

# Israel

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Israel. For a category and indicator-level summary, please see the Country Profile for Israel.

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## Category 1: Preventing the emergence or release of pathogens with potential for international concern

### 1.1 ANTIMICROBIAL RESISTANCE (AMR)

#### 1.1.1 AMR surveillance, detection, and reporting

##### 1.1.1a

**Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?**

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

**Current Year Score: 0**

There is no public evidence that Israel has a national antimicrobial resistance (AMR) plan for the surveillance, detection, and reporting of AMR pathogens. The National Center for Infection Control and Antibiotic Resistance in the Ministry of Health is responsible for directing and coordinating activity in all subjects related to infection control and prevention in medical institutions, as well as the issue of antibiotic resistance in institutions and in the community. The genesis of this activity was reported by WHO in 2017 [1]. The Center acts at a national level to set policy, standards and interventional methods, including the handling of outbreaks, epidemics and emerging diseases. However, there is no evidence in the Center's published material of a formal, defined national plan. [2]. In the Center's publications, there is no mention of a national AMR plan [3]. There is no comprehensive plan for the surveillance, detection, and reporting of all AMRs. The WHO library of national action plans for AMR does not have a plan for Israel [4]. No evidence is found in the Ministry of Agriculture and Rural Development, the national laboratory system or the Ministry of Health [5,6,7]. Israel does not have a public health institute.

[1] World Health Organization, Newsroom, Feature stories, 8 November 2017, [<https://www.who.int/news-room/feature-stories/detail/facing-the-threat-of-antibiotic-resistance-israel-s-success-to-prevent-and-control-the-spread-of-carbapenem-resistant-bacteria>], accessed December 2020.

[2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance". [<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.

[3] Carmeli, Yehuda, The Ministry of Health. May 2018. "Explanation and Background for Priority Pathogens Report". [[https://www.health.gov.il/UnitsOffice/HD/InfectionControl/Documents/IC\\_Bacterial\\_alert\\_info.pdf](https://www.health.gov.il/UnitsOffice/HD/InfectionControl/Documents/IC_Bacterial_alert_info.pdf)]. Accessed December 2020.

[4] World Health Organization, Library of National Action Plans, 2020. [<http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/>]. Accessed December 2020.

[5] Ministry of Agriculture and Rural Development. "Ministry of Agriculture and Rural Development". [<https://www.moag.gov.il/>]. Accessed December 2020.

[6] The Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[7] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020

##### 1.1.1b

**Is there a national laboratory/laboratory system which tests for priority AMR pathogens?**

All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

**Current Year Score: 1**

There is a national laboratory system in Israel that can test for some of the 7+1 priority AMR pathogens. The Israeli Center for Disease Control operates a system of designated sentinel sites for surveillance of two of the 7+1 pathogens: salmonella spp. and shigella spp. [1]. The National Institute for Antibiotic Resistance and Infections Control, which is a different department in the Ministry of Health, collects and reports monthly data on priority pathogens from all the 28 general hospitals in the country. The monthly report analyses occurrences of E. coli, K. pneumonia, S. aureus, and S. pneumonia [2]. A sample of two of the smaller hospitals showed that their labs has serology and real-time PCR testing capabilities for viruses, pathogens, fungus, parasites, and bacteria; however, they did not specify which pathogens they can test for [3, 4].

[1] Israeli Center for Disease Control, the Ministry of Health. "Three Months Report on Enteric Disease".

[https://www.health.gov.il/PublicationsFiles/ANT\_march2020.pdf]. Accessed December 2020.

[2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx]. Accessed December 2020.

[3] Bnei Zion Hospital. "Laboratories". [http://www.b-zion.org.il/pages/6332.aspx]. Accessed December 2020.

[4] Galil Medical Center. "Laboratories". [http://www.gmc.org.il/?CategoryID=419&ArticleID=183]. Accessed December 2020.

### 1.1.1c

**Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that the government's environmental agency, or any other government entity, conduct detection or surveillance activities for antimicrobial residues or AMR organisms. The Ministry of Environmental Protection, through the Waterways units in the Israel Natures and Parks authority, monitors waterways, effluents and sewage and sewage treatment facilities. [1] The Water Authority operates a framework of testing and oversight of water sources for industrial, chemical and other pollutants, but AMR is not mentioned [2]. There is no other public evidence of surveillance available via the World Health Organisation (WHO) library of national action plans for AMR, the Ministry of Health, or academic sources. [3,4]

[1] Ministry of Environment Protection. 2019. "Annual Pollutant Release and Transfer Register Report - 2019".

[https://www.gov.il/BlobFolder/reports/prtr\_report/he/prtr\_prtr\_2019.pdf]. Accessed December 2020

[2] Water Authority. "About the Water Authority". [https://www.gov.il/he/Departments/about/about\_water\_authority]. Accessed December 2020

[3] World Health Organization. "Library of national action plans". [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed December 2020

[4] The Ministry of Health. "The Ministry of Health". [https://www.health.gov.il/]. Accessed December 2020

## 1.1.2 Antimicrobial control

### 1.1.2a

**Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?**

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

**Current Year Score: 2**

There is public evidence that there is a national legislation and regulation in Israel requiring prescriptions for antibiotic use for humans. Under the Law for the Supervision on Consumables and Services (1986), Israel controls and supervises the marketing of certain goods and services, including prescription drugs [1]. Antibiotics for humans require prescriptions, according to a study published in the Annals of Clinical Microbiology and Antimicrobials about infectious disease in Israel, which states "over-the-counter antibiotic purchase is illegal in Israel" [2]. The Ministry of Health publish a list of all prescription drugs (in relation to the law mentioned above) and their controlled prices, which includes antibiotics [3]. There is no evidence that the legislation and regulations are not being enforced, or that antibiotics are being obtained without prescription.

[1] Ministry of Health. "Pharmacists Directives (Remedies) 1986".

[<https://www.health.gov.il/LegislationLibrary/Rokhut04.pdf>]. Accessed December 2020.

[2] Low, M., Almog, R., Balicer, R.D. et al. "Infectious Disease Burden and Antibiotic Prescribing in Primary Care in Israel". June 2018. [<https://doi.org/10.1186/s12941-018-0278-5>]. Accessed December 2020.

[3] Ministry of Health. July 2018. "Prices for Prescription Drugs".

[<https://www.health.gov.il/Subjects/Finance/DrugPrice/Pages/default.aspx>]. Accessed December 2020.

### 1.1.2b

**Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?**

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

**Current Year Score: 2**

There is public evidence that there is a national legislation and regulation in Israel requiring prescriptions for antibiotic use for animals. Israel controls and supervises the marketing of certain goods and services, including prescription drugs, as stated in the Pharmacists Ordinance (New Version) 1981. According to the ordinance, prescription drugs—as determined by the Ministry of Health—can only be prescribed by a medical or a veterinary doctor and supplied by a pharmacist. The ordinance includes a list of all the substances which require prescription, among which is Antibiotics [1]. There is no evidence that the legislation and regulations regarding prescriptions for antibiotic use are not being enforced, or that antibiotics are being obtained without prescription.

[1] Pharmacists Ordinance (New Version). 1981. [[https://www.nevo.co.il/law\\_html/Law01/p211\\_002.htm](https://www.nevo.co.il/law_html/Law01/p211_002.htm)]. Accessed December 2020.

## 1.2 ZONOTIC DISEASE

### 1.2.1 National planning for zoonotic diseases/pathogens

#### 1.2.1a

**Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence for a national plan, strategy, or laws on zoonotic disease. The Israeli Veterinary Services, which operates under the Ministry of Agriculture and Rural Development, has a dedicated department for animal diseases

epidemiology and zoonotic diseases. The department collates and tracks reports on animal disease outbreaks. The department sends frequent reports on animal health to the World Organisation for Animal Health (OIE), to the European Union (EU) and other countries. The department focuses its work on contingent diseases and zoonotic diseases [1]. According to a 2015 report on the cooperation between the EU and the Israeli Veterinary Services, the latter was in the process of reforming the existing mechanisms for animal health protection, disease monitoring, and outbreak management. However, there was no follow-up to this report or co-operation effort.[2]. There is no evidence for a national law, plan, or equivalent strategy document on zoonotic disease in the Ministry of Health [3].

[1] Ministry of Agriculture and Rural Development. "Animal Diseases Epidemiology and Zoonotic".

[<https://www.moag.gov.il/vet/Yechidot/Apidmiology/Pages/default.aspx>]. Accessed December 2020.

[2] European Union. "Strengthening the Israeli Veterinary Diagnostic Capacities".

[[http://www.moag.gov.il/en/Ministrys%20Units/Veterinary\\_Services/EU%20KVI%20TWINNING/Documents/booklet\\_english\\_for%20print.pdf](http://www.moag.gov.il/en/Ministrys%20Units/Veterinary_Services/EU%20KVI%20TWINNING/Documents/booklet_english_for%20print.pdf)]. Accessed December 2020.

[3] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020.

### 1.2.1b

**Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence of national legislation, plans or equivalent strategy documents which measure for risk identification and reduction of zoonotic disease spillover events from animals to humans. While the Israeli Veterinary Services, which operates under the Ministry of Agriculture and Rural Development, has a dedicated department for animal diseases epidemiology and zoonotic diseases, there are no documents available that account for measures for risk identification and reduction for zoonotic disease spillover events from animals to humans [1]. There is no public evidence through the Ministry of Health or academic sources [2]. However, the department does collate and track reports on animal disease outbreaks and zoonotic pathogens and reports on animal health to the World Organisation for Animal Health (OIE) as well as the European Union (EU) and other countries.

[1] Ministry of Agriculture. "Animal Diseases Epidemiology and Zoonotic and Rural Development".

[<https://www.moag.gov.il/vet/Yechidot/Apidmiology/Pages/default.aspx>]. Accessed December 2020.

[2] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020.

### 1.2.1c

**Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence evidence of national plans, guidelines, or laws that account for surveillance and control multiple zoonotic pathogens of public health concern. While the Israeli Veterinary Services, which operates under the Ministry of Agriculture and Rural Development, has a dedicated department for animal diseases epidemiology and zoonotic diseases, there are no documents available that account for the surveillance and control of multiple zoonotic pathogens of public health concern [1]. There is no public evidence through the Ministry of Health or academic sources [2]. However, the

department does collate and track reports on animal disease outbreaks and zoonotic pathogens and reports on animal health to the World Organisation for Animal Health (OIE) as well as the European Union (EU) and other countries.

[1] Ministry of Agriculture. "Animal Diseases Epidemiology and Zoonotic and Rural Development".

[<https://www.moag.gov.il/vet/Yechidot/Apidmiology/Pages/default.aspx>]. Accessed December 2020.

[2] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020.

### 1.2.1d

**Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?**

Yes = 1, No = 0

**Current Year Score: 0**

There is no public evidence that there is a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries in Israel. The Israeli Veterinary Services, which operates under the Ministry of Agriculture and Rural Development, has a dedicated department for animal diseases epidemiology and zoonotic diseases. The department collates and tracks reports on animal disease outbreaks using the data the department analyses and publishes trends [1]. The department description does not mention any cross-ministerial activities nor is there is evidence for such activities in the department's report. In addition, the World Organisation for Animal Health report from 2011 refers to Israel's weakness in cross-ministries coordination [2]. There is no public evidence through the Ministry of Health or through academic sources of a cross-ministerial department, agency, or similar unit dedicated to zoonoses [3].

[1] Ministry of Agriculture and Rural Development. "Animal Diseases Epidemiology and Zoonotic".

[<https://www.moag.gov.il/vet/Yechidot/Apidmiology/Pages/default.aspx>]. Accessed December 2020.

[2] World Organisation for Animal Health (OIE). October 2011. "PVS Evaluation Report: Israel".

[[http://www.oie.int/fileadmin/Home/eng/Support\\_to\\_OIE\\_Members/pdf/PVS\\_Report-Israel.pdf](http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Report-Israel.pdf)]. Accessed December 2020

[3] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020.

## 1.2.2 Surveillance systems for zoonotic diseases/pathogens

### 1.2.2a

**Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?**

Yes = 1, No = 0

**Current Year Score: 1**

There is publicly available evidence of a national mechanism for owners of livestock to conduct and report on animal disease surveillance to a central government agency. There is national legislation in place for mandatory reporting on animal disease. According to the Animal Disease Ordinance, 1985, every person having in his/her possession an animal affected by a disease or suspected to be affected must report the incident to the relevant veterinary services, which in turn should report to the nearest government veterinarian, a civil servant appointed by the Director of Veterinary Services [1]. The law is not specific to livestock, but to every animal owner. In addition, the World Organisation for Animal Health PVS Evaluation report on Israel stated that the Veterinary Services can rely on an effective network within the public and private sectors [2]. There is no additional evidence from the Ministry of Health website [3].

[1] Israeli Parliament ("The Knesset"), "Animal Diseases Ordinance 1985".

[<http://extwprlegs1.fao.org/docs/pdf/isr21179.pdf>]. Accessed December 2020

[2] World Organisation for Animal Health (OIE). October 2011. "PVS Evaluation Report: Israel".

[[http://www.oie.int/fileadmin/Home/eng/Support\\_to\\_OIE\\_Members/pdf/PVS\\_Report-Israel.pdf](http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Report-Israel.pdf)]. Accessed December 2020.

[3] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020.

### 1.2.2b

**Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is insufficient public evidence that there are laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners) in Israel. There is a law that safeguards the confidentiality of information in a database, regardless of how it was generated; however, it is not specific to surveillance activities for animals. According to the Animal Disease Ordinance, 1985, every person having in his possession an animal affected by a disease or is suspected to be affected by a disease must report the incident to the relevant veterinary services who, in turn, must report to the nearest government veterinarian [1]. The data that is generated falls under the Protection of Privacy Law (1981). The latter states that any person has the right for privacy. Specifically, the part related to protection of privacy in databases states that a database must only be used for the purpose of the database; the law does not relate explicitly to animal surveillance [2]nor does the website of the Privacy Protection Authority [3]. Further, no evidence is found in the Ministry of Agriculture and Rural Development or the Ministry of Health [4, 5].

[1] Israeli Parliament ("The Knesset"). "Animal Diseases Ordinance 1985". [<http://extwprlegs1.fao.org/docs/pdf/isr21179.pdf>]. Accessed December 2020.

[2] Israeli Parliament ("The Knesset"). "The Protection of Privacy Law 1981".

[[http://www.wipo.int/wipolex/en/text.jsp?file\\_id=347462](http://www.wipo.int/wipolex/en/text.jsp?file_id=347462)]. Accessed December 2020.

[3] The Government Information and Services Website. "The Privacy Protection Authority".

[[https://www.gov.il/he/Departments/General/right\\_to\\_privacy](https://www.gov.il/he/Departments/General/right_to_privacy)]. Accessed December 2020.

[4] Ministry of Agriculture and Rural Development. "Ministry of Agriculture and Rural Development".

[<https://www.moag.gov.il/>]. Accessed December 2020.

[5] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

### 1.2.2c

**Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel conducts surveillance of zoonotic disease in wildlife. In 2013, the Israel Wildlife Diseases Surveillance program was established. The program is a result of cooperation between the Ministry of Health, Ministry of Agriculture and Rural Development, the Ministry of Environment Protection and the Nature and Parks Authority. The Nature and Parks Authority is the agency charged with implementing the surveillance [1]. The sampling protocol of the program provides information on the monitored animals and diseases. Among the diseases for which surveillance is being conducted are swine influenza and rabies, both zoonotic diseases. The animals for which surveillance is being conducted include boars,

bats, dogs, gazelles, wild birds, as well as other mammals. [2]

[1] The Nature and Parks Authority. "Israel Wildlife Diseases Surveillance Program".

[<https://www.parks.org.il/new/%D7%94%D7%AA%D7%95%D7%9B%D7%A0%D7%99%D7%AA-%D7%9C%D7%A0%D7%99%D7%98%D7%95%D7%A8-%D7%9E%D7%97%D7%9C%D7%95%D7%AA-%D7%91%D7%97%D7%99%D7%95%D7%AA-%D7%91%D7%A8-%D7%91%D7%99%D7%A9%D7%A8%D7%90%D7%9C/>].

Accessed December 2020

[2] The Nature and Parks Authority. "Israel Wildlife Diseases Surveillance program - Sampling Protocol".

[<https://www.parks.org.il/wp-content/uploads/2017/09/protoWild.docx>]. Accessed December 2020.

### 1.2.3 International reporting of animal disease outbreaks

#### 1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2019

OIE WAHIS database

### 1.2.4 Animal health workforce

#### 1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: 20.79

2019

OIE WAHIS database

#### 1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 0.22

2019

OIE WAHIS database

## 1.2.5 Private sector and zoonotic

### 1.2.5a

**Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence of a mechanism for working with the private sector in controlling or responding to zoonoses. There is no evidence in The National Center for Infection Control and Antibiotic Resistance in the Ministry of Health, nor in The Israeli Veterinary Services, which operates under the Ministry of Agriculture and Rural Development nor in the Nature and Parks Authority [1, 2, 3]. Further, there is no evidence on the website of the public health laboratory [4]. The Organisation for Animal Health (OIE) report from 2011 recommends that Israeli Veterinary Services should enhance collaboration with private sector to access their expertise [5].

[1] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020

[2] Ministry of Agriculture and Rural Development. "Animal diseases epidemiology and zoonotic".

[<https://www.moag.gov.il/vet/Yechidot/Apidmiology/Pages/default.aspx>]. Accessed December 2020

[3] The Nature and Parks Authority. "Israel Wildlife Diseases Surveillance program".

[<https://www.parks.org.il/new/%D7%94%D7%AA%D7%95%D7%9B%D7%A0%D7%99%D7%AA-%D7%9C%D7%A0%D7%99%D7%98%D7%95%D7%A8-%D7%9E%D7%97%D7%9C%D7%95%D7%AA-%D7%91%D7%97%D7%99%D7%95%D7%AA-%D7%91%D7%A8-%D7%91%D7%99%D7%A9%D7%A8%D7%90%D7%9C/>]. Accessed December 2020

[4] The Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020

[5] World Organisation for Animal Health (OIE). October 2011. "PVS Evaluation Report: Israel".

[[http://www.oie.int/fileadmin/Home/eng/Support\\_to\\_OIE\\_Members/pdf/PVS\\_Report-Israel.pdf](http://www.oie.int/fileadmin/Home/eng/Support_to_OIE_Members/pdf/PVS_Report-Israel.pdf)]. Accessed December 2020.

