UNIVERSITY OF CAMBRIDGE CBR | POLICY BRIEF

Reform Pathways for the Health Sector in the Gaza Strip:

COLLABORATION OF ACTORS ESSENTIAL TO PREVENT A CATASTROPHE OF HEALTHCARE

(February 2022)

Author:

Dr Mona Jebril
Interdisciplinary Social Scientist
(Research Fellow)

UNIVERSITY OF CAMBRIDGE

ORCID: https://orcid.org/0000-0003-2719-606

CBR

Publisher: CBR (2022)

****

Funder Information

This research is funded through UK Research and Innovation as part of the Global Challenges Research Fund; Research for Health in Conflict in the Middle East and North Africa (R4HC-MENA) project, grant number ES/P010962/1.

Acknowledgement:

The author wishes to thank Professor Simon Deakin *(Director, Centre for Business Research, and Professor of Law, University of Cambridge)* for commenting on drafts of this paper.

To cite this document:

Jebril, M (2022), Pathways to Reforming the Health Sector in the Gaza Strip: Collaboration of Actors Essential to Prevent a Catastrophe of Healthcare, *Centre for Business Research, University of Cambridge.*

Contact information:

Dr Mona Jebril: mon4jebril@gmail.com
Prof. Simon Deakin: s.deakin@jbs.cam.ac.uk

Reform pathways for the health sector in the Gaza Strip

COLLABORATION OF ACTORS ESSENTIAL TO PREVENT A CATASTROPHE OF HEALTHCARE

By: ***Dr Mona Jebril,***

Research Fellow, Centre for Business Research, University of Cambridge, (Feb.2022).

In this policy brief, I outline five practical pathways to reforming the health sector in the Gaza Strip. The 5-fold classifcation comprises the following: (1) "powerbase" pathway; (2) "butterfly" pathway; (3) "recycling" pathway; (4) "multi-anchored" pathway; and (5) "earthquake preparedness" pathway. It should be noted that these pathways can be implemented on both the institutional and sectoral levels. In order for reform efforts to lead to a tangible progress towards development, it is recommended that the pathways are followed simultaneoulsy. Also it is necessary to involve collaborations among actors and stakeholders of the health sectors in the Gaza Strip.

Introduction: Why is it important?

For years now, the Gaza health sector has been at the 'brink' of catastrophe, to the extent that such a description has even become outdated, simplifying the suffering of the Gaza population to something that is yet to be inflected, i.e, might happen in due course. Caught between external and internal challenges, the Gaza health sector is, in fact, on the 'verge of implosion' (see: Jebril, 2021a, p. 82). Despite commendable efforts to improve the healthcare in the Gaza Strip, by some local and international institutions, such work does not seem sufficient. It is also not cohesive enough to improve the healthcare conditions for the population in the coastal enclave.

The bedrock problem for the fragmentation of the health sector in the Gaza Strip is its 'politicization'. In other words, competing political agendas impede the possibility to reverse the structure of 'de-development' that is crippling all civil sectors in the Gaza Strip including the health sector. Due to decades of Israeli occupation, Gaza lacks sovereignty over its borders, which limits its economic, social, and health capacities, increasing its dependency on foreign aid and resulting in an 'extensive bureaucratic' system of referrals to Israeli hospitals, which I explain in more details in my report: (Jebril, 2021).

The Palestinian internal schism, between the Fatah-dominated Palestinian National Authority (PNA) in the West Bank, and the Hamas government in the Gaza Strip, has further complicated the issue of reform as it weakened internal collaboration between the different institutions in the Gaza Strip and Ramallah, on all levels: governmental, international, NGOs and the private sector. This is causing a duplication of efforts in an area such as health which struggles with a scarcity of resources amid increased demand for healthcare provision, as caused, for example, by repeated wars and injuries. This waste of efforts, time, data, resources, and most importantly human lives should end. Collaboration is needed for it to do so, otherwise, any improvements in the healthcare system remain limited. Talks about Universal World Coverage, and UN Sustainable Development Goals (SDG) in this area will concurrently be thought of as a mere rhetoric or even fantasy.

The 'mixing approach' to reform which was suggested by (Giacaman et al., 2003) was a step forward in thinking about the reform question, but more than 19 years have passed since then. In retrospect, this approach does not seem to have led to development. Thus, short-term emergency assistance has, so often, acted counterproductively to the long-term goal of reaching a political solution to the Gaza situation (see Jebril, 2021).

