



**Arab American University – Palestine
Faculty of Graduate Studies**

**Crisis Management Under Conflict: Coronavirus
Pandemic in Palestine and Its Political, Social, And
Economic Implications**

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**This Thesis was submitted in partial fulfillment of the
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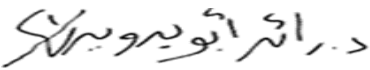
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Declaration

I declare that this thesis entitled "Crisis Management Under Conflict: Coronavirus Pandemic in Palestine and Its Political, Social, And Economic Implications" is my own work and has been composed solely by myself and does not contain any work from others researcher and has not been submitted for any other degree or scientific qualification except the references is made.

Signed:



Imad Adeen Qasim Khader

Date: 2024/2/12

Acknowledgment

To my family and friends and to whoever taught me anything

Abstract

This thesis examines the multifaceted impact of crises in a conflict-ridden area, Palestine, as well as the government procedures implemented by the State of Palestine (PA), on the region's social, political, and economic landscapes during the COVID-19 pandemic. The study explores how these procedures interplay with the complex dynamics of occupation and conflict in Palestine, shedding light on the intricate relationships between economic stability, political structures, and societal transformations. The legal framework of occupation, rooted in international humanitarian law, is analyzed in depth, highlighting the responsibilities of the occupying power, Israel, in managing public health crises such as the pandemic.

The research reveals the vulnerabilities exacerbated by the pandemic among the Palestinian population living under prolonged military occupation. The absence of an effective early warning system, compounded by the overarching conflict, hinders proactive crisis response. The State of Palestine capacity to manage crises, especially during conflict situations, comes into question due to significant limitations in its resources and apparatuses.

The study underscores the potential of existing legal instruments, like the Civil Defense Law, to establish local emergency committees and enhance crisis readiness. It emphasizes the necessity for both the occupying power and the international community to adhere to their obligations under international law, specifically in ensuring public health, equitable access to resources, and cooperation in pandemic response.

In conclusion, the COVID-19 pandemic magnified the challenges faced by Palestine, urging a reconsideration of crisis management strategies and cross-border collaborations. As the region continues to navigate complex socio-political contexts, the insights drawn from this research offer valuable perspectives on the intersections of governance, conflict, and public health crises in occupied territories.

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Chapter 1: The general framework of the study

1.1. Introduction:

When examining a dynamic of crisis and conflict. It would seem that a pattern can be detected which could be stated as follows: a crisis situation will exacerbate a pre-existing conflict more often than not and will hinder peace building prospects. For instance, during a crisis in a realm of conflict, grievances can be deepened since natural crises lead to scarcity in resources. In this research, I examined the situation in the Palestinian Territories under the PA concerning the coronavirus pandemic situation and amidst the ongoing Arab-Israeli conflict which is, as is known to all, fraught with numerous intricacies and nuances.

The ongoing pandemic is certainly proving to be a challenge for the world in general, even in rich and politically stable countries. Thus, it would only be rational to assume that it will present an even more complicated challenge for struggling countries. The Palestinian case would provide for a very good case study of this mixture of conflict and crisis combined together. My study will be analysing the pandemic in Palestine with a focus on evaluating the performance of the different PA apparatuses in managing the crisis under the Arab-Israeli conflict. All of this will most definitely direct the analysis to a lot of different aspectand facets. However, for the purposes of this paper I will narrow down my exposition to six of these facets or variants that are affected by the situation. Those are: the economic, the social, the media sectors , the security and the medical capacity of the PA.

Research shows that crisis management in conflict-stricken areas should not be taken lightly and should consider the intricacies of those areas case by case otherwise the conflict might complicate that process deeply (i.e. the process of managing the crisis) and vice versa (i.e. the crisis would complicate the political struggle and hinder peace building efforts) (Hanieh & Ziadah, 2022).

1.2. Research Questions:

During this study, I tried to answer the main question about:

- What is the impact of the Virus (Covid 19) on Palestine?
- How the State of Palestine have the ability to manage the pandemic crisis (Covid 19)?
- What are the responsibilities of the Israeli occupation as responsible for an occupied people in the face of the (Covid-19) virus?
- Did the Palestinians and the Israelis apply the terms of the agreements which was signed between them and regarding dealing with disasters and epidemics?

1.3. Hypothesis:

The main hypotheses of this study are:

Global disasters and crises that threaten humanity are a challenge that must be worked unified to confront it. In the case of the study, was the Covid 19 pandemic a challenge that was faced uniformly and work was done to manage the crisis, The extent to which the occupation fulfills its responsibilities in cooperation in confronting the Covid 19 and the exclusion of the presence of the occupation itself have led to difficulties in dealing with this crisis? The researcher aims to find out the validity of such an assumption

1. Covid-19 did not contribute in bridging the gap between the Palestinian Israeli relationships.
2. The PA faced a lot of obstacles to manage resolve crises caused by Covid-19.

1.4. Significance of the study:

This study will contribute in addition to other studies in the field of crisis management, and the recommendations that will be reached will be used by decision makers. It is also considered a tool to archive a stage that the State of Palestine and its failures and successes in facing Covid 19, and it will also provide the reader with a comprehensive assessment of the performance of the State of Palestine In managing the epidemic crisis in the social, economic and political effects, and this will be done with careful examination of the indicators that appeared in the Palestinian society according the place and time of the study case..

1.5. Limitations of the study:

The study took the pandemic situation in the Palestinian Territories into consideration as a case study to analyse the challenges faced by politically unstable areas in managing crises by highlighting the failures/success of the PA in dealing with the crisis. The main limitation that challenged the researcher was scarcity of resources due the emergent nature of the (covid-19) pandemic situation.

1.6. METHODOLOGY

My data collection methods were qualitative in nature, depending, for the most part, on deduction and induction, along with personal interviews with key figures in crisis management who had dealt with the first wave of the pandemic. This approach was used

to measure the performance of the PA in managing the crisis under the conflict, as stated in the research questions. Additionally, I gathered a list of decisions made by policymakers in Palestine to analyze their effect on managing the crisis. Following this methodology, I was able to adequately Answer the research questions posited above.

Also analyse policies by Israeli and Palestinian decision- makers, Analyse laws and legislations, Historical overview., Interviews.

In line with the subjective and investigative essence of the current research, we opted for an interpretive methodology. According to Kaptein and Dalen (2000), interpretive study is appropriate for exploratory research. The interpretive approach entails comprehending the intended significance by engaging with the participants involved in the study. In this context, the participants are the individuals selected to examine the phenomenon.

We arranged interview meetings with high-ranking individuals in the Ministry of Health, and we made reference to press releases and interviews conducted by government officials during the regular press conferences held during the Covid-19 pandemic. The primary objective of these expert interviews was to gain valuable insights into their perspectives on how the Virus (Covid-19) has affected the domestic and international situations in Palestin.

1.6.1. Data gathering process

To achieve the objectives of the study, the researcher conducted 19 in-depth sessions with several key figures representing several major parties with firsthand knowledge.

1.7. Literature review:

As the name suggests here, we are going to provide a brief overview of the literature pertaining to our main topic to see what other researchers and scholars have contributed to this field of study.

In recent decades, there has been a significant increase in the use of the term of crisis and the connotations associated with it. This buzzword is used to describe a variety of situations, including financial crises, housing crises, humanitarian crises, food crises, leadership crises, ecological crises, development crises, and, of course, modernity crises. (Mosier, et al., 2020). A crisis is no longer always announced in the singular. Instead, instances of "twin crisis" (Kaminsky and Reinhart, 1999) or "polycrisis" — which might be cascading, persistent, creeping, or transboundary —or a mix of both. The word "crisis" has entered an ever-expanding lexical chain with words like "disaster," "emergency," "risk," "vulnerability," and "resilience" that together form an analytical lens that we are expected to use to comprehend the world, survive it, and then rebuild it (Calhoun, 2004).

This introduction places the debate contributions and the issues they raise in the context of broader discussions on the idea of crisis and how, over the past few decades, the use of crisis narrative has become essential to managing various populations under neoliberal capitalism and organizing power relations. As a plot device and a technologically-political instrument that is both analytical and prescriptive, the piece uses the emergence of crises. (Olds and Thrift, 2007; Hajer, 1993; Kosmatopoulos, 2014; Walby, 2015; Roitman, 2013).

According to the reasoning, individuals in charge of the narrative have the authority to define what defines a crisis, who its victims are, and what the root reasons of the crisis are. They can also decide how a crisis should be handled, what issues should be brought up, what rules should be obeyed, and which rules should be abandoned. While crises are genuine in the sense that they pertain to incidents that have a negative impact on people's lives, crisis narratives are always social constructions that are frequently twisted and used to further prevailing political goals. (Alagraa, 2021; Mirowski, 2013; Tooze, 2018).

For Said (1983), strong ideas can be tamed and used as academic stand-ins for the actual thing, provided they are removed from their original context and reintegrated into a new theoretical framework. Even when a notion no longer accurately captures historical events or is no longer a useful framework for understanding the world, its original meaning may nevertheless hold true. The word crisis's original Greek root, which means to "choose," "judge," or "decide," denotes a specific moment and a firm point at which the scales would tip. (Koselleck and Richter, 2006), has defined the idea over the years. The term "crisis," which was interestingly first used in the context of medicine, was used to denote a turning point in a patient's condition that determined whether they would survive or not. Crisis moved from the human body to the body politic in its Latin iterations, expanding into new spheres of social and political existence (ibid.). These new situations do not change the fact that managing a crisis can mean the difference between life and death. In line with Roitman (2013), pose the question of how crisis, which was originally a symbol for a crucial turning point, has evolved into a protracted historical and experiential state. For starters, crises can no longer be viewed as 'states of exception,' in the words of Agamben (2005). Instead, crisis narratives have made it clear that crises

are a mode of existence that necessitate ongoing intervention and particular forms of government. According to Alagraa (2021), "catastrophe" and, in this case, "crisis" must be understood as a type of political and social dominance that dates back to colonialism and has been a distinguishing characteristic of the Anthropocene. This essay explores the precise nature of crisis narrative politics, focusing on those that are created in response to public health emergencies as COVID-19.

By the end of the 20th century, crisis discourse had given rise to a global industry of crisis management, which included research institutes, educational programs, international reports, scholarly publications, and a group of crisis management specialists. These professionals were tasked with assisting policymakers in resolving issues in a world that was perpetually "on the brink" (Olds & Thrift, 2007).

Additionally, the questions that are not raised are crucial to comprehending a COVID-19 crisis storyline (Green et al., 2020). Some of the authors are adamant about pursuing unanswered inquiries from the COVID-19 crisis storyline. Mezzadri describes the pandemic as a "compound crisis of capitalist life" and wonders how the pandemic is reorganizing the vital function of informal labor. Similar to this, Kesar, Bhattacharya, and Banerjee (2022); look into how COVID-19 is reorganizing the complex world of work and the various ways that capitalism's problems are developing.

Crisis narratives in the 21st century still present crises as singular events that have the power to cause a full systemic rupture. Accordingly, the COVID-19 pandemic has been classified as such a crisis: a singular occurrence, one having a distinct beginning, most likely the moment the WHO proclaimed it a pandemic on March 11, 2020, and one with a

potential firm finish. COVID-19 has also been described as a "critical juncture" (Lima de Miranda and Snower, 2021), one with the potential to alter the course of history like many previous crises before it. In fact, soon after the pandemic was declared, there was a rash of allegations that this catastrophe had altered how the market economy, the state, and society interact (Lima de Miranda and Snower, 2021).

Crisis results are invariably felt unevenly in a world marked by extreme inequality. This Debate and all of its contributions follow this path of inquiry. Hanieh, Ziadah, and Grigera (the current issue) focus on how COVID-19 has developed in the Middle East and Latin America, two places with some of the greatest rates of inequality in the world. Hanieh and Ziadah (this issue) demonstrate how the Middle East has mostly been dominated and studied via a vocabulary of crisis despite being an area marked by war, conflict, authoritarianism, and one of the worst rates of inequality in the world. The authors make a strong case that the ideologies of a "crisis of development" and "crisis as opportunity" have been used to support authoritarian and global capitalist regimes alike. These stories helped to stifle larger social turmoil. They have also worked over the past few decades to justify neoliberal policies of structural adjustment and austerity while advocating the use of markets as a universal panacea. The article demonstrates how the epidemic and its economic effects were felt differently throughout the region, which reflects the region's patterns of extreme historical inequality. (Mosier et al., 2020).

Contributions to this Debate enable us think about important concerns about a variety of topics relating to the politics of crises and the role their narratives play, using COVID-19 as their starting point to analyze the meaning of crisis. For instance, Hanieh and Ziadah (2022), discuss the role that "crisis of development" and "crisis as opportunity"

discourses play in supporting authoritarian regimes and neoliberal policies (in the Middle East).

The COVID-19 outbreak and the havoc it has caused since the year 2020's beginning have quickly given it a special place in the global crisis hierarchy. The pandemic's alleged singularity stems from the fact that it has crossed the lines between (mental) health, social, economic, political, and moral crisis. This has contributed to the pandemic being called a "different order of crisis" (Nelson, 2020), "a crisis like no other," and "a crisis where the choice is between saving lives and saving the economy." The global economy has been severely impacted by the pandemic in a relatively short period of time. Over six and a half million people have died as a result of it, and millions more have had their lives completely destroyed (Abdelrahman, 2022).

The world experienced the sharpest economic contraction in a century, widespread border closures, almost complete collapse of entire industries, and an unprecedented break down of global supply chains, which resulted in shortages of commodities and the loss of millions of jobs. Parallel to this, the pandemic's unprecedented reliance on digital platforms resulted in incredible revenues for major, on the rise tech and delivery firms like Zoom and Amazon (Hanieh & Ziadah, 2022). The epidemic has highlighted how gender, race, and class differences are necessary for crisis situations and their results (Al-Jarf, 2022).

In order to lessen the shock of the pandemic, mostly in countries of the global North, governments also spent billions of dollars on bailouts and stimulus packages during COVID-19 (WCPA, 2021). The COVID-19 pandemic has spawned new terms like

"coronacrisis," "coronaomics," and "Covid capitalism" (Nail, 2022) that may outlive the outbreak and serve as a model for future crisis analysis and crisis management regimes (Hanieh & Ziadah, 2022). However, COVID-19 won't have completely disappeared by the time this Forum Debate is done; instead, more recent dramatic events will have taken center stage (Hanieh & Ziadah, 2022). More urgent issues like energy, food, cost of living, and an apparent impending global recession have already captured the public's attention (Abdelrahman, 2022; Hammoudeh, Jabr, et al., 2020). In this sense, the pandemic is used as a chance to revisit the idea of crisis and consider its applicability as an analytical lens for comprehending global capitalism and its organizational structure, as well as how crisis descriptions and discourses, instead of crisis itself.

Hung examines how existing international rivalry (between China and the US) have intensified in a way that has damaged global health governance institutions while fostering global collaboration in other areas. This includes the narrative wars about the cause of the virus and who is to blame for its spread (Tuncer, 2020). In spite of the glaring failure of this technology to contain the pandemic, Platzky-Miller, Sander, and Srinivasan (2022), challenge how paradigms of "techno-solutionism," which are key to the pandemic narrative, are solidifying regimes of digital surveillance and algorithm governance (in African countries)(Platzky Miller et al., 2022; Tuncer, 2020).

To begin with, in the seminal work *When Disasters and Conflicts Collide* Katie Harris, David Keen and Tom Mitchell (2022); maintain that by and large, natural disasters exacerbate pre-existing conflicts by contributing to grievances, opportunities, and feasibility.

The COVID-19 pandemic poses an acute threat to the well-being of children and families due to challenges related to social disruption such as financial insecurity, caregiving burden, and confinement-related stress (e.g., crowding, changes to structure, and routine). The consequences of these difficulties are likely to be longstanding, in part because of the ways in which contextual risk permeates the structures and processes of family systems. The current article draws from pertinent literature across topic areas of acute crises and long-term, cumulative risk to illustrate the multitude of ways in which the well-being of children and families may be at risk during COVID-19".

Another factor that plays a crucial role is the economic factor as Prof. Yehia Abed asserts in the recently published paper in June 2020 titled COVID-19 in the Gaza Strip and the West Bank under the political conflict in Palestine. He explained "The difficult economic situation is the major obstacle facing Palestinians to overcome the disease spread where workers continue their jobs inside Israel and Gaza cannot enforce low income workers to stay at home".

On the other hand, Brun and Sarah (2020) argues that Corona's impact across the region may require Israel to deal with the collapse of governing systems in a number of states". The most consequential developments, at least in the near term, will be in territories bordering Israel (Ghandour et al., 2020; Negev et al., 2021; Oxfam, 2020), first and foremost the West Bank and Gaza. In both territories, deteriorating conditions could even lead large numbers of people to seek entry into Israel(Ghandour et al., 2020; Negev et al., 2021; Oxfam, 2020). But alongside the challenges presented by the destabilizing effects of the virus, there may emerge opportunities for cooperation with countries similarly struggling to beat back the pandemic. As such, it will be crucial for Israel to advance

cooperation with the State of Palestine, Egypt, and Jordan surrounding medical knowledge, the provision of medical equipment and available treatments, and border management (Ghandour et al., 2020; Negev et al., 2021; Oxfam, 2020).

