



The Deployment of COVID-19 Vaccines in Israel

Michał Wojnarowicz

Israel most likely will become first country in the world to reach full vaccination of its resident population against COVID-19. The success of the vaccination deployment was possible due to its quick securing of supply, an efficient distribution system, and high mobilisation of society. On the political level, ending the pandemic will strengthen Prime Minister Benjamin Netanyahu and improve his electoral prospects. The successful deployment will also become a permanent part of Israeli image policy.

Vaccines in Israel. Israel from the early stages of the COVID-19 pandemic pursued actions to obtain vaccines, including signing contracts with pharmaceutical companies during the initial research stages. In June 2020, Israel signed a contract with Moderna and then struck a similar deal with Arcturus (U.S.) and ReiThera (Italy). After Russia registered its Sputnik V vaccine in August 2020—[the first country in the world to approve one](#)—the Israeli government expressed interest in obtaining it. In the end, the Pfizer-BioNTech consortium became the first supplier. Israel signed the contract in November after the company announced the high efficacy of its product. To secure speedy deliveries, the Netanyahu government decided to purchase the vaccines at a higher price, which, according to Israeli media, was about \$47 for the two required doses (the agreed price for the EU is \$31). Overall, Israel ordered 8 million vaccines and the first batch arrived as early as 9 December. To maintain the continuity of supply, an additional deal was reached with Pfizer on 6 January. It provided for faster deliveries in exchange for medical data obtained during the deployment. Additionally, Israel contracted 6 million vaccines from Moderna (the first batch arrived on 7 January) and 10 million from AstraZeneca (though without a specific delivery date). The purchase of the Russian Sputnik V was not finalised due to the lack of U.S. FDA approval for the vaccine. In parallel, Israel conducts research on its own vaccine. BriLife, developed by the Israel Institute for Biological Research, is in the second phase of the clinical trial and its efficacy has yet to be determined.

Distribution Model. Deployment of the Pfizer vaccine began on 27 December and covers all willing citizens above age 16 (about 6.5 million of the 9.3 million population) and people with residency. The first phase included medical staff and caregivers, then expanded to other ages, high-risk groups (e.g., those with chronic diseases) and other occupations. As of 3 February, 3.2 million Israelis had been vaccinated, including 1.8 million with the second dose. From 4 February vaccines are to be distributed among all people over age 16 (there are discussions about lowering the threshold to 12-year-olds). Israel now has the highest percentage of vaccinated citizens against COVID-19 in the world (36% of the whole population). The government declared that it aims to vaccinate all willing citizens by mid-March.

The rate and efficiency of the distribution of vaccines in Israel stems from a few factors, especially the common and advanced healthcare system. Israeli healthcare is public with free-market elements. All of Israel's citizens are obliged by their insurance to join one of the four health funds, which operate on a non-profit basis and compete with each other (state subsidies depend on their efficiency). They are the main bodies responsible for vaccine distribution. Coordination is facilitated by the high digitalisation of healthcare, especially by the unified health database that includes all citizens. Vaccines are deployed 24/7, also on Shabbat. Along with existing infrastructure, field points were established. Logistics are facilitated by Israel's high density—93% of its citizens live in urban areas. That is an important factor because Pfizer's doses in particular require rapid usage after defrosting. To prevent

PISM BULLETIN

wasting doses, vaccines are distributed at the vaccination centre to people outside the approved age groups who queue at the centres (wait list).

The successful deployment is also the result of high social mobilisation, although there was initial scepticism—in December, only 20% of Israelis wanted to be vaccinated as soon as possible. The government did not introduce obligatory vaccination but conducted an intensive information campaign including fighting anti-vaccine propaganda. The problem is low interest in vaccination among Arab Israelis, which originates from low trust in the state institutions. Therefore the vaccination level in this group is lower. The distribution is also impeded by the ongoing third wave of COVID-19. However, approval by religious leadership has meant the statistics for the ultraorthodox Jewish population, [highly critical of pandemic limitations, are favourable](#).

Political Context. The effectiveness of the vaccine distribution is strongly exploited by the Israeli government in image policy, especially by PM Netanyahu, who was the first to be vaccinated Israeli. The vaccination success is at the core of his [electoral message](#) and he also emphasises his personal involvement in the securing of vaccines, citing, for example, direct contacts with Pfizer's CEO Albert Bourla (about 21 conversations between them reportedly took place). The government in its rhetoric stresses the visibly better situation in Israel than in most other developed countries. EU states and the U.S. in particular remain negative reference points in terms of their vaccine distribution and overall approach to countering COVID-19. At the same time, the Israeli government actively promotes its experience in consultations with certain states, such as Austria, Czechia, or Denmark. After completing the population's vaccination, it is very possible that Israel will launch a humanitarian aid campaign (e.g., medical mission) for [regional allies](#) or partners in Asia or [Africa](#). Israel also counts on high vaccination rates in United Arab Emirates and Bahrain (respectively, 32% and 10% of their populations) to allow for an acceleration of cooperation based on [normalisation agreements](#). In particular, those focused on reviving tourism and related industries deeply affected by the pandemic.

At the same time, the vaccination programme has led to an escalation in relations with the Palestinian Authority (PA).

The Palestinian government, backed by human rights organisations, accuse Israel of omitting Palestinians in its vaccination plan, thereby failing to fulfil its obligations as the occupying power controlling Palestinian territories. In countering the criticism, Israel emphasises that under the Oslo Accords, the PA institutions are responsible for health policy and it is their responsibility to secure vaccines (the PA expects supplies from the WHO COVAX mechanism and Sputnik V from Russia). However, the Israeli authorities emphasise that the lack of vaccinating Palestinians puts the people of Israel at risk—several thousand doses were donated to the PA in early February. The probable scenario assumes a wider, pragmatic agreement with the Palestinians (including Hamas) and the provision of aid—vaccine transfers—and help from third countries (Jordan, Gulf states).

Conclusions. Israel's vaccine deployment model is difficult to copy in other states due to objective factors like its wealth, urbanisation, or advanced level of healthcare. Israel's case also illustrates the advantage of developed states in obtaining vaccines in contrast to the rest of the world. At the same time, the pace of the distribution provides quick access to data on vaccination effectiveness, necessary for further research.

Netanyahu remains the main political beneficiary of effective vaccine distribution, despite previous declines, polls give Likud around 30 Knesset seats. Israel will also use the success of the vaccination campaign to strengthen the country's image as a centre of innovation and effective solutions, also as an element of wider promotion of the state similar to the current "start-up nation" branding. The need for cooperation with the PA on vaccination remains a significant challenge for the government.

The gained experience will also serve as an additional element in the development of Israel's international partnerships. If there is no need for re-vaccinations, Israel will be able to use the secured supplies or its own vaccine, as well as medical staff in "vaccine diplomacy". EU countries (e.g., Cyprus, Greece) may become beneficiaries, which would have a positive impact on wider EU-Israeli relations. In addition to scientific and technical cooperation, the EU could also engage in mediation between Israel and the PA on vaccination issues.