



المركز الفلسطيني
للبحوث
السياسية والمسحية
Palestinian Center for
POLICY and
SURVEY RESEARCH

The Day After: paper # 4



The Effects of the PA's Dissolution or Collapse on the Provision of Health Services

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October 2013*



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PSR is an independent nonprofit institution and think tank of policy analysis and academic research. PSR was founded with the goal of advancing scholarship and knowledge on immediate issues of concern to Palestinians in three areas: domestic politics and government, strategic analysis and foreign policy, and public opinion polls and survey research. PSR research units conduct and organize four types of activities: research and policy analysis, empirical surveys and public opinion polls, task forces and study groups, and meetings and conferences. The units focus on current public policy issues with a special reliance on empirical research as a tool to advance scholarship and understanding.

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The Effects of the PNA's Dissolution or Collapse on the Provision of Health Services

This paper is one amongst ten such papers prepared within the Palestinian center for policy and survey research's initiative titled, "The day after". The initiative aims to study the circumstances that would face Palestinian politics and society in a situation in which the PA becomes unable to carry out its role. These papers examine the consequences of the dissolution or collapse of the PA on a number of central issues that concern the Palestinians, which include: security, economy, education, health, judiciary, telecommunications, basic services such as water and power, local government, political and civil conditions, as well as the future of the two-state solution.

These papers examine the significance and implications of PA's absence as well as possible options that could be adopted to mitigate the negative effects of such an absence and develop specific recommendations for the sector in question. Two experts have commented on each of these prepared papers. Each paper was presented and discussed in a workshop attended by policy makers, parliamentarians, experts, and academics.

This initiative has been organized in cooperation with the U.S./Middle East Project and the Norwegian Peacebuilding Resource Centre.

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Summary:

Today, and in light of the Palestinian separation, the deteriorating financial crises, and under the presence of strikes, the inability to reach a decision about settlements and return to negotiations, the Palestinian Authority appears in its weakest state. And although we don't see a possibility for the collapse of the PA or its dissolution, because its existence and continuation benefits the parties of the Oslo Accords, we should consider its collapse as a possibility that might happen. The situation on the streets, as we have been taught by our neighboring countries, cannot be anticipated or controlled, and we need to develop policies that can be implemented to ensure the continuation of the health establishment and with it the protection of the citizens' health and the provision of essential medical services.

The author believes that in the case of the collapse of the PA, one of four scenarios are expected to happen. The PA, being the party which has signed the Oslo Accords on behalf of the Palestinian people, and the civil society forces need to work together to prevent the PA from collapsing if this will guarantee the continuation of the resistance for creating a viable Palestinian state. In addition to this, these organizations need to begin taking proactive steps that would ease the negative effects on citizens, especially the sick and those with long term diseases, and poor groups unable to buy medical services from the private sector.

Preface:

Many believe that the possibility of the PA collapsing is not likely in the long or short term. The collapse of the PA is not in the interest of any political party: not the Palestinians, the Israelis, or the Americans and the international community.

Those who believe so justify their position by saying that the PA was founded as a necessity to serve the needs of all Palestinians. The last Palestinian exit from Lebanon and what followed in the next few years, the explosion of the First Intifada in Gaza and the West Bank, and what ensued from downsizing of the Palestine Liberation Organization's role through the assassination of important political figures as well as the decrease of the PLO's funding, lead each of the PLO's fractions to accept the option of Oslo as it is.

Oslo was a magic solution that comforted each party. After Oslo and after the establishment of the PA, the true Israeli intentions were shown. They wanted negotiations from Madrid up to Oslo with the goal of ending the Intifada and to guarantee a long term truce that would change the balance of powers to a more suitable way for the Israelis.

At the same time there are those who believe that the PA is living its last days before a complete collapse. They believe that the second Intifada is a manifestation of the beginning of this collapse; after the failure of the PA to reach definitive agreements about the Oslo Accords, peoples' reactions were to blame the Israeli side for the failure, and its unyieldingness to respond to Palestinian rights, as the PA kept its minimum commitment to the basic national foundations.

The Israeli invasion of the different West Bank areas and its reoccupation of the West Bank is a de facto cancellation of the Oslo Agreement which was followed by the separation of the West Bank areas into cantons governed by checkpoints, gates, concrete walls, and the escalation of the Israeli attack on the PA and its organizations leading to the assassination of the President Yasser Arafat who was blamed, by the Israeli, American, and some European parties as the reason for the failure of reaching a final peace agreement.

And although Palestinian society is full of pain and suffering, it has surprised the world by conducting legislative and presidential elections that were characterized with integrity and transparency, regardless of the surrounding internal and external factors. This embarrassed the Israelis, leading them and their allies to use Hamas winning in the elections as an excuse to impose a fierce punitive blockade on the Palestinian society. This blockade and what followed it with the Israeli unilateral withdrawal from the Gaza Strip increased the separation between the two parts of the homeland, or what remains of the homeland.

Many Israeli procedures followed the division between Gaza and the West Bank such as the continuation of construction of the separation wall, and the separation of the Palestinian areas that the American president George Bush rightfully described as a snake coiling between the West Banks' cities and villages. As for the more dangerous procedures, they are presented in the expansion of Israeli settlement in the West Bank which makes the two state solution impossible.

Those who believe in the collapsing of the PA theory, use the wall, the settlements, the Palestinian separation, the PA's inability to reach a solution leading to Palestinian reconciliation, the failure of negotiations, the PA's inability to provide the minimum of citizens' needs without depending on international and Arab funding, and the accumulation of the budget deficit and debt as indications that the PA has lost its ability to continue, or has even lost the justification for its existence.

The possibility of the collapse of the PA, or the large number of Palestinians who see that the collapse is near makes us think about what the country would end up like in the moment the administrative

system and security apparatus collapse, how would the main service sectors such as health, education and social security programs continue? What are the predicted scenarios for the shape of such a collapse and its effects on people's lives? And how would society protect itself by continuing with the minimum of such services?

The Palestinian Authority and the civil society organizations have failed in the past seventeen years in implementing integrative cooperation between them. Many of the civil society organizations that began their work during the occupation years and were active and developed in the first Intifada before the PA's advent, have either diminished or changed the shape of their activities and importance with the PA's arrival. This makes it hard for these organizations to control and initially take care of matters in the case of the collapse of the PA. Because of this, we need to begin having discussions about the possibilities of the PA's collapse in a clear and loud manner, as we find suitable ways to prepare for this day. At the same time, we must work on reinforcing the PA's ability to carry on, and face conditions such as siege and political blackmail as it continues its commitment to achieving the basic national foundations.

This paper will cover the health system in Palestinian areas, its characteristics and ability to adapt in political and economic situations, and how to deal with its different aspects in the case of the collapse of the PA in order to keep its services in its different levels. These levels include primary health services, public health, and those depending on primary health service networks (medical clinics) and its central management, secondary and tertiary services that depend on the ability of public hospitals in continuing with their services and their ability to continue buying services from non-governmental sectors if necessary.

