World Bank Health Sector Mission (May 25 – June 4, 2025)

Implementation Support Mission for

Palestinian Health System Reform Project (P508917)
Health System Efficiency and Resilience Project (P180263)
Health Component of Improving Early Childhood Development Project (P168295)

AIDE-MEMOIRE

I. INTRODUCTION

1. A World Bank mission[1] was conducted in the Palestinian territories on May 25 - June 4, 2025, to (i) launch the Palestinian Health Sector Reform Project (PHSRP), (ii) discuss the Performance Based Conditions (PBCs) and implementation of the Palestinian Health Sector Reform Project activities; (iii) review the implementation progress of ongoing World Bank engagements in the health sector, including the Health Sector Efficiency and Resilience Project (HSERP), and the Improving Early Childhood Development (ECD) Project; and (iv) continue policy dialogue on health financing and health insurance. A list of counterparts that participated in this mission is attached as Annex 1.

2. The World Bank team would like to express its appreciation for the hospitality and excellent support provided by the Ministry of Health (MOH) management and staff, the Ministry of Finance (MOF), and the Ministry of Planning and International Cooperation (MOPIC). Specifically, the team would like to express its gratitude to His Excellency the Minister of Health, Dr. Majid Abu Ramadan, for the fruitful discussion on the overall health sector and the continued commitment to the health sector reform agenda. The World Bank team would also like to thank the Project Management Unit (PMU) team for their dedicated work.

II. MAIN DISCUSSION POINTS AND NEXT STEPS

A. Palestinian Health System Reform Project

Project Data	
Original Project Approval:	April 1, 2025
Effectiveness Date:	April 25, 2025
Closing Date:	March 31, 2030
Project Cost:	US$20 million
Disbursement:	US$0 million
Project Ratings:	Satisfactory
Project Development Objective: To contribute to improvements in the efficiency, sustainability, and quality of the Palestinian health system	

[1] The mission was led by Denizhan Duran (Senior Health Economist, Task Team Leader), and included Samira Hillis (Program Leader), Sayed Ramin Ziwary (Health Economist), Severin Rakic (Health Specialist), Lara Ibrahim (Health Specialist), Mariam Guirguis (Operations Analyst), Manal Taha (Environmental Specialist), Mohammad Ali Jaber (Financial Management Specialist), Ala' Turshan (Procurement Specialist), Najm-Ul-Sahr Ata-Ullah, (Senior Social Development Officer), and Zein Daqqaq (Program Assistant).

3. **Overall project implementation and summary of discussions.** The project was officially launched during the mission. Discussions with MOH counterparts focused on performance-based conditions (PBCs), various project components, and activities to be carried out.

4. **Component 1: Improving Population, Service, and Financial Coverage.** Discussions continued with key MOH counterparts on the implementation of Component 1 and agreeing on key actions to achieve the related PBCs.

a. **PBC 1: Adoption of essential benefits package.** The project will disburse US$2 million once an updated essential benefits package is adopted. The package is currently under design with technical support from the EU and WHO. A steering committee has been established, which has developed a road map and action plan, including the formation of technical working groups. Initial drafts of each package are expected to be completed by July, followed by a costing analysis and stakeholder consultations. This PBC is expected to be achieved within the next year.

b. **PBC 2: Increased hypertension screening.** US$1 million will be disbursed once the number of individuals annually screened for hypertension reaches a target increase of 200 percent. MOH needs to update the reporting system to enable hypertension screening to be monitored separately. Currently, reporting hypertension screening is linked to diabetes and lipid profile screening, which reduces the number of screenings due to co-payments for lab tests. Full deployment of the DHIS2 family health module will support timely reporting on this indicator. Family Health and non-communicable diseases (NCDs) departments will align on priority needs, including equipment, training for family health providers, and the development of promotional campaigns, to reach the target.

c. **PBC 3: Improved essential medicine procurement process.** The project will disburse US$2 million once new standard bidding documents, standard operating procedures (SOPs), and quantification methodology are developed and adopted. The updated bidding documents and SOPs are under final revision and await approval by the Prime Minister. The new quantification methodology was supported by a consultant hired by the World Bank and adopted by MOH on June 2, 2025. World Bank will continue to support the implementation of the quantification methodology, develop the terms of reference (TOR) for the new stock management system at the central level (replacing Oracle), and collaborate with the IT expert and MOH IT focal points to develop technical specifications for the system. The PBC is expected to be achieved in early 2026, with the operationalization of the procurement process for the next essential medicines procurement cycle.

d. **Procurement investments under component 1.** The pharmacy, NCD, and family health departments will align on priority procurement items, including investments in the medication registration system, regulatory updates, NCD equipment, training for family health specialists, development of guidelines, and promotion campaigns for NCD screening. A detailed investment proposal, in alignment with additional support from other donors, is expected by August 15, 2025.

5. **Component 2: Strengthening purchasing of services and digital health systems.** Discussions continued and agreements were reached with MOH's Service Purchase Unit, Legal Affairs Unit, and Information Technology department on key action points to implement the component and achieve the related PBCs.

a. **PBC 4: Adoption of a contractual framework between MOH and referral receiving hospital.** US$2 million will be disbursed upon the adoption of an updated contractual framework between MOH and referral receiving hospitals. The revision of the existing contractual framework by MOH is underway to clearly define services in alignment with the updated national benefits package, and

include clauses on quality standards, patient satisfaction, eligibility, provider selection, referral pathways, and budget/volume caps. A template developed by the World Bank in collaboration with the International Finance Corporation (IFC) was shared with the legal affairs unit. Discussions will continue in the coming months to further strengthen the contractual framework, and this PBC is expected to be achieved in early 2026.

b. **PBC 5: Contracts signed between the MOH and top referral receiving hospitals based on an adopted contractual framework.** US$1.5 million will be disbursed for each contract signed with the selected referral hospital, totaling US$4.5 million. MOH counterparts agreed to begin the process of selecting three hospitals to sign contracts under the newly adopted contractual framework. The selection criteria will include factors such as the hospital's financial sustainability (e.g., arrears status) and the cost/volumes of priority services.

