

1 The Role of Statisticians in the Response to COVID-19 in Israel - A Holistic Point of View

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19

Abstract

20 The COVID-19 pandemic cast a dramatic spotlight on the use of data as a fundamental
21 component of good decision-making. Evaluating and comparing alternative policies required
22 information on concurrent infection rates and insightful analysis to project them into the future.
23 Statisticians in Israel were involved in these processes early in the pandemic in some silos as an
24 ad-hoc unorganized effort. Informal discussions within the statistical community culminated in a
25 roundtable, organized by three past presidents of the Israel Statistical Association, and hosted by
26 the Samuel Neaman Institute in April 2021. The meeting was designed to provide a forum for

27 exchange of views on the profession's role during the COVID-19 pandemic, and more generally,
28 on its influence in promoting evidence-based public policy. This paper builds on the insights and
29 discussions that emerged during the roundtable meeting and presents a general framework, with
30 recommendations, for involving statisticians and statistics in decision-making.

31 KEYWORDS: Statistics; Data Analysis; Data Collection; Data Quality; Modeling; Pandemic; Data
32 Driven Policy

33 1. **Introduction**

34 The COVID-19 pandemic posed significant challenges to the health, economic and social systems
35 around the globe. Faced with a crisis at a scale not experienced in the last century, policy makers
36 were required to make difficult decisions on a daily basis. Ideally, such policy decisions should be
37 based on properly analyzed data and subject knowledge. Specifically, decision makers should
38 seek actionable information coming from robust and rigorous analysis of accurate and relevant
39 data. In reality, specific policy choices varied widely, from the airtight seal in New Zealand to the
40 lockdowns in Europe and the *laisse faire* attitude of Brazil. Countries veered from one policy to
41 another. For example, Britain adopted tight lockdowns only after a limited social distancing
42 campaign was accompanied by heavy infection and burden of disease. In Israel, infections waned
43 following a tight lockdown, but returned to much higher levels several months after most
44 restrictions were removed.

45 As a pandemic unfolds, new dilemmas arise. Depending on the state of emergency, tools being
46 used and depth of analysis will vary. But in any case, a volatile reality as manifested in crisis times
47 requires a well-founded and robust approach for data-driven decision making. The ability to
48 rapidly obtain high quality data and to analyze it, in a timely manner, cannot be taken for granted.
49 In fact, in many countries there is uncertainty about the most basic issue-- how many people died
50 as a result of COVID-19 infection. In Russia, for example, "data-based" estimates have suggested

51 that the true death count may be twice as high as the official count (1), and in India the assessed
52 gap is even larger (2).

53 Successfully addressing challenges, like those mentioned above, requires among other things,
54 *statistical thinking* leading to sound statistical analysis and uncertainty quantification. Such skills
55 are at the foundation of the statistical profession and therefore should be represented and
56 executed by statisticians (3). Moreover, the technicalities of a chosen statistical approach must
57 be accompanied by the ability to clearly communicate complex notions and ideas to decision
58 makers and, equally important, to the public. Thus, statistical thinking should be an important
59 component in all floors of the decision-making process (see Figure 1).



60

61 **Figure 1:** Decision making domains requiring complementary statistical skills

62 First and foremost, statistical thinking has a role in the top floor where strategic plans are made.
63 We would like to stress that statisticians should be involved in designing the strategic view of
64 quality control, data collection and data management. The implementation of a specific strategy
65 is at the tactical tier, and there too statisticians should be active as written in the sequel. Indeed,
66 well explained statistical thinking can guide strategic discussions and point out promising
67 directions, for example, recommending more efficient designs for data collection to support data-
68 driven decision-making. At an early stage, statisticians should be involved in efforts to ensure

69 quality control of data collection and data management. Tools from statistical process control can
70 play a valuable role in such efforts. This is a crucial stage where an appropriate implementation
71 according to best practices of data science will affect all future analyses. Clearly, statisticians can
72 assume a leading role at the tactical and operational floors, where data collection and analyses
73 are executed, and insights are generated. It is a stage where statisticians should be involved in
74 analyzing the data. Insights need to be clearly and accurately presented to decision makers at
75 the top floor.

