

The Palestinians and COVID-19 Vaccines: An Israeli Responsibility?

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While Israel is a leader in coronavirus vaccination efforts and by early February had vaccinated close to one third of its population with at least one dose, the Palestinian Authority has failed to obtain enough vaccines for its population. From here emerges the dilemma for the Israeli government whether to provide Palestinians with vaccines at the expense of vaccinations for the Israeli population. In Area C in the West Bank, which is controlled by Israel, about a quarter of a million Palestinians live alongside Israelis; some 130,000 Palestinians work in Israel; and many Israeli Arabs visit the Palestinian Authority areas for shopping and family visits. Therefore, a return to routine life in Israel, especially economically, requires the vaccination of the Palestinian population. Israel should administer vaccines for Palestinian medical personnel and at-risk populations, and vaccinate Palestinians working in Israel.

With the outbreak of the coronavirus in early March 2020, there was close cooperation between Israeli and Palestinian health officials, but following Israel's declaration of intent to annex territories in the West Bank and the subsequent severance of relations with the Palestinian Authority (PA) in May 2020, health coordination also ceased. This disconnect occurred even though the coronavirus exacted a heavy cost in health/human life and economic terms. Now, after the resumption of coordination and in light of the acceleration of the vaccination process in Israel, Palestinian Prime Minister Mohammad Shtayyeh, contrary to his position on distancing the Palestinian Authority from Israel and bolstering Palestinian independence, claims that Israel is responsible for vaccinating the Palestinian population.

The PA Difficulty in Obtaining Vaccines

In advance of initial approvals for the coronavirus vaccines, Palestinian Authority President Mahmoud Abbas instructed the Minister of Health, Mai al-Kaila, to work with the pharmaceutical companies and obtain vaccines for the Palestinian population. In addition, he spoke with Russian President Vladimir Putin, who pledged to provide four million doses of the Russian vaccine, Sputnik V. In mid-December, a first meeting was held between representatives of the Palestinian and Israeli Ministries of Health following the resumption by the Palestinian Authority of coordination with Israel, at the level of

Ministry directors and senior officials, and the parties discussed cooperation and ways to deal with the pandemic. The Palestinian Ministry of Health shared with Israeli officials its vaccine program with reference to the West Bank and Gaza Strip. Although the PA is not the sovereign in the Gaza Strip, it considers itself responsible for negotiations with pharmaceutical companies for a total population of about 4.5 million in both regions.

The Palestinian Ministry of Health is reportedly negotiating with a number of pharmaceutical companies and has even signed contracts to purchase vaccines. The PA is supposed to receive vaccines for 20 percent of the population from the World Health Organization's COVAX program, which is responsible for supplying vaccines to weak countries. COVAX advised that it will not be able to provide vaccines before March, and even then it will only be a small number, according to global considerations and priorities. Moderna, with whom the PA negotiated directly, has updated that it will not be able to provide vaccines before August. The most significant contract is with the British-Swedish AstraZeneca for two million vaccines, and the first shipments are expected to begin to arrive at the end of February. The extreme storage and transportation requirements of Pfizer and Moderna vaccines are not available in the Palestinian health system infrastructure, and Israel has offered logistical assistance. However, the Palestinian Ministry of Health has not been able to obtain the vaccines in the near future. In the Gaza Strip, healthcare officials who work with international organizations reported that the World Health Organization stated that Gaza would start receiving vaccines in early February, and these vaccines will be allotted first for the medical staff. The most immediate vaccine option for the Palestinians is Sputnik V, which is not approved for use by Israel, but Israel decided not prevent its supply to the PA, albeit a requirement in the Paris Accords that the Palestinian territories uphold the Israeli standard. The Palestinian Ministry of Health has already announced that it has approved emergency use of the vaccines in the PA territories, and the Russian Direct Investment Fund (RDIF) has confirmed that it will start providing the vaccine. The first shipment of 5,000 vaccines was already due to arrive, but has been delayed by over two weeks. An additional 100,000 doses of the Russian vaccine are expected to arrive in mid-February, and the Palestinian Ministry of Health has recently begun negotiations with China and with Johnson & Johnson for additional vaccines.

The Debate over Israel's Responsibility

Along with acclaim for the expedition and efficiency in vaccinating its population, Israel has been the target of international criticism for neglecting the Palestinian population, which is considered by many to be its responsibility. Articles in leading foreign media have questioned why Israel does not labor to transfer vaccines to the Palestinian Authority, given the provisions of international law requiring an occupying power to take care of the public health of a population under its control, and given moral obligations

and human rights. The Physicians for Human Rights organization has appealed to the Director General of the Ministry of Health in Israel and to the Coordinator of Government Activities in the Territories (COGAT) to provide vaccines to the Palestinian public. It claims that under international law Israel bears legal, moral, and humanitarian responsibility for vaccinating the Palestinian population, and that it must not deduct the costs from Palestinian tax money. Sixteen human rights organizations, including Amnesty International, subsequently appealed to the Israeli authorities to provide the Palestinians with vaccines that meet the Israeli standard, i.e., not the Russian vaccine. They contend that under Article 556 of the Fourth Geneva Convention, the occupying power is obligated to take the necessary preventive measures to thwart the spread of diseases, and the fact that the PA is trying to obtain vaccines for the Palestinian population does not absolve Israel of responsibility. The Palestinian Ministry of Health recently echoed these charges, having difficulty obtaining the vaccines and despite receiving funding commitments from the donor countries. Jordan's King Abdullah joined the criticism of Israel at the World Economic Forum in Davos, and highlighted the gaps between the populations regarding the vaccination programs.