c. **PBC 6: Adoption of a digital health governance and policy framework.** With the appointment of a new acting head for MOH's Information Technology General Directorate (ITGD), a committee has been established to oversee health information systems unification and integration. Key action points were identified and agreed upon to achieve the PBC. ITGD will share the TOR and scope of work for the steering committee, as well as the list of participants and tasks for the newly established committee overseeing system unification and integration. ITGD will also submit a proposal for training needs and coordinate with central stores, pharmacy, and laboratory departments to map workflow and define technical requirements for the new stock management system, supported by World Bank consultants. The PBC is expected to be achieved by the end of the year.

d. **Procurement investments**. Discussions with the Service Purchasing Unit (SPU) and ITGD, supported by ongoing work by Ernest Young (EY) to map existing and to-be processes, are helping define gaps and guide investment decisions under this component (US$3 million) to strengthen SPU's capacities and ensure interoperability of digital health systems for all relevant PMOH departments and facilities. Additionally, a functional review of health information systems will further help identify needs and guide investments under this component. Once the ongoing work is completed by the end of the calendar year, a procurement plan can be updated.

6. **Component 3: Project management and implementation.** The first draft of the Project Operations Manual (POM) will be shared with the Bank team by June 25, 2025. The POM will include the verification protocol for PBCs, the coordination committee's TOR with MOF/MOPIC roles and responsibilities, and flow of funds linking the verification and disbursement protocols. The project's designated accounts will be opened by mid-June. A consultant might need to be hired to verify the achievement of PBCs, specifically related to hypertension screening and medications. The Project Management Unit (PMU) also needs to calculate indicators following the analysis of recent invoices and e-referral data from SPU. Lastly, PMU will align with other relevant departments on priority procurement items to prepare a procurement plan for the next 6 months.

7. **Financial management.** The World Bank team reviewed the project's Financial Management (FM) and disbursement arrangements managed by the PMU at MOH from June 7, 2024, to December 9, 2024. The FM risk rating is substantial, and the FM Implementation Status Report (ISR) rating is satisfactory, based on performance up to June 2, 2025. This was the first supervision since the project began. Qualified personnel oversee the FM and disbursement arrangements. Governmental FM internal controls and systems are effectively in place. The initial Interim Financial Report (IFR) will cover the semi-annual period ending December 31, 2025, and is due by February 14, 2026. The first audited financial statements will cover the period from the project's start to December 31, 2025, and are due by June 30, 2026. As of the FM supervision date, there have been no disbursements made by the Bank, and no significant activities or transactions have been recorded since the project's start. The MOH PMU is finalizing the POM, including the FM chapter.

8. **Procurement.** The mission has discussed the preparation of the Project Procurement Strategy for Development (PPSD) and the Procurement Plan for the first 18 months of the project implementation, which have been deferred to the early stages of project implementation due to the

emergency status of the project. The MOH will share the PPSD and the Procurement Plan for the Bank's review and approval by August 15, 2025. Once prepared, the MOH can add the Procurement Plan and submit it for the Bank's approval through STEP, as the Project has already been added to the Bank's Procurement System. The mission indicated that the MOH needs to issue and publish a General Procurement Notice (GPN) for the project.

9. **Environmental and social (E&S).** The Environmental and Social Officer (ESO) assigned for the Health System Efficiency and Resilience Project (HSERP, P180263) at MOH PMU will be maintained and will be responsible for the project implementation.

E&S Preparation: the ESO is in the process of updating the HSERP Environment and Social Management Framework (ESMF) for this project. The ESMF draft is expected to be approved by the World Bank by mi- July 2025. The ESO will build or edit the HSERP ESMF for this project, and will work closely with the Environmental Health Department, and the Medical Engineering Departments to assess the environmental health and safety baseline and situation associated to the project. Considering the project will support benefits packages through PBC, the ESMF will guide the assessment, selection and proportionate mitigation measures for implementing the project components aiming to enforcing compliance with the national laws and regulations and strengthen the environmental health conditions at the public and private health care facilities receiving support.

For the Benefit Package: The ESO and the relevant MOH departments will identify environmental health, social, health and safety, and medical waste management compliance requirements in accordance with the project environmental and social risk assessment. The team will review the health care facilities licensing to verify its adherence with the requirements, and as needed will include clauses to be embedded within the private health care facilities contracts/agreements, in addition to report in the ESMF on the national monitoring and reporting requirements, the gaps and gap filling measures required to ensure private health care facilities complies with the national environmental health regulations and the ESSs.

Capacity Building: The project provides an opportunity to build systems capacities under Component 3, therefore and as agreed in the Environmental and Social Commitment Plan (ESCP), the ESO will also assess and identify capacity building and awareness sessions needs at the project level, aiming to strengthen the public and private beneficiary's environmental health and safety knowledge and compliance with national, the ESSs and the ESHGs. The PMU will include the needs as part of their annual plans.

The E&S performance is assessed as satisfactory considering the MOH efforts during the preparation. The performance will be reassessed to reflect compliance with the agreed actions.

Table 1: Summary of agreed actions for PHSRP

	Actions	Responsible	Due Date
1	Align on priority investment needs under Component 1 between the Family Health, NCDs, and Pharmacy departments, including equipment, training, and promotion campaigns (submit a proposal)	MOH	August 15, 2025
2	Share the new medicines standard bidding documents and standard operating procedures with WB	MOH	June 15, 2025
3	Share the technical specifications developed by a World Bank consultant for the stock management system at the central level	WB	June 30, 2025

