when necessary, which leads them not to consider reverting to optional membership in the insurance system unless they are required to do so.

The basket of health care services provided through the public system contains a number of services provided by the health institutions of the Ministry of Health, as well as services purchased from other health institutions inside or outside the Palestinian Territories. The system also identifies the insurers' portion of financial contributions for treatment costs and subscription fees.

Integrity and Transparency in Providing Public Health Services

This section deals with the status of providing health services in the Palestinian Territories by examining transparency, accountability, and professional and credible work ethics, which entail curbing corruption in the sector and emphasizing equality among those obtaining health care services. Providing health services to citizens in a way that ensures equality, away from nepotism or other forms of corruption, requires a set of procedures and regulations coinciding with professional ethics of those working in this sector.

Transparency

The provision of services in a transparent manner decreases the possibilities of corruption. In order to measure transparency in the provision of health services, the following items were observed:

Existence of laws and regulations in the public health care sector

Work in the sector is overseen in accordance with the law of public health, the health insurance system and treatment referrals outside the ministry's institutions. In addition to the existence of systems that identify the health services basket, and medicines covered by the health insurance and mechanism of prescription, the criteria for hospital admission, and the mechanism of patients' referral to institutions not affiliated to the Ministry.

For example, there is an established referral system in primary health-care medical centers and clinics. There are also standards of which doctors who work in these centers are well aware. The attending doctor at the medical center refers cases depending on his assessment of the patient's need. A form, prepared by the Ministry, must be completed including the doctor's diagnosis and recommendation to transfer the patient to a public hospital. There are no specific criteria for referrals; it depends on the diagnoses of the attending doctor in the clinics and his recommendation, according to an executive in the Ministry of Health. The patient is then responsible for following up on the transfer.

Instructions for treatment outside the Ministry of Health institutions also exist where a specialized committee approves referral when the required treatment is not available at the Ministry's institutions. The Ministry covers a percentage of treatment costs according to the health insurance law and the referral system. The Minister of Health in the transitional period, Dr. Ghassan Khatib, revoked the authority of the Minister and Deputy Minister to issue decisions on cost reduction of the patient's contribution. As an alternative to the role of the Minister and his deputy, Dr. Khatib formed a committee within the Ministry which was composed of representatives from the Ministries of Health and Social Affairs. This committee makes decisions on the reduction of the patient's contribution according to his or her social status. The committee's decision is then presented to the Minister, who has the final decision.

The above was approved by the current minister before the formation of the national unity government in April 2007, though it has not yet been formalized as the current government froze changes made by all ministries during the governmental transitional phase. The Minister may still interfere to transfer a patient from one hospital to another to improve the quality of services provided to that patient. The department providing the treatment records the Minister's action and documents it in the reports submitted to the Ministry of Health.

However, there is no clear contract between the Health Insurance Fund and the parties which acquire health care services from hospitals not affiliated with the Ministry. Likewise, a service cannot be acquired through announcing a bid, or through advertising in the local and national newspapers.

Policy to introduce health care systems to the public

Interviews with executives in the Ministry of Health and with private citizens have shown there is no clear policy at the Ministries' institutions or health insurance institutions to promote health systems,

nor to introduce them to the public. Patients generally learn of their rights and duties and the criteria of utilizing different health care services through personal experience with the health care system, or through knowing someone who has undergone a health problem and benefited from these services. More than one Ministry official interviewed for this report expressed the urge for an educational and information system to enlighten the public about their rights, duties, and ways to benefit from the Ministry's services.

The health insurance system does not have a method of informing an ensured person of his rights and duties, nor the terms and conditions for receiving the service and the quality provided. Although insurance policies include some instructions, these are not sufficiently detailed or understandable for the ordinary patient.

