

Accessibility of Essential Healthcare Services During COVID-19 in Palestine

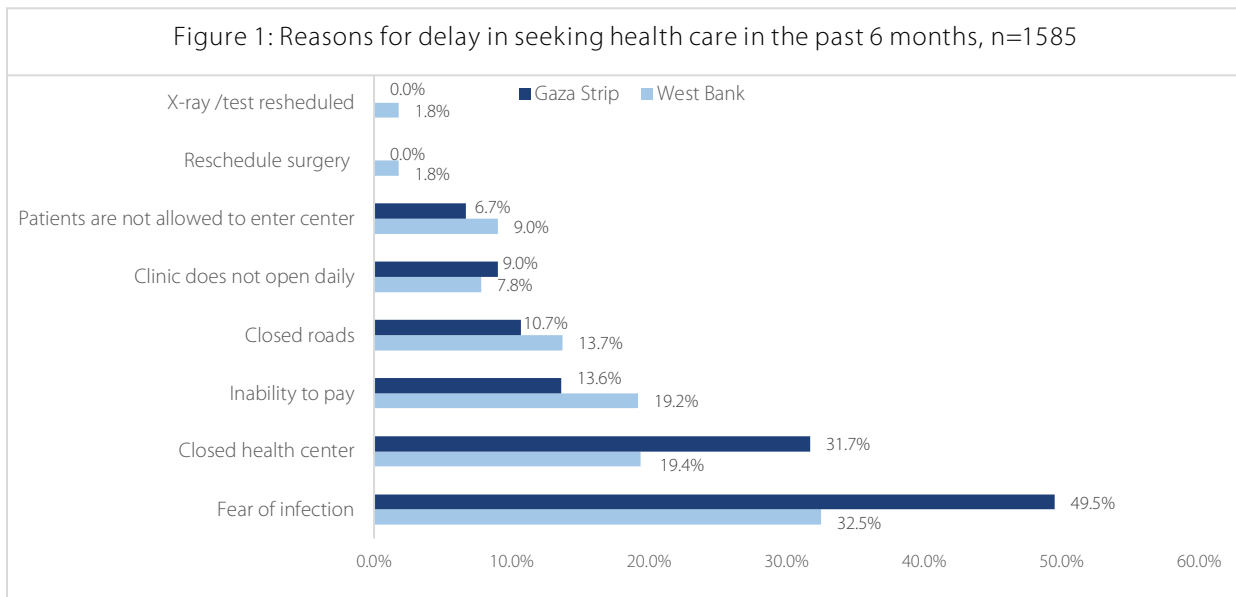
Background

The outbreak of COVID-19 in Palestine has placed unprecedented demands on the national health system. Most Ministry of Health (MoH) facilities and health workers are occupied with efforts to control and manage the outbreak, including screening, isolating cases, and case management. As a result, access to essential healthcare services for vulnerable populations may have decreased.

In partnership with the MoH, PNIPH conducted a study between October 25 and November 8, 2020, to examine access to care in the six months prior to data collection in the West Bank and Gaza. Participants were asked about their personal experiences regarding health insurance coverage, availability of services, and timeliness. Data was collected using Telephone Assisted Computer Interviewing (TAPI). The total sample size was 1,558 (1,006 from the West Bank and 579 from the Gaza Strip). The response rate was 88%; 67% of respondents from the West Bank had health insurance compared to 85% in the Gaza Strip, and around 98% had Palestinian IDs.

