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# Healthcare in Israel

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**Healthcare in Israel** is **universal** and participation in a medical insurance plan is compulsory. All **Israeli** residents are entitled to basic health care as a fundamental right. The Israeli healthcare system is based on the National Health Insurance Law of 1995, which mandates all citizens resident in the country to join one of four official health insurance organizations, known as Kupa't Holim (קופת חולים - "*Sick Funds*") which are run as not-for-profit organizations and are prohibited by law from denying any Israeli resident membership. Israelis can increase their medical coverage and improve their options by purchasing private health insurance.<sup>[1]</sup> In a survey of 48 countries in 2013, Israel's **health system** was ranked fourth in the world in terms of efficiency, and in 2014 it ranked seventh out of 51.<sup>[2]</sup> In 2015, Israel was ranked sixth-healthiest country in the world by Bloomberg rankings<sup>[3]</sup> and **ranked eighth** in terms of life expectancy.

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Beilinson Hospital in Petah Tikva, Israel



Safra Children's Hospital at Tel HaShomer

## History [edit]

### Ottoman era [edit]

During the **Ottoman era**, health care in the **region of Palestine** was poor and underdeveloped. Most medical institutions were run by Christian missionaries, who attracted the indigent by offering free care. In the late nineteenth century, as the **Yishuv**, the pre-state Jewish community, began to grow in the wake of the **First Aliyah**, the Jews attempted to establish their own medical system. In 1872, **Max Sandreczky**, a German Christian physician, settled in **Jerusalem** and opened the first children's hospital in the country, Marienstift, which admitted children of all faiths.<sup>[4]</sup> The Jewish agricultural settlements, financially backed by **Baron Edmond de Rothschild**, hired a physician who traveled between the communities and ran a pharmacy in **Jaffa** which he visited twice a week.<sup>[5]</sup>

In 1902, the first Jewish hospital, **Shaarei Zedek**, opened in the **Old City of Jerusalem**. Additional Jewish hospitals were built in Jerusalem and Jaffa. In 1911, the Judea Worker's Health Fund, which later evolved into **Clalit Health Services**, was established as the first Zionist health insurance fund in the country.

During **World War I**, the Ottoman authorities closed the Jewish hospitals in Jerusalem



Pharmacy in Petah Tikva, 1930s



Hadassah nursing students, 1948

and Jaffa. The Ottoman Army seized the medical equipment and drafted most of the doctors. With the war's end and the British conquest of Palestine, the Yishuv was left without an effective hospital system. In 1918, the [Hadassah Women's Zionist Organization of America](#) established the American Zionist Medical Unit (AZMU) to rebuild the Yishuv's medical system. With assistance from the AZMU and foreign contributions, the Jewish hospitals were reopened, and a new one was established in Jaffa. In 1919, hospitals were opened in [Safed](#) and [Tiberias](#), and a hospital was opened in [Haifa](#) in 1922. The AZMU was turned into the Hadassah Medical Federation, which oversaw the Yishuv's health system.<sup>[6]</sup>

### British Mandate [\[edit\]](#)

With the start of British rule, measures were taken to improve public health in the area. They began during British military rule, and continued to grow with the establishment of the [British Mandate](#) in 1922. In [Jerusalem](#), accumulated refuse heaps were removed, public rubbish bins were installed; the entire population was vaccinated against [smallpox](#), and pools and cisterns were covered with mosquito repellent as part of the campaign to eradicate [malaria](#).<sup>[7]</sup> In 1929, the [Zionist Commission](#) and the British authorities sent the Jewish epidemiologist [Gideon Mer](#) to [Rosh Pinna](#) to establish a laboratory for malaria research. Mer's laboratory was instrumental in eradicating the disease.<sup>[8]</sup> The campaign against malaria was headed by Hadassah until 1927, when the organization turned responsibility over to the authorities. The Mandate administration also operated a Health Department that operated its own hospitals, clinics, and laboratories. The Health Department primarily cared for British personnel stationed in Israel and provided health services to the Arab population. Little was invested in Jewish health, as it was assumed that the Yishuv was capable of managing its own healthcare system. With the expansion of the Yishuv through the [Third](#) and [Fourth Aliyah](#), the number of new Jewish medical facilities grew. The number of Hadassah hospital beds tripled. New Jewish hospitals and health insurance funds were also established. The other major provider of healthcare aside from Hadassah was the [Histadrut](#) labor federation, which had its own sick fund and by 1946 operated two hospitals and hundreds of clinics and health centers. In addition, some private medical centers and health funds were also established.<sup>[6]</sup>