A Protracted Conflict-Crisis Model is presented and tested in the book titled *Patterns of Crisis Management* authored by (Brecher & James, 1988). The findings indicate that Arab-Israel crises are distinctive, but not because of their geographic location. Instead, as predicted by the model, patterns of crisis management appear to depend on whether or not a crisis occurs within a protracted conflict. This discovery suggests that the profile of an international crisis, notably the extent of violent behaviour and superpower activity, can be anticipated more reliably in terms of the concept of protracted conflict (Brecher & James, 1988).

On February 27, 2020, the first case of COVID-19 in Israel was reported (Ghandour et al., 2020; Negev et al., 2021; Oxfam, 2020). A few days later, on March 5, the PA recorded the first case in the West Bank. Initially, the outbreak produced impressive, if not surprising, evidence of close Israeli-Palestinian cooperation in combating the new virus (Ghandour et al., 2020; Negev et al., 2021; Oxfam, 2020). On March 18, Israeli President Reuven Rivlin spoke by phone with Palestinian President Mahmoud Abbas about the pandemic (Ghandour et al., 2020; Negev et al., 2021). This contact was unusual in light of the political impasse and lack of communication between the two leaders. Highlighting the importance of cooperation, Rivlin told Abbas that 'our ability to work together in times of crisis is also testament to our ability to work together in the future for the good of us all' (Ghandour et al., 2020; Negev et al., 2021).

These developments, combined with the structural conditions in this arena, heightened tensions between Israel and the State of Palestine in East Jerusalem, particularly in neighbourhoods beyond the separation barrier. The barrier, which began construction during the violence of the second intifada (beginning in 2002), left a few East Jerusalem neighbourhoods (home to approximately 100,000 people) outside the barrier (Kearney et al., 2020). As a result, these areas have become a no-land: man's Israeli authorities do not enter to provide services, despite the fact that the neighbourhoods are within the city's municipal boundaries (Kearney et al., 2020). The COVID-19 crisis brought this complex and explosive situation to light, causing friction between the parties (Israeli Ministry of Foreign Affairs, 2020).

The State of Palestine involvement in the city prompted an Israeli response. In Silwan, for example, Israeli police shut down a COVID-19 testing clinic and arrested its organizers, claiming it was linked to the State of Palestine (Kearney et al., 2020; Khader, 2021; Negev et al., 2021). In response to the PA's involvement in Kafr 'Aqab (beyond the barrier), Israel dispatched a large number of IDF and police personnel to the area to enforce COVID-19 orders and demonstrate Israeli control. The Israeli security forces removed a sign placed in the neighbourhood by PA forces. Right-wing Israeli municipal political actors lobbied for this display of sovereignty. In retaliation for the 'illegal' PA activity in Jerusalem, Israel also arrested the PA's minister of Jerusalem affairs and the PA's governor of Jerusalem (Kearney et al., 2020; Khader, 2021; Negev et al., 2021).

These developments show how differences in structural conditions between conflict arenas influence how the virus affects the conflict. While the crisis prompted cooperation between Israel and the State of Palestine in the West Bank, it sparked conflict in East

Jerusalem (Herzog & Al-Omari, 2020). The Israeli-Palestinian conflict is not a conflict between independent states, but rather an asymmetrical conflict. While the West Bank has an official (albeit limited) Palestinian government, as well as institutions and armed security forces, relations in East Jerusalem are between Israeli state and municipal authorities on one hand, and residents on the other, who lack official institutions or elected representatives (Herzog & Al-Omari, 2020).

In April 2020, the picture began to shift. First, Palestinian civil society organizations and local activists in East Jerusalem assumed control in an attempt to fill the void. Local committees were formed to assist in the enforcement of restrictions, the provision of humanitarian aid and information, and the care of COVID-19 patients. Eventually, 82 Palestinian organizations and committees formed the Jerusalem Assembly to Combat the Coronavirus (Kearney et al., 2020). They established the first quarantine hotel in East Jerusalem and an Arabic hotline offering information and assistance. They cut ties with the State of Palestine while also opposing any direct cooperation with Israeli authorities (Ramon and Tzoref, 2020).

Despite the humanitarian coordination efforts that marked the beginning of the crisis, the virus quickly became another tool in Israel's conflict with Hamas, feeding into their aggressive rhetoric. At an early stage of the crisis, Hamas threatened to escalate the conflict unless Israel provided COVID-19 patients in Gaza with ventilators (Lehrs, 2021). 'If ventilators are not brought into Gaza, we will take them by force from Israel and stop the breathing of 6 million Israelis,' said Yahya Sinwar, head of Hamas in Gaza (Lehrs, 2021). Meanwhile, Israel's defence minister, Naftali Bennett, hinted that the provision of

COVID-19-related medical aid to Gaza would be linked to the release of the bodies of two Israeli soldiers held by Hamas (Haaretz, 2020).

Conclusion and Research gap

This research varies from past crisis management studies in that it examines the social and political implications of the State of Palestine's response to Covid-19 in light of the occupation. It also offers the reader with a review of Palestine's success in dealing with the country's epidemic issue.

Chapter 2: Crisis management

2.1. Introduction

Extreme events of significance and complexity are occurring in the globe today, heightening the need for leaders and shrewd management. This study was undertaken in an effort to formulate a hypothesis that advises policymakers on how to best respond to the current epidemic of COVID-19. The study's findings will be used to develop a theory in crisis management, turning the COVID-19 pandemic into a manageable calamity.

According to Vašíčková, (2020), crisis management is an administrative approach that examines and diagnoses weaknesses in administrative organization and places them under close supervision in anticipation of their explosion and the emergence of a genesis. This allows for the development of scenarios for how to confront crises before they occur. Because of its position as an intermediary field between sociology, psychology, and other social sciences, crisis management has evolved in accordance with the significant theoretical progress made in these fields, resulting in a paradigm shift that established crisis management as a distinct scientific discipline with its own unique body of knowledge and body of theory.

All society must eventually deal with crises like the COVID-19 pandemic, which threaten the stability of its institutions and the security of its citizens and their possessions (Al Eid & Arnout, 2020; Al-Dabbagh, 2020). The spread of epidemics and diseases is another type of crisis that needs to be addressed quickly and systematically so that it doesn't worsen, and so that progress can be made toward preserving conditions that will allow for future growth and development in the face of mounting global challenges (Al Eid & Arnout, 2020; Al-Dabbagh, 2020). Given the frequency with which crises strike nations

and their institutions, inadequate response may result from using tried-and-true but ineffective crisis management techniques, especially if no advance preparation has been made (Al Eid & Arnout, 2020; Al-Dabbagh, 2020). The emergence of the COVID-19 issue prompted this study, and its overarching goal is to provide a theoretical framework for how to deal with a pandemic emergency of this scale (Al Eid & Arnout, 2020; Al-Dabbagh, 2020).

2.2. Crisis management theories

In light of the notion of preparedness, it is essential for organizations at risk from crises and unexpected occurrences to prepare for them by establishing a willingness to deal with them, defining the duties and responsibilities of emergency authorities, and conducting drills and scenario planning. Decision-makers, control, coordination, and organizational decentralization were also central to his theory, as procedures for anticipating or preparing for the unknown without optimism render individuals unable to do so at the time of these disasters (Mitroff and Pearson, 1993; Mitroff and Alpaslan, 2003; Quarantelli, 1988; Voogd, 2004; Smith, 2004; Antuák, 2009; Zapletalová, 2012; Mikuová, 2013; Sahin and Ulubeyli and Kazaza, 2015). According to Joffe (2003), being too optimistic might hinder one's ability to adequately prepare for a disaster. There is a risk that optimistic decision makers may mistakenly believe they can prevent catastrophic outcomes.

Similarly, the idea of complexity in crisis management has sought to give a behavioral strategy for businesses to use in crisis management, with the goal of reducing complexities and chaos through the accumulation of intelligence. This is consistent with readiness theory's biased optimism (Mirvis, 1996; MuffetWillett & Kruse, 2009).

The sense-making theory (Weick, Sutcliffe, Obstfeld, & David, 2005) places an emphasis on the social construction process that takes place at the intersection of incompatible signals and the continued conduct of individuals' activities, as it is the creation of reasonable meanings that directs and guides people to their actions in times of crisis and dreadful occurrences. Weick (1988) noted that during times of crisis or calamity, people and organizations make sense of the situation by acting rationally, rather than staying on the side-lines out of fear.

Because optimism can lead to blind spots that prevent people from taking preventative measures that help them modify to the conditions of a crisis, Landau and Chisholm (1995) argue that institutions facing crises should establish disappointment rather than self-deception and constant vigilance (Antuák, 2009; Zapletalová, 2012; Mikuová, 2013; Sahin and Ulubeyli and Kazaza, 2015).

2.3. Crisis Management as a Process

Many different definitions of crisis management have emerged as a result of years of research and writing on the subject. The published literature allows us to define many of the characteristics of this area of research. Crisis management (Mitroff and Pearson, 1993; Mitroff and Alpaslan, 2003; Antuák, 2009; Zapletalová, 2012; Mikuová, 2013; Sahin and Ulubeyli and Kazaza, 2015) is best understood as a process with related stages and processes that lead to an early warning of a potential crisis, identification (detection) of the nature of the crisis, its appropriate and timely resolution, and the enabling of crisis averting. While crisis management may not always be able to prevent crises from occurring, it can help companies respond to them more effectively and with less collateral damage (Mitroff, Pauchant, & Shrivastava, 1988; Sahin, Ulubeyli, & Kazaza, 2015). It's

not always possible to avoid a catastrophe by managing a crisis. As stated by numerous authors (Mitroff, Pauchant, and Shrivastava, 1988; Shrivastava, 1988; Antuak, 2009; Zuzák and Konigová, 2009), crisis management operations are best understood as an ever-present, ongoing activity. The process should start with the company adopting precautions and end with the company gaining wisdom from its errors (Shrivastava, 1988). This highlights the importance of a continual process that incorporates input into the design of subsequent solutions and the implementation of preventative measures. Shrivastava and Mitroff (1987); Shrivastava, Mitroff, and Miglani (1988); Pearson and Clair (1998); Valackiene (2011); Sahin, Ulubeyli, and Kazaza (2015); Mikusova and Horvathova (2019) all stress the importance of a crisis management system that takes into account the needs of all parties involved. It is crucial, as stated by Khodarahmi (2009), to have well-defined crisis targets, that can be adjusted based on the results of the strategic planning process. They need this reality to be adequately justified if they are to keep their faith and their loyalty. Therefore, throughout the phase of dealing with the crisis, one of the most crucial acts related to crisis management is the clear articulation of goals and objectives.

In order to reduce the possibility of a crisis developing, mitigate its consequences, and restore company operations, preventative programs and strategies are established as part of crisis management plans (Valackiene, 2011; Shrivastava, Mitroff, Miller, and Miglani, 1988). As discussed by numerous authors (Shrivastava and Mitroff 1987; Pearson and Clair 1998; King 2002; Zuzak and König 2009; Antusak 2009; Sahin, Ulubeyli, and Kazaza 2015; Mikuová and Horvathova 2019), a crisis team that can respond rapidly and effectively in any situation is essential for crisis management. Shrivastava and Mitroff

(1987), Preble (1997), Spillan (2000), Antuák (2013), Crandall, Parnell, and Spillan (2013), Mikusova and Horvathova (2019), and others also recommend reevaluating an organization's overarching strategy after a catastrophe. That includes crisis response protocols and infrastructure. Crisis management is a vital part of strategic management (Gundel, 2005; Khodarahmi, 2009), and part of that involves identifying potential threats. Both crisis management and strategic planning require constant environmental scanning, stakeholder interaction, and executive intervention. Crisis scenario and strategy design is a mechanism for crisis management and an integral part of the strategic planning process (Schoemaker, 1993).

2.4. Crisis management models exist

Many authors have commented on and developed these approaches (Bernard and Lajtha, 2002; Pollard and Hotho, 2006, Paraskevas, 2006; Antusak, 2009; Sahin, Ulubeyli and Kazaza, 2015; Mikusova and Horvathova, 2019; Mitroff, Pauchant and Shrivastava, 1988; Shrivastava, 1994; Frýbert, 1995; Pearson and Clair, 1998; Mitroff and Pearson, 1993; Spillan, 2000; Wagner, 2005; Zuzak and Königova, 2009; Valackeine, 2011; Sahin et al. This article describes several methodologies and models, however this discipline may be split into reactive and proactive approaches.

Reactive crisis management is a collection of techniques and concepts (Loosemore and Hughes, 1998; Zuzak and Königova, 2009; Zapletalova, 2012; Sahin, Ulubeyli and Kazaza, 2015) to stabilize the afflicted firm. This method begins with crisis identification. Crisis awareness and identification with a simple procedure. situation management follows to end the situation. The crisis's causes are examined. These analyses determine remedial measures. Organizational learning, or learning from the

crisis, helps the organization handle future crises (Shrivastava, 1988; Mitroff and Pearson, 1993; Zuzak and Königova, 2009).

The first literary references to this topic (Fink, 1986; Shrivastava and Mitroff, 1987; Mitroff, Pauchant, and Shrivastava 1988; Mitroff and Pearson, 1993; Shrivastava, 1994; Augustine, 1995; Frybert, 1995; Preble, 1997; Pearson and Clair, 1998;

Boin and Lagadec, (2000) advocate predicting and analyzing crises during an organization's stability. Contemporary literature and research demonstrate that a proactive strategy identifies possible crises before they affect the organization. All activities aim to systematically analyze warning signals that allow for the early detection of a potential crisis and create a system for early identification (Mitroff, Pauchant and Shrivastava, 1988; Mitroff and Pearson, 1993; Kouzmin, 2008; Zuzak and Konig, 2009; Jaques, 2010; Sahin, Ulubeyli and Kazaza, 2015; Mikusova and Horvathova, 2019). Analysis papers present models of the primary methodologies. These models and the authors' contributions are discussed in the following paragraphs.

Sahin et al. (2015) defined crisis management as five approaches: escape, solution, proactive, reactive, and interactive.

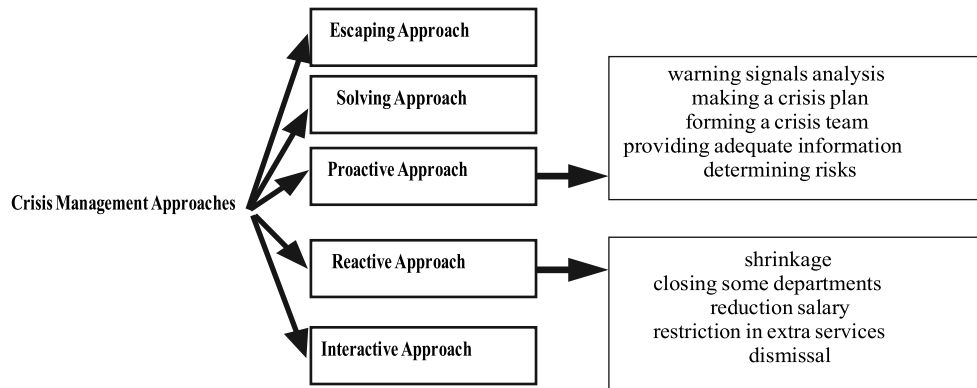


Figure 1: Crisis management approaches by Sahin et al.

Source: Modified according to Sahin et al. (2015).

The authors say the escape method is similar to a proactive approach where management tries to forecast a catastrophe and identify ways to avert it. To address the situation swiftly. The solution method also predicts impending crises and establishes crisis protocols. This technique analyzes the organizational environment and its strengths and flaws. Detailed crisis analysis and corporate function stability are prioritized. This approach views the crisis as an opportunity to improve all aspects of the organization. In this paradigm, the proactive strategy involves creating a system for early warning, crisis plans, scenarios, and a crisis team. If an unanticipated catastrophe hits the organization, a reactive response is recommended. Short-term solutions include production cutbacks, personnel layoffs, financial assessment cuts, benefit cuts, and unpaid leave. The author deems this strategy dangerous for staff engagement and consumer influence. The interaction approach, the last phase, evaluates the preceding steps. Organizations may learn from crisis feedback. Organizational stakeholders must be communicated with. Classic business analysis methodologies assist analyze the internal and external company environment for this strategy.

Interactive techniques emphasize organizational learning and feedback. The solution approach views the problem as an opportunity to improve the organization. The following writers outline the reactive and proactive phases of various techniques and their actions.

Mitroff, Pauchant, and Shrivastava (1988) established a basic crisis management process model that identifies critical phases. This methodology starts with "detecting" a crisis. Analyzing internal and external indications of an oncoming crisis is crucial. All actions are preventative to prepare the firm for an undiscovered disaster. The method shows that no organization can avert a calamity despite careful planning (Ulubeyli, and Kazaza 2015; Mikuová and Horvathova 2019). Detection and prevention should focus on crisis plan evaluation to train the organization how to handle undesirable situations. "Remediation" activities test and apply an organization's short- and long-term crisis recovery procedures. The goal is to return the business to normal or near to it. The organization must evaluate the crisis management process, revitalize individual processes, and update the defense mechanism based on learning in the "evaluation" step. The writers also discuss the assumption that a corporation with more crises will be better prepared for future crises and able to respond promptly and effectively.

