DONOR AGREEMENT

Between

THE WORLD HEALTH ORGANIZATION (WHO)

And

THE ITALIAN MINISTRY OF FOREIGN AFFAIRS AND INTERNATIONAL COOPERATION – DIRECTORATE GENERAL FOR DEVELOPMENT COOPERATION

(hereinafter referred to as the "Donor")

I. This Agreement relates to a financial contribution to be made by the Donor to WHO (hereinafter collectively referred to as the "Parties") towards the implementation of the project entitled "WHO support to the Ministry of Health for health policy reform to Strengthen the Palestinian health system for Universal Health Coverage", which is outlined in Annex I hereto, and which is hereinafter referred to as the "Project". Annex I is an integral part of this Agreement.

II. The budget for the activities financed by the contribution is set out in Annex I. Prior to effecting major changes between categories of expenditure that may be found necessary in the course of implementing the activities, WHO shall consult the Donor.

III. Responsibility

1. WHO shall be responsible for the monitoring and implementation of the Project.

2. The Donor's Implementing Agency, the Italian Agency for Development Cooperation (hereinafter referred to as the "AICS") shall be responsible for the provision of funds to WHO for the Project, in accordance with the terms of this Agreement and its Annex I.

IV. Financial arrangements

1. Schedule of payments

The total amount of the contribution is EURO 700,000.00 (seven hundred thousand Euros).

The contribution shall be paid in one instalment on signature of this Agreement by both parties.

2. Payment of contribution

The EURO contribution shall be deposited according to the above schedule of payments in the WHO's Geneva bank account:

World Health Organization
IBAN CH85 0024 0240 C016 9920 1
UBS AG
SWIFT - UBSWCHZH 80A
1211 Genève 2, Switzerland

and the details of the contribution clearly identified using the reference: WHO representative Office Palestine / EM-PSE

3. Utilization of funds and accounting

(i) The contribution shall be used for the purposes indicated in Annex I hereto and shall be administered in accordance with the Financial Regulations and Rules, and financial and administrative rules and practices of WHO.

(ii) Under this Agreement, 13% of expenditure will be deducted by WHO to cover the indirect costs of administrative support, in accordance with World Health Assembly resolution WHA34.17.

(iii) Any interest earned on the cash balance of the contribution shall be used in accordance with WHO Financial Regulations and Rules, and financial and administrative rules and practices of WHO.

(iv) Income and expenditure recorded in respect of the contribution shall be identified and kept separately by WHO in the relevant account.

(v) Any balance of the contribution that is outstanding at the time of completion of the Project, or of termination of this Agreement, and after all encumbrances (financial liabilities) incurred by WHO prior to completion or termination have been fully liquidated, shall be treated in the following manner:

- If the remaining balance is US$ 1.000 or less, WHO shall be entitled to use this balance for similar activities;

- If the remaining balance is more than US$ 1.000, this remaining balance shall be repaid to the AICS.

V. Implementation

1. Period of implementation

The start date of the Project shall be 01 March 2017.

The end date of the Project shall be 28 February 2018.

WHO shall have no obligation to implement the Project unless all necessary and sufficient funds for the implementation have been received by WHO. If the start date is postponed for that reason, the end date shall be extended accordingly.

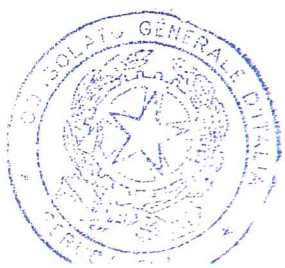
The AICS shall allow WHO a period of up to twelve months after completion of the Project, or any termination of this Agreement (close date), to liquidate all encumbrances for activities completed by WHO prior to completion or termination.

VI. Reporting

1. Technical

WHO shall transmit to the AICS a final technical report on the progress in the activities financed by the contribution.

2. Financial



(i) The income and expenditure recorded in respect of the contribution shall be included in the WHO Financial Reports submitted to the World Health Assembly on an annual basis. Certified financial statements of income and expenditure shall be provided to the AICS on a yearly basis, upon request.

(ii) A Final Certified Financial Statement (FCFS) of income and expenditure will be provided by WHO, by the close date of the Agreement (namely, after settlement of all encumbrances for activities started by WHO prior to completion or early termination of the Agreement).

VII. Audit

It is understood that all contributions to WHO are subject exclusively to its internal and external auditing procedures. The External Auditors' certification of accounts and audit report is made available to the World Health Assembly on an annual basis. The AICS may request a copy.

