Country Cooperation Strategy, Israel, 2019-2025

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request for documentation, health information, or for permission to quote or translate, on the Regional Office website (http://www.euro.who.int/pubrequest).

ISBN 978-92-4-000803-8 (print version)

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. (http://www.wipo.int/amc/en/mediation/rules/)


Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.
Acknowledgments

The Country Cooperation Strategy between the World Health Organization and the State of Israel 2019–2025 (CCS) was developed in partnership between WHO and the Government of the State of Israel. The document includes information collected by the Government of Israel with the help of non-governmental agencies. It was produced with inputs from numerous government ministries and agencies led by the Ministry of Health, civil societies, bilateral and multilateral agencies, UN agencies and academic institutions.

Preparation of the CCS 2019-2025 was led by the Special Representative of WHO European Regional Director in Israel, Dr. Luigi Migliorini. Technical inputs were coordinated by WHO's Geneva Headquarters and the WHO European Region.

The CCS 2019-2025 was written by Ari Zwiren, Coordinator of International Relations of the Israeli Ministry of Health, and Adam Cutler, Deputy Division Director of International Relations and Media of the Israeli Ministry of Health. Technical supervision of the document was led by Dr. Asher Salmon, Head of the Department of International Relations of the Israeli Ministry of Health.

The CCS 2019-2025 was designed by Ari Zwiren, Coordinator of International Relations of the Israeli Ministry of Health, with help from Smadar Shazo, Director of the Advertising Department of the Israeli Ministry of Health, and Amos Tahar.
## Contents

Foreword ................................................................................................................. 6
Abbreviations ........................................................................................................... 7
Executive Summary ................................................................................................. 8

1. Introduction ........................................................................................................ 1
   1.1 Aim .................................................................................................................. 1
   1.2 Commitments of the CCS .............................................................................. 1
   1.3 Strategic Priorities .......................................................................................... 2

2. Health in Israel .................................................................................................... 3
   2.1 Israel’s Socioeconomic, Demographic and Health Context .......................... 3
   2.2 The Health System in Israel .......................................................................... 4
   2.3 Non-communicable Diseases and Risk Factors........................................... 5
       Obesity ............................................................................................................. 6
       Alcohol ........................................................................................................... 7
       Tobacco ......................................................................................................... 7
   2.4 Immunization ................................................................................................ 8
   2.5 Mother and Child Care .................................................................................. 8
   2.6 HIV and TB Incidence ................................................................................... 9
   2.7 Refugee and Migrant Health ......................................................................... 9
   2.8 Antimicrobial Resistance ............................................................................. 10
   2.9 Digital Health ................................................................................................ 10
       Big Data ........................................................................................................... 10
       Telemmedicine ................................................................................................. 11
       Genomics ......................................................................................................... 11
       Personalized Health Care ............................................................................... 11
   2.10 Environment and Health ............................................................................ 11
       Wastewater .................................................................................................... 11
       Climate Change .............................................................................................. 12
   2.11 Mental Health ............................................................................................... 12
   2.12 Dental health ................................................................................................ 12

3. Israel’s Contribution to Global Health .............................................................. 13
   3.1 Contributions of Israel to Global Health in the Context of SDG-3 ............... 13
   3.2 Contribution of Israeli WHO Collaborating Centres .................................. 14
   3.3 Contribution of the Israeli Ministry of Health to Global Health ..................... 15
4. WHO and Israel’s Strategic Agenda for Cooperation ................................................................. 16

4.1 Collaboration between Israel and WHO .................................................................................. 16

4.2 Strategic priorities of the Country Cooperation Strategy .......................................................... 16

   Strategic Priority 1 – Utilize E-health Innovation as a Tool for Increasing the Accessibility and 
   Quality of Medical Services ........................................................................................................ 16

   Strategic Priority 2 – Improve the Quality of Life throughout the Life Course with a Focus on 
   Non-communicable and Communicable Diseases, Personalized Medicine and Genomics .......... 17

   Strategic Priority 3 – Advance Emergency Preparedness and Response ..................................... 17

   Strategic Priority 4 – Strengthen the Role of Israel in Global Health ....................................... 18

5. Implementation of the Country Cooperation Strategy ................................................................... 19

5.1 Principles of cooperation ........................................................................................................ 19

5.2 Implementation Support ........................................................................................................ 20

6. Monitoring and Evaluation ........................................................................................................ 29

6.1 Monitoring the implementation of the CCS .......................................................................... 29

6.2 Evaluation of the CCS ........................................................................................................... 29

   Mid-term evaluation for 2022 .................................................................................................... 29

   Final evaluation for 2025 ......................................................................................................... 29

References ..................................................................................................................................... 31
Foreword

The Ministry of Health in Israel and the World Health Organization are pleased to present the WHO Country Cooperation Strategy (CCS) for Israel 2019–2025, the first such strategy between Israel and WHO.

This global CCS sets out the institutional framework for collaboration between the three levels of the Organization, and more importantly provides clear direction for the country presence in Israel. We are confident that once the office of the Special Representative of the Regional Director evolves into a new WHO Country Office for Israel, the CCS will provide the right focus for our technical and strategic collaboration. The strategy will also facilitate Israel’s contribution to global health and help to deliver WHO’s “triple billion” targets as set out in the 13th WHO General Programme of Work (GPW13).

Moreover, the CCS will provide additional impetus to the country’s commitment to the Sustainable Development Goals and ensure common efforts are made towards upstream determinants of health and all SDG targets, resulting in concrete actions and appropriate implementation measures.

Through this document WHO commits to improving the health of all Israelis, and Israel commits to addressing health priorities in the WHO European Region and globally. The four strategic priorities set out in the document aim to ensure an impact over the coming six years especially regarding e-health, quality of life throughout the life course, emergency preparedness and response, and global health.

Guided by this strategy, the Ministry of Health and WHO commit to further collaboration and a common global mission to promote health, keep the world safe and serve the vulnerable.

MK Yakov Litzman
Deputy Minister of Health
Ministry of Health of Israel

Dr. Zsuzsanna Jakab
Regional Director
Regional Office for Europe

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>Antimicrobial resistance</td>
</tr>
<tr>
<td>ART</td>
<td>Anti-retroviral therapy</td>
</tr>
<tr>
<td>bOPV</td>
<td>Bivalent oral poliovirus (live attenuated poliovirus)</td>
</tr>
<tr>
<td>CBRNe</td>
<td>Chemical, Biological, Radio-Nuclear and Explosive hazards</td>
</tr>
<tr>
<td>CCS</td>
<td>Country Cooperation Strategy</td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria, tetanus and acellular pertussis</td>
</tr>
<tr>
<td>ECS</td>
<td>Emergency care systems</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency medical services</td>
</tr>
<tr>
<td>EMT</td>
<td>Emergency medical teams</td>
</tr>
<tr>
<td>Flu</td>
<td>Influenza</td>
</tr>
<tr>
<td>FMT</td>
<td>Foreign medical team</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GPW13</td>
<td>Thirteenth General Programme of Work (2019–2023)</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>Hib</td>
<td>Haemophilus influenza b</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization (Health Fund)</td>
</tr>
<tr>
<td>HPV</td>
<td>Human papillomavirus vaccine</td>
</tr>
<tr>
<td>IBRD</td>
<td>International Bank for Reconstruction and Development</td>
</tr>
<tr>
<td>ICBS</td>
<td>Israeli Central Bureau of Statistics</td>
</tr>
<tr>
<td>ICD-11</td>
<td>International Classification of Diseases, 11th revision</td>
</tr>
<tr>
<td>ICF</td>
<td>International classification of Functioning, Disability and Health</td>
</tr>
<tr>
<td>ICHI</td>
<td>International Classification of Health Interventions</td>
</tr>
<tr>
<td>IDF</td>
<td>Israeli Defense Forces</td>
</tr>
<tr>
<td>IHR</td>
<td>International Health Regulations (2005)</td>
</tr>
<tr>
<td>IMoH</td>
<td>Israeli Ministry of Health</td>
</tr>
<tr>
<td>IPV</td>
<td>Inactivated poliovirus</td>
</tr>
<tr>
<td>ISR</td>
<td>State of Israel</td>
</tr>
<tr>
<td>JEE</td>
<td>Joint External Evaluation</td>
</tr>
<tr>
<td>LE</td>
<td>Life expectancy</td>
</tr>
<tr>
<td>MASHAV</td>
<td>Israeli International Development Cooperation Agency</td>
</tr>
<tr>
<td>MDA</td>
<td>Magen David Adom</td>
</tr>
<tr>
<td>MMRV</td>
<td>Measles, mumps, rubella and varicella</td>
</tr>
<tr>
<td>MRC</td>
<td>Medical Research Council</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-communicable Disease</td>
</tr>
<tr>
<td>NLHS</td>
<td>National List of Health Services</td>
</tr>
<tr>
<td>OECD</td>
<td>Organization for Economic Co-Operation and Development</td>
</tr>
<tr>
<td>SEEHN</td>
<td>South Eastern European Health Network</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SDR</td>
<td>Standardized death rate</td>
</tr>
<tr>
<td>Tdap</td>
<td>Tetanus, diphtheria and pertussis</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
</tbody>
</table>
Executive Summary

This is the first time that Israel and WHO have signed a Country Cooperation Strategy (CCS).