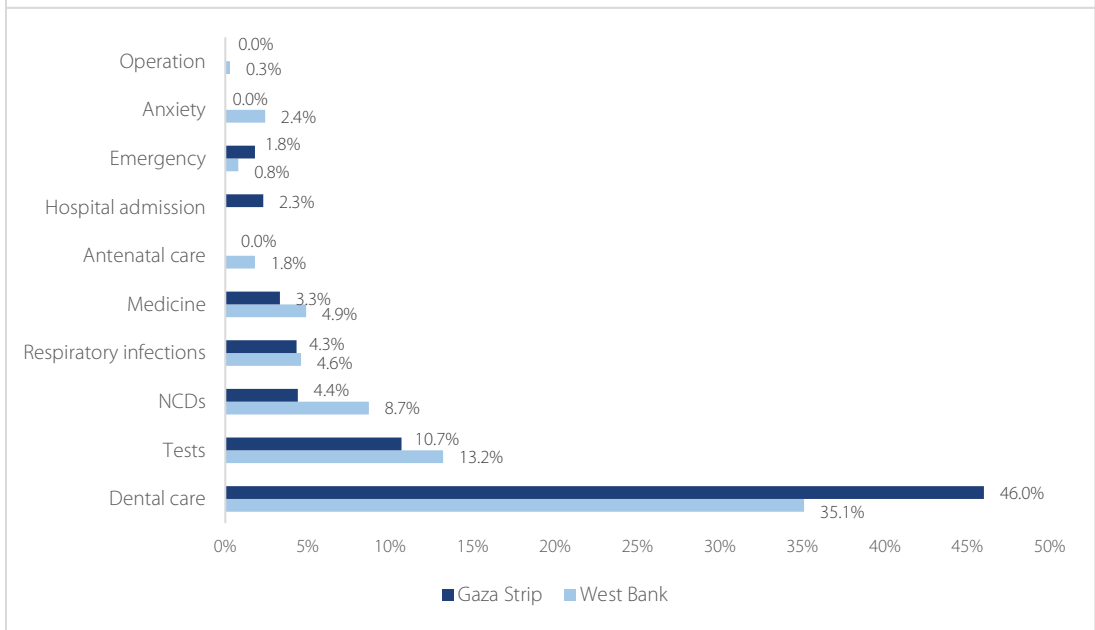
Timeliness of Receiving Health Care

Around 15% of respondents in both the West Bank and Gaza Strip reported a delay in seeking health care. The highest reported reason for delay was lack of available health services due to closed health centers or patients not being allowed to enter health facilities. The second most reported reason was fear of infection, and the third was inability to pay (Fig. 1).



As shown in Figure 2, health conditions that were most delayed were dental care and diagnostic tests, followed by treatment for NCDs and respiratory infections.

Figure 2: Type of health condition/health care that was delayed, by region, N=1585

