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# **Public health in Europe in times of COVID-19: Country snapshot on the role of public health agencies and services in Israel in the response to the pandemic**

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# Abstract

## Background

On March 11, 2020, the World Health Organization declared the disease caused by the coronavirus a pandemic. This document examines the role of Israeli public healthcare agencies and services in the response to the pandemic in the first year following its outbreak.

## Method

This case study examined a variety of roles in the public health field, enabling the monitoring of the degree in which public health services were involved in the various aspects of the Israeli government's response to the pandemic. The analysis entailed documenting policy steps, reviewing policy documents and a review of relevant academic and grey literature. In addition, four key health figures were interviewed.

## Findings

**Preparedness:** Preparations for mass casualty situations have been in place for decades, and have been developed primarily from a military perspective. Planning, preparing for, and training in anticipation of these disasters have fostered collaborations between the military, public health units, the Ministry of Health and the main actors of the (curative) healthcare system, such as health plans and hospitals. At the same time, existing plans and available knowledge have not always been implemented or utilised in practice.

**The governance of the response:** The Public Health Services' headquarters made a major contribution to the overall governance of the pandemic by coordinating monitoring, communication and reporting activities. The district health officers were not involved in the governance of the response. Involving multiple agencies in the governance of the pandemic response resulted in overlaps and overall ambiguity regarding the division of responsibilities.

**Communication strategy:** The Ministry of Health spokesperson was in charge of communicating with the Israeli public, in consultation with the Public Health Services. A generous communications budget was made available to it. Within the COVID-19 Task Force, the ultra-Orthodox and Arab populations were represented for the purpose of cultural adaptation of the messages intended for these populations.

**Testing and tracing:** The district health officers were significantly involved in the epidemiologic investigations during the first wave. Later on, the state invested considerable funds in expanding its ability to monitor the spread of the virus. At the beginning of the pandemic, Israel lacked labs capable of carrying out the COVID-19 tests. Nevertheless, despite their limited resources, the public health labs functioned well. With time, additional labs were certified to perform the tests and the capacity expanded significantly.

**Vaccines:** The district health officers played a limited role in the vaccination efforts. In practice, the agencies responsible for vaccinating the Israeli public were the hospitals, health plans, and national emergency services.

## **Conclusions**

Israel's response to the COVID-19 crisis was dynamic and aligned with the changing needs as the pandemic spread. Decisions were made without sufficient consultation with the district health officers, and the policy formulated was sometimes out of touch with local needs, and probably stricter than necessary. The result was underutilisation of the knowledge and experience available at a time when the spread of the pandemic was accompanied by a significant degree of uncertainty.