Ricardo Energy & Environment

The State of Palestine's Nationally Determined Contribution (NDC) implementation action plans: Health – Increasing awareness and capacities for disease prevention

Report for Palestine's Environment Quality Authority and the Islamic Development Bank under the NDC Partnership's Climate Action Enhancement Package

NDC PARTNERSHIP
ACCELERATING CLIMATE AND DEVELOPMENT ACTION

Environment Quality Authority

IsDB البنك الإسلامي للتنمية Islamic Development Bank

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The Palestinian Environment Quality Authority (EQA) and The Islamic Development Bank

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Table of contents

List of abbreviations

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EIB	European Investment Bank
EU	European Union
FAO	Food and Agriculture Organisation of the United Nations
GIZ	German Development Cooperation
GCF	Green Climate Fund
IsDB	Islamic Development Bank
IKI	International Climate Initiative
JIKA	Japan International Cooperation Agency
KfW	KfW Development Bank
MoE	Ministry of Education
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
NAP	National Adaptation Plan
NDC	Nationally Determined Contribution
NGO	Non-governmental organisation
NPA	National Policy Agenda (2017-2022)
UK	United Kingdom
UNICEF	United Nations Children's Emergency Fund
USAID	United Stated Agency for International Development
WB	World Bank
WHO	World Health Organisation

1 Introduction

1.1 Overview

This plan for **"Increasing awareness and capacities for disease prevention"** is intended to enhance Palestine's opportunities to access climate finance and thereby facilitate successful implementation and delivery of Palestine's Nationally Determined Contribution (NDC). Details of the methodology used to develop this plan are provided in Annex 1.

The plan lays out steps to deliver the following NDC actions that are conditional on being able to secure international funding (the second of these actions is a subset of the first one):

- Training health professionals and increasing the awareness of people, particularly women, in all areas about measures they can take to help prevent major diseases related to water, sanitation and food, and
- Increasing awareness of people, particularly women, in all areas of measures they can take to help prevent major diseases related to water, sanitation and food.

These NDC actions are to be achieved through completion of six activities, each contributing to the following targets that align with the NDC actions:

- By 2025, improve the capacity for disease prevention by training 300 health professionals in disease prevention.
- By 2030, at least an additional 30% of the population, particularly women, is aware of measures that they can take to help prevent major diseases related to water, sanitation and food.

The indicative total cost of achieving these targets is 0.696m USD. Taking national contributions into account, there is a total funding gap of 0.650m USD. Achieving the targets will provide considerable adaptation benefits, increasing Palestine's capacity to adapt to the projected worsening impacts of climate change on the health sector. There is strong government support to undertake these activities, which feature in national and sectoral strategies.

1.2 Geographical scope

Activities in this NDC implementation action plan are an equal priority for the whole of the Occupied Palestinian Territory, i.e. the West Bank, including East Jerusalem, and the Gaza Strip. However, the consequences of Israel's military actions during May 2021 have major implications for the health sector, related infrastructure and the capacity of the Ministry of Health (MoH) to provide services to the Palestinian people. The most pressing issue is to ensure that the MoH can provide essential healthcare to Palestinians living in Gaza, especially victims of the recent attack who have been physically injured and/or affected psychologically. As this plan was developed in the months immediately prior to Israel's military actions, there is an urgent need to reassess the health sector's needs for rehabilitation before proposing specific activities in Gaza. Hence, the activities laid out below focus on the West Bank.

2 Relevance of the Green Climate Fund (GCF) Country Programme

The GCF Country Programme includes a funding proposal for "Scaling up of the sustainable clinical waste management programme to reduce GHG emission and local pollution". This is to be achieved through three outputs, one of which is specifically relevant to this NDC implementation action plan: **"Enhancing the capacity of health professionals and vulnerable community especially women, in climate related water-scarce areas on measures to monitor and prevent major diseases related to climate, water, sanitation, and food hygiene".** However, this plan's capacity building and awareness raising activities range beyond clinical waste management and focus on disease prevention more widely.

3 Reasons for prioritisation of NDC actions

The two NDC actions that can be implemented through this plan seek to increase awareness and capacities for disease prevention. National stakeholders scored the relevance and feasibility of these actions based on: the extent to which the Government's existing national and sectoral policies, strategies and plans already acknowledge their importance (High = 10, 5, 0 = Low); their adaptation and mitigation benefits (Very positive = 10, 5, 0, -5, -10 = Very negative) and the capacity and technology available to achieve them (High = 5, 2.5, 0 = Low).

The capacity scores reflect that the activities in this plan are not currently being implemented, although this plan aims to increase the capacity available, as necessary, to address constraints. The results are shown in Table 1.

Table 1 Priority scores for NDC actions

NDC actions	Government support	Adaptation benefits	Mitigation benefits	Capacity available	Technology available	**Total**
Training health professionals and increasing the awareness of people, particularly women, in all areas about measures they can take to help prevent major diseases related to water, sanitation and food	10	10	0	2.5	5	**27.5**
Increasing awareness of people, particularly women, in all areas of measures they can take to help prevent major diseases related to water, sanitation and food	10	10	0	2.5	2.5	**25**

These scores drew upon and are justified by information in the following sub-sections that address each of the priority criteria.

