

State Comptroller Of Israel | Special Report: The State of Israel's Coping with the Covid-19 Pandemic | 2021

### National Level Issues

Managing the Covid-19
Pandemic at the
National Level —
Handling of the
Pandemic in Local
Authorities with High
Infection



### Managing the Covid-19 Pandemic at the **National Level – Handling of the Pandemic** in Local Authorities with High Infection

#### Background

In December 2019, the covid-19 pandemic broke out in China, spreading rapidly throughout the world. In February 2020, the first confirmed covid-19 pandemic case was identified in Israel. During March 2020, there has been a significant increase in the infection rate in Israel, following which the Government placed restrictions on public and economic activity, ultimately imposing a full lockdown on the population on March 25, 2020 which lasted until May 4, 2020. In mid-April 2020, the infection rate declined, prompting the Government to start lifting general restrictions. At the beginning of June 2020, there was a surge in infection rates, and by the end of June, the level of infection surpassed that in March. Infection rates continued to rise in July - August, and in September another general lockdown was imposed. The pandemic hit certain local authorities harder than others, among them, Jerusalem, Bnei Brak and Deir al-Asad (the three local authorities). To deal with high infection rates, the Government set up a ministerial committee for declaring restricted areas if convinced that it is necessary to restrict the entry to and exit from these areas to prevent the spread of the disease.



### **Key figures**

## April **2020**

the date the government authorized a ministerial committee headed by the Prime Minister to declare restricted areas and to restrict the entry to and exit from such areas

### 4 months

passed since the local authorities raised before the Ministry of health the need to carry out epidemiological investigations themselves, and until they received such authority

## Approx. **17%**

the rate of confirmed cases in Jerusalem from the end of March 2020 for about two weeks and until the declaration of several of its neighborhoods as a restricted area, compared to the national average of 7% confirmed cases

### 10%-21%

the rate of confirmed cases in Bnei Brak during July – August 2020, compared to a national average of 4.5%–8%. However, Bnei Brak was not declared a restricted area during this period

# 56% and 62%

of the confirmed cases in Jerusalem and Bnei Brak, respectively, during the first wave of the pandemic, were not included in the database used by the epidemiological investigations Directorate of the Ministry of health

## Up to **47%**

the rate of supervision and enforcement by the Israel Police of mandatory quarantine of confirmed infected persons in September – December 2020

## **2,145** fines

handed out by the Israel Police in Bnei Brak in March – September 2020 compared to 52,628 fines in Jerusalem, whose population is 4.5 times larger than Bnei Brak, during the same period

### 92 fines

handed out by the municipal inspectors in Bnei Brak in September – December 2020, and 4 fines were issued by the municipal inspectors in Deir al-Asad during the same period



### **Audit Actions**

From March 2020 to January 2021, the State Comptroller's Office examined a range of aspects relating to managing the Covid-19 pandemic and dealing with local authorities with high infection, including: identifying areas with high infection, the policy established to handle those areas and its implementation; setting criteria for deciding on a declaration of a restricted area and on its termination; the connection between central government and local authority with regard to the involvement of local authorities and the transfer of information required by them for optimal coping with the pandemic, and with regard to maximizing their ability in efforts to break the chains of transmission.

The audit dealt with the first wave of the pandemic between March and May 2020 and the second wave of the pandemic between June and September 2020 (audit period), focusing on the three local authorities. The audit was carried out at the National Security Council (NSC), Ministry of Health, Ministry of Justice, Home Front Command, Ministry of Interior, Israel Police Coronavirus Enforcement Directorate, Federation of Local Authorities in Israel, and the three local authorities.