### State of Israel [\[edit\]](#)

The Yishuv's health system formed the basis of the Israeli healthcare system with the establishment of the state of Israel in 1948. The Israeli government replaced the British Mandate's health department with a Ministry of Health, and established regional health bureaus and an epidemiological service. Hospital facilities formerly run by the British authorities were taken over by the state, and new hospitals and clinics were established. At the end of 1948, only 53% of Israel's Jewish population was insured, about 80% of them by [Clalit](#), with a few small health funds insuring the remainder. Throughout the following years, Israel's healthcare system was expanded, and within a decade, about 90% were insured.<sup>[9][10]</sup>

In 1973, a law was enacted which forced all employers to participate in the medical insurance of their workers, by means of a direct payment to their workers' insurance plans. The duty of participation was eventually changed and diminished in 1991.

Until the enactment of the National Health Insurance Law in 1995, the Israeli healthcare system was based on a series of independently operating Sick Funds, which were known as Kupot Holim. The largest Kupat Holim was [Clalit Health Services](#), which was owned by the [Histadrut](#) labor federation. There were initially six other Kupot Holim, though the number was reduced to four after two of them merged. There was a series of government-owned hospitals, with 29 hospitals operated by the government in 1987. Clalit owned a series of hospitals, as well as clinics in virtually every city, town, village, and kibbutz. There were other organizations which maintained some of their own

medical facilities and funded the hospitalization of their clients in government hospitals. For health insurance, people had to pay premiums which varied according to income. The government also subsidized the health funds. Finally, there were some private doctors and very few private hospitals, and some highly expensive health plans covered private healthcare.<sup>[11]</sup> The level of health coverage provided varied among Kupot Holim. Furthermore, Clalit was the only one not to restrict entry to new members based on age, pre-existing conditions, or other factors, and membership in the Histadrut was a pre-condition for membership with Clalit. This meant that people who did not have such an affiliation and could not join another insurance plan lacked health insurance coverage. Over 90% of the population was insured.

In 1988 the government appointed a Commission of Inquiry to examine the effectiveness and efficiency of the Israeli health care system, headed by [Shoshana Netanyahu](#). The commission handed in the final report in 1990. The main recommendation of this report was to enact a National Health Insurance law in Israel. The National Health Insurance Law came into effect on January 1, 1995.<sup>[12]</sup> After enactment of the 1995 law, membership in any of the four Kupot Holim was legally guaranteed, with Israeli residents entitled to the same basic basket of services and to switch between them once a year.

In the late 2000s, a future shortage of doctors and nurses became a concern, as the rate of doctors graduating from Israel's medical schools annually had dropped to 300, 200 less than needed, and many Soviet immigrant doctors and nurses began to retire. That number was estimated to eventually rise to 520 with the opening of a fifth medical school, but still below the 900 graduates that will be needed in 2022. This caused concerns of a shortage of medical personnel, which would imperil the quality and speed of medical care in the country. As a result, Israel began offering incentives to Jewish doctors to emigrate from abroad and practice medicine in Israel. Initially, only about 100 doctors from the [former Soviet Union](#) immigrated under this program every year, but the program is now attracting doctors from [North America](#) and [Western Europe](#). An investigative committee looking into the issue also called for incentives to be offered to Israeli medical students who had not been accepted in Israel and had gone to study medicine abroad to return to Israel, and for a program that involves 150 international students studying



Magen David Adom ambulance, 1948



Beit Habriyut Straus, Jerusalem, built in 1927

medicine in Israel to be shut down. In addition, the Israeli Health Ministry announced the launching of a new nursing assistants' profession, and increased nursing education programs in colleges. Israel has also begun a program under which doctors from [Eastern Europe](#) work in Israel in fields such as pediatrics and internal medicine. <sup>[13][14][15]</sup>