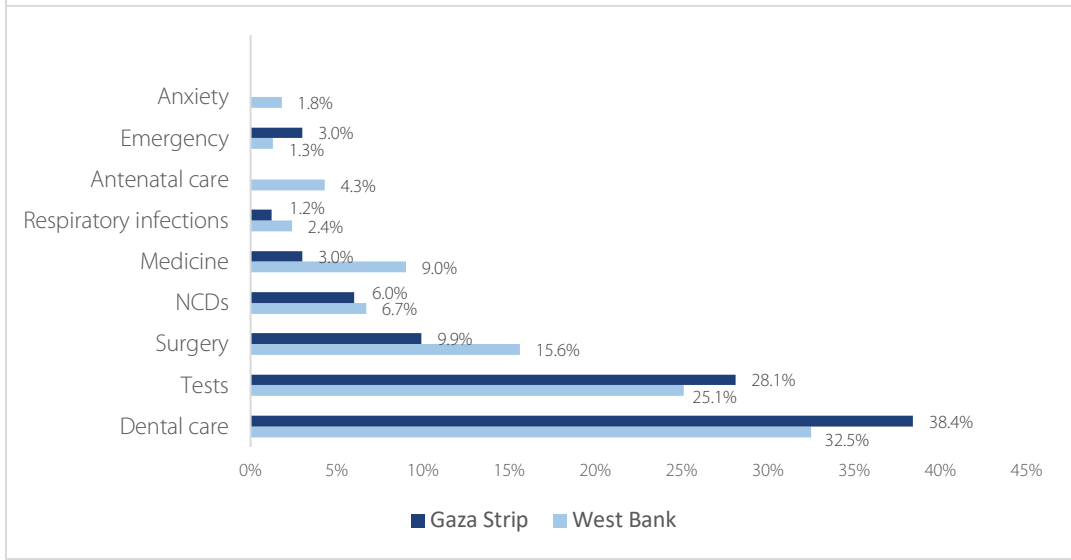


Barriers to Health Services During the Past 6 Months

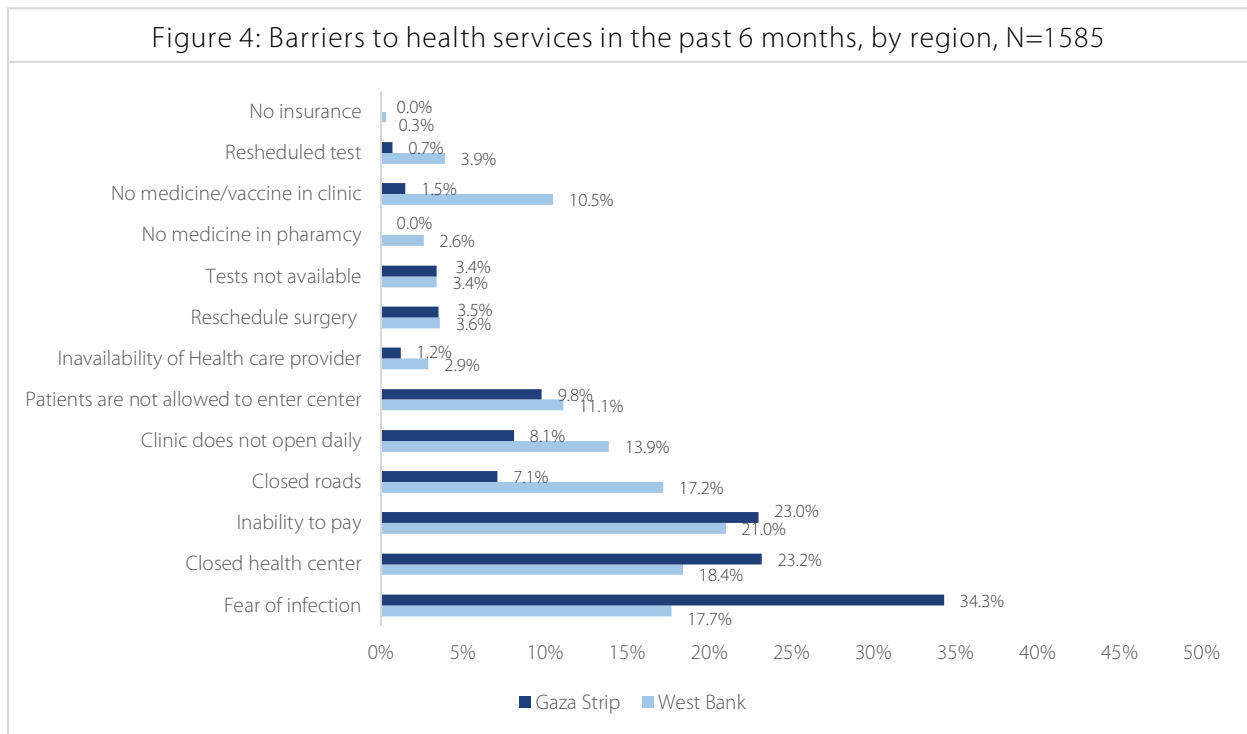
According to the survey, 8.6% of respondents in the West Bank and 11.1% in Gaza reported not receiving needed health care in the past 6 months.

The most reported unmet health needs were dental care and diagnostic tests, followed by rescheduled surgery. About 6% of respondents in the West Bank and Gaza did not receive treatment for NCDs (Fig. 3). Top reasons for inability to receive health care in the past 6 months included lack of availability of services (medicine, diagnostic tests, health care provider, closed health center), fear of infection, and inability to pay.

Figure 3: Unmet health needs during the past 6 months, by region, N=1585

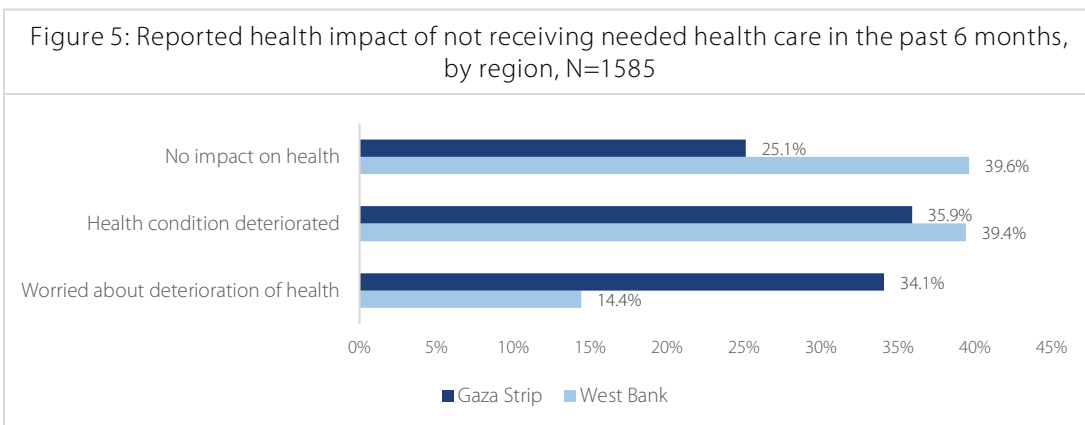


Lack of availability of health services was reported by 47.2% in Gaza the Strip and 62.8% in the West Bank. About 10% of respondents reported that patients were not allowed to enter the health center. Road closures were more frequently reported in the West Bank (Fig. 4).



