

Palestinian Territories

Population (in millions) (2011)	4.4
Country classification (2012)	Unknown
Gross national income per capita (PPP int \$) (2011)	\$2,900
Total health expenditure as % of GDP (2010)	13.7%
Per capita total health expenditure (PPP int \$) (2010)	\$282
Per capita government health expenditure (PPP int \$) (2010)	\$102.4
Life expectancy at birth (in years) (2009)	75
Human Development Index (2011)	unknown
Median age (in years) (2010)	22
Total fertility rate per woman (2010)	2.9

The Government of Palestinian Territories reports as follows.

National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness; surveillance; vaccination; prevention in general; prevention of transmission of viral hepatitis via injecting drug use; health care transmission prevention; treatment and care; and coinfection with HIV.

It was not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health workers (including health-care waste handlers); people who inject drugs; and prisoners.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012. It has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for the following types of acute hepatitis: A, B and C. There is a national surveillance system for the following types of chronic hepatitis: B and C.

Standard case definitions for hepatitis exist. Deaths, including from hepatitis, are reported to a central registry. Information was not provided regarding the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases are registered nationally. Cases of HIV/hepatitis coinfection are not registered nationally. The government publishes hepatitis disease reports weekly and monthly.

Hepatitis outbreaks are required to be reported to the government and they are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis A, hepatitis B and hepatitis C, but this is not the case for hepatitis E.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is children under the age of five. The last serosurvey was carried out in 2011.

Prevention of transmission

There is not a national hepatitis A vaccination policy. The government has not established the goal of eliminating hepatitis B. Nationally, 100% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 100% of one-year-olds (ages 12-23 months) in a given recent year received three doses of hepatitis B vaccine. There is not a national policy specifically targeting mother-to-child transmission of hepatitis B. There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings. The policy recommends single-use syringes for therapeutic injections. Single-use or auto-disposable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary

injections administered annually in health-care settings were not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C. There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government has guidelines addressing how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education); on-the-job training; and post-graduate training.

There are national clinical guidelines for the management of viral hepatitis. These guidelines do not include recommendations for cases of HIV coinfection. There are national clinical guidelines for the management of HIV that include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

Hepatitis B and hepatitis C tests are free of charge for all individuals. Publicly funded treatment is available for hepatitis B and hepatitis C. Information was not provided regarding who is eligible for publicly funded treatment. Information was not provided regarding the amount spent by the government on publicly funded treatment for hepatitis B and hepatitis C.

The following hepatitis B drugs are included on the national essential medicines list or are subsidised by the government: interferon alpha; pegylated interferon; lamivudine; and adefovir dipivoxil. The following hepatitis C drugs are included on the national essential medicines list or are subsidised by the government: interferon alpha; pegylated interferon; and ribavirin.

The government of West Bank and Gaza Strip welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control.