## National Health Insurance Law <sup>[edit]</sup>

See also: [Universal health care in Israel](#)

Under the National Health Insurance Law, membership in one of the four following Health Maintenance Organizations, or Kupon Holim (*Patient Funds*) is compulsory for all residents of Israel: [Clalit](#), [Maccabi](#), [Meuhedet](#) and [Leumi](#). Clalit is the largest of the four, with about 54% of the population belonging to it. The four Kupon Holim are obligated to provide a uniform list of health services, known as the "Health Basket" (סל בריאות; *Sal Briut*), for all members - a list of medical services and treatments which each Kupon Holim is required to fund for its members. The law established a system of direct oversight of the Kupon Holim by the state, and certain services are under the direct administration of the State, usually by means of the [Health Ministry](#).

The Health Basket covers all costs of medical diagnosis and treatment in the areas of family medicine, hospitalization (general, maternity, psychiatric and chronic), preventive medicine, surgery (including elective surgery), transplants, treatment for drug abuse and alcoholism, medical equipment and appliances, first aid and transportation to a medical facility, obstetrics and fertility treatment, medications approved under the National Health Basket (which is updated every year), treatment of chronic diseases and paramedical services such as physiotherapy and occupational therapy, and mental healthcare. <sup>[16][17][18]</sup> Medications for serious illnesses that are part of the official "basket of medications" (which is large and updated regularly, but does not include all medications) are covered, though patients must partially pay for these medications with copays: medications included in the basket are covered at rates that vary from 50% to 90%. <sup>[19]</sup> IVF treatments for the first two children up to the age of 45 and abortions are also covered.

In general, each Kupon Holim allows members to choose a primary-care physician and specialists from a list of doctors associated with the fund. <sup>[19]</sup> Availability of services differs by location, as each of these organizations operate their own medical facilities, including private hospitals.

In addition to the Health Basket provided to all citizens, which provides coverage for basic and essential health care, every Kupon Holim fund provides their members with the option to acquire "supplementary insurance" (ביטוח משלים), which includes services and treatments that are not covered by the publicly funded system, including a wider range of surgeries, therapies, medications, and overseas travel insurance. Members can obtain supplementary insurance from their Kupon Holim by paying extra premiums, though they tend to be low. The Kupon Holim are prohibited by law from denying any member participation in a supplementary health insurance plan, and may not discriminate due to pre-existing conditions. However, premiums are based on age, and are divided into specified age groups. In addition, non-essential services can also be funded by a citizen sharing the cost with their employer.

While the Kupon Holim typically cover medical treatment in Israel, they can fund medical procedures abroad when the procedure in question cannot be obtained in Israel. There is a cap of \$250,000 without copay to fund treatment abroad, though that limit can be waived by the Director-General of the Health Ministry. <sup>[20]</sup>

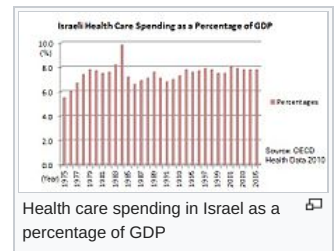
Members of each Kupon Holim can switch to another once a year. There are six specified dates on which people can transfer, depending on when they signed up for their previous one. In special circumstances, it is possible to petition the Ministry of Health to cancel a change or register earlier than an official date. <sup>[19]</sup>

The law sets out a system of public funding for health services by means of a progressive health tax, administered by [Bituah Leumi](#), or the National Insurance Institute, Israel's social security organization, which transfers funding to the Kupon Holim according to a certain formula based on the number of members in each fund, the age distribution of members, and a number of other indices. The Kupon Holim also receive direct government funding. Wage-earners and the self-employed must pay 3.1% of their monthly salary up to NIS 5,804 and 5% of anything earned above that. <sup>[21]</sup> Employers are legally obligated to deduct insurance contributions from their employees' salaries, while the self-employed must arrange payment on their own. Pensioners have contributions deducted from their pensions, as do those receiving unemployment benefits. Those who are not working but have income must pay 5% of their income in health premiums, while those who are not working and have no income must pay NIS 170 a month. Only a select few categories of people are exempt from paying health premiums. Dependent minors are exempt. Housewives who do not work are exempt unless they receive a pension or their spouse receives an increment to a pension. <sup>[22]</sup> In addition, people who immigrate to Israel under the [Law of Return](#), and Israeli citizens who were born abroad or left as minors, and who settle in Israel are entitled to one year of free health insurance if they are not working, subject to some exceptions.

