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Report No: ICR00364

IMPLEMENTATION COMPLETION AND RESULTS REPORT
(TF0B2540, TF0B7823)

ON

TWO GRANTS

IN THE AMOUNT OF US$8.75 MILLION

FROM

THE TRUST FUND FOR GAZA AND WEST BANK
AND
THE HEALTH EMERGENCY PREPAREDNESS AND RESPONSE MULTI-DONORS TRUST FUND

TO THE

PALESTINE LIBERATION ORGANIZATION
(FOR THE BENEFIT OF THE PALESTINIAN AUTHORITY)

FOR

WEST BANK AND GAZA COVID-19 EMERGENCY RESPONSE PROJECT

June 23, 2025

Health, Nutrition & Population
Middle East And North Africa

CURRENCY EQUIVALENTS

(Exchange Rate Effective February 12, 2025)

Currency Unit =	Israeli New Shekel (NIS)
NIS 3.59 =	US$1
US$0.28 =	NIS 1

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Ousmane Dione
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Task Team Leader (s):	Denizhan Duran
ICR Main Contributor:	Severin Rakic

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
BFP	Bank Facilitated Procurement
COVID-19	Coronavirus Disease 2019
E&S	environmental and social
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
FM	financial management
GDP	gross domestic product
HEIS	Hands-on Expanded Implementation Support
HEPRTF	Health Emergency Preparedness and Response Multi-Donors Trust Fund
ICR	Implementation Completion and Results Report
IRI	Intermediate Results Indicator
ISR	Implementation Status and Results Report
LMP	Labor Management Procedure
M&E	monitoring and evaluation
MENA	Middle East and North Africa
MPA	Multiphase Programmatic Approach
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PDO	Project Development Objective
PMOH	Palestinian Ministry of Health
PMU	Project Management Unit
PPE	personal protection equipment
RF	Results Framework
TOC	Theory of Change
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
WB&G	West Bank and Gaza
WHO	World Health Organisation

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DATA SHEET

BASIC DATA

Product Information

Operation ID	Operation Name
P173800	West Bank and Gaza COVID-19 Emergency Response
Product	Operation Short Name
Investment Project Financing (IPF)	GZ: COVID19 Emergency Response Project
Operation Status	Approval Fiscal Year
Closed	2020
Current ESRC	
Substantial	

CLIENTS

Borrower/Recipient	Implementing Agency
Ministry of Finance	Ministry of Health

DEVELOPMENT OBJECTIVE

Original Development Objective (Approved as part of Decision Package on 07-Apr-2020)

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.

Current Development Objective (Approved as part of Additional Financing Package Seq No 1 on 02-Feb-2022)

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.

FINANCING

Financing Source	Original Amount (US$)	Revised Amount (US$)	Actual Disbursed (US$)
World Bank Administered Financing	8,750,000.00	8,750,000.00	8,747,801.80
TF-B2540	5,000,000.00	5,000,000.00	4,997,801.80
TF-B7823	3,750,000.00	3,750,000.00	3,750,000.00
Total	**8,750,000.00**	**8,750,000.00**	**8,747,801.80**

RESTRUCTURING AND/OR ADDITIONAL FINANCING

Date(s)	Type	Amount Disbursed (US$M)	Key Revisions

KEY DATES

Key Events	Planned Date	Actual Date
Decision Review	19-Mar-2020	20-Mar-2020
Authorize Negotiations	24-Mar-2020	21-Mar-2020
Approval	02-Apr-2020	02-Apr-2020
Signing	03-Apr-2020	03-Apr-2020
Effectiveness	08-Apr-2020	08-Apr-2020
Additional Financing Sequence.01	Not Applicable	02-Feb-2022
ICR Sequence.01 (Final)	--	22-Jun-2025
Operation Closing/Cancellation	31-Dec-2024	31-Dec-2024
ICR/NCO	30-Jun-2025	23-Jun-2025

RATINGS SUMMARY

Outcome	Bank Performance	M&E Quality
Highly Satisfactory	Highly Satisfactory	Substantial

ISR RATINGS

No.	Date ISR Archived	DO Rating	IP Rating	Actual Disbursements (US$M)
01	25-Jun-2020	Satisfactory	Satisfactory	2.50
02	23-Dec-2020	Satisfactory	Satisfactory	3.60
03	26-Jun-2021	Satisfactory	Moderately Satisfactory	3.60
04	24-Nov-2021	Satisfactory	Satisfactory	3.97
05	03-Jun-2022	Satisfactory	Satisfactory	7.17
06	21-Jul-2022	Satisfactory	Satisfactory	7.17
07	30-Jan-2023	Satisfactory	Satisfactory	7.23
08	26-Jul-2023	Satisfactory	Satisfactory	7.31
09	31-Jan-2024	Satisfactory	Satisfactory	7.33
10	07-Aug-2024	Satisfactory	Satisfactory	8.75

SECTORS AND THEMES

Sectors

Major Sector	Sector	%	Adaptation Co-benefits (%)	Mitigation Co-benefits (%)
FY17 - Health	FY17 - Health	42	0	0
	FY17 - Health Facilities and Construction	42	0	0
	FY17 - Public Administration - Health	16	0	0

Themes

Major Theme	Theme (Level 2)	Theme (Level 3)	%
FY17 - Human Development and Gender	FY17 - Disease Control	FY17 - Pandemic Response	100
	FY17 - Health Systems and Policies	FY17 - Health Finance	100
		FY17 - Health System Strengthening	100

FY17 - Social Development and Protection	FY17 - Social Inclusion	FY17 - Participation and Civic Engagement	58

ADM STAFF

Role	At Approval	At ICR
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ADM Responsible Team Leader	Fernando Montenegro Torres	Denizhan Duran
Co-Team Leader(s)		
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I. PROJECT CONTEXT AND DEVELOPMENT OBJECTIVES

A. CONTEXT AT APPRAISAL

Country Context

1. **At the time of project preparation (March 2020), the Coronavirus Disease 2019 (COVID-19) had already caused significant public health and economic impacts globally, including in the Middle East and North Africa (MENA) region and in West Bank and Gaza (WB&G).** As of March 26, 2020, there were: (i) 84 known cases of COVID-19 in WB&G (75 in West Bank and 9 in Gaza), (ii) one death, (iii) 1,442 persons quarantined in isolation facilities, and (iv) 5,908 persons in self-isolation.[1] The Palestinian Authority (PA) responded swiftly and decisively to the health emergency, engaging key stakeholders and donors. A major response to protect the population was documented in the State of Emergency Palestine's COVID-19 Response Plan, which indicated the need for US$120 million to support the public health response.[2] The Palestinian Ministry of Health (PMOH) activated the response in line with international best practices and recommendations from the World Health Organisation (WHO). Movement restrictions within the WB&G and between the WB&G and Israel due to COVID-19 were expected to generate significant income shocks for many households. Moreover, the global economic slowdown was expected to further impact health services due to limited fiscal resources and reliance on out-of-pocket expenditures. Early interventions—aimed at strengthening the health system response—had the potential to mitigate both public health and economic consequences.

Sectoral and Institutional Context

2. **Despite the solid launch of the response by the PA, the health sector challenges in WB&G were likely to be exacerbated by the rapid evolution of the COVID-19 pandemic.** The WB&G was considered as a high-risk setting for the pandemic spread, with limited response capacity. Due to the liquidity crisis, there was little fiscal space to increase public spending to allocate additional resources for the COVID-19 pandemic preparedness and response. Thus, the COVID-19 outbreak in the WB&G was likely to over-burden the health system capacities, such as availability and access to health care services and availability of health workers, medical equipment, supplies, vaccines, and pharmaceuticals.

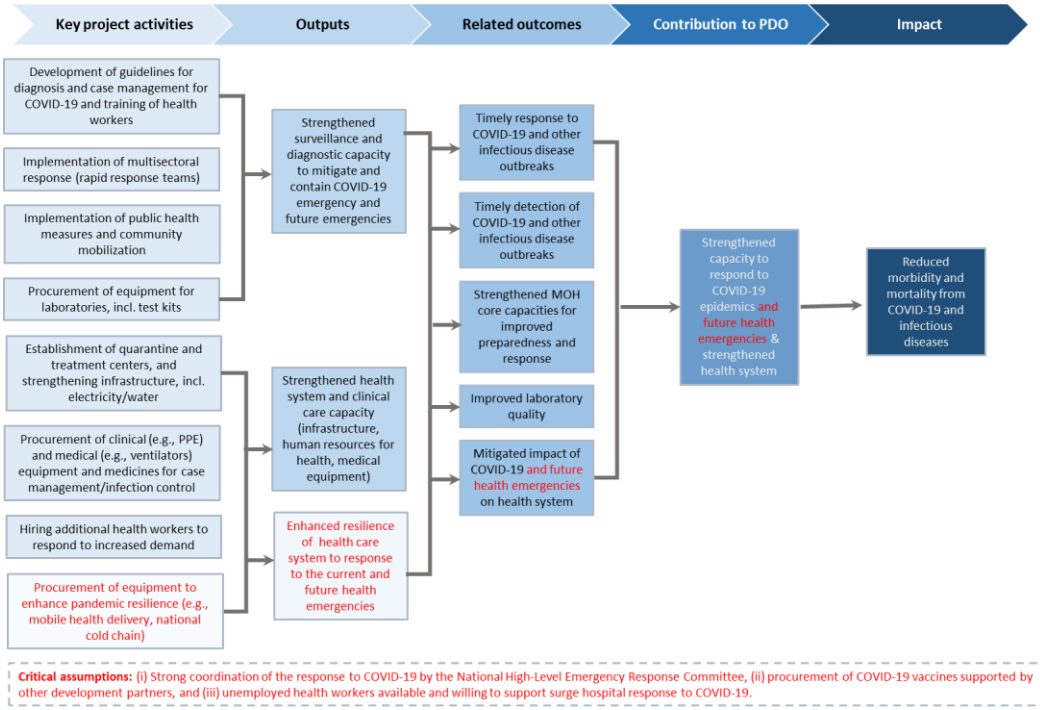
3. **With increasing pandemic risks regionally and globally, financial assistance was urgently needed to manage the rising demand for COVID-19 diagnosis, clinical care, and containment measures.** As noted above, as of March 26, 2020, the WB&G already had confirmed COVID-19 cases and activated the response plan. The PMOH led the development of a well-coordinated State of Emergency Palestine's COVID-19 Response Plan, which was set to be broadly disseminated in the first week of April 2020. It established medical points at the ports of entry in Jericho and Rafah and set up isolation facilities to test incoming travelers from infected countries. Three healthcare facilities—two hospitals in the West Bank and a field hospital in Gaza—were designated for treating symptomatic cases. The PMOH collaborated with the United Nations (UN) and Health Cluster partners to coordinate deployment of resources for COVID-19 case management, infection prevention, essential laboratory supplies, personal protection equipment (PPE) procurement, public communication materials development, and a multi-sectoral risk communication strategy implementation. The Inter-

[1] Palestinian Authority (2020) State of Emergency Palestine's COVID-19 Response Plan.
[https://www.emro.who.int/images/stories/palestine/documents/Palestine_Authority_COVID-19_Response_Plan_Final_26_3_2020.pdf]
[2] Ibid.

Agency Multi-Sectoral COVID-19 Response Plan for WB&G, issued in April 2020, indicated the initial funding requirements of US$ 42 million.[3]

4. **The Project was aligned with the strategic objectives of the Bank.** It directly supported the objectives of the World Bank Group's FY18-21 Assistance Strategy for WB&G (Report No. 115201-GZ), particularly Pillar 3, "Addressing the needs of the vulnerable and strengthening institutions for improved citizen-centered service delivery".[4] The Project also contributed to the Bank's enlarged MENA Regional Strategy (March 2019), which emphasized human capital development and called for focusing on fundamentals through building resilience to shocks and strengthening health systems. At the institutional level, by helping to avert the negative social and economic impacts of the pandemic on the population, the project was to contribute to the World Bank Group's twin goals of ending extreme poverty and boosting shared prosperity in a sustainable manner. Further, the Project design was aligned with the Bank's global COVID-19 Multiphase Programmatic Approach (MPA), as explained in paragraph 35.

Figure 1. Expanded Theory of Change



Note: The original Theory of Change was expanded (text in red) to reflect changes introduced under the Additional Financing and critical assumptions.

Theory of Change (Results Chain)

5. **The broad Results Chain included in the Project Appraisal Document[5] clearly describes the Theory of Change underlying the Project's design.** The Project, together with the contribution of other development partners, was expected to help limit negative health outcomes resulting from COVID-19. The impact on health outcomes related to the COVID-19

[3] https://www.ochaopt.org/content/covid-19-revised-response-plan
[4] World Bank (2017), *West Bank and Gaza - Assistance Strategy for the Period FY18-21*, Report No. 115201-GZ, November 16, 2017, Washington, D.C.: World Bank Group. [http://documents.worldbank.org/curated/en/339871512568083583]
[5] World Bank (2020) *West Bank and Gaza - COVID-19 Emergency Response Project (English), Report No. PAD3812, March 27, 2020.* Washington, D.C.: World Bank Group. [http://documents.worldbank.org/curated/en/349031585603100464]

pandemic was appropriately considered outside the Project's boundaries—and, thus, not reflected in the Results Framework (RF)—given its dependence on a myriad of external factors.

Project Development Objectives (PDOs), Key Expected Outcomes and Outcome Indicators

6. **The Project's PDO was to prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and to strengthen the WB&G health systems for public health preparedness**. Both the Project Appraisal Document (pp. 1, 9) and the Grant Agreement (p. 5) provide the same PDO definition.

7. **The Project's effectiveness in achieving this PDO was to be captured by two PDO indicators:** PDO1 - Percentage of suspected COVID-19 cases investigated and treated as per guidelines; and PDO2 - Country has prepared a referral system to care for COVID-19 patients (Table 1). In addition, the Project RF included six Intermediate Results Indicators (IRIs).

Table 1. Project Development Objective and Results Framework

PDO		
To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic and strengthen the West Bank and Gaza health systems for public health preparedness.		
PDO Indicators	**Baseline**	**End-Target**
PDO1. Percentage of suspected COVID-19 cases investigated and treated as per guidelines	0%	100%
PDO2. Country has prepared a referral system to care for COVID-19 patients.	No	Yes

Components

8. **The Project included the following three components, financed by The Trust Fund for Gaza and West Bank** (actual resource allocation for each component does not differ from the estimated):

- *Component 1 - Emergency COVID-19 Response (US$2.1 million, equivalent to 42 percent of the grant proceeds):* The aim of this component was to slow down and limit as much as possible the spread of COVID-19 in the WB&G. Support was provided to enhance case detection, confirmation, recording and reporting, contact tracing, and risk assessment and mitigation. The component was broadly designed to provide support for public health measures and interventions, including the development of guidelines, epidemiological surveillance systems strengthening, standardized sample collection methods, key inputs needed for point of care diagnostics, and other investments needed for managing the pandemic surges in designated hospitals. It also supported the procurement of essential equipment and consumables for laboratory and diagnostic systems, such as polymerase chain reaction machines, sample collection kits, test kits, and other equipment and supplies for COVID-19 testing and surveillance (including PPE) to ensure prompt case finding and local containment.