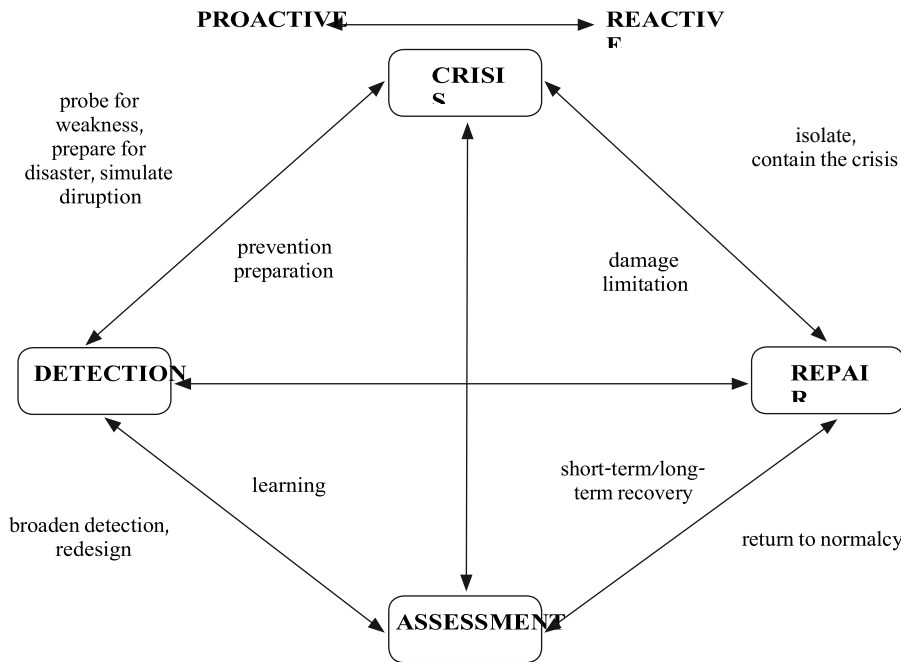


Figure 2: Crisis management process by Mitroff, Pauchant and Shrivastava

Source: Modified according to Mitroff, Pauchant and Shrivastava (1988).

Again, crisis management requires proactivity. Reactive approaches identify and resolve crises. Despite preparedness and proper warning, certain crises cannot be avoided. However, a good analysis, prognosis, and crisis management plan should allow the organization to recover quickly with little costs. The authors believe that when the organization faces more crises, it becomes better prepared to handle them. Thus, proactive management requires learning from prior management procedures.

Spillan (2000) revealed further contrasts between reactive and proactive tactics in different crisis phases in an organization. All reactionary operations address and eliminate crisis effects. Proactive management prevents crises, sometimes completely.

The reactive strategy ignores warning signs and builds crisis plans after a disaster. Changing management or staff might help balance the firm. Sometimes the company goes bankrupt. Proactive crisis management analyzes the organization's susceptibility and early warning signs to predict a future crisis. These studies help the organization create emergency plans or scenarios to avert crises. However, following the crisis, the crisis plans are evaluated, susceptibility is reassessed, and further preventative planning is done.

This concept suggests that persistent planning and scenario design based on warning signals might prevent crises. Like other writers (Mitroff, Pauchant and Shrivastava, 1988; Sahin et al. 2005), the author emphasizes feedback that leads to new vulnerability evaluations and crisis scenarios.

The Jaques (2010) problems and crises management relational paradigm has comparable traits. Crisis preparedness and pre-crisis prevention are highlighted. These phases prepare the organization for a crisis. Both approaches involve planning a crisis management process, creating manuals and procedures, training employees using simulations, identifying warning signs, risk management, and emergency action and planning. These steps of precrisis management contribute to good crisis management, according to the author. However, all of these actions suggest proactive management. After a catastrophe, reactive management requires constant corporate analysis.

Crisis Management

Pre-crisis Management

		Evaluation, Modification	Planning Process		
	Post-crisis Issue Impact	<i>post-crisis Mgmt</i>	<i>crisis preparedness</i>	Systems, Manuals	
Recovery, Business Resumption	<i>post-crisis Mgmt</i>	EFFECTIV E C R I S M A N A G E M E N T		<i>crisis preparedness</i>	Training, Simulations
Crisis Management	<i>crisis event Mgmt</i>			<i>crisis prevention</i>	Early Warning
	System Activation/ Response	<i>crisis event Mgmt</i>	<i>crisis prevention</i>	Issue and Risk Management	
		Crisis Recognition	Emergency Response		

Source: Modified according to Jaques (2010).

Figure 3: Crisis management process – different model

Valackiene (2011) developed approach also addresses employee socialization, effective communication, crisis communication, and crisis management tactics. Crisis communication and staff identification are key to this concept. Crisis communication focuses on internal and external consumer communication. Employees are internal customers while stakeholders are external customers. The author recommends creating a crisis prevention program, identifying a crisis, operational actions, and crisis resolution. This process repeats.

Again, we find proactive management and the need for a repeating cycle that provides crucial information for decision-making in other crucial corporate management areas like people management and internal communication. Communicate pre-crisis measures to the organization. Crisis management must incorporate firm personnel to sustain their position and belonging. The author acknowledges the organization's stakeholders and

their crisis communication needs. This methodology does not address organization readiness or crisis management.

Summarizing prior methods and discovering similarities. Crisis management is a proactive approach using the stages and qualities listed above to prevent and manage crises. This process can conclude with the company's dissolution, but it usually strives to recover its operations, thus it repeats. If the organization survives the crisis, the crisis management process is cyclical. Proactive Crisis Management Process (PCMP). This model describes literature-identified and modified proactive crisis management strategies. Proactive crisis management is a set of methods, approaches, and tools used to prevent and, if necessary, eliminate a crisis situation and stabilize organizational functions, with the goal of avoiding a potential crisis, minimizing losses, and shortening the crisis duration. Permanent evaluation of warning signals is essential.

2.5. Crisis decision-making process

A decision is an action taken to address a problem; such action is often articulated through formal political or legal discourse. Determining the nature of the issue at hand, amassing relevant data, evaluating the strengths and weaknesses of potential solutions, and ultimately settling on the most effective course of action is just the beginning of the decision-making process (Al-Dabbagh, 2020; Student et al., 2021). Decisions in a crisis are different from those made under normal conditions because they necessitate acting quickly to discover an alternative while avoiding improvisation and unpredictability. management theorists refer to it as a "exceptional decision." Here, the decision-making process is heavily reliant on the skill and creativity of the decision-maker; as such, there

exists a dialectical and influential link between competent decision-makers and sound judgment (Ben Youssef, 2017).

Decision-making is a skill that is difficult to learn, despite the fact that many other skills can be taught and learned. This is because decision-makers frequently face situations fraught with uncertainty and doubt, and because they are often required to work hard, move quickly, and make decisions under pressure, such as during a crisis. He erred in this regard, as indecision is among the greatest errors one can make (Al-Dabbagh, 2020; Student et al., 2021). The amplitude of the horizon plays a crucial role in the choice-making procedure. This is not a stationary process. The one making decisions must keep an eye on their impact and make adjustments as necessary (Al-Amiri, 2018; Al-Dabbagh, 2020; Student et al., 2021). However, since decision-making entails picking one option out of several, it's possible that you'll have to make a call not between right and wrong but rather between competing approaches to a problem, the merits of which might not be immediately apparent. Especially in tense situations, it is important to prioritize doing what is probably right over doing what is probably incorrect (Ben Youssef, 2017; Al-Amiri, 2018).

Respondents also mentioned the crisis to make a decision is to select one course of action for conduct out of several possible courses of action or to accept the viewpoint of the person who has the power to make the selection and implement it(Al-Amiri, 2018; Al-Dabbagh, 2020; Student et al., 2021). Thus, according to the interviewees, crisis decision-making is characterized by an enlarged and analytical process of comparison, aimed at selecting one alternative from a set of available and proposed alternatives to attain a goal or set of goals in proportion to the elements and factors of the situation(Al-Amiri, 2018;

Al-Dabbagh, 2020; Student et al., 2021). Decision-makers' awareness of the event, their efficiency in making decisions under these conditions, and the impact of their decisions all mattered in this study, revealing that crises and catastrophes alter the decision-making process and the response to the crisis.

Based on the responses, it appears that crisis decision-making is one of the complex thought processes that seeks to select the optimal solution to the problem at hand, taking into account the specifics of the situation and the variety of available options. In a state of discord, one must seek diagnostic skills, investigate and weigh all available options, select the one best suited to achieving the goal, put it into action following a well-thought-out plan, and finally assess the decision's efficacy (Ben Youssef, 2017; Al-Amiri, 2018). When faced with a crisis, it can be difficult to make decisions because of the lack of information available. This is especially true when the crisis is larger than expected or has unexpected consequences. Extending the crisis, coming up with ideas, assessing and evaluating ideas, and finally putting them into action is a simple and reliable method for determining the severity of an expected crisis. Unexpected crises make decision-making more challenging due to the urgency of the situation, the scarcity of relevant data, and the time pressure involved. Although each crisis presents its own unique challenges and calls for a different approach to handling them, there are universal standards and elements that must be taken into account in order to effectively plan for and respond to crises so that they are either avoided or their negative effects are minimized and any positive spinoffs are maximized.

Information gathered from interviews suggests that decisiveness during the COVID-19 pandemic crisis needs knowledge, fortitude, and faith in the person making the call.

Therefore, the following five elements influence the decision-making process during a crisis:

Lack of professional competence for decision-makers, fear of the consequences of decision-making at a time of crisis, lack of decision-making skills, lack of others confidence about the decisions made, lack of information.

Al Eid and Arnout, (2020) defined decision-making in the context of the COVID-19 crisis as making a call that is in line with the director's or decision-maker's preferences and analysis of the crisis situation, including what actions will help and which should be avoided.

Participant responses highlight the significance of decision-making in the context of crises and, more specifically, the COVID-19 crisis, in terms of planning and setting goals, policies, and strategies that the organization pursues or adopts that take into account its identity, aspects of its competence, and spatial and temporal limits to overcome the crisis; they also highlight the significance of decision-making in light of the Corona crisis in defining institutions for their inputs and repercussions (Al-Dabbagh, 2020; Al Eid & Arnout, 2020; Vašíčková, 2020).

Since the spread of the COVID-19 pandemic threatens the goals and values of the institutions and parties involved, and the loss of control over events, causing anxiety due to a lack of information and an element of surprise and entanglement in matters during the crisis, quick decisions must be made by decision-makers in all institutions (Ben Youssef, 2017; Al-Amiri, 2018; Al Eid & Arnout, 2020). Therefore, protecting the assets and properties of institutions, generating money, and safeguarding the people who work

in these institutions against numerous hazards are all part of handling the COVID-19 pandemic issue. The search for potential risks that have resulted from or result from this pandemic, and an attempt to avoid them or mitigate their effects on the organization if they cannot be avoided completely, is a clear indication of the role of decision-makers during this challenging time for the spread of the COVID-19 pandemic crisis (Al-Dabbagh, 2020; Al Eid & Arnout, 2020; Vašíčková, 2020). When dealing with the COVID19 crisis, it is necessary to adapt to the many local and global variables, as well as investigate their effects and consequences, in order to overcome the crisis and any others that may arise as a result. These results corroborated those of Kayode, Mojeed, and Fatai (2014), who found that consultative decision making and participatory decision making were the two approaches valued by participants the most. Miller and Monge (1988) also highlighted the importance of inclusion in decision-making.

Participants also noted that the decision-maker's ability to handle the crisis hinges on his ability to limit the crisis's impact and spread by putting preventative measures into effect. All administrative agencies were able to function remotely while a decision was made to implement home quarantine measures to curb the spread of the COVID-19 pandemic (Al-Dabbagh, 2020; Al Eid & Arnout, 2020; Vašíčková, 2020). Therefore, decision-makers must take the lessons of the COVID-19 pandemic crisis to heart and remain vigilant and active going forward in order to deal with the terrible and catastrophic possibilities that may arise at any time. Because the Arab nations' response to the current COVID-19 pandemic issue is reactive rather than proactive, we need to correct the existing imbalance in the crisis management system in the region (Al-Dabbagh, 2020; Al Eid & Arnout, 2020; Vašíčková, 2020). That's why Arab nations' policymakers need cutting-

edge tools like worst-case scenario virtual reality and future studies to help them prepare for the worst and devise contingency plans. The success of the virtual reality technology was demonstrated by Malaysia's experience in crisis management during the Hajj tragedies (Al-Dabbagh, 2020; Al Eid & Arnout, 2020; Vašíčková, 2020). (Lehrs L, 2021.)

The COVID-19 pandemic has had a significant impact on the Arab-Israeli conflict. The pandemic has highlighted existing tensions and disparities between Israelis and Palestinians, while also presenting opportunities for cooperation and coordination. First and foremost, the pandemic has highlighted existing health disparities between Israelis and Palestinians, with higher infection and mortality rates reported in the Palestinian territories compared to Israel (Lehrs L, 2021;Abed, 2020; Cahapay, 2020; Dahdal et al., 2021; Platzky Miller et al., 2022; Tartir & Hawari, 2020). Secondly, the pandemic has had a significant impact on the economies of both Israel and the Palestinian territories, leading to widespread job losses and economic hardship, significantly more so on the Palestinian side. The pandemic has also added to existing political tensions, with disputes over issues such as vaccine distribution, border closures, and quarantine measures (Lehrs L, 2021;Abed, 2020; Cahapay, 2020; Dahdal et al., 2021; Platzky Miller et al., 2022; Tartir & Hawari, 2020). There is also the international response, the international community has played a significant role in addressing the impact of the pandemic in the Arab-Israeli conflict, with support from international organizations, governments, and NGOs (Lehrs L, 2021;Abed, 2020; Cahapay, 2020; Dahdal et al., 2021; Platzky Miller et al., 2022; Tartir & Hawari, 2020).

The Oslo Accords have had implications for crisis management regarding the COVID-19 pandemic in the Israeli-Palestinian conflict. The accords established a framework for cooperation and coordination between the Israeli and Palestinian authorities, and the provisions for joint decision-making and mutual responsibility have been relevant in the response to the pandemic (Lehrs L, 2021;Abed, 2020; Cahapay, 2020; Dahdal et al., 2021; Platzky Miller et al., 2022; Tartir & Hawari, 2020).

The Oslo Accords have provided a framework for joint decision-making and coordination between the Israeli and Palestinian authorities in responding to the COVID-19 pandemic (Lehrs L, 2021). The provisions for mutual responsibility in the accords have also been relevant in the response to the pandemic, as both Israeli and Palestinian authorities have a shared responsibility for addressing the impact of the pandemic in the region. However, the ongoing political tensions and disputes in the region have presented challenges to cooperation and coordination in the response to the pandemic(Lehrs L, 2021).

Chapter 3: Assessing the State of Palestine Response to the COVID-19 Pandemic.

3.1. Introduction:

Covid-19 virus emerged in Wuhan district in China in 2019, which caused many cases of infection and deaths, belong to SARS and MERS viruses leading to the death of millions of people around the world. Still, no one knew the original source of this virus so far. Furthermore, there is no doubt that this virus really exists despite made up conspiracy theories by many people around the world. Luckily, the scientific community have institutions which doesn't allow leaking any information without verifying it including the World Health Organization.

On March 5, 2020, the first COVID-19 case was confirmed in Palestine. The State of Palestine Government promptly proclaimed a state of emergency, locking down the governorate of Bethlehem and, on March 22, the other governorates of the West Bank, limiting mobility and closing all non-essential facilities (PA, 2020). There have been 630 confirmed cases of coronavirus in the Gaza Strip and the West Bank including East Jerusalem as of June 2nd, 2020, with 527 of those infected having now fully recovered (Khader, 2021; Qato, 2020; Tartir & Hawari, 2020). According to the Palestinian Ministry of Health (PMOH), this estimate may be low because the Israeli Occupation Authorities (IOAs) are not forthcoming with data on the number of cases among Jerusalem's Palestinians (2020). Nearly a third of all cases in Palestine originated in Jerusalem, when IOAs disrupted preventative actions and medical missions and equipment. When compared to other nations in the area, the number of cases and deaths in Palestine is low (WHO, 2020b; WHO, 2020e). The State of Palestine Government in

the West Bank and other non-state entities, most notably the World Health Organization, have been spearheading the country's preparations for and reaction to COVID-19. The PG has taken a reactionary stance by imposing stringent lockdown measures on cities, including all educational institutions and religious venues like mosques (PA, 2020).

The health system in Palestine is well-equipped to deal with epidemics like COVID-19, but this is complicated by the political and humanitarian situation there. Palestine capacity to prepare for and respond to the COVID19 is hampered by the country's dismal humanitarian situation, which includes low socioeconomic and living circumstances, deteriorating WASH services, and a weakened health system. These difficulties are exacerbated by the COVID-19 epidemic, and important factors include the continuous political instability and physical barrier between the Gaza Strip and the West Bank (Khader, 2021; Qato, 2020; Tartir & Hawari, 2020). Palestinian refugees living in overcrowded and miserable camps, people from low socioeconomic backgrounds, prisoners without access to healthcare, patients in need of immediate attention, and pregnant and lactating women are particularly vulnerable to the spread of COVID-19 and the burden of disease it causes (OCHA, 2020b).

The Palestinian region witnessed the spread of Covid-19 in light of the increasing numbers of casualties worldwide from 800 to 55, 000 from the 24th of June to the 12th of October 2020, the Palestinian social, economic, political and health situation was unstable, so the Palestinian government locked down infected areas in order to limit spread the virus.

