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The Palestinian Healthcare System During the COVID-19 Pandemic September 2020

This policy paper discusses the Palestinian Healthcare System situation under the COVID-19 pandemic. This is one out of a series of ongoing policy papers published by Juzoor that assess the impacts and risks that coronavirus has on the State of Palestine and recommendations to address these challenges. This is part of Juzoor's contribution towards policy dialogue during the COVID-19 pandemic.

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INTRODUCTION

The state of Palestine has been undergoing dramatic developments in 2020. The current threats of impending annexation¹ coupled with the outbreak of the novel COVID-19 have grave implications on the future of the State of Palestine and its institutions.

The immediate consequences of the COVID-19 crisis have been experienced on a daily basis since the outbreak of the pandemic earlier this year. The mid and longer term impact is yet to unfold with a likely grave impact on the economic and social situations. This requires continued dynamism and timely responsiveness to emerging needs to mitigate its larger scale impact before becoming much harder to tackle.

The Palestinian economy is reliant on Israel. Governmental allocations to the health system is directly linked to the economy and the donor community's financial assistance to the Palestinians health sector, either directly to the government or indirectly through related Non Governmental Organisations (NGOs). Thus, the ability to deal with the situation created by COVID-19 in the intermediate and longer term and the development of the Palestinian health care system will be closely linked to the development of the economy.

Questions of the health care system's efficiency, effectiveness and ethics have strongly surfaced for debate after the the rapidly intensifying outbreak, limited financial resources, the withholding of millions of dollars of Palestinian tax revenues and the reduction in international and Arab financial support.



This statement sheds light on the potential COVID-19 impact on the functionality of the Palestinian health care system with recommendations to minimize or neutralize challenges and to ensure health care issues are not compromised under the priorities of responding to the immediate needs of COVID-19. It also aims at contributing to the national response and post-pandemic health system strengthening efforts. Tackling Non Communicable Diseases (NCD) is presented as an example of how health care has been affected throughout the narrative.

¹ Israel's Blockade Has Kept the Worst of the Coronavirus Out of Gaza. It Might Keep Aid Out Too
By Joseph Hincks April 3, 2020

SITUATION UNDER COVID-19

Palestine, like many other countries, was not prepared for a large-scale outbreak of the highly infectious coronavirus especially in the context of occupation, financial limitations, geographic division of territory with lack of control and dwindling funding. Additionally, the infectious coronavirus has added an extra burden on the Gaza Strip (GS), the world's most densely populated area with increasingly impoverished inhabitants. Palestine issued its COVID-19 response plan in which it indicated *"The State of Palestine faces significant challenges in this effort, including a severely under-equipped health sector and an existing fiscal crisis caused by the Government of Israel (GoI) withholding of revenue. The COVID-19 and the emergency measures that the GoP is taking and will continue to have a significantly negative impact on our economy, which will lead to (i) shrinking revenues (by at least **40%**) that limit the GoP's ability to maintain existing level of services and (ii) increasing needs for immediate economic support and longer-term economic recovery"*.²

On March 5th, 2020, after the detection of the first cases of COVID-19 infection, the Government of Palestine (GoP) declared a State of Emergency across the country. The GoP's strategic approach has been designed to protect citizens (particularly the most vulnerable) from infection while also mitigating the stress on an already strained health care system.³ A national emergency committee was established to oversee crisis management as a result of COVID-19.

Up until the end of May, there were a little over **500** infected cases with **4** fatalities inclusive of EJ.⁴ The spike in the number of infected cases at the end of June and the beginning of July had reached an alarming number of **5,000** cases with around **20** fatalities. By that time, Palestine had suffered a **250%** increase in the number infected cases compared to the earlier days of the outbreak in March /April. Due to the worsening situation in July, a further lockdown was necessary as the number of infected cases reached around **450**⁵ per day. Along with the increasing number of infected cases, there was a parallel requirement for making available testing, additional quarantine areas, and hospitalization for COVID-19 patients. This added an extra strain and overstretched the hospitals and the health care system in general.

