COMPARATIVE STUDY OF INDIA, ISRAEL, AND USA IN MANAGING COVID CRISIS

SUBMITTED BY:
RUPAL JAIN
(0980)
MBA HOM 24

Research Question –

Is USA and Israel managed Covid crisis effectively than India? What are the reasons for this?

Objectives –

The main objective of the study is to carry out the comparative study among India, USA and Israel and understand the factors responsible for effectively addressing Covid-19 crisis in these three countries. Other specific objectives are-

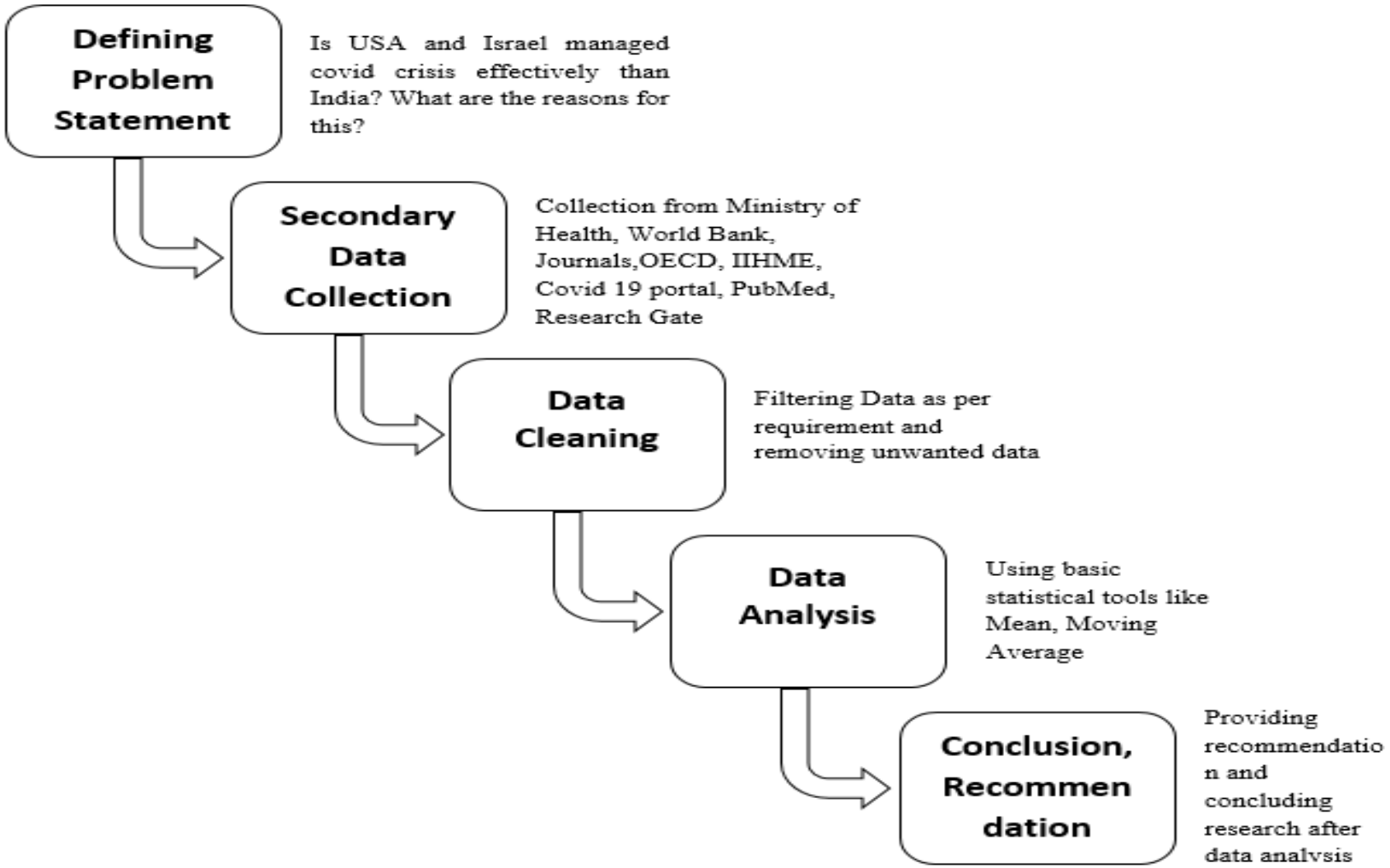
- To study the Healthcare Model of three countries used during the pandemic
- To study the functioning of Covid vaccination program

