



1. Project Data

Project ID P173800	Project Name GZ: COVID19 Emergency Response Project	
Country West Bank and Gaza	Practice Area(Lead) Health, Nutrition & Population	
L/C/TF Number(s) TF-B2540,TF-B7823	Closing Date (Original) 31-Dec-2024	Total Project Cost (USD) 8,747,801.80
Bank Approval Date 02-Apr-2020	Closing Date (Actual) 31-Dec-2024	
	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	8,750,000.00
Revised Commitment	0.00	8,747,801.80
Actual	0.00	8,747,801.80

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2. Project Objectives and Components

a. Objectives

The objective of the project was to prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen West Bank and Gaza's health systems for public health preparedness (Trust Fund Grant Agreement between the Palestinian Authority [PA] and the International Development Association [IDA], acting as administrator of the Trust Fund for the West Bank and Gaza, April 7, 2020, p. 5).



b. Were the project objectives/key associated outcome targets revised during implementation?

No

c. Will a split evaluation be undertaken?

No

d. Components

According to the PAD (pp. 10-11), the project had three components at appraisal:

I. Emergency COVID-19 Response (Planned: US\$2.1 million; Actual: US\$2.1 million). The component aimed to slow down and limit the spread of COVID-19 in the West Bank and Gaza (WB&G) through the provision of immediate support to enhance case detection, confirmation, recording and reporting, contact tracing and risk assessment and mitigation. Specifically, the component would strengthen epidemiological surveillance systems, including indicator-based, community event-based, and sentinel surveillance. It would develop guidelines and establish standardized sample collection methods, channeling and transportation, and determining sites in need for introduction of point of care diagnostics. This component would support the procurement of essential equipment and consumables for laboratory and diagnostic systems, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other equipment and supplies for COVID 19 testing and surveillance, including Personal Protective Equipment for surveillance workers, to ensure prompt case finding and local containment. The component would support strengthening of detection capacity through updated training of existing surveillance workers and improving reporting by frontline health workers using existing surveillance information. In addition, the component would support the design and implementation of effective public health measures to prevent contagion, development and implementation of associated communication and behavior change interventions in support of key prevention behaviors, community mobilization and participation in prevention and control measures through existing community institutions, enhance multisectoral response and action, including inter alia: the operations of command rooms at the central and regional levels; implementation of risk commutations and community engagement campaigns; implementation of containment strategies, including port-of-entry interventions and operation of rapid response teams.

II. Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19 (Planned: US\$2.1 million; Actual: US\$2.1 million). The component aimed to strengthen essential healthcare service delivery and to strengthen selected health facilities and establishment and equipping of quarantine and treatment centers. This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers, training of health personnel on treatment guidelines to strengthen clinical care capacity, and hospital infection control interventions. The component would support the procurement of ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management, as well as medicines and vaccines (when they would become available). It would also finance the procurement of disinfectants and other commodities for infection prevention and control. This component would support inputs and investments needed to ensure continuity of clinical care, including electricity, safe access to waste management, and safe water and sanitation for hospitals. It would support the hiring of medical and non-medical short-term staff to respond to a surge in demand for services due to the COVID-19 pandemic in selected hospitals. The component would seek to ensure that investments would strengthen the overall health system readiness to respond to public health crisis following the recommendations of the International Health Regulations analysis conducted by WHO and the Norwegian Institute of Public Health.



III. Project Implementation and Monitoring (Planned: US\$0.8 million; AF addition of US\$0.1 million; Actual: US\$ 0.9 million). This component aimed to finance necessary human resources and running costs for the Project Management Unit (PMU) at the Palestinian Ministry of Health (PMOH), including: (i) staffing, (ii) data collection, aggregation and periodic reporting on the project's implementation progress; (iii) monitoring of the project's key performance indicators and periodical evaluation; and (iv) overall project operating costs, audit costs and monitoring and compliance with Environmental and Social Commitment Plan (ESCP). At appraisal, the PMU had two full-time staff (Procurement Specialist and Financial Management Specialist) and a part-time Health Specialist. The project would then strengthen the PMU by hiring a Health and Safety Specialist to oversee project activities. If additional staff had been needed, particularly in the first months, additional short-term consultants for the PMU could have been hired under this component. In addition, this component intended to support the financial and technical audits of the project.

Component Revisions

Through additional grant financing (AF) in 2022 (see section 2e below), project activities were expanded to provide further support to strengthen pandemic preparedness, response, and mitigation efforts, as well as related immediate health emergency needs for medicines, medical supplies, and medical equipment. It expanded the original scope of the parent project from supporting the immediate response to COVID-19 to promote outreach and mobile service delivery, and to build resilience, including for the cold chain system, for which a new PDO indicator on 'the number of freezers purchased' was added.

The original Components I and II were retained, and a new Component III for enhancing pandemic resilience was added:

New component III. Enhancing Pandemic Resilience (Planned under AF: US\$3.65 million; Actual US\$3.65 million). As noted above, the primary aim of the additional component was to further strengthen project activities and to expand the original scope from supporting the immediate response to COVID-19 in designated hospitals to supporting outreach and mobile service delivery, and building resiliency by strengthening the response to medical emergencies and the national cold chain system (ICR, p. 4).