Palestinian Health Sector:

From the mentioned above, we find that the health sector in Palestine is a mixed system, made up from the four mentioned health sectors. These sectors are mainly the governmental sector that the health ministry governs, which acts as the main provider for health services in its entirety, as well as its role as an organizer for the Palestinian health system in general. This sector has improved with the arrival of the PA to accommodate the growing needs of the citizens. In second place comes the UNRWA, which provides its services for refugees in refugee camps. In third and fourth place are the non-profit private sector, and the private sector.

Health Services in Palestine:

After the formation of the PA as a result of the Oslo Accord, the responsibility of the health services for Palestinians in the West Bank and Gaza was given to the Palestinian health ministry that was founded as one of the PA's organizations.

What the health ministry received, was from what was then called the civil administration or the Israeli occupation. The health ministry received a set of poorly equipped health clinics unfit to provide quality and comprehensive health services. Instead, they were clinics that provided primitive services limited to children's immunization and some mother, diagnostic, and therapeutic services. All the clinics given to the PA were the same clinics available during the Israeli occupation of the West Bank and Gaza in 1967.

The same goes for the hospitals. The number of public hospitals before 1967 was even greater than the ones given to the PA. The number of hospitals in the West Bank before 1967 was 14, and the number of

hospitals transferred to the PA was 9. The number of private hospitals in the Gaza strip decreased from 6 to 5, these hospitals were transferred to the PA in bad conditions in terms of buildings and preparation, as well as medical and nursing staff. The occupation's policy was centered on transferring cases that needed specialized medical intervention to Israeli hospitals.

The number of beds was 1925, 1.8 beds for each one thousand citizens, which decreased in 1990 to 1872, 1.2 beds for each one thousand citizens.

The Palestinian health ministry which was initially handed the authorization to run health affairs in Gaza and Jericho on the 17th of March 1994, and the remaining authorization for the entire West Bank areas at the end of the same year, began its work on two levels. The first level was entering negotiations with the Israeli side which resulted in creating an agreement that governs the relationship between the two sides in terms of medical services which includes many Palestinian rights such as the freedom of movement and mobility for ambulances, which unfortunately the Israeli side did not abide by. We still see Palestinian ambulances stopped at checkpoints and unable to reach different health facilities, especially hospitals inside Israel. The second level was carrying out evaluation studies for the available health facilities, whether on the level of primary or secondary health services. Technical support for such surveys was provided by international organizations such as the United Nations Developmental Program (UNDP), the World Health Organization, and some donor countries such as Italy, which was designated as the sponsor for the Palestinian health sector based on the financial agreements that followed the Oslo Accords.

The beginning of the second Intifada in 2000 and the consequent Israeli invasion and reoccupation of entire West Bank areas, setting up of checkpoints and the wall, and settlement expansion caused a decline in the ability of citizens to reach health services. The wall has caused the separation of many villages and communities, which were then unable to reach health services leading to the inability to implement large amounts of projects and activities of the 1999-2003 strategic plan.

In 2006 and after the success of Hamas in the legislative elections, a complete economic blockade was imposed on the organizations of the PA. This economic siege affected the ability of the PA to provide medical services, as the medical facilities— clinics and hospitals, faced grave shortages in medication, medical supplies and equipment. Many negative effects appeared on the health of mothers and children, most obvious of which the increase in malnutrition levels and anemia as the health ministry, UNICEF, and the international CARE organization reported.

In June of 2007, Hamas took control of the Gaza Strip. What followed was a deep internal division that greatly affected Palestinian's daily life and relationships with other countries. The siege intensified on the Gaza Strip which became completely dominated by Hamas; the PA had no influence on the situation over there, with its role limited to paying salaries and other obligations such as electricity, fuel, medication, and processing transfers for treatments abroad. The Gaza Strip became dependent on relief aid, and developmental projects came to a halt. The situation in the West Bank improved drastically. The PA was able to implement developmental plans for different sectors which received acceptance from the donors, which in turn contributed to increasing the standard of living, decreasing unemployment, and improving health services. This economic performance continued in the West Bank until the middle of 2010.

Available Health Services:

Many health service providers contribute to providing the needed health services for citizens. In addition to the health ministry which is considered the main health service provider in its different forms and levels, as well as its role as the organizer of health system services, UNRWA provides—

through two different managements in the Gaza Strip and the West Bank, medical services for Palestinian refugees inside refugee camps in the Gaza Strip and the West Bank. Other non-governmental, non-profit civil organizations participate in providing primary, secondary and tertiary medical services. The military medical services provide medical health services for the military. The Palestinian Red Crescent Society, a non-governmental organization belonging to the PLO, provides ambulance services, as well as administers many primary health care clinics and rehabilitation centers. The private sector plays an important role in providing medical services in its different levels to the citizens. This sector has grown rapidly in recent years.

The ministry of health reports that first aid centers in Palestine (West Bank and Gaza, Jerusalem being the exception as the occupation forcibly annexed it, prohibiting the ministry of health from providing services to its citizens there) has reached in 2011 (748) center as opposed to (706) in 2010. (669) of these centers are located in the West Bank, while (147) in Gaza. The majority of these centers belong to the Palestinian ministry of health. The number of primary governmental health care centers is (458), (404) located in the West Bank, and (54) located in Gaza. The number of health centers administered by non-governmental organizations in Palestine is (206), (140) centered in the West Bank, and (66) in Gaza. Before the arrival of the PA in 1994, the number of these centers was (454), reaching in 2003 up to (619) centers which is an increase of % 36.3 compared to the year 1994. The number of primary health centers in 2011 increased to (748) which is an increase of % 64.7 compared to the year 1994. (Source: Palestinian Health Information Center/ Ministry of Health/ Nablus).

The ministry of health is considered the main provider of secondary medical services (hospitals) in Palestine. According to the ministry’s database for the year 2011, it administers (2919) beds divided between 25 hospitals in the entire country out of 81 working hospitals in Palestine with a bed capacity of (5414) beds. (51) of those hospitals are located in the West Bank with a bed capacity of (3163) beds with a percentage of (%58.4), the remaining beds are located in Gaza. In addition to the health ministry, civil society organizations own (32) hospitals with a bed capacity of (1764). The private sector owns (20) hospitals with a bed capacity of (504). UNRWA owns one hospital in the Qalqilya governorate with a bed capacity of (63). The military medical services own three hospitals in the Gaza strip with a bed capacity of (164) beds.

Indicator	Value
Number of hospitals in Palestine	81
Population for each hospital	51,467
Total number of beds in Palestine	5,414
Average number of population per bed	770
Average number of beds for each 10,000	13

Main indicators in West Bank and Gaza hospitals in 2011 excluding occupied Jerusalem’s hospitals Palestinian ministry of health hospitals cover many specializations such as general surgery and its sub specialties, internal diseases, pediatrics, mental illness and other specialties. Rehabilitation services and physical therapy are provided by non-governmental and civil organizations.