RESEARCH METHODOLOGY

RESEARCH METHODOLOGY

- Literature Collection Online databases like science direct, Google Scholar and PubMed were used to search for articles and published literature, newspaper article will also be used.
- Data Type: Secondary Data
- Inclusion Criteria: Articles published in peer- reviewed journals will be included. All articles written and published in English language will be included; any article that talks about Covid-19 management in three countries will be included.
- Exclusion Criteria: Articles that did not fulfil any of the specified inclusion criteria were excluded.
- Plan of Analysis: Literature screening and Data extraction using suitable process .

RESEARCH DESIGN



DATA ANALYSIS & INTERPRETATION

1. DEMOGRAPHIC PROFILING

S No.	INDICATORS	ISRAEL	USA	INDIA
1.	Area	21,671 sq.km	9.83 million sq.km	3.28 million sq.km
2.	States and Provinces	6 Districts and 3 Provinces	50 states, five major unincorporated territories, 326 Indian reservations and minor possession	28 states and 8 union territories
3.	Population	9 Million	328 Million	1.36 Billion
4.	Gender	Females-50.26% Males-49.73%	Females-50.51% Males-49.48%	Females-48.03% Males-51.97%
5.	Age	0-14 yrs-27.89% 15-64 yrs-59.91% 65years and older-12.21%	0-14yrs-18.55% 15-64yrs-65.24% 65 years and older-16.21%	0-14yrs-26.62% 15-64yrs-67% 65 years and older-6.38%
6.	First Case Of Covid	February 21,2020	January 20, 2020	January 30, 2020
7.	Cumulative confirmed Cases of Covid per million people (Till May 31,2021) Source: ourworlddata.corg	96,987	100,505	20,416
8.	Cumulative confirmed Deaths due To Covid per million people(Till May 31, 2021) Source: ourworlddata.corg	1795	740	240

Peak time of Covid Cases:

- In Israel surge in cases began in June leading to peak in cases in September.
- Second wave for USA started in Mid-June of 2020 and peaked during fourth week of July. It gradually declined by the stricter prevention measures.
- The third wave in first week of October 2020 and peaked in first week of January 2021, which also declined and Covid-19 vaccination speed up.
- In India, the first wave of covid which came around has highest surge in cases in a day was approximate 96 thousand in August and in second wave the highest surge in cases in a day was approximate 4 lac cases in Mid-May.

2. HEALTHCARE MODEL OF DIFFERENT COUNTRIES

S No.	INDICATORS	ISRAEL	USA	INDIA
1.	Insurance Coverage	94.5 percent Population (Statista,2018)	92 percent population (Census,2019)	35 percent population (Statista,2018)
2.	Number of Physicians per 1,000 population Source:data.worldbank.org	4.625	2.6	0.587
3.	Number of beds available per 1000 people(2017)Source:data.worldbank.org	3.02	2.87	0.53

- Israel provides universal health coverage
- USA has no single nationwide health insurance system
- India has a National Health Protection Scheme which cover 10 crore poor and vulnerable families in India providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalisation.

Policies attained by Country's to handle Covid-19:

Israel-

- Small size of the country, a relatively young population, a centralized national system of government and well developed infrastructure for implementing prompt responses to large scale national emergencies.
- The organizational, IT and logistical capacities of community based health care providers, availability of trained community based healthcare workers.
- The coordination or effective cooperation between government, health plans, hospitals and emergency care providers during national emergencies.
- Mobilization of special government funding for vaccine purchase and distributional contracting for a large amount of vaccine relative to Israel's population.