Before the Palestinian succeeded in controlling Covid-19 virus spread, the Japanese government in controlling its spread by employing Cluster Approach (CA) in crisis management. CA can be defined as the approach which aims at strengthening the crisis management system preparedness and technical capacity to respond to humanitarian emergencies providing clear leadership in the main areas of humanitarian response. At the country level, it aims to strengthen partnership and accountability of international humanitarian action wherever a humanitarian crisis occurs.

It can be implemented by supporting service delivery platform for agreement, having a unified strategy and plan for various sectors adhering to the needs of each sector as well as well as monitoring the situation closely and prepare a back-up plan if needed for any humanitarian response.

The following diagram shows the cluster approach used at the country level in Japan in confronting Covid-19 spread.

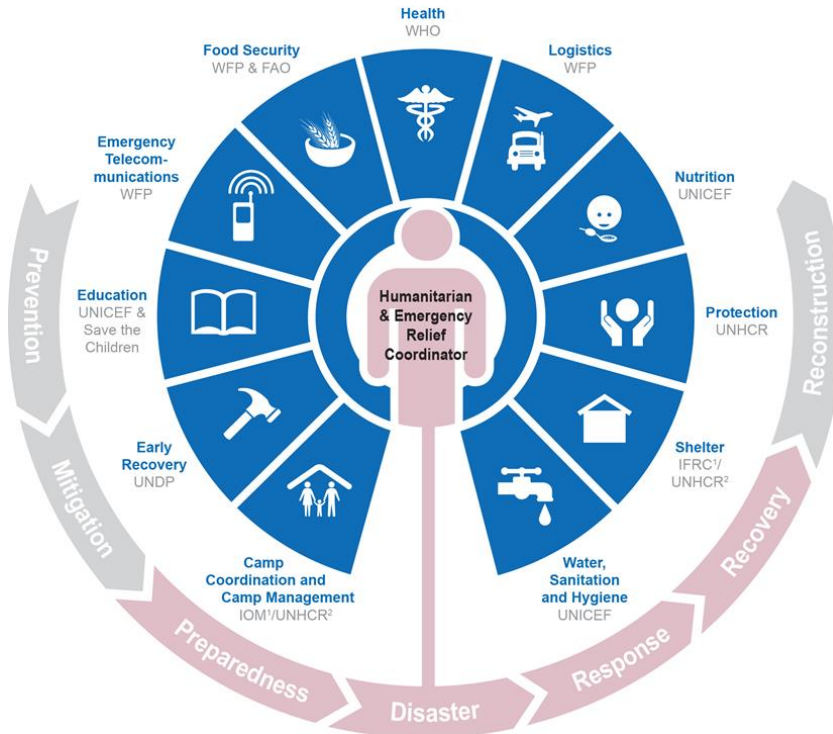


Figure 4: Cluster Approach (Source: IASC, 2015)

In this chapter, the researcher analysed the performance of the State of Palestine (PA) in managing this crisis based on the CA employed by Japan in order to slow down the spread of Covid-19 in the social, economic, health, security, educational and political sectors in the Palestinian territory. At the end of this chapter the performance of the PA be judged according to the CA along with the justification of any failure in any sector by the interviews conducted by the researcher.

Challenges to global health are being exacerbated by the proliferation of war and political instability in the Middle East and North Africa (MENA) area. Cholera and COVID-19 have emerged and spread in the region because of the effects of terrible wars and political and social tensions (Georgetown University, 2018; LSHTM, 2020). Physical separation and basic hygiene precautions may be impossible to execute in war zones (OECD, 2020). Health systems in humanitarian circumstances are often broken, leaving people in need

without access to necessary medical treatment. Lack of governance, as well as availability to basic necessities and safe WASH services, are also problems in refugee camps and besieged regions (OECD, 2020).

In the MENA area, the number of people infected and killed by COVID-19 varies widely. More instances have been documented in conflict-free nations with robust health systems (like Qatar) than in conflict-affected countries with weak health systems (like Yemen), as reported by the World Health Organization (2020e). The lack of resources to conduct necessary tests and conduct necessary surveillance is partly to blame (Crisis Group, 2020). In contrast to the rest of the area, Algeria and Egypt have a disproportionately high number of mortality cases compared to Turkey, Palestine, and Iran. Countries with a significant population density, an aging population, and limited testing, diagnostic, and treatment capabilities have the highest fatality rates (AMSE, 2020).

Nonetheless, governments in the region have implemented a range of containment measures, from a full or partial lockdown of cities to varying degrees of physical separation and hygiene promotion initiatives (OECD, 2020) in an effort to slow the spread of COVID-19. Some nations involved in the war have stopped fighting and reduced political tension in response to the current scenario (Crisis Group, 2020), while the Israeli occupation has increased attacks on the Palestinians and abandoned attempts to stop the spread of COVID-19. There is a lack of strategic and comprehensive policies, misallocation of resources, and investment in public health priorities, all of which are made apparent by this public health crisis. Vulnerability, disparity, unpreparedness, distrust, and injustice are also made apparent. Concerns regarding the existing

capabilities of the MENA area to stem the spread of the pandemic necessitate an immediate, genuine commitment (Khader, 2021; Qato, 2020; Tartir & Hawari, 2020).

This policy study was headed by a collaboration of MENA-based global public health experts and Palestinian researchers with expertise in health systems, health policies, and disease burden. by focus on Palestine in order to investigate and examine the health system's reaction to the COVID-19 epidemic in conflict contexts (Khader, 2021; Qato, 2020; Tartir & Hawari, 2020). Our findings and thoughts are the result of a synthesis of empirical facts and reputable published sources. Our goal is to investigate the accomplishments and shortcomings of state and non-state actors' responses to the COVID-19 health system outbreak in order to propose viable public health options(Khader, 2021; Qato, 2020; Tartir & Hawari, 2020).

3.2. The current Palestinian humanitarian situation

The COVID-19 has broken down international boundaries and spread to most of the world's countries, but its impact has been uneven. Each country has a unique combination of infection risk and the capacity to plan for and respond to this outbreak (Khader, 2021; Qato, 2020; Tartir & Hawari, 2020). The Israeli occupation of Palestine has established a brutal humanitarian status quo that will determine how the COVID-19 will affect Palestinians by influencing their standard of life and health care.

3.3. Challenges of Social Isolation and Overcrowding in Palestinian Communities

Social isolation, often known as "physical distancing," is recommended as a preventative intervention against the transmission of the COVID19 by the World Health Organization (2020a) and the Centers for Disease Control and Prevention (CDC) (2020). Palestinians

in densely crowded regions have a more difficult time judging physical distance. It was anticipated in 2012 by the UN Relief and Works Agency (UNRWA) that by 2020 the Gaza Strip will be "uninhabitable" (UN, 2012). Overcrowding has developed in the Gaza Strip as a result of the 13-year siege and the harsh limitations on movement to and from Gaza by IOAs (UNRWA, 2018; IMEMC, 2019). In addition to the camps in Jordan, Lebanon, Syria, and Iraq, there are 27 refugee camps in the Gaza-Strip, West Bank, and Jerusalem, housing more than 2 million refugees who are living in extremely difficult and overcrowded conditions (IMEMC, 2019; UNRWA, 2016).

Furthermore, East Jerusalem and 'Area C' of the West Bank are subject to stringent construction limitations. Only thirteen percent of Jerusalem's development licenses went to Palestinian areas (ACRI, n.d.). This, together with geographical segregation, causes densely populated neighborhoods and homes in which more than one family occupies what were originally designed as single-family dwellings (Betselem, 2019a). Only 3% of permits were issued to Palestinians in Area C, which made up 60% of the West Bank and where the Israeli occupation maintained complete civil and military authority, since 2017 (Betselem, 2019a; Haaretz, 2020a).

In addition, since 2016, 3,350 persons have been displaced due to home demolitions in East Jerusalem and Area C (where Israel has demolished 2,678 buildings; OCHA, 2020d). Since March, when COVID-19 first appeared in Palestine, Israeli occupiers have destroyed 61 Palestinian houses and businesses, forcing at least 48 Palestinians to relocate (OCHA, 2020f). These obstacles make it difficult for Palestinians to take even the most fundamental prophylactic measures, like quarantine, testing, tracking, and physical separation.

The prevention of infectious illnesses like the COVID-19 depends on the accessibility of clean WASH services. One of the most essential things you can do to avoid being infected with COVID-19 is to practice good hygiene and wash your hands often (Abuzerr et al., 2019; WHO, 2020i). Water and sanitation systems are nearly nonexistent in Palestine as a result of Israeli occupation strikes that destroyed the country's WASH infrastructure (OCHA, 2019).

Only 4% of the water in the Gaza Strip is fit for human use, and the Israeli embargo prevents the timely delivery of supplies needed to maintain and repair water infrastructure and water management facilities (UNICEF, n.d.).

Since Israel controls all water supplies in the West Bank, including Area C, Palestinians have just 20% of the water they need (Betsalem, 2017). Israel has been ignoring the water and sewage infrastructure problems in East Jerusalem. There is a greater chance of COVID-19 spreading among Palestinians because of the lack of access to proper WASH services.

3.4. Economic Challenges and PA's Response Amidst the COVID-19 Pandemic in Palestine

Over the years, Palestine economy has declined, and today 51% of Gaza Strip residents and 16% of West Bank residents are unemployed. In addition, 38.4 percent of refugees in Palestine are jobless as of 2019 (PCBS). East Jerusalem has the highest poverty rate in the Palestinian Territories at 76% (ACRI, 2017), followed by the Gaza Strip at 53% (PCBS, 2017), and the West Bank at 14%. Because of poor sanitation, inadequate

nutrition, lack of clean water, and inability to acquire protective gear like gloves and masks, those living in poverty are at a higher risk of contracting COVID-19.

The entire economy is feeling the effects of COVID-19, but Palestine is feeling it the most (World Bank, 2020). Because of Israeli occupation policies, Palestinians are prevented from developing a sustainable, self-sufficient economy and the Palestinian economy is therefore dependent on Israel. This program, and COVID-19 in particular, is likely to contribute to the PAG's already substantial deficit (Palestinian Authority, 2020). This hinders PAG's capacity to respond to COVID-19 and cope with its budgetary ramifications, such as paying the health personnel pre-reduction salaries, financing the national response activities, and securing critical people's requirements. Since the implementation of the lockdown measures, the Palestinian economy has suffered a twin blow: the loss of employment and the anticipation of further joblessness in the future (Al Monitor, 2020). As a result, Palestinians' poverty rates (particularly in refugee camps) will rise, food insecurity will worsen, and their standard of life and health will suffer. PAG probably won't have the resources to reduce the historically high poverty, unemployment, reliance on foreign aid, and food insecurity.

The emergence and spread of Covid-19 around the world led to many disastrous impacts on the Palestinian economy especially after the lockdown of the West Bank in order to limit the spread of the virus (Al Monitor, 2020). Consequently, the Palestinian economy decreased about 11% compared to the previous years due to the occupations' hindrances and being ruled by Paris Protocol. In other words, the Israelis transfer the taxes' revenue, but it doesn't always transfer the whole taxes because of the Israeli financial piracy

(Palestinian Authority, 2020; Abed, 2020; Giacaman et al., 2022; Hanieh & Ziadah, 2022; Miaari et al., 2020; Tartir & Hawari, 2020)).

Another aspect of the damage of the Palestinian economy during Covid-19 is the loss of jobs that most Palestinians work in Israel, but the lockdown made them without work (Abed, 2020; Giacaman et al., 2022; Hanieh & Ziadah, 2022; Miaari et al., 2020; Tartir & Hawari, 2020). This meant that they didn't have enough money to pay for anything; this led them to ask the PA for a solution for their problem as a result of the governmental decisions.

According to Melhem (2021)¹ and Manasra (2021)², the WBG responded to Covid-19 crisis in Palestine that it followed the three stages of crises response, namely: relief, restructuring and resilient recovery. In other words, the PA formed a national crisis headquarter for Covid-19 headed by the Palestinian PM and local aid secretariate. Then, the WBG along with the WHO AND UNICEF provided the PA with the required medical supplies. Also, it maintained a long-term vision to address the health threat, maintain a long-term economic relief plan. He also said that the quick response to economic crises due to Covid-19 was one of the highest priorities.

Also, tourism and agriculture sectors were affected dramatically especially when the lockdown of the West Bank began in 2019 that tourists were banned from coming to Palestine due to the pandemic. Also, one of the main Palestinian cities which was affected by Covid-19 was Bethlehem because it depends on tourists in its economy since there is the Church of Nativity being the Christian religious center in Palestine. In other words, many

¹ An interview with Dr. Firas Melhem. The governor of the PMA. 8.6.2021

² An interview with Mr. Mohammed Manasra – the deputy of the governor of the PMA. 8.6.2021

tourists used to come to Bethlehem to visit the church for worship purposes as well as to see the beauty of that old church (Mosier et al., 2020a, 2020b; Negev et al., 2021).

Besides, Palestinian local farmers were not able to export their abroad due to the international policy which prevented any goods exchange fearing that this would be a reason for the transmission of Covid-19 to that country. This led the Palestinians to sell their products half the price (Brooks et al., 2020).

Furthermore, it prevented many merchants from importing from China which is the main source of goods in Palestine leading to the increase of the prices of goods in Palestine because the Palestinian society is a consumer market (Trottier et al., 2020).. Consequently, other markets were sought especially the Turkish markets to import all kinds of goods as a result of the Chinese situation.

The previously mentioned represent the economic impact of Covid-19 on the Palestinian economy, but the question here what did the PA do to face all this impact?

In order to support the agricultural sector, the PA promised to allocate 25M dollars to support the agricultural sector having it in the emergency budget. This was meant to compensate part of the losses of the Palestinian farmers. Also, the PA offered them agricultural projects. The PA also promised to carry out agricultural projects with the Palestinian farmers do their work without being too worried about the financial consideration. Also, the PA didn't impose any taxes on agricultural works in Palestine in order to encourage the Palestinians to work in the agricultural sector and encourage the current farmers to continue their hard work to revive the agricultural sector to its previous condition (The State of Palestine Ministry of Agriculture, 2017).

As for trade and banning Chinese products during Covid-19, the PA tried its best to open a new path of trade with Turkey as an alternative for China since its products represented most of the products in the Palestinian market. Concerning the Palestinian workers in Israel, the PA allocated compensations for them in the emergency budget which was prepared in the first day of the crisis highlighting that the PA's economy was in its lowest levels here we are referring to the highly controversial (Waqfet Izz) Fund (Dave, 2021; Mitwalli et al., 2022; Sakka, 2020). In order to solve this problem, it reduced the public employees' salaries to 50% to be paid once this economic crisis ends. This is done to open a window of hope to compensate the workers who used to go to Israel to earn a living that the PA allocated "500" Nis for each workers signing his name in the specialized departments (Dave, 2021; Mitwalli et al., 2022; Sakka, 2020).

Also, it urged all workers not to go to Israel to work because the outbreak of the pandemic was partly because of them that the spokesperson of the PA Ibrahim Melhem called them "the Loose Waist" of the Palestinian system because they violated all the instructions and went to work in Israel despite all warnings (Tawam, 2020).

The PA overlooked all these violations and came up with a solution for their problem by staying in their work places for a month or more instead of commuting. That solution was brought in order to allow the Palestinian workers to go to their works after having an agreement with the Israelis to ban the Palestinian workers to commute to their work every day to stop the spread of Covid-19 in Israel and Palestine (Dave, 2021; Mitwalli et al., 2022; Sakka, 2020).

One of the solutions of the PA for the loss of jobs is working online, however, only 12% of the jobs can be done online while 88% of the rest of sectors couldn't work online (Dave, 2021; Mitwalli et al., 2022; Sakka, 2020).

Remote labour sector	Number of workers
Education (schools, colleges and universities)	108,700
Non-governmental organizations	10,800
International organizations	1,900
International governments representatives	8,100
Information technology (IT)	10,000
Total	139,500

Source: Data provide by PCBS for this report (2020)

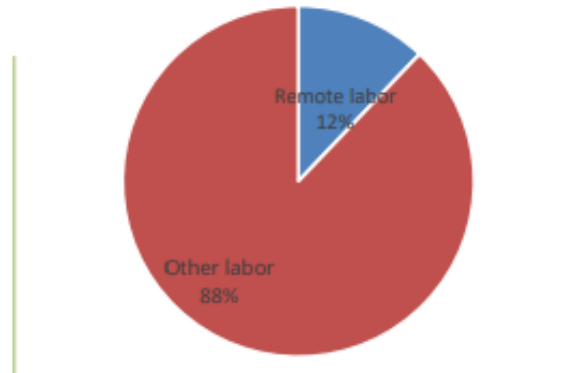


Table 1: Represent the percentage of the sectors working online and the ones which couldn't work online.

3.5. Challenges in Palestine Healthcare System Amidst the COVID-19 Pandemic"

Palestinians may not be able to effectively combat the epidemic because of the country's disjointed and underfunded health care system. Al Khaldi et al. (2018) note that despite repeated appeals for IOAs to lift all limitations and for PAG and international players to invest in and restructure the health system's structure and pillars using fresh creative and innovative ways, these requests were mostly ignored. The Palestinian Ministry of Health (MoH) serves as the system's regulator and primary provider, while UNRWA, the commercial sector, and nongovernmental organizations (NGOs) round out the system. Governance, evidence-based policies, funding, knowledge and information exchange, resources and technology, and coordination among health players are all lacking in the current system. AlKhaldi et al. (2018) state that these components are necessary for

developing and enforcing efficient health emergency plans. Hospitals in Palestine are under-resourced, with just 375 intensive care unit beds and 295 ventilators throughout Gaza and the West Bank (PA, 2020). Over 700 checkpoints and crossing points impede Palestinian travel in the West Bank (OCHA, 2018), while the blockade of the Gaza Strip further restricts movement of both people and commodities. This will make it more difficult to transport lifesaving resources including medical supplies, PPE, pharmaceuticals, and medical personnel across governorates and into and out of Palestine.

