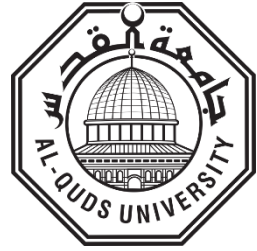


**Deanship of Graduate Studies  
Al-Quds University**



**Public Health Emergency Preparedness in the West  
Bank: A Qualitative Comprehensive Overview**

**Reem Yacoub Ahmad Miqdadi**

**Ph.D. in Public Health**

**Jerusalem- Palestine**

**1447\2025**

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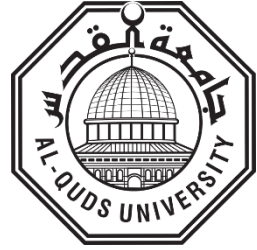
**Reem Yacoub Ahmad Miqdadi**

**Supervisor: Prof. Dr. Motasem Hamdan**

**A Dissertation Submitted in Partial Fulfillment of the  
Requirements for the Degree of Doctor of Philosophy in Public  
Health /School of Public Health  
Al-Quds University**

**1447\2025**

**Al-Quds University**  
**Deanship of Graduate Studies**  
**PhD in Public Health/Faculty of Public Health**



**Dissertation Approval**

**Public Health Emergency Preparedness in The West Bank: A Qualitative  
Comprehensive Overview**

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1447\2025

## **Declaration**

I certify that this dissertation, submitted for the degree of Doctor of Philosophy in Public Health, is the result of my own research, except where otherwise acknowledged, and that this Dissertation (or any part of the same material) has not been submitted for a higher degree to any other university or institution.

Signed *reem miqdadi*

Reem Yacoub Ahmad Miqdadi

**Date:10/01/2026**

## Acknowledgment

I would not have attained this stage without the unwavering support and encouragement of numerous individuals who have consistently illuminated my path towards my desired goal. I like to convey my sincere gratitude and profound appreciation to my esteemed supervisor, Professor Dr. Motasem Hamdan, for his unwavering support and consistent guidance, as well as for his comprehension of the difficult challenges I faced during my PhD journey. He was empathetic, grateful, and encouraging. His insightful remarks and timely input significantly enhanced the research, elevating it to advanced scientific rigorous standards. I appreciate your continual encouragement to pursue excellence.

I would like to express my gratitude to all the professors in the PhD program in Public Health at Al-Quds University, particularly Dr. Asmaa Al-Imam, the program coordinator, and Dr. Nuha Al-Sharif, the esteemed educator. I will always remember our outstanding professors from Gaza, Dr. Bassam Abu Hamad and Dr. Yahia Abed, for their invaluable lectures and their generous sharing of knowledge in several research areas, along with all the distinguished faculty members in the college and the program committee. I wish to express my profound gratitude to every participant in the research, both from the health and non-health sectors. Without their contribution, I would have been unable to collect and evaluate the facts necessary to formulate a vision and future suggestions for presentation to decision-makers in Palestine.

Finally, I wish to express my gratitude to my life partner and companion, my husband, Mr. Ahmed Yaqoub Amarneh, for his unwavering trust in my capabilities and his boundless support in the completion of my thesis. He was the one who motivated me from the first to pursue my studies and attain this esteemed academic degree, as he believed I was deserving of it. I am grateful to my mother for her unwavering belief in me and her pride in my accomplishments. I am grateful to my small and extended family, my UNFPA coworkers, and my genuine friends. I am grateful for my sons, the jewels of this world: Yacoub, Yousef, and Ibrahim.

Reem Yacoub Ahmad Miqdadi

## Abstract

**Background:** Emergency management is essential for safeguarding communities during crises. Nonetheless, phases of this process would involve distinct mechanisms to enhance the entire cycle. One primary focus is emergency preparedness. Public health emergency preparedness (PHEP) remains limited in conflict-affected health systems like Palestine. Despite multiple emergency responses, institutionalized preparedness mechanisms are weak.

**Aim:** This study explores governance, capacities, and resources influencing PHEP in the West Bank.

**Methodology:** A multi-phase qualitative design included 38 semi-structured interviews with policymakers, health providers, and non-health actors, one focus group with heads of hospitals, along with a review of 5 national and local emergency plans. Data were analysed thematically using MAXQDA and guided by the WHO strategic framework and resilience theory.

**Findings:** The most important findings of this research focused on the fact that the current mentality towards emergency management in Palestine is one of response rather than preparedness, this is mainly linked to a broken cycle of emergency management, and perpetual emergencies in the Palestinian context as a result of protracted Israel occupation and settler colonial expansion. The current plans are prepared only in the event of an emergency and are mostly response plans. The level of participation in these plans is weak, reflecting the weakness of coordination and partnership. However, the various response experiences evaluated reflect distinct strengths that can be built upon and leveraged in the future to develop a health system better prepared to confront all types of emergencies. The biggest problem identified by the research is the lack of a specific mechanism for documenting these experiences and investing them in building, developing, and exchanging expertise between institutions. The study also found that despite the presence of distinct capabilities within various sectors, there are no clear national mechanisms for conducting risk analysis, assessment, and risk communication with the community in emergency situations. This is also attributed to the lack of a specific budget allocated for emergencies within the government.

**Conclusions:** This research stresses on the role of structural determinants on the ability of health systems to build effective and sustainable emergency preparedness in Palestine under the Israeli settler colonial project and sustaining its resilience. Though it highlights the opportunity to develop the capabilities of the Palestinian health system in the field of health emergency preparedness, and the importance of allocating a budget to emergencies during the preparedness phase. It also shows that the government should form a national body to lead the preparedness process with all its components, starting with the development of a comprehensive national plan for all sectors, with clarification of roles and responsibilities.

**Keywords:** Emergency Preparedness; Public Health; Resilience; Governance; Palestine; Qualitative Research; Health Systems.

## **List of Abbreviations**

- EOC: Emergency operation centre
- EDRM: Emergency and disaster risk management
- FG: Focus group
- HeRAMS: Health resources and services availability mapping system
- IHR: International health regulations
- KIIs: Key informant interviews
- MoH: Ministry of Health
- MOSD: Ministry of Social Development
- PHC: Primary health care
- PHEIC: Public health emergency of international concern
- PHEP: Public health emergency preparedness
- PMO: Prime Minister Office
- PPP: Public Private partnership
- PRCS: Palestinian Red Crescent Society
- SDGs: Sustainable development goals
- WHO: World Health Organization

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## Chapter One

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### Introduction

Public health emergency preparedness (PHEP) is defined as “the knowledge, capacities, and organizational systems developed by governments, response and recovery organizations, communities, and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies” (WHO, 2017). The World Health Organization (WHO) in its 2019 health emergency framework outlines two primary objectives to strengthen country emergency preparedness, the first one aims to ensure timely and efficient response to all events including epidemics, natural and other types that might have significant impact on people’s health, while the second objective focus on mobilizing resources for more investment in PHEP (WHO, 2019). To achieve those two objectives, the WHO frameworks outline three primary components of PHEP: governance, capacities, and resources, which must be ensured and fortified at all levels, from community to local, national, regional, and global levels. This research is guided by the WHO Emergency strategic framework for emergency preparedness (WHO,2017) and complemented by resilience theory and political economy perspectives, to explain how governance, capacities, and resource systems interact to shape preparedness outcomes in the Palestinian context.

Every country needs to comprehend its preparedness system, including its deficiencies, obstacles, and strengths, since strengthening the preparedness system will lead to strengthening the subsequent stages of response, recovery, and post-recovery (Rouhanizadeh & Kermanshachi, 2021). Consequently, when an emergency occurs again, the country will be in a stronger state of preparedness to confront it, and so on. Numerous studies have also proven that countries that invested in preparedness systems had fewer deaths and fewer infections, as in the case of COVID-19. In a study highlighting COVID-19 response in 28 countries, some countries were categorized as well-performing countries based on a number of characteristics related to their investment in the health care system preparedness. Four elements are mainly featured in these highly effective responses (Haldane et al., 2021). One is related to activating response mechanisms which consider social and economic impacts, secondly, adaptation of health system capacity to meet community needs, and the last two elements consider preserving resources (Haldane et al., 2021).

An effective preparedness system will result in a successful response and minimize morbidity and mortality (Herstein et al., 2021). The WHO underscored in its national action plan for health security (2022–2026) that all countries must enhance their national capabilities in emergency prevention, preparedness, and response (WHO, 2022). Likewise,

the Sendai Framework for Disaster Risk Reduction, ratified at the 3<sup>rd</sup> UN International Conference in Sendai, Japan, for the period 2015–2030, established a framework for enhanced preparedness systems (UNISDR, 2015). The preparedness system is being evaluated through the analysis of diverse disaster response scenarios. In the aftermath of the COVID-19 pandemic, which was designated as a public health emergency of international concern (PHEIC), many countries have begun to record and analyze their experiences to extract insights for future enhancements.

In Palestine, while limited studies have addressed the epidemic, the majority have focused on various aspects, including its social and economic impacts, political responses, and vaccination issues. Nevertheless, the studies failed to examine emergency preparedness and the potential for its institutionalization, particularly in light of the COVID-19 experience, which should inform future efforts. This qualitative exploratory study seeks to develop a thorough understanding of emergency preparedness and response in Palestine, focusing on the perspectives of key health policymakers, hospital directors, and primary health care directors, constituting the second level of analysis, as well as insights from significant non-health stakeholders, since according to sphere standards people affected by disaster will not only need health care support, three other fields are major which is water supply and hygiene, food security and nutrition, and shelter (The Sphere Project, 2018). This research analyzed responses to the recent 2019 COVID-19 pandemic and identified gaps during the first phase of the research. Additional sections were substantiated with instances of repeated incursions and invasions in the West Bank governorates.

## **1.1 Problem Statement**

In their research on the Palestinian health system's response to COVID-19, Alkhaldi et al. emphasized the epidemic's impact on resource-scarce conflict zones such as Palestine, characterized by inadequate governance and fragility (Alkhaldi et al., 2020). However, aspects of preparedness warrant further examination, as alongside weaknesses, there exist strengths that should be acknowledged and fostered. For example, the aforementioned study highlighted that despite the problems faced by the Palestinian Authority, the response in terms of implemented stringent measures was sufficiently effective. In contrast, if there was a system that was properly prepared, there would be a more effective response that would handle all the fundamental functions for management of any crisis. Despite recurrent emergencies, the West Bank's public health system lacks a sustainable preparedness framework that integrates governance, operational capacities, and resource allocation. Existing plans prioritize response over preparedness, leaving coordination, institutional learning, and resilience underdeveloped. This study investigates these systemic weaknesses to inform the development of an evidence-based national preparedness framework.

## **1.2 Study Justification**

In Palestine, emergency response is prioritized over planning and preparedness, despite

ongoing crises. This makes society more vulnerable to disturbances and intensifies the country's rising rates of illness and death. At the outset of this research, no national emergency plans were available. In response to the commencement of the war in Gaza, on the 7<sup>th</sup> of October 2023, the government decided in early 2024 to convert its development plans into a national emergency plan. In March 2024, the Palestinian Ministers' Council developed this plan, which specifies the roles and responsibilities of all principal government bodies; nonetheless, it predominantly focuses on response measures and is deficient in preparedness components (PMO, 2024). The crucial aspect of this emergency plan is its inclusion of non-health stakeholders, such as those in education, economy, and water sectors. It is essential to assess the contributions of these and other sectors to emergency preparedness to achieve a comprehensive understanding. In this study, data from many non-health organizations, such as line ministries (e.g, Ministry of Social Development, Ministry of Interior), civil defense, municipalities, and others, were assembled to accomplish this goal. The study emphasizes the comprehensive knowledge and insights derived from prior crises, notably COVID-19, and utilizes this information to facilitate future preparedness. Additionally, this study fundings will contribute to the theoretical advancement pertinent to resilience and governance framework. Several initiatives, including those enacted when required, are demonstrating efficacy and may be incorporated into a preparedness strategy.

### **1.3 Aim and Objectives**

The overall goal of the study is to comprehend the scope and status of PHEP in Palestine with respect to the three major components: governance, capacities, and resources. It aims to develop a comprehensive vision and in-depth understanding of the PHEP system, with its main pillars of governance, resources, and capabilities. The study also focuses on the elements of planning for emergencies, implementation of emergency plans, and partnership with other sectors to enable resilience and a good response in emergency situations. The study concludes with a set of recommendations to strengthen the PHEP system at the national level.

#### **Objectives**

Four principal objectives were utilized to achieve the overarching goal of the study. These objectives concentrate on three tiers as follows:

1. To analyse national and subnational governance arrangements influencing PHEP.
2. To assess operational capacities and coordination mechanisms across health and non-health sectors.
3. To examine resource mobilization and institutional learning processes in preparedness.
4. To propose evidence-based policy recommendations for integrating resilience into the national preparedness framework

## **1.4 Key Research Questions**

- How are preparedness capacities developed, maintained, and coordinated across sectors?
- How did the health system develop its preparedness to confront emergencies based on the lessons learned?
- How do other Palestinian key actors and stakeholders complement the role of the health sector in responding to the different needs of their society during emergencies?
- What gaps must be addressed during the preparedness phase to enhance the resilience of the Palestinian health sector and other sectors during the emergency response?

## **1.5 Study Significance**

This study gathers data on the governance structure of PHEP through various methods and tools, which will be elaborated upon subsequently. The study examined the formal plans, procedures, laws, regulations, and legal frameworks that govern the health emergency bodies and operations in Palestine. The study examined the presence of national or institutional planning mechanisms. This research utilizes insights gained from current emergencies to propose components for future planning and governance frameworks, which the health system may subsequently enhance and refine following the adoption of these recommendations. The significance of various sectors, including social, environmental, and security domains, along with local government, is also highlighted. The ultimate goal of this research is to achieve a comprehensive understanding of the emergency preparedness system and identify necessary improvements for its enhancement and strengthening. The General Directorate for Emergencies at the Ministry of Health (MoH) in Ramallah will manage the dissemination of the research findings and product(s). The initial proposal involves convening all stakeholders for a discussion where the researcher will present the findings. Stakeholders from both within and outside the health sector will have the opportunity to contribute their perspectives on the adoption of the improvement or enhancement plan and the implementation strategies for the MoH leadership at a national level.

## **Chapter Two**

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### **Literature Review**

This literature review will critically examine the current literature on PHEP concepts, frameworks, and the historical evolution of international conceptual thought. Additionally, it will emphasize experiences related to the documentation of emergency responses and lessons learned from the COVID-19 case, in relation to our research objectives. Conversely, in light of our three research components associated with the research conceptual framework, the review will also examine the principal elements of PHEP in accordance with worldwide frameworks. Understanding these elements of PHEP in relation to our research, as well as how investigating and developing these components might result in a more robust preparedness system and, consequently, a better response and recovery.

At the level of Palestine, this literature will also aim to provide insights on the gaps present at the research level, and how our research will bridge some of the information gaps to strengthen the PHEP system in Palestine.

#### **2.1 PHEP Conceptual Evolution**

Historically, the concept of health emergency management originated in the 19th century, following the Cholera epidemic, when the first international health conference was held in 1851 (Aristei et al., 2022). This conference marked the first step in the internationalization of public health emergencies, primarily standardizing quarantine procedures and drafting the first international sanitary project (Almeida, 2012). Between 1851 and 1894, eight consecutive conferences were held for European countries to discuss and agree on measures to control epidemics within the growing interconnectivity between countries (Huber, 2006). Ultimately, the revision of all treaties and agreements since 1894 led to the adoption of the International Health Regulations (IHR) by the WHO in 2005 (IHR, 2005). The IHRs focused mainly on historical infectious diseases such as Cholera. The updated versions now also focus on emerging infectious diseases as well as other issues such as surveillance, communication and coordination to effectively identify and respond to any public health threat (IHR, 2005). When the IHRs were ratified in 2005, all countries were given a deadline of 2012 to fully implement the IHR. By the end of 2012, only 22% of countries had complied with the IHR, after which the year 2019 was set as a new deadline (Katz & Benaski, 2018). The last amendments to the IHR were approved by the World Health Assembly in 2024.

These changes aim to strengthen global preparedness and response to future health emergencies and include a definition of pandemic emergency, commitments to equity and access to medical products, and they also create national authorities to improve national coordination (IHR, 2024).

The IHR is the primary framework that requires each country to develop its capacities to prevent, detect, and respond to public health emergencies (Adini et al., 2019). Clearly, the application of these regulations is highly linked to the development of appropriate legal frameworks, particularly in relation to emergency preparedness, as the safety of people worldwide is of paramount importance and is identified as a top priority in the IHRs, furthermore, the international public health legal agreements in the context of global health security should inform the development of laws related to PHEP as an obligation of states. WHO emphasized in its national action plan for health security (2022–2026) that all nations must work to strengthen national capacity in emergency prevention, preparedness, and response (WHO, 2022).

According to the World Health Organization (WHO) strategic Framework for emergency preparedness, public health Emergency Preparedness (PHEP) is defined as “*the knowledge and capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies*” (WHO, 2017). This definition includes all stages of the emergency management cycle, which, according to most references, has four main phases: prevention, preparedness, response, and recovery. Some scholars suggest adding the reconstruction and rehabilitation stages (Manesh et al., 2021). On the other hand, this concept emphasizes the role of governments, organizations, and communities in developing preparedness, response, and recovery systems. Other academics propose a comparable definition, asserting that PHEP encompasses the ability of public health institutions, communities, and individuals to prevent, safeguard against, promptly respond to, and recover from health crises; should such events transpire, they would severely undermine normal capacities. This concept emphasizes Preparedness as a coordinated and ongoing process of planning and implementation that depends on performance measurement and corrective action (Nelson et al., 2007).

Canton (2019) elucidates the historical evolution of the concept in his book on Emergency Management. He also articulated how the notion of governmental responsibility to safeguard individuals transforms over time. All other concepts, including emergency preparedness, disaster risk reduction, and crisis management, are encompassed under the broader field of emergency management.

This research will mostly concentrate on preparedness principles. Several research indicate that distinguishing preparedness from other crisis-related notions is frequently difficult; nevertheless, one study noted that preparedness can be defined as a series of active, ongoing, and anticipatory measures (Delgado & Kruke, 2018). A separate study employing evolutionary concept analysis and analyzing 18 articles identified 14 distinct terms related to disaster preparedness; however, it concentrated on intensive care, identifying space, physical resources, and human resources as essential attributes for an effective response to patient surges resulting from disasters (Selleres et al., 2022).

## 2.2 Global Frameworks

In addition to the IHR, this literature review examined several key global and regional frameworks that guide efforts in emergency management, disaster risk reduction, and PHEP. It was found that there are approximately three to four common areas in each model or framework for planning and preparedness that also prove important in the Palestinian context. The best-known framework is the Sendai Framework for Disaster Risk Reduction, adopted at the third UN World Conference on Disaster Risk Reduction in Sendai, Japan, and covering the period from 2015 to 2030. The document outlined four priority areas for action by all countries: firstly, understanding the risks and disasters that the country could face, secondly, strengthening governance structures to be able to manage the risks, thirdly investing in resilience, and finally enhancing better preparedness that will have a positive impact on recovery and rehabilitation stages later on (UNISDR, 2015). However, an article highlighting various global PHEP frameworks and mentioning the Sendai framework, highlighted that although this framework considers the society approach and reducing risks and mitigating the impact of disasters, it still lacks adequate knowledge and evidence-based data that could inform public health action and interventions at the level of local health actors (Albrito, 2018).

The other significant framework is the Health Emergency and Disaster Risk Management framework, EDRM (WHO, 2019). This framework provides a thorough strategy for fostering resilience in emergencies, prioritizing the enhancement of health systems and community skills. This framework serves as a crucial reference for nations to comprehend the fundamental components and roles of health emergency and disaster risk management. The 2030 Agenda for Sustainable Development Goals is paramount. The Sustainable Development Goals (SDGs), while not explicitly centered on emergencies, are designed to mitigate vulnerabilities and enhance resilience. For instance, Goal 3, which pertains to good health and well-being, includes Target 3.d, which seeks to bolster the capacity of all nations, especially developing countries, for early warning, risk reduction, and management of both national and global health threats (UN, 2015).

Considering the above, many other frameworks were developed and tailored to countries. In a document published by Public Health Ontario in 2020, a framework was proposed for public health emergency preparedness, which is likewise intended to promote the resilience of communities, and it identifies eleven essential elements with two major cross-cutting elements. Those elements include planning process, collaborative networks, community engagement, risk analysis, surveillance and monitoring, practice and experience, resources, workforce capacity, communication, and finally learning and evaluation.

As previously mentioned, the WHO (2017) strategic framework for emergency preparedness classified three major elements, which are governance, resources, and capacities, and has emphasized the common elements for emergency preparedness, mainly governance, where policies, legislations, and plans that include clear coordination mechanisms were also identified. The most important content of this WHO framework is that it provides linkages of each framework element, like governance to the other three levels, which are community, i.e., how the community preparedness should be also reflected in any policy/legislation.

Other levels include national/local where there is an emphasis on multisectoral emergency preparedness, and how to integrate PHEP into national health strategies and plans. Finally, linkages to global level in terms of compliance with international frameworks. Other elements have also highlighted several important components to consider such as capacitated human resources and logistical and technical supplies under resources.

The global frameworks have offered comprehensive guidance and insight into the concepts and orientations of PHEP systems. However, for intricate contexts such as Palestine, a more profound analytical comprehension of PHEP is required, which should be founded on theoretical principles. This study will analyse two primary theories: health system resilience and the political economy of health. These two theories will elucidate the rationale behind system responses, the impact of power and resources on preparedness, and the facilitators and impediments to adaptive ability in prolonged disaster contexts.

### **Health system resilience**

The concept of resilience has emerged as a fundamental principle in characterizing health systems facing various emergencies and disasters. Kruk defines it as a health system capable of absorbing, adapting, and transforming in response to crises while preserving its essential functions (Kruk et al., 2015). Absorption refers to a system's capacity to endure shocks by leveraging its own resources and structures; adaptation pertains to the modifications the system must implement to effectively manage specific operational disruptions, while transformation signifies a fundamental systemic change that enhances preparedness and consequently improves responses to future emergencies. Our research analyzes this theory to evaluate the PHEP system in Palestine. It raises critical questions: to what degree can the health system, together with its institutions, accommodate surges during emergencies given the pre-existing financial and resource limitations? How is the system modifying its policies, plans, coordination frameworks, and services in response to crises such as COVID-19? What type of system reorganization is occurring in the aftermath? By implementing this approach, we transitioned our research from merely cataloguing gaps and accomplishments to enhancing the comprehension of adaptive capacities and processes inside the health system and beyond.

### **Political Economy of Health**

The healthcare system in Palestine operates within a multifaceted political and economic framework. The Political Economy viewpoint, initiated by authors like Vicente Navarro (1976, 2002), elucidates how power dynamics, economic frameworks, and a fragmented governance system influence the formulation of health policies and the outcomes of health systems. This perspective is especially pertinent in Palestine, where the advancement of the health sector is significantly affected by colonial occupation, geographical fragmentation, reliance on aid, and divided governmental entities. Examining governance from this perspective reveals that it is not solely the colonial influence of Israel that impacts the situation, but also the internal schism within the Palestinian Authority, particularly between the West Bank and Gaza, where there is a lack of coordinated efforts to share insights and leverage strengths on both sides. This has resulted in increased fragmentation, with its effects apparent in technical-level outcomes. The volatile political climate, characterized by increased settlement development and severely limited mobility, obstructed any

advancement in PHEP and national planning. Planning efforts were constrained and impeded between the central and peripheral levels, hence complicating the enhancement of preparedness initiatives. Conversely, regarding resources, donors often target short-term solutions, allowing little opportunity for long-term sustainability. Furthermore, locally established interests are typically overlooked and supplanted by donor-imposed priorities. Further aspect pertinent to the political economy approach is community-level power and the capacity for individuals to engage with their knowledge, experience, and concerns. This comprehension will facilitate our grasp of the community's role as the primary stakeholder in the decision-making process. Consequently, incorporating this theoretical approach into the research will enhance our study by emphasizing the political and economic problems that pervade the preparedness framework within the Palestinian context.

### **2.3 Documentation of Experiences**

The other goal of this literature review is also to explore the COVID -19 experience in other countries and to examine in depth how different countries are managing the crisis. Lessons learned from other countries could be useful for Palestine as well. It is also beneficial to review the literature to provide a theoretical basis for the key elements that need to be considered in emergency planning and preparedness in general. Several topics will be explored such as: Who are the actors in crisis management of COVID -19, the government versus non-governmental actors and the collaboration between the different stakeholders in managing the crisis, what are the main actions taken and their impact or the degree of compliance of the different societies with the imposed measures, and the response of health systems and providers, in addition to other topics. It will also examine the extent to which proactive measures, i.e., measures to prepare for the pandemic, have a much more positive impact on pandemic containment than reactive measures to respond to the pandemic.

In an article related to the Lebanese emergency response at the last port explosion, and even with the high number of deaths and casualties, the quick response at different levels was an indicator of very good planning and strong preparedness at different levels. Public-private hospital sector partnerships (PPP) were clearly highlighted as a success factor in dealing with a high number of casualties (Rady et al., 2020). The importance of PPP was heavily emphasized during the COVID-19 pandemic, where the involvement of the private sector, due to the exhausted resources at the public level, has enhanced the response and recovery stages.

A number of articles were reviewed to highlight the different experiences of countries with COVID -19, particularly the studies that focus on lessons learned and provided recommendations for dealing with the pandemics. One extensive study examined the experiences in 28 different countries around the world (Haldane et al., 2021). An important factor examined in this study was the governance structure during the crisis, in which China adopted a top-down system with the involvement of 32 ministries at all levels of the response. No single ministry runs the response alone; instead, responsibility rests with the higher-level government. Decisions from the central government go to local governments and then to local emergency response leadership groups. The same study documented that in other countries, such as Mozambique, Mexico, and Argentina, the Ministry of Health took

the lead role. In some other countries, a special unit or body was created to coordinate the response, as in Uruguay, where an advisory group was formed, composed mainly of scientists, who meet daily with governments and brief the president directly.

One of the articles reviewed drew some lessons from Italy's experience during the crisis COVID -19 (Coccia, 2021); the study showed the importance of collaboration among decision makers, health systems, and public media to promote joint pandemic response measures, such as rapid testing and tracing and isolation, and emphasized the importance of decision makers following the advice and recommendations of experts and scientists. In another study comparing the response in different countries (Khanna et al., 2020), it was clear that there was a big difference between countries (such as China, Singapore, South Korea) and European countries (such as Spain, Italy), where the main factor that played an important role in reducing the infection rate was the rapid response and the short time between detection and response. In addition, countries with sound preparedness systems, such as Singapore, only had to activate their system because it was already in place, such as the public health preparedness centers already established, which were not activated until the time of the pandemic. The same study also pointed to previous experiences of some countries, such as India, and how their experiences supported their rapid action and response. For example, the experience of eradicating the small pox. Despite being a poor country, India has managed to flatten the curve of cases and prevent further waves from entering the country.

South Korea, for example, has learned its lessons from the MERS crisis, which it was unable to overcome (Túri & Virág, 2021). The country has dramatically expanded its public health infrastructure, enabling it to address the COVID-19 crisis. One example of screening COVID 19 patients was not to rely on fixed centers, but to establish so-called drive-through and walk-through centers to test suspected patients and reduce infection rates on the one hand and waiting time on the other. In South Korea's successful experience, the time factor was very critical; their healthcare system was like a challenge for time in testing the largest number of people possible, and when diagnosed, they were isolated to stop the spread and flatten the curve. On the other hand, as far as health care facilities are concerned, the Korean system has a classification protocol for patients, where mild to moderate cases were placed in so-called residential centers, where quarantine and surveillance prevailed, while hospital beds were reserved for the most critical cases. The use of digital technologies is another innovative approach used in South Korea, where at the very early stages they developed a self-diagnosis application for all travelers entering the country, and their entry was conditioned by downloading this app, and if any diagnostic symptoms appear, it will be linked to the designated public health center to follow the case. It was a very organized response indeed at all levels. In Palestine, and in terms of the lack of resources, this is one of the lessons that the authorities can learn from by discussing more about how they can expand digital technologies and compensate for the lack of staff and other resources.

According to the experience of China, the source of the entire crisis, and according to many studies documenting this experience, the pandemic can only be contained by timely and stringent measures (Xu et al., 2020). One of the most important factors in containing the pandemic was society's adherence to strict measures. The Chinese population did not oppose

the measures imposed by the governments in any way. All messages disseminated through social media were controlled by the government.

Comparing the experience of Western countries in terms of tracing techniques with China's experience, we find that Western countries prioritize privacy issues in the tracing process, while in China, tracing was mandatory because it is believed that life weighs more than privacy, and this is an important lesson for other countries to learn from and evaluate their social and cultural perspectives (Xu et al., 2020).

If we compare China with South Korea, the system in South Korea is much better because there was a mechanism for classifying cases, while in China all cases were hospitalized regardless of their severity, which was considered a waste of health resources and uneconomical for managing the outbreak. On the other hand, in Italy, the long hospital stays with long work shifts for doctors and nurses led to an increase in infection rates and a high number of deaths among health care providers. (Romagnani, 2020).

By examining the experiences of other Arab countries that bear similarities to the Palestinian environment, we will consider Sudan and Yemen. Amid the ongoing conflict escalation, Sudan has widespread displacement and devastated infrastructure; in comparison to Gaza, 70-80% of hospitals in conflict areas have become nonfunctional. Sudan effectively responded via Emergency Response Rooms (ERRs) at the community level. These chambers were created as an informal mechanism for a disease monitoring system to monitor cholera and other illnesses (Rumunu et al., 2022). This serves as a lesson for Palestine to transition from macro to micro governance during emergencies. Our research will investigate this community-level shift. Yemen, akin to Palestine, endures a prolonged conflict and exhibits fragmented governance through de facto administrations. The establishment of a shadow system operated by UN agencies is essential for reflecting data flow (Al-Saidi, 2020). Sudan and Yemen established community-based surveillance to monitor epidemics in IDP camps; Palestine should benefit from this experience in case of a disrupted surveillance system.

## **2.4 PHEP Research Gaps in Palestine**

In relation to PHEP research in Palestine, limited studies thoroughly examine PHEP; the preparedness concepts in these studies focus on either a level of care, the preparedness of health professionals, or preparedness at the governorate level.

Alkahldi et al. (2020) pointed out in their commentary article that the health system in Palestine, along with all its providers, lacks efficient governance systems, namely in the form of well-informed policies, a financial structure, and coordinating mechanisms. However, a qualitative study to assess the preparedness and response of the health system in Gaza during COVID-19 emphasized the good partnership between all government ministries and the efficient monitoring mechanism (Nimer & Ali-zroog, 2024).

A study evaluating disaster management readiness among health providers in Palestine during the pandemic revealed a significant competency gap, recommending increased involvement of hospital managers in ongoing disaster management training courses (Aqtam, et al., 2024). A quantitative study conducted in Gaza, focusing on primary care providers,

revealed similar findings concerning the necessary competencies of doctors and nurses at primary healthcare (PHC) facilities, ultimately indicating that PHCs are insufficiently equipped to respond to disasters (Alrayyes et al., 2023).

Little is known about the current state of preparedness or whether any new advances exist, which is what this study aims to discover. For many years, emergency preparedness has been practiced in Palestine whenever a crisis or disaster strikes the country. The invasions on the West Bank in the early 2000s serve as a specific illustration of this; all planning and preparation were done during the actual crisis. Some examples of this include the creation of emergency committees that are only involved in times of emergency. Seven emergency committees were set up in the wake of the COVID-19 crisis, according to the needs that existed at the time of the outbreak (Miqdadi & Hamdan, 2024). It is also unknown what came of those committees or even whether any sort of post-crisis evaluation was conducted. Furthermore, during the COVID-19 pandemic, certain decisions were documented that were deemed inappropriate due to a lack of planning perspective (AlKhaldi et al., 2020).

In light of the escalating complexity of the emergency situation, it is imperative to collect further information regarding the presence and absence of resources from stakeholders working in Palestine. In its progress report on crises and the International Health Regulations for the Mediterranean region, the WHO presented an update regarding its activities in Palestine. The WHO provided assistance to Palestine in epidemic containment and impact mitigation (WHO, 2019).

Other areas included the support of the health cluster to the health information management system, mainly the health resources and services availability mapping system (HeRAMS). Additionally, Palestine through WHO support has activated and implemented the health care attack initiative to report systematically on health attacks on health facilities and workers, and patients as well because of complicated emergencies.

Limited research exists to evaluate the PHEP system in Palestine completely. A master's thesis aimed to evaluate the obstacles to the establishment of a public health emergency operations center, specifically focusing on the Nablus governorate. The study indicates that the difficulties in establishing an emergency operation center mostly stem from insufficient expertise, inadequate resources and instruments, limited national coordination, and the engagement of pertinent stakeholders (Nassar, 2020).