The CCS is a medium-term strategic framework for cooperation between partners and outlines a shared agenda with priority areas of work for six years. This CCS document has five chapters. After the introduction, Chapter 2 depicts the public health status and health system in Israel, while Chapters 3 and 4 describe development cooperation and Israel’s contribution to global health, as well as collaboration between Israel and WHO in the past. Chapter 5 outlines the strategic agenda for cooperation between Israel and WHO and provides details on the areas of collaboration between the partners. Finally, Chapter 6 describes the implementation of the strategy as well as the monitoring and evaluation process.

The CCS facilitates the national commitment to support implementation of the WHO General Programme of Work (GPW13) and the WHO EURO health policy framework Health 2020. It also specifies the priority areas for future technical collaboration at the national level.

The CCS has four strategic priorities:

1. Strategic priority 1 – Utilize e-health innovation as a tool for increasing the accessibility and quality of medical services. This includes developing priorities for public health action to support the adoption of e-health, big data in healthcare systems, ICD-11, ICHI and ICF, digital medicine, medical research and innovation as tools to strengthen health systems and provide more advanced coverage to promote general well-being. UHC innovation also extends to developing essential public health operations to assure governance for health and well-being, assuring a sufficient and competent public health workforce and sustaining organizational structures and financing.

2. Strategic priority 2 – Improve the quality of life throughout the life course with a focus on NCDs and CDs, personalized medicine and genomics. This includes addressing NCDs as a primary cause of mortality, in particular cardiovascular diseases, respiratory diseases, cancer and diabetes in relation to risk factors such as tobacco and alcohol consumption, nutrition and physical activity, and adopting tailored interventions for high-risk populations, e.g. mothers and children and the elderly.

3. Strategic priority 3 – Advance emergency preparedness and response. This includes supporting countries to upgrade their “all-hazards” emergency cycle management (from prevention to preparedness and from response to recovery), contributing to implementation of the International Health Regulations (IHR) (2005) at national and global levels, sharing flagship goods such as emergency care systems (ECS) and emergency medical teams (EMT) and developing focused programming and advanced training to increase the emergency preparedness capacities of all countries.

4. Strategic priority 4 – Strengthen the role of Israel in global health. This aims to strengthen the role of Israel in global health by enhancing collaboration between WHO and Israeli scientific institutions from different sectors. Israel and WHO intend to collaborate to achieve these strategic priorities using available resources and expertise, generating added value for both partners’ health agendas (and all three levels of WHO) and exchanging innovative ideas and approaches.
1. Introduction
The Country Cooperation Strategy (CCS) is WHO’s strategic framework to guide the Organization’s work in and with a country. It responds to the country’s National Health and Development Agenda and identifies a set of agreed joint priorities for WHO collaboration, covering those areas where the Organization has a comparative advantage in order to generate a public health impact. It facilitates implementation of the 13th General Programme of Work (GPW13) with a focus on the specific needs of the country in question.

1.1 Aim
The overarching aim of the CCS is to strengthen and guide cooperation between Israel’s Ministry of Health and WHO in mutually agreed priority areas in order to improve the health of the whole population of Israel and beyond.

1.2 Commitments of the CCS
The CCS is pledged to the commitments that form the basis of cooperation between Ministry of Health and WHO which are:

1. to support the WHO EURO health policy framework Health 2020 and implement WHO GPW13 as well as health-related Sustainable Development Goals (SDGs); and

2. to facilitate Israel’s contribution to global health and the work of the World Health Organization in achieving impact at country level.

This CCS covers the period from 2019 to 2025 and is aligned with national, regional and global WHO policy and programme frameworks as well as the UN 2030 Agenda for Sustainable Development.

Fig 1. WHO Country Cooperation Strategy and GPW13

Source Fig 1: https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023
### 1.3 Strategic Priorities

The following four strategic CCS priorities set out the technical areas for ongoing cooperation between the Ministry of Health in Israel and WHO:

**Strategic Priority 1** – Utilize e-health innovation as a tool for increasing the accessibility and quality of medical services.

**Strategic Priority 2** – Improve quality of life throughout the life course with a focus on Non-communicable and communicable diseases, personalized medicine and genomics.

**Strategic Priority 3** – Advance emergency preparedness and response.

**Strategic Priority 4** – Strengthen the role of Israel in global health.

---

**Table 1. CCS Israel**

<table>
<thead>
<tr>
<th>Aim</th>
<th>To strengthen and guide cooperation between Israel’s Ministry of Health and WHO in mutually agreed priority areas in order to improve the health of the whole population of Israel and beyond.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basis of Israel – WHO cooperation</td>
<td>WHO contributes to the health of all people in Israel</td>
</tr>
</tbody>
</table>
| Technical strategic priority areas | 1. Utilizing e-health innovation as a tool for increasing the accessibility and quality of medical services.  
2. Improving quality of life throughout the life course with a focus on Non-communicable and communicable diseases, personalized medicine and genomics.  
3. Advancing emergency preparedness and response.  
4. Strengthening the role of Israel in global health. |
| Principles of cooperation | Strategic policy dialogue, technical contribution, emergency deployments, agenda shaping, information exchange, multisectoral approach, prioritization of vulnerable groups, open communication and regional capacity building. |
2. Health in Israel

This chapter presents an overview of Israel’s health situation. After a brief introduction to Israel’s demographic, socioeconomic and institutional context, the chapter provides a brief overview of the health status of its population.

2.1 Israel’s Socioeconomic, Demographic and Health Context

Israel has a population of just under 9 million persons (ICBS, 2019), of whom approximately 74% are Jewish with 21% listed as Arab Muslim/Christian and 5% other confessions (Druze, Circassian, Armenian, Aramean, Samaritan, etc.)¹. The surface area of the country is 22,072 km², ranking it in 148th place in global terms².

Gross National Income (GNI) per capita is USD 40,930 ³. Total expenditure on health as a percentage of GDP is 7.4 (GHO, 2017⁴). Israel’s Human Development Index is 0.906 which gives it a very high human development ranking⁵. Its population growth rate is steady at 1.9% with a high fertility rate of approximately 3.1⁶.

In 2016, life expectancy (LE) at birth for males in Israel was 80.3 years, higher than the WHO European Region figure (74.2). For females, life expectancy was 84.2 years, also higher than the WHO European Region figure (80.8). As Fig. 2 shows, overall LE at birth was 82.1 years in 2015, higher than rates for the WHO European Region (77.2) and SEEHN (76.3)⁷,⁸.

![Fig 2. Life expectancy trends](https://gateway.euro.who.int/en/)

In Israel, 16% of the population is aged 60 and above in 2020, a percentage that is expected to increase to more than 21% by 2050⁹. Forty to fifty percent of the population aged 55–79 years suffers from between three to five chronic illnesses. In view of these demographic and epidemiological shifts, it is

---

¹ Information presented derives from the WHO European Region Health for All family of databases (HFA-DB): the situation and trends in Israel are compared with those for the WHO European Region and South-eastern Europe Health Network members (SEEHN).
increasingly important to address the needs of older populations. Preventing a decline in the intrinsic capacities of older adults and improving their functional abilities can also help reduce health expenditure.

One of the broad causes of premature mortality (0–64 years) in Israel is malignant neoplasms (50 deaths per 100,000) in 2016 a figure that is lower than that for the WHO European Region (69 deaths per 100,000). In 2015, there were 22.1 live births per 1,000 population. In 2015, the maternal mortality rate in Israel was 3 deaths per 100,000 live births. This is lower than the WHO European Region figure (11 deaths per 100,000). The infant mortality rate in Israel was 3.1 deaths per 1,000 live births in 2016 lower than the WHO European Region figure (7 deaths per 1,000).

Fig 3. Trends in premature mortalityii caused by malignant neoplasms in Israel per 100,000 deaths (1974 – 2016)

Other broad causes of premature mortality are due to infectious and parasitic diseases, viz. circulatory system diseases (16 deaths per 100,000) in 2016 respiratory system diseases (5 deaths per 100,000) and gastrointestinal system diseases (4 deaths per 100,000), as well as due to external causes of injury and poisoning (15 deaths per 100,000).

2.2 The Health System in Israel

With the enactment of the National Health Law in 1995 health insurance in Israel became universal. Every resident – regardless of gender, religion, age, ethnic background, state of health and/or income – is entitled to health insurance via one of the health funds (HMOs) based on an open enrolment scheme with no risk-behaviour selection. The Law sets out an itemized National List of Health Services (NLHS or “health basket”): a binding list of health services and medications which must be provided by each HMO to its

---

ii Note: Premature mortality is defined as deaths under 64 years of age per 100 000
Source: https://gateway.euro.who.int/en/indicators/h2020_1-premature-mortality/
members. The NLHS covers total costs for all clinical disciplines and health technologies such as medical devices, surgical procedures, rehabilitation programmes and prescription medicines, and currently costs 48 billion Israeli shekels (ILS). The “health basket” is updated annually, and receives additional funding of 500–700 million ILS based on the recommendations of a special public committee. It is updated using a demographic coefficient, cost-of-health indexing and technology coefficient. The major challenges facing the Israeli health care system are to continue providing quality health care to an ageing population while also improving and personalizing the level of basic health care received by the entire population. Israel recognizes the need to promote the use of technology in medicine to further personalize health care by means of “big data” solutions, technological advancements and education.