76
77 In the industrial context, Deming (4) recommended placing statisticians in top level positions;
78 “There will be in each division a statistician whose job is to find problems in that division, and work
79 on them. He has the right and obligation to ask questions about any activity of the division, and
80 he is entitled to responsible answers”. On top of the pyramid in Figure 1, Deming envisaged the
81 role of director of statistical methods (4). Hahn, in his 2003 Youden address, generalized his
82 experience at General Electric and described the role of the embedded statistician (5). Building
83 on these roles, Kenett and Redman (6) present an updated version of the integral role of statistics
84 in the context of data science in organizations.

85
86 The structure of the rest of the paper is as follows: section 2 presents the objectives of the
87 roundtable. Section 3 describes the evolution of statistical activities in the early stages of the
88 pandemic. In section 4, we discuss methods and tools for statistical intervention and in section 5
89 we describe the role of a statistician in the context of a pandemic. In section 6 we detail the role
90 of statisticians that transformed along the evolution of the pandemic. Section 7 summarizes
91 the main points raised in the paper, followed by several recommendations.

92

93 2. **Statistical analysis of Coronavirus data: A Roundtable**

94 Acknowledging the potential benefit of sound statistical thinking in the decision-making process,
95 a roundtable was organized by three past presidents of the Israel Statistical Association. Twenty
96 colleagues from statistics and related areas participated in the event, which was hosted at the
97 Technion by the Samuel Neaman Institute on 13 April 2021. The meeting was designed to provide
98 a forum for discussion and exchange of ideas on the role that the profession should play in
99 promoting evidence-based public policy and the way to deliver the information to decision makers.
100 As a stimulus to discussion, the participants were invited to address questions such as:

- 101 · - What are the main challenges in data collection flow and in leveraging statistical expertise
102 in the COVID-19 Pandemic?
- 103 · - What are the expected benefits of using statistical analysis of COVID data?
- 104 · - What are the main barriers in developing and using statistical analytics in the pandemic?
- 105 · - How can we overcome these barriers?
- 106 · - What provisions should be taken to facilitate access to relevant data?
- 107 · - What is the proposed role of academia in general, and statistical expertise in particular, in
108 developing data analytics knowledge and capabilities?
- 109 · - What should be considered success stories in using statistical analytics of Corona related
110 data to guide policy decisions?

111 A report (in Hebrew) summarizing the round table is available in

112 <https://www.neaman.org.il/EN/Statistical-analysis-of-Corona-data-A-Roundtable>

113 The topics raised in the roundtable can be grouped into the following three categories:

- 114 1. The evolution of statistical activity as the pandemic unfolded.

115 2. The methods and tools for statistical intervention in decision-making - how to take
116 the results of a statistical analysis and apply them to affect policy.

117 3. The role of statisticians and of statistics as a profession in a pandemic and more
118 generally, how the discipline can aid in improving public policy.

119 This paper builds on the roundtable discussions and comments, providing several
120 recommendations of general relevance to crisis management and public policy. The paper is
121 organized according to the three categories mentioned above and aims to highlight the best way
122 to leverage statisticians and statistics within the complex reality of emergency decision making.
123 We take a holistic point of view, acknowledging that for statistics to have a significant impact, it
124 must be actively represented in each of the decision-making domains.

125

126 3. **The evolution of statistical activity as the pandemic unfolded**

127 In March 2020, the COVID-19 pandemic rapidly escalated from a minor news item about a virus
128 outbreak in China to a full-blown national emergency. The Israeli government instituted a strict
129 lockdown in an attempt to reduce spread of the virus. At this stage, the Israeli medical system
130 needed diagnostic tools, hospitalization procedures and treatment protocols, as the magnitude of
131 the pandemic and its requirements from the medical system were not well understood (7). Policy
132 strategies evolved in the light of population behavior and scientific knowledge as the pandemic
133 evolved, leading to two more lockdowns. The vaccination campaigns, which began on the 19th of
134 December 2020, led to a dramatic drop in the SARS-CoV-2 infection rate in Israel. The rapid
135 curtailing of the pandemic was reflected in a gradual return to pre-COVID-19 activity; the
136 roundtable, held in April 2021, was among the first of similar events to be held in person.
137 Beginning in late June 2021, there was a resurgence of the pandemic, related to the incursion of

138 the Delta variant and to the waning protection of the vaccine, which led to the decision in August
139 2021 to administer a booster dose.

