

# **Performing Statehood: The Palestinian Authority's Management of the COVID- 19 Pandemic in the West Bank**

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“There is a sense of lack of trust which stems from the whole situation, but also the perception that the occupation has been outsourced to their own people through this whole apparatus, where does that leave you when it comes to building trust? This is obviously so central for a public health campaign.”<sup>1</sup>

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<sup>1</sup> From my interview with Benjamin Bouquet, the WHO Office for the West Bank and Gaza Strip (OPT), February 9<sup>th</sup>, 2022.

## I. Abstract

This study explores how the Palestinian Authority (PA) has managed the COVID-19 crisis. Drawing on the scholarly literature dealing with the concept of “performativity,” I seek to understand how a challenged proto-state administration which currently governs parts of the West Bank has performed the role of a state through crisis management. Building on interviews with relevant stakeholders and secondary sources such as population polls, news articles and other studies, this paper sheds light on how the Ministry of Health and civil society sought to contain the COVID-19 pandemic, and how the efforts were challenged by internal and external structural obstacles: the Palestinian Authority’s subordination to Israeli and Palestinian political split. The discussion adds valuable knowledge about Palestinian governance in the West Bank, which tends to deal with the security sector. This study sheds light on how the Palestinian Authority took action to limit the spread of the virus through enforcement of restrictions and establishment of committees despite the occupation. On the other hand, it displays how the crisis management has been politicized and characterized by internal political split, the dependence on foreign aid, and the Palestinian population’s lack of trust in the PA.

Keywords: COVID-19; Palestinian Authority; governance; crisis management; legitimacy

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Oline Lund Knudsen

Oslo, November 30th, 2022

### III. Notes on transliteration

This thesis follows the standards for transliteration of the *International Journal of Middle Eastern Studies (IJMES)*. All translations are my own.

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# 1. Introduction

The COVID-19 pandemic hit the Occupied Palestinian Territories at the beginning of March 2020. The very first case of the virus was reported in Bethlehem on the 6<sup>th</sup> of March, yet the measures against the virus were taken as early as the 5<sup>th</sup> of March before the virus had managed to spread.<sup>2</sup> In fact, the Palestinian Authority (PA) reacted more rapidly than many other authorities. In comparison to countries like Iran, Italy, and France, which did not enforce restrictions until thousands of cases were confirmed, measures were taken even before the first case of the virus was reported in Palestine.<sup>3</sup> As such, it was a timely decision by the Palestinian Authority, but also a highly necessary one to avoid overwhelming an already underfunded healthcare infrastructure.<sup>4</sup>

To limit the spread of the virus, President Mahmoud Abbas declared a state of emergency, imposed a lockdown where the first infections of the coronavirus were detected, Bethlehem, banned all entry and exit, and enforced a curfew.<sup>5</sup> Moreover, the Palestinian Authority announced restrictions across the West Bank, including travel restrictions between governorates and the closing of public spaces.<sup>6</sup> The PA's response plan was published on the 27<sup>th</sup> of March 2020, seeking to "mobilize support to implement the most urgent and critical activities over the next three months."<sup>7</sup> According to the Palestinian Authority's COVID-19 response plan, "containment and suppression" constituted the approach to limit the spread of the virus.<sup>8</sup>

Within the end of March 2020, the PA declared a curfew and guidelines on "the closing of schools, parks, and universities, testing for incoming travellers, movement between governorates and closure of all stores, public institutions and government offices, except for essential providers (pharmacies and food stores) and the Ministries of Health, Finance and

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<sup>2</sup> Tartir and Hawari, "Palestine and COVID-19: Global Standards, Local Constraints," *MidEast Policy Brief*, 2022.

<sup>3</sup> Al Khaldi et al., "Health System's Response to the COVID-19 Pandemic in Conflict Settings: Policy Reflections from Palestine," *Global Public Health*, 2020.

<sup>4</sup> Tartir and Hawari, "Palestine and COVID-19: Global Standards, Local Constraints."

<sup>5</sup> *Ibid.*

<sup>6</sup> *Ibid.*

<sup>7</sup> OCHA and WHO, "Occupied Palestinian Territory COVID-19 Response Plan," *Save the Children's Resource Centre*, 2020.

<sup>8</sup> State of Palestine, "State of Emergency Palestine's COVID-19 Response Plan," 2020.

Interior, were put in place.”<sup>9</sup> As such, the PA successfully managed to limit the spread of the virus through the first “wave.”

However, unlike most other countries coping with the global COVID-19 pandemic, the management of the pandemic in the West Bank must be understood in the context of occupation as well. The West Bank has been under Israeli military occupation for more than 50 years, and this has hampered the movement of people, goods, and services. This has made the Palestinian health sector donor dependent, and with fragmentation between the different providers. According to a WHO report published in 2019, the Ministry of Health spends more than 34% of its expenditure on purchasing services from non-state providers of health care.<sup>10</sup> Additionally, the sector overall suffers from a shortage of medical personnel like nurses, doctors, and medical equipment. These facilities combined with the continuously ongoing Israeli military annexation and the dependency on foreign donor aid, made the Palestinian population particularly vulnerable for the coronavirus. In managing the COVID-19 pandemic, this means that the Palestinian Authority has had to manoeuvre within fragile structures, or as political scientist Alaa Tartir puts it: “a weak health infrastructure, a fragile-donor dependent economy, and other political ramifications of the Israeli military occupation.”<sup>11</sup>

The weak health infrastructure and lack of medical personnel and equipment has been emphasised in the WHO report from 2019 and the monthly reports on the access to health care which have been published since 2012. These reports provide great insight into the health care situation in the area. However, except from these reports, it does not exist much scholarly literature on health care in the West Bank, and much of the literature on the Palestinian Authority’s governance overall tends to centre around the use of security forces and the political strives.

Scholar Brynjar Lia are amongst them whose work provide insight into how the use of police forces dominated and shaped the policy in the West Bank. In “A Police Force Without a State: A History of the Palestinian Security Forces in the West Bank and Gaza” and “The establishment of a Palestinian police force in the West Bank and Gaza Strip,” he provides insight into how the state apparatus in the West Bank has been centred around the use of police forces, and how the donor aid from international actors have played a major role in the establishment of them. In recent years, some scholars have argued that these forces have now

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<sup>9</sup> Tartir and Hawari, “Palestine and COVID-19: Global Standards, Local Constraints.”

<sup>10</sup> WHO, “Right to Health in the Occupied Palestinian Territory: 2018,” 2019.

<sup>11</sup> Tartir and Hawari, “Palestine and COVID-19: Global Standards, Local Constraints.”



become an extension of the Palestinian Authority's governance in the West Bank. Alaa Tartir is amongst them who have put emphasis on this and suggests that this extension of the Palestinian Authority has now become a "professionalization of authoritarianism."<sup>12</sup> In similar sense, Yara Hawari argues that the Palestinian Authority's security forces are not serving the Palestinian people, questioning whether these forces have become "nothing but sub-contractors of the Israeli regime."<sup>13</sup> However, a strong security service is not necessarily synonymous with a strong state. How does the Palestinian Authority work at ground level, except from the extensive use of security forces to exercise control and authority? Is the Palestinian Authority capable of managing a crisis like the COVID-19 pandemic? In this study, I investigate how bureaucrats, civil society, and other actors have laid their strategies and despite the lack of resources, and how they acted to limit the spread of the virus. Thus, I aim to shed light on less explored aspects of PA governance, which is the health sector and crisis management.

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<sup>12</sup> Tartir, "Palestinian Securitization vs Liberation with Alaa Tartir," Al-Shabaka: The Palestinian Policy Network Podcast, (2021): 00:00-00:21.

<sup>13</sup> Hawari, "PA Security Forces Are Not Serving the Palestinian People," July 14, 2021. <https://www.aljazeera.com/opinions/2021/7/14/pa-security-forces-are-not-serving-the-palestinian-people>.

## 1.2. Performing Statehood

Professor David Houghton argues that “crises may – somewhat ironically, perhaps – be good for leaders, because in the short term they offer the chance to increase power capabilities.”<sup>14</sup> Moreover, crises can pose an opportunity for performing statehood. A state actor performs statehood in different ways and depending on the context (for example different kinds of crises), and the audiences (the international community, the population, international- and internal partners, and rival political actors). Different crises will often overlap and affect different sectors audiences at the same time. For instance, a crisis like the COVID-19 pandemic began as a medical crisis but ended up being just as much of an economic, a social, and a fiscal crisis.<sup>15</sup>

Philosopher and gender theorist Judith Butler’s work “The Excitable Speech: A Politics of the Performative” has influenced many political scientists on performativity in discourse. Among those are the scholars Michelle Pace and Somdeep Sen who in “The Palestinian Authority in the West Bank: The Theatrics of Woeful Statecraft” builds upon the concept of performativity and offer a framework for understanding its role in terms of statecraft and performing statehood. They find the Palestinian Authority to be “akin to a theatre of statecraft in the occupied Palestinian territories.”<sup>16</sup>

On that note, Pace and Sen emphasise the “role of the different actors who play their role on stage, just like any other theatrical performance.”<sup>17</sup> This means that in this theatre, international donors, partners, rival political actors such as Hamas, the Palestinian people, and the Israeli government are examples of actors, playing their different but all significant roles in determining the script of the theatre. However, despite not being a sovereign state, Pace and Sen argue that “the state is undoubtably the inspiration for the conduct of the Palestinian Authority.”<sup>18</sup> They find that the PA is “kept alive” through this theatre by a set of performative, repetitive acts, processes, and rituals in the “mimicking” of a state, which they define as the “fuzzy state.”<sup>19</sup> Moreover, in similarity to an ordinary theatre, there are different actors who fund the theatre. For the Palestinian Authority’s theatre, financial donors to “the

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<sup>14</sup> Houghton, “Crisis Decision Making in Foreign Policy,” Oxford Research Encyclopedia of Politics, 2017.

<sup>15</sup> OECD, “The Territorial Impact of COVID-19: Managing the Crisis across Levels of Government,” 2020.

<sup>16</sup> Pace and Sen, “*The Palestinian Authority in the West Bank: The Theatrics of Woeful Statecraft*,” (2019): 3-8.

<sup>17</sup> Ibid, 3-8.

<sup>18</sup> Ibid, 14-18.

<sup>19</sup> Ibid, 19.

state” of Palestine and other international stakeholders are the funders, and through financing the “theatre,” the donors and stakeholders can construct their own desired role in the conflict. Thus, they define the Palestinian Authority’s governance as “fuzzy.”<sup>20</sup> However, a “fuzzy” state does not necessarily mean that the state is fuzzy as a whole or that all the governmental institutions and structures are fuzzy. The security forces in the West Bank for instance is an example of a governmental structure that does not resonate with this fuzzy characteristic.

In the following chapters, I will elaborate on how the Palestinian Authority’s state theatre has worked behind the theatre scene and on the ground in managing the COVID-19 pandemic. Thus, I aim to investigate what the management of the COVID-19 pandemic can bring to the discussion about PA governance – how has it managed the COVID-19 pandemic?

In the following chapter, I present my methodology which is based on in-depth interviews and secondary literature. In Chapter 4, I will elaborate on the establishment of the Palestinian Authority and the processes following the Oslo Accords in the 1990s. In this regard, I discuss how this has led to structural obstacles for the Palestinian Authority’s governance until today, and how this has affected the Palestinian Ministry of Health and health care sector overall. Chapter 6 and 7 is where I will present my empirical findings and discuss how the COVID-19 pandemic has been managed in the West Bank. First, I discuss and analyse the enforcement of restrictions, the health care system, and the vaccination process. Furthermore, I will elaborate on how the management of the pandemic has been politicised through internal political strife, the tension between the PA and Israel, and the Palestinian people’s lack of trust in the PA.

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<sup>20</sup> Pace and Sen, 19.