In 2018, total expenditure on health in Israel was approximately 7.4 % of annual GDP, which is lower than the WHO European Region figure (8.2%)\(^4\). WHO estimates that public-sector expenditure on health as a proportion of total health expenditure for Israel (63.9%) in 2016 was less than the WHO European figure (67.9%)\(^4\). In 2016, the proportion of out-of-pocket expenditure on health (for supplementary and parallel services, consumption items and copayments) out of total health care spending is 69%, lower than that for the WHO European Region (78%)\(^5\).

Regarding human resources for health, specifically the health workforce, data indicate that physician and nurse availability is respectively 362 physicians per 100,000) in 2016 (compared to 322 per 100,000 for the WHO European Region) and 482 nurses per 100,000, which is considerably lower than that for the WHO European Region (730 per 100,000)\(^6\).

Data availability is vital to identify problems, monitor performance and ensure accountability in any health care system. The need to build capacity in emergency preparedness is an important priority.

Israel is committed to the targets established by the Sustainable Development Goals, Health 2020 and GPW13, with a special focus on minimizing the prevalence and mitigating the effects of Non-communicable diseases across all population groups, specifically the most vulnerable.

The aim of collaboration with WHO is to improve national health care and create regional and international programmes in relation to emergency preparedness and big data health solutions.

### 2.3 Non-communicable Diseases and Risk Factors

The probability of premature death due to NCDs is about 10% for both sexes, which almost meets the WHO goal of under 10% by 2025\(^7\). Cancers (27%) and cardiovascular diseases (24%) account for the bulk of NCD-related deaths. Diabetes and chronic respiratory diseases account for 12%, and various other NCDs for another 23% of deaths\(^8\).

The standardized death rate (SDR) per 100,000 due to major NCDs in Israel is 217 for males and 152 for females, both of which are below the WHO European Region average\(^9\).

Premature mortality and mortality from major NCDs are decreasing. The age-standardized overall premature mortality rate (per 100,000 for both sexes aged 30–69 years) for four major NCDs – cardiovascular disease, cancer, diabetes mellitus and chronic respiratory disease – is 182 deaths per 100,000. This is below the rate for the WHO European Region (380 per 100,000). In Fig. 4 below, Israel is represented by the blue line and the WHO European Region by the dotted brown line\(^10\).
Obesity

The prevalence of obesity in adults, defined as a BMI above 30 kg/m², was 18.8% in 2016. Data for both sexes are almost identical at 19% for females and 18.5% for males. Regarding childhood obesity, in 2017 the prevalence of overweight in children under 5 years of age was 18.3% and obesity prevalence 7.6%.

Efforts to lower these numbers have been taken by the Ministry of Health. These primarily involve preventive measures to reduce advertising for unhealthy, processed foods and promote food labelling as well as to encourage active and healthy lifestyles among the population including programmes to stimulate changes in products, workplaces, municipalities and schools. Specific measures include updating nutritional guidelines based on the Mediterranean diet, employing staff nutritionists in mother-and-child clinics, promoting farmers’ markets and communal gardens, as well as campaigns to encourage people to eat 5 daily servings of differently coloured fruit and vegetables (“5-a-day”).

Around 1,300 schools and 3,000 preschools/kindergartens have become “health promoting schools” in which nutritional education and required levels of physical activity are part of the curriculum: the goal is to have 100% participation by 2020. Strict nutritional guidelines are displayed on all food sold and provided in schools. Israel is introducing negative front-of-pack labelling designed to give consumers clear guidance at the point of purchase regarding excessive sugar, sodium and saturated fat and a green symbol for products that meet Israeli nutritional recommendations. The Ministry of Health has released a digital toolkit for a healthy workplace to help organizations plan and implement health changes. There are also tax breaks for purchasing fruit and vegetables at the workplace. Furthermore, the Committee on the Regulation of Advertising to Children intends to set standards to reduce the advertising of unhealthy products to children.

---

iii Note: Premature mortality is defined as deaths between 30 to 69 years of age. Age-standardized death rate. Major NCDs include: Cardiovascular disease, cancer, diabetes mellitus and chronic respiratory disease. Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/probability-(-)of-dying-between-age-30-and-exact-age-70-from-any-of-cardiovascular-disease-cancer-diabetes-or-chronic-respiratory-disease
Israel is a member of the WHO European Action Network on reducing marketing pressure on children\textsuperscript{23}. In this capacity, the Ministry of Health has set up a national committee to focus on establishing a regulatory system for healthier nutrition.

Israel is one of 23 countries working in the context of the WHO European Salt Action Network (ESAN) to encourage a reduced salt intake in the general population\textsuperscript{24}.

**Alcohol**

In Israel, it was estimated in 2016 that 2.6 litres of alcohol are consumed per capita per year, which is significantly lower than both the WHO European Region (9.8 litres in 2016) and SEEHN (7.8 litres per capita)\textsuperscript{25}.

**Fig 5.** Trends in alcohol per capita consumption (age 15+) in liters of pure alcohol, Israel (2016)

![Graph showing trends in alcohol consumption](https://gateway.euro.who.int/en/country-profiles/israel/)

**Tobacco**

In Israel, 19.7\% of adults aged over 15 were daily smokers in 2014. The data from WHO European Region in the same year indicated that 24.4\% of adults were daily smokers\textsuperscript{26}.

The Ministry of Health registers the smoking status of the general population as well as specific population groups every two years. The Deputy Minister of Health submits an annual report to the Knesset on tobacco control. Smoking in public places is prohibited: this covers government buildings, local municipalities, hospitals, schools, kindergartens, playgrounds, gymnastic areas and gatherings of more than 50 people. Smoking cessation counselling groups, one-on-one coaching and quit lines are offered free of charge, and participants are entitled to 85\% reimbursement for related prescription drugs or nicotine replacement therapy.

A total ban on tobacco advertisement, promotion and sponsorship is in place since March 2019, except for advertisements in newspapers which must be accompanied by an anti-smoking or pro-cessation message provided by the Ministry of Health. Regulations relating to electronic cigarettes are the same as for all other tobacco products, including a prohibition on vaping in public places and a ban on their advertisement, promotion and sponsorship. From January 2020, all tobacco products and electronic cigarettes will be sold only in plain green-brown packaging, without brand names or colours\textsuperscript{27,28}. 
An intergovernmental agency led by the Ministry of Health and Israeli Tax Authority has drawn up taxation policy legislation which proposes taxing heated tobacco products (HTPs) (e.g. IQOS HeatSticks) and roll-your-own (RYO) cigarettes in the same manner as other tobacco-containing cigarettes. It is intended that electronic cigarettes will be included in the same tax category pending further legislation. The government's decision to increase the tobacco tax has only been partially implemented, but enforcement has made progress, with administrative fines for the illegal sale of tobacco and prosecutions by the Tax Authority.

2.4 Immunization
Vaccination strategy in Israel is comprehensive, both in terms of the general vaccination schedule and monitoring of vaccinations delivered. The vaccination programme for infants and children is integrated within a community-based programme involving preventive medicine, early detection of diseases, psychomotor and social developmental and growth tracking through mother-and-child clinics as well as through the education system. Israel vaccinates against influenza in schools. Additionally, the papilloma vaccine has been introduced in the programme for girls and boys in the eighth grade (age 14). Vaccinations for infants, toddlers and schoolchildren are free. Polio and congenital rubella have been eradicated.

Although 98% of the population are vaccinated against measles (WHO European region 94.7%), 96% haemophilus influenza type b (WHO 94.1%), 96% diphtheria (WHO 95.3%), 97% hepatitis B (WHO 89.5%) and 94% polio (WHO 95.8%), immunization coverage is considered a challenging issue. Fig. 6 provides a breakdown of the Israeli vaccination coverage compared to global levels (WHO 2017).

Fig 6. Immunization coverage Israel compared to global levels

2.5 Mother and Child Care
Preventive medicine, including vaccination, nutritional and developmental counselling, injury prevention, family support and early detection and treatment of child developmental and growth disorders underpin maternal and child health in Israel. Public health nurses provide preventive care to women and children.
from all socioeconomic classes and ethnic groups; these nurses are an integral part of community-based intervention programmes and an important resource when public health emergencies arise.

“Tipat Halav clinics” are widespread in Israel and serve as “family health clinics”. Many are directly managed and operated by the Ministry of Health, and some fall within the remit of health maintenance organizations (HMOs). Every Israeli parent has visited one of these clinics: the latest data from the Ministry of Health estimate that 97.6% of families utilize this service (unpublished). Its clinical services include the provision of mobile clinics in order to reduce inequality and increase accessibility in remote areas and among specific populations. Tipat Halav clinics have contributed to the eradication of polio and congenital rubella, detection of growth and developmental problems, recognition of vision and hearing impairments among children, identifying maternal postpartum depression as well as providing population health promotion and education. In 1998, the Israeli Ministry of Health received a WHO award for its contribution to child health in Israel.

2.6 HIV and TB Incidence
Israel is a country with a low HIV endemicity, but with specific characteristics related to migration from countries with intermediate and high HIV endemicity. HIV incidence has, accordingly, been increasing in Israel. In 2016, Israel recorded 5 new cases per 100,000 population. This is lower than the WHO European Region figure (14 per 100,000) and slightly higher than that for SEEHN (4 per 100,000).