To give an example, the hospitals suffer from lack of guidelines in the health insurance system or instructions from the Ministry to handle emergency cases such as poisoning. Israel will not allow hospitals in the Palestinian Territories to be supplied with medicines or vaccinations for such cases, as they consider them to be dangerous and to have multiple uses. These cases can be very urgent and cannot wait to undergo referrals, nor can they be postponed. Doctors must take full responsibility when referring cases to Israeli hospitals; including answering to the Ministry should problems arise.

In general there is a problem with procedures which lack executive regulations or a procedures manual. Ideally, the Minster and his counselors will issue circulars and instructions for procedures, yet these are not issued by the Council of Ministers, as they should be.

In more than one occasion, these guidelines and instructions were infringed (sometimes the system that holds these guidelines provide the opportunity for such a break of the law) with the exception of the referral committee, as the Minister relinquished his exceptional authority and delegated it to a technical committee. However, procedures and instructions for hospital admissions, surgical operations and medicine distribution continue to be bypassed, and examples of this will be presented later in the report.

Providing data and publishing reports

The ministry and health-insurance institutions issue quarterly and annual reports, of which some are published or posted on the Web page of the Ministry of Health. Yet these reports appear to have been prepared for promotional purposes,

The Ministry of Health continues to provide special treatment services outside Palestine despite the siege*[1]

The Ministry of Health continued to provide medical services to patients despite the siege on the Palestinian people, particularly in seeking specialized treatment abroad, where the estimated cost of these referrals reached NIS 4,231,292. From November 1st to 22nd, 2006, a total number of 481 cases were referred to hospitals not affiliated with the Ministry of Health, whether locally, inside the Green Line or in Egypt and Jordan.

The total number of referrals to hospitals in Egypt was 230, constituting 48% of the total number of referrals, with a cost of NIS 1,332,361, or 31% of the total cost of referrals. One hundred and twenty-nine cases were referred inside the Green Line, forming 27% of the total number of referrals, with a cost of NIS 2,139,807. Internal referrals to hospitals and non-governmental medical centers in the Gaza Strip reached 82, constituting 17% of the total number of referrals, and cost NIS 472,432 or 11% of the total estimated cost of referrals. The total number of referrals to Jordan was 20: 4% of the total number of referrals and a cost of NIS 191,250, or 5% of the total estimated number of referrals. Internal referrals to hospitals in occupied Jerusalem reached 15 cases, 3% of the total number of referrals at a cost of NIS 71,790 making 2% of the total estimated cost of referrals. Internal referrals to hospitals and non-governmental medical centers in the northern districts reached 5 cases, or 1% of referrals at a cost of NIS 71,790, or 2% of the total estimated cost of referrals.

1 * source: www.moh.gov.ps

It is worth mentioning that the total number of referrals in the same month last year reached 1,414 cases at a cost of NIS 9,760,442. This is a clear indicator to the ministry's policy of working on the issue of external referral in order to identify the expenses and thus transferring the special cases to this kind of treatment.

It is notable that since the beginning of this month 17 cases of those injured during the current Israeli invasion of the Gaza Strip have been referred for treatment abroad, where 52 cases were sent to Egypt, 18 cases inside the Green Line, and one case for rehabilitation inside the Gaza Strip.

Various parties attacked the Ministry of Health and accused it of trying to terminate external referrals, even at the expense of the patients' health. In this regard, Khaled Radi said: "May these numbers be a solid proof to offenders of the Ministry accusing it of ignoring these issues and matters and ignoring patient's inquiries who are in need of such decisions for their treatment outside the hospitals of the Ministry of Health."

It should be pointed out that the Minister of Health issued a decision to establish a Higher Medical Committee, while Dr. Mohammad al-Kashef, director of the Eye Hospital, was appointed head of this committee. The committee is composed of 10 members from varied clinical and administrative backgrounds charged with looking into medical cases from a clinical perspective. The committee also reviews and distinguishes emergency cases from ordinary ones. It does not allow for medical cases which can be treated by qualified doctors in hospitals affiliated with the Ministry to be referred outside Palestine.

as they highlight the ministry's achievements, list the number of services and its beneficiaries and the like. Although the reports are positive and full of important information, they suffer from two chief problems: the data provided is insufficient to evaluate the level of transparency in provision of health care services, and they have limited distribution and do not reach the broader public.