140 The dynamic nature of the pandemic brought with it a changing landscape of challenges; the role
141 of statisticians and biostatisticians evolved accordingly. In the hope of mitigating the dramatic
142 impact of COVID-19 on society and the health and economic systems, it was important to address
143 questions such as: How many individuals are infected with SARS-Cov2 virus? How many new
144 infections are likely to occur in the week(s) ahead? What was the economic impact of a lockdown
145 vs. no-lockdown decision? What was the effect of a lockdown on mortality from COVID-19? Do
146 we need to implement new triage procedures that will be effective in preventing transmission of
147 SARS-CoV-2 to patients and healthcare workers (HCWs) (8)? Health, social and economic data
148 accompanied by appropriate analyses were crucial.

149 During the first phase of the pandemic, statisticians were involved in developing infrastructure,
150 including data collection procedures and analysis approaches. There were some instances of
151 direct involvement of statisticians in decision making. Often, though, analyses by other scientists,
152 sometimes with limited training and experience in statistics, were the basis for decisions.
153 Examples of such constructive links between the statistical community and policy makers were
154 provided by two important resources for the Ministry of Health: the statistical unit at the Gertner
155 Institute for Epidemiology and Health Policy Research and the National Institute for Health Policy
156 Research (NIHP).

157 These institutes and divisions are directed by statisticians or statistically savvy epidemiologists
158 and include statisticians on their professional staff. Early in the pandemic, around March 2020,
159 the Gertner Institute formed and coordinated a group of volunteers that included statisticians,
160 data scientists and mathematicians. The group modeled the unfolding of the pandemic within the
161 population using various mathematical and statistical tools and provided the Ministry of Health

162 with estimates of the daily effective reproduction number. The group members focused daily on
163 a variety aspects of the pandemic such as: informing triage procedures and implementation using
164 survival analysis; assessing treatment efficacy and social interventions using causal analysis;
165 making fast, real-time decisions, such as recommending the number of ventilation machines
166 required, combining applied probability and operations research approaches; supporting daily
167 activities such as monitoring models and forecasts, and results of interventions by building
168 informative, dynamic, and interactive dashboards; providing uncertainty assessment for all
169 resulting numbers and recommendations.

170 Statistical input was important in guiding data collection. One example relates to the data from
171 the labs carrying out PCR testing. Statisticians from the Gertner Institute stressed the need to
172 report the age of tested subjects, which proved extremely useful for assessing the nature of the
173 disease. A second concerns the data needed to support triage in ICU's. Statisticians working
174 with this problem highlighted the need for data on sojourn times in different processing and
175 disease stages, which are essential for modeling and prediction.

176 Much of the necessary data was collected from the health care providers in Israel, with supervision
177 from their epidemiological research divisions. One of the efforts was to design and build a
178 repository for storing COVID-19 data. Many challenges arose, such as the low reliability of
179 diagnostic tools and the lack of unique criteria for defining variables (even the definition of "SARS-
180 CoV-2 positive" was not unique and comparable). Indeed, there are numerous organizational
181 units that collect and store data and are responsible for making them accessible. These groups
182 include HMOs and hospitals, which use different data entry and storage platforms. In Israel, the
183 collection and fusion of data from different sources is unique and has great potential. Efforts in
184 this area are facilitated by the Israeli Ministry of Health. However, better standards would further
185 improve data quality and rapid availability. Data often have inconsistent formats, making fusion
186 difficult.