Health Impact of Inability to Access Health Care During the Past 6 Months

Health conditions deteriorated for almost 37% of participants, who reported unmet needs for health care, and another 25% were worried about the deterioration of their health (average between West Bank and Gaza) (Fig. 5).



Continuity of Care During COVID-19 Epidemic

Patients who receive continuity of care and see the same doctor have better healthcare outcomes, higher satisfaction rates, and the health care they receive is more cost-effective. Based on the study, 22% of respondents in the West Bank and 15% in the Gaza Strip reported changing health care centers or

laboratories due to the COVID-19 epidemic. Reported reasons for changing care facilities were mostly to find a safer place (better hygiene and less crowded) and cheaper health services (Fig. 6).

Purchasing Medicine without a Prescription Despite Needing Consultation with a Physician During the Past 6 Months

According to the survey, 18% of respondents in the West Bank and 21% in Gaza reported purchasing medicine without a prescription despite needing a consultation with a physician.

Using Telemedicine to Get Medical Advice During the Past 6 Months

During the past 6 months, 17.3% of respondents in the West Bank and 16.7% in Gaza reported receiving a medical consultation over the phone. In both the West Bank and Gaza, most consulted a physician (88.7% and 76.1%, respectively), followed by a pharmacist or a nurse. Almost three in four found the virtual consultation over the phone adequate and did not need to see a physician (Fig. 7).

Receiving Health Care/Medicine/Tests from a Mobile Clinic in the Past 6 Months

A small proportion of respondents in both the West Bank and Gaza reported receiving health care from a mobile clinic between May and October (3.1%, and 4.2%, respectively).

Need for a Referral for a Family Member between May and October 2020

In the past 6 months, almost 7% of respondents had applied for a referral from the MoH—79 individuals in the West Bank and 33 in Gaza. Of those who needed a referral, 60.6% (48/79) was for the first time in the West Bank and 50.6% (17/33) in the Gaza Strip. Based on interviewed participants, 83.4% (66/79) of those in the West Bank and 70.9% (24/33) of those in Gaza found the procedure for referral application to be clear. Referrals were mostly needed for surgery, follow-up visits, tests, and cancer treatment for patients in the West Bank, and surgery, follow-up visits, cancer, and delivery for those in Gaza (Fig. 8).