Over **50** healthcare personnel were infected by July 5th and others suffered from exhaustion as they were working around the clock to keep up with increasing number of infected cases under very difficult circumstances including shortages in medical equipment, financial resources, infrastructure, and workforce. Additionally, there has been a growing "back log" in testing⁶ people starting end of June. The system could carry out a maximum of **5,000** tests a day whereas around **10,000** samples were collected daily.

2 State of Palestine State of Emergency: COVID-19 Response Plan - Needs for Donor Support-2020

3 State of Palestine State of Emergency: COVID-19 Response Plan. Approach includes : (1) Preparation of the emergency response plan while contacting local and international partners to mobilize health professionals and facilities across the WB,(2) Containment and suppression: through testing, quarantining and restrictions on citizen movement,(3) Public health outreach: through a national coordinated communications campaign, with daily public health and situation updates to citizens via various sources, (4) Transparency measures: through twice daily briefings and updates on COVID-19 cases and guidelines for citizens and (5) Regional coordination: with Jordan and Israel

4 www.corona.ps/details April 29, 2020

5 On July 16th the number of infected persons reached 8567,17 in intensive care and 1487 recovered cases and 47 fatalities

6 Interview on Palestine TV with Minister of Health on June 4th 2020

The performance of the GoP including that of the MoH in managing the crisis and keeping Palestinians informed of developments in daily briefings was favorably perceived by Palestinians⁷ up until the dramatic increase in cases where various voices spoke up about the inadequacies. It was also assessed in the earlier days of the outbreak by WHO.

The challenges facing the health sector under COVID -19 are enormous and can be summarized as follows:

Limitations imposed by occupation:

- ▶ The spread of COVID-19 has caught all by surprise. The large scale preventive and disease containment measures has resulted in extensive disruptions to people and government structures. The GoP found itself overwhelmed with re-prioritization of the already limited resources and health services toward COVID-19 response.
- ▶ The Palestinian health care system is generally challenged due to limitations imposed by the occupation and the division between the GS⁸ and the West Bank (WB). Geographic areas most at risk include the GS with a compromised and overburdened health system due to a long time siege and economic crisis as it is one of the highest densely populated area in the world with a soaring poverty rate and food insecurity.
- ▶ Challenges have been exacerbated by the inability of the Palestinian authority to intervene in Area C, EJ and the GS (under control of the de facto Hamas government).
- ▶ Area C (under Israeli control) and East Jerusalem (EJ) neighborhoods outside the wall (Qalandia, Kafr 'Aqab and Shu'fat Refugee Camp) lack adequate community infrastructure and services. The vulnerability of Palestinians to the pandemic is compounded by Israel's discriminatory response to the COVID-19 outbreak in EJ including: long delays in opening testing centers in EJ, delays in the provision of quarantine facilities, harassment, arrests, and persecution of volunteers with initiatives to contain COVID-19 and raise awareness, and the initial failure of Israel to provide data on the number of cases in Palestinian communities.⁹ Additionally, EJ hospitals have grave budget deficits and shortages in equipment and medicines.
- ▶ As a result of Israel's threats of impending annexation, the Palestinian leadership declared an end to all agreements and understandings with Israel, including the security agreement. This had implications on the movement and transfer of critical and non-critical cases and medical supplies within the Palestinian territories and in particular to and out of the GS. There is an urgent need to keep health care institutions operational to deal with COVID-19, its protective needs, measures and consequences.¹⁰

7 <http://www.alquds.com/pdf/1585692358662077700/1585728708000/>

8 The Gaza Strip (GS) is already under humanitarian and economic crisis. Its 2 million inhabitants are squeezed in less than 400sq2 with over 5000 inhabitants in one square kilometer, impoverished and subject to numerous health-related risk factors and related consequences on the health and the wellbeing of individuals and their communities at large. The wars on the GS since 2008 have destroyed much of its infrastructure and left its systems overstretched continually working to recover

9 COVID-19 and the Systematic Neglect of Palestinians in East Jerusalem. Joint Briefing Paper-Al-Haq, Jerusalem Legal Aid and Human Rights Center (JLAC), and Medical Aid for Palestinians (MAP), July 2020

10 The most recent statement on this was by the Minister of Health on July 15th stating that the state of Israel is refusing to let in COVID-19 related testing material into the West Bank