Palestine had to impose a state of emergency and issue a presidential decree to regulate the situation in light of the COVID-19 outbreak lately. The president keeps issuing proclamations to prolong the state of emergency because there isn't a public emergency law. The prime minister's office also issues corresponding decisions outlining the steps taken and the principal players' responsibilities in addition to these decrees. Thus, it was clear from the research's initial findings that passing a public emergency law is of the utmost importance. The literature in the Palestine case suggests several unanswered questions, including the coordination mechanisms that exist between health and non-health actors, the availability and significance of emergency preparedness plans and policies that highly impact the response level and actions.

## 2.5 Conceptual Framework

The concept of preparedness is closely related to two other concepts: Response and Recovery. Good preparedness has a positive effect on the response and recovery phases. Four fundamental phases form any disaster life cycle: mitigation, preparedness, response, and recovery (Sawalha, 2020). While we might still find literature referring to additional stages like rehabilitation and reconstruction phases which are part of the recovery phase (Manesh, 2021). To develop a coherent overview for Palestine, it is first very important to understand what is already in place. The research aims to understand the status of PHEP in relation to the three pillars mentioned above, governance, capacities and resources. This will certainly include consideration of recent emergencies such as the COVID-19 epidemic, as the lessons learned from that response will benefit any kind of planning in the future. The conceptual framework (Figure 2.1) below lays out all the components that need to be studied in the research and how they relate to one another. The research will focus on the operational and policy levels of the health sectors in order to comprehend the components of capacity and governance on the one hand, and the resources that are required on the other. The foundation of a robust national emergency preparedness system is multisectoral collaboration and coordination. The non-health actors including and not limited to civil defense, line governmental ministries, and other sectors the researcher deems necessary were among those targeted.

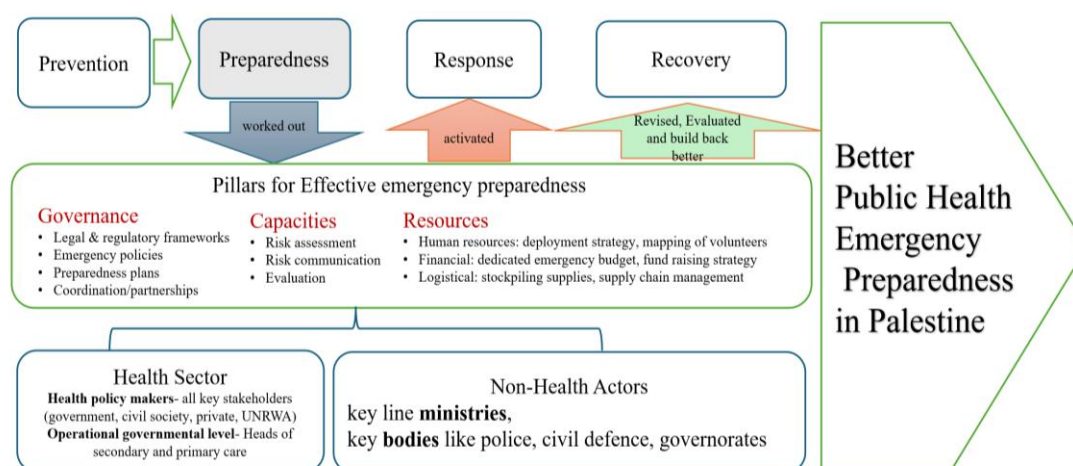


Figure 2.1: Conceptual Framework for Public Health Emergency Preparedness (WHO,2017)

This conceptual framework was developed in alignment with the World Health Organization's strategy framework for health emergency preparedness (WHO, 2017). The WHO framework outlines three fundamental components for developing a PHEP system. Each aspect has several essential areas for analysis and shortcomings to be addressed. Fundamental levels of inquiry and examination of these components have been included into the three tiers. This concept asserts that increasing preparedness will subsequently enhance future preparedness levels.

The ultimate goal of this entire framework is to achieve better Public Health Emergency Preparedness in Palestine.

## **Chapter Three**

### **Methodology**

#### **3.1 Study Design**

Qualitative design was employed in this study in accordance with the research goals. A scoping review of PHEP methodology and techniques indicates that qualitative methodologies are selected for use in an event look-back overview (Chiossi et al., 2021). The review underscored the importance of qualitative design in analyzing the quality of previous emergency responses and identifying avenues for future enhancement, as it allows for examining more in-depth perspectives. A further scoping review has identified a number of primary research studies, the majority of which are qualitative in nature, and has also elucidated the significance of iterative design in the identification of main themes and subthemes in the PHEP field (Khan et al., 2015).

Focus groups and key informant interviews (KIIs) were the primary methods employed in this research. Furthermore, the triangulation component of the research involved acquiring critical documents regarding the subject matter, for example, once a senior policymaker at the MoH or other institution indicated the presence of an emergency plan, this plan was collected for cross reference of the information provided in the interviews. Most of the emergency plans documents were identified and collected through the KIIs. The documents in question are primarily emergency response or preparedness plans for the Palestinian society, and their analysis will be addressed under the findings section.

#### **3.2 Study Population**

This study primarily targeted health sector policymakers, operational primary and secondary healthcare providers, and key non-health stakeholders in the West Bank. The emphasis was on healthcare providers at both policymaking and operational levels, as it is essential to evaluate the connections between policies and their implementation at the executive level of hospitals and primary healthcare. Additionally, it was crucial to comprehend the knowledge-

sharing aspect across various levels, specifically regarding the awareness of district-level entities about centrally developed policies or plans.

The non-health actors were the third group. In order to address any gaps in the response, their viewpoints are also considered. The WHO multisectoral preparedness coordination framework has identified the following non-health stakeholders as relevant to health emergency preparedness: national parliaments, the finance sector, foreign policy and international relations, ministries of interior and defense, non-state actors, and the private sector (WHO, 2020). Despite the fact that each of the aforementioned sectors is significant, in the Palestinian context, there are specific organizations that should be included, including the police, municipalities, and civil defense.

### 3.3 The Sampling

A purposive sample was selected by identifying significant actors and stakeholders in the country's health and non-health sectors who are involved in the planning and decision-making processes during health emergencies. A purposive sampling strategy was used to capture variation in institutional roles and levels of decision-making. Inclusion criteria were (a) direct involvement in emergency planning or response (b) or a minimum five years of professional experience in a planning position (c) representation from public, NGO, UNRWA, and private sectors. The initial segment involved conducting interviews with fifteen health sector policymakers including one representative of the Palestinian government. Recruitment of the sample continued until no new codes emerged after the 13th interview.

Data was collected during this phase from May 2022 to December 2022. The 17 individuals who were initially selected to participate were purposefully selected from a variety of health sectors, including government, private, NGOs, UNRWA, and international organizations. Only two of the 17 individuals declined: one was abroad during the data collection, and the other suggested a new candidate from the same organization. The research encompassed fifteen key informants (KIs) in the West Bank. The majority of the interviews were conducted at the participant's place of employment and lasted between 45 and 60 minutes. Table 3.1 contains the positions of the participants.

Table 3.1-A: List of health sector policy makers per sector and position

| #  | Position                                    | Sex | Job category   | Sector         |
|----|---------------------------------------------|-----|----------------|----------------|
| 1. | Head of Public Health                       | M   | Medical Doctor | MOH            |
| 2. | Head of Planning                            | F   | Pharmacist     | MOH            |
| 3. | Head of Emergency Directorate               | M   | Medical Doctor | MOH            |
| 4. | Head of Quality at Secondary Care           | M   | Medical Doctor | MOH            |
| 5. | Epidemiology Section Coordinator at PHC     | M   | Medical Doctor | MOH            |
| 6. | Head of Organization                        | M   | Medical Doctor | NGO            |
| 7. | Head of Emergency Program                   | M   | Medical Doctor | NGO            |
| 8. | Head of Health program                      | M   | Medical Doctor | NGO            |
| 9. | Head of Organization & Public Health Expert | M   | Medical Doctor | NGO            |
| 10 | Head of a Private Hospital                  | M   | Medical Doctor | Private Sector |
| 11 | Infectious disease specialist               | M   | Medical Doctor | Private Sector |

| Table 3.1-B: List of health sector policy makers per sector and position |                             |   |                    |                           |
|--------------------------------------------------------------------------|-----------------------------|---|--------------------|---------------------------|
| 12                                                                       | Health Information Officer  | M | Health Management  | UN                        |
| 13                                                                       | Head of Primary Health Care | M | Medical Doctor     | UN                        |
| 14                                                                       | Government spokesperson     | M | Media & Journalism | PMC                       |
| 15                                                                       | Head of Medical Services    | M | Medical Doctor     | Military Medical Services |

The second phase plan involved conducting one focus group with seven directors of governmental hospitals, and seven interviews with the heads of the MoH West Bank primary health care directorates were also conducted. The seven directors from governmental hospitals were nominated by the director general of hospitals at the MoH.

The General Directorate of Primary Health Care and Public Health of the MoH disseminated correspondence to all 11 heads of primary health care directorates to facilitate the mission of the researcher. Subsequently, after more outreach by the researcher, seven directorate heads agreed to participate in the interview. The data collection for this phase was completed between May-July 2024.

For non-health actors, data was collected using a support letter from the School of Public Health at Al-Quds University (Annex 6), which was distributed to 21 organizations, including ministries, municipalities, governorates, and specific authorities. Of the 21 potential interviewees, only nine agreed to participate. The main inclusion criteria is the role of those nominated, which is the head of the planning unit at his/her organization, since most often, heads of planning are focal points for any plans at the national level. The researcher subsequently identified an additional six interviewees through various consultations, including experts in the field and notable contributors to emergency planning in the country. A total of 16 interviews were conducted at this level, with characteristics presented in Table 3.2. Additionally, data collection was completed between August- December 2024. At all levels, data were collected until saturation regarding the interview guide questions and themes were reached. In all phases the data was collected by the main researcher.

Table 3.2-A: List of non-health sector actors per sector and position

| #  | Sector                           | Interviewee Position                            | Sex |
|----|----------------------------------|-------------------------------------------------|-----|
| 1  | Civil Defense                    | Deputy director                                 | M   |
| 2  | Civil Defense                    | Head of disasters unit                          | M   |
| 3  | Palestinian Police               | Head of policy and planning                     | M   |
| 4  | Ministry of Transportation       | Head of Planning                                | M   |
| 5  | Ramallah Municipality            | Emergency focal point                           | M   |
| 6  | Ramallah Governorate             | Head of Emergency Committee                     | M   |
| 7  | Ministry of Social Development   | Head of Planning                                | F   |
| 8  | Ministry of National Economy     | Head of policy and planning                     | M   |
| 9  | Ministry of Higher Education     | Head of Planning                                | M   |
| 10 | Ministry of Higher Education     | Policy and Planning unit                        | F   |
| 11 | Ministry of Interior             | General Director of Planning                    | M   |
| 12 | Ministry of Interior             | Head of risk management unit                    | M   |
| 13 | Ministry of Health, as an expert | Consultant at Deputy Minister's office          | M   |
| 14 | National Expert                  | Disaster risk management expert/X-OCHA employee | M   |
| 15 | Prime Minister's Council office  | Director general of planning                    | M   |

| Table 3.2-B: List of non-health sector actors per sector and position |        |                      |   |
|-----------------------------------------------------------------------|--------|----------------------|---|
| 16                                                                    | Juzour | Head of organization | M |

### 3.4 Data Collection

Three tailored interview guides were prepared, corresponding to each phase, as informed by the literature review. All the interview guides were revised and endorsed by the PhD supervisor. The initial interview guide for the policymakers underwent review by three experts (Annex 2). Those experts are public health scholars at Palestinian universities. This interview guide focused on five primary areas: the current state of emergency planning and preparedness within the Palestinian health system, immediate and short-term actions implemented in response to the COVID-19 pandemic, resource availability and mobilization processes, coordination and networking among stakeholders, and additional reflections based on participants' experiences, encompassing challenges, strengths, and lessons learned. Furthermore, fundamental demographic data were gathered, including gender, years of education, years of experience in the healthcare sector, and years of experience in the field of emergency management.

The focus group guide employed with hospital and PHC directors (Annex 3) encompassed the three primary pillars of the research: governance, capacities, and resources. It included principal questions, supplementary inquiries, and probes aimed at eliciting further information. The inquiries associated with each pillar have targeted essential domains delineated by the research's conceptual framework. The governance inquiries primarily addressed the components of policies and plans, together with the coordinating frameworks. The capacity component includes risk communication, early warning, surveillance, and evaluation, whereas the resources pillar primarily addresses human and financial resources for crises.

The third interview guide developed for non-health stakeholders (Annex 4) also concentrated on the three research pillars. This guide includes an elaboration of several questions mostly concerning coordination with the health sector and planning at the sectoral level.

Prior to accepting to participate in the interview, each participant was required to read and sign an informed consent form (Annex 5), ensuring complete anonymity and confidentiality of the data and the ability to withdraw from the interview at any stage without showing any reason. For the second level study, the approval of the MoH was obtained to conduct interviews with hospitals and PHC directors (Annex 7). All interviews were conducted in Arabic and lasted between 45-60 minutes. All interviews were recorded digitally with the consent of the participants. The researcher served as the primary investigator across all three data collection phases. The researcher conducted verbatim transcriptions for the first two phases, while the transcription of interviews from the third phase was assigned to an assistant due to time constraints.

### 3.5 Data Analysis



### **3.6 Quality Control, Trustworthiness**

The research's credibility was established by validating the study instrument's content, particularly the prepared interview questions, through expert opinion and feedback. The data collection instruments were presented to the PhD supervisor and additional five specialists for content evaluation of each interview guide; input was incorporated, leading to modifications of the questions. A triangulation approach was employed to validate the data acquired from various sources. Various insights were obtained from interviews and focus group sessions. Given that focus groups are typically participatory and dynamic, fostering new ideas and comments from participants, the confirmation of both data sources and their interconnections, which contribute to the study outcomes, was elucidated in the analysis section.

The study's credibility is supported by gathering data from various sources, not solely from the Ministry of Health, but also by incorporating insights from other sectors, including non-governmental health care providers, the private sector, and UNRWA, which may offer diverse perspectives on the crisis. Quotations from diverse participants were presented to enhance the data and offer more comprehensive descriptions of their perspectives. The trustworthiness of the research encompasses credibility and reliability, as well as transferability, achieved through a robust and detailed presentation of findings, incorporating pertinent quotations and comprehensive descriptions from interviews and focus groups. For confirmation, each participant received the transcript version of their interview by e-mail for confirmation; The majority responded confirming accuracy, two suggested minor modifications. The confirmability of conclusions is guaranteed through a comprehensive description of the process and reliance on data collection methods and accompanying records, such as transcripts, interview debriefing reports, and focus group reports.

#### **Reflexivity**

To most participants, I am an academic researcher; although the research subject is not my current area of expertise, my professional contacts facilitated efficient access to senior Ministry of Health personnel. I invested time in establishing confidence with some individuals, including those from the private sector, while ensuring confidentiality and clarifying the purpose of the findings. My interpretations were compared against several data sources (policy texts against interview transcripts) in consultation with my supervisor. Acquiring further information proved advantageous due to the established trust, resulting in candid responses. We engage both senior and operational staff.

### **3.7 Ethical Considerations**

Ethical measures were ensured during all the stages of the research. Those measures that were mainly considered for collecting information from different organizations and stakeholders are as follows:

- Approval of the ethical research committee at Al-Quds University was obtained before the commencement of the research process (Annex 1).

- All participants were treated respectfully and in an equal manner. All Ethical standards of Al-Quds University research were applied and committed to.
- Informed consent was established, and signatures from all participants were acquired prior to the commencement of the interviews. The consent form affirms the confidentiality of the information and its anonymity. Any participant who is unwilling to engage has the freedom to abstain and withdraw from the interview. All participants were previously informed of the study's objective through a formal letter dispatched to their email addresses, which elucidated the study's purpose, its potential benefits to the policy agenda, the logistical requirements for conducting the interview, and details regarding the use of the information and publication of the collected data.
- Copies of interview transcripts were distributed to each participant for examination and confirmation of their respective information prior to the commencement of data processing. All unverified or undesirable data was eliminated.

### **3.8 Study Limitations**

The limitations faced in this research are mostly as follows:

- The study is confined to the West Bank and cannot be extrapolated to all of Palestine due to varying contextual circumstances, and Gaza is presently inaccessible.
- The researcher identifies several crucial individuals who could enhance the research, including the former head of the Center for Disaster Risk Management; nevertheless, despite numerous communications, the individual remained unresponsive.
- At the level of non-health actors, a list of twenty organizations with their contact information was prepared to be contacted; however, only 12 institutions responded. Some organizations, like for example, water authorities and local government, were contacted several times by the researcher, but conducting an interview was not feasible.
- The first stage of the research with policy makers was conducted in 2022, after the end of the COVID-19 crisis. Therefore, the examples were very focused on COVID-19, while in other stages, broader examples were given. The findings are linked to the socio-political and cultural setting of the West Bank. The results may not be immediately applicable to other locations or countries with distinct PHEP systems and stakeholders.
- Despite the collection of information at three levels until saturation was achieved, there remains a potential for the emergence of new themes if, for instance, focus groups were held outside the governmental health sector.
- Despite efforts to gather relevant documents, certain materials, such as the staged COVID-19 plan, remained inaccessible. Certain acquired materials presented a contrasting perspective compared to the interview responses.

In summary, this chapter outlined a multi-phase qualitative design employing purposive sampling, validated interview guides, and inductive content analysis guided by the WHO framework and resilience frameworks to ensure trustworthiness and credibility.

## Chapter Four

### Findings

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As explained previously, this research explored three components: governance, capacities, and resources. The WHO framework (WHO, 2017) was the main theoretical reference for analyzing those three elements in-depth.

#### 4.1 Governance

Under the governance domain, we examine three components: the presence of national policies and legislation that incorporate emergency preparedness or specifically focus on Public Health Emergency Preparedness (PHEP), the availability of plans for emergency preparedness, response, and recovery, and the characteristics of coordination mechanisms. All themes and subthemes generated under this pillar are summarized under table 4.1.

##### 4.1.1 Policies and Laws

In adherence to international standards and policy frameworks, some officials, particularly in the health sector, use the International Health Regulations (IHR) of 2005 as a benchmark for national commitment to PHEP. The IHR primarily emphasizes public health emergencies of international concern (PHEIC) and delineates the obligations of nations regarding the observation and reporting of such events to manage them within their territories and prevent international dissemination (IHR, 2005), with limited emphasis on emergency preparedness.

"ومن هنا أتى موضوع ال international health regulations والتي هي التشريعات واللوائح الدولية وتحديدًا للتعامل مع الوباء بشكل أساسي وأي مرض مستجد ممكن أن يحدث في أي بلد معين حتى يكون في containment لهذا المرض وعملية عدم نقله لمناطق مختلفة..."

"Hence the issue of international health regulations, which are international laws and regulations specifically to deal with the epidemic in a basic way and any new disease that may occur in any specific country, in order to contain this disease and prevent its transmission to different regions..."

**Interview Code: IN13UN2**

"ومن هون اتى موضوع التشريعات الدولية ونحن ملتزمين في فلسطين بموضوع ال IHR وكان هناك مشروع كبير مع

منظمة الصحة العالمية والنرويجيين بدعم موضوع ال "IHR"

"And from here came the issue of international legislation, and we in Palestine are committed to the issue of IHR, and there was a large project with the WHO and the Norwegians to support the issue of "IHR."

#### **Interview Code: IN4E1**

On the other side, during emergencies, such as COVID-19, various policymakers reference WHO guidelines and directives. All circulars, guidelines, and materials produced by WHO were integrated through the public health directorate at the Ministry of Health and distributed to all health stakeholders, partners, media, and local communities as pertinent to their objectives. During COVID-19, the WHO rules and minimum required standards regarding the isolation of travelers and returnees were implemented and adhered to. Additional instances were provided on protocol development and adaptation to the Palestinian context during the COVID-19 pandemic. Some participants indicated that despite successful communication and implementation of the standards, further adaptation to the Palestinian context is necessary.

"كان هناك streaming لكل التحديثات التي تصدر عن ال WHO من خلال الإدارة العامة للصحة العامة في وزارة

الصحة وهم يقوموا بتعميمها على كافة الشركاء في القطاع الصحي ويعمموها على الإعلام وعلى المجتمع المحلي، كان يتم

أخذ التعليمات وإعادة صياغتها وفقا للاحتياج..."

"There was a streaming of all updates issued by the WHO through the General Directorate of Public Health in the Ministry of Health, and they circulated them to all partners in the health sector and to the media and the local community. Instructions were taken and reformulated according to need..."

"ولكن كان هناك effective communication and effective implementation ولكن ما كان كثير tailored

للاحتياج الفلسطيني او بنسخة فلسطينية بخصائصها كنظام صحي، عمليا أفادت ولكن ليس بالمستوى المطلوب"

"But there was effective communication and effective implementation, but it was not very tailored to the Palestinian need or a Palestinian version with its characteristics as a health system. It was practically beneficial, but not at the required level."

#### **Interview Code:IN13UN2**

Global frameworks are primarily emphasized by policymakers, while global references remain overlooked at other levels, such as operational health and non-health actors. When inquiries are made about governing laws or policies, national frameworks are referenced, which will be elucidated later.

In examining the national and local legal frameworks and policies, stakeholders in the health sector, mainly at the policy level, typically use the Public Health Law of 2004 as a reference, despite the limited provisions concerning arrangements and procedures during emergencies. Some participants view the public health law as endorsing certain decisions made during COVID-19, including the use of private facilities, such as hospitals and other enterprises, contingent upon a ministerial decision.

At the operational level, heads of secondary and primary health care exhibited varying degrees of understanding; some acknowledged the existence of an emergency policy but lacked certainty, while others asserted that no such policy exists to guide actions and decisions in emergencies. Some heads of PHC directorates, upon confirming the existence of an emergency policy, associated it with the higher emergency committee led by the

Minister of Health, and the circulars received by this committee. Other participants at the PHC level expressed complaints regarding the absence of such a crucial policy, again attributing this to the higher-level decision-making process, which lacks a participatory approach. Therefore, there was an evident misunderstanding concerning the terminology used to describe the emergency policy. Regarding the law, hospital and PHC directors exclusively reference public health legislation, with some asserting that no legal framework exists to govern operations during emergencies or to facilitate emergency preparedness.

" لا يوجد سياسة واضحة بهذا الأمر، للأسف نحن كمدرء غالبا لا يتم مشاركتنا بصنع القرار لأنه بالعادة المستوى العالي أو المستوى الأعلى يقوم بتشكيل لجان"

"There is no clear policy on this matter. Unfortunately, we as managers are often not involved in decision-making because it is usually the senior or higher level that forms committees."

**Code: • Centralized decision-making**

**Hospitals > FG1\_Hospitals, 44 – 44**

Stakeholders external to the health sector cite the Civil Defense Law of 1998, which they assert is problematic and requires revision and update. Several participants reported that a revised draft of the civil defense law has been issued and submitted to the Minister of Interior for approval.

This law was primarily cited by respondents from the Civil Defense or the Ministry of Interior. In compliance with this legislation, the establishment of the Higher Council for Civil Defense was resolved, with the Minister of Interior appointed as its chair. The law delineates the names of council members along with their respective duties and responsibilities. Some participants assert that the higher council for civil defense is the authority tasked with overseeing all emergencies, irrespective of their nature, whether natural or political.

" لسة حاليا في الدفاع، الان في لجان تدرس مسودة قانون الدفاع المدني، عم بنعمل بدراسة لتعديل كل موضوع، هناك نسبة تطوير وتعديل يعني موجودة حاليا"

"Still currently in civil defense, there are committees studying the draft civil defense law. We are working on a study to amend each topic. There is a percentage of development and amendment, meaning it currently exists".

**Code: • Update laws**

**civil defence\_transcript, 29 – 31**

" اول مسودة اللي هي طلعت لوزير الداخلية، والمفروض تكون في طريقها لرئاسة الوزراء للقراءة الأولى لتعديل قانون الدفاع، لأنه هو المجلس الاعلى ضمن قانون الدفاع المدني"

"The first draft that was presented to the Minister of Interior is supposed to be on its way to the Prime Minister's Office for the first reading to amend the Defense Law, because it is the higher Council within the Civil Defense Law"

**Code: • Update laws**

**civil defence\_transcript, 29 – 31**

In response to the query on an overarching legal framework for emergencies, virtually all participants concurred that it is absent. A limited number of individuals referenced the fundamental Palestinian law, and upon examining various documents for this research's desk review, one emergency plan at the governorate level cites the fundamental Palestinian law, specifically its seventh section concerning general protocols during emergencies. All discussions clearly indicate that there is no specific legislation governing work during emergencies.

Numerous stakeholders at different levels underscored the significance of establishing and implementing a social security system and legislation. If enacted, this legislation might safeguard numerous segments of the population during crises.

In conclusion, health sector stakeholders typically see Public Health Law as the primary legal framework for emergencies, whereas non-health stakeholders refer to the Civil Defense Law.

#### 4.1.2 Emergency Preparedness, Response and Recovery Plans

The topic of emergency planning was a significant focus of this research. We are not only discussing the existence or absence of emergency plans, but also the elements of these plans, whether they exist, the quality of the planning process, and, on the other hand, planning at the national, local, and institutional levels, and who leads the planning and preparedness process and efforts.

##### 4.1.2.1 Availability of Emergency Plans

There was a consensus among policymakers in both the health and non-health care sectors that there was no national health emergency preparedness plan in Palestine. Some noted the existence of initiatives several years before the COVID-19 pandemic. Most health sector participants noted plans being developed at the primary healthcare and hospital levels, which were intended to be consolidated into a unified preparedness plan, but they believed this never happened. Some participants expressed their lack of knowledge about the existence of emergency plans, yet they did not expect them to exist. At all research levels, there was a consensus that the response system is prevalent in Palestine, not the preparedness system. The system was described as "Faz3aعة", a word that was repeated frequently during the research. This means that emergencies are responded to as a reaction based on existing capabilities and capacities rather than pre-prepared plans. Therefore, the response is incomplete since it's unplanned according to their views.

"بداية بشكل عام في فلسطين وكخطة وطنية للطوارئ الطبية او الصحية ما في، كانت تتم عملية الاستجابة فقط لاي كارثة

تحصل و كان ما يحصل على ارض الواقع هو التوقعات بالاشياء الاكثر قربا للشعب الفلسطيني من احداث، انتفاضة،

اصابات من جيش الاحتلال، حرائق، كان يتم عليها اعداد خطط محددة"

"In the beginning, in general, in Palestine, as a national plan for medical or health emergencies, there was a response process. The response process was only carried out for any disaster that occurred, and what was happening on the ground was expectations of the things that were closest to the Palestinian people, such as an uprising, injuries from the occupation army, fires. Specific plans were prepared for them"

"ولكن بالنسبة لجائحات طبية، مرضية، infections لم يكون موجود وهذا ما اثبتته جائحة كورونا انه للأسف ومش احنا

بس في فلسطين لحالنا ولكن اغلب شعوب العالم ما كانت محضرة حالها لجائحات من هذا القبيل " بهذا الكم " وبائية بهذا

الموضوع"

"But as for pandemics, diseases, and infections, there was no such thing, and this is what the Corona pandemic has proven, unfortunately, and not only us in Palestine alone, but most of the

peoples of the world were not prepared for pandemics of this kind “of this quantity” and epidemics of this nature”.

**Interview code: IN1M1**

" للأسف يعني احنا بنعمل بنظام بيسموه نظام الفزعة، لمجرد حدوث اي شئ احنا بنتحرك بكل قوانا حتي نستطيع نسيطر على المرحلة..."

"Unfortunately, we work with a system called the Faz3a. As soon as anything happens, we move with all our might until we can control the situation..."

**Code: • Response not preparedness**

**Hospitals > FG1\_Hospitals, 37 - 37**

On the other side, there was a distinct mix-up of emergency policies, plans, directives, and protocols among health and non-health stakeholders at all levels. Consequently, participants occasionally used the terms plan, policy, and protocol interchangeably. For this research, when participants affirmed the existence of an emergency plan, whether at the preparedness or response level, the researcher solicited a copy of that plan. Five distinct plans were gathered during the study, and the findings from the analysis of these plans will be reported in the document review section.

A prevalent element with widespread agreement across all sectors is that planning in Palestine typically relies on probable scenarios that are most pertinent to the Palestinian context. The emphasis was on cities' incursions, settler assaults, and the consequent fatalities, predominantly in the West Bank.

" يعني المعطيات اللي بمنطقتنا كلها تعتمد على الوضع الحالي والاحتمالات والإصابات فكل تركيزنا في الإصابات التي يجب أن نتعامل معها في وضع الطوارئ"

"So all data in our region depends on the current situation, invasions and injuries, therefore all our focus is on the injuries which we must deal with in a state of emergency".

**Code: • Scenario-based planning**

**Hospitals > FG1\_Hospitals, 79 - 79**

" في خطة طوارئ مثلا في مجال الحريق مع الدفاع المدني حيث تم إعداد خطة طوارئ مع تعليمات الإخلاء. في خطة الطوارئ لحالات الطقس بالتنسيق مع المحافظة والبلدية، هناك ايضا خطة للاجتياحات"

"There is an emergency plan, for example, regarding fires with the civil defense, in which an emergency plan was prepared with instructions for evacuation, there is an emergency plan for weather conditions in coordination with the governorate and municipality. There is also a plan for invasions."

**Code: • Scenario based planning**

**Hospitals > FG1\_Hospitals, 26 - 26**

Although some participants, especially in the health sector, emphasized the lack of previous experience in emergency management in general, others spoke of the existence of good experience in this field. Some healthcare policymakers emphasized that, based on previous experience with pandemics such as H1N1, emergency plans were developed that included multiple elements such as prevention, risk communication, isolation, hospital and intensive care unit preparation, and more, it is worth noting that the participants who mentioned previous experiences also emphasized that these plans were not accompanied by adequate staff training and parallel practical applications.

" لما اجت جائحة H1N1 او ال swine flu كان لابد انه نشغل على موضوع يكون في خطة و استجابة سريعة وخطة وطنية واشتغلنا في حينه مع البنك الدولي وال UNDP و حضرنا كل ما يلزم من موضوع الورقيات وال Guidelines المختلفة

سواء كخطة طوارئ على مستوى الوقاية، education, risk communication, hospital preparation, isolation، ICU، وهي كانت خطة استعداد...."

"When the H1N1/swine flu pandemic arose, it was a must that we work on a national plan with a rapid response, and we collaborated back then with the World Bank and the UNDP, and we prepared all that was necessary regarding paperwork and the different guidelines, whether as an emergency plan at the level of prevention, education, risk, communication, hospital preparation, isolation, ICU, and it was a preparedness plan..."

**Interview code: IN4E1**

Upon disaggregating the participants to examine each category's awareness of the availability of emergency plans, it can be concluded that the majority of policymakers asserted that a National Emergency Plan is nonexistent. Health sector policymakers underscored that planning occurred, occasionally at the hospital or primary health care directorate level. Nevertheless, those designs were replicated annually without any modifications, based on their perception. Policymakers have also emphasized scenario-based planning, which primarily reflects their viewpoint concerning the specific context of each governorate in the West Bank, as well as the nature of emergencies faced by Palestine, indicating that planning should be directed and concentrated on the implications of the political situation.

Responses at both the secondary and primary levels of care exhibited some variability; in the absence of guidance from the central level, they felt compelled to take initiative and strategize at the district level. In certain governorates, such as Jenin, the PHC directorate assumed the initiative and responsibility, and in response to the local circumstances, they formulated the Jenin emergency plan, which they regard as a best practice that should be disseminated for adoption by all other governorates. The IN14M5 policy maker precisely embraced this strategy and communicated it to all other PHCs, urging them to draft a comparable plan. A copy of the Jenin district emergency plan was obtained and studied by the researcher (Jenin Emergency plan, 2024).

Regarding the third level of the study, most participants among the non-health actors were unaware of the existence of such plans, and only a few acknowledged the newly formulated emergency plan by the government in 2024, which was published on the ministerial council's website and will be reviewed for its content subsequently. Several participants reference the prior sectoral plans from 2021-2023, which entirely overlook any elements of preparedness. In light of the onset of the war in Gaza, the government opted to halt strategic planning and amalgamate all plans into a singular document, namely the national emergency plan for 2024.

"موضوع نسميها خطط الطوارئ يعني بشكل ممنهج ومماسس نحكي بصراحة ما فيه"

"The topic we call emergency plans, in a systematic and institutionalized way, let's be honest, there is none"

**Code: • existence of emergency plans**

**MOeconomy\_transcript, 6 – 6**

"حسب خبرتنا وإطلاعنا، انه الخطط سواء الخطط السابقة او الخطة القطاعية 2023-2021 كانت تخلو تماما من أي بند

من بنود التخطيط في ظل الطوارئ"

"According to our expertise and insights, the start of the plans, whether the previous plans for the sectoral plan which was 21-23, completely lacked any clause for planning in a state of emergency."