4	Modify and review the existing contractual framework in reference to the World Bank/ IFC template	MOH (SPU/ Legal Affairs Unit)	July 15, 2025
5	Facilitate the work of EY team to validate the processes and collect data from private hospitals related to the costing tool	MOH (SPU)	June 15, 2025
6	Select three referral receiving hospitals to sign new contracts with, based on the newly adopted contractual framework	MOH (SPU)	August 01, 2025
7	Support ICD10/11 code mapping to existing procedure price lists	WB	June 30, 2025
8	Share the 2023/2024 claims and e-referral data with World Bank	MOH (SPU)	June 12, 2025
9	Share with World Bank the list of participants, scope of work, and the TOR for the newly established committee tasked with overseeing system unification and integration efforts.	MOH (ITGD)	June 20, 2025
10	Share the TOR and technical specifications of the new referral system.	MOH (ITGD)	June 30, 2025
11	Develop the TOR and scope of work for the digital health steering committee	MOH (ITGD)	July 15, 2025
12	Prepare and share a proposal outlining training requirements	MOH (ITGD)	July 01, 2025
13	Align together with relative departments to map the workflow and define technical requirements for the new stock management system with support from a consultant hired by the World Bank.	MOH	June 30, 2025
14	Review and provide feedback on the functional review TOR	MOH	June 10, 2025
15	Align with communicable disease department and WHO on the development of communicable disease dashboards on DHIS2 and whether additional support is needed to implement the dashboards	MOH (ITGD)	July 01, 2025
16	Share a first draft of the POM, including the project coordination committee TOR	PMU	June 25, 2025
17	Open project's designated accounts	PMU	June 19, 2025
18	Calculate indicators following the analysis of SPU data	PMU	June 19, 2025
19	Prepare a PPSD and procurement plan for the first 18 months of the Project implementation and send them for the Bank's review and approval.	PMU	August 15, 2025
20	Assess the license requirements of compliance with the national requirements and the ESSs and advise on clauses in the private health care facilities contracts/agreements.	PMU	August 01, 2025
21	HSERP ESMF updated for the project and submitted for Bank review and clearance	PMU	June 30, 2025
22	Assess E&S Capacity Building needs and integrate these into the project's annual plan.	PMU	June 30, 2025

B. Implementation support for the Health System Efficiency and Resilience Project (HSERP)

Project Data	
Original Project Approval:	April 7, 2023
Effectiveness Date:	June 8, 2023
Additional Financing Approval	May 6, 2024
Effectiveness Date:	June 4, 2024
Closing Date:	May 31, 2028
Project Cost:	Total amount: US$55 million Original Project: US$10 million (CERC amount: US$8.3 million) Approved AF: US$23.8 million Financing gap: US$21.2 million
Disbursement:	US$ 20.39 million (60%)
Project Ratings:	Progress towards achievement of PDO: Satisfactory Overall implementation progress: Satisfactory
Project Development Objective: To support the Palestinian Authority in improving the resilience and efficiency of the health system, and in case of an Eligible Crisis or Emergency, respond promptly and effectively to it	

10. **Overall project implementation and summary of discussions.** The project is on track to achieve the Project Development Objective (PDO), with implementation progress under all project components rated Satisfactory. The project includes a US$21.2 million financing gap to be filled by other partners to scale up primary health and hospital strengthening activities designed within the project's scope, for which efforts continue.

11. **Emergency response under the Contingent Emergency Response Component (CERC)**. The CERC was activated on December 15, 2023, and closed on June 15, 2025. Implementation progress of the CERC component is Satisfactory. The MOH signed contracts in the amount of US$ 8.3 million with:

a. **WHO** for US$4 million to procure medicines and kits for trauma management, emergency services, and NCD management in Gaza. The contract is expiring on June 30, 2025. US$3.3 million is allocated to procurable items. The WHO provided the third-party monitoring (TPM) reports. According to WHO reports, items in the amount of US$2.94 million have arrived at WHO warehouses in Gaza, while items in the amount of US$2.25 million were distributed to health facilities. The remaining items in the amount of US$287,000 are awaiting delivery to Gaza. Distribution of items in Gaza has been stalled since the resumption of hostilities on March 18. It was agreed to extend the contract between MOH and WHO until the end of 2025, to allow for full delivery of remaining items to Gaza and their distribution to health facilities.

b. **UNICEF** for US$2.06 million to procure emergency vaccines for the West Bank. The contract is expiring on June 30, 2025. The last remaining item (40,000 vials of single-dose MMR vaccine) under UNICEF contract arrived at Ben Gurion airport on June 4, 2025, after the shipment was rescheduled multiple times due to flight cancellations. The vaccines have undergone customs clearance and reached the MOH warehouse cold room in Nablus by mid-June. The final financial statement will be issued by UNICEF by September 30, 2025.

c. **Multiple local suppliers** to procure medical equipment for US$2.23 million, aimed at enhancing emergency and trauma management capacity in the West Bank's most affected governorates. All medical equipment was delivered to the MOH and installed in West Bank hospitals. Two payments to local suppliers, in the amount of US$408,600, are pending. It was agreed with PMU to process the payments before the CERC closure.

12. **Component 1: Scaling up cost-effective primary health care services.** Discussions continued with key MOH counterparts on how to advance the implementation of this component:

a. **Subcomponent 1.1: Delivery of essential primary health services at public PHC.** Within this subcomponent, US$2 million is available from **the Palestinian Umbrella for Resilience Support to the Economy (PURSE) trust fund**, through a Norwegian contribution, to strengthen public primary healthcare centers in West Bank. The MOH verified a list of priority equipment to be procured under this subcomponent and developed technical specifications. Draft bidding documents were submitted to the Bank for review, and procurement is expected to be fully launched in the coming weeks. The mammography machine was installed in Hebron. PMU drafted TOR for training on mammography reading. The procurement of IT equipment for SPU has been initiated. The Governmental Health Insurance Management System was migrated to the Ministry of Telecommunication and Digital Economy's servers.

b. **Subcomponent 1.2: Strengthening mental and family health services.** The MOH signed the contract with WHO on the implementation of activities under this subcomponent in Gaza. The activities were initiated in January 2025. After a prolonged due diligence process, in May 2025, the WHO signed a contract with the consortium of NGOs, led by War Child. Provision of mental health and psychosocial support services under the contract started in June 2025. The agreement between MOH and WHO needs to be amended to reflect the inclusion of the Community Training Centre for Crisis Management in the NGO consortium. The contract with the TPM was signed, using the TOR approved by the MOH. A list of training priorities was agreed upon between the MOH and the WHO. Eleven different training programs will be implemented, with a total of 356 training participants to be reached. Two training programs (TOT on Trauma-Focused Intervention and Child Psychiatry) have been completed. MOH monitors the training delivery through the regular provision of a training tracker by WHO. MOH and WHO agreed on monthly monitoring meetings with NGOs, with participation of the Bank, as needed.