### **Key findings**





- Implementation of the policy document on preventing an outbreak of infection and identifying areas that are a hub of infection - On May 18, 2020, the NSC issued an administrative work summary to all government ministries, setting out the policy for the prevention of an uncontrolled outbreak of infection in a geographical area or public institution. From the audit carried out on the implementation of actions to identify cities acting as hubs of infection during May - August 2020, a period with a sharp rise in infections, it emerged that the Ministry of Health had alerted the NSC daily regarding unusually high infection rates and that the NSC had regularly received the daily analysis from the National Data and Information Center of the Ministry of Health; however, the Ministry of Health failed to pass on to the NSC recommendations for action, such as increasing the scale of testing and enhancing enforcement.
- Discussions held by the Coronavirus Cabinet and ministerial committees on infection hotspot areas – The Coronavirus Cabinet, serving as an overarching coordinating framework for all government entities dealing with handling the Covid-19 pandemic and responsible for formulating a program for dealing with a resurgence of Covid-19, did not discuss the manner of handling infection hotspot cities, failing to do so also before and after the second wave of the pandemic, as discussions on curbing infections focused on restrictions at the national level (e.g., restrictions on gatherings) or on handling restricted areas. Also, neither the Government nor other ministerial committees dealt with the policy required for handling infection hotspot cities.

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- Scope of testing in Jerusalem and Bnei Brak During the first wave of the pandemic (April May 2020), even after Jerusalem was identified as a hub of infection (with a confirmed cases percentage of 17% compared to the national average rate of 7%), the Ministry of Health did not increase the number of covid-19 tests in the city, except after the declaration of a restricted area in mid-April 2020 (in the week between March 29, 2020 and April 4, 2020, 6,061 tests were administered, and in the following week 5,748 tests). Only with the declaration of a restricted area the number of tests performed rose to 11,042. During the second wave of the pandemic (June August 2020) it emerged that in June July there was a considerable increase in the infection rate in Bnei Brak and Jerusalem (for example, in Bnei Brak the percentage of confirmed cases ranged between 10% and 21%, while the national average was within the range of 4.5% to 8% during that period) and the number of covid-19 tests grew correspondingly up to mid-July, at which point the number of covid-19 tests started to decrease, even though the percentage of confirmed cases out of total tests remained higher than the national average.
- **Epidemiological investigations in Bnei Brak and Jerusalem** The Ministry of Health maintained two separate databases that were not synchronized. Thus, in the first wave of the pandemic, in April May 2020, the directorate of epidemiological investigations had information pertaining to 38% and 44% of the confirmed cases in Bnei Brak and Jerusalem respectively, a fact that led to carrying out investigations for part of the confirmed patients, in cities with a high infection rate when the first wave of the pandemic was at its peak. The situation improved by the second wave of the pandemic, but the epidemiological investigations directorate still lacked data on some 20% of confirmed cases.
- Number of fines handed out by the Israel Police in Jerusalem and Bnei Brak The number of fines handed out in Jerusalem and Bnei Brak as part of enforcement efforts did not correspond to the level of infection in these cities, as required under the policy for handling infection hotspot areas. For example, in Jerusalem two weeks prior to the first declaration of restricted areas in the city (from April 12, 2020 to April 19, 2020) there was an increase in the number of fines handed out. However, after the end of the first declaration, there was a considerable decline in the number of fines, which continued into the period of the second declaration (from April 30, 2020 to May 4, 2020). As regards Bnei Brak, it emerged that between March and September 2020, the Israel Police handed out in Bnei Brak 2,145 fines as part of the enforcement of Covid-19 directives, compared to 52,628 in Jerusalem during that same period. Thus, it turns out that in Jerusalem, with a population 4.5 times that of Bnei Brak, the number of fines handed out was 24 times higher than in Bnei Brak.
- Criteria for the termination of a declaration of a restricted area by the ministerial committee Until November 2020 there were no criteria for terminating a declaration of a restricted area, a fact which led at times to the termination of the declaration before a decline in the infection rate was achieved. For example, the Ministry of Health did not raise before the Ministerial Committee on Declaring Restricted Areas the possibility of extending the declaration imposed on Beitar Illit, and a further



declaration was not deliberated by the committee until September 2020, notwithstanding that the figures indicated a continuing spread of the infection in the city.