Fig 7. Rate of New HIV Diagnoses per 100,000

TB incidence has been declining in Israel. In 2016, TB incidence in Israel was 3 per 100,000. This is lower than the WHO European Region figure (28 per 100,000). Components of the WHO End TB Strategy have been incorporated into the Israeli National TB Programme.

2.7 Refugee and Migrant Health
Of Israel’s 8.462 million residents in 2015, over 2.11 million were migrants. In 2018, approximately 30,000 migrants were registered in Israel, most of whom originated from the Russian Federation, Ukraine, France and the United States of America.
The report on the health of refugees and migrants in the WHO European Region suggests that barriers to health care for migrants without legal status in Israel include lack of clear or consistent legislation, the threat of deportation, discrimination and the inability to obtain work permits, all of which results in poverty and harsh living and working conditions. This also applies to the situation in Israel. Most migrants without legal status receive vaccination boosters based on the national immunization programme and others receive treatment through HMOs.

Israel is also host to approximately 16,263 refugees from around the world. The Ministry of Health has instituted a comprehensive 11-step system to provide universal health coverage (UHC) for these vulnerable groups. This 11-step system ensures free access to health care for family health-related services such as vaccinations and offers subsidized health insurance to those in need as well as community mental health centre services and HIV/TB treatment options where necessary. A legislative framework (Patients’ Rights Act, 1 May 1996) ensures that no one is excluded from the health system.

2.8 Antimicrobial Resistance
The National Institute for Infection Control and Antimicrobial Resistance (NIICAR) is responsible for directing and coordinating all activities relating to antimicrobial resistance (AMR). In 2017, NIICAR worked with a WHO committee to establish global guidelines on carbapenem-resistant gram-negative bacteria. WHO’s Global Unit of Infection Prevention and Control recommended that the guidelines should be integrated with core components of infection prevention and control programmes and national action plans for AMR in order to achieve strategic objective 3 of the AMR Global Action Plan adopted by the Member States at the World Health Assembly in 2015.

2.9 Digital Health
Big Data
Digital health is a national priority in Israel as part of the country’s research and development strategy. Collated data is, whenever possible, disaggregated across all socioeconomic groups to enable policy-making to be guided by evidence. In the field of digital health, big-data analysis, telemedicine tools, genomics and personalized medicine as well as health services management and computerized patient records are part of operational testing, implementation and integration.

The Ministry of Health coordinates big-data projects to streamline the use of technology in order to improve population health. With the goal of integrating big-data solutions into the Israeli health care system, the Ministry of Health set up the “Eitan” project. This project is a digital initiative with an emphasis on interoperability. The project supplements the existing “Ofek” platform, which has been collecting data from the various HMOs, hospitals and health care organizations in Israel for over 20 years. This national interoperability platform hosts a semantic engine that aggregates and harmonizes clinical content across Israel’s hospitals and HMOs, providing caregivers with a single, unified perspective.

“Timna” – the Hebrew acronym for Big Data Research Infrastructure – is the Israeli national project to promote data collection, storage and analysis in order to generate comprehensive analyses of trends and successful treatments in medical care. The “Timna” system receives input from a registry of certified institutions and anonymizes the data for processing, interpretation and even policy-making purposes. The
eventual goal of this system is to be able to analyse anonymized data to enable an improved access to health care, thereby establishing global policy standards in medicine and health.

The Ministry of Health is currently using International Classification of Diseases-9 (ICD-9) and is planning to shift to ICD-11. Preparatory work has already started, and a project will investigate the use of International Classification of Health Interventions (ICHI). ICD-11 is a fully digital product: it is essential to integrate it with the projects and terminologies mentioned above in order to enable one-stop recording and use of collected data.

**Telemedicine**

The National Telemedicine Initiative aims to increase the availability of medical services and reduce disparities between various geographic areas in order to achieve a more efficient and flexible distribution of medical services while strengthening public medicine and reducing the number of visits to private clinics. Telemedicine tools allow physicians to monitor their patients more closely while collecting updated progress data via monitoring equipment at the local clinic or patient’s home. Telemedicine enables physicians to communicate and allows urgent medical consultation after clinic hours. Chronic disease management is another important telemedicine application. All these aspects of an advanced telemedicine platform add up to a comprehensive package that improves the quality of care, reduces costs, saves lives and strengthens health care at the community level.

**Genomics**

Several projects to promote the use of genomics in the medical field are being carried out in Israel, e.g. the clinical genomics initiative of the Weizmann Institute and Clalit HMO. This “bench-to-bedside” project makes use of big data and genomics to set standards in integrating clinical data and genomic analysis. Using genomics to identify genetic predispositions may help to improve diagnoses and prognoses and personalize long-term treatment plans within the overall purview of digital health.

**Personalized Health Care**

The national personalized medicine initiative, known as “the Mosaic Initiative”, is based on a group of volunteers whose health data will help to develop new medical treatments specifically tailored for the variety of communities which make up Israeli society. It aims to promote digital health and improved health as an economic growth engine.

**2.10 Environment and Health**

Israel has been an active country in the European Environment and Health Process (EHP), hosting its mid-term review, and could become an active member under the WHO/UNECE Protocol on Water and Health. Israel is reviewing its problems of industrial pollution with WHO and collaborating with the geographically dispersed office of the WHO European Region in Bonn which is mandated to deal with issues affecting the environment and health.

**Wastewater**

Israel has been focusing efforts to reuse domestic wastewater: more than 80% of wastewater is reused, 50% of it undergoing tertiary treatment (treatment to improve the quality of wastewater to a level that enables its unlimited use for irrigation). Treated wastewater in Israel is regarded as a resource and mostly used in agriculture.
The Ministry of Health and the Ministry of Environmental Protection are jointly responsible for setting standards for the quality of water used in irrigation.

Climate Change
Prior to the Paris Climate Change Conference in 2015, Israel declared its unconditional economy-wide goal of reducing per capita greenhouse gas emissions by 26% from levels measured in 2005. This corresponds to specific policy targets in various sectors of the economy to be achieved by 2030: a 17% reduction in electricity consumption, a 20% reduction of transport-related emission and, conversely, generation of 17% consumed electricity from renewable energy sources.43

Israel has a National Adaptation Plan for Climate Change, developed by the MoEP44. In 2015, MoEP held a national conference on climate change. Representatives from 12 government ministries including the Ministry of Health, academic institutions, nongovernmental organizations, the Israel Meteorological Service (IMS) and Hydrological Service participated in the event, which focused on plans and strategies for climate change adaptation. The next steps are to the review the adaptation plan as it relates to health, including health system resilience and the health sector’s contribution to mitigation.

2.11 Mental Health
Israel is home to 12 psychiatric hospitals run by both government and HMO bodies as well as 10 hospitals with major psychiatric departments. In Israel’s mental health system 90% of the psychiatric beds are in designated institutions and 10% in general hospitals.45 Israel is moving towards integration of these institutions and the general hospital system. With the introduction of the Mental Health Insurance Reform in 2012, the responsibility for providing mental health care was transferred to the HMOs, thereby generating continuity of care.46 The reform has extended mental health outpatient services into the community.

In accordance with this goal of community-based rehabilitation and integration, Israel has set up programmes for integration of mentally disabled citizens. The “community rehabilitation basket” was created for mental health patients to complement the “health basket” available for the general population.47,48 The intention of the Act on the community rehabilitation of persons with mental health disability is to facilitate the rehabilitation of persons aged over 18 with a mental health issue and reintegrate them in the community. A District Rehabilitation Committee (DRC) determines eligibility for rehabilitation programming, under the terms of which such persons can receive assistance with housing, purchasing household goods, employment, education and other issues, including support to their families.

2.12 Dental health
In 2010, the Ministry of Health initiated a reform in dental treatment for children. The reform includes preventive and restorative dental treatments for all children in Israel up to the age of 18. Following the reform, HMOs opened dental clinics nationwide to offer treatment to children. Most treatments are provided free of charge without any deductible items. The Ministry has also approved the subsidy of dental health services to the elderly population. In addition to preventive and restorative care, this basket of services also includes reconstructive dental care.
3. Israel’s Contribution to Global Health

Israel is actively engaged in cooperating with WHO, regional organizations and partner countries on issues of global public health. In 2018, at the Seventy-first World Health Assembly, the Associate Director-General of Israel’s Ministry of Health, Professor Itamar Grotto, was elected to the Executive Board of the WHO as a representative for the European Region. Israel’s priorities include emergency health programmes, polio eradication, access to assistive technologies and innovation for health and the reduction of Non-communicable diseases.

Over the years, Israel has implemented the goals set by WHO European Policy Framework Health 2020,49 and Israel is committed to implementing the WHO’s 13th General Programme of Work50.

The overarching United Nations’ development framework “Agenda 2030”51 and its 17 sustainable development goals (specifically SDG-3) are considered crucial to develop an enabling environment among the poor and marginalized in order to allow equitable access to quality health systems and services in Israel.