13. **Component 2: Strengthening hospital service delivery.** Within this component, US$2 million is available from PURSE, through a Norwegian contribution, to strengthen public hospitals in West Bank. The MOH verified a list of priority equipment to be procured under this component (equipment for oncology, imaging, operating rooms, cardiology, and neonatal intensive care) and developed technical specifications. Draft bidding documents were submitted to the Bank for review, and procurement is expected to be fully launched in the coming weeks.

14. **Component 3: Strengthening key public health functions of pandemic prevention, preparedness, and response (PPR).** Discussions were continued with key MOH counterparts on how to accelerate the implementation of activities under this component and what additional investments are needed to improve the State Party Self-Assessment Annual Reporting (SPAR) scores. The MOH will review and revise the list of activities planned under this component to align with the emerging needs. The WHO plans to organize a Joint External Evaluation to verify the self-assessment results in 2026. The meeting of the Joint Technical Committee was held during the mission to discuss the submission of the annual progress report to the Pandemic Fund. The PMU continues to monitor procurements through an online tracking sheet, shared with the Bank. Activities remain focused on the West Bank, with about US$3.6 million allocated to Gaza still on standby. The Pandemic Fund expects the mid-term review to be completed after July 2025. The Bank team will discuss the need for extension of the Pandemic Fund's grant with MOH and development partners in 2026.

a. **Subcomponent 3.1: Strengthening surveillance, early warning systems, and multisectoral collaboration.** Several key activities have been initiated, and progress continues in the West Bank. To strengthen surveillance of zoonotic diseases and information sharing, the national and international One Health consultants have finalized the report on the assessment of priority zoonotic diseases data sharing mechanisms in the West Bank, which will be shared with the re-established

One Health committee for feedback and adoption. The reappointment of the One Health steering and technical committees is in process, and the committees' activation will be finalized by mid-June. The One Health consultants will continue to work with the committee to support the development of the national One Health strategy, which is expected to be ready by the end of 2025 and will require adoption by the agencies participating in the One Health Committee. The Bank will hire an international consultant to develop the vector surveillance plan for the West Bank. The ToR has been shared with MOH and approved. Discussions with WHO and IT departments during the mission confirmed that DHIS2 upgraded family health module will be implemented across all PHCs and directorates as part of the WHO-funded project, which will feature communicable disease dashboards. MOH will align with WHO on the equipment and training requirements to implement these dashboards and indicate whether additional support is required under the project. A consultant for the development of the national surveillance strategic plan, guidelines, and SOPs has been selected and will initiate activities by mid-June. On capacity-building activities, MOH needs to contract the EMPHNET for FETP and 7-1-7 training. The AMR action plan was updated and will be ready for adoption by the MOH in July 2025.

b. **Subcomponent 3.2: Strengthening national laboratory systems.** Several priority activities are under implementation in West Bank (development of tier-specific diagnostic testing strategies/laboratory network, supply of specimen transport vehicles, refurbishment of the Central Public Health Laboratory and five peripheral microbiology laboratories, supply of priority equipment and consumables). Contracts with national and international biosafety/biosecurity experts will be signed in June. As a starting point for the development of technical specifications for an Electronic Management System for Handling Infectious and Microbiology Samples in the Central Public Health Laboratory, the MOH prepared a list of the system functionalities. Development of lists of equipment and supplies required to improve antimicrobial surveillance in peripheral laboratories is ongoing.

c. **Subcomponent 3.3: Improving response to health emergencies.** WHO has made progress in the procurement of supplies required to prevent, diagnose, and treat communicable diseases in Gaza. Tenders for the commodities to be procured locally (medicines, medical supplies, laboratory supplies, and cleaning material - about 54% of the funds) were released. The purchase orders for a total value of USD1.3 million (83% of the fund allocated for procurement) are expected to be out by the end of June. A concept note, outlining the need to procure a mobile clinic to strengthen vaccine access and delivery, in addition to equipment requirements and specifications for the mobile clinic, will be prepared by the MOH and shared with the Bank. The MOH will propose a list of prepositioned supplies that would be purchased to replenish in-hospital prepositioned stockpiles (according to the new SOPs developed by the General Directorate of Emergency) and prepositioned stockpiles in the central warehouse (SOPs and list of supplies are to be updated).

15. **Component 4: Project management and implementation.** As agreed during the previous mission, the Project Officer was hired. The MOH has been requested to report on the achievement of all three PDO indicators and 13 intermediate indicators as of the end of June 2025. The PMU continues to prioritize the use of fund sources with the shortest availability for the expenses under this component. The MOH submitted a draft progress report for the project from the beginning of the project. The Bank team provided feedback and suggested to include in the report challenges in the implementation of the CERC and lessons learned. The revised report was resubmitted and under review by the Bank.

16. **Financial management**. A combination of virtual and in-person reviews were conducted on the Project's Financial Management (FM) system by the PMU at MOH, covering the period from December 9, 2024, to June 3, 2025. This marks the fourth supervision of the project since the activation of the CERC component, which allocated US$ 8.3 million, and the second supervision following the approval of an additional US$ 23.8 million in financing. The PMU has maintained a robust FM system that adheres to the Palestinian Authority's financial procedures and Bank guidelines. Total disbursements by the World Bank amounted to US$ 20.54 million, representing

approximately 60.32% of the total project funds (US$ 33.8 million). The PMU at MOH has disbursed US$ 11.76 million. The difference between the total funds transferred by the World Bank and the disbursements made by the MOH PMU, roughly US$ 9 million, remains as cash in the designated accounts (DAs). Contracts with UNICEF and WHO have been extended to June 30, 2025. The most recent Interim Financial Report (IFR) covered the period ending December 31, 2024, and was submitted in a timely manner on January 23, 2025. The audit report for 2024, submitted on May 13, 2025, received a clean audit opinion with no management issues highlighted. As of the current supervision date, the FM risk rating remains Substantial, and the FM performance rating is Satisfactory.