**Code: • existence of emergency plans**

التعليم العالي اخر نسخة [1], 2 - 2

The majority of interviewees believed the emergency plan was nonexistent due to the absence of a national authority responsible for emergency management or planning, resulting in a fragmented approach across various sectors; this brings us to another critical aspect of planning, namely national leadership, which will be discussed further later.

"في فلسطين زي ما بحكيك ما في طرف مسؤول عن الطوارئ ولا يوجد خطط برأيي على المستوى الوطني بالمفهوم الصحيح"

"I in my opinion, I do not think there are any plans for an emergency in Palestine, and as I tell you, there is not one side in Palestine responsible for emergencies in their inherent meaning, at national level"

**Code: • existence of emergency plans**

جنور , 2 - 2

#### 4.1.2.2 Planning at the National Level Vs. Organizational

Many policymakers in various healthcare institutions have emphasized the existence of emergency plans within their institutions, as exposure to successive crises since the first intifada has emphasized the need for preparedness, as the Palestinian Red Crescent Society, for example, has pointed out. However, others have indicated the development of preparedness plans for the entry of COVID-19 into the Palestinian territories. The best example of this is the Palestinian Ministry of Health, which has developed a five-stage preparedness plan based on the evolution of the disease's spread in Palestine. The first phase, "A," dealt with isolating travelers who were proven to be infected with the disease, and the second phase, "B," prepared health centers to deal with patients. When the first case was discovered, these centers were activated. If these centers are unable to accommodate all patients, we will move to the third stage, "C", which is equipping the large government hospitals. According to the directors in the Ministry of Health, we have only reached this stage, and we do not have to talk about the other stages, "D&E", in which we were working to equip all private hospitals.

At the institutional level, interviews with several groups, including NGOs, health providers, UNRWA, and the private sector, revealed evident organizational planning. UNRWA and other organizations own annual contingency plans that are revised and assessed each year. UNRWA officials asserted that, notwithstanding Palestine's distinctive COVID-19 experience, their preparatory and planned initiatives significantly mitigated the epidemic's catastrophic effects. Other non-governmental groups reported that they prepare annual emergency plans with significant flexibility to adapt to evolving work patterns, having become accustomed to emergencies since the first *Intifada* in Palestine during the 1980s. An institution with a strategy can readily adapt to a new crisis and modify its approach to meet the requirements of each catastrophe. An example is provided for COVID-19.

"بالنسبة لنا نعم كان في خطة، وجاهزة حيث لدينا contingency emergency plan كل سنة جاهزة وما كان عنا مشكلة"

لأنه احنا متعودين على الطوارئ من يوم الانتفاضة الاولى عنا استعداد دائم، ومن اهم ميزات المؤسسة ان لديها مرونة

شديدة واليات العمل لا يوجد فيها بيروقراطية بحيث تقدر ان تتحول من نمط الى نمط بغضون 24 ساعة"

"On our side, yes, there was a plan and it was ready, since we have a contingency emergency plan ready every year and we had no problem, because we are used to emergencies ever since the day of the first intifada and we remain prepared, and one of the most important features of the PMRS is that it has great flexibility and its working mechanisms are free of bureaucracy, allowing it to shift from a state to another in the span of 24 hours"

**Interview code: IN7N3**

"نحن في الوكالة لدينا باستمرار هذه الخطط contingency plans دائما موجودة ويتم تحديثها كل سنة"

"We at the UNRWA always have these contingency plans in place and they are updated every year"

**Interview code: IN9UN1**

"على المستوى الوطني، كان يوجد وتم وضع اشياء ممكن تكون قديمة ولكن لم يتم تفعيلها... بالنسبة للصحة يمكن يكون"

عندهم بس انا ما بعرف واصلا لا يوجد لجنة وطنية لهذا الموضوع وما في جسم وطني للطوارئ"

"On a national level, there have been things that may be outdated but they were not activated... Regarding (the Ministry of) health, they might have it but I don't know, anyways there isn't a national committee for this issue and no national institution for emergencies."

**Interview code: IN15P1**

#### **4.1.2.3: National Leadership for Emergency Preparedness/ Planning**

In the country, organized systems overseen by the MoH and involving all relevant parties are not in place for the emergency planning process. For instance, there are no assessments of service provider capabilities and available resources to respond to emergencies and support one another's efforts. Rarely does this national conversation occur unless it is prompted by certain events. Few people discussed their experiences in 2008 during the swine flu pandemic. While the swine flu cannot be compared to the COVID-19 pandemic, at that time, protocols, response plans, and standards were developed to address the flu. Numerous levels of planning such as risk communication, education, hospital preparation, intensive care unit, and isolation were carried out. Furthermore, patient transportation procedures involved the actual implementation of simulation exercises. The lack of a thorough and comprehensive planning process was criticized despite the emphasis on the previous swine flu outbreak experience as an emergency response. If we shed light on the COVID-19 experience, particularly in terms of the MoH leadership role, we can say that the Ministry was able to force all partners to implement all WHO instructions due to its dedication to these guidelines, even though some policymakers felt that these guidelines should have been more appropriate to the Palestinian context. Additionally, during the COVID-19 crisis, even though the MoH set up all emergency committees, numerous stakeholders saw that the Prime Minister's Office (PMO) ultimately had more influence over the decision-making process due to its access to information and data.

Hospital directors, heads of primary healthcare directorates and many non-health stakeholders perceive that the higher council for civil defense needs to be the principal authority for emergency management. Nonetheless, there are apprehensions regarding the recovery stages and post-crisis management, as civil defense, in their view, is incapable of overseeing or administering the recovery stage, which encompasses various dimensions, including economic, health, and social factors. National planning, according to many perspectives, should be centralized with formally delegated authority at the district level, as

emergencies necessitate immediate action without recourse to the central authority. A primary focus of this research, frequently emphasized, is the significance of activating the emergency operation center, which is to be instituted by the MoH. A multitude of participants, mostly among service providers, underscore the importance of such a center in alleviating the strain on service providers regarding hospital occupancy and the distribution of information, surveillance, and other responsibilities.

" هذا موضوع مهم جدا ونطالب فيه من زمان انه يكون فيه اشي مركزي "

"This is very important topic and we ask since long period to have something central"

**Code: • Significance of EOC**

**Hospitals > FG1\_Hospitals, 109 - 109**

" إذا انا كنت بحاجة الى شئ معين، بحاجة لإسناد، هذا المركز ببعثلي الإسناد المطلوب وهذا كثير يخفف العبء على

المستشفى ومن اعباء التنسيق والتواصل "

"If I needed something specific, like a specific support, this center send me the required support.

It makes it much easier and alleviates the hospital's burden of coordination and communication."

**Code: • Significance of EOC**

**Hospitals > FG1\_Hospitals, 109 - 109**

One issue highlighted as well is the long debate between MoH and the Palestinian Red Crescent Society (PRCS) on who to lead. Some participants stated that Emergencies, by law, are managed by the PRCS, but in the case of epidemics, they are supposed to be led by the MoH. In general, the PRCS has the mandate for the prehospital emergency services by a presidential decree. Therefore, the PRCS takes the lead role and works to coordinate with the various parties on the issue of emergencies and even on the issue of preparations and simulation exercises in the case of disasters and wars.

A lesser-discussed topic pertains to the role of the health cluster; certain participants indicated that the health cluster is supplanting the national health sector during emergencies and directing overall planning and response efforts. Another consideration is that the health cluster of the UN system lead by WHO should operate solely in countries with a deteriorated health system in health emergencies.

In national-level planning, nearly all stakeholders, both health-related and non-health-related, concurred that a significant deficiency exists due to the absence of clear leadership or an authoritative entity to oversee the preparedness response process. Numerous non-health stakeholders referenced an existing organization, the National Center for Disaster Risk Reduction. All individuals referenced to this center express apprehensions about the decision to terminate its operations and substitute it with the higher council of civil defense. Participants from non-health sectors, primarily within line ministries, perceive emergency leadership as a governmental obligation, necessitating the designation of a specific governmental entity or representative. This entity should be accountable for equipping all other governmental entities with preparedness tools and capacities.

#### **4.1.2.4 Elements of Emergency Plans**

For policymakers in Palestine, there was a significant focus on the country's lack of experience in preparing emergency plans, with most plans being general and not thoroughly researched. Even when COVID-19 arrived in Palestine, despite the Ministry of Health's

experience in several previous pandemics, such as H1N1, there was no preparation for a pandemic of this magnitude.

Most experts also indicated that the response to previous experiences was weak and incomplete, meaning that some pillars were missing. Some participants pointed to the human resources element and its importance in emergency plans, meaning that there should be fully prepared, trained and qualified teams. Others who contributed to the preparation of emergency plans with the Ministry of Health in 2008-2009 with the support of WHO indicated that these plans contained details related to work at the community and policy levels and also included work on a series of simulation exercises, such as emergency evacuation drills. Furthermore, other stakeholders emphasized that essential elements of education and risk communication, hospital preparedness, and multisectoral coordination were incorporated. Nonetheless, they noted that training at the secondary care level was insufficient relative to the primary level.

As we previously noted, gathering information from health sector policymakers was the first phase of the research, conducted immediately after the end of the COVID-19 pandemic. Therefore, most participants provided examples of how to prepare a COVID-19 response plan. The most important element was prevention, with the goal of preventing cases from reaching the Palestinian territories by focusing on crossings and borders, isolating travelers, and preparing isolation facilities. Testing mechanisms were also identified, health staff were trained on this, and protective equipment and other supplies were secured. Other participants highlighted nine elements based on WHO recommendations: those are: risk communication, surveillance and case investigation, point of entry, national laboratory system, infection control prevention control, case management, operational support and logistics, supply chain, workforce management, and finally essential health services.

"وهؤلاء التسع محاور بدأت الوزارة بالتعامل معها جميعها بناء على توصيات من الـ WHO وكنا فاعلين في هذا المجال

نساعد ونوجه ونخطط وكنا نساعد في موضوع الـ modeling "

"The ministry began dealing with all those nine areas, based on recommendations from the WHO. The institute was a key factor in this area, providing assistance, guidance and planning and we were helping with the modeling issue"

**Interview code: IN13UN2**

While many policymakers focused on prevention, others focused on mitigation policies, which they believed were not sufficiently mature and clear in the COVID-19 experience. The most striking example of this is the lockdown policy, which led to numerous social and economic impacts. Therefore, these officials believe that this policy was not carefully studied. There was a strong focus on risk communication and the importance of providing accurate and correct information, with some suggesting that instructions were insufficient. For example, in the case of COVID-19, instructions on using masks and washing hands were inaccurate, as they should have clearly indicated how to dispose of masks to prevent further spread of the disease.

Several individuals identified resources as elements of emergency preparedness, predominantly focusing on human resources rather than addressing the emergency budget or stockpiling strategies.

In summary, there is an absence of clarity regarding the components of the emergency plan, and a lack of agreement among policymakers on its principal content.

Participants at the operational level were also asked about their awareness of the components of emergency plans. The majority of participants concurred that preparedness plans must incorporate a clear coordination mechanism with full contact information for all active partners in governmental and non-governmental domains. Additional factors referenced include communication channels, as well as the designation of emergency focal points, particularly concerning patient transfers and the availability and distribution of ambulances. Staff deployment during emergencies, shelter locations, and population relocation. An exemplary case was the strategy prepared for the Jenin governorate by the Jenin PHC directorate. This plan is regarded as a best practice for the involvement of all sectors at the governorate level. One of the PHC directors stated that it encompasses all services available during emergencies and includes contact information, which is deemed essential for preparedness.

The primary health care department at the central level embraced that strategy and spread it across all other directorates as a model example. Other participants at the hospital and PHC levels emphasized the necessity of incorporating staff deployment based on their residential locations into the strategy. Others noted the aspect of managing the public during emergencies and the coordinating processes involved.

Participants external to the health system emphasized the importance of delineating the capabilities of all stakeholders engaged in emergencies during the preparedness phase, alongside prioritizing the provision of operational rooms with explicit contact details and effective communication protocols. The mapping of volunteers at the community level was referenced. Several participants provided instances from the contemporary national emergency plan formulated post-Gaza conflict, which emphasizes emergency response in Gaza and the West Bank, with ongoing services for the population.

“نظريا نعم، لأنه كان هناك محاولات كثيرة عدة مرات وكان هناك لقاءات، ورشات عمل، نقاشات، على موضوع خطط

الاستعداد للطوارئ، ولكن طريقة التطبيق لتفاصيل هذه الخطط وجاهزية المؤسسات والرقابة على جاهزيتها ومتابعة ذلك، هذا

اشك انه تم عمله، مؤكدا انه كان هناك تقصير لأنه ما من ثمة جهة تتابع هذا الموضوع”

"Theoretically, yes, because there have been many attempts several times, and there have been meetings, workshops, and discussions on the subject of emergency preparedness plans, but the method of implementing the details of these plans, and the readiness of the institutions, and the overseeing of their readiness and following up on it, that I doubt was done, it's certain that there has been negligence since there is not one entity keeping track of this matter"

#### **Interview code:IN15P1**

" الخطط التي موجودة حاليا هي بتعتمد على توزيع الكوادر وإنشاء مناطق أو عيادات تستقبل الحالات المرضية وتقدير

الامكانيات، كيف بنقدر نوزع الأدوية، كيف بنقدر نوزع الطعومات، كيف بدنا نوصل للمرضى، بدنا الية نقل للحالات، الية

استقبال الحالات البسيطة في الرعاية الصحية الاولى، اذا كان في إصابات ممكن نتعامل معها"

"The plans that currently exist rely on the distribution of staff, and the forming of areas or clinics that receive patients, and estimation of capabilities. How can we distribute medicine? How can we distribute vaccines? How are we going to reach the patients? How are going to have a means of transport for the medical cases, a means of receiving the simple cases in primary healthcare, if there are injuries we can deal with."

#### **Code: • elements of Emergency Plans**

**PHC > 6 - 6**

"العناصر الأساسية تشمل وجود أمن أو وجود أشخاص يسيطرون على جميع المواطنين والحشود التي ستدخل على الطوارئ. كما كان هناك خطة لتقسيم الأدوار على الأطباء والتمريض، توزيع المهام على الكوادر، مثلاً كوادر التمريض كيف ستكون طريقة توزيعهم أثناء الطوارئ، كيف سيكون توزيع الأطباء، كيف سيكون توزيع المسيطرين، من سيحصل على المستهلكات..."

"The basic elements include the presence of security, or a group of people controlling the crowds going into the ER. As there was a plan to divide the roles between doctors and nursing staff. For instance how will the nursing staff be distributed during emergencies? How will the doctors be distributed? Or the controllers? Who will get the consumables?"

**Code: • elements of emergency plans**

**Hospitals > FG1\_Hospitals, 30 – 30**

#### 4.1.2.5 Quality of Planning

One of the most important findings of the research, addressed at various levels, is the quality of the planning process, or the quality of plans if they exist. Participants noted planning quality as a problem. When we talk about quality planning, we mean the concept that includes working within a multi-disciplinary team, prioritizing tasks, building on assessments (primarily external ones), adequate resources, and using data systems to enhance service delivery (Nunez et al., 2015).

Policymakers agreed that most plans are produced annually simply because they are a business requirement, not because they are important or necessary for implementation. Many decision-makers in the MoH spoke about the existence of hospital and primary healthcare plans that are supposed to be updated annually, but this is not done, and they are simply copied as is. Some argued that existing plans are general and lack detailed implementation mechanisms.

This was also pointed out by hospital and primary care directors, who emphasized the importance of commitment at the highest level in the country to ensure these plans are implemented and not kept confined to drawers and shelves.

Additionally, hospital and PHC directors said that most plans are response plans rather than preparedness plans, and even these plans are not achievable due to a lack of the required tools. When health officials in different regions talked about good planning, they often linked it to good coordination and the involvement of all service providers at the regional level to ensure the success of the planning process. Indeed, good coordination is one of the most important quality standards in the national emergency planning process.

When coordination was mentioned, participants emphasized the importance of involving all sectors, not just the health sector, as there is insufficient clarity regarding roles, whether health, social, security, or otherwise.

There is also a close connection between the elements of emergency plans we mentioned earlier and the quality of the plans. The inclusion of human resources elements in national preparedness plans, such as surveying and distributing personnel, and including the roles and responsibilities of the various partners in the emergency process, is also a quality standard, in addition to many other standards.

"موضوع نقص الكوادر يعني أية خطة بدنا نخططها راح يكون في صعوبة في تطبيقها. مثلاً أنه نعمل خطة لاستبدال

الطواقم الطبية في حال يعني تعرضت لأي وباء أو في حالات الاجتياحات"

"The issue of staff shortages means that any plan we put in place will be difficult to implement. For example, we need to develop a plan to replace medical staff in the event of an epidemic or an invasion."

**Code: • Human resources**

**Hospitals > FG1\_Hospitals, 74 - 74**

According to the above definition of quality, risk assessment should serve as the foundation for emergency planning. In Palestine, hazards are typically only identified when they are really approaching, and the COVID-19 pandemic serves as an example. Only when it reached the country did the government begin to develop a phased plan based on a scenario setting. According to this phased plan, we can say there was a planned decision at the time of crisis, as if the situation deteriorated, there would be a kind of response based on the stage reached. The decision-making process also necessitates the collection of information and data, which was another one of the strengths—the capacity to pay close attention to developments. The study indicated some successful prior experiences concerning emergency planning, although these experiences were not evaluated or documented.

Among all actors, not only health-wise but also in all other sectors, one significant result that is common and highlighted often is scenario-based planning; in Palestine, we plan according to the expected events that will occur, which is mainly related to the occupation and political situation, invasions, closures, and so on.

"ما بدنا نكذب على بعض، هذه الخطة هي copy & paste كل سنة، تخلو من اي تدريبات بشكل قوي، مرات في بعض

المحافظات كان يتم هناك بعض التدريبات مع الجهات ذات العلاقة مثل الدفاع المدني، الهلال الاحمر الفلسطيني، الخدمات

الطبية العسكرية ولكن للأسف هاي التدريبات لم تأخذ صفة المأسسة او صفة الاستمرارية والتطوير. لذلك نستطيع القول انه

في فلسطين ورقياً يوجد خطط طوارئ ولكن على ارض الواقع لا"

"We don't want to fool ourselves, this plan is copied & pasted each year, it lacks any solid training, sometimes in some governorates there was some training conducted with regarded entities such as the civil defense, the Palestinian red crescent and the military medical services, but sadly the training did not take on the character of institutionalization, or continuity and development. Because of that we can say that in Palestine, there exists plans on paper, but not in reality."

**Interview code: IN1M1**

### 4.1.3 Coordination and Partnership

Under this pillar, we will focus on three main results. The first is the existing coordination structures for emergency management, providing examples of the most recent emergencies like COVID-19. The second component, which came up frequently in relation to complementarity between health stakeholders as related to PHEP, and the third one, which is also key to our research, is the collaboration between the health and non-health actors.

#### 4.1.3.1 Coordination Structures

According to policymakers' interviews, the COVID-19 experience yielded a lot of focus on the significance of coordination during a crisis. In the wake of COVID-19, the country started the process of forming multiple committees for coordination as a response action since there was no national emergency organization, body, or structure already in place as an existing preparedness structure. Some participants view this as a success, while others find it confusing, weak or redundant. According to a number of participants, they confirmed there were around 6 to 7 committees at the time of COVID-19, some at the level of MOH only, others at the national government level, others are ministerial, others are specialized.

"كان من المهم وجود كل هذه اللجان في ذلك الوقت، كل لجنة لها دور اساسي في الاستجابة للوباء..."

"It was important that all these committees were there at that time, each committee had a basic role in responding to the epidemic."

**Interview code: IN5M**

"اللجان التي تم تشكيلها ، اخذوا بعين الاعتبار في بعض اللجان ان يكون هناك اسماء لها معرفة وباع في الموضوع ولكن ليس

بكافة اللجان وليس في كل المجالات، كان هناك عجز وغباء في بعض القرارات. التشاورات لم تكن شمولية بشكل كافي"

"Some of the committees that were formed took into consideration that there be names who have knowledge and experience in the subject, but not all of the committees and not in all fields. There was inability and stupidity in some decisions, and the discussions were not inclusive enough."

**Interview code: IN15P1**

Nonetheless, given that this was the first time such an event occurred, there was general agreement on the National Emergency Committee's efficacy in handling the situation. While there were some gaps in the COVID-19 experience, all stakeholders were aware that managing emergencies requires a high level of coordination and collaboration. They also confirmed that this high level of multi-sectoral coordination exists in almost all types of emergencies faced in Palestine. At the time committees were formed, all key sectors were involved. These included the major West Bank health providers, epidemiologists, and infectious disease specialists. Other committees at the PMO level consisted of several ministries, such as those involving social development, labor, and education. In response to inquiries regarding the efficacy of the committees, particularly the national one, participants stated that while there were some difficulties, the committee's commitment, tenacity, and inventiveness allowed them to guarantee the continuation of health services and provide COVID-19 services as well. The committee had to deal with issues including shortage of personnel and financial resources, the absence of regulations for quick/ urgent financial management procedures, donor contribution tracking, and border control.

"يمكن كان بيلزم 3 لجان، لجنة طوارئ عامة على المستوى الحكومي لمعالجة قضايا التشغيل وما شابه، ولجنة الصحة

العامة ولجنة فرعية للوبائيات، وبس لا يلزم اكثر"

"Perhaps 3 committees were necessary. A general emergency committee on the governmental level to deal with issues of employment and whatnot, a public health committee and a subcommittee for epidemiology, and that's it, no more is needed."

**Interview code: IN7N3**

"نعم، هذه اللجنة المصغرة في وزارة الصحة، لكن وزيرة الصحة شكلت ايضا اللجنة الوطنية لمواجهة كورونا وكانت فيها كل

الجهات الاخرى سواء كانت المستشفيات الخاصة، الهلال الاحمر، الخدمات الطبية العسكرية، الدفاع المدني، ال UN ،

كل الجهات الصحية المقدمة للخدمات الصحية بالاضافة لمشاركة ال WHO"

"Yes, this small committee is in the MOH, but the minister of health also formed the national committee to fight COVID, and it included all other entities whether it was private hospitals, the

red crescent, the military medical services, the civil defense, the UN, all the health entities providing health services, in addition to the participation of the WHO.”

**Interview code: IN14M5**

Several participants explained that the top concern regarding the national committee pertains to its decisions, which, for some, were disregarded by the government. Several participants, who were members of these committees, asserted that a certain level of authority is necessary for action; however, all recommendations from the national emergency committee during the COVID-19 pandemic were escalated to the central government or the prime minister's office, often resulting in inaction.

"الدولة كان لديها اليد العليا على القرار اكثر من ان المعلومة والحقائق المتوفرة لدى وزارة الصحة"

“The state had the upper hand regarding the decision, despite the facts and information available for the MOH. these are not always considered; the state might have different opinion which is imposed”

**Interview code: IN8E2**

Conversely, policymakers within the Ministry of Health emphasized the intercoordination framework, noting that numerous internal specialized technical committees were formed during COVID-19, including those focused on infrastructure, training, infection prevention and control, and vaccination. Notably, the technical protocol committee was esteemed for its objective of implementing WHO standards pertinent to epidemic control.

A supplementary coordination structure in the country is the health cluster, overseen by WHO, which is mostly referenced through NGO providers. They regard the cluster as a platform for coordinating coverage and ensuring that services are accessible to the entire population, particularly those in area C. Certain participants express worries over the function of the health cluster in a country such as Palestine, where the MoH governs the health system.

”وال health cluster هي شكلية، وهذه ال HC اصلا تنشأ في الدول التي فيها انهيار للنظام الصحي وليس فيها وزارة

صحة، لكن وزارة الصحة لدينا قائمة وشغالة، وزارة الصحة قعدت سنة سنتين ما بتحضر اجتماعاتهم"

“And the HC is a formality, and this HC originally forms in countries that have a collapse in the health system and do not have a MOH, but our MOH is up and running, and it was not represented in the health cluster meetings for almost 2 years”

**Interview code: IN3N2**

At the operational level of coordination within governmental hospitals and PHCs, there exists intra-hospital cooperation, as well as between secondary and primary health care levels. An example can be observed in northern hospitals, which frequently experience a surge in injuries, necessitating coordinated support from the blood banks of other hospitals to meet the demand for blood. Another significant challenge faced by hospitals is bed occupancy. While they can refer patients to other facilities and manage case distribution, hospital directors perceive this responsibility as burdensome. This task could potentially be assumed by another entity, such as the Emergency Operations Center (EOC), once activated. The researcher addressed the intra-coordination element and also examined the coordination between secondary care and primary health care. Responses varied significantly; some directors indicated that they allowed others to take the lead, while others expressed that during COVID-19, their focus was on treatment and that responsibility for vaccination was assumed by others. Additionally, some emphasized the nature of the relationship as complementary.

Coordination at the governorate level is typically overseen by the PHC directorate, involving key partners such as PRCS and Civil Defense. In Jenin, several stabilization points were established to address crises when patients are unable to access the hospital.

One of the primary ideas that emerged at the three level is the importance of building an Emergency Operations Center (EOC). All hospital directors underscored that the center will alleviate the strain of coordination and communication. During emergencies, the hospital director is typically tasked with securing a location for an injured individual and arranging ambulance transport for patients; these responsibilities, among others, could be managed by the Emergency Operations Center at the central level.

" أنا صعب أضيع جهد ووقت وأنا أدور على بعض الأماكن في بعض المستشفيات، في أحيانا بعض المستشفيات حين  
تسمع عن الإصابة أو المريض وضعه يعني خطير، ترفض استقباله ولكن عندما يكون في مركز مركزي وأنا اتواصل معه،  
بيريحني وهو يجد وين المكان المفروض يتحول له المصاب "

"It's difficult for me to waste time and energy searching for spots in some hospitals, on some occasions there are hospitals rejecting patients when they know the injury or disease is dangerous, but it would be relieving if there was a central entity that I can communicate with, and they find the place for the injured person"

**Code: • Significance of EOC**

**Hospitals > FG1\_Hospitals, 109 - 109**

" أحيانا عندي مشكلة مثلا بالإسعافات في نقص بالإسعافات وفي إصابات كثيرة فمممكن المركز يحرك لي الاسعاف من  
المدن والمحافظات بدل ما أنا أضطر أتواصل بنفسي وأبذل جهد كبير خاصة فترات الأزمات يكون على المدير كثير من  
المهام، صعب يضل على كل مهمة لازم مو، المركز شئ جيد ونأمل ان يرى النور "

"I sometimes have a problem, for example, with the shortage of ambulances while there are many injuries, maybe "the center" can move the ambulances from cities and provinces instead of me having to communicate myself and make a great effort, especially in times of crisis there is a heavy burden on the manager and too many tasks to keep up with, the center also has to help, that is a good thing and we hope it sees light."

**Code: • Significance of EOC**

**Hospitals > FG1\_Hospitals, 110 - 110**

At the third level, many coordination structures involving non-health stakeholders were discovered. The primary coordinating entity emphasized throughout the crisis is the joint operations room established at the governorate level. Additional entities include the higher council for civil defense and the collaborative efforts of security forces. From the perspective of non-health stakeholders, emergency preparedness is perceived at the sectoral level, encompassing health, social services, housing, and protection. Food security and related matters.

#### 4.1.3.2 Complementarity

Complementarity emerges as an essential component in effective emergency preparedness at multiple levels in Palestine. Health sector stakeholders affirmed that multi-sectoral collaboration is crucial, as they cannot manage emergency situations independently; cooperation from other sectors, including law enforcement and transportation, is vital to response efforts. The role of security forces during COVID-19 was crucial in enforcing quarantine for sick travelers and implementing stringent control measures for patient

transfers, necessitating the involvement of PRCS and military service ambulances. While numerous groups emphasized the significance of partnership, there were concerns around funding allocation, since assistance for the MoH should also extend to partners providing essential supplies. For instance, the MoH should be responsible for equipping RCS vehicles with personal protective equipment during epidemics.

Policy makers frequently cited instances of ongoing incursions into West Bank cities, where effective response was unattainable without the involvement of health professionals, municipalities, governorates, and community organizations.

Policymakers emphasized the importance of the health cluster in relation to other coordinating and complementary entities, asserting that its function should augment rather than displace the national health sector. Furthermore, policymakers emphasized the COVID-19 experience, particularly regarding the numerous existing committees. There was a significant focus on clarifying the roles and responsibilities of each committee, addressing the segregation of roles among different committees, and establishing regulations for partnerships, primarily with the private sector.

This component received greater emphasis at the district level compared to the national level, as numerous hospitals and PHC directors highlighted the coordination mechanisms among various stakeholders and the delineation of roles for effective action. They emphasize the active involvement of all providers at the district level to optimize resource use and maintain service delivery during emergencies. The discussion also encompassed the deficiencies and requirements in emergencies, as well as the capability of organizations to address those highlighted deficiencies and requirements. At the hospital level, participants discussed the most anticipated scenario: a total siege of hospitals, preventing patients or the injured from accessing the facility. Consequently, they convened a planning meeting with all other providers, including PRCS and civil defense, and established an alternative plan.

Complementarity was also a key concern at the level of non-health actors. Nearly all participants highlighted the issue of capacity and requirements, since not all stakeholders can address every need; hence, responsibility should be appropriately allocated to enhance emergency response and fulfill all demands. Although they emphasize the need of complementarity, some participants contended its absence, attributing this to the lack of a national coordination organization for decision-making and the absence of national funding mechanisms to enhance the skills of various stakeholders.

" الدور التكميلي مش موجود عشان هيك بنقول اللجنة التنسيقية هي لجنة لا تنسيقية لانها مش مبنية على تمويل واحد،

على قرار موحد، على اتصال موحد، ما في structure

"The complementary role is not present and that is why we say that the coordinating committee is a non-coordinating committee, since it lacks any structure, it isn't built on a unified funding, nor is it built on a unified decision or communication."

**Code: • Complementarity**

**OCHA-Expert, 74 - 74**

" ولا أية سياسة ولا أية تدخل بينجح بدون أن يكون هناك في تشارك ما بين الجميع، يعني الحكومة لحالها ما بتشتغل، لازم

يكون عنا ثلاثة مفاصل حكومي ومجتمع مدني وقطاع خاص، هذول الثلاثة لازم يشتغلوا ضمن دائرة واحدة"

"Any policy or intervention couldn't be implemented without having proper participation between all actors. This means that there must be three parties, we have governmental, a civil society institution and a private sector, those three must work as one unit".

**Code: • Complementarity**

**MOeconomy\_transcript, 43 - 43**

"موضوع نسميه التشاركية في العمل والتنسيق في يعني خلل سواء داخل الحكومة أو حتى مع المجتمع المدني أو مع مؤسسات القطاع الخاص يعني هذا باعتقادي بده شغل موضوع الطوارئ بده شغل ايضا"

"On the topic we call participation in work and coordination there is an issue, whether it's within the government or even with the civil community or with the institutes of the private sector. This I think needs more effort as does the issue of emergencies."

**Code: • Coordination and role distribution**

**MOeconomy\_transcript, 36 - 36**

"انهيار جزء يعني انهيار النظام، هذه النظرة التكاملية لم تكن موجودة وهذا نقص مزمن في طريقة التفكير"

"The collapse of a part means the collapse of the system, this complete view did not exist, and this is a chronic deficiency in mindset."

**Interview code:IN15P1**

At the health sector level, the involvement of the private sector in emergency support was also addressed. Opinions diverged regarding the exemplary role of the private sector during COVID-19, with some citing instances such as one hospital allocating 25 ICU beds for COVID-19 patients and another dispatching personnel to assist governmental hospitals. However, the primary conclusion is that not all private hospitals demonstrate the same level of cooperation, indicating that further efforts are necessary.

"القطاع الخاص في أثناء كورونا لم يكن هناك تعاون قوي الا بعد تدخل المحافظة، الان هناك تعاون كبير وحسب التخصصات"

"During the COVID pandemic there wasn't a strong cooperation with private sector until the intervention of the governorate, now there is a bigger cooperation based on specializations"

**Code: • Roles & Responsibilities**

**PHC >, 14 - 14**

The relationship with the private sector was described and evaluated quite differently by participants outside the health sector. There is very good cooperation between various ministries and the private sector, such as the Ministry of National Economy, which maintains coordination and cooperation relationships with major merchants, such as flour merchants. When a crisis occurs, they are consulted and involved in planning. The Ministry of National Economy also indicated that one of its goals is to develop the private sector.

