Uniting Knowledge, Resources and Solidarity

Gaza Health Initiative Conference Amsterdam

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Gaza Health Initiative
مبـادرة صحـة غـزة

Strengthening the workforce and medical education system

Panel

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Strengthening the workforce and medical education system

Objectives:

- To understand medical education needs in order to support, protect and strengthen the future health and aid workforce.
- To explore and learn from successful initiatives to continue medical education, the steps, the challenges and the needs for medical education programs.
- To identify and prioritize actions needed to strengthen and restore the medical education system in the medium and longer term.

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Uniting Knowledge, Resources and Solidarity: Gaza Health Initiative Conference Amsterdam

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Strengthening the Workforce and Medical Education System

Professor Bassam Abu Hamad Al-Quds University

Presentation outline

1. Background information
2. Health care system and human resources for health
3. Health education programs in Gaza
4. Short and long term priorities

Protracted complicated context (pre-war)

Prolonged occupation Political turbulence

Israeli de-development Policies

Chronic stress and repetitive traumas

Lack of sovereignty (difficult to plan)

High human development index 0.715 (ranked 111)

Palestine declined from 34th (2023) to 13th (2024) at the state vulnerability index

Determinants of health are harshly affected

High political commitment to health

High spending on health 9% of the GDP

High dependence on internationally donors

Lack of basic livelihoods (food and water insecurity, electricity)

Culturally, education is regarded as an investment and moving assets

Health care system-mixed equation

Health status

- Demographic transition with increase in the proportion of the elderly people
- High fertility rates, high growth rates, increase in population size **(20% till 2030)**
- Epidemiological transition; triple burden of diseases (NCDs, CDs and conflict related)
- Good health outcome indicators such low IMR and MMR, leading causes of death are similar to developed countries, good vaccination coverage etc

Health care system

- Basic health services are available but fragmented, **(in Gaza, 159 PHC and 35 Hospitals; 3587 beds), till now, 126 health facilities were targeted**
- Access to basic services is usually reasonable, but quality of services remains questionable
- Specialized services are lacking, therefore around **25,000** referrals are issued yearly
- Access to services is challenged by occupation, inadequate governance and lack of resources
- Service are curative rather than preventive, services are hyper-medicalized

Human resources for health

Human resources

- Health provider density per population is acceptable in most health professions
- PCBS (2022) reports that there were **6053** registered physicians at a rate of **2.5 per 1,000** inhabitants, **11,200** nurses with around **4 nurses per 1,000** people.
- The number of specialists/subspecialists, not the general practitioners, is the challenge
- Around **885** health care providers were killed and **310** were detained

Management of human resources

- The concept of strategic human resources is not there
- Governance is problematic, e.g. supply demand match doesn't exist
- Professional development through work is not part of the organization culture, training is mostly not strategized
- High brain drain especially among specialists

A war against education (Scholasticide/educide)

Educational premises: In Gaza, there are **19 higher education premises**; no university left standing in Gaza. **At 15 of these institutions**, there are health educational programs

Students: 17,506 students are enrolled in health programmes (20% of all students), 70% at universities, BSc level, females constitute the majority especially at health colleges, at least 600 university students were killed during the war

Teaching staff: There are around 500 academics teaching at health programs in Gaza

At least, 110 academic staff were killed since October 2023

System issues: Limited coordination between education and health services, Too much focus on theories, curricula is not sensitive enough to the Palestinian health system

Resources are too constrained, insufficient laboratories, insufficient learning resources and libraries, and securing salaries for university staff is challenging

Enrolled students and educational programs

Educational institution	Number	Offered Programs in Gaza
Al Azhar University	5485	2 **Faculty of medicine (Yearly 600 new intake)**
Islamic University of Gaza	3114	**2 Dentistry**
Al-Aqsa University	1919	**2 Pharmacy**
Palestine University	2090	**11 Nursing**
Al-Quds University, SPH	100	**6 Medical laboratories**
Israa University	1416	**4 Physiotherapy**
UCAS-University College	1402	**2 Anesthesia**
Palestine college of nursing	268	**3 Nutrition**
University college of science and technology	455	**2 Community rehabilitation**
Arab College of Applied Sciences	336	**2 Occupational health**
Al Azhar Intermediate Colleges	699	**2 Speech therapy**
Al-Aqsa Community College	118	**1 Optician**
Khanyounis Training College	54	**1 Public health**
Gaza Community College, UNRWA	50	**2 Community mental health**
Total	**17506**	

The heavily damaged Islamic University in Gaza City on 15 February 2024 (AFP).

