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Israel Facing Covid-19¹

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Abstract: This paper considers Israel's response to the challenges raised by the Covid-19 pandemic with a specific focus on the invoked public policies and the related political, economic and legal concerns. I first provide some background information. Then, I outline the keys for the initial success in confronting the coronavirus pandemic. Three factors contributed to the initial Israeli success, namely: the government's swift and effective reaction to the pandemic; the close cooperation and coordination between the organisations that were mobilised to counter the pandemic, and the effective implementation of governmental policies. However, mistakes were made during the second wave of the pandemic.

Keywords: Covid-19, health, Israel, pandemic, public cooperation, resourcefulness, vaccination

1. Introduction

Israel is a country of 9.3 million people and a relatively small territory of 20,072 km² (Israel Central Bureau of Statistics, 2021). It is a Western democracy; life expectancy is, on average, 82 years which is quite similar to those of the Western countries (Cohen, 2019). Its demography is important to consider when we come to analyse the effects of Covid-19 on society. 79% of the population is Jewish. Of them, 14% are ultraorthodox *Haredi* (Israel Central Bureau of Statistics, 2018). 21% of the population is Arab–Palestinian (Times of Israel, 2019).

This paper considers Israel's response to the challenges raised by the Covid-19 pandemic with a specific focus on the invoked public policies and the related political, economic and legal concerns. The paper outlines the keys for the initial success

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in confronting the pandemic. Three factors contributed to the initial Israeli success, namely: the government's swift and effective reaction to the pandemic, the close cooperation and coordination between the relevant bodies and organisations that were mobilised to counter the pandemic, and the effective implementation of the invoked governmental policies, especially the rapid vaccination of the adult population. However, mistakes were made during the second wave of the pandemic. I explain them in some detail.

2. First wave: some initial success

The novel coronavirus, known as Covid-19, is part of a family of viruses that includes the common cold and respiratory illnesses such as Sars. It affects the lungs and airways. For many people it causes mild symptoms, while for others it can be far more serious and can cause death. The disease is very infectious and spreads very easily. It spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The average incubation period – the time between coming into contact with the virus and experiencing symptoms – is 5 days, but it could be anything between 1 and 14 days (Age UK, 2021).²

The world first learned about Covid-19 in December 2019. A close scrutiny of the reports shows that between late December 2019 until June 2020, approximately 18,000 people were infected with the coronavirus in Israel and 295 of them died due to a medical condition directly related to the infection. One may conclude that Israel's handling of the pandemic at the initial stages was quite successful for the figures clearly indicate a tight control over the pandemic. Three factors contributed to this success:

First, the Israeli Government was quick to respond to Covid-19. This aptitude is immensely important as pandemics spread quickly by human interactions. The first case of Covid-19 in Israel was recorded on 21 February 2020 (Miller, 2020). This patient was an Israeli citizen who came from the Diamond Princess cruise ship and by the time of his return to Israel, it was clear that he was carrying the infection. Israel immediately barred travellers from certain countries from entering Israel, and quarantined Israelis arriving from those countries. Thus, the following day, 22 February 2020, two hundred Israeli students were quarantined after being exposed to a group of South Korean tourists (Miller, 2020).

On 9 March 2020, a mandatory two-week quarantine was announced for all people who visit Israel from abroad because it was believed that within two weeks it is possible to discern if people are infected or not. On 12 March 2020, the Israeli Government ordered a closure of all schools and universities (Miller, 2020). On 16 March 2020, thousands of public sector employees were told to either work from home or were placed on paid leave in order to minimise human interactions. Then, on 19 March 2020, Prime Minister Netanyahu declared a national state of emergency that enabled him to wield special powers in dealing with the pandemic. The first Israeli fatality, the 88 years

² For a general overview, see Bonotti & Zech (2021).

old Arie Even, was recorded on 23 March 2020. Even was a Holocaust survivor and reports of his death carrying all the implications that come to the news and to the hearts of people in Israel when they hear the word “Holocaust”. Subsequently, on the very next day, 24 March 2020, Prime Minister Netanyahu announced a new way of life for Israelis, shutting down restaurants, malls, museums and all the places of social interaction. At that time, the very controversial digital tracking measure was also introduced.