"في فترات الطوارئ، احنا دايما بنلجأ او عملنا الاساسي ببصير مع الموردين، مع التجار الكبار، وعادة الوزير لما يصير ازمة يجتمع معهم يعني مثلا كبار تجار الطحين بيكونوا موجودين، كبار تجار الزيوت بيكونوا ايضا موجودين"

"In periods of emergency our primary work becomes with the importers and the traders, and usually when there is a crisis the minister meets with them, for example the importers of flour or oils would be present"

**Code: • Private sector collaboration**

**MOeconomy\_transcript, 27 - 27**

"كعلاقة تنسيق وترابط وتساو مع القطاع الخاص يعني بشوفها قوية يعني عادة بتصير اجتماعات، في لجان، يعني لما تعمل قانون، مثلا عملنا قانون الشركات، كان لهم دور أساسي، يعني في تشاور وأساس عملنا هو تنمية القطاع الخاص"

"As a relationship of coordination, connection and communication with the private sector, I see that it is strong, usually there are meetings in committees. For example, when we make a law, such as when we made the law for companies, they had a primary role in communication on the basis of our work being for the sake of development of the private sector."

**Code: • Private sector collaboration**

**MOeconomy\_transcript, 40 - 40**

### 4.1.3.3 Health and non-health collaboration

Policymakers emphasized the importance of collaboration across sectors to ensure effective emergency response. The most frequently mentioned sectors were security, protection, social protection, food and water safety, education, and transportation. Some participants also noted that a coordination committee exists at the prime ministerial level, including relevant ministries such as the Ministry of Interior and the Ministry of Social Affairs.

Numerous examples were given of how the COVID-19 crisis was handled, where cooperation and coordination with the various components of the Palestinian security services had a significant impact in containing the spread of the disease. For example, the police were monitoring the implementation of the lockdown measures imposed and approved by the Highest Central Emergency Committee. Civil Defense also contributed to implementing preventive measures. On the other hand, policymakers emphasized the role of communities and local committees, particularly at the refugee camp level, in responding to emergencies.

Hospital and primary healthcare directors highlighted the importance of developing a comprehensive emergency plan encompassing all sectors and covering political, economic, and social aspects. They also spoke about the importance of intersectoral networking based on potential scenarios and the importance of the plan spanning all geographic regions.

"الامن الوطني، المياه مثلاً، وقت الحرائق، الدور بين القطاعات هو تكاملي وهناك تعاون مستمر بحيث يتدخل الدفاع

المدني والبلديات ، الاشكالية تحديداً بالموارد المالية"

"The relationship between sectors is complementary and there is constant collaboration, such that the national security provides water for example, when there is a fire the civil defense is involved as well as the municipalities, the main issue is specifically the financial resources."

**Code: • Roles & Responsibilities**

**PHC >, 13 - 13**

However, most participants consistently spoke about the lack of financial resources and capabilities, particularly among government institutions, which also impacts the concept of cross-sector partnerships and, consequently, the ability to respond to and meet the needs of the population. They also linked this issue to its impact on citizens' confidence in government institutions.

"ضعف الإمكانيات المادية لدى المؤسسات الحكومية يجعلها تعتمد على دعم القطاعات الأخرى مما يضعف موقفها

ويتسبب في اهتزاز ثقة المواطن بها وبالإجراءات التي تقوم بها"

"The weak material capabilities in governmental institutes make them dependent on other sectors' support, which in turn weakens its stance and hinders the citizens' trust in the government and the procedures they conduct."

**Code: • Challenges & Obstacles**

**PHC > PHC\_Questions 55 - 57**

For their part as well, most participants at the operational level emphasized the importance of partnership with the local community.

At the non-health sector level, they rated cooperation with the health sector, and the Ministry of Health in particular, as high, citing numerous examples of cooperation across various sectors, such as education, transportation, civil defense, the police, and others.

"بموضوع الكورونا طبعا راس الحربة كانت وزارة الصحة، وكان التنسيق على مستوى عالي ما بينا وبينها، الاتصال على مدار الساعة، شو ممكن احنا كمحافظة نوفر من القطاع الخاص ومن القطاع العام"

"Regarding COVID, of course the spearhead was the MOH. The coordination between us and them was at a high level, with communication around the clock so we know what we can do as a governorate and what the public and private sectors could provide."

**Code: • cooperation with MOH**

**المحافظة\_نهائي [1], 16 - 16**

"وفي كل مستشفى، وفي كل محافظة، بنعمل نشاطات سنوية مشتركة في المستشفيات، عملية اخلاء، سيناريوهات، كيف توزيع الأدوار مثلا، على قصة مثلا الامراض المزمنة، مين اللي بيؤدنا بجدول؟ مين عندهم غسيل كلى؟ بيكون هو تعاون مشترك بين المستشفيات"

"And in every hospital, in every governorate, we carry out yearly shared activities, such as evacuation drills and such scenarios, how to assign roles for example. On the issue of chronic diseases previously mentioned, who provides us with schedules? Who offers dialysis? It is a joint cooperation between the hospitals."

**Code: • cooperation with MOH**

**civil defence\_transcript, 82 - 82**

"طبعا كثير كان اجي كتب شكر من وزارة الصحة ومن المؤسسات لكيف الشرطة تعاملت مع ازمة كورونا"

"Of course, many letters of gratitude were received from the MOH and from different institutes for how the police dealt with the COVID crisis."

**Code: • cooperation with MOH**

**police, 12 - 12**

On another note, the non-health sector continued to emphasize the overlapping roles and responsibilities of various entities. Most participants emphasized the importance of defining and agreeing on roles during the preparedness phase, not upon the occurrence of an event. This should be accompanied by the implementation of the necessary procedures and training for all institutions to fulfill their roles during a crisis.

"بدها يتحدد الادوار من هلا مش بعدين، لازم تتحدد ويصير في نقاش وطني عليها ويكون شو إحنا دورنا وشو إحنا بنقدر، وبنقدر نلعب دور كثير كبير"

"The roles have to be defined starting now, not later which causes a national discussion about "what is our role" and "what big role can we play"."

**Code: • Coordination and role distribution**

**جنور , 14 - 14**

"فالفكرة الأساسية هو وجود اجراءات وتدريبات مؤسسية محضرة وعارفة ادوارها و مسؤوليتها في أزمة من الأزمات وكيف يجب ان يتم التنظيم"

"So, the main idea is that it doesn't matter where you have those procedures and institutional training that is prepared, that know their roles and responsibilities in a crisis and how they should be organized."

**Code: • Coordination and role distribution**

**pmo, 8 - 8**

Table 4.1-A: Themes and Subthemes Under the Governance Pillar

| Themes                   | Subthemes                           |
|--------------------------|-------------------------------------|
| <b>Policy level</b>      |                                     |
| <b>Policies and Laws</b> | Supporting legal environment        |
|                          | Lack of a social security system    |
| <b>Emergency plans</b>   | Absence of National Emergency Plans |

| Table 4.1-B: Themes and Subthemes Under the Governance Pillar |                                                                                                                                                      |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Emergency plans</b>                                        | Lack of Quality in existing plans                                                                                                                    |
|                                                               | Unplanned response                                                                                                                                   |
|                                                               | Local plans/small-scale emergency plans                                                                                                              |
|                                                               | Limited application                                                                                                                                  |
|                                                               | Planning models used: Stage-based planning, like in COVID-19 , Scenario-based planning, Organizational based planning, scientifically based planning |
|                                                               | MOH leadership                                                                                                                                       |
| <b>Coordination and partnerships</b>                          | Roles and Responsibilities                                                                                                                           |
|                                                               | Rules for partnership                                                                                                                                |
|                                                               | Organizational capacity                                                                                                                              |
|                                                               | Multisectoral collaboration                                                                                                                          |
|                                                               | Emergency committees                                                                                                                                 |
|                                                               | Learning and documentation                                                                                                                           |
|                                                               | Challenges in coordination                                                                                                                           |
|                                                               | Decision-making process                                                                                                                              |
| <b>Coordination and partnerships</b>                          | Coordination advantages                                                                                                                              |
|                                                               | Coordination with non-health stakeholders                                                                                                            |
|                                                               | Coordination with other health service providers                                                                                                     |
|                                                               | Intra coordination/within MoH                                                                                                                        |
|                                                               | Regular communication                                                                                                                                |
|                                                               | Roles & Responsibilities                                                                                                                             |
|                                                               | Coordinate service delivery                                                                                                                          |
| <b>Non-health Actors</b>                                      |                                                                                                                                                      |
| <b>Policies and Laws</b>                                      | Accountability systems                                                                                                                               |
|                                                               | Update laws                                                                                                                                          |
|                                                               | Governance Structure                                                                                                                                 |
|                                                               | Civil defense law                                                                                                                                    |
| <b>Emergency plans</b>                                        | National leadership                                                                                                                                  |
|                                                               | Existence of emergency plans                                                                                                                         |
|                                                               | Costed plans                                                                                                                                         |
|                                                               | Emergency needs                                                                                                                                      |
|                                                               | Elements of emergency plans                                                                                                                          |
|                                                               | Emergency planning levels                                                                                                                            |
|                                                               | Responsiveness mode                                                                                                                                  |
|                                                               | Preparedness/planning mentality                                                                                                                      |
|                                                               | Operationalization of emergency plans                                                                                                                |
|                                                               | Models of Planning                                                                                                                                   |
| <b>Coordination and partnerships</b>                          | Private sector collaboration                                                                                                                         |
|                                                               | Connecting with the outside world                                                                                                                    |
|                                                               | Cooperation with MOH                                                                                                                                 |
|                                                               | Avoiding duplication of aid efforts                                                                                                                  |
|                                                               | Coordination structures: roles and requirement                                                                                                       |
|                                                               | Membership structure                                                                                                                                 |
|                                                               | Decision-making process                                                                                                                              |
|                                                               | Local Emergency Committees                                                                                                                           |
|                                                               | Institutional Collaboration                                                                                                                          |
|                                                               | Civil Defense Council Formation                                                                                                                      |
|                                                               | Role of the institution                                                                                                                              |

| Table 4.1-C: Themes and Subthemes Under the Governance Pillar |                                       |
|---------------------------------------------------------------|---------------------------------------|
| <b>Coordination and partnerships</b>                          | Complementarity                       |
|                                                               | EOC role                              |
|                                                               | Equity in humanitarian support        |
| <b>Secondary and Primary Level</b>                            |                                       |
| <b>Policies and Laws</b>                                      | Policy Familiarity                    |
|                                                               | Existence of general emergency policy |
|                                                               | Public health law is the reference    |
|                                                               | Lack of clarity in emergency policies |
|                                                               | No emergency law available            |
| <b>Emergency plans</b>                                        | Participation in planning             |
|                                                               | Scenario-based planning               |
|                                                               | Elements of emergency plans           |
|                                                               | Updated emergency plans               |
|                                                               | Emergency plans are available         |
|                                                               | Types of emergency plans              |
|                                                               | Emergency planning level              |
|                                                               | National emergency management         |

## 4.2 Capacities

The theoretical framework of this research, which is based on the WHO framework (WHO, 2017), examines six primary issues when studying the capacities pillar within the topic of PHEP. These issues include risk assessment and prioritization, information management, which includes monitoring and early warning systems, access to diagnostic services during emergencies, safe health services during emergencies, community communication and risk awareness, and research and evaluation that contribute to the strengthening of the preparedness system. In our research, this pillar will be restricted to four primary components: risk assessment, risk communication, information management, and evaluation, as determined by the results of this research. The issue of service availability and access during emergency periods will also be addressed within the risk assessment component.

### 4.2.1 Risk Assessment

As most decision-makers and policymakers in the health sector have pointed out, risk assessment is not undertaken consistently and clearly by a specialized agency. Instead, prospective emergencies and their repercussions are expected based on international circumstances, such as the spread of the COVID-19 pandemic, or based on the present political scenario. In COVID-19, Palestine has been deemed a threat since the pandemic spread internationally in December 2019, and a state of emergency was declared in Palestine when the first patients arrived in the Bethlehem area.

Depending on the political environment in the country, emergency plans are established separately based on group talks in each sector. For example, the Ministry of Health produced an emergency plan for the northern governorates, which focuses primarily on the issue of

city closures and community isolation due to the policies of the Israeli occupation. The document also focused on the topic of invasions and what might be done at the level of preparedness.

"خطة الطوارئ للمحافظات الشمالية شملت على عدة تحليلات للوضع الممكن حدوثه فقط بناء على التوقعات السياسية"

"The emergency plan for northern governorates included many analyses on the situation that could occur, solely based on political expectations."

**Interview code: IN1M1**

On the other hand, policymakers emphasized that risk analysis typically occurs during an existing emergency or response phase, not during the preparedness phase.

"لا يوجد شيء ممنهج ومكتوب وواضح، هو عبارة عن مراقبة للتغيرات خلال الحدث نفسه"

"There is nothing systematic, written and clear. It's basically monitoring the changes as the event itself unfolds."

**Interview code: IN4E1**

Many examples were provided relating to COVID-19, where risk analysis began in late 2019, including the arrival of cases across crossings and borders. Given the possibility of cases to come, the health sector examined its response capabilities, including the availability of personal protective equipment and healthcare personnel to combat the pandemic, and if any health worker is infected, how to compensate for the loss, additionally, the infrastructure issue was heavily highlighted in terms of the needed spaces to provide services and the ability to accommodate high number of cases. During the response, an assessment and analysis were made of the community's adherence to measures, the stigma surrounding the condition, and how to overcome it. So, it's more of a concern that may potentially emerge if the system is unable to handle the pandemic or if people's dedication is insufficient.

"كان هناك أيضا طلب ان يتم العمل على مستوى المؤسسة وماهي الخطوات التي يجب اتخاذها والاجراءات الخاصة لحماية"

المرضى والموظفين، كان اكثر اشي خطر على الاستجابة ان يصاب العاملين ايضا بالمرض لأن التعويض عنهم سيكون

اصعب"

"There was also a request to work on the institutional level and define the steps that need to be taken, along with specific procedures to protect patients and employees. The most dangerous thing that could happen to the response team was that the workers themselves got infected, because replacing them would be much harder."

**Interview code: IN6G1**

"لكي نتعامل مع امرأة حامل ومصابة بكورونا يجب ان يتم تجهيز مكان مناسب، لذا كان النقاش مع الوزارة انه ليس فقط

نحن بحاجة الى اماكن عزل لكورونا، نحن بحاجة إلى مناطق تجري فيها عمليات وجراحات. حتى وقت متأخر اصبح هناك

اماكن " ICU اكثر ولاعداد اكبر"

"In order to deal with a pregnant lady infected with COVID a suitable spot must be prepared, so the discussion with the ministry was not only about us needing areas of isolation for COVID patients, but also areas where we could perform procedures and surgeries. It was only until a late time that there were more ICU locations with greater capacity."

**Interview code: IN15P1**

During the pandemic response, policymakers also recognized other hazards associated with neglected health services, including cancer, chronic diseases, and maternity care, and these populations faced barriers to access. As a result, there was a greater attention to the requirements of these populations, including the establishment of protocols for dealing with pregnant women infected with COVID-19. Many others argued that the closure of MoH primary health care centers was a clear mistake that we should learn from.

"هذا قرار غير موفق والسبب انه كان في نقص بالكوادر ولكن هذا غير مبرر، كان بمقدورهم احضار موظفين اخرين، ايقاف الرعاية الاولى عمل مشاكل كبيرة، احنا ما وقفنا وحاولنا نعوض عن اغلاقهم لمراكزهم ولكن هذا ترك اثر سلبي على مرضى الامراض المزمنة، السكري، الضغط والمضاعفات."

"This was an unfortunate decision, and the explanation was that there was a shortage in staff, but that is not justified. They could have brought other employees in, the primary care halting is a major problem, yet we did not stop and we attempted to compensate for the closure of their centers, but that left a negative impact on patients with chronic illness, such as diabetes, hypertension and other complications."

**Interview code:IN7N3**

"اغلقت جميع مراكز الرعاية، ثم بعد ذلك اصبحنا نفكر بالحوامل: كان هناك تقصير ولم يكن هناك بروتوكول واضح للتعامل معهم، ثم تداركنا الموضوع ووضعنا بروتوكول واصبح واضح اين سيتم تحويلهم"

"All PH centers were closed and only after we started thinking of pregnant women. There was negligence and there was not a clear protocol to deal with them, then we realized the issue and set a protocol and it became clear where they would be referred to."

**Interview code:IN1M1**

"حدث هناك مظهرين رئيسيين سلبيين، الكورونا ستترافق مع comorbidities اخرى او اشياء مختلفة (سكري، ضغط، حوامل، زائدة...الخ) وهي ثانوية "

"There were two main negative aspects, COVID would occur alongside other comorbidities or different conditions (diabetes, hypertension, pregnancy, appendicitis), which are secondary."

**Interview code: IN15P1**

A few participants noted the anticipated risk of excess mortality not directly attributable to COVID-19, but rather due to insufficient hospital beds or complications arising from other illnesses, since priority was accorded to COVID-19 cases.

"فهناك تمرين تم عمله حول ال excess mortality حيث ان هناك توقع بارتفاعها حتى لو لم يكن هناك احصائيات ولكن هناك مرضى توفوا اثناء الجائحة بسبب عدم وجود أسرة في المستشفيات لاستقبالهم لان الأولوية كانت لكورونا"

"There was an exercise done on excess mortality, as there is an expectation that it will rise even if there are no statistics, but there are patients who died during the pandemic due to the lack of hospital beds to receive them because the priority was Corona."

**Interview code:IN13UN2**

"ارتفعت الوفيات نتيجة مضاعفات لامراض معينة مثلا امراض القلب، من ملاحظات وتحليل زادت بالرغم من عدم وجود أرقام ولكن خلال معلومات ثانوية، ممكن أن يأتي شخص الى مستشفى وهو بحاجة الى جهاز تنفس، فلا يتم اعطاؤه وهنا ممكن ان يتوفى وهذا يعد excess mortality"

"Deaths have increased due to complications of certain diseases, such as heart disease. From observations and analysis, they have increased despite the lack of numbers, but through secondary information, a person may come to the hospital in need of a ventilator, and not be given one, and in this case, he may die, and this is considered excess mortality"

**Interview code:IN15P1**

"والاهم من ذلك ان العديد من الناس وبسبب عدم توفر مكان مناسب لعلاجهم وهم لديهم underlying cause وهذا كان في عجز، الكثير من الناس تصنفت كورونا وهو لم يمت بسبب الكورونا"

"More importantly, many people, due to the lack of a suitable place to treat them, have an underlying cause, and this was a deficit. Many people were classified as having Corona, but they did not die from Corona."

**Interview code:IN4E1**

At the operational health level, specifically during COVID-19, the risk analysis process occurs during the response and primarily includes adhering to WHO instructions and

guidelines, monitoring the epidemiological situation, monitoring the situation at crossings and borders, assessing local community reactions through the media and its tools, and monitoring gaps in health service delivery.

Furthermore, policymakers as well as hospital and PHC directors stressed the importance of a more rigorous, integrated risk assessment and data-driven response to future public health emergencies.

From the non-health sector's perspective, risk assessment is carried out by specialized institutions based on their work mandate or the institution's vision, rather than at the national level. For example, the Civil Defense does a fundamental risk analysis using reports from operations rooms located throughout all West Bank governorates. Civil Defense examines these records to find recurring incidents throughout the year. Based on this information, interventions for each governorate are created based on the available resources.

"بس إحنا إمكانياتنا كدفاع مدني محدودة، فعملنا تحليل مخاطر من خلال البيانات المتوفرة عنا في غرف العمليات، يعني إجبنا مثلاً نأخذ محافظة معينة، شو الحوادث اللي تتكرر كل سنة؟ شو نسبة خطورتها؟ وين أماكن تكرر؟ تم تحليل لهذه البيانات اللي عنا وطلعنا بخارطة مخاطر خاصة بتدخلات الدفاع المدني عليها، بنينا السيناريوهات بناءً عليها"

"But our capabilities as civil defense are limited, so we conducted a risk analysis referring to data available at the operation rooms. For example, we take a specific governorate and take a look at what accidents are most common each year, how dangerous they are, and in which areas they occur. We analyzed the data and came up with a danger heatmap unique to civil defense intervention, and we built the scenarios according to it."

**Code: • Risk assessment scope**

**civil defence\_transcript, 42 - 42**

Some specialists outside the health field have complained about the lack of a process to identify the threats confronting the Palestinian people. The matter of internal displacement was addressed. As a result of the attack on Gaza and the West Bank, there were roughly 40,000 displaced individuals in the West Bank (OCHA, 2025), and there was not enough readiness to deal with them and accommodate them within a lesson plan. This example was specifically mentioned since the issue of displacement must be handled within the Palestinian context as a key risk.

"و النزوح الداخلي مثلاً لو افترضنا من الجلازون اجاك ٦ الاف واحد شو بدك تعمل؟؟، اجانا قبل فترة من غزة قبل ما بدت الحرب حوالي ٤٠٠ ٥٠٠ عامل تلبكنا فيهم قامت الدنيا عليهم شايقة علي ما عرفنا نتعامل ف هي هاي، احنا ما في عنا بشكل واضح خطة طوارئ مبنية على عناصر"

"Internal displacement is also a problem, as an example, if you suddenly have 6 thousand people coming from al-jalazon camp, what will you do? Some time ago, before the war, we had about 400-500 workers came to us, that was very overwhelming and difficult to handle, so that is the issue, we don't have a clear contingency plan that is built on defined elements."

**Code: • Disaster Management Capacity**

More than one representative of the non-health sector pointed to the idea of a disaster or risk reduction center, which the government had dissolved or suspended, and its functions merged with civil defense. There was significant reservation from the non-health sector about this issue. Many participants considered the establishment of this center, which was under the umbrella of the Ministry of Interior, a step in the right direction and could form the nucleus of crisis management and institutionalize risk analysis in Palestine. Some participants attributed the closure of the center to disagreements between the Civil Defense

and the center and overlapping roles. Instead of integration, conflicts arose, leading to the cancellation of the center.

"الحمد لله الي كنا متفائلين في تأسيس مركز الحد من الكوارث هاي انها تكون أساس lead لإدارة الازمات كنا متفائلين فيها راح ايش عمل سكرها"

"We were hopeful and optimistic about establishing the disaster risk reduction center, such that it would serve as the lead for crisis management. We were hopeful about that and what did they do? They went and shut it down."

**Code: • Crisis Management**

**civil defence\_transcript, 22 - 22**

"المجلس الأعلى كان في رؤية في البنك الدولي في كان مشروع لمشروع قانون جديد للدفاع المدني و المخاطر في فلسطين هلقيت صار صراع أجهزة و صراع صلاحيات و صراع و كان تمويلهم ما يقارب ال ٨٠٠ الف يورو لتمويل اجراء قانون جديد او اعداد قانون جديد".

"The higher council had a vision with the World Bank, it was a draft for a new law for the civil defense and risks in Palestine, and now it has turned into a fight between institutions, and a struggle for authority and power, and the funding for this was near 800 thousand Euros, meant for the preparation and execution of a new law."

**Code: • Update laws**

**MOI, 49 - 49**

It should also be mentioned that most of the participants from outside the healthcare sector, when the topic of risk analysis, identification, categorization, and action planning was discussed, often remarked about the obstacles they would face throughout the response, such as financial resources. There was a distinct misunderstanding of the potential risks linked to emergencies and the challenges encountered throughout operations to respond to any crisis effectively.

"تحليل المخاطر اعتقد هو جزء لا يتجزأ من الطوارئ او العكس، وبالتالي احنا لما نعد خطة، تحديدا اللي قائم على هذا الموضوع هو وحدة الرقابة الداخلية، بتعمل سجل للمخاطر اللي ممكن تعيق عمليات الوزارة"

"I think risk analysis is a major, inseparable factor in emergencies and vice versa. Therefore, when we set up a plan, the one responsible for this is the internal audit unit, which prepares a list of risks that may hinder the Ministry's operations"

**Code: • Risk assessment scope**

**[1], 6 - 6 [التعليم العالي\_ اخر\_ نسخة**

" بيهمنا كيف احنا نضل نقدم الخدمة بوزارة الداخلية بغض النظر عن المخاطر فبنحدد الية للعمل"

"What we care about is how we can keep providing services at the Ministry of Interior regardless of risks, so we define a working mechanism."

**Code: • Continuity of service**

**MOI, 4 - 4**

Non-health sector participants emphasized that risk analysis is associated with each specific type of emergency. During winter, possible hazards for involvement from designated authorities are identified, along with incursions and other forms of potential emergencies. Potential threats are occasionally anticipated separately for each governorate.

"مثلا في شهر 9 أو 10 يكون اجتماع التحضير لفصل الشتاء أو المنخفضات الجوية، أو المخاطر الناجمة عن فصل الشتاء، شو بتناقش في هذا الاجتماع، بيناقش الاستعدادات للمخاطر المحتملة اللي بدها تيجي ونقاط الضعف والعبر من المنخفضات السابقة"

"For example, in September/October is the meeting for winter season preparations and the risks associated with it, what we discuss in this meeting is the readiness for possible threats that may come up, what our weak points are and how we can learn from previous experiences."

**Code: • preparedness examples**

**civil defence\_transcript, 73 - 73**

"فمثلاً، جزء من الشغلات اللي طورناها اللي هو عنا الكود الفلسطيني للوقاية من الحريق خاص بالدفاع المدني، لهذا تم

اعداد النسخة الأولى سنة 2020 وصدر اول نسخة منه سنة 2021"

"For example, one of the things we developed is the Palestinian code for fire prevention/protection for the civil defense, in which the first edition was prepared in the year 2020, and later was issued in 2021."

**Code: • preparedness examples**

**civil defence\_transcript, 118 - 118**

"مثلاً برضه في بداية فصل الصيف، بينعقد اجتماع للمجلس الاعلى للتحضير للمخاطر، اللي هي غالباً بتكون حرائق

الأعشاب والغابات وشو ممكن نسوي اصلاحات"

"Another example is at the beginning of summer the higher council conducts a meeting for risk preparation, which mostly consists of fires in grass and forests, and we discuss what measures we can implement."

**Code: • Learn from experience**

**civil defence\_transcript, 73 - 73**

"لما نيجي نحكي عن محافظة نابلس، أكثر خطر ممكن يتعرضوله، هو ليس متكرر، لكن الخوف هو الزلزال لانه هم

ومناطق أريحا والأغوار مناطق ضمن ال red zone هم جايين من ناحية الخارطة الزلزالية على خط على حفرة الانهدام

الأسوي الإفريقي، كتحليل مخاطر اكبر خطر لهاي المناطق هو الزلزال"

"When we talk about the Nablus governorate, the greatest danger they may face is not recurring, but the fear is of earthquakes, since they, Nablus, along with Jericho and the Jordan Valley regions, fall within the red zone, they are all located along the afro-Asian rift valley fault line. As a risk analysis, the greatest risk for these regions is an earthquake."

**Code: • Scenario based plans**

**civil defence\_transcript, 42 – 42**

#### 4.2.2 Information Management

Information is recognized as the most valuable asset prior to and during an emergency. It is a factor that contributes to credibility, visibility, and reliable decision-making (PAHO, 2009). Within the capacities' component, and in light of these research findings, we will examine two categories of information: information produced for emergency management regarding preparedness or response, and the information disseminated to the public, which will be discussed in the subsequent section on risk communication.

At the policymakers' level, almost in all interviews, issues of information flow and information management during public health emergencies appeared frequently, particularly as related to COVID-19 experience. Policymakers prioritized information flow, considering it essential for pandemic management, public compliance, response coordination, and future learning.

"لكي نكون متحضرين اذا يجب ان يكون هناك رصد لكل التغيرات الصحية التي تحدث في البلد ودراسة كافة الامكانيات

المتوفرة لدينا وبناءا عليها نبني قدراتنا ونبني خططنا لالية التعامل بناءا على المعطيات المتوفرة وتحليل المعلومات"

"In order to be civil there must be monitoring of all the health changes that occur in the country, studying of all resources and data available to us and building our capabilities and response plans based on that."

**Interview code:IN3N2**

Many participants stressed existing mechanisms for sharing information and the official role of MoH during COVID-19 in issuing circulars, generalizing instructions and guidelines, developing and publishing protocols. The main role inside MoH was for the public health department.

"كانت الادارة العامة للصحة العامة على قدر المسؤولية في المتابعة والرصد حول كوفيد والى اين يصل والتعليمات الخاصة به وكانوا Updated اول باول"

"The general directorate of public health was responsible in keeping up with, and monitoring COVID, including what areas have been affected and specific instructions to deal with it, and they were updated constantly."

**Interview code:IN1M1**

The MoH depends on the revised standards and protocols issued by the WHO concerning various matters related to COVID-19. From the onset of the pandemic and prior to its arrival in Palestine, surveillance protocols were established, along with guidelines for managing returnees at borders, quarantine, and isolation. Subsequently, additional protocols were developed, encompassing vaccination, treatment, and the handling of deceased individuals. For instance, one participant noted that over 30 circulars were issued regarding the burial and washing of COVID-19 patients' bodies. Participants indicated that everything was new, despite the WHO continuously updating and modifying its regulations, as the entire globe was unfamiliar with the virus.

"كل ما استطعنا عمله هو اتباع معايير ال WHO في التعامل مع الوافدين وفي الية حبرهم"

"All that we were able to do was follow the WHO's measures for dealing with arrivals and the quarantine mechanism."

**Interview code:IN1M1**

"صدر عن الوزارة ما يفوق ال 30 او 40 تعميم بالأمور ذات العلاقة مثلا اليات الدفن والتغسيل (معايير ال WHO)"

"احضرنا اكياس كان يتم استخدامها في جائحة ايولا"

"The minister issued over 30-40 notices relating to relevant matters, such as the burial and washing procedures (following WHO measures), we also brought bags that were used in the Ebola pandemic."

**Interview code:IN1M1**

Policy makers discussed the target audience for this information; some indicated that the protocols were distributed to all health stakeholders and service providers, with certain information shared with the media according to its purpose. However, others contended that significant confusion existed within the MoH regarding the dissemination of national unified standards that could guide the response. Certain stakeholders indicated that they formulated their own protocol to address the pandemic.

Almost all participants agreed that information should be delivered to the media, main partners, stakeholders in the health sector (UNRWA, Private, PMRS, RCS...), and the community.

"كان هناك streaming لكل التحديثات التي تصدر عن ال WHO من خلال الإدارة العامة للصحة العامة في وزارة"

"الصحة وهم يقوموا بتعميمها على كافة الشركاء في القطاع الصحي ويعمموها على الإعلام وعلى المجتمع المحلي"

"There was streaming of all updates coming from the WHO through the general directorate of public health in the MOH, and they notified all partners in the health sector as well as the news agencies and the local community."

**Interview code:IN13UN2**

"البروتوكول العلاجي الذي تم تطويره فلسطينيا ولكن هو وفقا لما هو موجود في العالم (WHO, CDC) والذي نشرته الصين) وقام مجموعة من الأطباء بتطوير بروتوكول ال case management وهو أحد العناصر التسعة للاستجابة وهذا كان في تعاون وتفاعل رائع وخرجوا بكتيب باللغة العربية والانجليزية وتم نشره والتزمت فيه المستشفيات الخاصة والاهلية والحكومة، وحتى مقدمي الخدمات الآخرين"

"The treatment protocol which was developed in Palestine, and follows the global standard (WHO, CDC, and the one published by China). And a group of doctors developed the case management protocol, which is one of the nine elements of response, and this was an excellent collaboration and interaction, they came up with a booklet in both Arabic and English which was published, and hospitals (public, civil and private) adhered to it as a guideline, as well as other service providers."

**Interview code:IN13UN2**

"وتم انجاز بروتوكول خاص بالمؤسسة لكيفية التعامل مع انتشار الوباء، وتم توزيعه على العيادات وعلى الطواقم الطبية وتم تدريب الطواقم الطبية على كيفية التعامل مع وباء كورونا وكيفية اخذ الاحتياطات واجراءات السلامة بالاضافة لكيفية نشر الرسائل الصحية الصحيحة للجمهور"

"And a protocol specific to the institute was completed, which went over the topic of dealing with the spreading pandemic, and it was distributed to clinics and medical staff, and they were trained on how to deal with COVID and how to take the necessary precautions, as well as how to properly communicate with the public."

**Interview code:IN2N1**

The MoH employs its official website and social media platforms, alongside conducting press conferences and daily briefings regarding the epidemic's status. The daily briefing was deemed essential for combating rumors, fostering public trust, and improving openness. Conversely, regarding internal informational communication, the primary platforms for disseminating information were the numerous committees (epidemiology, national, technical, logistics, etc.). Some complained that the numerous committees frequently generated confusion and disseminated contradictory information. Data gathered mostly concerning bed occupancy, case counts, mortality figures, and the general epidemiological context.

"كان في دائما ال streaming على شكل تعميمات ورقية مكتوبة باللغة العربية ويتم تعميمها على ال website و الفيس بوك و other platforms"

"There was always streaming, in the form of flyers written in Arabic, which were circulated on the website, on Facebook and other platforms."