- Discussion at the Ministerial Committee on Declaring Restricted Areas The Ministry of Health did not raise before the Ministerial Committee on Declaring Restricted Areas all the cities that met the threshold conditions prescribed by the Health Ministry for declaring a restricted area; therefore, the handling of these cities with high infection rate was not uniform. It was found that the Ministerial Committee on Declaring Restricted Areas, headed by the Prime Minister, held a deliberation on July 1, 2020, in which it discussed 2 out of the 16 areas which the then Prime Minister had instructed in a preliminary discussion held on June 30, 2020, should be discussed for possible declaration as a restricted area. This came following a release by the National Data and Information Center on June 30, 2020, showing the rise in infection during the second wave. It was further emerged that the Ministerial Committee was not proactive in receiving information on cities with a high infection rate and in assessing the course of action taken to reduce the spread of infection, focusing its discussions on the recommendations presented to it by the Ministry of Health. In addition, the Ministerial Committee on Declaring Restricted Areas did not convene for two months (from July 9, 2020 to September 6, 2020), even though Covid-19 infection numbers increased during this period.
- Effectiveness of declaring restricted areas During the audit period, the NSC and Ministry of Health did not raise before the Coronavirus Cabinet the issue of the lack of uniformity in the declarations of restricted areas, and the deficient handling of the restricted areas, including the coupling of the declaration with an expansion of the scope of Covid-19 testing, to facilitate a discussion on boosting the effectiveness of the declarations, despite the surge in infection rates.
- **Transfer of information on confirmed cases and quarantine cases to the local authorities** About a month after the Ministry of Interior turned to the Ministry of Health with a request to transfer the data on infected and quarantined persons to the local authorities, and after the NSC recognized the need to transfer the information to the local authorities, a procedure for disclosing data on confirmed and quarantine cases to the local authorities was issued. The delay in transferring the information impaired the ability of the local authorities to assist their quarantined residents, and thus to reduce the possibility for violating mandatory quarantine, and also impeded their ability to help in the evacuation of the infected residents to government-run hotels, and thereby to contribute to the breaking of transmission chains in the early stages of the pandemic spread.
- **Epidemiological investigations by the local authorities** The local authorities raised before the Ministry of Health the need to carry out epidemiological investigations by themselves, in order to break the chains of transmission, at the beginning of April 2020, but were empowered to do so only at the start of August 2020.

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- Enforcement by inspectors of the local authorities Although mask wearing was mandated in April 2020, the local authorities' inspectors were authorized to enforce mask wearing in July 2020. It further emerged that the local authorities of Bnei Brak and Deir al-Asad, during the period September December 2020, handed out 92 and 4 fines (respectively) by their inspectors for failure to wear masks and for non-compliance with "Purple Badge" instructions, and as of January 2021, the Jerusalem Municipality had not reported its enforcement actions to the Coronavirus Enforcement Directorate. As of the audit date, the local authority inspectors had not been authorized to carry out enforcement on persons with confirmed Covid-19 and persons required to quarantine, despite the fact that the Israel Police had difficulty meeting the targets it set in the matter.
- **Enforcement of mandatory quarantine by the Israel Police** Supervision and enforcement of mandatory quarantine for confirmed cases and persons requiring quarantine dropped in the period September December 2020 to rates of 8% to 47% for mandatory quarantine for confirmed cases, and to rates of 7% to 22% for persons requiring quarantine, notwithstanding that infection rates surged during these months, reaching in December 98,000 confirmed cases and 465,000 persons required to quarantine.



**Cooperation of Jerusalem and Bnei Brak with the Home Front Command and Ministry of Defense** – From April 2020 until the audit end date, the municipalities of Jerusalem and Bnei Brak operated a corporate headquarters for evacuating confirmed patients and persons requiring quarantine to recovery and quarantine hotels, acting in collaboration with the Home Front Command and Ministry of Defense in this matter, thereby creating a working process that contributed to evacuation efficiency.