Economy related:

- ▶ Challenges of COVID-19 are further compounded by the dwindling funding to the GoP and NGOs as seen by the decreased funding assistance to the Palestinian people in recent years¹¹ and the withholding of Palestinian tax money by Israel. As a consequence, we witness the GoPs inability to pay salaries of public employees and the stretching of an already compromised health sector under occupation and lack of funding.
- ▶ The fiscal crisis along with exploitation of Palestinian resources by the occupation and lack of control of Palestinian resources necessary for moving the economy. The COVID-19 crisis with its necessary emergency measures took its toll on the Palestinian economy now and will be exacerbated post COVID-19.
- ▶ Simultaneously, the crisis and the declared Emergency State has taken its toll on an already weak Palestinian economy impacting all strata's of population albeit to various extents. The lockdown and the restrictions on movement have mostly impacted the self-employed, workers in Israel, men and women in the informal labor market and, in general, women, children and the marginalized.

Health sector related:

- ▶ The already strained Palestinian healthcare system was not ready for this crisis which caught it by surprise.
- ▶ The State of Palestine is further challenged by an under-equipped health sector. The system suffers from shortages in adult Intensive Care Units (ICU) beds in private and government hospitals and ventilators, which severely constraints its ability to care for severe cases of COVID-19 (which may require weeks of care) as well as other non-COVID-19 critical care cases¹². The crisis and the state of emergency have required the mobilization of all possible resources. WHO has identified the risk to the State of Palestine as very high, due to insufficient medical resources in the country compared to others¹³.
- ▶ The Gaza health system under **14** years of siege "has been already overstretched and at its limit,¹⁴ "It is unable to absorb the impact of an aggressive pandemic like COVID-19." The "critical shortage of test kits, ventilators, drugs, and medical consumables," increase pressure on Gaza's densely packed population. Additionally, electricity cuts in the GS and having fewer than **100** ventilators, insufficient ICU beds, hospitals, personal protective equipment, and medication to serve the **2** million people locked down in the GS has been in itself a big disadvantage. Specifically, there are only **63** ventilators and **78** intensive care beds available in Gaza¹⁵.

11 For Example UNRWA has been defunded by the US administration. Although the U.S. Congress last year allocated \$75 million in humanitarian assistance for Palestinians in 2020, the White House has not allowed that aid to be delivered, despite the pandemic and the call by a group of Democratic Senators arguing that coronavirus relief to Gaza and the WB would not only be in the interest of the Palestinian people but also "in the national security interest of the United States" and Israel. The cut has also profoundly affected aid to Palestinian hospitals in EJ

12 State of Palestine State of Emergency: COVID-19 Response Plan - Needs for Donor Support-2020

13 Ibid

14 In Israel's Blockade Has Kept the Worst of the Coronavirus Out of Gaza. It Might Keep Aid Out Too. By Joseph Hincks April 3, 2020. Quoting Ignacio Casares, head of the International Committee of the Red Cross (ICRC) sub-delegation to Gaza.

15 https://www.un.org/unispal/wp-content/uploads/2020/04/HCCVBULLETIN_010420.pdf

- ▶ The pandemic has directly influenced the quantity, quality, accessibility, and affordability of health services in general. Multidisciplinary coordination has also been invariably impeded through environmental constraints. Several services have been disrupted such as preventive screening, counseling, and health education amongst other in-patient and out-patient care services.
- ▶ The pandemic has caught Palestinian human health resources like others throughout the world by surprise. Preparedness for dealing with a pandemic of this magnitude requires disaster and crisis management as well as specific critical care skills currently not widely available and/or mastered in Palestine. This may have potentially impacted the health care system's ability to most effectively deal with the pandemic.