As part of its ongoing occupation, Israel has repeatedly attacked Palestinian civilian infrastructure, including health care institutions and the people who work in them. There have been 48,246 injuries and 452 deaths in Palestine (mostly in the Gaza-Strip) as a direct result of Israeli assaults since 2018 (OCHA, 2020c). OCHA (Office for the Coordination of Humanitarian Affairs) reports that in the previous month alone, Israeli settlers have attacked Palestinians 30 times and conducted 186 search and arrest operations, leading to 102 injuries and 1 death among Palestinians. All of this is making it harder for hospitals, who are already stretched enough, to deal with the expected rise in COVID-19 patients.

The regular energy disruptions in the Gaza-Strip further strain already overburdened medical facilities. In the last five months, OCHA has only allowed the Gaza Strip to have electricity for 13 hours a day (2020e). Public health institutions' capacity to adhere to prescribed WASH procedures in the battle against COVID-19 would be hindered by the poor quality of water and sanitation systems caused by a shortage of electricity. People at

quarantine facilities may experience a disruption in service delivery due to a lack of energy, WASH services, or supplies.

The Palestinian health system's reaction has been adequate despite severe limitations in ability, resources, and governance; nonetheless, the Israeli occupation has undermined parts of the region's attempts to combat the pandemic. For instance, Israeli officials demolished a Palestinian testing facility in Jerusalem last month because it was "labeled as a collaboration with the PAG" (The National, 2020). Israeli occupation police detained the Palestinian governor of Jerusalem on the 'charges' that he had worked with the PAG to combat COVID-19 in the city (Haaretz, 2020b).

The Palestinian health care system is already pushed to its breaking point, and the epidemic is only anticipated to make things worse. The Palestinian health system will be hampered in its ability to respond to the epidemic and other urgent health demands.

Another problem arose when Israel delivered nearly expired vaccines to the PA causing doubts in the given vaccines that people started to check expiration date of the vaccine before taking it. Also, this created a kind of distrust in the PA itself because the only way to get the vaccine was through Israel. Consequently, the PA refused to receive any vaccines from Israel because of the nearly expired vaccines. Also, Qarmash (2021) Assured the cooperation of the PA with the UNRWA in order to stop the spread of the pandemic by protecting the medical staff and cooperating with the Palestinian leadership in crisis management.

Besides, Najib (2021)³ agreed with Qarmash (2021)⁴ by confirming the cooperation of the PA with other bodies such as the Union of Civil and Private Hospitals in providing medical services to whoever needed them since ventilators and medical devices were used from other hospitals. Similarly, Eda (2021)⁵ assured that there was a cooperation between the PA and the PRC that its staff worked with the PHM's staff to fight back the pandemic. Finally, Al-Khalawai (2021)⁶ said that there was psychological impact of the pandemic since it led to changing daily routine and losing jobs and roles in the society.

3.6. Educational system during Covid-19:

Covid-19 damaged the educational system greatly that it paralyzed the educational process because schools and universities were considered the greatest gathering of people in one place. Consequently, the Ministry of Education and the Ministry of Higher Education decided to turn into distance learning using computer software (Ahmed & Amiri, 2019; Alhelou et al., 2021; Shraim & Crompton, 2020).

In order to implement that, the ministry of education trained the teachers on e-learning programs such as Teams asking principals to supervise it by asking teacher for photos and videos of the meetings in order to prepare reports to be sent at the end of the week. Also, it asked Tawjihi teachers to give students their lessons face- to face because they were not considered a gathering of many people. After the decrease of the number of Covid-19 cases, it had been decided to turn to the mixed learning mode in which students were divided into two groups each attended schools in specific days. The instructions

³ An interview with Dr. Najib Nitham. The Head of the Union of Hospitals, Civic and Private Medical Centers. Personal Interview. 16.6.2021.

⁴ An interview with Dr. Adnan Qarmash. UNRWA. ThEW Head of the Field Work Program. Online Interview. 16.6.2021.

⁵ An interview with M Mohammed Eda. the deputy of the head of the Palestinian Red Crescent. Online interview. 16.6.2021.

⁶ An interview with Dr. Hilal Khawaja. a professor at Ber Zeit University. Personal Interview. 18.6.2021

stated that if the number of cases increased again, teachers and students turn automatically into e-learning(Ahmed & Amiri, 2019; Alhelou et al., 2021; Shraim & Crompton, 2020).

In this matter, Shtewi (2021)⁷ and Al-Najjar (2021)⁸ evaluated the efficiency of e-learning that the former found out that 1311 lecturer in 40 educational institutions (72.8% Males and 27.2% Females). Also, 67.1% of the lecturers and 44% of students thought that e-learning achieved the educational aims. Besides, 70.9% of the lecturers and 39.9% of students believed that e-learning covered all the plans. Furthermore, 72.6% of the lecturers and 46.6% of students thought that electronic devices were suitable for e-learning. Also, 71.8% of the lecturers and 43.2% of students thought that e-learning enabled students to communicate with their lecturers easily. Finally, 76.7% of lecturers and 50.2% of students believed that the educational institutions offered the educational electronic tools and suitable platforms to empower e-learning(Ahmed & Amiri, 2019; Alhelou et al., 2021; Shraim & Crompton, 2020).

However, there were challenges in the implementation of this system because of the weakness of internet speed, not having enough computers or even mobiles, the bad economic situation of the Palestinians as well as the high cost the requirements of e-learning. In order to overcome these difficulties, the PA urged the communication companies to provide cheap internet service as well as urging merchants to consider the economic situation of the Palestinians (Ahmed & Amiri, 2019; Alhelou et al., 2021; Shraim & Crompton, 2020).

⁷ An interview with Dr. Muammar Shtewi. the head of the department of Quality, Online Interview.25.7.2021.

⁸ An interview with Dr. Shahinaz Al-Najjar, A Professor at the AAU. Personal Interview. 25.8.2021.

Similarly, Attar (2021)⁹ said that the Palestinian universities changed their education to e-learning keeping up with their students by using educational platforms. However, they were not ready for adopting this system.

As for schools, Saleh (2021)¹⁰ decided to close schools, KGs and all educational institutions, but the return to school was harder than he thought because of the health protocol and its risks. In this manner, the Ministry of Education took care of students and educational staff's health, redesigning the educational content and enhancing the procedures of e-learning. To sum up, although the feedback seems positive. However, numerous teachers and educators complained that the quality of education was not up to standards for example: teachers were not able to take control of the learning process and the learners used to copy each other's answers and so on. Also, many of them as well as their parents considered that time as a holiday (Ahmed & Amiri, 2019; Alhelou et al., 2021; Shraim & Crompton, 2020).

When compared to the rest of the MENA area and Israel (16,539 cases and 262 fatalities respectively), the numbers of cases and deaths reported in Palestine are regarded to be modest (MoH, 2020). This is evidence that the PAG's quick and immediate actions to contain COVID-19 were effective. Our analysis, however, is important because it delves deeper into questions of (i) the Palestinian national health system's preparedness and response to date, (ii) the capacity and resources in Palestine that are necessary to deal with the COVID-19 outbreak, and (iii) the efficacy of governance and decisions made in this area. These factors are crucial in responding to pandemics because they affect the

⁹ An interview with Dr. Nuha Al-Attar. A professor at Khadoury University. Personal Interview. 25.9.2021.

¹⁰ An interview with Dr. Basri Saleh, the deputy of the Ministry of the Education. Personal Interview. 27.7.2021.

health system's ability to fight the pandemic effectively, causing the least possible short- and long-term harm to the health of people (WHO, 2020f).

3.7. Readiness and preparation the first steps of facing the crises

Although the Palestinian National Authority was established in 1994, the country has continued to lack a unified national emergency strategy and a proactive plan in the face of potential disasters. The initial reaction procedures taken by the central PAG in the West Bank (declaring an early emergency plan and implementing lockdown measures) were viewed as rigorous and successful in stopping the rapid spread of the COVID-19 (OCHA, 2020a). It took longer for officials in the Gaza Strip to take preemptive steps including locking down schools and other non-essential buildings (Gulf News, 2020). Unfortunately, political, geographical, and administrative differences contributed to the discordance of these plans and actions throughout the two areas. In late February, the PAG launched an emergency response plan to ready West Bank health institutions and supply health personnel with the appropriate training and equipment (PA, 2020). Interagency meetings were held in late February to plan and agree on readiness and coordination procedures for handling prospective cases in the West Bank and Gaza, and a national Inter-agency COVID-19 Task Force was constituted. Intriguingly, it seems unlikely that widespread consensus and input were major factors in the making of these decisions and actions in either region. On 27 February, the WHO provided critical materials such laboratory testing kits and PPE to the MoH to aid in educating health professionals in infection prevention and control and case management (WHO, 2020h). Implementing these preventative steps sooner would have better prepared the health system to deal with the epidemic, even if they are indicated priority by the WHO at a 'no

case' scenario (WHO, 2020g). The World Health Organization (WHO) plays an essential part in the success of the COVID-19 readiness and response plan, but its involvement should extend beyond providing logistical and technical support and include strong advocacy efforts.

After the initial cases were reported in Palestine, there was a higher demand for training health workforces, case tracing, and monitoring, as well as an increased requirement for equipment, testing kits, drugs, and PPE (WHO, 2020g). Due to the fragility and scarcity of the health system as a result of harmful Israeli occupation actions, an earlier and more detailed contingency plan would have supported the substantial demands of the Palestinian health system at an earlier stage.

3.8. Governmental action strategy

With the intent of stopping the spread of the epidemic, the PAG initiated the National Response Plan on March 26. It appears that the PAG does not contain a strategic and inclusive action plan for each stage of the epidemic based on the WHO's four scenarios of transmission (WHO, 2020g), although emphasizing (i) what has been done so far, (ii) the obstacles, and (iii) donor requirements (PA, 2020).

The World Health Organization has classified Palestine as a high-risk nation for the spread of COVID-19 (PA, 2020), placing it in the third scenario, wherein a 'cluster of cases' is occurring (WHO, 2020c). A greater epidemic of local transmission is the fourth possible outcome of the pandemic's continued progress. Importantly, the majority of COVID-19 cases in Palestine are exogenous cases coming through three routes: (1) by Palestinian workers who travel daily to and from Israel without any protective measures

from the Israeli occupation's health authority; (2) by international travelers returning to Palestine through borders with Egypt and Jordan; and (3) by areas where the Palestinian MoH is successfully implementing aggressive control measures (OCHA, 2020). These precautions must be steadfastly maintained in order to forestall the introduction of sick individuals into the local population, which might have devastating consequences. However, officials in Gaza have already begun lowering lockdown restrictions, and the PAG has begun removing the lockdown in the West Bank (Alaraby, 2020). Lockdown restrictions should be eased gradually and cautiously, with frequent assessments and reviews taken into consideration. Since lifting the lockdown might lead to an increase in COVID-19 instances, it is imperative that every choice or action taken in this delicate situation be well thought through.

WHO's Strategic Plan for Preparedness and Response (2020f) identifies RCCE as a vital component of readiness and response. The Minister and spokesperson of MoH, and more recently spokesmen from other ministries including the Ministry of Finance and Planning and the Ministry of Labour, have been routinely interacting with the public through many channels, including two daily news releases (MOH, 2020). In accordance with WHO recommendations (WHO, 2020f), the PAG has been communicating in a timely, consistent, and transparent manner, notably regarding numbers, locations of cases, treatment facilities, and updated control measures. The Gaza Strip's health officials each used their own, similar way to spreading the word. However, there is a need for better public communication and explanation of reaction techniques and their justification. The WHO's policy (WHO, 2020f) calls for the continued development of procedures for detecting and responding to rumors and disinformation, with the participation of other

implementing organizations (including small and local ones), community organizations, leaders, and the public.

3.9. Challenges and Imperatives for Collaborative Pandemic Response in Palestine

There has to be more cooperation and public participation in the reaction and recovery efforts. The health cluster in the West Bank, Gaza Strip, and Jerusalem has organized many committees to prepare for and respond to COVID-19 (OCHA, 2020a). However, the procedures through which these committees collaborate remain unclear. There is a lack of national coordination, and there is no legal obligation for the occupying authority to work with the Palestinians. In order to control the epidemic in a timely manner, without wasting scarce resources due to unnecessary duplication of effort, widespread national coordination and collaboration are required. According to the Palestinian reaction Plan (2020), the Prime Minister's Office will develop a coordination platform called PAL-COVID-19 to offer updates and coordinate the reaction. Community institutions and representatives in Palestine are not adequately involved in establishing the adopted plan and strategy, and it is unclear how this platform was created, implemented, and monitored. Not reviving the Palestinian National Institute of Public Health (PNIPH) as a key player in evidence production, policy development, coordination, monitoring, evaluation, and guidance—beyond the numerous national committees—was a missed opportunity on the part of the MoH administration. The Palestinians and their foreign allies need a unified set of aims and a fair approach for working together that takes into account the importance of both research and practice in times of crisis if this is to be implemented. In order to facilitate successful research (evidence creation) and response (practices and implementation) during and after a

pandemic, WHO has established a number of tools. The WHO's Council on Health Research for Development (COHRED) proposals are one such set of instruments (WHO, 2020k).

The fact is that many emergency actions are being hampered by the Israeli occupation. Any community-based endeavor in Palestine, especially in high-risk locales like East Jerusalem and Area C, is being disrupted. In Jerusalem, where testing facilities for the IOAs are scarce, a group of Jerusalemites in collaboration with the PA worked on operating a clinic; however, Israel closed the clinic without warning, claiming that "the PAG is prohibited from any activities in East Jerusalem" (Haaretz, 2020b). Israeli forces also seized six tents intended for use in the Jordan Valley's COVID-19 response, including two intended for use as a clinic and four for displaced civilians (Betselem, 2020).

3.10. Challenges and Shortcomings in Palestine Healthcare System Amidst the COVID-19 Pandemic

A health system's preparedness and response to emergencies are greatly influenced by its capability and resources (WHO, 2020f). Over a long period of time, the Palestinian health care system has been underfunded by successive governments. With just 1.8 doctors per 1000 residents (PCBS, 2019), 375 adult intensive care units (ICUs), 16 pediatric ICUs, and 296 ventilators, Palestine healthcare system is extremely disjointed and under-resourced (AlKhaldi et al., 2018). Increased instances of COVID-19, especially severe ones that would require weeks of treatment, and other (non-COVID-19) important healthcare services cannot be met with the current allocation of resources.

An appeal for 100 ventilators and 140 intensive care unit beds has been made since 25% of medical consumables, 65% of laboratory supplies, and 43% of vital pharmaceuticals have been used up in the Gaza Strip (AA, 2020). Furthermore, there is an urgent need to acquire and refill PPE, testing kits, disinfectants, equipment, supplies, pharmaceuticals, and health workers across the entirety of Palestine (OCHA, 2020a; WHO, 2020h). While PAG has been successful in getting limited donors to react to its requests and provide much-needed diagnostic, therapeutic, and protective equipment, the importance of donors' roles should be emphasized even more.

These shortages are a direct result of the Israeli occupation, which has weakened the health system's infrastructure. There were 308 assaults against healthcare personnel and facilities in Palestine in 2018 (OCHA, 2018), making it the country with the highest number of such incidents worldwide. This outbreak comes at a time when the health system is already stretched thin and heavily reliant on outside donors, further reducing its ability to provide adequate care. Due to Israeli restrictions, only 3,000 diagnostic tests and 50,000 face masks were able to make it into the Palestinian Ministry of Health as of the end of March (OCHA, 2020a). The Palestinian health cluster estimates a need for 20,000 diagnostic procedures by 2020 (WHO, 2020h).

It is projected that PAG's already minimal revenues will plummet by at least 40% as a result of COVID-19, and the deficit will balloon from \$0.8 billion to \$1.8–\$2.4 billion by 2020 (PA, 2020). The ability of the healthcare system to provide prevention, diagnosis, and treatment for the pandemic will be hampered as a result of this. For the next three months, the PAG has requested US\$120 million to cover public health response costs such salaries for medical personnel, supplies, and equipment (PA, 2020). To increase

diagnostic tests, hospital beds, and personal protective equipment, the health cluster has asked for \$19.1 million (OCHA, 2020a). When local donors are restricted and overseas donors prioritize dealing with the COVID-19 situation in their own countries, it will be challenging to get these sums.

Prior to the COVID-19 outbreak in Palestine, it is unknown if a mapping of health professionals was conducted by the MoH and the Humanitarian Country Team. The lengthy procedures of fundraising and procurement may have been sped up with an early and precise analysis of capability, resources, and financial demands in collaboration with other health elements like private facilities and hospitals. Coordination between the various health players is also crucial for the effective allocation and utilization of secured funding and resources. Given the size of the requested funds, a well-thought-out backup plan is necessary. In addition, there should be both a short-term and long-term national health workforce plan in place, prioritizing the most needed medical specializations in universities and the government's employment plans, and implementing country-wide training programmes for outbreak prevention and control. These top objectives represent genuine opportunities in which the PAG and donors may choose to invest now and in the not-too-distant future, including the development of new technologies to improve the health care system.