Short-term assistance is necessary to fill the gaps in a fragmented health system. Although over the past few years aid has helped the healthcare system through a series of crises, the situation in the Gaza Strip has become increasingly unbearable. This requires a clear vision for reform, one which moves beyond dealing with serial emergencies, to focus on development.

Without a new vision for reform, the Gaza Strip health sector will continue going downward in terms of 'de-development', with the danger of reaching a state that is irreversible. Therefore, it is urgent that we continue to put the question of reform on the table, working together to explore possibilities even within a context of severe limitations.

Approaches: What should policy makers do?

Below I offer my take on what can be done, as practical measures from within the Gaza

community, and in collaboration with the international humanitarian and developmental actors. Exploring how to reform the health sector in the Gaza Strip within such a complex context is a huge challenge. In (Jebril, 2021a), I tried to navigate beyond generalised calls for reform to distinguish between short and long term effects, listing a number of recommendations that can be addressed on various levels. I also explained that the potential of reform could be enhanced by focusing on three key areas: human capacity building and organization, the rationalization of health resources and services, and political and health-related advocacy.

In this policy brief, I attempt to push the discussion further, by exploring a few practical pathways to achieving reform, that could be helpful on both institutional and sectoral levels.

The 5-fold classification of pathways, which I list below, can offer a solid ground to start with, making further reform efforts realizable. The pathways are explained here in conceptual terms, so as to avoid directive instructions, allowing for flexibility in using them, and taking into consideration the specific circumstances of the project/institution/provider in hand. These pathways represent perspectives to reform. They are as follows:

(1) "Power-base" pathway
(2) "Butterfly" pathway
(3) "Recycling" pathway
(4) "Multi-anchored" pathway
(5) "Earthquake preparedness" pathway.

I discuss what these mean in practical terms, and how they may be implemented below:

1. 'Power base' pathway

The first pathway to reform focuses on identifying the "power base/s" in the Gaza health sector, so as to focus on empowering it/them through organization, effective utilization, and projects of development. One example is the *human* power base.

Findings from my report (Jebril, 2021) showed that healthcare workers in Gaza, despite experiencing significant cuts to their salaries and difficult conditions of work, were still feeling committed to helping their community. During the 2014 war, ordinary people volunteered to help the medical staff at Gaza hospitals. Nonetheless, the interviewees reported there was no organization of these voluntary efforts. In both cases, the motivation to help emanated from a common sense of national solidarity, and religious obligation. Considering this power base of 'human motivation', policy makers should focus on empowering the health workers, through *inter alia* offering training and psychological support, and through building a formal and informal network of collaboration between healthcare workers, and the wider community in the Gaza Strip.

In order to deal with an increased 'brain drain' of professionals from the Gaza Strip, and the limited training available to medical students, there is a need to build fluid mechanisms of exchange within the Gaza health sector, that would ensure the mobility of expertise across the different health institutions as necessary. Empowering the *human* resource (as one power base) would have a significant impact on the health sector in Gaza. It is important for each institution as well as for the health sector in the Gaza strip to identify what power bases they have, because this could offer them valuable strengths and inspiration that are vital to achieve their specific contribution to the reform process.

2. 'Butterfly' Pathway

The "butterfly" perspective benefits from the available models and then works to apply them on a larger scale in the health sector in the Gaza Strip. Rather than reinventing the wheel, the "butterfly pathway" aims to build on models that policy makers know have worked well on the ground in the Gaza Strip, extending their implementation to other institutions of similar functions in the health sector. For example, efforts of reform and investment can be directed to adapt the model of UNRWA's Family Health Team Approach (UNRWA, 2021). This has proved to be successful in Gaza and other parts of the Occupied Palestinian Territories (OPT). Therefore, it could be useful to extend it to some or all governmental healthcare institutions, and to NGO and private institutions, as much as possible. Consequently, aid and international projects should feel confident to support the expansion of this initiative, as it proved its viability in the Gaza context.

3. 'Recycling' pathway:

Reforming with a "recycling" perspective requires the regular assessment of practices that work and those that do not work, then excluding those which were thought to be ineffective. This pathway could help to eliminate some of counterproductive practices that undermine service delivery in the Gaza health sector. Consequently, policy makers can use this approach to reduce the reproduction of administrative and health-related problems that are possibly generated by repeated, sometimes unconscious, thinking or mis-implementation. This

kind of assessment needs to take place not only within each health institution in the Gaza Strip, but also across the sector. Collaboration among the several actors and stakeholders in the Gaza health sector in conducting such assessment, of what should be recycled and what not, would be very helpful, especially if the best practices could be taken forward, to be integrated in a future Palestinian national plan for health.