While the vast majority of public health services are covered by the Kupon Holim under the National Health Insurance Law, pre-natal, post-natal, and geriatric care services are run directly by the Ministry of Health. <sup>[23]</sup>

Government spending on healthcare is about 60% of the total, considerably below the average for OECD countries of 72%. <sup>[24]</sup>

Although most residents are covered under the National Health Insurance Law, some exceptions apply to people who receive state-funded healthcare through other means. All soldiers except those who were found medically unfit for service but volunteered are not covered by their Kupon Holim during their military service, but receive healthcare through the military healthcare system. Upon leaving the military, soldiers rejoin their previous Kupon Holim. Disabled veterans are covered by the Ministry of Defense. In addition, some disabled [World War II](#) veterans and victims of the Nazis are eligible for certain types of health benefits from the Ministry of Finance. New immigrants who have not yet registered with a Kupon Holim and are in immediate need of healthcare can apply for coverage from the Public Ombudsman of the Ministry of Health. <sup>[25][19][19]</sup>



## Rights under the National Health Insurance Law [\[edit\]](#)

- Every Israeli citizen is entitled to health care services under the National Health Insurance Law.
- Every resident has a right to register as a member of a Kupat Holim of his/her choice, free of any preconditions or limitations stemming from his/her age or the state of his/her health.
- Every resident has a right to receive, via the Kupat Holim of which she or he is a member, all of the services included in the medical services basket, subject to medical discretion, and at a reasonable quality level, within a reasonable period of time and at a reasonable distance from his/her home.
- Each member has a right to receive the health services while preserving the member's dignity, privacy and medical confidentiality.
- Every Israeli resident has the right to transfer from one Kupat Holim to another.
- Each member has a right to select the service providers, such as doctors, caregivers, therapists, hospitals and institutes, from within a list of service providers who have entered into an agreement with the Kupat Holim to which the member belongs, and within the arrangements in place for the selection of the service providers, and which the Kupat Holim publishes from time to time.
- Each member has a right to know which hospitals and institutes, and other service providers, are included in the agreement with the Kupat Holim, and what are the selection processes at the Kupat Holim.
- Each member has a right to see and to receive a copy of the Kupat Holim regulations.
- Each resident has a right to receive from the Kupat Holim complete information concerning the payment arrangements in place in the HMO for health services as well as the Kupat Holim's plans offered for additional health services (CIP).
- Each member has a right to complain with the Public Inquiries commissioner at the medical institute that treated the member, to the person in charge of investigating member complaints at the Kupat Holim of which s/he is a member, or to the complaints commissioner for the national health insurance law in the Ministry of Health.
- Each member has a right to file suit at the district labor court. <sup>[26]</sup>



Ministry of Health building on Jaffa Road, Jerusalem

## Private healthcare [\[edit\]](#)

There are private health insurance plans which citizens may participate in addition to the compulsory participation one of four national health insurance institutes. All major Israeli insurance companies offer health insurance plans. These plans provide coverage for additional options for treatments. For example, in the area of elective surgery, a participant in a private insurance plan may choose the surgeon, anesthetist, and hospital anywhere in Israel or around the world. In the area of transplants, unlimited funding is available to ensure a donor is found and the procedure is done without the need for government approval. In the area of medications for serious illnesses, private insurance companies give access to a wider range of than the official "basket of medications", as the Israeli government is not financially capable of covering all medications. In comparison with health insurance in other countries, private health insurance in Israel is considered comparatively cheap, but premiums are based on age, gender, and previous medical history. <sup>[27]</sup>

There are private hospitals and clinics throughout the country. Although the healthcare in public and private hospitals is equivalent in quality, private hospitals offer superior patient care and amenities to public hospitals, such as private rooms designed as hotel rooms, Internet and television access, restaurant-quality food, and extra beds for visitors to stay overnight. <sup>[28]</sup>

## Safety and quality [\[edit\]](#)

Israel has one of the most technologically advanced and highest-quality healthcare systems in the world. Hospitals in Israel are equipped with modern facilities and high-quality medical technology. Medical personnel are very well-trained.