3.1 Government support

The NDC actions are featured in the National Food and Nutrition Security Policy (2019-2030)[1], the National Health Strategy (2017-2022)[2] and the National Policy Agenda (NPA) (2017-2022)[3]. There is, therefore, strong Government support to increase people's awareness of, and capacities to implement, disease prevention measures in ways that are reflective of the focus of this plan.

3.2 Benefits for adaptation to climate change

Future climate scenarios for Palestine project an increase in temperature and a decrease in average annual rainfall, translating into an increase in the risk of drought. The wettest days may also become more frequent, leading to an increased risk of flood.[4] This is expected to impact health in the following ways, among others:

- Warm temperatures, stagnant water resulting from floods, and high water temperatures may favour the survival and reproduction rates of vectors of diseases, such as mosquitoes, fleas, ticks and/or rodents.
- Runoff from floods may contaminate soil and water bodies, making water unsafe for human consumption and/or contaminating crops and livestock, thereby increasing water-borne and food-borne diseases.
- Higher temperatures will make it more challenging to preserve food products along the value chain, increasing the chances of food-borne diseases and degrading the quality of fresh products.
- Higher temperatures and reduced rainfall may cause heat stress and dehydration, particularly among vulnerable population, such as children and the elderly.
- Reduced rainfall and higher temperatures may also reduce the quantity and quality of production of crops and livestock for consumption, and the availability of water, which may indirectly increase the likelihood of diseases. Training health professionals and increasing the awareness of people (particularly women) about the measures that they can take to prevent the development of major diseases related to water, sanitation and food can reduce climate vulnerability by:
- Curtailing the spread of vectors of diseases, thereby reducing climate sensitivities
- Increasing people's abilities to make positive changes in their behaviours which (i) reduce chances of contamination and/or (ii) reduce chances of heat stress and/or dehydration and/or (iii) improve food preservation, thereby increasing their adaptive capacities.

3.3 Benefits for mitigating climate change

No mitigation benefits were identified arising from the NDC actions that are the subject of this plan. The score of zero indicates that the actions will have a neutral impact on GHG emissions.

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[1] Text reads: "…institutionalize knowledge, communication and monitoring systems and develop them to support and promote food safety control services"

[2] Text reads: "Environmental health programs are effectively implemented, including water and food safety and medical waste management, and combating environmental pollutants."

[3] Text reads: "Improve the quality of health care services (infrastructure, equipment, drugs, IT, training of health care workers, standards)."

[4] State of Palestine Environment Quality Authority (2016). National Adaptation Plan p.109-110. Accessible here.

3.4 Capacity available

Healthcare is a collaborative venture between the Government, non-governmental organisations (NGOs), private providers and the United Nations Relief and Works Agency (UNRWA)[5]. The MoH has some capacity to implement capacity-building and awareness-raising activities by working with existing partners and stakeholders, including the Ministry of Education (MoE), Ministry of Women's Affairs (MoWA), academic institutions and community groups.

While there is a strong partnership between government ministries, the UNRWA and the private sector, capacity is not yet available at the level required to achieve this plan's NDC actions.

3.5 Technology available

Limited technology is required for training health professionals and increasing the awareness of people regarding prevention of major diseases related to water, sanitation and food. The production and delivery of training and awareness-raising materials can make use of a variety of media outlets, including apps and/or radio, which are widely and readily available. However, these outlets need to be further updated and modernised.

4 Gender mainstreaming

4.1 Rationale for mainstreaming gender in this plan

The impacts of climate change are not gender neutral[6]. Globally, women and girls are disproportionately affected by the impacts of the climate crisis, as social, economic and political inequalities compound their climate sensitivities and limit their adaptive capacities[7]. A business-as-usual approach is likely to maintain existing inequalities and limit opportunities for gender-sensitive and, where appropriate, gender-responsive adaptation actions, such as training health professionals and increasing the awareness of people about measures that can help to prevent major diseases related to water, sanitation and food.

At the UNFCCC's 25th Conference of the Parties in 2019, the Enhanced Lima Work Programme on Gender and its gender action plan acknowledged the need for gender mainstreaming through all relevant targets and goals. It noted that gender-responsive implementation of climate policy and action can raise ambition, enhance gender equality, and promote a just transition of the workforce. Integrating gender equality into development leads to better outcomes in terms of economic efficiency, productivity and policy choices. Gender-responsive solutions can help to tackle poverty and inequality while providing better community representation and technical solutions.