The six hospitals located in east Jerusalem (Al-Makassad, Augusta Victoria, Saint John, Saint Joseph, Red Crescent Society, and Princess Basma rehabilitation hospital) which are non-governmental, non-profit Palestinian hospitals, play an important role in providing third degree medical services for Palestinian patients transferred from the Gaza Strip and West Bank hospitals. The Al-Makassad hospital specializes in providing heart surgeries for children, care of premature infants, as well as other specialized surgeries. The Augusta Victoria hospital is specialized in providing diagnostic and therapeutic services for cancer patients. It is the only hospital that provides chemotherapy for cancer patients. This hospital has also built a new specialized unit in blood diseases, and will soon begin with

bone marrow transplant procedures. The Saint John hospital provides Ophthalmology services, and is considered a main hospital for these diseases.

Spending on Health:

Preliminary results from the National Health Accounts reports for 2010-2011, issued by the Palestinian Central Bureau of Statistics and the ministry of health (February 2013) point to an increase in total expenditure on health in Palestine during the year 2011 from all institutional sectors. The total spending on health in 2011 reached 1,201.0 million dollars in comparison with 2010 in which it was 1,074.7 million dollars.

Looking at health spending according to the source of funding, we find that the percentage of governmental funding reached %35.3 during 2011, funding for the household sector based on health spending reached %43.1, while the spending average for non-profit organizations serving household families reached 19%. Funding from around the world directly to health services reached %1.5, taking into account slight fluctuations in spending. What is clear from the table below, issued by the Palestinian Central Bureau of Statistics, showing spending data for ten continuous years, is that health spending by the government has increased, reflecting the government's efforts to improve the quality and access to services for its citizens.

Relative distribution of spending on health in Palestinian territories* based on source of funding (in shekels)

Source of spending	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
General government	32.7	30.7	32.4	36.7	40.1	38.4	35.5	35.5	36.7	36.1	36.3
Private insurance companies	2.6	2.2	2.0	1.9	1.8	2.2	2.4	2.0	3.3	1.4	2.5
Household families	39.5	41.4	34.7	36.2	36.5	34.1	34.5	42.8	36.7	42.0	40.9
Non-profit organizations serving household families	23.4	24.0	25.5	23.6	20.6	21.7	21.5	16.7	21.1	17.5	18.2
The rest of the world	1.8	1.7	5.4	1.6	1.0	3.6	6.1	3.1	2.2	3.0	2.1
Total percentage	100	100	100	100	100	100	100	100	100	100	100
Total spending (one thousand dollars)	384,286.90	371,701.40	386,205.20	416,860.70	528,318.20	557,316.30	624,006.30	683,794.90	893,830.50	959,043.00	1,074,742.80

*Data excludes annexed Jerusalem.

The aggregate expenditure for the health ministry in 2011 reached one billion two hundred and thirty million shekels; % 47.3 of which went to salaries. The number of health ministry's staff reached fourteen thousand employees divided between different medical occupations from doctors, pharmacists, nurses, to technicians and administrators.

Possible scenarios for the collapse of the Palestinian Authority:

There is no doubt that there would be earthquake-like ramifications affecting the Palestinian cause, Palestinian daily life, and even the Palestinians living abroad in the case of the collapse of the PA. These effects would hit those living in the West Bank, including Palestinians living in East Jerusalem the hardest, as the economic effects would be immediate. Many would be left jobless and service institutions would collapse. In Gaza the effects would also be evident as they would feel the amplification of the demographic division between the West Bank and Gaza. Under any scenario, Israel would not include Gaza in anything, and would continue to exclude it from the remaining Palestinian areas, as well as continue with its closure and siege, restricting Gaza to the only option of opening up to Egypt.

It is surprising to talk about the different possible scenarios in the case of the collapse of the PA, without having alternative procedures that would give people the ability to keep resisting, prevent migration, or possible mass displacement. There is as well the need to create plans to protect the marginalized and most affected groups such as the poor that need social help, governmental employees, and security personnel whose life would be affected by the disappearance of their salaries. All these effects would not be as paramount as the direct and destructive effect the PA's collapse would have on the national project in its entirety, and on the fate of the national liberation struggle for ending the occupation and establishing an independent state.

Many observers of the Palestinian case predict massive civil disruption in the case of the collapse of the PA that would lead to the complete collapse of law and order, especially in the West Bank because the collapse would not be accompanied by a collapse of the Hamas authority in Gaza, which might strengthen its control on the area and receive popular support, as well as try to play a role in influencing the situation in the West Bank after the PA's collapse. The only direct impact on the situation in Gaza would be the inability to pay the salaries for the PA's employees in all organizations including the health ministry's staff of 8390 employees who receive their salaries from the PA.

It is difficult to estimate what might happen in the day following the collapse of the PA in the West Bank. In addition, we do not know the first manifestations of the collapse or its forms or time needed until it is completed, as well as who will be the one delivering the news. It is also difficult to anticipate the direct or delayed international reaction, especially from countries that have been sponsoring and still sponsor the peace process including the United States, Russia, and the European Union. What will the United Nations' reaction be and would it force Israel, as an occupying country to fulfill its obligations and accept the responsibility imposed by the Geneva accords, especially when it comes to health and education services?

This raises a number of questions which could serve as titles for the possible scenarios, such as:

- 1) Would the Israeli army intervene and militarily reoccupy the West Bank in a violent manner directing violence at citizens?
- 2) Would the Israeli army take the position of a bystander observing the expected chaos following the collapse of the PA?
- 3) Who would make the first move? The political factions that might unite to take the necessary procedures or the armed groups that would take advantage of the security gap and enforce its control on facilities and official institutions including health? Would these groups be able to coordinate between each other or would they enter a conflict with the winner taking all?
- 4) What would the reaction of the Israeli army be regarding these armed groups and their armed internal conflict?
- 5) What would the international community's reaction be? When would it be able to intervene in the shape of humanitarian relief funds through international organizations and donor countries?

First Scenario:

This scenario predicts that the Israeli army would reoccupy the entire West Bank and deploy its troops and checkpoints on city entrances and villages. It might even imprison political leaders and reestablish its civil administrations. At the same time, it would continue its siege on Gaza. In this case, the situation would be similar to what happened in the wake of the 1967 war. There might even be a period of relative calm, resulting from the feelings of astonishment and frustration over the situation.

If this scenario occurs, its relative and direct effects on the health services would be limited. The Israeli civil administration would work on providing essential health services, and try to assure workers that their work conditions would not be affected. It is expected here that the medical staff would continue their work, especially in the government sector. There might even be negotiations between workers and their representatives on keeping work laws and the guarantee of their position and payment, as well as providing medications, medical equipment for clinics and hospitals. The political factions and human right organizations would demand the implementation of the Geneva Accords on the areas of the West Bank and its citizens, including those from the political factions imprisoned as a precaution, or from the youth who would resist the Israeli procedures. Under this scenario, the civil administration would administer hospitals and maintain clinics. It might decrease their numbers to reduce costs. The civil administration would reimpose an optional health insurance with high costs, equivalent to the real cost for medical services, as opposed to how it is right now; the revenue for current health insurance doesn't cover more than %1 of the government spending on health. The civil administration might undergo a struggle with medical workers if it chooses to unfairly dismiss many workers under the pretext of cost management.