17. **Procurement.** The mission reviewed the updated Procurement Plan for the project cleared by the Bank on April 23, 2025. As of the mission date, the total commitments in contracts amount to US$ 17.76 million, representing 53 percent of the budget of the parent project and its additional financing (US$ 33.8 million). The total actual disbursement under the signed contracts listed in the Procurement Plan is US$ 11.74 million. In March 2025, 3 contracts/lots were signed for the supply of molecular, microbiology, and serology materials (US$ 468,284), as well as 4 contracts/lots for the supply of microbiological laboratory equipment for phenotyping analysis (US$ 768,890). During February 2025, the Bank conducted a procurement post review for contracts awarded under the Project in the period from effectiveness to January 2025. The review concluded that all the procurement processes have been carried out in accordance with the Bank's Procurement Regulations, the Legal Agreement, and the Procurement Plan with no major deviations. The procurement performance continues to be ***Satisfactory***, and the procurement risk remains Substantial due to the prevailing security conditions.

18. **Environmental and social (E&S).** The mission discussed the project activities including progress as per the ESCP:

The E&S risk assessment and Management:
The mission discussed the project ESF progress and noted the progress in compliance and coordination among the MOH departments in expediting and enhancing the project implementation. The mission stressed on continued communication and coordination with the Environmental Health Department, the Medical Equipment's Department and the Engineering Department. The mission discussed the following activities:

a. **The rehabilitation of the Central lab and 5 governorates laboratories**:
    1. The Environmental and Social Management Plan (ESMP) checklist has been prepared and consulted for the (5) governorate laboratories, the ESO and the Engineering Department to verify compliance with the Civil Defense Licensing requirements and ensure inclusion of relevant clauses in the BoQs and the biding document and report to the Bank as pending issue for the ESMPs clearance.
    2. For the central laboratory: The Engineering department presented the progress and challenges: the department integrated the civil defense requirements for mechanical and electrical works withing the sub-project scope.
    3. The engineering department assessed that the civil defense requirements for external escape ladder will cause significant adverse impact on the building functionality, including potential exposure to infection, as one external ladder is expected to pass within P3 laboratory restricted area exposing biological contamination. Moreover, the engineering department does not have enough funds to construct the rooftop guardrail.
    4. The team advised the Engineering department to officially communicate the Civil Defense Authority with the engineering justification and recommendations for indoor and external safety while expecting the external ladder and reducing the coverage of the rooftop guardrail to area serve the project purpose. The engineering department will ensure design aim for safe implementation and operation of the laboratory.

5. The World Bank will provide E&S Hands on Expanded Implementation Support (HEIS) to support the ESO to complete the ESMP draft checklist until the issue with the Civil Defense requirements is resolved and agreements are included in the final ESMP and the bidding documents.
6. Infectious Waste management and Control for the laboratories is included in the Biosafety SOPs that will be prepared by an external consultant, operators will be trained on prior to commencing operation.

b. **Supply of Medical Equipment:**
- The ESO will work with the medical engineering and the environmental health department to assess the environmental and medical waste risks and the compliance at health care facilities that will receive the equipment and propose propionate mitigation measures for the environmental health department to implement and report on during operation. Proportionate mitigation measures will be included in the Supplies bidding documents for supply and installation risks in addition to capacity building requirements.
- The ESO will also verify and assess the potential disposal of old equipment associated to this subproject, and coordinate with the medical engineering to verify and report the safe disposal.

c. **Mammograph Disposal:** The ESO highlighted that a Mammography machine has been installed. Some old equipment has been reused in different facilities, while some were safely disposed of. The ESO will report on the safe disposal of equipment as agreed in earlier missions.

d. **Contracting UN Agencies:**
- WHO has submitted to MOH the TPM report for project activities under the CERC and the report was shared with the Bank.
- WHO commenced implementation of activities under component 3. Installation of PV system for MPSPH sites has not been initiated yet.
- No incidents were recorded during the project.
- MOH keeps informal communication to receive progress on the project ES aspects

e. **Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) Action Plan:** The MOH has shared the training material under the SEA/SH Action Plan with the World Bank for review. While the initial action plan developed by the consultant is more generic and tailored to the health sector, the PMU, with support from the World Bank HEIS, is currently developing a plan that is more specific to the project. A meeting with the Women's Health Department is planned to finalize the action plan activities. In addition to other measures included in the action plan, it was agreed that there is a need to ensure allocation of safe spaces/rooms in all medical facilities for any gender-based violence (GBV) cases. It was agreed that if dedicated rooms are not available due to space constraints, a room in the medical facility will be identified/allocated as a "safe space" that can be used on priority basis in case of need. Information about the safe spaces/rooms will be shared with facility staff. Similarly, a medical staff member will be appointed as a "focal person" for GBV cases and focal persons will be provided necessary training. Information about SEA/SH/GBV prevention and response measures will also be disseminated at facilities to raise awareness among users.

f. The project environmental and social risk remains substantial, and the ESS performance remains satisfactory considering the reporting good track record, the commitment for enhanced coordination with the relevant departments.

Table 2: Summary of agreed actions for HSERP

	Actions	Responsible	Due Date
1	Prepare revised progress report for HSERP	PMU	June 12, 2025
2	Launch procurement of medical equipment under Components 1 and 2	PMU	June 15, 2025
3	CERC: Complete the remaining payments to equipment suppliers	MOH	June 15, 2025
4	Finalize TOR for training on mammography reading. Propose a contracting approach.	MOH	June 17, 2025