[5] NPA
[6] Toolkit for a gender-responsive process to formulate and implement National Adaptation Plans (NAPs) (2019), p.2. Accessible here.
[7] Climate change, agriculture and gender in Gaza: Assessing the implications of the climate crisis for smallholder farming and gender within olive and grape value chains in Gaza (2020), p.5. Accessible here

4.2 Gender mainstreaming in this plan

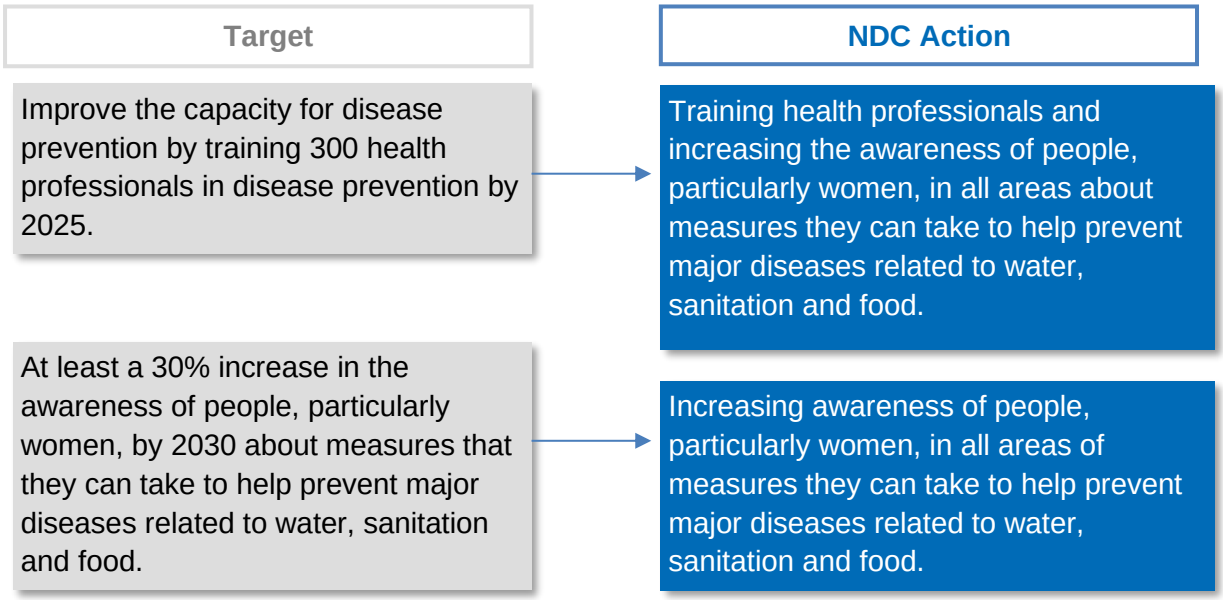
All activities and targets under this plan have been reviewed by a team of gender experts, including a representative of MoWA. Activities identified as gender-relevant are planned in ways that ensure they are at least gender-sensitive[8] and at best gender-transformative[9].

As the principal carers for family and communities, women and girls are most commonly tasked with housekeeping and domestic activities related to water, sanitation and hygiene in the household. Hence, to develop a more gender-responsive approach for the health sector in Palestine, improved healthcare training includes specific targets to ensure that women participate, and training materials are tailored to women, where applicable. The training will focus on raising women's awareness about water pollution, in addition to introducing both women and men to technological solutions and promoting safe practices to reduce the risks of contamination and diseases in the household.

5 Activities

Two targets were set by national stakeholders in order to facilitate implementation of this plan and achieve its focal NDC actions, as outlined in Figure 1.

Figure 1 Targets for increasing awareness and capacities for disease prevention



[8] The World Health Organisation (WHO) Gender Responsive Assessment Scale includes gender-sensitive programmes and policies at Level 3, which is defined as "Considers gender norms, roles and relations; Does not address inequality generated by unequal norms, roles or relations; Indicates gender awareness, although often no remedial action is developed". Accessible here.

[9] The WHO Gender Responsive Assessment Scale includes gender-transformative programmes and policies at Level 5, which is defined as "Considers gender norms, roles and relations for women and men and that these affect access to and control over resources; Considers women's and men's specific needs; Addresses the causes of gender-based health inequities; Includes ways to transform harmful gender norms, roles and relations; The objective is often to promote gender equality; Includes strategies to foster progressive changes in power relationships between women and men". Accessible here.

In total, six activities were identified in order to achieve these targets. These are listed in Figure 2 and Figure 3 for each NDC action. Further details are provided in the subsequent sections.