3.1 Contributions of Israel to Global Health in the Context of SDG-3

In 2015, the United Nations’ General Assembly adopted a set of 17 sustainable development goals to be achieved by 2030. Emphasis has been given to the need for more integrated and inclusive approaches to development in order to ensure that no one is left behind. Health has a central role in the SDGs and is closely linked with all three dimensions of sustainable development: economic, social and environmental. The goals of SDG 3 are to ensure healthy lives and promote well-being at all ages. They are cross-cutting in relation to all the other SDGs: poverty reduction, education, nutrition, gender equality, clean water and sanitation, sustainable energy and environmental protection (Fig. 8).

Fig 8: Health in the SDG Era

Source Fig 8: https://www.who.int/topics/sustainable-development-goals/infographic/en/
Israel is committed to the 2030 Agenda: the country is taking a coordinated whole-of-government approach to achieve its goals, recognizing the need to achieve progress across all population groups and promote gender equity and human rights in order to ensure that no one is left behind.

Concerning SDG3, “good health and well-being”, Israel has linked its goals to its national health development agenda and is committed to achieving its targets.

Specifically concerning SDG 3.1, Israel has reduced the maternal mortality rate by 57% in the last 20 years, from 7 per 100,000 to a mere 3 per 100,000 live births\(^2\). Israel contributes to programmes to achieve a lower global maternal mortality rate for live births, e.g. by donating medicines and equipment to mother-and-child centres in developing countries. Similarly for SDG 3.2, reducing infant and child mortality is central to Israel’s development cooperation programme, which focuses on health and gender, particularly neonatal care/maternal health in rural and underserved areas, and management of health care systems for rural women. In global terms, Israel is committed to enhancing professional capacities within hospitals and training medical staff to provide quality care for sick neonates and high-risk infants in developing countries.

Israel has also made progress at national and international level to strengthen capacity specifically concerning SDG 3.3, 3.4, 3.5, 3.6, 3.8, 3.9, 3.C and 3.D in order to achieve progress towards the 2023 milestone.

### 3.2 Contribution of Israeli WHO Collaborating Centres

Israel is currently home to two WHO collaborating centres that work directly with the Organization to advance GPW13 regionally and globally. The centres are housed by a variety of institutions including government agencies and universities. Within the national health portfolio, two agencies host WHO collaborating centres:

- the Sackler Faculty of Medicine at Tel-Aviv University, designated as WHO Collaborating Centre for Disaster and Emergency Medicine Management and Research\(^\text{iv}\); and

- the Clalit Research Institute\(^\text{v}\) now designated as a WHO Collaborating Centre on Non-communicable Disease (NCD) Research, Prevention and Control, which provides ongoing technical support and undertakes activities that contribute to policy development, prioritization and planning in relation to enacting the Global Action Plan for the Prevention and Control of NCDs 2013–2020, the Action Plan for Implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases and the Ashgabat Declaration on the Prevention and Control of NCDs in the Context of Health 2020.

---

\(^\text{iv}\) [https://emergexint.tau.ac.il/](https://emergexint.tau.ac.il/)

3.3 Contribution of the Israeli Ministry of Health to Global Health

The Ministry of Health is actively engaged in various global health fora, many of which intersect with WHO work, both regionally and globally. International engagement priorities for the Ministry of Health include:

- medical innovations - through joint understandings between the Ministry of Health and the private sector, the MoH supports start-up medical innovations, especially in digital health and other health-related fields, e.g. health care information, data technology, therapeutics and diagnostics;

- research and development - the Ministry of Health works with universities in Israel to translate research findings in oncology into cancer treatment options; and

- health emergency preparedness and response - the Israeli Defence Force Field hospital hosts the first Emergency Medical Teams (EMT) to be certified by the WHO Health Emergencies Programme (WHE) as a level 3 EMT. The EMT has been deployed in response to health emergencies and staff have supported WHE in mentoring and training other EMTs in the European Region and beyond. The Emergency Operation Centre at the Ministry of Health has supported a training programme for experts from Member States in the WHO European Region.
4. WHO and Israel’s Strategic Agenda for Cooperation

4.1 Collaboration between Israel and WHO

As of July 2018, Israel is working with WHO to set up a WHO Country Office in Tel Aviv, Israel. The country office will focus on providing strategic policy dialogue to the government and facilitating access to WHO technical assistance from the Regional Office and Headquarters on an ad hoc basis.

The country office primarily serves as a focal point for mobilizing expertise to other Member States in the WHO European Region. It also provides assistance, training and capacity building, and shares advanced knowledge with Israel on a regional and global level.

Currently, the office of Special Representative of the WHO Regional Director has been assisting with the preparations and discussions required at country level. Once the WHO Country Office is officially launched, Israel aims to implement all the strategic priorities listed in this CCS through the liaison provided by the office.

4.2 Strategic priorities of the Country Cooperation Strategy

This Country Cooperation Strategy (CCS) is a tool to implement GPW13 and drive impact for health at the country level. The CCS can strengthen and guide the collaboration with WHO and Israel to advance health concerns in the mutually agreed priority areas below.

For Israel, the four strategic priorities mentioned in the introduction and funneled through the health situation analysis interlink with WHO’s GPW13 priorities: achieving universal health coverage (UHC), addressing health emergencies and promoting healthier populations.

Strategic Priority 1 – Utilize E-health Innovation as a Tool for Increasing the Accessibility and Quality of Medical Services

This strategic priority gives precedence to using e-health as a tool to strengthen health systems and provide more advanced and integrated coverage as a move towards UHC. Innovative measures such as financing for social impact investments are opening future options for public health. The goal is to ensure that persons in all communities can access high-quality promotional, preventive, curative, rehabilitative and palliative health services. Israel is undergoing a digital health transformation and considers it an opportunity to change the prevailing lack of resources affecting the health care system. In addition to its e-health strategy Israel also has the unique opportunities provided by a functional national health information platform (“Ofek” and “Eitan”) and national platform for big data in health research (“Timna”). It is considered a roadmap for success and able to balance all interests. ICD and procedure classification play a role in generating epidemiological evidence for use in health sector resource allocation and improving patient safety. The digital environment is able to support integration of WHO classifications (ICD-11 and ICHI). At the same time, focus is given to the most vulnerable members of the population by applying an adapted digital health approach for those in need.

WHO will support Israel to advance its package of digital health services and other systems innovations as well as provide guidance on tracking and measuring performance. Training for trial integration of ICD and
ICHI in the digital environment will be provided. WHO will accordingly work to strengthen Israel’s capacity to track UHC indicators at subnational and national levels as part of an effective and harmonized health information system.

Strategic Priority 2 – Improve the Quality of Life throughout the Life Course with a Focus on Non-communicable and Communicable Diseases, Personalized Medicine and Genomics

For Israel, addressing NCDs (cardiovascular diseases, respiratory diseases, cancer and diabetes) which are a primary cause of mortality in relation to risk factors such as tobacco and alcohol consumption, nutrition and physical activity, is a priority. Israel has therefore emphasized mother and child health in order to combat the severity and prevalence of NCDs through a comprehensive vaccination programme, and to manage advanced early development monitoring and detection programmes through the “Tipat Chalav” mother-and-child clinics. WHO will work with Israel to sustain and enhance vaccination coverage, ensuring that no child is left behind, even in the most remote and inaccessible areas.

WHO provides technical assistance and evidence-based guidance on “best buys” and other recommended interventions for preventing and treating NCDs. As part of the response to NCDs, tailored interventions for high-risk populations such as the elderly are a priority focus.

For Israel, developing innovative public health approaches in order to scale up and implement “best buys” as well as advancing personalized medicine and genomics and highlighting their impact in public health in accordance with SDG-3 are crucial strategic priorities of the CCS.

WHO acknowledges that genomics drives personalized medicine and has an impact on public health issues such as primary and secondary prevention, population and individual screening, and equity of access to medicines. WHO is uniquely positioned to understand and tackle proactively its ethical, regulatory, professional and economic implications and provide independent guidance with universal legitimacy to Israel in terms of that strategic priority.

Strategic Priority 3 – Advance Emergency Preparedness and Response

Israel is keen to advance emergency preparedness and response in order to support countries which are upgrading their “all-hazards” emergency-cycle management from prevention to preparedness and from response to recovery, to contribute to extending the International Health Regulations (IHR) (2005) at national and global levels, to share flagship goods such as the Emergency Care System (ECS) and Emergency Medical Teams (EMTs) and to develop focused programming and advanced training to increase emergency preparedness capacities in every country worldwide.

Under the terms of GPW13, WHO has undertaken to protect 1 billion more people from health emergencies by building up sustainable and resilient national, regional and global capacities to keep the world safe from epidemics and other health emergencies, and to ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention.
WHO will work with Israel to increase “all-hazards” health emergency detection and risk management capacities across all the various phases of risk prevention and detection, emergency preparedness, response and recovery as set out in the International Health Regulations (2005) and Sendai Framework for Disaster Risk Reduction 2015–2030. WHO will collaborate to strengthen the abilities of national authorities and local communities to manage health emergencies by taking an all-hazards approach and building strong, people-centred health systems, institutions and networks which are based on the essential public health functions and core capacities defined in the IHR (2005).

**Strategic Priority 4 – Strengthen the Role of Israel in Global Health**

This Strategic priority aims to enhance collaboration between WHO and Israeli scientific institutions in different sectors through expert exchanges while bolstering Israel as a centre for excellence and training for WHO locally, regionally and globally.