Under this scenario, it is expected that the civil society organizations would reconvene and reorganize to continue their work as they have before the arrival of the PA. These organizations' work would be supplementary and would focus on providing services for the poorest groups, and would depend on receiving financial and qualitative support from international countries and organizations. It might take these countries six months to respond.

This scenario might witness a slowly growing popular, even armed resistance. In the case of armed resistance, the Israeli army's suppression would increase with break-ins and imprisonments, which would affect movement between cities and villages, reminding us of the Israeli breaking- bones policy in the first Intifada.

At the same time, it is expected that the Red Crescent Society would continue with its emergency aid services; the Red Cross would provide the necessary logistic support and funding to continue with its services.

All of the previous actions would be accompanied by Palestinian support from abroad and from the PLO's organizations. This support, which would be accompanied by international and Arab support would take a diplomatic form and would focus on demanding the implementation of agreements, as Palestine is a state under occupation. This might ease the punitive actions implemented by the Israelis on Palestinian citizens, especially those who resist.

Second Scenario:

This scenario seems like the most likely to happen, at least in the early period of the PA's. This scenario predicts that the Israeli occupation would take the position of a bystander without any direct intervention; they would let things take their own course for an amount of time, with their role limited to intensifying the closure on city entrances and exits, and forbidding any connection with the green line areas. In this case, two factions are expected to intervene to fill the vacuum. The first is the indirect intervention of some political parties through their humanitarian medical services, or relief through centers and civil organizations that are available but not in great numbers or in each city. Here the public sector would completely collapse without a management to administer its facilities such as clinics and hospitals, and to provide these facilities with medication and equipment. Health employees would not find anyone to guarantee them payment of their salary, and there would be a humanitarian problem on many levels, as eight thousand employees in the government would find themselves jobless

and without income. The other problem would be that of the patients who receive medical assistance from government facilities and have no financial capacity to seek medical services from the private sector, as the civil organizations would not have the capacity to receive many patients from the government sector. A more pressing element is the case of the patients who can only receive treatment from government facilities or through them, as the patients of renal failure, where the only blood dialysis machines are available through ministry of health hospitals. In addition to these patients, there are cancer and Thalassemia patients whose treatment only happens in or through ministry of health facilities.

In this scenario, the quick intervention of politicians and civil society representatives to fill the vacuum would alleviate some patient suffering. Civil society representatives should manage public facilities and immediately provide enough funding to facilitate such management. These operations are expected to resonate well with the neighboring Arab countries and their civil organizations, and the donors, mainly the Europeans.

The preparedness of civil society to play this role in managing health facilities and preventing the collapse of the health system is very important. Since there is a possibility of such a collapse and a desire to keep the occupation away from immediate control of such facilities in such a case, there needs to be immediate preparation for the civil society to play this role. Using the example of many countries, especially in Europe where civil society organizations such as municipal councils, manage society organizations like clinics, hospitals, and schools as a form of decentralization in government and administration. Here we recommend that work needs to be done to establish committees and civil councils in each governorate that are ready to administer civil society organizations. Their role would be that of a consultant, regulator, and supporter of health establishments, especially under such a severe financial crisis that the PA is suffering from, and what such a crisis reflects on the quality and availability of services. Presidents and members of municipal councils in each city of each governorate could form such committees and councils. As well as by academics from medical or science departments in local universities in the governorate, and from distinguished citizens such as former legislative members, and members of the chamber of commerce from each governorate, and other distinguished members with social and economic impact.

Third Scenario:

The vacuum that would accompany the collapse of the PA would be followed by a security collapse with the appearance of either new armed groups, or known armed organizations. These organizations could try to battle the political forces for control, and take the lead, and work on controlling the streets and official governmental organizations including health establishments. Here, different sub-scenarios might appear. For example, armed clashes might occur between these organizations in their rivalry for controlling public facilities. Here many armed and civilian casualties might occur leading to bloodshed and the paralysis of the already weak commercial movement, caused by the severe financial crisis. Due to such clashes, the Israeli army might intervene against certain armed groups leading to more casualties and arrests.

Undoubtedly, public facilities falling under the control of armed groups would have a negative effect on Arab, civil, and international supporting organizations. The controlling of public facilities by armed groups might be taken as an excuse to stop the funding of such facilities and organizations, and funding for necessary medication, facilities, and salaries. In this case, these health facilities would fail in providing necessary services for patients, which would affect patients directly and drastically, especially poor patients who are unable to buy health services from the private sector.

In this scenario, the armed militants might leave the health facilities to be taken care of by civil society organizations and members. In this case, the negative effect on the citizens would be decreased which might also help with the possibility of receiving funding and support.

Fourth Scenario:

As Hamas leads a de facto authority in Gaza, the occupation would reinforce the separation between the West Bank and Gaza and normalize the situation in Gaza in the light of PA collapse. It is expected that Hamas, through its political and military fractions, would decide to resolve the issue and seize control of the West Bank area, with the occupation being a passive bystander and limiting its intervention with the continuation of the siege, observing the developments, implementing a security closure around the West Bank, and dividing its areas with checkpoints. Under such a possibility, Hamas would control government health organizations as it did in the Gaza Strip, and there would be long term boycotting from different international sides, especially the United States, Europe, and perhaps many Arab countries. Similar to the current situation in the Gaza strip, the West Bank would suffer under the deterioration of its medical services and lack of medication and medical equipment. Patients would suffer under low quality health services without the ability to object or resist.

Regardless of the shape of the predicted scenario in the unlikely case of the collapse of the PA, the mere thought of the collapse could be used as motivation to take the necessary precautionary measures. These measures would alleviate the negative effects on citizens, especially the sick or those with long-term diseases, as well as impoverished groups unable to access health services from private sectors. The most important precautionary step is working on providing universal health care for the population through a compulsory health insurance system administered by a financially and administratively independent organization working through a prepaid system.

Such a system is considered necessary to ensure the provision of health services while ensuring sustainable funding. This system is not necessarily related to the collapse of the PA, but such a possibility makes thinking about this system more important.

The existing of a public institution for health insurance with a professional administration and a fee collecting system makes funding for health organizations possible even in the case of the collapse of the PA, as the health insurance organization would continue its work while cooperating with councils to manage social facilities, including health establishments.

Health services, which if stopped would lead to dangerous effects on the health of society as a whole:

The health ministry is the only provider of unseen health services that are very necessary, such as precautionary health services and public health services at the forefront of which is the vaccination for children and immunization against infectious and transmissible disease. As well as testing for genetic diseases, diseases which if diagnosed at an early stage have important benefits in protecting children and preventing mixed diseases. Such tests include the Phenylketonuria test and the Thyroid Gland disease test. Whereas the lack of such diagnosis for the first genetic disease could cause a child to develop mental retardation, while lack of diagnosis for the second genetic diseases could cause thyroid dwarfism.