Figure 2 Summary of activities to train health professionals in all areas on diseases related to water, sanitation and food

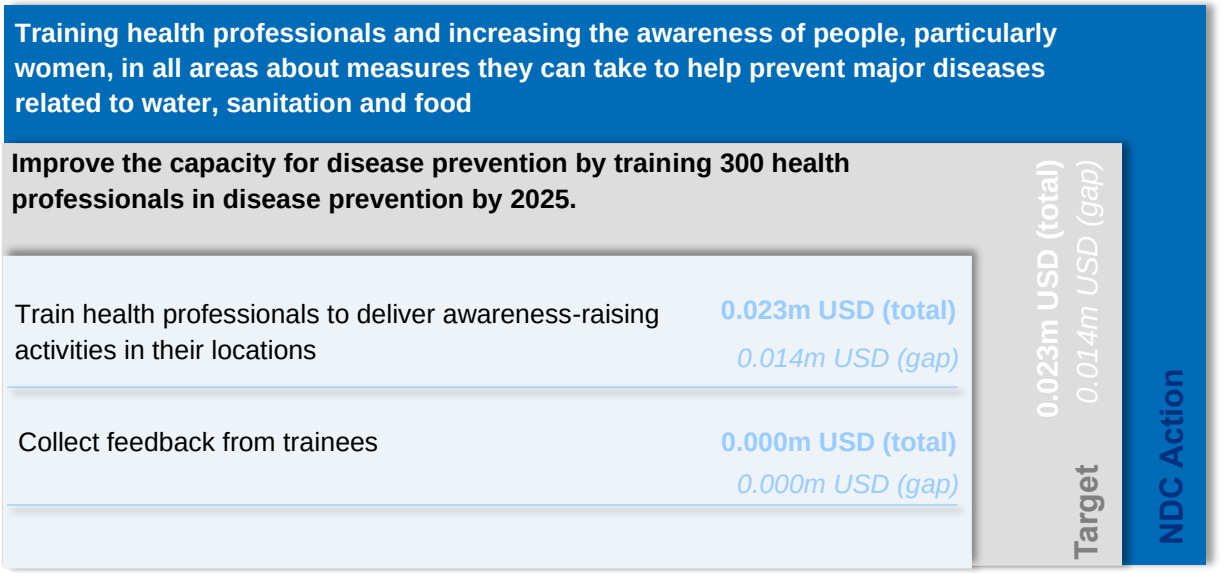
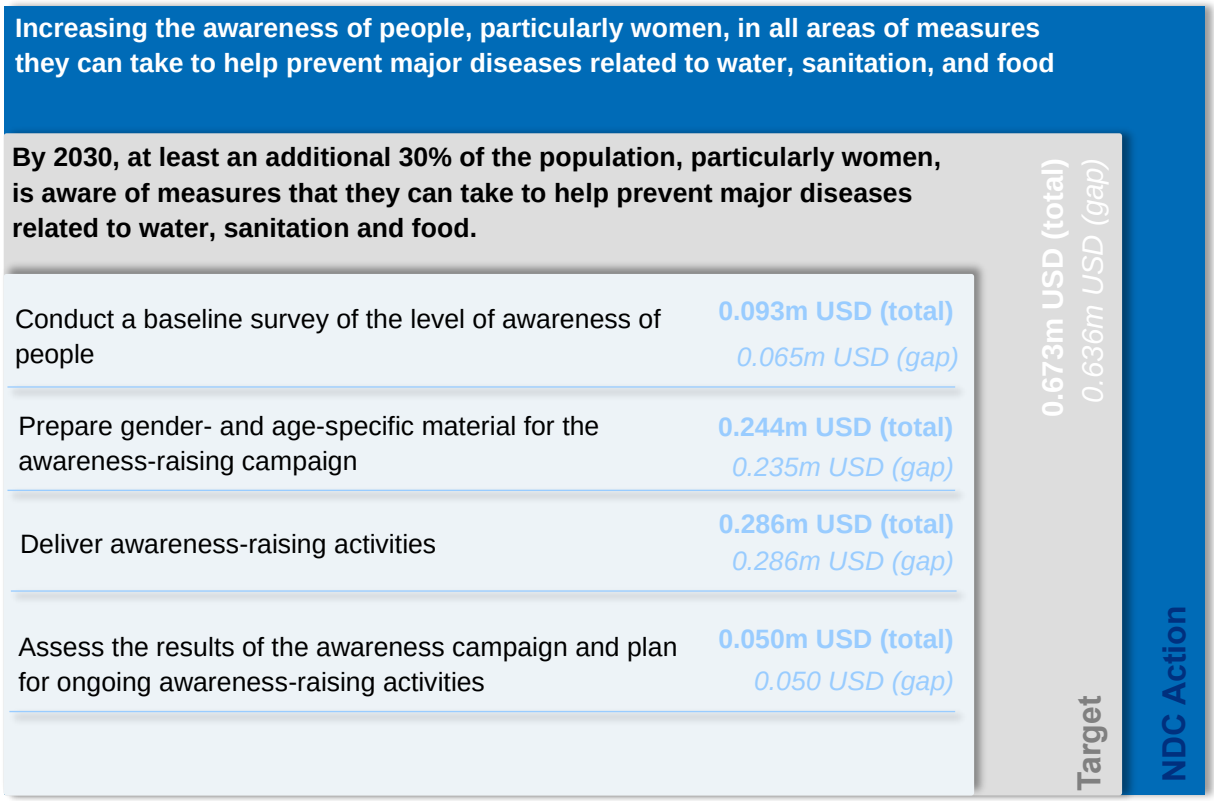