### **Key recommendations**



It is recommended that the Coronavirus Cabinet discuss the policy on declaring restricted areas and its effectiveness, to optimize the accompanying steps required at the time of declaration, namely: tightening enforcement, expanding the scope of testing, toughening restrictions, and determining the desired duration of the declaration. Additionally, the Coronavirus Cabinet should discuss the issue of handling infection hotspot areas which could in certain cases obviate the need to declare a restricted area and stem the spread of infection in time. Furthermore, besides examining the policy on declaring restricted areas, the Coronavirus Cabinet should assess the need for supplementary measures to support the relevant local authority and the area's residents through local actions to curb infection rates, to prevent the necessity for imposing general lockdowns on the entire population.



It is recommended that the Ministry of Health timely present infection rate data for localities as well as its recommendations to the Ministerial Committee for Declaring Restricted Areas, and the Ministerial Committee should convene regularly to discuss the state of infection and to declare restricted areas. In addition, the Ministerial Committee should examine every termination of a restricted area declaration in accordance with the criteria prescribed by the Ministry of Health in November 2020, while setting quantitative criteria to be monitored.



🏋 It is recommended that the NSC ascertain that the mechanism it laid down in the document on the policy for identifying infection hotspot areas and handling them is implemented by all the relevant entities. Additionally, the NSC should monitor the Health Ministry's compliance with the policy established for handling infection hotspot areas, and make sure that reports on the matter are timely forwarded to the Coronavirus Cabinet.



It is recommended that the Ministry of Health optimize the Covid-19 testing network and increase the number of covid-19 tests in cities with high infection rates, at the earliest possible, set up a single database to be used by all its systems, including the epidemiological investigations system, and also verify data uniformity and integrity.



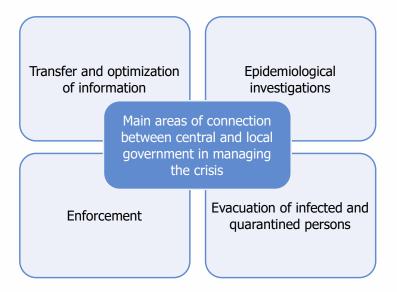
🔭 It is recommended that the Israel Police, with the quidance of its Coronavirus Enforcement Directorate and in conjunction with the local authorities and Health Ministry, address the issue of enforcement based on the infection rate in each area, as part of the efforts to stem the infection. In addition, the Ministry of Internal Security, in collaboration with the Israel Police and the Ministry of Justice, should examine options for reinforcing law enforcement and inspection forces in times of crisis, such as the Covid-19 pandemic, whether by bolstering municipal enforcement through the addition of local authority inspectors to its ranks or by reinforcing the Israel Police.



It is recommended that the local authorities reinforce their enforcement action and that the Coronavirus Enforcement Directorate guide them according to their infection rate, by determining the enforcement policy and monitoring its application.



The Main Areas Reflecting the Connection between the Central and Local Government in the Management of the Covid-19 Pandemic



According to Central Bureau of Statistics publications, as processed by the State Comptroller's Office.

### **Summary**

Local authorities are the core of handling residents in times of routine and emergency and possess the managerial and operational capabilities and experience. The Covid-19 pandemic has underscored the importance of an optimal connection between central and local government.

The audit has found that there was no implementation of the policy for handling infection hotspot areas to curb the outbreak of infection before spreading, and that in areas where the infection had spread, there was no effective handling of the situation in accordance with the criteria set. All this may have possibly led to an upsurge in infection and to the decision to impose a second general lockdown on the economy, and even to a decline in public willingness to proactively join the fight against the covid-19 pandemic.

To optimize usage of the relative advantage of local authorities in handling the residents and in achieving national goals, the relevant government ministries in the matter – the Ministry of Health, Ministry of Interior, Ministry of Internal Security and Ministry of Justice – should act to widen the involvement of the local authorities in the national effort to bring down the infection rate, and, accordingly, to assess the need to expand their powers.