VIII. Acknowledgement

WHO will make an appropriate acknowledgement of the contribution in all of its publications emanating from the Project, or in reports that are habitually made available to its Member States. In the absence of the consent of the other party, neither party may otherwise refer to the contribution or to the relationship between the parties in any material of a promotional nature. Of course, donors are always entitled to make reference to their donations in their internal documents and in their annual reports.

IX. Termination

Either party may give the other notice of termination of this Agreement. Such termination shall enter into effect six months after notice has been received, subject to the settlement of any outstanding encumbrances.

X. Notices

Any notices required under this Agreement shall be in writing and shall be delivered personally or sent by registered or certified mail or facsimile to the following addresses:

To WHO:

World Health Organization
Dr Gerald Rockenschaub
Tel nr: +972-25400595
Fax nr: +972-25810193
Email: rockenschaubg@who.int

With copies to:
Nivine Habash Massou
Email: massoun@who.int

To AICS, the Donor's Implementing Agency:

AICS Rome
Laura Frigenti (Director AICS)
Via Salvatore Contarini, 25
00135 – Rome - Italy
Telephone: +39 06 32492 253
E-mail: laura.frigenti@esteri.it

or such other addresses as either party shall have notified the other party.

Any such communication shall be deemed to have been given or made on the date such letter was hand-delivered, registered or transmitted from the sender's facsimile operator, but any assumption of actual notice shall be subject to rebuttal to show that it has not actually been received.

XI. Amendment of the Agreement

This Agreement may be amended through an exchange of letters between the Directorate General for Development Cooperation of the Italian Ministry of Foreign Affairs and International Cooperation and WHO. The letters exchanged to this effect shall become an integral part of this Agreement.

XII. Settlement of disputes

Any dispute, controversy or claim arising out of this Agreement shall be resolved amicably between the parties.

XIII. Privileges and immunities of WHO

Nothing contained in this Agreement shall be construed as a waiver of any of the privileges and immunities enjoyed by WHO under national and international law, and/or as submitting WHO to any national court jurisdiction.

XIV Prevention of Corruption and Fraud

1. Both the Donor and WHO are firmly committed to preventing and detecting fraudulent and corrupt practices. Consistent with the UN Charter, the Standards of Conduct for the International Civil Service, the WHO Staff Rules and Regulations, and WHO Financial Rules and Regulations and Manual Section VI - Procurement, WHO will use reasonable efforts to ensure that the utilization of the contribution conforms to the highest standard of ethical conduct and that every part of the Organization, as well as all individuals acting on behalf of WHO, observe the highest standard of ethics and integrity.

2. In accordance with WHO's regulations, rules and directives, any allegations of fraud and corruption in connection with the implementation of the Project are required to be reported to the Office of Internal Oversight Services (IOS) in a timely manner. Credible allegations will be investigated by IOS in accordance with its regulations, rules, policies and procedures. WHO will, in a timely manner and consistent with its regulations, rules, policies and procedures, provide details to the Donor and AICS of the outcome of substantiated allegations of fraud and corruption, along with details of action taken by WHO.

3. Following the conclusion of any investigation which identifies fraud or corruption involving any activities funded in whole or in part with a contribution made under this Agreement, WHO will:

   a. Use reasonable efforts to recover any part of the contribution, which IOS has established as being diverted through fraud or corruption;

   b. In connection with (a) above, in consultation with the Director-General's Office, give proper consideration to referring the matter to the appropriate authorities of the Member States where the fraud or corruption is believed to have occurred; and

   c. As required by the Donor and AICS, and following consultations between the parties, reimburse to AICS any part of the contribution which WHO has recovered further to sub-section (a) above, or credit it to a mutually agreed activity.

4. Any information provided to the Donor and AICS in relation to any matters arising under the Article shall be treated by the Donor and AICS as strictly confidential.

5. Any action further to the above paragraphs shall be consistent with WHO's regulations, rules and directives.

Accepted on behalf of the Donor:	Accepted on behalf of the World Health Organization:
The Italian Ministry of Foreign Affairs and International Cooperation	
Fabio Sokolowicz, Consul General of Italy	Gerald Rockenschaub, Head of Office, WHO Office for West Bank and Gaza strip
Date:	Date: .....

