

10 Principles of Equality in Health

The Public Network for Health Equity in Israel

July 2011

1. Health is not just medicine: in Israel there are large disparities in health between social groups as the result of inequality in social, economic and environmental conditions, including: education, income, employment, housing, nutrition, and environmental hazards. Israel's growing inequality only exacerbates the gaps in health. Quality healthcare that is both available and accessible to everyone is a necessary condition for reducing these disparities but, by itself, it is not sufficient to fully close the gaps and to provide equal health for all.
2. The health gap needs to be recognized as a national problem: the Prime Minister must take responsibility and commit to building and implementing a national plan to eliminate disparities in health, in accordance with the government decision.
3. An inter-ministerial body should be established (with representatives of the Ministries of Health, Finance, Welfare, Education, Industry and Trade, Environment, Transportation, etc.): this body, under direction of the Ministry of Health, will chart a long-term plan to bridge Israel's health gaps. This plan must sufficiently address the social determinants of health.
4. The 5 M's: the plan must have adequate 1) Money budgeted: it must have its own dedicated and independent budget; 2) Measurement: it must set measurable quantitative goals with time targets; 3) Monitoring: it must include systematic collection of data regarding the health gap across different cross-sections of the population; 4) Made Public: the plan must be transparent with annual progress reports presenting the current state of health disparities and the measures taken to reduce them; 5) Mutuality: it must entail mutual partnership between the government, the Knesset, Israel's sick funds (HMOs), and experts and representatives of civil society. Within this mutual partnership, there must be adequate representation of the diverse communities and populations that make up Israeli society. They must be full partners in designing and implementing the plan.
5. Four dimensions of inequality: the plan must address health disparities between residents of the periphery and the center, between Jewish citizens and Arab citizens, between rich and poor, and it must address those health disparities arising from exposure to various environmental hazards.
6. Privatization of the healthcare system exacerbates the disparities: privatization of medicine drains the public healthcare system of budgets and of manpower. By strengthening public healthcare, by providing it with financial stability and improving its image, we can halt the ongoing and deepening health gaps in Israel.
7. Saving public medicine – it's not just a shortage of doctors: the public healthcare system needs more doctors, but it also needs more nurses, paramedics, and hospital beds.
8. Saving public medicine – it's not just a shortage of medical staff: There are additional problems in the healthcare system: we need a technological mechanism for updating the basket of supported medical services, as well as a mechanism for updating and budgeting Third Schedule services. Co-payments should be eliminated for essential medical services and drugs, and essential medical services should be removed from supplementary health insurance and remain within the public basket, which should also include dental care for the elderly. We should advance reform regarding mental health care (with fair funding), and reform the entire system of nursing care for the elderly, both within the community and inpatient care (starting with the cancelation of income requirements for the elderly and their family members in order to qualify for inpatient care), etc.
9. Developing a health infrastructure for the long term – instead of ad hoc solutions: the Ministries of Health and Finance must commit to a long-term plan that will develop the human and material infrastructure of the healthcare system. Within this context, the Ministries of Environment and Health must incorporate in-depth health impact studies into the approval process of Israel's planning authorities (e.g. how will exposure to environmental pollution affect the health of residents of a proposed project), in order to ensure public health.
10. Enlist additional sources of funding for the healthcare system: raising the health tax, removing the ceiling on health tax, reinstating parallel tax contributions by employers (while at the same time canceling a significant portion of the co-payments for services and drugs within the national health basket).

The Public Network for Health Equity in Israel

About the Public Network for Health Equity in Israel

The organizations and activists who are partners of the Network are united by their determination to close Israel's gaps in health – between residents in the center and those in the periphery, between Jews and Arabs, between new immigrants and established citizens, between rich and poor, etc. Group members and those who identify with us are involved in various social initiatives throughout Israel, including: local and regional activism, data collection and academic research, as well as public advocacy in the Knesset and in the media.

We jointly call upon the Government of Israel to make the bold decision to establish a multi-year national plan that will close the disparities in health in Israel. Such a program will need to be properly budgeted, measured, and monitored. It would require transparency, and the partnership and representation of all involved parties.

Much has been said recently about Israel's disparities in health. But little has been planned, and even less has been done, to change the existing situation. In February 2008, a group of activists and experts from various organizations across Israel joined together to call for a comprehensive change in policy regarding reducing disparities in health. In February 2010 we published a position paper entitled Reducing Tomorrow's Disparities Today – Targets for Closing the Health Gap. The paper called on the government and the Prime Minister to establish a multi-year national plan to bridge these gaps. Following publication of the paper, we lobbied Knesset members to garner support for the government decision to prepare such a national plan and to enlist additional organizations and activists to the initiative.

In February 2011, The Public Network for Health Equity in Israel was established.

Galilee Association || Adam Teva V'Din – Israel Union for Environmental Defense || The Association for Civil Rights in Israel (ACRI) || The Coalition for Public Health || Tene Briut || Yasmin al-Naqab || Adva Center || Sikkuy – The Association for the Advancement of Civil Equality in Israel || Be'er Sheva Group for Equal Health || Physicians for Human Rights - Israel || Health Cities Network