

The Right to Vaccination
Policy Paper by Zulat and
Physicians for Human Rights - Israel

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HUMAN RIGHTS
ישראל ישראל
ISRAEL

דוכאים أطباء
לזכויות אדם لحقوق الإنسان



THE RIGHT TO VACCINATION POLICY PAPER BY ZULAT AND PHYSICIANS FOR HUMAN RIGHTS - ISRAEL

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Policy and ethics director of Physicians for Human Rights - Israel. Was a member of the Committee on Racial Discrimination and Exclusion in the Health System. Has worked and written about the right to health in the Occupied Territories, clinical human experiments, and racism in the health system. Recipient of Oak Fellowship for Human Rights in 2009.

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Lawyer and ethicist who worked in the public service and in academia, specialized in medical reproduction, health and bioethics. Served as a member of the UN Committee on the Elimination of Discrimination Against Women (1994-2000). Author of the books "Health, Law and Human Rights" (Ramot Publishing 2003) and "In Praise of Ageing" (Watkins Publishing UK, 2020).

Review

This policy paper by the Zulat Institute for Equality and Human Rights, co-authored with Physicians for Human Rights - Israel, presents a series of demands to the Israeli government concerning corona vaccine policy and offers practical recommendations from the perspective of human rights that are affected by this policy. It addresses the costs and implications of government's actions, taking into account the constraints of dealing with a new pandemic and the efforts to find wide-ranging solutions within a short period of time.

The three main policy recommendations presented in this paper are:

1. Finance the vaccination campaign with dedicated funds, so as not to compromise the health system's budget.
2. Provide free vaccines to the entire population, including asylum seekers, migrant workers, and the Palestinian population in the occupied territories.
3. Transfer of medical staff who refuse to be vaccinated, and working with at-risk patients, to other positions.

Other recommendations are:

- Purchase vaccines exclusively by the government to prevent people with means from "jumping the line."
- Ensure an equitable supply of vaccines, without neglecting geographical/social peripheral regions.
- Encourage vaccination by outreaching to at-risk populations, including incapacitated and bed-ridden elderly people living in the community.

These recommendations ensue from brainstorming by a team of multidisciplinary experts led by Dr. Shelly Kamin-Friedman, that included (in alphabetical order): Dr. Hagai Boas, Prof. Nadav Davidovitch, Prof. Dani Filc, Prof. Khitam Muhsen, Dr. Carmel Shalev, and Ms. Hadas Ziv. The report is based on their knowledge and expertise, as well as on position papers, research and press articles. The proposed policy tools are consistent with the universal right to health, the right to equality, and the values of fairness and solidarity. **[To read the full report in Hebrew, [click here](#)]**

Policy Recommendations

1) Vaccine Purchase and Distribution

- Supporting WHO's call to act in solidarity.
- Purchase and supply of vaccines exclusively by the government to prevent people with means from "jumping the line."
- Provide free vaccines to the entire population, including asylum seekers and migrant workers without visas.
- As long as the occupation continues, Israel is responsible for vaccinating the Palestinian population in the occupied territories.
- Finance the vaccination campaign with dedicated funds (a special bond issue may be considered), without compromising the health system's budget. Since the pandemic has proven the crucial need for a quality public health system on the one hand, and revealed the slimness of the Israeli health system after years of lack of investment on the other, steps must be taken to adjust the system's funding to the needs of the population.
- Supply vaccines through hospitals and health funds in unified clinics.
- Ensure an equitable supply of vaccines, without neglecting geographical/social peripheral regions.
- Encourage vaccination through personal contact initiated by family physicians and outreach to at-risk populations.
- Continued monitoring and control of the vaccine's side effects by the HMOs, and sharing information with other countries.
- Ensure transparency and information sharing on the Israeli vaccine being developed at the Israel Institute for Biological Research, which is funded by the public.