Al-Aqsa University, levelled by Israeli bombardments, pictured on 15 February 2024 (Reuters)

A young Palestinian pulls a wheel cart past heavily damaged Al-Azhar University in Gaza City on 15 February 2024 (Reuters)

View of the destruction at Al-Aqsa University, Gaza City, February 10, 2024 (Omar Elqa

Other important training programs in Gaza

Palestine Medical Council (PMC)

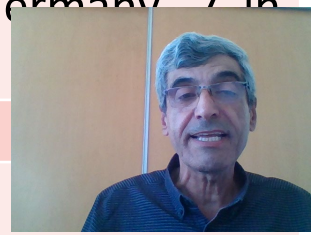
- Offers 18 specialties in internal medicine, surgery, pediatrics, obstetrics, family medicine and their subspecialities
- Till 2023, more than 400 specialists graduated from the program
- 630 candidates were enrolled in the program in September 2023
- In March 2024, PMC held the upgrading exam

Other training activities

- MoH Human Resource Development Department manages internship programs, and Inservice education e.g short courses in IPC, life saving measures, research etc
- Specialization program funded by Qatar Red Crescent society (Qatar, and Jordan)
- International organizations also provide project based training, usually fragmented
- NGOs particularly Juzoor focuses on providing accredited training courses e.g ALSO, NRP, basic life support, and supporting sub-specialisation program
- But, training is not part of a longer term organization development strategy, mostly technical

Pre-war plans-selected specialties needed in 2030

Specialty	Palestine	WB	GS	Used rate
Physicians	19280	11280	8000	3 per 1000 inhabitants In Lebanon and Qatar 3.2, 2.6 in USA, 5 in Norway, 2 in Turkey
Nurses	32200	18800	13400	5 per 1000 inhabitants, 5 in Kuwait, KSA, Oman, 12 in USA, 2.7 in Turkey and 18 in Norway
Midwives	1560	920	640	50 per 100,000 females 140 in Turkey, 44 in Israel, 100 in UK
Obstetrician and gynecologists	890	520	370	28 per 100,000 females 28 is the average of EOCD countries, Germany 39, Italy 40, Turkey 17, Israel 37
Pediatrician and Neonatologist	510	300	210	8 per 100,000 (at least 1 neonatologist) Australia 7, Ireland 9, UK 8 100,000 inhabitants
Oncology specialist	120	70	50	20 per million inhabitants In UK, 131 per million, 161 in USA, 115 in Germany, 7 in Turkey
Cardiologist	510	300	210	8 per 100,000 inhabitants, similar to most OECD
Psychiatrist	90	50	40	1.5 per 100,000 inhabitants 3 in Turkey, Germany 27, Belgium and UK 18, Norway 24



Role of academics during the war

- Many academics and students joined health facilities and engaged in services provision directly
- Participation in planning and coordination meetings and evidence generation activities
- Universities in the West Bank provided a forum for students including for medical students to join courses remotely, free of charge
- Universities are trying to keep doors open during the war e,g accepting new intakes, continue supervision of theses, remote teaching , doing graduation exams
- At Al-Quds, we launched new MPH programs (Mental Health and Infection Control) in additional to epidemiology and health management free of charge for Gaza service providers

Draft5Riyad

UNFPA
United Nations Population Fund

التحديات التي تواجه المراهقون/ ات
والشباب في غزة أثناء الحرب

استبيان

JUZOOR

Short term priorities

- Map available services and human resources and conduct assessment/audit to identify gaps in service provision that need to be urgently addressed (using WHO 6 building blocks)
- Fill gaps in staffing level by hiring unemployed health providers e.g doctors and nurses. Redeploy resources based on need/demand, shortages, availability, skills, and service provision
- Support advanced services by recruiting and contracting specialized personnel from inside and outside Palestine, medical missions
- Provide psychosocial support to staff who faced tremendous pressure during the war
- Organize short training courses especially for newly recruited staff e.g in outreach programs and proactive targeting, IPC, disability, life saving measure, emergency care, identification of mental illnesses and distress
- Promote more supportive work environment to improve staff morale, fair salaries and decrease brain drain
- Support universities to continue/resume operations through supporting remote teaching, provide resources to establish temporary sites and pr educational resources

Longer term priorities

- Invest in strategic human resources management including setting standards for human resources and service provision, improving governance and effective human resource management
- Keep updated database about human resources and services and response to any caveats
- Respond to the population needs and demand by increasing the supply of human resources (increase in population size, change in structure/more elderly, and consequences of the war) through hiring graduates and new enrolment at health colleges
- Invest in specialization and upgrading of general practitioners to meet the demand for specialized and subspecialized services
- Prioritize rebuilding of Gaza universities and equipping them with the needed resources, libraires, computers, laboratories and learning resources
- Improve quality of teaching at health colleges such as standardization of curricula, focusing on applications of knowledge and practical the teaching to the needs of the Palestinian system and better engagement of students

Longer term priorities

- Implement postgraduate training on public health, health management, epidemiology and Infectious diseases to lead change in health sector reform (creating leadership)
- Support health providers to learn new skills in order to be able to deal with people with disabilities, mental illnesses, IPC , serious injuries and safeguarding /protection practices through training courses and on-the-job training
- Build capacities to better serve elderly, youth, adolescents, children and people who need protection
- Gradually reorient service provision towards more towards public health, adopting a social rather than medical concept to health, preventive services and health promotion, integrate that into teaching and work culture
- Promote academic exchange and twining programs with other universities outside Gaza to support the teaching process and also to orient teaching staff to new approaches and modalities