The original Component III on Implementation and Monitoring (see above) was renamed as Component IV.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

Cost and financing: The original cost of the operation was estimated at US\$5 million, fully financed by the Trust Fund for the Gaza and West Bank. An additional grant financing of US\$3.75 million from the Health Emergency Preparedness and Response Multi-Donor Trust Fund (HEPRTF) was approved on February 2, 2022, to expand project activities with a focus on strengthening pandemic preparedness, response, and mitigation efforts. The total project commitment amount rose to US\$8.75 million, which was virtually fully disbursed (at US\$8,747,802).

Key dates included the following: Project Appraisal Document issued on March 27, 2020; project approval on April 2, 2020; project effectiveness on April 8, 2020; AF on February 2, 2022, and actual closing on December 31, 2024, as originally planned.



A **project restructuring** on February 2, 2022 provided an additional grant financing of US\$3.75 million from the Health Emergency Preparedness and Response Multi-Donor Trust Fund (HEPRTF). The AF aimed at strengthening and expanding project activities given the significant unmet needs in the context of the still unfolding pandemic and the impact of the May 2021 conflict in Middle East (ICR, p. 4). It also introduced a new Component III focused on enhancing pandemic resilience by further strengthening preparedness, response, mitigation, and resilience (see section 2d).

3. Relevance of Objectives

Rationale

The novel coronavirus disease was spreading rapidly across the world since December 2019, resulting in significant numbers of cases and deaths. According to the PAD (p. 8), as of March 2020, WB&G had 84 confirmed cases of COVID-19, 75 cases in the West Bank and 9 cases in Gaza (Source: WHO), and PMOH activated its preparedness and coordinated response plan to be broadly disseminated in the first week of April 2020. The PMOH also established medical points at the ports of entry in Jericho and Rafah. Isolation facilities were set up to test incoming arrivals from countries with infected cases. Three health care facilities were designated for the treatment of symptomatic cases. The PMOH engaged UN to coordinate the available resources to strengthen case management, infection prevention and control, essential laboratory supplies, procurement of Protective Personal Equipment (PPE), development of public communication materials, and multi-sectoral risk communication and community engagement strategy and plan. Under an ongoing Bank-financed Health System Resilience and Strengthening Project, US\$800,000 were reprogrammed to support eligible COVID-19 response activities (PAD, p. 8).

As the pandemic was spreading in the region and globally, financial assistance was urgently needed to respond to the potential surge of demand for diagnosis and clinical care. The existing health sector challenges in WB&G were likely to be exacerbated by the spread of COVID-19, and WB&G were classified as a high-risk setting with limited response capacity and minimal fiscal space to increase public spending to allocate additional resources to confront COVID-19 which was expected to over-burden health system capacities. Therefore, the operation was processed using condensed procedures in line with 'Projects in Situations of Urgent Need of Assistance or Capacity Constraints'.

Even though the project was not part of the World Bank's COVID-19 Fast-Track Facility using the Multiphase Programmatic Approach (MPA) which allowed countries to structure a long, large, or complex engagement as a set of smaller linked operations or phases under one program, the project was aligned with the MPA in its overall design (ICR, p. 14).

The objectives were and continued to be relevant in the context of the current World Bank's strategic priorities for the health sector. Specifically, the objectives were aligned with the WB&G Assistance Strategy for FY22-25 (Report No. 156451-GZ), directly contributing to achieving better human development outcomes under the first focus area on 'Strengthening institutions for economic and social prosperity' by investing in the enhancement of the health system's resilience to better respond to shocks like COVID-19. The objectives were aligned with the World Bank Group enlarged Middle East and North Africa (MENA) Regional Strategy (2019), which emphasizes human capital development, improving emergency services and health service delivery to poor and internally displaced people. Objectives were also aligned with the 'World Bank's Health, Nutrition and Population Strategy', which features the strengthening of well-organized



and sustainable health systems as a key strategic direction, and with ‘MENA Health, Nutrition and Population Strategy’, which emphasized resilience against climate and health shocks as one of its pillars. Additionally, objectives were in line with the transformative changes in primary health care reflected by the World Bank publication “Walking the Talk: Reimagining Primary Health Care After COVID-19,” including for building resilience to shocks.

The objectives continue to be aligned with the strategic priorities of the PA, as reflected in the National Program for Development and Reform (announced by the Prime Minister’s Office in October 2024), and which is structured around two main parts, the first of which comprises seven strategic cross-sectoral development initiatives designed to stimulate economic revival and transformation. They were also aligned with the second initiative -- The Localizing Health Services Initiative – aiming to catalyze private and non-governmental investment in the healthcare sector, enhance the public healthcare system, and reinforce healthcare infrastructure and capabilities (ICR, p. 6). Similarly, project objectives remained aligned with development partners commitments and interventions in Gaza. Importantly, the strengthening of public health intelligence, early warning, and prevention and control of communicable diseases constitute a key pillar in the WHO Operational Response and Early Recovery Plan. Related activities aim to sustain an agile health emergency response for the WB&G population, while paving the way for a restored and resilient health system.