Here are some examples of these reports:

There is no clear policy for these publications regarding data, details, and parties authorized to receive them. Yet this information is important in providing the public as well as monitoring parties with a clear picture of the mechanisms of service provision and beneficiaries, which would decrease the risk of corruption and nepotism.

Accountability

The follow-up process depends on periodical reports which the different departments submit to the Ministry monthly, quarterly and annually. However, there is no accurate supervision of these reports by the Ministry, as indicated by more than one official there. "These reports are not used for evaluating and monitoring the work as much as they are used to emphasize loyalties and encroach authority which leads authorities to overlap in many areas," one official proffered.

The types of reports prepared by hospitals include:

Weekly reports: These include cases that require urgent action, and are kept in the records of the general administration of the hospitals.

Monthly or quarterly periodical reports: These concern the administration of hospitals, and include reports on the number of beds, patients and their classifications, admissions and releases, number of birth deliveries and their classifications, personnel affairs, leaves of absence and attendance, medical staff, and the like. These reports are reviewed by the hospital general administration which then prepares an inclusive quarterly report, including clinical, maintenance and pharmaceutical issues, and submits it to the Minister's office. The Minister then reviews it and passes it to the Information Center at the Ministry, which in turn prepares an annual report on the work of the Ministry of Health according to the reports. There is a similar procedure in the field of primary health care and medical health centers. Criticisms of these reports were mentioned above.

In addition, there are follow-up mechanisms such as field visits conducted by the general administration to supervise and monitor the work of the hospitals and health centers.

The public's complaints are received through complaints boxes available in the waiting rooms and are supervised by a monitoring committee. However no patient placed any complaint in these boxes. This triggers the question of whether patients feel that raising their complaints would be of no

avail, especially since there is not an independent committee to follow up on those complaints.

The testimonies of most of the patients interviewed have pointed to this conclusion. Although they may have faced problems with received services and officials in the public health sector, they refrain from filing complaints because they don't have the time to make them, or don't know how or where to make them, or saw no use in filing them. "We haven't filed any complaints to any public institution because I am not convinced that the complaint will receive any attention from the officials," one respondent in the research sample said.

In general, mechanisms of accountability in the public health sector suffer from the lack of an independent follow-up body for the service provided, as the Ministry is the party that provides the service and at the same time follows up on the work of its departments.

Ethics and professional criteria

This is the third pillar that would increase the opportunity of providing services in the most integral and impartial manner to the citizens. Research has indicated a great deal of weakness in this sphere represented in the following indicators:

Lack of written job descriptions for positions, while some of the departments do not have any approved structure.

Lack of regulations and instructions related to the manner in which services are provided by staff. Although a common "know-how" is said to exist, it's not documented. Written regulations and guidelines would guide employees' behavior and hold them accountable for their performance in the workplace. There is no manual for employees, and they do not receive training in patient care or service.

The lack of specific guidelines for staff to ensure respectful and egalitarian treatment of patients allows for large variations in treatment and can increase staff corruption and nepotism, especially given the lack of staff training.

By the same token, the phenomenon of striking in the health care sector has revealed the need for regulations and guidelines for employee conduct, specifically for handling emergency situations during a strike; for example, being able to identify and provide essential services in hospitals at all times.

Manifestations of Corruption in the Palestinian Health Care Sector

Interviews have revealed many forms of corruption in the public health system. They were categorized in accordance with the conference on Corruption and Good Governance in the Arab World. The conference revealed that the phenomenon of corruption in Palestine is reflected in a number of behaviors engaged in by those holding public office; they can be listed as follows:

Bribery: receiving money or any other benefits for executing or withholding a certain illicit action.