This joint effort will strengthen Israeli contributions within the wider global health landscape and leverage effective partnerships with other countries that have an interest in acquiring expertise and sharing best-practice experiences in some of the topics outlined above.

With this goal in mind, it is Israel’s ambition for another seven public health institutions in the country to be recognized as WHO Collaborating Centres within the coming years – in addition to the two active centres detailed in annex 1.

Key areas of collaboration and expertise are: emergency preparedness and emergency response (including on the public health aspects of mass casualty events resulting from exposure to chemical, biological, radio-nuclear and explosive (CBRNe) hazards), digital health and e-health, personalized medicine and genomics, mother and child health, public health management and administration, nutrition and healthy lifestyle and ageing.

In terms of this priority, Israel and WHO will also develop their strategic relationship based on innovation.
5. Implementation of the Country Cooperation Strategy
The present chapter sets out the roadmap to support the implementation of the CCS strategic priorities outlined in chapter four. It specifies undertakings between the national level under the coordination of the Israeli Ministry of Health, the three levels of WHO and third parties such as non-state actors.

5.1 Principles of cooperation
As summarized in Table 1 in the introduction, principles of cooperation for CCS delivery include:

Strategic Policy Dialogue
- The Israeli Ministry of Health and WHO agree to establish a policy dialogue agenda at the national level for each strategic priority area (see below for the implementation roadmap).

Technical Contributions
- The Ministry of Health will support engagements and/or host relevant regional meetings facilitated by the WHO Regional Office for Europe.
- Foster partnerships and collaboration among technical experts across the WHO European Region to support capacity building.
- Pursue opportunities for joint field visits, depending on resource availability.
- Support visits of health experts for research, training and development with appropriate institutional entities.
- Increase participation of Israeli experts in WHO activities at all levels including temporary positions, internships and permanent management positions.

Agenda Shaping
- Continued participation in regional and global WHO governing body meetings.
- Engagement in the development of regional and global guidance documents.
- Proactive support for better governance and policy development in the WHO European Region and globally.

Information Exchange
- Exchange of information through direct engagement between the WHO Regional Office for Europe and Israeli Ministry of Health mainly via the Representative for Israel in the WHO Country Office but also by direct engagement whenever necessary.

Multi-sectoral Approach
- Ensure efforts align with a multi-sectoral approach and are guided by the 2030 Agenda for Sustainable Development.

Vulnerable Groups
- Activities will promote active participation by vulnerable population groups, incorporating strategies for gender equality and disability inclusion.

Open Communication
- Regular and transparent engagement with the WHO Regional Office for Europe, WHO Headquarters and other Member States and country offices in the region.
- Consistently share the outcomes of cooperation activities, including monitoring and evaluation findings where appropriate.
5.2 Implementation Support

The WHO Country Office in Israel will establish a core coordination working-group made up of staff members from the WHO Regional Office for Europe, WHO Headquarters and staff from the Ministry of Health. The core coordination working-group for the CCS undertakes to review implementation of the strategic agenda on an annual basis, using Tables 2 and 3 below as a means of assessing progress and impact.

The core coordination working-group will adopt a principle-based approach, evaluating successes and areas for improvement in the light of the principles of cooperation. The presence of the working group will ensure that strategic priorities continue to be aligned with the national health policy context and allow outcomes to be appraised as a result of CCS implementation. Its involvement will provide opportunities to reflect on the effectiveness of CCS during its term of implementation provide input for the mid-term evaluation and adjust needs prior to the final evaluation.

Fig 9. CCS 2019-2025 implementation for Israel and WHO

The CCS results framework displayed in table 2 below provides a validation matrix of linkages between CCS strategic priorities and focus areas, the national enabling policy environment, GPW 13 and SDG targets and national targets. Table 3 lists measurable indicators and targets to be achieved with baseline levels and thresholds under the CCS.

For Israel, as reported to the WHO Regional Office for Europe based on the GPW13 prioritization exercise and reiterated in the CCS strategy priorities, priorities at outcome level are:

- Vaccination (1.1);
- Long-term care and ageing (1.1);
- Mass casualty and emergency response (2.1);
- Mother-and-child care (3.1);
- Nutrition (3.2); and
- Digital health (4.1).

vi CCS= Country cooperation strategy, GPW13: Thirteenth General Programme of Work, ISR = Isreal, SDG=Sustainable Development Goals and WHO = World Health Organization
Table 3 lists the baseline targets for Israel in relation to the triple billion outcome indicators for the GPW 13: it should allow monitoring of implementation and progress towards achieving impact by the end of the CCS.

Table 2. The CCS results framework for Israel

<table>
<thead>
<tr>
<th>CCS strategic priorities 2019–2025</th>
<th>Focus areas</th>
<th>Enabling policy and strategic environment</th>
<th>Proposed targets (in line with national health policy)</th>
<th>Proposed indicators (in line with SDG indicator framework and WHO GWP 13)</th>
</tr>
</thead>
</table>
| Strategic priority 1: Universal Health Coverage through e-health innovation | ▪ Adoption of e-health  
▪ Big data in health care systems  
▪ Linking big data and digital systems with ICD and ICHI classifications  
▪ Digital medicine, medical research and medical innovation | ▪ Policy on e-health  
▪ Regulation on big data  
▪ “Eitan” and “Ofek” projects for big data via HMOs  
▪ “Timna” for big data  
▪ Shift to and integration of ICD-11 and ICHI  
▪ National telemedicine initiative  
▪ Linking WHO/ITU/EU knowledge and innovation hub  
▪ Establishment of a peer-to-peer support network for MoH senior leaders in PHS | ▪ Tracking of disability-adjusted life years (DALY) index as a measure of burden of disease and its trends for major categories by 2022. | ▪ Digital health (GPW 4.1)  
▪ % death registration coverage  
▪ % cause of death assigned with ICD coding out of total registered deaths |

| Strategic priority 2: Improve quality of life throughout the life course with a focus on NCDs and CDs, personalized medicine and genomics | ▪ Addressing NCDs as a primary cause of mortality, in particular cardiovascular diseases, respiratory diseases, cancer and diabetes in relation to risk factors such as tobacco and alcohol consumption, nutrition and physical activity  
▪ Combating communicable diseases with special attention to immunization coverage and mother-and-child health  
▪ Developing innovative public health approaches to scale up and implement “best buys” as well as | ▪ Israeli long-term care reform: collaboration in combating isolation of the elderly population  
▪ Israel to join WHO Childhood Obesity Surveillance Initiative (COSI).  
▪ Global Network for Front-of-Pack Labeling  
▪ Efsharibari programme: focus on nutrition and physical activity  
▪ Learning to improve nutrition work especially concerning energy drinks and sugar substitutes (evidence- | ▪ Ageing population  
▪ Reducing premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 25% by 2025.  
▪ Relative reduction in prevalence of current tobacco use | ▪ Long-term care and ageing (GPW 1.1): unconditional probability of premature mortality due to NCDs  
▪ Prevalence of current tobacco users among men and women aged 15 and above (GPW 3.2)  
▪ Nutrition (GPW 3.2) |
## CCS 2019–2025: results framework

A results chain: measuring GPW13 aligned outputs and impact targets for the four CCS strategic priorities