Rating

High

4. Achievement of Objectives (Efficacy)

OBJECTIVE 1

Objective

Prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic

Rationale

Given the close interrelation, complementarity, and mutual reinforcement of the two project objectives within the results chain, **a single theory of change is presented for both objectives**. The unified theory of change held that:

- The development of guidelines for diagnosis and case management for COVID-19, training of health workers, implementation of multi-sectoral response with rapid response teams, implementation of public health measures and community mobilization, and procurement of equipment for laboratories, including test kits would result in strengthened surveillance and diagnostic capacity to mitigate and contain the COVID-19 emergency and future health threats.
- The establishment of quarantine and treatment centers, along with infrastructure upgrades for electricity and water, the procurement of clinical and medical equipment such as PPE and ventilators, medicines and supplies for case management and infection control, the hiring of



additional health workers to meet increased demand, procurement of equipment to enhance pandemic resilience such as mobile health delivery units and national cold chain would result in strengthened health system and clinical care capacity and enhanced resilience of the health care system.

Both sets of the above outputs would plausibly contribute to the timely detection and response to COVID-19 and other infectious disease outbreaks, improved laboratory quality, and strengthened PMOH core capacities for preparedness and response, thereby mitigating the impact of COVID-19 and future health emergencies. Ultimately, the realization of the above would contribute to enhancing the overall capacity of the health system to respond to COVID-19 epidemics and other public health crises.

Critical assumptions underpinning the theory of change were as follows (ICR, p. 2):

- i. Strong coordination of the response to COVID-19 by the National High-Level Emergency Response Committee.
- ii. Procurement of COVID-19 vaccines to be supported by other development partners.
- iii. Unemployed health workers available and willing to support surge hospital response to COVID-19.

Outputs and intermediate results

The project provided immediate support to enhance case detection, confirmation, recording and reporting, contact tracing and risk assessment and mitigation with the aim of slowing down and containing the spread of COVID-19.

A risk communication and communication strategy were contextualized and implemented. Information on COVID-19 was disseminated through different channels, including health clinics, targeted phone calls, social media, television, radio spots and brochures.

Laboratory diagnostic equipment (e.g., flow cytometer, centrifuge, three digital incubators, five digital balances, and two High-Performance Liquid Chromatography systems) in the total amount of US\$655,591 and laboratory supplies essential for COVID-19 diagnostic, in the total amount of US\$244,064 were procured and supplied to designated laboratories. A total of seven laboratories received diagnostic equipment and supplies procured under the project (six in the West Bank and one in Gaza). The percentage of designated laboratories equipped with COVID-19 diagnostic equipment, test kits and reagents increased from 0 to 100 percent, meeting the target.

Eight rapid response teams were equipped and trained through the Palestinian National Institute of Public Health — one team in Gaza and seven teams geographically distributed across the West Bank.

Paramedics, primary health care staff, laboratory staff, and hospital emergency staff were trained in receiving COVID-19 cases for treatment and for the safe administration of vaccines conducted through the Palestinian National Institute of Public Health (under the coordinated response to COVID-19, and not with direct project support, ICR, p. 8).

Personal Protective Equipment (PPE) for a total amount of US\$186,739 was procured and distributed among health care workers to reduce the risk of infection among frontline staff. This included 8,500 disposable coveralls, 8,500 disposable gowns, 8,500 waterproof aprons, 8,500 particulate respirators, 8,500 gloves, 2,437 waterproof boots, 8,500 head covers, and 8,500 goggles.



271 temporary health workers (40 percent women) were hired to support responding to healthcare needs emerging from the COVID-19 pandemic while sustaining the continuity of care. After their contracts expired, they were contracted through the General Personnel Council of PMOH for an additional six months.

Medicines and medical consumables for a total value of US\$1.8 million were procured and distributed to health facilities to support the treatment of COVID-19 cases. 80 percent of the medicines and medical consumables were supplied to designated health facilities in Gaza, and 20 percent were supplied to designated health facilities in the West Bank.

Outcomes

The percentage of suspected COVID-19 cases that were investigated and treated as per guidelines increased from 0 to 100 percent, achieving the target. The guidelines on triage, screening, surveillance, isolation, case management, patient transport, and discharge, included in the Palestinian National COVID-19 Management Protocol, ensured alignment of investigation and treatment with WHO recommendations. The number of COVID-19 positive cases in WB&G was used for the calculation of the indicator: over 460,000 cases from March 2020 to December 2022, and over 610,000 cases during the project implementation period (ICR, p. 7).