The second element of success has to do with effective coordination. Since its foundation in 1948, Israel had to prepare itself for the possible scenario of security crisis, or any other kind of disaster that may come upon the country. The wars that the country endured (1948, 1956, 1967, 1973, 1982–2000, 2006) pushed leaders to develop the necessary expertise to manage emergency situations. The establishment has also established strong partnerships and exchanges of knowledge between the Israeli Defence Forces, the private sector and the public sector. In the face of the pandemic, the government, the Israeli Defence Forces, the internal security force (SHABAC), the Mossad, the health sector, and the private companies were mobilised to tackle the virus. This all-encompassing and tight cooperation, as well as the thoughtfulness of the Israeli population is well exemplified by the quick adjustment of the Israel Aerospace Industries. Normally, these industries produce private jets for the high-flying one percent of the world population; but early on during the pandemic, these industries started manufacturing ventilators, thinking that many people might be in dire need of these life-saving machines. This example attests not only to the coordination and the resourcefulness of the Israeli people but also to their ability to take people with knowledge in one sphere and move them to another sphere by giving them the instruction and immediately transform a factory to support a nation in need.

Thirdly, the implementation of the policy was thorough. The Israeli policies were carried out via close cooperation between the ministries, health services, the police corps and the Israeli Defence Forces. Soldiers were mobilised early on to support the national endeavour against Covid-19. Many people ensured that orders were obeyed. Furthermore, private companies were hired to do the vaccination so that nurses could continue doing their routine work. Efforts were made to ensure that the rapid vaccination campaign did not hinder the regular operation of the health sector.

Finally, Israel introduced a traffic light system to tag the level of infections. Cities and towns were characterised by colours in accordance with the number of infections in the vicinity. Green was the less severe; orange indicated that the number of infections was significant, while red indicated a high number of infections. Red towns and cities were closed so that no one could enter, or exit the city under quarantine. This prudent measure enabled the continuation of operations in the green zones and avoided a situation where the entire country would be put in a complete shutdown situation. At the same time, it should be noted that the system was not immune to flaws. Prime Minister Netanyahu acted at times in accordance with partisan political interests and not in accordance to what was required of him to do. This was especially noticeable regarding ultraorthodox cities, such as Bnei Brak, that were not always classified as red, and their lockdown was not maintained as it was warranted.

3. Second wave: the mistakes

Despite the initial success, in the second phase of the pandemic, the Israeli crisis management has failed quite miserably. From 8 June until the end of October 2020 there were more than 300,000 infections and 2,537 people died as a result of Covid-19 (Israel Central Bureau of Statistics, 2020). These figures indicated that something went wrong in the Israeli pandemic management. Israel became the world record holder in the number of Covid-19 carriers in relation to population size. The number of Covid-19 verified carriers per 1 million people was more than 245, the highest in the world. During that period, there was a sharp jump of 2,236% (Pilot, 2020; see also Drukman, 2020). What were the reasons for such an increase?

By the end of May 2020, Israel had witnessed a strong economic pressure stemming especially from owners of small businesses who were struggling to provide for their families. As a result of increased public pressure, Israel opened up too early. The government also allowed large gatherings and the entering of international flights into Israeli territory. Consequently, a large number of tourists arrived, some of them carried the virus. And the large gatherings where social distancing was not kept triggered the rapid spread of the virus.

The decision to return to normal pre-Covid life had direct economic rationale. It was also influenced by narrow political considerations. The government at that time was comprised of several parties, including ultrareligious *haredi* parties. The ultraorthodox population takes direct orders from their rabbis. They are less amenable to listening to the government. Many of the leading rabbis opposed the government policies and ordered their followers to continue with their normal way of life. They refused to abide by the instructions to wear masks, keep social distancing and avoid crowded places. The *haredi* men continued to attend their places of study, and they continued to have large wedding celebrations and funerals (Shraki, 2020). They ignored the traffic light system and travelled between cities and towns. As a result, they transmitted the coronavirus all around the country.³ Due to partisan political reasons, the government failed to implement its own policies.

Furthermore, the other minority group, the Israeli Palestinians, also did not abide by the government instructions. Just like the *haredi* population, the Israeli Palestinians also held large gatherings, weddings and funerals (Harel, 2020). Those transgressions also contributed to the rapid increase in the number of infections.