## 2. Methodology

I have gained knowledge of the West Bank through previous visits and was originally planning to go to the West Bank during the fall of 2021 to conduct fieldwork. However, due to the pandemic, Israeli restrictions did not allow for me to travel since I was not an Israeli citizen or had Israeli relatives. Therefore, I had to be creative and carry out my fieldwork through other methods and went with a digital solution. I primarily used social media and networking platforms such as Instagram, Facebook and LinkedIn, in addition to email, to get in contact with potential interviewees. The study has been carried out in accordance with the Guidelines for Research Ethics in the Social Sciences and the Humanities,<sup>21</sup> and was approved by the Norwegian Centre for Research Data due to the processing of personal data.

This study is based on in-depth interviews with relevant stakeholders, other researchers, Palestinian politicians, and activists. My interviewees have experience and expertise from the United Nations, the Arab League, The Independent Commission for Human Rights (ICHR) which is the national human rights institution of Palestine, The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the World Health Organization (WHO) Office for the West Bank and Gaza Strip, scholars at the University of Birzeit, Al-Najah University, the Palestinian Ministry of Health and Al-Shabaka: The Palestinian Policy Network.

Despite not being able to travel to the West Bank, I managed to get in touch with a great number of relevant stakeholders, other scholars in the field, and Palestinian human rights activists. When I began reaching out to my interviewees, I was worried that I would not benefit that much from the so-called “snowball effect,” a common feature in fieldwork where each contact refers the researcher to others. However, my interviewees have been very helpful and referred me to others whom they believed could have some insight on the topic.

Additionally, searching on networking platforms such as LinkedIn almost functioned as a “snowball effect,” in the sense that when I searched for people I wanted to interview, LinkedIn showed connections to other people who had either been working in the same

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<sup>21</sup> NESH, “Forskningsetiske Retningslinjer for Samfunnsvitenskap Og Humaniora (Guidelines for Research Ethics in the Social Sciences and the Humanities),” 2021.

institution, or displayed similar expertise and experience. Thus, I was able to reach out to relevant stakeholders, not only in the West Bank, but also in other locations, such as Canada and the United States. I was lucky to interview both Michael Lynk, the Special Rapporteur on the situation of human rights in the occupied Palestinian Territories (oPt), who lives in Canada, and Maged Abdelaziz, Ambassador and Permanent Representative of The League of Arab States to the UN.

In total, I conducted 10 in-depth interviews from December 2021 until March 2022. Before carrying out the interviews, I considered the potential downsides of digital interviews. I expected the format would require more of an effort on my part with regards to making the interviewees feel at ease and be willing to talk about this topic, which is for many a sensitive one because of its political nature. In addition to the interviews, I have analysed the public opinion polls conducted by the Palestinian Centre for Policy and Survey Research (PCPSR), which has conducted polls frequently since the breakout of COVID-19. The public opinion polls and the interviews illustrate people's perception of the PA's ability to manage the pandemic and their legitimacy. The polls have different thematic modules, so in order to limit the amount of data, I particularly focused on the modules related to the COVID-19 pandemic. Some of the questions are worded the same way in every poll, but as there was no point in asking about vaccines at the beginning of 2020 for example, questions related to these kinds of issues were included only in the later surveys.

My aim with this study has been to get behind the Palestinian Authority's "state theatre" in managing the COVID-19 pandemic. To answer my research question, I have interviewed people with first-hand knowledge and people "on the ground." My interlocutors have shared their knowledge about what has worked well, and the challenges. Thus, I aim to explain how the Palestinian Authority's "state theatre" has worked on ground level in managing the COVID-19 pandemic. In the next Chapter, I will begin with provide a brief introduction to the Oslo Accords, and how this has led to structural obstacles which hinder change. I will elaborate on how this has laid the groundlines for the current political culture of the Palestinian Authority, and the Ministry of Health.

### 3. A Palestinian Proto State

To understand how the Palestinian health care system functions today, it is necessary to be cognizant of previous events in Palestinian history. This chapter will provide a brief introduction to the formation of the Palestinian Authority and the processes following the Oslo Accords.

More than twenty years after the Oslo Accords were signed by the two parties, Palestine and Israel, the Palestinian Authority's political defeats are more striking than its success. Rather than self-governance and independency, the "peace process" has seen a crippled Palestinian economy, an expansion in Israeli settlements on the West Bank, and Israeli political dominance. In this regard, the scholars Hilde Henriksen Waage and Jørgen Jensehaugen suggest that the Oslo Accords was more of a "a starting point with a long line of vague formulated intentions," rather than a peace process.<sup>22</sup>

Scholar Dana El Kurd argues that the processes following the Oslo Accords have led to certain structural obstacles which impede change. She suggests that the international involvement, which the PA is inherently dependent in terms of financial funding, has generated "a principal-agent problem between regimes and their people. In effect, this has resulted in divergence between the elite and the public preferences, as the political leadership has become insulated from public pressure."<sup>23</sup> This can be traced back to what Dag Tuastad refers to as a "fundamental crisis" in Palestinian politics, which he suggests is the crisis in political representation, i.e., who shall represent whom, based on what rules and with what right and legitimacy.<sup>24</sup> The Palestinian resistance groups have played an important role in this. Despite the division between the secular resistance movement Palestinian Liberation Organization (PLO) and the Islamic Resistance Movement, Hamas, the Palestinian resistance has been central when it comes to Palestinian nation-building.<sup>25</sup>

Furthermore, there are events which have put significant marks on Palestinian history and thus shaped Palestinian governance. 1948 is known as the year when catastrophe struck the Palestinians, not only because of the establishment of the Israeli state, but because of what

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<sup>22</sup> Waage and Jensehaugen, "Å Forhandle Bort Palestina", *Babylon Nordic Journal of Middle East Studies*, (2018): 142–53.

<sup>23</sup> El Kurd, "Polarized and Demobilized: Legacies of Authoritarianism in Palestine," C Hurst & Co Publishers Ltd, (2019): 2-4.

<sup>24</sup> Tuastad, "Palestinerne, et Splitted Folk", *Hvor Hender Det?*, 2014.

<sup>25</sup> Ibid.

followed next. This is known as the first Nakba catastrophe and refers to the first Israeli-Arab war which marked the start of the Palestinian refugee problem. Many Palestinian refugees still live in refugee camps, and it is in these camps that the Palestinian resistance movement has evolved.<sup>26</sup> As I will return to, this movement has had a huge impact on how Palestinians view themselves and the Palestinian people.

The Palestinian Liberation Organization (PLO) was established in 1964 and is a joint organization for the largest Palestinian armed groups that formed by Palestinians in exile. Fatah, which currently is led by President Mahmoud Abbas, remains the biggest party in this organization. For many years, the PLO was praised for its fight against Israel. The PLO wanted to force Israeli reactions through armed struggle, which would in turn force Arab regimes to take a stand for or against the liberation movement.<sup>27</sup> Scholar James L. Gelvin argues that “this armed struggle against Israel helped to create an image of Palestinian national identity through resistance and struggle for change, which in turn fostered a form of internal trust.”<sup>28</sup> However, he finds that this has been “both a blessing and a curse” for the Palestinian national movement, and that “it may very well have been that intransigence that kept the prospects for the establishment of a viable Palestinian state alongside Israel alive,” emphasising how the PLO was “very much a product of its time.”<sup>29</sup> The PLO being “a product of its time” can be explained by how the armed struggle for a long time was viewed as strategy, and not as tactics. According to scholar Hussam Mohamad, this was one of the big weaknesses with the PLO because it revealed the alliances that existed within the ranks of the PLO, and the lack of adapting to changing circumstances.<sup>30</sup>

Yet, in the 1980s and 1990s, the PLO leadership adopted a more moderate approach and changes in the strategy, and in 1991 the PLO went to Madrid to negotiate with Israel on a peaceful settlement which culminated in the Oslo Accords two years after.<sup>31</sup> On that note, scholar Erling Lorentzen Sogge argues that “the Oslo Peace Accords marked the preliminary end of the armed struggle for the PLO.”<sup>32</sup>

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<sup>26</sup> Tuastad, “Palestinerne, et Splitted Folk.”

<sup>27</sup> Ibid.

<sup>28</sup> Gelvin, *“The Israel-Palestine Conflict: One Hundred Years of War,”* Cambridge University Press, (2014): 202.

<sup>29</sup> Ibid, 230.

<sup>30</sup> Mohamad, “The Changing Meaning of Statehood in PLO Ideology and Practice,” *Palestine-Israel Journal*, 1999.

<sup>31</sup> Ibid.

<sup>32</sup> Sogge, *“The Palestinian National Movement in Lebanon: A Political History of the ‘Ayn al-Hilwe Camp,”* I.B. Tauris, (2021): 5.

The Oslo Accords which were supposed to resolve the Israeli-Palestinian conflict and be a step towards peace between the two parties, consisted of two protocols. The first was an exchange of letters on mutual recognition between the two parties, signed by Yasser Arafat who was the Chairman of the PLO at the time, and the Israeli Prime Minister, Yitzhak Rabin. The second protocol was called the “Declaration of Principles,” and was supposed to draft a blueprint for a Palestinian “interim self-governing authority”: The Palestinian Authority. According to Gelvin, the idea was that this constituted “small steps leading to larger ones” because the two parties would negotiate and get into the “habit of talking and compromising.”<sup>33</sup>

At the time, many had great hopes that the Oslo Accords would lead to (more) Palestinian independence. Despite high hopes, the agreement(s) did not provide significant actual change for Palestinians, nor did the agreement address the key issues such as water, refugees, Jerusalem, settlements, and borders.<sup>34</sup> The West Bank was also divided into three areas, Area A under the PA’s administration and security, Area B under PA administration but joint Israeli-Palestinian security, and Area C under Israeli administration and security.<sup>35</sup> However, even though the Oslo Accords did not address these key issues, Palestinian governmental structures replaced Israeli ones in specific areas such as the overall responsibility for health care provision, something that led to the establishment of the Palestinian Ministry of Health (MoH) in 1994.<sup>36</sup>

The establishment of the MoH changed the health care system in the West Bank, and the scholars Rita Giacaman, Hanan Abdul-Rahim and Laura Wick from the University of Birzeit find that between 1994 and 1998, the number of governmental primary health care clinics rose from 207 to 365. This was of course heavily sponsored by international donors, with more than 353 USD in financial funding from 1994 to 1999.<sup>37</sup> In addition, a national health care system was established, and a health insurance scheme promoted. As a result of this, the recently established MoH was able to increase the number of adherents from 25 percent of

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<sup>33</sup> Gelvin, *The Israel-Palestine Conflict: One Hundred Years of War*, 204.

<sup>34</sup> Qawra, “UN International Meeting on the Question of Palestine ‘Urgency’ of Addressing the Permanent Status Issues – Borders, Jerusalem, Settlements, Refugees and Water,” 2010.

<sup>35</sup> ECFR, “Governorates-Mapping Palestinian Politics-European Council on Foreign Relations,” 2020.

<sup>36</sup> Giacaman, Wick and Abdul-Rahim, “Health Sector Reform in the Occupied Palestinian Territories (OPT): Targeting the Forest or the Trees?,” *Health Policy and Planning*, (2003): 60, 61.

<sup>37</sup> *Ibid*, 60-61.



households to 48 percent.<sup>38</sup> Despite the somewhat promising start, the situation started to deteriorate shortly after. A financial crisis hit Palestine in 1997, and the Ministry of Finance's inability to cope with the crisis led to a substantial setback, something that affected the MoH and the provision of health care services as well.<sup>39</sup>

If we take a closer look at the provision of health care services at the time, the Ministry of Health served as the main provider with 40 % of primary health care visits taking place at government facilities, 31 % took place at UNRWA facilities, and 29 % at NGO facilities. This means that NGOs provided almost a third of health care services in the West Bank.<sup>40</sup> However, due to the financial crisis, NGOs were forced to downsize their operations. On the other hand, this facilitated for others to expand, and amongst them was the private sector.<sup>41</sup>

The large amount of donor aid helped to increase the effectiveness of governmental structures and institutions to a certain extent but did not address the key constraint: the unstable political environment within the West Bank. The setbacks following the financial crisis was further aggravated by the second Palestinian Uprising, the Intifada and despite the high hopes the Oslo Accords had fostered amongst the Palestinian population, scholars began to note how the state-building project was not necessarily the reality on the ground.<sup>42</sup> Thus, they started to glimpse the contours of a one-party state characterised by authoritarianism rather than democracy. The scholar Dana El Kurd is amongst them who emphasises how the Palestinian Authority began to grow more authoritarian throughout the 1990s. In "Polarized and Demobilized: Legacies of Authoritarianism in Palestine," she argues that scholars have noted the PA's effects on civil organizations and NGOs, finding that "they became less effective, more isolated, and reported lower levels of trust among members. Where the cooperation did not work, the PA used repression."<sup>43</sup>

Much has been written about the "failures" of the Oslo Accords and the processes thereof. According to scholar Tariq Dana, the Oslo Accords led to three main issues. First, through the Oslo Accords and the following creation of the Palestinian Authority, the PA became the

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<sup>38</sup> Giacaman, Wick and Abdul-Rahim, "Health Sector Reform in the Occupied Palestinian Territories (OPT): Targeting the Forest or the Trees?," (2003): 60, 61.