- *Component 2 - Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19 (US$2.1 million, equivalent to 42 percent of the grant proceeds):* The aim of this component was to strengthen essential healthcare services for COVID-19 patients. Support was provided for the strengthening of selected health facilities and the establishment and equipping of quarantine and treatment centers for the management of COVID-19 cases, including short-term medical staff. This component also supported investments that strengthened the overall health system's readiness to respond to public health emergencies such as the COVID-19 pandemic and other potential future major health emergencies, in alignment with the International Health Regulations.

- *Component 3: Project Implementation and Monitoring (US$0.8 million, equivalent to 16 percent of the grant proceeds):* This component was intended to finance necessary human resources and running costs for the Project Management Unit (PMU) at the 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 the Bank's environmental and social safeguards.

B. SIGNIFICANT CHANGES DURING IMPLEMENTATION

9. **An Additional Financing (AF), through US$3.75 million grant from the Health Emergency Preparedness and Response Multi-Donor Trust Fund (HEPRTF), was approved on February 2, 2022.** The AF provided support for expanding activities of the Parent Project, increasing the original financial support from US$5 million to US$8.75 million. Given the significant unmet needs in the context of the still unfolding pandemic (as of January 20, 2022, there were 478,084 confirmed cases of COVID-19 and 5,031 confirmed deaths from the pandemic), emergence of the more contagious Omicron variant, and the impact of the May 2021 conflict in Gaza, the AF provided further support for the provision of lifesaving drugs, medical supplies, medical equipment, and related immediate health emergency support. Given that the Parent Project had been under implementation for less than 12 months, an exception to the Bank Policy on IPF, Section III, paragraph 28 was granted.

Revised PDOs, Outcome Targets, and PDO Indicators

10. **The original PDO and PDO indicators remained unchanged.** A new PDO indicator (PDO3 - Number of freezers purchased) was added to monitor progress toward strengthening the national cold chain to be supported under the AF.

Revised Components

11. **Under the AF: (i) the original Components 1 and 2 remained the same; (ii) a new Component 3 was added; and (iii) the original Component 3 was renamed Component 4.** The scope of the two components supported under the AF was as follows:

- *Component 3 - Enhancing Pandemic Resilience (US$3.65 million, equivalent to 41.7 percent of the revised total grant proceeds):* The primary objective of the AF was to help further strengthen pandemic preparedness, response, and mitigation activities and related immediate health emergency support. It provided support for the purchase of supplies and equipment, expanding the original scope of the Parent Project from supporting the immediate response to COVID-19 in designated hospitals to supporting outreach and mobile service delivery, but also building resiliency by, among others, strengthening response to medical emergencies and the national cold chain system. The procurement of COVID-19 vaccines was not supported under the AF.
- *Component 4 - Project Implementation and Monitoring (an additional US$0.1 million to total US$0.9 million, equivalent to 10 percent of the revised total grant proceeds):* The remaining US$100,000 from the HEPRTF grant was added to Component 4 (formerly Component 3) to support the Project implementation and monitoring.

Other Changes

12. **Other modifications introduced under the AF included:**

- *Results framework* – An additional PDO indicator (PDO3) was included in the Results Framework. The six original IRIs under Components 1 and 2 remained unchanged under the AF, with the drugs, medical supplies, and medical equipment procured under the new Component 3 being reported under Component 2 (IRIs 5 & 6). Additionally, three new IRIs were added under the new Component 3 to measure progress toward the implementation of critical activities financed by the AF (i.e., installation and delivery of a blood bank and mobile clinics) as well as overall patient satisfaction with the COVID-19 treatment received (see Annex 1.A.).
- *Project duration* - The original closing date of the Parent Project of February 28, 2024, was extended to December 31, 2024. This was the only extension of the closing date of the Parent Project. The AF's closing date remained unchanged.

Rationale for Changes and their Implication on the Original Theory of Change

13. **The changes introduced under the AF did not substantively alter the original Theory of Change (TOC),** except for an added emphasis on strengthening the resilience of the health system to respond to the COVID-19 pandemic and future health emergencies. Figure 1, created as part of this Implementation Completion and Results Report (ICR), was based on the changes described in the AF Project Paper. The expanded TOC incorporates the procurement of medical equipment to enhance pandemic resilience under the AF and adds emphasis on the resilience of the health system to respond to the COVID-19 pandemic and future health emergencies.

II. OUTCOME

A. RELEVANCE OF PDO

Assessment of Relevance of PDOs and Rating

Rating: High

14. **The Project's PDO continues to be highly relevant in the context of the current World Bank's strategic priorities for the health sector.** Specifically, the Project's PDO is aligned with the West Bank and Gaza Assistance Strategy for FY22-25 (Report No. 156451-GZ),[6] directly contributing to achieving better human development outcomes under the first focus area (Strengthening institutions for economic and social prosperity) of the Assistance Strategy, by investing in the enhancement of the health system's resilience to better respond to shocks like COVID-19. The PDO is also aligned with the World Bank Group (WBG) enlarged MENA Regional Strategy (March 2019), which emphasizes human capital development, improving emergency services to conflict-affected poor and health service delivery to internally displaced people. The Project's PDO is also aligned with the Bank's Health, Nutrition and Population strategy, which features the strengthening of well-organized and sustainable health systems as a key strategic direction.[7] Further, the Project's PDO is aligned with the MENA Health, Nutrition and Population Strategy, which has reinforced resilience against climate and health shocks as one of its pillars. Additionally, the Project's PDO is in line with the transformative changes in primary health care recommended in the World Bank publication

[6] https://documents1.worldbank.org/curated/en/627701619710823261/pdf/West-Bank-and-Gaza-Country-Assistance-Strategy-for-the- Period-FY22-25.pdf
[7] https://documents1.worldbank.org/curated/es/102281468140385647/pdf/409280PAPER0He101OFFICIAL0USE0ONLY1.pdf

"Walking the Talk: Reimagining Primary Health Care After COVID-19," including building resilience to shocks.[8] Finally, the Project's PDO was aligned with the objective of the Bank's global COVID-19 MPA, as explained in paragraph 35.

15. **The Project's PDO also continues 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.[9] The two-year implementation plan provides a strategic framework, identifying the PA's key priorities and urgent areas of intervention. It is structured around two main parts, the first of which comprises seven strategic cross-sectoral development initiatives designed to stimulate economic revival and transformation. The Project's PDO is aligned with the second initiative—the Localizing Health Services Initiative—that aims to catalyze private and non-governmental investment in the healthcare sector, enhance the public healthcare system, and reinforce healthcare infrastructure and capabilities.

16. **The Project is aligned with the development partners' commitments and current interventions in Gaza**. There was a very high risk of acute respiratory infections, including COVID-19 in Gaza at the beginning of 2025.[10] With the elevated levels of displacement and overcrowding at shelters and hospitals, acute respiratory infections are likely to continue at a high rate, resulting in high levels of excess mortality and morbidity. Strengthening of public health intelligence, early warning, and prevention and control of communicable diseases is a key pillar in the WHO Operational Response and Early Recovery Plan, whose primary objective is to sustain an agile health emergency response for the WB&G population, while paving the way for a restored and resilient health system.[11]

B. ACHIEVEMENT OF PDOs (EFFICACY)

Assessment of Achievement of Each Objective/Outcome

PDO 1: To prevent, detect, and support immediate response to the threat posed by the COVID-19 pandemic.
Rating: High

17. **Definition.** 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 as much as possible the spread of COVID-19 in the WB&G. To this effect, the Project supported: (i) COVID-19 prevention, through procurement of PPE that reduced the risk of infection among frontline health care workers, (ii) COVID-19 detection, through procurement of laboratory equipment and inputs for COVID-19 testing and surveillance to ensure prompt case finding and local containment, and (iii) immediate response to COVID-19, through hiring of temporary health workers and procurement of medical consumables and medicines used for COVID-19 treatment. There were no separate targets for prevention, detection, and treatment of COVID-19 cases under the Parent Project. The Project did not support the procurement of COVID-19 vaccines. Progress towards the achievement of PDO 1 was measured by PDO1 and three IRIs.

18. **Results.** The Project's efficacy with respect to PDO 1 is deemed High, as it fully achieved its objectives. The Project effectively contributed to enhancing the WB&G's immediate response to and containment of the spread of COVID-19, under the State of Emergency Palestine's COVID-19 Response Plan. The Project's outputs were critical for

[8] Barış, E.; Silverman, R.; Wang, H.; Zhao, F.; Pate, M. (2021), *Walking the Talk: Reimagining Primary Health Care After COVID-19*, World Bank, Washington, DC. [https://openknowledge.worldbank.org/handle/10986/35842]
[9] https://pmo.pna.ps/en/Article/5473/Draft-of-the-First-Phase-of-the-'National-Program-for-Development-and-Reform'
[10] https://reliefweb.int/attachments/ee11d5f9-48cb-487c-881a-eced2f683bf0/WHO%20PHSA%20oPt%20260225.pdf
[11] https://www.un.org/unispal/document/who-operational-response-and-early-recovery-plan-for-the-occupied-palestinian-territory-2025/

the prevention, detection, and treatment of COVID-19 cases, directly contributing to the achievement of PDO1 and IRIs 1, 2, 3. In addition, the Project's support for the hiring of temporary health workers contributed to ensuring continuity of basic health care services. In deploying the Project resources under PDO 1, the PMOH ensured coordination with other development partners' investments and plans. The specific achievements under PDO 1 are summarized in Table 2.

Table 2. Achievements under PDO 1

PDO 1 - To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic	
Indicators	**Level of achievement with respect to end-target**
OUTCOMES	
PDO1 – Achieved: The percentage of suspected COVID-19 cases that were investigated and treated as per guidelines increased from 0 to 100 percent (equivalent to a 100 percent level of achievement with respect to the target of 100 percent). 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.[12] 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).	100%
INTERMEDIATE RESULTS	
IRI 1 - Achieved: 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 and radio spots, and Project brochures.*	Achieved
IRI 2 - Achieved: the percentage of designated laboratories equipped with COVID-19 diagnostic equipment, test kits and reagents increased from 0 to 100 percent (equivalent to a 100 percent level of achievement with respect to the target of 100 percent). A total of seven laboratories received diagnostic equipment and supplies procured under the Project (six in the West Bank and one in Gaza).	100%
IRI 3 - Achieved: The percentage of rapid response teams equipped and trained increased from 0 to 100 percent (equivalent to a 100 percent level of achievement with respect to the target of 100 percent). Specifically, eight rapid response teams were equipped and trained—one in Gaza and seven geographically distributed across the West Bank.	100%
OUTPUTS (under the Parent Project)	
COVID-19 prevention: ▪ PPE (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), for a total amount of US$186,739 was procured under Component 1 and distributed among health care workers to reduce the risk of infection among frontline staff. *COVID-19 detection:* ▪ Critical laboratory diagnostic equipment (e.g., flow cytometer, centrifuge, 3 digital incubators, 5 digital balances, and 2 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 under the Project under Components 1 and 2 and supplied to designated laboratories. *Immediate response to COVID-19:* ▪ 271 temporary health workers (40% of them women) were hired to support the PMOH in responding to the healthcare needs emerging from the COVID-19 pandemic while sustaining the continuity of care. After their contracts under the Project Component 2 were finished (total value of contracts: US$1,8 million), they were contracted through the General Personnel Council for the PMOH for an additional six months. ▪ Medicines and medical consumables for a total value of US$1.8 million were procured under Components 1 and 2 and distributed to health facilities to support the treatment of COVID-19 cases. 80% of the medicines and medical consumables were supplied to designated health facilities in Gaza, and 20% were supplied to designated health facilities in West Bank. ▪ Training of 8 rapid response teams, and paramedics, primary health care staff, laboratory staff, and hospital emergency staff in receiving COVID-19 cases for treatment and safe administration of vaccines conducted through the Palestinian National	

[12] Palestinian Ministry of Health (2020) *Palestinian National COVID-19 Management Protocol.* PMOH, Ramallah.

Institute of Public Health.*

*Achieved through coordinated response to COVID-19, not with direct Project support.

PDO 2 - To strengthen the WB&G health systems for public health preparedness.
Rating: High

19. **Definition.** The Project provided support for strengthening the WB&G's public health preparedness, including setting up and equipping quarantine and treatment centers for management of COVID-19 cases. Support provided under the AF also focused on enhancing the health care system's resilience through strengthening mobile service delivery, response to medical emergencies, and the national cold chain system. Progress towards the achievement of PDO 2 was measured by two PDO indicators (PDO2 and PDO3) and six IRIs.

20. **Results.** The Project's efficacy with respect to PDO2 is deemed High, as it fully achieved its objectives. As part of the coordinated response with development partners, the Project effectively contributed to strengthening the preparedness of WB&G's health system to respond to health emergencies, including the COVID-19 pandemic. The Project's outputs were critical to ensure that adequate capacity was in place for the treatment, particularly intensive care, of COVID-19 patients, directly contributing to the achievement of PDO2 and IRIs 4, 5, and 6. In addition, they also contributed toward enhancing pandemic resilience, directly contributing to the achievement of PDO3 and IRIs 7, 8, and 9. Further, as per PMOH's request and in coordination with the Bank's legal and fiduciary teams, the Project contributed to the availability of vaccines for routine children's immunization, allowing the PMOH to avert costs related to pneumonia treatment and related disability. Particularly notable is the achievement under IRI 9, where 80.6 percent of COVID-19 patients expressed their satisfaction with the treatment received in the designated health facilities. The specific achievements under PDO 2 are summarized in Table 3, with indicators arranged in an order that reflects their actual focus on outcomes and outputs, as noted in paragraph 50.