Figure 3 Summary of activities to increase awareness of people, particularly women, in all areas on diseases related to water, sanitation and food



5.1 Activities to train health professionals and increase awareness of people about measures they can take to prevent diseases related to water, sanitation and food

National stakeholders have identified the specific activities that need to be undertaken to achieve the following target: "*Improve the capacity for disease prevention by training 300 health professionals in disease prevention by 2025".* These activities are listed below:

1. **Train health professionals to deliver awareness-raising activities in their locations on the measures available to help prevent major diseases related to water, sanitation and food**

   A total of 300 health professionals will be trained in delivering awareness-raising activities at the community level. Training for health professionals will be made available through different methods and forms of media. The latter will include development of an app that can be accessed by any health professional who needs to deliver awareness-raising activities. The app will contain awareness-raising materials, posters, slides and brochures that can be easily printed by communities. The content of the app will be updated and improved regularly until 2030.

   The training will be developed in parallel with the preparation of the awareness-raising materials (produced in Activity 4 below), which will enable the trainers to be ready to deliver the awareness-raising activities as soon as the materials are available.

2. **Collect feedback from trainees**

   Feedback from trainees and/or trainers will be used to further develop the training and the awareness-raising materials based on their experience of the awareness-raising activities.

   While the actual training of health professionals under this target will conclude in 2025, they will subsequently continue to deliver awareness-raising activities until 2030 and beyond. Hence, it will be necessary to collect feedback regularly to ensure that the training materials and awareness-raising campaigns can continue to be updated iteratively.

5.2 Activities to increase awareness of people about measures they can take to prevent diseases related to water, sanitation and food

National stakeholders have identified the specific activities that need to be undertaken to achieve the following target: *"By 2030, at least an additional 30% of the population, particularly women, is aware of measures that they can take to help prevent major diseases related to water, sanitation and food."* These activities are listed below:

3. **Conduct a baseline survey of the level of awareness of people**, and particularly women, about the measures that they can take to help prevent major diseases related to water, sanitation and food.

a. Collect data

Baseline data will be collected in order to:

- Identify the areas with poor access to water, which require interventions
- Assess the level of knowledge, attitudes, behaviours and perceptions of water, sanitation and food-borne disease; and
- Identify the best sources of information for, and methods of communicating with, the population in all areas, particularly women and girls.

The survey will be conducted prior to development and implementation of an awareness campaign. It will be participatory and inclusive, surveying a random stratified sample of people representative of the target population as a whole. The resultant baseline will be used to measure progress following the implementation of the awareness campaign (See Activity 6 below).

b. Validate findings

Health inspectors and community health workers will conduct field visits to the areas that are identified in the baseline survey. Inspectors and health workers will map local stakeholders from those areas, and a random stratified sample of people representative of all those surveyed will be visited. This will include house visits, as well as visits to community-based organisations, schools and universities, and health clinics.

Visits will aim to discuss and validate the findings of the survey and to identify the best ways to deliver the awareness-raising activities, assessing the ways in which people, especially women, access their information and the most effective ways to communicate health messages.

4. Prepare gender- and age-specific material for the awareness-raising campaign

a. Produce awareness raising material for the public

Materials will be developed by MoH based on findings from the baseline survey and field visits, using the results to identify appropriate target audiences, as well as the content and format of the materials.

Using a range of media tools will enable wider outreach. Hence, materials will be prepared in the form of online interactive as well as printed products that will be promoted through workshops and community meetings, billboards, public adverts, and videos that can be aired on local radio and TV. All materials will be developed using simple, accessible language.

In addition to being presented by trained health professionals, awareness-raising materials will also be made available to different media outlets to be shared more widely. Journalists will be invited to briefing meetings on how to engage with the MoH and will be encouraged to refer any questions that they receive to professionals in the field. They will be provided with contact lists and media focal points. Journalists with popular shows and social media influencers, particularly women, will be specifically targeted. The materials will also be made available to health NGOs, local government institutions and women's NGOs that wish to help raise awareness.

b. Produce awareness raising material for schools and universities

Schools and universities will be specifically targeted by awareness-raising activities, as students can then share information within their households. Specific materials will

be developed for them. The format of the materials will be determined based on findings from the baseline survey, and may include a series of videos, radio spots to be shared during the curriculum, as well as extra-curricular material. These materials will be shared through local and national TV and radio stations, as well as through social media and schools and universities' platforms directly.

5. **Deliver awareness-raising activities**

   Multi-media tools will be used to present the materials in at least 10 locations per year until the year 2030. Awareness-raising activities will be delivered by the 300 health professionals who have been specifically trained (see Activity 1 above). They will raise the awareness of at least 100,000 individuals per annum, through face-to-face activities that will be conducted in all locations and/or by using the newly developed app (see Activity 1 above).

6. **Assess the results of the awareness campaign and plan for ongoing awareness-raising activities**

   In order to produce comparable results, this assessment will follow the same structure as the baseline survey, addressing a random stratified sample of people representative of the target population as a whole.

