Public Health Emergency Preparedness in the West Bank (PHEP): A Qualitative Comprehensive Overview

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Background

Context: Why PHEP in Palestine?
Emergency Management Mindset: The prevailing culture is one of **response** ("Faz3a" / panic system) rather than **preparedness.**



The Gap: Limited studies examine emergency preparedness or its institutionalization

Continuous Crises: Ongoing political events mean Palestine is in a state of ongoing emergency, demanding constant, proactive preparedness

Objectives

To comprehend the scope and status of PHEP in the West Bank across three pillars:

Governance | **Resources** | **Capacities**

How do health and non-health actors complement each other?



METHODOLOGY

A multi-phase **qualitative design** included 38 semi-structured interviews with **policymakers**, health providers, and **non-health actors**, one focus group with heads of hospitals, along with a review of 5 **national and local emergency plans**. Data were analyzed thematically using MAXQDA and guided by the WHO strategic framework and resilience theory

Findings

Governance

- **No specific legislation governing work during emergencies**
- **No National Preparedness Plan.** plans are often organizational
- **Fragmented Leadership:** No permanent national body leads preparedness
- **Coordination is Reactive:** High-level coordination (e.g., emergency committees) is activated *during* a crisis, not established *before* it

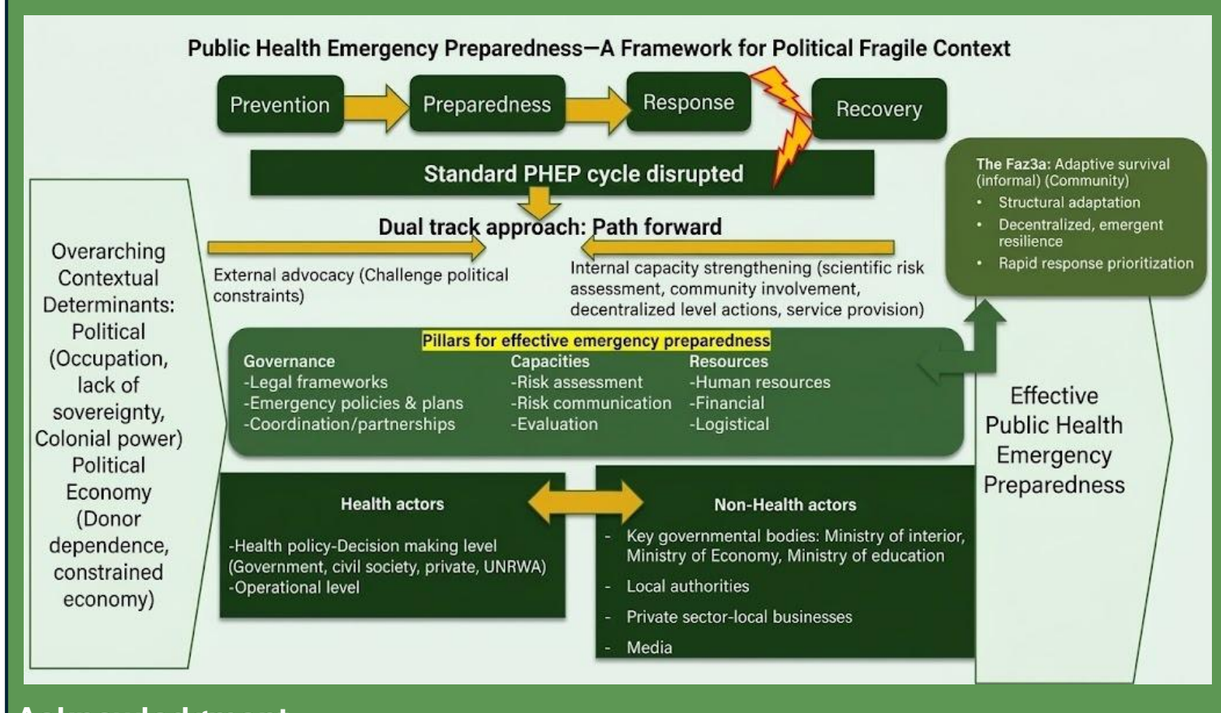
Capacities

- **Risk Assessment is Ad-Hoc:** Risks are generally anticipated based on political expectations or monitored *during* a crisis , not conducted preventatively
- **Information flow** essential for pandemic management, public compliance, response coordination, future learning
- **Media discourse: credibility, transparency, and clarity though insufficient to certain groups**

Resources

- **No Dedicated Emergency Budget**
- **Buffer Stock Deficiency**
- **Human Resources Shortage:** A general shortage of specialized staff (pulmonary, infectious diseases, resuscitation) and lack of **staff rotation or deployment plans**
- **Training Gap:** Training is often **ad-hoc** and insufficient for complex emergency skills

Conclusion: Main Research Contribution: PHEP Framework for Fragile Context



Recommendations (Focus on Action)

1. Establish a Permanent National Body: Must be multi-sectoral, sustainably funded, and institutionalize PHEP leadership
2. Enact Dedicated Legislation: Pass an Emergency Law or amend the Public Health Law to formalize roles and mandate a dedicated emergency budget
3. Activate the EOC & Personnel: Fully activate the EOC for surveillance, coordination, and resource mapping
4. Institutionalize Learning: Create a **mandatory after-action evaluation framework** for all crises to document lessons and ensure institutional memory is built

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