Acknowledged by AICS

Laura Frigenti, Director – AICS Italy

Date: 09 -02- 2017

World Health Organization

(Annex I)

Project proposal
Submitted to the Government of Italy
23 June 2016

Contribution Proposal Title	WHO support to the Ministry of Health for health policy reform to "Strengthen the Palestinian health system for Universal Health Coverage"
Geographical focus	occupied Palestinian territory
Beneficiaries	Direct: Management of the Ministry of Health, family practice teams and hospital managers Indirect: Palestinian patients with a special focus on vulnerable groups
Proposal period	12 months
Total budget	700.000 Euros
Amount requested	700.000 Euros
Contact details	Dr. Gerald Rockenschaub, Head of Office, WHO office for West Bank and Gaza Strip rockenschaubg@who.int

Introduction and background

The Palestinian health system is confronted with a number of challenges that impact its performance and compromise population health outcomes, limit its service delivery and financial sustainability. The multiple actors involved in the financing and provision of health care, the gaps in empowered health system governance structures, undermine alignment and coordination efforts, with fragmentation in healthcare provision across providers and levels of care, and inefficient financing arrangements in its government insurance programme. Deficiency of reliable data and systematic analytical capacity required for evidence-based action continue to limit efficiency and quality improvements. Health financing is also a challenge, with the Palestinian Authority and the health system largely dependent on external funding, which is often project-based and focuses on relief rather than needed development work that can help build a people centered sustainable health system. Despite all these hurdles, the Ministry of Health has shown great commitment in several areas of work, including in establishing quality standards at its hospitals, and defining a benefit package at primary healthcare centers, among many other accomplishments.

Very recently, the Ministry of Health has identified 5 priorities that will steer its health policy reform agenda for 2017-2022. These are 1) implementing the family practice approach, 2) enhancing the governance of the Ministry of Health, 3) improving and institutionalizing quality standards, 4) reducing referrals abroad, and 5) amending the GHI structure and functions to enhance health financing. Universal health coverage (UHC) has been defined as one overarching frame. The choice of UHC as a driving principle for health policy reform comes at a great time. Universal Health Coverage (UHC) ensures that all people can access the health services they need without incurring financial hardship to pay for them. It encompasses three policy goals: equity in access to health resources, quality health services (including access to essential medicines), and financial protection. The achievement of Universal Health Coverage (UHC) is a pillar of sustainable development and a sub-target of the Sustainable Development Goal # 3 (Ensure healthy lives and promote well-being for all at all ages), as well as a defined leadership priority guiding the 12th General Programme of Work of the WHO[1], and one of the 5 priorities identified for the WHO Eastern Mediterranean Region[2].

WHO, in the context of this project, and based on the jointly identified priorities of its ongoing country collaboration, intends to focus on the situational analysis and technical implementation support of 3 of the defined 5 priorities: Implementing family practice, improving and institutionalizing quality standards, and enhancing health financing through improving GHI structure and function.

The Ministry has been committed to strengthening primary health care (PHC) services and ensuring continuity of care through the integration with secondary and tertiary hospital care over the past few years. A recent Ministry of Health (MoH) / World Health Organization (WHO) joint assessment on PHC in the West Bank concluded that the existing excellent geographic access and the comprehensive package of services provide the necessary foundations for improving quality of care in line with evolving health challenges. There is however a clear need for quality improvement of services to effectively address the increasing burden of chronic non-communicable diseases that constitute the bigger part of the PHC workload. An essential identified step is to firmly establish and roll-out the family practice (FP) approach to provide primary care services in a team-based, continuous and comprehensive manner, which integrates preventive and curative interventions, proven to be both effective and efficient as primary care service delivery model. Despite the anticipated challenges in introducing the family practice approach in the context of health system reform, there are recent success stories from the WHO Eastern Mediterranean Region that can be used to learn lessons and show effective strategies to overcome the respective obstacles.

Over the past few months, the Palestinian Ministry of Health has confirmed its commitment to reform the PHC services through introducing family medicine/family practice and started activities to develop respective capacities and to implement introductory courses to familiarize family practice teams with the key concepts of the family practice model. This is complemented by an action plan to introduce a family medicine residency program. The MoH has also started discussions on quality improvement programs at PHCs, although these are in its early stages. Overall, the PHC services are in need for consolidated efforts that strengthen effective service delivery through the roll out of the family practice model anchored in a sound strategy and action plan for national implementation. There is thus a pressing need to support the MoH in this endeavor for a successful and timely implementation.