**Interview code:IN13UN2**

"باعتقادي اكثر لجنة فعالة كانت لجنة الوبائيات، كانوا يجتمعوا كل اسبوع أو اسبوعين، يقرروا حول المدارس والتجمعات والإغلاقات ويرفعوا التوصيات للحكومة"

"The role of the Epidemiology Committee is considered the most active due to its function of providing vital information"

**Interview code:IN5M2**

"In my opinion the most effective committee was the epidemic committee. They used to meet every week or two, and decide on issues such as school, public gatherings, quarantines and submit recommendations to the government"

**Interview code:IN10M3**

Numerous participants emphasized the considerable obstacles associated with information sharing and flow, indicating that the primary cause of inadequate information dissemination is the absence of written emergency plans, which might serve as a fundamental source of information. Certain participants regard this component as integral to the plan, and if it is included, the methods of disseminating information from the district to the central level must also be elucidated. Nevertheless, some assert that the ministry lacks a cohesive information perspective, which impedes information sharing and collaboration.

A few participants also referenced the national observatory role during COVID-19, overseen by the MoH and the National Institute of Public Health (PNIPH), which serves as a database for documenting all instances and monitoring patients' status. Several participants indicated that every registered patient in this database ought to be contacted and furnished with comprehensive information to manage their case.

"بالإضافة الى المرصد الفلسطيني كان يدار من قبل وزارة الصحة ومعهد الصحة العامة يتم الاتصال بكل مريض ومتابعة

وضعه واعطاؤه الارشادات والتعليمات وإذا صار معه مضاعفات كيف يتصرف ومتابعة يومية حول وضعه"

"In addition, the Palestinian observatory which was managed by the MOH and the public health institute, where they contact every patient and monitor their condition. They also provided guidelines and instructions and how to act if he has any complications."

#### **Interview code:IN1M1**

At the operational level, nearly all leaders of the PHC directorate concurred on the initial tier of information dissemination, which involves the declaration of any health emergency by the head of the PHC directorate in a specific district. This occurred based on information provided by the directorate itself. At the secondary care level, there exists a protocol regarding who should be notified in the event of emergencies, surges in cases, or injuries to the hospital. The evening supervisor serves as the primary channel for communicating with the hospital director. Consequently, the hospital director will determine whether to notify additional stakeholders, such as the governor or top officials at the MoH, based on the situation.

"يقوم مدير الصحة او من ينوب عنه بإعلان حالة الطوارئ في المنطقة بناء على المعطيات الواردة من داخل او خارج

المديرية فيما يتعلق بالجانب الصحي، وتحديد المستوى"

"The Director of health, or their representative, declares a state of emergency in the region, based on the data received from inside or outside the directorate relating to health, and the level is determined."

#### **Code: • Situational assessment**

#### **PHC > PHC\_Questions 39 - 39**

"اتوقع هذا على مستوى جميع المستشفيات، هناك مشرف مسائي يقوم بإبلاغ مدير المستشفى، المدير الطبي، المدراء، بأي

حالات خطرة تدخل المستشفى أو حالات تحتاج التبليغ عنها أو إصابات أو أي شيء"

"I expect that from all hospitals across all levels, there is an evening supervisor who informs all managers in the hospital about any critical cases entering the hospital, cases that need to be reported, injuries, or anything else."

#### **Code: • Information flow**

#### **Hospitals > FG1\_Hospitals, 50 - 50**

Most directors indicated that they received a significant amount of information in the form of circulars and instructions regarding patient isolation and other subjects just during the COVID-19 pandemic. They seldom reinstate any directives amid alternative emergencies.

" يعني كانت توصلنا تعميمات في حالات الطوارئ كثيرة حول طريقة عزل المرضى وطريقة التعامل معهم وبروتوكولات فقط في أيام كورونا، يعني هي الفترة الوحيدة اللي كانت تيجي أكثر اشي تعاميم على هذا الموضوع"

"We used to receive many notices in state of emergency on how to isolate patients and how to deal with them, as well as protocols. However, it was only in the days of COVID, that those notices would be most common regarding this matter"

**Code: • Circulars and directives**

**Hospitals > FG1\_Hospitals, 40 - 40**

At the level of non-health stakeholders, information sharing and information flow emerged as two primary codes. Regarding information dissemination, the participants at this level indicated that they share information with pertinent parties contingent upon the severity of the crisis, the frequency of information exchange, and subsequently reached consensus based on the specific emergency. Information was disseminated to pertinent stakeholders to facilitate decision-making. Nonetheless, non-health stakeholders frequently discuss databases that are accessible for information generation and can be supplied to many parties, including international organizations operating in Palestine and governmental bodies such as the PMO.

" في حالات الطوارئ مثلا، اذا كان حالات مش كارثة، يتم تزويدها للجهات المعنية حسب حجم الكارثة، ثم مثلا كل 8

ساعات يصير في تقرير حسب الوضع، ممكن كل ساعة حسب ايش التطورات او حجم الحدث اللي عم بيصير عنا"

"In states of emergency, for example, if the case isn't a disaster, it is provided with the related entities depending on the size of the crisis, then, for example, every 8 hours there is a report based on the situation, it could also be every hour depending on what developments or the impact of the event occurring."

**Code: • information flow**

**civil defence\_transcript, 14 - 14**

" تقارير العمليات بتطلع لعمليات الدفاع المدني وبتطلع للمحافظ ولعمليات المجلس الاعلى حسب حجم الكارثة الموجودة عنا"

"Reports of operations go to the civil defence, the governor, and the higher council depending on the size of the crisis we're dealing with."

**Code: • Information sharing**

**civil defence\_transcript, 87 - 87**

"ممكن مشاركة المعلومات مع بعض الجهات الدولية كمان ومع مكتب الامم المتحدة للحد من مخاطر الكوارث، احنا

كفلسطينيين موقعين على إطار عمل سنداي فيتم ادخال البيانات الموجودة عنا على المواقع الرسمية"

"We could also share information with international entities and with the UN office to reduce the risk of a disaster. We as Palestinians have signed on the Sendai framework, so the data available is entered on official websites."

**Code: • Information sharing**

**civil defence\_transcript, 88 - 88**

Though, certain stakeholders highlighted the concern of information security and dissemination, arguing that an agreement should be established with any entity requesting such information.

" منواجه مشكلة زي ما حكينا بالبيانات، جزء من حل المشكلة لمشاركة البيانات انو يدي اعمل data sharing

"agreement

"We are facing a problem, as we said, with data. A part of solving this problem is sharing data and making a data sharing agreement."

**Code: • Information sharing**

**MOSD, 113 - 113**

Certain social actors reported the establishment of systems to gather information on individuals affected by COVID-19 to provide assistance and facilitate their inclusion in the social registry.

"كان الاشئ الرئيسي انه انا كيف اجمع معلومات عن هذول المتضررين من جائحة كورونا وهم يقبلوا يقدموا معلوماتهم،

سويانا استمارة صغيرة كانت استمارة ذاتية ووزعناها على المؤسسات المحلية وكانوا يدخلو باسم مستخدم وكلمة سر بعدين

شاركناها مع الحكومة"

"The main thing was, how would I collect data on those affected by the COVID pandemic and make sure they agree to provide their data? We carried out a small self-reporting questionnaire and distributed it to local institutions. They would log in with a username and a password, and then we shared the data with the government."

**Code: • Crisis implications**

**MOSD, 132 – 132**

#### 4.2.3 Risk Communication

How emergency messages are communicated is a critical issue. Either the community cooperates and participates in various ways, thus ensuring greater cooperation, or it is not made to feel like a key partner in recovery, response, and all phases of emergency management.

The community participation and social responsibility component has generated 13 subthemes as also clarified in the table below (4.2), the table aims to summarize all sub themes under key themes of the capacity pillar.

The results differed between levels when talking about the involvement and participation of local communities during emergencies. The decision-maker believes that the media discourse directed to people in emergency situations is a discourse characterized by credibility, transparency, and clarity. Some examples were given about the COVID-19 pandemic, where the official government spokesman was giving daily updates about the epidemic, the risks of treatment methods, and urging people to take the vaccination. From the point of view of the decision-makers, the media succeeded in performing their role and led to people's commitment to preventive measures and preventing the spread of the epidemic.

"وكان الدور الذي يترتب علينا من الناحية الإعلامية هو توضيح مخاطر الوباء والدواء او العلاج أو اللقاح"

"And our role on the journalistic side was to clarify the dangers of the pandemic and the necessary medicine, treatment or vaccine."

**Interview code:IN6G1**

"حيث استطعنا الوصول من خلال خطاب اعلامي على درجة عالية من الشفافية والوضوح والمصداقية، الناس تفاعلت معنا

قبلت روايتنا وبالتالي التزمت بمخاطبتنا، وهذا كان احدى النجاحات التي حققناها"

"We were able to reach a high level of transparency, clarity and credibility, through media communication. People engaged with us, accepted our narrative and therefore they complied with our guidelines, and this was one of the successes we achieved"

**Interview code:IN6G1**

Nevertheless, certain participants emphasized that specific community groups, like those economically affected, individuals subjected to violence, and those with mental health challenges, were not well targeted with messages; hence, one cannot overlook additional

concerns due to the epidemic. Thus, it encompasses not just signals immediately pertaining to the emergency, such as COVID-19. It is necessary to communicate messages concerning the socioeconomic condition and stigma, which, according to certain participants, were insufficient.

"ولكن بتقديري كان فيه ادوار مهملة كثير في ال risk communication لانه عند حدوث جائحة لا يجب اهمال القضايا الاخرى كالعنف مثلا، امراض نفسية، التأثير الاقتصادي، فلم تكن كل انواع الرسائل تصل لكل الشرائح في المجتمع حسب الحاجة"

"However, in my view, many roles were neglected in risk communication, because during a pandemic other issue should not be neglected, such as violence, mental health, and economic impact. So not all types of messages reached all segments of society according to need"

**Interview code:IN13UN2**

On the other hand, the decision-makers spoke about the means of communication with the community, as the government considers the governorate directors in the West Bank to be arms of the government, and therefore, consultation on the procedures required in emergency situations takes place through the governorate directors. Here, the government considers that every governorate director is aware of the needs of the citizens and applies procedures accordingly.

The decision-makers, especially the representatives of the Palestinian government, also agreed that the government was considering and listening to people's opinions about the procedures applied and was responding to any complaints. For example, in the case of COVID-19, when economic conditions worsened and merchants began to complain, the government allowed the opening of some basic shops. Most decision-makers confirm that flexibility in policies leads to higher commitment from people. When talking about the importance of awareness and the importance of spreading messages to the community during emergencies, the participants emphasized that gaining public trust comes from the accuracy of the information that is shared and it meets the cognitive needs of citizens. It is also very important to follow up on widespread rumors and misconceptions, correct them, and resist them as quickly as possible during an emergency. Rumors may exacerbate many problems and increase the level of societal anxiety. Conflicting information also leads to a low level of commitment from the public.

As for decision makers from within the MoH, they agreed that health education and awareness planning must take place at a national level and before the disaster occurs. Therefore, the National Committee for Health Education must be the coordinating hub for all awareness efforts during emergencies, and its role is to unify efforts so that no resources are wasted on duplicate awareness productions, and roles are even distributed according to the capabilities of each institution that is a member of the committee. Representatives of the MoH confirmed that the government played a good role during the COVID-19 pandemic, as it educated the public before the disease arrived in Palestine through social media and various bulletins issued by the WHO. During quarantine and infection with the disease, the Ministry worked to develop the home quarantine protocol and communicate with patients to give them instructions constantly.

In both secondary and primary care, both hospital administrators and PHC directors underscored the need for community awareness and engagement, particularly during all phases of emergency preparedness, response, and recovery. The discussion encompassed the

tools and methodologies employed, potentially involving mobile phone alerts, radio and television broadcasts, local councils and municipalities, community organizations, and volunteers, among various other approaches. The participants emphasized the necessity of delivering a precise and unambiguous message to prevent fear and the dissemination of rumors. A query was posed concerning the appropriate individuals for community communication, eliciting varied responses; some indicated that members of district-level emergency committees play a crucial role. Others emphasized the significance of local leaders in small villages and regions, including religious figures. Conversely, social media was emphasized as an essential tool for engaging the public.

" يتم التواصل مع المجتمع المحلي من خلال المؤسسات مثل الهيئات المحلية، الجمعيات ولجان الطوارئ المحلية في كل منطقة "

"The local community is being communicated with through institutes such as local agencies, associations and local emergency committees in each region."

**Code: • Communication with local community**

**PHC > PHC\_Questions, 41 - 41**

Numerous hospital administrators referenced an entity known as the advisory committee to the hospital, composed of local community members, which they regarded as a best practice for facilitating liaison with the community. At the primary healthcare and secondary care levels, a collaborative committee exists with the local community, which is essential for improving communication and fostering community engagement.

" هناك ايضا في معظم المستشفيات او في غالبيتها في اشي اسمه المجلس الاستشاري ويضم اعضاء من المجتمع المحلي وهم أيضا لهم تواصل مع فئات بالمجتمع مؤثرة لطرح المناشدات والأفكار "

"In addition, in most hospitals there is something known as the advisory council which includes members of the local community, and they also communicate with influential segments of the society to present appeals and ideas."

**Code: • Communication with local community**

**Hospitals > FG1\_Hospitals, 61 - 61**

" المجلس الاستشاري وهو الحلقة الواصلة مع المجتمع الخارجي، وعندهم علاقات واسعة لانه يتكون من اخوان اشتغلوا في مواقع حساسة داخل المحافظة، ويعرفوا كيف يوصلوا المعلومة عن طريق الندوات والاجتماعات "

"The advisory council, which is the link to the external community, has many connections because it consists of people who worked in sensitive areas inside the governorate, and they know how to convey information through seminars and meetings."

**Code: • Preparedness examples/initiatives**

**Hospitals > FG1\_Hospitals, 59 - 59**

At the level of non-health actors, some experts emphasized that raising community knowledge about hazards is solely associated with existing emergencies, therefore rendering it reactive. Some assert that we persist in a state of perpetual emergencies and fear inciting panic among the population, which does not justify the absence of rational and strategic risk communication.

" احنا دايما ينكون خافين انه بدنا نعمل هلع للناس، هاد كله كلام فاضي، احنا كشعب فلسطيني الننا من ال 48 او حتى ال 36 بنعاني بنفس الدوامة "

"We are always afraid of causing panic among the people, but that's all nonsense, we as Palestinians have been suffering from the same loop since 1948 or even 1936."

**Code: • risk communication**

**Expert, 95 - 95**

This component should be allocated to all stakeholders, including the Ministry of Information and Media, as well as educational institutions. Others asserted that the MoH should bear full responsibility and play a pivotal role in educating about potential risks. Certain actors indicated that they engage in risk communication with mothers at home, particularly regarding fire emergencies, outlining appropriate actions and rapid responses, similar to first aid training.

" في تقديري موضوع التوعية بيتحمل جزء كبير على وزارة الصحة اللي كان لازم يكون عندهم رؤيا أوسع في هذه الحلقة  
المفقودة"

"In my opinion, the Ministry of Health bears a large part of the responsibility for raising awareness, as they should have had a broader vision for this missing link."

**Code: • risk communication**

**police, 48 - 48**

" غياب الاعلام بتعزيز الوعي لدى الناس حيث اثناء كورونا كثير اعتبروا انه الطعم ورطة ومؤامرة، فهون كان الإعلام  
ضعيف"

"The media's lack of awareness among people during the coronavirus pandemic led many to view the vaccine as a trap and a conspiracy. The media was weak there."

**Code: • Pros & Cons**

**police, 48 – 48**

#### 4.2.4. Emergency Response Evaluation

Evaluating emergency experiences and learning lessons is an important component of the capabilities pillar. This means that each country, through research, studies, or even simple assessment exercises, must be able to identify gaps and constraints during emergency response with the aim of building a better health system in the future.

Decision-makers emphasized the lack of evaluation research on the experiences, and some of them indicated that there is an evaluation of certain elements, such as communication with the community.

"وكان المحور الثاني عند تقييم أداء الحكومة، تم التقييم على أساس الجهوزية بال risk communication and  
" community engagement"

"The second area when evaluating the government's performance was based on preparedness for risk communication and community engagement"

**Interview code:IN13UN2**

"وكان هذا محور كامل، على مستوى المحتوى كان بحاجة الى عمل اكثر على مستوى تبسيط اللغة والتواصل مع الناس"

"This was a complete area. On the content level, it needed more work on the level of simplifying the language and communicating with people"

**Interview code:IN2N1**

Some indicated that an evaluation workshop was scheduled to be held after the end of the COVID-19 pandemic, but its occurrence was not confirmed. Others expressed doubt about the convening of the epidemiological evaluation committee, but this was also not confirmed. Some health policymakers outside the MoH expected the ministry to call for an evaluation meeting, but this never happened.

"هذا هو الوقت الذي يجب ان تدعو فيه وزارة الصحة لاجتماع تقييمي للجنة والتي كنا اعضاء فيها لدراسة الخبرة وشو لازم  
نعمل المرة الجاي".

"This is the time for the Ministry of Health to call for an evaluation meeting of the committee, of which we were members, to review the experience and determine what we should do next time."

**Interview code: IN7N3**

"براي الان لازم يصير تقييم، لازم يصير اجتماع تقييمي، ورشة عمل تقييمية، على مدار يوم او يومين ، وطنية يتم دعوة كل الناس اللي الهم علاقة بكوفيد واشتغلوا بالميدان والخبراء والعلماء في فلسطين"

"In my opinion, an evaluation must take place now. There must be an evaluation meeting and an evaluation workshop, lasting one or two days. A national meeting must be held, inviting all those involved in COVID-19 who have worked in the field, as well as experts and scientists in Palestine"

**Interview code: IN2N1**

Others said that the former Minister of Health had prepared a book about her experience performing during the coronavirus pandemic, which they considered a form of evaluation of the experience.

Some policymakers, particularly from departments that led the pandemic response within the MoH, emphasized that during the pandemic, periodic evaluations were conducted on the health sector's response to the pandemic, identifying any obstacles or problems. They argued that the state of emergency should not be over for evaluation; rather, both must be conducted simultaneously. In their view, the ongoing evaluation led to constructive decisions to combat the disease, such as the opening of new hospitals and treatment centers.

"طبقنا هذه القاعدة اثناء العمل في كورونا Do-evaluate-assess-reassess"

"We applied this rule during our work on the Corona virus: Do-evaluate-assess-reassess."

**Interview code: IN14M5**

"وبناء على التقييم المستمر قمنا بافتتاح العديد من المراكز للتعامل مع مضاعفات المرض وتم عمل مستشفى ميداني في مجمع فلسطين الطبي، تم افتتاح مستشفى الهلال في نابلس، لحلول في الخليل، عزون وذلك كله بناء على التقييم، وفي حال أصبح لدينا عدد حالات كبير، يجب ان نتعامل معها لذا افتتحنا مراكز جديدة وتم تأهيلها او اعادة التأهيل"

"Based on the ongoing evaluation, we opened several centers to deal with the complications of the disease. A field hospital was established at the Palestine Medical Complex. Al-Hilal Hospital was opened in Nablus, Halhul in Hebron, and Azzun. All of this was based on the evaluation. If we have a large number of cases, we must deal with them. Therefore, we opened new centers and rehabilitated or rehabilitated existing ones."

**Interview code: IN11M4**

"بتوقع انه كان في عدة جلسات وحوارات دائمة ما بين اللجنة الصحية اللي كانت ترأسها الوزارة في حينه، وكان يتم نشر تقارير دائمة حول مجريات الأمور وحول الإنجازات وحول خيلنا نحكي فرص التحسين اللي ممكنة أو الدروس المستفادة"

"I expect that there were several sessions and ongoing dialogues between the health committee that was headed by the minister at the time, and there were ongoing reports published about the progress of events and achievements and the possible opportunities for improvement, or the lessons learned"

**Interview code: IN9UN1**

"وزيرة الصحة تقوم حاليا بإعداد كتاب كامل عن تجربة فلسطين بما يخص كورونا وهذا الكتاب سيستعرض نوع من التقييم حول تجربة كورونا ومالذي تم عمله، اين كانت الإخفاقات والنجاحات"

"The Minister of Health is currently preparing a comprehensive book on the Palestinian experience with regard to the Corona virus. This book will review a kind of evaluation of the Corona experience and what was done, where were the failures and successes."

**Interview code: IN14M5**

"نحن كنا نرفع بشكل تقييمي ودوري كيف كان القطاع الصحي يتعامل مع الحالات واين كانت تكمن المشاكل"

"We were regularly evaluating how the health sector was dealing with cases and where the problems lay."

**Interview code: IN11M4**

Other policymakers noted that the ongoing assessment of the COVID-19 experience led to the formation of an ongoing emergency committee comprising civil defense, police, and health officials, and the development of a comprehensive national emergency plan.

"من خلال التقييم والدروس المستفادة، تم تشكيل لجنة مستمرة من الدفاع المدني، الامن، الصحة، الشرطة ليكون لدينا خطة طوارئ وطنية للتعامل مع مختلف المستجدات والقضايا سواء كانت وبائية، حربية،

"Through evaluation and lessons learned, a standing committee was formed from civil defense, security, health, and police to develop a national emergency plan to deal with various developments and issues, whether epidemics or war-related,"

**Interview code: IN6G1**

Almost the same findings resulted from the operational level interviews and focus groups. Mainly at hospitals, since the COVID-19 pandemic toll was high at their level. They regret that there was no evaluation and no appreciation for their role. However, some stated that there were local initiatives at some hospitals and PHC to assess the experience and learn from it.

" لا ما انعمل تقييم، وهاي نقطة كثير مهمة، كان في بعض التقييمات السطحية مثلا انه يشوفوا ليش الناس ما بيروحوا ياخذوا التطعيم"

"No, no evaluation was conducted, and this is a very important point. There were some superficial evaluations, for example, to see why people weren't getting vaccinated"

**Interview code: IN6G1**

" يعني للأسف ما كان في اي تقييم بعد الكورونا، يعني حتى كل اللي اشتغلناه كنا نتمنى عليهم بس ينادونا ويقولوا شكرا ويعطيكوا العافية"

"Unfortunately, there was no evaluation after the coronavirus. We even wished everyone worked on would just call us and say, 'Thank you'"

**Code: • Recognition of Contributions**

**Hospitals > FG1\_Hospitals, 97 - 97**

"صارت جلسة تقييمية او خرينا نقول تقييم من بعض مدراء المستشفيات ومدراء الرعاية الصحية الأولية"

"There was an evaluation session, or should we say, an evaluation, by some hospital directors and primary healthcare directors."

**Code: • Lessons learned**

**Hospitals > FG1\_Hospitals, 94 - 94**

At the non-health sector as well, no structured evaluation was mentioned; ad hoc exercises, meetings, or workshops were only highlighted. Additionally, evaluation at the level of some organizations, such as the civil defense, was mentioned.

" ولكن يكون طلع تقييم منهجي، لا ما في، منهجي بمعنى وين احنا اخفقنا، وين كان عنا اشكاليات، وين الفجوات الموجودة، شو المقترحات"

"But it turned out to be a systematic evaluation. No, there isn't one. Systematic in the sense that where did we fail, where did we have problems, where are the existing gaps, and what are the proposals?"

**Code: • Evaluations/assessments**

**MOeconomy\_transcript, 38 - 38**

" بما يخص أنواع الكوارث الأخرى نحنا اللي مسؤولين عنها بشكل مباشر كمجلس أعلى للدفاع المدني، في كل مرحلة يتم عنا تقييم وعنا اجتماعات للمجلس بشكل دوري"

"As for other types of disasters, we are directly responsible for them as the higher Council for Civil Defense. At each stage, we conduct an evaluation and hold regular council meetings."

**Code: • Evaluations/assessments**

**civil defence\_transcript, 73 - 73**

"الهلل الأحمر عملوا دراسات تقييمية لنقاط القوة والضعف قبل حوالي فترة زمنية وأنا كنت مسؤول عنها"

"The Red Crescent conducted an assessment study of its strengths and weaknesses about a period of time ago, and I was responsible for it"

**Interview code: IN3N2**

Table 4.2-A: Themes and subthemes Under the Capacities Pillar

| Themes                               | Subthemes                                                           |
|--------------------------------------|---------------------------------------------------------------------|
| <b>Policy level</b>                  |                                                                     |
| <b>Risk assessment</b>               | Data analysis to build plans                                        |
|                                      | Mapping of all the changes that occur in the country                |
|                                      | Regular situation analysis                                          |
| <b>Information management</b>        | External communication with the media/deliver the Palestinian voice |
|                                      | Media as an advocacy tool                                           |
|                                      | National observatory and data systems                               |
| <b>Risk communication</b>            | Community involvement                                               |
|                                      | Awareness strategy                                                  |
|                                      | Vulnerable group support                                            |
|                                      | Health education                                                    |
|                                      | Targeted communication                                              |
|                                      | Social responsibility                                               |
|                                      | Public commitment                                                   |
|                                      | Combat rumors                                                       |
|                                      | MoH leadership in communication                                     |
|                                      | Regular communication                                               |
| <b>Emergency response evaluation</b> | Post-Assessment                                                     |
|                                      | Impact of emergencies                                               |

| Table 4.2-B: Themes and Subthemes Under the Capacities Pillar |                                                   |
|---------------------------------------------------------------|---------------------------------------------------|
| Secondary and Primary Level                                   |                                                   |
| <b>Risk assessment</b>                                        | Disease/epidemic surveillance                     |
|                                                               | Scenario analysis based on data, not expectations |
|                                                               | The emergency operation center's main role        |
|                                                               | Adaptation to changing circumstances              |
| <b>Information management</b>                                 | Information flow                                  |
|                                                               | Information dissemination                         |
|                                                               | Mapping of health cadre/databases                 |
|                                                               | Information sharing/privacy                       |
|                                                               | Circulars and directives                          |
| <b>Risk communication</b>                                     | Communication channels                            |
|                                                               | Community participation                           |
|                                                               | Local councils, Small CBOs, local community role  |
|                                                               | Social media                                      |
|                                                               | Communication challenges                          |
|                                                               | Rumore control                                    |
| <b>Emergency response evaluation</b>                          | Evaluation at the district level                  |
|                                                               | Evaluation to build capacities                    |
|                                                               | Lack of Education and research                    |
|                                                               | Proactive crisis management                       |
| Non-health Actors                                             |                                                   |
| <b>Risk assessment</b>                                        | Developing a Search and Rescue Team               |
|                                                               | Aftermath scenario                                |
|                                                               | Risk assessment scope                             |

| Table 4.2-C: Themes and Subthemes Under the Capacities Pillar |                                            |
|---------------------------------------------------------------|--------------------------------------------|
| <b>Risk assessment</b>                                        | Disaster management center                 |
|                                                               | Early warning                              |
| <b>Information management</b>                                 | Database to serve the response             |
|                                                               | Information sharing                        |
|                                                               | Information flow                           |
|                                                               | Information to support planning            |
|                                                               | Social registry                            |
| <b>Risk communication</b>                                     | Community participation                    |
|                                                               | Community awareness                        |
|                                                               | Social responsibility                      |
|                                                               | Crisis implications                        |
|                                                               | Community preparedness                     |
| <b>Emergency response evaluation</b>                          | Evaluation only at the institutional level |
|                                                               | Strengths and weaknesses                   |
|                                                               | Regular monitoring                         |
|                                                               | No structured evaluation                   |
|                                                               | Assess emergency needs                     |
|                                                               | Evaluations based on KPIs                  |
|                                                               | Institutionalization of evaluation process |

### 4.3 Resources

In the resources section, we will review three main issues: financial resources and funding, human resources, and logistics mechanisms and supplies, including equipment, materials, and other emergency needs.

### 4.3.1 Financial Resources and Funding for Emergency Preparedness

#### 4.3.1.1 Emergency Budget

For many health sector policymakers, there is no dedicated emergency budget within the government's general budget. The Palestinian government already suffers from a scarcity of financial resources, so in the event of an emergency, a budget is allocated to deal with it. When COVID-19 broke out, some participants said that the entire development budget was converted into an emergency budget, and the same thing happened when the Gaza war broke out. Other participants indicated that the allocated budget was very small, and that there was a budget allocated for each governorate separately. On the other hand, some experts pointed to the ongoing support provided by Arab and international donors in emergency situations. In the case of COVID-19, some organizations focused on securing personal protective equipment (PPEs) for a period sufficient for three or four months, also covering the needs of other partners such as universities, schools, and grassroots organizations.

"بالذات انه في كورونا تم مباشرة رصد مبلغ مالي من رئاسة الوزراء للاستجابة للجائحة وكان ضئيل جدا، وهذا يدل ما في في الموازنة الفلسطينية شئ اسمه ميزانية طوارئ"

"Especially since, during the Corona pandemic, a financial amount was directly allocated from the Prime Minister's Office to respond to the pandemic, and it was very small. This indicates that there is no such thing as an emergency budget in the Palestinian budget."

##### Interview Code: In1M1

"تم التركيز على الوقاية من انتشار كوفيد-19، في الشراء والمشتريات تم التركيز على شراء ال PPEs"

"The focus was on preventing the spread of COVID-19. In purchasing and procurement, the focus was on purchasing PPEs."

##### Interview Code: In2N1

Regarding resource mobilization and securing, participants spoke of the government's weak role in this area, especially during the COVID-19 pandemic. When the pandemic began in China, immediate planning should have been undertaken to bring in additional resources to the country. However, each institution carried out its own operations to secure financial resources, which led to a dispersion of efforts and an inability to prioritize.

" اجمالا بالنسبة للتمويل، مرحلة التحضير يجب ان تكون بدأت عند بدء الوباء في الصين حيث انه اجلا ام عاجلا سوف يصلنا، فكان يجب على الوزارة ان تقوم بحشد الميزانيات في حينها، ممكن ان هذا لم يحدث"

"In general, with regard to funding, the preparation phase should have begun when the epidemic began in China, as it will reach us sooner or later. The ministry should have mobilized budgets at that time. This may not have happened."

##### Interview Code: In4E1

Moving to the second level, primary and secondary care institution directors, they pointed to numerous challenges in securing resources, as the executive level is affected by all the complexities of higher-level decision-making. Most participants indicated that a lack of funding leads to an inability to implement plans or the failure of coordination efforts. When asked about the existence of a budget for emergency situations, some participants raised the point of having a financial advance for emergency situations according to the size of the hospital, as there are large hospitals and small hospitals that are given, but due to the ministry's financial crisis, the advance is used for other purchases such as medicines and

others and is not related to the emergency situation. However, most participants confirmed that there is no such thing as an emergency budget, that the entire issue does not exist in advance, and that this advance is only provided when an event occurs.

“Indeed, every hospital has فعلاً كل مستشفى إليها سلفة مرصودة للإحتياج الطارئ سلفة مقدرة بحجم المستشفى يعني فيه مستشفيات صغيرة ومستشفيات كبيرة تتفاوت ما بين الكبير والصغير طبعاً فيه سلفة مرصودة لكل مستشفى طبعاً”  
“An advance allocated for emergency needs. An advance is determined by the size of the hospital. That is, there are small hospitals and large hospitals, varying between large and small. Of course, there is an advance allocated to each hospital, of course”

**Code: • Emergency budget**

**Hospitals > FG1\_Hospitals, 83 – 83**

“هناك سلفة لكل مستشفى للإحتياج الطارئ مش لحالة الطوارئ بأي قسم بأي موضوع لكن بسبب المشكلة المالية الموجودة عند السلطة فهذه السلفة صرنا نشترى فيها شغلات ما لها علاقة بالطوارئ نشترى أدوية نشترى كثير شغلات”  
“There is an advance for every hospital for emergency needs, not for any emergency in any department or any matter, but because of the financial problem that the authorities have, we have started to use this advance to buy things that have nothing to do with emergencies. We buy medicine, we buy a lot of things.”

**Code: • Resources constraints**

**Hospitals > FG1\_Hospitals, 84 - 84**

At the third level, the situation differs from that of the health sector. Some participants emphasized that the government allocates an annual sum for emergencies from the state's general budget, while others indicated that this allocation is too small for emergency needs.

“من خلال ميزانية الطوارئ الموجودة في رئاسة الوزراء”

“Through the emergency budget in the Prime Minister's Office”

**Code: • Emergency budgeting**

**civil defence\_transcript, 65 - 65**

“نعم، صحيح بيرصدوا كل سنة للطوارئ وللدفاع المدني مش كثير ٣٠٠ ألف شيقل تقريباً”  
“Yes, it is true that they allocate every year for emergencies and civil defense. It is not a lot...about 300,000 shekels.”

**Code: • Emergency budgeting**

**civil defence\_transcript, 102 - 102**

Others focused on the development budget of each ministry, and that this budget usually does not contain an emergency item because it supports development projects, and that in the event of any emergency, each ministry is authorized to use or transfer an amount from the budget to respond to the emergency.