## 1.3 BIOSECURITY

### 1.3.1 Whole-of- government biosecurity systems

#### 1.3.1a

**Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence of a record of the facilities in which especially dangerous pathogens and toxins are stored or processed. The law for the Regulation of Biological Pathogens Studies 2008 regulates institutions and individuals who conduct research in pathogens that might affect humans. The law grants supervision rights to the Ministry of Health. In addition, the National Council for Research on Biological Pathogens was formed. The Council consists of six academics from the fields of microbiology, infectious diseases or biotechnology, and nine government officials with expertise in these fields,

from the Ministry of Health, hospitals, the Ministry of Defense, the police, and others [1, 2]. The law authorises accredited inspectors to conduct inspections, but does not determine any routine inspection regime, nor is there any publication of such inspections. [3] There is no evidence in the Ministry of Defence, in the Ministry of Agriculture or in the national laboratory system [4, 5, 6]. Israel is not party to the Biological Weapons Convention and, as such, has not submitted Confidence Building Measures [7]. There is no further evidence on the website of the Ministry of Health. [8] There is no further evidence on the VERTIC database. [9]

- [1] Israeli Parliament ("The Knesset"). "Regulation of Research into Biological Disease Agents Act, 2008". [<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.
- [2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance". [<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.
- [3] National Council for Research on Biological Pathogens. January 2012. "End of the Year Report 2011". [<https://www.health.gov.il/PublicationsFiles/bio01122012.pdf>]. This is the only such report published by the council. Accessed December 2020.
- [4] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.
- [5] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2018.
- [6] The Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.
- [7] The United Nations Office at Geneva. [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.
- [8] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.
- [9] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

### 1.3.1b

**Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel has legislation and/or regulations related to biosecurity in place which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. The Regulation of Research into Biological Disease Agents Act (2008) addresses physical containment and operational requirements of facilities in which especially dangerous pathogens and toxins are stored or processed. The law grants supervision rights to the Ministry of Health and it establishes the National Council for Research on Biological Pathogens [1, 2]. According to a Johns Hopkins' Center for Health Security Study, the 2008 law "created a list of biological agents with bioweapons potential and identified specific types of dual-use research of concern" [3]. The list can be found in Clause 1 in the "Addition [to the law]" [1]. The Council published a set of regulations for operators of labs for pathogens studies, which addresses requirement for physical containment and operation practices. Annex 6 —"Physical Security Requirements of Biological Pathogens"—in the regulations sets out eight rules for handling dangerous pathogens. The rules relate to access, storing, record keeping, inventory management, emergency, and work procedures. For example, Clause 2 says that the content of the containers would be hidden from anyone who is not a staff member of the laboratory. Another example is Clause 5, which says that it is forbidden to hand a dangerous pathogens to anyone who is not qualified for it and does not have relevant documents to prove it. The regulation

does not mention cyber security or a failure reporting system [4, 5].

[1] Israeli Parliament ("The Knesset"). "Regulation of Research into Biological Disease Agents Act".

[<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.

[2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.

[3] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems".

[[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.

[4] Ministry of Health. "Regulations for Operators of Biological Pathogens Labs".

[[https://www.health.gov.il/hozer/MM\\_nehalim.pdf](https://www.health.gov.il/hozer/MM_nehalim.pdf)]. Accessed December 2020.

[5] Ministry of Health. December 2012. "Conference - Defense and Security Against Biological Terror Threats".

[<https://www.health.gov.il/Services/Committee/bio/Documents/dd30122012.pdf>]. Accessed December 2020.

### 1.3.1c

**Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence of an established agency responsible for the enforcement of biosecurity legislation and regulations in Israel. The Regulation of Research into Biological Disease Agents Act (2008) covers biosafety and biosecurity in Israel and regulates institutions and individuals who conduct research in pathogens that might affect humans. The National Council for Research on Biological Pathogens was also created under this law. The Council consists of six academics from the fields of microbiology, infectious diseases or biotechnology, and nine government officials with expertise in these fields, from the Ministry of Health, hospitals, the Ministry of Defense, the police, and others. The Council's role is to advise on biosecurity regulations, to approve/reject an institution's request to conduct research in biological pathogens (per institutions, not per study) and to enforce the biosecurity legislation [1, 2, 4]. The law grants supervisory power to the Managing Director of the Ministry of Health. A report on the activity of the council from 2012 --the only such report yet published -- states that a budget for a supervisor had not then been agreed upon [3, 4]. There is no additional evidence in this regard via the Ministry of Health, the Ministry of Defence, the Ministry of Agriculture, or the National Laboratory System [2, 5, 6, 7].

[1] Israeli Parliament ("The Knesset"). "Regulation of Research into Biological Disease Agents Act, 2008".

[<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.

[2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.

[3] National Council for Research on Biological Pathogens. January 2012. "End of the Year Report 2011".

[<https://www.health.gov.il/PublicationsFiles/bio01122012.pdf>]. Accessed December 2020.

[4] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems".

[[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.

[5] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[6] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[7] The Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

### 1.3.1d

**Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that shows that Israel has taken any action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. The law for the Regulation of Biological Pathogens Studies 2008 regulates institutions and individuals who conduct research in pathogens that might affect humans. The law grants supervision rights to the Ministry of Health. In addition, the National Council for Research on Biological Pathogens was created. The law does not mention any aim to consolidate inventories of pathogens nor it is mentioned in the minutes of the seven meetings held by the council through September 2012, which are the only minutes published [1, 2]. Further, no evidence for such consolidation is found in the Ministry of Defence, the Ministry of Agriculture, nor on the website of the national laboratory system [3, 4, 5]. Israel is not party to the Biological Weapons Convention, and as such, has not submitted confidence-building measures [6]. There is no further evidence on the website of the Ministry of Health. [7] There is no further evidence on the VERTIC database. [8]

[1] Israeli Parliament ("The Knesset"). "Regulation of Research into Biological Disease Agents Act, 2008".

[<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.

[2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.

[3] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[4] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[5] Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[6] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[7] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

[8] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

### 1.3.1e

**Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for Ebola at the Institute for Biological Research near Tel Aviv. The Institute for Biological Research is the only institute in Israel that is allowed to test the blood samples of anyone suspected of carrying Ebola, according to Haaretz, a leading newspaper. The same source mentions that testing for Ebola is conducted using PCR [1]. No other evidence or reports directly from the

institute were found relating to PCR-based diagnostic testing, including on the website of the Institute for Biological Research [2]. The Institute for Biological Research is a top-secret chemical and biological-weapons laboratory, according to media reports [3]. A news article from Makor Rishon mentioned that the Institute for Biological Research examines hundreds of envelopes every year for anthrax. The type of test, however, is not mentioned [4].

[1] Efrati, Ido. 28th October 2014. "Israel's Ebola-testing Lab Too Slow to Diagnose Disease, Critics Say". Haaretz Newspaper. [https://www.haaretz.com/science-and-health/israels-ebola-testing-lab-is-criticized-1.5321077]. Accessed January 2021.

[2] Institute for Biological Research. "What We Do". [https://iibr.gov.il/Pages/home.aspx] and, specifically, research into Bacillus anthracis [https://iibr.gov.il/Research\_Development/Biology/Pathogenesis\_host\_pathogen\_toxin/Pages/Bacillus-anthraxis.aspx] Accessed January 2021.

[3] William Grimes. 3 December 2015. "Marcus Klingberg, Highest-Ranking Soviet Spy Caught in Israel, Dies at 97". The New York Times. [https://www.nytimes.com/2015/12/04/world/middleeast/soviet-spy-marcus-klingberg-israel.html]. Accessed January 2021.

[4] Rappaport, Amir. 19th November 2016. "A Glimpse into the Institute for Biological Research". Makor Rishon. [https://www.makorrishon.co.il/nrg/online/1/ART2/847/733.html]. Accessed January 2021

## 1.3.2 Biosecurity training and practices

### 1.3.2a

**Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no publicly available evidence of a requirement for biosecurity training for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. There is no publicly available evidence of such a requirement via the Ministry of Health, the Ministry of Defence, the Ministry of Agriculture, or on the website of the national laboratory system [1, 2, 3, 4]. However, the minutes of the seventh meeting of the National Council for Research on Biological Pathogens, held in September 2012, show that the subject was discussed, both in the context of workers in laboratories and also students in relevant university programs [5, 6]. Israel is not party to the Biological Weapons Convention and, as such, has not submitted Confidence Building Measures [7]. There is no further evidence on the VERTIC database. [8]

[1] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx]. Accessed December 2020.

[2] Ministry of Defence. [http://www.mod.gov.il/English]. Accessed December 2020.

[3] Ministry of Agriculture and Rural Development. [https://www.moag.gov.il/Pages/HomePage.aspx]. Accessed December 2020.

[4] Ministry of Health. "Public Health Laboratories".

[https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx]. Accessed December 2020.

[5] The Ministry of Health. "Meetings of the National Council for Research on Biological Pathogens

[https://www.health.gov.il/Services/Committee/bio/Pages/meetings.aspx]. Accessed December 2020

[6] Minutes of the National Council for research on Biological Pathogens. September 2012.

[https://www.health.gov.il/Services/Committee/bio/Documents/MMA\_120912.pdf] Accessed December 2020

[7] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[8] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

### 1.3.3 Personnel vetting: regulating access to sensitive locations

#### 1.3.3a

**Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?**

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

**Current Year Score: 0**

There is no public evidence for regulations or licensing conditions which specify that security or other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to drug testing, background checks, psychological or mental fitness checks. The Regulation of Research into Biological Disease Agents Act, 2008, regulates institutions and individuals who conduct research in pathogens that might affect humans. The law grants supervisory powers to the Ministry of Health. In addition, the National Council for Research on Biological Pathogens was created under the Act. The Council consists of six academics from the fields of microbiology, infectious diseases or biotechnology, and nine government officials with expertise in these fields, from the Ministry of Health, hospitals, the Ministry of Defense, the police, and other entities. [1, 2]. The Council published a set of regulations for operators of labs for pathogens studies, but does not appear to cover biosecurity. The regulations do not specify any of the following: drug testing, background checks, and psychological or mental fitness checks [3, 4]. No evidence was found on the websites of the Ministry of Defense or in the Ministry of Agriculture websites. There is no public evidence for licensing conditions via the Ministry of Defense, the Ministry of Agriculture, or the National Laboratory System [5, 6, 7]. Israel is not party to the Biological Weapons Convention, and as such, has not submitted Confidence Building Measures [8]. There is no further evidence on the website of the Ministry of Health. [9] There is no further evidence on the VERTIC database. [10]

[1] Israeli Parliament ("The Knesset"). "Regulation of Research into Biological Disease Agents Act, 2008". [<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.

[2] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance". [<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.

[3] Ministry of Health. "Regulations for Operators of Biological Pathogens Labs". [[https://www.health.gov.il/hozer/MM\\_nehalim.pdf](https://www.health.gov.il/hozer/MM_nehalim.pdf)]. Accessed December 2020.

[4] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems". [[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.

[5] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[6] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[7] Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[8] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [[COUNTRY SCORE JUSTIFICATIONS AND REFERENCES](https://bwc-</a></p>
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ecbm.unog.ch/browse]. Accessed December 2020.

[9] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

[10] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

### 1.3.4 Transportation security

#### 1.3.4a

**Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence that there are regulations for the safe and secure transport of infectious substances (Categories A and B). In June 2014, The Ministry of Health published regulations for transferring biological transfers under an executive order. The executive order is meant to guide medical and biological laboratories regarding how to transport infectious substances. The order applies to the sender, the receiver, and the transport company. The executive order is based on international guidelines such as the World Health Organisation (WHO) Guidelines for the "Safe Transport of Infectious Substances and Diagnostic Specimens" and the "UN Orange Book" [1]. The Israeli Institute for Occupational Safety and Hygiene published a paper, in October 2014, which clarifies how to comply with the Ministry of Health's regulations. The paper explains the responsibility of the sender and the receiver, it addresses different types of shipments (i.e. international, inland, air transfer, etc.). The paper refers to the terms Categories A and B when explaining regulations for international transfer [2].

[1] Ministry of Health. Executive Order ("Hozer") 21/2014. "Safety for Transfer Infectious Biological Substance and Samples for Medical Laboratory". [[https://www.health.gov.il/hozer/mr21\\_2014.pdf](https://www.health.gov.il/hozer/mr21_2014.pdf)]. Accessed December 2020.

[2] Israeli, Eitan. October 2014. "Packing and Transferring Biological Samples". [[https://www.osh.org.il/UploadFiles/10\\_2014/352\\_part28-30.pdf](https://www.osh.org.il/UploadFiles/10_2014/352_part28-30.pdf)]. Accessed December 2020.

### 1.3.5 Cross-border transfer and end-user screening

#### 1.3.5a

**Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is insufficient public evidence that Israel has legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential. There are regulations to oversee the cross-border transfer but they do not mention end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. The Ministry of Health published regulations for transferring biological transfers under an executive order [1]. The Israeli Institute for Occupational Safety and Hygiene published a paper clarifying how to comply with the Ministry of Health regulations. Among others, the regulations refer to the safe and secure transport of infectious substances across the border but it does not mention the need to check and verify the end user [2]. No other evidence is found in the Ministry of Defence, the Ministry of Agriculture nor on the website of the national

laboratory system. [3, 4, 5] Israel is not party to the Biological Weapons Convention, and as such, does not have submitted Confidence Building Measures. [6] There is no further evidence on the website of the Ministry of Health. [7] There is no further evidence on the VERTIC database. [8]

[1] Ministry of Health. Executive Order ("Hozer") 21/2014. "Safety for Transfer Infectious Biological Substance and Samples for Medical Laboratory". [[https://www.health.gov.il/hozer/mr21\\_2014.pdf](https://www.health.gov.il/hozer/mr21_2014.pdf)]. Accessed December 2020.

[2] Israeli, Eitan. October 2014. "Packing and Transferring Biological Samples". [[https://www.osh.org.il/UploadFiles/10\\_2014/352\\_part28-30.pdf](https://www.osh.org.il/UploadFiles/10_2014/352_part28-30.pdf)]. Accessed December 2020.

[3] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[4] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[5] Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[6] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[7] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

[8] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

## 1.4 BIOSAFETY

### 1.4.1 Whole-of-government biosafety systems

#### 1.4.1a

**Does the country have in place national biosafety legislation and/or regulations?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel has a national biosafety legislation and regulations in place. The legislation and regulation in Israel addresses biosafety mainly from a worker protection and safety point of view. The two main government authorities to oversee safety in biological research are the Ministry of Economy and Industry and the Ministry of Health. The most relevant legislation in regards to biosafety is the Work Safety Regulations (Occupational Safety and Hygiene in the Handling of Dangerous Agents in Medical, Chemical and Biological Laboratories), published in 2001, which regulates labs operators and defines pathogen risk groups. These regulations cover issues such as experience level of workers, physical containment requirements and personal protective equipment for different risk categories. Risk Group 1 would be the group with low risk of exposure to an infectious biological pathogens and Risk Group 4 would be the group with high risk of exposure to a highly infectious pathogens, which may cause death and/or the spread of pandemics. [1,2] According to the Work Organization and Supervision Law (1954), the Ministry of Economy and Industry is in charge of supervision of work safety regulations and therefore it is in charge of safety in biological related labs. The law also establishes the Institute of Safety and Hygiene (ISH), which specify more detailed requirements for lab operators. The ISH published a guideline for safe work in biological and chemical labs. [3, 4]

[1] Israeli Parliament ("The Knesset"). "The Work Safety Regulations (Occupational Safety and Hygiene in the Handling of Dangerous Agents in Medical, Chemical and Biological Laboratories) 2001".

[[https://www.osh.org.il/uploadfiles/takanot\\_gehut\\_maabadot.pdf](https://www.osh.org.il/uploadfiles/takanot_gehut_maabadot.pdf)]. Accessed December 2020.

[2] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems".

[[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.

[3] Israeli Parliament ("The Knesset"). "The Work Organization and Supervision Law 1954".

[[https://www.nevo.co.il/law\\_html/Law01/026\\_001.htm](https://www.nevo.co.il/law_html/Law01/026_001.htm)]. Accessed December 2020.

[4] The Institute of Safety and Hygiene. December 2007. "Pack for Managing Safety and Health in Chemical and Biological Labs". [[https://www.osh.org.il/uploadfiles/betihut\\_maabadot.pdf](https://www.osh.org.il/uploadfiles/betihut_maabadot.pdf)]. Accessed December 2020.

### 1.4.1b

#### Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence to confirm the existence of a body that enforces biosafety regulations in Israel [1, 2]. Two government authorities oversee safety in biological research: the Ministry of Economy and Industry and the Ministry of Health. The most relevant legislation with regard to biosafety is the Work Safety Regulations (Occupational Safety and Hygiene in the Handling of Dangerous Agents in Medical, Chemical and Biological Laboratories), published in 2001, which regulates labs operators and defines pathogen risk groups. These regulations cover issues such as the experience level of workers, physical containment requirements, and personal protective equipment for different risk categories [1]. According to the Work Organization and Supervision Law (1954), the Ministry of Economy and Industry is in charge of supervision of work safety regulations and as such it is in charge of safety in biological labs. The Ministry of Health is responsible for overseeing medical laboratories. However, the extent and the application of the Ministry of Health's authority is unclear where laboratories are not state-owned, according to a paper by the John Hopkins's Center for Health Security [2, 3]. A report by the Council of the Israel Academy of Sciences and Humanities and the Israel National Security Council from 2008 indicates that the extent to which the Ministry of Economy oversees commercial biological laboratories was unclear and does not allow for effective central regulation [4]. No other evidence is found in the Ministry of Defence, the Ministry of Agriculture nor on the website of the national laboratory system. [5, 6, 7] Israel is not party to the Biological Weapons Convention, and as such, does not have submitted Confidence Building Measures. [8] There is no further evidence on the website of the Ministry of Health. [9] There is no further evidence on the VERTIC database. [10]

[1] Israeli Parliament ("The Knesset"). "The Work Safety Regulations (Occupational Safety and Hygiene in the Handling of Dangerous Agents in Medical, Chemical and Biological Laboratories) 2001".

[[https://www.osh.org.il/uploadfiles/takanot\\_gehut\\_maabadot.pdf](https://www.osh.org.il/uploadfiles/takanot_gehut_maabadot.pdf)]. Accessed December 2020.

[2] The Work Organization and Supervision Law (1954): [[https://www.nevo.co.il/law\\_html/Law01/026\\_001.htm](https://www.nevo.co.il/law_html/Law01/026_001.htm)]. Accessed December 2020.

[3] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems".

[[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.

[4] Biotechnological Research in the Age of Terrorism. 2008. [<https://www.academy.ac.il/SystemFiles/21677.pdf>]. Accessed December 2020.

[5] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[6] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[7] Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[8] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[9] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

[10] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

## 1.4.2 Biosafety training and practices

### 1.4.2a

**Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is insufficient public evidence that Israel requires biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. Israeli legislation does require biosafety training for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. However, there is no evidence for a standardized approach, a common curriculum or a train-the-trainer program. The most relevant legislation in regard to biosafety is the Work Safety Regulations (Occupational Safety and Hygiene in the Handling of Dangerous Agents in Medical, Chemical and Biological Laboratories), published in 2001, which regulates labs operators and defines pathogen risk groups. [1] A report by John Hopkins's Center for Health Security explains that the Ministry of Health requires training for laboratory personnel on topics such as building evacuation, PPE, and biosafety policy. Nevertheless, there is no evidence for standardised approach, a common curriculum or a train-the-trainer program. [2] No other evidence is found in the Ministry of Agriculture nor in the website of the national laboratory system. [3, 4] Israel is not party to the Biological Weapons Convention, and as such, does not have submitted Confidence Building Measures. [5] There is no further evidence on the website of the Ministry of Health and Ministry of Defence. [6,7] There is no further evidence on the VERTIC database. [8]

[1] The Work Safety Regulations (Occupational Safety and Hygiene in the Handling of Dangerous Agents in Medical, Chemical and Biological Laboratories). 2001. [[https://www.osh.org.il/uploadfiles/takanot\\_gehut\\_maabadot.pdf](https://www.osh.org.il/uploadfiles/takanot_gehut_maabadot.pdf)]. Accessed December 2020.

[2] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems". [[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.

