Uniting Knowledge, Resources and Solidarity

Gaza Health Initiative Conference Amsterdam

KIT INSTITUTE

Gaza Health Initiative
مبـادرة صحـة غـزة

Health sector governance and finance for early recovery and transition

Panel

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World Bank

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UNRWA

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Queen Margaret University

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Dr. Ali Ardalan

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Moderated by

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KIT, Health Governance, Policy, and Finance advisor

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KIT, Chair KIT Centre for Health Systems in Fragile and Conflict Affected Settings

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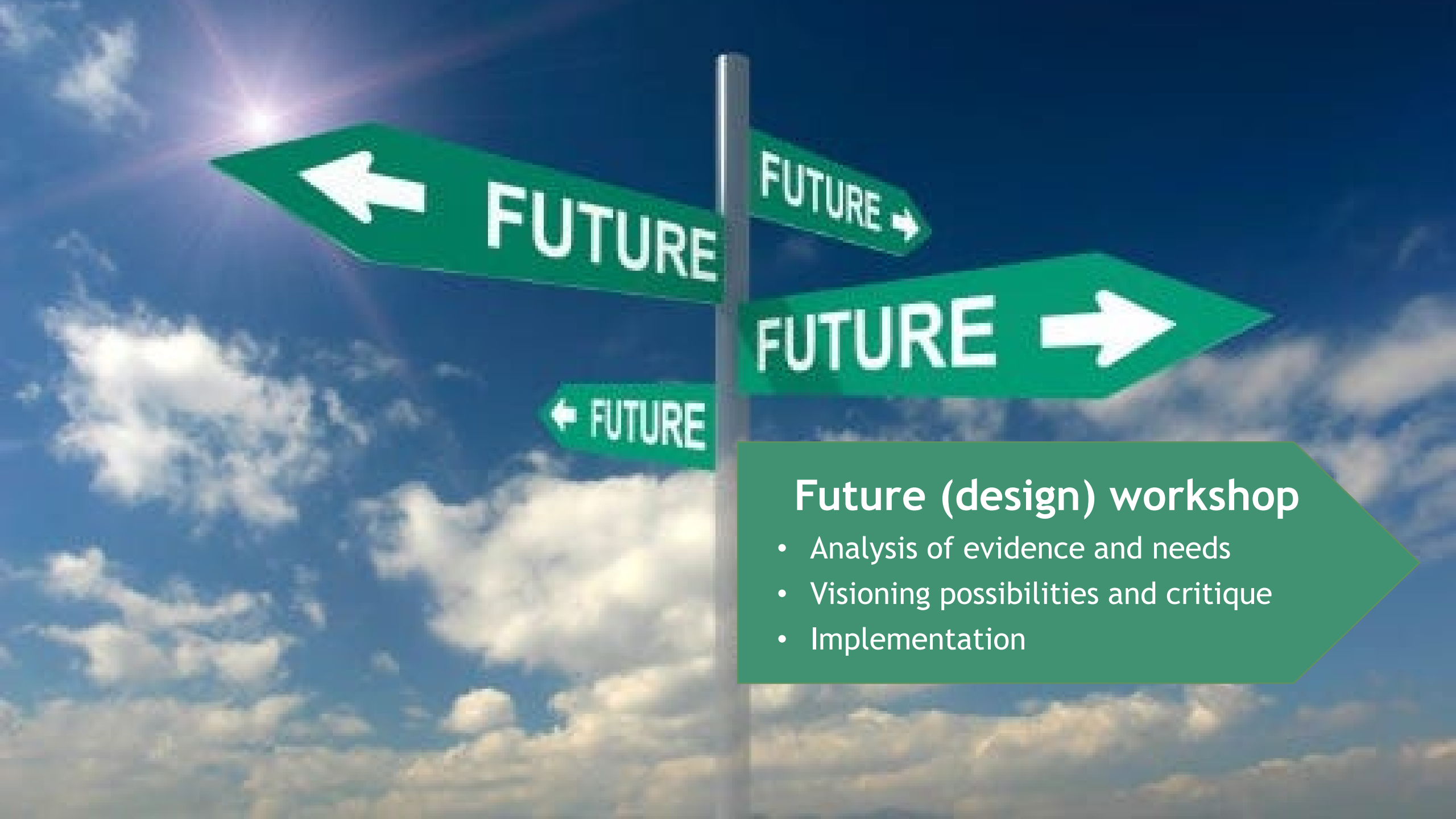
Objective

The session aims at analyzing visions to ensure sustainable early recovery and transition to long term governance and finance of the healthcare system in Gaza.