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189 The NIHP acted quickly and in April 2020 issued a call for 'Covid_19 -specific' research projects.
190 After a rapid yet efficient review process about 20 projects were funded, the majority of which are
191 based on collaboration with statisticians and/or epidemiologists. The NIHP also held a series of
192 meetings (digital and in real life) where policy makers, leaders of the health services and
193 researchers, including statisticians and data scientists, discussed various aspects of the
194 pandemic such as challenges associated with obtaining suitable data for decision making and
195 research and the characteristics of the dominant models used for predicting the development
196 Covid_19 in Israel. The head of the NIHP served as the statistician in a multidisciplinary academic
197 group working on children and coronavirus which had substantial policy inputs. (9)

198 The Israel Central Bureau of Statistics (CBS), together with the Ministry of Health (MoH) and the
199 Gertner Institute, designed serological surveys in the heavily infected city of Bnei Braq to assess
200 the extent and patterns of the infection. The CBS, MoH and the Gertner Institute applied
201 scientific sampling methods to obtain representative samples, and also analysis methods that
202 adjusted for the biasing effects of nonresponse, which are unavoidable in such surveys. The CBS
203 was also at the forefront in providing timely data on the economic and social impact of COVID-
204 19, launching four dedicated surveys of households, and 11 surveys of businesses in Israel.
205 Timelines were accelerated to guarantee rapid availability of data to other government offices.
206 Several standard reports were issued at double the usual frequency (for example, bi-weekly rather
207 than monthly reports from the Labor Force survey) to enhance timeliness. Difficulty in obtaining
208 data required application of more sophisticated statistical methods, including imputation and
209 weighting, and the use of data from other sources (e.g., the income tax authority and credit card
210 companies).

211 Statisticians were also involved in analyzing epidemiological data, clinical data, and data from
212 basic research (10). One study was based on a representative statistical sample with planned
213 use of statistical principles, aimed to follow longitudinally the evolution of immunity related factors
214 and to identify individual predisposing factors. The study design required defining surveillance
215 procedures for frail groups of infected people and developing vaccination strategies. Israel was
216 the world leader in the deployment of vaccinations (11), using the BNT162b2 vaccine developed
217 by BioNTech in cooperation with Pfizer, and statisticians participated in, and initiated studies
218 assessing vaccination effectiveness (12,13,14).

219 Statisticians contributed to efforts to find a modelling approach that would support extrapolation
220 of information on epidemiological parameters such as mortality, fatality rates, incidence rates and
221 predictors of disease evolution (15,16). The search for appropriate statistical approaches and
222 tools in dealing with highly correlated covariates and variables has been a primary goal to help
223 biomedical research identify COVID-19 risk factors.

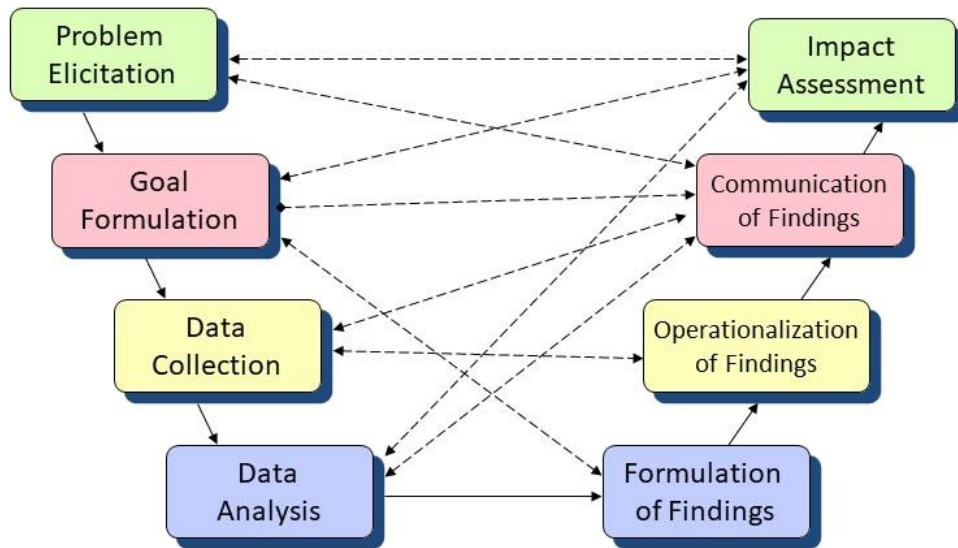
224 4. **Methods and tools for statistical intervention**