5	Amend the contract with WHO under Sub-component 1.2, to reflect the inclusion of an additional NGO in MHPS service provision	PMU	June 25, 2025
6	CERC: Extend the contract with WHO	PMU	June 25, 2025
7	Provide an update on the achievement of project indicators, as of June 30, 2025	PMU	July 30, 2025
Component 3 (Surveillance strengthening)			
1	JEE D2.3: Share the report on Assessment of Priority Zoonotic Diseases Data Sharing Mechanisms in the West Bank with the One Health Technical Committee	MOH	June 12, 2025
2	JEE D2.1: Initiate activities on the development of the surveillance plan and SOPs	MOH	June 12, 2025
3	Update the decisions on the appointment of the One Health Steering Committee and the Technical Committee	MOH	June 12, 2025
4	JEE P8.2: Prepare a concept note on the need to procure a mobile clinic to support vaccination. Share the note with WB.	MOH	June 12, 2025
5	Extend the contract with the National One Health consultant (until December 2025)	PMU	June 15, 2025
6	JEE D3.3: Finalize the TOR for FETP and 7-1-7 training. Estimate the required budget. Prepare a justification for the direct contracting of EMPHNET	MOH	June 15, 2025
7	JEE P5.1: Align on selection of the international Vector Surveillance Expert	MOH and WB	June 22, 2025
8	JEE D2.3: Prepare a list of equipment required for the Preventive Medicine Department	MOH	June 22, 2025
9	JEE P8.2: Prepare a list of equipment required for strengthening national vaccine access and delivery	MOH	June 22, 2025
10	JEE D2.1 and JEE D2.3: Align with the DHIS2 team on the development of communicable disease dashboards and the supply of IT equipment. Indicate the support required under the project and required reallocations of funding.	MOH	June 22, 2025
11	Add refurbishment of the meeting hall to the Procurement plan (under Component 4)	PMU	June 22, 2025
12	JEE D2.3: Provide feedback to or adopt the report on Assessment of Priority Zoonotic Diseases Data Sharing Mechanisms in the West Bank	MOH	June 22, 2025
13	JEE D3.3: Invite EMPHNET to submit a proposal for FETP and 7-1-7 training.	PMU	June 30, 2025
14	Organize the annual meeting of the PPR Steering Committee	MOH	July 21, 2025
15	Submit the annual progress report to the Pandemic Fund	MOH	July 31, 2025
16	Print the updated national preventive guidelines	MOH	September 30, 2025
17	Provide training on the updated national preventive guidelines	MOH	December 31, 2025
18	Reflect the project achievements in the next SPAR	MOH	December 31, 2025
Component 3 (Strengthening of laboratories)			
1	JEE D1.4: Provide feedback to or adopt the Report on Assessment of Diagnostic Laboratories Network for Infectious Diseases in the West Bank. Share the report with project partners.	MOH	June 15, 2025
2	Review and revise the activity plan for laboratory strengthening to reflect a reduced number of consultancies and identify activities that will be combined. Share the updated activity plan with WB	MOH	June 15, 2025
3	JEE D1.2: Align on the proposed international consultants (to be hired by the WB)	MOH and WB	June 15, 2025
4	Agree with the Saudi Public Health Authority on the date of the study tour to Saudi Arabia	WB	June 20, 2025
5	JEE D1.3: Obtain Civil Defense's written approval for the exemptions related to the CPHL refurbishment	MOH	June 20, 2025

6	JEE D1.3: Prepare a list of laboratory supplies that would be procured, including those required for the introduction of additional diagnostic tests to the CPHL	MOH	June 20, 2025
7	JEE P4.2: Prepare a list of equipment required to improve AMR surveillance in peripheral (tier 2) laboratories	MOH	June 20, 2025
8	JEE D1.4: Share inputs required for the development of the laboratory network investment plan, including renovation estimates and lists of priority equipment	MOH	June 20, 2025
9	JEE D1.1: Finalize procurement of the specimen transport vehicles	PMU	June 30, 2025
10	JEE D1.4: Prepare and issue a formal act to establish the tier-specific diagnostic network for infectious diseases in the West Bank	PMU	June 30, 2025
11	JEE D1.3: Complete the ESMP and launch procurement of civil works for the CPHL refurbishment	PMU	June 30, 2025
12	JEE P4.2: Finalize the update of the National Plan on Prevention and Containment of AMR	MOH	June 30, 2025
13	JEE D1.2 and P7.1: Contract national consultants for standards development and biosafety/biosecurity assessment and training	PMU	June 30, 2025
14	Update the procurement plan to include the next group of priority procurements	PMU	July 3, 2025
15	JEE D1.1: Align on technical specifications for the development of the laboratory information management system that would support microbiology specimen referral	MOH and WB	August 30, 2025
16	JEE P4.2: Adopt and disseminate the updated National Plan on Prevention and Containment of AMR	MOH	July 30, 2025
17	JEE D3.3: Initiate implementation of the priority training activities, as per the agreed training plan	MOH	September 1, 2025
Component 3 (Emergency logistics and supply chain management)			
1	JEE R1.5: Decide on the need to engage a consultant to support the update of the central warehouse's SOP on prepositioned supplies and the related list of supplies	MOH	June 15, 2025
2	JEE R1.5: Propose a list of prepositioned supplies that would be purchased	MOH	July 1, 2025
Environmental and Social			
	MoH to follow up with the Civil Defense to resolve the civil defense requirements and licensing requirements. MoH to verify Civil Defense requirements compliance for the 5 laboratories and ensure to resolve all issues.	MOH	July 1, 2025
	MoH finalize the ESMPs for the (5) laboratory and the Central Laboratory and submit for the Bank clearance	MoH	July 7, 2025
	The ESO will screen and prepare mitigation measures for the medical equipment supply activities in coordination with the medical engineering and environmental health department and define installation and operation mitigation measures, and monitoring and reporting.	MOH	August 30, 2025
	MoH to submit waste management report for the old mammography machines transfer and disposal	MOH	July 1, 2025
	MoH to finalize the SEA/SH Plan so it can be disclosed (as appropriate). Bank to provide HEIS support for SEA/SH Plan finalizing and implementation (as required).	MOH	July 15, 2025

D. Progress update on the Improving Early Childhood Development (ECD) Project (P168295)

Project Data	
Board Approval:	December 18, 2019
Effectiveness Date:	March 2, 2020
Closing Date:	January 31, 2026
Grant Amount (whole project):	US$9.00 million
Grant Amount (health part):	US$3.35 million
Disbursement (whole project):	US$8.67 million (96%)
Project Ratings	Progress towards achievement of PDO: Satisfactory Overall implementation progress: Satisfactory
Project Development Objectives: To prevent, detect, and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the West Bank and Gaza health system for public health preparedness	

19. **Overall project implementation.** The project consists of three main components jointly implemented by the Ministry of Education and the MOH: Component 1: Promoting early healthy development, Component 2: Improving access to high-quality kindergarten services, and Component 3: Improving availability of ECD data. During this mission, discussions were undertaken with the MOH on the implementation progress of Component 1 of the project. The mission noted continuous progress in implementing the activities under the restructured project.