   The survey will help to inform the design of further health awareness activities, notably to ensure that they are gender sensitive and that health professionals are able to reach women, as well as all vulnerable and marginalised communities. The survey is expected to take place by the year 2030.

6 Timeframes, indicative costs, existing funding and likely sources of funding

For each of the activities and sub-activities listed in Section 5, Table 2 (below) identifies:

- The indicative implementation period
- Indicative costs
- National contributions, where relevant
- Existing international funding, where relevant
- Any remaining funding gap, and
- Potential international public funding sources that were preliminarily identified as potential support to address the funding gap. Note that international funders' priorities are subject to change and negotiation.

7 Institutional arrangements

Figure 4 (below) sets out the institutional arrangements for implementing this plan. It identifies the MoH as the lead organisation for a cross-ministerial Project Steering Committee, as well as project delivery partners and other project stakeholders. The latter are likely to include other organisations as delivery of the plan is progressed. MoH is intended to be the main contact point with international public funders. The committee will aim for equal

gender representation in order to encourage gender mainstreaming throughout plans and activities

It will be of key importance for MoH to allocate appropriate financial and administrative resources and clearly secure internal ownership of each activity in the implementation plan. In this way, MoH can ensure that the implementation plan is delivered, and the Project Steering Committee is functional, delivering the activities to achieve the targets of the plan while adhering to timescales.

8 Recommendations for an enabling environment

The successful delivery of this plan will be ensured by developing a supportive enabling environment where it does not yet exist. This may include updating or developing legislation, regulations, statutory guidance (and standards), national or sectoral policies and strategies, and incentives (including fiscal measures) that can contribute to successful implementation of the activities or remove potential barriers to implementation.

This plan's focal NDC actions are featured in the National Food and Nutrition Security Policy (2019-2030), the National Health Strategy (2017-2022) and the NPA. It will be key to ensure that any update to these documents beyond 2022 also align with this plan.

Key recommendations for development of the enabling environment to support the implementation of this plan, identified by national stakeholders, that will be given further consideration include:

- **Palestine's Environment Law Amendment** that is yet to be enacted **should be used as an enabling context** for the development of the legislation, regulation, statutory guidance, policies, strategies or incentives that are relevant to this plan.

- **Developing regulations for employers** to ensure that awareness-raising and training activities are included within the terms of their employment, so that individuals are paid to attend during working hours. This will improve women's access to such activities by addressing the time and economic constraints that they face. The Ministry of Labour can be responsible for taking forward this recommendation and securing formal approval from the Council of Ministers.
- **Developing a policy that enables and facilitates public-private partnerships** for the delivery of programmes, which provide public benefits. In the case of this plan, this could enable wider promotion of the awareness-raising materials produced by the MoH by allowing them to engage with the media. Implementing this recommendation requires securing formal approval from the Council of Ministers.
- **Developing regulations and statutory guidelines to enforce gender budgeting,** i.e. analysing all budget lines and financial instruments for climate adaptation and mitigation from a gender-perspective, to ensure gender-sensitive or gender-responsive investments in relevant programmes (e.g. addressing technology transfer and capacity building), such as this plan. The MoWA can be responsible for taking forward this recommendation and securing formal approval from the Council of Ministers.

9 Challenges for implementation

Israeli control over Palestinian territories is no impediment to the implementation of this plan. Palestine's unique geo-political situation since 1995 means that the MoH and its delivery partners have adapted to the requirements and restrictions enforced by Israel's various levels of control and occupation across the West Bank and the Gaza Strip[10]. Efficient decision-making and implementing structures have been developed to circumvent restrictions, including by communicating with the Israeli authorities.

Over the years, the MoH has worked with a range of international development partners, including the World Bank, the FAO, WHO, UNICEF and others. In doing so, it has assisted them in navigating the administrative procedures required to ensure that programmes can be successfully implemented.

With regard to implementation of this plan in the West Bank, constraints arising from Israel's occupation may lead to delays in the delivery of training and awareness-raising activities, and delays in health professionals' travels to training sites, especially in Area C and due to the presence of checkpoints. The implementation plan has addressed these challenges by considering the need for a virtual training app, so that access to training materials will not be constrained by travel restrictions and/or checkpoints.

[10] Palestine constitutes the Occupied Palestinian Territory, which is made up of the West Bank (including East Jerusalem) and the Gaza Strip, based on the borders of June 1967 and are separated by Israel, the occupying power. The Oslo II Accord, formally entitled the 'Interim Agreement on the West Bank and the Gaza Strip of 1995', created three territorial zones in The West Bank: Area A, where the Palestinian Government has responsibility for public order and internal security; Area B, where the Palestinian Government assumes responsibility for public order for Palestinians, while Israel controls internal security; and Area C, where Israel maintains exclusive control.