3.11. Strengthening Health Governance and Coordination in Palestine Amidst COVID-19 Challenges

In a health care system, governance is a critical component and the engine that propels the system's capabilities and resources. If a nation is going to be able to meet its current and future health demands, it has to have solid health governance in place (WHO, 2010).

Similar to other nations in war, the current health system deficits in Palestine might be understood as a source of yesterday's unaddressed governance difficulties. One such difficulty is sloppy system administration. However, COVID-19 presents a unique chance to improve these system functions, provided that political will is there.

Health governance and the health system's ability to respond to emergencies and everyday needs both benefit greatly from evidence-informed policymaking. In order to help health system actors take meaningful measures in terms of strategy and planning, resource allocation, oversight, coordination, and evaluation, it is important to fortify Palestine underdeveloped national research system (AlKhalidi et al., 2018).

When responding to the pandemic, Palestine was one of the first countries to implement lockdown and public health measures, in contrast to many others (including Iran, Turkey, Spain, Italy, France, and the UK) which did not begin implementing lockdown until thousands of confirmed cases had already occurred (The Guardian, 2020). It was a necessary and timely action by the Prime Minister, notwithstanding the murky decision-making process. Given the volatile political climate and the precarious state of the health care infrastructure in Palestine, this centralized decision was in the best interests of the population there. However, judgments made in the Gaza Strip were not in sync with those made by PAG's headquarters. This demonstrates the differences in policymaking and decision-making between the West Bank and the Gaza Strip health care systems. The Palestinians are currently being held captive by three different forces: the virus, the Israeli military occupation, and internal Palestinian strife. The Palestinian people's health and safety are put in jeopardy by these harsh and dangerous situations.

Academia played an important part in this disaster by providing health officials with up-to-date information and best practices. Although they are increasingly involved in technical discussions and the execution of preparedness, resource mobilization, and response measures, non-state actors' influence in decision-making remains limited. Due to a lack of clear goals and political commitment, the academic sector's involvement in research and innovation to educate health officials' response to COVID-19 is severely constrained. The unification of scientific communities during times of crisis requires bridging this persistent chasm. There's also a call for young researchers to step forward and take the reins. Academic organizations and research institutes were found to be crucial in better informing policymakers and the general public in a recent local study (AlKhalidi et al., 2019a, 2019b). However, the participation of non-governmental organizations (NGOs) and private institutions is growing in Palestine healthcare system (Giacaman et al., 2009). According to an article published by This Week in Palestine (2020), the East Jerusalem Hospitals Network (EJHN) consists of six hospitals that provide the primary tertiary care for Palestinians living in East Jerusalem and those from the West Bank and the Gaza Strip who are referred to it by the Ministry of Health (MoH) for services that are unavailable there. This focuses widespread attention on the healthcare industry across the West Bank, including Jerusalem and Gaza, which has been struggling financially owing to huge cuts in financing and a serious lack of key supplies. The current U.S. administration recently cut financing for this industry due to political pressure. This decision hampered the continuity of care and increased indebtedness for the Palestinian Ministry of Health, which halted the procurement of services from these institutions by the MOH. The Palestinian government and non-government organizations

did not adequately coordinate their efforts to combat COVID-19. The problem can be strategically addressed by establishing a single national organization like the PNIPH to serve as a coordinator. action to the spread of COVID-19 should emphasize a "whole-of-government," "whole-of-society," and "community-centered" strategy, as outlined in the WHO's COVID-19 action plan (2020f).

However, several Palestinian coordination tactics and strategies are still unknown because they are mostly controlled by the actions of the Israeli occupier. One problem is that Palestinian workers in Israel continue to cross borders on a daily basis, which raises the prospect of wider coronavirus transmission from Israel to Palestine. There must be more screening at entrance points, as well as tighter quarantine procedures. More crucially, leaving Palestinian captives, including children, women, the elderly, and ill, without basic protections violates their basic rights. In addition, there is a lack of transparency in how players in Jerusalem, the West Bank, and the Gaza Strip coordinate with one another. The Ministry of Health and other partners may be making preparations for the future, but these plans are not reflected in the present Response Plan. These are crucial for coordinating with non-state actors so that Palestine may be ready for the fourth scenario, "a larger outbreak of local transmission," should it occur.

3.12. Navigating COVID-19 Challenges in Conflict Zones: The Case of Palestine

Globally, COVID-19 poses a substantial threat to public health, but it is especially worrisome in war zones where weak governance and little resources compound the problem. Some MENA nations are well-equipped to deal with the COVID-19 epidemic, while others, particularly those mired in lengthy conflicts like Syria, Iraq, Yemen, and Palestine, lack the necessary resources to do so. Social marginalization, inequities,

instability, unreadiness, underinvestment, and weakness in governance and collaboration are only some of the issues that have been brought to light by the COVID-19 crisis in these nations, including Palestine. The epidemic presents a unique opportunity for governments and donors to work together to effectively tackle these issues (Sciences, 2021).

Palestinians' health security during the Pandemic is jeopardized by the current political situation in Palestine. The Israeli occupation of Palestine has been going on for 75 years, and it has resulted in a catastrophic humanitarian crisis. Overcrowding, building restrictions, raids and arrests, home demolitions by Israel, lack of freedom of movement throughout Palestine, and a siege on Gaza that has lasted for over 15 years all contribute to make it difficult for Palestinians to prevent the spread of the deadly COVID-19 virus. In addition, Israel's constant attacks and monopoly on Palestinian water supply have wreaked havoc on the country's WASH system infrastructure (Giacaman et al., 2022; Qato, 2020). Palestinians (especially refugees) are unable to protect themselves from the spread of COVID-19 due to the country's dire economic situation (Qato, 2020). The effects of COVID-19 are likely to exacerbate these humanitarian problems. Human rights groups both locally and internationally must exert pressure on Israel to halt its tactics, especially the detention and siege of civilians. Especially among vulnerable groups like refugees and individuals in inaccessible locations, Palestinians are in dire need of financial and food help to mitigate the socioeconomic repercussions of the epidemic and avoid any additional economic breakdowns and food shortages (Giacaman et al., 2022).

Palestine is doing better in its response to COVID-19 than many other nations, despite its political situation's complexity and its limited resources and capacities. Rapid

preventative lockdown measures were implemented by the PAG (Abed, 2020; Lehrs, 2021). But if these restrictions are loosened too soon, the number of cases might spike back up, negating any progress that has been accomplished. A limited management strategy has been implemented by authorities in the West Bank and Gaza Strip for COVID-19 control, but these efforts have not been coordinated (Abed, 2020; Lehrs, 2021). However, better COVID-19 planning and response in Palestine requires more coordinated activities including testing, tracking, public involvement, and socioeconomic support packages. To properly address the epidemic in Palestine, a more clear and united response plan with a long-term vision, including a viable exit strategy, is required. The public health system's governance, capability, and health research and monitoring should all be strengthened as part of this response strategy (Abed, 2020). It is widely acknowledged that the national research system plays a crucial role in enhancing these strategic elements across all contexts and settings (Lehrs, 2021). The Research Fairness Initiative (n.d.) and the system analysis technique (AlKhaldi et al., 2018) are two examples of innovative approaches that can aid in strengthening research capacity and emergency research like COVID-19.

In addition, the various health players in the West Bank, Gaza Strip, and East Jerusalem have an immediate requirement to enhance their coordination and collaboration. All hospitals and other facilities, public, nonprofit, and private, are included. There is also a need to increase and improve community participation and engagement in the response to COVID-19. Collective actions and investment strategy adopted by all state, non-state, regional, and global humanitarian and development partners must become more efficient, systemic, and complementary to act into two trajectories: (1) mobilizing all efforts and

resources to the COVID-19 pandemic mitigation and containment measures; (2) establishing a lockdown relaxation system conditional on local and national infection transmission rates;

Chapter 4: The Influence of the COVID-19 Pandemic on the Israeli-Palestinian Conflict

4.1. Introduction: The Historical Context of the Palestine Conflict

In 1922, the League of Nations placed Palestine, which was among the former Ottoman territories, under the administration of the United Kingdom (Oder, 1956; Louis et al., 1969; Sicker, 1999; Gannon et al., 2018; Auerbach, 2021). All of these lands eventually became fully independent states except Palestine. In addition to "providing assistance and administrative advice", the British Mandate incorporated the "Balfour Declaration" of 1917, expressing support for the establishment in Palestine of a national home for the Jewish people (Oder, 1956; Louis et al., 1969; Sicker, 1999; Gannon et al., 2018; Auerbach, 2021). During the Mandate period from 1922 to 1947, there was a large-scale Jewish immigration, mostly from Eastern Europe, and these numbers doubled in the thirties as a result of Nazi persecution. In 1947, the United Kingdom referred the Palestine problem to the United Nations (Oder, 1956; Louis et al., 1969; Sicker, 1999; Gannon et al., 2018; Auerbach, 2021).

After considering other alternatives, the United Nations, through its Resolution 181 (A) of 1947, proposed ending the British Mandate and dividing Palestine into two independent states, one Arab Palestinian, the other Jewish, with the internationalization of Jerusalem. One country declared its independence as the State of Israel, and in its 1948 war with the neighbouring Arab countries; this state expanded to include 77 percent of the land of Palestine, including the greater part of Jerusalem (Oder, 1956; Louis et al., 1969; Sicker, 1999; Gannon et al., 2018; Auerbach, 2021).

As a result, more than half of the Palestinian Arab population fled or was expelled as Jordan and Egypt controlled the rest of the lands specified by Resolution 181 of the Arab state. In the 1967 war, Israel occupied these lands that included (the Gaza Strip and the West Bank), including East Jerusalem, which was later annexed by Israel. The war resulted in a second emigration of the Palestinians, estimated at about half a million people (Oder, 1956; Louis et al., 1969; Sicker, 1999; Gannon et al., 2018; Auerbach, 2021). In 1974, the General Assembly reaffirmed the inalienable rights of the Palestinian people to self-determination, national independence, sovereignty and return (Sicker, 1999; Gannon et al., 2018; Auerbach, 2021).

In 1987, a popular uprising against the Israeli occupation began in the occupied Palestinian territory. Since then, the methods used by the Israeli forces resulted in mass casualties and heavy loss of life among the Palestinian civilian population.

In 1991, the Madrid Peace Conference was held with the aim of reaching a peaceful settlement through direct negotiations on two tracks: between Israel and the Arab states, and between Israel and the Palestinians, based on Security Council resolutions 242 (1967) and 338 (1973) (Ahsan, 2022; Assaiqeli, 2019; P. R. Lapidoth & Law, 2007; R. Lapidoth, 1967; Rostow, 1993; Slimia et al., 2019). Consequently, it was decided that the negotiations of the multilateral track would focus on issues at the regional level, such as the environment, arms control, refugees, water and the economy.

A series of subsequent negotiations culminated in 1993 with the mutual recognition between the Government of Israel and the Palestine Liberation Organization, as the representative of the Palestinian people, and the signing of the Declaration of Principles

on Interim Self-Government Arrangements (the Oslo Accords), as well as subsequent implementation agreements leading to the partial withdrawal of Israeli forces, and to the presidential elections, the partial release of prisoners, and the establishment of an effective administration in the areas under Palestinian self-government (Ahsan, 2022; Assaiqeli, 2019; P. R. Lapidoth & Law, 2007; Slimia et al., 2019).

The involvement of the United Nations was necessary both as the guardian of international legitimacy and also to mobilize and provide international assistance. The 1993 conference deferred some issues to the subsequent final status negotiations, held in 2000 at Camp David and in 2001 at Taba, but they proved inconclusive (Ahsan, 2022; Assaiqeli, 2019; P. R. Lapidoth & Law, 2007; Slimia et al., 2019).

The Al Aqsa Intifada, which began in 2000

Ariel Sharon's visit was the impetus for the revolution; the failure of PM Barak and Arafat's meetings at Camp David one month earlier presented an opportunity to begin a new insurrection. The Israeli Defense Force stationed tanks and combat helicopters in Palestinian towns and villages (Harms, 2017). As a result, the intifada's degree of violence rose. George W. Bush's support for Israeli Prime Minister Ariel Sharon's decision to build a secure separation barrier to prevent another attack by Palestinian supporters was viewed as powerful in the fight against violence because they both blamed Arafat for the outbreak (Harms, 2017). On June 24th, 2002, Bush pushed the boundaries of conflict settlement by requesting a change in Palestinian leadership as a precondition.

In 2002, the Security Council affirmed the two-state vision, Israel and Palestine and the Arab League adopted the Arab Peace Initiative. In the following year, the Quartet, which included (the United States, the European Union, Russia and the United Nations), in 2005, Israel withdrew its settlers and forces from the Gaza Strip individually and maintained control over the borders, the seashore, and the strip's airspace (Ahsan, 2022; Assaiqeli, 2019; P. R. Lapidot & Law, 2007; Slimia et al., 2019).

In 1949, representatives of practically every established state met in Geneva to sign revised conventions to address the effects of "total war" on civilian populations and military personnel, following one of the most horrifying episodes in human history against the populations of occupied Europe during World War II (Imseis, 2003). As a result, the Geneva Conventions of 1949 (Geneva Conventions) were adopted, one of which is concerned with safeguarding civilians from the ravages of war and armed conflict (Bothe, 2017; Hassouna, 2001; Jabarin, 2013; Salmoodi, 2023; Scobbie, 2015). The Geneva Convention for the Protection of Civilians in Time of War, sometimes known as the Fourth Geneva Convention, is commonly recognized as a codification of customary international law. It complements the older 1907 Hague Convention IV Respecting the Laws and Customs of War on Land (1907 Hague Convention) and its appended Regulations (1907 Hague Regulations) (Imseis, 2003). The "overriding aim" of the Fourth Geneva Convention is to guarantee that claims of military necessity do not lead to the violation of fundamental political and human rights of civilians under military occupation, despite efforts to achieve a balance between the rights of the occupier and the occupied. In order to do this, the convention offers a variety of internal procedural "mechanisms" that are "available to ensure the effective implementation" of its provisions

in addition to a rather extensive restatement of the substantive positive law on hostile occupation.

The responsibility stated in Article 1 of the convention, by which the High Contracting Parties commit to upholding the treaty's provisions "in all circumstances," exemplifies the latter (Jabarin, 2013). "The idea that military occupation is a temporary situation is a significant, but implicit, premise of much of the law on occupations." State of occupation is therefore considered to be transient in nature. However, there have been other protracted military occupations in the post-World War II era, such as the occupation of Namibia by South Africa, East Timor by Indonesia, and Germany and Japan by the Allies (Hassouna, 2001). But of all the protracted military occupations, none has garnered as much attention from across the world as the State of Israel's military occupation of the Gaza Strip and the West Bank, together known as the Occupied Palestinian Territory (OPT), which includes East Jerusalem (Bothe, 2017; Hassouna, 2001; Jabarin, 2013; Salmoodi, 2023; Scobbie, 2015).

This historical narrative illustrates the stages of the conflict between Palestinians and Israel, including the phase when the project to end the conflict on the basis of land for peace began, according to the plan known as the Oslo Agreement. However, Israel did not abide by the agreements and did not end its occupation of internationally recognized Palestinian territory. It continues to be under Israeli control without genuine empowerment and without true sovereignty for the State of Palestine. In this situation, Israel is considered an occupying state, and the Fourth Geneva Convention of 1949 applies to it. The Fourth Geneva Convention obliges Israel, as the occupying power, to ensure "the provision of medical supplies to the population [under occupation],"

including "the adoption and application of necessary preventative measures against the spread of contagious diseases and epidemics... to the fullest extent of the means available."¹¹

This duty becomes more pronounced under prolonged occupation, as well as compliance with customary international law rooted in Article 43 of the Hague Regulations of 1907, which aims to ensure public order and safety for the population under occupation.¹² As the duration of occupation lengthens, military governance must resemble a normal legal system that respects international human rights standards applicable at all times. The "International Covenant on Economic, Social and Cultural Rights," ratified by Israel in 1991 and joined by the State of Palestine in 2014, requires states to take necessary steps for "prevention, treatment, and control of epidemic, endemic, occupational, and other diseases." The United Nations body responsible for monitoring this treaty has affirmed that Israel is bound to respect this treaty in the occupied territories, protecting the right to health and other rights of the population there (Abdelrahman, 2022).

4.2. Contemporary Response to COVID-19 in Palestinian Territories

Since the outbreak of the COVID-19 crisis, the Palestinian Authority has taken several steps to contain the virus and secure assistance from abroad (Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020). The pandemic has also shed light on the relationship of mutual dependence with Israel, where the two sides are implementing joint practical measures to keep the situation under control at home and in the neighbourhood (Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).

¹¹ Fourth Geneva Convention, 1949 - International Committee of the Red Cross

¹² (Law of Occupation - The Practical Guide to Humanitarian Law Website: [link])

This two-part Policy examines how these efforts are progressing and the opportunities they present to encourage broader cooperation. The first part focuses on the situation in the West Bank and East Jerusalem.

Even before the pandemic, the PA government in the West Bank was chronically weak and largely dependent on Israel for imports/exports, medical assistance, and most importantly, for jobs. Under normal circumstances, about 140,000 Palestinian workers work legally in Israel and its settlements in the West Bank, providing a critical source of income for the deteriorating Palestinian economy (Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).