Nepotism: bestowal of something in favor of an individual or a group that the person belongs to such as a party, family, region, or the like without deserving it.

Favoritism: favoring one group over the other when providing the service without having the right for to do so, in order to achieve certain gains.

Wasta: interventions in favor of one individual or group without respect to work ethics and competence, such as, assigning one person in a certain position while not having proper qualification to fulfill this position for reasons pertinent to belonging, kinship or factional affiliation.

Looting of public fund: illegal utilization of public money under various justifications.

Blackmailing: obtaining money by threat from a certain party in exchange for executing certain interests or gains pertinent to the perpetrator's position.

(Shuaibi, 2004, conference on Corruption and Good Governance in the Arab World, 2004. Beirut: Center for Arab Unity Studies and the Swedish Institute in Alexandria)

Research has indicated that the most popular form of corruption is nepotism (although corruption does not usually affect the highest-priority cases receiving health services). The following are specific forms of corruption in the health care sector:

Nepotism: A common way for people to acquire a service is to seek the help of an official to facilitate getting signatures and the required referrals. This method is available to almost all citizens. One example of this is the story of X:

In the beginning I went to Hadassah Hospital on my own expenses. Later, when we realized that the costs of treatment were very high and that we wouldn't be able to afford it at all, my husband went to one of the leading officials in the Palestinian Authority and asked for his help to cover these expenses. This official went to the President's Office and two days later his referral was unexpectedly and effortlessly approved by the late President Yasser Arafat. But the real suffering began as my husband went to the Ministry of Health in Ramallah based on the instruction of this leading official. Yet, the employees at the Ministry of Health asked my husband to come back a week later. Due to the far distance, roads and checkpoints, my husband tried calling them but that was of no use. Because my husband couldn't get the appropriate referral on time, and as he was under pressure from Hadassah Hospital to pay our fees for the treatment, he was forced to write cheques from his own bank account without having a sufficient balance to cover them. The first cheque was written for one month on, and my husband hoped this would buy him some time to obtain the referral that was lost from one ministry to the other and from one office to the other. After that, we sought the leading official's help again and eventually got a referral from the Ministry of Health. The Palestinian Authority transferred 10,000 Jordanian dinars upon the instructions of late President Yasser Arafat. We needed treatment referrals three times and each time my husband had to go through the same scenario.

Other patients interviewed told similar stories.

Favoritism: Interviews reflected practices of favoritism which usually involves senior officials. As some medical services are unavailable in the basket of health insurance yet they are covered by the health insurance because of the encroachment of some senior officials in the Palestinian Authority. Exceptions are made in favor of senior officials to benefit from the health insurance. These exceptions are not applied to ordinary citizens except through encroachments resulting from the security chaos and lawlessness[3] or the interventions of the senior officials in favor of this citizen.

3 Forcing the authorized employee to sign off on documents

Wasta: An Arabic expression that loosely translates to "who one knows," it intersects nepotism and favoritism, where intervention is made in favor of one party to obtain health services in a way that conflicts with the guidelines of the system, or accelerates the speed at which that party receives the treatment. For example, senior officials might make external referrals in cases where internal treatment is available, or choose a specific hospital selected by the patient, or intervene to increase coverage for specific individual.

Misappropriation of the public fund: This kind of corruption is limited to a few senior officials in hospitals, including doctors, who take advantage of their positions to benefit their own private clinics or offices, or utilize the hospital's facilities for their private patients. Sometimes a doctor will ask a patient to see him in his private clinic, leaving the patient with the impression that he will receive better treatment at the clinic and more readily obtain hospital services. The doctor may also take advantage of the hospital's facilities, especially the operating room, to perform operations for his own patients who do not have to wait their turn. According to the testimony of one of the officials at the Ministry of Health:

"There are no procedures set by the Ministry to avoid Wasta, as there are big encroachments in the field of surgical operations made by the doctors, especially since the doctors are the ones who set the dates for operations; often interventions by higher officials take place to submit special cases, and this happens a lot. Mostly, these infringements are by the doctor himself, who places ten fake names out of twenty on his schedule of operations, giving the opportunity for some of his private patients to undergo operations in the hospital."