4. The vaccination campaign

The vaccination campaign in Israel was very successful. By now it has become a truism that vaccination is the key in fighting Covid-19. If a country vaccinates its population

³ In comments on a draft of this paper, Yoav Tenenbaum noted that there was a clear difference between the Ashkenazi (of European origins) population, which, on the whole, tended to behave irresponsibly, and the Oriental (of Asian–African origins) *Haredi* population, which, on the whole, heeded the instructions of the Ministry of Health.

than it has better chances to tackle the virus and get back to the life we knew before the outbreak of the global pandemic. In Israel, the vaccination campaign was launched very early, on 19 December 2020. The previous month the government signed an agreement with Pfizer (PressNewsAgency, 2020). Israel paid an advance sum of money and agreed to supply Pfizer with data regarding the effects of vaccination on the Israeli population. The exact details of the agreement between Pfizer and the Israeli Government were never disclosed. Prime Minister Netanyahu disclosed that he reached the deal with Pfizer's chief executive to speed up vaccine deliveries to Israel, saying: 'Israel will be a global model state... Israel will share with Pfizer and with the entire world the statistical data that will help develop strategies for defeating the coronavirus' (Ben Zion, 2021).

In terms of territory, Israel is a relatively small country. Its population is less than 10 million people. It is world-renowned for its high-tech innovations and advanced information technologies that facilitate effective prioritisation, allocation and documentation of vaccines for eligible individuals. Israeli health providers are efficient. Its medical know-how is very advanced. I mentioned the effective cooperation between government, private and public stakeholders and its experience in carrying out rapid large-scale emergency responses. Israel has a highly developed public health system and very efficient health providers that have computerised records of all their members' medical files. These databases also allowed for the effective monitoring of the effect of vaccines. Thus, it is not difficult for Israel to manage an effective vaccination campaign. These factors made Israel an attractive partner for Pfizer that has an obvious interest in attaining accurate information on the country's implementation of the vaccine. One may assume that the agreement was designed to measure and analyse the epidemiological data arising from the product roll-out to generate and evaluate epidemiological and populational level vaccine data, and to determine whether herd immunity can be achieved.

Israel has rolled out the largest per capita vaccination campaign worldwide. Within four months, it delivered more than 10 million doses of vaccine. By 19 April 2021, 54% of the entire population, and 88% of people aged 50 years or older, had received two doses (Leshem et al., 2021). By 11 August 2021, 5,827,742 people received the first dose, and 5,406,232 received first and second doses (Ministry of Health, 2021a). Figure 1 below shows the importance of full vaccination, especially when the older population is concerned.

In August 2021, the Ministry of Health recorded 85.6 severe Covid-19 cases per 100,000 people among the unvaccinated over the age of 60, compared to 16.3 per 100,000 people among those who are fully vaccinated. This makes the unvaccinated elderly more than five times as likely to experience a severe infection compared to immunised people. While the risk of experiencing severe symptoms increases with age for all people, it rises much more dramatically among those who are unvaccinated (Sokol, 2021). Earlier during the pandemic crisis, it was thought that there was no need to vaccinate people under the age of 20. That reasoning has changed. In February 2021, the government decided to expand vaccination to people of the age of 16 and above (Times of Israel, 2021).

On 12 August 2021, the Health Ministry (2021a) advised that 6,593 people died as a result of the pandemic, and there were 42,203 people who were infected with the virus. 748 of them were hospitalised, 87 in critical condition.