Table 3. Achievements under PDO 2

PDO 2 - To strengthen the WB&G health systems for public health preparedness	
Indicators	**Level of achievement with respect to end-target**
OUTCOMES	
IRI 9 - Exceeded: Over 80 percent of COVID-19 patients expressed satisfaction with the treatment of COVID-19 received in designated health facilities, exceeding the target (equivalent to a 134 percent level of achievement with respect to the target of 60 percent). The existing routine data on patients' satisfaction collected from all the West Bank hospitals that treated COVID-19 cases were used in the reporting.	134%
INTERMEDIATE RESULTS	
PDO2 – Achieved: The country developed a referral system to care for COVID-19 patients, 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.*	Achieved
IRI 4 – Achieved: The percentage of designated health staff trained in infection prevention and control in line with protocols approved by the PMOH increased from 0 to 100 percent (equivalent to a 100 percent level of achievement with respect to the target of 100 percent). PMOH prepared a training manual on COVID-19 and implemented the training through the Palestinian National Institute of Public Health.*	100%
IRI 5 - Achieved: The percentage of designated acute healthcare facilities for COVID-19 clinical care with isolation capacity increased from 0 to 100 percent (equivalent to a 100 percent level of achievement with respect to the target of 100 percent). The Project supported the supply of 100 general patient beds, 40 air conditioning units, and 2 electrical generators, under Components 2 and 3, for a total amount of	100%

US$618,740.	
IRI 6 - Achieved: The percentage of designated hospitals/quarantine centers fully equipped with commodities allowing COVID-19 response increased from 0 to 100 percent (equivalent to a 100 percent level of achievement with respect to the target of 100 percent). The Project supported equipping through procurement of PPE and intensive care unit equipment, such as 56 beds, 12 emergency trolleys, and 2 defibrillators, under Components 2 and 3, for a total amount of US$585,945.	100%
OUTPUTS (under Parent Project and AF)	
PDO3 – Achieved: A total of 50 freezers, in the amount of US$602,852, were procured under the AF (Component 3), contributing to the strengthening of the national cold chain (equivalent to a 100 percent level of achievement with respect to the target of 50). The freezers were distributed to all primary health care directorates in West Bank. This, in turn, supported the delivery of COVID-19 and other vaccines.	100%
IRI 7 - Achieved: One mobile blood bank, in a total value of about US$170,000, was delivered and installed (equivalent to a 100 percent level of achievement with respect to the target of 1) under the AF (Component 3). The specialized vehicle, equipped for blood donation procedures, travels to various locations and makes it easier for people to donate blood within the context of existing movement restrictions in West Bank.	100%
IRI 8 – Achieved: Two mobile clinics, for a total value of about US$340,000, were delivered and installed under the AF (Component 3), resulting in a total of four mobile clinics being in operation in West Bank (equivalent to a 100 percent level of achievement with respect to the target of 4). The mobile clinics improved accessibility of health services, including the COVID-19 related services in marginalized and rural communities.	100%
▪ Other critical medical equipment, for a total amount of US$1.75 million, procured under Components 2 and 3 to enhance hospital capacities included, among others, 2 digital fluoroscopy machines, 2 digital radiography machines, 7 anesthesia machines, and 14 portable ultrasounds. ▪ 325,000 doses of Pneumococcal vaccines, for a total amount of US$989,746, were supplied through a contract with the United Nations International Children's Emergency Fund (UNICEF) under the Parent Project 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. ▪ Two mobile clinics supplied under the Project served about 20,500 beneficiaries from the Jenin and Bethlehem governorates from February to September 2024. A similar level of mobile clinic utilization (over 1,000 beneficiaries per clinic per month) was noted in the first quarter of 2025, when the services were provided across 7 governorates of the West Bank. ▪ A mobile blood bank supplied under the Project has been used for blood donation campaigns across all governorates of the West Bank—including cities, villages, and refugee camps—since April 2024. It reached various locations such as workplaces and educational institutions (universities, colleges, institutes), alleviating the travel burden on blood donors. 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.	

*Achieved through coordinated response to COVID-19, not with direct Project support

Justification of Overall Efficacy Rating

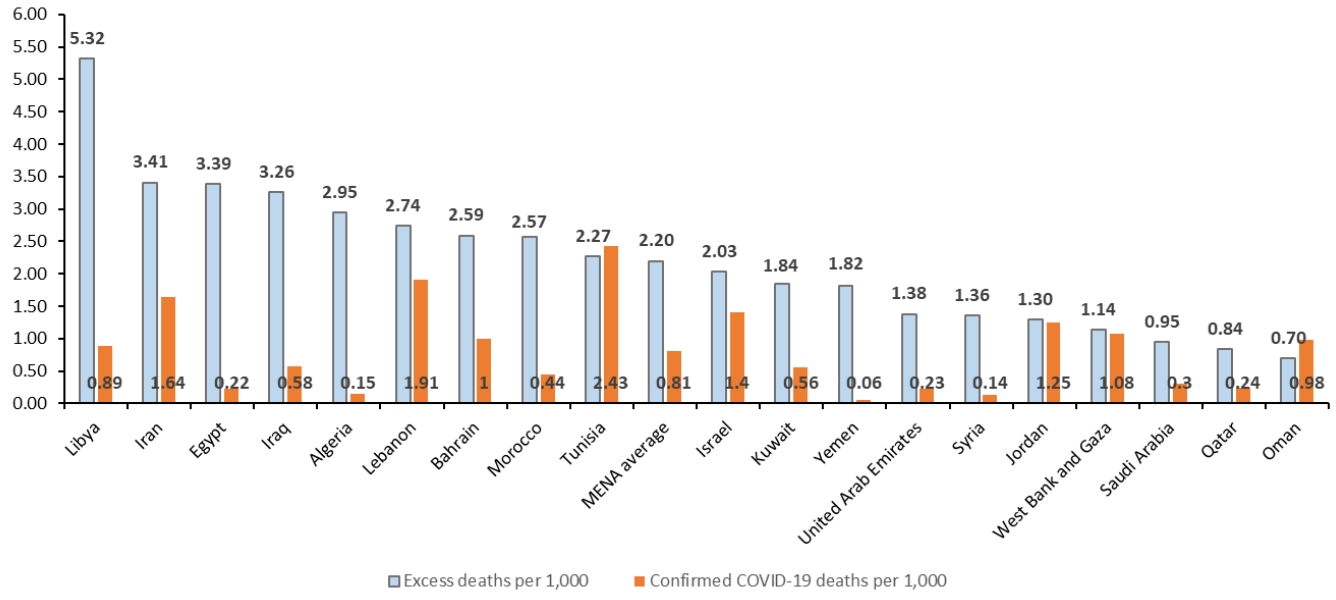
Rating: High

21. **The Project's overall efficacy is deemed High.** As described above, all three PDO indicators and all eight IRIs were either achieved or overachieved. The Project achievements deserve special recognition because the intended outcomes were not only fully achieved in the fragile context of the WB&G, but also under the very aggravating circumstances during the last year of Project implementation, as described in paragraphs 43 and 44. Despite a limited resource envelope, the support provided under the Project helped strengthen the PMOH's immediate response to and contain the spread of the COVID-19 pandemic by decreasing the risk of infection among frontline staff, improving laboratory capacity for COVID-19 testing, and improving access to adequate COVID-19 treatment. The Project also provided support for clinical management through the temporary hiring of staff to address emergent needs while ensuring continuity of basic health care services. Further, the Project contributed to strengthening and enhancing: (i) the resilience of the WB&G's pandemic preparedness by expanding isolation and acute care capacity, (ii) the national cold chain, and (iii) the PMOH's mobile health care delivery capabilities, which was of particular relevance

given movement and access restrictions. Given the tight WB&G fiscal space and the need to address urgent demands emerging from the pandemic, the Project also helped ensure the continuity of basic health care services. The Project's support to routine immunization increased PA's fiscal space, allowing it to allocate additional public financial resources to the COVID-19 pandemic response. The value of supplies and equipment provided under the Project to West Bank (60.1 percent) and Gaza (39.9 percent) was in line with the distribution of WB&G population between the two territories.

22. **Although not directly attributable to the Project, health outcomes of the COVID-19 pandemic in WB&G point to an adequate PMOH's response to the pandemic.** 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 other MENA countries and best among fragile and conflict-affected countries in MENA.[13] As shown in Figure 2, cumulative excess mortality due to COVID-19 in the WB&G was 1.14 deaths per 1,000 population, about half of the average for MENA countries (2.2). Only three high-income countries in MENA experienced lower excess mortality than WB&G. A close correlation between the excess deaths and confirmed COVID-19 death rate in WB&G (1.08 per 1,000) suggests that WB&G had relatively accurate pandemic death reporting. While this result was determined by numerous factors, including the WB&G's relatively younger population profile[14] and the movement restrictions imposed between March 5 and May 25, 2020, it also suggests an effective immediate response on the part of the country's health system and enhanced overall health emergency preparedness, in line with the Project's PDOs.

Figure 2. Confirmed COVID-19 Deaths and Cumulative Excess Deaths During COVID-19 in MENA Countries (deaths per 1,000 people, 2020-2024)



Source: Own elaboration based on estimates of cumulative excess deaths during COVID-19 and cumulative confirmed COVID-19 deaths, obtained from Our World In Data.[15]

[13] Iraq, Lebanon, Libya, Syria, West Bank and Gaza, and Yemen

[14] The median age in the WB&G in 2023 was around 19.8 years, compared to 26.8 years in MENA countries. Conversely, according to recent data from the Palestinian Central Bureau of Statistics, the population aged 65 years and older makes up around 3 percent of the total population in the WB&G, compared to 4.7 percent of the total MENA population, as estimated by the U.S. Census Bureau for 2020.

[15] https://ourworldindata.org/coronavirus

C. EFFICIENCY

Assessment of Efficiency and Rating

Rating: Substantial

23. **The Project's efficiency is deemed Substantial,** due to its expected positive economic impact and efficient implementation.

24. **Economic Impact.** While a quantitative economic analysis was not carried out as part of the preparation of the Parent Project or the AF, given the significant knowledge gaps regarding the scope and characteristics of the COVID-19 pandemic, the Project's anticipated economic benefits were expected to be considerable. A quantitative economic analysis was not conducted as part of this ICR either, given the difficulties of attribution (i.e., linking the Project's support to the avoided productivity losses resulting from reduced illness and mortality). The magnitude of the Project's potential economic benefits resulting from an effective response to the COVID-19 pandemic can be illustrated through the calculation of avoided mortality. Data on cumulative excess mortality during the 2020-2024 period shows 1.14 deaths per 1,000 population in the WB&G. Compared to the MENA average of 2.20 deaths, there were 1.06 fewer deaths per 1,000 people in WB&G, directly or indirectly attributable to COVID-19. Based on the WB&G's population of about 5 million, there would have been 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 dollars. Even though these economic benefits cannot be directly attributed to the Project, it is reasonable to assume that it contributed to them.[16] Specific ways in which the Project's main areas of support are expected to have had a positive economic impact are summarized in Annex 4.

25. **The recent conflict in the Middle East, centered in Gaza, has affected the Project's economic impact.** On the one hand, the enhanced treatment capacity, including general patient beds and intensive care unit beds, is expected to have helped respond to the surge in emergency treatment resulting from the conflict, potentially avoiding loss of lives. On the other hand, it is highly likely that most of the medical equipment supplied to health facilities in Gaza (total value US$1.07 million, which is equal to 12.2 percent of the total Project costs) was destroyed or severely damaged. In addition, the productivity losses resulting from avoided COVID-19-related morbidity and mortality have been cut short by the loss of lives and disability resulting from the conflict, as well as the drastically diminished economic activity in Gaza.

26. **Implementation efficiency.** The Project's implementation efficiency is deemed Substantial. The Bank responded swiftly to the request for support from the PA. Processed as an emergency operation, the Project preparation time was much faster than the average for Bank projects. 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 just one week later, on April 8, 2020. Despite the challenges posed by the COVID-19 pandemic, as well as two conflicts centered in Gaza, implementation proceeded largely as envisioned. Grant proceeds were fully utilized, and the implementation period was not extended beyond the closing date of the AF. Despite the high global demand for medical equipment and supplies and the disruptions in the supply chain, high-priority items (e.g., laboratory and diagnostic equipment, patient beds, and PPE) were successfully procured within the budget. Actual

[16] Differences in excess mortality are due to a myriad of factors, well beyond the scope of the Project. Moreover, the Project contributed to only a fraction of the total support to COVID-19 response in WB&G, provided by development partners and donors.

costs of individual components match original estimates. Disbursements were relatively quick, in keeping with the urgency of the medical 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 (April 30, 2025), US$8.75 million had been disbursed (equivalent to 100 percent of all grant proceeds). There were also economies of scale, as 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.[17]

D. JUSTIFICATION OF OVERALL OUTCOME RATING

Rating: Highly Satisfactory

27. **The Project's overall performance is deemed Highly Satisfactory**, reflecting: (i) its High relevance (strong alignment of the Project's PDO with the current World Bank's strategic priorities for the health sector, strategic priorities of the PA, and the development partners' commitments and current interventions), (ii) High efficacy (full achievement of the intended outcomes in the fragile context of the WB&G, under aggravated circumstances during the last year of the Project implementation), and (iii) Substantial efficiency (expected positive economic impact, based on the better health outcomes than other fragile and conflict affected countries in MENA, and efficient implementation).

E. OTHER OUTCOMES AND IMPACTS

Gender

28. **By helping to contain the spread of COVID-19 and ameliorating its negative impacts, the Project's contribution to women's welfare has likely been very significant.** Results from preliminary data collection, surveys, and meetings that UN Women had with more than 30 women-led organizations and women leaders in the WB&G, indicated that the COVID-19 pandemic was expected to disproportionately affect women, create and exacerbate pre-existing gender-specific risks and vulnerabilities, and widen inequalities.[18] Negative impacts of the pandemic on women included additional domestic responsibilities, increased exposure to domestic violence, and diminished economic opportunities, among others. Moreover, the pandemic impacted emotional and mental health needs, with women more likely to report higher levels of insecurity and distress compared with men, potentially due to an increased work burden.[19] Therefore, albeit indirectly, by helping contain and respond to the COVID-19 pandemic, the Project helped ameliorate negative impacts on women. Further, women and girls in marginalized and remote communities across the West Bank, such as those in Area C, have limited access to basic health care services, due to distance to health care facilities and the lack of available and safe public transportation.[20] Two mobile clinics, supplied under the Project, contributed to improved access of women from remote and hard-to-access communities to health care services, providing them with a private and safe space for the necessary check-ups, at a close location.

[17] Improving Early Childhood Development in the West Bank and Gaza (P168295) and Health System Efficiency and Resilience Project (P180263).
[18] https://palestine.unwomen.org/en/digital-library/publications/2019/02/covid-19-gendered-impacts-of-the-pandemic-in-palestine-and-implications-for-policy-and-programming
https://palestine.unwomen.org/sites/default/files/2022-04/analysis%20%20Final.pdf
https://openknowledge.worldbank.org/entities/publication/c3f2d66d-54a7-5680-acaf-230bbcac8fd4
[19] https://www.un.org/unispal/wp-content/uploads/2023/03/ESCWAREPORT_090323.pdf
[20] https://reliefweb.int/sites/reliefweb.int/files/resources/Area%20C%20Complete%20Report%20web_FINAL.pdf

Institutional Strengthening

29. **The Project supported institutional strengthening of PMOH,** building on and aligning with the capacity development and evidence base building support provided under the operations implemented in parallel.[21] The application of the new Environmental and Social Framework (ESF), including the utilization of environmental and social screening templates and contract clauses, strengthened the PMOH's institutional capacities. The more rigorous environmental and social standards also offered an opportunity to strengthen institutional practices, including how to handle complex issues ranging from medical waste management to gender-based violence risks, and ensured that the benefits of emergency health interventions reached the most vulnerable groups. As noted in the Borrower's ICR, hands-on training and technical assistance from the Bank Task Team helped the PMOH and the PMU to overcome the initial capacity gap.

Poverty Reduction and Shared Prosperity

30. **By helping reduce the spread of COVID-19, the Project very likely contributed to containing further increases in poverty and inequality.** In the short term, the pandemic disproportionally affected the livelihoods of the poor, with national poverty among the WB&G population increasing from 29.2 percent to 32.8 percent between 2017 and 2023.[22] The Project can also be expected to have an impact on social capital accumulation in the long run. By helping reduce the number of COVID-19 cases, the Project has likely helped minimize not only income losses but also disruptions in health services and school closures, thus contributing to the avoidance of COVID-19's long-term negative impacts on human capital development. Though it needs to be discounted by the severe impacts of the ongoing conflict in the Middle East, the Project's long-term impact could be expected to be more significant among female-headed households, children and youth, and other groups exhibiting the highest poverty rates.