<sup>39</sup> Ibid, 61.

<sup>40</sup> Ibid, 61.

<sup>41</sup> Ibid, 62, 63.

<sup>42</sup> Ibid, 62, 63.

<sup>43</sup> El Kurd, "Polarized and Demobilized: Legacies of Authoritarianism in Palestine," 4-12.

centre of Palestinian politics. Dana argues that this “encapsulated the wider PLO force and its political pluralism in a narrowly defined institutional structure, limited in its resources, besieged in its geography and governed by an exclusionary politics.”<sup>44</sup> In the sense, he argues that this pushed the Palestinian Authority to be heavily exposed to Israeli pressure with little room for manoeuvre, which in turn deprived the PA of political independence. This made the PA “an acquiescent elite whose survival is dependent on Israeli terms and conditions.”<sup>45</sup>

Second, Dana argues the Oslo framework implemented the “seeds of division and fragmentations within the Palestinian political body and society at large,” which cultivated in the split between Hamas and Fatah, in 2007, when the two parties failed to establish a unity government.<sup>46</sup> This can be seen in context with Dag Tuastad’s previously mentioned statement on the crisis in political representation in Palestinian politics.<sup>47</sup>

Following the political split, the West Bank became the favoured site for donors. Dana emphasises that the elite within the Palestinian Authority has benefited from this through its involvement in private businesses and monopolies over resources, which has resulted in major sources of personal enrichment.<sup>48</sup> This “elite” has been subject to discussion and analysis amongst scholars who study the Palestinian political landscape. A common definition of this governmental “strategy” is that of clientelism.<sup>49</sup> Dana defines as a self-enforcing system:

“In Palestine, patron-clientelism is rooted in the social values of kinship and familial ties, which are in turn shaped by factional politics. These social and political ties provide the ruling elite with a strategic tool to control constituents and expand the network of supporters by redistributing public resources in order to buy political loyalties, which in turn helps the ruling elite to preserve the status quo and maintain its dominance of political and economic assets. Patron-clientelism also contributes to the climate of corruption by favouring incompetent loyal political constituents and excluding skilful people on an arbitrary basis. It thus fosters rivalry among clients who compete to demonstrate their loyalty to the ruling elite. Corruption is further reinforced because one way in which patrons reward loyal clients is by tolerating their financial malfeasance.”<sup>50</sup>

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<sup>44</sup> Tariq Dana, “*Lost in Transition: The Palestinian National Movement After Oslo*,” (2019): 65.

<sup>45</sup> Ibid, 65.

<sup>46</sup> Ibid, 65.

<sup>47</sup> Tuastad, “Palestinerne, et Splitted Folk,”

<sup>48</sup> Dana, “*Lost in Transition: The Palestinian National Movement After Oslo*,” 65-66.

<sup>49</sup> For academic literature, see: Tuastad, Dag Henrik, “The Role of International Clientelism in the National Factionalism of Palestine,” *Third World Quarterly*, (2010): 791–802.

<sup>50</sup> Tariq Dana, “Corruption in Palestine: A Self-Enforcing System,” *Al-Shabaka*, 18 August 2015. <https://al-shabaka.org/briefs/corruption-in-palestine/>

It must be mentioned that patronage is not distinctive for the Palestinian Authority's governance only, and elements of this can be found in all forms of political systems. Yet, in rational-legal states, patronage is perceived as corruption, and is something that undermines legitimacy.<sup>51</sup> The processes of exchange are determining factors in such systems, making all either a patron or a client of some other person.

Lastly, Dana argues that the Oslo Accords has exposed the Occupied Palestinian Territories to “systematic intervention by donors, financial institutions, and international NGOs under the banner of peace- and state building.” This has affected the national movement in different ways. One of the main challenges is that the “state-building exercise,” as embodied in the Palestinian Authority, has deprived the political body of the PA to produce feasible and relevant programs according to local needs. The international donors play an important role in this, but this has been further aggravated by the continuously ongoing Israeli military annexation as well.

In this Chapter, I have provided a brief introduction on the Palestinian national movement's transition from armed struggle to state-building through the Oslo Accords. Moreover, I have elaborated on the processes following the Oslo Accords, and the creation of the Palestinian Authority. In the following subchapter, I investigate where this has left the Ministry of Health, because despite being bogged down by the realities of the Israeli military occupation and internal strife, the Palestinian Authority and Ministry of Health has a responsibility that stretches to the extent of their effective control.

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<sup>51</sup> Bellina, Dominique Darbon, Sundstøl Eriksen, Sending “The Legitimacy of the State in Fragile Situations,” *NORAD Report*, (2009): 28.

### 3.1. A Health Ministry Without a State?

Fatah, which is led by President Mahmoud Abbas, and Hamas are the two dominant parties on the Palestinian political scene, and the two parties have responsibilities that stretches to the extent its function in the sense that they both carry out government-like functions. However, there has been tension between the two parties for years. The tension between the two has dominated the Palestinian political landscape since 2006 when Hamas ended Fatah's dominance in the last parliamentary elections, followed by armed conflict in 2007 when the two factions failed to establish a unity government. Despite attempts of reconciliation, tension has remained.<sup>52</sup> This exacerbated the already existing instability and has been something that has played out negatively when it comes to health care provision as well. The lack of stability combined with an increasing financial crisis, which mainly has been related to the coordination between the PA and Israel, has affected the Palestinian Authority's governance negatively and thus the Ministry of Health.

Even though most of the government functions in the Gaza Strip is carried out by Hamas rather than directly by the Palestinian Authority, the PA is being held accountable for its provision of health care to the Gaza Strip despite the geographical, administrative, and political divide. The reason for why is that the responsibility of provision of health care to Gaza because it still lies with the Palestinian Ministry of Health overall, as stated in the Oslo Accords. This becomes clear because when looking at the main funding by the MoH: human resources, issuing referrals to patients that need referrals the outside of the institutions. For example, hospitals in the East Jerusalem could be non-governmental, private, or could be a hospital in Israel. These two in addition to the medical- supplies are the three main expenditures and are where the barriers to the COVID-19 response become clear.

Issues related to referrals are examples of this. A recent example is the case of Salim Nawati who suffered from leukaemia. He was first referred from Gaza to Al Najah University Hospital where he was rejected because of the deeds from the Ministry of Health. After being pushed from pillar to post, Nawati ended up dying in the West Bank shortly afterwards. Benjamin Bouquet from the WHO, whom I had the pleasure of interviewing in the Spring of 2022 explained to me that the Palestinian Authority has "not even been engaging in submitting pan-applications for patients, so that international organisations like the WHO had

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<sup>52</sup> Brown, Nathan J. "The Hamas-Fatah Conflict: Shallow but Wide," *The Fletcher Forum of World Affairs*, (2010): 35-40.

to step in in Gaza, because in the West Bank, patients can go directly to the Israeli district coordination.”<sup>53</sup> Another example is how cancer diagnoses decreased by 10% in 2020, which is not an actual drop, but rather a consequence of not being able to test people for cancer.<sup>54</sup>

This reflects how the provision of health care is largely restricted by the political ramifications, both the Israeli military occupation and the internal political divide. That fact that the health care provision became part of the political split between the two parties also became particularly visible through the COVID-19 pandemic. According to Bouquet, proportions of funding spent on these areas is important regarding trust in authorities, both the PA and Hamas:

“That is where you can look at responsibility in terms of understanding what the barriers to the COVID-19 response are, like the actual equitable provision of health care by the PA for the population. You would want to see some breakdown of their spending in terms of what proportions in Gaza, and what proportions in the WB, even more you would want to know what proportions spent on all these vulnerable communities that we discussed, and what are the steps that has been taken to address those vulnerabilities.

For example, with referrals, you can see that there are clear inequities between the WB and Gaza. And, that also goes for the expedience of medicines and supplies, and so I think that this is critical when it comes to the trust in authorities around the PA or the Hamas authorities around taking out the vaccination for example.”<sup>55</sup>

These are some of the factors that creates basis for the PA’s response. So, when the PA published its COVID-19 response plan, it was already based on issues of control- and power, and a fragile and precarious health care infrastructure. Due to these barriers, several researchers have emphasized that in both the organization of governmental- and non-governmental facilities, Palestinians in general are “particularly vulnerable due to checkpoint closures, halting of the transportation of patients, and the redistribution of clinical supplies.”<sup>56</sup>

Thus, a public health care crisis existed already before the pandemic hit the West Bank. Some of the explanatory factors for that is that the Palestinian hospitals and health care systems are badly underdeveloped, underfunded, and fragmented.<sup>57</sup> Therefore, the pandemic exacerbated an already precarious situation, both in the West Bank and the Gaza Strip. This must be

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<sup>53</sup> From my interview with Benjamin Bouquet, the WHO Office for the West Bank and Gaza Strip (OPT) on the February 9<sup>th</sup>, 2022.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Alser, O., Alghoul, H., Alkhateeb, Z. et al., “Healthcare workers preparedness for COVID-19 pandemic in the occupied Palestinian territory: a cross-sectional survey,” *BMC Health Serv Res*, 2021.

<sup>57</sup> OCHA, “The Right to Health in the Occupied Palestinian Territory (OPT),” 2021.

understood in conjunction with the political situation, or as Jenny Higgins, Advocacy Coordinator at Médecins du Monde in Palestine explains: “On the one side, you are dealing with immediate needs. On the other, you are trying to challenge the root cause of that injustice.”<sup>58</sup>

So far, this thesis has evolved around the creation of the Palestinian Authority and Ministry of Health. I have elaborated on how the Oslo Accords have influenced the PA and MoH’s political culture, thus help to explain how the health care service has been negatively affected by the lack of political stability, decreasing financial support due to the political strife between Fatah and Hamas, and the ramifications of the Israeli annexation. In the following Chapters, I will present my empirical findings, where I aim to investigate how the COVID-19 pandemic has worked on the ground.

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<sup>58</sup> OCHA, “The Right to Health in the Occupied Palestinian Territory (OPT).”

## 4. Managing COVID-19 in the West Bank

The Palestinian Authority published their COVID-19 response plan on the 27<sup>th</sup> of March 2020, seeking to “mobilize support to implement the most urgent and critical activities over the next three months.”<sup>59</sup> As stated in the plan, the primary focus was to “continue with preventative measures, preparedness, and treatment of the COVID-19 outbreak, with the following overall objectives; to prevent further transmission of COVID-19 in the oPt; to provide adequate care for patients affected by COVID-19 and to support their families and close contacts; and to mitigate the worst effects of the pandemic.”<sup>60</sup>

The plan aligned the collective efforts of the UN and its partners and aimed to “support such as the scaling up of testing capacity, expand the hospital bed capacity, expand the respiratory support and intensive care capacity, in addition to target at least 1 million Palestinians with public health messages on preventative measures on how to effectively protect oneself from infection.”<sup>61</sup> In this context it is important to emphasize that when discussing the COVID-19 response in the West Bank, the PA has responsibilities to the extent of their effective control. In other words, this means that there are areas where the PA has very small opportunities to impact policies to translate into the implementation and actual action within the Occupied Palestinian Territories.