4. "Multi-anchored" pathway

The fourth pathway to reform works to secure multiple routes of connections and support for the health sector in the Gaza Strip, i.e alternative lifelines. Although the health sector in Gaza may already have established these connections, taking a deliberate approach to diversifying, and actively enhancing the sources of support available to the sector, including expert consultation, is essential, particularly in a politically turbulent context such as the Gaza Strip, where any political development can reflect directly on a health sector that is largely dependent on foreign aid.

For example, although the Gaza health sector benefits from regional support including donations from the Gulf countries, the latest normalization deals seem to have impacted on the amount of this support. In particular, the UAE and Bahrain are reported to have significantly reduced their financial support to UNRWA (see: PRC, 2021). In the UAE's case this mean a drastic cut from $50 million in 2019 to only $ 1 million in 2020 (see Reuters, 2021).

The reductions of funding to UNRWA will affect its ability to offer life-saving health services to the registered refugees in the Gaza Strip, who constitute 74.5% of the total population in the coastal enclave. Consequently, this is likely to reflect on the overall capacity of the Hamas government in the Gaza Strip to provide necessary healthcare for the besieged population. Depending on how the political scene develops, some funding support for the Gaza health sector may or may not be available. A "multi-anchored" pathway to reform takes into account the fragility of the situation, planning ahead for alternative ways to deal with any financial crisis, as well as strengthening both institutional and sectoral responses by connecting with international expertise and benefiting from their input, as much as possible, under the limiting conditions of the blockade in the Gaza Strip.

5. "Earthquake preparedness" pathway

The Gaza health sector should prepare for political turmoil as if preparing for a sudden "earthquake". It is unpredictable when this earthquake might happen, but what is predictable is that it will certainly take place at some point, albeit in various forms. For example, the experience of repeated bombardments, wars and blockade has been the common case for people who live in the Gaza Strip for decades. At its worst points, the Gaza health care sector struggles to balance its responses between the recurrent emergencies, and the serving of people who suffer from NCDs and other chronic diseases, while simultaneously innovating by finding some workable ways of coping under these circumstances, as proved by its ability to continue performing many of its functions until this day. The accumulated learnings from these "earthquake" experiences should be discussed, documented, and shared across the sector. It would be helpful to build a portfolio of lessons learnt, for example, best practices across the Gaza Strip hospitals during the wars of 2008, 2012, 2014, and 2021. This portfolio can be used for medical training purposes, and for developing practical measures that would reduce harm for patients, staff and institutions as they navigate the difficult circumstances. It will also be helpful as a starting point to preparing an effective mechanism for sending health-related instructions, warnings, and patient assistance as could be needed during times of heightened emergencies. Such a portfolio can simultaneously be used to document facts regarding the health situation in the Gaza Strip and hence as supporting health-related advocacy.

Discussion:

The 5-fold pathway suggestions which I outlined above could be beneficial to inform reform efforts and international projects related to the health sector in the Gaza Strip. It should be noted that one or more of these approaches could be already in place in Gaza without necessarily being identified as such. Despite adopting a 5-forld classification of pathways for clarity reasons, these pathways can achieve maximum benefit in contributing to development when used at the same time.

To look at the reform question from these perspectives is to highlight a sense of agency for policy makers in the Gaza Strip, encouraging them to take the lead in reforming the Gaza healthcare sector, as much as they can within the current constraints. It is important that they take responsibility towards their own health system, starting from what they can do to improve the Gaza health situation rather than what they cannot do, especially as reaching a political solution has been long in the waiting.

Neither does his policy brief call for adapting to the occupation conditions and the Palestinian schism, nor does it put the blame on policy makers in the

Gaza Strip for not doing enough in their positions of decision making. The aim is to encourage policy makers to try to think differently about possibilities of reform, to try to actively engage in collaborative conversations about that, and to design proactive steps towards reforming the Gaza health sector, to the best of their collective capacities.

I suggest that reforming the health sector in the Gaza Strip should be based on learning, research and experience. It should also be informed by a locally grounded theoretical approach to reform that enables the citizens of Gaza to navigate their specific situation of fragility and uncertainty in the Gaza Strip, from the standpoint of intention and optimism rather than fatalism and victimization, how challenging this might be in the deteriorating conditions of Gaza's 'de-development'.