Other Unintended Outcomes and Impacts

31. **Contribution to provision of emergency care services after October 2023.** Medical equipment and supplies procured under the Project for hospitals in West Bank can be expected to have contributed to response to the surge in the demand for emergency care resulting from the recent escalation of violence in West Bank.

32. **A platform for complementary engagements.** The support for health systems strengthening for public health preparedness, under the Project, revealed a 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 Bank.[23] The assessment findings and recommendations fed into an application for US$20 million project (Strengthening Pandemic Prevention, Preparedness, and Response in West Bank and Gaza), which was awarded to the PMOH by the Pandemic Fund in 2023.

III. KEY FACTORS THAT AFFECTED IMPLEMENTATION AND OUTCOME

A. KEY FACTORS DURING PREPARATION

[21] Health System Resilience and Strengthening Project (P150481) and Health System Efficiency and Resilience Project (P180263)
[22] https://thedocs.worldbank.org/en/doc/ce9fed0d3bb295f0363d690224d1cd39-0280012024/original/Palestinian-Econ-Upd-May2024-FINAL-ENGLISH-Only.pdf
[23] Report on Pandemic Preparedness and Health Systems Resilience Assessment for West Bank and Gaza was prepared in December 2022, as part of the technical assistance under the Strengthening Health System Resilience in West Bank and Gaza (P178258) operation.

33. **Even before the COVID-19 pandemic, the economic momentum in WB&G faced challenges due to movement restrictions, access limitations, and a severe liquidity crisis.** Movement restrictions in the West Bank and the near-blockade of Gaza had weakened productive sectors, leaving the economy dependent on consumption-driven growth. A reduction in clearance revenue transfers further exposed economic fragility, exacerbated by the PA's 2019 liquidity crisis following a revenue standoff with the Israeli government.

34. **Swift and technically sound response.** Approved on April 2, 2020, this Project was among the first projects approved in response to the COVID-19 pandemic. It was prepared at the record speed of three weeks. This achievement was the result of the commitment exhibited by both the Bank Task Team and its PMOH counterparts, who had to rapidly adapt to working remotely and under intense pressure. The Project was also prepared in an environment of exceptional uncertainty due to the novelty of COVID-19. It adequately responded to this uncertainty with a simple and highly flexible design, encompassing the financing of critical goods and services to address a wide range of potential emerging needs.

35. **The Project design was aligned with the Bank's global COVID-19 MPA.** After the COVID-19 pandemic was declared by WHO, the World Bank made available rapid financing to strengthen countries' ability to respond to COVID-19 through an MPA. The COVID-19 MPA's immediate objective was to prevent, detect, and respond to the COVID-19 pandemic. Even though the Project was not part of the MPA, it was fully aligned with the design of operations under the COVID-19 MPA portfolio, including on the PDO and PDO indicators.

36. **Long-term sector engagement.** The Project built on the catalytic support provided by the World Bank in strengthening the resilience of the health system, both through previous analytics and policy dialogue, as well as on its experience in other fragile and post-conflict countries. The Bank's previous engagements in the WB&G health sector in, including the three-phase Emergency Services Support Program (2002-2013), the Health System Resilience and Strengthening Project (2015-2022), and a series of analytic and advisory services, were critical in informing the design of this emergency project. Also of critical importance was the Task Team's close working relationship with a well-established and capable PMU within the PMOH that was responsible for the implementation of two ongoing Bank-financed operations in 2020.[24]

37. **Multi-donor, country-driven response.** The Project design team worked in close coordination with other development partners to ensure complementarity and avoid overlaps. Special attention was given to ensuring that the activities included in the project design were closely coordinated with and complemented inputs from the other donors and partners in the sector under the Health Cluster's Inter-Agency COVID-19 Response Plan,[25] including the European Union, Japan, Norway, the WHO, and UNICEF. In addition, the Project illustrates the critical importance of trust funds such as the HEPRTF in supporting fragile states facing the challenges of conflict and global health emergencies.[26] This was particularly important given the small Parent Project's budget envelope and WB&G's inability to access the Bank's global COVID-19 MPA.

38. **Limited opportunities for Project support.** The PA had limited control over the implementation of COVID-19 prevention and response measures. An Israeli agency—the Coordination of Government Activities in the Territories Procurement—has controlled entry of all goods to WB&G, including vaccines, medical equipment, medicines, and supplies required in response to the pandemic. With Israel in control of WB&G land borders, the PA

[24] Health System Resilience and Strengthening Project (P150481) and the Early Childhood Development Project (P168295).
[25] https://www.ochaopt.org/content/covid-19-response-plan
[26] The key contributors to the Health Emergency Preparedness and Response Umbrella Program included the Government of Japan, the Australian Government Department of Foreign Affairs and Trade, and the German Federal Ministry for Economic Cooperation and Development.

was not able to control the entry of international travelers and apply health measures at the international points of entry. There was no routine exchange of epidemiological intelligence data between PA and Israeli authorities. All these factors impacted the scope of the State of Emergency Palestine's COVID-19 Response Plan and limited opportunities for investments under the Project.

39. **Limited availability of baseline data on health system capacity.** The PMOH did not have ready information on the availability of isolation capacities at health care facilities, equipment available in each MOH facility, and health care workers' training on early detection, prevention, preparedness, and response to communicable diseases. This posed a challenge in project preparation, and a broader set of options eligible for support under the Project and related indicators were included in the Project design. Consequently, the Project implementation was affected by the same factor, as it took longer for the PMOH to identify facilities that would benefit most from the supply of equipment under the Project.

B. KEY FACTORS DURING IMPLEMENTATION

Factors outside the control of the government and/or implementing entities

40. **Acute need for COVID-19 vaccines.** The level of financing required to supply COVID-19 vaccines to WB&G was immensely beyond available Project funding. Despite PA's request, the Project could not finance the purchase of COVID-19 vaccines, which were acutely needed to curtail the disease transmission in WB&G. The first donated vaccines, including those donated by China and the United Arab Emirates, arrived in WB&G in late March 2021.[27] However, the governments of Germany and Italy funded the largest COVAX shipment in 2021, which contained about 450,000 doses.[28]

41. **May 2021 conflict in Gaza.** The May 2021 conflict occurred at a time when Gaza's economy was already suffering from the COVID-19 outbreak. Various physical and digital infrastructure assets, including hospitals and health centers, were damaged in the 11-day conflict. Gaza's health system has been significantly impacted by damages estimated at US$10-15 million.[29] One impact of the conflict was a heightened risk of COVID-19 transmission due to damage to health facilities, including the Hala Al Shawa Primary Health Center, the only COVID-19 testing laboratory in Gaza. The hostilities also impacted the COVID-19 response with a surge in infections and a slowdown in testing and vaccination rates. Recovery and reconstruction needs of the health sector were estimated at US$30-40 million. The Bank team closely coordinated preparation of the Project AF with the PMOH to ensure that the emerging priorities in Gaza were reflected in the AF design.

42. **Goods entry restrictions.** An Israeli agency—the Coordination of Government Activities in the Territories Procurement—needs to approve the entry of goods to the territories of both Gaza and West Bank. After signing a contract with PMOH, the supplier of goods under the Project was required to obtain the agency's approval for the entry of goods. The lengthy approval process caused significant delays in the delivery of goods under the Project (4-6 months on average, whereas the longest delay was for the digital radiography machines, as the radiation sources). The PMOH needed to adjust its procurement and disbursement planning to account for entry restrictions, particularly to Gaza. The entry restrictions also impacted the prices of goods supplied under the Project, as suppliers adjusted the prices to include potential border storage costs.

[27] https://www.ochaopt.org/content/covid-19-emergency-situation-report-29
[28] https://www.emro.who.int/opt/news/palestine-receives-its-largest-covax-shipment-funded-by-the-governments-of-germany-and-italy.html
[29] https://documents1.worldbank.org/curated/en/178021624889455367/pdf/Gaza-Rapid-Damage-and-Needs-Assessment.pdf

43. **The recent conflict in the Middle East, centered in Gaza.** The situation in Gaza deteriorated rapidly since October 2023, resulting in massive loss of lives and damage of Gaza's infrastructure and service delivery capacity, including health. 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 a cost of US$1.3 billion, severely impacting Gaza's health system's functionality and service delivery.[30] The massive destruction of health physical infrastructure, including medical equipment, has diminished the Project's anticipated efficiency and threatens the sustainability of outcomes. Records of the equipment distribution to Gaza hospitals—that would allow for a more specific assessment of the equipment loss—were not available. The conflict also affected implementation, as the movement and goods entry restrictions limited the possibility of using the unallocated Project funding for additional emergency supplies for Gaza.

44. **Substantial interruptions of health services in West Bank, due to escalating violence, movement restrictions, and a fiscal crisis.** Violence has escalated in the West Bank, with 1,004 fatalities and 16,104 injuries between October 2023 and December 2024.[31] There were 656 attacks on health care in the same period, resulting in 124 health facilities being impacted. Together with accumulated arrears to suppliers and additional movement restrictions, it had a direct impact on the delivery of essential health services and necessitated the scaling up of health service capacity across West Bank. In the last year of its implementation, the Project used unallocated funds, in the amount of US$356,000, to support the supply of critical essential medications and the procurement of additional patient beds to PMOH hospitals in West Bank.

Factors under the World Bank control

45. **Mitigation actions.** The World Bank took several actions to mitigate effects of the factors outside the control of the PA and/or PMOH, including: (i) the Bank allowed flexible use of the Project funding, which enabled the PA to allocate additional public financial resources to the procurement of COVID-19 vaccines (see paragraph 21), (ii) the Bank mobilized additional funding in response to the new needs that emerged in Gaza (see paragraph 41), (iii) the Bank facilitated goods entry to WB&G through Country Management Unit's contacts with the responsible Israeli agencies (see paragraph 42), and (iv) in response to the newly emerged needs, the Bank supported the PMOH in identifying best use of the unallocated Project funding (see paragraphs 43 and 44).

46. **Hands-on Expanded Implementation Support (HEIS).** The Project benefited from the wider HEIS, provided to the operations in West Bank and Gaza to support compliance of the operations with Bank's environmental and social (E&S) requirements. Even though not specifically requested by PMOH under the Project, in the second half of the Project implementation, the wider HEIS included support for verification of treatment of the medical waste associated with the Project, assurance of E&S reporting quality, and E&S capacity building of the PMU team.

Factors under the control of the government and/or implementing entities

47. **Strong implementation capacity and high-level coordination.** A team of seasoned professionals within the PMU was critical in ensuring implementation despite the staff turnover and strain caused by factors outside the

[30] World Bank, the European Union, the United Nations (2025), *Gaza and West Bank Interim Rapid Damage and Needs Assessment,* February 2025. [https://thedocs.worldbank.org/en/doc/133c3304e29086819c1119fe8e85366b-0280012025/original/Gaza-RDNA-final-med.pdf]
[31] https://www.ochaopt.org/content/west-bank-monthly-snapshot-casualties-property-damage-and-displacement-december-2024

control of the PMOH. In addition, the National High-Level Emergency Response Committee, which has been established to manage the COVID-19 emergency response plan, was instrumental in coordinating efforts among all development partners and facilitated linkages between the PMOH, WHO, and other stakeholders and among various units within the PMOH. The committee reviewed the Project activities and ensured they were aligned with other donor-funded initiatives to enhance complementarity, avoid duplication, and maximize the use of the available funding.

48. **Adaptable response.** Throughout the Project's lifetime, the public health environment was in constant flux, with the emergence of new COVID-19 variants and evolving public health priorities. The Project's flexible design allowed for adjustments to resource allocation and operational strategies, such as (i) supporting the continuation of primary health care services through the purchase of routine children's vaccines in collaboration with UNICEF, which facilitated efficient vaccine distribution and community outreach, (ii) designation of some temporary health works to primary health care facilities to replace the permanent staff that had been assigned to the emergency response, and (iii) supply of medical equipment and laboratory supplies required for maintenance or scaling up of basic health service delivery during 2021 and ongoing conflicts.

IV. BANK PERFORMANCE, COMPLIANCE ISSUES, AND RISK TO DEVELOPMENT OUTCOME

A. QUALITY OF MONITORING AND EVALUATION (M&E)

M&E Design

49. **The Project's TOC (Figure 1) captured well the Project's dual nature** of emergency support (PDO 1 - To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic) and development support (PDO 2 – To strengthen the WB&G health systems for public health preparedness).

50. **As a whole, the Project's RF adequately reflected the TOC, capturing both implementation progress and the achievement of intermediate results and outcomes.** The RF was similar to the RF of the Bank's global COVID-19 MPA. It included three PDO indicators. One of them (PDO1 - Percentage of suspected COVID-19 cases investigated and treated as per guidelines) adequately reflected an outcome, while the other two (PDO2 and PDO3) had a focus on outputs (preparation of a referral system for care of COVID-19 patients; and number of freezers purchased). The RF also included a set of robust IRIs for each of the three components. These indicators were specific, measurable, achievable, relevant, and time-bound. The Parent Project's RF reflected the flexible nature of the Project, as at the time of preparation, the specific areas of support to be selected by the PMOH from the broader set of options eligible for support under the Project were yet to be defined. The broad RF included two IRIs (IRI 1 and IRI 4), which were eventually achieved through a coordinated response to COVID-19, not with direct Project support. Though not used, the two indicators were retained under the AF as they were achieved at the time of the AF processing.

51. **The Project's M&E relied on several management information systems**. With the lack of integrated health information management system in WB&G, the Project needed to rely on several information systems in parallel, including: (i) WHO's COVID-19 dashboard for WB&G;[32] (ii) a subset of data on patients' satisfaction in West Bank hospitals, routinely collected by the PMOH (no qualitative data or direct quotes from patients were available), (iii)

[32]https://app.powerbi.com/view?r=eyJrIjoiODJlYWM1YTEtNDAxZS00OTFlLThkZjktNDA1ODY2OGQ3NGJkIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9

administrative data of PMOH's Environmental Health Department on medical waste generation and management, and (iv) the Palestinian National Institute of Public Health's administrative data on training provision.

M&E Implementation

52. **The PMU regularly monitored Project activities, producing detailed progress reports.** All baseline values under the RF were obtained during the Project design. Regular data collection and analysis were conducted to track implementation progress and inform decision-making on the majority of indicators. The final methodology for calculating the IRI 9, by using routinely collected data on patient satisfaction, was only confirmed during June 2024 mission. Reporting on the IRI 9 during the period from January 2023 to June 2024 was based on a specific survey conducted in the Palestine Medical Complex only. The Project Operational Manual, annual progress reports (four annual reports furnished), financial reports (interim unaudited financial reports, furnished every 6 months), and E&S reports (quarterly reports on ESCP and E&S implementation) were prepared and submitted to the Bank in a timely manner. MOH's central warehouses in West Bank and in Gaza were responsible for the distribution of equipment, supplies, and PPE provided under the Project. Distribution of the equipment was closely monitored by the PMU to ensure that the specialized medical equipment was delivered to the sites for which E&S Management Plans were prepared.