Additionally, some of the actors involved include third states of the international community. They have responsibility under international humanitarian law and human rights law in the sense that they have obligations to the Palestinian population as a protected population under international humanitarian law. This is a fundamental framework, and as one of my interviewees from the WHO in the Jerusalem office explained to me:

“We sometimes fail, even in our own office among our colleagues, like, because we come from this typical development perspective and thing that kind of perspective like ‘let us build a capacity of the health care system,’ but this is a bit nonsense, really. When you think that 150,000 people in area C live under the responsibility there, let us be clear, under international law and under Israeli law. Israel has both civil jurisdiction and security jurisdiction in area C, although they allow access as part of the Oslo Accords, that is part of the agreement that they should facilitate access for Palestinian health care to those communities, that is still the

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<sup>59</sup> OCHA and WHO, “Occupied Palestinian Territory COVID-19 Response Plan.”

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

ultimate responsibility because they still, I mean, I think this context is fundamental in terms of understanding where the gaps have been and where the vulnerabilities have been.”<sup>62</sup>

Some of these vulnerabilities that he mentioned became clear regarding the securing- and rollout of vaccines. Area C is a key area in this context because this is where Israel continues to have civil jurisdiction under their own agreements. East Jerusalem, where Palestinians with East Jerusalem residency according to the Israeli categorization have entitlements to Israeli health care and have also received vaccine doses that has been administered by Israel, not the Palestinian Authority. Moreover, they have freedom of movement without needing to get a permit, which is a critical kind of area where there is a barrier to response and access to health care.

Another example is the city of Hebron which also is under Israeli civil control, and here there are access restrictions because of the wall, and they are particularly vulnerable when it comes to accessing health care. There are challenges that the PA faces in foot holding its duties to those populations because of the access to restrictions in those areas. This comes in addition to the geographical, administrative, and political divide between the WB and the Gaza Strip, where the PA is being held to account for its provision of health care, which is an issue because most of the government functions are carried out by Hamas, rather than directly by the PA.

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<sup>62</sup> From my interview with Benjamin Bouquet, the WHO Office for the West Bank and Gaza Strip (oPt) on February 9<sup>th</sup>, 2022.



#### 4.1. A Lacking National Health Research System

A major problem with the Palestinian health sector, is that many of the system components such as governance, policy, finance, knowledge sharing and coordination, are not practically applied in the Palestinian health sector.<sup>63</sup> A study from 2016 carried out by Al-Khaldi et. Al targeted three sectors in the health fields including relevant governmental health institutions, schools of public health, in addition to local and international health agencies in Palestine. The study included in-depth interviews and group discussions with a total of 104 participants from different institutions across the sectors: policy makers, academics, directors, and experts.<sup>64</sup> Some of the issues that were highlighted among the participants were that stewardship functions remain problematic and insufficiently performed, mainly due to a missing health research structural and regulatory framework and dispersed health research work; A policy or strategy dedicated to health research is lacking. The exercises of research priority-setting appear to be evolving despite the lack of consensus and the low levels of knowledge and experience in research prioritisation.; and common gaps, such as weak political will and capacity support, the absence of a national unified regulating body, and the indirect effects of political conditions on strengthening the Health Research System (HRS) as well as other sectors, also emerged.<sup>65</sup>

In more general terms, the vast majority of participants also agreed that “Palestine lacks a clear national governance body; indeed, in the Palestinian national governance structure, health research (HR) governance is still fundamentally unstructured and dysfunctional.”<sup>66</sup> However, not everything has been dysfunctional or unstructured. A form of collaboration that has worked well according to one of my interviewees is the cooperation between the MoH and UNRWA.<sup>67</sup> She explained:

“So UNRWA in the West Bank are in a very good partnership and collaboration with the Ministry of Health in the WB. Most of the decisions and the regulations and protocol management of the COVID-19 of UNRWA in the WB is fully implemented. For example, we were discussing previously the issue of quarantine versus isolation, so for example, if WHO says 14 days for symptomatic and 10 days for asymptomatic, however WB are changing the regulations to 5 days for vaccinated and 7 days for the unvaccinated in term of quarantine. And in terms of this, UNRWA follows the Ministry of Health. This is important for our community and for our staff. The good this is that the WB team is discussing this before the

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<sup>63</sup> AlKhaldi, M., Alkaiyat, A., Abed, Y. et al., “The Palestinian health research system: who orchestrates the system, how and based on what? A qualitative assessment,” *Health Res Policy Sys*, 2018.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

<sup>67</sup> From my interview with representative from UNRWA, January 26<sup>th</sup>, 2022.

final decision with the Ministry of Health. They also have a good collaboration with other NGOs, sometimes organisations donate personal equipment, sometimes there are donations of vaccines (not only covid, but children's vaccines), so it is good in terms of partnership."<sup>68</sup>

According to the public opinion polls, Palestinians seem to have had a good impression with the MoH in the initial phase with 82% of the respondents in a PCPSR poll expressed satisfaction<sup>69</sup>, whereas in 2021 the satisfaction varied between 56% and 68%, with a drop in June 2021.<sup>70</sup> The high percentage of satisfaction in the initial phase resonates with my findings on people being satisfied with the PA's effective implementation of restrictions and as such managing to react rapidly in the initial phase. Similarly, the drop in June should perhaps be seen in context with what I have referred to as the "vaccine scandals," as elaborated on in the previous chapter. However, this must be seen in context with other events taking place during the Summer of 2021 when the level of oppression "increased unprecedently," following the killing of Nizar Banat and the crackdown on peaceful protests.<sup>72</sup> As such, I see the drop in satisfaction with the MoH in context with the COVID-19 vaccination process which led to soaring dissatisfaction with the distribution of the vaccines, but I will not draw a concrete line between the two because I cannot separate the respondents dissatisfaction with the distribution of vaccines and the other non-COVID19 related events taking place.

However, Mohammed Al Khaldi finds that the system itself lacks effective governance, that there is a lack of evidence-based policies, and information sharing, and coordination between the different actors.<sup>73</sup> As he emphasises, these factors are crucial and necessary for a successful design- and implementation of effective health emergency plans.<sup>74</sup> For instance, evidence-based informed policymaking is essential to support the health governance and to strengthen the health system both in emergency and routine conditions. As such, a strengthening of the national research system is important, and something that should be

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<sup>68</sup> From my interview with representative from UNRWA, January 26<sup>th</sup>, 2022.

<sup>69</sup> Palestinian Centre for Policy and Survey Research, "Public Opinion Poll No (76)," June 2020.

<sup>70</sup> Palestinian Centre for Policy and Survey Research, "Public Opinion Poll No (79)," March 2021.

<sup>71</sup> Palestinian Centre for Policy and Survey Research, "Public Opinion Poll No (80)," 20 June 2021.

<sup>72</sup> Tartir, "The Palestinian Security Sector: Entrenching State Repression," *Al-Shabaka Policy Memo*, 14 November 2021. <https://al-shabaka.org/memos/the-palestinian-security-sector-consolidating-authoritarianism-and-repression/>

<sup>73</sup> Al Khaldi et al., "Health System's Response to the COVID-19 Pandemic in Conflict Settings."

<sup>74</sup> *Ibid.*

prioritized, because only then can the government political actors make meaningful decisions regarding strategies and planning, coordination, and evaluation.<sup>75</sup>

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<sup>75</sup> AlKhaldi et al., “Health System’s Response to the COVID-19 Pandemic in Conflict Settings.”

## 4.2. The first wave of the coronavirus

During the first wave, the Palestinian Authority managed to limit the spread of the virus by enforcing lockdowns and curfews. The PA reacted more rapidly than many other countries such as Iran, Italy and France, which did not implement lockdowns until thousands of cases had been confirmed.<sup>76</sup> As such, it was a timely decision by the Palestinian Authority, but also a highly necessary one to avoid an already underfunded health care infrastructure from being overloaded.

When managing the COVID-19 pandemic, several committees were established. The different governorates had their own district committees, such as Nablus, Ramallah and Jenin. The committees at the district level were chaired by the governor, with members from the public health, primary health care, representatives from the hospitals in the district, civil society, and police. At this level, the committees had the responsibility of managing things at the district level. From the district level, recommendations went further to the central committee, and then to the higher committee for response and emergency, which is under the umbrella of the Prime Minister's office. At this level, decisions regarding the closure of schools, the national economy, and other interventive measures were taken. Additionally, there was the communications committee and the protocol committee which worked on protocols towards Europe, China, and the WHO. When asked about how the Palestinian Authority planned for different scenarios, the representative from the Palestinian MoH explained:

“Emergency COVID-19 plans are for different scenarios, for example, it was discovered first in Betlehem. After the first cases, if increased, what to do? If so and so, what to do? If it spreads? Then we had to allocate certain places, and at the beginning for the treatment for diagnoses, treating or testing. It spread quickly, and we had to open testing centres in every district. Not even in every district, but in every village and location. So, it is not on the city centre or the district centre, no, we had different locations. We had to make people, the services next to the people, near to them for testing and quarantine.”<sup>77</sup>

However, while responding quickly to the crisis, it included the shutdown of major sectors over prolonged periods, and the PA did not have the means at its disposal to stimulate the economy and provide financial relief to businesses and workers.<sup>78</sup> Despite managing the initial phase well in the sense that restrictions and curfews were implemented before any large

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<sup>76</sup> AlKhalidi et al., “Health System’s Response to the COVID-19 Pandemic in Conflict Settings.”

<sup>77</sup> From my interview with representative from the Ministry of Health, May 29<sup>th</sup>, 2022.

<sup>78</sup> The International Labour Organisation (ILO), “The Situation of Workers of the Occupied Arab Territories,” Report of the Director-General – Appendix 2021, 2021.

breakout of the virus took place, the resources were limited, and resources were reallocated.

The Director of International Cooperation in the Palestinian Ministry of Health explained:

“I would say maybe at the beginning, the resources of everyone were limited, even for the government and even our partners. You must release resources to emergency, and it consumed the resources, both the human resources and the non-human resources, medical supply for example. The kādr<sup>79</sup> are the first liners, when you lose this staff, you need to look for alternatives.”

This shed light on how the Ministry of Health planned for the different scenarios when the virus started to spread. According to the WHO's Situation Report 32 published in June 2020, there were only 665 reported cases in the period March-June, 593 in the West Bank and 72 in the Gaza Strip.<sup>80</sup> As such, Palestinians in the West Bank went through a relatively mild wave of the COVID-19 in the initial phase. This can indicate that the PA, despite the lack of resources, was successful in limiting the spread of the virus through their rapid reactions. However, not everyone seems to agree on the fact that the PA succeeded in facilitating for people getting tested. Political scientist Alaa Tartir, whom I interviewed previously this year, explained:

“If you visited any of these centres that belonged to the Palestinian Ministry of Health, to either get the vaccine or to be tested, they were not busy at all. And, you see that you spent more than 24 hours to be able to test, and you go now and get a number and then you will have to come back after many hours, and then know the rumour is that if you go there and do not have corona but you have to stand in the lines and the ques, you will get back with corona. So, that also shows the inability to handle big numbers of people wanted to be tested and vaccinated. This is linked to the infrastructure, so when it is small scale, it is easy to handle, but when we talk about large scale, the limits are very clear.”<sup>81</sup>

One of my interlocutors also shed light on how the emergency committees' lacked inclusivity, and how violence was used as a tool to enforce the restrictions in this phase:

“In the beginning, the government also used what is called emergency committees, these are committees that include representatives from the local communities and representatives from Fatah, the party. So, we made a position paper and criticised these committees. We said that they are not inclusive, and some of them resorted violence to enforce the lockdown, which led to confrontation with the public. Some of the members of this committee did not act in a professional manner, and we suggested that they either be dissolved, or they should be re-structured in a way that shows inclusiveness, and accountability.”<sup>82</sup>

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<sup>79</sup> Kādr in this context refers to “manpower, staff, personnel.”

<sup>80</sup> World Health Organization (WHO), “Coronavirus Disease 2019 (COVID-19) Situation Report 32,” 2020.