The consequences of the pandemic containment measures and its further impact on health and healthcare services are as follows:

- ▶ Confinement to home and extended lockdown raise fear and anxiety which results in an increase in mental health issues. Additionally, weight gain, lack of exercise and the rather sedentary life style will have an impact on NCDs amongst other health related issues. Nutritional issues with the loss of jobs and inability to diversify nutrients and purchase food is a concern to families and especially for mothers, children, and adolescents and have long term impacts on health.
- ▶ Postponing non-urgent procedures and operations will create a long waiting list. This will require dealing with backlogs in the future adding an additional strain on the healthcare system.
- ▶ Assigning hospitals or hospital wards to deal with COVID-19 cases increases people's perception of risk. It also burdens hospitals which have to establish such wards. A large percentage of working staff were also redirected to attend to the needs of potential COVID 19 cases with increased uncertainties especially with the rising number of cases.
- ▶ The inability or fear of high-risk patients to consult a physician or any other healthcare personnel is disrupting chronic disease management and delaying some critical dialysis for patients that suffer from cancer, diabetes, cardiopulmonary and other critical diseases. This situation is of significant concern because people living with NCD or critical health issues are at higher risk of severe COVID-19-related illness and death. Failing to go to consultations, routine check-ups and physician's office visits and/or failing to receive immunizations may result in far reaching consequences negatively impacting the health and well-being of many.

COVID-19 related disruption of services: NCD-Diabetes as an example

Prevention and treatment services for noncommunicable diseases (NCDs) have been severely disrupted worldwide since the COVID-19 pandemic began moving from sporadic cases to community transmission with NCD staff reassigned to support COVID-19¹⁶. NCDs in Palestine are on the rise, contributing significantly to premature death, mortality and morbidity. In 2017, NCDs were responsible for **66%** of all deaths among Palestinians. Diabetes is a major NCD that contributes to cerebrovascular diseases, which are the leading causes of death in Palestine. Furthermore, it is widely recognized that obesity, sedentary lifestyle, physical inactivity and poor diet are major risk factors for diabetes. These risks are intensified during lockdown and the spread of COVID-19.

To contribute to the efforts to shed light on the impact of COVID-19/lockdowns on NCDs, Juzoor for Health and Social Development conducted two phone surveys with enrollees from the National Diabetic Program in Palestine (NDPP). The first survey was for pre-diabetic women¹⁷ and the second was for T2DM patients to shed light on the impact of the lockdown on management of patients' diabetes.

The first study¹⁸ included **150** pre-diabetic women enrolled in the Palestinian NDPP whereby, **117 (78.0%)** participated in the survey. All were camp residents. **The study concluded the following:**

- ▶ The lockdown had a negative impact on pre-diabetic women. Almost **42%** reported they were not following NDPP dietary-related recommendations. Approximately **32%** reported eating more compared to before the lockdown while **68%** reported they were not following NDPP physical activity-related recommendations as they were before the lockdown.
- ▶ The majority reported feeling very stressed, worried or nervous during the lockdown, which may explain their lack of motivation to follow NDPP-related recommendations.
- ▶ Lockdown had a drastic effect on women's financial situation which led to lack of access to food and healthy food. Women were less likely to eat vegetables and fruits and less likely to conduct physical activity due to their poor financial situation.
- ▶ Those with worst financial situation and lack of access to food/ healthy food, reported that they were the most likely to follow NDPP dietary recommendations.

¹⁶ According to a WHO survey completed by 155 countries during a 3-week period in May, confirmed that the impact is global, but that low-income countries are most affected. Finding more than half (53%) of the countries surveyed have partially or completely disrupted services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies. In WHO COVID-19 significantly impacts health services for noncommunicable diseases

¹⁷ The average age of the participating women was 50 (range 39-64 years old), 100 (85.5%), 106 (90.6%) were unemployed, and 79 (67.5%) had not finished high school. The average household size of participants' was 6.3. 103 (88.0%) reported their family's financial situation became worse during the lockdown in comparison to before the beginning of the confinement period. 61 (52.1%) reported the lockdown had an impact on their access to food, while 71 (60.7%) reported the lockdown had an impact on their access to healthy food.