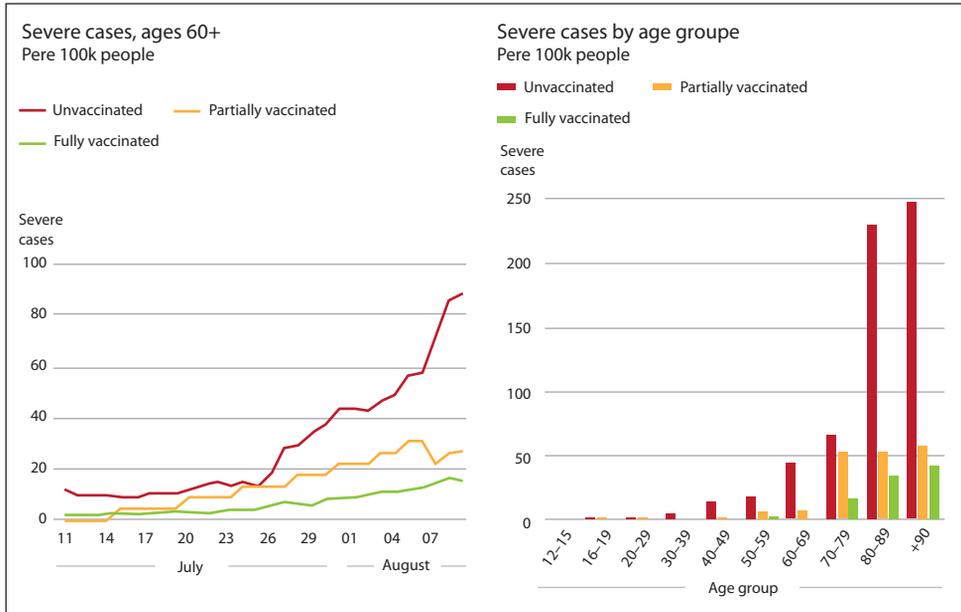


Figure 1. Severity of infection in 60+ people compared to other age groups

Source: Sokol, 2021.

Since May 2021, the Israeli market has returned to full activity including shops, restaurants, theatres, sports and musical events. Because Israel relies heavily on tourism, in late May 2021 the government decided to open Israel to tourists, acknowledging the risks that are involved in taking this decision. From an epidemiological perspective, tourism is amongst the most difficult challenges.

5. Conclusion

With all of its flaws Israel is still a success story. The table below (Table 1) shows the long list of countries that performed worse than Israel in tackling Covid-19. In Israel, one does not see millions of people infected and hundreds of thousands dead as a result of the pandemic. In 2021, Israel was able, largely speaking, to return to almost a normal way of life. There are fears of another wave of infection. Critics hold that the previous Netanyahu Government made a mistake in lifting all restrictions and the current Bennet

Government is mistaken for failing to institute tough restrictions right from the beginning of the current wave. Further criticism is levelled against the government for permitting people to gather in the synagogues, especially during the High holidays of Rosh Hashana (New Year), Yom Kippur and Sukkot, all take place in September. A million people have not been vaccinated at all yet (Corona virus, 2021). According to the Ministry of Health, 97% of those aged 60 and over in the general society are vaccinated, compared with 81% in Arab society and 80% in ultraorthodox (Drukman, 2021). On 13 August 2021, 5.83 million people were vaccinated in one or two jabs, which is 79.7% of the group that can be vaccinated (aged 12 and over). In the Arab population, only about 884,000 people were fully or partially vaccinated and they constitute 59.1% of the total group eligible for the vaccine (Globs, 2021). There is an increased pressure on the unvaccinated to get the jabs as the majority tries to protect itself against the refusing minority. Some urge for another closure while others, especially the business sector, press to prevent further closure.

Still, the successful vaccination campaign provides a robust shield of defence. The key to the Israeli success was rapid and full vaccination of the adult population. Vaccination according to age appeared to be a good policy. Resourcefulness of the Israeli people and their cooperation and attentiveness are also crucial. Resourcefulness manifested itself when nurses took the initiative and invited people from the street for immediate vaccination without an appointment in order to avoid destroying unused vaccines. This option seemed preferable to dumping the unused vaccines. Similarly, cooperation and attentiveness are crucial. In August 2021, Minister for Regional Cooperation Issawi Frej of the Meretz Party expressed sharp criticism of Israeli Palestinians who were traveling abroad, especially to Greece and Turkey, with fake vaccination or immunity documents. Frej said: 'Arabs are flying in huge numbers to Turkey and Greece and showing an utter lack of responsibility in doing so... They also present faked documentation in order to return to Israel' [and dodge quarantine requirements] (Arutz Sheva, 2021). Frej, who is himself an Israeli Arab, called for an in-depth study of those concerns.

Providing people with the third jab proved to be effective. It protects, especially the more elderly people, against the harms of the Delta variant of the coronavirus that was spreading in the country and in the world at large. With time, there is a decrease in the level of vaccine effectiveness among some adults. Therefore, the government decided to vaccinate with this booster all people aged 12 and above (Ministry of Health, 2021b; Cohen, 2021). By late August 2021, almost 1.5 million people received the third jab (MivzakLive, 2021).

Resourcefulness, quick decisions and public cooperation are essential. They are decisive factors that distinguish between success and failure when fighting against the spread of the pandemic.