<sup>81</sup> From my interview with Alaa Tartir, Senior Researcher and Policy and Program Advisor to Al-Shabaka: The Palestinian Policy Network, February 2<sup>nd</sup>, 2022.

<sup>82</sup> From my interview with representative from the ICHR, Al-Najah University in Palestine and the independent COVID-19 committee in Palestine, March 5<sup>th</sup>, 2022.

Furthermore, another event that brought attention to the political governance in the West Bank was the price differences in anti-gene tests, of which the price in many areas in the West Bank has been very high compared to Israel. In some areas in the WB, the price has varied between 35-50 shekels, whereas in Israel, the price was 10 shekels. The company responsible for distributing these tests in the West Bank the company was owned by the son of President Mahmoud Abbas and the son of the Minister of Economy. This can lead to questioning whose case President Abbas is advocating for and whose case he acts on the behalf of, because it can give the impression that the PA do not necessarily act on behalf of the people. In summary, the perceptions about the PA's management of the initial phase seem to vary. Despite the criticism regarding these committees, Palestinians in fact seem to have had a good impression with the Ministry of Health in the initial phase with 82% of the respondents in a PCPSR poll expressed satisfaction.<sup>83</sup>

I argue that another dimension to this as well is that even though the reported numbers of infections were low in during the first wave is the stigma connected to this, and whether people believed in the coronavirus or not. One of my interlocutors from the ICHR explained that "I know many people from the first wave, they went out without wearing their masks, they coughed, and they sneezed, and they touched the surfaces,"<sup>84</sup> referring to how people did not care much about getting infected because they did not believe in the coronavirus.

Taking these different dimensions into consideration, I will argue that the reported numbers of infections was likely to be higher than the reported ones because if people did not care about getting infected, why would they care about being tested? Still, there is no doubt that the first wave was mild, and the reason for why the virus did not manage to spread during this phase probably has a complex and multidimensional explanation, and the PA's rapid reaction to counteract the virus was one of them.

However, this was soon to be changed. While responding quickly to the crisis during the first wave, it also included the shutdown of major sectors over prolonged periods, and the PA did

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<sup>83</sup> Palestinian Centre for Policy and Survey Research, "Public Opinion Poll No (76)," June 2020.

<sup>84</sup> From my interview with representative from The Independent Commission for Human Rights (ICHR), February 9<sup>th</sup>, 2022.

not have the means at its disposal to stimulate the economy and provide financial relief to businesses and workers.<sup>85</sup>

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<sup>85</sup> ILO, “The Situation of Workers of the Occupied Arab Territories,” Report of the Director-General, International Labour Conference, 110th Session, 2022.

### 4.3. The Vaccination Process

“The Palestinians are very brave. They will not be worried about getting COVID-19, and most of them will try to take the vaccines. I hope we can support them in getting vaccinated. They fear more from settlers or Israeli army knocking on them in the middle of the night, demolishing their homes and taking their land to build settlements. They fear this option more than dying from covid, at least they will live. But, with or without the ramifications of the COVID-19 afterwards.”<sup>86</sup>

Palestine received its first shipment of vaccines on the 1<sup>st</sup> of February 2021. They received 2,000 doses of the Moderna vaccine which was primarily targeted at health care workers.<sup>87</sup> On the 17<sup>th</sup> of March, they received the first shipment of 37,440 doses of the Pfizer vaccine, and 24,000 doses of the Astra Zeneca vaccine. This shipment was from the COVAX facility as part of the first wave allocation and was first transferred to the Ministry of Health’s ultra-cold chain and vaccine storage facilities in the WB and the GS.<sup>88</sup> At this time, the total number of infections had reached 130,000 and the number of deaths 1,510.<sup>89</sup>

The had PA had managed to secure a limited number of vaccine doses, in addition to receiving some donations from Israel, Russia, and China.<sup>90</sup> However, if medical prioritization is taken into consideration, the distribution of these vaccines did not follow a clear and fair process. 5,000 to 10,000 doses were distributed to medical staff, the security forces, and senior people in the PA and their families.<sup>91</sup> The PA confirmed that it had diverted some doses meant for medical workers to VIPs, but that this involved a small fraction of inoculations.”<sup>92</sup> In a statement from the Palestinian MoH they explained that: “10 percent of the 12,000 doses it received were given to the Palestinian national football team, government ministers, presidential guards, and members of the PLO’s Executive Committee, and another 200 doses to the Jordanian royal court, after a request from Amman.”<sup>93</sup> This led to a soaring

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<sup>86</sup> From my interview with Maged Abdelaziz, Permanent Observer to the UN, the Arab League, February 26<sup>th</sup>, 2022.

<sup>87</sup> Tariq Al Nashar (Tārīkh al-Nashr), “Health: Priority in vaccinations against Corona for medical staff, the elderly and chronic patients (“li-ṣiḥḥa”: al-’awlawiyya fī al-taṭ’īmāt dīdd “kūrūnā” li-l-kawādir al-ṭibbiyya wa-kibār al-sinn wa-l-marḍā al-muzminīn),” Wafa Agency, February 1, 2021. <http://wafa.ps/Pages/Details/17104>

<sup>88</sup> WHO, “Arrival of First Wave Consignment of COVAX COVID-19 Vaccine Doses,” 2021.

<sup>89</sup> Al Jazeera, “Palestinian Authority under Fire for VIP Vaccines,” March 3, 2021.

<https://www.aljazeera.com/news/2021/3/3/palestinian-authority-under-fire-for-vip-vaccines>

<sup>90</sup> BBC News, “Covid: Palestinians Cancel Vaccine Swap Deal with Israel,” June 19 2021.

<https://www.bbc.com/news/world-middle-east-57525252>

<sup>91</sup> Ibid.

<sup>92</sup> Al Jazeera, “Palestinian Authority under Fire for VIP Vaccines.”

<sup>93</sup> Ibid.



dissatisfaction, and half of the public expressed dissatisfaction with the measures taken by the PA to contain the spread of the virus, in addition to the majority saying they are discontent with the government's effort to secure the vaccine, as well being dissatisfied with the lack of fairness and transparency in the distribution of it.<sup>94</sup>

In a PCPSR public opinion poll from March 2021, "43% of the respondents said that they do not want to take the coronavirus vaccine, 62% think there is a lack of fairness and transparency in the distribution of the vaccine, and 55% were dissatisfied with the government's efforts to secure the vaccine. Moreover, 49% say that they were willing to take the vaccine when available or has already received it, and 49% said they and their families are not willing to take the vaccine when it becomes available."<sup>95</sup>

In comparison to the initial phase of the COVID-19 pandemic where the Palestinian Authority showed a lot of promising signs, the people's perception of the PA started to deteriorate. I find that the lack of transparency and fair distribution of vaccines stands out as one of the main reasons for this. Despite that the PA took many actions to secure vaccines and in limiting the spread of the virus in general, establishing and maintaining a transparent and fair public health campaign was not one of them. In the interviews I have had, a large majority have emphasised the lack of transparency and fair distribution as the most important explanatory factors for why people were reluctant to get vaccinated.

In June 2021, the Palestinian Authority cancelled a deal under which Israel was to give it at least one million doses of vaccines, which refers to the "Pfizer swap-deal," with the Palestinian Authority explaining that the vaccine doses "were too close to their expiration date."<sup>96</sup> This brought big controversy and accusations against Palestinian officials for accepting subpar vaccines, and PA officials came under heavy criticism on social medias after the agreement was announced. The PA Minister of Health, Mai Al Kaila, said that they had been told the jabs<sup>97</sup> would expire in July or August, but when they arrived, the marked date was June. Israel, on the other hand, denied this, and said that the expiring dates had been well

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<sup>94</sup> Palestinian Centre for Policy and Survey Research, "Public Opinion Poll No (79)," March 2021.

<sup>95</sup> Ibid.

<sup>96</sup> BBC News, "Covid: Palestinians Cancel Vaccine Swap Deal with Israel," June 19, 2021.

<sup>97</sup> A jab is an injection of something into your blood to prevent illness. See the Ben Zimmer, "Jab: A British Term for a Covid-19 Shot, but Born in the U.S.A.," *Wall Street Journal*, April 8, 2021. <https://www.wsj.com/articles/jab-a-british-term-for-a-covid-19-shot-but-born-in-the-u-s-a-11617898298>.

known, and agreed to, by the PA.<sup>98</sup> This is commonly referred to as the first scandal, and led the Palestinian think tank ‘Coalition for Accountability and Integrity AMAN’ calling for commissions of inquiry due to “Poor transparency in vaccine management which promotes public feeling of distrust” and that “all contracts and deals between the government and suppliers, particularly vaccine providers, should be published in detail. This goal is still undermined by poor dissemination of information.”<sup>99</sup> However, when I asked the Director from the MoH about whether mistrust to the government could have had an impact, she rather emphasised the cultural, religious, and social perspectives. She explained:

“No, it is more related to cultural, religious, social perspectives. It does not have to do with trust. Sometimes I do not know, I am not a psychologist, but there is an expression in Arabic that goes “Kol mamnou' marghoub.”<sup>100</sup> So, in the beginning there were no vaccines, people accused the government ‘oh they are neglecting us, we need vaccines, neighbouring countries have vaccinated the people, the government do not care about the people’ but now when the government is vaccinated, they are like ‘why are we getting vaccinated, it is just to get rid of some vaccines or, or, it is the same thing. Oh, it is Pfizer for the elite, and AstraZeneca for the poor.’ So, everyone wanted to get Pfizer only, or Moderna. Only Pfizer or Moderna. What is available now is Pfizer and Moderna! We ask for them to come but they say no!”

I cannot know whether the PA agreed to the deal when knowing about the expiring date or not. However, what is clear is that it caused a lot of controversy. Based on the interviews and the literature, I find that the lack of trust in the public institutions did play a role in peoples’ willingness to get vaccinated. The emphasis on cultural, religious, and social perspectives among Palestinians regarding challenges in the vaccination process conflicts with the statement by a Palestinian policy leader in public health, who rather critiques the culture of the PA itself: “...the problem is not lie in compulsory vaccination, but rather in the policies and nature of the Palestinian community in terms of traditions, norm, and culture.”<sup>101</sup> More so, the lack of transparency was highlighted in the interview I had with a representative from the Independent Commission for Human Rights (ICHR). He emphasised the lack of transparency in the securement- and distribution in the vaccine process:

“There needs to be transparency and people need to know the criteria, and the criteria should be enforced in an equitable manner. Then, the Cabinet decided to form an independent investigation committee, and after two weeks we published our report. The report addressed

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<sup>98</sup> BBC News, “Covid: Palestinians Cancel Vaccine Swap Deal with Israel.”

<sup>99</sup> Coalition for Accountability and Integrity - AMAN, “AMAN calls for a commission of inquiry into the deal struck with the Israeli side to procure COVID-19 vaccines,” 2020.

<sup>100</sup> The Arabic expression “Kol mamnou' marghoub” is equivalent to “Forbidden fruit is sweet” in English. The Arabic translation refers to the expression “Whatever is forbidden is desired.”

<sup>101</sup> The quote is cited in the work of Hammuda Abu-Odah, Jing Su, and Salihu Sabiu Musa, “Unwillingness or Reluctance of Palestinians to Get the COVID-19 Vaccine: The Reasons behind It and How to Persuade Them.” (2022): 53–55.

the mistakes in handling the swap deal. In the beginning, like, there was a lot of vaccines being imported from Israel, and we found out that these vaccines, like they, expire in one or two weeks, and that was the lack of information about this, and caused a lot of debate. And, while we are exporting and vaccines from Israel which was in its way to expire, in one month or two weeks or one week for example, who paid the prize? What you get to allow this kind of deal between the Palestinians and the Israelis? This deal was being conducted inside the Ministry of Health, so the Minister of Health was not aware of this and not part of the agreement. Eh, there are a lot of questions, and also the debates with the media, the competition between the state media and private media, and people started to trust more the social media than the statement of the government.”