M&E Utilization

53. **The Project's M&E system provided the necessary inputs for monitoring implementation progress and assessing PDO achievement.** The M&E data were effectively utilized to inform project management and decision-making, for example on prioritization of the needs and allocation of remaining Project funding. The data collected through the M&E system were used to identify and address implementation challenges, develop an E&S Audit Corrective Action Plan, ensure compliance with the ESF, and make necessary adjustments to the project. The PMOH continued monitoring the deployment of the mobile clinics and a mobile blood bank even after the Project closure, aiming to ensure availability of the services to populations in need.

Justification of Overall Rating of Quality of M&E

Rating: Substantial

54. **The M&E quality is deemed Substantial,** as it adequately supported the Project's implementation and impact assessment. The facts that two of the PDO indicators did not have a focus on outcomes and that two IRIs were achieved through coordinated response to COVID-19 are considered as minor weaknesses, given the need to provide an emergency response to a global pandemic at a time when there was great uncertainty surrounding the emergence of the new disease, making it also difficult to anticipate plausible health outcomes.

B. ENVIRONMENTAL, SOCIAL, AND FIDUCIARY COMPLIANCE

55. **The Project was implemented in compliance with the Bank's fiduciary and E&S requirements and all legal covenants were met.** The financial management, procurement, and E&S performances were rated Satisfactory at Project closure.

56. **Delay in compliance with the Bank's E&S requirements.** This was the first Project that required the PMOH to implement the ESF requirements, which constituted a significant departure from the PMU's previous experience.[33] The PMOH needed to develop new documents to demonstrate compliance with the ESF requirements.[34] The delays in the documents' development (E&S instruments disclosed on April 18, 2021), together with delays in hiring the Environmental Health and Safety Officer (appointed on May 26, 2021), caused significant implementation delays of the ESF. Consequently, temporary health workers were hired under the Project and some of the procured goods and equipment were distributed before the Environmental and Social Management Framework (ESMF) and the Labor Management Procedure (LMP) had been cleared and disclosed. The Bank requested the PMOH to conduct an *ex-post* audit, covering the activities that had taken place between project effectiveness and the preparation of the E&S instruments. Though the *ex-post* audit found that the Project was implemented in accordance with requisite E&S measures and standards and risk management tools and instruments,[35] an E&S Audit Corrective Action Plan was prepared and fully implemented to address weaknesses identified by the audit. The E&S performance was downgraded to Moderately Satisfactory from June 2021 to July 2022, to reflect the delay.

57. **Financial management (FM) compliance.** In light of the Project's emergency nature, a partial Board's waiver was obtained for the Parent Project, related to application of World Bank Anti-Corruption Guidelines with respect to the enforcement of the Bank's audit right with respect to unsuccessful bidders in the context of retroactive financing and existing Framework Agreements in place between the PMOH and suppliers, financed under retroactive financing or advanced procurement.[36] However, the retroactive financing was not used under the Parent Project. The waiver was not extended to the AF, under which retroactive financing was not allowed. Fiduciary supervision reports indicate that the PMU maintained a sound FM system that can generate accurate and timely financial information, interim financial reports were mostly submitted on time, audited financial statements and technical reports were regularly submitted, clean audit opinions were provided with nil management letters, and PMOH addressed observations in the technical reports. The FM performance was downgraded to Moderately Satisfactory during 2021, due to the need for additional FM staff and missing deadlines for financial reporting. The performance rating improved after the hiring of a new FM Specialist by the PMU and the transition of relevant information and responsibilities to the FM Specialist.

58. **Procurement compliance.** As part of the emergency procedures under Paragraph 12 (Projects in Situations of Urgent Need of Assistance or Capacity Constraints) of the Bank's Policy on Investment Project Financing, a simplified Project Procurement Strategy for Development and Procurement Plan was prepared. Fiduciary supervision reports indicate that the PMU carried out all the procurement processes in accordance with the Bank Procurement Regulations, the grant agreements, and the procurement plan. The Bank Facilitated Procurement (BFP) and HEIS were offered but not formally requested by PMOH nor used under the Parent Project. The PMOH had explored the option of purchasing PPE using the BFP at beginning of the Project but—due to the high price of the goods offered from a Chinese vendor, high costs of shipment, and complex delivery arrangements to the WB&G, noted in paragraph 42—decided to purchase the goods from the local market, instead.

[33] The Health System Resiliency Strengthening Project - HSRSP was considered to have minimal or no expected adverse environmental impacts. Thus, its environmental and social classification was "C," for which no further Environmental Assessment action was required beyond a preliminary screening process.
[34] The environmental and social requirements included the disclosure of the Environmental and Social Management Framework (ESMF), the Labor Management Procedure (LMP), the updated Stakeholder Engagement Plan (SEP), and the Environmental and Social Commitment Plan (ESCP). Additional technical details are available in section 4.2.4 of Annex 5.
[35] Palestinian Ministry of Health (2021) West Bank and Gaza Covid-19 Emergency Response Project: Environmental and Social Audit, August 2021.
[36] The waiver was noted in paragraph 28 of the Project Appraisal Document for the Parent Project.

C. BANK PERFORMANCE

Quality at Entry

Rating: Highly Satisfactory

59. **The Project's design was informed by lessons learned from the Bank's long-term engagement in the sector, as well as in fragile settings.** Its design was simple and flexible; thus, adequate for the fragile and conflict-prone context of WB&G. It was prepared in record time, in an exceptionally uncertain environment, to address the immediate needs of healthcare delivery resulting from the COVID-19 pandemic (see paragraph 34) through approach aligned with the global COVID-19 MPA (see paragraph 35) and coordinated with other development partners (see paragraph 37). It was approved only one month after the PA declared the state of emergency on March 4. The Project was processed using condensed procedures under Paragraph 12 of the Bank's Policy on Investment Project Financing. It built on the Task Team's involvement in ongoing Bank-financed operations in the health sector, and benefitted from the effective implementation arrangement, including a capable PMU, that were already in place (see paragraph 36). 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. As an illustration, the Health System Resilience and Strengthening Project (P150481) reallocated US$0.8 million to support the PMOH in its effort to combat and contain the COVID-19, in line with its own PDO focusing on resilience.

60. **Despite its swift preparation, Project appraisal was thorough.** It included an assessment of economic and financial aspects, technical aspects, financial management, procurement, and social aspects, and identified implementation support that needed to be provided by the Bank. Implementation arrangements were well prepared. The risk assessment undertaken by the Bank during preparation raised the risk of inadequate procurement capacity of the PMOH to handle the emergency nature of the COVID-19 crisis. In addition to application of fast-track emergency procurement procedures, the PMOH was offered BFP to proactively assist in accessing existing supply chains for the agreed list of critical medical consumables and equipment needed under the Project, as well as provision of HEIS, if needed, to facilitate PMOH's contracting of UN agencies. The risk assessment also identified the PMOH's limited experience in implementation of Bank financed projects with significant environmental and social impacts, including limited capacity to deliver trainings, other capacity building activities as well as environment and social risk oversight. Moreover, the PMOH's was deemed to be resource-constrained for the safe management of medical and chemical wastes. Overall, the Project was ready for implementation at effectiveness.

Quality of Supervision

Rating: Highly Satisfactory

61. **Project supervision was proactive and effective.** Despite the issues highlighted in the Key Factors During Implementation section (see paragraphs 40-44), the Bank took multiple mitigation actions to ensure achievement of the Project outcomes (see paragraphs 45). The Bank Task Team routinely prepared detailed Implementation Status and Results Reports (ISRs) and provided accompanying aide memoires to document implementation progress and highlight challenges and bottlenecks. ISR ratings were downgraded to reflect delays or lack of progress, prompting candid exchanges with the PMOH as well as the provision of technical advice and support to address and resolve implementation bottlenecks. A Mid-Term Review was conducted during the December 2022 mission and its findings and recommendations were reflected in the ISR archived in January 2023. Supervision missions were conducted jointly for all ongoing Bank-financed operations in the health sector, facilitating the integration of the Bank's health portfolio. During the four years and nine months of implementation, six in-person implementation support missions were conducted, on which Aide Memoires were prepared and shared with PMOH. During the first half of the Project

implementation, when COVID-19 pandemic caused travel restrictions, the Bank's team ensured ongoing supervision of technical and fiduciary aspects through regular virtual meetings. Supervision of E&S and fiduciary aspects of the Project was regular. Through its in-country and international staff, the Bank Task Team provided consistent technical support throughout Project implementation, including on the implementation of E&S requirements, as well as fiduciary aspects. Task Team Leaders were changed only once during the project lifecycle, with a smooth transfer of responsibilities between the Task Team Leaders. The Bank Task Team also engaged development partners and donors during implementation and supervision missions and provided additional technical assistance to PMOH on assessing pandemic preparedness and resiliency in WB&G.[37]

Justification of Overall Rating of Bank Performance

Rating: Highly Satisfactory

62. **Overall Bank performance is deemed Highly Satisfactory,** to reflect its Highly Satisfactory performance in ensuring quality at entry and during supervision as highlighted above (Paragraphs 59 to 61).

D. RISK TO DEVELOPMENT OUTCOME

63. **There is a risk that the Project's achievements, in terms of public health preparedness, may not be fully maintained**. The factors negatively affecting the overall sustainability of outcomes include the prolonged economic crisis, health sector arrears, the volatility of the recent conflict situation, and the uncertainty surrounding the ceasefire process in Gaza. While several Bank-financed operations[38] are providing emergency support and are expected to contribute to the improvement of resiliency and sustainability of the WB&G's health sector (including better preparedness to respond to pandemics), there is a massive need for international support for recovery and reconstruction of Gaza, as well as for routine financing of the health sector in both Gaza and West Bank.

64. **With a deterioration of the macro-fiscal context, 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 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; the only line item without substantial arrears was salaries, constituting about half of overall health expenditures.

65. **As indicated in paragraphs 43 and 44, the recent conflict has taken a massive toll on health infrastructure and human resources in the health sector.** Additionally, the food insecurity in Gaza has both immediate negative impacts and poses long-term risks to human capital, undermining health, productivity, and resilience. The estimated cost of recovery and reconstruction of Gaza amounts to over US$53.2 billion, with an estimated US$7.05 billion in the health sector alone. The destruction or damage incurred by the medical equipment procured under this Project and delivered to Gaza is still undetermined.

V. LESSONS AND RECOMMENDATIONS

[37] Report on Pandemic Preparedness and Health Systems Resilience Assessment for West Bank and Gaza was prepared in December 2022, as part of the technical assistance under the Strengthening Health System Resilience in West Bank and Gaza (P178258) operation.
[38] These operations include: (i) Health System Efficiency and Resilience Project (P180263; US$10 million; Approved on April 7, 2023; Expected to close on May 31, 2028); (ii) AF to Health System Efficiency and Resilience Project (P181529; US$23.8 million; Approved on May 6, 2024; Closing expected on May 31, 2028); (iii) Gaza Health Emergency Response Project (P503036; US$10 million; Approved on December 6, 2023; Closing expected on June 30, 2025); and (iv) Palestinian Health System Reform Project (P508917; US$20 million; Approved on April 1 2025; Closing expected on March 31, 2030).

66. **Trust funds are critical in providing much-needed support to fragile and vulnerable countries and territories, such as the WB&G, during health emergencies.** This Project was entirely financed through trust funds. The overall level of the Project financing was significantly below the needs and absorptive capacity of the health system. The Parent Project was financed by the Trust Fund for Gaza and West Bank, which was established in 1997 to encourage private sector investment and economic development in the WB&G. The AF grant was financed by the HEPRTF, which aims to support eligible countries and territories under an umbrella program to improve their capacities to prepare for, prevent, respond to, and mitigate the impact of epidemics on populations. The activation of funds from the HEPRTF grant enabled the project to provide additional support at a critical moment, when the PMOH was grappling with substantial funding shortfalls, worsened by the pandemic and the consequences of May 2021 conflict in Gaza.

67. **Multi-donor support is critical to help countries and territories—particularly those that are fragile and conflict-prone—respond to health emergencies.** This Project benefited from the substantial WHO technical inputs in the preparation of the State of Emergency Palestine's COVID-19 Response Plan, which, in turn, provided an umbrella framework for the Project's design and implementation under the National High-Level Emergency Response Committee. Likewise, the procurement of routine children's vaccines through UNICEF facilitated their timely provision in a coordinated manner. Strong and regular policy dialogue with the PMOH and development partners has facilitated coordination and responsiveness to the needs on the ground.

68. **Key recommendations for future projects:**

- *Projects with a simple design can provide support in multiple areas critical for an effective response to pandemics.* Specifically, the Project supported the supply of PPE and strengthening of the PMOH's laboratory capacity for the detection of COVID-19 cases, both limiting the spread of the virus. It also provided support for enhancing the PMOH's acute care treatment capacity, focusing on investments in both hospitals and mobile clinics to maximize access and efficiency. Further, the Project supported the continuous provision of primary care, through hiring of temporary health workers. Finally, it also provided support for enhancing the overall resilience of the WB&G's health system by strengthening the public health preparedness beyond the immediate needs arising from the COVID-19 pandemic.

- *Having a flexible Project design is key to adjusting the response as the pandemic evolves.* The Project's design encompassed a broad range of activities eligible for Project support. This flexibility gave the PMOH the opportunity to use resources in the way they considered most effective based on the evolving nature of the pandemic and access to alternative sources of technical and financial support, including other development partners. Regular meetings between the Bank team and the PMOH allowed flexibility and quick response to the dynamic health situation and health system challenges within the scope of the project. Further, the broadly designed projects provide a platform for complementary analytical engagements, as described in paragraph 32, which could lead to further strengthening of health emergency preparedness capacities.

- *In fragile contexts, where integrated health information management systems are missing, the M&E needs to rely on multiple information system in parallel.* The Project used practical and context appropriate data collection approaches, which did not allow for disaggregation of indicators included in the RF, nor tracking of the Project beneficiary's number.

- *The potential impact of Bank-financed emergency operations is closely linked to its long-term sector engagement in the country.* Knowledge of the structure of the WB&G health sector, derived from previous

and ongoing operations, provided a sound foundation for the Bank's rapid response. Equally important was having in place a well-established working relationship with PMOH and a robust PMU.

ANNEX 1. RESULTS FRAMEWORK AND KEY OUTPUTS

A. RESULTS FRAMEWORK

PDO Indicators by Outcomes

To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Percentage of suspected COVID-19 cases investigated and treated as per guidelines (Percentage)	16.70	Apr/2020			100.00	Feb/2024	100.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved.					
Country has prepared a referral system to care for COVID-19 patients (Yes/No)	No	Apr/2020			Yes	Feb/2024	Yes	Jul/2024
	Comments on achieving targets		This indicator has been achieved.					
Enhancing Pandemic Resilience								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Number of freezers purchased (Number)	0.00	Nov/2021			50.00	Feb/2024	50.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved.					