“بمعنى يوم اجت الحكومة بدها تحول لخطة موازنة طوارئ راحت خفضت الانفاق ل 50 بالمية لانه الازمة عنا مركبة ازمة تموية ومالية.... احنا حولنا مواردنا التطويرية لصالح الازمة”

“Meaning, when the government wanted to switch to an emergency budget plan, it reduced spending by 50 percent because the crisis we were facing was a combination of a developmental and financial crisis.... We diverted our development resources to help the crisis”.

**Code: • Emergency budgeting**

**PMO, 17 - 17**

“في الوزارة لا احنا عنا تقسيم الى موازنة تطويرية والتطويري ما بيبكون في اشي للطوارئ حتما لانه هاي عبارة عن مشاريع، وفيه الموازنة التشغيلية والموازنة التحويلية بتكون للجامعات والرواتب وهاي الامور بتكون من وزارة المالية، ما في بند مخصص للطوارئ فيها”

“In the ministry, we do not have a division into a development budget, and the development budget does not include anything for emergencies, because these are projects. There is an

operating budget and a transfer budget, which is for universities and salaries, and these matters are handled by the Ministry of Finance. There is no item allocated for emergencies in it."

**Code: • Emergency budgeting**

[1], 44 - 44 [التعليم العالي\_اخر\_نسخة]

Regarding resources in general, most pointed to the boiling financial crisis the government is suffering from, which is hampering development and project implementation, and the heavy reliance on external funders and donors.

"يعني دين الحكومة حاليا وصل حوالي 7 مليار شيقل يعني مبلغ مش بسيط"

"The government's debt currently amounts to about 7 billion shekels, which is a significant amount."

**Code: • Financial crisis**

MOeconomy\_transcript, 47 - 47

"ولكن كمان اذا انا مش قادر ادفع رواتب للناس فالتفكير دايما انه كل موازنة بدها يكون عندها احياطي لأي طارئ، من

ناحية المبدأ موجود ولكن الهامش ضيق كثير"

"But also, if I am unable to pay people's salaries, I always think that every budget must have a reserve for any emergency. In principle, it exists, but the margin is very narrow."

**Code: • Financial crisis**

PMO, 19 – 19

#### 4.3.1.2 Distribution of Resources

Participants also pointed out a flaw in the distribution of resources, noting that during the COVID-19 pandemic, the MoH controlled resources, particularly protective equipment, without any national planning or distribution to other service providers. Other institutions were supporting the MoH in its response to COVID-19, such as the PRCS, which transported patients in its vehicles, but without the MoH providing the necessary supplies.

"كورونا اول ما بلشت كان هناك خطأ فادح حيث ان وزارة الصحة كولست على نفسها في كل شئ ما اتاحت فرصة

للمؤسسات الثانية تعمل وهذا واضح وبين واستحوذت على جميع ال disposables وال instrument ولم نستطيع

الحصول على شئ معين"

"When the Corona virus first started, there was a grave mistake. The Ministry of Health was self-imposed in everything. It did not give other institutions the opportunity to work, and this is clear and obvious. It seized all the disposables and instruments, and we were unable to obtain anything specific"

**Interview Code: In3N2**

Regarding the existence of a buffer stock, and here the focus was on medical equipment, medications and supplies, most policymakers indicated that this stock is usually not available and that it is consumed from the daily needs in the event of an emergency.

"عند حدوث اي طارئ معين يتم استهلاك ما هو موجود في المستودعات ل Daily use الى ان تحدث هبات شعبية

ومساعدات وتتحرك الجهات الدولية، فلم يكون هناك مخصص مسبقا"

"When any emergency occurs, what is in the warehouses is consumed for daily use until popular donations and aid occur and international bodies take action, as there was no prior allocation."

**Interview Code: In1M1**

Most participants agreed that MoH PHC directorates and hospitals do not have a reserve stock, and that medicine orders are usually submitted to the central level every two months and are often dispatched with shortages of certain items. Some explained that the issue of

consumables, such as needles and syringes, is different and may be available for longer periods, but the main issue is the shortage of medicines.

" حصص الأدوية توزع على مديريات الصحة عادة كل شهرين، لا يوجد مخزون استراتيجي لدى المديريات "

"Medicine rations are usually distributed to health directorates every two months. There is no strategic stock at the directorates."

**Code: ● Emergency stock**

**PHC > PHC\_Questions, 46 - 46**

" او يعني خيلنا نحكي زي disposables، ما عنا هذا المخزون، ممكن يتوفر بعض الأدوات زي السرنجات والشاش لكن

على مستوى الأدوية صراحة للأسف ما عنا هذا الكم "

" أولاً نحن بنعاني من انقطاع أدوية في عنا نقص وفي عنا تأخير في وصول الأدوية "

"Or let's talk about disposables. We don't have this stock. Some tools like syringes and gauze might be available, but unfortunately, when it comes to medications, we don't have this quantity."

"First, we're suffering from medication shortages. We have a shortage and a delay in medication deliveries."

**Code: ● Emergency stock**

**PHC >, 18 - 18**

" حالياً هناك نقص شديد في المعدات و الأدوية في عيادات وزارة الصحة ولا يوجد ما يكفي لحالات الطوارئ "

"Currently, there is a severe shortage of equipment and medicines in Ministry of Health clinics, and there is not enough for emergency cases."

**Code: ● Emergency stock**

**PHC >, 10 - 10**

" طلبت انه يبقى لدينا تجهيز كامل لعدة أشهر بحيث انه نضمن يعني ان صار في اجتياح طويل او صار اغلاق طرق،

يضل عندي بالمستودعات كميات كافية من المستهلكات الطبية "

"I asked that we keep a full supply for several months so that we can be sure that if there is a long invasion or road closures, I will still have sufficient quantities of medical supplies in the warehouses."

**Code: ● Emergency stock**

**Hospitals > FG1\_Hospitals, 85 - 85**

At the non-health sector level, there was also a discussion about the issue of storing essential supplies for emergency periods. Some said that this is something that does not exist, especially in the health sector, as there is usually a shortage of medicines, especially those related to chronic diseases. Some relevant ministries, such as the Ministry of Economy, have spoken about the importance of ensuring that basic commodities, such as flour and sugar, are available on the market for at least three months in case of an emergency. Therefore, they are working continuously with major suppliers and traders to ensure the availability of commodities.

" احنا عادة بنحاول في فترات الطوارئ زي جائحة كورونا. نضمن أول شيء يعني إنه نتيجة انقطاع سلاسل التوريد إنه

تكون عندي السلع الأساسية متوفرة يعني بنشتغل مع كبار المستوردين نحاول نعمل جرد أو حصر للمخازين المتوفرة عندنا

،طبعا هذه المخازين عادة احنا بنحاول تكون مش اقل من ثلاث شهور يعني عندنا اهم شي مخزون الطحين، الزيت، الأرز

والسكر بنحاول يكون عنا مخزون "

"We usually try during times of emergency, such as the Corona pandemic, to ensure that the first thing that happens is that as a result of the disruption in supply chains, we have the availability of basic commodities".

"We work with major importers to try to take an inventory of our available stocks. Of course, we usually try to have these stocks for no less than three months. The most important thing for us is our stock of flour, oil, rice, and sugar. We try to have stock"

**Code: • Buffer stock**

**MOeconomy\_transcript, 10 – 10**

#### **4.3.2 Logistics Mechanisms and Essential Supplies for Health**

Procurement procedures are extremely complex, especially in emergency situations, and there are also political complications related to the occupation's procedures for the entry of equipment and health supplies. On the other side, and according to the head of hospitals and PHCs, the disbursement procedures are centralized within the ministry, procurement of any urgent supplies at the district level is not allowed, and any request should be raised to the higher level, which adds an additional burden and causes many delays.

#### **4.3.3 Human Resources for Emergencies**

Regarding human resources, according to policymakers, there is generally a shortage of health personnel, and during the COVID-19 period, discussion began early about the need for additional health personnel, especially since new centers were established to deal with COVID-19, and this required additional personnel.

"احنا اضطررنا لانشاء مراكز جديدة للتعامل مع كوفيد وكان هذا تحدي، فنحن بحاجة الى كوادر واجهزة ونظم رقابة و

infection control"بدك يعني نظام كامل وهاد كان تحدي كبير

"We had to establish new centers to deal with Covid, and this was a challenge. We need staff, equipment, monitoring systems, and infection control. You need a complete system, and this was a big challenge"

**Interview Code: In1M1**

However, regarding the issue of training personnel and capacity building, there were differences between decision-makers. Some indicated that training had been intensified on protocols related to the pandemic, on the subject of ventilators, the care of respiratory diseases, and others, while others indicated that there were significant gaps in the subject of training, especially for the staff working in intensive care rooms and ambulance cadre. The training is unsystematic and unorganized, and some participants emphasized the importance of training during the preparedness phase, as the time available for response is very limited.

" انا برايي ان التدريب كان ad hoc اكثر منه استعداد حقيقي، التحضير كان يجب ان يكون لمواجهة عدد كبير من

الحالات وليس عدد قليل، لم يكن كافي"

"In my opinion, the training was more ad hoc than real preparation. The preparation should have been to face a large number of cases, not a small number. It was not enough."

**Interview Code: IN15P1**

The most important focus within the second level was on human resources, as during the COVID-19 pandemic, most of the workers were infected with Covid, and additional staff were hired through the UNDP and the World Bank, which saved the situation in general, but some participants had reservations about the subject of training the newly appointed staff. As such, it is impossible to place new staff in intensive care units and specialized

departments. Furthermore, the issue of redeploying or distributing staff from hospitals to emergency centers has weakened hospitals' ability to respond, as most hospitals in the West Bank are in need of new staff, not simply retaining their existing staff.

" صار في توظيف للعديد من التمريض والموظفين، هذا الامر اللي خلى المستشفى تستطيع الصمود، لأنه في احيان كثيرة تقريبا وصلنا لمرحلة ربع الموظفين كانوا مصابين بالكوفيد ومعظمهم كانوا بالعزل "

"We have been hiring a lot of nurses and staff, and this is what has enabled the hospital to survive, because in many cases we almost reached the stage where a quarter of the staff were infected with Covid and most of them were in isolation"

**Code: • Human resources**

**Hospitals > FG1\_Hospitals, 74 - 74**

On the subject of capacity building and training, most participants from different levels of care confirmed that there is ongoing training for staff on emergency topics, such as cardiopulmonary resuscitation, evacuation operations, providing safe birth services in emergency situations, and other topics. However, there is always a barrier: financial and logistical support. Others believe that despite the availability of training, it remains simple and insufficient, preventing staff from implementing it or practicing the required skills. Furthermore, training should be mandatory for all healthcare workers, not just selected individuals.

" نعم هناك تدريبات تتم بشكل مستمر للطواقم للتعامل مع حالات الطوارئ المختلفة "

"يتم التركيز على عمليات الانعاش القلبي، الاسعافات الاولية وعمليات الاخلاء في حالات الطوارئ"

"Yes, there is ongoing training for staff to handle various emergency situations"

"The focus is on CPR, first aid, and emergency evacuation procedures"

**Code: • Training & training topics**

**PHC > PHC\_Questions, 48 - 48**

" كما يتم تدريب بعض الأطباء على الولادة لتقديم خدمات الولادة الآمنة في حالات الطوارئ ان لزم "

"Some doctors are also trained in childbirth to provide safe childbirth services in emergency situations if necessary"

**Code: • Training & training topics**

**PHC > PHC\_Questions, 58 - 58**

" لا يوجد شئ متقدم ، تم عقد يوم تدريبي واحد فقط منذ بداية الحرب على غزة "

"There is nothing advanced, only one training day has been held since the beginning of the war on Gaza."

**Code: • Training & training topics**

**PHC >, 21 - 22**

At the non-health sector level, in terms of staffing, the problem is shared with the health sector, as most government ministries and institutions suffer from a shortage of workers compared to the volume of work during emergencies. Most institutions try to recruit staff according to available capabilities, but in an emergency situation, it is difficult for workers to reach their workplaces due to closures and roadblocks, and here, there is no alternative plan to compensate for this shortage.

Regarding financial resources, a few participants pointed to the issue of wasting resources, whereby some things are overspent and not properly utilized.

"بيجوز كلفت هاي الدراسة حوالي اقل اشئ كلفتنا حوالي ١٥٠ الف دولار، شو عملنا ما استقدنا ولا بنينا عليها"

"This study costed 150,000 USD at the minimum, and what we did? How we build based on it...nothing"

**Code: • waste of resources**

Table 4.3-A: Themes and Subthemes Under the Resources Pillar

| Themes                                                        | Subthemes                                       |
|---------------------------------------------------------------|-------------------------------------------------|
| <b>Policy level</b>                                           |                                                 |
| <b>Financial resources</b>                                    | Emergency Budgeting                             |
|                                                               | Timely allocation of the budget                 |
|                                                               | Financial crisis                                |
|                                                               | Infrastructure needs                            |
|                                                               | Donor community contribution-responsibility     |
|                                                               | Resource mobilization                           |
|                                                               | Resource distribution                           |
|                                                               | Make budget shifts                              |
|                                                               | Resource utilization-Effective use of resources |
| <b>Logistics mechanisms and essential supplies for health</b> | Pre-stocking-buffer stock availability          |
|                                                               | Procurement process challenges                  |
|                                                               | Shortage of equipment/lack of monitoring        |
|                                                               | Food security                                   |
| <b>Human resources for emergencies</b>                        | Lack of health cadre- Staff deployment          |
|                                                               | Capacity building                               |
|                                                               | Sustainability challenges                       |
|                                                               | Medical and health volunteers                   |
|                                                               | Specialized cadre/ staff                        |
|                                                               | Assess HR needs                                 |
|                                                               | Appreciation and recognition                    |
| <b>Secondary and Primary Level</b>                            |                                                 |
| <b>Financial resources</b>                                    | Leverage available resources                    |
|                                                               | Resources constraints                           |
| <b>Logistics mechanisms and essential supplies for health</b> | No buffer stock                                 |
|                                                               | Lack of medications and disposables             |
|                                                               | Suppliers' commitment                           |
|                                                               | Centralized procurements                        |
| <b>Human resources for emergencies</b>                        | Lack of cadre                                   |
|                                                               | Health staff deployment                         |
|                                                               | Burden on frontliners                           |
|                                                               | Training at the preparedness stage              |
|                                                               | No new recruitment                              |
| <b>Non-Health Actors</b>                                      |                                                 |
| <b>Financial resources</b>                                    | Financial crisis                                |
|                                                               | Financial implications                          |
|                                                               | Emergency budgeting                             |
|                                                               | Resource availability                           |
|                                                               | Donors' dependent                               |
| <b>Logistics mechanisms and essential supplies for health</b> | Supply chain disruption                         |
|                                                               | Local Production of Health Supplies             |
|                                                               | Exploitation of Essential Goods                 |
|                                                               | Essential Consumer Goods                        |
|                                                               | Buffer stock                                    |
|                                                               | Political challenges in importation             |
|                                                               | Regulatory oversight                            |

| Table 4.3-B: Themes and Subthemes Under the Resources Pillar |                   |
|--------------------------------------------------------------|-------------------|
| Human resources for emergencies                              | Frontline Roles   |
|                                                              | Capacity Building |

#### 4.4 Document Review Results of Emergency Preparedness and Response Plans in Palestine

During the data collection and desk review phases, relevant emergency plans were selected for analysis concerning our study objectives. The majority of the plans were formulated in 2024. The documents comprise the 2024 Governmental Emergency Plan, the MoH Emergency Response Plan for Northern Governorates, the draft National Strategy for Disaster Risk Reduction (2023-2027), the Ministry of Social Development (MoSD) Shock-Responsive Social Protection (SRSP, 2024) Preparedness Plan, and the Jenin Governorate Emergency Plan.

This review is to focus on the preparedness techniques of these plans and to identify strengths and weaknesses in addressing essential components of preparedness, primarily concentrating on the following aspects:

- The scope of preparedness as a concept,
- The allocation of resources within these documents, including human resources,
- The coordination and recognized capabilities of various stakeholders.

##### 4.4.1 Comprehensive Analysis

From the analysis of the aforementioned plans, it is evident that there is a discernible effort to incorporate the concepts and actions of preparedness; however, response measures dominate. This observation aligns with our PhD research, which frequently indicates that response is prioritized over preparedness, with a reactive system referred to as “Faz3a” commonly cited by research participants. The plans primarily identify challenges concerning resources and coordination frameworks.

Certain parts of preparedness were explicitly integrated into these plans, including anticipated emergency scenarios and the associated planned interventions. Alternative plans conducted a mapping of healthcare staff in designated districts, detailing their allocation during emergencies and their respective tasks. Certain plans explicitly delineate the community's role and contributions to preparedness activities, whereas others entirely overlook it. Significant deficiencies were observed, primarily with the national character of these plans, which predominantly emphasize governmental institutions while largely neglecting the contributions of the private sector, NGOs, and other entities. Only one of these plans cites global frameworks, including Sendai and the Sustainable Development Goals (SDGs), thereby delineating all concepts and processes for preparedness. Nevertheless, this

initiative, formulated by the Center for Disaster Risk Reduction, was not implemented owing to the disbandment of the entire center.

#### **4.4.2 Jenin Governorate Emergency Plan**

- **Scope of Preparedness as A Concept**

This particular plan was evaluated as exemplary, and it ought to be implemented across all other governorates in the West Bank. Scenario-based planning was evident through the presentation of many anticipated situations, such as frequent intrusions into the city resulting in numerous injuries and stringent road closures. In light of these situations, the plan incorporates proactive measures such as the establishment of stabilization points, which are primarily health care centers located in several communities surrounding Jenin. The idea additionally contemplates reallocating certain locations to blood donation centers. The plan facilitated the mapping of all categories of health professionals, with medical teams anticipated to be on standby 24/7 or as field conditions permit. The primary advantage of this approach is its decentralization and emphasis on district-level capabilities. The community's involvement as initial responders were also emphasized.

- **Allocation of Resources (Financial, Human, and Logistical)**

**Human Resources:** The plan includes a comprehensive roster of physicians, nurses, volunteers, and other specialists, along by their contact details. This underscores the necessity of performing a comprehensive mapping study of all human resources in each sector. Designated responsibilities were recognized among healthcare providers, with each individual aware of their potential deployment during an emergency.

The plan delineates protocols for blood collection and storage within the governorate, along with the mechanism for basic healthcare clinics to requisition and acquire supplies from the central authority. This is a crucial element in emergency response.

**Financial Resources:** The plan lacks a designated budget; yet, it emphasizes the importance of village and local governments in addressing the needs of the community during emergencies. Local governments in specific areas are the primary responders and must coordinate the comprehensive response.

- **Collaboration with Various Stakeholders**

This plan underscores the significance of cooperation among diverse service providers and principal stakeholders at the governorate level.

Primary healthcare clinics serve as early response locations. Medical and health professionals (physicians, nurses, and laboratory technicians) are essential in delivering urgent treatment, performing diagnostics, and giving remote assistance. First responders within the community and village councils aid in stabilizing situations and facilitating on-site communication. The Jenin Governorate Health Directorate offers overarching

coordination and oversight, serving as the framework for the implementation of this plan. The connection with the central authority at the MoH and the necessary assistance during emergencies must be enhanced and clarified. This plan must be incorporated into the MoH's emergency strategy for the northern Governorate, with plans for other governorates, to ensure comprehensiveness and mutual understanding.

#### **4.4.3 MoH Emergency Response Plan for Northern Governorates, 2024**

- **Scope of Preparedness as A Concept**

This plan provides a comprehensive and strategic framework for national preparedness, encompassing various scenarios such as hostilities, incursions, and prolonged stringent lockdowns. The objectives of this plan were largely established to ensure a fast response to mass casualties, while simultaneously maintaining key services. The plan emphasized primary and secondary care, necessitating that primary healthcare maintains uninterrupted vaccination programs, while secondary care must enhance ICU capacity and establish an effective triage system, among other measures.

This strategy references some eventualities; however, our PhD research indicates that risk analysis in Palestine typically takes place during emergencies rather than in a preventative manner. A comprehensive and thorough risk analysis should use a participatory approach, engaging all stakeholders on the ground, while also considering all types of disasters beyond only political ones.

- **Allocation of Resources (Financial, Human, Logistical)**

The plan outlined a vague emergency budget for three months, lacking in specifics. The primary components addressed in this budget are allocations for medical supplies and pharmaceuticals. It underscores the necessity for a "rapid procurement mechanism" to navigate complex procedures at the MoH during emergencies.

The tasks and responsibilities of various levels and departments within the MoH were distinctly delineated, encompassing provisions for the cancellation of staff leave and the recall of essential people during emergencies.

**Logistical Resources:** A primary objective delineated in this plan is to guarantee the availability of supplies, including medications, for a duration of three months, particularly in hotspot regions. The plan also advocates for the establishment of warehouses in the central, southern, and northern sectors of the West Bank. It emphasizes the upkeep of essential medical equipment, generators, and oxygen stations, alongside operational IT systems and contingency preparedness.

- **Collaboration with Various Stakeholders**

The office of the Deputy Minister of Health is the entity that formulated and developed the plan. They are responsible for its execution and operationalization by managing resources

and advising both secondary and primary levels to effectively activate the response. This plan acknowledges the roles of other stakeholders, including specialized services from the private sector, PRCs ambulance services, and Civil Defence for first aid support. However, actors outside the health sector were not referenced. Our research underscores the importance of incorporating non-health stakeholders during the planning phase.

#### **4.4.4 Ministry of Social Development Shock-Responsive Social Protection Preparedness Plan**

- **Scope of Preparedness as A Concept**

This document is explicitly designated as a "Preparedness Plan" and signifies a transition towards the development of responsive social protection services. It integrates insights from prior military conflicts and the COVID-19 pandemic, demonstrating a flexible strategy for preparedness.

It delineates two primary aggressive scenarios and identifies "triggers" for initiating reactions. This explicit delineation of scenarios and triggers indicates a proactive framework.

- **Allocation of Resources (Financial, Human, Logistical)**

**Financial Resources:** The plan acknowledges the significant financial obstacles confronting the Palestinian administration and the reliance of current social programs on consistent funding. It proposes measures to secure financial support from foreign partners and donors, as well as the establishment of an emergency fund.

**Human Resources:** There is a focus on enhancing the capabilities of local authorities, civil society organizations (CSOs), and volunteers in evaluating social needs and facilitating coordination.

**Logistical Resources:** The plan outlines strategies for data collection, information verification, and beneficiary targeting via the social registry. It delineates aid delivery mechanisms (cash transfers, in-kind assistance) and proposes the accumulation of essential food and medical supplies in strategic locations, as well as the establishment of shelter centers.

- **Collaboration with Various Stakeholders**

The Ministry of Social Development (MoSD) assumes a pivotal role in directing and coordinating social protection initiatives. Community-based social protection networks are essential for evaluating damage, identifying beneficiaries, facilitating communication, and distributing assistance. International partners, such as UNICEF, UNRWA, and WFP, are instrumental in delivering financial and technical support, while the plan incorporates other ministries and civil society in both the planning and execution stages.

#### **4.4.5 Palestine Government Emergency Plan for 2024**

- **Scope of Preparedness as A Concept**

Following October 2023 and the war in Gaza, the Palestinian government commenced planning to address escalations in the West Bank. This plan is exclusively centred on response and lacks any elements of preparedness. Key areas for action identified in this plan include the necessity for immediate humanitarian interventions to mitigate the consequences of ongoing aggression, while maintaining the provision of other essential governmental services.

- **Allocation of Resources (Financial, Human, Logistical)**

**Financial Resources:** The plan underscores the scarcity of resources and the absence of a comprehensive budget for 2024. It acknowledges the significant reliance on international donors to facilitate humanitarian responses. By emphasizing the contributions of various governmental sectors, the plan delineates estimated costs for interventions within each sector, reflecting the government's pressing financial requirements. Our doctoral research reveals that there is no designated emergency budget, and the response is contingent upon the utilization of existing budgets and funds.

**Human Resources:** While the plan effectively addresses the management of government employees through strategic shifts and arrangements, its primary weakness lies in the absence of regular capacity-building programs and staff rotation or deployment during emergencies.

**Logistical Resources:** The plan delineates initiatives for the restoration of essential infrastructure (electricity, water, health, roads, education) and the provision of enough medical supplies and temporary housing. These endeavours mostly constitute reactive measures rather than anticipatory preparedness.

- **Collaboration with Various Stakeholders**

The plan depends on the abilities of all government ministries and departments to sustain normal operations during crises. International organizations and donors are anticipated to be the principal financiers and executors of relief efforts. The PHD highlights considerable coordination deficiencies and insufficient participation from various ministries in endorsing this plan, signifying inadequate engagement in utilizing collective capacities.

#### **4.4.6 National Strategy for Disaster Risk Reduction (2023-2027)**

- **Scope of Preparedness as A Concept**

This document is the most comprehensive in its emphasis on preparedness elements. It aligns with the Sendai Framework, delineating essential disaster risk reduction principles (preparedness, mitigation, resilience, prevention) and presenting a phased strategy. The objectives encompass the incorporation of disaster risk reduction into national policies,

the mitigation of exposure, and the cultivation of partnerships. Despite the plan's robust conceptual framework, the PHD highlights that the principal implementing entity, the National Center for Disaster Risk Reduction, was subsequently disbanded, indicating a disjunction between strategic objectives and sustainable implementation.

#### • **Allocation of Resources (Financial, Human, Logistical)**

The plan emphasizes the necessity of adequate financial resources for preparedness; nevertheless, akin to the PHD's overarching conclusions, it lacks a precise budget, suggesting a broad dependence on external funding.

The strategy emphasizes human resources as a fundamental component of the preparedness phase, while also highlighting the importance of possessing skilled and well-trained personnel in all governmental sectors.

This plan emphasizes the significance of information management, particularly in data collecting for risk assessment and the development of early warning systems. It also advocates for the establishment of suitable infrastructure for disaster risk mitigation.

#### • **Collaboration with Various Stakeholders**

This is the sole plan that delineates the diverse roles and engagement of various stakeholders, including ministries such as Health, Interior, Justice, Finance, Education, Labor, Civil Defense, PRCS, the media, universities, the private sector, and NGOs, as pivotal contributors to disaster risk reduction planning and execution. It underscores the importance of robust partnerships and well-defined roles and responsibilities. Nevertheless, the dissolution of the National Center for Disaster Risk Management, which could have provided national leadership in emergency management, raises concerns regarding actual capacity.

This analysis of current emergency plans indicates an evolving mindset regarding preparedness, which is frequently compromised by an ingrained reactive approach to emergencies. The Jenin plan exemplifies an effective decentralized strategy for preparedness, which is critically necessary in the Palestinian context.

The allocation of resources is hindered by a persistent deficiency of targeted emergency funding and an overdependence on external assistance. Although the plans delineate human resource requirements and training, systematic capacity enhancement and staff rotation are insufficient. A conspicuous absence of critical supplies further highlights the disparity between intended and actual preparedness.

The spectrum of capabilities among diverse entities is extensive, encompassing central government ministries, local communities, and international partners. Nonetheless, the effective utilization of these capabilities is frequently hindered by inadequate national coordination, disjointed leadership, and a lack of formal integration among all stakeholders, particularly the private sector, within comprehensive preparedness frameworks. The dismantling of essential disaster risk reduction organizations further underscores the difficulties in fostering sustainable preparedness initiatives in Palestine.

## Chapter Five

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### Discussion

Although numerous opportunities exist for enhancing and investing in the Palestinian health system to fortify the PHEP system, the profound effects of the Israeli occupation and its expansionist settlement policies, which restrict land and resource access and obstruct infrastructure development, cannot be overlooked. This section of the research will be presented from the perspective of political economy and its influence on the governance of emergency preparedness and following phases.

Navarro asserts in his book *Political Economy of social inequalities* (Navarro, 2002) that political decisions and the balance of power govern health outcomes in any nation. Consequently, in Palestine, the efficacy of the health system and its capacity for planning are influenced not only by internal deficiencies but also by the political context of occupation, movement restrictions, settler colonial agendas, and resource control, which create a distinct reality. This viewpoint demonstrates that the occupation, by limiting financial and economic resources, exacerbates a health system reliant on external funding and incapable of sustaining its resources. The health system is compelled to function in a perpetual state of emergency, unable to transition from a reactive to a preparedness-oriented paradigm.

This research must be viewed in light of the structural constraints imposed by the current Israeli occupation. Settler colonial initiatives are causing ongoing resource deficiencies, fragmentation of governing structures, and heightened reliance on external funders. These goals are prompting the Palestinian authority to strengthen institutional resilience. The dependence on donors, which generally prioritizes short-term finance for humanitarian efforts, leads to insufficient ability for comprehensive long-term preparedness planning. Conversely, donors often emphasize their priority needs over those recognized locally. This engenders an ongoing cycle of reactive programming and a deficiency in ensuring sustainable health services or systems. The reliance on external funding became evident during the COVID-19 pandemic, as the system realigned its priorities based on donor payments.

The absence of a definitive national emergency plan, the practice of establishing and disbanding emergency committees on an ad-hoc basis, and the nonexistence of a distinct emergency budget indicate a more profound issue: the Palestinian Authority faces significant financial and legal challenges that hinder its ability to manage borders, resources, and territorial integrity. Conversely, the segmented regions of the West Bank, resulting from

checkpoints and the delineation of Areas A, B, and C, create distinct road networks. This complicates collaboration among health services, the movement of individuals and supplies, and the implementation of preparatory measures uniformly. The fragmentation of territory is mirrored in the division of institutions, with health governance dispersed across the Ministry of Health in the West Bank, Gaza, and East Jerusalem. Each of these regions exhibits varying degrees of access, finance, and political governance.

The study findings show that health emergency preparedness in Palestine is generally weak and requires significant efforts to strengthen health emergencies management process. Especially in the analysis of the COVID-19 experience/ case in Palestine which shows clearly that preparedness component is missing, and the country has initiated response emergency plans at the onset of the epidemic. Planning in anticipation of the most likely scenario was one of the study's key findings, but in our opinion, this is insufficient. The main illustration of this is COVID-19, for which preparations only started when it reached the country. Even though the experience and related information were well-documented in this study and showed promising results, proactive planning and preparedness continue to be of utmost importance. Our study results generally align with prior literature in Palestine. A study examining natural disasters and complex emergencies in Palestine has explicitly indicated that a critical area requiring enhancement is the effective incorporation of disaster risk reduction into development plans, policies, and programs at all levels, with particular emphasis on mitigation and preparedness (Hawajri, 2016).

We examined numerous emergency response experiences to develop a comprehensive vision of what can be done to build a stronger and better preparedness system that leads to faster response and recovery. In general, the prevailing mindset to emergency management is one of response rather than preparedness, which significantly impacts the planning process and emergency preparedness approach.

If we look at the three different levels that were studied and focus on the first pillar, which is the governance with its various elements, we discover that there is a general consensus among the interviewed policy/decision makers that there are no national emergency plans, although many participants indicated their existence, but firstly, not at the national level, it could be a plan at the institutional level or at the level of a specific region or governorate. A master's thesis study (Abuaisheh, 2022) examined the emergency preparedness plans (EPPs) of INGOs, concentrating solely on cluster member organizations and their scenario development based on the interagency contingency plans established by the UN system in Palestine, thereby underscoring the absence of comprehensive EPPs .

Secondly, the issue of a lack of knowledge does not necessarily mean the absence of a plan. Rather, if anything is indicated, it highlights the importance of sharing plans when preparing and developing them with the relevant parties. A notable example of this is the government's emergency plan, which was prepared following the Gaza war in March 2024 (PMO,2024). However, when representatives of government ministries were asked about it, most of them expressed their lack of knowledge or participation in it, despite every government sector having a fundamental role to play and act on, the most important of which are health, education, transportation, local government, water, and others.

The lack of sharing plans also indicates that these plans remain locked in drawers and shelves and are not being implemented, nor are parallel, funded implementation plans being

developed and costed. The biggest obstacle to implementation is budget constraints. This is as stated below by one of the public health experts in Palestine.

"مشكلة الطوارئ ليست فقط مشكلة تمارين متعلقة بميزانية تأتي من هنا أو هناك، المفروض يكون عنا شئ مدون ومكتوب وتمويل جاهز دائما وايدا للاستجابة السريعة في حال الطوارئ ويكون هناك خطط استعداد ومعروف كل واحد شو بدو يعمل وشو المطلوب منه، بما في ذلك المستشفى الميداني، نقل الناس، الطعام، الماء، المأوى وغيره".

"The emergency is not just a problem of budget exercises that come from here or there. We should have something documented and written, and funding always ready for a rapid response in the event of an emergency. There should be preparedness plans, and everyone should know what they want to do and what is required of them, including a field hospital, transportation of people, food, water, shelter, and other things."