USA-

- Doubling the number of testing sites and investing in home tests and instant tests to scale up testing capacity by orders of magnitude.
- Establishing a U.S. Public Health Jobs Corps to perform competent approaches to contact tracing and protecting at-risk populations.
- Full use of Defence Production Act for increasing production of masks, face shields, and other PPE to exceed demand.
- Promoting social distancing and ensuring that schools have additional resources.
- Investing $25 billion timely in vaccine manufacturing and distribution, cost-free.
- Protecting older Americans and others at risk. Re-launch and strengthen U.S. Agency for International Development's pathogen-tracking program called PREDICT.
- Implementing mask mandatory nationwide even by working with governors and mayors and by asking the American people to do what they do best.

INDIA-

- Heavy screenings were conducted and mandatorily quarantined incoming International travellers and suspended all visas except for diplomats and employment took place as a measure in early phase.
- Also, all cross-national borders were sealed and railway operations were suspended. To curb panic, government provides authentic information on the virus for general public.

3. VACCINATION INDICATOR OF DIFFERENT COUNTRIES

S No.	INDICATORS	ISRAEL	USA	INDIA
1.	Vaccination Initiated on	December 19,2020	December 14, 2020	January 16, 2021
2.	Number of people Vaccinated(Till May 31,2021)Source: ourworlddata.org	62.99%	50.15%	12.12%

Policies attained by Country's for vaccination:

Israel: Mobilization of special government funding for vaccine purchase and distributional contracting for a large amount of vaccine relative to Israel's population was the policy attained.

USA : Invested $25 billion timely in vaccine manufacturing and distribution that guarantee it to give to Americans, cost-free.

India: Government has coordinated and worked with research institutes, private companies for increasing vaccine manufacturing capabilities. Government of India (GoI) has ensured proper participation of public and private sector in vaccination drive. Liberalised Pricing and Accelerated National Covid-19 Vaccination Strategy that came in effect from 1st May 2021 has initiated.

INTERPRETATION

Israel:

- Worked in collaborating with different vaccine makers at an early stage
- Procuring vaccines centrally and distributing across districts is commendable
- Being a small and less populated country compared to India and USA, planning to execution, all stages went well.

USA:

- Extensively collaborated between employer and government functionaries to transfer the cost burden.
- Later on vaccination drive got streamlined and coverage was commendable but faster response at an early stage would have reduced the chance of second wave.

India:

- Worked tremendously on fund allocation, collaboration with vaccine makers, price determination and execution. But, considering huge population and demographic challenges, the execution became a challenge.
- People negligence and carefree attitude led to further elongation of vaccination drive and second wave. But considering all the above challenges, vaccinating 142 million people in 100 days is itself a big milestone and the drive itself stands out globally.

CONCLUSION

- Israel could manage COVID crisis effectively due to centralized policy implementation and execution due to lesioning with vaccine makers at an early stages
- USA has effectively managed the crisis through Public Private Partnership and Healthcare funding for its citizens. The early execution of vaccination drive is added advantage for them which reduced the adverse impact of second wave.
- India has put significant efforts, but could be in a better position if Co-ordination between Central and State Government was transparent and smooth. Timely fund allocation for infrastructure establishment and vaccination program and the Health insurance partners enrolment for servicing clients at home would have further strengthened the program. Coordination for procuring raw material for vaccines could further be streamlined and Engagement with private companies as public private partnership would have made it an engaging and collaborative effort with better efficiency and effectiveness.

RECOMMENDATIONS

- India at a policy level would have taken a call to have a tie up with foreign vaccine makers as well as it would have reduced the dependency on Indian manufacturers.
- Proper fund allocation in the beginning to vaccine makers would have enabled them faster manufacturing of vaccines.
- Pricing of the vaccines to be determined by the government centrally rather than having both approaches
- Public Private partnership pertaining to vaccine execution would have given additional advantage to India in terms of speed and infrastructure
- Vaccine makers got certain raw materials at a later stage which delayed the manufacturing and trial process. Government of India would have anticipated and act at the early stages to mitigate the risk.

THANK YOU