Intermediate Indicators by Components

Component 1: Emergency COVID-19 Response

Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Contextualized and implemented the risk communication and communication strategy (Text)	No	Apr/2020			Yes	Feb/2024	Yes	Jul/2024
	Comments on achieving targets		This indicator has been achieved.					
Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits and reagents (Percentage)	30.00	Apr/2020			100.00	Feb/2024	100.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved. Total seven laboratories: 6 in West Bank and 1 in Gaza.					
Percentage of rapid response teams trained and equipped (Percentage)	30.00	Apr/2020			100.00	Feb/2024	100.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved with 8 teams in West Bank, distributed geographically, have been trained. Training covered paramedics, PHC staff, labs and hospital emergency staff receiving COVID-19 cases for treatment.					
Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year
Percentage of designated health staff trained in infection prevention and control per MOH approved protocols (Percentage)	40.00	Apr/2020			100.00	Feb/2024	100.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved.					
Percentage of designated acute healthcare facilities for COVID-19 clinical care with isolation capacity (Percentage)	0.00	Apr/2020			100.00	Feb/2024	100.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved.					
Percentage of designated hospitals/quarantine centers fully equipped with commodities (e.g. PPE, infection control products and supplies/ventilators) (Percentage)	52.00	Apr/2020			100.00	Feb/2024	100.00	Jul/2024
	Comments on achieving targets		This indicator has been achieved with all equipment have been received. Due to the ongoing conflict, all government centers are closed except for one in Nablus and one in Tulkaram.					
Component 3: Enhancing Pandemic Resilience								
Indicator Name	Baseline		Closing Period (Original)		Closing Period (Current)		Actual Achieved at Completion	
	Result	Month/Year	Result	Month/Year	Result	Month/Year	Result	Month/Year

The number of mobile blood bank delivered and installed (Number)	0.00	Nov/2021			1.00	Feb/2024	1	Jul/2024
	Comments on achieving targets		This indicator was added to the project under the Additional Financing which became effective in March 2022. The indicator has been achieved.					
The Number of mobile clinics delivered and installed (Number)	2.00	Nov/2021			4.00	Feb/2024	4.00	Jul/2024
	Comments on achieving targets		This indicator was added to the project under the Additional Financing which became effective in March 2022. The indicator has been achieved.					
Percentage of patients that are satisfied with the treatment of COVID-19 received (Percentage)	0.00	Nov/2021			60.00	Dec/2024	80.59	Jul/2024
	Comments on achieving targets		This indicator was added to the project under the Additional Financing which became effective in March 2022. Discussion during the June 2024 mission confirmed the methodology of reporting on this indicator through routine data received. The PMU submitted the final assessment report showcasing that the target for this indicator was met.					

B. KEY OUTPUTS

PDO 1 - To prevent, detect and support immediate response to the threat posed by the COVID-19 pandemic	
PDO Indicators	1. Percentage of suspected COVID-19 cases investigated and treated as per guidelines
Key Outputs (linked to the achievement of the PDO Outcome)	• PPE procured and distributed among health care workers • Medicines and medical consumables supplied to health facilities to support treatment of COVID-19 cases
PDO 2 - To strengthen the WB&G health systems for public health preparedness	
PDO Indicators	2. Country has prepared a referral system to care for COVID-19 patients 3. Number of freezers purchased
Key Outputs (linked to the achievement of the PDO Outcome)	• Palestinian National COVID-19 Management Protocol prepared, linking primary healthcare facilities with hospitals equipped to handle severe COVID-19 cases • A total of 50 freezers were procured under the Project, contributing to the strengthening of the national cold chain

Component 1: Emergency COVID-19 Response	
Intermediate Results Indicators	1. Contextualized and implemented the risk communication and communication strategy 2. Percentage of designated laboratories with COVID-19 diagnostic equipment, test kits and reagents 3. Percentage of rapid response teams trained and equipped
Key Outputs (linked to the achievement of the Component)	• The risk communication and communication strategy implementation as part of the coordinated response to COVID-19 • Critical laboratory diagnostic equipment and laboratory supplies essential for COVID-19 diagnostic supplied to designated laboratories • 271 temporary health workers hired to support the PMOH in responding to the healthcare needs emerging from the COVID-19 pandemic
Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19	
Intermediate Results Indicators	4. Percentage of designated health staff trained in infection prevention and control per MOH approved protocols 5. Percentage of designated acute healthcare facilities for COVID-19 clinical care with isolation capacity 6. Percentage of designated hospitals/quarantine centers fully equipped with commodities (e.g. PPE, infection control products and supplies/ventilators)
Key Outputs (linked to the achievement of the Component)	• Palestinian National Institute of Public Health trained designated health staff trained in infection prevention and control • General patient beds, air conditioning units, and electrical generators supplied to designated acute healthcare facilities • PPE and intensive care unit equipment, such as beds, emergency trolleys, and defibrillators supplied to designated hospitals/quarantine centers • Other critical medical equipment procured and supplied to enhance hospital capacities

Component 3: Enhancing Pandemic Resilience	
Intermediate Results Indicators	7. The number of mobile blood bank delivered and installed 8. The number of mobile clinics delivered and installed 9. Percentage of patients that are satisfied with the treatment of COVID-19 received
Key Outputs (linked to the achievement of the Component)	• One mobile blood bank was delivered and installed • Two mobile clinics were delivered and installed • Other critical medical equipment procured to enhance hospital capacities • Over 80 percent of COVID-19 patients expressed satisfaction with the treatment of COVID-19 received in designated health facilities

ANNEX 2. BANK LENDING AND IMPLEMENTATION SUPPORT/SUPERVISION

A. TASK TEAM MEMBERS

Name	Role
Denizhan Duran	Team Leader
Mohammad Ali Mousa Jaber	Financial Management Specialist
Ala' Abd Minem Mohammad Turshan	Procurement Specialist
Manal M F Taha	Environmental Specialist
Zeyad Abu-Hassanein	Environmental Specialist
Najm-Ul-Sahr Ata-Ullah	Social Specialist
Mariana Margarita Montiel	Counsel
Andrianirina Michel Eric Ranjeva	Team Member
Mariam William Guirguis	Team Member
Fatima-Ezzahra Mansouri	Team Member
Fernando Xavier Montenegro Torres	Team Member
Zein Azzam Ibrahim Daqqaq	Team Member
Sherin Varkey	Team Member
Samira Ahmed Hillis	Team Member

B. STAFF TIME & COST

Stage of Project Cycle	Staff Time & Cost	
	No. of Staff Weeks	US$ (including travel and consultant costs)
Preparation		
FY20	15.825	102,741.51

FY21	1.063	8,243.63
Total	16.89	110,985.14
Supervision/ICR		
FY20	4.811	27,260.43
FY21	24.385	162,409.77
FY22	27.373	149,668.76
FY23	24.605	142,379.16
FY24	12.195	79,083.84
FY25	21.155	112,306.29
Total	114.52	673,108.25

ANNEX 3. PROJECT COST BY COMPONENT

Component	Amount at Approval (US$M)	Actual at Project Closing (US$M)
Component 1: Emergency COVID-19 Response	2.1	2.1
Component 2: Strengthening Overall Healthcare Services and Clinical Capacity to Respond to COVID-19	2.1	2.1
Component 3: Enhancing Pandemic Resilience	3.6	3.6
Component 4: Project implementation and monitoring	0.9	0.9

ANNEX 4. EFFICIENCY ANALYSIS

1. **The Project is expected to have had a substantial economic impact and was implemented efficiently.** The main aspects contributing to and diminishing the Project's efficiency are presented below.

2. **Economic Impact.** A formal economic analysis was not carried out as part of the preparation of the Parent Project or the AF. Given the significant knowledge gaps regarding the scope and characteristics of the COVID-19 pandemic, the Project's anticipated economic benefits were expected to be considerable. In the case of the Parent Project, by helping the WB&G provide an adequate response to the COVID-19 pandemic, economic benefits were expected to arise from avoided productivity losses due to diminished economic activity and the loss of lives. In addition, by diminishing the risks of major economic disruption and the need for further internal mobility restrictions, the Project was also expected to decrease the likelihood of social unrest. Similarly, the AF Project Paper noted that an effective COVID-19 response was expected to shorten the pandemic's duration, minimize morbidity and mortality, and mitigate the ensuing negative economic impact. The most direct impact was expected to be through avoided losses in labor force productivity due to reduced illness and mortality. The positive long-run returns expected from strengthening the WB&G's preparedness to respond to future health emergencies was noted in both the Parent Project and the AF.

3. While a formal economic analysis was not conducted as part of this ICR, given the difficulties of attribution (i.e., linking the Project's support to the avoided productivity losses resulting from reduced illness and mortality), the Project's economic impact is expected to be high. The magnitude of the potential economic benefits of the Project could be illustrated through the calculation of avoided mortality. Data on cumulative excess mortality during the 2020-2024 period shows 1.14 deaths per 1,000 population in the WB&G. Compared to the MENA average of 2.20 deaths, there were 1.06 fewer deaths per 1,000 people in WB&G, directly or indirectly attributable to COVID-19.[39] Based on the WB&G's population of about 5 million, there would have been about 5,300 additional deaths in the WB&G during 2020-2024 if the response to the response to COVID-19 pandemic was less effective—at the level of MENA average. Considering that the WB&G' GDP per capita was US$3,372.75 in 2023 and the relative 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 could amount to billions of dollars. Nevertheless, differences in excess mortality are due to a myriad of factors, well beyond the scope of this Project. Moreover, the Project contributed to only a fraction of the total support to COVID-19 response in WB&G, provided by development partners and donors.

4. The specific ways in which the Project's main areas of support are expected to have a positive economic impact can be summarized as follows:

- *Improved COVID-19 detection capacity:* By enhancing the WB&G's detection capacity through the provision of equipment and supplies, the Project is expected to have helped limit the spread of the COVID-19 virus. This, in turn, is expected to have helped limit the number of COVID-19 cases, resulting in savings in hospitalizations and medical treatment, as well as avoided productivity losses from morbidity and mortality. Evidence from France serves to illustrate the potential magnitude of such an impact. While the specific impact of testing on reduced morbidity and mortality is likely affected by country-specific factors, results from a study comparing health outcomes of various

[39] https://ourworldindata.org/coronavirus

regions indicates that an estimated three deaths were avoided for each additional 2,000 tests that were conducted.[40]

- *Improved access to adequate COVID-19 treatment:* By enhancing the capacity for treatment of COVID-19 patients in hospitals throughout the WB&G and mobile clinics in West Bank, the Project is expected to have helped prevent mortality from COVID-19; thus, reducing productivity losses from premature deaths. The savings in health care costs and prevented productivity loses arising from the post-COVID condition (also known as "long COVID") are also expected to be considerable. Emerging evidence indicates that the negative impacts associated with long COVID are likely substantial, as it is estimated to affect roughly 1 in 13 COVID-19 cases among adults (both confirmed and unconfirmed; symptomatic and asymptomatic), with symptoms lasting weeks or months after COVID-19 illness.
- *Undisrupted routine children's vaccination:* The Project also supported routine vaccination of children during the COVID-19 pandemic through supply of 325,000 doses of the Pneumococcal vaccine (sufficient for full immunization of 108,330 children with 3 dozes of the vaccine). The positive economic impacts of routine immunization are well documented. The Center for Disease Control estimates that every dollar spent on childhood vaccination in the United States saves more than US$10 in societal costs and US$3 in direct medical savings, such as special education programs for children who are harmed by vaccine-preventable disease, lost wages due to disability, and lost parent wages.[41] Moreover, in addition to preventing illnesses, deaths, and long-term disability, vaccines increase a person's likelihood for better health outcomes and provide a fair chance to survive, thrive, and reach one's full potential, including the poor and the most vulnerable.
- *Other medium- and long-term economic impacts:* Improved detection and treatment capacity will helped improve the delivery of health care services beyond the pandemic. Likewise, the impact of improvements in the WB&G's pandemic preparedness will extend to other communicable diseases, beyond the COVID-19.

5. **The recent conflict in the Middle East, centered in Gaza, has affected the Project's economic impact.** On the one hand, the enhanced treatment capacity, including general patient beds and intensive care unit beds, is expected to have helped respond to the surge in emergency treatment resulting from the conflict, potentially avoiding loss of lives. On the other hand, it is highly likely that most of the medical equipment supplied to health facilities in Gaza (total value US$1.07 million, which is equal to 12.2 percent of the total Project costs) was destroyed or severely damaged. In addition, the productivity losses resulting from avoided COVID-19-related morbidity and mortality have been cut short by the loss of lives and disability resulting from the conflict,[42] as well as the drastically diminished economic activity in Gaza.

6. **Implementation efficiency.** The Project's implementation efficiency is deemed Substantial. The Bank responded swiftly to the request for support from the PA. Processed as an emergency operation, the Project preparation time was much faster than the average for Bank projects. The Grant Agreement was approved and signed by April 3, 2020, only three weeks after the WHO declared COVID-19 a pandemic.[43] The Project was declared effective just one week later, on April 8, 2020. Despite the challenges posed by the COVID-19 pandemic, as well as two conflicts centered in Gaza, implementation proceeded largely as envisioned. Grant proceeds were fully utilized, and the implementation period was

[40] Terriau, A., Albertini, J., Montassier, E. et al. (2021) "Estimating the impact of virus testing strategies on the COVID-19 case fatality rate using fixed-effects models," *Scientific Reports* 11, 21650. [https://doi.org/10.1038/s41598-021-01034-7]
[41] Fangjun Zhou and others, "Economic evaluation of the routine childhood immunization program in the United States, 2009," *Pediatrics* 133 (4) (2014): 577–585. [https://publications.aap.org/pediatrics/article-abstract/133/4/577/32731/Economic-Evaluation-of-the-Routine-Childhood?redirectedFrom=fulltext]
[42] It has been estimated that the first 12 months of the conflict generated a life expectancy loss of more than 30 years, decreasing life expectancy in Gaza to 34.9 years. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02810-1/fulltext]
[43] The World Health Organization (WHO) declared the COVID-19 pandemic on March 11, 2020.

not extended beyond closing date provided in the AF Project paper. Despite the high global demand for medical equipment and supplies and the disruptions in the supply chain, high-priority items (e.g.., laboratory and diagnostic equipment, patient beds, and PPE) were successfully procured within budget. Actual costs of individual components match original estimates. Disbursements were relatively quick, in keeping with the urgency of the medical emergency. By June 2021, US$3.6 million of the original Project funds were 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 December 31, 2024, US$8.45 million had been disbursed (equivalent to 96.6 percent of all grant proceeds), with the remaining amount disbursed by the end of the grace period. There were also economies of scale, as several staff positions in the PMU (i.e., financial management specialist, health specialist, and the administrative assistant) were financed by another ongoing Bank-financed project.[44]

[44] Improving Early Childhood Development in the West Bank and Gaza (P168295) and Health System Efficiency and Resilience Project (P180263).