Healthcare in Israel is also delivered very efficiently. A 2013 found Israel to have the fourth most efficient healthcare system in the world. <sup>[29]</sup> In an August 2014 survey, Israel was ranked as having the seventh-most efficient healthcare system in the world. <sup>[2]</sup>

Seven Israeli hospitals have received accreditation from the [Joint Commission](#), an organization that sets safety standards for medical care: [Soroka Medical Center](#) in [Beersheba](#), [HaEmek Medical Center](#) in [Afula](#), [Meir Hospital](#) in [Kfar Saba](#), [Rabin Medical Center](#) in [Petah Tikva](#), [Kaplan Medical Center](#) in [Rehovot](#), [Carmel Medical Center](#) in [Haifa](#) and [Assuta Medical Center](#) in [Tel Aviv](#). <sup>[30]</sup>

## Health care providers [\[edit\]](#)

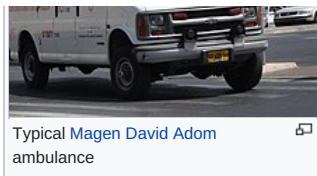
Providers in the Israeli [healthcare system](#) consist of a mixture of private, semi-private and public entities. Generally, [family](#) and [primary](#) medicine facilities are run directly by [Clalit](#) for its members while the other Kupot Holim operate their own family practice clinics in the larger cities and contract with privately operated family practice clinics in smaller communities. As with primary practice, Clalit tends to provide specialty and outpatient care in their own clinics while the other HMOs generally contract with outside, private care physicians and facilities for this sort of service. In addition to these, the ministry of health in conjunction with various local authorities also runs a network of public well care and [prenatal](#) and infant care clinics throughout the country.

## Physicians [\[edit\]](#)



In 2013 there were 3.1 professionally active physicians per 1000 population in Israel, a ratio higher than for countries like the U.S. and Japan. In the end of 2014, there were 34,231 registered physicians in Israel, 25,637 under the age of 65, 30,683 under the age of 75. There are over 10,000 more physicians in Israel who are licensed but not





Typical Magen David Adom ambulance

practicing (working in other fields, retired). About forty percent of Israeli physicians are women.<sup>[31]</sup> Between 2000 and 2009 the OECD reports no growth in the physician per capita ratio in Israel compared to a global average of 1.7% growth in developed countries.<sup>[32]</sup> There are also severe physician shortages in specific specialties, such as anesthesia, general surgery, geriatrics, and primary care <sup>[33]</sup>

Israel has five university medical schools which typically follow the European 6-year training model. However, the medical school at [Bar-Ilan University](#) follows a four-year program similar to the American system. [Tel Aviv University](#) also offers a four-year program similar to the American system for students who hold a [bachelor's degree](#) in certain biological sciences. The entrance requirements for the various schools of medicine are strict: all students must have a [high school matriculation certificate](#) with a grade average above 100 and a [psychometric](#) grade over 740.