My 5-fold classification of pathways does not confirm or contradict the 'mixed approach' suggested by (Giacaman et al., 2003). It takes a different lens to the issue of reform that is largely focusing on what can be done internally, by policy makers and health institutions in the Gaza Strip, as leaders of the reform process not as recipients of aid-informed reform projects. If nothing else, the five suggested pathways should help to reduce some of the unhelpful reform strategies, that give the impression of improvement while remaining a duplication of past errors that are being repeated over and over again.

Sometimes, this repetition is caused by a lack of harmonization of decisions taken on different levels, and by different actors and stakeholders of competing partisan agendas. Conversely, the lack of collaboration in decision making, knowledge and data exchange and political agendas between the main actors of the health sector in Gaza is a serious obstacle to utilizing the different pathways to their maximum benefit in reforming the health sector in the Gaza Strip.

For example, obstructing the mobility of power base (pathway 1) resources among the different institutions of the Gaza health sector, and the unwillingness to benefit from the butterfly approach (pathway 2) to implement useful models across the sector, would together render implementing a recycling approach to reform (pathway 3) nearly impossible. That said, the lack and fragmentation of data on the functioning of the healthcare system will undermine reform plans and the ability to take useful decisions.

To conclude, there could be many ways to address the question of reforming the health sector in the Gaza Strip, including the pathways which I suggest in this policy brief. Striving to achieve internal reform as much as possible is crucial. What is not possible to ignore is the centrality of all actors of the health sector in Gaza to this process. Under conditions of occupation, collaboration, how difficult it might be, remains essential.

Implications and Recommendations

An increased demand on the health sector in the Gaza Strip combined with repeated wars and a prolonged siege warns of 'increased' catastrophe of healthcare, especially at the time of a global pandemic (See: Jebril, 2021b). The overall capacity of healthcare provision for the besieged population is currently incapable of standing up to the challenges, not because of a lack of will or determination to do so, but due to historical, political, economic, and social layers of 'de-development'. Addressing this issue cannot be left to external players alone, or to long-term hopes of a future peace and prosperity. It requires an urgent change of direction in the way we both conceptualize and achieve reform in this context. Under occupation, Palestinians should not be distracted by constant emergency from attempts to reverse de-development. There is a need to consciously design the direction of reform and incrementally increase its effectiveness. Identifying the "power base" of institutions, highlighting the "butterfly" lessons, pointing out issues for "recycling", following a "multi-anchored" approach to support the health sector with a lifeline, and preparing for crises, as if "earthquakes", are pathways to reform that could offer a helpful way forward.

References:

Giacaman, R., Abdul-Rahim, H. F., & Wick, L. (2003). Health sector reform in the Occupied Palestinian Territories (OPT): Targeting the forest or the trees? *Health Policy and Planning*, *18*(1), 59–67.

Jebril, M. (2021a). *The Political Economy of Health in the Gaza Strip (Occupied Palestinian Territory)* (p. 138). Centre for Business Research. https://www.cbr.cam.ac.uk/wp-content/uploads/2021/11/cbr-special-report-the-political-economy-of-health-in-the-gaza-strip.pdf

Jebril, M. (2021b, March 11). *Gaza Pandemic Quandary*. Carnegie Endowment for Interantional Peace. https://carnegieendowment.org/sada/84054

PRC. (2021, February 6). *UAE, Bahrain drastically cut UNRWA Funding after normalisation*. Palestinian Return Centre. https://prc.org.uk/en/news/3587/uae-bahrain-drastically-cut-unrwa-funding-after-normalization

Reuters. (2021, February 8). *UAE halts funding to UN Palestinian agency in 'reset' of aid programme*. Reuters. https://www.reuters.com/article/emirates-palestinians-aid-int-idUSKBN2A81W8

UNRWA. (2021, November 29). *Evaluation of the UNRWA Family Health Team reform*. United Nations Relief and Works Agency for Palestine Refugees in the near East. https://www.unrwa.org/resources/dios-and-evaluation/evaluation-unrwa-family-health-team-reform

Contact information:

Dr Mona Jebril: mon4jebril@gmail.com
Prof. Simon Deakin: s.deakin@jbs.cam.ac.uk

Centre for Business Research,
Judge Business School,
11-12 Trumpington Street,
Cambridge, CB2 1QA,
Tel: +44 1223 765320 Fax +441223 765338,

Email: enquires@cbr.cam.ac.uk,
Website: www.cbr.cam.ac.uk

Dear Reader:

For an in-depth analysis of the health sector in the Gaza Strip, including issues that are raised in this policy brief, please see my published report on CBR's website through this link: https://www.cbr.cam.ac.uk/wp-content/uploads/2021/11/cbr-special-report-the-political-economy-of-health-in-the-gaza-strip.pdf