For a comparative glimpse of the COVID-19's spread in the region, the ICR (p. 10) judiciously provided comparative data on cumulative excess deaths during the COVID-19 pandemic in MENA Countries (Source: Our World in Data, <https://ourworldindata.org/coronavirus>). The ICR reported that, although not directly attributable to the project, health outcomes of the COVID-19 pandemic in WB&G point to an adequate response to the pandemic by the Palestinian Ministry of Health. While the COVID-19 pandemic undoubtedly took a heavy toll in terms of deaths and morbidity, results from a cross-country comparison suggest that the WB&G fared relatively well when comparing health outcomes with those of MENA countries. The cumulative excess mortality due to COVID-19 in WB&G was 1.14 deaths per 1,000 population, about half of the average for MENA countries (2.2 deaths per 1,000 population). Only three high-income countries in MENA experienced lower excess mortality than WB&G. While these results have numerous determining factors, including WB&G's relatively younger population profile, they also suggest that the overall response to COVID-19 in WB&G played a positive role.

This ICR Review considered two main issues in its assessment of efficacy under Objective 1:

- The validity of the reported results was affected by considerable issues in attributing causality. This was recognized by the ICR and its economic analysis, as the project contributed to only a fraction of the total support to COVID-19 response provided by development partners and donors in WB&G (ICR, p, 33), rendering the outcomes partly attributable to project interventions.
- Project achievements in Gaza were severely undermined following the outbreak of conflict. The ICR (p. 11) noted the high likelihood—based on available assessments—that most of the medical equipment supplied to health facilities in Gaza was destroyed or severely damaged. In addition, the productivity benefits from avoided COVID-19-related mortality and morbidity have been cut short by the loss of lives and disability during the conflict, as well as the drastically diminished economic activity in Gaza. The situation in Gaza has deteriorated rapidly since October 2023 with massive loss of lives and damage of Gaza's infrastructure and service delivery capacity. According to the Interim Rapid Damage and Needs Assessment, prepared by the World Bank, the European Union, the United Nations in February 2025, an estimated 95 percent of hospitals



and 88 percent of public health care centers had been destroyed or significantly damaged at an estimated cost of US\$1.3 billion, severely impacting Gaza's health system's functionality and service delivery.

Taking into account both the positive contributions of the project and the issues discussed above, the stated objective is assessed as almost fully achieved.

Rating

Substantial

OBJECTIVE 2

Objective

Strengthen the West Bank and Gaza's health systems for public health preparedness

Rationale

The unified theory of change is described under Objective 1, above.

Outputs and intermediate results

The project provided support for strengthening WB&G's public health preparedness, including setting up and equipping quarantine and treatment centers for management of COVID-19 cases. It supported health care system resilience through strengthening of mobile service delivery, response to medical emergencies, and the national cold chain system (ICR, p. 8).

The percentage of designated health staff trained in infection prevention and control in line with protocols approved by PMOH increased from 0 to 100 percent, achieving the target. PMOH prepared a training manual on COVID-19 and implemented the training through the Palestinian National Institute of Public Health.

The percentage of designated acute healthcare facilities for COVID-19 clinical care with isolation capacity increased from 0 to 100 percent, achieving the target. The project supported the supply of 100 general patient beds, 40 air conditioning units, and two electric generators.

The percentage of designated hospitals/quarantine centers fully equipped with commodities allowing COVID-19 response increased from 0 to 100 percent, achieving the target. The project supported the provision of PPE and intensive care unit equipment, including 56 beds, 12 emergency trolleys, and two defibrillators.

One mobile blood bank was delivered to the West Bank. The specialized vehicle, equipped for blood donation procedures, traveled to various locations and made it easier for people to donate blood within the context of existing movement restrictions in the West Bank. 2,264 people donated blood until the end of February 2025, which allowed for the storage of 4,526 blood derivatives in the Central Blood Bank.

Two mobile clinics were delivered and installed resulting in a total of four mobile clinics being in operation in West Bank, achieving the target. The mobile clinics improved accessibility of health services, including COVID-19 related services in marginalized and rural communities.



The project financed critical medical equipment to enhance hospital capacities including two digital fluoroscopy machines, two digital radiography machines, seven anesthesia machines, and 14 portable ultrasounds.

325,000 doses of Pneumococcal vaccines were supplied through a contract with UNICEF to support the PMOH's regular immunization program. This ensured the availability of vaccines for full immunization of 108,330 children and helped in overcoming health system-level stock-outs.

Outcomes

The project considered the following outputs to be at the outcome level:

- A referral system to care for COVID-19 patients was developed, linking primary healthcare facilities with hospitals equipped to handle severe cases. The system, described as part of the Palestinian National COVID-19 Management Protocol, ensured timely and effective care for critical patients. The protocol was authored by a specially assigned national medical committee, composed of medical experts and specialized doctors, The ICR noted that the establishment of the above referral system was achieved through the larger coordinated response to COVID-19, and not with direct project support, ICR, p. 9).
- A total of 50 freezers were procured, contributing to the strengthening of the national cold chain, achieving the target. The freezers were distributed to all primary health care directorates in the West Bank. This, in turn, supported the delivery of COVID-19 and other vaccines.