225 The data science approach is designed to support data-driven decision making. For decision
226 making, whether in government, industry or academia, a data driven approach should live in a
227 context and therefore starts with a well-defined subject matter in mind. Appropriate and
228 informative data must be collected or relevant data sources identified (17). Several directions
229 are possible for subsequent analysis. One option is to execute exploratory data analysis (EDA)
230 to better understand the data and to identify interesting trends or relationships. Another option is
231 focused analysis that is directed toward answering a specific question. In both cases a variety
232 of tools may prove useful, including statistical models and inference, machine learning, deep
233 learning and uncertainty quantification.

234 The data science approach is represented by a life cycle perspective (17), see Figure 2.

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239 **Figure 2:** A life cycle view of statistics and data science. The outer loop of arrows indicates the
240 process flow from Problem Elicitation to Impact Assessment and the influence and feedback
241 loops that accompany it. The Impact Assessment often leads to highlighting additional
242 problems, hence the arrow back to Problem Elicitation.

243 Figure 2, which describes the statistics and data science life cycle, includes a crucial data
244 collection and management step. Indeed, the establishment of a "ground truth" database is

245 essential, and it is important to collect various data sets that will give as broad a picture as
246 possible. Furthermore, storing the data in an intelligent manner that allows easy access and
247 querying by data scientists, domain experts and decision makers is of high importance. If possible,
248 and found necessary, the different data sets should be fused into a single or several integrated
249 data sets, which enhances the data analysis. We should enable data access and analysis using
250 reliable and robust, but still flexible and efficient extract-transform-load (ETL) procedures. In turn,
251 appropriate data management allows the implementation of scientifically sound and statistically
252 robust methods.

253 For example, estimating the reproduction number (R_0) was crucial from the beginning of the
254 pandemic, while understanding the effect of vaccines and planning successful vaccination
255 strategies accordingly was relevant later on. Answering such scientific questions requires reliable
256 data collection, prompt data availability and sound statistical analysis. Statisticians interested in
257 providing insight through data analysis often found that the necessary data were not accessible,
258 even in the context of protected data rooms.

259 Examples of reports which are based on data collection from different sources and the use of
260 advanced statistical analyses mentioned above include (12,16, 19,20).

261

262 5. **The role of statisticians and of statistics as a profession in influencing public**
263 **policy**

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265 The COVID-19 pandemic provides statisticians and policy-makers an opportunity to
266 review the role of statistics within a wide range of policy domains. An emergency situation,
267 whether a pandemic, an earthquake or an environmental disaster, requires rapid response

268 from those in power. Often, as was the case with COVID-19, new challenges emerge as
269 the emergency evolves. We are convinced that statisticians are highly qualified to
270 address such challenges, owing to our training in analyzing and drawing sound
271 conclusions from noisy data. Despite that expertise, the statistical community in Israel
272 was often not involved in policy decisions. We can only conjecture on why that happened.
273 One major reason appears to be the lack of established points of contact, prior to the
274 pandemic, between the community and those making decisions and determining policy.
275 Faced with an emergency, it is expected that leaders turn to experts who are known and
276 trusted. Such trust needs to be built from collaborative work to solve problems. Expertise
277 alone is not enough; one needs to stand on a known track record of partnership. Although
278 many statisticians were anxious to contribute to efforts to cope with COVID-19, most of
279 them found they had almost no ability to influence policy. At the same time, leading
280 scientists in disciplines not directly related to statistics and epidemiology were approached
281 to contribute and influence policy decisions. What seems clear is that the efforts in Israel
282 lacked sufficient multidisciplinary breadth, something needed in an event with health,
283 social and economic impact.

284 The Central Bureau of Statistics (CBS), with an excellent track record in official statistics,
285 was involved in questions of survey design. The serological survey in Bnei Braq, with
286 many interesting and useful outcomes, was a noteworthy example. However, plans by the
287 CBS to carry out national surveys to assess the spread of the pandemic, jointly with the
288 Ministry of Health, never came to fruition. The CBS was also not involved in many other
289 issues where its experts could have contributed.