In 2008, only 35% of doctors in Israel were born there, and almost 50% were immigrants, especially from Argentina and Eastern Europe, particularly the former Soviet Union. In addition, many Israelis study medicine abroad, with Israeli medical students particularly popular with European universities.<sup>[34][35]</sup> To practice in Israel, doctors trained abroad must pass a licensing examination to ensure that their medical training is up to Israeli standards. Immigrant doctors who graduated from an American, British, Canadian, French, Australian, New Zealand, or South African medical school are exempt, provided they have 14 years of experience, including residency, and undergo a six-month internship-like "adjustment period" in Israel.<sup>[36][37]</sup>

## Nurses <sup>[edit]</sup>

As of 2011, there were 37,300 actively practicing nurses in Israel or 4.81 nurses per 1000 population compared to OECD country average of 8.7 nurses per 1000 population, ranking Israel one of the lowest nursing ratio countries in the developed world, after Greece, Mexico, and Turkey.<sup>[31]</sup> This represents a 14% decrease in Israeli nursing per capita from 2001.<sup>[31]</sup> Nursing education is similar to that of other developed countries. There are many Registered Nurse programs, Bachelor of nursing academic programs, and several graduate schools for advanced degrees. A Bachelor's degree is a prerequisite for advanced certifications and clinical courses.<sup>[38][39]</sup> Licensed practical nurse programs ended, yet were recently re-approved as a solution to the nursing shortage in Israel. Although nurse practitioners were legalized in Israel in November 2013,<sup>[40]</sup> only Israeli-trained nurse practitioners are authorized to work. Although the law provides for recognition of foreign-trained nurse practitioners, no process is in place for doing so. Only geriatric and palliative nurse practitioners have been allowed to work thus far, although plans for other NP specialties are in place. All NP courses to date have been provided by the Ministry of Health, and are post-Masters certificate courses several months in length. Compared to Western country standards and the International Council of Nursing, Israeli nurse practitioners have relatively limited scopes of practice and independence.

## Physician Assistants <sup>[edit]</sup>

One of the well-established solutions to the growing shortage of medical personnel that is experienced also in Israel is the development of mid-level practitioners, e.g., nurse practitioners and physician assistants. The development of Physician Assistants in Israel was in a constant debate for years until a committee appointed by the Ministry of Health Director General recommended on 2013 on the development of an Israeli version of Physician Assistants in five areas that are currently in great need: Internal Medicine, Surgery, Anesthesiology, Emergency Medicine and Pathology. Because of legislative reasons, and in order to implement fast, the Ministry of Health decided not to create a new general profession like in the US but to expand the capabilities and authorities of existing medical professions thus creating new 'roles' for these professions as Physician Assistants.<sup>[41]</sup> The first course of Emergency Medicine Physician Assistants started on May 15, 2016, comprising about 35 participants, most of them academic paramedic with substantial experience and very few MDs from international universities (outside Israel) that failed to pass the Israeli government examination so are not licensed to practice medicine in Israel.<sup>[42]</sup> In the near future the Israeli Ministry of Health intends to open similar courses in the areas of Anesthesiology and Pathology.

## Emergency services <sup>[edit]</sup>

**Emergency medical services in Israel** are provided by the [Magen David Adom](#) (MDA) organization, which staffs approximately 1,200 [emergency medical technicians](#), [paramedics](#), and [emergency physicians](#), and 10,000 volunteers. The organizations operates 95 stations and a fleet of over 700 ambulances. The majority of the fleet consists of [Basic Life Support](#) ambulances. There are also smaller numbers of [Advanced Life Support](#) ambulances and [Mobile Intensive Care Units](#). For [air ambulance](#) services, MDA relies primarily on [Unit 669](#) of the [Israeli Air Force](#). There are also four [MBB Bo 105](#) utility helicopters staffed with MDA paramedics owned by Lahak Aviation operating as air ambulances throughout the country. Non-emergency and repatriation air ambulance services are normally provided by private charter carriers.



Magen David Adom armored mobile intensive care unit

Magen David Adom is supplemented in some areas by [Hatzalah](#), an emergency ambulance services network serving Jewish communities worldwide, and [ZAKA](#), a series of [community emergency response teams](#) staffed by Orthodox Jews, who in addition to providing medical services and evacuation, also aid in the identification of terrorism victims and gather spilled blood and body parts for burial. The [Palestine Red Crescent Society](#) also provides services to Arab neighborhoods in [Jerusalem](#). It gained access to Jerusalem after signing a 2005 Memorandum of Understanding with Magen David Adom.

The ambulance system, for the most part, conforms to the Franco-German model of EMS care, and the presence of physicians at high-acuity emergencies is not uncommon. In addition, emergency ambulance services is bolstered by a variety of private carriers tasked with interfacility transfers only.