[3] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[4] Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[5] The United nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[6] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

[7] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[8] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

## 1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

### 1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

#### 1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Israel has conducted an assessment to determine whether there is ongoing dual-use research on especially dangerous pathogens, toxins, or pathogens with pandemic potential. There is no evidence in the Ministry of Health, Ministry of Defense, and the Ministry of Agriculture and Rural Development [1, 2, 3]. In addition, no mention of such an assessment was found in the website of the national laboratory system [4]. The topic is discussed in an academic paper comparing the safety provisions and policies of the US and Israel which concludes, inter alia, that "(what) stands out in the Israeli policy compared to the US policy, is its lack of clarity on how to assess studies" [5]. Israel is not party to the Biological Weapons Convention and, as such, has not submitted Confidence Building Measures [6]. There is no further evidence on the VERTIC database. [7]

[1] The Ministry of Health. "The National Center for Infection Control and Antibiotic Resistance".

[<https://www.health.gov.il/English/MinistryUnits/HealthDivision/InfectionControl/Pages/default.aspx>]. Accessed December 2020.

[2] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.

[3] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.

[4] Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[5] The Journal of Biosafety and Biosecurity, June 2019, "Ori Lev, Regulating dual-use research: Lessons from Israel and the United States," [[https://www.researchgate.net/publication/334379076\\_Regulating\\_dual-use\\_research\\_Lessons\\_from\\_Israel\\_and\\_the\\_United\\_States](https://www.researchgate.net/publication/334379076_Regulating_dual-use_research_Lessons_from_Israel_and_the_United_States)]. Accessed December 2020.

[6] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[7] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

#### 1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence for a national policy requiring oversight of dual-use research, such as research with especially dangerous pathogens, toxins, or pathogens with pandemic potential. The Regulation of Research into Biological Disease Agents Act, 2008 regulates institutions and individuals who conduct research in pathogens that might affect humans.

This law includes a list of such pathogens, and labs which work with pathogens from the list require special approval [1]. The law does not require approval or oversight of specific research projects. A Johns Hopkins Center for Health Security report from 2016 does not mention such oversight in Israel [2]. No evidence for such a requirement is found in the Ministry of Defence, nor in the Ministry of Agriculture, nor on the website of the national laboratory system [3, 4, 5]. The topic is discussed in an academic paper comparing the safety provisions and policies of the US and Israel which concludes, inter alia, that "(what) stands out in the Israeli policy compared to the US policy, is its lack of clarity on how to assess studies" [6]. Israel is not party to the Biological Weapons Convention and, as such, has not submitted confidence-building measures [7]. There is no further evidence on the website of the Ministry of Health. [8] There is no further evidence on the VERTIC database. [9]

- [1] Israeli Parliament ("The Knesset"). "Regulation of Research into Biological Disease Agents Act, 2008". [<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.
- [2] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems". [[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.
- [3] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.
- [4] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.
- [5] Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.
- [6] The Journal of Biosafety and Biosecurity, June 2019, "Ori Lev, Regulating dual-use research: Lessons from Israel and the United States," [[https://www.researchgate.net/publication/334379076\\_Regulating\\_dual-use\\_research\\_Lessons\\_from\\_Israel\\_and\\_the\\_United\\_States](https://www.researchgate.net/publication/334379076_Regulating_dual-use_research_Lessons_from_Israel_and_the_United_States)]. Accessed December 2020.
- [7] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.
- [8] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.
- [9] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

### 1.5.1c

**Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?**

Yes = 1, No = 0

**Current Year Score: 0**

There is no publicly available evidence for an agency responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, or other dual-use research. The Regulation of Research into Biological Disease Agents Act, 2008 regulates institutions and individuals who conduct research in pathogens that might affect humans. This law includes a list of such pathogens, and labs which work with pathogens from the list require special approval. The law grants supervision rights to the Ministry of Health. In addition, the National Council for Research on Biological Pathogens was created. The Council consists of six academics from the fields of microbiology, infectious diseases or biotechnology, and nine government officials with expertise in these fields, from the Ministry of Health, hospitals, the Ministry of Defense, the police, and other entities [1]. The law does not require approval or oversight of specific research projects. A Johns Hopkins Center for Health Security report from 2016 does not mention such oversight in Israel [2]. There is no public evidence for such an agency in the Ministry of Defence, the Ministry of Agriculture, or on the website of the national laboratory system [3, 4, 5]. An academic paper comparing the safety provisions and policies of the US and Israel does not mention any such agency and concludes, inter alia, that "(what) stands out in the Israeli policy compared to the US policy, is its lack of clarity on how to

assess studies" [6]. Israel is not party to the Biological Weapons Convention and, as such, does not have submitted confidence-building measures [7]. There is no further evidence on the website of the Ministry of Health. [8] There is no further evidence on the VERTIC database. [9]

- [1] Israeli Parliament ("The Knesset"). "Law for the Regulation of Biological Pathogens Studies 2008". [<https://www.health.gov.il/LegislationLibrary/Shonot03.pdf>]. Accessed December 2020.
- [2] Johns Hopkins Center for Health Security. July 2016. "National Biosafety Systems". [[http://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf](http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2016/National%20Biosafety%20Systems.pdf)]. Accessed December 2020.
- [3] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.
- [4] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed December 2020.
- [5] Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.
- [6] The Journal of Biosafety and Biosecurity, June 2019, "Ori Lev, Regulating dual-use research: Lessons from Israel and the United States," [[https://www.researchgate.net/publication/334379076\\_Regulating\\_dual-use\\_research\\_Lessons\\_from\\_Israel\\_and\\_the\\_United\\_States](https://www.researchgate.net/publication/334379076_Regulating_dual-use_research_Lessons_from_Israel_and_the_United_States)]. Accessed December 2020.
- [7] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.
- [8] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.
- [9] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

## 1.5.2 Screening guidance for providers of genetic material

### 1.5.2a

**Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no publicly available evidence in Israel for a national legislation, regulation, policy, or other guidance, requiring the screening of synthesised DNA before it is sold. There is no public evidence that the Ministry of Health, the Ministry of Agriculture and Rural Development, and the Ministry of Economy require the screening of synthesised DNA before it is sold [1, 2, 3]. There is no public evidence on the websites of the Ministry of Defence, the Ministry of Transport, or the national laboratory system [4, 5, 6]. Israel is not party to the Biological Weapons Convention and, as such, does not have submitted confidence-building measures [7]. There is no further evidence on the VERTIC database. [8]

- [1] The Ministry of Health. "Genetically Modified Food". [<https://www.health.gov.il/UnitsOffice/HD/PH/FCS/NovelFood/Pages/EngFood.aspx>]. Accessed December 2020.
- [2] The Ministry of Agriculture and Rural Development. "Genetically Modified Organism". [<https://www.moag.gov.il/ppis/Nosaim/tzmahim%20mehundasim%20genetit/Pages/default.aspx>]. Accessed December 2020.
- [3] The Ministry of Economy. "The Ministry of Economy". [<https://www.economy.gov.il/>]. Accessed December 2020.
- [4] Ministry of Defence. [<http://www.mod.gov.il/English>]. Accessed December 2020.
- [5] Ministry of Transport. [[https://www.gov.il/he/Departments/ministry\\_of\\_transport\\_and\\_road\\_safet](https://www.gov.il/he/Departments/ministry_of_transport_and_road_safet)]. Accessed December 2020.

2020.

[6] Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[7] The United Nations Office at Geneva. "Confidence Building Measures: Browse State Parties". [<https://bwc-ecbm.unog.ch/browse>]. Accessed December 2020.

[8] VERTIC - BWC Legislation Database. [<https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/i/>]. Accessed December 2020.

## 1.6 IMMUNIZATION

### 1.6.1 Vaccination rates

#### 1.6.1a

**Immunization rate (measles/MCV2)**

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 2

2019

World Health Organization

#### 1.6.1b

**Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?**

Yes = 1 , No = 0

Current Year Score: 1

2020

OIE WAHIS database

## Category 2: Early detection and reporting for epidemics of potential international concern

### 2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

#### 2.1.1 Laboratory testing for detection of priority diseases

##### 2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

**Current Year Score: 2**

There is public evidence that Israel has the capacity to conduct diagnostic tests for 5 of the 10 core tests defined by the World Health Organization (WHO) and the tests are named. The Ministry of Health lists three national laboratories in Israel: Two national laboratories for public health in Jerusalem and in Tel-Aviv, and the National Laboratory for Viruses in Tel HaShomer hospital (affiliated with Tel Aviv university) [1]. The National Laboratory for Viruses in Tel HaShomer is capable of conducting the Serology test for HIV and the virus culture for poliovirus (polio) [2]. The National Laboratory for Public Health in Tel Aviv is capable of conducting the microscopy test for mycobacterium tuberculosis [3]. The National Laboratory for Public Health in Jerusalem is capable of conducting the PCR test for influenza virus (flu) [4]. The Soraski Medical Center in Tel-Aviv is capable of rapid diagnostic of malaria [5]. There is no public evidence in the above sources or in academic studies for four specific tests for Israel, or the remaining WHO-defined core tests [1, 2, 3,4].

[1] The Ministry of Health. "National Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[2] "National Laboratory for Viruses, Tel Hashomer Hospital"

[[https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/negifim\\_LB/Pages/default.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/negifim_LB/Pages/default.aspx)]. Accessed December 2020.

[3] "The National Laboratory for Public Health in Tel Aviv"

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Telaviv/Pages/default.aspx>]. Accessed December 2020.

[4] "Government Central laboratories, Jerusalem

[[https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/jerusalem\\_Labs/Pages/default.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/jerusalem_Labs/Pages/default.aspx)]. Accessed December 2020.

[5] Soraski Medical Center. "Microbiology". [<https://www.tasmc.org.il/Lab/Pages/Microbiology-Lab.aspx>]. Accessed December 2020.

### 2.1.1b

**Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?**

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

**Current Year Score: 0**

There is insufficient evidence of a national plan, strategy or similar document for conducting testing during a public health emergency that includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. There is no reference to any such broader plans or strategies on the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, or the National Laboratories. [1,2,3]. However, with regard to Covid-19, a national plan has been developed and has been in place since mid-2020, with periodic adjustments to reflect developments during the course of the pandemic. The plan is under the overall supervision and responsibility of the Ministry of Health, but specific elements are under the supervision of, and/or control of, other ministries and authorities, such as the Ministry of Education for testing in schools, the Airports Authority for incoming or outgoing travellers by air, etc. The overall testing guidelines highlight the different kind of tests available in the country to test for the presence of the virus, as well as includes a list of designated testing sites. It also includes guidelines for next steps in case of positive results and details of the isolation requirement. The

programme run by Ministry of Health and Ministry of Education aims to conduct initiated and cyclical sampling tests (once a week) for early detection of the virus in schools among students in regular groups or classes and educational staff. [4,5,6]

[1] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed December 2020.

[2] The Ministry of Agriculture and Rural Development. "Ministry of Agriculture and Rural Development". [<https://www.moag.gov.il/>]. Accessed December 2020.

[3] The Ministry of Health. "National Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed December 2020.

[4] Ministry of Health. "Testing for Covid-19". [<https://www.gov.il/en/Departments/General/corona-tests>]. Accessed May 2021.

[5] Ministry of Education. "Magen chinuch 9Education shield) -- weekly tests to identify corona virus in the education system". [<https://pob.education.gov.il/corona/Pages/corona-test.aspx>]. Accessed May 2021.

[6] Government website. "Outbound and Inbound air travel guidance and information".

[<https://www.gov.il/en/departments/air-travel-covid19-israel>]. Accessed 2021.

## 2.1.2 Laboratory quality systems

### 2.1.2a

**Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence that at least one of the national laboratories that serve as reference facilities are accredited. The National Laboratory for Viruses in Tel HaShomer, which serves as a reference facility for the serology test for HIV, is an ISO 15189 accredited facility according to its website -- and claims to be the only one in the country [1]. The quality assurance unit of the National Laboratory for Public Health in Tel Aviv, which serves as a reference facility for the mycobacterium tuberculosis test, notes that the laboratory operates according to the standards required by ISO15189, but is not so accredited. [2].

[1] Central Virology Laborator, Microbiological Clinic.

[<https://www.sheba.co.il/%D7%9E%D7%99%D7%A7%D7%A8%D7%95%D7%91%D7%99%D7%95%D7%9C%D7%95%D7%92%D7%99%D7%AA>]. Accessed January 2021

[2] [[https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Telaviv/Dept/Pages/Quality\\_assurance.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Telaviv/Dept/Pages/Quality_assurance.aspx)]. Accessed January 2021

### 2.1.2b

**Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence that the national laboratories that serve as reference facilities are subject to an external quality assurance review. The National Laboratory for Viruses in Tel HaShomer, which serves as a reference facility for HIV (serology test), participates in the following external quality assurance tests: RCPA Serology QAP, QCMD, Proficiency Test, Re Testing and Molecular PT [1]. The same laboratory is also a member of the World Health Organization's (WHO) External

Quality Assessment Program for the detection of influenza virus [1]. The National Laboratories for Public Health in Tel Aviv and Jerusalem are "subject to external proficiency tests", according to their annual reports; however no specific quality assurance programs are mentioned [2,3].

[1] Central Virology Laboratory. 2016. "End of Year Report 2016".

[[https://www.health.gov.il/PublicationsFiles/VirologyReport\\_2016.pdf](https://www.health.gov.il/PublicationsFiles/VirologyReport_2016.pdf)]. Accessed January 2021.

[2] The National Laboratory for Public Health in Tel Aviv. "End of Year Report 2015 - 2016".

[[https://www.health.gov.il/PublicationsFiles/LAB\\_TA2015\\_2016.pdf](https://www.health.gov.il/PublicationsFiles/LAB_TA2015_2016.pdf)]. Accessed January 2021.

[3] "Government Central Laboratories, Jerusalem" Annual Report, 2018

[[https://www.health.gov.il/PublicationsFiles/LAB\\_JER2018.pdf](https://www.health.gov.il/PublicationsFiles/LAB_JER2018.pdf)]. Accessed January 2021

## 2.2 LABORATORY SUPPLY CHAINS

### 2.2.1 Specimen referral and transport system

#### 2.2.1a

**Is there a nationwide specimen transport system?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence of a nationwide specimen transport system in Israel. There are private firms in Israel, like Or-Zion, which provide nationwide specimen handling and transport services [1]. For example, Or-Zion provides nationwide services for transporting laboratory tests [1]. Further, the Ministry of Health published a directive which regulates the transfer of biological samples. According to the directive, laboratory operators shall use a special vehicle to transfer biological samples [2].

[1] Or-zion Transport LTD. "Transfer Services". [<https://orzion.co.il/%d7%94%d7%95%d7%91%d7%9c%d7%94-%d7%91%d7%a7%d7%99%d7%a8%d7%95%d7%a8/>]. Accessed January 2021

[2] Ministry of Health. Executive order ("Hozer") 21/2014. "Safety for Transfer Infectious Biological Substance and Samples for Medical Laboratory". [[https://www.health.gov.il/hozer/mr21\\_2014.pdf](https://www.health.gov.il/hozer/mr21_2014.pdf)]. Accessed January 2021.

### 2.2.2 Laboratory cooperation and coordination

#### 2.2.2a

**Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?**

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

**Current Year Score: 0**

There is no public evidence of a national plan to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak. There is no mention of any such plan in the websites of the Ministry of Health, Ministry of Agriculture and Rural Development, the National Emergency Management Authority (NEMA) at the Ministry of Defense, or of the Public Health Laboratories operated by or affiliated with the Health Ministry [1,2,3,4].

- [1] "Ministry of Health", [[https://www.gov.il/he/departments/ministry\\_of\\_health](https://www.gov.il/he/departments/ministry_of_health)] Accessed January 2021;
- [2] "Ministry of Agriculture and Rural Development" [<https://www.moag.gov.il/Pages/HomePage.aspx#skip>]. Accessed January 2021;
- [3] Ministry of Defence, "National Emergency Management Authority", [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>], Accessed January 2021
- [4] Ministry of Health, "Public Health Laboratories", [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>], Accessed January 2021.

## 2.3 REAL-TIME SURVEILLANCE AND REPORTING

### 2.3.1 Indicator and event-based surveillance and reporting systems

#### 2.3.1a

**Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?**

Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2,  
Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

**Current Year Score: 0**

There is no public evidence that Israel is conducting ongoing event-based surveillance and analysis for infectious disease. Further, there is no evidence in the emergency unit in the Ministry of Health, which is in charge of the health care system in an emergency [1]. There is no evidence for an on going EBS in the Israeli Center for Disease Control, which is in charge of the traditional indicator-based surveillance [2]. No evidence was found on the websites of the Ministry of Agriculture and Rural Development or the National Laboratories [3, 4]. The National Emergency Authority ("RAHEL") within the Ministry of Defence is in charge of the home front in a war or a natural disaster, such as an earthquake. However, there is no evidence for an ongoing EBS activity in RAHEL [5].

- [1] The Ministry of Health. "Emergency Department". [<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.
- [2] The Ministry of Health. "The Israeli Center for Disease Control". [<https://www.health.gov.il/UnitsOffice/ICDC/Pages/About.aspx>]. Accessed January 2021.
- [3] Ministry of Agriculture and Rural Development. "Crisis and Emergency Preparedness". [[https://www.moag.gov.il/yhidotmisrad/nihul\\_mashberim/Pages/default.aspx](https://www.moag.gov.il/yhidotmisrad/nihul_mashberim/Pages/default.aspx)]. Accessed January 2021.
- [4] The Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed January 2021.
- [5] The Ministry of Defence. "National Emergency Management Authority". [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021.

#### 2.3.1b

**Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that Israel has reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years, including for Covid-19. The WHO Disease Outbreak News page shows that the last report from Israel was in 2013 [1]. Other pages on the WHO website did not show any potential PHEIC reporting [2]. No evidence was found on the website of the Ministry of Health [3].

[1] World Health Organization. "Emergencies Preparedness, Response".

[<https://www.who.int/csr/don/archive/country/isr/en/>]. Accessed January 2021.

[2] World Health Organization. [<https://www.who.int/>]. Accessed January 2021.

[3] Ministry of Health. "Unit for Infectious Disease".

[[https://www.health.gov.il/UnitsOffice/ICDC/Units/Infectious\\_Diseases/Pages/default.aspx](https://www.health.gov.il/UnitsOffice/ICDC/Units/Infectious_Diseases/Pages/default.aspx)]. Accessed January 2021.

## 2.3.2 Interoperable, interconnected, electronic real-time reporting systems

### 2.3.2a

**Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that the government operates an electronic reporting surveillance system at both the national and the sub-national level. The Ministry of Health in Israel operates an electronic reporting surveillance system at both the national and sub-national levels. In order to report a notifiable disease to the Ministry of Health, a form needs to be completed, either manually or electronically, and be sent by electronic mail (e-mail) to the Ministry of Health [1]. The form must be completed by a medical doctor and include details regarding the patient, disease, medical institution, laboratory where the pathogens were diagnosed, etc. Regional health bureaus send the data to the national office of the Ministry of Health. The data is analysed in the epidemiology department and published digitally on a weekly basis [2].

[1] The Ministry Of Health. "Individual Reporting Form for Notifiable Disease and Epidemiological Enquiry Questions".

[[https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/Invetigation\\_forms.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/Invetigation_forms.aspx)]. Accessed January 2021.

[2] The Ministry Of Health. "Weekly Epidemiological Reports".

[[https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/epidemiology\\_report.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/epidemiology_report.aspx)]. Accessed January 2021.