In addition to precautionary procedures, especially for children, there are other environmental health measures such as those related to drinking water safety, safety of food, and a materials control system ensuring their safety against smuggling or forgery, and testing them for human use. As well as the draining of swamps and spraying of pesticides to prevent the breeding of flies, mosquitoes, and sand flies whose breeding presents a danger on the health of the environment and causes different diseases such as intestinal infections, children's diarrhea, food poisoning, Leishmaniasis, and Brucellosis.

Ensuring the availability of necessary free medical services, especially those concerning mother child services, services for long term diseases such as diabetes, high blood pressure, and heart diseases, especially for those unable to pay, constitute health priorities which necessitate the thinking of suitable procedures to ensure their availability.

There needs to be a continuation of disease and epidemic recordings and detection to prevent various diseases and epidemics such as cholera, Meningitis, AIDS, influenza, whether seasonal or what is called swine flu from spreading. Among other diseases, which if appeared in the form of epidemics might cause many casualties. There also needs to be a recording and detection system for following basic health indicators, especially child mortality rate, and maternal mortality rate, as well as recording of transmittable diseases and malnutrition diseases such as anemia, especially in children and women, specifically nursing and pregnant women.

Decentralization in administration and government has proven successful in providing greater participation in decision-making and in responding to situations with efficiency and effectiveness in comparison with the centralized administration, which is currently used in our administrative and financial systems. The decentralization of administrative systems at the governorate level and the level of each organization is a means of reforming the administrative and government systems. The reinforcement of decentralization in the health establishment management in each governorate, and altering laws to allow wider authority in governing and administration, especially the administration of health and education establishments, would help in the continuation of services in the case of the collapse of the PA or its inability to provide services. This decentralization is utilized in many countries in the developed world.

The author has pointed out that the possibility of the Palestinian Authority's collapse is not likely because even before with the economic instability and continuous crises, the PA remained active even in the smallest manner. The author is correct, but he points out that another group believes that the PA is on its way to collapse and that the launching of the second Intifada was the beginning of the manifestation of such a collapse after the Israeli invasion of the West Bank, reoccupying, and dividing it into small cantons that are separated by hundreds of checkpoints.

- 1) The features of the collapse of the PA, in my opinion, are not evident only through the presence of checkpoints, the wall, the impasse in negotiations, ceasing of international support, and the deficit in the budget, but there are internal factors that are affecting the body of the PA's organizations from the within, these are reflected in protests, demonstrations, and strikes.
- 2) I agree with the author that the PA has completely failed in creating integrative partnerships with civil society organizations, which led to weakening these organizations and the erosion of others. Because of this, I do not see any effective role for those organizations in the case of the complete collapse of the PA.
- 3) The author mentions available health services, either primary health services which includes services and a network of centers, or secondary health services such as hospital services, and tertiary services such as specialized health services that the ministry of health usually purchases for patients from the international, private and public sectors. Here, it is worth pointing to the horizontal and vertical expansion that has occurred to these services after the arrival of the PA, and as a result of its successive governmental endeavors. These endeavors still need more effort invested in them due to the neglect and destruction caused by the occupation before the establishment of the PA. Even though there are other service providers such as UNRWA, civil society organizations, and The Red Cross, the ministry of health remains the main provider of medical services for the majority of citizens. The main problem during any emergency remains the guarantee of the continuation of primary medical services.

Possible scenarios when the PA collapses:

As the author pointed out, the collapse of the PA would have earthquake like ramifications that would directly impact citizens and their needed services. The medical services are what we will focus on. The author introduces different possible scenarios that could happen during the collapse of the PA. Each scenario would have different effects on medical services, its providers and standards.

If we take the **First Scenario** which stipulates the reoccupation of the entire PA areas by Israel, which includes the return of checkpoints and closures, in such a case, would the civil administration administer medical services in their different levels as has happened after the June 1976 war? And in this case, would this civil administration commit to paying salaries for its employees? Would the medical staff agree to work under the umbrella of the civil administration?

- Would the occupation commit to providing medication and vaccines based on the standards of the World Health Organization?
- Would the occupation maintain the same service quality, or would it work on reducing the quality as it did after its occupation in 1967?
- What would international organizations and especially the World Health Organization's opinions and behaviors be like?
- Would the Geneva Convention protocols be applied to Palestine after it has been designated as a none-member state under occupation?
- And the biggest question under this scenario would be, would the Palestinians accept a new Israeli occupation? Would there be an immediate resistance and if so what would the Israeli response be? Would it start with arrests, deportation and such punishments which would affect the continuation of medical services?

- Would civil society organizations be able to provide free medical health for the poor, marginalized, and for those with special needs?
- Would civil society organizations find proper and suitable support in order to provide these services?
- How would the organizations react to the collapse of the PA and the Israeli reoccupation? What would the international reaction be, especially with Palestine holding the title of a state?

Second Scenario: This scenario suggests that the Israeli occupation would be an onlooker and might even be an instigator of chaos. This might be the ugliest and most dangerous scenario. In this case, it would be difficult for civil society organizations to operate and provide services. And here, based on our previous experience, I believe that the occupation would work on deepening the conflict, waiting for those who would ask it to intervene. And here in the health sector, village leagues so to speak would emerge.

I disagree with the author about the political forces' capabilities in intervening. These forces would not find funding and support for them to manage governmental medical facilities, to pay medical staff wages, as well as provide medicine and proper medical equipment. The health system, in my opinion, would collapse, and there wouldn't be any international intervention capable of operating the health facilities properly. On the contrary, the international intervention would be limited to relief actions that might be preyed upon by armed groups under different names and announced goals. The occupation might help in this.

Third Scenario: in which the collapse of the PA would be followed by the collapse of security and the appearance of new militia groups, or known armed organizations that would try to compete with the political forces in taking the initiative and controlling the streets and official governmental organizations, including health organizations. We have experienced such a scenario throughout the second Intifada with the difference being that the armed chaos would be accompanied by a complete inability to finance health services, which would be completely paralyzed. This would lead to the citizens having to pay for services from their own pockets. Therefore, this would have negative impacts on the poor's ability to reach health services. Public health services would be paralyzed, leading to the spreading of different epidemics.

Fourth Scenario: In which Hamas makes a decision to control the PA areas in the West Bank, especially with the Israeli occupation not intervening but continuing with the siege, observing developments, implementing a security closure around the West Bank, and cutting up its areas with checkpoints. Here, would Hamas be able to settle things in the West Bank as it has in the Gaza Strip, and without any resistance from different armed organizations? And under such a scenario, would there be cooperation from the medical staff working in governmental services? Hamas would not be able to provide jobs for thousands of medical staff, and even if it were capable of doing so, would the occupation remain an onlooker, or would it publically or secretly intervene for the sake of creating chaos and sabotage any possibility of managing health services? And even if we assume that Hamas or any other fraction was capable of militarily settling the situation, and this is just a theory, as the West Bank is geographically different from Gaza in its geographical nature and the breadth of the area, and the occupation's presence, position, and settlements. These would not allow for the freedom of any fraction, and especially Hamas, to control the medical services in the entire area. The demographic combination and the distribution of political fractions would not make Hamas' job easy or even possible.