## Medical tourism <sup>[edit]</sup>

Main article: *Medical tourism in Israel*

Israel is emerging as a popular destination for medical tourists.<sup>[43]</sup> In 2006, 15,000 foreigners travelled to the country for medical procedures, bringing in \$40 million of revenue.<sup>[43]</sup> As of 2010, up to 30,000 foreigners come to Israel every year for treatment, mostly from Russia.<sup>[44]</sup>

Some medical tourists come to Israel because the procedures they seek are not available in their home countries. Others, particularly from the US, choose Israel because they can receive high quality treatment, such as surgery and in-vitro fertilization at much lower cost. Many medical tourists come to Israel for treatment at the [Dead Sea](#), a world-famous therapeutic resort.<sup>[43]</sup> The Israel Ministry of Tourism and professional medical services providers are working to promote awareness of this niche in Israel.<sup>[45]</sup>

According to a report in 2013, the number of patients from Eastern Europe, Cyprus and the United States seeking treatment at Israel's public and private hospitals is growing. Income from medical tourism was assessed at about \$140 million in 2012.<sup>[46]</sup>

### Palestinian medical tourism <sup>[edit]</sup>

A significant number of residents of the [Palestinian territories](#) seek medical treatment in Israel, often for sophisticated tests or treatments not available at Palestinian hospitals.<sup>[47]</sup> Their treatment is paid for under a financial arrangement with the [Palestinian Authority](#), or in some cases, at their own expense. Medical treatment for [Gaza Strip](#) residents is paid for by the Palestinian Authority or organizations such as the [Peres Center for Peace](#).<sup>[48]</sup>

Palestinians who apply for medical treatment in Israel must obtain a humanitarian entry permit from Israel, of which thousands are issued annually. In January 2009, during the [Gaza War](#), the Palestinian Authority temporarily canceled financial coverage for all medical care for Palestinians in Israeli hospitals, including coverage for the chronically ill and those in need of complex care not available in the Palestinian territories. Palestinian officials stated that they wished to send the patients to neighboring Arab countries instead, accusing Israeli officials of using Palestinian patients, some injured in Israeli airstrikes, in PR campaigns to improve Israel's tarnished image during the [Gaza War](#).<sup>[49][50]</sup> In 2012, The Palestinian Authority's Ministry of Health reported spending approximately \$42 million in 2011 to finance medical coverage of Palestinians in Israeli hospitals and the Arab World.<sup>[51]</sup> [Arab citizens of Israel](#) belong to the same health care system as that of all other citizens of the country.

The quality of medical care in Israel is significantly better than anywhere in the West Bank and Gaza. Irwin Mansdorf, a member of *Task Force on Medical and Public Health Issues, Scholars for Peace in the Middle East* wrote about routine care that Palestinians continue to receive in Israeli hospitals and from Israeli physicians.<sup>[52]</sup>

*Saving Children*, established by the Peres Peace Center, enables hundreds of Palestinian children to receive free medical care, in particular cardiac surgery, from Israeli surgeons.<sup>[53]</sup>

"Save a Child's Heart" is a program in which any child with heart problems can receive free medical attention and surgery from select doctors and hospitals within Israel. From 1996 to 2007, 4,591 children had been examined worldwide, of the 1848 children treated 828 (45%) were Palestinian.<sup>[54]</sup>

### Humanitarian aid <sup>[edit]</sup>

As of August 2013, Israeli hospitals have provided treatment to scores of Syrian citizens injured in the [Syrian civil war](#). Since late March, some 100 Syrians have been treated at two hospitals in Galilee. The patients arrive by military ambulance and the hospital calls the army to transport them back when they are released. The Israeli military also operates a field hospital and mobile medical teams along the Syrian frontier.<sup>[55]</sup>