20. **Sub-component 1.1 (Investments to improve quality of pre- and postnatal care): Gaza supplies.** The contract with UNICEF for the emergency provision of supplies for essential maternal, neonatal, and child health services in Gaza was signed in November 2023 and extended in December 2024. The majority of supplies under the contract were delivered to Gaza. The last remaining supplies (obstetric kits and erythromycin, in the amount of US$350,000) have arrived at the UNICEF warehouse in Amman but have not yet been delivered to Gaza due to a lack of permission to bring supplies via the Jordan crossing to Gaza. While the UNICEF is working to obtain Israeli authorities' approval to expedite the delivery, the delivery will likely not take place before the current contract completion date (June 30, 2025). The information on in-country logistics charges related to the pending delivery is required for UNCIEF to complete financial reporting under the contract. The TPM reports have not been shared by UNICEF yet.

21. **Sub-component 1.1: Early screening of children for auditory problems.** Fourteen otoacoustic emission devices procured under the project have been deployed for the auditory screening among the children. The number of screened children remains low (711 children from January to April 2025), due to the limited availability of staff in healthcare facilities (two days a week), high demand for curative services, movement restrictions, the lack of disposable rubber caps for the otoacoustic emission devices, and low parents' awareness about availability of the new service. If the context remained unchanged, no more than 3,000 children would be screened for auditory problems by the end of the project (the target is to have 20,000 children screened). Procurement of an additional 28 otoacoustic emission devices has been initiated. Once supplied, the devices would allow the MOH to expand access to the screening services, mitigating the impact of the movement restrictions. The majority of the uncommitted funding will be used for this procurement (estimated contract amount: US$182,000). The remaining funds will be used for the supply of disposable caps in various sizes, the preparation and printing of communication materials on the screening service, and the printing of screening protocols, questionnaires, and reports.

22. **Sub-component 1.2: Strengthening nutrition and early stimulation during the critical first 1,000 days of life:** Two electroencephalogram (EEG) machines for Gaza are still safely stored in the MOH warehouse in the West Bank and will be transferred to Gaza when the circumstances

allow. The issue with the unsubmitted invoice related to the training conducted in Gaza before October 2023 has been resolved.

23. **Financial Management**: A combination of virtual and face-to-face reviews of the Project's Financial Management (FM) by both MOE-PCU and MOH-PCU for the period from December 1, 2024 to May 25, 2025, concluded that FM systems are sound and comply with Bank guidelines. The World Bank disbursed US$ 8.67 million (96.3% of total funds), with expenditures by the project totaling US$ 7.7 million; the difference remains as cash in designated accounts. The December 31, 2024 IFR was submitted on time on February 10, 2025. The 2024 audit report was submitted on time on May 19, 2025. It showed a clean opinion and nil management letter. The current FM risk rating is Moderate, and the FM ISR performance rating is Satisfactory.

24. **Procurement:** The mission reviewed the updated Procurement Plan for the project components carried out by the PMOH, which was approved by the Bank on May 2, 2025. As of the mission date, the total commitment in contracts is US$ 3,158,546 representing 94.3 percent of the total budget allocated for the health components (US$ 3,350,000). There was a continuous delay in the implementation of the Agreement signed with UNICEF (US$ 1,959,560) for the supply of urgent drugs and medical supplies for maternal, newborn, and mental health services in Gaza due to the lack of permission to bring supplies to Gaza. The procurement performance continues to be ***Satisfactory,*** and the Procurement risk remains Substantial due to the current conflict in Gaza and the prevailing security situation in West Bank.

25. **Environment and Social**: The mission briefly discussed the health component under the ECD project. Two activities have been implemented including: UNICEF contract for which MOH is expected to receive third-party monitoring reporting and review and verify identification of E&S risks and impact and incidents reporting. On the other hand, the EEG equipment was assessed of low risk and will require no further environmental mitigation. But considering the equipment will not be delivered to Gaza Strip, it shall be safely stored until transferred to Gaza Strip. No grievances were received in relation to the training. The risks of MoH related component remain moderate and the performance is considered satisfactory, the performance rating will be reassessed upon receiving the progress report.

26. **The Next Steps and Agreed Actions:**
    - To obtain data on Environmental and Social (ES) mitigation measures implemented for the UNICEF contract, and to verify occurrence of incidents *(report under the upcoming ES progress report).*
    - Safe storage of the EEG equipment's in West Bank until transferring to Gaza Strip
    - Work closely with MoHE to prepare required input to the Implementation Completion and Results Report (ICR) which will be due 6 months after the project closing date.

Table 3: Summary of agreed actions for ECD project

	Actions	Responsible	Due Date
1	Consider the extension of the contract with UNICEF to ensure full delivery of supplies to Gaza, completion of financial reporting, and provision of the TPM reports	PMU	June 19, 2025
2	Obtain the TPM reports from UNICEF	PMU	June 19, 2025
3	Decide on the allocation of the remaining project funds for disposables, communication campaign, and/or printing	MOH	July 10, 2025
4	Obtain from UNICEF 1) estimated number of beneficiaries and 2) list of facilities who received supplies provided through the project	PMU	July 30, 2025
5	Award contract for the supply of otoacoustic emission devices	PMU	August 1, 2025