### 2.3.2b

**Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that the system collects real time laboratory data. To report a notifiable disease to the Ministry of Health a form needs to be filled out by a medical doctor either manually or electronically and it should then be sent by e-mail to the Ministry of Health. [1] The Ministry of Health updates weekly digital reports on notifiable diseases. It is explicitly mentioned that reports can be delayed and are not real time. [2] There is no other evidence via the national laboratory system. [3]

[1] The Ministry Of Health. "Individual Reporting Form for Notifiable Disease and Epidemiological Inquiry Questions".

[[https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/Invetigation\\_forms.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/Invetigation_forms.aspx)]. Accessed January 2021.

[2] The Ministry Of Health. "Weekly Epidemiological Reports".

[[https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/epidemiology\\_report.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/epidemiology_report.aspx)]. Accessed January 2021.

[3] Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed January 2021.

## 2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

### 2.4.1 Coverage and use of electronic health records

#### 2.4.1a

##### Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

**Current Year Score: 2**

There is public evidence that electronic health records are commonly in use Israel. A research study from 2004 reported that even then, 80% of hospital in Israel used electronic medical records. [1]. In addition, there is a current government initiative to promote a computerized National Health Records. This is a project to collect relevant patient data and information and make it available to care providers. The system is designed to create a virtual health record for all Israeli citizens, connecting them to the healthcare sector [2]. More recently, a presentation by the Ministry of Health from 2016 provides evidence that 99% of Israeli residents are covered by electronic medical records [3].

[1] Lejbkowicz I, Denekamp Y, Reis S, Goldenberg D. October 2004. "Electronic Medical Record Systems in Israel's Public Hospitals". [<https://www.ncbi.nlm.nih.gov/pubmed/15473582>]. Accessed January 2021.

[2] The Israeli Government. March 2018. "The National Program for Digital health as a Growth Generator".

[<https://www.gov.il/BlobFolder/rfp/kolkoreprhealth/he/%D7%91%D7%A8%D7%99%D7%90%D7%95%D7%AA%20%D7%93%D7%99%D7%92%D7%99%D7%98%D7%9C%D7%99%D7%AA%20%D7%9B%D7%9E%D7%A0%D7%95%D7%A2%20%D7%A6%D7%9E%D7%99%D7%97%D7%94.pdf>]. Accessed January 2021.

[3] Ministry of Health. "Israel's Digital Health Strategy". [<https://www.bmcev.de/wp-content/uploads/2016/05/2016-05-15-Yanovsky-Dagan-MoH.-Digital-Health-Strategy.pdf>]. Accessed January 2021.

#### 2.4.1b

##### Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1, No = 0

**Current Year Score: 1**

There is public evidence that the national public health system has access to electronic health records of individuals in Israel. Israel has universal health coverage, which is enabled by the health insurance system. All citizens can choose from among four competing non-profit health organisations (similar to health maintenance organizations - HMOs), which are charged with providing a broad package of benefits stipulated by the government. Some of the hospitals and day care centers in Israel are owned by the HMOs and some are owned by the government. Israel is renowned for its well developed system of electronic health records, which can be accessed by the national public health system [1]. According to a presentation by the Ministry of Health, 99% of Israeli residents are covered by electronic medical records, which can be accessed from every medical institution in the country [2].

[1] Rosen B, Waitzberg R, Merkur S. 2015. "Israel: Health System Review".

[[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/302967/Israel-HiT.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0009/302967/Israel-HiT.pdf?ua=1)]. Accessed January 2021

[2] Ministry of Health. "Israel's Digital Health Strategy". [<https://www.bmcev.de/wp-content/uploads/2016/05/2016-05-15-Yanovsky-Dagan-MoH.-Digital-Health-Strategy.pdf>]. Accessed January 2021.

### 2.4.1c

**Are there data standards to ensure data is comparable (e.g., ISO standards)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that there are data standards to ensure that data is comparable. There is a national data standard in Israel for Electronic Health Records (EHR). In 2017, the Ministry of Health gathered a collection of directives to create a national standard for EHR for legal, clinical, statistical, and commercial purposes. The standard spans the entire life cycle of EHR from the time of creation to its destruction. The Ministry states that medical institutions must follow similar methodologies for creating and storing so that it can be accessed and used by other institutions [1].

[1] Sorasky Medical Center (Tel Aviv). December 2017. "The Full Guide for Electronic Health Record".

[[https://www.health.gov.il/NewsAndEvents/ConferencesAndSeminars/past/Documents/reshuma2017/reshuma\\_a3.pdf](https://www.health.gov.il/NewsAndEvents/ConferencesAndSeminars/past/Documents/reshuma2017/reshuma_a3.pdf)].

Accessed January 2021.

## 2.4.2 Data integration between human, animal, and environmental health sectors

### 2.4.2a

**Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is evidence in Israel of an established mechanism to share data among the relevant ministries that are in charge of animal, human and wildlife surveillance. The Israel Wildlife Disease Surveillance Program is a national programme of the Nature and Parks Authority, Ministry of Health, Ministry of Environmental Protection and Ministry of Agriculture and Rural Development. The programme works under the One-Health approach. The programme's website states, "The understanding that the health of human, livestock, wildlife and the environment are connected to each other is expressed in the 'One Health' approach" [1]. However, no evidence is found for data sharing among the above agencies. No other evidence is found in the Ministry of Environment, the Ministry of Agriculture, or on the website of the national laboratory system (Ministry of Health) [2, 3, 4].

[1] The Nature and Parks authority. "The Israel Wildlife Disease Surveillance Program".

[<https://www.parks.org.il/new/%D7%94%D7%AA%D7%95%D7%9B%D7%A0%D7%99%D7%AA-%D7%9C%D7%A0%D7%99%D7%98%D7%95%D7%A8-%D7%9E%D7%97%D7%9C%D7%95%D7%AA-%D7%91%D7%97%D7%99%D7%95%D7%AA-%D7%91%D7%A8-%D7%91%D7%99%D7%A9%D7%A8%D7%90%D7%9C/>].

Accessed January 2021.

[2] Ministry for Environmental Protection. "A to Z Subjects". [<http://www.sviva.gov.il/Pages/HomePage.aspx>]. Accessed January 2021.

[3] Ministry of Agriculture and Rural Development. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed January 2021.

[4] Ministry of Health. "Public Health Laboratories". [<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed January 2021.

## 2.4.3 Transparency of surveillance data

### 2.4.3a

**Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence that Israel makes de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites. The Ministry of Health publishes weekly de-identified health surveillance data on disease outbreaks. The reports are called Weekly Epidemiological Reports and they include data on 84 diseases in 15 sub- regions. Among the reported infectious disease are measles, mumps, and yellow fever [1].

[1] The Ministry of Health. "Weekly Epidemiological Reports". [[https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/epidemiology\\_report.aspx](https://www.health.gov.il/UnitsOffice/HD/PH/epidemiology/Pages/epidemiology_report.aspx)]. Accessed January 2021.

### 2.4.3b

**Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel provides de-identified COVID-19 surveillance data via the Ministry of Health website [1]. This is updated thrice daily, at 11.00, 19.30 and 23.30. The data provided include: number of newly verified cases since the previous day; percentage of positive results from tests conducted yesterday; total number of 'active cases'; number of current cases defined as 'serious'; number of serious cases attached to breathing-support equipment; cumulative number of deaths since the outbreak of the pandemic; and more.

[1] Ministry of Health, "Corona virus in Israel -- general picture", [<https://datadashboard.health.gov.il/COVID-19/general>]. Accessed January 2021

## 2.4.4 Ethical considerations during surveillance

### 2.4.4a

**Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence that Israel has legislation and/or regulations in place that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. The Protection of Privacy Law 1981 and the Patient Right Law, 1996, both safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. The Protection of Privacy Law states that any person has the right to privacy, and privacy is protected in databases. The Law also states that a database, such as surveillance database, must only be used for the purpose of the database. The collection of health information is explicitly considered to be a database, and health information is considered "sensitive information". Any violation of health information is a criminal offence rather than a civil wrongdoing [1]. Clause 19 of the Patient Right Law (1996) states that employees of a health institution will safeguard the confidentiality of their patients' health information [2].

[1] Israeli Parliament ("The Knesset"). "The Protection of Privacy Law 1981".  
[[http://www.wipo.int/wipolex/en/text.jsp?file\\_id=347462](http://www.wipo.int/wipolex/en/text.jsp?file_id=347462)]. Accessed January 2021.

[2] Israeli Parliament ("The Knesset"). "The Patient Right Law 1996".  
[[https://www.nevo.co.il/law\\_html/law01/133\\_001.htm#Seif19](https://www.nevo.co.il/law_html/law01/133_001.htm#Seif19)]. Accessed January 2021.

#### 2.4.4b

**Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is evidence of legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, including mention of protections from cyber attacks (e.g., ransomware). The Privacy Protection Regulations (data protection) 2017 extends the Protection of Privacy Law and explicitly mentions cybersecurity in the safeguarding of confidential identifiable health information for individuals, such as that generated through health surveillance activities. The Protection of Privacy Law, 1981, states that any person has the right to privacy, and privacy is protected in databases. The law also states that a database, such as a surveillance database, must only be used for the purpose of the database. The collection of health information is explicitly considered to be a database, and health information is considered "sensitive information". Any violation with regard to health information is a criminal offence rather than a civil wrongdoing [1]. The Privacy Protection Regulations (data protection) 2017 extends the Protection of Privacy Law and includes protection from cyber attacks. If a database includes health information, then extra protection measures—including cyber security—are required. For example, according to Clause 14.a., the owner of a sensitive database shall not connect the database to the internet or other public network unless safety measures are in place to prevent malware or unauthorized access [2, 3].

[1] Israeli Parliament ("The Knesset"). "The Protection of Privacy Law 1981".  
[[http://www.wipo.int/wipolex/en/text.jsp?file\\_id=347462](http://www.wipo.int/wipolex/en/text.jsp?file_id=347462)]. Accessed January 2021.

[2] Gronitzky & Co. "Israel's New Data Protection Regulations will Enter into Force in May 2018—Is Your Company Ready?".  
[[https://www.gornitzky.com/wp-content/uploads/2018/05/client\\_update\\_feb18-data-protection.pdf](https://www.gornitzky.com/wp-content/uploads/2018/05/client_update_feb18-data-protection.pdf)]. Accessed January 2021.

[3] Israeli Parliament ("The Knesset"). "The Privacy Protection Regulations (Data Protection) 2017".  
[[https://www.nevo.co.il/law\\_word/Law06/tak-7809.pdf](https://www.nevo.co.il/law_word/Law06/tak-7809.pdf)]. Accessed January 2021.

## 2.4.5 International data sharing

### 2.4.5a

**Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?**

Yes, commitments have been made to share data for more than one disease = 2, Yes, commitments have been made to share data only for one disease = 1, No = 0

**Current Year Score: 0**

There is no public evidence that Israel has made a commitment via public statement, legislation, or a cooperative agreement to share surveillance data with other countries in the region in an emergency for one or more diseases. The Infectious Diseases Unit within the Israeli Center for Diseases Control is responsible for surveillance data on infectious diseases. The unit is part of the Mediterranean surveillance networks (EpiSouth) and its team is regularly active in the European branch of the World Health Organization (WHO). However, there no explicit statements about sharing surveillance data [1]. No other evidence is found on the website of the National laboratories the Ministry of Health [2]. Further, no evidence is found in the Middle East Consortium on Infectious Disease Surveillance [3]. There is no further evidence on the website of the Ministry of Health. [4]

[1] The Ministry of Health. "The Infectious Diseases Unit, the Israeli Center for Diseases Control".

[[https://www.health.gov.il/UnitsOffice/ICDC/Units/Infectious\\_Diseases/Pages/default.aspx](https://www.health.gov.il/UnitsOffice/ICDC/Units/Infectious_Diseases/Pages/default.aspx)]. Accessed January 2021.

[2] The Ministry of Health. "Public Health Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/PublicHealthLabs/Pages/default.aspx>]. Accessed January 2021.

[3] Middle East Consortium on Infectious Disease Surveillance. "Search: Israel".

[<http://www.mecidsnetwork.org/search/node/israel>]. Accessed January 2021.

[4] The Ministry of Health. [<https://www.health.gov.il/>]. Accessed December 2020.

## 2.5 CASE-BASED INVESTIGATION

### 2.5.1 Case investigation and contact tracing

#### 2.5.1a

**Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?**

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

**Current Year Score: 0**

There is insufficient public evidence of a national system to provide support at the sub-national level to conduct contact tracing in the event of an active or for a future public health emergency. The websites of the Prime Minister's Office, which covers various national intelligence agencies that have been used for contact tracing during the Covid-19 pandemic, the Ministry of Health and the Ministry of Defense (National Emergency Management Agency) have no references to any contact tracing plans or systems [1,2,3]. There is evidence of some contact tracing measures which have been developed during the Covid-19 pandemic on an ad hoc basis and have included assistance from different government departments and agencies, but none of these reflect a plan or system to provide support at the sub-nation level. At the start of the pandemic, the Ministry of Health investigated and monitored each diagnosed case, and later used technology and big data to facilitate

investigations. [4] The contact-tracing system in place with assistance from the security agency Shint Bet. The Health Ministry provides the Shin Bet with the name, ID number, and cellphone number of individuals who have received a confirmed COVID-19 diagnosis, so that it can identify all those who came within two meters of the patient for at least 15 minutes during the two weeks preceding the diagnosis. The data is collected from cellular providers and phone companies and based on the information provided, the Health Ministry then sends a text message to those identified and informs them that they must enter quarantine and register with the Health Ministry's database. [5] However, there is no evidence of a system to provide support at the sub-national level.

[1] The Prime Minister's Office, "Search: itur maga'im (contact tracing)", [<https://www.gov.il/he/search?OfficelId=e744bba9-d17e-429f-abc3-50f7a8a55667&query=%D7%90%D7%99%D7%AA%D7%95%D7%A8%20%D7%9E%D7%92%D7%A2%D7%99%D7%9D&btnSearchPageSearch=>], Accessed January 2021.

[2] Ministry of Health, search "itur maga'im (contact tracing)" [<https://www.gov.il/he/search?OfficelId=104cb0f4-d65a-4692-b590-94af928c19c0&query=%D7%90%D7%99%D7%AA%D7%95%D7%A8%20%D7%9E%D7%92%D7%A2%D7%99%D7%9D&btnSearchPageSearch=>], Accessed January 2021.

[3] Ministry of Defense, "NEMA search: itur ,aga'im" [<https://www.mod.gov.il/pages/searchResults.aspx?k=%u05D0%u05D9%u05EA%u05D5%u05E8%20%u05DE%u05D2%u05E2%u05D9%u05DD#k=%D7%90%D7%99%D7%AA%D7%95%D7%A8%20%D7%9E%D7%92%D7%A2%D7%99%D7%9D>]. Accessed January 2021.

[4] Covid-19 Health System Response Monitor. "Israel: Policy Response". [<https://www.covid19healthsystem.org/countries/israel/livinghit.aspx?Section=1.4%20Monitoring%20and%20surveillance&Type=Section>]. Accessed 25 May 2021.

[5] Brookings Insitute. "How Israel's COVID-19 mass surveillance operation works". 2020. [<https://www.brookings.edu/techstream/how-israels-covid-19-mass-surveillance-operation-works/>] Accessed 25 May 2021

### 2.5.1b

**Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?**

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

**Current Year Score: 0**

There is no evidence that Israel provides wraparound services to enable infected people and their contacts to self-isolate. Prior to the Covid-19 pandemic, instructions were issued to hospitals and other health service providers in very specific instances, such as the Ebola outbreak in Africa in 2014 [1]. The wraparound services rolled out and provided during the current Covid pandemic are unprecedented. The websites of the Health Ministry and the four health maintenance organizations (HMOs) offer guidance and instruction only regarding Covid-19. Similarly, the websites and other communication channels of the Ministry of Finance and the National Insurance Institute provide details of the numerous programs launched since the outbreak of the Covid-19 pandemic, but do not relate to any other potential or actual medical emergencies [2,3].

[1] Ministry of Health , Directive of Updated Instruction regarding Ebola Outbreak, December 2014.

[[https://www.health.gov.il/hozar/bz25\\_2014.pdf](https://www.health.gov.il/hozar/bz25_2014.pdf)]. Accessed February 2021;

[2] Ministry of Health, "Guides-Coronavirus-Who is Required to go into isolation"

[<https://www.gov.il/en/departments/guides/corona-quarantine?chapterIndex=6>]. Accessed January 2021.

[3] Ministry of Finance, "Economic Safety Net", [<https://govextra.gov.il/mof-corona-eng/homepage/>]. Accessed January 2021.  
[3] National Insurance Institute of Israel, "Coronavirus related guidelines of the National Insurance Institute", [[https://www.btl.gov.il/English%20Homepage/Coronavirus\\_guidelines/Pages/default.aspx](https://www.btl.gov.il/English%20Homepage/Coronavirus_guidelines/Pages/default.aspx)] and also "Employees sent on unpaid leave of who lost their job", [<https://www.btl.gov.il/English%20Homepage/Benefits/Unemployment%20Insurance/Corona-crisis/EmployeesUnpaidLeave/Pages/default.aspx>]. Accessed January 2021.

### 2.5.1c

**Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites. The Ministry of Health makes available on its website de-identified data on contact tracing efforts for COVID-19 via ongoing (although not real-time) reports uploaded throughout the day and night. This data relates to places rather than people, i.e. locations where persons known to be, or subsequently found to be, positive to COVID-19 spent time, with dates and times. For example, the database shows that on January 9, 2021, in the Tiv Ta'am supermarket located at 2 Oppenheimer St. in the town of Rehovot, between 9 and 10 am, a COVID-19-positive person was present. The database is divided in to three sections -- locations (as noted), public transport -- where the number of the bus or train, date and time of journey and starting and end points of its route are published; and international flights, where the information includes the airline, flight number, date, time, country and airport of departure and arrival, fr flights either leaving from or arriving to Israel. [1]

[1] Ministry of Health, "Tracking Sources of Exposure to Covid-19" [<https://coronaupdates.health.gov.il/corona-updates/grid/place>]. Accessed January 2021

## 2.5.2 Point of entry management

### 2.5.2a

**Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?**

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

**Current Year Score: 0**

There is insufficient evidence that there is a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of an active or for a future public health emergency. There is no evidence of a plan or agreement to prepare in the websites of the Ministry of Health, Ministry of Transport or the Israel Airports Authority [1,2,3]. However, with regard to the COVID-19 pandemic, the Israeli government has legislated emergency laws, regulations and procedures to address the circumstances and needs created by it , including Regulations and special authorisations to address the Novel Coronavirus (Emergency Regulations) (Restrictions on the operations or airports and flights) 2020, published in August 2020.

However, this plan is not available online. [4]. Information from the websites of Ministry of Health, Ministry of Transport, Airports Authority on covid-19 reflect ongoing consultations and agreements between these agencies [5,6,7]. However, these do not provide any evidence of a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency.

[1] Ministry of Health, [[https://www.gov.il/he/departments/ministry\\_of\\_health](https://www.gov.il/he/departments/ministry_of_health)], accessed January 2021;

[2] Ministry of Transport and Road Safety, [[https://www.gov.il/en/departments/ministry\\_of\\_transport\\_and\\_road\\_safety](https://www.gov.il/en/departments/ministry_of_transport_and_road_safety)], accessed February 2021.

[3] Israel Airports Authority, [<https://www.iaa.gov.il/en/>], accessed February 2021.

[4] Reshumot (official government publication of all laws, regulations etc) Codex of Regulations 8695, 14th August 2020 [Novel Coronavirus (Emergency Regulations) (Restrictions on the operations of airports and flights) 2020]. Accessed January 2021.