For its part, Israel claims that it has no obligation to vaccinate the Palestinian population, since in the Interim Agreement, as defined in Appendix 3, Article 17, all civilian powers in the personal spheres, among them the health of the Palestinian population, including those living in Area C, were transferred to the Palestinian Authority. The Palestinian Authority alone manages the field of public health and can cooperate with Israel, if it chooses to do so.

While according to international law, Israel, as an occupying power, is obligated to assist the Palestinians in an emergency medical situation, it is not obligated to supply identical services to what it offers its own residents, in areas under PA responsibility. In other words, if the PA and Hamas are unable to contain the situation, and if the effects of the pandemic are relatively more severe than in other places, and Israel in particular, then Israel is required to intervene and attend to the health of the Palestinian population. But this is not the case in practice – both the Palestinian Authority and Hamas have managed to control morbidity, with levels parallel to the level of morbidity in Israel, and they are working successfully to reduce the infection reproduction number and provide medical treatment, and are far from systemic failure. The PA itself did not show signs of distress and collapse during the response to the pandemic, and now the allegations vis-à-vis Israel focus on the vaccines and are directed mainly externally, as part of the greater conflict. With the outbreak of the pandemic, initial health conditions in the Gaza Strip were inferior to those in the West Bank, but with the help of the international community and full cooperation from Israel, medical institutions in Gaza improved their resources and

acquired new respirators, oxygen production stations, intensive care units, and testing laboratories.

On January 29, Prime Minister Netanyahu and Defense Minister Gantz approved the transfer of 5,000 vaccines this week from Israel to the PA for vaccination of medical teams, beyond the 100 vaccines it had already transferred for medical personnel. In addition, Israel considers Arab residents of East Jerusalem as citizens, and they are eligible for vaccination according to national priority, based on age and level of risk. Residents of the Palestinian Authority who are employed in Israel in nursing and medicine have also been vaccinated as part of their work. However, Palestinians working in Israel in the construction and agriculture sectors are not eligible for the vaccine, even though some have reached the required age and are in Israel for weeks on end, as part of the guidelines to contain the pandemic, which requires them to stay in Israel to prevent transmission between populations. The Israel Institute for Biological Research in Ness Ziona, whose vaccine is in advanced experimental stages, is expected to produce a stock of vaccines for the Palestinian Authority as well, but its development will only be completed toward the summer.

Conclusions and Recommendations

Medical and security officials in Israel, including Health Minister Yuli Edelstein, argue that Israel has a national interest in vaccinating the Palestinian population, but deny the claim that it must do so out of legal responsibility. Israel has an interest in the PA bearing responsibility for the entire Palestinian population living in the West Bank and Gaza Strip, and in this context, should strive for the Palestinians to have a functioning and responsible healthcare system capable of addressing all the medical needs of the population. Israeli medical assistance should be provided in the framework of coordination in healthcare. Therefore, the transfer of vaccines to the risk groups in the Palestinian territories does not remove responsibility from the PA, but acknowledges that there is a significant gap in its capabilities.

Israel has a healthcare and political interest in the PA succeeding in providing vaccines to its population at a rate that matches, or is close to, the rate of vaccines in Israel. Therefore, once Israel vaccinates adults, at-risk populations, medical staff, and education personnel, it should strive to transfer vaccines to the Palestinians, with preference for those that meet the Israeli guidelines. If this assistance is not possible, it is recommended to transfer vaccines for at-risk Palestinians and medical workers, possibly even at the expense of postponing the vaccination of young Israelis who are not in the risk groups. This move will present Israel in a positive light in the world, reduce the burden on health services in the West Bank and Gaza Strip, and promote positive cooperation between Israel and the Palestinian Authority. Israel did well, on the recommendation of COGAT,

to transfer a first shipment of vaccines, but this should not be a one-time occurrence, which will have only a limited effect.

The vaccination of the Palestinian population should not be part of the political struggle in Israel, since the elements affecting contagion between Israel and the Palestinian territories are not expected to disappear – about a quarter of a million Palestinians live alongside Israelis in the West Bank; some 130,000 work in Israel; and Arab citizens of Israel visit the PA frequently for shopping and family visits. Israel's return to the post-coronavirus routine will not be independent of the pandemic situation in the PA. Therefore, Israel would do well to allow Palestinians working in essential economic sectors in Israel to be vaccinated, as it did with Palestinians working in the medical and nursing sectors. The construction and agriculture sectors are defined as essential and Israel allows workers to continue to come to work. However, these workers cannot return home regularly as they are a significant contagion factor and are obligated to quarantine upon their return. Vaccinating workers will remove from Israeli employers a duty to provide workers with accommodation solutions (not all employers meet the required conditions, and some live on construction sites) and will also help reduce contagion between Israel and the PA.