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[1] http://www.who.int/about/resources_planning/twelfth-gpw/en/

[2] Eastern Mediterranean Regional Office paper on the 5 regional priorities (WHO-EM/RDO/002/E), http://applications.emro.who.int/dsaf/EMROPUB_2012_EN_742.pdf?ua=1

Beyond PHC, the Ministry of Health has made great steps in enhancing the quality of secondary and tertiary services at its hospitals. Hospitals have established patient safety standards as part of their culture, with action plans for improvement of standards and quality coordinators today comprising in almost all hospitals, integral and active parts of the institutions. Nevertheless, the collection of indicators on hospital performance for monitoring progress towards high-quality services remains limited, and thus a bottleneck for tracking the progress of such initiatives. The WHO Health Information System (HIS) project, supported by Italy and currently under implementation, is mainly focused on piloting and developing a system for comparative analysis of hospital performance and to build and consolidate required capacities in the Ministry of Health. The expansion of this project is crucial to ensure sustainability and the expected outcome of enhancing hospital performance and, potentially in the long term, integrating it with the service contracting process with MoH and non-MoH hospitals. It is anticipated that this project component will create the conditions for developing a case-based payment system (DRG-like), as an effective and efficient payment system for hospital services.

Despite the notable commitment, improvements, and accomplishments in improving service quality at primary, secondary and tertiary services, health financing challenges remain as fundamental hurdles for health system improvement. A recent MoH/WHO analysis identified considerable challenges to strengthen the financial risk protection as an essential part of Universal Health Coverage: Almost 38% of health spending is paid out-of-pocket[3], a strong indicator of significant financial hardship for parts of the population, in particular the vulnerable and poor. A study conducted in 2009 found that around 1% of the population face financial catastrophe and 0.8% are impoverished due to out-of-pocket payments – with rural and refugee populations being most affected.[4]

As is, the current financing status of the health system is not sustainable, with all health financing functions, purchasing, pooling, and revenue collection in need of revision.[5] This is recognized in the Palestinian National Health Strategy 2014-2016, Objective 1: Ensure rights-based comprehensive and integrated health care services for all citizens (taking into consideration gender, age, geographic distribution, political and socioeconomic equity); and Objective 5: Review and revise the national health insurance system to ensure a sustainable health financing system in accordance with universal health coverage in Palestine.[6] UHC signifies a practical expression of the right to health, with financial risk protection, which promotes the right to access quality, safe and affordable healthcare services for all. Equity and human rights are fundamental drivers for UHC. There is thus a need for examining the current financing system with a human-rights lens and exploring rights-based policy options to ensure a fair and progressive realization of Universal Health Coverage. Among the necessary steps is strengthening capacity to choose rights-based policy options for health system development, specifically for the needed expansion of priority services, inclusion of vulnerable groups, and reduction of out-of-pocket payments. Vertical and horizontal equity will need to be considered in the distribution of health benefits and cost burdens to ensure fair decision-making, and considering income, geographic and social

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[3] Palestinian Central Bureau of Statistics and Ministry of Health, Palestinian Health Accounts 2013, http://www.pcbs.gov.ps/Downloads/book2105.pdf

[4] Mataria, A., Raad, F., Abu-Zaineh, M., Donaldson, C., "Catastrophic healthcare payments and impoverishment in the occupied Palestinian territory", *Applied Health Economics and Health Policy*
November 2010, Volume 8, Issue 6, pp 393-405,
http://link.springer.com/article/10.2165/11318200-000000000-00000

[5] OASIS report (draft).

[6] Ministry of Health, National Health Strategy 2014-2016, p. 5 and 50

disparities. Transparency, public accountability and participatory mechanisms will also need to be strong, backed up by monitoring and periodic evaluations. The development of quality health information systems, including data collection, analysis, interpretation, and reporting practices will enable effective global and national health inequality monitoring which will in turn ensure that the right to health for all is protected.

There is thus an urgent need to reform the Palestinian health system financing structure to ensure its sustainability and provision of risk protection for all population groups. Last April, the WHO and World Bank jointly conducted a technical mission with three senior international experts, to explore options for health financing reform, with a particular focus on the improvement of GHI financing and functionality, through transforming it in a social health insurance fund that is separate from the Ministry. The fund would have clear and defined revenue-raising, pooling, and purchasing mechanisms that can contribute to enhance transparency, equity, efficiency, and financial protection, thereby leading to effective pursuit of UHC. The identified reform option is currently being considered by the MOH. In May, on the occasion of a WHO regional meeting, an outline of a health financing strategy was developed by attending MOH staff. Developing the outline into a strategy with a status of ownership by the government, and implementing the strategy are critical next steps within the next ten years to ensure health as a human right and the successful pursuit of UHC.