¹⁸ The Impact of COVID-19 lockdown on pre-diabetic women from Palestinian refugee camps participating in the National Diabetes Prevention Program: Results from a telephone-based questionnaire. West Bank-June, 2020-Juzoor

The second phone survey¹⁹ targeted **240** men and women patients whereby **201 (83.7%)** patients agreed to participate in the survey. **The study concluded the following:**

- ▶ The lockdown drastically impacted patients' adherence to medications, and lockdown affected their access to routine follow up checks with their physician.
- ▶ There were increased levels of hyperglycemia and hypoglycemia as a result of the lockdown
- ▶ Among those who assessed their HbA1c levels during the lockdown, many reported increased levels, indicating the rate could be much higher as most patients did not assess their HbA1c levels during the lockdown.
- ▶ The majority of adolescents' nutritional and lifestyle behaviors were negatively affected during the lockdown.
- ▶ There was a high rate of physical inactivity reported during the lockdown compared to before.
- ▶ The COVID-19 lockdown had negatively impacted the financial situation of many diabetic patients'. Poor family financial situations as a result of the lockdown led to difficulties in purchasing medications and increased levels of stress and anxiety.

Both Surveys point to the impact of lockdown and disruptions on people with NCDs, in this case pre-diabetic/diabetic, in the management of patients' diabetes, on dietary and lifestyle behaviors and on access to medications and physician consultation. Strategies need to be explored to minimize negative impact. People with NCDs are more vulnerable to becoming seriously ill with the virus. This requires attention to NCDs in COVID-19 plans as well as ways to implement those plans²⁰.

The Palestinian Healthcare systems response to cope with the Pandemic:

The Palestinian healthcare system similar to other systems throughout the world has instituted various measures to deal with the crisis most of which were consistent with the initial WHO recommendations to deal with the pandemic. The containment of the pandemic as a national emergency and protection took precedent over other important services. Measures included service depletion or redirection, reduction, adaptation, or complete postponement of services by national and international healthcare service providers. Additionally, it redirected funding away from perceived non-critical services towards the pandemic response needs and the health service actors have suspended or interrupted essential services and programmes²¹. **The following institutional measures were followed:**

Shifting priorities. Several hospital procedures including scheduled operations have been postponed to accommodate for emergency requirements. Instead of training, for example, on quality control or use of new technology, training shifted to focus on COVID-19 related issues. Additionally, staff have been overwhelmed with minimal time available for any other training even if it is available to be implemented. Health related organizations were also forced to rearrange their work plans to adjust to the current emergency needs and what is feasible to implement given the restrictions²².

19 The Impact of COVID-19 lockdown on T2DM patients participating in the Palestinian National Diabetes Project. Results from a telephone-based questionnaire .West Bank-June, 2020.JUZOOR

20 WHO COVID-19 significantly impacts health services for non-communicable diseases.1 June 2020 |News release <https://www.who.int/news-room/detail/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

21 World Vision -COVID-19 places millions of children at risk in fragile & displacement contexts FRIDAY, APRIL 24,2020

22 For example Juzoor shifted the work to focus on GBV and research on adolescent's nutrition under the pandemic. The PFPPA was unable to continue to provide community outreach activities, including planned medical campaigns, awareness sessions, peer to peer sessions for youth on Comprehensive Sexuality Education (CSE) and home visits for women .It shifted its work from providing Sexual Reproductive Health Rights (SRHR) and Gender Based Violence (GBV) related services directly from 6 Service Delivery Points to provision of services and awareness being provided remotely from homes (From Document on the work of the Palestinian coalition on adolescents health under the pandemic 2020)

Budget and infrastructure reallocations. Budget reallocations by the GOP and MoH on programs and infrastructure have shifted according to the priorities and the emerging needs. Hospital wards have been created solely for COVID-19 patients and others were evacuated and solely used for COVID-19 patients. The idea of a mobile hospital was also considered in the Hebron area to enable the tackling of the relatively very high number of daily cases testing positive in the Hebron governorate. Other examples includes the hiring of additional 100 healthcare personnel especially in Hebron, making available vehicles to transport medical personnel and testing specimens, additional ambulances, increased coordination between PRCS, military services, renting quarantine sites in camps in coordination with UNRWA, in addition to ordering the Ministry of Finance to immediately disburse funds for vaccines required by the MoH²³.