The author concludes his paper by providing suggestions for proactive measures. I agree with the author in the need for an independent health service organization that would be able to provide the necessary funds for medical services, and membership in which would

be mandatory. In my opinion, there should have been an approval for the medical insurance law which was presented three years ago, which was disrupted for irrational reasons.

When we speak of medical services, there needs to be an understanding that those are not limited to diagnostic and therapeutic services. There are mother-child health services, preventive vaccinations, basic health services, environmental health, and genetic disease surveillance. Here, I also agree with the author in that these services are essential and need not be stopped, for fear of undesirable health disasters as a consequence.

In the case of the collapse of the PA, we shouldn't rely on international community intervention in solving our medical problems. We have many examples of countries and societies living in collapsed authorities in Africa and Asia. We are aware of the horrible painful medical realities these women, children, and patients are living under.

The author suggests the idea of decentralized medical service management. This is a good system that should not be limited to health services only, but it should include entire governmental organizations as a form of necessary administrative reform. The availability of such a decentralized system in management might make the effects of the collapse of the PA less severe on the life and health of Palestinian citizens.

Comments by: **Jihad Mashal**, consultant in Health Policies

There is no doubt that the performance of the health sector in Palestine throughout the last three decades has been deeply affected by exceptional circumstances, such as the Israeli Occupation and the arrival of the Palestinian Authority. These exceptional circumstances still greatly affect this nation in its two parts, the West Bank and Gaza. The paper expressed in detail the effects of these circumstances on this sector.

Even though the first five years of the Palestinian Authority's arrival were mirrored with growth and development on the infrastructure and type of health services provided, this development and success was faced with the pressures of the second Intifada that are still relevant today. Though the international support aimed to provide a safety net for this sector, the results of many policies taken to protect and lessen the Palestinian patients' burdens at that time, have continued on to negatively affect the health sector's ability to provide possibilities and attract enough aid to continue with such policies:

- 1) The increased expenditure on health related to referrals abroad.
- 2) Doubling the spending on medicinal bills.
- 3) Allowing the unemployed, the injured, and the underprivileged to receive free medical insurance.

In the light of this hardship, the recent period was filled with hints, even real possibilities of dissolving the Palestinian Authority as one of the only options to retaliate against Israel in its stubbornness and its continuation of settlement building, as well as the deadlock in the political arena. Even after two decades of peace agreements, and the path of negotiations that has led us nowhere, we still hear the same famous saying about the Palestinian Authority that states that president Abbas is an obstacle in the way of the peace process.

Although we realize the hardships of the status quo, any reading for any expected scenario would no doubt lead to difficulties and political repercussions, which would inevitably have a reflection on the health sector especially.

The paper painted a clear map for the political Palestinian infrastructure, a detailed explanation of the health sector in Palestine, as well as a summary of four possible scenarios. Regardless of any improbability of any scenario happening, the current reality might reveal other new possibilities and alternatives that are worth analyzing.

- 1) The possibility of reviving the role of the neighboring Jordan and Egypt.
- 2) Israel's attempts to create a new alternative leadership.

- 3) And the last alternative would be the Palestinian Authority transferring the case of Palestine to the United Nations, giving the international community a larger more mature role.

Regardless of the possibility of these scenarios happening, some realistic circumstances would cast their shadow and add difficulty and hardship to the possible scenarios:

- 1) Chronic hindrance in the case of the Palestinian division and separation, leading to the reinforcement of the geographic separation between the West Bank and the Gaza Strip, and impeding any efforts to confront this new reality.
- 2) The case of carelessness and depression that has paralyzed aspects of political life, and the recession in public awakening and its inability to carry out its expected role in facing The Day After.
- 3) The overpowering economic crisis, the increasing amount of debt, and the inability to balance the budget which is expected to worsen, due to the lack of international support and Israel's control of the Palestinian tax returns.
- 4) The weakness of Palestinian civil organizations, which were founded to improve social work and resistance, and even helped build an alternative health system at one point.

The paper handled many practical suggestions that I agree on and that should be implemented because of their importance, especially the topic of complete independent medical insurance. Regardless of any expected possibilities, there are many areas that need to be handled in preparing for The Day After that would ensure the continuation of the safety net and prevention of the collapse of the health service sector.

- 1) Promoting partnerships with the components of civil society through health committees and societal groups. Many heroic examples of societal participation comes to mind during the first Intifada with the participation of society in creating and supporting health projects. These acts remain as models to be repeated in their encouragement of voluntary work and in their participation in protecting the infrastructure. In addition to rebuilding, renovating, and providing services which empower and encourage participation for different societal groups, especially the youth.
- 2) Encouraging all forms of public and private partnership (PPP). Even though the examples thus far do not rise to the level of the social responsibility that is entrusted to these sectors and their organizations. These partnerships have only focused on advertising, marketing, and reaching their consumers. The search for different fields in medical services creates a proper framework for this cooperation and would later help in enhancing the safety net and providing support for the medical sector, as well as reaching the goals of marketing and advertising expected for these organizations.
- 3) Building models and forms for independent departments and medical utilities as the paper concludes. This opens up the door for a bigger role and benefit for municipal and village councils, as well as creates cooperation between civil society institutions in providing financial support and enhancing society's supervisory and administrative roles. Such a step would require preparing a groundwork in order to guarantee the success of the decentralized administration and implementing what is needed for delegation, reconstruction, and allocation of balances.
- 4) Enhancing the role of civil society organizations working in the health sector, and creating cooperation and mutual work. This cooperation was once created on a complementary basis in providing services, distribution of tasks, competition prevention, and multiplicity of services in one location.
- 5) Although the paper points to the meager contribution of the international community in the relative distribution of spending, it is worth mentioning that the current situation is still highly dependent on sources of politicized foreign funding (38% of funding sources, based on the World Bank, are foreign sources, and 39% from supporting families). In the light of the lack of political and financial Arab support, and even with the safety net plan that has not yet seen the light, searching for alternatives that decrease the burdens of supporting families and prevents the health sector from the unpredictability of the politicized on-off

funding, as well as investing in one of the limited yet supporting European positions is a sensible way out. Taking note that the European party is the only remaining committed party.

There is no doubt that preparing for The Day After and creating sufficient practical steps that prevent collapse is the only security for keeping one of the most important service sectors working under any circumstances.

Workshop Discussion

Dr. Fathi Abu Moghli:

The establishment of the PNA was one of the results or commitments of the Oslo Accords as a step towards building the institutions of a viable independent Palestinian entity. This should have been accompanied by the gradual transfer of authorities from the occupation to the PNA, culminating in the signing of a final agreement to mark an end to the Israeli occupation and the establishment of an independent Palestinian state in the West Bank and Gaza Strip, including East Jerusalem, on the 1967 borders.