Israel's dependence on the Palestinian Authority is also great, and not only in terms of the economic benefits provided by Palestinian workers in the construction and agricultural sectors. If an uncontrollable crisis undermines the stability of the Palestinian Authority, the Israeli authorities will be deeply concerned that this will raise serious security challenges in the West Bank that could spill over into Israel itself (Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).

As of April 27, PA officials have reported 325 cases of coronavirus in the West Bank, and two deaths. Overall, they responded quickly and effectively to the disease, declaring a state of emergency, closing schools and mosques, and severely restricting movement into and within the West Bank. In most areas, PA security services implemented government guidelines. In locations where these forces are not allowed to operate freely (such as East Jerusalem and villages in “Area C”), local “emergency committees” set up by the ruling Fatah movement took over this responsibility. However, its activities in the

Israeli-controlled neighbourhoods of East Jerusalem have raised [some] tensions (Tartir & Hawari, 2020).

At the international level, the PA's demands were heard by China, which sent it a large number of tests, but otherwise received only modest support – whether medically from the World Health Organization and other donors, or financially from the European Union (71 million dollars), Qatar, Kuwait and the World Bank (up to 10 million dollars each) (Lehrs, 2021)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020) The idea of resuming humanitarian support from the United States has been floated but not yet crystallized, mostly for political reasons. Meanwhile, Washington has earmarked \$5 million in aid for the urgent needs of Palestinian hospitals and families, but this is a largely symbolic gesture being offered as part of a broader humanitarian package in the Middle East (Lehrs, 2021)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020)(Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).

Since the outbreak of the pandemic, the Palestinian Authority has lost more than 50 percent of its revenue, which has prompted it to borrow heavily from Palestinian banks and appeal to Israel for support (Hagay, 2020).

In the early stages of the crisis, Israel and the Palestinian Authority established a joint virtual operations room to coordinate their response to the virus. The existing civil coordination framework - the Israeli Coordinator of Government Activities in the Palestinian Territories and the Palestinian Ministry of Civil Affairs - was reinforced with representatives of the Ministry of Health on each side and other institutions. The UN envoy, Nikolai Mladenov, described the ensuing cooperation as "excellent", which was widely supported by the Palestinian people (Lehrs, 2021).

In recent weeks, Israel has transferred several thousand tests and tens of thousands of masks and other protective equipment to the Palestinian Authority, mostly from the World Health Organization and some from its own coffers. In addition, the [Office] of the "Israeli Coordinator of Government Activities in the Palestinian Territories" organized joint training sessions for Israeli and Palestinian health personnel and disseminated relevant information to the Palestinian public on how to deal with the virus. Nemer (2021) says: in the beginning of the pandemic, after declaring a state of emergency, the Israelis allowed all forms of security coordination with every Palestinian party. Flyer Palestinian checkpoints were established to contain the spread (Al- Mahabbah Checkpoints)"

In late March 2020, Israel released an additional \$33.5 million on top of regular monthly transfers of indirect Palestinian tax money it collects to the Palestinian Authority—and agreed to narrow some differences in calculating previous permits year of 2020. In addition, it accepted the Palestinian Authority's request to transfer clearance revenues of at least \$137 million per month for the next few months of 2020. Previously, Israel took an unusual decision, in coordination with the "Palestinian Authority", to allow Palestinian

workers in "essential sectors" to continue working inside the country under certain conditions. According to Israeli officials, some 50,000 Palestinian workers preferred this option (Lehrs. 2021).

However, on March 24th 2020 the Palestinian Authority called on these workers to return from Israel and go into quarantine, claiming that the country is the main source of infection in the Palestinian territories. A large number of workers have complied with this call, and it is unclear when they will return to Israel, especially with the start of Ramadan.

Indeed, practical cooperation between the two sides has not translated into a positive public or diplomatic message. Furthermore, Shtayyeh and other senior officials referred to the fact that Israel is obstructing the Palestinian Authority's efforts to fight the epidemic (Hagay, 2020).

These and other allegations have been incorporated into an international diplomatic campaign. Israel strongly rejected all allegations, accusing the Palestinians of incitement, and warned that further provocations might force it to reconsider its level of cooperation (Tartir & Hawari, 2020).

East Jerusalem, home to some 350,000 Palestinians, stands out as a particularly vulnerable area. Its hospitals have long been the home of the Palestinian healthcare system, providing treatments not available in the West Bank. However, the Trump administration stopped all US funding for these facilities in 2018 (\$25 million annually, or a quarter of its budget). As a result, it incurred a severe deficit and faced the current crisis and became much weaker, as only two of its six hospitals are equipped to treat Corona patients (Abed, 2020; Tartir & Hawari, 2020).

The increasing number of infected Palestinians in East Jerusalem (more than 140 cases and two deaths) could turn it into a major center of transmission for both sides. On 7th of April 2020, Jerusalem Mayor Moshe Lion warned the Israeli Ministry of Health that the potential collapse of Palestinian hospitals could lead to a collective impact on the entire city's health system, worsening its status as a major epicenter of the epidemic in Israel (Abed, 2020; Hagay, 2020).

The Palestinian occupied land faced the danger of Covid-19 pandemic that President Mahmood Abbas declared emergency state in all the Palestinian land starting from March/ 2020. However, that did not work according to a coordinated health plan to combat the pandemic taking in consideration the weakness of the Palestinian health ministry in both Gaza and the West Bank (Hagay, 2020).

Previously, on the 9th of April, the Palestinian PM Mohammed Shtayyeh announced the unified plan to combat such pandemic with the cost of (137 M \$) including providing pharmaceutical equipment to face epidemic in the West Bank and Jerusalem including Gaza from this strategy (Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).

Then, the PM's strategy included the vaccination of 150, 000 workers who work in the occupied territories based on their fears that they will spread the pandemic more than before. According to Shakra (2021) who was the spokesperson for the Ministry of Health: "we in the National Committee –which was issued by the president-, have led the crisis management efforts and we can say that we upheld (WHO) protocols and standards. We worked by establishing committees observing international efforts." This

means that the PA's strategy was according to the directions of the WHO's about how to deal with this pandemic.

Also, according to Maraqa (2022): "We in Palestine, we were amongst the first countries to respond to the crisis. 3rd of March, we began lockdowns in Bethlehem, this was done in such a short notice. Here we can say that all our procedures were derived from the (WHO). Now, quarantine with all its pros and cons, has indeed delayed the spread of the pandemic."

Furthermore, according to Al-Mardawi (2022): "we almost have 200,000 workers under three groups: regular permit-holder workers, irregular non-permit holders who number 50,000 and another 35,000 workers in the settlements. Due to the pandemic, those numbers saw sharp declines as Israel obstructed and limited their movement like for example the restaurant businesses that saw benefits and protections given to Israeli workers otherwise not to their Palestinian counterparts" At this period, cooperation was at its peak.

After that, Hamas announced that there was a specific strategy to be followed in case there were many cases including formulating a committee comprising the Health Minister, Finance Minister, Minister of Education, Media personnel as well as the UNRWA representative. This strategy followed the unified strategy of the Palestinian government in the West Bank. Then, labs lost control because of the lack of materials due to the spread of Covid-19 in Gaza fast. In fact, the Health Ministry in Gaza lost about 39% of its pharmaceutical basic needs and supplies (Hagay, 2020; Tartir & Hawari, 2020).

After that, the PA in the West Bank started to provide the Strip with pharmaceutical supplies as well as financial support as part of the unified strategy announced by the Palestinian PM Shtayyeh. After that, the level of popular confidence in the government has begun to be strengthened in terms of its performance, daily presence, and its handling of health, economy, social and security issues, work and agriculture. Some of its ministers, such as the Minister of Health and its president, Muhammad Shtayyeh, presented a model in following up and communicating with people, despite some observations (Abed, 2020; Hagay, 2020).

The authority employed the security services in preventive measures without causing inconvenience to the citizens, which created a positive atmosphere that was evident in the people welcoming the security forces and officers at the checkpoints at the entrances and exits in the towns and quarantine areas in the cities, and food and juices were served to the security personnel in many of the cities (Mitwalli et al., 2022).

The checkpoints, and citizens received a warm welcome from the security forces in some towns, such as Al-Eizariya, which they entered for the first time. Despite some clashes with young men who opposed discipline in Kafr Aqab, the authority was able to discipline the citizens with their consent this time (Mitwalli et al., 2022).

As a result, the government succeeded in reconciling the internal situation: cooling the dispute between the political forces, including with the " Hamas " movement, with which the relationship is often severe, and raising the level of cooperation between these political forces, which was not without tensions (Lehrs, 2021).

In fact, significant cooperation in the relationship with the private sector and financial actors such as banks improved cooperation in external relations, including official relations with Arab countries and with the World Health Organization and its Secretary-General (Lehrs, 2021).

4.3. The Impact of Declining International Donor Support and Israel's Role in Palestinian Healthcare During COVID-19

Major international donors began withdrawing from Palestinian budget support, starting with the United States, but it appeared more clearly during the current year, with a sharp decline in Arab grants and financial aid directed to support the treasury (Tartir & Hawari, 2020). The average annual support for the Palestinian general budget amounted to about \$1.1 billion until 2013. It gradually declined until it settled at an average of \$500 million in 2019 (Hagay, 2020; Tartir & Hawari, 2020).

The United States, along with Saudi Arabia, were classified as the largest individual budget donors, as shown by historical data of the Palestinian Ministry of Finance, before the American support stopped as of 2017 (Lehrs. 2021). The halt was preceded by the dilution of budget grants, as the US support amounted to about 350 million dollars in 2013, and it began to decline with the direction of the State of Palestine to join international organizations, after obtaining membership as an observer in the United Nations (Lehrs. 2021; Hagay, 2020).

Saudi Arabia is the largest Arab supporter of the treasury of Palestine. It is also the largest oil producer in the Organization of the Petroleum Exporting Countries (OPEC), with an average of 11 million barrels in normal conditions, and it relies on its sales to obtain 60 percent of the revenues. Saudi support for the Palestinian budget declined by

77.2 percent on an annual basis, during the first eight months of 2020, to \$30.8 million, down from \$130 million in the corresponding period of 2019 (Abed, 2020; Dahdal et al., 2021; Hagay, 2020; Tartir & Hawari, 2020).

It was not the only Arab country whose aid has declined recently. An Anatolia survey showed that Arab grants and financial aid to the Palestinian budget declined by 81.6 percent on an annual basis, during the first eight months of this year. (Lehrs. 2021; Hagay, 2020)

Budget data showed that 132.3 million shekels (\$38.1 million) represents the total Arab budget support since the beginning of 2020 until last August, down from 716 million shekels (\$198.33 million) in the corresponding period of 2019.

President Trump said, on the sidelines of his attendance at the signing ceremony of the agreement to normalize relations between Israel and the UAE at the White House, that he asked "the rich countries not to pay the Palestinians (PCBS, 2021).

Palestinian official circles believe that financial pressures that appear in the form of a decline in foreign grants are considered one of the pressure tools to accept the deal of the century, and to accept normalizing Arab relations with Israel. Currently, the European Union and the World Bank remain the donors that provide approximately 86 percent of the total external grants to the Palestinian budget (Abed, 2020).

4.4. Who is in fact responsible for guaranteeing the health of the Palestinians under occupation during the pandemic and beyond?

The legal definition of occupation is found in Article 42 of the 1907 Hague Regulations, which states that:

“Territory is considered occupied when it is actually placed under the authority of the hostile army. The occupation extends only to the territory where such authority has been established and can be exercised.” (Arai-Takahashi, 2009)

As an occupied territory, the laws of armed conflict (IHL) become applicable in Palestine. This means that Israel, as the occupying power, has a duty to manage the COVID-19 situation in Palestine.

The Fourth Geneva Convention of 1949 and Additional Protocol I of 1977 specifically outline the duties of an occupying power to promote public health, especially during a global pandemic.

Article 55 of the Fourth Geneva Convention states that the occupying power must ensure the availability of medical supplies. This includes providing essential medicines, vaccines, and medical equipment to the civilian population.

Cooperation between Israel and the State of Palestine, including their medical and public health services, should be founded on human rights declarations, public health concerns, and international legal obligations, with a focus on preventative measures to counteract epidemic transmission. Furthermore, regional health management and considering the region as a single biological unit have precedent (Al-Abid, 2022; Tayara, 2022; Weinreb, 2020). Between the 1967 war and the 1995 Oslo Accords, the Israeli civil administration, as the occupying authority, was in charge of health care in the West Bank and Gaza Strip. During this time, Israel understood the need of routinely vaccinating Palestinians, both to meet its international legal obligations and for its own self-interest (Al-Abid, 2022). This was especially true for maternal and child immunization programs.

Even after the Oslo Accords transferred responsibility for public health to the State of Palestine, examples of efficient collaboration demonstrated the need of considering Israel and Palestine as one epidemiological entity. In 2009, the Israeli civilian administration facilitated the shipment of 25,000 vaccine doses supplied by the International Committee of the Red Cross to Palestinian vaccination efforts to eradicate H1N1 (swine flu) (Hammoudeh et al., 2020). The COVID-19 problem, on the other hand, has shown the flaws of ad hoc coordination and the constraints that a lack of progress on the underlying political disagreement imposes on the chances for governmental and non-governmental collaboration. Regardless of legal disagreements on the State of Palestine commitments under the Oslo Accords and Israel's responsibilities as an occupying force under the Fourth Geneva Convention, It is clear that both Palestinian and Israeli residents have a vested interest in successful transboundary management of COVID-19, as well as any other infectious illness, existing or emerging (Abdul Rahim & Che Saperiz, 2021; Hammoudeh, Kienzler, et al., 2020; Helbich & Jabr, 2021; Mohamad Kamal Sodiqin Abdull Manaf & Nisar Mohammad Ahmad, 2020).

Despite the delegation of public health responsibilities to the State of Palestine, Israel keeps extensive influence over Palestinians' ability to safeguard their own health. According to the Oslo Accords, all medical supplies, including vaccinations, must be approved by the Israeli government before being delivered to Palestinians (Ahsan, 2022; Helbich & Jabr, 2021). Lack of Palestinian control over their borders has resulted in several vaccination delays; an early supply of Russian Sputnik V vaccines was denied admission to Gaza by Israel in February 2021, as supplies were entangled in the larger political crisis (Abdul Rahim & Che Saperiz, 2021). The difficulties faced by Palestinians

are exacerbated by a lack of cold storage equipment, including only one adequate freezer in the West Bank.

Similarly, insufficient information exchange between Israel and the State of Palestine has been an unneeded and detrimental issue. Sharing clinical epidemiological data, especially information on new varieties of concerns, should be of shared interest to Israelis and Palestinians (Helbich & Jabr, 2021). The advantages of information sharing were obvious during the early stages of the pandemic reaction but it became yet another casualty of the worsening political environment (Hammoudeh et al., 2020; Helbich & Jabr, 2021). Following pressure from the international community and inside Israel, cooperation on this and other sides has just resumed. Israel sent 5000 vaccinations to the State of Palestine in March 2021, having immunized Palestinians incarcerated in Israeli prisons and 105,000 Palestinians working in Israel (Abdul Rahim & Che Saperiz, 2021; Hammoudeh, Kienzler, et al., 2020; Helbich & Jabr, 2021).

As of March 2021, the State of Palestine has begun a coordinated vaccination campaign, including the distribution of additional vaccine doses via COVAX that had been safely transmitted via Israeli ports (Abdul Rahim & Che Saperiz, 2021; Hammoudeh, Kienzler, et al., 2020; Helbich & Jabr, 2021). By late June, 482,000 Palestinians had received at least one dose of vaccine, 65,000 of whom were in Gaza, where immunization rates fall substantially behind those in the West Bank (Palestinian Ministry of Health statistics, 28 June 2021). Vaccine supplies sponsored by the UAE have also entered Gaza via the Egyptian border, showing the necessity of regional collaboration in dealing with the epidemic.

The one million doses of Israel's aging Pfizer vaccine supply contained in the Israeli-Palestinian vaccination swap agreement announced in June 2021 were a promising way of increasing immunization rates in the West Bank. However, the deal's termination demonstrates the mistrust between the two administrations ((Abdul Rahim & Che Saperiz, 2021; Hammoudeh, Kienzler, et al., 2020; Helbich & Jabr, 2021).

The consequences of Israeli persecution on the COVID-19 situation in the occupied Palestinian areas have been investigated. As the occupying authority, Israel is responsible for ensuring and maintaining medical services, as specified in Article 56 of the Fourth Geneva Convention (1949). This obligation is not recognized by Israel, which shows itself as being supportive of Palestinians during this crisis, highlighting the fact that it allowed critical medical supplies to enter into Gaza, that health workers were given permission to travel in and out of the West Bank and Gaza, and that \$25 million in previously withheld tax money was transferred to the PA (Ahren, 2020).

While these efforts are necessary and will save lives, Palestinians should not be forced to rely on their occupier's goodwill, which is not predictable nor will result in long-term system reform. Despite the fact that Israelis and Palestinians are working together more closely in these times of global crisis, one should not presume that this fight is based on equal power (Abdul Rahim & Che Saperiz, 2021; Ahsan, 2022; Hammoudeh, Kienzler, et al., 2020; Helbich & Jabr, 2021; Imseis, 2020; Mohamad Kamal Sodiqin Abdull Manaf & Nisar Mohammad Ahmad, 2020)). The occupying troops are still using the situation for political benefit by establishing "facts on the ground" (UN News, 2019) through illegal annexation and territorial expansion. This was made clear when Israel linked the supply of medical help in Gaza to calls for the release of the bodies of two Israeli

detainees (MEMO - Middle East Monitor, 2020), thereby politically manipulating the COVID-19 pandemic.