One patient, speaking from personal experience, reported that some doctors will postpone surgeries that could be performed in public hospitals to a later date, claiming that large numbers of people are awaiting these operations. They might schedule the surgeries months away, and then advise the patient to head instead to private hospitals (ones at which they perform operations) to have the operation under their own supervision. In this way a doctor can profit more financially, if the patient has the money to

undergo an operation in a private hospital and does not want to wait a long time.

These types of corruption are common, as many officials at the Ministry of Health and citizens who were interviewed confirmed, and these types of corruption have even gained a social legitimacy; they are rooted in the social culture, which we will discuss later on.

Corruption in the public health sector is usually committed by senior officials, taking place through the intervention of ministers, deputies, PLC members, officials or leaders in security agencies or political organizations. In the midst of Palestine's security chaos it has become popular to favor certain people, who obtain certain health services or receive external referrals for treatment abroad, in a way that contravenes regulations.

Factors Leading to Corruption in the Governmental Health Sector

The structure of the health care system contains, in its legal, institutional and general policies, the weaknesses and cracks that allow for increasing opportunities to illicitly acquire services or for the misuse of the power.

What are some of the factors that pave the way for corruption?

Through field research and reviewing regulations and guidelines governing the public health sector, the factors leading to corruption or that increase the possibilities of practicing corruption can be established as follows:

Structure of the Public Health Insurance System and the Absence of Accountability

The health insurance system for employees of the public sector was established in 1978. The public health insurance system in the West Bank and the Gaza Strip is composed of two kinds: mandatory and voluntary. Mandatory subscription is for employees of the Palestinian Authority ministries as well as affiliated institutions and bodies. It also includes registered cases in the Ministry of Social Affairs, such as social cases (i.e., patients who receive regular aid from the ministry, while others have only a health insurance card); children under the age of three years; patients with incurable diseases (such as diagnosed cancer and liver failure); or those who have epidemic diseases.

Apart from these groups there is no legislation that obliges the private sector or social welfare institutions to provide health insurance services to their employees.

Subscribers to the public health insurance system receive a complete package of health services regardless of the paid fees. Additionally, in cases where the Palestinian Ministry of Health is incapable of providing the appropriate health care for patients in its facilities, the possibility of referring patients to other health institutions is available both inside the Palestinian Territories (in public and private hospitals), and to other countries, especially Egypt and Jordan (Hilal and others, Towards achieving a Social Security System in the West Bank and Gaza Strip, Ramallah, MAS, 1998).

Due to cooperation between the service provider and the follow-up party, in accordance with the condition of obtaining health insurance in the public sector, it is difficult for the health system to maintain accountability in the quality of its services or guarantee transparency and equality. The incentive is also lost to improve the system or work to increase the number of subscribers, especially given that the administration of the public health insurance system does not apply economic standards. Thus, the public health care system loses because it faces an alternative, which means that the patient joins the public health insurance system only when he or she needs the treatment there. In interviews, patients said doctors advised them to subscribe to al-Aqsa Intifada insurance. They pay the required fees so as to be able to benefit from the health insurance and treatment in the ministries' facilities, or for being referred to other facilities.

The current health-insurance system provides opportunity for corruption on a wide scale through officials' interventions or cracks in the system itself. For example, al-Aqsa Intifada health insurance allows for various kinds of corruption, thus straining

on the public health insurance system.

On the whole, then, the structure of the current health insurance system and the public health insurance system does not help in combating corruption but increases it.