Moreover, he emphasised:

“I think the Pfizer scandal, the swap, had the potential of damaging trust in the entire vaccination drive, however, given the fact that the government established an independent committee, that is in general trusted by the public, the members in general enjoy some level of trust, so when the report was published and showed that the vaccines were okay and not expired, but that there was a problem in the handling and the transfer, and that no one was vaccinated from the Israeli important vaccines, that mitigated the problem of trust.”<sup>102</sup>

As such, the establishment of an independent committee might have had a positive (and much needed) impact on the vaccination drive in the West Bank. According to a PCPSR public opinion poll from June 2021, 37 % percent of the respondents say they and their families are not willing to take the vaccine when it becomes available to them.<sup>103</sup> This was a better result compared to a few months earlier in March, where 49% said they and their families are not willing to take the vaccine when it becomes available.<sup>104</sup> However, it is likely that the scandal with the Pfizer-swap continued to influence Palestinian’s hesitation to be vaccinated. A study led by Hammoda Abu-Odah at the University College of Applied Sciences, Gaza, was carried out to understand the unwillingness of people to get the COVID-19 vaccine and their suggestions to increase the vaccination level, based on discussions with a number of policy leaders and citizens.<sup>105</sup> They carried out interviews with citizens and leaders in the Palestinian health sector, and cited in the study is a Palestinian who explained that “I think the quality of vaccines supplied to the Palestinian Authority is not good... many of these vaccines are about to be expired... I heard about the exchanging vaccines agreement between the Palestinian Authority and Israel still have resonated in my thought.” Moreover, according to a policy leader in the health community, “some of the professionals intentionally or unintentionally

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<sup>102</sup> From my interview with representative from the ICHR, teacher at the An-Najah University in Palestine and the independent COVID-19 committee in Palestine, March 5<sup>th</sup>, 2022.

<sup>103</sup> Palestinian Centre for Policy and Survey Research, ‘Public Opinion Poll No (80).

<sup>104</sup> Palestinian Centre for Policy and Survey Research, ‘Public Opinion Poll No (79).

<sup>105</sup> Abu-Odah, Su, and Musa, “Unwillingness or Reluctance of Palestinians to Get the COVID-19 Vaccine.”

over-emphasise about the side effect of vaccine than its effectiveness.”<sup>106</sup> In the study carried out by Hammuda and Abu-Odah, they find that the reluctance to receiving vaccine against the COVID-19 is based on two overall factors: 1) the spread of false rumours, misinformation, and conspiracy theories they received about the vaccine on social media and 2) the mistrust toward the vaccines the government purchased. The spread of false rumours and misinformation and exaggeration about the vaccine’s side effects led to panic and fear among the Palestinian people and reluctance to receive the vaccine.<sup>107</sup>

According to the interview I had with the Director of International Cooperation in the Palestinian Ministry of Health, stigma was also a prominent feature of the vaccination process in the West Bank. Her comments resonate with the findings in Abu-Odah and Musa’s study which found the spread of false rumours a main reason for the vaccination reluctance.

However, according to the Director, the lack of trust and legitimacy did not have a big impact. She explained:

“You know, regarding the stigma, this is a challenge. You have every time just to convince people and to what they call is, delete the distorted image that was spreading. And even here, some thoughts and concepts related to culture regarding the pandemic itself, not only cultural, but sometimes religious. That people said ‘okey, we are faithed, so everything from God, so why go for treatment?’ This is a very tiny group though. Some people got infected but did not go and report it, or they refused to be tested because of sometimes specially for women for example, as I said, there was a stigma at the beginning. In the beginning, their daughter or their... they saw it as everything as a big thing, see? So, the attitude, the culture, people even knew they had symptoms but did not seek treatment, and they just quarantined themselves but did not want to get registered or get officially registered. Others, because of the rumours about the vaccine, because sometimes the pandemic has impact on the fertility of men or women, or at the long run. So, you know, you had just like this, everything is from God, so why take the vaccine?”<sup>108</sup>

Moreover, in the Summer of 2021, the confirmed cases of the virus were increasing significantly, both the Delta and the Delta plus variants. Despite the increase in cases, the vaccination rate was still low, and according to the WHO, the Palestinian MoH reported an uptake of 16,4 % of the citizens in the WB.<sup>109</sup> Exempting vaccinated people from some health insurance premiums, social media promotion, and organizational, and community

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<sup>106</sup> Abu-Odah, Su, and Musa, “Unwillingness or reluctance of Palestinians to get the COVID-19 vaccine: the reasons behind it and how to persuade them.”

<sup>107</sup> Abu-Odah, Su, and Musa, “Unwillingness or reluctance of Palestinians to get the COVID-19 vaccine: the reasons behind it and how to persuade them.”

<sup>108</sup> From my interview with Benjamin Bouquet, the WHO Office for the West Bank and Gaza Strip (OPT), February 9<sup>th</sup>, 2022.

<sup>109</sup> WHO, “Coronavirus Disease 2019 (COVID-19) Situation Report 79: Occupied Palestinian Territory Information for Period: March 5, 2020 - August 12 2021,” 2021.

responsibilities were among the suggested strategies to encourage people to get vaccinated.<sup>110</sup> One of my interviewees from the WHO Office in the West Bank and GS (oPt) elaborated on this, he explained:

“Definitely, one of the issues, I mean, even the Palestinian Ministry of Health itself, if you ask them ‘why is it that as a proportion of the whole population in need that has been identified as an eligible for vaccination, why is the vaccination rate in the WB twice that it is in the Gaza Strip?’ and people will often quote that it is not an issue around eligibility, it is an issue around vaccine hesitancy. I am not so sure myself, if I were to confidently state something I would want more evidence before really saying that, because we know that a lot relates to the availability and of course hesitancy is not some kind of social phenomenon, that is part of the responsibility of the Ministry of Health, so also it is a failure in the attempts for community engagement as part of this overall management, that the Ministry in coordination with the WHO and others have been tearing out.”

Because of the low vaccination rate, PA reactivated the Palestinian Public Health Law (No. 20-2004) (Palestinian Legislative Council 2004), which at the time of legislative

“Aimed at establishing the basic rules to govern human health in West Bank and Gaza. It assigns the responsibility of combating infectious diseases and epidemics by all means possible to the Ministry of Health (MoH) and enumerates its responsibilities for the purpose of implementing the Law.”<sup>111</sup>

Moreover, the legislation:

“...has the authority to take all necessary and precautionary measures to stop the spread of disease through: 1) imposing vaccinations and needed medications; 2) confiscating and destroying all material contaminated with the disease, or that could be a source of spread of the disease, in coordination with competent bodies; 3) imposing quarantine measures to prevent the spread of disease and 4) to bury the dead in the manner the Ministry deems fit.”<sup>112</sup>

The reason why the law was reactivated was because that permitted the PA to vaccinate compulsorily. According to Abu-Odah, Su and Musa who carried out interviews with policymakers and relevant stakeholders within the health field, this PA decision created “a state of grumbling in the Palestinian streets, as the majority refused to receive the vaccination. There were conflicting opinions among Palestinian experts about whether to adopt compulsory vaccination.”<sup>113</sup> This resonates with what one of my interviewees explained to me when asked about the PA decision on making vaccination compulsory. He explained:

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<sup>110</sup> Abu-Odah, Su, and Musa, “Unwillingness or Reluctance of Palestinians to Get the COVID-19 Vaccine.”

<sup>111</sup> Palestinian Authority, “Public Health Law No. 20 of 2004,” Legislation, 2004.

<https://www.ecolex.org/details/legislation/public-health-law-no-20-of-2004-lex-faoc147632/>

<sup>112</sup> Ibid.

<sup>113</sup> Abu-Odah, Su, and Musa, “Unwillingness or Reluctance of Palestinians to Get the COVID-19 Vaccine.”

“Many have been registered as vaccinated but have not taken the vaccine through people they know. They have come to the centre and registered a vaccine but just threw it in the trash. Part of the reason for this is that you cannot travel around freely if you have not been vaccinated, so they put pressure on you. Especially now in the last phase, people have rather allowed themselves to be infected and get COVID-19 themselves to let the body build up antibodies than to take the vaccine, since it is now the case that proven infection means that you do not need to take the booster dose. In 2021 as well, people decided very quickly whether they were either yes or no to the vaccine. Dissatisfaction and lack of confidence in the Ministry of Health after the scandal with expired vaccines. During COVID-19, a few industries have earned well (offering certain services), but others such as the restaurant industry have had it very tough. It is particularly problematic in the so-called grey areas.”<sup>114</sup>

To sum up, the PA managed to secure vaccine doses, but the lack of transparency in the distribution process appears to have had a significant impact on the vaccination process itself. In fact, low rates of vaccine acceptance have been reported in many countries in the Middle East regarding the COVID-19 vaccination, but more research is needed to provide a better understanding of the low rates of acceptance.<sup>115</sup> Yet, there are some studies that provide insight on the topic. A large-scale survey carried out in January 2021 found higher rates of vaccine hesitancy and refusal among Arab subjects, mainly related to distrust and concerns about side effects.<sup>116</sup> Another study from 2021 which examined the willingness of getting the COVID-19 vaccine in Jordan, Saudi Arabia, Lebanon, and Iraq found that Middle Eastern Arabs are less likely to accept the vaccine, compared with non-Arabs, thus, researchers recommend health authorities to intensify the awareness-raising activities, while ensuring a fair distribution.<sup>117</sup> The distrust untransparent distribution of vaccines are recurring, and I find that this happens to be the case in the West Bank as well.

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<sup>114</sup> From my interview with local representatives from Danish Church Aid & Norwegian Church Aid Jerusalem Office, February 21<sup>st</sup>, 2022.

<sup>115</sup> Sallam, Malik, Deema Dababseh, Huda Eid et. al, “COVID-19 Vaccine Hesitancy Worldwide: A Concise Systematic Review of Vaccine Acceptance Rates,” *Vaccines*, 2021.

<sup>116</sup> Eyad A Qunaibi, Mohamed Helmy, Iman Bashedi, Iyad Sultan, “A high rate of COVID-19 vaccine hesitancy in a large-scale survey on Arabs,” *eLife*, 2021.

<sup>117</sup> Rana Abu-Farha et al., “Willingness of Middle Eastern Public to Receive COVID-19 Vaccines,” *Saudi Pharmaceutical Journal*, 2021.

#### 4.4. Enforcing Restrictions: A Success or a Failure?

Building on the concept of performing statehood and legitimacy, Claire McLoughlin and David Hudson argue that whether governments succeed or fail in enforcing restrictions and curfews, is ultimately dependent on whether people perceive those rules as legitimate.<sup>118</sup> Why legitimate, as opposed to technically correct, or enforceable? According to McLoughlin and Hudson, is the reason for why the restrictions and lockdowns rely on people complying with those rules. These rules are often against personal interests, and therefore it is necessary to promote that the rules are in everybody's interest, not only certain groups. In that sense, they propose three questions for the decisions to be perceived as legitimate, and what this means in terms of how the government should respond. One of the questions they propose is: how was it decided?<sup>119</sup>

When rules are not in the benefit of people personally, there is a tendency to look for how those decisions were made, and by whom.<sup>120</sup> Who was included in the decision-making process? Who was excluded? Was the process transparent? In the West Bank, there is a huge problem regarding trust, and the gap between the Palestinian Authority and the public is characterized by a general mistrust. The postponed legislative election which was scheduled for 22<sup>nd</sup> May 2021 and the first elections to be held since 2006 has not made it any better, nor the killing of activist Nizar Banat.<sup>121</sup> One of my interviewees from the ICHR explained:

“People in general have lack of trust in the Palestinian institutions in general, and that is my opinion due to political reasons, it has to do with the lack of legitimacy, there has been no elections for a while. So, people have problems with trusting public institutions that are not elected. Second, over the last two years, there were several mistakes and the scandals and the mishandling of some public opinion issues, that deepened the problem of trust.”<sup>122</sup>

The assumption that governments either succeed or fail in enforcing restrictions based on whether people perceive them as legitimate or not, stems from the work of Tom Tyler. He finds that:

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<sup>118</sup> Claire McLoughlin and David Hudson, “The Limits of COVID Compliance? Three Tests for Legitimate Rules,” *The Developmental Leadership Program (DLP)*, 2020.

<sup>119</sup> Ibid.