Budget support estimates in response to COVID-19²⁴. The GoP prepared estimates of needs including a request of \$120 million to support direct public health response to COVID-19 across the country. These funds would cover short-term (1-3 months) critical gaps that would support and manage COVID-19 including, medical staff, medical supplies, equipment and medicine. Additionally, budget support is needed for urgent needs to cover the expected \$1.8 billion to \$2.4 billion budget deficit to enable coverage operating expenses, government salaries and pensions, and to maintain the social safety network. Additionally, a potential temporary expansion of payments is needed to cover those whose livelihoods are directly impacted by the GoP containment measures. The AHLC meeting in June was dedicated to meeting the needs of the GoP's response to COVID-19²⁵.

Use of online technology. Teleconsultations have been on the rise since the pandemic causing a drastic decrease of face-to-face visits to clinics and hospitals across all programs. Additionally, during the pandemic, many organizations have shifted their programs to online platforms and consultations amongst medical teams have also relied on online communication in the era of imposed physical distancing. Digital and telecommunications tools such as Zoom, WhatsApp, Facebook, phone calls, and personal messages to communicate with beneficiaries and their families are primarily being used. There has also been a proliferation of webinars utilized to elicit healthcare beneficiaries input and/or to disseminate information on COVID-19. The use of hotlines and digital health education was also used to increase coverage.

Unconventional staff rotation systems. For example, physicians and nurses working 14-day shifts, followed by 14 days in quarantine before returning to work. Additionally, other health staff have been working for weeks from the intense workload without being given a break.

²³ Statement by the MoH-June 12th

²⁴ State of Palestine State of Emergency: COVID-19 Response Plan - Needs for Donor Support-2020

²⁵ Ad Hoc Liaison Committee

Using alternate modalities for care. This includes hotlines and phone consultations for pregnant women for example, digital health outreach/education, as well as home and mobile clinic services. For some organizations, such as the MoH, centralizing services in certain locations and offering services per set appointment times during the day or week is essential. For reception in hospitals, new triage procedures and set ups have been instituted to receive ambulances and determine which patients need hospitalization.

Scheduling of service provision. In an effort to mitigate the spread of the virus and for patient safety, healthcare providers have used pre-mobile clinic services, set appointment times, limited the number of patients in waiting rooms, etc.

Close coordination. For example, the creation of the national COVID-19 emergency committee to oversee the crisis management with membership by various stakeholders including the ministries and NGOs are conducting close follow ups on a daily base. A coordination mechanism was also instituted for specific COVID-19 related coordination with Israel. Other sector related committees have been active such as the committee on SRH services among providers under the leadership of the MoH. Additionally, an operations room created by the COVID-19 national emergency committee to empower and strengthen the MoH work in facing the pandemic²⁶. On the grassroots' level, several town and village committees were created to coordinate work on containing the pandemic²⁷.

Coordination on the regional level. The National COVID-19 emergency committee has been regularly consulting with similar entities and ministries in the region to share information, experience and lessons learned. Juzoor for Health and Social Development, in partnership with the Palestinian Health Policy Forum, organized a series of meetings on the regional level with the Middle East North Africa Health Policy Forum (MENA HPF), the Arab Network for Early Childhood Development, the Arab Coalition for Adolescent Health, and the Global Health Development Eastern Mediterranean Public Health Network (EMPHNET).

²⁶ This committee is chaired by the Prime Minister with membership of the Minister of Health, the head of the police and the head of national security.

²⁷ In EJ, the Jerusalem Alliance- an ad hoc umbrella group of Palestinian civil society organizations and community-based organizations- was established in mid-March 2020 to Confront the Coronavirus Pandemic

RECOMMENDATIONS

- ▶ COVID-19 will further deteriorate an already compromised and fragile economy and will further shake the government's financial capabilities. The State of Palestine has been in a fiscal crisis for over two years due to the GoP's reductions on the transfer of GoP owned revenues. Additionally, the COVID-19 situation will further decrease GoP already reduced revenues²⁸. This will viciously have its effects on all sectors, most importantly the health sector and the ability of the GoP to safeguard people's socioeconomic rights, including their health rights.
- ▶ The GoP has been putting in place emergency measures to cope with this pandemic within the available resources. The long term impact of COVID-19 on the Palestinian healthcare system requires ongoing policy dialogue amongst all stakeholders dealing with the immediate consequences of the pandemic and its potential impact on the healthcare system in the longer term. Striking a balance in an already overwhelmed and overstretched health system is and will be very challenging especially in a politically volatile environment.
- ▶ Discussions of the immediate, medium and long-term effect of the crisis and the prioritization and redirection of needs in the short term needed to mitigate any potential negative consequences is possible given available resources. Strategic adaptations in the intermediate and longer term are necessary to ensure that limited public and private sector resources are utilized in the most effective and efficient manner. **Recommendations include:**