Agenda

Time	Activity
13.20-13.25	Arrival at Mauritszaal and Zoom
13.25-13.30	Moderator: Session opening, statement of objectives and session agenda.
13.30-13.40	Setting the scene: First presentation from Dr Ibrahim Bou-Orm, QMU (In person)
13.40-13.50	Setting the scene: Second presentation from Dr Ahmed Ibrahim Shatat, MoH (Online)
13.50-13.55	Moderator: Introduction to Future Design technique and the facilitated group discussions
13.55-14.20	Facilitated discussion on possible visions for future
14.20-14.45	Panel discussion on the different identified visions and QA
14.45-14.50	Wrap up and closing by moderator



Future (design) workshop

- Analysis of evidence and needs
- Visioning possibilities and critique
- Implementation

Health System Governance and Financing for Early Recovery and Transition | Key Strategic Directions

Ibrahim Bou-Orm, MD, MPH, PhD (Queen Margaret University – Edinburgh)

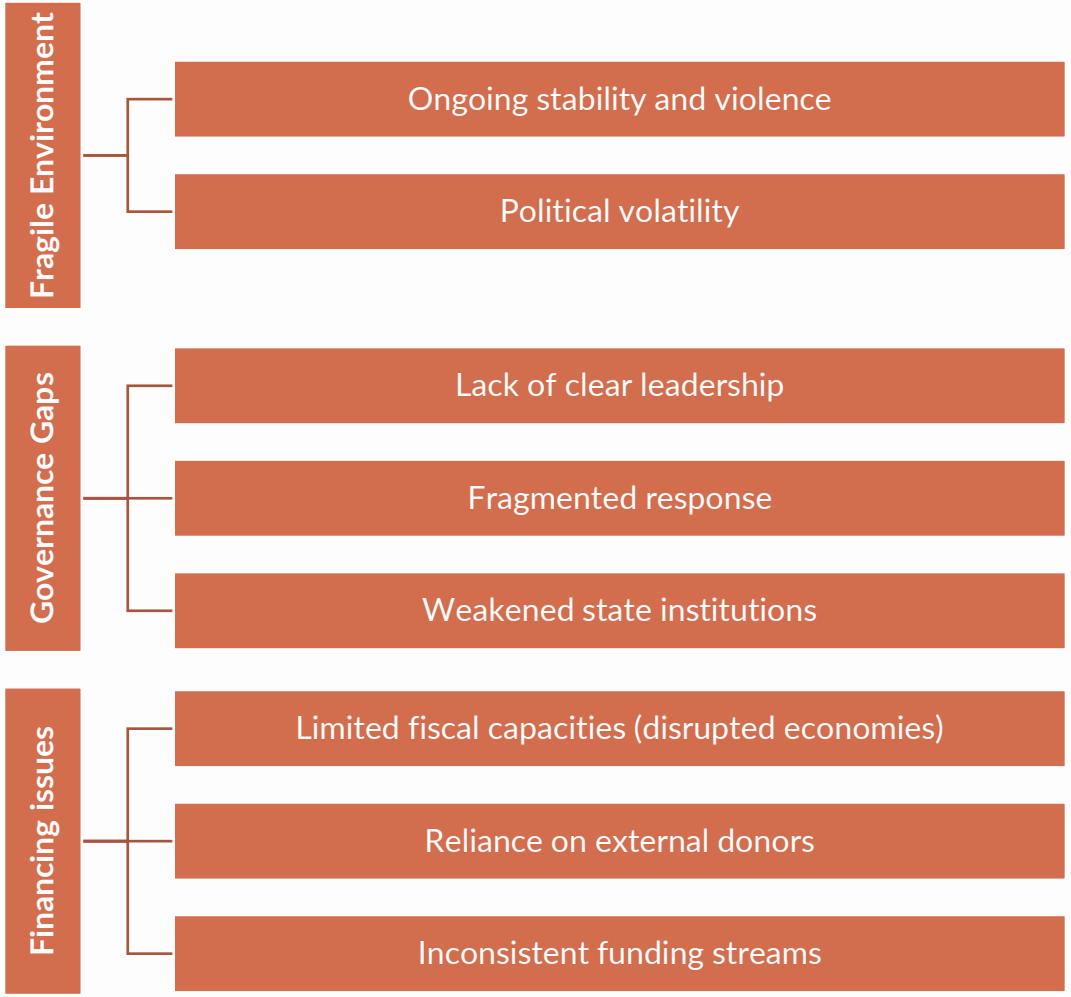
13 September 2024 | Amsterdam

ReBUILD FOR RESILIENCE

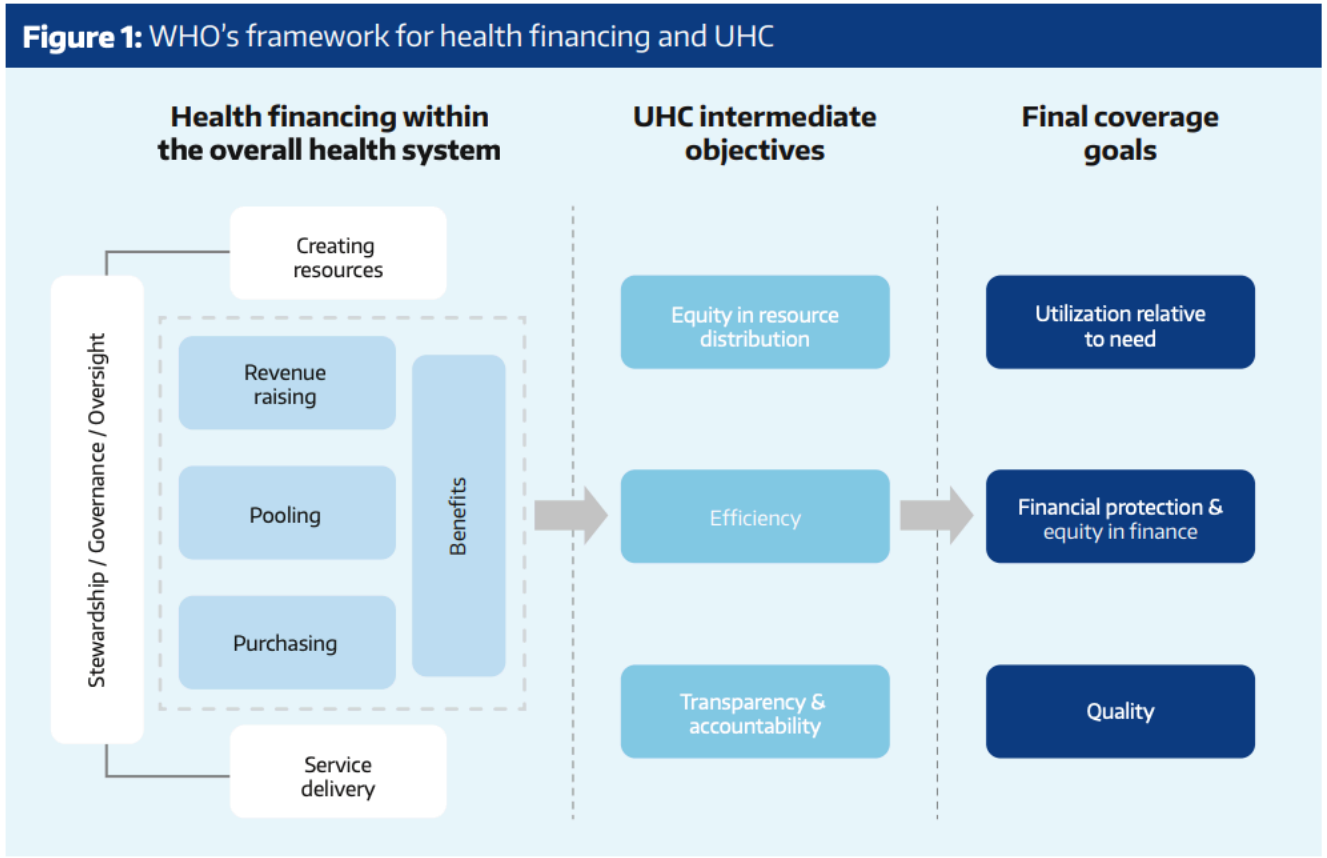
UKaid from the British people

Introduction

- Post-conflict settings, often characterized by **fragile governance** structures, **damaged infrastructure**, and **weakened social services**, present unique challenges for rebuilding health systems.
- In the case of recent wars, the recovery period is often prolonged, with **no clear end to instability** with a **risk of backsliding into violence**, further complicating efforts.



Guiding Principles for HF reforms



Kutzin, Joseph, Witter, Sophie, Jowett, Matthew & Bayarsaikhan, Dorjsuren. (2017). Developing a national health financing strategy: a reference guide. World Health Organization. https://iris.who.int/handle/10665/254757.