[5] Ministry of Health, COVID-19 Air Transport, "Outbound and inbound air travel guidance and information", [<https://www.gov.il/en/departments/air-travel-covid19-israel>]. Accessed January 2021.

[6] Ministry of Transport, "Changes and Adjustments Pursuant to Addressing the Corona Virus"

[[https://www.gov.il/he/departments/news/mot\\_updates\\_covid19%D7%98%D7%99%D7%A1%D7%95%D7%AA%20%D7%A4%D7%A0%D7%99%D7%9D%20%D7%95%D7%98%D7%99%D7%A1%D7%95%D7%AA%20%D7%91%D7%99%D7%A0%D7%9C%D7%90%D7%95%D7%9E%D7%99%D7%95%D7%AA](https://www.gov.il/he/departments/news/mot_updates_covid19%D7%98%D7%99%D7%A1%D7%95%D7%AA%20%D7%A4%D7%A0%D7%99%D7%9D%20%D7%95%D7%98%D7%99%D7%A1%D7%95%D7%AA%20%D7%91%D7%99%D7%A0%D7%9C%D7%90%D7%95%D7%9E%D7%99%D7%95%D7%AA)]. Accessed January 2021.

[7] Israel Airports Authority, Ben-Gurion Airport, "Notifications and Updates during COVID-19"

[<https://www.iaa.gov.il/en/airports/ben-gurion/notifications-and-updates-during-covid-19/>]. Accessed January 2021.

## 2.6 EPIDEMIOLOGY WORKFORCE

### 2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

#### 2.6.1a

Does the country meet one of the following criteria?

- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is public evidence that an applied epidemiology training program (such as FETP) is available in Israel; however, there is no evidence that resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP). In Israel, applied epidemiological training is provided by the National Center for Diseases Control in the Ministry of Health. The course is called Middle East Program for Interventional Epidemiology Training (MEPIET) and is aimed at health care professionals and the most recent course for which public evidence is available took place in 2017. [1]. EpiSouth, a collaboration on epidemiological issues among Mediterranean countries, provides applied epidemiological training and there is evidence of Israeli civil servants who participated in the course, albeit in 2010 [2].

[1] Ministry of Health. July 2017. "Applied Epidemiological Training Course".

[<https://www.health.gov.il/UnitsOffice/ICDC/Documents/MEPIET2017.pdf>]. Accessed January 2021.

[2] EpiSouth. April 2010. "Training in Public Health and Applied Epidemiology in the Mediterranean Countries and Balkans".

[[http://www.episouth.org/outputs/wp5/2\\_EpiSouth%20Strategic%20document%20on%20Training%20Rev%20luglio%202010.pdf](http://www.episouth.org/outputs/wp5/2_EpiSouth%20Strategic%20document%20on%20Training%20Rev%20luglio%202010.pdf)]. Accessed January 2021.

### 2.6.1b

**Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that the available field epidemiology training program in Israel is explicitly inclusive of animal health professionals. Applied epidemiological training is provided in Israel by the National Center for Diseases Control in the Ministry of Health. The course that is provided is called Middle East Program for Interventional Epidemiology Training and it is "open to veterinarians", as per the invitation to the course. The course provides epidemiological tools to investigate outbreaks. In addition, the participants explore topics such as dealing with media, international cooperation, international healthcare regulations. The most recent course for which public evidence is available took place in 2017. [1].

[1] Ministry of Health. July 2017. "Applied Epidemiological Training Course".

[<https://www.health.gov.il/UnitsOffice/ICDC/Documents/MEPIET2017.pdf>]. Accessed January 2021.

## 2.6.2 Epidemiology workforce capacity

### 2.6.2a

**Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?**

Yes = 1 , No = 0

**Current Year Score: 0**

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

## Category 3: Rapid response to and mitigation of the spread of an epidemic

### 3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

#### 3.1.1 National public health emergency preparedness and response plan

##### 3.1.1a

**Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?**

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

**Current Year Score: 0**

There is no publicly available evidence in Israel for an overarching national public health emergency response plan which addresses planning for multiple communicable diseases with pandemic potential. In 2007, a national public health emergency response plan to pandemic influenza was published by the Ministry of Health. The plan explores four severity scenarios and mentions several facets of preparations, such as hospitals, labs, community, communications, etc. However, the plan does not mention multiple communicable diseases [1]. No evidence for such a plan is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) at the Ministry of Defense, nor in the emergency unit of the Ministry of Health [2, 3]. The Ministry of Health published an "Emergency Procedures Folder" in January 2010, which details what health related authorities must be doing in case of an emergency. The folder includes procedures for different scenarios of emergency, none of them medical, and covers issues such as urban sanitation, water facilities, evacuating hospitals, etc. However, the folder is a collection of different procedures from different periods and not a national plan [4].

[1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[2] The Ministry of Defence. "RAHEL". [<https://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[3] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[4] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

##### 3.1.1b

**If an overarching plan is in place, has it been updated in the last 3 years?**

Yes = 1 , No /no plan in place= 0

**Current Year Score: 0**

There is no publicly available evidence in Israel for an overarching national public health emergency response plan which addresses planning for multiple communicable diseases with pandemic potential. In 2007, a national public health emergency response plan to pandemic influenza was published by the Ministry of Health. The plan explores four severity scenarios and mentions several facets of preparations, such as hospitals, labs, community, communications, etc. However, the plan does not mention multiple communicable diseases [1]. No evidence for such a plan is found in the National

Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) at the Ministry of Defense, nor in the emergency unit of the Ministry of Health [2, 3]. The Ministry of Health published an "Emergency Procedures Folder" in January 2010, which details what health related authorities must be doing in case of an emergency. The folder includes procedures for different scenarios of emergency, none of them medical, and covers issues such as urban sanitation, water facilities, evacuating hospitals, etc. However, the folder is a collection of different procedures from different periods and not a national plan [4].

[1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza". [[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[2] The Ministry of Defence. "RAHEL". [<https://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[3] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[4] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

### 3.1.1c

**If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?**

Yes = 1 , No /no plan in place= 0

**Current Year Score: 0**

There is no publicly available evidence in Israel for an overarching national public health emergency response plan which addresses planning for multiple communicable diseases with pandemic potential. In 2007, a national public health emergency response plan to pandemic influenza was published by the Ministry of Health. The plan explores four severity scenarios and mentions several facets of preparations, such as hospitals, labs, community, communications, etc. However, the plan does not mention multiple communicable diseases [1]. No evidence for such a plan is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) at the Ministry of Defense, nor in the emergency unit of the Ministry of Health [2, 3]. The Ministry of Health published an "Emergency Procedures Folder" in January 2010, which details what health related authorities must be doing in case of an emergency. The folder includes procedures for different scenarios of emergency, none of them medical, and covers issues such as urban sanitation, water facilities, evacuating hospitals, etc. However, the folder is a collection of different procedures from different periods and not a national plan [4].

[1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[2] The Ministry of Defence. "RAHEL". [<https://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[3] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[4] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

### 3.1.1d

**Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?**

Yes = 1 , No = 0

**Current Year Score: 0**

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

### 3.1.2 Private sector involvement in response planning

#### 3.1.2a

**Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?**

Yes = 1, No = 0

**Current Year Score: 0**

There is no publicly available evidence for a mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. There is no evidence in the national public health emergency response plan to pandemic influenza, published by the Ministry of Health [1]. In addition, there is no evidence in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defence, the "Emergency Procedures Folder" of the Ministry of Health, or the emergency unit in the Ministry of Health [2, 3, 4].

[1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021

[2] The Ministry of Defence. "RAHEL". [<http://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[4] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

### 3.1.3 Non-pharmaceutical interventions planning

#### 3.1.3a

**Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?**

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

**Current Year Score: 1**

There is some evidence that Israel has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or a pandemic, but for only one disease. During the COVID-19 pandemic, numerous guidelines have been introduced, altered, withdrawn, re-introduced and further modified, as the pandemic evolved in Israel. However, these were temporary or ad hoc instructions that did not extend beyond the immediate situation. [1] The measures put in place include social distancing guidelines limiting the number of people in a store, operation of guest units only for nuclear family or with appropriate distances, limiting the number of people in a car or in one school bus, and a ban on public gatherings for sports or cultural events. [4] Neither the Ministry of Health and its Israel Center for Disease Control

(ICDC) nor the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defense present or relate to such policies or guidelines for any other diseases. [1,2,3]

[1] Ministry of Health, "Coronavirus" [<https://www.gov.il/en/departments/topics/corona-main-sub>]. Accessed January 2021

[2] Ministry of Health "Israel Center for Disease Control (ICDC) [<https://www.health.gov.il/English/MinistryUnits/HealthDivision/Icdc/Pages/default.aspx>]. Accessed January 2021

[3] Ministry of Defense "National Emergency Management Authority" [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021

[4] COVID Analysis and Mapping of Policies. 2020. "Israel".

[[https://covidamp.org/data?type=policy&filters\\_policy=%7B%22country\\_name%22%3A%5B%22Israel+%28ISR%29%22%5D%2C%22primary\\_ph\\_measure%22%3A%5B%22Social+distancing%22%2C%22Face+mask%22%5D%7D](https://covidamp.org/data?type=policy&filters_policy=%7B%22country_name%22%3A%5B%22Israel+%28ISR%29%22%5D%2C%22primary_ph_measure%22%3A%5B%22Social+distancing%22%2C%22Face+mask%22%5D%7D)]. Accessed 26 May 2021

## 3.2 EXERCISING RESPONSE PLANS

### 3.2.1 Activating response plans

#### 3.2.1a

Does the country meet one of the following criteria?

- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?

- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

**Current Year Score: 0**

There is insufficient public evidence that Israel has a national-level emergency response plan for an infectious disease outbreak nor is there evidence that Israel has conducted a national-level biological threat-focused exercise, either with WHO or on its own, in the past year [1]. Neither the Ministry of Health, nor the Ministry of Agriculture and Rural Development, nor the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defense mentions any such plan or such exercise. [2,3,4]. However, the Ministry of Health, together with other government ministries and organisations, has created and implemented various guidelines for the Covid-19 pandemic. There were developed during 2020 and adapted in line with the severity and extent of the infection. The details include on contact tracing, vaccination, forms, and tenders and protocols. [5]

[1] World Health Organisation "Simulation Exercise" [<https://extranet.who.int/sph/simulation-exercise>]. Accessed January 2021.

[2] Ministry of Health, [[https://www.gov.il/en/departments/ministry\\_of\\_health](https://www.gov.il/en/departments/ministry_of_health)] Accessed January 2021;

[3] Ministry of Agriculture and Rural Development [<https://www.moag.gov.il/en/Pages/default.aspx>] Accessed January 2021

[4] Ministry of Defense "National Emergency Management Authority" [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021.

[5] Ministry of Health "Coronavirus: General information, Publications, etc. " [<https://www.gov.il/en/departments/topics/corona-main-sub>]. Accessed May 2021.

### 3.2.1b

**Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?**

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that the country has undergone an exercise to identify a list of gaps and best practices through either an after-action review (post-emergency response) or a biological threat-focused IHR exercise with the WHO. There is no evidence in the WHO portal or in the WHO country profile page [1, 2]. In addition, there is no evidence for such an exercise in the Emergency Response Unit in the Ministry of Health [3]. Further, no other evidence is found in the Ministry of Health nor the Ministry of Agriculture [4,5].

[1] World Health Organization. "After Action Review". [<https://extranet.who.int/sph/after-action-review?region=All&country=1258>]. Accessed January 2021.

[2] World Health Organization. "Israel". [<http://www.who.int/countries/isr/en/>]. Accessed January 2021.

[3] The Ministry of Health. "Emergency Response Unit".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[4] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed January 2021.

[5] Ministry of Agriculture and Rural Development. "Ministry of Agriculture and Rural Development".

[<https://www.moag.gov.il/>]. Accessed January 2021.

## 3.2.2 Private sector engagement in exercises

### 3.2.2a

**Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that the country has undergone a national-level biological threat-focused exercise that has included private sector representatives. There is no evidence in the World Health Organisation (WHO) portal or in the WHO country profile page [1, 2]. In addition, there is no evidence for such an exercise in the Emergency Response Unit in the Ministry of Health [3]. Further, no other evidence is found in the Ministry of Health nor the Ministry of Agriculture [4,5]. There is also no evidence on the WHO simulation exercise page. [6]

[1] World Health Organization. "After Action Review". [<https://extranet.who.int/sph/after-action-review?region=All&country=1258>]. Accessed January 2021.

[2] World Health Organization. "Israel". [<http://www.who.int/countries/isr/en/>]. Accessed January 2021.

[3] The Ministry of Health. "Emergency Response Unit".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[4] The Ministry of Health. "The Ministry of Health". [<https://www.health.gov.il/>]. Accessed January 2021.

[5] Ministry of Agriculture and Rural Development. "Ministry of Agriculture and Rural Development".

[<https://www.moag.gov.il/>]. Accessed January 2021.

[6] World Health Organisation "Simulation Exercise" [<https://extranet.who.int/sph/simulation-exercise>]. Accessed January

2021.

## 3.3 EMERGENCY RESPONSE OPERATION

### 3.3.1 Emergency response operation

#### 3.3.1a

**Does the country have in place an Emergency Operations Center (EOC)?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence that Israel has in place an Emergency Operations Center (EOC). No evidence relating to health emergencies is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defense nor in the emergency unit in the Ministry of Health [1,2]. In addition, no EOC is mentioned in the "Emergency Procedures Folder" by the Ministry of Health [3].

[1] National Emergency Management Authority. "search for Emergency Operations Center"

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021.

[2] The Ministry of Health. "Preparations for emergencies, search for Emergency drills"

[<https://www.health.gov.il/Subjects/emergency/preparation/Pages/default.aspx>] Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

#### 3.3.1b

**Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence in Israel for an Emergency Operation Center (EOC) and there is no evidence for emergency drills every year. No evidence is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) nor in the emergency unit in the Ministry of Health [1, 2]. In addition, no EOC is mentioned in the "Emergency Procedures Folder" by the Ministry of Health [3].

[1] National Emergency Management Authority. "search for Emergency drills"

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021.

[2] The Ministry of Health. "Emergency Department search for Emergency drills".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

### 3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence in Israel for an Emergency Operation Center (EOC) and therefore no evidence that it has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. No evidence is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defence, nor in the emergency unit in the Ministry of Health [1, 2]. In addition, no EOC is mentioned in the "Emergency Procedures Folder" by the Ministry of Health [3].

[1] National Emergency Management Authority. "search for Emergency response "

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021.

[2] The Ministry of Health. "Emergency Department search for Emergency response".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

## 3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

### 3.4.1 Public health and security authorities are linked for rapid response during a biological event

#### 3.4.1a

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

**Current Year Score: 1**

There is public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (bioterrorism attack). In 2011, 2014 and 2017, the Ministry of Health and the Israeli Defense Force (IDF), together with various public and private-sector authorities and emergency services, including police, local authorities and the Ministry for Environmental Protection, conducted exercises to respond to a potential deliberate biological event. The drills in 2011 and 2014 emulated an outbreak of infections such as Anthrax, that of 2011 was conducted in the north of Israel, and the participants practiced transferring samples to the biological institute for investigation and a consultation with the deputy Defense Minister about whether a national emergency should be declared. That of 2017 was conducted at Wolfson Hospital in Holon, central Israel. A report of the 2017 drill noted that such drills are conducted annually, but no supporting evidence for this claim was found. [1, 2,3]. There is no evidence that there are standard operating procedures, guidelines, memorandums of understanding (MOUs) or other agreements between the public health

and security authorities to respond to a potential deliberate biological event. There is no such evidence in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defence, the "Emergency Procedures Folder", or in the emergency unit of the Ministry of Health [ 4, 5, 6]. However, in August 2008 the Health Ministry issued a long and detailed document entitled "Dealing with an Exceptional Biological Event: the first hours" and sub-titled "A Generic Operating Manual for the Health System", which details the responses from various players within the health system over the 48 hours following such and "event" [7].

[1] The Ministry of Health. "Emergency Drill Orange Flame 9".

[<https://www.health.gov.il/UnitsOffice/LB/North/Pages/targil.aspx>]. Accessed January 2021.

[2] Zeytoon, Yoav. November 2011. "Orange Flame, Black Cloud: A Drill for Biological Terror".

[<https://www.ynet.co.il/articles/0,7340,L-4154341,00.html>]. Accessed January 2021

[3] Israel Defense newsletter [<https://www.israeldefense.co.il/he/node/31818>]. Accessed January 2021.

[4] The Ministry of Defence. "National Emergency management Authority".

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.asp>]. Accessed January 2021.

[5] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[6] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[7] Ministry of Health. "Emergency

preparations". [[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_BIO\\_EVENT\\_HOURS.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_BIO_EVENT_HOURS.pdf)]. Accessed January 2021.

## 3.5 RISK COMMUNICATIONS

### 3.5.1 Public communication

#### 3.5.1b

**Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence of a plan that outlines how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach). In its national public health emergency response plan for Influenza from 2007, Israel has a section detailing a risk communication plan for use during a pandemic influenza emergency. The section in question, pp 89-90 of the overall plan, discusses the need to prepare and present messages directed at different population groups, including issues of language, level of detail and media of communication to be used. However, this document focuses only on an influenza emergency and does not refer to other types of national public health emergencies [1]. No other evidence is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defence, the "Emergency Procedures Folder" of the Ministry of Health, or the emergency unit in the Ministry of Health [2, 3, 4].

[1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[2] The Ministry of Defence. "National Emergency management Authority".

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.asp>]. Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[4] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

### 3.5.1 Risk communication planning

#### 3.5.1a

**Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence for a document or a strategy with a section detailing a risk communication plan that is specifically intended for use during a public health emergency. In its national public health emergency response plan for Influenza from 2007, Israel has a section detailing a risk communication plan for use during a pandemic influenza emergency. The section in question, pp 89-90 of the overall plan, discusses the need to prepare and present messages directed at different population groups, including issues of language, level of detail and media of communication to be used. However, this document focuses only on an influenza emergency and does not refer to other types of national public health emergencies [1]. No other evidence is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defence, the "Emergency Procedures Folder" of the Ministry of Health, or the emergency unit in the Ministry of Health [2, 3, 4].

[1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[2] The Ministry of Defence. "National Emergency management Authority".

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.asp>]. Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[4] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

#### 3.5.1c

**Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is insufficient evidence that the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designates a specific position within the government to serve as the primary

spokesperson to the public during a public health emergency. The national public health emergency response plan for a pandemic influenza emergency, published in 2007, contains a risk communication plan that is specifically intended for use during a public health emergency. However, this very general plan does not designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. Furthermore, the plan focuses on the functions and materials required from the health system and not on the government as a whole. This document relates only to an influenza pandemic but does not refer to other types of national public health emergencies [1]. No other evidence is found in the National Emergency Management Authority (NEMA, RAHEL in Hebrew acronym) in the Ministry of Defence, the "Emergency Procedures Folder" of the Ministry of Health, or the emergency unit in the Ministry of Health [2, 3, 4].