Over 80 percent of COVID-19 patients expressed satisfaction with the treatment of COVID-19 received in designated health facilities, exceeding the target of 60 percent. Notes: The existing routine data on patients' satisfaction collected from all the West Bank hospitals that treated COVID-19 cases were used in the reporting. The ICR, p. 17, noted that no qualitative data or direct quotes from patients were available. The Additional Financing of February 2022 introduced this indicator as an intermediate results indicator to assess citizen engagement according to the Project Paper, Report No: PAD4446, p. 13).

This ICR Review considered the following issues in its assessment of efficacy under Objective 2:

- Attribution issues, including the fact that the development of the referral system for the care of COVID-19 patients was not attributable to project activities.
- The reported outcome on the provision of freezers, along with other reported outputs, are insufficient evidence to conclude that the stated objective was fully achieved. Going beyond the Results Framework, and irrespective of the indicators' level (whether output or outcome level), an adequate strengthening of health systems for public health preparedness under the stated objective requires a broad and systematic approach with serial assessments that would guide investment efforts to address critical gaps in surveillance, laboratory capacities, laboratory networking, human resources, governance, and multi-sectoral involvement and coordination usually facilitated by a One Health approach. The above approach is further supported by the use of WHO Joint External Evaluation Tool for periodic assessment and scoring of relevant capacities and monitoring progress in compliance with International Health Regulations core capacities.

Taking into account both the positive contributions of the project and the issues discussed above, the stated objective is assessed as almost fully achieved.



Rating
Substantial

OVERALL EFFICACY

Rationale

Both objectives (to prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic; and to strengthen West Bank and Gaza's health systems for public health preparedness) were almost fully achieved. The aggregation of achievements is indicative of a Substantial rating for overall efficacy.

Overall Efficacy Rating

Substantial

5. Efficiency

Neither the PAD nor the AF conducted a quantitative economic analysis given the significant knowledge gaps regarding the scope and characteristics of the COVID-19 pandemic (ICR, p. 11). However, the anticipated economic benefits were considerable. The likely negative impact of COVID-19 was expected to include disruption to economic activity and human capital development. The closure of workplaces and social distancing practices would impact production capacity and consumption among low income and vulnerable groups. COVID-19 was likely to exacerbate constraints facing the public and private sectors regarding revenues and liquidity. The risks of major economic disruption and further restrictions on internal mobility may increase the likelihood of social unrest (PAD, p. 15). According to the PAD, important economic benefits resulting from the project would include protecting human capital by avoiding loss of life and negative impacts on productivity, and broader health system strengthening.

The ICR also did not conduct a quantitative economic analysis (ICR, p. 11) given the difficulties in attribution but suggested that potential economic benefits resulting from an effective response to the COVID-19 pandemic could be illustrated by information on avoided mortality. As noted under Objective 1, section 4, data (based on Our World in Data) on cumulative excess mortality during the 2020-2024 period showed 1.14 deaths per 1,000 population in the WB&G. Compared with the MENA average of 2.20 deaths, there were 1.06 fewer deaths per 1,000 people in WB&G. Based on the WB&G's population of about 5 million, there would have been (presumably, including because of other underlying determinants) about 5,300 additional deaths in the WB&G during 2020-2024 if the response to COVID-19 pandemic was less effective -- at the level of MENA average. Considering that the WB&G's GDP per capita was US\$3,372.75 in 2023 and the relatively young age of the WB&G's population (median age of 29.6 years), the total productivity losses avoided as a result of prevented



premature deaths and disabilities could amount to billions of US dollars. Even though these economic benefits cannot be directly attributed to the project, it is reasonable to assume that the operation contributed to them.

At the global level, it is known that investing in pandemic preparedness and response can maximize outcomes (lives saved, economic recovery, and health system strengthening) relative to cost. High cost-benefit ratios are commonly observed in operations focused on epidemic preparedness and communicable disease surveillance in view of the potential considerable economic losses resulting from epidemics and pandemics as compared with relatively lower investment costs for prevention, preparedness, early detection and prompt response. The cost of preparedness is estimated to be less than 1 percent of the devastating financial toll of a pandemic. For example, the costs of COVID-19 are estimated to be over US\$13 trillion, and the economic and social cost of the Ebola outbreak in West Africa in 2014 is estimated at US\$53 billion (Huber et al. 2018; IMF 2022; World Bank 2022c).

Processing by the PA and the World Bank Team was swift. The Grant Agreement was approved on April 2, 2020 and signed on April 3, 2020, only three weeks after the WHO declared COVID-19 a pandemic, and the project was declared effective one week later on April 8, 2020.

In terms of implementation aspects, priority items, such as laboratory and diagnostic equipment, and PPE, were procured within the budget and actual costs of individual components matched with the original estimates. Funds were promptly disbursed, reflecting the critical nature of the emergency. By June 2021, US\$3.6 million had been disbursed (equivalent to 76 percent of the original grant's proceeds), with all procured equipment and goods having been distributed to health care facilities. By the end of the grace period of April 30, 2025, the total proceeds of US\$8.75 million had been fully disbursed. Also, the project used existing resources, and several staff positions in the PMU (i.e., financial management specialist, health specialist, and the administrative assistant) were financed by other ongoing Bank-financed projects.