Health Financing in Post-Conflict Settings

- **Revenue-raising mechanisms** in FCAS are constrained by low domestic income and high reliance on external donors and development aid (e.g. Afghanistan Reconstruction Trust Fund pooling funds from international donors like the World Bank, EU, and the U.S. to cover about 50% of the national healthcare expenditure). Tax bases are often eroded, and government budgets are frequently unstable.

Health Financing in Post-Conflict Settings

- **Pooling mechanisms** are essential for minimizing financial fragmentation in FCAS. Effective pooling ensures that funds from various sources (domestic, humanitarian, and donor) are combined to increase equity and efficiency.
- **Example – Cambodia's Health Equity Funds (HEFs):**
  - Initially funded by NGOs and external donors, it has gradually moved towards government ownership, a promising sign for long-term sustainability.
  - In 2017, it covered about 2 million of Cambodia's poorest people.

Health Financing in Post-Conflict Settings

- **Purchasing of health services** must adapt to ensure resources are allocated efficiently, often with a focus on front-line services such as primary healthcare.
- In many crisis settings, different population groups (e.g., refugees, internally displaced persons, host communities) often have differing entitlements to health services, creating inequities in access and increasing HF complexity.
- Whenever possible, **purchasing mechanisms should be integrated** across population groups to avoid fragmentation.
- **Example** – Pay-for-Performance (P4P) schemes in Afghanistan and Cambodia have proven effective at improving service delivery by linking provider payments to performance metrics.

Health Financing in Post-Conflict Settings

- **Benefit entitlements and co-payment policies** in FCAS are often shaped by external funding and donor-driven programs. In South Sudan, Afghanistan, and Liberia, externally funded programs ensure essential health services are provided, often **without co-payments**, ensuring **equitable access**.
- **Cash and voucher assistance (CVA)** helps reduce financial barriers to accessing healthcare in FCAS, especially for maternal and child health services (e.g. Syria and Yemen). Logistical and security-related challenges may persist.

Political Economy of Health System Reforms in Crisis-Affected Settings

- Crisis-affected settings often have **imbalances in power between internal actors** (e.g., government) **and external actors** (e.g., donors and NGOs). This can lead to **poorly contextualized policies** that may not fit local needs.
- Crises can serve as **"Windows of Opportunity"** for policy reform, where attention and resources are directed towards health system changes. The presence of **policy entrepreneurs** (key individuals or groups) is crucial in seizing these opportunities.

Witter S, Hunter B (2017) *The political economy of crisis-affected settings: what does it mean for investments in health systems?* ReBUILD policy brief.
Witter, S., Sparkes, S., Bertone, M., Ece (2024) Political economy analysis for health financing: a 'how to' guide. Geneva: WHO

Governance Challenges in Health System Reforms

- **Accountability and Transparency**: Poor governance is often linked to limited accountability and a lack of transparency, leading to inefficiencies in resource allocation and undermining trust in public institutions.
- **Coordination**: Conflict-affected settings often see a multitude of actors with poorly coordinated efforts, leading to fragmented service delivery.

Lokot M, Bou-Orm I, et al. (2022) Health system governance in settings with conflict-affected populations: a systematic review, *Health Policy and Planning*, 37, 5; 655–674

Political Economy and Governance Opportunities / Recommendations

- Promote **inclusive governance** by involving local communities and authorities in decision-making processes to ensure that health financing decisions are contextually relevant and sustainable.
- Strengthen **local governance** by building the capacity of public health institutions and ensuring mechanisms for transparency and accountability.
- Where feasible, **decentralizing certain aspects of health governance** can allow for more tailored, local responses to health system needs.

ReBUILD FOR RESILIENCE

Thank you

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This project is funded with UK aid from the British people

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AMERICAN UNIVERSITY OF BEIRUT
IfD
HERD International
Burnet
Oxford Policy Management
INTERNATIONAL RESCUE COMMITTEE
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وزارة الصحة
Ministry Of Health

Before Genocide

- ❑ Good functioning hierarchy body for MOH
- ❑Strategic and operational plan 2022-2025(SRH,HIS.ER,H.DIALYSIS,..)
  computerized program for performance annual plan
- ❑Good national health information system
- ❑Analysis and decision support system
- ❑Guidelines and manuals for most of departments
- ❑Many of standards are established
- ❑Master plan for PHC and hospital services
- ❑Program and performance budget
- ❑ Palestinian medical council
- ❑Quality health care standards