- [1] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza" pp. 89-90. [[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021. 2] The Ministry of Defence. "National Emergency management Authority". [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.asp>]. Accessed January 2021 [3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus". [<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021. [4] The Ministry of Health. "Emergency Department". [<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

## 3.5.2 Public communication

### 3.5.2a

**In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?**

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

**Current Year Score: 2**

There is public evidence that the government utilizes media platforms to inform the public about public health emergencies. The website of the Ministry of Health (MoH), for example, provides constant updates on current health issues and warnings related to specific products or developments such as announcements on misleading oil launches which potentially harm human health. [1,2]. In the course of the COVID-19 pandemic, the Ministry has considerably expanded this role in response to the need to provide reliable information and the demand for such information on the part of the general public [3,4]. There is also an active Facebook page of the Ministry of Health, relating to coronavirus and other issues such as need for proper diet, importance of breastfeeding etc. [5]

- [1] Ministry of Health. "Spokesman Messages". [<https://www.health.gov.il/NewsAndEvents/SpokemanMessegas/Pages/Messegas.aspx>]. Accessed January 2021. [2] Ministry of Health. "Ministry of Health warns the public against the purchase and use of Ketoil". [[https://www.health.gov.il/NewsAndEvents/SpokemanMessegas/Pages/12012021\\_03.aspx](https://www.health.gov.il/NewsAndEvents/SpokemanMessegas/Pages/12012021_03.aspx)]. Accessed January 2021. [3] Ministry of Health "Coronavirus -- News, general information, etc". [<https://www.gov.il/en/departments/topics/corona-main-sub>] Accessed January 2021. [4] Ministry of Health. "Covid-19 Guidance" [<https://www.gov.il/en/departments/guides/ramzor-cites-guidelines>]. Accessed January 2021.

[5] Ministry of health "Facebook page" [<https://www.facebook.com/Health.gov.il/>]. Accessed January 2021.

### 3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no public evidence that senior leaders in Israel, including the prime minister, senior cabinet ministers and senior government officials have shared misinformation or disinformation on infectious diseases in the past two years. Domestic media have no such stories [1]. There is no further evidence on other international news outlets.

[1] Reshet B, main radio station. [<https://www.kan.org.il/live/radio.aspx?stationid=3>]. Y-net, main online news site. <https://www.ynet.co.il/home/0,7340,L-8,00.html>. Arutz 12 -- television and news site.

## 3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

### 3.6.1 Internet users

#### 3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 86.79

2019

International Telecommunication Union (ITU)

### 3.6.2 Mobile subscribers

#### 3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 126.77

2019

International Telecommunication Union (ITU)

### 3.6.3 Female access to a mobile phone

#### 3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 0

2019

Gallup; Economist Impact calculation

### 3.6.4 Female access to the Internet

#### 3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 1.0

2019

Gallup; Economist Impact calculation

## 3.7 TRADE AND TRAVEL RESTRICTIONS

### 3.7.1 Trade restrictions

#### 3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0, No = 1

Current Year Score: 0

There is evidence that Israel has issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak in the past year. The World Trade Organisation's "COVID-19: Measures affecting trade in goods" list confirms that Israel "previously notified the introduction of a temporary export licensing requirement due to the COVID-19 pandemic, which remained in force until 15 October 2020 (WTO document G/MA/QR/N/ISR/1/Add.1, 16 June 2020). Israel adopted a new temporary export licensing scheme which will remain in force until 30 November 2020. The modified temporary measure reflects elimination of export licensing requirements for respiratory machines, and new export licensing requirement for a number of COVID-19 tests products (HS 2207; 2208; 3002.15.90; 3005; 3402.20; 3808.90; 3822.00.90; 3923.30.90; 3923.90.00; 4015.19.00; 6307.90)" effective until 30 November 2020. [1]There are no additional announcements on this topic in the websites of the Ministry of Health, Ministry of Agriculture and Rural Dvelopment or the Ministry of Economy and Industry, which is in charge of trade relations and regulation. [2, 3, 4]

[1] World Trade Organisation. June 4, 2021. "COVID-19: Measures affecting trade in goods".

[[https://www.wto.org/english/tratop\\_e/covid19\\_e/trade\\_related\\_goods\\_measure\\_e.htm](https://www.wto.org/english/tratop_e/covid19_e/trade_related_goods_measure_e.htm)] Accessed June 24, 2021.

[2] Ministry of Health. [[https://www.gov.il/he/departments/ministry\\_of\\_health](https://www.gov.il/he/departments/ministry_of_health)]. Accessed January 2021.

[3] Ministry of Agriculture and Rural Dvelopment. [<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed January 2021.

[4] Ministry of Economy and Industry. [[https://www.gov.il/he/departments/ministry\\_of\\_economy](https://www.gov.il/he/departments/ministry_of_economy)]. Accessed January 2021.

### 3.7.1b

**In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?**

Yes = 0 , No = 1

**Current Year Score: 1**

There is no public evidence that Israel has, in the past year, issued a restriction without international/ bilateral support, on the import/ export of non-medical goods due to an infectious disease outbreak. There are no announcements on this topic in the websites of the Ministry of Health, Ministry of Agriculture and Rural Dvelopment or the Ministry of Economy and Industry, which is in charge of trade relations and regulation. [1,2,3]

[1] Ministry of Health. [[https://www.gov.il/he/departments/ministry\\_of\\_health](https://www.gov.il/he/departments/ministry_of_health)]. Accessed January 2021

[2] Ministry of Agriculture and Rural Dvelopment.[<https://www.moag.gov.il/Pages/HomePage.aspx>].Accessed January 2021.

[3] Ministry of Economy and Industry. [[https://www.gov.il/he/departments/ministry\\_of\\_economy](https://www.gov.il/he/departments/ministry_of_economy)]. Accessed January 2021

## 3.7.2 Travel restrictions

### 3.7.2a

**In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?**

Yes = 0 , No = 1

**Current Year Score: 0**

There is public evidence that Israel has implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. In the past year, and specifically in the period beginning in March 2020 as the Covid-19 pandemic spread rapidly across the world, Israel has implemented periodic bans on arriving travelers, with the bans explicitly related to the Covid-19 pandemic. The details regarding these bans are most clearly presented by the Population and Immigration Authority, but this agency is merely the executive arm for policies proposed by the Ministry of Health and approved by the full government or by the ministerial group known as 'the corona cabinet'. The initial move, announced on 8 March, 2020, was a blanket ban on arrivals of foreign nationals from all countries, although Israeli citizens and foreigners with homes in Israel were exempted [1]. This was extended and broadened on 18 March [2]. Subsequently, the government adopted a policy of designating all foreign countries as either 'green' or 'red', with travelers from green countries allowed to enter, subject to various restrictions. The list of countries was published and is updated on an ongoing basis on the Ministry of Health website , with other government agencies referring to this list [3]. On December 26, 2020, after new strains of the virus had been identified in the UK and South Africa, specific restrictions were imposed on travelers from England (sic), South Africa and Denmark [4].

[1] Ministry of Health. [[https://www.gov.il/he/departments/ministry\\_of\\_health](https://www.gov.il/he/departments/ministry_of_health)]. Accessed January 2021

[2] Ministry of Agriculture and Rural Dvelopment. [<https://www.moag.gov.il/Pages/HomePage.aspx>].Accessed January 2021.

[3] Ministry of Economy and Industry. [[https://www.gov.il/he/departments/ministry\\_of\\_economy](https://www.gov.il/he/departments/ministry_of_economy)]. Accessed January 2021.

[4] Population and Immigration Authority "Rules for the Entry of Foreign nationals into Israel, from 22 December 20 to 20 February 21" [[https://www.gov.il/en/departments/news/entry\\_policy\\_during\\_covid\\_dec2020](https://www.gov.il/en/departments/news/entry_policy_during_covid_dec2020)] Accessed January 2021.

## Category 4: Sufficient and robust health sector to treat the sick and protect health workers

### 4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

#### 4.1.1 Available human resources for the broader healthcare system

##### 4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 462.49

2018

WHO; national sources

##### 4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 570.02

2017

WHO; national sources

##### 4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence for a public health workforce strategy in place to identify fields where there is an insufficient workforce and strategies to address these shortcomings. In the State Budget for 2019, the last to be legislated, the subject of workforce in the public health system is not mentioned [1]. In 2015, the Parliament Research Center published a report about the healthcare system in Israel and it mentioned a parliamentary committee, headed by the then Minister of Health, which dealt with public health workforce issues. Among the committee recommendations was one to increase the targeted number of medical school graduates and to actively incentivize Israeli doctors working abroad to move back to Israel. However, this committee did not have any executive powers and there are no evidence that the recommendations were ever implemented. [2]. There is no other evidence in the Ministry of Health . [3].

[1] The Ministry of Finance. "State Budget 2019 ". [[https://www.gov.il/he/Departments/Guides/state\\_budget-2019?chapterIndex=6](https://www.gov.il/he/Departments/Guides/state_budget-2019?chapterIndex=6)]. Accessed January 2021.

[2] Israeli Parliament Research Center. May 2015. "Selected Issues in the Healthcare System". [<http://main.knesset.gov.il/Activity/Info/MMMSummaries19/Health.pdf>]. Accessed January 2021.

[3] Ministry of Health. [<https://www.health.gov.il/>]. Accessed January 2021.

## 4.1.2 Facilities capacity

### 4.1.2a

**Hospital beds per 100,000 people**

Input number

**Current Year Score: 298**

2018

WHO/World Bank; national sources

### 4.1.2b

**Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel has the capacity to isolate patients with highly communicable diseases. An executive order by the Ministry of Health to hospitals in 2009 regarding Swine Flu states that any diagnosed patient should be transfer to isolation in the hospital [1]. A similar requirement was presented in an executive order for Ebola in 2014. The term biocontainment is not mentioned; however, it does mention a room with negative air pressure and full isolation from any type of contact [2]. During the Covid-19 pandemic, use of isolation units and rooms in hospitals increased significantly. The regulations relating to the procedures for isolating patients infected with Covid-19 were formulated in the "People's Health Order (Novel Coronavirus2019) Isolation in Hospitals Emergency Regulations, 2020, originally issued on 12 February, 2020 and amended and updated seven times between April and October 2020 [3].

[1] The Ministry of Health. Executive Order 21/9, May 2009. "Swine Flu Preparedness".

[[https://www.health.gov.il/hozer/mk21\\_2009.pdf](https://www.health.gov.il/hozer/mk21_2009.pdf)]. Accessed January 2021.

[2] The Ministry of Health. Executive order 22/14. October 2014. "Ebola Outbreak—Update".

[[https://www.clalit.co.il/he/medical/medical\\_diagnosis/Documents/%D7%90%D7%91%D7%95%D7%9C%D7%94%20%D7%9E%D7%A9%D7%A8%D7%93%20%D7%94%D7%91%D7%A8%D7%99%D7%90%D7%95%D7%AA.pdf](https://www.clalit.co.il/he/medical/medical_diagnosis/Documents/%D7%90%D7%91%D7%95%D7%9C%D7%94%20%D7%9E%D7%A9%D7%A8%D7%93%20%D7%94%D7%91%D7%A8%D7%99%D7%90%D7%95%D7%AA.pdf)]. Accessed January 2021.

[3] Government website, legal information "Corona legislation"

[[https://www.gov.il/BlobFolder/legalinfo/kor03/he/files\\_legislation\\_corona\\_kor03.pdf](https://www.gov.il/BlobFolder/legalinfo/kor03/he/files_legislation_corona_kor03.pdf)]. Accessed January 2021.

### 4.1.2c

**Does the country meet one of the following criteria?**

- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?

**- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?**

Yes = 1, No = 0

**Current Year Score: 1**

There is public evidence that Israel has demonstrated its ability to expand isolation capacity in response to an infectious disease outbreak in the past two years, but no evidence that it developed a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years. In response to the outbreak of the Covid-19 pandemic and beginning in March 2020, Israel created and also expanded isolation capacity in several ways. One early initiative, which was developed and modified over the course of 2020, was to isolate arrivals from overseas in hotels or other facilities, for periods of up to 14 days from their arrival [1]. In the first wave of the pandemic, individuals and whole families from neighbourhoods, towns and cities with very high rates of infection were obliged to, or sometimes offered the option of isolating themselves in hotels or other tourist facilities [2]. The main focus of isolation was to divert attention to more serious cases which required hospitalisation and for whom extra capacity was created. Some of this capacity was the result of converting existing departments, usually for internal medicine, to the specific use of corona patients. In other cases, or in tandem, additional capacity was created and extra staff were brought in and trained to provide treatment under the strict regime imposed on the isolation wards. Examples of expansion of isolation capacity include a new hospitalization center for coronavirus patients with a capacity of 160 beds at Hertzog Medical Centre, a military hospital, and an addition of hospital beds in hospital basements for covid-19 patients. [3,4,5,6,7,8]. There is no evidence of a plan to expand isolation capacity in the websites of Ministry of Health or the National Emergency Management Authority. [9,10]

[1] Yisrael Hayom daily newspaper. Article by Ariel Cahana, 12th April, 2020, Hebrew. "Government has approved: citizens returning from overseas will be sent to isolation in hotels or motels". [<https://www.israelhayom.co.il/article/750823>]. Accessed May 2021.

[2] Calcalist online business newspaper, March 13, 2020, article by Omri Milman, Hebrew. "Instead of home isolation: Ministry of Defence preparing three group recovery facilities for mild corona patients...initial capacity of the facilities will be 1,000 patients". Hebrew. [<https://www.calcalist.co.il/articles/0,7340,L-3800850,00.html>]. Accessed May 2021.

[3] [ Ministry of Health, Press Release, 13th August 2020.. "New Hospitalization Center for Coronavirus Patients at Herzog Medical Center ". [[https://www.gov.il/en/Departments/news/13082020\\_03](https://www.gov.il/en/Departments/news/13082020_03)]. Accessed May 2021.

[4] Ministry of Health Press Release, 4th August, 2020. "From Today: Additional Job Slots to Be Allocated to All the Hospitals and Health Funds". [[https://www.gov.il/en/Departments/news/04082020\\_01](https://www.gov.il/en/Departments/news/04082020_01)].

[5] Ministry of Health, Press Release; "Minister of Health and Minister of Defense Inaugurated Today a New Military Coronavirus Hospital Established Within Rambam Hospital in Haifa" [<https://www.gov.il/en/Departments/news/11102020-01>]. Accessed May 2021.

[6] Calcalist online business newspaper, 13th October, 2020. "Ministry of Health preparing to add 3,600 beds for corona patients in the winter", Hebrew. [<https://www.calcalist.co.il/local/articles/0,7340,L-3858532,00.html>]. Accessed May 2020.

[7] Israel Hayom daily newspaper, 17th January, 2021. "Health Ministry Director-General, Prof. Hezi Levi, tells managers of general hospitals to add beds and staff to meet the target of 3,200 beds for corona patients.". Hebrew. [<https://www.israelhayom.co.il/article/841207>].

[8] Soroka University Medical Centre, annual report online, Hebrew. "The hospital... needed to open wards with 600 beds to treat corona patients and to train more than 2,000 staffers regarding protection against and prevention of infections..". [<https://hospitals.clalit.co.il/soroka/he/news/Pages/2021/corona-year-in-soroka-8-3-21.aspx>]. Accessed May 2021.

[9] Ministry of Health, "Coronavirus" [<https://www.gov.il/en/departments/topics/corona-main-sub>]. Accessed January 2021

[10] Ministry of Defense "National Emergency Management Authority" [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed January 2021

## 4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

### 4.2.1 Routine health care and laboratory system supply

#### 4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

**Current Year Score: 2**

There is public evidence that there is a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies for routine needs. The Government Procurement Administration (GPA) is a central procurement agency which can be utilised by the Ministry of Health and the Ministry of Agriculture for the acquisition of laboratory supplies. Among others, tenders for the purchase of laboratory items were found on the GPA portal [1]. For example, there is evidence of a tender for the supply of gases for the laboratories of the Ministry of Agriculture and Rural Development and for the supply of cartridges and handles for gastric bypass surgery for the Sheba Medical Center by the Ministry of Health [2,3]. Another example is a tender from the Sheba Medical center for bio-degradable medical equipment for all the hospital departments [4].

[1] The Government Procurement Administration. "Goods and Services".

[<https://www.mr.gov.il/CentralTenders/Goods/Pages/default.aspx>]. Accessed January 2021.

[2] The Government Procurement Administration. Tender 53/2017. October 2017. "Supply of Gases and Maintenance of Gas Systems for the Laboratories of the Plant Protection and Inspection Services and for the Veterinary Services of the Ministry of Agriculture". [<https://www.mr.gov.il/officestenders/Pages/officetender.aspx?pid=533265>]. Accessed January 2021.

[3] The Government Procurement Administration. Tender 11899268. "Supply of cartridges and handles for gastric bypass surgery". [<https://mr.gov.il/ilgstorefront/he/p/614866>]. Accessed January 2021.

[4] The Government Procurement Administration. Tender 12099409. "Supply of bio-degradable medical equipment for all departments". [<https://mr.gov.il/ilgstorefront/he/p/653431>]. Accessed May 2021.

### 4.2.2 Stockpiling for emergencies

#### 4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

**Current Year Score: 2**

There is public evidence that Israel maintains a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency. Sarel, a company owned by public and state-owned hospitals, is both a procurement and distribution company which cooperates with both the Ministry of Health and with the army; therefore, both activities are undertaken in an emergency [1]. In its three divisions of pharmaceutical, medical and medical instruments, Sarel maintains a stockpile of medical and pharmaceutical supplies for national use during a public health emergency, including vaccines and diagnostics [2]. The Ministry of Health publishes the "Emergency Procedures

Folder", which details what health related authorities should be doing in case of an emergency. The folder includes procedures for different scenarios of emergency and covers issues such as urban sanitation, water facilities, evacuating hospitals, etc. [3]. One of the procedures is medical supply in emergencies. According to this procedure, there is an emergency inventory of medical devices, medical equipment, and therapeutics [4].

[1] Sarel. "About Sarel".

[<http://www.sarel.co.il/en/%D7%90%D7%95%D7%93%D7%95%D7%AA/%D7%90%D7%95%D7%93%D7%95%D7%AA-%D7%A9%D7%A8%D7%90%D7%9C/>]. Accessed January 2021.

[2] Sarel "vaccines, therapeutics and diagnostics". [<https://www.sarel.co.il/en/divisions-and-business-sectors/pharmaceutical-division/>]. Accessed January 2021.

[3] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[4] The Ministry of Health. Procedure 3.004. August 2012. "Medical Supply in Emergency".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/3.004.pdf>]. Accessed January 2021.

#### 4.2.2b

**Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?**

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

**Current Year Score: 1**

There is public evidence that Israel has a stockpile of laboratory supplies for national use during a public health emergency although there is no further detail available on what is included. Israel's public sector-owned medical supply company, Sarel, maintains a stockpile of medical and pharmaceutical supplies for national use during a public health emergency, including reagents [1]. Sarel is engaged in both procurement and stockpiling inventories and undertakes both activities in an emergency [2].

[1] Sarel "search for reagents (Hebrew)"

[<https://www.sarel.co.il/?s=%D7%A8%D7%99%D7%90%D7%92%D7%A0%D7%98%D7%99%D7%9D>]. Accessed January 2021.

[2] Sarel. "About Sarel".

[<http://www.sarel.co.il/en/%D7%90%D7%95%D7%93%D7%95%D7%AA/%D7%90%D7%95%D7%93%D7%95%D7%AA-%D7%A9%D7%A8%D7%90%D7%9C/>]. Accessed January 2021.

#### 4.2.2c

**Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?**

Yes = 1, No = 0

**Current Year Score: 0**

There is insufficient public evidence that Israel requires and conducts an annual review of the national stockpile, to ensure the supply is sufficient for a public health emergency. Although there is evidence of a stockpile which is maintained, there is insufficient evidence that a review takes place for stockpile sufficiency beyond monitoring inventory. The National Emergency Management Authority (NEMA, Hebrew acronym RAHEL), a unit within the Ministry of Defence, lists among its "routine responsibilities" the requirement to "Prepare annual reports assessing the readiness of emergency service providers, to be presented to the government." However, this does not specify that stockpile preparedness is included in this assessment [1].