Table 1.
Cases and mortality by country

Country	Confirmed	Deaths	Case fatality	Deaths/100k pop.
Peru	2,127,034	197,102	9.3%	606.27
Hungary	810,046	30,037	3.7%	307.44
Bosnia and Herzegovina	206,476	9,694	4.7%	293.67
The Czech Republic	1,675,179	30,369	1.8%	284.63
Brazil	20,212,642	564,773	2.8%	267.60
San Marino	5,194	90	1.7%	265.80
North Macedonia	158,681	5,513	3.5%	264.61
Montenegro	104,264	1,637	1.6%	263.13
Bulgaria	429,628	18,288	4.3%	262.16
Colombia	4,846,955	122,768	2.5%	243.88
Argentina	5,041,487	108,165	2.1%	240.69
Moldova	261,000	6,291	2.4%	236.71
Slovakia	393,160	12,543	3.2%	229.97
Belgium	1,143,127	25,279	2.2%	220.12
Paraguay	455,680	15,341	3.4%	217.77
Italy	4,406,241	128,273	2.9%	212.73
Slovenia	260,372	4,433	1.7%	212.31
Croatia	365,335	8,275	2.3%	203.44
Poland	2,884,361	75,285	2.6%	198.27
The United Kingdom	6,146,642	130,813	2.1%	195.73
Mexico	2,997,885	245,476	8.2%	192.42
Chile	1,624,823	36,138	2.2%	190.68
The United States	36,055,002	618,137	1.7%	188.32
Ecuador	491,831	31,788	6.5%	182.97
Tunisia	613,628	21,089	3.4%	180.33
Romania	1,085,412	34,323	3.2%	177.32
Spain	4,643,450	82,227	1.8%	174.67
Uruguay	382,721	5,990	1.6%	173.03
Portugal	990,293	17,502	1.8%	170.43
France	6,407,288	112,575	1.8%	167.87
Andorra	14,873	129	0.9%	167.22
Georgia	455,846	6,182	1.4%	166.17
Panama	443,718	6,918	1.6%	162.91
Lithuania	286,943	4,433	1.5%	159.07
Armenia	232,610	4,658	2.0%	157.49
Bolivia	478,671	18,004	3.8%	156.38
Liechtenstein	3,107	59	1.9%	155.19

Country	Confirmed	Deaths	Case fatality	Deaths/100k pop.
Sweden	1,106,821	14,658	1.3%	142.51
Latvia	139,587	2,561	1.8%	133.89
Luxembourg	74,437	825	1.1%	133.09
Namibia	121,507	3,204	2.6%	128.44
South Africa	2,546,762	75,201	3.0%	128.42
Switzerland	729,024	10,915	1.5%	127.29
Kosovo	110,756	2,273	2.1%	126.68
Ukraine	2,346,560	55,937	2.4%	126.03
Greece	521,399	13,087	2.5%	122.12
Austria	664,133	10,751	1.6%	121.11
Lebanon	573,959	7,952	1.4%	115.99
Suriname	26,103	669	2.6%	115.07
Iran	4,238,676	95,111	2.2%	114.71
Russia	6,404,960	163,629	2.6%	113.34
Germany	3,803,351	91,824	2.4%	110.45
The Netherlands	1,921,568	18,175	0.9%	104.86
Serbia	727,246	7,146	1.0%	102.89
Costa Rica	422,344	5,169	1.2%	102.41
Ireland	315,385	5,044	1.6%	102.08
Jordan	779,019	10,148	1.3%	100.46
Seychelles	18,714	98	0.5%	100.38
Estonia	135,512	1,277	0.9%	96.26
Belize	14,578	341	2.3%	87.36
Albania	134,201	2,460	1.8%	86.19
Malta	34,953	428	1.2%	85.15
Monaco	3,021	33	1.1%	84.69
Bahrain	270,290	1,384	0.5%	84.33
Honduras	309,029	8,202	2.7%	84.16
Trinidad and Tobago	40,574	1,144	2.8%	82.01
Botswana	130,771	1,832	1.4%	79.52
Oman	298,942	3,948	1.3%	79.36
Bahamas	15,915	308	1.9%	79.08
Eswatini	32,798	889	2.7%	77.43
West Bank and Gaza	318,181	3,615	1.1%	77.16
Israel	910,569	6,571	0.7%	72.58
Guyana	22,992	561	2.4%	71.67
Canada	1,451,040	26,635	1.8%	70.86
Guatemala	394,372	10,845	2.7%	65.32
Turkey	5,968,838	52,437	0.9%	62.85

Source: Johns Hopkins, 2021.

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