Before Genocide
HEALTH INDICTORS

- Maternal M. R. 28/100,000 L.B
- Neonatal 9/1000 L.B
- Infant 11/1000 L.B
- Vaccination coverage 98%
- Delivery in facility 99%
- Bed to 10000 population 15 /10000
- Doctors population rate 20/10000 Nurse R 60/10000
- Education rate 98%
- But (poverty – unemployment) high

They destroyed everything but :

- ❑ Genocide caused extreme humanitarian conditions
- ❑140,000 are killed and injured … (6% OF population)
- ❑90% of population are displaced in bad condition

Characteristics of the current situation :

- ✓ limited access to health services.
- ✓ Destroying and direct targeting of staff, hospitals, primary health care centers, stores, ambulances).
- ✓ Lack and deterioration of various health and social determinants.
- ✓ Shortage of supplies
- ✓ Lack of vital services in field hospitals (fragmented services).
- ✓ Destruction of health information system

Characteristics of the current situation :

- ✓ Many of secondary, most of tertiary, and rehabilitation services are collapsed
- ✓ Hospitals lost 70% of bed capacity and 61% of primary healthcare centers out of service.
- ✓ Weak response of international organizations , poor coordination, and absence of recovery plans.
- ✓ Separation between the north and south of the Gaza Strip

Vision of health care system

- National regional master plan for standard integrated health with development 2025 – 2038
- Service package (PHC , SECODERY , TERTIERY ,)
- Map of services
- Governance body for rebuilding

Vision

Collaboratively, Attaining a Healthy Palestinian Community, Enjoying Advanced, Quality, Comprehensive, Independent, and Sustainable Health Care.

معاً للوصول إلى مجتمع فلسطيني معافـــى ، متمتع برعاية صحية متقدمة ، شاملة ، مستدامة ، ذات جودة عالية و بقدرات ذاتية.

The standards that we want for the health system

1. Facilities, equipment and medical technologies qualified to provide quality health services.
2. Applying the standards of the regional health plan for the Gaza Strip 2023 in the number of beds and spaces.
3. Access to comprehensive health coverage through an integrated health services package and ease of access and obtaining quality health services.
4. Qualified health staff and providing all their financial rights.

Conceptual Framework

Rapid Damage and Needs Assessment

Detailed Damage and Needs Assessment

The Response Phase to The Emergency Health Needs

1. Supporting health staff. 2. Provide medical and logistical supplies. 3. Urgent rehab and equipping for health facilities. 4. Maintenance and provision of electrical generators, solar energy, and electronic work systems for health service delivery centers. 5. Increase hospitals capacity and establish field hospitals (expanding beds and services).	6. Supporting health care services. 7. Medical referrals outside the Gaza Strip. 8. International Emergency Medical Team or delegation. 9. Wounds care. 10. Epidemiological surveillance/ hygiene/ infection prevention and control within health institutions.	11. Emergency, trauma, and ambulance system. 12. List of waiting and delayed operations. 13. MOH governance, leadership and coordination. 14. Rapid need assessment of basic service delivery.

Response

I	3 months	- Ensure providing basic service packages according to rapid need assessment of service packages. - Urgent and short rehabilitation for health facilities. - Deep assessment – Estimated cost. - Maturation of vision to health care system (services map, hospital, phc) according to national standards.	Refunctioning
II	3m-3y	- Rehabilitation – Compensation – Reinstatement	Rehab
III	3y-5y	- Reach to Complete rehabilitation. - Reaching the vision and reforms adopted within the national standards for the health system.	Comprehensive reconstruction and reform

Assessment

- Needs assessment is crucial for planning short , medium , and long term recovery efforts .
- Priorities setting (basic essential services ….) according to RRRR
- **IN ORDER TO :**
  - Identifying urgent intervention plan to provide essential services
  - Utilization of available resources
  - PREVENT duplication and fragmentation of efforts
  - Guiding doners

Needs

Early Recovery Needs of the Ministry of Health (MoH) in Gaza

- While much of the rebuilding of the health sector will focus on technical aspects, it is imperative that the interplay of political, social, economic, and environmental determinants of health be accounted for in any such effort

Needs

Early Recovery Needs of the Ministry of Health (MoH) in Gaza

Finance:

- **Quantifying the cost** of the disaster requires an assessment of its effects on all aspects of the health sector, including with regards to the delivery of essential services. Decrease in GDP, with impacts on funding and budgets for health, social care, and development

- Once the economic cost of the disaster has been estimated, the next step is to determine the recovery and resilience needs and develop an investment plan

Needs

Early Recovery Needs of the Ministry of Health (MoH) in Gaza

- **Immediate Needs : finance**

❑ **Emergency Funding:**

Immediate infusion of financial resources to restore essential services, for short term priorities, procure medical supplies, pay health workers, and cover operational costs of damaged facilities.