<table>
<thead>
<tr>
<th>CCS strategic priorities 2019–2025</th>
<th>Focus areas</th>
<th>Enabling policy and strategic environment</th>
<th>Proposed targets (in line with national health policy)</th>
<th>Proposed indicators (in line with SDG indicator framework and WHO GWP 13)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Priority 1:</strong> Advancing personalized medicine and genomics and highlighting their impact in public health</td>
<td>advancing personalized medicine and genomics and highlighting their impact in public health</td>
<td>base and experiences from other countries).&lt;br&gt;• The national personalized medicine initiative: the Mosaic Initiative</td>
<td>by 15% by 2020 and 30% by 2025.</td>
<td></td>
</tr>
<tr>
<td><strong>Strategic Priority 2:</strong> Enabling policy and strategic environment</td>
<td><strong>Strategic Priority 3:</strong> Accelerating elimination and eradication of high impact communicable diseases and addressing the complete framework of International Health Regulations</td>
<td>Improving international health regulations&lt;br&gt;• Emergency medicine preparedness, rapid detection and rapid response to emergency situations</td>
<td>Enhance IHR core capacities&lt;br&gt;• Prevention, preparedness for, response to and recovery from all emergencies: acute public health events and disasters</td>
<td>Vaccination (GPW 1.1, 2.2): percentage of children aged 12–23 months fully immunized&lt;br&gt;• International Health Regulations (IHR) core capacity index (GPW 2.1)&lt;br&gt;• Mass casualty and emergency response (GPW 2.1)</td>
</tr>
<tr>
<td><strong>Strategic Priority 4:</strong> Strengthening the role of Israel in global health:</td>
<td>Strengthening the role of Israel in global health by enhancing collaboration between WHO and Israeli scientific institutions in different sectors.&lt;br&gt;• Build strategic relationship on innovation.</td>
<td>Implementation of Sustainable Development Goals, Israel national review, 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>2023 milestone GPW13</td>
<td>Israel baseline</td>
<td>GPW 13</td>
<td>SDG/WHA</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases</td>
<td>20% relative reduction in premature mortality (age 30–70 years) from NCDs (cardiovascular, cancer, diabetes and chronic respiratory diseases) through prevention and treatment</td>
<td>9.5 %</td>
<td>1.1</td>
<td>SDG 3.4.1</td>
</tr>
<tr>
<td>2. Suicide mortality rate</td>
<td>Reduce suicide mortality rate by 15%</td>
<td>5.5%</td>
<td>1.1</td>
<td>SDG 3.4.2</td>
</tr>
<tr>
<td>3. Proportion of women of reproductive age (aged 15–49 years) whose family planning needs are met with modern methods</td>
<td>Increase the proportion of women of reproductive age (aged 15–49) who have their family planning needs met with modern methods to 66%</td>
<td>71.7%</td>
<td>1.1</td>
<td>SDG 3.7.1</td>
</tr>
<tr>
<td>4. Tuberculosis incidence per 100,000 population</td>
<td>Reduce by 27% the number of new tuberculosis cases per 100,000 population</td>
<td>0.27</td>
<td>1.1</td>
<td>SDG 3.3.2</td>
</tr>
<tr>
<td>5. Maternal mortality ratio</td>
<td>Reduce the global maternal mortality ratio by 30%</td>
<td>5</td>
<td>1.1</td>
<td>SDG 3.1.1</td>
</tr>
<tr>
<td>6. Hepatitis B incidence per 100,000 population</td>
<td>Reduce hepatitis B incidence to 0.5% for children aged under 5 years (estimated HBsAg prevalence (%; 95% CI))</td>
<td>0.5</td>
<td>1.1</td>
<td>SDG 3.3.4</td>
</tr>
<tr>
<td>7. Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations</td>
<td>Reduce number of new HIV infections per 1,000 uninfected population by sex, age and key populations by 73%</td>
<td>No data</td>
<td>1.1</td>
<td>SDG 3.3.1</td>
</tr>
<tr>
<td>8. Age-standardized prevalence of raised blood pressure among persons aged over 18 years (defined as systolic blood pressure of &gt;140 mmHg and/or diastolic blood pressure &gt;90 mmHg) and mean systolic blood pressure</td>
<td>20% relative reduction in the prevalence of raised blood pressure</td>
<td>16.6%</td>
<td>1.1</td>
<td>WHA 66.10</td>
</tr>
<tr>
<td>9. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders</td>
<td>Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders</td>
<td>No data</td>
<td>1.1</td>
<td>SDG 3.5.1</td>
</tr>
<tr>
<td>10. Health worker density and distribution</td>
<td>Increase health workforce density, with improved distribution</td>
<td>32 physicians per 10,000, 52</td>
<td>1.1</td>
<td>SDG 3.c.1</td>
</tr>
</tbody>
</table>

---

vii Data for baseline derived from WHO Global Health Observatory and/or SDG Global Statistics.

viii The table details the global milestones for GPW13 by 2023. During CCS implementation, Israel will work with WHO to identify relevant national milestones for the selected indicators in line with the CCS priorities.

ix The dates for the baseline data are derived from WHO Global Health Observatory and/or SDG Global Statistics and dates might be different based on their reporting survey source from the Government of Israel.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>2023 milestone GPW13 ( ^{iii} )</th>
<th>Israel baseline ( ^{ix} )</th>
<th>GPW 13</th>
<th>SDG/WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions including reproductive, maternal, newborn and child health, infectious diseases, Non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)</td>
<td>Increase coverage of essential health services (UHC Service Coverage Index(^{x} ))</td>
<td>80</td>
<td>1.1</td>
<td>SDG 3.8.1</td>
</tr>
<tr>
<td>12. Proportion of births attended by skilled health personnel</td>
<td>Reduce the global maternal mortality ratio by 30% (proportion of births attended by skilled health personnel (%))</td>
<td>No data</td>
<td>1.1</td>
<td>SDG 3.1.2</td>
</tr>
<tr>
<td>13. Under-five mortality rate</td>
<td>Reduce the preventable deaths of newborns (neonatal mortality rate) and children aged under five years (under-five mortality rate) by 17% and 30%, respectively</td>
<td>2 / 3.6</td>
<td>1.1</td>
<td>SDG 3.2.1</td>
</tr>
<tr>
<td>14. Neonatal mortality rate</td>
<td>Reduce the preventable deaths of newborns (neonatal mortality rate) by 17%</td>
<td>2</td>
<td>1.1</td>
<td>SDG 3.2.2.</td>
</tr>
<tr>
<td>15. Proportion of the target population covered by all vaccines in their national programme</td>
<td>Increase coverage of 2nd dose of measles vaccine to 85%</td>
<td>97%</td>
<td>1.1</td>
<td>SDG 3.b.1</td>
</tr>
<tr>
<td>16. Number of people requiring interventions against neglected tropical diseases</td>
<td>Reduce by 400 million the number of people requiring interventions</td>
<td>NA</td>
<td>1.1</td>
<td>SDG 3.3.5</td>
</tr>
<tr>
<td>17. Malaria incidence per 1,000 population</td>
<td>Reduce malaria case incidence by 50%</td>
<td>NA</td>
<td>1.1</td>
<td>SDG 3.3.3</td>
</tr>
<tr>
<td>18. Proportion of population with large household expenditures on health as a share of total household expenditures or income</td>
<td>Prevent the increasing number of people suffering financial hardship (defined as out-of-pocket spending exceeding ability to pay) in accessing health services</td>
<td>6.72%</td>
<td>1.2</td>
<td>SDG 3.8.2</td>
</tr>
<tr>
<td>19. Proportion of total government spending on</td>
<td>Increase the share of public spending on health by 10%</td>
<td>15%</td>
<td>1.2</td>
<td>SDG 1.a.2</td>
</tr>
</tbody>
</table>

\(^{x}\) The indicator is an index reported on a unitless scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage. More details at SDG 3.8.1 metadata source: https://unstats.un.org/sdgs/metadata/
### Policy area WHO GPW 13 – 1 billion / UHC

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2023 milestone GPW13</th>
<th>Israel baseline</th>
<th>GPW 13</th>
<th>SDG/WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>essential services (education, health and social protection)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Proportion of health facilities that have a core set of relevant essential medicines, available and affordable on a sustainable basis</td>
<td>Increase the availability of essential medicines for primary health care, including those free of charge, to 80%</td>
<td>No data</td>
<td>1.3</td>
<td>SDG 3.b.3</td>
</tr>
<tr>
<td>21. Patterns of antibiotic consumption at national level</td>
<td>ACCESS group antibiotics at ≥60% of overall antibiotic consumption</td>
<td>No data</td>
<td>1.3</td>
<td>WHA 68.7</td>
</tr>
</tbody>
</table>

### Policy area WHO GPW 13 – 1 billion / Promoting a healthier population

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2023 milestone GPW13/CCS Israel</th>
<th>Israel baseline</th>
<th>GPW 13</th>
<th>SDG/WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mortality rate attributed to household and ambient air pollution</td>
<td>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination (Age-standardized mortality rate attributed to ambient air pollution (deaths per 100,000 population))</td>
<td>15</td>
<td>3.1</td>
<td>SDG 3.9.1</td>
</tr>
<tr>
<td>2. Prevalence of malnutrition (weight-for-height ≥2 or ≤2 standard deviations from the median value of the WHO Child Growth Standards) among children aged under five years (overweight)</td>
<td>Halt and begin to reverse the rise in childhood overweight (0–4 years)</td>
<td>No data</td>
<td>3.1</td>
<td>SDG 2.2.2</td>
</tr>
<tr>
<td>3. Proportion of children aged under five years who are developmentally on track in health, learning and psychosocial well-being, by sex</td>
<td>Increase the proportion of children aged under five years who are developmentally on track in health, learning and psychosocial well-being to 80%</td>
<td>99.5%</td>
<td>3.1</td>
<td>SDG 4.2.1</td>
</tr>
</tbody>
</table>
### Policy area WHO GPW 13 – 1 billion / Promoting a healthier population