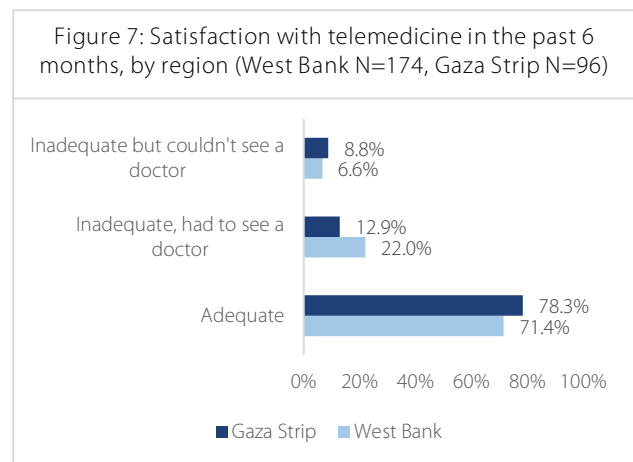
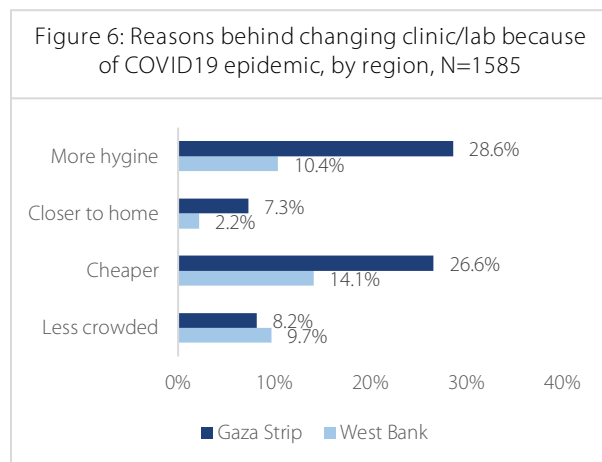
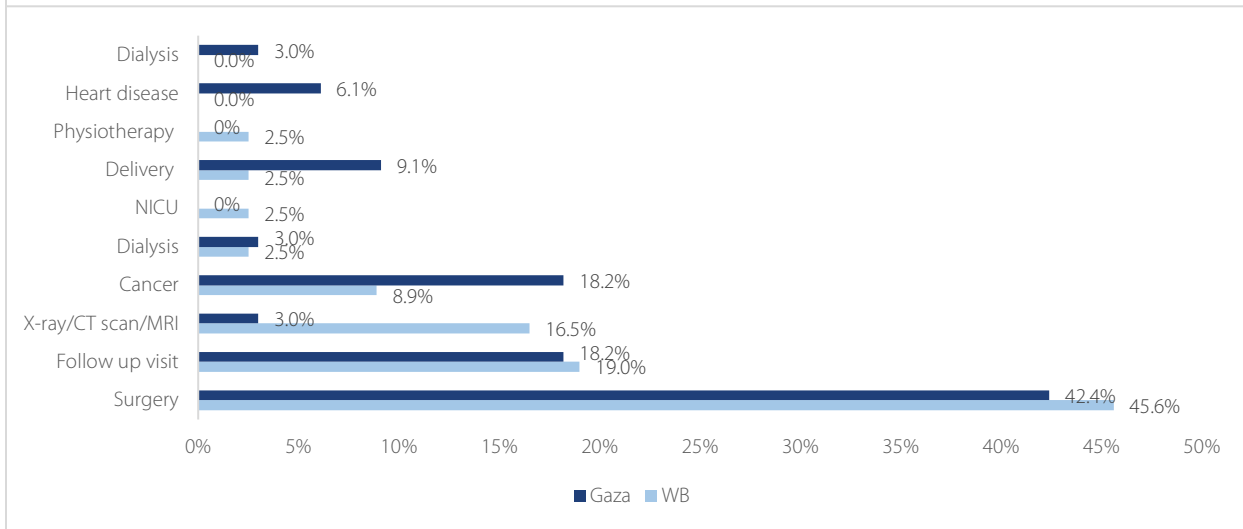


Figure 8: Need for referral by region (West Bank N=79, Gaza Strip N=33)

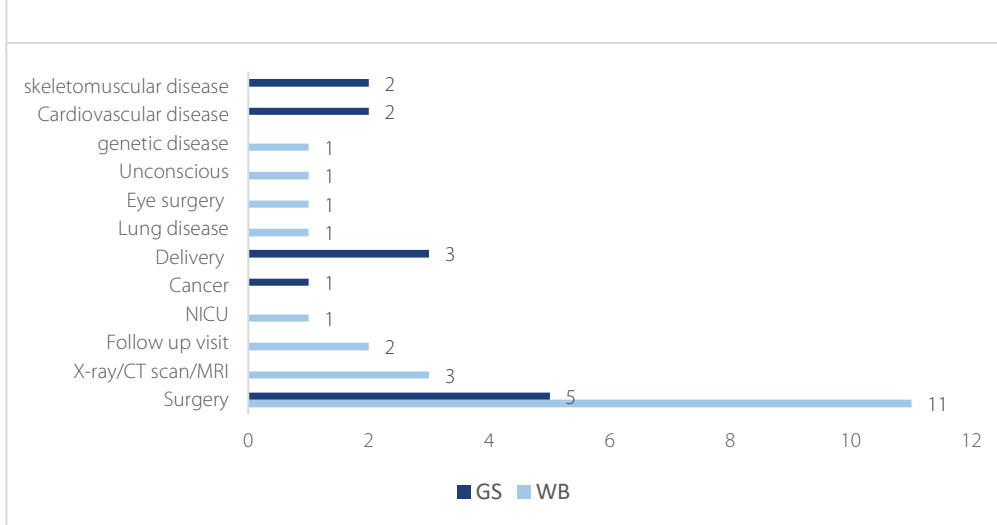


Among respondents who applied for a referral, 73.4 % (58/79) in the West Bank and 60.6% (20/33) in the Gaza Strip received approval. In the West Bank, most denied cases were for surgery, tests, and follow-up visits, in addition to one case that needed a referral to the NICU for their newborn. In Gaza, most denied cases were for surgery, delivery, cardiovascular and skeletomuscular issues, and one case for cancer treatment (Fig. 9). Of the total 16 who needed referral for surgery in both the West Bank and Gaza, only 4 could pay for it and had the surgery. The parents of a child who needed NICU care and did not receive a referral covered the costs out-of-pocket.