290 Communication, both with decision makers and with the public, may have played a role.
291 Statisticians excel in describing uncertainty, but that is often difficult to fully appreciate,
292 especially by those who want a single sharp answer. The “limelight” factor may also have
293 played a role, with members of the statistics community largely shying away from intense

294 public exposure. Other professions also complained that their voice should have received
295 more attention, but often with spokespersons who were very active in the media (e.g. the
296 organization of public health physicians).

297 Statisticians often emphasize the need for thorough analysis, carefully examining all
298 assumptions. There are many advantages to this approach. However, it may have made
299 conventional statistical work too slow to meet the need for rapid analysis and response in
300 emergency situations like a pandemic. That is unfortunate, as sharp statistical thinking
301 and clear guidance are important in crisis times that require decisions in the face of huge
302 uncertainty. Trust in data and its interpretation is a critical element in providing a clear and
303 logical rationale underlying decisions in an emergency event like COVID-19. Without trust,
304 compliance with instructions to the public is low, affecting the success of any policy.

305 On a deeper scientific level, the assessment of evidence should be considered a key
306 competency of statistical work (21). In a more general context, the growing role of data
307 science needs to be considered (6), perhaps by getting statisticians to focus on a wider
308 picture of information quality (17).

309 The situation in Israel during the first year of the pandemic was not altogether different
310 from that in other countries. In Italy, statisticians were on the front lines of communication
311 and became regular members of television news panels reporting on COVID-19. At the
312 same time, the lack of data was lamented, and 1400 statisticians and researchers signed
313 a petition to make COVID-19 data accessible. A special meeting of the Italian statistical
314 society was held to deal with COVID-19 issues. Fricker and Rigdon (22) and Fricker (23)
315 described aspects of the data collection and analysis efforts in the United States, noting
316 that the effective investigation of disease outbreak is a domain where methods and tools
317 can be improved. Fisher and Trewin (24) summarized statistical work in Australia, praising
318 efforts of the Australian Bureau of Statistics, but also highlighting areas where
319 improvements are needed, especially regarding the rapid availability of high-quality data.

320 Among the consequences noted was a clear over-estimate, early in the pandemic, of the
321 impact it would have on the health system. In the UK, the Royal Statistical Society
322 formulated 10 recommendations for improvement, beginning with the need to present
323 evidence and to be clear and open about data (25). The final point stressed the need to
324 apply careful post hoc evaluation of policies that were implemented, to determine if they
325 had been successful.

326 In a recent and closely related paper, Ellenberg and Morris (26) provide an excellent
327 discussion of the numerous challenges faced by statisticians, working alongside scientists
328 from other disciplines, when aiming to understand the dynamics of COVID 19. They point
329 out the critical role of statistical thinking in responding to the pandemic, including modeling
330 the outbreak, tracking and reporting trends, characterizing the natural history of the
331 disease, and evaluating interventions. They build on similarities and differences between
332 the current pandemic and that of HIV/AIDS almost 40 years ago. The paper gained
333 substantial attention and comments from leaders in biostatistics (27,28,29), arguing that
334 statisticians have a unique opportunity to contribute during public health crises, to ensure
335 that analyses are rigorous and based on proper data sources, inference is sound, and
336 policy decisions are driven by the data. Important issues mentioned include the
337 responsibility of statisticians in advocating for data quality and accessibility, the need to
338 train statisticians in effective scientific communication with the media and the public, the
339 importance of statisticians as scientific leaders and communicators, the role and voice of
340 statistical professional bodies and the need to widen the interdisciplinary network of
341 modelers (27,28,29). The article and discussion further emphasize that the experience of
342 the statistical community in Israel has many parallels abroad.

343 The lessons above pose challenges and call for action. We urge the statistical community
344 in Israel and the nation's policy makers to face them head on by taking steps to leverage
345 the unique skills and experience of statisticians to influence policy in the future. In

346 particular, there is a need for statisticians to be actively involved in all floors of the decision-
347 making pyramid, starting with its most important top strategic floor (Figure 1). Further,
348 statisticians should be leaders in efforts to unify and standardize data collection, labeling
349 and pipelines, considering aspects of security and privacy.