Weakness of transparency and accountability mechanisms

These factors are directly related to the structure and hierarchy of the public-health insurance system, given that it is the Ministry itself which is responsible for monitoring and holding itself accountable. This is consistent with the weakness of the working structures and standards that hold the Ministry accountable for providing its services in a responsible way on the one hand, while not allowing subscribers of the health insurance to become aware of the mechanisms of providing the service and consequently taking advantage of them.

Moreover, there are is clear policy for publishing information. For example, when patients do not find the medicine in the pharmacy of the health care center or the hospital, they buy it at their own expense, despite the health insurance contract that obliges the health insurance institution to provide them with the medicine. Generally, there are no clear standards or suitable data to measure the integrity of the Ministry when providing its services that are known to citizens. More importantly, there are no external parties assigned based on the Ministry's regulations to handle the monitoring and evaluation processes.

Conversely, the lack of specific instructions and/or a Code of Ethics to govern employee performance, as described above, means the employee's behavior is based on his/her individual traits, therefore, increasing the chances of practicing corruption.

Social Culture Legitimizing Corruption

Officials at the Ministry of Health, as well as patients, confirmed the deep-rooted convictions within the public that the Wasta is a condition to receive the service. This means Wasta is a condition for obtaining the right to a service, and not just a condition to getting more privileges or jumping ahead of others in the queue. This is an aspect of social culture in this field, supporting the public's belief that from public health services are a kind of "gift" from the government and not a duly owed to the citizen.

One question to be asked here is: how did such a culture become deeply-rooted among the Palestinian citizens?

The interviews conducted during the field visits provided key answers to this question. This culture has been built by the citizens, where the Wasta facilitates getting their needs met or required privileges received. The citizen relies on his own efforts to get the needed information regarding health insurance and health services. He is also influenced by the experiences of others regarding how they received their health insurance and medical services, confirming the importance of Wasta in facilitating the acquisition of these services.

Also, the bartering system paves the way for Wasta and favoritism as it creates a case for mutual interests among the officials themselves, and between them and the ordinary citizens. So, the environment of the political system itself encourages corruption.

By the same token, there is a mutual relationship between corruption in the health sector and the social culture. For example, the corruption encountered by the patient through his own experience or those of others strengthens the power of Wasta and nepotism, supporting an environment of corruption. Consequently, corruption practices become inevitable and acquire a social legitimacy.

Statements of officials have shed light on this matter; according to one official, a patient may present himself with a complete file, and has the right to receive a service according to the rules and regulations. Yet, the patient insists on personally handing the file to an official, passing on the greetings or recommendations of another official. In the same context, one interviewee said she hadn't benefited from her family's previous

health insurance and had applied for her own (al-Aqsa Intifada insurance). When she felt sick, her husband's connections with the officials facilitated getting the signature of the President to cover all the treatment expenses outside the Ministry (Hadassah Hospital), despite the fact that the referral was not made through the Ministry.

The interviewees' responses revealed that despite their dissatisfaction over service quality and employee behavior, no one had filed a complaint, believing such a step would be useless. On the other hand, they did not make a link between receiving service and their rights as the insured under public health insurance. Even though a contract regulates their relationship with the health insurance institution and identifies their rights and duties, the patient still considers that the service is a sort of gift from the government or party that facilitates receiving it.

Lack of resources and pressure inforced on the resources of the public health care system

The Ministry suffers from a scarcity of resources while at the same time there is an increasing demand for its services, resulting in an increase in competition for those services. As the chances are greater for those who have more power to obtain these services, this creates a desperate need among patients to find sufficient support to acquire them.

Nonetheless, the scarcity of resources – financial, equipment and personnel – weakens the Ministry's ability to hold its staff accountable for their infringements, even when it is well aware of such abuses. One official said:

"During admissions to hospitals, doctors overstep their limits in most cases. For that, it is necessary to set up a system that doesn't allow hospitals to practice corruption, through setting a number of criteria when appointing doctors which would curb conflict of interest between doctors' personal gains and the public interest.