**Interview Code: In4E1**

A key planning issue under consideration is the identification of the leader for the national emergency planning process.

Here, most participants agreed on the importance of having a permanent national body that formulates national plans and monitors their implementation. Since we are discussing public health emergencies, it is essential that the MoH establish this body to ensure the presence of all key stakeholders. The scope of consideration must include all service providers outside the MoH, an aspect that is currently somewhat lacking. As part of this research, our published article on "Key Stakeholders' Perspectives of Public Health Emergency Preparedness in Palestine" revealed the opinions of key policymakers about PHEP indicated that the MoH, as the principal health regulator in the country, should spearhead this initiative (Miqdadi & Hamdan 2024).

This leading body is also responsible for conducting a continuous evaluation of responses to various health emergencies, such as epidemics, infections, and similar events. However, this research has shown that in Palestine, in general, we do not accumulate experiences and benefit from them. A prominent example of this is the COVID-19 experience, which was not even evaluated. Although there were many models and strengths that could be built upon and invested in on an ongoing basis, to be one of the tools for preparing for future emergencies. If we were to provide examples, we could discuss the Higher Emergency Committees and other committees that were dismantled immediately after the COVID-19 crisis ended. this was clear in the quoted statement below by a UN expert.

"لازم يكون فيه جسم وطني موحد له ادوار ومسؤوليات وصلاحيات محددة ، لديه خطته المكتوبة، لديه قدرة تنفيذية

وتخطيطية ومالية ايضا، انه في حال صار اي ازمة لايجب ان نعود للامور الارتجالية وتشكيل اللجان لانه تشكيل اللجان

معروف انه كثير adhoc وعشوائي ويختفي بمجرد انتهاء الأزمة، ادارة الدول ليست كادارة المؤسسات"

"There must be a unified national body with defined roles, responsibilities and powers, with a written plan, and with executive, planning and financial capacity as well. In the event of any crisis, we must not return to improvised matters and the formation of committees, because the formation of committees is known to be largely ad hoc and random and disappears as soon as the crisis ends. Managing countries is not like managing institutions."

**Interview code:IN13UN2**

Another example relates to the plan prepared as COVID-19 approached the region, which consisted of specific stages, each stage linked to a scenario for addressing the pandemic. This was one of the strengths that helped decision-makers predict the development of the event and the nature of the required measures in the event of any developments.

The initial step in enhancing a health system's preparedness for crises and emergencies involves evaluating past events and leveraging those insights, rather than disregarding them. The system needs to identify the gaps and shortcomings that have occurred in various responses and addresses them to prevent them from happening again. An example of this is the closure of primary healthcare centers when the COVID-19 pandemic reached the region. Most participants, including those within the MoH, expressed dissatisfaction with the decision and its inappropriateness at the time.

"أنا أتمنى أن نتجاوز الأخطاء التي حدثت، ونتعلم ونستفيد منها، يجب الاعتراف أنه كان فيه أخطاء، ليس المهم فقط هو

الاعلام ولكن الأهم هل تم الاستجابة على أرض الواقع بشكل سليم"

"I hope we can overcome the mistakes that occurred, learn and benefit from them. We must admit that there were mistakes. What is important is not only the media, but more important is whether the response on the ground was correct"

**Code: • Reflective learning**

**PHC >, 27 – 27**

A comprehensive plan to distribute health services in the event that residents are unable to access them should be developed based on a survey of the targeted areas classified as vulnerable to emergencies, such as repeated settler attacks or city invasions. If only the policymakers had learned from this, they would have created a comprehensive plan to cover health services during emergencies. Currently, and within the scope of the MoH, we can say that emergency preparedness is being undertaken by distributing emergency centers across the West Bank governorates. However, the question remains: What criteria were set for distributing these centers? Can residents living in area C, for example, access these centers? Are the center's staff adequately trained to handle any emergency that may arise? There are many other questions that require attention.

Moving on to another key element of governance, laws and regulations, the existence of a general emergency law that governs work and serves as a reference for all sectors is essential. To avoid developing a special law in the absence of a functional legislative council, it is possible to amend and develop the provisions of the Public Health Law of 2005, which was planned to be amended in 2018 to include a special provision governing work in a state of emergency. Given that this has not been possible, the available option is to separate the relevant provisions from the Basic Law and include them in a special emergency law. In a study to understand the role of law in PHEP, it was concluded that serious deficiencies in the legal environment preparedness would undermine effective response to public health emergencies, and having the required legal knowledge would have measurable consequences in reducing morbidity and mortality during public health emergencies (Jacobson et al., 2012).

Another area of governance that has been studied is coordination. Coordination is considered one of the most critical factors for the success of any emergency response (Bahadori et al., 2015). In our situation, there is a weakness in coordination, particularly at the level of emergency preparedness. Coordination during the response may be better, given that everyone wants to contribute what they have, as happened with COVID-19, as we indicated in the results section there were many successes with that regard. Still, the private for-profit sector in particular remains the missing party often in the coordination circle. During the COVID-19 experience, there was general dissatisfaction with the role of the private for-

profit sector, except for a few private hospitals that expressed willingness to cooperate by sending their staff to government facilities and preparing additional intensive care rooms to receive patients. However, the primary role remains with the MoH as service regulator, which must integrate all partners. A strong quote describing the role of this sector is provided below.

"دور القطاع الخاص ضعيف، واناني حتي اللي تبرعوا بمصاري للحكومة، احنا طلبنا تبرع من كل شركات الادوية التي

نشترى منها باستمرار، كان الرد مخجل، ماكان في مسؤولية مجتمعية جيدة"

"The role of the private sector is weak, and even those who donated money to the government were selfish. We asked for donations from all the pharmaceutical companies we regularly buy from, and the response was shameful. There was no good social responsibility."

**Interview code: IN7N3**

However, in parallel with the government's plans to localize health services, this localization must also be in line with the urgent needs of the health sector and the requirements of the emergency situation. Through the various agreements concluded with the private sector, the MoH can include a special clause for the health preparedness of this hospital or company, allowing the private sector to bear part of the budget for the process of providing and storing medicines, as well as medical consumables. All sectors must feel that they are partners in the planning process, not just in implementation. This research has shown that there are several parties that are only called upon in the event of an emergency, for example, academics or public health experts. This creates resentment among people when they are not involved in all stages of the emergency management process.

The issue of coordination is closely linked to the issue of planning. As we mentioned earlier, the existence of a national emergency planning body is one of the most important aspects of preparedness. This body is responsible for forming various coordination bodies at the national and governorate levels in the West Bank. According to Gooding and colleagues (2022) four key areas were highlighted to enable effective coordination. Those areas include: inclusiveness of all parties like the governmental sector, private, civil society, universities, and local leaders; second is the structural aspects of coordination, like clear roles and responsibilities as well as delegated authorities; third is the capacity of all coordinated bodies involved, including staffing, funding, infrastructure...etc. and the fourth key area is the support by the high political leadership and commitment (Gooding et al., 2022). All these elements were extensively studied by our research with a more in-depth analysis of the role of different parties, mainly non-health actors. This in depth understanding of actors' roles will provide a solid base for better coordinated plans, capacitated teams and stronger partnerships.

If we examine coordination at the governorate level, as indicated in the results section, it is considered stronger than coordination at the national level. However, the issue also varies from one governorate to another. Jenin Governorate, for example, has developed a comprehensive preparedness plan and collected data on all health workers in the governorate, as well as the availability of services and which centers can continue to operate in an emergency situation. This is the simplest thing that can be done. The central question is why the same exercise was not conducted in every governorate, as it is not considered a difficult or complex task. On the contrary, collecting data is one of the most crucial steps taken in the preparation phase, and it later benefits the response phase. Additionally,

coordination at the local level also has its own unique character, preserving concepts that are deeply rooted in Palestinian society, such as volunteer work. Representatives from hospitals and primary care facilities at the governorate level frequently discussed the need to supply hospitals with trained volunteers. We believe it is essential to document the various coordination experiences occurring at the governorate level in the field of emergency preparedness and to engage in a discussion about these experiences and their potential application at higher levels.

At the organizational or institutional level, it was clear that different health institutions worked on their emergency preparedness in isolation, or even in disarray. These institutions acted on all of its related elements including risk communication, resource mobilization, and training. It is vital to note that these efforts will undoubtedly result in a significant improvement in the level of preparedness and, consequently, an improved response and faster recovery if they are coordinated under the direction of the service regulator, the Palestinian MoH. Furthermore, it was clear that separate organizations made good efforts in terms of organizational planning. If a platform for exchanging experiences existed, these various plans could serve as a model from which to learn since they included provisions for supply chain mechanisms in emergencies, workload distribution, and the anticipation and planning of alternative service delivery options, among other issues, as explained in the quote below by a UN senior manager.

"طبعا وبالتأكيد، مثلا في اليات تقديم الخدمة، دخول ال Telemedicine، خدمات اللي عن بعد، ال home delivery of drugs وهذه اشياء محورية في عملنا وساعدتنا جدا وهذه ليس فقط تخدم كورونا ولكن اوضاع اخرى كمنع تجول مثلا، وهي محاور لم تكن بالخطه مسبقا ولكن الكورونا علمتنا ان ندرجها.

"Of course, and certainly, in the mechanisms of service delivery, the introduction of telemedicine, remote services, home delivery of drugs. These are pivotal matters in our work and have helped us greatly. They serve not only the Corona crisis but other situations such as curfews, for example. These are areas that were not previously planned, but the Corona experience taught us to include them"

**Interview code: In9Un1**

We briefly touch on the complementarity aspect, as the emergency response process must be integrated within the health sector and across different sectors. Since the complimentary relationship still has a lot of issues, this research confirms what has been seen in this regard. It was confirmed that one party cannot take full responsibility in an emergency.

Therefore, it is very important, and in connection with the planning body mentioned above, to clarify the roles and responsibilities of all parties involved in the emergency management process in Palestine. Terms of reference should be developed and agreed upon during the preparation phase, as was indicated by one of the key MoH managers.

"The main recommendation that we need to be prepared more, we need a national preparedness plan, fully detailed and comprehensive and with the exact role for everyone in a different discipline related to different public health emergencies"

"There was a decision from the PMC, there were meeting minutes, I am not sure if they have time to develop a TOR"

**Interview code: In5M2**

We initially discussed the emergency planning body, whose plans must be reflected in the executive body, which is the EOC. It was mentioned frequently during the research due to its extreme importance in reducing morbidity and mortality if it performs its work as

required. The study found that the center main responsibility is to map the health services available throughout the West Bank. Thus, coordination with all service providers is required through various branches in order to determine which services are still available during emergencies. In reality, the center is one of the national emergency preparedness instruments. The synthesis of evidence from the study about the lessons learned from COVID-19 in 12 different countries (Cardwell et al., 2023) was emphasized as evidence input for policy and practice in emergency management. This evidence should come from various national organizations and feed into a central mechanism, which in our case could be the Governmental EOC.

Unfortunately, this body remains a formal entity under the MoH and does not fulfill the tasks that an EOC is expected to perform. Although the first interview conducted as part of this research was in mid-2022, the health officials at MoH indicated at the time that the center would be operational within a few months. In a recent study to assess the gaps of Public Health Emergency Operation Centers (PHEOCs) in 22 Eastern Mediterranean countries, several improvements were suggested, including mainly strengthening governance and legal frameworks, enhancing stakeholder engagements, and investing in human resources for these centers through recruitment and training (Elmahal et al., 2022). PHEOCs should function in all phases of preparedness, response, and emergency management.

The work of this center in Palestine should be primarily linked to the health sector cluster led by the WHO, and the leadership level should be co-shared or rotating. The center should continuously inform all partners of developments in the health situation in the West Bank, including the status of operating health care centers and hospitals, the number of injuries reaching emergency centers, and the number of deaths. It is also important for this center to monitor health indicators, issue periodic updates, and notify the highest level in the event of the occurrence or spread of any type of disease or other emergency that may indicate an expansion. The role of this center was the focus of one NGO participant as quoted.

"أهم شيء ان يتم اشراك كافة المؤسسات المعنية او تشكيل Steering committee لهذا المركز فالصحة لاتستطيع تغطية

كافة الاحتياجات فيجب اشراك كافة المؤسسات والاخذ برأيهم لتغطية الاحتياجات"

"The most important thing is to involve all relevant institutions or form a steering committee for this center. The MoH cannot cover all needs. All institutions must be involved, and their opinions must be taken into account to cover the needs"

#### **Interview code: In2N1**

In addition to sharing information and surveying services, this center has a significant role in communicating with the community and informing it in the event of any anticipated danger. This is because during the repeated invasions of cities, villages and camps in the West Bank and the numerous casualties, there is no noticeable media activity to educate or reassure people. Therefore, the government, and particularly the MoH, must not only wait for a major pandemic like COVID-19 to declare a state of emergency and mobilize. Palestine is in a state of ongoing emergency, which requires the government to maintain constant contact with the population and rebuild trust to ensure greater citizen participation, commitment, and cooperation. The participants expressed their concerns as quoted below.

"أكبر تحدي ولحتى الآن هو ضعف الثقة بين المجتمع والنظام الصحي بشكل عام، مش الصحة ولا الوكالة بشكل عام

النظام الصحي بأكمله"

"أول سبب ضعف الثقة بالنظام السياسي حيث أن المواطن يعزى كل شيء للفساد، عدم وضوح نظام المحاسبة والاختفاء

الطبية، حيث يدخل المريض ويحدث معه مضاعفات طبية بدون توضيح ولكن يتم تقديم تبريرات لا يقتنع فيها المجتمع"

"The biggest challenge so far is the lack of trust between society and the healthcare system in general, not just the health system or a specific institution but in general, but the healthcare system as a whole"

"The primary reason for the lack of trust is the political system, as citizens attribute everything to corruption, the lack of clarity in the accountability system, and medical errors. Patients are admitted and develop medical complications without any explanation, but justifications are offered that the community doesn't accept"

**Interview code: IN9UN1**

The second pillar of the findings, related to the capabilities of the health and non-health sectors in the field of emergency preparedness, addressed many issues related to risk assessment, communication with the community, information management and response evaluation. It is worth noting here that the risk assessment is not carried out systematically by the relevant authorities, meaning that the risks that the country may be exposed to are analyzed periodically and preparedness plans are built on these risks and threats that have been identified through the risk assessment, not only building preparedness plans, but also building capacities at the community and institutional levels. This analysis must be conducted annually and preparedness plans updated accordingly (Krewski et al., 2022). In the West Bank, only one entity outside the health sector referred to a risk analysis process, and even that entity indicated that it is conducted based on an analysis of reports received from regional operations rooms and an analysis of recurring events in each governorate, and based on that analysis, the capabilities of that region are improved or developed. Therefore, this process is crucial for developing scenarios that are likely to occur, assessing their potential impact on society, and determining the priorities of the emergency preparedness plan.

We proceed to the information management process within the Palestinian health system, as this element is one of the most crucial pillars of establishing a robust health preparedness system. We can say that multiple information systems exist within the MoH in Palestine and at the level of other health institutions. Efforts are still being devoted to developing information systems by the WHO and other supporting institutions. However, the most pressing question remains: in the event of an information system collapse, as occurred during the recent war on Gaza, what tools can be used to store patient data and quickly transfer it to a secure location.

The other side of the coin, toward which future studies in the field of emergency preparedness should be directed, is the community. Community participation in planning helps maintain the required level of awareness of potential disasters and take the necessary preparations to either avoid them or mitigate their damage. Therefore, this research examined the extent of community involvement at the decision-making and executive levels. As expected, the local executive level is more involved with the community in planning processes, either through local emergency committees or advisory councils. Communicating with the community and raising awareness of risks and how to deal with them is one of the most important capabilities that must be developed at a national level by developing a comprehensive community awareness plan, reviving the idea of neighborhood committees, and preparing shelters, even if with modest specifications initially, but it is an idea that must

be developed and taken seriously in light of the development and complexity of the political situation in the region. The MoH should also organize the process of communicating risks to the community, as there are numerous parties and institutions performing the same task. This constitutes a waste of resources, including effort, time, and money. Unifying efforts under the leadership of the MoH will lead to a more organized process and increase the confidence of Palestinian citizens in the governmental body. A partnership strategy for community participation was recommended in a study conducted in Palestine regarding risk communication during COVID-19 (Shiha & Hammoudeh, 2023). This concept could serve as a standalone engagement plan if implemented and expanded.

One of the most important findings of this research is that no evaluation process was conducted for the response to emergencies, such as the COVID-19 crisis. Many countries have studied in depth their experiences to identify the shortcomings and gaps in the health system and work on those gaps to avoid same experiences in future epidemics (Garcia et al., 2020). One of the most important examples is building the capacity of healthcare workers to use ventilators and develop intensive care protocols. By presenting the recommendations of this research, we aim to address these sensitive issues, as well as many others. Some gaps were highlighted in the two quotes below by public health experts.

"لم يكن هناك ادوات وادوية كافية في وزارة الصحة عند وضع البروتوكول، فحوصات معينة، اجهزة التنفس نقصت في العدد والعدد المتوفر كان يلزمه صيانة طبية ولم يتم ذلك"

"The Ministry of Health did not have enough equipment and medications when the protocol was developed. Certain tests and ventilators were in short supply, and the available number required medical maintenance, but this was not done"

**Interview code: IN4E1**

"كشفت الجائحة ان هناك نقص في التخصصات ولم نتعلم منه يعني ليش ما يكون عنا اخصائيين امراض رئوية أكثر، اخصائيي امراض سارية ومعدية اكثر، اخصائيي انعاش"

"The pandemic revealed a shortage of specialties, and we haven't learned from it. I mean, why don't we have more pulmonary disease specialists, more infectious disease specialists, and more resuscitation specialists?"

**Interview code: IN8E2**

All of the above issues cannot be implemented without resources, so the issue of resources was addressed as a key element to support all preparedness efforts. It was very clear that at the government planning level, there was a lack of a dedicated emergency budget or even an emergency item on the government's various agendas. What usually happens is that a budget is allocated immediately in response to any emergency event, parallel to the immediate actions taken. This is closely linked to the first result, which the researcher considers fundamental, namely the way or pattern of thinking of policymakers in Palestine. If the pattern of thinking shifts from response to preparedness, it will be accompanied by other efforts to provide resources and similar measures.

When analyzing the various emergency plans at the health, social, and government levels, particularly in terms of budgets, all plans raise the issue of financing and the process of networking with funders to secure an emergency budget. Despite the scarcity of financial resources, the concept of basic resources must be established to cover and support emergency issues. The government should conduct an exercise to assess the priorities in each sector and redistribute resources accordingly.

Regarding human resources and capacity development, the fundamental issue is providing all health workers to a mandatory training in emergency management skills as part of the job orientation upon joining the health sector. A training package must be prepared for each health worker according to their classification—doctor, nurse, or other. This includes training, including simulation and evacuation exercises. This study revealed a weakness in the coverage of emergency training among all personnel, which naturally has repercussions for health practices. Among the examples given regarding the COVID-19 pandemic was a clear depletion of staff capacity, as there was no plan for employee rotation. Although after the COVID-19 experience, only one plan addressed the issue of health workers, conducted a comprehensive survey at the regional level, and established mechanisms for how to respond to emergencies, even this plan, although it is considered a good example of a preparedness plan, lacked important factors for developing the plan, such as risk analysis using scientific tools and broad sectoral involvement. Additionally, no alternative options were proposed to provide the service in the event that patients were completely unable to access it.

Finally, these research findings regarding the existing gaps and areas that require improvement are consistent with the WHO's definition of PHEP. The definition, as previously mentioned, involves the significant role that the government should play in developing its knowledge through effective anticipation of initial emergencies. Overall, this study demonstrates that effective emergency preparedness models exist in Palestine, based on past experiences; however, little effort has been made to document these experiences or compile the lessons learned. This can be considered a weakness in the healthcare system which is exacerbated by the settler colonial policies which deliberately have weakened the sovereignty, resources, control and capacity to prepare and respond to emergencies facing Palestinians since Israeli occupation in 1967.

## Chapter Six

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### Conclusions and Recommendations

#### 6.1 Conclusions

Notwithstanding the aforementioned political and economic impediments, it is imperative to acknowledge the internal fragmentation within the country systems, particularly in the health sector. Numerous facets can be enhanced and mobilized to bolster the health emergency preparedness system, with the Emergency Operations Center serving as a prime example. Consequently, any theoretical and conceptual framework must acknowledge the political reality while also objectively examining the internal capabilities of the health system across all sectors, as well as the potential for enhancing partnership, coordination, and the structures that govern preparedness and response processes.

PHEP frameworks are often based in countries with stable political conditions, established governance structures, land control, and institutional continuity. These frameworks typically regard cyclical movement from preparedness to response, followed by recovery, ultimately resulting in improved resilience. Our research offers a substantial theoretical contribution by contesting this conceptual framework, particularly in countries like Palestine, characterized by pronounced fragility, colonial expansion, and persistent political escalation (including military incursions into urban areas). This cycle remains trapped in the emergency response phase and adaptation, frequently obstructing the progression to the recovery stage and the realization of enhanced resilience, which is fundamental for establishing a more robust preparedness system. The theoretical model must prioritize colonial power as a fundamental determinant that influences all PHEP frameworks. This rationale will be evident across three interrelated fields of our research: 1) Governance deficiency 2) System and Institutional Capacity 3) Resources. The outcome is not conventional resilience but rather incomplete preparedness reliant upon circumstances. Preparedness is not a discrete element; it is an ongoing process of negotiation within an insecure environment. In the context of Palestine, Faz3a is a structural outcome resulting from political situations. Fragmentation of resources and lack of control over movements complicate long-term planning, favouring rapid survival responses. Consequently, the Faz3a system exemplifies a manifestation of political complexity more than just systemic failure. For instance, referencing the presence of legislation with significant implementation deficiencies attributable to a fragmented

sovereignty framework. Nonetheless, as previously stated, despite the political landscape being a significant limitation, the health system must enhance its capabilities in scientific risk assessments to foresee potential emergencies, including epidemics, and formulate a nationally coordinated emergency preparedness plan that leverages community strengths and contributions. Conversely, transitioning from highly centralized planning to peripheral-level planning, considering available resources, may mitigate additional repercussions, particularly the escalation of morbidity and mortality, stemming from the security and political conditions at the district level.

This research offers a detailed overview of PHEP in the West Bank. The key finding is that the Palestinian approach to emergency management is reactive, rather than proactive. Participants described it as a “Faz3a”, in our proposed framework; we will refer to it as “adaptive survival”. This mindset shapes institutional structures, capabilities, and resource distribution, creating a cycle of unpreparedness. Despite significant political challenges in Palestine, the country shows considerable political will and commitment to emergency preparedness. The COVID-19 pandemic highlights a notable achievement, as the MoH assigned a separate unit to manage the crisis. This facilitated ongoing monitoring and timely guidance.

The existing Public Health Law provides a legal basis for government actions, allowing for a more organized response. The COVID-19 crisis has highlighted the critical need for a strong legal system. While the Public Health Law has been helpful, the study points out the need for additional laws, like the Social Security law, to protect workers and ease rising poverty during crises and pandemics. This is vital for long-term preparedness and resilience. The study found a major gap between national policy and actual practice. Policymakers often reference global standards like the International Health Regulations (IHR) and the Sendai Framework. However, managers at hospitals and primary care frequently lack knowledge of national emergency plans or the legal frameworks that should guide them. This shows that planning, where it exists, tends to be centralized and not inclusive, missing the critical insights and experiences of frontline workers.

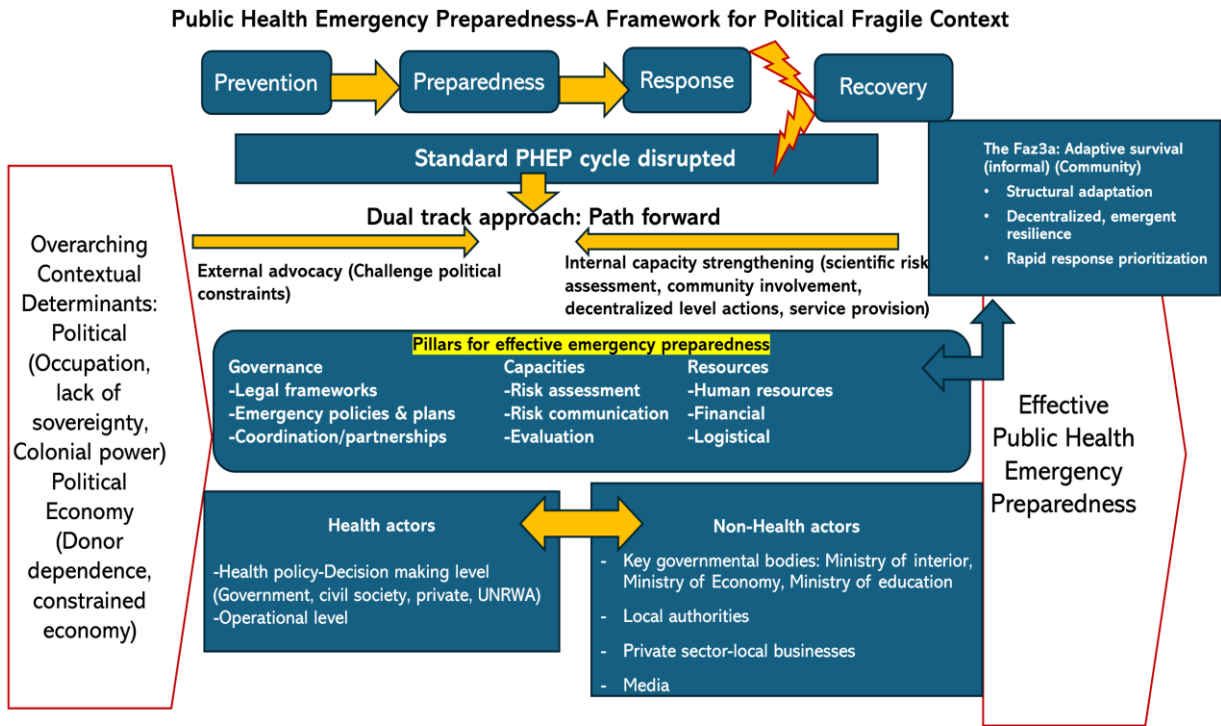
A key lesson from the COVID-19 experience is the importance of community engagement and building trust through clear communication. The local community must be seen as a key partner in all preparedness efforts, as their involvement can help reduce illness and death rates during emergencies. This research found that while policymakers praised teamwork during the response, they often felt frustrated by their limited role in the planning and recovery phases.

The pandemic has driven the improvement of healthcare infrastructure in Palestine, including new hospitals, primary healthcare clinics, and central laboratories. These new facilities and their staff need to be developed into fully functional emergency centers to boost preparedness. The COVID-19 crisis revealed a shortage of specialist medical professionals in areas like lung disorders, infectious diseases, and resuscitation, highlighting a significant gap in human resources that requires attention.

An important conclusion is the lack of a systematic process for post-emergency evaluation and learning. Despite extensive experiences from crises like the COVID-19 pandemic and repeated military incursions, there is no organized system to document, review, and apply these lessons. The absence of institutional memory limits the system's ability to identify

major shortcomings and shifts from a reactive, event-based approach to a proactive, continually improving one. By formalizing past experiences, enhancing legal and financial systems, and fostering broad multi-sector partnerships that engage society, Palestine can build a more resilient and effective health system for future emergencies.

This study makes a substantial contribution to the proposal of an alternative theoretical model for emergency health preparedness in Palestine and other fragile contexts and based on the analysis presented above. Political and economic factors that are closely related to settlement expansion and Israeli occupation plans to destabilize the Palestinian economy and impose political and economic control are the main factors limiting the strengthening of the preparedness system, as the model below explains. But according to the research findings, this model also supports the crucial internal capacities that need to be built in the three areas that were thoroughly studied: capabilities, resources, and governance. The proposed framework is represented below in Figure 6.1.



**Figure 6.1: Proposed PHEP Framework for Political Fragile Context**

## 6.2 Recommendations and Future Directions

Based on the findings, the following operational recommendations are proposed to transition toward a proactive, institutionalized public health emergency preparedness (PHEP) system. Recommendations are organized by core components of preparedness: Governance,

Capacities, Resources, in addition to Research & Conceptual Development related recommendations.

### **Governance:**

- Establishment of a permanent national preparedness body (NPD) within six months with a dedicated budget line in the national budget: The government should establish and sustainably fund a permanent National Emergency Preparedness and Management Body with a clear mandate to lead and institutionalize PHEP. This multi-sectoral body should include representatives from health, social development, civil defense, academia, civil society, and the private sector. This would address the core findings regarding the lack of central leadership.
- The established NPD should be mandated to assess and issue a national preparedness report that highlights gaps at all West bank districts.
- Enact Enabling Legislation within 12 months: The Palestinian government should either amend the Public Health Law to include a dedicated, comprehensive section on emergency preparedness or pass a new, overarching Emergency Law. This legislation should clarify the roles, responsibilities, and legal authorities of all key actors.
- Establish a clear legal emergency fund, equivalent to at least 2% of the annual health budget.
- Integrates provisions for international aid coordination under local leadership.
- The EOC under the MoH should be activated. This center should implement an effective surveillance system for the early warning and identification of any emergency events that pose a hazard to public health. The center's tasks include mobilizing financial resources and mapping all existing operational health services throughout the West Bank to facilitate comprehensive coordination with all service providers. The center should consistently monitor epidemiological trends to ensure that any illness escalation prompts notification to the appropriate department for requisite evaluation.

### **Capacities:**

- A plan is required to deploy health personnel and enhance training programs for health cadres. A comprehensive plan should be established, delineating categories of staff and corresponding training topics in the field of emergency management and response.
- A detailed community awareness strategy should be developed based on anticipated circumstances and their consequences. This initiative should be spearheaded by the health promotion department of the MoH, in comprehensive collaboration with the emergency department and other pertinent organizations.
- Enhancing media involvement to provide regular, consistent, and accurate information daily for stakeholders, health providers and local community.

- Establish an institutional learning framework: A formalized process for post-emergency assessment must be created. Mandatory after-action evaluations must be conducted after all severe crises, with results recorded in publicly accessible reports. This process would safeguard institutional memory and guarantee that insights gained from experiences such as COVID-19 and military incursions are systematically incorporated into future strategies and training regimens.

#### **Resources:**

- Emergency supplies stockpiling program: emergency supplies encompassing both consumables and non-consumables should be integrated into year-round stockpiling or buffer stock programs. Critical supplies such as vaccines, medications, oxygen, and other necessities for ICUs should be assessed according to patient influx during emergencies, considering the population size of each district and the proportion of the vulnerable population.
- Establish decentralized warehouses for stockpiling, north, middle and south with monthly audit reported to the EOC.
- Establish partnerships with local supplies and develop emergency supply agreements. This could be done with international supplies as well based on pre-vetted arrangements.

#### **Research and Conceptual Development**

- Research may be undertaken to evaluate the public's awareness, attitudes, and practices about emergency preparedness. A pilot study may thereafter be conducted to evaluate the efficacy of community-based preparedness programs, potentially reviving the concept of neighborhood committees referenced in the findings.
- A mixed-methods study could examine the formal and informal mechanisms of public-private partnership in emergencies. The study should seek to establish a legal and financial framework to formalize this cooperation, addressing the existing ad-hoc nature of private sector involvement.
- Further research to Develop Fragility-Informed Preparedness framework that can be used for benchmarking with other similar contexts (e.g., Yemen, Lebanon, Sudan).
- Cross-national comparative research to identify transferable strategies for sustaining preparedness under systemic fragility.
- Historical-Institutional Analysis: To understand the evolution of key PHEP concepts at the national and institutional level in Palestine through decades of political instability. How have specific laws, policies, plans, units, and protocols actually adapted (or not) across sequential shocks?

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## Appendices

### Appendix (1): Ethical Approval Letter

Al-Quds University  
Jerusalem  
School of Public Health



جامعة القدس  
القدس  
كلية الصحة العامة

التاريخ: 2024/2/ 17  
الرقم: REF. 7/24

عزيزتي الطالبة ريم مقداد المختومة  
برنامج الدكتوراة في الصحة العامة

الموضوع: موافقة لجنة اخلاقيات البحث العلمي

قامت اللجنة الفرعية لأخلاقيات البحث التابعة لكلية الصحة العامة بمراجعة مشروع الرسالة بعنوان:  
***"Public Health Emergency Preparedness in Palestine: A comprehensive overview"***

المقدم من (مشرف البحث/أ.د. معتصم حمدان).  
يعتبر مشروعك مستوفياً لمتطلبات أخلاقيات البحث في جامعة القدس.  
نتمنى لكم كل التوفيق في تسير المشروع.