350 Three lessons from the COVID-19 experience seem particularly cogent. (1) The statistical
351 community in Israel was not part of the inner circles of advice and influence during much
352 of the pandemic. (2) To influence leaders in an emergency, experts need to build
353 confidence and establish working relationships during periods of normalcy. (3)
354 Statisticians should adopt a “push” strategy rather than waiting to be asked for help.

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358 6. **Statistics in Wave 4**

359 The fourth wave of COVID-19 infection in Israel began at the end of June 2021. During that wave,
360 a dramatic change occurred in the role filled by statisticians in support of evidence-based
361 decision-making by the Israeli Ministry of Health. The group of statisticians, data scientists and
362 mathematicians coordinated by the Gertner Institute, continued to analyze data and at this stage
363 focused on the Israeli vaccination campaign. The fact that this work was done in collaboration
364 with high official members of the Ministry lent it major importance in setting policy during Wave 4.

365 The first issue was to compare the protection of individuals who recovered from COVID-19 to
366 others, both unvaccinated and vaccinated. The statistical analysis revealed that recovered
367 individuals are protected in a similar fashion to individuals recently vaccinated with two doses
368 (30). An updated analysis found that recovered individuals also have waning immunity and has
369 been the basis for requiring a booster for them, as well, after six months (31). A second issue

370 that required professional statistical analysis was to determine the level of vaccine protection
371 against the Beta variant of SARS-CoV-2. The analysis demonstrated that, despite the concerns,
372 the vaccine provides good immunity against the Beta variant. The data and analysis suggest that
373 from 14 days after receiving the second dose, the efficacy is at most marginally affected (32).

374 The most influential project was to identify the waning immunity of the BNT162b2 vaccine during
375 the fourth wave. Careful comparison of the rate of infection as a function of vaccination time
376 demonstrated that immunity against the Delta variant, which dominated the fourth wave, wanes
377 in all age groups six months after the second vaccine dose (33). The statistical analysis was
378 instrumental in assisting the Ministry to administer a third dose to individuals who received their
379 second dose more than five months ago. Israel was the first nation in the world to adopt this
380 booster policy, which enabled control of the outbreak without a lockdown. In addition, the group
381 used the real life data from those who received the third dose to estimate the protection it provides
382 (34). The outcomes of the last two studies have enabled other nations to make similar decisions
383 regarding a booster dose. The analyses were presented by the Ministry of Health to the US
384 Federal Drug Administration and were key pieces of evidence in their decision to advocate a
385 booster dose for older individuals and for those in high-risk jobs. (35).

386 Partnering with the CBS has also accelerated and expanded to conditions beyond COVID-19.
387 The Ministry of Health hopes to run, with the methodological support of the CBS, a national non-
388 probability survey to estimate the prevalence of viral disease in the Israeli population.

389

390 7. **Summary**

391 Given complex situations such as the one we observed during the COVID-19 pandemic, data-
392 driven policies are essential. This requires access to data that is actionable. In addition, data-

393 based policy recommendations that can support decision makers such as government ministers,
394 hospital managers, education system administrators and economic system leaders require the
395 use of validated models that can be used for analyzing the evolution of the pandemic, the effects
396 of interventions and for predictions.

397 The challenge of reaching well informed decision making stretches far beyond having the “right”,
398 high quality data or good models. A successful data-driven approach to decision making requires
399 efficient multidisciplinary collaboration which in turn, depends crucially on having trust and
400 common language between disparate domains. This is true not just for supporting the Ministry of
401 Health, but also for other government branches such as the Ministry of Finance, the Ministry of
402 Economy and Industry, the Ministry of Labor, Social Affairs, and Social Services, and the Ministry
403 of Justice. All seek or should seek data-driven decision making and all are relevant in crisis times
404 as the one we experienced recently. This is possible only when there are already information
405 systems in place for collecting, storing and presenting data. It requires pipelines for connecting
406 data from diverse sources for joint analysis. Data collected from different sources need to be
407 structured and definitions must be consistent and agreed upon, and relate to the same or at least
408 similar time periods. Building a common language takes time and should start immediately.