### Uninsured Populations <sup>[edit]</sup>

One of the great achievements of the National Health Insurance Law in 1995 was that practically all the Israeli population was insured and thus entitled to the services included in the 'health basket'. Nevertheless, as of 2016, there are roughly 250,000 non-tourists that stay in Israel for long periods that are not entitled to the benefits of the National Health Insurance Law. About 100,000 of them are foreign workers who entered Israel legally and have a mandatory private health insurance that is paid by their employer. Another 100,000 are people entered Israel legally (as tourists or as foreign workers) but became illegal residents after overstaying their visas. The remaining 50,000 are work immigrants, asylum seekers and refugees, mainly from Eritrea and Sudan, who entered Israel illegally through the Egyptian border (prior to the construction of the [Egypt–Israel barrier](#)).<sup>[56]</sup> For those illegal residents that are working full-time, there is a mandatory health insurance by the employer. This insurance is limited as it is dependent on the continued work and payments subtracted from salary, thus becoming ineffective and practically expires as the insured becomes unemployed from health reasons.

For those 'illegal residents' that don't have effective health insurance and are protected from deportation to their countries of origin (because of the ongoing conflicts or forced recruitment), a few services were developed either by the Israel Ministry of Health or by local NGOs and international aid organizations. The most important services include free access to Emergency Rooms and hospitalization services when needed for urgent care, primary care clinics,<sup>[57]</sup> and a psychiatric clinic. There is a



Clalit clinic in the [Bedouin Arab](#) village of [Tuba-Zangariyye](#)



[Gaza](#) residents being transferred for medical treatment in Israel through [Erez Crossing](#)



[Gaza Strip](#) resident giving birth to quadruplets at an Israeli hospital, 2008

Public Health Clinic in Tel Aviv jointly run by the Terem organization and the Israeli Health Ministry which provides emergency care, specialist services in a number of fields, and dental care to people who do not qualify for coverage under the National Health Insurance Law and have no other source of coverage, aside from tourists. Eritrean and Sudanese asylum seekers make up a large part of its client base.<sup>[58]</sup>

## Medical facilities [\[edit\]](#)

See also: *List of hospitals in Israel*

In the end of 2014, there were 85 hospitals in Israel: 44 general hospitals, 12 mental health hospitals, 29 specialized hospitals (geriatric and rehabilitation centers), as well as 278 residential long-term facilities.<sup>[59]</sup> Only 11 of the general hospitals are government-owned and operated by the Ministry of Health, 9 owned by Clalit, and the rest are private, such as [Herzliya Medical Center](#). Most of the private hospitals in Israel belong to [nonprofit](#) or [charitable](#) organizations.

Public clinics and pharmacies, along with other medical facilities, are operated by the four Kupot Holim, each of which operates its own chain. Clalit has the largest network of medical facilities, with about 1,400 clinics and 420 pharmacies. Leumit operates 320 clinics and 150 pharmacies. Maccabi operates 150 clinics, 43 pharmacies, and 20 diagnostic and therapeutic centers. Meuhedet operates 250 clinics and 40 pharmacies.<sup>[60][61][62][63][64][65]</sup> In addition, there are hundreds of private clinics and pharmacies, some of which contract with the Kupot Holim to provide services to their members.

Public satisfaction with hospital care is considerably less than with other aspects of the healthcare system. There are 3.1 beds per 1000 population, compared with an OECD average of 4.8. Occupancy runs at 96%. The average length of stay is 4.3 days, compared with the OECD average of 6.5. There are long waiting lists which has led more than 75% of the population to take out secondary health insurance.<sup>[66]</sup>

Medical research [\[edit\]](#)

Israel is a world leader in medical and paramedical research, and [bioengineering](#) capabilities. [Biotechnology](#), [medical](#), and [clinical research](#) account for over half of Israel's scientific publications, and the industrial sector uses this extensive knowledge to develop new pharmaceuticals, medical equipment, and treatment therapies.<sup>[67]</sup> Among other areas of medicine, Israel is a leader in [stem cell](#) research, with the largest number of articles, patents and research studies per capita,<sup>[68]</sup> as well as research into regenerative medicine and medical marijuana.<sup>[69]</sup>

See also [\[edit\]](#)

- Health in Israel
- Healthcare compared
- Helena Kagan
- Science and technology in Israel

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