Variability in Access to Health Care by Gender and Health Insurance Availability

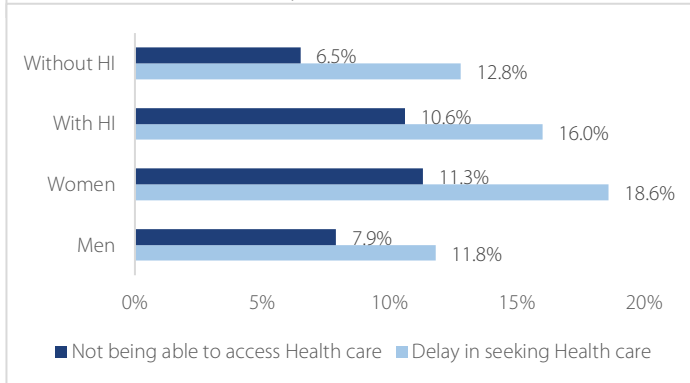
As shown in Figure 10, there was considerable difference in reported access to health care by gender and insurance coverage. While there were no mean age differences between men and women, a larger proportion of women reported barriers to health care between May and October, both in terms of timeliness and ability to access services.

Figure 9: Number of cases that were denied referral from MoH, (WB= 21, GS N=13)



Regarding the impact of having health insurance coverage on access to health care, a larger proportion of those with health insurance reported barriers to health services compared to those without insurance coverage. This could be explained by the disruption of government health services during the COVID-19 epidemic, particularly between May and October, 2020, as 80% of insured individuals have government health insurance. Finally, it is worth mentioning that there was no variability in access to health care by age or type of residency.

Figure 10: Variability in access to health care services by gender and availability of health insurance (HI) during the past 6 months



Conclusion

In both the West Bank and Gaza, almost **15% of respondents reported a delay in seeking health care.**

10% reported not receiving the needed health care between May and October, 2020.

The **most frequently reported barrier** to health services was **unavailability of health services** due to:

- Clinic closure
- Not open daily
- Physician unavailable
- Center did not allow patients

Road closure was among the contributing factors, but not the main one.

Around 20% of respondents purchased medicine without consulting a doctor, despite needing to.

About 17% of study participants received medical consultation over the phone, mostly with a physician.

People are aware about COVID-19 health risks, which was reported as the second barrier to health services.

Fear of infection was the main reason behind changing regular health center/clinic during the past six months.

Policy Recommendations¹

1. **Prioritize and adapt essential health services for continuation of care**
 - **Prioritize and adapt essential health services to changing contexts and needs to avoid indirect morbidity and mortality and prevent exacerbations of chronic conditions when services are disrupted:**
 - Provide essential training through online learning platforms and mobile technology; employ telemedicine; train and support health care workers to provide essential health services in the community while ensuring supportive supervision and mechanisms for monitoring quality of care
 - **Maintain the availability of essential medications, equipment, and supplies**
 - **Ensure continuation of antenatal care during emergencies as well as the safety of pregnant women.** According to WHO, even a 10% decline in service coverage during pregnancy and for newborns could result in an additional 28,000 maternal deaths, 168,000 newborn deaths, and millions of unintended pregnancies as family planning services face disruptions. Based on the survey, 4.3% of respondents reported unmet need for antenatal care.
 - **Ensure continuation of diagnostic tests for timely intervention and to prevent deterioration of health conditions.** Diagnostic testing was among the top reported service patients were unable to access in the 6 months prior to the study. This is a serious issue as it may lead to the deterioration of health status and complications. The third reason for requesting a referral was diagnostic testing.
2. **Establish reliable and timely mechanisms to finance fee-free delivery of essential services and clearly communicate this policy to the public**
3. **Strengthen telecommunication as an alternative method of medical consultation during emergency situations to allow patients to speak with a doctor as needed, especially before purchasing medications**
4. **Strengthen the referral system and review guidelines for referral, particularly for neonatal services, surgeries, diagnostic tests, and cancer treatment**

¹ World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context: interim guidance, 1 June 2020. World Health Organization; 2020.