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2023 milestone GPW13/CCS Israel</th>
<th>Israel baseline</th>
<th>GPW 13</th>
<th>SDG/WHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Proportion of children aged 1–17 years who have experienced any physical punishment and/or psychological aggression by caregivers in the past month</td>
<td>Decrease the number of children subjected to violence in the past 12 months, including physical and psychological violence by caregivers in the past month, by 20%</td>
<td>1.36%</td>
<td>3.1</td>
<td>SDG 16.2.1</td>
</tr>
<tr>
<td>5. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</td>
<td>Decrease the proportion of ever-partnered women and girls aged 15–49 years subjected to physical or sexual violence by a current or former intimate partner in the previous 12 months from 20% to 15%</td>
<td>1.36%</td>
<td>3.1</td>
<td>SDG 5.2.1</td>
</tr>
<tr>
<td>6. Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care</td>
<td>Increase the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care to 68%</td>
<td>No data</td>
<td>3.1</td>
<td>SDG 5.6.1</td>
</tr>
<tr>
<td>7. Death rate due to road traffic injuries (per 100,000 population)</td>
<td>Reduce the number of global deaths and injuries from road traffic accidents by 20%</td>
<td>3.6</td>
<td>3.1</td>
<td>SDG 3.6.1</td>
</tr>
<tr>
<td>8. Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe water, sanitation and hygiene for all (WASH) services) (deaths per 100,000 population)</td>
<td>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</td>
<td>0.2</td>
<td>3.1</td>
<td>SDG 3.9.2</td>
</tr>
<tr>
<td>9. Mortality rate attributed to unintentional poisoning (deaths per 100,000 population)</td>
<td>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</td>
<td>0.1</td>
<td>3.1</td>
<td>SDG 3.9.3</td>
</tr>
<tr>
<td>10. Proportion of population with primary reliance on clean fuels and technology</td>
<td>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</td>
<td>&gt;95%</td>
<td>3.1</td>
<td>SDG 7.1.2</td>
</tr>
<tr>
<td>11. Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (weighted population) (micrograms per m³)</td>
<td>Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</td>
<td>All areas: 19.46 and urban 19.35</td>
<td>3.1</td>
<td>SDG 11.6.2</td>
</tr>
<tr>
<td>Indicator</td>
<td>2023 milestone GPW13/CCS Israel</td>
<td>Israel baseline</td>
<td>GPW 13</td>
<td>SDG/WHA</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>--------</td>
<td>---------------</td>
</tr>
<tr>
<td>12. Proportion of population using safely managed drinking water services</td>
<td>Provide access to safely managed drinking water services for 1 billion more people</td>
<td>100%</td>
<td>3.1</td>
<td>SDG 6.1.1</td>
</tr>
<tr>
<td>13. Proportion of population using (a) safely managed sanitation services and (b) hand-washing facilities with soap and water</td>
<td>Provide access to safely managed sanitation services for 800 million more people</td>
<td>93%</td>
<td>3.1</td>
<td>SDG 6.2.1</td>
</tr>
<tr>
<td>14. Prevalence of stunting (height for age ≤2 standard deviations from the median value of WHO Child Growth Standards) among children aged under five years</td>
<td>Reduce the number of stunted children aged under five years by 30%</td>
<td>No data</td>
<td>3.1</td>
<td>SDG 2.2.1</td>
</tr>
<tr>
<td>15. Prevalence of malnutrition (weight for height ≥2 or ≤2 standard deviations from the median value of the WHO Child Growth Standards) among children aged under five years (wasting and overweight)</td>
<td>Reduce the prevalence of wasting among children aged under five years to less than 5% No increase of overweight in children under five years of age</td>
<td>No data</td>
<td>3.1</td>
<td>SDG 2.2.2</td>
</tr>
<tr>
<td>16. Age-standardized prevalence of current tobacco use among persons aged 15 years and older</td>
<td>25% relative reduction in prevalence of current tobacco use in persons aged 15 year and older</td>
<td>19.7%</td>
<td>3.2</td>
<td>SDG 3.a.1</td>
</tr>
<tr>
<td>17. Harmful use of alcohol, defined according to the national context as per capita consumption (aged 15 years and older) for a calendar year in litres of pure alcohol</td>
<td>7% relative reduction in the harmful use of alcohol as appropriate, within the national context</td>
<td>2.6l/capita</td>
<td>3.2</td>
<td>SDG 3.5.2</td>
</tr>
<tr>
<td>18. Percentage of people protected by effective regulation on trans fats</td>
<td>Eliminate industrially produced trans fats (increase the percentage of people protected by effective regulation)</td>
<td>No data</td>
<td>3.2</td>
<td>WHA 66.10</td>
</tr>
<tr>
<td>19. Prevalence of obesity</td>
<td>Halt and begin to reverse the rise in obesity</td>
<td>18.3%</td>
<td>3.2</td>
<td>WHA 66.10</td>
</tr>
<tr>
<td>20. Percentage of bloodstream infections due to antimicrobial resistant organisms</td>
<td>Reduce the percentage of bloodstream infections due to selected antimicrobial resistant organisms by 10%</td>
<td>No data</td>
<td>3.2</td>
<td>WHA67.25 WHA 68.7</td>
</tr>
<tr>
<td>Indicator</td>
<td>2023 milestone</td>
<td>Israel baseline</td>
<td>GPW 13</td>
<td>SDG/ WHA</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>1. International Health Regulations (IHR) capacity and health emergency preparedness (Percentage of attributes of 13 core capacities that have been attained at a specific point in time. These core capacities are: (1) national legislation, policy and financing; (2) coordination and national focal point communications; (3) surveillance; (4) response; (5) preparedness; (6) risk communication; (7) human resources; (8) laboratory; (9) points of entry; (10) zoonotic events; (11) food safety; (12) chemical events; and (13) radionuclear emergencies.)</td>
<td>Increase in the International Health Regulations (IHR) capacity of Member States</td>
<td>IHR01:0</td>
<td>2.1</td>
<td>SDG 3.d.1</td>
</tr>
<tr>
<td>2. Vaccine coverage of at-risk groups for epidemic- or pandemic-prone diseases</td>
<td>Increase immunization coverage for cholera, yellow fever, meningococcal meningitis and pandemic influenza</td>
<td>TBC</td>
<td>2.2</td>
<td>WHE</td>
</tr>
<tr>
<td>3. Number of cases of poliomyelitis caused by wild poliovirus (WPV)</td>
<td>Eradicate poliomyelitis to zero cases caused by wild poliovirus and establish a clear timetable for the global withdrawal of oral polio vaccines in order to stop outbreaks caused by vaccine-derived poliovirus</td>
<td>0</td>
<td>2.2</td>
<td>WHA68.3</td>
</tr>
<tr>
<td>4. Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population</td>
<td>Reduce the number of deaths, missing persons and persons affected by disasters per 100,000 population</td>
<td>No data</td>
<td>2.3</td>
<td>SDG 1.5.1</td>
</tr>
<tr>
<td>5. Proportion of vulnerable people in fragile settings provided with essential health services</td>
<td>Increase the number of vulnerable people in fragile settings provided with essential health services to at least 80%</td>
<td>No data</td>
<td>2.3</td>
<td>WHE</td>
</tr>
</tbody>
</table>
6. Monitoring and Evaluation

The CCS was launched in 2019 at a bilateral meeting between WHO Regional Office for Europe and Ministry of Health of Israel in September 2019. Implementation will take place during the 2020–2021 biennium using the above CCS results framework as a reference. This will define the operational work plan for the WHO Country Office, Regional Office and HQ in relation to the CCS, planned activities linked to the strategic priorities and possible resource mobilization targets. In 2022, a CCS mid-term evaluation will take place to assess progress towards health outcomes, using the GPW13 outcome indicators as a baseline, and developing a qualitative impact analysis through examples of successful undertakings in the country. This may lead to a CCS progress report with recommendations to be shared with government and WHO. The CCS will be continuously implemented in 2023 and 2024, with a final evaluation in 2025.

6.1 Monitoring the implementation of the CCS

Monitoring the implementation of the CCS will be achieved by assessing how the respective operational plans are applied on the basis of the instruments available at the regional level, as set out in the programme budget and WHO Country Support Plan above. Cumulative periodical reviews will provide input for the mid-term and final evaluation of the CCS.

6.2 Evaluation of the CCS

The WHO Representative at the WHO Country Office in Israel will lead the evaluation process, in tandem with a CCS evaluation working group made up of staff from across the organization, as well as government partners and stakeholders. The focus of the evaluation will be to measure whether targets identified in the country results framework have been achieved and thus to determine the role of the CCS in attaining the triple billion goals of the GPW13.

Mid-term evaluation for 2022

The focus of the mid-term evaluation planned for 2022:

- to determine progress in implementing the strategic priorities (whether the expected achievements are on track) by means of the country result framework, and;
- to identify impediments and potential risks that may require changes to the strategic priorities and take actions to step up progress in the second half of the CCS cycle or revise the strategic priorities, especially should there be a significant change in the country context.

Final evaluation for 2025

The final evaluation is a more comprehensive assessment than the mid-term review; it should describe the achievements, gaps, challenges, lessons learnt and make recommendations for future collaboration between WHO and the Member State.
### Checklist for evaluation of CCS

- Measure progress towards the impact targets identified for each strategic priority and their contribution to the triple billion;
- Identify achievements and gaps in implementing the CCS strategic agenda;
- Determine how much the CCS strategic priorities influenced progress towards achieving the SDGs;
- Identify the critical success factors and impediments; and
- Identify the lessons to be applied to the rest of the CCS cycle and future cycles.
References

7. https://www.who.int/data/gho/data/indicators/indicator
10. https://www.cbs.gov.il/he/publications/Pages/2020/%D7%A4%D7%A2%D7%95%D7%9C%D7%95%D7%AA-
    %D7%95%D7%A4%D7%A8%D7%A1%D7%95%D7%9E%D7%99%D7%9D-%D7%9A1%D7%98%D7%98%D7%99%D7%A1%D7%98%D7%99%D7%99-%D7%97%D7%93%D7%A9%D7%99%D7%9D-%D7%91%D7%99%D7%A9%D7%A8%D7%90%D7%9C-%D7%9E%D7%A1-168.aspx#d7%90%d7%95%d7%9b%d7%9c%d7%95%d7%9a1%d7%99%d7%99%d7%94
23. https://fs.knesset.gov.il/globaldocs/MMM/90be8d55-f7f7-e411-80c8-00155d010977/2_90be8d55-f7f7-e411-80c8-00155d010977_11_8711.pdf