ANNEX 5. BORROWER, CO-FINANCIER AND OTHER PARTNER/STAKEHOLDER COMMENTS

Implementation Completion and Results Report (ICR)

West Bank and Gaza COVID-19 Emergency Response Project (Parent Project and AF)

Project ID: P173800, P176403

Grant Numbers: TF0B2540, TF0B7823

Prepared by: Ministry of Health Project Management Unit (PMU)

Date: 19 March 2025

1.Introduction

1.1 Project Description and Context

The Palestinian territories, encompassing the West Bank and Gaza, faced profound and multifaceted socioeconomic and political challenges that were further exacerbated by the COVID-19 pandemic. Decades of underinvestment in the healthcare system, driven by persistent geopolitical restrictions, economic constraints, and political instability, left the region ill-prepared to manage the scale of the public health emergency. The healthcare system struggled with limited infrastructure, including inadequate intensive care unit (ICU) capacity and an insufficient supply of diagnostic tools essential for early detection and containment of the virus. Moreover, the chronic shortage of trained healthcare professionals further strained the system's ability to deliver timely and effective care, particularly as the pandemic intensified.

These systemic weaknesses underscored the fragility of the healthcare system and its limited capacity to respond comprehensively to a crisis of this magnitude. Hospitals faced overcrowding, supply chains for medical equipment and pharmaceuticals were disrupted, and public health programs were stretched to their limits. The situation was further complicated by movement restrictions, which hampered the flow of essential medical supplies and delayed critical interventions.

Despite these challenges, it is important to recognize the progress that the PA had made in the health sector prior to the pandemic. Significant milestones included increased life expectancy, attributed to improvements in basic healthcare services and public health initiatives. Maternal mortality rates had been significantly reduced, reflecting advancements in maternal and child health programs. Furthermore, the region achieved high vaccination coverage for communicable diseases, which had effectively controlled outbreaks of illnesses such as polio and measles.

However, the COVID-19 crisis exposed deep-rooted vulnerabilities in the healthcare system that had been overlooked or insufficiently addressed. The pandemic revealed the urgency of strengthening healthcare infrastructure, increasing investments in health workforce training, and expanding access to critical resources such as diagnostic tools and ICU facilities. It also highlighted the need for improved health system resilience, including the capacity to respond dynamically to public health emergencies while maintaining essential services.

Moving forward, addressing these challenges requires a coordinated approach that prioritizes sustainable investment in health system strengthening, enhanced regional and international collaboration, and the integration of advanced technologies to improve service delivery and pandemic preparedness. By learning from the experiences of the COVID-19 crisis, the Palestinian territories can work toward building a more robust and equitable healthcare system capable of protecting the health and well-being of its population against future threats.

1.2 Project Context

The COVID-19 Emergency Response Project, launched in April 2020 as part of the World Bank's global COVID-19 response strategy, served as a pivotal initiative to address the unprecedented challenges posed by the pandemic. Its primary aim was to bolster the capacity of health systems in the Palestinian territories to prevent, detect, and respond to COVID-19, while simultaneously laying the groundwork for long-term improvements in public health resilience. With a total budget of $8.75 million, the project adopted a strategic and multifaceted approach to meet the immediate and evolving needs of the healthcare system.

A key focus of the project was the procurement of critical medical equipment, which was essential for addressing the acute shortages of resources such as ventilators, diagnostic tools, and ICU beds. This intervention not only enhanced the ability of healthcare facilities to manage severe COVID-19 cases but also strengthened their overall capacity to respond to future health emergencies. Enhancing testing and diagnostic capacity was another cornerstone of the project, enabling timely detection and isolation of cases to curb the spread of the virus. This included investments in laboratory infrastructure, diagnostic reagents, and the training of personnel to conduct tests efficiently.

Recognizing the strain on the existing healthcare workforce, the project also prioritized the recruitment and training of additional healthcare workers. These efforts ensured that health services could be scaled up to meet the surge in demand, while also equipping frontline workers with the skills and knowledge needed to respond effectively to the pandemic. Training programs covered critical areas such as infection prevention and control, case management, and the safe administration of vaccines.

The delivery of vaccines and essential medical supplies to underserved communities was a vital component of the project, aimed at addressing inequalities in healthcare access. By targeting vulnerable populations, the initiative ensured that critical resources reached those most in need, fostering equity in the health response. This effort was particularly significant in light of the logistical and geopolitical challenges faced in the Palestinian territories, which often limited the flow of supplies to remote and marginalized areas.

The project's design was guided by a comprehensive needs assessment conducted in early 2020, which aligned with the Palestinian Authority's National COVID-19 Response Plan. This ensured that the interventions were both contextually relevant and responsive to the most pressing needs. Immediate priorities, such as the distribution of personal protective equipment (PPE) to healthcare workers and the expansion of ICU capacity, were addressed alongside long-term objectives. These included enhancing pandemic preparedness, improving health system resilience, and building the capacity to mitigate future public health crises.

By addressing both short-term and systemic challenges, the COVID-19 Emergency Response Project represented a balanced approach that not only mitigated the immediate impacts of the pandemic but also contributed to the sustainability and resilience of the health system in the Palestinian territories. It exemplifies the importance of coordinated, well-funded, and strategically implemented interventions in navigating the complexities of global health emergencies.

1.3 Project Objectives

The primary objectives of the project were to:

1. Prevent, detect, and respond to the COVID-19 pandemic.
2. Strengthen the West Bank and Gaza health systems for public health preparedness.

1.4 Rationale and Relevance of Objectives During Preparation and Implementation

The project's objectives demonstrated consistent and critical relevance throughout its lifecycle, effectively addressing both immediate and evolving needs. During the preparation phase, the urgent necessity to control the spread of COVID-19 underscored the importance of timely and targeted investments. Prioritizing the procurement of diagnostic tools enabled early detection and isolation of cases, which was crucial in preventing widespread transmission. Simultaneously, securing personal protective equipment (PPE) safeguarded healthcare workers, ensuring the continuity of essential services while reducing the risk of infection within healthcare facilities. Strengthening the healthcare workforce through targeted recruitment and training further ensured that health systems were prepared to manage the crisis effectively.

As the project moved into the implementation phase, the global health landscape continued to shift with the emergence of new COVID-19 variants and changing public health priorities. These developments demanded a high degree of adaptability to maintain the project's impact and relevance. The flexibility embedded in the project design allowed for adjustments to resource allocation, operational strategies, and focus areas in response to the dynamic situation. For example, as new variants presented higher transmissibility or resistance to existing treatments, the project pivoted to prioritize enhanced diagnostic capabilities, updated treatment protocols, and expanded vaccination efforts.

The alignment of the project's objectives with international health guidelines, such as those from the World Health Organization (WHO), ensured that interventions were evidence-based and globally coherent. This alignment also facilitated collaboration with international partners, enabling the project to leverage technical expertise and additional resources. Concurrently, integrating the project's goals with national health strategies reinforced its relevance and effectiveness at the local level. By addressing specific national priorities, the project supported the PA's efforts to strengthen health system resilience, enhance pandemic preparedness, and protect vulnerable populations.

Overall, the project's ability to remain relevant throughout its lifecycle was a result of its forward-looking design, responsiveness to changing needs, and strong alignment with both global and national health frameworks. This ensured that the project not only addressed the immediate challenges posed by the COVID-19 pandemic but also contributed to long-term health system strengthening and preparedness for future public health emergencies.

2. Assessment of Project Outcomes

2.1 Achievement of Project Development Objective (PDO) Level Outcomes

The project successfully met its PDO-level outcomes, achieving the following results:

- **COVID-19 Case Investigation:** 100% of suspected COVID-19 cases were investigated following national guidelines. This achievement reflects the strengthened surveillance and diagnostic capacity enabled by the project.
- **Functional Referral System:** A referral system for COVID-19 case management was established, linking primary healthcare facilities with hospitals equipped to handle severe cases. This system ensured timely and effective care for critical patients.
- **Number of freezers purchased**: This PDO was added under the additional financing. 50 freezers were procured to strengthen the national cold chain.

2.2 Achievement of Intermediate Outcomes

Significant intermediate outcomes included:

- **Healthcare Worker Training:** 100% of targeted healthcare workers were trained in COVID-19 protocols, enhancing the capacity of frontline responders.
- **Expansion of Critical Care Capacity:** The project operationalized 10 critical care units equipped with ventilators and ICU beds, addressing a key gap in treatment facilities.
- **PPE Distribution:** PPE items, including masks, gloves, and gowns, were distributed to healthcare workers, reducing the risk of infection among frontline staff. The PPEs were distributed 60% to West Bank and 40% to Gaza.
- **Deployment of Mobile Clinics:** Two mobile clinics and one mobile blood bank for in West Bank were deployed to improve healthcare access for underserved and remote communities.
- **Equipment Procurement:** The project procured and installed critical medical equipment to enhance hospital capacity.
    - West Bank: Fluoroscopy machines and anesthesia machines were installed in Jenin, Alia, Palestine Medical Complex (PMC), Beit Jala, Jenin, Jericho, Salfit, and Qalqilia hospitals.
    - Gaza: Hospital capacity was expanded primarily through the provision of ICU and general patient beds, emergency trolleys, and defibrillators.
- **Strengthening Laboratory Capacity:** Support was provided to the **Central Public Health Laboratory**, ensuring it was equipped with essential COVID-19 diagnostic tools, test kits, and reagents.
    - West Bank: CPHL received flow cytometers, digital incubators, and HPLC systems.
    - Gaza: Medical consumables, laboratory materials, and drugs were supplied to support existing facilities.
- **Human Resources Support:** 271 healthcare workers all in West Bank were contracted to support the Ministry of Health (MoH) in responding to the healthcare needs emerging from the COVID-19 pandemic.
- **Risk Communication and Community Engagement:** A contextualized and implemented risk communication strategy was developed to ensure effective public awareness and engagement.
- **Isolation and Quarantine Facilities:** The project strengthened COVID-19 isolation capacity across designated healthcare facilities.
- **Percentage of designated acute healthcare facilities with isolation capacity:** *100% of* designated healthcare facilities strengthened their COVID**-19 isolation capacity** across

- **Percentage of designated hospitals/quarantine centers fully equipped with PPE, infection control products, and ventilators:** *100%* of designated hospitals/quarantine centers fully equipped with PPE, infection control products, and ventilators. The distribution was 60% to West Bank and 40% to Gaza.
- **Enhancing Patient Satisfaction:** A monitoring system was introduced to assess **patient satisfaction** with COVID-19 treatment. Almost 80% of patients were satisfied with the treatment received.
- **Supply of Vaccines:** The project **procured and distributed pneumococcal conjugate vaccines 60% of which distributed to WB and 40% to Gaza.**

3. Key Factors/Events Affecting Performance and Outcomes

3.1 Opportunities During Preparation and Implementation

During Preparation:

- The availability of a robust needs assessment enabled the identification of critical priorities for intervention.
- Partnerships with international organizations, including WHO and UNICEF, provided technical expertise and additional resources to complement project activities.

During Implementation:

- The project's flexible design allowed for real-time adjustments, such as reallocating funds to procure vaccines in response to evolving needs.
- Additional financing through the Health Emergency Preparedness and Response Trust Fund expanded the project's scope to include long-term health infrastructure investments.

3.2 Challenges During Preparation and Implementation

During Preparation:

- The absence of comprehensive baseline data on healthcare capacity for pandemic preparedness created significant challenges in the initial planning and implementation phases of the project. Key gaps included a lack of detailed assessments on the availability of critical care infrastructure, human resource capacity, stockpiles of essential medical supplies, and existing surveillance and response mechanisms.
- Administrative bottlenecks delayed grant approvals, impacting the project timeline.

During Implementation:

- Global supply chain disruptions caused delays in the procurement of essential medical supplies and equipment.
- High turnover of contracted healthcare workers affected the continuity of care services.
- Geopolitical constraints, including movement restrictions in Gaza, delayed the delivery of equipment and vaccines.
- Evolving pandemic dynamics necessitated frequent reallocation of resources and adjustments to implementation strategies.

4. Evaluation of the Borrower's Performance During the Preparation and Implementation of the Project

4.1 During Project Preparation

The Ministry of Health demonstrated strong leadership during the preparation phase, conducting a thorough needs assessment and aligning project objectives with national priorities.

4.2 During Project Implementation

4.2.1 Monitoring and Implementation:

- The PMU regularly monitored project activities, producing detailed progress reports and coordinating site visits to ensure accountability.

- Collaboration with implementing partners, such as UNICEF, facilitated efficient vaccine distribution and community outreach.

4.2.2 Procurement:

- Despite global supply chain challenges, the PMU successfully procured high-priority items, including diagnostic tools, ventilators, and PPE, within budget constraints.
- Strategic procurement strategies, including bulk purchasing agreements, minimized delays and ensured cost-effectiveness.

4.2.3 Financial Management:

- The project maintained clean audit reports and records throughout its lifecycle, with timely submission of the audited financial statements and IFRs.
- The below table presents the financial analysis for the parent project TF B2540 and the addition financing project TF B7823 as of December 31st, 2024.

Table 1:

Grant Number	Grant Amount	Undisbursed balance Client Connection	Funds available at DAs December 31st, 2024	Total Available Fund	Disbursed Amount December 24th 2024	Committed and Plan for disbursement until Dec 31, 2024	Disbursement % from Grant Amount
Parent Project (TF B2540)	$ 5,000,000.00	$ -	$ 9,949.18	$ 9,949.18	$ 4,990,050.82	$ 9,949.18	99.80%
Additional Financing (TF B7823)	$ 3,750,000.00	$ -	$ 287,511.20	$ 287,511.20	$ 3,462,488.80	$ 287,511.20	92.33%
Total	**$ 8,750,000.00**	**$ -**	**$ 297,460.38**	**$ 297,460.38**	**$ 8,452,539.62**	**$ 297,460.38**	**96.60%**

4.2.4 Environmental and Social Management:

The West Bank and Gaza COVID-19 Emergency Response Project (parent project) and its Additional Financing (AF) were implemented for the first time under the World Bank's Environmental and Social Framework (ESF) by the Ministry of Health (MoH). This transition marked a significant shift from the older safeguard policies (previously applied to the Health System Resiliency Strengthening Project, categorized as C) to the more comprehensive requirements of the ESF. The following sections describe how environmental and social (E&S) risks were identified, managed, and monitored throughout this process. They also highlight the tools and instruments used—such as E&S screening templates and contract clauses—to ensure compliance with ESF. In doing so, the MoH developed stronger institutional capacities to handle complex issues ranging from medical waste management to gender-based violence (GBV) risks, thereby enhancing overall service delivery in the health sector.

Transition to the ESF

Adoption of the World Bank's ESF required the project to comply with specific Environmental and Social Standards (ESSs), including ESS1 on the assessment of E&S risks, ESS2 on labor and working conditions, ESS3 on resource efficiency and pollution prevention, ESS4 on community health and safety, and ESS10 on stakeholder engagement and information disclosure. These requirements introduced new obligations that were both challenging and beneficial. On one hand, the MoH and its Project Management Unit (PMU) faced capacity gaps and had to familiarize themselves with more detailed reporting and risk mitigation strategies. On the other hand, the ESF provided a clear framework for inclusive stakeholder engagement, transparent information disclosure, and improved safeguards against workplace hazards. Through hands-on training and technical assistance from the World Bank, the project team began to see how these more rigorous standards

offered an opportunity to strengthen institutional practices and ensure that the benefits of emergency health interventions reached the most vulnerable groups.