Sarel, the public-sector company which serves as both a procurement and distribution company, including in states and times of emergency maintains a stockpile of medical and pharmaceutical supplies for national use during a public health emergency. As part of its quality assurance framework, Sarel reports that it "is also operating a risk management process, in the course of which various "almost failure" scenarios are investigated, analysis is carried out of such occurrences, conclusions are drawn and procedures are updated whenever appropriate. Such a process is carried out once in half a year by means of an initiated risk survey that reviews the operation of all essential systems and/or critical processes across the company in order to identify potential failures. However, Sarel does not mention if an assessment of stockpile sufficiency is conducted. [2] No further information is available via the National Emergency Management Authority (NEMA) of the Ministry of Defence or other emergency departments in the Ministry of Health. [3, 4]

[1] Ministry of Defense. National Emergency Management Authority (NEMA). "NEMA's routine responsibilities" [<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.aspx>]. Accessed May 2021.

[2] Sarel, "Quality Assurance". [[https://www.sarel.co.il/en/?page\\_id=1114](https://www.sarel.co.il/en/?page_id=1114)]. Accessed May 2021.

[3] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)". [<http://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[4] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

## 4.2.3 Manufacturing and procurement for emergencies

### 4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

**Current Year Score: 1**

There is no public evidence of a plan or agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public emergency. There is no mention of any such plan by the Ministry of Defense, nor by the Ministry of Health [1,2]. However, there is evidence of a plan to procure medical supplies for national use during a public health emergency. Sarel, a company owned by public and government-owned hospitals, describes itself as "founded in 1995 for the purpose of serving as a group purchasing organization (GPO) for the governmental hospitals, medical centers and various Israeli institutions, including public health services, local health offices, the emergency department at the Ministry of Health, and other organizations". Sarel is a leading company in its field, providing under one roof, an extensive basket of medicines, vaccines, medical equipment and instruments, laboratory equipment and complementary services to the health system. In the framework of Sarel's agreement with the Ministry of Health, the company refreshes the inventory of the Emergency Division of the Ministry of Health, and conducts the tenders for it combined with professional advice and guidance. The company supplies the equipment for emergencies directly to the hospitals. Sarel is approved as a "salt factory" (emergency farm), and its warehouses are available 24 hours a day during emergencies and wars, to provide a complete response to the needs of the health system with urgent supplies of medicines and medical equipment. Sarel is both a procurement and distribution company; therefore, both activities are undertaken in an emergency [3].

[1] The Ministry of Defence. "National Emergency Management Authority".

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.asp>]. Accessed January 2021

[2] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[3] Sarel. "About Sarel".

[<https://www.sarel.co.il/en/%d7%90%d7%95%d7%93%d7%95%d7%aa/%d7%90%d7%95%d7%93%d7%95%d7%aa-%d7%a9%d7%a8%d7%90%d7%9c/>]. Accessed January 2021.

### 4.2.3b

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

**Current Year Score: 1**

There is no public evidence of a plan or agreement to leverage domestic manufacturing capacity to produce laboratory supplies for national use during a public emergency. There is no mention of any such plan by the Ministry of Defense, nor by the Ministry of Health [1,2]. However, there is evidence of a plan to procure laboratory supplies for national use during a public health emergency. Sarel, a company owned by public and government-owned hospitals, describes itself as "founded in 1995 for the purpose of serving as a group purchasing organization (GPO) for the governmental hospitals, medical centers and various Israeli institutions, including public health services, local health offices, the emergency department at the Ministry of Health, and other organizations" . Sarel is a leading company in its field, providing under one roof, an extensive basket of medicines, vaccines, medical equipment and instruments, laboratory equipment and complementary services to the health system. Sarel is both a procurement and distribution company; therefore, both activities are undertaken in an emergency [3].

[1] The Ministry of Defence. "National Emergency Management Authority".

[<https://english.mod.gov.il/Departments/Pages/NationalEmergencyManagementAuthority.asp>]. Accessed January 2021

[2] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

[3] SAREL. "About SAREL".

[<https://www.sarel.co.il/en/%d7%90%d7%95%d7%93%d7%95%d7%aa/%d7%90%d7%95%d7%93%d7%95%d7%aa-%d7%a9%d7%a8%d7%90%d7%9c/>]. Accessed January 2021.

## 4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

### 4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

#### 4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that Israel has a programme in place for dispensing of drugs for national use during a public health emergency via its publicly owned pharmacies. According to the "Dispensing drugs in an emergency" procedure from 2008, hospitals' pharmacies will be open to the public and will serve every citizen. The procedure determines that drugs can be supplied via deliveries. [1] Another relevant procedure is the "Operations in an emergency procedure for community clinics" from 2010. According to this procedure, community clinics (publicly owned clinics) will prepare to dispense medical countermeasures in an emergency. [2] The regulations regarding transporting and dispensing medicines via online sales from pharmacies also relates to procedures for use in emergencies [3].

[1] The Ministry of Health. November 2008. "Drugs Supply in Emergency in Pharmacies".  
[[https://www.health.gov.il/hozer/mr46\\_2008.pdf](https://www.health.gov.il/hozer/mr46_2008.pdf)]. Accessed January 2021.

[2] The Ministry of Health. October 2010. "Community Clinics in Emergency".  
[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/KP\\_NOHAL\\_NOHAL\\_AV\\_CONV.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/KP_NOHAL_NOHAL_AV_CONV.pdf)]. Accessed February 2018. Could not be accessed in January 2021.

[3] The Ministry of Health, Directive 128, accessed via website of Chambers of Commerce,  
[<https://www.chamber.org.il/media/160540/128.pdf>]. Accessed January 2021

### 4.3.2 System for receiving foreign health personnel during a public health emergency

#### 4.3.2a

**Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence for a public plan to receive or facilitate the arrival of health personnel from other countries to respond to a public health emergency. No evidence is found in the "Emergency Procedures Folder", or in the overarching authority for health the Ministry of Health. [1, 2] No evidence is found in the National Emergency Management Authority (NEMA) of the Ministry of Defence or other emergency departments in the Ministry of Health. [3, 4]

[1] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".  
[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[2] The Ministry of Health. Procedure 1.003, August 2007. "The Overarching Authority for Health and Hospitalization".  
[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/1.003.pdf>]. Accessed January 2021.

[3] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)".  
[<http://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[3] The Ministry of Health. "Emergency Department".  
[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

## 4.4 HEALTHCARE ACCESS

### 4.4.1 Access to healthcare

#### 4.4.1a

**Does the constitution explicitly guarantee citizens' right to medical care?**

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

**Current Year Score: 0**

2020

World Policy Analysis Center

#### **4.4.1b**

**Access to skilled birth attendants (% of population)**

Input number

**Current Year Score: 99.15**

1999-2018

WHO/World Bank/United Nations Children's Fund (UNICEF)

#### **4.4.1c**

**Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international \$)**

Input number

**Current Year Score: 670.79**

2017

WHO Global Health Expenditure database

### **4.4.2 Paid medical leave**

#### **4.4.2a**

**Are workers guaranteed paid sick leave?**

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

**Current Year Score: 2**

2020

World Policy Analysis Center

### **4.4.3 Healthcare worker access to healthcare**

#### **4.4.3a**

**Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?**

Yes = 1, No = 0

**Current Year Score: 0**

There is no publicly available evidence of a commitment to provide prioritised health care services to health care workers who become sick as a result of responding to a public health emergency. There is no mention of the issue in the ethical code of the Israeli Medical Association [1]. It is not mentioned in the "Emergency Procedures Folder" from the Ministry of Health, which details what health-related authorities should do in case of an emergency [2]. Further, there is no evidence for such a commitment in the national emergency plan for influenza [3]. No evidence was found in the National Emergency Management Authority (NEMA) of the Ministry of Defence, nor in the emergency unit in the Ministry of Health [4, 5].

[1] Israeli Medical Association. "Ethics in a Multiple Casualties Event".

[<https://www.ima.org.il/MainSiteNew/EditClinicalInstruction.aspx?ClinicalInstructionId=158>]. Accessed January 2021.

[2] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[3] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[4] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)".

[<http://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[5] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

## 4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

### 4.5.1 Communication with healthcare workers

#### 4.5.1a

**Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?**

Yes = 1, No = 0

**Current Year Score: 0**

There is no public evidence for a system in place for public health officials and health care workers to communicate during a public health emergency. The topic is not mentioned in the "Emergency Procedures Folder", which details what health-related authorities should be doing in case of an emergency [1]. There is no evidence for such a consideration in the national emergency plan for influenza [2]. The State Comptroller's Office inspected the public health care system and its preparation for emergency situations. One of the findings was lack of suitable means of communication in case of an emergency, as most health care units rely on cellular and phone lines services [3]. There is no public evidence in the National Emergency Management Authority (NEMA) of the Ministry of Defence or in the emergency unit in the Ministry of Health [4, 5].

[1] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[2] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[3] State Comptroller's Office. 2014. "Preparation of the Healthcare System to Emergency".

[[http://www.mevaker.gov.il/he/Reports/Report\\_248/983d4441-bdf0-4e4b-9730-fcf60dcdd793/218-ver-4.pdf](http://www.mevaker.gov.il/he/Reports/Report_248/983d4441-bdf0-4e4b-9730-fcf60dcdd793/218-ver-4.pdf)]. Accessed January 2021.

[4] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)".

[<http://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[5] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

#### 4.5.1b

**Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence for a system in place for public health officials and health care workers to communicate during a public health emergency, either in the public or private sectors, or between the two. The topic is not mentioned in the "Emergency Procedures Folder", which detail what health-related authorities should be doing in case of an emergency [1]. There is no evidence for such a consideration in the national emergency plan for influenza [2]. The State Comptroller's Office inspected the public health care system and its preparation for emergency situations. One of the findings was lack of suitable means of communication in case of an emergency, as most health care units rely on cellular and phone lines services [3]. There is no evidence in the National Emergency Management Authority (NEMA) of the Ministry of Defence or in the emergency unit in the Ministry of Health [4, 5].

1] The Ministry of Health. January 2010. "Emergency Procedures Folder for Health Bureaus".

[<https://www.health.gov.il/Subjects/emergency/preparation/DocLib/nehaim/18198408.pdf>]. Accessed January 2021.

[2] Ministry of Health. June 2007. "Healthcare System Preparation Plan for Pandemic Influenza".

[[https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO\\_TORA\\_PANDEMIC\\_FLU.pdf](https://www.health.gov.il/Subjects/emergency/preparation/DocLib/tora/BIO_TORA_PANDEMIC_FLU.pdf)]. Accessed January 2021.

[3] State Comptroller's Office. 2014. "Preparation of the Healthcare System to Emergency".

[[http://www.mevaker.gov.il/he/Reports/Report\\_248/983d4441-bdf0-4e4b-9730-fcf60dcdd793/218-ver-4.pdf](http://www.mevaker.gov.il/he/Reports/Report_248/983d4441-bdf0-4e4b-9730-fcf60dcdd793/218-ver-4.pdf)]. Accessed January 2021

[4] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)".

[<http://www.mod.gov.il/Departments/Pages/rahel.aspx>]. Accessed January 2021.

[5] The Ministry of Health. "Emergency Department".

[<https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx>]. Accessed January 2021.

## 4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

### 4.6.1 Healthcare associated infection (HCAI) prevention and control programs

#### 4.6.1a

**Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is publicly available evidence that the national public health system is monitoring for and tracking the number of health care associated infections that take place in health care facilities in Israel. Since 2017, the Ministry of Health publishes an annual report ranking hospitals by the number of infections contracted by patients, as well as by other criteria relating to efforts to prevent HCAI. This confirms that the data is monitored and reported, although it is not published in detail. The data in the Ministry's report are themselves reported in the media [1,2,3]. The Ministry of Health has a dedicated web page with information about preventing infections in health care facilities. The web page provides explanations on how to prevent infections in hospitals, and also specify what actions the Ministry of Health is taking to promote prevention. There is a national initiative to promote prevention and a set of executive orders for hospitals. However, there is no mention of any monitoring and tracking report. [4]

[1] The Ministry of Health. "Spokesperson's Department " Press release, January 1, 2020

[[https://www.gov.il/he/Departments/news/01012020\\_1\\_1](https://www.gov.il/he/Departments/news/01012020_1_1)]. Accessed January 2021.

[2] Ynet online news site "report on Health Ministry Press Release", January 25, 2017

[<https://www.ynet.co.il/articles/0,7340,L-5652763,00.html>]. Accessed January 2021.

[3] Ynet online news site "report on Health Ministry Press Release" January 1, 2020 [<https://www.ynet.co.il/articles/0,7340,L-5652763,00.html>]. Accessed January 2021.

[4] The Ministry of Health. "The Department for Laboratories".

[<https://www.health.gov.il/UnitsOffice/HD/PH/LabDept/Pages/default.aspx>]. Accessed January 2021.

## 4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

### 4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

#### 4.7.1a

**Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?**

Yes = 1, No = 0

**Current Year Score: 1**

There is public evidence that there is a national requirement for ethical review in Israel before beginning a human-subject clinical trial. According to the Health of the People (Clinical Trial in Humans) Regulations 1980, a clinical trial on humans must receive permission from the Helsinki Committee in the hospital in which the trial will take place [1]. As explained in a Ministry of Health directive, the Helsinki Committee is a committee in hospitals which is set to examine the ethical issues of clinical trials based on the Israeli law and international standards, such as Harmonized Tripartite Guideline for Good Clinical Practice [2].

[1] The Ministry of Health. "Health of the People (Clinical Trial in Humans) Regulations 1980".

[[https://www.gov.il/BlobFolder/legalinfo/briut18/he/files\\_legislation\\_briut\\_Briut18.pdf](https://www.gov.il/BlobFolder/legalinfo/briut18/he/files_legislation_briut_Briut18.pdf)]. Accessed January 2021.

[2] The Ministry of Health. September 1999. "Clinical Trials in Humans Directive".

[[https://www.old.health.gov.il/nehalim/docs/rok\\_nohal1.doc](https://www.old.health.gov.il/nehalim/docs/rok_nohal1.doc)]. Accessed September 2018. Not accessible January 2021

#### 4.7.1b

**Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no public evidence for an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. According to the Health of the People (Clinical Trial in Humans) Regulations 1980, a clinical trial in humans must receive a permission from the Helsinki Committee in the hospital in which the trial will take place [1]. As explained in a Ministry of Health directive, a Helsinki Committee is a committee in a hospital which examines the ethical issues of clinical trials based on the Israeli law and international standards, such as Harmonized Tripartite Guideline for Good Clinical Practice [2]. Neither the law nor the directive mention an expedited process. No academic papers or studies were found to show that an expedited process exists. Israel does not have a Ministry of Research. There is no further evidence on the website of the Ministry of Health. [3]

[1] The Ministry of Health. "Health of the People (Clinical Trial in Humans) Regulations 1980".

[[https://www.gov.il/BlobFolder/legalinfo/briut18/he/files\\_legislation\\_briut\\_Briut18.pdf](https://www.gov.il/BlobFolder/legalinfo/briut18/he/files_legislation_briut_Briut18.pdf)]. Accessed January 2021.

[2] The Ministry of Health. September 1999. "Clinical Trials in Humans Directive".

[[https://www.old.health.gov.il/nehaim/docs/rok\\_nohal1.doc](https://www.old.health.gov.il/nehaim/docs/rok_nohal1.doc)]. Accessed September 2018. No longer accessible January 2021.

[3] The Ministry of Health [[https://www.gov.il/en/departments/ministry\\_of\\_health](https://www.gov.il/en/departments/ministry_of_health)]. Accessed January 2021.

### 4.7.2 Regulatory process for approving medical countermeasures

#### 4.7.2a

**Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?**

Yes = 1 , No = 0

**Current Year Score: 1**

There is public evidence that a government agency is responsible for approving new medical countermeasures (MCM) for humans. The Department for Medications and Remedies in the Ministry of Health in Israel is responsible for approving new medical countermeasures for humans. According to the website of the Ministry of Health, registering a new medication or a remedy is a process which ends with a license to market the product in Israel. The process is meant to protect the public from the use of dangerous or ineffective drugs and it includes a thorough examination of the details that are provided with the "Registration file". License is granted for five years and can be renewed for another 10 years. The process does not involve an ethics review board [1]. Medical devices require registration with the Medical Devices Division in the Ministry of Health and the process is similar to that for the registration of a medication [2].

[1] The Ministry of Health. "Listing a New Medication".

[<https://www.health.gov.il/Subjects/PharmAndCosmetics/MedicinalDrugsRegistration/Pages/NewDrugRegistration.aspx>]. Accessed January 2021.

[2] The Ministry of Health. "Medical Devices Registration".

[<https://www.health.gov.il/Services/ImportAndBusinessLicensing/AMR/regitration/Pages/default.aspx>]. Accessed January 2021

#### 4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1, No = 0

Current Year Score: 0

There is no public evidence for an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. According to the Health of the People (Clinical Trial in Humans) Regulations 1980, a clinical trial in humans must receive a permission from the Helsinki Committee in the hospital in which the trial will take place [1]. As explained in a Ministry of Health directive, a Helsinki Committee is a committee in a hospital which examines the ethical issues of clinical trials based on the Israeli law and international standards, such as Harmonized Tripartite Guideline for Good Clinical Practice [2]. Neither the law nor the directive mention an expedited process. No academic papers or studies were found to show that an expedited process exists. Israel does not have a Ministry of Research. There is no further evidence on the website of the Ministry of Health. [3]

[1] The Ministry of Health. "Health of the People (Clinical Trial in Humans) Regulations 1980".

[<https://www.health.gov.il/LegislationLibrary/Briut18.pdf>]. Accessed January 2021.

[2] The Ministry of Health. September 1999. "Clinical Trials in Humans Directive".

[[https://www.old.health.gov.il/nehaim/docs/rok\\_nohal1.doc](https://www.old.health.gov.il/nehaim/docs/rok_nohal1.doc)]. Accessed September 2018. No longer accessible, January 2021.

[3] The Ministry of Health [[https://www.gov.il/en/departments/ministry\\_of\\_health](https://www.gov.il/en/departments/ministry_of_health)]. Accessed January 2021.

## Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

### 5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

#### 5.1.1 Official IHR reporting

##### 5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1, No = 0

Current Year Score: 0

2020

World Health Organization

## 5.1.2 Integration of health into disaster risk reduction

### 5.1.2a

**Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?**

Yes = 1, No = 0

**Current Year Score: 0**

There is no public evidence for a national risk reduction strategy which addresses pandemics. A statement to the United Nations states that Israel has a specific national risk reduction plan strategy for earthquakes [1]. However, there is no mention of a similar plan for pandemics in the media or on the website of the Ministry of Health [2]. Further, no evidence is found in the National Emergency Authority ("RAHEL") in the Ministry of Defence nor in the emergency unit in the Ministry of Health [3, 4].

[1] United Nations. April 2012. "Statement by Ms. Shuli Davidovich Counsellor for Economic and Social Affairs".

[https://www.preventionweb.net/english/policies/v.php?id=26342&cid=84]. Accessed January 2021.

[2] The Ministry of Health. "Emergency Department".

[https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx]. Accessed January 2021.

[3] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)".