After reviewing the procedures followed in the geographic area administratively and legally controlled by the State of Palestine, as well as Israeli procedures regarding this geographic area, which, according to international law, still falls under Israeli occupation, international law, according to the Geneva International Convention concerning the responsibility of the occupation for the population under occupation during epidemics and pandemics, obligates Israel as an occupying state to provide health measures to prevent the spread of this pandemic and to provide necessary medical vaccines to prevent the spread of the disease and protect people's lives.

We can observe some of the actions taken by Israel towards the Palestinian people and the State of Palestine, but these actions did not rise to the occasion, as evidenced by the clear discrimination in providing vaccines and the failure to provide them to the Palestinian people under the Geneva Convention. Israel even hindered the entry of early supplies of the Russian Sputnik V vaccine into Gaza in February 2021 (Abdulrahim and Chee Saberiz, 2021).

Understanding Israel's behavior in this crisis can be achieved through a review of the security and ideological doctrine that governs the actions of the State of Israel. This security and ideological doctrine shape Israeli behavior, with the concept of security in Zionist thought deriving its essence from a Torah-based belief in expanding territory and dealing with others as excess to be disposed of. This concept makes Israel's actions

towards Palestinians not based on a humanitarian perspective but rather views Palestinians as entities to be eliminated (Alex Mintz and Shaul Shay, 2015).

Some of the actions taken by Israel, as outlined in the previous review, serve its interests rather than stemming from a humanitarian perspective towards the Palestinian people or a commitment to international agreements, including the Fourth Geneva Convention. This is evident in the discrimination in vaccine distribution, particularly in favor of a specific group, namely the 105,000 workers who enter Israel for employment purposes, as well as prisoners held by Israel. This discrimination demonstrates a prioritization of Israeli society, and these vaccines were provided to them to protect the Israeli population (Helbich & Jabr, 2021).

In this context, the concept of Zionist security in much of the literature is referred back to its Zionist roots, primarily associated with Torah-based thinking. Abdelwahab Al-Masiri states that "the theory of security in Israel revolves around the idea of eliminating time and being connected to place. There is the concept of eternal security, meaning that Israel's security is constantly threatened, and the state of war with the Arabs is a quasi-eternal state, and survival is the primary goal of Israeli military strategy... settlers must continue the conflict indefinitely".¹³

Within this perspective on the perpetuity of the conflict with the Arabs, the Israeli behavior views itself in a state of permanent war, constantly striving to gain an advantage

¹³ (Abdelwahab Al-Masiri, Encyclopedia of Jews, Judaism, and Zionism, Electronic Version, Volume IV, Zionist Settlement System, Chapter IV, Security Theory, Refer to the link). <http://www.elmessiri.com/encyclopedia/JEWISH/ENCYCLOPID/START/EHDAA.HTM>).

in this war. If circumstances allow it to win this war, weaken the adversary, and inflict losses upon them, it does not hinder this pursuit nor does it seek to prevent it.

According to the theory of securitization, national security policies are not inherent but are carefully constructed by politicians and policymakers. According to this theory, political issues are categorized as serious security concerns that require attention when they are framed as threats by a securitized actor with the institutional and social power to elevate the issue beyond politics. Thus, according to this perspective, security issues not only exist but must be demonstrated by actors as a serious problem (Eirokhmanov, 2018).

Within this view, all aspects of the political process are considered security-driven, and regarding the perpetuity of the conflict with the Arabs, Israeli behavior during times of crisis in its dealings with the Palestinian people and the State of Palestine appears distant from the humanitarian dimension and the commitment to international agreements.

The concept of securitization is associated with the Copenhagen School and is seen in its method as a mixture of structural and classical political realism. (Williams, 2003) The concept was built by Ole Wæver in 1993. (Wæver, 2011) A successful securitisation places 'security' as an exceptional realm, investing securitising actors (nominally states) with the power to decide when the democratic framework should be suspended and with the power to manipulate populations

a lack of fundamental social services the present epidemic is a challenge for all countries, including those with robust health-care systems. The oPt is particularly impacted and vulnerable as a result of its poor health system, which functions in the backdrop of continuous political instability, conflict, military occupation, and embargo (Abdul Rahim

& Che Saperiz, 2021; Ahsan, 2022; Hammoudeh, Kienzler, et al., 2020; Helbich & Jabr, 2021; Imseis, 2020; Mohamad Kamal Sodiqin Abdull Manaf & Nisar Mohammad Ahmad, 2020). It is financially dependent on international donor assistance and consequently prone to changes based on political factors. Additionally, geopolitical fragmentation is a hindrance to developing a cohesive and effective health system owing to administrative and physical constraints (WHO - World Health Organization, 2019), which limit access to tertiary care and referrals to other health services.

The situation is especially severe in Gaza, where the population is more exposed to the virus due to the continuous Israeli siege and embargo, as well as an already deteriorating health-care infrastructure. This, along with inadequate and overcrowded housing, starvation, power outages, and a shortage of medicine and medical equipment, has harmed health-care professionals and might lead to a potentially disastrous situation (Kenny, 2020). Gaza's reliance on Israel and foreign humanitarian help is highly troubling, especially given that governments throughout the world are engaged with combatting the virus in their own countries. The impact of the Israeli occupation on the COVID-19 situation in the oPt can be defined by a lack of accountability in terms of Israel's responsibilities as an occupying power, as well as measures and policies that endanger Palestinian health, as will be investigated later (Abdul Rahim & Che Saperiz, 2021; Helbich & Jabr, 2021; Mohamad Kamal Sodiqin Abdull Manaf & Nisar Mohammad Ahmad, 2020).

Programs aimed at rehabilitating Palestinians from the effects of the epidemic are best supported by initiatives to encourage Israel's accountability and determination to comply with international laws and its duties as an occupying power. These responsibilities are

defined as Israel's duty under the Fourth Geneva Convention of 1949. As a result, all activities that endanger Palestinians' health, such as settler violence, collective punishment, house demolitions, barriers to essential health-care access, or movement restrictions, must be stopped, which can only be accomplished through international pressure, advocacy, and a human-rights-based approach (Abdul Rahim & Che Saperiz, 2021; Ahsan, 2022; Helbich & Jabr, 2021; Imseis, 2020).

Chapter 5: Conclusion & Recommendations

In conclusion, we posited a few research questions to guide us through the discussion. To begin with, did government procedures adopted by the PA affect the social, political and economic scenes in the region? Evidently, it did have an effect on all those aspects of the Palestinian society. The economy, for instance took a big hit, the loss of jobs especially for those who worked in Israel, you also have whole sectors of the economy that were dramatically affected like tourism and agriculture. Now, naturally, the economic, political and social aspects are closely intertwined, what occurs in one of them is likely to affect the others, for example, the lockdown led to loss of jobs which in turn led to social changes for those who lost their jobs in terms of their status in the social space amongst other aspects.

The law of occupation applies in Palestine under IHL. It becomes effective when a hostile army occupies a territory, either completely or partially. The law of occupation has its roots in the Hague Regulations of 1907, the Fourth Geneva Convention of 1949, and Additional Protocol I of 1977. literature is defined Occupation as ‘the effective control of power over a territory to which that power has no sovereign title, without the volition of the sovereign of that territory’ (Benvenisti, 2012).

The occupying power must also take measures to prevent the spread of disease. This includes providing clean water, sanitation, and hygiene facilities. Israel has a legal obligation to fulfill its duties to promote public health in Palestine. By failing to do so, Israel is violating international law.

The International Court of Justice (ICJ) has ruled that Israel, as an occupying power in Palestine, has a duty to take measures to control the spread of COVID-19. Failure to do so would violate international humanitarian law (IHL) and international human rights law. Even without a legal basis, Israel still has a moral and humanitarian obligation to provide adequate healthcare and hygiene to the Palestinian people.

The COVID-19 pandemic has created a challenging humanitarian context in Palestine, where there are limited resources and financial capacity to address the pandemic. The pandemic has also revealed gaps in the governance, social, and public health systems in Palestine. In light of this, IHL can play a pivotal role in addressing the detrimental impacts of COVID-19.

Specifically, Article 56 of the Fourth Geneva Convention on the responsibility of the Occupying Power requires the occupying power to take measures to curb the propagation of COVID-19 in collaboration with the Palestinian authorities. This includes collaborating in the pandemic response, guaranteeing safe passage for humanitarian relief, and distributing vaccines. Israel also has obligations under international human rights law to take appropriate measures to preserve the health of the local population.

It is important for Israel to honor its duties under IHL as an occupying power. Failure to do so could result in the applicability of ICL, which is an international redress mechanism to prevent impunity for any commission of war crimes and crimes against humanity. The international community, such as the United Nations, must also constantly oversee the situation in Palestine and pressure the parties to adhere to the relevant rules prescribed by international law, particularly IHL.

In conclusion, the COVID-19 pandemic has intensified the vulnerability of the Palestinian population living under prolonged military occupation. In such a context, IHL obligations to protect the health and life of the occupied population are particularly relevant and it is of utmost importance. As long as Israel exercises authority over Palestine as an occupying power, it must supply the relevant resources to protect Palestinian population from the detrimental repercussions of COVID-19 pandemic. This must go beyond an act of charity but must be seen as a legal obligation originating from the provisions of IHL supplemented by ICL.

Secondly, do we have an effective early warning system in Palestine? A close look reveals that indeed we do not have such a system in the Palestinian territories, if we do, it maybe not functioning properly and effectively as the data shows this could be linked to the particular political situation of Palestine and the dynamic of power between it and Israel and the ongoing conflict of course.

Another question was concerning the facilities and apparatuses that can be utilized by the PA in the event of a crisis of which there are a few, as to the question of are those apparatuses and facilities equipped to deal with a crisis, let alone a crisis under a conflict? This is questionable at best, since reviewing the PA's performance revealed some major shortcomings when dealing with the crisis.

The lack of coverage for the formation of local committees, and it was possible to rely on the Civil Defense Law, which provides for the possibility of forming emergency teams of volunteers from the local community with the representation of the Ministry of Health, with its minister, a member of the Supreme Council of Civil Defense. This is based on

the Civil Defense Law No. 3 of 1998, particularly Article No. 2, which states, "Civil defense means a set of measures necessary to protect civilians and their property, ensure the safety of transportation of all kinds, ensure the regular functioning of public facilities, and protect public and private buildings, facilities, and institutions, whether from the dangers of air raids and other acts of war, or from the dangers of natural disasters, fires, or maritime rescue, or any other dangers," which applies to Covid-19. Also, Article 5, Clause 2, stipulates "taking the necessary measures with the concerned committees to confront disasters and emergencies in the cases decided by the President of the National Authority." Furthermore, Article 6, Clauses 2 and 10, stipulate "supervising the organization of cooperation between cities and villages in civil defense work and the establishment of rapid civilian battalions to help the affected areas" and "contributing to preparing places suitable for receiving casualties from air raids and natural disasters." Additionally, Article 14, Clause 3, related to volunteers, stipulates "local awareness-raising work for civil defense work, distribution of flyers and advertisements prepared for this purpose, teaching the public ways to prevent air strikes, and encouraging them to volunteer in the various civil defense teams." Moreover, Article 16, Clause 3, stipulates "issuing orders, when necessary, to temporarily seize real estate and buildings necessary for the preparation of public shelters, hospitals, public centers for first aid, and for all other civil defense affairs, and the owner shall be compensated for any damages that may befall him with fair compensation." Finally, Article 4 stipulates "establishing teams of civilians from among the employees of the National Authority and others to train in civil defense work in their spare time, with the aim of participating in civil defense work and confronting disasters stipulated in this law." These articles address the state of

emergency, the formation of local committees legally, the preparation of shelters and hospitals by the force of law without the need for constitutional declarations, and resorting to leaving a day between the declaration and the next, so that the declaration is legal in the absence of the Legislative Council. Hence, the recommendation is to work on the implementation of the Civil Defense Law to confront Covid-19 or any other health disasters.

Interview

We had confidence that the expertise, knowledge, and abilities of these experts would yield comprehensive results for our research inquiries.

In order to answer these themes, the researcher asked the respondents “Did the Palestinian National Authority have the ability to manage the pandemic crisis (Covid 19)?”

and

“What are the responsibilities of the Israeli occupation as responsible for an occupied people in the face of the (Covid-19) virus??”

and

“From your point of view, Did the Palestinians and the Israelis apply the terms of the agreements which was signed between them and regarding dealing with disasters and epidemics?”.

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2. Asma’ Hanon, the Palestinian Labor Ministry’s general manager, online interview. 1.10.2021.
3. Brigadier General Dr. Ghassan Nemer, the official spokesperson for the Ministry of Interior, personal interview, 1.12.2021.

4. Dr. Adnan Qarmash. UNRWA. The Head of the Field Work Program. Online Interview. 16.6.2021.
5. Dr. Areej Daghra. the manager of Planning Department. Online interview. 1.10.2021.
6. Dr. Basri Saleh, the deputy of the Ministry of the Education. Personal Interview. 27.7.2021.
7. Dr. Bissan Maraqa, pathologist and family consultant, personal interview, 23.3.2022.
8. Dr. Firas Melhem. The governor of the PMA. 8.6.2021
9. Dr. Hilal Khawaja. a professor at Ber Zeit University. Personal Interview. 18.6.2021
10. Dr. Kamal Shakra, the official spokesperson for the Ministry of Health, 18.11.2021.
11. Dr. Mohammed Shtewi. the head of the department of Quality, Online Interview.25.7.2021.
12. Dr. Muhammad Eideh, Vice President of the Palestine Red Crescent, Online interview 16.6.2021.
13. Dr. Najib Nitham. The Head of the Union of Hospitals, Civic and Private Medical Centers. Personal Interview. 16.6.2021.
14. Dr. Nuha Al-Attar. A professor at Khadoury University. Personal Interview. 25.9.2021.
15. Dr. Shahinaz Al-Najjar, A Professor at the AAU. Personal Interview. 25.8.2021.

16. Mr. Mohammed Eda. the deputy of the head of the Palestinian Red Crescent.
Online interview. 16.6.2021.
17. Mr. Bader Zama'ra, the general manager of the Youth Forum (Sharik).
Personal Interview. 2.11.2021.
18. Mr. Mohammed Manasra – the deputy of the governor of the PMA. 8.6.2021
19. Mr. Qaddoura Fares, General Manager of the Captive Club, 1.3.2022.

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Abstract

تتناول هذه الأطروحة الآثار المعقدة ومتعددة الأوجه للكوارث في إحدى مناطق الصراع في العالم، ألا وهي منطقة فلسطين في ظل جائحة كورونا بالإضافة لتبعات إجراءات الحكومة الفلسطينية لإدارة هذه الأزمة على النسيج الاجتماعي والسياسي والاقتصادي للمنطقة في ظل الجائحة. تستعرض الدراسة التفاعلات المعقدة للجائحة و تداخل إجراءات الحكومة مع الديناميات المعقدة للاحتلال والصراع، مسلطة الضوء على العلاقات والتفاعلات بين الجوانب الاقتصادية والأطر السياسية والتحويلات الاجتماعية.

قامت الدراسة بتفكيك الأسس القانونية للاحتلال، من منطلق القانون الإنساني الدولي، وتسلط الضوء على الواجبات المنوطة بالطرف المحتل (إسرائيل)، عند التصدي للأزمات الصحية العامة، بما في ذلك الجائحة. والتحديات التي تواجهه الفلسطينيون الذين يعيشون تحت الاحتلال العسكري منذ ما يزيد عن 75 عاماً، حيث تتفاقم معاناتهم بفعل قبضة الجائحة. فعدم وجود نظام إنذار مبكر فعال مثلاً يؤثر سلباً على مرونة الفلسطينيين أمام الأزمات من هذا النوع، كما ويعيق التفاعل تجاه إدارة الأزمات وسرعة الاستجابة لها. تشير الدراسة أيضاً تساؤلات حول كفاءة السلطة الفلسطينية في التعامل مع الأزمات، خصوصاً في سياق الصراع الراهن، واضعاً بعين الاعتبار القيود على الموارد وإطارات وما شابه.

كما وتسلط الدراسة الضوء على إمكانيات الأدوات القانونية المتاحة، مثل قانون الدفاع المدني، لإنشاء لجان طوارئ محلية وتعزيز الاستعداد للأزمات. تركز الدراسة أيضاً على أهمية الالتزام سواء من قوى الاحتلال أو المجتمع الدولي بالتزاماتهم القانونية الدولية، ولا سيما في ضمان الصحة العامة، وضمان توزيع الموارد بشكل عادل، وتعزيز التعاون في مواجهة طارئ الجائحة.

في الختام، فإن جائحة كوفيد-19 قد أبرزت الاستنفاد المتزايد الذي يواجهه الفلسطينيون، ممن يعيشون في ظل احتلال عسكري مستمر، مما يحث على إعادة تقييم استراتيجيات إدارة الأزمات والتعاون عبر الحدود. بينما تواصل المنطقة ككل التعامل مع واقع اجتماعي وسياسي معقد، تقدم النتائج المستنبطة من الدراسة وجهات نظر مهمة حول تداخل إجراءات الحكومات والأزمات في المناطق المنكوبة بالصراعات.