Project rationale and long-term goal

The WHO aims, over the next few years to support the Ministry of Health in implementing its health development agenda with a focus on the 3 selected priorities through a systematic approach that tackles 3 of its health system building blocks: Service delivery, Health Information Systems, and Health Financing. The assistance will take the following forms:

1. Service delivery building block:
    a. Advocating for the population's right to health, in particular to access health services and equity in healthcare provision; and
    b. Enhancing primary healthcare provision and quality of services, with a focus on implementing and integrating the Family Practice approach.
2. Information and evidence building block:
    a. Improving the monitoring of performance indicators for PHC and hospital services to generate evidence that can drive continuous quality improvement of health services.
3. Financing building block:
    a. Improving the health financing functions of the health system, to enhance its sustainability and the financial risk protection of the Palestinian population.

Tackling capacity gaps in these 3 health system building blocks simultaneously is key for overall and strategic health system strengthening, and to ensure the fulfillment of the priorities defined for the upcoming health development agenda. Targeted technical support mobilized by WHO, complemented by on-site monitoring and coaching through enhanced WHO local technical office capacity will allow to harness complementarity of the enhanced building block capacity and facilitate more effective service delivery at all levels with improved long-term financial protection.

Project objectives

The objectives under each of the three health system building blocks are as follows:

1. Service delivery:
    1.1. Facilitate and support the roll-out of the Family Practice approach based on an endorsed strategy
    1.2. Enhance the quality of care at primary healthcare level, through establishing quality standards and quality monitoring across all health directorates
    1.3. Promote integration of services at primary, secondary and tertiary care level

2. Health Information systems:
    2.1. Generate solid and sustainable evidence to establish hospital performance monitoring as a basis to strengthen quality and efficiency of hospital services
    2.2. Build local capacity in generating the data, analyzing information, and producing regular reports on performance of hospitals
    2.3. Support the design of a case-based patient classification and support the outline of a DRG-like system for payment of hospital service, including through a feasibility study, with results to be presented at a national conference

3. Health Financing:
    3.1. Enhance the financing of the health system to achieve the goals of sustainable financing, equity in access and utilization of health resources, and better financial protection of the population
    3.2. Build local capacity in understanding and managing the health financing functions and monitoring the health financing system in relation to its expected policy goals.

Expected outputs (activities):

1. Overall: Provide technical support to the Ministry of Health and partners to implement and monitor the strategic health system reform agenda through a dedicated support unit in the MoH that brings together different departments of the Ministry.

2. Service delivery:
    a) Establish a taskforce for family practice implementation within the Ministry to monitor the implementation of family practice activities. Support the taskforce through capacity building and development of its TORs.
    b) Develop a family practice implementation and integration strategy with a plan of action
    c) Facilitate rights-based policy dialogue with national partners and stakeholders to promote the endorsement of the strategy and its integration in the national health policy
    d) Provide technical support for the preparation of tools and guidelines, and capacity building for effective implementation of the family practice model in health directorates and at different levels

e) Provide logistic support (stationery, booklets, printing, transport, cars, etc.) during the implementation phase
f) Lead performance monitoring (accessibility to comprehensive health care services, affordability, acceptability, quality, patient satisfaction and continuity of care) and evaluation of the strategy implementation through a dedicated taskforce with participatory mechanisms
g) Conduct, organize and facilitate consultations of hospital personnel and primary care staff to promote the development of an integrated, patient centered referral system
h) Build capacity at all directorates on indicators to monitor defined quality standards

3. Health Information system (hospital specific):
   a) Endorse and expand the implementation and roll-out of a National Hospital Discharge Form, with a standardized data set to be collected for each hospital discharge, based on an endorsed MoH standard, compulsory for all hospital service providers
   b) Establish a mechanism for routine data collection on hospital discharges with automated data transmission to the MoH: designed and operational, both for MoH and non-MoH facilities
   c) For national MoH data analysis team: build capacity to autonomously produce customized managerial reports on a regular basis, focused on quality and efficiency of hospital care
   d) For senior MoH national officials: train on effective utilization of information on hospital performance to promote evidence-based decision making, for management of hospital care, for strategic planning, and for licensing/accreditation of non-MoH providers
   e) Strengthen the licensing/accreditation process of service providers
   f) Outline a case-based patient classification system
   g) Perform a comparative analysis of current payment systems in the Region, and a feasibility study on actual application of a case-based payment mechanism
   h) Present the findings of the feasibility study at a national conference