Advocacy on Rights:

- ▶ The restrictions of movement in and out of the WB, EJ and the GS show impediments imposed by the occupation which further challenge the GoP in responding to the pandemic and delivering essential health services, food and social protection that impact Palestinians in general.

Service Delivery:

- ▶ Minimizing, postponing and/or halting non-urgent hospital or clinic based services whilst tackling the pandemic may have irreparable impact on individual's health and will have long term impacts on the society as a whole. Efforts must be made to maintain essential services through alternative delivery options and/or provide additional services in response to the increased demand. Risk-benefit analysis are essential as part of any adaptation decisions now and in the future for any given activity changes on the delivery of essential health services.
- ▶ Health service provider's coordination must be consolidated and strengthened under the ongoing pandemic to reduce further threats of potential impact. Additionally, effective governance, strengthening internal and across coordination mechanisms, and protocols for service prioritization and adaptation are essential for mitigating risk of system failure.

²⁸ As reported in State of Palestine State of Emergency: COVID-19 Response Plan - Needs for Donor Support-2020. We expect that GoP revenues will drop by (at least) 40% due to COVID-19. We expect a GoP budget deficit to increase significantly due to loss in government revenue. Depending on the extent of this loss, the deficit is expected to increase to between \$1.8 and 2.4 billion, from the current \$0.8 billion. We expect that the economic loss from COVID-19 to be at least \$2.8 billion.

- ▶ We have been witnessing an increasingly burdened and fatigued healthcare system with its infrastructure and human resources. This will probably intensify with the increasing cases of COVID-19 and further demand on services. Building trust and regaining confidence in the system, especially if the COVID-19 situation intensifies even further is warranted. This will require consolidated efforts on regaining trust in the healthcare system with a higher budget provided by the government.
- ▶ Conduct short training courses to better prepare the healthcare system and its staff to deal with the pandemic now and in the future. **This includes:**
 - Focusing on critical care and crisis management including intubation and other skills necessary for dealing with COVID-19 cases.
 - Focusing on infection prevention and control measures for service providers to ensure availability of infection control guidelines and compliance.
 - Focusing on coping mechanisms and mental health associated pandemic.
- ▶ Planning COVID-19 transition. The Palestinian healthcare system must start to plan for the transition even under the emergency state. This requires operation along a dual track continuing to deliver regular health services, whilst responding aggressively to COVID-19. Essential non COVID-19 related healthcare services need to be offered regularly and with no significant interruptions, postponements or complete halt and people need to have access to those services. A WHO statement²⁹ is applicable to all settings. The first is to governments and health authorities urging them to find ways to reintroduce other health services safely and quickly and once community transmission is under control. The second is to people and communities to ensure child vaccination to prevent children due to their vulnerabilities of becoming victims of this pandemic with a vaccine-preventable disease. This requires creative measures to ensure utmost coverage.
- ▶ In the near term, the Palestinian healthcare system will face two major additional challenges. The first will be the physical and mental exhaustion of the healthcare workforce, along with worn-out hospital infrastructure. The second will be the growing “backlog” of healthcare procedures.³⁰ This requires strategic planning on response measures to mitigate effect from now.
- ▶ Strengthening the monitoring of COVID -19 and provision of essential services as well as disruptions and adjustments made includes planning catch-up strategies, implementing workforce optimization strategies, addressing resource allocation and ensuring availability of essential supplies³¹. This should serve as part of a unified messaging base on COVID-19.
- ▶ Strengthening Primary Health Care (PHC) to ensure continuity of services even in pandemics. Evaluate the role of PHC in pandemic response and see how to strengthen and enhance it for future emergency preparedness. Were there any missed opportunities (in utilizing PHC staff / services / facilities / programs, etc.)? What can we learn from this?
- ▶ Using the pandemic as an opportunity to focus on and strengthen basic infection prevention and control at all levels of the healthcare system.
- ▶ Work on strengthening the safety measures of the healthcare workforce (through protocols, trainings, mental health support, etc.).