Despite the conditions that prevailed during the second Intifada, and Israeli incursions in particular, PNA health institutions continued to operate and provide services to the public. Following the Hamas victory in the 2006 legislative elections and the subsequent financial crisis, the PNA continued to provide its services.

A number of programs to improve the health sector were established, including the 2008 plan, which was implemented in full, and the 2011 plan that is currently in operation. The health sector is a combination of four partners: the Ministry of Health, UNRWA, NGOs and the private sector. There are 748 health clinics and centers: one center per village with a total population of more than 1000 persons, so the distribution of health centers and hospitals is good. Distribution in the Gaza Strip is better because it is a smaller area and there are a greater number of health professionals than in the West Bank.

There are 81 hospitals, including 51 hospitals in the West Bank. There are 25 government hospitals supplying 60% of beds and the remaining hospitals are privately run.

The Health Ministry has a budget of 1,350 million shekels: 47% of the budget comprises salaries and 53% goes on other expenses. Health sector expenditure is rising annually, which is a positive indicator. Health funding is provided by five sources: 35% from the PNA; 43% from public contributions; 19% from international organizations; 1.5% from insurance companies; and 1% from other sources.

Several questions arise and may be relevant to the potential scenarios:

Would the Israeli army re-occupy all of the West Bank militarily and use violence against the public?

Or would the army simply observe the anarchy that is anticipated if Palestinian security collapses?

Who would act first? Political forces that join together to implement the measures and decisions required?

Or would factions and armed groups try to fill the vacuum and re-impose their control over official institutions, including health?

There are four scenarios:

Israeli re-occupation of the entire West Bank and the return of the civil administration. This scenario would be the least burdensome on the public and is based on previous experience.

This scenario is the most probable, at least in the first stages of the potential collapse of the PNA. The scenario presupposes that the Israeli occupation would assume the role of observer in the West Bank without direct intervention. Some political forces would mobilize their organizations to offer medical and relief services through the existing centers, although these are insufficient in number and do not cover all regions. The government health sector would be completely paralyzed as there would not be an official party or body to manage public health sector facilities.

A vacuum must be filled, so the collapse of the PNA would be accompanied by the demise of security and the rise of new armed groups, or existing armed groups, competing with political forces for control of the street and official institutions, including health services. This is what happened in the Gaza Strip. Hamas might fill the vacuum as it is more organized, especially in light of Islamic influence in the Arab Spring. Certain conditions may arise that allow Hamas to do this.

Dr. Jihad Mash'al:

Two points require further clarification and analysis:

- 1- Expenditure and sources of health funding.
- 2- The Health Ministry has adopted four policies that have increased financial burdens:
 - a- increased expenditure on external referrals
 - b- expenditure on drugs has doubled
 - c- open and free membership of medical insurance schemes
 - d- the number of people working for the Health Ministry has doubled in the past ten years.

Also, three additional potential scenarios should be added:

Revival of the role of neighboring countries and the ramifications of this.

Israel will work to create an alternative leadership.

Transfer of the Palestinian issue to the UN.

Four challenges complicate all the scenarios:

Palestinian society is powerless in light of the internal division.

The Palestinian public lives in a state of apathy and frustration.

The economic and debt crisis and end of funding to the PNA, civil society organizations and UNRWA.

Chronic weakness in the capacities of community organizations.

Recommendations

To strengthen partnership with local community groups.

Partnership with the private sector.

Widespread decentralization including districts, hospitals and health centers.

Partnership with community organizations to distribute the burden of providing services.

Define potential sources of funding to ensure sustained funds.

Dr. Munther al-Sharif:

The collapse of the PNA does not relate only to the presence of checkpoints, the wall, the end of negotiations and international support, and the huge deficit in the budget. Internal factors may facilitate the collapse of the PNA, such as repeated strikes.

I agree with the author that the PNA has failed to build integrated partnerships with civil society organizations, thereby weakening those institutions and leading to the closure of some of them.

The expansion of health service provision demands substantial efforts to compensate for the decline in services during the years of occupation prior to the establishment of the PNA.

The collapse of the PNA would cause reverberations that reflect directly on the lives of people and public services, primarily health services.

First scenario: I do not envisage this scenario occurring and several factors confirm the improbability of this scenario.

Second scenario: I disagree with the author on the capacity of political forces to intervene directly and effectively. These groups would not find funding or assistance to help them run government health facilities, to pay the salaries of health workers, or to provide the required drugs. I believe that the health system would collapse and international intervention would be incapable of operating health facilities in an effective manner.

Third scenario: We lived under such conditions during the last Intifada, but the difference would be the anarchy. The health sector would face a serious crisis in funding and would be paralyzed; the public would have to pay for medical treatment.

Fourth scenario: It would be difficult for this scenario to take place and it poses several complicated questions.

Other Comments:

- All parties will work to prevent the collapse of the PNA, especially in its current form. Even if a collapse were to take place, it would probably take place in the West Bank and Gaza Strip;
- It would be better to change the title to ‘The collapse of the health sector and its impact on the Palestinian public’;
- The health sector faces systemic collapse;
- There is a state of emergency in the Palestinian situation and this indicates the extent of preparedness for such an event;
- Israel will not allow the collapse of the health system in the Palestinian territories, especially in relation to epidemics and infectious diseases, to ensure that disease is not carried to its own territories;
- In most countries, the role played by health ministries has changed. The Health Ministry assumes many responsibilities and its role has evolved from a basic provider of services into a body that oversees the provision of services;
- In view of the discussion on the decline in health services, a conference should take place to study the status of health services;
- Efforts to support the health sector should take place prior to any collapse and not wait until after such an event.

Day After - Workshops' Participants

#	Name	Organization
1	Mr. Abd Alnaser Masoud	National Sec. Forces - NSF
2	Dr. Abd Alrahman Altamimi	Head of Palestinian Hydrology Group
3	Dr. Abdelnaser Makky	JICA/Birzeit University
4	Ms. Abeer Albatma	PENGON
5	Mr. Abulmajeed Melhem	PALTEL
6	Mr. Ahmad Hindi	PWA
7	Mr. Ahmad Qurei "Abu Alaa"	Adisory Board/Fatah
8	Mr. Ahmad Surghally	PALTEL
9	Mr. Alaa Lahlouh	PSR
10	Mr. Alaa Yaghi	PLC
11	Mr. Ali Hamoudeh	JDECO
12	Dr. Ali Jarbawi	Minister of Higher Education
13	Mr. Ali Nazzal	President office
14	Mr. Ali Omar	National Sec. Forces - NSF
15	Mr. Amin Maqboul	Sec. General, Fateh Revol. Council
16	Mr. Ammar Dwaik	Birzeit University
17	Mr. Anwar Abu Ammash	Welfare Association
18	Dr. Ayman Daraghme	PLC
19	Mr. Aziz Kayed	PSR
20	Dr. Azmi Shuaibi	AMAN
21	Mr. Basem Tamimi	Popular Committes
22	Mr. Basri Saleh	Ministry of Education
23	Mr. Bassam Alaqtash	National Sec. Forces - NSF
24	Ms. Buthaina Hamdan	Ministry of TLC
25	Ms. Covadonga Bertrand	UNDP
26	Mr. Daoud Darawi	Adala law
27	Mr. Eyad Zeitawi	PMA
28	Mr. Fadel Hamdan	PLC Member
29	Mr. Fadi Qura'an	Alhaq
30	Ms. Fadwa Barghouthi	Revolutaionary Council/Fatah
31	Dr. Faisal Awartani	Researcher
32	Mr. Fajr Harb	Carter Center
33	Mr. Faris Sabaneh	Supreme Judicial Council
34	Dr. Fathi Abumoghli	former minister of Health
35	Ms. Florence Mandelik	NOREF
36	Mr. Florid Zurba	Ministry of TLC
37	Dr. Ghassan Khatib	Birzeit University
38	Dr. Hanan Ashrawi	PLO
39	Dr. Hanna Abdalnour	Alquds University
40	Mr. Hasan Abushalbak	Ramallah Municipality
41	Mr. Hazem Gheith	Egyptian Embassy