Environmental and Social Risk Classification

Both the parent project and its AF were rated as having "Substantial" environmental and social risk, primarily because of issues related to labor conditions during equipment procurement, installation, and operation, as well as risks tied to infection prevention and control (IPC) and the management of medical waste. In the procurement phase, loading, unloading, and installing medical equipment created occupational health and safety (OHS) concerns for suppliers' workers. In the operational phase, the primary risks centered on potential gaps in ICWM measures and on ensuring that hazardous medical waste was properly segregated, transported, and disposed of.

On the social side, concerns about the exclusion of vulnerable populations emerged, particularly in terms of ensuring equitable access to vaccines, medical equipment, and other health services. These risks were categorized as moderate to substantial, reflecting the need for systematic approaches to stakeholder outreach, grievance mechanisms, and transparent allocation of resources.

Ex-Post Audit and Corrective Action Plan (CAP)

Following the early implementation of the Parent Project, an ex-post audit identified several ES shortcomings—including gaps in documentation, stakeholder engagement, and grievance handling. In response, the MoH developed a Corrective Action Plan (CAP) that has since been largely implemented. Key measures include:

Implementation Status: All ES instruments (ESMF, LMP, SEP, and the ESCP) have been updated and published on the MoH website.

Institutional Follow-Up: Regular capacity-building sessions, enhanced transparency measures, and the establishment of a dedicated grievance mechanism have resulted in measurable improvements in ES management.

Institutional Arrangements and Strengthened Capacity

To implement and monitor the ESF consistently, the MoH appointed an Environmental, Health, and Social Officer (EHSO) within its PMU. This EHSO was responsible for coordinating between different departments of the MoH, ensuring proper disposal of medical waste, overseeing occupational health and safety protocols, and verifying that newly procured equipment met the required environmental and social standards. The officer also managed consultations with internal and external stakeholders, particularly in cases where additional feedback on risk mitigation was required. With support from World Bank-led workshops and training sessions on the ESF, ESS2, GBV/SEA/SH safeguards, and OHS, the EHSO worked closely with staff in primary care departments, central blood banks, hospitals and PHCs administration units, patient safety and quality control, and environmental health departments. This multi-departmental collaboration contributed to a more cohesive system of E&S oversight, allowing the MoH to respond effectively to changing needs on the ground.

Instruments preparation

Prior to the AF becoming effective, the MoH prepared and updated several core instruments in line with ESF requirements. The Environmental and Social Management Framework (ESMF) served as the overarching guide, detailing principles and procedures for managing E&S risks in accordance with WHO guidelines and the World Bank's Environmental, Health, and Safety Guidelines (EHSGs). The Labor Management Procedures (LMP) addressed labor-related issues, outlining workers' rights, workplace safety standards, and a dedicated grievance mechanism for project staff. The Stakeholder Engagement Plan (SEP) described how the MoH would reach out to beneficiaries and vulnerable groups, while the Environmental and Social Commitment Plan (ESCP) spelled out specific commitments and reporting obligations.

Table 2: Document preparation timeline

Instrument	Disclosure date	Updated for AF (Disclosure date)
ESMF	18/4/2021	13/01/2022
SEP	25/4/2021	20/12/2021
LMP	18/4/2021	13/01/2022
ESCP	28/4/2021	20/12/2021

Environmental and Social Assessments and Screening Processes

Given the repetitive nature of equipment procurement activities, the MoH, in collaboration with the World Bank's E&S team, adopted a simplified ES assessment process. This approach includes:

Standardization and Efficiency: Utilized standardized checklists and screening templates to assess environmental and social risks for similar types of equipment (e.g., ICU beds, freezers, X-ray machines), thereby reducing redundancy and streamlining implementation.

Site-Specific Screenings: For activities with unique or higher risks—such as those involving mobile clinics or specialized medical equipment—the MoH prepared additional, site-specific Environmental and Social Management Plans (ESMPs) or checklists. These instruments were developed after conducting targeted ES screening.

Process and Feedback: The streamlined assessment process not only reduced administrative burdens but also ensured that mitigation measures (such as the inclusion of ES clauses in procurement documents) were uniformly applied. Feedback from the Environmental Health Department—particularly regarding waste has been instrumental in refining these processes. Their regular input through capacity building and training sessions has enhanced overall oversight of ES risks across project activities.

Table 3: Screening of activities and instruments used

Device	E&S instruments	Procurement /Installation Risks	Operation Risks	Mitigation	Monitoring
Flow Cytometer	E&S Clauses	OHS risks Labor and working conditions for suppliers' workers	Generation of Medical Waste during operation	Follow the MWMS and the EHS Guidelines and other required Health-Care Waste (HCW) management requirements E&S clauses in bidding documents	Medical waste logs Inspection reports MoH focal points at places of delivery The suppliers delivered an Environmental and Social Completion Report . Workforce (names, ages, copies of IDs), and copies of employment contracts.
Freezers (-10°C to -40°C) 650L	E&S Clauses				
X-Ray Digital Radiography Machines	E&S Clauses				
ICU Bed	E&S Clauses				
Laboratory Materials	E&S Clauses				
Vaccine Refrigerator 2-8°C 160L	E&S Clauses				
Vehicles for Mobile Clinics and Blood Bank	E&S Clauses ESMP checklist				
150 KVA Electrical Generator	E&S Clauses				
Forklift	E&S Clauses				
Electrical Cargo Cart	E&S Clauses				
Split Air Conditioning Unit (12000 Btu)	E&S Clauses				
Split Air Conditioning Unit (24000 Btu)	E&S Clauses				

Medical Consumables	E&S Clauses				
Drugs	E&S Clauses				
Medical Equipment for Mobile Clinics and Blood Bank	E&S Clauses ESMP checklist				
V/S Monitor	E&S Clauses	OHS risks Labor and working conditions for suppliers' workers	Minimal Risk	E&S clauses in bidding documents	MoH focal points at places of delivery The suppliers delivered an Environmental and Social Completion Report . Workforce (names, ages, copies of IDs), and copies of employment contracts.
Emergency Trolley	E&S Clauses				
Defibrillator (DC Shock)	E&S Clauses				
General Patient Bed	E&S Clauses				
IT Office Equipment	E&S Clauses				
Emergency Beds	E&S Clauses				
Delivery Beds	E&S Clauses				
Portable Ultrasound	E&S Clauses				

Integration of E&S Clauses in Bidding Documents

Following the screening processes, the MoH integrated essential environmental and social clauses into all bidding documents and contracts. These clauses, developed with guidance from the World Bank's E&S specialists, ensured that suppliers were legally bound to uphold standards on child labor, forced labor, OHS, and GBV/SEA/SH prevention. Specific sections in the contracts were spelled out, for example, that children under the age of 14 could not be employed and that no individual between 14 and 18 would handle hazardous tasks. Likewise, language on forced labor and human trafficking prohibited any form of coercion or exploitation. Suppliers were also required to follow proper occupational health and safety measures, and to provide documentation confirming adherence to these guidelines. An additional set of provisions highlighted the need to train MoH workers on how to operate the supplied equipment safely and to report any accidents or near-misses promptly. These contractual obligations were crucial to promoting accountability, as suppliers had to submit Environmental and Social Completion Reports verifying their compliance with the terms.

ES Monitoring and Reporting Mechanisms

The project's ES monitoring and reporting framework has been designed to ensure continuous oversight and timely integration of lessons learned into project management. Key elements include:

Frequency and Indicators: Quarterly progress reports are submitted by the MoH, documenting compliance with the ESMF, LMP, SEP, and other ES instruments. These reports include key indicators such as the status of waste management (tracked via detailed logs and monthly reports), incident and accident notifications (with a 48-hour reporting requirement), and the performance of grievance mechanisms.

Integration into Management: Findings from these reports are regularly reviewed by the Project Management Unit (PMU) and the Environmental, Health, and Social Officer (EHSO). This review process has facilitated timely corrective actions and informed decisions on capacity building, adjustments to ES screening processes, and updates to project documentation.

Role of the Environmental Health Department: The Department has played a central role in monitoring, particularly in managing medical waste. They have ensured that the project's procedures align with both the Project-Specific Infection Control and Waste Management Plan (ICWMP) and the national Palestinian Medical Waste Management System (MWMS). Their ongoing training sessions and capacity building activities have further strengthened the institutional arrangements for ES oversight.

The following table summarizes the equipment that has been procured under the AF project and if it is associated with increases production of medical waste, along with the mitigation measures that were adopted and how they are being monitored.

Table 4:

Device	Generates Medical/ Hazardous Waste During Operation	Mitigation measures	Monitoring
Flow Cytometer	Yes	Follow the MWMS and the EHS Guidelines and other required Health-Care Waste (HCW) management requirements	Track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities, reflected in monthly reports prepared by MoH departments.
Freezers (-10°C to -40°C) 650L	Yes		
X-Ray Digital Radiography Machines	Yes		
ICU Bed	Yes		
Laboratory Materials	Yes		
Vaccine Refrigerator 2-8°C 160L	Yes		
Vehicles for Mobile Clinics and Blood Bank	Yes		
150 KVA Electrical Generator	Yes		
Forklift	Yes		
Electrical Cargo Cart	Yes		
Split Air Conditioning Unit (12000 Btu)	Yes		
Split Air Conditioning Unit (24000 Btu)	Yes		
Medical Consumables	Yes		
Drugs	Yes		
Medical Equipment for Mobile Clinics and Blood Bank	Yes		
V/S Monitor	No	-	
Emergency Trolley	No		
Defibrillator (DC Shock)	No		
General Patient Bed	No		
IT Office Equipment	No		
Emergency Beds	No		
Delivery Beds	No		
Portable Ultrasound	No		

Other Key Achievements under the Parent Project and AF

In addition to the fundamental shifts in screening, documentation, and contractual clauses, the project made significant strides in stakeholder engagement, grievance redress, and medical waste management. Beyond simply posting documents online, the MoH organized public consultations—both in-person and virtually—to ensure that vulnerable populations, such as female-headed households and individuals with limited IT literacy, were kept informed. The grievance mechanisms, initially underutilized, became more accessible and better resourced. They included confidential channels for addressing GBV/SEA/SH and partnerships with other ministries for survivor support.

Significant progress has been made in medical waste management. In practice, the MoH harmonized and enhanced its internal procedures by aligning the project's waste management practices with the national MWMS and the Project-Specific ICWMP. These achievements were realized through:

- Training and Standardization: Continuous training sessions on Infection Prevention and Control, along with specific workshops on medical waste management, ensured that all MoH facilities implemented uniform practices.
- Enhanced Coordination: The Environmental Health Department worked closely with the Quality Assurance and Patient Safety Unit to monitor waste segregation, storage, transportation, and disposal—resulting in more transparent and accountable procedures.
- Feedback Integration: Despite some inconsistencies with earlier reports, the latest progress report confirms that all activities involving the procurement and operation of equipment adhere to rigorous waste management protocols, as monitored through monthly logs and periodic field inspections.

Future ES Post-Closure Actions

To ensure the sustainability of the project's ES benefits post-closure, the following actions are proposed:

Institutional Transition: The Environmental Health Department will continue to play a key role in monitoring, particularly in waste management. Their responsibilities will be further supported by ongoing initiatives under the Health Sector Emergency Response Project (HSERP).

Continued Training and Support: Capacity building on ES issues will remain integral, ensuring that new challenges—such as the disposal of decommissioned equipment—are effectively managed.

Sustained Reporting and Oversight: Post-closure monitoring will include continued quarterly reporting and regular public consultations, ensuring that the lessons learned during the project are institutionalized and that any emerging risks are promptly addressed.

5. Lessons Learned

5.1 Key lessons learned from the project include:

Effective project implementation relies on a multifaceted approach that integrates key principles to address challenges and achieve impactful outcomes. Flexibility in project design is essential, enabling rapid adaptation to changing circumstances. Whether facing political instability, public health crises, or logistical challenges, adaptable frameworks allow for timely responses, ensuring continuity and minimizing disruptions. This flexibility is particularly vital in dynamic environments where unforeseen events can jeopardize project goals if rigid structures are maintained.

Investments in digital health systems have emerged as a cornerstone for enhancing service delivery and enabling data-driven decision-making. These systems streamline operations, improve efficiency, and provide valuable insights for tailoring interventions to meet the needs of specific populations. By leveraging technology, projects can not only deliver better services but also foster innovation in addressing complex health challenges.

Strong community engagement is another critical component, as it builds public trust and encourages compliance with health interventions. Engaging communities through transparent communication and participatory approaches ensures that initiatives are culturally sensitive, contextually appropriate, and widely accepted. This trust and cooperation can significantly amplify the impact of interventions, especially in public health settings.

Furthermore, regional collaboration plays a pivotal role in enhancing collective pandemic preparedness and response capabilities. Sharing knowledge, resources, and expertise across borders fosters a unified approach to tackling health crises, minimizing duplication of efforts, and maximizing the collective impact. Such collaboration strengthens the resilience of health systems and ensures a coordinated response during emergencies.

Incorporating these elements into project planning and execution ensures a holistic approach that not only addresses immediate challenges but also builds sustainable systems for the future.

5.2 E&S Lessons Learned and Sustainability

The ES management experience has provided several important lessons that reflect the challenges encountered during both the preparation and implementation phases:

Early Stakeholder Engagement: Delays in initial consultations highlighted the need for more proactive community engagement. Early and continuous dialogue has since improved transparency and trust.

Capacity Gaps and Adaptation: Initial challenges in understanding and implementing the ESF requirements led to enhanced capacity building and targeted training for MoH staff, which in turn improved compliance.

Standardization of Processes: The adoption of a simplified ES assessment process demonstrated that standardized tools can streamline implementation without compromising on risk management. However, continuous review is necessary to ensure that such tools remain fit-for-purpose.

Responsive Reporting: The evolution of the quarterly reporting mechanism has underscored the importance of regular monitoring and swift corrective action, which have been critical in managing both environmental and social risks.

6. Description of Proposed Arrangements for Future Operations/Sustainability of Results

To sustain the achievements of the project, the following measures are proposed:

- **Institutionalizing Pandemic Preparedness Plans:** The Ministry of Health will adopt comprehensive plans aligned with WHO guidelines.
- **Capacity Building:** Investments in workforce training and equipment maintenance programs will ensure long-term operational readiness.
- **Securing Financing:** Partnerships with international donors will provide sustained funding for health system improvements.
- **Expanding Digital Infrastructure:** Enhancements to health information systems will support real-time monitoring and epidemiological surveillance.

  Establishing a Permanent Task Force: A dedicated task force for public health emergencies will ensure swift and coordinated responses.

7. References

1. World Bank. (2020). Project Appraisal Document for the COVID-19 Emergency Response Project.
2. Ministry of Health. (2024). National COVID-19 Response Plan. https://www.emro.who.int/images/stories/palestine/documents/Palestine_Authority_COVID-19_Response_Plan_Final_26_3_2020.pdf