ملاحظة: في حالة الحاجة الى موافقة من اللجنة المركزية في الجامعة، تستطيع التقديم باستخدام هذه  
الموافقة على الرابط: <https://research.alquds.edu/en/ethics/48-how-to-apply.html>

رئيسة اللجنة الفرعية لأخلاقيات البحث  
كلية الصحة العامة  
د. نهى الشريف



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## Appendix (2): Interview Guide- Policy makers



في الصحة العامة

كلية الدراسات العليا - برنامج الدكتوراه

المستفادة أثناء مواجهة جائحة كورونا

دراسة استكشافية حول الدروس

في فلسطين بهدف تطوير نظام الاستعداد والتخطيط للطوارئ لدى صانعي القرار في القطاع الصحي الفلسطيني

عزيزي/تي المشارك/ة

تحية طيبة وبعد،

هذه الدراسة هي إحدى المتطلبات الدراسية للحصول على درجة الدكتوراه في تخصص الصحة العامة من جامعة القدس، حيث تتكون من مجموعة من المقابلات الفردية مع مجموعة مختارة من صانعي القرار في القطاع الصحي الفلسطيني. نأمل منكم التعاون في إجراء المقابلة والتي تهدف إلى استخلاص أهم الدروس المستفادة من تجربة كورونا و الخروج بتوصيات واضحة لتطوير نظام التخطيط والاستعداد للطوارئ في فلسطين. وأهم محاور الدراسة:

- الوضع الحالي للتخطيط والاستعداد للطوارئ في فلسطين
- الاجراءات التي تم اتخاذها لمواجهة كوفيد 19
- الموارد المتوفرة واليات الحصول على التمويل
- التنسيق والتشبيك مع الشركاء في القطاع الصحي

قضايا أخرى تتعلق بنقاط القوة والضعف في إدارة الجائحة والدروس المستفادة للبناء عليها مستقبلاً نود أن ننوه إلى أن المشاركة في هذه الدراسة طوعية كذلك نود إعلامكم بأنه لن يستطیع أحد معرفة هوية المشاركين في الدراسة، حيث ستنم معالجة المعلومات بشكل عام وليس بشكل خاص. ولمزيد من الإستفسار والمعرفة حول هذه الدراسة يرجى التواصل مع المشرف أ.د. معتصم حمدان، أستاذ السياسات الصحية في جامعة القدس [mhamdan@staff.alquds.edu](mailto:mhamdan@staff.alquds.edu) علماً بأننا سنقوم بتزويدكم بنسخة من هذه الدراسة عند نشرها في المجلات العلمية. لقد قمنا بقراءة المعلومات أعلاه أو تمت قراءتها لي وأقر بأن هذه المقابلة مسجلة وطوعية ولي حرية الإنسحاب متى أردت بدون إبداء الأسباب وإنه سيتم تزويدك بنسخة الموافقة التي وقعت عليها.

توقيع المشارك/ة في الدراسة: ----- التاريخ -----

الباحثة: ريم يعقوب مقدادي ، جامعة القدس، طالبة دكتوراه في الصحة العامة

هاتف رقم: 0599265906

بريد الكتروني: [miqdadireem@gmail.com](mailto:miqdadireem@gmail.com)

## البيانات الديموغرافية للفئة المبحوثة

- الجنس: -----
- عدد سنوات التعليم: -----
- المسمى الوظيفي: .....
- القطاع الصحي: حكومي غير حكومي وكالة خاص الهلال الأحمر
- عدد سنوات الخبرة كمسؤول في القطاع الصحي: -----
- عدد السنوات في مجال التخطيط / الطوارئ بشكل محدد .....

## أسئلة ومحاور المقابلات الفردية

### دراسة إستكشافية

|              |       |         |       |          |       |
|--------------|-------|---------|-------|----------|-------|
| رقم المقابلة | ----- | التاريخ | ----- | الباحث/ة | ----- |
| المتسلسل     | ----- |         | ----- |          | ---   |
| المحافظة     | ----- | الوقت   | ----- | المؤسسة  | ----- |
|              | ----  |         | ----- |          | ---   |

### المحور الأول: معرفة صانعي القرار حول وجود خطط طوارئ، والموارد المتاحة لمواجهة الطوارئ

#### Please select/highlight the relevant option:

1= Not relevant

2=Unable to assess the relevance

3= Relevant but needs modifications

4=Very relevant and concise

- قبل بدء الجائحة، ووفقا للمعلومات المتوفرة لديك، هل تم تطوير اية خطة وطنية لمواجهة طوارئ من هذا القبيل؟
  - كيف تم تطويرها؟ من هم الشركاء في اعدادها؟
  - هل تم تعميمها على الشركاء في القطاع الصحي؟
- الموارد المتاحة:
  - هل تم رصد ميزانية لدعم الاستعداد والاستجابة في حال الطوارئ؟
  - ما هي اهم الموارد المتوفرة اثناء الجائحة؟ (كوادر بشرية، اجهزة ومعدات وقاية.....)
  - هل كان هناك دعم لتغطية الاحتياجات (داخلي وخارجي)؟ وما هي طبيعة هذا الدعم؟
  - ما هي اليات تنسيق الموارد المحلية المختلفة وتنسيق المساعدات الخارجية التي تم اعتمادها خلال الجائحة؟
  - كيف تصف فاعليتها برأيك؟

### المحور الثاني: صنع القرار حول اجراءات مواجهة الجائحة

#### Please select the relevant option:

1= Not relevant

2=Unable to assess the relevance

3= Relevant but needs modifications

4=Very relevant and concise

- ما هي أهم الاجراءات التي تم اتخاذها عند وصول الجائحة الى فلسطين؟

- ماذا كانت اهم الاحتياجات والاولويات؟ من الذي يضع الاولويات؟
- هل تم تشكيل لجان لمواجهة الجائحة؟ ما هي صفة او تخصصات الاعضاء ؟
- هل غطت أو شملت عضوية اللجان كافة التخصصات من كافة القطاعات وكيف تم تشكيلها
- ماذا كانت اهم وظائف او أنشطة اللجان؟ هل كانت فعالة برأيك ولماذا؟ ما هي اقتراحاتك للتحسين؟
- هل كانت اللجان تجتمع بشكل دوري؟ هل يتم متابعة مخرجات الاجتماعات او قرارات اللجان؟

المحور الثالث: الخبرة العملية وتطبيق الاجراءات

**Please select the relevant option:**

1= Not relevant

2=Unable to assess the relevance

3= Relevant but needs modifications

4=Very relevant and concise

- كيف كانت تجربة التنسيق والتعاون مع الشركاء الاخرين في القطاع الصحي؟
- من هم هؤلاء الشركاء؟ كيف وماذا كان دورهم؟
- ما هو تقييمك لدور المجموعة القطاعية للصحة في الاستجابة للاحتياجات اثناء وبعد الجائحة؟
- كيف تم تغطية الخدمات الصحية الاعتيادية الاخرى للمواطنين؟
- ما هو دور القطاع الصحي الخاص؟
- هل تم اعداد خطة توعية للمجتمع؟
- ماذا كانت الوسائل التي تم استخدامها؟
- هل ساهمت هذه الخطة براك في تعزيز المسؤولية المجتمعية؟ كيف كان ذلك؟

المحور الرابع: اراء وانطباعات المسؤولين حول ادارة الأزمة بشكل عام

**Please select the relevant option:**

1= Not relevant

2=Unable to assess the relevance

3= Relevant but needs modifications

4=Very relevant and concise

- ما هي اهم نقاط القوة في إدارة الأزمة؟
- ما هي اهم الاخفاقات والتحديات في إدارة الأزمة؟
- ما هي أهم الدروس المستفادة على مستوى وطني في موضوع الاستعداد والتخطيط للطوارئ؟

" انتهت المقابلة "

## Appendix (3): Focus Group Guide- Hospitals and PHCs

### Public Health Emergency Preparedness in Palestine: A Qualitative Comprehensive Overview

The overall aim of this study is to understand the status and extent of PHEP in Palestine with respect to three key areas: **resources, capacities, and governance**.

By gathering data from important stakeholders and health officials, the first objective was accomplished. The second objective is to concentrate on identifying the major gaps and challenges in public health preparedness at the operational level of the health sector from the perspectives of the heads of primary health care directorates and hospitals operated by different service providers. As a result, a limited number of nominees from the heads of the West Bank's main primary healthcare directorates and governmental hospitals will participate in the scheduled focus groups. The emergency department at MOH will support the coordination and convening of the focus group discussions, and they will be conducted at the MOH facilities. The focus group will approximately take one and a half hours, and it will be audio-recorded upon participants' consent.

Participation is completely voluntary and the participant has the right to withdraw at any time during the study.

The research is supervised by Prof. Dr. Motasem Hamdan, School of Public Health, Al-Quds University, [mhamdan@staff.alquds.edu](mailto:mhamdan@staff.alquds.edu).

*Note: Many questions have been developed for each component, but the goal is to distribute them to multiple groups so that the information required for each of the elements is obtained and in accordance with the strategic framework of emergency preparedness (WHO,2017).*

#### Target audience

- Heads of governmental hospitals at the Ministry of Health (2 groups, each consisting of 6-8 people)
- Heads of Primary health care directorate at the Ministry of Health (2 groups, each consisting of 6-8 people)

#### Aim

To identify the key preparedness gaps and challenges at the health sector operational level.

## Focus Group Guide

| Topics                          | Main Questions (can be asked more than once in different ways and at different times throughout the discussion) | Follow up questions                                                                                              | Probes                                                                                                                                          |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Governance procedures</b> | Can you tell me if Emergency preparedness plans do exist at the level of your hospital/PHCs?                    | At what level? internal (between teams/departments) , at the level of the governorate, at the national level.... | Do/did you contribute personally to developing any of the emergency plans? Or nominate somebody on your behalf?                                 |
|                                 | What components are considered in those plans?                                                                  | Is there any support from the MOH departments for the process of development? Which units are involved?          | Please give an example of any EP you know it exist                                                                                              |
|                                 | What other regulations do/did you adopt in case of emergency?                                                   | Are there any existing policies/protocols? Procedures?                                                           | For procurement for example, for transfer of patients.....etc? What are the Procedures for medical treatment and for referral for severe cases? |
| <b>Governance Coordination</b>  | At the level of the district, who usually leads the emergency response?                                         | What is your role as head of secondary and primary care?                                                         | Who else is involved?                                                                                                                           |
|                                 | How do you see the involvement of the non-health actors in supporting the effort for preparedness.....          | Who are they?                                                                                                    | What is the Role of Municipalities, governorates, social actors, police...                                                                      |
|                                 | Are there any plans to interact with the community during emergencies?                                          | What is the role of local organizations? With examples                                                           | What is your experience in this regard?                                                                                                         |
|                                 | At the central level, from the Ministry, how do you coordinate the efforts of emergency preparedness?           | Is there a mechanism in place to communicate with the central level in case of any emergency?                    |                                                                                                                                                 |
|                                 | Are you involved in any local committees at the district level?                                                 | Are they only active at the time of emergency?                                                                   | What did they do when there is no emergency?                                                                                                    |

|                                                       |                                                                                                                       |                                                                                                                                  |                                                                        |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                                       | Coordination between the secondary and primary health care??                                                          | Inter and intra (between hospitals, and with other PHCs)                                                                         |                                                                        |
| <b>Governance-Decision making/leadership</b>          | Who decides in case of emergency?<br>How decisions are made when there is an emergency? Who makes the decision?       | Who should take the decision in your opinion?                                                                                    | What kind of decisions?                                                |
| <b>Governance-Accountability</b>                      | Are there clear roles and responsibilities prepared for emergencies?                                                  | Can you give examples from previous emergencies?                                                                                 |                                                                        |
| 2. <b>Capacities-Surveillance &amp; Early Warning</b> | Do you have clear processes/protocols for Surveillance/early detection?                                               | Do you have any examples from recent emergencies?                                                                                |                                                                        |
|                                                       | What are the scenarios in place to deal with expected emergencies, for example, mass casualties with strict closures? |                                                                                                                                  |                                                                        |
| <b>Capacities-Risk communication</b>                  | Do you have plans ready for Risk communication based on the expected scenarios?                                       | Did you prepare any materials for the community?                                                                                 |                                                                        |
| <b>Capacities-Evaluations</b>                         | How have you assessed the emergency response so far?                                                                  | What are the outcomes?                                                                                                           | At the time of COVID-19 for example                                    |
| <b>Resources Human Resources</b>                      | Did your staff receive any training on how to respond in an emergency?                                                | Any specialized training? Any general training like crisis management, and communication in an emergency (to build their skills? | Any training on humanitarian principles?                               |
|                                                       | Did you build any possible scenarios and train the staff accordingly?                                                 |                                                                                                                                  | For example, drill exercises, and how to deal with displaced people??? |
|                                                       | What do you think is still needed to better build the staff capacity?                                                 |                                                                                                                                  | Please provide specific topics                                         |
|                                                       | Do you have a focal point for emergency preparedness at the level of your facility?                                   | What is their role? Are they active?                                                                                             |                                                                        |
|                                                       | Are there any plans to rotate staff in case of an emergency? How to Recruit new/ additional staff?                    | Do you have a database at the level of the district (mapping of health personnel???)                                             |                                                                        |

|                                                   |                                                                                          |                                                                    |                                                             |
|---------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Resources</b><br><b>Logistics&amp; Finance</b> | Do you keep Stockpiles of supplies (drugs, materials.PPEs...) for emergencies?           | for how long?                                                      | Is there any plan to replenish?                             |
|                                                   | Within your budget, is there any kind of allocation to the emergency budget?             |                                                                    |                                                             |
|                                                   | What is the role of the government/MOH in supporting your services in case of emergency? |                                                                    |                                                             |
| <b>General questions</b>                          | How did you benefit from previous experiences to strengthen preparedness?                |                                                                    |                                                             |
|                                                   | What are the main challenges that could face your facility at times of emergencies?      |                                                                    |                                                             |
|                                                   | What is your impression in regard to Emergency centers' distribution in the West Bank?   | Is it appropriate based on the classification of hot spots so far? | Are these centers effective in stabilizing emergency cases? |
|                                                   | How do you envisage the EOC role??                                                       |                                                                    |                                                             |

## Appendix (4): Interview Guide-Non health Actors

### Public Health Emergency Preparedness in Palestine: A Qualitative Comprehensive Overview

This study's overarching goal is to comprehend the state and scope of PHEP in Palestine in relation to three crucial domains: governance, capacities, and resources.

The first objective was achieved by collecting data from significant stakeholders and health officials. The focus of the second objective is to identify the principal operational gaps and obstacles in public health preparedness in the health sector, as seen by the heads of primary health care directorates and hospitals run by various service providers. The project's final objective is to hear non-health actors' perspectives on multisectoral preparedness coordination in particular as well as other research areas.

For this objective, the main actors are specified based on the Multisectoral Preparedness. Coordination Framework (WHO,2018) although some actors like a functional parliament or legislative council don't exist, the PMO could be an alternative.



multisectoral  
coordination.pdf

Participation is completely voluntary and the participant has the right to withdraw at any time during the study.

The research is supervised by Prof. Dr. Motasem Hamdan, School of Public Health, Al-Quds University, [mhamdan@staff.alquds.edu](mailto:mhamdan@staff.alquds.edu).

#### Target audience

- Heads of Planning units/Departments at main non-health actors in the West Bank (8-10 interviews):
  - Palestinian Civil Defence
  - Ministry of Finance
  - Ministry of Environment/Ministry of Agriculture
  - Ministry of Interior
  - Ministry of Foreign Affairs
  - Palestine Minister Council/Office
  - Municipalities (Ramallah as a sample)
  - Palestine Water Authority
  - Planning unit at the police
  - Academia
  - PNGOs
  - Other ministries as deemed necessary

#### Aim

To identify the key emergency preparedness gaps, challenges, best practices, and strengths at the non-health sector planning level. The interview guide below was developed to serve as an overall guidance with the above-mentioned non-health actors.

## Interview Guide

| Topics                                                                   | Main Questions (can be asked more than once in different ways and at different times throughout the discussion)                                                                                                                                                                                                                    | Follow up questions                                                                                                                                                                 | Probes                                                                                                                                                                     |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Governance</b><br><br><b>High-level political commitment</b>          | <b>Country ownership:</b><br><br>- To what extent is the PMO engaged and involved in preparedness?<br><br>-Which department at your organization is engaged?<br><br>-In which overarching framework is emergency preparedness integrated?                                                                                          | How do you see the responsibility and accountability of the government toward global commitments?(SDGs, IHR...)                                                                     | Do/did you contribute personally to developing any of the emergency plans? Or nominate somebody on your behalf? Please give an example of any framework you know it exists |
|                                                                          | <b>Leadership</b> (Within your own sector? With other sectors?)<br><br>-How do you select leaders for the emergency coordination process?<br><br>-What are the characteristics of the leader? What shall they do with other stakeholders to bring them on the table?<br><br>-What are the key factors for successful coordination? | Is it MOH? PMO? Other coordinating bodies?                                                                                                                                          |                                                                                                                                                                            |
| <b>Governance</b><br><br><b>Coordination/</b><br>Formation of structures | <b>Assessing the existing structures for coordination/functionality and sustainability of the mechanisms in place/ and suitability</b><br><br>- Is there an existing steering committee? Political and technical levels? Its role? At what level? National, sub-national, regional? What are the main tasks of this committee?     | Formalization of the structure (any MOU, formal directives...policies..)<br><br>Other committees? Technical working groups? Advisory groups?<br>-Funds available for the committee? | Who else is involved?                                                                                                                                                      |
|                                                                          | <b>Stakeholders mapping</b><br><br>-Is it a staged process? Stakeholders added or excluded at a certain period of time? As necessary?<br><br>-In your opinion, who are the most relevant stakeholders to be included and enhance emergency coordination?                                                                           | How do you think you add value as a sector for the emergency coordination                                                                                                           | What is the Role of Municipalities, governates, social actors, police...                                                                                                   |

|                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|                                                | <b>Needs assessment</b><br><br>-Is there a joint needs assessment by all stakeholders to identify needs and gaps of PHEP?<br><br>-Did you participate in any after-action review? External assessment?<br><br>-Do you have your own data system?<br><br>-Do you do your own risk and vulnerability mapping? Is there any exchange of data or perspectives on the most vulnerable population? |                                                                                                                                  | What is your experience in this regard?                                |
| <b>Capacities</b><br><br><b>Implementation</b> | <b>Transparency, trust and accountability</b><br><br>-How do you describe the relationship between actors in coordinating preparedness efforts?<br><br>-common goals & expectations/ sharing information                                                                                                                                                                                     | Do you have any examples from recent emergencies? Clear roles & responsibilities? Trust?                                         |                                                                        |
| <b>Capacities-</b><br><br><b>Communication</b> | <b>Communication</b><br>-Effective communication: regular sharing of information, ad hoc updates<br><br>- Internal vs. External communication (media and public)                                                                                                                                                                                                                             | Did you prepare any materials for the community?                                                                                 |                                                                        |
| <b>Resources</b><br><br><b>Human Resources</b> | Did your staff receive any training on how to respond in an emergency?                                                                                                                                                                                                                                                                                                                       | Any specialized training? Any general training like crisis management, and communication in an emergency (to build their skills? |                                                                        |
|                                                | Did you build any possible scenarios and train the staff accordingly?                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | For example, drill exercises, and how to deal with displaced people??? |
|                                                | What do you think is still needed to better build the staff capacity?                                                                                                                                                                                                                                                                                                                        |                                                                                                                                  | Please provide specific topics                                         |
|                                                | Do you have a focal point for emergency preparedness at the level of your organization?                                                                                                                                                                                                                                                                                                      | What is their role? Are they active?                                                                                             |                                                                        |
| <b>Resources</b><br><br><b>Finance</b>         | <b>Funding:</b> costed action plans, mapping of resources, national budgets, and financing                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                        |

|                          |                                                                                                                                                                                                                                                                                                   |                                                         |  |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--|
|                          | <p>-What is the role of MOFA in budgeting for health PHEP? (this Qs is only for Ministry of finance)</p> <p>- Is there any specific budget for coordination? For priority preparedness items?</p> <p>-Is there a focal point from MOF in the steering committee or other national structures?</p> |                                                         |  |
|                          | Within your budget, is there any kind of allocation to the emergency budget?                                                                                                                                                                                                                      |                                                         |  |
| <b>General questions</b> | How did you benefit from previous experiences to strengthen preparedness?                                                                                                                                                                                                                         | What are the best practices and strengths in your view? |  |

## Appendix (5): Consent Form (Arabic and English Versions)

### Public Health Emergency Preparedness in Palestine: A Comprehensive Overview Consent Form

This exploratory qualitative study has been designed to meet the requirements for obtaining a Ph.D. degree in Public Health at Al-Quds University. Data collection will mainly be through in-depth interviews with key informant stakeholders, health and non-health actors in the country. The purpose is to study the status of emergency preparedness highlighting some examples related to previous responses. The research also aims to offer recommendations for further strengthening the country's emergency planning and preparedness system. The in-depth interview will address the following major three domains:

1. Governance structure: which would include any availability of emergency plans, policies, laws, coordination structures and accountability mechanisms.
2. Capacities: which will cover a wide spectrum of activities like risk assessment, surveillance systems among other areas.
3. Resources availability and processes for mobilization, human resources capacity building as well as other logistical resources include the supply chain mechanism for the country.

The interview will approximately take 30-45 minutes and it will be recorded upon your consent. If you have any issues with recording the interview, please let me know in advance. Please note that participation in this study is completely voluntary and you have the right to withdraw at any time during the study. The researcher can share interview transcripts with you if you want to check them, and you can correct, add, or remove data.

If you agree to record the interview, please note that no one will be identified by name on the tape/digital recording. The recording will be anonymously labeled with a code number for each participant. The entire data set will be stored on a single compact disc using digital equipment in the researcher's office. The tapes will be destroyed after transcription is done and cross-checked by the supervisor.

The information that will be collected from this research study will be kept private and confidential. Please confirm your participation either via email at [reem.mekdade@students.alquds.edu](mailto:reem.mekdade@students.alquds.edu) or through WhatsApp at: +972 599265906. The study is supervised by Prof. Dr. Moatasem Hamdan, School of Public Health, Al-Quds University, [mhamdan@staff.alquds.edu](mailto:mhamdan@staff.alquds.edu). For any further details or inquiries, please contact our supervisor: Dr. Asma Imam, the Ph.D. Program Coordinator, Faculty of Public Health, at [aimam@staff.alquds.edu](mailto:aimam@staff.alquds.edu)

*Sincerely yours*

**Reem Miqdadi**

**Ph.D. student at Alquds University**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I asked have been answered to my satisfaction. I know that the interview will be recorded, and I agree with that. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I consent voluntarily to be a participant in this study.

Participant

Signature\_\_\_\_\_Date\_\_\_\_\_Venue\_\_\_\_\_

## Appendix (6) Al-Quds University Facilitation Letter

بسم الله الرحمن الرحيم

**Al-Quds University**  
Jerusalem  
School of Public Health



**جامعة القدس**  
القدس  
كلية الصحة العامة

التاريخ: 2024/9/21

حضرة: [Redacted] المحترم  
مدير عام: [Redacted] وزارة: [Redacted] فلسطينية

**الموضوع: تسهيل مهمة الطالبة ريم مقدادي**

تحية طيبة وبعد،،

تقوم الطالبة ريم مقدادي (برنامج دكتوراه الصحة العامة/ كلية الصحة العامة/ جامعة القدس)، بإعداد بحث ويعنون:

**“رؤيا شاملة حول الاستعداد الصحي للطوارئ في الضفة الغربية”**

وتهدف الدراسة الى ما يلي:

- جمع معلومات حول الهيات التخطيط للطوارئ بشكل عام والامكانيات المتوفرة لدى الوزارات والمؤسسات المختلفة.
- التوصل الى فهم عميق حول موضوع القدرات لإدارة عملية الطوارئ سواء قدرات مالية، فنية أو بشرية.
- الخروج بتوصيات عامة ومحددة في مجالات مختلفة لتحسين عملية التخطيط والاستعداد للطوارئ.

يندرج هذا البحث ضمن متطلبات التخرج لبرنامج الدكتوراه في الصحة العامة/ جامعة القدس، وإحدى أهم المحاور للبحث هو التنسيق بين القطاعات المختلفة، لذلك هي بحاجة لعقد مقابلات معمقة مع ذوي الاختصاص في هذا الموضوع. لذا نرجو من حضرتكم التكرم والسماح لها بإجراء مقابلة مع حضرتكم لإنهاء متطلبات البحث. علما بان المعلومات ستكون سرية ولأغراض البحث العلمي فقط.

ملاحظة: في حال الموافقة ارجو ارسالها عبر الاليميل.

شاكرين لكم حسن تعاونكم،،،

كلية الصحة العامة  
Faculty of Public Health



د. حازم اغا  
عميد كلية الصحة العامة

نسخة: الملف.

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البريد الالكتروني: sphealth@admin.alquds.edu

## Appendix (7): MoH Approval Letter

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>State of Palestine</b><br><b>Ministry of Health</b><br><b>Education in Health and Scientific</b><br><b>Research Unit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | دولة فلسطين<br>وزارة الصحة<br>وحدة التعليم الصحي<br>والبحث العلمي |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                   |
| Ref.: .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | الرقم: ٢٠٢٤/٩٨١/١٠٠                                               |
| Date: .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | التاريخ: ٢٠٢٤/١٠/١٨                                               |
| <p>عطوفة الوكيل المساعد لشؤون المستشفيات والطوارئ المحترم،،،</p> <p>عطوفة الوكيل المساعد لشؤون الصحة العامة وصحة الاسرة المحترم،،،</p> <p>تعبية واحترام،،،</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                                                                   |
| <p><u>الموضوع: تسهيل مهمة بحث</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                   |
| <p>يرجى تسهيل مهمة الطالبة: ريم مقدادي- دكتوراه الصحة العامة/ جامعة القدس،<br/>وبإشراف أ.د. معتصم حمدان، في عمل بحث بعنوان:</p> <p style="text-align: center;">Public Health Emergency Preparedness in Palestine, a Comprehensive Overview</p> <p>من خلال السماح للطالبة بجمع المعلومات عن طريق اجراء مقابلات، كما يلي:</p> <p>- عقد مجموعتين بؤريتين مع عينة مختارة من 6-8 مدراء مستشفيات في الضفة الغربية</p> <p>- عقد مجموعتين بؤريتين مع عينة مختارة من 6-8 مدراء رعاية صحية أولية في الضفة الغربية</p> <p>على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، والحفاظ على سرية المعلومات.</p> <p>على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.</p> <p style="text-align: right;">مع الاحترام،،،</p> |                                                                                   |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                   |
| <p>نسخة: عميد كلية الصحة لعامة المحترم/ جامعة القدس</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                   |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                   |
| Telfax.: 09-2333901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | scientificresearch.dep@gmail.com                                                  | تلفاكس: 09-2333901                                                |

إعداد: ريم يعقوب احمد مقادي

المشرف: د. معتصم حمدان

## ملخص الدراسة

**خلفية البحث:** تُعد إدارة الطوارئ أمراً أساسياً لحماية المجتمعات خلال الأزمات. ومع ذلك، تتضمن مراحل هذه العملية آليات مُحددة لتعزيز الدورة بأكملها. ومن أهم محاورها التأهب والاستعداد للطوارئ. هدف هذا البحث لعمل استكشاف عام حول الاستعداد الصحي للطوارئ في فلسطين وتحديدًا على مستوى الضفة الغربية. قام البحث بالتعمق في ثلاثة عناصر رئيسية للاستعداد وهي عنصر الحوكمة بمكوناته التي تشمل البيئة القانونية، السياسات والخطط واليات التنسيق والشاركة ضمن القطاع الصحي وما بين القطاعات المختلفة كما بحثت الدراسة عنصر القدرات والإمكانيات من ناحية القدرة على تقييم المخاطر والاتصال مع المجتمع المحلي وتوفير الخدمات الروتينية في حالات الطوارئ والقدرة على تقييم التجارب والاستفادة منها وعكس الدروس نحو نظام استعداد اقوى، واخيرا بحثت الدراسة موضوع الموارد بكافة اشكالها المالية والبشرية واللوجستية. كل هذه العناصر تم استطلاعها ضمن ثلاثة مستويات رئيسية للبحث على مستوى صناع القرار في الدولة والمستوى التنفيذي وهو الرعاية الصحية الاولى والثانوية ومستوى القطاع الغير صحي بأركانه المختلفة.

**المنهجية:** اختيرت عينة مقصودة ملائمة من القطاعين الصحي وغير الصحي. تم عقد 31 مقابلة معمقة مع صناع قرار رئيسيين وجهات فاعلة خارج القطاع الصحي، يمثلون قطاعات مختلفة من النظام الصحي الفلسطيني، وأطرافاً ذات صلة مهمة خارج النظام الصحي. بالإضافة إلى ذلك، أُجريت مجموعة نقاش مركزة مع مدراء المستشفيات الحكومية، وسبع مقابلات مع مدراء مديريات الرعاية الصحية الأولية. تراوحت الفترة الزمنية لجمع البيانات بين أبريل/نيسان 2022 وديسمبر/كانون الأول 2024. وتم تسجيل جميع مجموعات النقاش والمقابلات. واستُخدم التحليل الموضوعي للمحتوى لتحديد المواضيع الرئيسية والفرعية.

**النتائج الرئيسية:** تمحورت اهم النتائج لهذا البحث بان العقلية الموجودة حاليا تجاه موضوع ادارة الطوارئ في فلسطين هي عقلية استجابة وليس استعداد، وان الخطط الحالية الموجودة هي خطط يتم اعدادها في

حال وقوع حدث طارئ فقط وهي عبارة عن خطط استجابة بالأغلب، وإن مستوى المشاركة لهذه الخطط ضعيف ويعكس أيضا ضعف الجانب التنسيقي والتشاركي. ولكن بالرغم من ذلك فإن تجارب الاستجابة المختلفة التي تم تقييمها تعكس نقاط قوة مختلفة من الممكن البناء عليها والاستفادة منها مستقبلا لتطوير نظام صحي مستعد بشكل أكبر لمجابهة كافة أنواع الطوارئ. ولكن المشكلة الأكبر التي توصل إليها البحث هو عدم وجود آلية معينة لتوثيق هذه التجارب واستثمارها في البناء والتطوير وتبادل الخبرات بين المؤسسات. عكس البحث أيضا وبالرغم من وجود قدرات مميزة ضمن القطاعات المختلفة، ولكن لا يوجد منهجية واضحة لعمل تحليل المخاطر والتقييم والتواصل مع المجتمع في حالات الطوارئ وهذا كله يعزى أيضا لعدم تخصيص ميزانية محددة للطوارئ ضمن الحكومة. نقص الموارد بشكل عام كانت إحدى أهم نتائج البحث، وهنا لا نتحدث فقط عن الموارد المالية، بل كانت إحدى أهم النتائج أيضا هو نقص الموارد البشرية اللازمة لإدارة الطوارئ وعدم وجود خطة مسبقة لتدوير العاملين في حال حدوث أي وضع طارئ، أما بالنسبة للعمليات الشرائية واللوجستية فإن هذا الموضوع هو محور رئيسي في مرحلة الاستعداد وتوصل البحث أن عدم وضوح الآليات في مرحلة الاستعداد يؤدي إلى حدوث العديد من المشاكل وقت الاستجابة.

**الخلاصة:** أبرز هذا البحث أهمية تطوير قدرات النظام الصحي الفلسطيني في مجال الاستعداد الصحي للطوارئ، وأهمية رصد ميزانية مخصصة للطوارئ في مرحلة الاستعداد كما بين أن الحكومة يجب أن تقوم بتشكيل جسم وطني يقود عملية الاستعداد بكافة عناصرها بداية من تطوير خطة وطنية شاملة لكافة القطاعات مع توضيح الأدوار والمسؤوليات، كما أن أهمية وجود مركز عمليات طوارئ ظهرت جلية في هذا البحث وتم إيضاح مهام هذا المركز ودوره في الاستجابة وتخفيف المراضة والوفيات الناجمة عن الطوارئ في فلسطين. بالرغم من وجود العديد من خطط الاستجابة للطوارئ في فلسطين، ولكن أثبت البحث أن هذه الخطط مبعثرة وغير مبنية على تحليل مخاطر علمي، ولكن على توقعات فقط. كما أن هذه الخطط وبعضها كانت خطط على مستوى الوطن، ولكن مستوى المشاركة للفاعلين ضعيف مما يؤثر على تنفيذ هذه الخطط وتطبيقها. على مستوى السياسات والقوانين فإن وجود قانون عام للطوارئ وفي ظل الأوضاع المعقدة التي يمر بها الشعب الفلسطيني سوف يساهم في الارتقاء بمعايير توفير الخدمات أثناء الطوارئ ويساهم في حوكمة الاستجابة بشكل عام.

**الكلمات المفتاحية:** الاستعداد للطوارئ، الصحة العامة، المرونة، الحوكمة، فلسطين، البحث النوعي، الانظمة الصحية.