However, the Ministry cannot exert pressure on the doctors to abide by the instructions in this field for the following reasons:

1. lack of some specializations and scarcity of appointments made the Ministry hold on to the doctor in spite of the violations he commits;
2. some doctors work for private hospitals or in their own private clinics, which makes them in no need to work for the Ministry, which entails evoking problems that would not be in favor of the Ministry;
3. such practices are disregarded or overlooked due to the low salaries of these doctors, where it is made possible for them to use the hospital's facilities in treating their own private patients, describing it as a sort of incentive to these doctors."

One official pointed out that 40% of the Ministry of Health's budget comes from inside the Ministry, and the health insurance fees comprise a large percentage of the Ministry's budget. This money is transferred to the Ministry of Finance which in turn records it to the budget specified to the Ministry and disburses the money in an irregular way that impedes the planning process at the Ministry. Likewise, there is a shortage in all the medical and medicinal supplies which creates a deficiency in the process of providing medical services to the people; this enforces pressure on these services especially after the creation of al-Aqsa Intifada health insurance, which caused an incremental increase in the number of beneficiaries of the public-health service without a concurrent increase for staff, facilities, equipment and medical supplies.

The data related to the budget of the Palestinian National Authority shows a lack of specialized resources for the health sector from the General Budget during the past few years (ranging from 8-10%). The reports of some experts point to a weakness of the capacities of the Palestinian National Authority to meet the increasing medical needs of the people. Estimations show that the Palestinian health sector needs external support ranging from $125 million to $160 million U.S., while it is expected to receive at most 30-40% a year in the next ten years. This places additional challenges upon the Palestinian Authority (Shahin, 2005).

Moreover, there is a flaw in "funding the medical services and the allocation of resources for the various health sectors. The pyramid is inverted, as

resources of internal and external treatments were allocated on the account of providing primary health care services especially in the poor and marginalized places." For example, the Ministry of Health's budget for 2003 was $98.4 million U.S. (the total expenditure of the Ministry of Health out of $108.6 million of the estimated budget of the Ministry, 2003). However, 55.4% of the budget covered salaries, 17.9% covered medicines and medical supplies, 12.9% covered external referrals, and 13.9% covered operational costs at the Ministry. The share for primary health care was 17% in the West Bank and 13% in the Gaza Strip, while treatment services in hospitals were 28%. External referral costs have increased in an obvious manner, reaching $26 million U.S. during the first quarter of 2004, which led to the waste of a lot of resources that could be utilized in achieving more efficient, more useful health programs to the poor and the needy" (Shahin, 2005).

The Ministry of Health is required to prioritize expenditure. Naturally, allocations have to be flexible; therefore, the Ministry's ability to provide health services is subject to current needs.

The factors for encouraging corruption and nepotism in the health care sector include the environment of the public-health sector and its financial and personnel capacities, and to the general environment and social culture.

Recommendations:

These recommendations would eliminate corruption and curb perpetrators in a way that makes corruption difficult to practice. The suggestions below depend on officials' input as well as the report's diagnosis of the problems and deficiencies that the public health sector is suffering from in a way that enhances principles of transparency and systems of accountability. These procedures include:

1. Restructuring the health insurance institution and treatment abroad while enhancing transparency and accountability

- To restructure the institution as a public one with its own independent administration, involving relevant parties: the government, the public and private sectors, patients and independent experts in the field. The health insurance institution must be financially independent as well. This means a separation between the service providers and the Ministry of Health, which provides oversight. In this way, the Ministry will be more effective in conducting its monitoring of the quality of health services and the integrity with which they are offered. This step of having an independent administration allows for accountability by responsible parties: the Ministry of Health, the PLC, and the health insurance members.
- Reinforcing the integrity of public health insurance requires passing a legislation that obligates obtainment of the health insurance. Hence, the initial step would be taken by civil servants, the NGOs, large and medium-sized companies. This would provide sound economical grounds to manage the health insurance system, as it would allow for collecting big resources for investment and, at the same time, sustaining the system by overcoming the problem of the alternative (receiving insurance only when being ill).
- Hence, the health insurance institutions determine the basket of health services, and the purchase of these services from the governmental sector or the civil and private sectors or even from abroad. in accordance with specific quotes for each service. This gives the opportunity for beneficiaries to determine which entity is providing the service for them and then pay the differences in prices in return for service rendered.
- This requires solutions to financing the insurance of less fortunate families through the Ministry of Social Affairs or other various charitable societies. It also requires drawing up agreements with responsible service providers, whether public, civil-society led, or private health organizations. However, terms and conditions to benefit from the services offered by the various organizations should be clear to the insurers by having a clear policy on how to promote for the service provider and how to introduce it to the public.

- Explicit rules and regulations should be set to determine the rights and obligations of insurers. Additionally, there should be a clear policy of publishing information, set mechanisms for accountability, and precise instructions for employee behavior that take into account their different specializations. This includes written and published standards that would determine exceptions when offering health services for emergency humanitarian cases, in order to avoid abuses by exploiting such cases. The existence of explicit and set regulations that are understood by the employees and the public creates a reference for a professional culture which aims at eliminating corruption and nepotism. This culture would also hold all accountable for services provided on the basis of equality for those receiving the service.
- In order to assert the importance of developing a proficient culture to combat corruption and encourage integrity and equality in the service provided, the health sector shall develop a comprehensive system that educates staff on these points; this can be achieved through training, follow-up, and monitoring the commitment of the staff to the instructions.
- The government should seek out a variety of services. Using a specified quote for each service solves two key problems that the health insurance system suffers from: weak funding, which entails accumulative losses, and the refraining of citizens from subscribing to public health insurance. Such a system allows for all insurers to provide the service within satisfactory standards while allowing for the opportunity to meet the desire of a certain group which is interested in choosing the service provider they would like to deal with. By the same token, this system generates a competitive outlook among health institutions.

2. Creating a social culture that rejects corruption practices and combats it through awareness campaigns, and supporting the public's access to information.

Being more transparent to the public, staff and their institutions would tend to refrain from committing corruption practices. Additionally, the patient would also have confidence in claiming his rights to the services equally, and his ability to hold staff accountable for their actions. This creates a complete circle of monitoring, whether through the public or through institutionalizing the services in accordance with transparency and accountability criteria.

The recommendations above envision the combating of corruption as a state of institutional and social reforms that eliminate the chances for corruption. The first set of suggestions would restructure the health insurance system in accordance with standards that achieve transparency and accountability, while promoting a professional culture that introduces services to patients based on equality and transparency. The second set of suggestions would create a social culture that curbs corruption.

Sources

- The Palestinian Central Bureau of Statistics, 2004. The Demographic Health Survey 2004: Key findings. Ramallah- Palestine
- The Palestinian Central Bureau of Statistics, 2006. Survey on the impact of the Israeli unilateral procedures on the economical, social and environmental aspects of Palestinians families, 2006: Key findings).
- Palestinian Central Bureau of Statistics 2006. Survey on the Health Service Providers and Beneficiaries of these Services – 2005. Press Conference on the Preliminary Results of the Survey. Ramallah –Palestine
- Shahin, Mohammed, 2005. A paper on health policies that contribute to improving the health and social situations for the poor in the West Bank and Gaza Strip. Ramallah – Ministry of Planning
- Shu'aibi, Azmi, seminar on Corruption and Good Governance in the Arab World, 20-23 July 2004. Beirut: Center for Arab Unity Studies and Swedish Institute in Alexandra).
- (Hilal, Jamil and others, 1998, Towards a Social Security System in the West Bank and Gaza Strip, Ramallah, MAS).
- Maram, 2003. Baseline Health Survey in the West Bank and Gaza Strip

This report was written in a "gender-blind" style to simplify reading.

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