Concurrently, overall efficiency was affected during the conflict during which interruptions of health services and damage to physical infrastructure and equipment in Gaza. Project implementation was affected by movement and entry restrictions for goods, which also limited the use of unallocated project funds for additional emergency supplies for Gaza. The West Bank also encountered substantial interruptions of health services due to escalating violence, movement restrictions, and a fiscal crisis. According to the ICR (p. 16), violence in the West Bank escalated in 2023 and 2024 with 1,004 fatalities and 16,104 injuries. There were 656 attacks on healthcare facilities in the same period, resulting in 124 health facilities being negatively impacted. Together with accumulated arrears to suppliers and additional movement restrictions, these issues had a direct impact on the delivery of essential health services and necessitated the scaling up of health service capacity across the West Bank. Nevertheless, despite the challenges posed by the COVID-19 pandemic, disruption of the supply chain globally, and the two conflicts centered in Gaza, the grant proceeds were fully utilized.

Efficiency Rating

Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

Rate Available?	Point value (%)	*Coverage/Scope (%)
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Appraisal	0	0 <input type="checkbox"/> Not Applicable
ICR Estimate	0	0 <input type="checkbox"/> Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives was rated High, as objectives supported a public good by addressing the threat of COVID-19, and objectives remained consistent with the World Bank Assistance Strategy FY22-25 for WB&G. Efficacy was rated Substantial, as project objectives were almost fully achieved. Efficiency was rated Substantial in view high value for money, but with negative implementation aspects affecting overall efficiency. These findings are consistent with a satisfactory overall outcome rating.

a. Outcome Rating

Satisfactory

7. Risk to Development Outcome

The main risks that project achievements in public health preparedness may not be fully maintained relate to a prolonged economic crisis and volatility of the situation that has taken a massive toll on health infrastructure and human resources in the health sector. Additionally, food insecurity in Gaza has generated immediate negative impacts and poses long-term risks to human capital, undermining health, productivity, and resilience. According to the ICR, the estimated cost of recovery and reconstruction of Gaza amounts to over US\$53 billion, with an estimated US\$7 billion in the health sector alone.

With the deterioration of the macro-fiscal situation, a substantial share of health expenditures in WB&G is financed through arrears. Since 2022, between 45-50 percent of annual health expenditures have been financed by arrears. The unpaid cumulative health sector arrears to hospitals providing referral services and to pharmaceutical companies exceeded US\$769 million in 2024. Of the PA's overall health spending of ILS 2.3 billion in 2024, ILS 1 billion was financed through arrears; and the only line-item without substantial arrears was salaries, constituting about half of overall health expenditures.

While several Bank-financed operations are providing emergency support and are expected to continue in contributing to the resilience of WB&G's health sector, there is a massive need for international support for recovery and reconstruction in Gaza, as well as for continued financing of health services. The Bank team noted that despite the difficult context in WB&G, the project demonstrated a high absorptive capacity for additional investments in the health system (Bank team feedback, September 3, 2025).

8. Assessment of Bank Performance



a. Quality-at-Entry

The project's design was informed by lessons learned from the Bank's long-term engagement in the sector, as from operations in fragile settings. The design was simple and flexible, allowing specific areas of support to be adjusted during implementation from a broad set of eligible options. The planned operation's inputs were aligned with WHO guidelines and standards for combating COVID-19.

The project was prepared in record time to address the immediate needs of healthcare delivery resulting from the COVID-19 pandemic. To ensure complementarity, preparation was closely coordinated with other development partners in the sector under the Health Cluster's Inter-Agency COVID-19 Response Plan, including the European Union, Japan, Norway, Australia, and UN agencies, notable WHO and UNICEF (ICR, p. 14). The project was approved one month after the PA declared the state of emergency on March 4, 2020. It was processed using condensed procedures under Paragraph 12 of the Bank's Policy on Investment Project Financing (ICR, p. 20). It built on the World Bank Task Team's involvement in ongoing Bank-financed operations in the health sector and benefitted from an existing and well-established Project Management Unit (PMU) to facilitate effective implementation arrangements. The Bank also capitalized on the advantage of having several ongoing operations in the health sector and other sectors, by quickly aligning them to support the emergency response. For example, the Health System Resilience and Strengthening Project (P150481) reallocated US\$0.8 million to support PMOH in its efforts to confront COVID-19, in line with its own PDO focusing on resilience.

Project appraisal included an assessment of economic and financial aspects, technical aspects, financial management, procurement, environmental and social aspects, and identified implementation support to be provided by the World Bank. Implementation arrangements were well prepared by the World Bank Team and its counterparts, and the ICR (p. 20) reported that, overall, the project was ready for implementation at effectiveness – while also noting a delay in the disclosure of environmental and social instruments, which was outside the control of the World Bank (but for which the Bank subsequently called for an ex-post audit, covering the initial activities that had taken place between project effectiveness and the disclosure of environmental and social instruments).