Needs

Early Recovery Needs of the Ministry of Health (MoH) in Gaza

Governance: **Immediate Needs**:

- **Centralized Coordination**: Establish strong coordination mechanisms within the MoH to manage the recovery process, ensuring a unified approach among national and international actors.
- **Develop a detailed plan** for the full reconstruction of the healthcare system, including infrastructure, workforce, and supply chains.
- **Form strategic alliances and advocacy initiatives** to enhance international support and resource mobilization for the health sector's rebuilding.
- **Policy and Leadership Development**: Strengthen policy frameworks to prioritize healthcare recovery, outlines roles responsibilities, and commitments, ensure equitable access to care, and address health disparities.
- **Transparency and Accountability**: Set up systems to track aid distribution, funding allocations, and progress on recovery initiatives. Develop accountability and transparency mechanisms for policy, planning, and operational actions and financial information
- **Maximize synergies among different actors** through efficient coordination of stakeholders in the early recovery process. This can be achieved by sharing information and promoting integration to avoid duplication and gaps, optimizing the resources available for sustainable recovery.

Long-Term Recovery needs:

- Execute **comprehensive reconstruction of Gaza's healthcare infrastructure,** aligning with MOH standards and addressing local needs.
- **Enhance accessibility and quality of healthcare services**, covering both physical and mental health.
- **Strengthen healthcare workforce** through recruitment, training, and retention strategies.
- **Ensure reliable access to medical supplies and equipment**, potentially developing local production.
- **Improve health data management** and research capabilities for informed decision-making.
- Promote intersectoral collaboration to address broader social determinants of health.

National Governance Body lead , Supervise RRRR

- ❑ WITH support of international partners (UN, WHO . WORD BANK
- ❑INTERNATIONAL and ARAB FRIENDS and EXPERTS
- ❑High committee to lead of RRRR MEMBER (MOH , WHO , UNRWA ,PRCS , INGOs, NGOs , national and international experts ,
- ✓ This committee able to develop plan for rapid assessment in order short term intervention .
- ✓develop plan of deep assessment
- ✓Able to good under standing of complicated context , identifying gaps , utilizing resources , developing vision for health system , endorsement standards ,endorse plan and supervise implementing plan

Controlling

Analysis

4) Are we on track to get there?

1) Where are we today?

3) How do we get there?

2) Where are we going?

Strategy

Vision

Palestinian are mature enough

- Occupation state decided that Palestinian unable to establish own state
- Others say Palestinians couldn’t coordinate and plan

But during war :

- MOST international organizations evacuated from north of Gaza
- In order of evacuation of hospitals most of INGS are evacuated
- Poor coordination
- Fragmentations
- Duplications
- Poor understanding of context
- All failed hospital dependent to MOH (plan , vision , staff ,

Threats

- Continue siege
- Instability of the political system
- Continue genocide and military operations
- Lack of sustainability of funding and reliance on grants and aid
- Massive destruction of health services infrastructure (constructions and equipment)
- Fragmented pathway for rebuilding and deferent agendas
- Week non national governance body

Opportunities

- The desire and spirit of challenge among health system workers to restore the system to what it was and better
- The desire of international organizations to contribute to the restoration of the health system
- Having the necessary expertise to identify needs, conduct a reality assessment and plan for the recovery phase
- The existence of significant previous effort in the health system governance process that can be built upon
- Investable health human resources

We will rebuild with you

Dr. Ahmed Shatat

General Director of Planning and Organizational Performance Development Unite

Acting General Director of International Cooperation and Projects General Directorate

Group work **(What is your vision?)**

- Group 1: (Online) – National coordination body? (Dr Ali, and Dr Shatat)
- Group 2: Cooperation and prevention of defragmentation? (Dr Ghada)
- Group 3: How to measure and quantify short and long term recovery needs? (Dr Ramin)
- Group 4: What could be different than previous rounds of recovery in Gaza and other conflicts? (Dr Ibrahim)

Do you have a vision to any of these topics? Take one summary sheet and facilitate your own discussion. M

ake sure to take notes filling summary sheet

Vision/ What?

Actors and stakeholders

Obstacles

Drivers/ Enablers/ needs