6	Close Coordination with MoE to provide E&S input for the Progress report and the ICR.	PMU	Continuous

Annex 1: List of Participants

#	**Name**	**Organization**	**Job Title**
1	H.E. Dr. Majed Abu Ramadan	MoH	Minister of Health
2	H.E. Dr. Wael Al-Sheikh	MoH	Deputy Minister of Health
3	Maria Al-Aqraa	MoH	Head of International Cooperation Unit
4	Dr. Mahdi Rashed	MoH	SPU Director
5	Dr. Mutasem Muhaisen	MoH	Assistant Deputy Minister of Hospitals
6	Dr. Kamal Al-Shakhra	MoH	Assistant Deputy Minister of Primary Healthcare
7	Ola Aker	MoH	Head of Policy and Planning Unit
8	Dr. Samed Jabareen	MoH	Assistant Minister of Health
9	Anas Deek	MoH	General Director of Public Affairs
10	Suleiman Al-Ahmad	MoH	General Director of Health Insurance
11	Hakem Salahat	MoH	General Director of Financial Affairs
12	Dr. Affif Attawneh	MoH	Public Health Director
13	Khalid Mattour (virtually)	MoH	Director General of the General Administration of Central Warehouses
14	Rabab Ahmad	MoH	Project Coordinator/ Public Health Department
15	Dr. Nancy Falah (virtually)	MoH	IHR FP
16	Dr. Mustafa Al-Qawasmi	MoH	Director General of Emergency Department
17	Dr. Mousa Atary		Orthopedist/ Emergency Department
18	Dr. Dia Hjaija	MoH	Director of the Preventive Medicine Department.
19	Dr. Nadim Al-Jabareen	MoH	Director of Contracting Department/ SPU
20	Firas Foqaha’	MoH	Financial Director of SPU
21	Tamer Hantash	MoH	General Director of Central Public Health Laboratory (CPHL)
22	Samer Jaber	MoH	Director of Health Economics Department
23	Rania Al-Jallad	MoH	Director of Nursing
24	Dr. Khader Abdelwaheed	MoH	PMD
25	Nidal Alawneh	MoH	Director of Labs and Blood Bank
26	Tahani Fattouh (virtually)	MoH	General Director of Pharmacy
27	Dr. Tareq Areqat	MoH	Director NCD
28	Dr. Imad Masri	MoH	General Director of Family Health
29	Dr. Abed Alra’oof Saleem	MoH	DHMO- Technical Officer
30	Dalal Kamal	MoH	Acting General Director-IT
31	Alaa Abu Farha	MoH	Acting Director of the Maintenance, Networks, and Communications Department
32	Ala’a Abu Aisheh	MoH	ITGD
33	Aseel Asia	MoH	Computer Programmer/ ITGD
34	Mohammad Badarneh	MoH	Head of Information Department/PHC

35	Badee'a Mansoor	MoH	Head of Department of Statistics and Information
36	Mohammad Abu Farha (virtually)	MoH	Head of IT for Central Stores
37	Amjad Atallah (virtually)	MoH	IT Specialist (ITGD)
38	Bilal Jawabreh	MoH	IT FP/ Palestinian National Institute of Public Health
39	Hiba Abu Zayyad	MoH	Director of Paramedics/PHC
40	Dr.Sawsan Abu Share'a	MoH	Director of the Mother and Child Health Department
41	Issa Shtayeh	MoH	CPHL- Molecular Diagnostic Director
42	Dr. Mamoun Ibaideya	MoH	PMC- Microbiology Specialist
43	Suha Salfiti (virtually)	MoH	Head of the Follow-up Division/ Pharmacy Department
44	Hanadi Blaibleh	MoH	Director of the Pharmaceutical Information Department
45	Dr. Safaa Blaibleh	MoH	Director of the Pharmacy Department for Hospital and Emergency Affairs
46	Arwa Al-Tamimi	MoH	Legal Affairs Director
47	Nizam Ramadan	MoH	Legal Advisor
48	Muneeb Abu Rabi' (virtually)	MoH	Administrative and Financial Director/ Central Warehouses
49	Samar Salameen	MoH	Civil Engineer
50	Allam Tahayna	MoH	Engineer
51	Shatha Shraim	MoH	Pharmacy Director/ PHC
52	Mohannad Aqel	PMU-MoH	Procurement Specialist
53	Shaden Jaraei	PMU-MoH	Projects Officer
54	Murad Salah	PMU-MoH	Financial Management Specialist
55	Hadil Dalloul	PMU-MoH	Health Expert
56	Ahd Abu Alheija	PMU-MoH	Environmental, and Social Specialist
57	Diaa' Maraqa	MTDE	Information Security Specialist
58	Ohoud Jarrar	PMU-MTDE	Head of Unit
59	Amjad Jumaa'	Ministry of Agriculture	
60	Rawan Abu Mayyaleh	MoF	Acting Director General of International Relations Department
61	Tarek Mustafa	MoF	Director of Budget performance dep
62	Nihad Younis	PPFI	General Manager
63	Laila Sbaih	MOPIC	Director General of the International Relations
64	Abdallah Tawil	EY	Senior Manager
65	Mohannad Awartani	EY	Junior
66	Abdelkarim Mahmoud	EY	Partner
67	Khawla Alnjoum	FAO	Project Officer
68	Azzam Saleh Ayasa	FAO	Head of Program
69	Ahmad Abu Thaher	EQA	Director General of Projects and International Relations
70	Aisha Mansour	MAP	West Bank Director

71	Razan Namri	UNICEF	Reports Officer & Human Rights FP
72	Dr. Hendrikus Raajimakers	UNICEF	Chief of Health
73	Rana Awad	UNICEF	Social Behavior Chief Officer
74	Kanar Qadi	UNICEF	Project Officer
75	Perrine Loock	UNICEF	Nutrition Cluster coordinator
76	Rik Peeperkorn	WHO	Head of Office for West Bank and Gaza
77	Shannon Barkley	WHO	Deputy Representative
78	Dr. Randa Abu Rabea (virtually)	WHO	Program Manager HIV/TB
79	Rajiah Aby Sway	WHO	Mental Health Officer
80	Hazim Khwais	WHO	Supply Officer
81	Marwa Qadadha	WHO	Health Information System Officer
82	Callum Brindley	WHO	Health Economist
83	Khadija Abu Khader	WHO	
84	Hakam Tawil	JICA	Health Consultant
85	Sachiko Kareki	JICA	Project Formulation Advisor
86	Mitsutaka Hoshi	JICA	Chief Representative
87	Tabuchi Yusuke	Representative Office of Japan to Palestine	First Secretary, Head of Economic & Development Cooperation Section
88	Mohammad Abukhaizaran	Istishari Hospital	Board Member & Secretary of the Board
89	Dr. Nidal Abukhayzaran	Istishari Hospital	Board Member & Executive Committee Secretary
90	Hisham Zaid	NatHealth	General Manager
91	Dr. Jihad Mashal	Hclinic Hospital	Medical Director
92	Anan Bader	Hclinic Hospital	Administrative and Financial Manager
93	Francesco Totaro	EIB	Head of Office
94	Ascanio Caracciolo Di Melissano	EIB	Investment Officer
95	Alessandra Badellino	EIB	Investment Officer
96	Rasha Abu Shanab	EU Representative Office	Program Manager
97	Dr. Fadi Al-Atrash	Jerusalem Hospitals Network	Jerusalem Hospitals Network Coordinator