In terms of Objective 2 to strengthen WB&G health systems for public health preparedness, a more systemic preparation in terms of core capacities would have been desirable under normal, non-urgent circumstances, but there was limited availability of baseline data on health system capacity (ICR, p. 15). This issue was not attributable to the World Bank, as the Bank Team and its counterparts worked intensively using the information that was available and conducted quality preparation with a sound design.

The risk assessment undertaken by the World Bank during preparation concluded that the overall risk was substantial. The assessment identified PMOH's limited experience in projects associated with substantial environmental and social impacts, and the risk of inadequate procurement capacity of PMOH to handle the emergency nature of the COVID-19 crisis. To mitigate related risks, the World Bank Team offered facilitating procedures such as 'fast-track emergency procurement', 'Bank-Facilitated Procurement' (to assist in accessing existing supply chains), and Hands-on Expanded Implementation Support, including for contracting UN agencies.



Quality-at-Entry Rating

Highly Satisfactory

b. Quality of supervision

Project supervision and implementation support were conducted in a very challenging environment. The ICR (p. 20) reported that supervision was proactive and effective. The Bank Task Team routinely prepared detailed Implementation Status and Results Reports (ISRs) and provided accompanying aide memoires to document implementation progress, highlight challenges and bottlenecks, and to propose remedial actions. ISR ratings were adjusted based on progress, prompting candid exchanges with PMOH and the provision of technical advice and support. Supervision missions were conducted jointly for all ongoing Bank-financed operations in the health sector, facilitating the integration of the World Bank's health portfolio. During the four years and nine months of implementation, six in-person implementation support missions were conducted, and Aide Memoires were shared with PMOH.

During the first half of project implementation, when the COVID-19 pandemic caused travel restrictions, the World Bank's Team ensured the continuity of supervision, notably for technical, fiduciary, and environmental and social aspects, through regular virtual meetings. A Mid-Term Review was conducted in December 2022.

Through in-country and international staff, the Bank Task Team provided consistent technical support throughout project implementation. Task Team Leaders were changed once during the project lifecycle, with a smooth transfer of responsibilities between Task Team Leaders. The Team benefited from a close working relationship that was built with PMU which was also responsible for facilitating the implementation of two ongoing Bank-financed operations (Health System Resilience and Strengthening Project, P150481, and the Early Childhood Development Project, P168295). The Bank Team also engaged with development partners during the implementation period and supervision missions, and provided additional technical assistance to PMOH for assessing pandemic preparedness and resilience in WB&G. The project benefited from the wider use of 'Hands-on Expanded Implementation Support', including in ensuring compliance with environmental and social requirements.

In the context of numerous implementation challenges arising from external factors, the Bank Team sustained a pro-active implementation support, and took several actions to mitigate related impacts, including for example, facilitating the entry of goods to WB&G through Country Management Unit's contacts with the responsible Israeli agencies, and mobilizing additional funding in response to the emerging needs.

In view of the extent to which the services provided by the World Bank ensured quality at entry and supported effective implementation through appropriate supervision and proactive implementation support in a very challenging environment, both Bank performance dimensions are rated Highly Satisfactory.

Quality of Supervision Rating

Highly Satisfactory

Overall Bank Performance Rating



Highly Satisfactory

9. M&E Design, Implementation, & Utilization

a. M&E Design

While the objectives were clearly stated and expressed at an outcome level, the results framework indicators were largely output-oriented. The ICR appropriately noted the lack of focus on outcomes, although this was understandable given the context of the novel coronavirus disease and the emergency nature of the project. Some of the few reported outcomes, such as cumulative excess deaths, were not exclusively attributable to project activities. The ICR (p. 18) noted that all baseline values related to project interventions were obtained and included in the Results Framework (while also noting the limited availability of data for the broader health system capacities, ICR, p. 15).

Given the lack of an integrated health information management system in WB&G, the project relied on several information systems in parallel, including: (i) WHO's COVID-19 dashboard for WB&G; (ii) the Palestinian National Institute of Public Health's administrative data on training provision; (iii) administrative data of PMOH's Environmental Health Department on medical waste generation and management, and (iv) a subset of data on patients' satisfaction in West Bank hospitals, routinely collected by the PMOH.

b. M&E Implementation

Regular data collection and analysis were conducted to track implementation progress and inform decision-making. Patient satisfaction was measured from routinely collected data and from a survey conducted between January 2023 and June 2024. Annual progress reports were prepared and submitted to the Bank.

c. M&E Utilization

M&E findings were used for regular project monitoring, and were utilized to inform decision-making, including for prioritizing the needs and allocating remaining funds. M&E findings were used to identify and address implementation challenges, develop an Environmental and Social Audit Corrective Action Plan, ensure compliance with ESF, and make necessary adjustments (ICR, p. 18). The PMOH continued monitoring the deployment of the mobile clinics and a mobile blood bank after the project closed.

M&E Quality Rating

Substantial

10. Other Issues

a. Safeguards



An Environmental and Social Review Summary was prepared on 03/20/2020, along with a draft Environmental and Social Commitment Plan. The ICR (p. 19) reported that environmental and social requirements included the disclosure of the Environmental and Social Management Framework (ESMF), Labor Management Procedure (LMP), and the Stakeholder Engagement Plan (SEP).