<sup>120</sup> Ibid.

<sup>121</sup> Al Jazeera, “Activist Nizar Banat’s Death Unnatural: Palestinian Authority,” July 1, 2022.

<https://www.aljazeera.com/news/2021/7/1/activist-nizar-banats-death-unnatural-palestinian-authority>

<sup>122</sup> From my interview with representative from the ICHR, February 9<sup>th</sup>, 2022.

“The goal of law, legal institutions, and legal authorities is to regulate effectively the behaviour of those within society. If the law is to be effective, most people must accept the directives of the law most of the time, they must generally cooperate with legal authorities, and they must support the empowerment of those authorities.”<sup>123</sup>

Thus, people can accept decisions that go against their interests, such as socioeconomical interests, freedom of movement and, if they believe the decision-making process was fair. Whether or not the population take the government’s decisions seriously, is according to McLoughlin and Hudson dependent on people’s perception of the government as a legitimate actor. In the West Bank, it is well-known that the Palestinian Authority is not necessarily transparent nor fair in their decision-making processes, and this has been confirmed in my interviews as well. In a position paper from August 2021, endorsed by 24 Palestinian organisations, they rose criticism against the continuation of the Palestinian Authority’s policy repression by its security services, which they argue is “moving into the direction of tyranny and authoritarianism.” Moreover, they argue that:

“This is manifested through the exclusivity in control and the capture of State institutions for the benefit of individuals, shrinking the space for civil society organizations, and the denial of freedom of opinion, expression, and assembly in a grave violation of the provisions of the Palestinian Basic Law, the Palestinian Declaration of Independence, Palestinian law and legislations, and international human rights conventions.”<sup>124</sup>

As confirmed in my interviews, it appears that many Palestinians have been reluctant when it comes to following the rules and restrictions imposed on them. The reasons for why differ, but a majority have emphasised the lack of trust and legitimacy in the government as the main reason for why, whereas some have emphasised the cultural or religious aspects. My interlocutor from the Ministry of Health rejected the lack of trust and legitimacy in the governance institutions as the main reason and put greater emphasis on the stigmas linked to infection. She explained:

“In the beginning of the pandemic, it was stigma. If someone was infected, oh, it was a big deal, and everyone were accused of doing something bad. So, it seems that in the beginning, people did not understand the concept of quarantine and precautions, and it was a big deal. After that they got accustomed and ‘oh, its normal.’ Until now, we are implementing emergency projects in response to covid. And, you know, not only for COVID-19 treatment, but also for the vaccination campaign, for the vaccines themselves, or for vaccine

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<sup>123</sup> Tom R. Tyler, “Procedural Justice, Legitimacy, and the Effective Rule of Law,” *Crime and Justice*, 2003.

<sup>124</sup> Al-Haq, “Human Rights and Civil Society Organizations Hold Head of the Executive Authority and Government Responsible for Rights and Freedoms,” 2021.



infrastructure like the cold chain,<sup>125</sup> for the central stores, for the labs, at the central level and the district level.”

Yara Hawari argues that when the Palestinian Authority enforced restrictions and lockdowns, many Palestinians commented and joked about how “finally, now the world understands what life is like for us.”<sup>126</sup> This refers to how curfews and the restrictions on travelling between governorates was an already known feature among Palestinians. My interlocutor from the ICHR explained:

“For my husband himself, when the curfew started and there were completely movement restrictions, he said “Hey, how come the Israelis did not set me in house? Are the Palestinians going to set me in house?” So, can you see the comparison? They are comparing, but when the Israelis put you in house in movement restriction or curfew, they did it because they are the Occupying Authority, but with the Palestinian security forces are being in the streets, they are doing that for our best, not as an occupation power, but as a member of us. But for some, they did not see it. They taught that the Israelis did not set them out in houses, the Palestinians are not going to do the same. They liked breaking the curfews. They liked it. But from my point of view, the spread of the security forces was very good. For our best interest, they dealt with us with very delicate attitude, they were very kind.”<sup>127</sup>

As such, there are different opinions and views on the PA’s management of the COVID-19 pandemic. The examples mentioned above help to explain why the PA has not made it through with their implementation of restrictions in the sense that people have not necessarily followed the rules. The latter statement displays how the Palestinian people have not necessarily accepted being “put in house” by PA forces. Even though this took place in the context of enforcing restrictions, I believe that for some, this may have further aggravated the already negative perceptions of the PA in using repressing methods to deal with resistance and opposition, a common feature of PA governance the past years.

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<sup>125</sup> Cold chain is a system of storing and transporting vaccines at recommended temperatures from the point of manufacture to the point of use. See WHO Learning Objectives for more: [https://www.who.int/docs/default-source/searo/india/publications/immunization-handbook-107-198-part2.pdf?sfvrsn=fbf56797\\_6](https://www.who.int/docs/default-source/searo/india/publications/immunization-handbook-107-198-part2.pdf?sfvrsn=fbf56797_6)

<sup>126</sup> Hawari, “COVID-19 in Palestine: A Pandemic in the Face of Settler Colonial Erasure,” *Istituto Affari Internazionali (IAI) Commentaries*, September 2020.

<sup>127</sup> From my interview with representative from the ICHR, February 9<sup>th</sup>, 2022.

## 5. Political Ramifications of the COVID-19-Management

When discussing the political landscape which the Palestinian Authority must manoeuvre within, there are several conflict lines to bear in mind. As I will return to in the following chapters, some had a hope that the COVID-19 pandemic could influence diplomacy and cooperation in a positive manner, referring to cooperation between the two parties, the PA and Israel, as in previous crises. However, a crisis can also unfold the possibility of what scholar Lior Lehrs refers to as “disaster diplomacy.”<sup>128</sup> In this chapter, I investigate how the Palestinian Authority has managed the pandemic in regard to these different actors and relations. Thus, this chapter sheds light on how the COVID-19 pandemic has been politicized. More specifically, I investigate how the relationship between the PA and Israel has played out in terms of the COVID-19 pandemic. In subchapter 5.2, I elaborate on how the securement of the vaccines became part of the political strife between the PA and Hamas, and in subchapter 5.3, I investigate the PA’s donor dependency in the context of the COVID-19 pandemic more in depth.

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<sup>128</sup> Lior Lehrs, “Conflict and Cooperation in the Age of COVID-19: The Israeli–Palestinian Case,” *International Affairs*, 2021.

## 5.1. The Palestinian Authority and Israel

The relations between the Palestinian Authority and Israel constitutes the most significant relationship in the political quarrel. The PA is inherently dependent on Israel, but Israel's reliance on the PA is considerable as well. If the PA's stability is undermined or weakened, this may potentially rise a security challenge that can spill over into Israel.<sup>129</sup> However, despite the mutual dependence between the two parties, the COVID-19 pandemic has underscored the mutual relationship in the sense that both Israeli authorities and the Palestinian Authority has implemented several measures to keep the situation under control at home, rather than increasing the level of cooperation.

Sometimes when a crisis hits, different parties can put political differences aside. For example, Palestine and Israel have cooperated in previous crises on coping with disasters like wildfires. One of my interviewees, which also was part of the independent COVID-19 committee in Palestine, explained that he and his colleagues hoped that the pandemic could pose an opportunity for cooperation between the two parties, referring to how cooperation has taken place in 2010, 2016 and lastly in 2021 in combating wildfires, which led the Israeli Defence Minister Benny Gantz to officially thanking the PA in 2021.<sup>130</sup>

The cooperation dimension was on the agenda in a conversation event with the Prime Minister Mohammad Shatayyeh, hosted by Richard Engel, Correspondent in NBC News in November 2020. When the Prime Minister was asked about Israelis and Palestinians working together, he responded:

“Look, there is no way that checkpoints can prevent viruses. Checkpoints cannot prevent viruses spreading viruses. Walls that Israel is constructing does not prevent viruses. Our life is so interconnected between us and the Israelis and there is no way that we can fight viruses by ourselves only.”<sup>131</sup>

Moreover, he emphasised the security cooperation as one of the success factors for limiting the spread of the virus:

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<sup>129</sup> Michael Herzog and Ghaith Al-Omari, “Coronavirus on the Israeli-Palestinian Scene (Part 1): The West Bank and East Jerusalem,” *Washington Institute Policy Analysis*, Policy Watch 3307, 2020.

<sup>130</sup> Al Monitor, “Israeli Defense Minister Thanks Palestinian President for Sending Firefighters to Jerusalem,” *Al Monitor*, 17 August 2021. <https://www.al-monitor.com/originals/2021/08/israeli-defense-minister-thanks-palestinian-president-sending-firefighters>

<sup>131</sup> Council on Foreign Relations, “A Conversation with Prime Minister Mohammad Shtayyeh of the Palestinian Authority,” 17 November 2020. <https://www.cfr.org/event/conversation-prime-minister-mohammad-shtayyeh-palestinian-authority>

“I will tell you one important thing. We have recorded a successful story in our fighting this coronavirus between March 5 until June 1. Why? Because Israel has allowed our police to be stationed on the borders of '67. Our police were there regulating the flow of workers into the Israeli labour market, regulating the entry to Palestine, regulating exits on the borders with Jordan and with Egypt and so on.”<sup>132</sup>

Although the Prime Minister emphasised the cooperation between the two parties as one of the explanatory factors for why Palestine has succeeded in fighting the coronavirus, most of my interviewees do not seem to share this view. One of the reasons is that the political barriers have also played out in terms of the different Palestinian Territories: Area A, B and C. Despite that the Prime Minister highlighted the importance of Palestinian police to be stationed at the borders, the security forces in the different areas have totally different legal basis for how to conduct. In Area A, they behave according to Palestinian law, because area A on paper is controlled by the Palestinian Authorities. In Area B, Israel has been restrictive, and did not allow the Palestinian police to work because that would give them authority in area B and C. One of my interviewees worked as a volunteer and has played an important role in the COVID-19 committee dealing with such as donations and security. He explained that

“I was on the ground, and many times, Israel came, and they arrested us and sometimes banned us and did not allow us to work in area B. Even, they did not allow Palestinian police to wear uniforms. So, if you want to be in area B, you should not wear a Palestinian uniform, you just be civilian, wearing no Palestinian ‘symbols’ like sovereignty like.”

I find that this indicates a distinction between PA rhetoric and practice. According to my interviewee, these different legal basis for how to conduct made it difficult for the Palestinians to work in area B or C, something that lead to an increase in crimes, drug dealing and drug trafficking. He explained that there was “not a chance” to deal with the drug dealers and the smuggling, disputed drugs, because it was not allowed with Palestinians working there.

“They caught a couple of drug dealers disputing drugs in area B and C during the curfew and the lockdown. Still, they could not do anything with the dealers they found who were spreading and distributing drugs because they have no legal right to arrest because there is no legal basis, no documentation: we did not have a legal basis, no documentation, no mandate or even a regulation on what to do with them and where to send them.”<sup>133</sup>

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<sup>132</sup> Council on Foreign Relations, “A Conversation with Prime Minister Mohammad Shtayyeh of the Palestinian Authority.”

<sup>133</sup> From my interview with representative from the ICHR, teacher at the An-Najah University in Palestine and the independent COVID-19 committee in Palestine, March 5<sup>th</sup>, 2022.

Additionally, he explained that the number of fines increased as well in area B and area C, because the kind of criminals dealing with this were aware that there was no Palestinian Authority. Another critical dimension is that there is a common lack of knowledge and lack of legal framework among the Palestinian Authority forces, leading to police officers behaving illegally, and against the Palestinian law, not because they wanted to, but because they had no experience in dealing with this kind of pandemic.

## 5.2. Vaccines Become Part the PA-Hamas Political Strife

Another example of how political strife became part of the COVID-19 management is the vaccines. Throughout the COVID-19 pandemic, the vaccines stand out as perhaps the most prominent example of how health care provision became an important part of the political quarrel. The securement- and rollout of vaccines sparked tension within the West Bank due to the lack of transparency in the process, but this process also managed to spark tension between the PA and Hamas. In March 2021, Mohammad Dahlan, a long-time rival of the President- and Fatah leader Mahmoud Abbas, sent over 1 million doses of the Russian Sputnik V vaccine from the United Arab Emirates (UAE) where he has lived in exile from his ousting from the WB to the Gaza Strip. At this time, the PA had managed to secure only a limited number of vaccine doses, but the perceived lack of a fair and clear distribution process led to soaring dissatisfaction among Palestinians at the time. Moreover, the next Palestinian legislative elections which was scheduled for 22<sup>nd</sup> of May were upcoming, and President Abbas's support sagged in opinion polls.