[http://www.mod.gov.il/Departments/Pages/rahel.aspx]. Accessed January 2021.

[5] The Ministry of Health. "Emergency Department".

[https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx]. Accessed January 2021.

## 5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

### 5.2.1 Cross-border agreements

#### 5.2.1a

**Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?**

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

**Current Year Score: 1**

There is public evidence that Israel has cross-border agreements with some neighbouring countries (or territories) with regard to public health emergencies. Israel has borders with five other territories, but only has formal diplomatic relationships with three of them: Jordan, Egypt, and the Palestinian Authority (excluding the Gaza Strip). However, there is no evidence of implementation of the treaty with Jordan with regard to health issues or public health emergencies. In the "Israeli-Palestinian Interim Agreement for the West Bank and Gaza Strip" (known also as the Oslo Accords), it is explicitly mentioned that Israeli and Palestinian authorities will cooperate during public health emergencies [1]. The peace agreement with Jordan explicitly mentions cooperation on health issues, in Section 21; however, it states that this subject shall be discussed in separate, subsequent negotiations and does not mention emergency situations [2]. The peace agreement with Egypt does not mention cooperation on health issues at all [3]. Israel is also a member of EpiSouth, a regional health network, which enhances cooperation among its members in public health emergencies [4, 5].

- [1] Israeli Parliament ("The Knesset"). "Israeli-Palestinian Interim Agreement for the West Bank and Gaza Strip, Section 17". [https://www.knesset.gov.il/process/docs/heskemb4.htm]. Accessed January 2021.
- [2] Israeli Parliament ("The Knesset"). "Peace Agreement between the State of Israel and The Hashemite Kingdom of Jordan, Section 21". [https://www.knesset.gov.il/process/docs/peace-jordan.htm]. Accessed January 2021.
- [3] Israeli Parliament ("The Knesset"). "Peace Agreement between the State of Israel and The Arab Republic of Egypt". [https://www.knesset.gov.il/process/docs/egypt.htm]. Accessed January 2021.
- [4] EpiSouth. "Public Health Institutions List". [http://www.episouthnetwork.org/content/wp4-public-health-institutions-directory-list]. Accessed January 2021.
- [5] Dente, M., Fabiani, M. et al. February 2009. "EpiSouth: A Network for Communicable Disease Control in the Mediterranean Region and the Balkans". [https://www.eurosurveillance.org/content/10.2807/ese.14.05.19113-en]. Accessed January 2021.

### 5.2.1b

**Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?**

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

**Current Year Score: 0**

There is no publicly available evidence of cross-border agreements, protocols, or memorandums of understanding (MOUs) with neighbouring countries, or as part of a regional group, with regard to animal health emergencies. Israel has borders with five other territories, but only has formal diplomatic relationships with three: Jordan, Egypt, and the Palestinian Authority (excluding Gaza strip). There is no mention of animal health emergencies in the agreements with the Palestinian Authority, Jordan, or Egypt [1, 2, 3]. In addition, no evidence of agreements, protocols, or MOUs with neighbouring countries was found in the Organisation for Animal Health (OIE) PVS evaluation report [4]. According to one news article, there was some cooperation between Israel and the Palestinian Authority during a Foot- and-Mouth disease outbreak in 2001. However, the article did not mention any agreements, protocols, or MOUs [5]. No evidence was found in the in the National Emergency Management Authority (NEMA) of the Ministry of Defence, or in the emergency unit of the Ministry of Health [6, 7].

- [1] Israeli Parliament ("The Knesset"). "Israeli-Palestinian Interim Agreement for the West Bank and Gaza Strip". [https://www.knesset.gov.il/process/docs/heskemb4.htm]. Accessed January 2021.
- [2] Israeli Parliament ("The Knesset"). "Peace Agreement between the State of Israel and The Hashemite Kingdom of Jordan ". [https://www.knesset.gov.il/process/docs/peace-jordan.htm]. Accessed January 2021.
- [3] Israeli Parliament ("The Knesset"). "Peace Agreement between the State of Israel and The Arab Republic of Egypt". [https://www.knesset.gov.il/process/docs/egypt.htm]. Accessed January 2021.
- [4] World Organisation for Animal Health (OIE). October 2011. "PVS Evaluation Report: Israel". [http://www.oie.int/fileadmin/Home/eng/Support\_to\_OIE\_Members/pdf/PVS\_Report-Israel.pdf]. Accessed January 2021.
- [5] "The Palestinians: We Have Confirmed 7 More Cases of the Foot and Mouth", Ynet News. 2001. [https://www.ynet.co.il/articles/0,7340,L-604128,00.html]. Accessed January 2021.
- [6] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)". [http://www.mod.gov.il/Departments/Pages/rahel.aspx]. Accessed January 2021.
- [7] The Ministry of Health. "Emergency Department". [https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx]. Accessed January 2021.

## 5.3 INTERNATIONAL COMMITMENTS

### 5.3.1 Participation in international agreements

#### 5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?

Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 0

2021

Biological Weapons Convention

#### 5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?

Yes = 1, No = 0

Current Year Score: 0

2021

Biological Weapons Convention

#### 5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?

Yes = 1, No = 0

Current Year Score: 1

2021

Biological Weapons Convention

#### 5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

## 5.3.2 Voluntary memberships

### 5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 1

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

## 5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

### 5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

#### 5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

#### 5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

## 5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

### 5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

### 5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

## 5.5 FINANCING

### 5.5.1 National financing for epidemic preparedness

#### 5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Israel has allocated national funds within the last three years to improve capacity to address epidemic threats. The websites of the Ministry of Finance, Prime Minister's Office and the Ministry of Health do not relate to any such budgeting [1,2,3]. More generally, due to a prolonged political crisis, ongoing in the first quarter of 2021, the Israeli parliament (Knesset) has not legislated a national budget for either fiscal and calendar year 2020, or fiscal and calendar year 2021. Funding to address the Covid-19 pandemic and its economic fallout was provided via emergency legislation and did not include funding earmarked for improved capacity to address epidemic threats [4].

[1] Ministry of Finance "Budget Department" [[https://www.gov.il/en/departments/Units/department\\_budget](https://www.gov.il/en/departments/Units/department_budget)]. Accessed January 2021.

[2] Prime Minister's Office "Health sector funding" search [<https://www.gov.il/en/search?OfficId=e744bba9-d17e-429f-abc3-50f7a8a55667&query=Health%20sector%20funding>]. Accessed January 2021.

[3] The Ministry of Health [[https://www.gov.il/en/departments/ministry\\_of\\_health](https://www.gov.il/en/departments/ministry_of_health)]. Accessed January 2021.

[4] Ministry of Finance "Economic safety net" [<https://www.gov.il/he/departments/topics/corona-ministry-of-finance>].

Accessed January 2021.

## 5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

### 5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

### 5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

## 5.5.3 Financing for emergency response

### 5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Israel has publicly identified special emergency public financing mechanism or funds which it can access in the face of a public health emergency. A report by the State Comptroller on the state of preparedness of the health care system for emergencies did not mention special emergency public funding. According to the same report, preparation for emergency is budgeted for in the normal routine budget [1]. Israel is not eligible for World Bank pandemic financing [2]. No evidence is found in the National Emergency Management Authority (NEMA) of the Ministry of Defence or in the emergency unit in the Ministry of Health [3, 4]. Further, no evidence is found in academic paper or studies, or in the media.

[1] State Comptroller's Office. 2014. "Preparation of the Healthcare System to Emergency". [http://www.mevaker.gov.il/he/Reports/Report\_248/983d4441-bdf0-4e4b-9730-fcf60dcdd793/218-ver-4.pdf]. Accessed January 2021.

[2] The World Bank. "Borrowing Countries". [http://ida.worldbank.org/about/borrowing-countries]. Accessed January 2021.

[3] The Ministry of Defence. "National Emergency Management Authority (NEMA, Hebrew acronym RAHEL)". [http://www.mod.gov.il/Departments/Pages/rahel.aspx]. Accessed January 2021.

[4] The Ministry of Health. "Emergency Department".

[https://www.health.gov.il/UnitsOffice/HD/emergency/Pages/default.aspx]. Accessed January 2021.

## 5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

### 5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

**Current Year Score: 0**

There is no public evidence that senior leaders in Israel have made a public commitment to improve the country's own domestic capacity or to support other countries in addressing epidemic threats. No evidence for such statements was found in the Ministry of Health or the Ministry of Foreign Affairs press rooms [1, 2]. There is no evidence on the websites of the World Health Organization (WHO) or the United Nations [3, 4].

[1] The Ministry of Health. "Spokesman Messages".

[https://www.health.gov.il/NewsAndEvents/SpokemanMesseges/Pages/Messeges.aspx]. Accessed January 2021.

[2] The Ministry of Foreign Affairs. "Press Room". [http://mfa.gov.il/MFAHEB/PressRoom/Pages/default.aspx]. Accessed January 2021.

[3] World Health Organization. "News". [http://www.euro.who.int/en/home]. Accessed January 2021.

[4] United Nations. "Search". [https://search.un.org/index.php?lang=en]. Accessed January 2021.

### 5.5.4b

Is there evidence that the country has, in the past three years, either:

- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

**Current Year Score: 0**

There is insufficient evidence of investments that Israel has in the past three years either provided other countries with financing or technical support to improve their capacity to address epidemic threats, or that it has requested financing or technical support from donors to improve Israel's own domestic capacity to address epidemic threats. No evidence for such statements or actions was found in the Ministry of Health or the Ministry of Foreign Affairs press rooms [1, 2]. There is no

evidence on the websites of the World Health Organization (WHO) or, the United Nations [3, 4,]. In the database of the Global Health Security Funding Tracker there is evidence that Israel committed to provide direct financial support funding of \$7.59m in 2020 for COVID-19 preparedness and emergency response; however, the tracker lists these funds as contributing to COVID-19 relief through the WHO and for combatting bluetongue virus in livestock (non-zoonotic disease). As a recipient, 800k US\$ in 2018 and 592k US\$ in 2019 were committed to Israel. However, there is no detail on what these funds were for and neither is specific amount from countries mentioned. [5].

[1] The Ministry of Health. "Spokesman Messages".

[<https://www.health.gov.il/NewsAndEvents/SpokemanMesseges/Pages/Messeges.aspx>]. Accessed January 2021.

[2] The Ministry of Foreign Affairs. "Press Room". [<http://mfa.gov.il/MFAHEB/PressRoom/Pages/default.aspx>]. Accessed January 2021.

[3] World Health Organization. "News". [<http://www.euro.who.int/en/home>]. Accessed January 2021.

[4] United Nations. "Search". [<https://search.un.org/index.php?lang=en>]. Accessed January 2021.

[5] Global Health Security Funding Tracker. [<https://tracking.ghscosting.org/#/data>]. Accessed January 2021.

### 5.5.4c

**Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?**

Yes = 1 , No = 0

**Current Year Score: 0**

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

## 5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

### 5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

#### 5.6.1a

**Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?**

Yes = 1 , No = 0

**Current Year Score: 0**

There is no publicly available plan or policy about sharing data, epidemiological data, clinical specimens, or isolated specimens with international organizations or other countries that goes beyond influenza. No information on sharing such data was found on the website of the Israeli Center for Disease Control [1]. No information was found in any of the national laboratories sites or reports [2, 3, 4]. No evidence is found in the Ministry of Agriculture [5]. Israel does not have a Ministry of Research. There is also no evidence on the website of the Ministry of Health. [6]

- [1] The Ministry of Health. "The Israeli Center for Disease Control".  
[<https://www.health.gov.il/UnitsOffice/ICDC/Pages/About.aspx>]. Accessed January 2021.
- [2] The Ministry of Health. "Laboratories Department" [[https://www.gov.il/he/departments/Units/labs\\_unit](https://www.gov.il/he/departments/Units/labs_unit)]. Accessed January 2021.
- [3] Central Virology Laboratory. "End of Year Report 2016".  
[[https://www.health.gov.il/PublicationsFiles/VirologyReport\\_2016.pdf](https://www.health.gov.il/PublicationsFiles/VirologyReport_2016.pdf)]. Accessed January 2021.
- [4] The National Laboratory for Public Health in Tel Aviv. "End of year report 2015 - 2016".  
[[https://www.health.gov.il/PublicationsFiles/LAB\\_TA2015\\_2016.pdf](https://www.health.gov.il/PublicationsFiles/LAB_TA2015_2016.pdf)]. Accessed January 2021.
- [5] Ministry of Agriculture and Rural Development. "Ministry of Agriculture and Rural Development".  
[<https://www.moag.gov.il/Pages/HomePage.aspx>]. Accessed January 2021.
- [6] The Ministry of Health [[https://www.gov.il/en/departments/ministry\\_of\\_health](https://www.gov.il/en/departments/ministry_of_health)]. Accessed January 2021.

### 5.6.1b

**Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?**

Yes = 0, No = 1

**Current Year Score: 1**

There is no public evidence that Israel has not shared samples in accordance with the PIP framework in the past two years. The World Health Organisation (WHO) has not reported any compliance issues with Israel [1]. Weekly reports on influenza by the Israeli Center for Disease Control are available online [2].

- [1] World Health Organisation. "Virus Sharing". [[http://www.who.int/influenza/pip/virus\\_sharing/en/](http://www.who.int/influenza/pip/virus_sharing/en/)]. Accessed January 2021.
- [2] The Ministry of Health. "The Israeli Center for Disease Control". [<https://www.gov.il/he/departments/Units/icdc>]. Accessed January 2021.

### 5.6.1c

**Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?**

Yes = 0, No = 1

**Current Year Score: 1**

There is no public evidence that Israel has not shared pandemic pathogen samples during an outbreak in the past two years, including for Covid-19. The website of the World Health Organization (WHO) does not mention any refusal to share pandemic pathogens samples, nor was this mentioned in the media [1].

- [1] World Health Organisation. "Partnership Contribution".  
[[http://www.who.int/influenza/pip/partnership\\_contribution/en/](http://www.who.int/influenza/pip/partnership_contribution/en/)]. Accessed January 2021.

## Category 6: Overall risk environment and vulnerability to biological threats

### 6.1 POLITICAL AND SECURITY RISK

#### 6.1.1 Government effectiveness

##### 6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

##### 6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

##### 6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

##### 6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

### 6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 60

2020

Transparency International

### 6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

### 6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

## 6.1.2 Orderly transfers of power

### 6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 3

2021

Economist Intelligence

### 6.1.3 Risk of social unrest

#### 6.1.3a

**What is the risk of disruptive social unrest?**

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

**Current Year Score: 2**

2021

Economist Intelligence

### 6.1.4 Illicit activities by non-state actors

#### 6.1.4a

**How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?**

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

**Current Year Score: 2**

2021

Economist Intelligence

#### 6.1.4b

**What is the level of illicit arms flows within the country?**

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

**Current Year Score: 0**

2020

UN Office of Drugs and Crime (UNODC)

#### 6.1.4c

**How high is the risk of organized criminal activity to the government or businesses in the country?**

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

**Current Year Score: 3**

2021

Economist Intelligence

## 6.1.5 Armed conflict

### 6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 3

2021

Economist Intelligence

## 6.1.6 Government territorial control

### 6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

## 6.1.7 International tensions

### 6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 1

2021

Economist Intelligence

## 6.2 SOCIO-ECONOMIC RESILIENCE

### 6.2.1 Literacy

#### 6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 99.9

2008-2018

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO);  
The Economist Intelligence Unit

## 6.2.2 Gender equality

### 6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

**Current Year Score: 0.9**

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

## 6.2.3 Social inclusion

### 6.2.3a

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)

Input number

**Current Year Score: 0**

2016

World Bank; Economist Impact

### 6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

**Current Year Score: 0**

There is no public evidence on the share of employment in the informal sector in Israel. The report of the European Training Foundation (ETF) on Israel Education, Training and Employment Developments 2016 does not provide any data on employment in the informal sector in Israel. [1] The International Labour Organization database (ILOSTAT) mentions that the total labour force participation rate of Israel is 63.5%, the employment-population ratio is 61.1% and the unemployment rate is 3.8% [2] This data was last updated in 2019. The World Bank data also does not contain any data regarding employment in the informal sector. [3] The main website of the government does not provide any relevant information. [4]

[1] European Training Foundation (ETF). "Israel: Education, Training and Employment Developments 2016". [https://www.etf.europa.eu/sites/default/files/m/BFA5DAAEDAB2D15DC12580E60051B824\_Israel%202016.pdf]. Accessed January 2021.

[2] International Labour Organization (ILOSTAT). "Country profiles". [https://ilostat.ilo.org/data/country-profiles/]. Accessed January 2021.

[3] The World Bank. "Informal employment (% of total non-agricultural employment)-Israel". [https://data.worldbank.org/indicator/SL.ISV.IFRM.ZS?locations=IL]. Accessed January 2021.

[4] Gov.il. "Homepage". [<https://www.gov.il/en>]. Accessed January 2021

### 6.2.3c

**Coverage of social insurance programs (% of population)**

Scored in quartiles (0-3, where 3=best)

**Current Year Score: 2**

2016, or latest available

World Bank; Economist Impact calculations

## 6.2.4 Public confidence in government

### 6.2.4a

**Level of confidence in public institutions**

Input number

**Current Year Score: 1**

2021

Economist Intelligence Democracy Index

## 6.2.5 Local media and reporting

### 6.2.5a

**Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?**

Input number

**Current Year Score: 2**

2021

Economist Intelligence Democracy Index

## 6.2.6 Inequality

### 6.2.6a

**Gini coefficient**

Scored 0-1, where 0=best

**Current Year Score: 0.39**

Latest available.

World Bank; Economist Impact calculations

## 6.3 INFRASTRUCTURE ADEQUACY

### 6.3.1 Adequacy of road network

#### 6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

### 6.3.2 Adequacy of airports

#### 6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3

2021

Economist Intelligence

### 6.3.3 Adequacy of power network

#### 6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 4

2021

Economist Intelligence

## 6.4 ENVIRONMENTAL RISKS

### 6.4.1 Urbanization

#### 6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 92.5

2019

World Bank

## 6.4.2 Land use

### 6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -0.64

2008-2018

World Bank; Economist Impact

## 6.4.3 Natural disaster risk

### 6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

## 6.5 PUBLIC HEALTH VULNERABILITIES

### 6.5.1 Access to quality healthcare

#### 6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 82.8

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)  
World Factbook

#### 6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 285.3

2019

WHO

### **6.5.1c**

Population ages 65 and above (% of total population)

Input number

Current Year Score: 12.21

2019

World Bank

### **6.5.1d**

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 25.5

2018

World Bank

### **6.5.1e**

Prevalence of obesity among adults

Input number

Current Year Score: 26.1

2016

WHO

## **6.5.2 Access to potable water and sanitation**

### **6.5.2a**

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 99

2017

UNICEF; Economist Impact

### 6.5.2b

**Percentage of homes with access to at least basic sanitation facilities**

Input number

**Current Year Score: 99**

2017

UNICEF; Economist Impact

## 6.5.3 Public healthcare spending levels per capita

### 6.5.3a

**Domestic general government health expenditure per capita, PPP (current international \$)**

Input number

**Current Year Score: 2075.36**

2018

WHO Global Health Expenditure database

## 6.5.4 Trust in medical and health advice

### 6.5.4a

**Trust medical and health advice from the government**

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

**Current Year Score: 2**

2018

Wellcome Trust Global Monitor 2018

### 6.5.4b

**Trust medical and health advice from medical workers**

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

**Current Year Score: 2**

2018

Wellcome Trust Global Monitor 2018