4. Health financing:
   a) Support developing and implementing a strategy for health financing based on the results of the WHO UHC mission and tailored towards the policy goals of sustainable financing, and equitable resource access and utilization, while ensuring ownership by the Ministry of Health and stakeholder consensus through policy dialogue
   b) Build local technical and managerial capacity on health financing functions through expansion of the health economics unit, formulating and reviewing TORs, and regular training of staff
   c) Support the Ministry in building its capacity in information collection and analysis of service utilization and out-of-pocket expenditure for monitoring purposes

Partners

Local partners of the project:

- Palestinian Ministry of Health

- National MoH level: Primary Health Care Directorate, Directorate General of hospitals, Policy and Planning department, Palestinian health information center, HI and purchasing department and others
- Peripheral MoH level: PHC centers and hospital management

- Civil society groups for policy dialogue, participatory mechanisms and evaluations.

Implementation & Organizational capacity

Management and Organizational Capacity

WHO has a long track record of supporting the MoH to improve and strengthen the health system and to support health system development. Over the past five years, WHO has supported the MoH to develop and institutionalize the national health planning process. Also, efforts are underway to institutionalize patient safety and quality standards within the health system. Furthermore, WHO has supported the East Jerusalem hospitals to improve quality and patient safety through achieving international accreditation and supported improved coordination through the East Jerusalem hospitals network. Finally, efforts are underway to support the MoH to develop a national hospital master plan and policy, and to support human rights approaches to health programming.

WHO will directly manage the activities outlined to implement this project. In addition to the earmarked support made available through the donor's contribution, WHO will mobilize complementary expertise through its technical staff involved in parallel development projects in Palestine and through its Regional Office in Cairo and the WHO headquarters in Geneva, including through its global networks of WHO collaborating centers and partners. This project will effectively complement other WHO initiatives in the field of data analysis, production of customized information and targeted technical support.

Through this contribution the WHO office in Palestine will be able to consolidate its capacity to provide technically robust and targeted support to the MoH and health development partners based on a solid track record of knowledge and long-term experience in supporting authorities to address the complex health challenges in the West Bank and the Gaza Strip; technical capacity in the "Palestinian National Public Health Institute", a WHO project, will be utilized to address and support any related health system research initiatives.

Inputs

Inputs include international technical experts, local staff, equipment, logistics, etc. as outlined in the budget proposal.

Impact and sustainability

The project will target to progress towards achieving the following goals under UHC:

- Equity in health resources utilization
- Improved quality of health services

- Enhanced financial sustainability of the health system and financial protection.

Direct beneficiaries will be:

- at central level,
  - MoH decision support team
  - senior MoH officials of key departments, such as Directorate General of hospitals, Planning Department, Hospital Quality Assurance Department, Referral Department;
- at peripheral level: Primary health care teams, MoH hospital directors, with their medical managers, and selected medical and nursing staff.

Indirect beneficiaries will be all patients treated in MoH clinics and hospitals, and/or referred to non-MoH facilities.

Provisional timetable

MAIN ACTIVITIES	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Recruitment of technical officers												
Supervision tools preparation												
Supervision visits												
Training of staff												
Logistic support												
Medical supplies												
Assessment on h. care delivery and financing system												
Implementation of national compulsory discharge form												
Improvement of HIS data collection system												
Support to the provision of managerial reports												
Capacity building for evidence-based decision-making												
Monitoring of progress												
Feasibility study for a case-based payment system; national conference to present findings												
Final workshop – evaluation and presentation of results												

Monitoring, evaluation and dissemination

Project results will be disseminated through dedicated events (annual workshop and training seminars), through donor coordination fora and related meetings (Health Sector Working Group, HIS Thematic Group, Referrals Thematic Group) and via specific publications generated through

the project.

Risk factors

- Access problems for staff and supplies especially into and out of Gaza resulting from access restrictions imposed by Israeli authorities
- Political and security conditions in the West Bank and Gaza which may hamper or delay implementation.

Draft Budget

Description	**Cost in EURO**
Salaries for International staff - P4 level position (senior health system generalist)	152,835
Salaries support for national staff - (2 National Professional Officers 50% /50% team assistant/25% driver)	88,600
Long term consultancy - health information systems	106,320
Implementation of activities, including procurement of supplies, capacity building and training activities, short term consultancies, ad hoc technical experts support	245,134
Advocacy and communications support	26,580
Total Direct Cost	**619,469**
Programme support cost 13%	80,531
Total Budget in EURO	**700,000**