409 Thus, good channels of communication are essential for reliable data and insightful analyses to
410 reach the right eyes and ears and have an essential influence on action. Moreover, adopting a
411 data science life cycle point of view has great potential in establishing efficient multidisciplinary
412 working procedures that naturally lead to well informed decision making. Therefore, practicing
413 daily collaboration of multidisciplinary teams in “normal” times will have a huge benefit in crisis
414 time, resulting in seamless execution of data-driven decision making thanks to the trust and
415 common language built along the way. The academic statistical community, the Central Bureau
416 of Statistics, the Gertner Institute and the National Institute for Health Policy Research are already

417 geared to such multidisciplinary working procedures, but other ministry and public organizations
418 need to join in.

419 **Recommendations**

- 420 1. Lobby for active participation of statisticians in decision making forums.
- 421 2. Establish a pool of statisticians from academia and industry, as well as of other experts, that
422 will work routinely in normal times in multidisciplinary teams together with policy decision
423 makers. This requires the establishment of a policy committee that can serve as a contact
424 point between decision makers who seek evidence-based policy and statisticians who are
425 interested and ready to share their knowledge and expertise.
- 426 3. Improve the organization and allocation of statistical tasks in the face of a health
427 emergency. This could also be handled by the policy committee.
- 428 4. Government ministries and other public agencies can fund scholarships for students to
429 further support such an initiative, for example within the framework of the successful
430 Science and Policy Fellowship Program Mimshak (36).
- 431 5. Establish national standards for health records, including treatment of free text entries.
- 432 6. Educate stakeholders to appreciate the importance of standards and statistical thinking and
433 analysis.
- 434 7. Hold professional meetings to discuss challenges and debate possible solutions.
- 435 8. Enhance presence in the media, where statistical expertise must be brought to the public in
436 language that is understandable to a broad audience. “Push” rather than wait to be called.
- 437 9. Discuss the *Nature* “model manifesto” (37) and the role of academic research in a variety of
438 academic and non-academic circles (38).
- 439 10. Train the next generation of statisticians and data scientist to have the needed skills
440 (statistical and communications) to aid in decision making during crisis.

441 These recommendations are presented with a forward-looking perspective. The role of
442 statisticians is crucial in the evaluation of the impact of COVID-19 on the population and in
443 preventing a resurgence of new COVID 19 waves. Many statistical issues are critical in the
444 analysis of public health data; consequently, statisticians should have access to such data.
445 Healthcare systems, in general, should be prepared to absorb a sudden deterioration of patients
446 in areas such as chronic pathologies, which could result from cure avoidance or postponement of
447 screening examinations. For example, careful evaluation and comparison of historical data with
448 actual data, based on statistical predictive models is needed. Statisticians should be essential
449 partners in implementing data-driven public health due to their knowledge of sampling strategies;
450 this is an essential starting point in building statistical expertise and is needed in designing
451 surveillance systems, which depend heavily on sampling strategies to provide early alert to the
452 onset of infectious diseases and to map indices of disease spread (39,40).

453 **In conclusion**, effective use of statistics emerges as crucial in times of crisis and in particular, for
454 evaluating the impact of COVID-19 on the population and limiting the impact of new COVID 19
455 waves. We fully agree with Ellenberg and Morris (26) and their discussants that for many of the
456 unusual challenges posed by COVID-19, sound statistical work is instrumental to find good
457 solutions. Consequently, statisticians should be important contributors to collecting, analyzing
458 and interpreting data related to the pandemic and in translating that work into sound policy and
459 decisions. The daily contributions of statisticians described above, started early in the pandemic
460 and continuing today, evolved to have significant impact during wave 4 of the pandemic. Such
461 impact was possible due to trust and common language built from the daily communication with
462 decision makers. This is an excellent illustration of the dramatic and beneficial impact that
463 informed statistical analysis and advice can have on public policy in a time of crisis.

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