Table 2 Timeframes, indicative costs, existing funding (USD million) and likely sources of funding

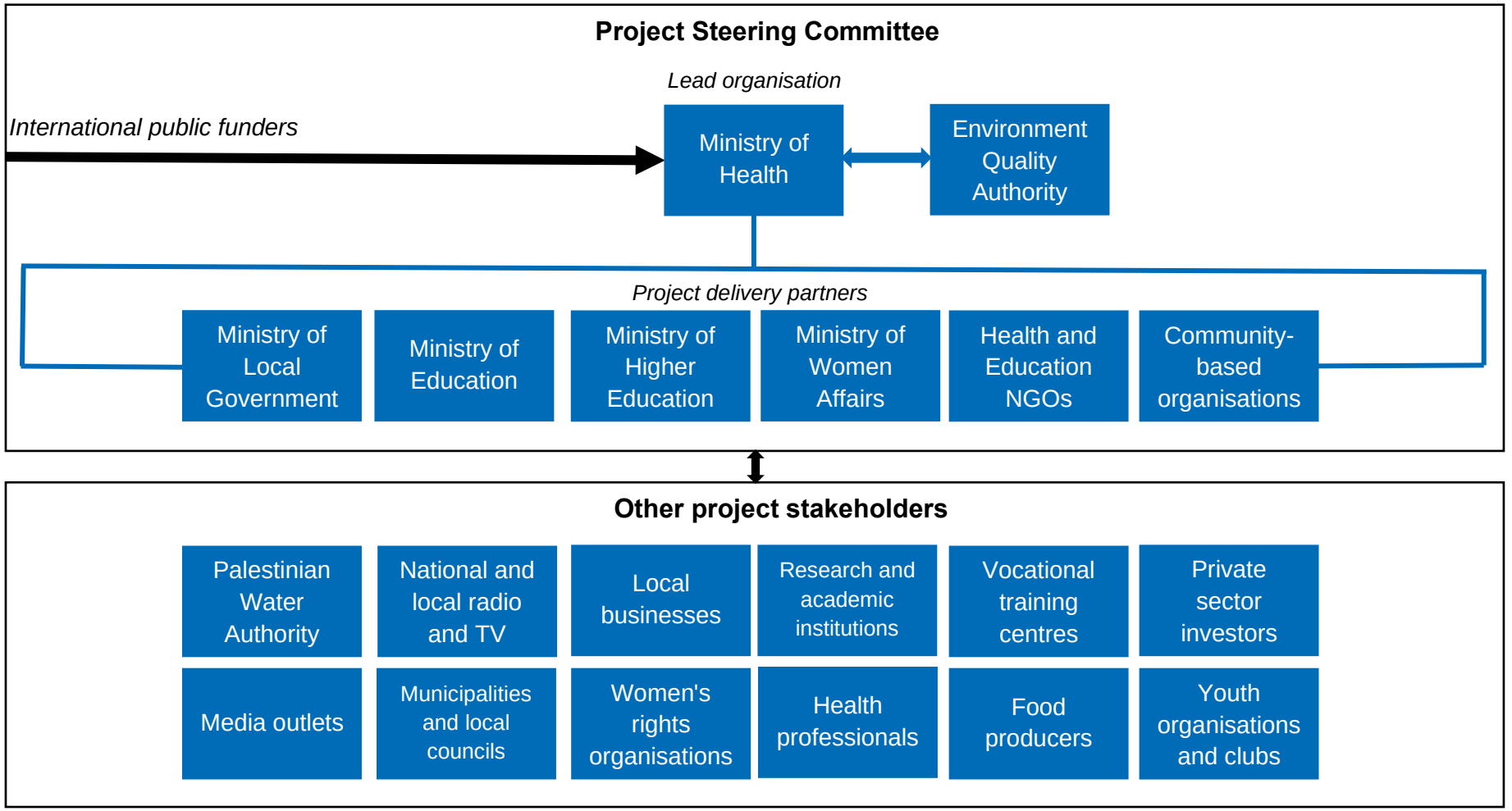
Activity	2021 - 2025	2026 - 2030	2031 - 2040	Unit cost	No. units	Unit type	Total cost	National contribution [11]	International funding	Funding gap	Indicative options to secure international public funding to address funding gaps
1				0.023	1[12]	App development project	0.023	0.009[13]	0.000	0.014	**EIB; EU; FAO; GiZ; IsDB; IKI; JICA; KFW; UK; UNICEF; USAID; WB; WHO**
2				0.000	0		0.000	0.000	0.000	0.000	
3.a				0.053	1[14]	Survey	0.054	0.004[15]	0.000	0.050	
3.b				0.000	300[16]	House and community visits	0.039	0.024[17]	0.000	0.015	
4.a				0.044	1[18]	Awareness raising programme	0.044	0.009[19]	0.000	0.035	
4.b				0.000	1000[20]	Media materials	0.200	0.000	0.000	0.200	
5				0.029	10	Locations covered in awareness raising activity	0.286	0.000	0.000	0.286	