²⁹ WHO Statement to the press by Dr Hans Henri P. Kluge, WHO Regional Director for Europe 30 April 2020, Copenhagen, Denmark

³⁰ Ibid

³¹ WHO. Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance. 1 June 2020

- ▶ Evaluate if and how childhood vaccination programs were impacted during the lockdowns? This has been a very strong area in the Palestinian health system. If there were disruptions, what strategies or lessons learned could be applied to other health services that were disrupted.

On NCDs:

- ▶ Systematically collect data on the number of COVID-19 patients who also have an NCD.
- ▶ Include NCD services in the national COVID-19 preparedness and response plans to address cardiovascular disease, cancer, diabetes and chronic respiratory disease and rehabilitation among others.
- ▶ Further conduct research on the impact of COVID-19 lockdowns on NCDs.

Policy Areas:

- ▶ During crisis, opportunities also emerge. Questions of relevance, effectiveness, efficiency, sustainability, and impacts surface and drive systems to initiate policy through dialogue with stakeholders and research. The GoP and the Palestinian healthcare providers need to explore early on and decide on the following policy areas related to the broader environment that the Palestinian healthcare system will operate under in the future during an ongoing pandemic or its aftermath.

FINANCING

- Will the GoPs healthcare budget as a percentage of the GDP spent on healthcare increase, remain the same or decrease to account for a potential short-term GDP decrease as a result of this pandemic? And how will this impact other sectors?
- Will we see a shift in budget allocations to primary, secondary, and tertiary care towards prevention and communicable diseases? Will we see an increase in hospital budgets in preparation for an extended COVID-19 pandemic or another in the future?
- Based on lessons learned from this pandemic, should we advocate for flexible reallocation of health resources and budgets at the central and peripheral levels to allow for a timely and un-bureaucratic responsiveness to emergencies?
- How will the Palestinian health care system be better prepared to handle unpredictable large-scale pandemic like COVID-19 under its various political and financial challenges?

SERVICE DELIVERY

- With the aftermath of COVID-19 and dealing with its consequences, will we see increased attention to mental health especially with the expected rise in mental health issues as a result of the lockdowns, loss of jobs, further deterioration of the economy and fear and anxiety?
- Should the MoH, in cooperation with the private sector and NGOs, designate certain facilities as core centers for utilization in case of crisis and future emergencies. How will discrepancies on the governorate levels be tackled?
- Will the Palestinian health care system and its clients facilitate new ways of delivering and receiving health care?
- Will the lessons learned from this emergency, crisis and the protocols and guidelines created become institutionalized to rapidly respond to a next potential crisis? Also, will these lessons learned help in establishing a Disaster Response Center such as in other countries around the world.
- Will telemedicine be further explored at least in the short and medium term?
- Addressing the issue of equity. How was the health system able (or not able) to respond equitably to the needs of the entire population, regardless of socioeconomic status, age, gender, geography, etc.? What policy recommendations can support a more equitable pandemic response? What about equitable rationing of health care resources?
- Look into whether guidelines on the ethical rationing of scarce healthcare resources (like ICU beds, ventilators and drugs) were developed? Discuss whether this is needed? It's a controversial matter, and has to be carefully thought out, otherwise it can be discriminatory based on age, poverty status, gender, Etc. Such guidelines could establish clear and a fair criterion upon which healthcare providers make decisions on who gets resources when the health system has reached its capacity.

HUMAN RESOURCES

- Will we see more attention afforded to the health workforce and their employment packages?
- Should we see modifications in Palestinian curricula preparing the health workforce for the future with more focus on specific skillset as learned from this pandemic. For example, emergency preparedness dealing with pandemic emergencies and others, intubation, quarantining and a stronger focus/emphasis on infection, prevention and control measures.

