Under-funding of Public Health and Health Promotion in Israel - The Paradox of Success

Lior Naamati Schneider - Hadassah Academic College Jerusalem, Department of Service Organization Management

The promotion of health, as defined by the World Health Organization (WHO) in 1986, is part of the field of public health, providing the individual and the community with tools "to increase control over, and to improve, their health." It is a combination of activities that educate toward health and the accompanying organizational, political, and economic interventions. All these are designed to create a behavioral and environmental change that will lead to an improvement of health and/or protection of it (WHO, 1986).

Programs for promoting health and health awareness are proven and effective means of early detection, prevention of morbidity, and improvement of the health of the entire population. Health-promotion interventions have been found to create behavioral change and affect health expenditure. Cost-effectiveness studies show that the financial gain from health promotion is greater than the monetary investment (Baicker, Cutler, & Song, 2010).

Yet in Israel and in many other countries, despite the proven financial effectiveness of inculcating a policy of health promotion and education toward health—even in the health organizations themselves (Baicker et al., 2010)—the monetary investment in health promotion has declined steadily. This decline is partly due to continuing cutbacks in budgets, despite the many studies in the field and despite the existence of innumerable programs for health promotion (Ginder, 2020; Groto, 2008; Pilot, 2019).

To understand the main reasons for the starvation of the public health field—including the reduction of financial resources, prevention processes, and health promotion—we must look holistically at various views of health and medicine.

Some 150 years ago, Dr. John Snow famously removed the handle of a water pump in London's Broad Street during a cholera epidemic and is credited with thus ending the outbreak. His action angered his colleagues and influential public officials, who refused to consider the water supply as the source of the illness (Gibson, 2007; Snow, 1849), but it laid the foundation for the dissemination of concepts of public health and of the state's and the community's responsibility for the health of the public. According to this approach, the community and the state must provide for and ensure the health of the entire population. This is the basis for the ideas of health as a right, health as a national responsibility, national insurance, and subsidization of health services (Bin Nun, 2019).

This approach to health entails a large financial burden under changing circumstances that include economic changes, an increase in life expectancy, new medical technologies that inflate health costs, and constant competition for resources within the government's health budget. Also, in recent decades the status of clinical medicine and curative medical fields has been rising steadily, winning acclaim for the many innovative technological, digital, and biological solutions to various problems and illnesses, both severe and less so, and overshadowing public health and the promotion of preventive medicine.

This erosion of the status of public health, despite the importance of maintaining and developing it through the investment of resources— and especially in light of its cost-effectiveness—is particularly grating, because it has become a captive of the *paradox of success*. As the field of public

health, health promotion, and illness prevention is increasingly successful, it is less in the spotlight and less likely to receive funding.

Whereas the curative medical fields offer healing and a solution to an existing problem, the public health services prevent problems from arising. Thus, their success "hides the problem" and consequently removes it from public attention. Also, successes in the field involve long processes and sometimes it is not possible to pinpoint the direct cause of success. This makes the field less attractive politically, because it is difficult to garner acclaim for successes in the distant future.

This paradox worsens the situation of the public health system and the programs for disease prevention and promotion of health, not only financially but also in terms of awareness—despite their proven cost-effectiveness in comparison with treatment programs (Baicker et al., 2010). The weakening of public health in Israel and the decline in investment in health promotion in recent decades are part of larger problems in Israel's health system: under-funding, faulty organizational structure, and even political processes that lead to instability and lack of long-term planning.

Israel's public health services, which are subservient to the Ministry of Health, deal with individual, communal, and environmental preventive medicine. They promote health and prevent illness of the country's residents, with an array ranging from family health clinics to health service for schoolchildren, district and regional health bureaus, and the professional administrative headquarters (in the ministry). Their aim is to implement public health policy in the field in the following areas: environmental health, inspection of food, sanitation, epidemiology, disease prevention, and health promotion.

In recent decades, the under-funding that has plagued the country's entire health system has been even more marked in programs of

prevention and health promotion (Eisebruch, 2020; Israeli Association of Public Health Physicians, 2008; Linder, 2020; Pilot, 2019). Consequently, the public health services have suffered from repeated cutbacks in funding and job slots. The cutbacks have harmed all aspects of activity, inspection, and regulation, including health services for schoolchildren, which have been privatized, and the operation of family clinics, whose role is to prevent illness in pregnant women, infants, and toddlers; promote their health; and detect situations (such as violence) that may be harmful to health.

Whereas medicine in Israel is among the most advanced in the world (Pilot, 2019), in the field of public health it is significantly inferior (Israeli Association of Public Health Physicians, 2008; Israeli Association of Public Health Physicians and the Israel Medical Association, 2010). Israel's health insurance law is grounded in principles of justice, equality, and mutual aid, which are the fundamental principles underlying public health (National Public Health Law, 1995), but it pertains mainly to curative health services, not to preventive services (Groto, 2008). Public health services are discussed only in the third amendment, which includes only some of the areas of public health and only individual—and not communal—preventive medicine. The extent of the services and what they must include has not been established in a single law or regulation (Eisebruch, 2020; Groto, 2008; Luxemburg, 2005). Take vaccination, for example: In the past, Israel was a leader in vaccination, but the list of free vaccinations covered by law has not been updated in recent years, and this has led to substantial delays in updating the national vaccination plan so that now Israel lags behind the rest of the world (Groto, 2008).

Another example consists of organizational changes and the transfer of the family clinics to the HMOs and the privatization of some of their services. As part of these changes, school health services have been reduced and privatized (State Comptroller's Report, 2009).

As in many other countries, Israel's public health system is under-funded and suffers from repeated cutbacks (Allin, Mossialos, McKee, & Holland, 2004; Rosen, 2003) that are harmful to every area of activity, inspection, and regulation. This lack of investment and the failure to develop health promotion, combined with the ramifications of having a public health system that even in normal times must function under conditions of stress, wholesale starvation, and under-funding, can be fatal in a crisis.

We are now in the midst of a pandemic that has created an entirely new situation worldwide. This outbreak highlights the importance of the field of health promotion and public health, despite the paradox of its success, and again demonstrates that we must enhance the public health system and how the community perceives it. This means, first and foremost, a change in national priorities, expressed in a substantial change in funding—a shift to full funding of medical services. A host of collaborations and programs for health promotion must be developed, alongside increased medical literacy in the community (Levin-Zamir & Bertschi, 2018).

The threat of being unable to treat a large number of patients and of the possible collapse of the health system during the pandemic is a wakeup call for the world regarding the importance of public health and health promotion. These must be part of a multisystemic strategy for dealing with a variety of public health areas— vaccination, subsidies for healthful foods, prevention of and treatment of obesity, education toward physical activity, and education toward health and medical literacy—which in normal times, despite their financial efficacy and because of the paradox of success, remain far from the spotlight.

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