42	Mr. Henry Siegman	US/ MIDDLE EAST PROJECT
43	Mr. Ibrahim Barghouthi	head of MUSAWA
44	Mr. Ihab Shihadeh	Ministry of Justice
45	Mr. Jacob Hoigilt	NOREF
46	Mr. Jamal Zakout	FIDA
47	Mr. Jamil Rabah	Negotiations Support Unit - NSU
48	Dr. Jehad Albadawi	MOH
49	Mr. Jehad Alwazer	PMA Governor
50	Mr. Jehad Harb	PSR
51	Dr. Jehad Mashal	Expert
52	Mr. Jihad Shomali	UNDP
53	Mr. Khaled Alosaily	Business man
54	Mr. Khaled Shtayeh	UNDP
55	Mr. Khalil Rifai	Deputy Ministry of Justice
56	Dr. Khalil Shikaki	PSR
57	Mr. Mahmoud Haroun	Military Intelligence
58	Mr. Mariano Aguirre	NOREF
59	Dr. Mashhour Abu Daka	Former Minister of Communication
60	Mr. Mazen Sinokrot	Private Sector
61	Mr. Mohammad Alfaqih	PNC
62	Mr. Mohammad Aref	PMA
63	Mr. Mohammad Attoun	Wassel co.
64	Mr. Mohammad Daraghmeh	Journalist
65	Mr. Mohammad Hadieh	Ministry of Justice
66	Dr. Mohammad Odeh	MOH
67	Dr. Muatasem Alhmod	MOH
68	Mr. Munib Masri	Private Sector
69	Mr. Munir Barghouthi	Ministry of Education
70	Dr. Munther Alsharif	NAS
71	Mr. Musa Haj Hasan	QIF
72	Mr. Mutaz Abadi	PWA
73	Mr. Nabil Amr	Fatah
74	Mr. Nabil Masri	Private Sector
75	Dr. Naim Sabra	MOH
76	Dr. Naim Abuhommos	Birzeit University
77	Dr. Naser Abdelkarim	UNDP/Birzeit University
78	Mr. Naser Yosef	Adisory Board/Fatah
79	Mr. Natasha Carmi	Negotiation Aff. Dep.
80	Mr. Nayef Swetat	Revolutaionary Council/Fatah
81	Mr. Omar Assaf	Return right committee
82	Mr. Peter Krause	Boston University
83	Mr. Qaddora Fares	Prisoner's Affairs
84	Mr. Qais Abdelkarim	PLC

85	Mr. Radi Jarai	Alquds University
86	Mr. Reda Awadallah	PPP
87	Mr. Roland Friedrich	DCAF
88	Dr. Sabri Saidam	President consultant
89	Mr. Sadam Omar	National Security Forces
90	Dr. Safa Nseraldin	Minister of TLC
91	Mr. Said Alhmouz	PMC
92	Mr. Said Zaid	PLC
93	Mr. Salam Zagha	NEDCO
94	Mr. Saleh Ra'afat	Former Head of FIDA
95	Mr. Samer Farah	Welfare Association
96	Mr. Sami Alsaedi	AI Bank
97	Mr. Samir Abdallah	MAS
98	Mr. Sergio Garcia	NOREF
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103	Ms. Stephanie Heitmann	KAS
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105	Mr. Tareq Tayel	Egypt Embassy
106	Dr. Tarif Ashour	MOH
107	Mr. Tayseer Zabre	HURRAT Center
108	Dr. Ummaya Khammash	UNRWA
109	Dr. Wael Qa'adan	PRCS
110	Mr. Waleedd Ladadweh	PSR
111	Dr. Walid Aburas	HWC
112	Mr. Walid Hodali	JWU
113	Mr. Wisam Atwan	National Security Forces
114	Mr. Yousef Adwan	UNDP
115	Mr. Zafer Milhem	PERC

The Day After: How Palestinians Can Cope if the PA Ceases to Function

January-October 2013

PSR, in cooperation with the USMEP and NOREF, has initiated in January 2013 a policy research project that aims at exploring Palestinian conditions and options in the day after the PA ceases to function. The initiative seeks to produce a series of expert papers focusing on 10 main challenging areas of “the day after” in Palestinian political, social, financial, economic, and security life.

The initiative’s point of departure is that the PA may collapse or may decide to dissolve itself in the near future under the heavy weight of various financial and political pressures. Three scenarios are conceivable: (1) Israel and the US may impose on the PA severe or crippling financial and political sanctions; (2) the PLO leadership may conclude that the two-state solution is no longer practical and may begin to search for other means to gain Palestinian rights leading it to dissolve the PA; and (3) a series of economic, financial and political crises may lead to popular demands for change expressed in mass demonstrations against the PA and a widespread demand for regime change leading to chaos and eventual collapse.

The initiative goals are three: (1) explore the implications of such a development on various critical dimensions of Palestinian life and government, elaborating on the magnitude of the problems and challenges that might arise as a result of PA demise; (2) debate various policy options to respond to such a development, to contain the damage, and to capitalize on potential benefits, if any; and, (3) recommend a course of action for Palestinians to pursue in response to the expected complications.

PSR has gathered a team of 30 experts in the areas of finance and economics, internal security and law enforcement, health, education, communication, justice system, local government, water and electricity, civil and domestic political affairs, and the future of the two-state solution. Experts have been asked to write 10 papers in their various areas of expertise examining the implications, policy options, and recommendations. Each paper has been reviewed and critiqued by two experts. Drafts of the expert papers have been discussed in small specialized workshops attended by policy makers, parliamentarians, experts, and academics.

A final report will be prepared based on the expert papers, workshops/focus groups, interviews, and background research. The report will summarize the main findings, examine the overall policy implications for the PA and the international community, and provide policy recommendations for the various relevant parties.

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