2) Prioritization of Vaccination

- Prioritize the population at risk of serious illness and their caregivers.
- Establish a logistical system for at-home vaccination of incapacitated and bed-ridden elderly people living in the community along with their personal caregivers, similar to caregivers at long-term nursing facilities.
- Prioritize disadvantaged population groups due to such socio-economic factors as crowded housing conditions, as well as cultural-linguistic minorities (ultra-Orthodox, Arabs, Ethiopians) and poor populations that are more vulnerable than others to disease.
- Distribute vaccines among HMOs in accordance to the decisions on prioritization (taking into account, for example, the number of "at-risk" HMO members).
- Decision-making by an apolitical professional committee, composed of experts in a variety of fields and from diverse sections of the population.
- Conduct transparent discussions and publish their content in different languages in the mainstream and in social media.

3) Informed Consent and 'Vaccine Hesitancy'

- Fully disclose existing information on the vaccines and give option to willingly agree/refuse vaccination.
- Replace the term "herd immunity" used in veterinary with the term "community immunity," which aspires to vaccinate a high percentage of the population.
- Actively monitor the issues that bother the public, including on social media, and provide a courteous response.

- Implement the PR strategy that led to the satisfactory response by the public to the OPV (polio) vaccination campaign in 2013: deploy Health Ministry representatives in the field, adapt the PR campaign to different populations and sectors (for example, migrants who shun vaccination for fear of being deported), recruit influencers in all communities, boost the number of telephone operators at the Health Ministry's hotline with Russian, Arabic and Amharic speakers, produce radio broadcasts and pashkevilim (street posters) for the ultra-Orthodox public.
- Provide information that avoids stigmatization, generalization, and paternalism.
- Ensure transparency in all stages of the decision-making, including explanations about the reasons behind decisions, avoid conflicts of interest, maintain consistency and enable public participation.
- Provide information to the public by physicians or scientists with no political-party affiliation.
- If and when it is proven that the vaccine prevents transmission of the virus, emphasize the importance of the vaccine in providing broad protection to the public at large and not just personally. We propose to portray immunization as a manifestation of responsibility and solidarity.
- Counter the phenomenon of "free riders" who will benefit from the community immunity even if they chose not to be vaccinated, it may be necessary to announce positive incentives for people who get vaccinated.
- In choosing such a positive incentive, see to it that it encourages the entire population to be vaccinated equally.
- If benefits are given to people who get vaccinated, identical benefits should be given to those who cannot be vaccinated due to contraindications, as well as to those who present a positive serological test or a negative rapid corona test.

4) Medical Staff

- Provide comprehensive information to the medical staff and conduct persuasion efforts (dedicated conferences and individual contact with anti-vaxxers).
- If it is proven that the vaccine prevents transmission of the virus, consider stopping the employment of medical staff working with at-risk patients who refuse to be vaccinated and transfer them to other positions.
- Medical staff who voice opposition to the vaccine must note that their position differs from that accepted in the scientific community.

5) Compensation for Vaccine Victims

- Add the corona vaccine to the list of vaccines that qualify for compensation under the Vaccine Victims Insurance Law.
- Instruct the expert committee discussing lawsuits filed in accordance with the law to shift from a confrontational hearing between plaintiffs and state representatives to an administrative hearing (similar to the hearings of National Insurance Institute committees).
- Instruct the expert committee discussing lawsuits filed in accordance with the law to make its decisions on the basis of circumstantial evidence and not just scientific evidence.
- Israeli support for compensation for vaccine victims in all countries under the COVAX initiative.



In May 2020, we launched Zulat for Equality and Human Rights, a unique institute that combines research and analysis with activism via social media networks and conventional media, positioning Zulat as a bridge between the political arena and civil society. Zulat studies portray the political and public reality, but our work only begins there. As an activist think tank, we fight back by working to set an alternative agenda, change the public discourse, and advance policy and legislation to uphold democracy and human rights. We represent a broad perspective on human rights, that looks at universal rights, civil rights - private as well as collective, and social rights – as a whole. We believe all different types of rights depend and relay on one another.

[Read our full mission statement](#)

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