There was a delay of about one year in the disclosure of the above documents (disclosed on April 18, 2021), and in hiring an Environmental Health and Safety Officer (appointed on May 26, 2021), delaying ESMF implementation and oversight. Since relevant project activities started before the ESMF and LMP were cleared and disclosed, the World Bank asked for an ex-post audit, covering the activities that had taken place between project effectiveness and the disclosure of environmental and social (E&S) instruments. The ex-post audit of August 2021 found that the project was largely implemented in accordance with requisite E&S measures and standards but with some weaknesses, including gaps in documentation, stakeholder engagement, and grievance handling. Therefore, an E&S Audit Corrective Action Plan was also prepared and implemented to address the weaknesses identified by the 2021 audit. The E&S performance was downgraded to Moderately Satisfactory from June 2021 to July 2022, to reflect the above compliance delays in E&S requirements

From July 2022 onward until the project closed, the overall ESS Performance was rated Satisfactory, as reported by the ICR and the Operations Portal.

b. Fiduciary Compliance

The PMU maintained a sound financial management (FM) system that generated accurate and timely financial information, interim financial reports which were mostly submitted on time. Audited financial statements and technical reports were submitted regularly, and with unqualified audit opinions. However, FM performance was slightly downgraded to a Moderately Satisfactory rating in 2021 because additional FM staff were needed and some deadlines for financial reporting were missed. These issues were rectified, including hiring a new FM Specialist.

As part of the emergency procedures, a simplified 'Project Procurement Strategy for Development and Procurement Plan' was prepared. As noted in section 8, the Bank Team also offered 'World Bank Facilitated Procurement' and 'Hands-on Expanded Implementation Support'

In terms of compliance with procurement guidelines, fiduciary supervision reports found that the PMU carried out all procurement processes in accordance with the Bank procurement regulations, grant agreements, and procurement plans (ICR, p. 19).

c. Unintended impacts (Positive or Negative)

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d. Other



The ICR (p. 13) noted that the project created a platform for further engagement. The ICR reported that the project revealed the need for an in-depth assessment of WB&G’s health system resilience and pandemic preparedness. The PMOH completed such an assessment in 2022, with technical assistance from the World Bank. The assessment findings and recommendations fed into an application for US\$20 million project for ‘Strengthening Pandemic Prevention, Preparedness, and Response in the West Bank and Gaza’ which was awarded to PMOH by the Pandemic Fund in 2023 (The Pandemic Fund is a multilateral financing mechanism and collaborative partnership steered by a consortium of donor countries, implementing governments and foundations, and is hosted by the World Bank with WHO as technical lead).

11. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Highly Satisfactory	Satisfactory	This ICR Review rated efficacy as substantial, given the project contributions. However, several factors prevented a higher rating and the validation of high efficacy, including significant attribution issues and evidence limitations.
Bank Performance	Highly Satisfactory	Highly Satisfactory	
Quality of M&E	High	Substantial	There is no disagreement since the ICR also rated the Quality of M&E as Substantial (ICR, p. 18, para. 54). It appears that the ICR rating was incorrectly uploaded in the Operations Portal, subsequently populating the template of the ICRR Portal.
Quality of ICR	---	Substantial	

12. Lessons

The ICR (pp. 22-2337-38) offered two lessons and several recommendations. The following lessons were re-sated by IEG Review:

The rapid deployment of much-needed support in fragile and vulnerable settings can be expedited by trust funds. The project was entirely financed by the Trust Fund for Gaza and the West Bank and the Health Emergency Preparedness and Response Multi-Donors Trust Fund, and their quick activation to support both the parent project and the additional financing enabled the



project to provide prompt support at critical moments, when PMOH was grappling with substantial funding shortfalls, worsened by the pandemic and conflict in Middle East.

UN agencies and development partners can facilitate and amplify the response to health emergencies, particularly in fragile settings. The project benefited from WHO's technical expertise and inputs during the preparation of the *State of Emergency: Palestinian Territory COVID-19 Response Plan*, which, in turn, provided an umbrella framework for the project design and implementation. Likewise, the procurement of routine children's vaccines through UNICEF facilitated their timely provision in a coordinated manner. Close and regular policy dialogue encompassing PMOH, UN agencies and development partners, including the World Bank, helped in promoting coordination and responsiveness to the needs on the ground.

13. Assessment Recommended?

No

14. Comments on Quality of ICR

The ICR provided a detailed account of the project's performance, which was largely output-oriented. The ICR was candid and its thorough analysis adequately explained attribution issues and the project's contributory role. The ICR interrogated the evidence and explained related limitations in the context of the novel coronavirus disease. It was internally consistent overall although the ICR's efficacy conclusions did not match the quality of its analysis and the reported evidence. The ICR offered lessons derived from the project's experience, and the lessons were linked to the ICR's narrative. The ICR followed the guidelines and was tightly presented and concise.

a. Quality of ICR Rating

Substantial