This step by Mohammad Dahlan, whom Abbas had dismissed from the Fatah party and forced into exile a decade ago, was seen as an attempt to rise above Abbas ahead of the planned parliamentary election later in 2021.<sup>134</sup> This step was met with mixed reactions among Palestinians because of the Israeli-UAE normalisation agreement, officially known as the Abraham Accords, which entered into force in 2020. The agreement was initiated by Israel, the United States and the UAE and some raised criticism against Dahlan for not condemning the accord which was described as “betrayal” by Abbas. Dahlan, on the other hand, argued that his ties with the UAE helped him to raise hundreds of millions of dollars in aid for the Palestinian people.<sup>135</sup> However, in the West Bank and the Gaza Strip the reactions were mixed, from “How can you thank the Emirates? (They) gave up on our cause and normalized with the Israelis,” and “All hail the true leader, Mohammad Dahlan, who cares for his people, supports them in all areas of life and stands for them in all circumstances.”<sup>136</sup> Whether or not Dahlan played a role in the agreement in 2020, this step by Dahlan illustrates how the vaccination process became intertwined with the international relations and politicized.

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<sup>134</sup> Nidal al-Mughrabi, “Gaza Receives COVID Vaccines from UAE, Helped by Abbas Rival,” *Reuters*, February 21, 2021. <https://www.reuters.com/article/health-coronavirus-palestinians-rivals-i-idUSKBN2AL0D3>

<sup>135</sup> *Ibid.*

<sup>136</sup> *Ibid.*

### 5.3. The Search for International Legitimacy and Donor Dependency

Since 2011, the Palestinian Authority has pursued full membership for Palestine in the UN. Despite that President Abbas in 2012 issued “a birth certificate of the reality of the State of Palestine”<sup>137</sup> in the UN’s General Assembly, the PA has yet to garner enough support, and has since then held the status of non-member observer state status.<sup>138</sup> In that context, a report on the Palestinian state-building agenda prepared for the United Nations Development Program/Program of Assistance to the Palestinian People (UNDP/PAPP)<sup>139</sup> was carried out. In the report, the growing recognition that state-building processes are not purely technical matters, but inherently political ones, is emphasised. Financial donors, which Palestine is inherently dependent on, have also come to emphasise the dynamic capacity of a state in the sense that state-building is not only a matter of technical exercise, but political ones.<sup>140</sup> Rather, for state-building to be successful, there are criteria linked to the state’s capacity to negotiate and manage expectations.<sup>141</sup> Sophia Stamatopoulou-Robbins argues that this UN-led adaption has occasioned opportunities for actors to make claims about the future of Palestine, and to perform PA readiness for statehood. More so, she argues that this matters because “it constitutes the image with which PA officials represent what needs to be ‘fixed’ in Palestine in important international forums such as the UN.”<sup>142</sup>

Elections are examples of criteria linked to the state’s capacity to negotiate and manage expectations. The UNDP/PAPP report from 2011 defined the connections between the ruling authorities and society at large as weak and found “the nature of the state-society as weak, fragmented, and politicized.”<sup>143</sup> Therefore, the announced legislative election scheduled for 22<sup>nd</sup> of May 2021 was a long awaited one. The elections were cancelled, but speculations about the process soared even before the postponement. The announcement was followed by speculations regarding the political contestation between Fatah and Hamas, and many pointed

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<sup>137</sup> United Nations General Assembly, “General Assembly Votes Overwhelmingly to Accord Palestine Non-Member Observer State Status in United Nations,” United Nations Sixty-Seventh General Assembly, November 29, 2012.

<sup>138</sup> Cali Robinson, “What Is U.S. Policy on the Israeli-Palestinian Conflict?,” *Council on Foreign Relations*, 2021.

<sup>139</sup> See: United Nations Development Program/Program of Assistance to the Palestinian People (UNDP/PAPP).

<sup>140</sup> Alina Rocha Menocal, “The Palestinian State-Building Agenda,” Prepared for BCPR and the UNDP/PAPP assessing the UNDP’s state-building agenda in the oPt and providing recommendations, 2011.

<sup>141</sup> Ibid.

<sup>142</sup> Sophia Stamatopoulou-Robbins, “An Uncertain Climate in Risky Times: How Occupation Became Like the Rain in Post-Oslo Palestine.” *International Journal of Middle East Studies*, (2018): 383-404

<sup>143</sup> Menocal, “The Palestinian State-Building Agenda.”

out that both Fatah and Hamas were in need for the added legitimacy that comes with elections. Yet, legitimate elections depend on more than merely announcing them.<sup>144</sup>

Despite that the postponed elections and crisis management of the COVID-19 pandemic are two separate challenges, there is a commonality between the two in the sense that for the PA, it demands the need to perform state agency vis-à-vis the public. In this context, the performance of the PA matters because it provides the opportunity for the PA to carry out government-like state-functions. In summary, the elections and the management of the COVID-19 pandemic are examples of how the Palestinian Authority has attempted to perform statehood, but at the same time reveals how the system is not adapted for meaningful governance.

In addition to not being able to move forward on negotiations and ending the occupation, nor fulfil a social compact with its people, the Palestinian Authority suffers from corruption and fragility.<sup>145</sup> This has made the PA heavily dependent on donors, not only in terms of financial resources, but also in terms of legitimacy. As such, the donors and other international stakeholders fund the PA's "state theatre" and thus allow them to cultivate their desired role in the conflict itself.<sup>146</sup> In terms of the COVID-19 pandemic, the importance of donors was highlighted in the interview I had with the Director of International Cooperation in the Palestinian Ministry of Health. She explained:

"I must say I am by most of the international partners. Norway was there, EU was there, Italy was there, France was there, US aid was there, UNDP, international NGOs, all of these. We used to have on weekly basis high coordination led by the Prime Ministers, focusing on health at the highest level, and informants of heads of mission during the pandemic. We received high missions coming from WHO, China, even Russia. And when they come and saw the experience of Palestine in dealing with the pandemic, it is considered a success history indeed. Under the limited resources, under occupation, because we do not control the borders, and we do not control the resources, we do not control anything. But we managed, and we succeeded. Thankfully we managed to equip some of the hospitals, open some labs, vaccination centres, and to expand the services. This is due to the participatory involvement of the government, non-government, civil society, international community, everyone was there. Without this harmony, we would not succeed."

The foreign dependency has been the "Achilles' heel" of the national movement in Palestine to reach its objectives but the situation is fragile and has been further exacerbated by the

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<sup>144</sup> Middle East Policy Council, "PA's Abbas, in Search of Greater Legitimacy, Calls for National Elections," January 27, 2021.

<sup>145</sup> Menocal, "The Palestinian State-Building Agenda."

<sup>146</sup> Pace and Sen, "*The Palestinian Authority in the West Bank: The Theatrics of Woeful Statecraft*," (2019): 19,20.



COVID-19 pandemic.<sup>147</sup> It appears, however, that the PA's search for legitimacy is more concerned with the international legitimacy, rather than among its own population.

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<sup>147</sup> Mar Gijón Mendigutía and José Abu-Tarbush, "The Palestinian Authority and the Reconfigured World Order: Between Multilateralism, Unilateralism, and Dependency Relationships," *Developing Countries and the Crisis of the Multilateral Order*, 2022.

## 6. Conclusion

As displayed in this study, the Palestinian Authority largely succeeded in limiting the spread of the virus during the “first wave” of the COVID-19 pandemic, thus managing to avoid being hit hard by the first wave. As such, PA outperformed many other countries in the region and Western countries like France and Italy. However, resources were limited in terms of personnel, and health care infrastructure and supplies. This left the Palestinian population vulnerable for the following waves, something experts on the field also emphasised at the time.

As issued, components of the political system such as governance, economy, and policy makings, are not practically applied in the Palestinian health sector. In the sense, the lack of evidence-based policies and coordination has hampered the ability to design- and implement health emergency plans, which in turn made the political actors unable to make meaningful decisions. Under longstanding restrictions, the Palestinian Authority did not have the means at its disposal to stimulate the economy, nor to provide financial relief to workers. In combination with a lack of transparency, I argue that this is one of the main reasons for why people have not accepted the rules imposed on them.

Using the Palestinian Authority’s management of the COVID-19 pandemic as a case study, this thesis has examined how a challenged proto-state administration has performed the role of a state through crisis management. Through this, the study adds knowledge about how the Palestinian Ministry of Health and civil society sought to contain the COVID-19 pandemic, and how the efforts were challenged by internal and external structural obstacles. This study shows that the PA took action to limit the spread of the virus through enforcement of restrictions and establishment of committees, despite the occupation. At the same time, the crisis management has been politicized by internal political split, donor dependency, and the Palestinians lack of trust in the PA.

Hence, this study has aimed to add valuable knowledge about the Palestinian governance in the West Bank, which has tended to be centred around the use of security forces. More specifically, from interviews, opinion polls, and relevant literature on the field, I have aimed to illustrate how the Palestinian Authority has performed statehood throughout the COVID-19 pandemic. The investigation has been guided by Michelle Pace and Somdeep Sen’s concept of “performativity,” holding that the Palestinian Authority is “kept alive” through a theatre.

According to them, a core characteristic of PA governance is the “fuzziness.” Despite the large amounts of donor aid which has contributed to increasing the effectiveness of the PA institutions, it has not addressed the key constraints. In this thesis, I have argued that despite the “fuzziness,” there are some elements that have worked as well, as the initial phase when the Palestinian Authority showed a lot of promising signs and outperformed many other countries in enforcing restrictions in a timely manner, long before the virus managed to spread.

As such, I do not find that the PA’s management of the COVID-19 pandemic can be characterised solely as “fuzzy.” Yet, the structural obstacles following Oslo Accords have not facilitated for the PA nor the MoH to manage the pandemic in a satisfactory way, because the health care system in the West Bank was underfunded and lacked structure even before the pandemic hit. Even though this crisis posed an opportunity for the PA to perform statehood, I find that the lack of transparency in the management of the pandemic, in combination with other non-COVID related events such as the political strives, has further aggravated the already existing lack of trust in the PA as a legitimate state actor, rather than reinforcing it.

## 7. List of interviews

Director of International Cooperation, Palestinian Ministry of Health, Oslo-Ramallah, May 29<sup>th</sup>, 2022.

Representative from the ICHR, Al-Najah University in Palestine and the independent COVID-19 committee in Palestine, Oslo-Ramallah, March 5<sup>th</sup>, 2022.

Local representative(s) from the Danish Church Aid & the Norwegian Church Aid, Oslo-Jerusalem, February 16<sup>th</sup>, 2022.

Ammar Dwaik, CEO of the Palestinian Independent Commission for Human Rights (ICHR), Oslo-Ramallah, February 10<sup>th</sup>, 2022.

Benjamin Bouquet, Technical Officer Public Health and Human Rights, WHO, Office for the West Bank and Gaza Strip (oPt), Oslo-Jerusalem, February 9<sup>th</sup>, 2022.

Representative from the The Independent Commission for Human Rights (ICHR), Oslo-Ramallah, February 9<sup>th</sup>, 2022,

Maged Abdelaziz, Ambassador and Permanent Representative of the Arab League to the United Nations, Oslo-New York, February 9<sup>th</sup>, 2022.

Michael Lynk, Special Rapporteur on the Situation of Human Rights in the Palestinian Territories Occupied since 1967, Oslo-Ontario, February 2<sup>nd</sup>, 2022.

Alaa Tartir, Senior Researcher and Policy and Program Advisor to Al-Shabaka: The Palestinian Policy Network, Oslo-Geneva, February 2<sup>nd</sup>, 2022.

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