[11] Transportation, arrangements, communications.
[12] Cost will be used for app developers to design, develop and monitor implementation of the app as well as to compensate for the time of the health professionals being trained (staff time at 30% for 6 months).
[13] Staff time at 30% for 12 months.
[14] Consultants will be commissioned. Costs include: experts in water 5,000 USD, food 5,000 USD, sampling 5,000 USD, gender 5,000 USD, inclusion 5,000 USD, and youth 5,000 USD; data collection 14,000 USD; transport 2,000 USD; dissemination workshop 3,000 USD; printing of the assessment report 1,000 USD; plus two staff members for 10% over 12 months.
[15] Time for two staff members at 10% over 12 months.
[16] House and community visits: average transport cost, including fuel for cars (50 USD per visit to conduct 300 visits); and staff salaries at 20% of the time for 50 MoH staff.
[17] Staff salaries at 20% of the time for 100 MoH staff.
[18] Training materials, 3 consultants 6,000 USD, 2 material designers 5,000 USD, 1 web developer 2,000 USD and staff time at 30% for 6 months.
[19] Staff time at 30% for 12 months.
[20] Production of media materials.

Activity	2021 - 2025	2026 - 2030	2031 - 2040	Unit cost	No. units	Unit type	Total cost	National contribution [11]	International funding	Funding gap	Indicative options to secure international public funding to address funding gaps
6				0.050	1[21]	Survey	0.050	0.000	0.000	0.050	
TOTAL							**0.696**	**0.046**	**0.00**	**0.650**[22]	

[21] Consultants will be commissioned.
[22] Total funding gap is subject to rounding errors.

Figure 4 Institutional arrangements for implementation of the action plan



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State of Palestine
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دولـــة فـلـسـطين
وزارة الصحة
مكتب الوزير

Ministry Of Health
Minister's Office
Ref 27/Mo/1157/21
Date 31/8/2021

Excellency Mr. Jameel Mtour

Chairman of Environment Quality Authority

Subject: Endorsement of the NDC Implementation Plans for the Health Sector

The Ministry of health sends you best regards and wishes you good health in these difficult days of COVID 19, and would like to thank you for your extended and continued efforts to protect the Palestinian Environment.

Reference is made to the subject and to your kind request for an endorsement letter, and in my capacity as Minister of health , this is to confirm that Ministry of health fully endorse the NDC Implementation Plans for health Sector, that was prepared with Ministry of health , National Committee for Climate Change and key stakeholders as part of the project implemented by Environment Quality Authority and NDC Partnership and funded by the Islamic Development Banks.
List of Plans and estimated budget:

1. Developing safety and monitoring systems for water- food and sanitation:
21 856 M USD
2. Increasing awareness and capacities for disease prevention estimated budget:
0.696 M USD

I would like to reiterate that these plan is in conformity with the National Priorities and relevant Sectoral Strategies as well as the guidance of the Palestinian Council of Ministers.

Mai Salem AL Kailah

Ministry of Health

STATE OF PALESTINE
Dr. Mai Alkaila
Minister of Health

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وزارة الصحة - غزة - تلفون : 08/2846949 فاكس : 08/2826295

State of Palestine
Ministry of Health
Minister's Office

دولـــة فـلسـطين
وزارة الصحة
مكتب الوزير

21/1157/27
22/8/31

معالي الأخ جميل مطور حفظه الله

رئيس سلطة جودة البيئة

الموضوع: اعتماد خطط العمل لتنفيذ المساهمات المحددة وطنيا في قطاع الصحة.

Subject: Endorsement of NDC Implementation Plans: Health sector

تحية طيبة وبعد،،،

تهديكم وزارة أطيب التحيات وتتمنى لكم موفور الصحه والعافية وتتقدم لكم بجزيل الشكر على جهودكم الموصولة والهادفة لحماية البيئة الفلسطينية، بالإشارة ألى الموضوع أعلاه وبناء على طلبكم يرجى العلم بأن وزارة الصحة تؤيد وتدعم خطط العمل لتنفيذ المساهمات المحددة وطنيا والتي تم اعدادها بالتنسيق والتعاون مع وزارة الصحة وأعضاء اللجنة الوطنية لتغير المناخ والشركاء ذوي العلاقة وذلك ضمن نشاطات المشروع المنفذ من قبل سلطة جودة البيئة وشراكة المساهمات المحددة وطنيا وبدعم من البنك الاسلامي للتنمية.

قائمة بأسماء الخطط والكلفة الاجمالية لها حسب رسالة سلطة جودة البيئة:

1. Developing safety and monitoring systems for water- food and sanitation: 21 856 M USD
2. Increasing awareness and capacities for disease prevention estimated budget: 0.696 M USD

مع العلم بان هذه الخطط تأتي انسجاما مع توجيهات مجلس الوزراء، وبما يتوافق مع الاولويات الوطنية و الإستراتيجية الوطنية لقطاع الصحة.

وتفضلوا بقبول فائق الاحترام والتقدير،،،

الدكتورة مي سالم الكيلة

وزيرة الصحة

دولة فلسطين
وزيرة الصحة
د. مي الكيلة
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