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TOSHKENT TIBBIYOT AKADEMIYASI
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В Е С Т Н И К

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«КОММУНИКАТИВНАЯ КОМПЕТЕНТНОСТЬ
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HEALTHCARE SYSTEM AT INTERNATIONAL LEVEL (ISRAEL)

Dadaboyeva G.A.

XALQARO DARAJADAGI SOG'LIQNI SAQLASH TIZIMI (ISROIL)

Dadaboyeva G.A.

СИСТЕМА ЗДРАВООХРАНЕНИЯ МЕЖДУНАРОДНОГО УРОВНЯ (ИЗРАИЛЬ)

Дадабаева Г.А.

Tashkent Medical Academy

Ushbu maqola butun dunyo bo'ylab sog'liqni saqlash tizimining muammolari va rivojlanishini aks ettirib, asosan rivojlangan mamlakatlar kesimida, Isroil sog'liqni saqlash tizimi misoli orqali bayon qiladi. Isroilning sog'liqni saqlash tizimi o'nlab yillar davomida rivojlanib bormoqda. Maqolada Isroil mamlakati tibbiy sug'urta tizimi, uning vazifasi va oddiy aholi uchun foydalari haqida gap boradi. Sog'liqni saqlash tizimi ushbu mamlakatlarning siyosiy, madaniy, ijtimoiy, tarixiy, til omillari bilan birga rivojlanadi. Shunday qilib, ushbu maqolada ushbu omillar, ularning ahamiyati, sog'liqni saqlash sohasini takomillashtirishdagi vazifalar muhokama qilinadi.

Kalit so'zlar: Aholi salomatligi, Isroil, Milliy ijtimoiy va iqtisodiy omil, siyosiy notinchlik, tibbiy sug'urta tizimi.

Данная работа рассматривает проблемы и развитие системы здравоохранения во всем мире, в основном в странах ОЭСР, таких как Израиль. Израильская система здравоохранения развивается уже несколько десятилетий. Статья рассказывает о медицинском страховании в Израиле, его функциях и преимуществах для обычного населения. Система здравоохранения развивается вместе с политическими, культурными, социальными, историческими, языковыми факторами этих стран. Таким образом, в данной статье рассматриваются все эти факторы, их значение, задачи в совершенствовании отрасли здравоохранения.

Ключевые слова. Здравоохранение в Израиле, законы, Национальное медицинское страхование, образование, экономический кризис, политические конфликты.

Introduction. Healthcare system has been improved over the years in Israel by different government and non-governmental institutions and the British Mandatory regime which founded preceding the establishment of the state of Israel in 1948. Four nationwide non-profit-making health plans (HPs) established 1920 to 1940s: Clalit, Maccabi, Meuhedet and Leumit took the responsibility to develop healthcare industry in this country (IS-

RAEL PRECISION MEDICINE 2020). According to the etymological researches, health plans are also called kupoḥ holim in Hebrew (singular kupoḥ holim) which means literally as "sick funds," but they will be related to as health plans in this document, as they are more similar to modern US HMOs than to the old-style European sick funds. (See table 1 below).

Table 1

The main functions of four non-for-profit health maintenance organisations (HMOs)			
1. Clalit Health Services - Established in 1911 and the largest HMO. - Services around 60% of Israel's population with 3.8 million insured members. - Receives a share of health tax collected by the National Insurance Institute on a capitation basis according to the number and age of its members. - Employs 7,500 physicians, 11,500 nurses, 1,300 pharmacists, 4,400 paramedics and laboratory/imaging technicians, and 9,400 administrative personnel.	2. Maccabi Healthcare Services - Began operating in 1941. - A system of independent salaried physicians. - Has over two million members. - Decentralised organisation with six regional centres including 150 branches and clinics. - Has a unique programme for foreign citizens and returning Israeli citizens. - Conducts medical research and development	3. Meuhedet (Kupat Holim Meuhedet) - Founded in 1974 through the merging of two other HMOs (Amamit and Merkazit). - The third-largest healthcare provider serving over one million members. - Operates four district administrative offices and over 300 clinics, most with an associated laboratory. - Employs around 4,000 physicians. - Members can access pharmacies, imaging, child development, physiotherapy, gynaecology, diabetes and	4. Leumit Health Care Services - Established in 1933. - Serves over 720,000 members. - Focus on preventative healthcare. - Over 320 medical centres and 150 pharmacies. - Advanced laboratory services analysing over one million tests per month.

Later, cutting-edge Israel healthcare technology began its contributions in 1988 the duration whilst the United States of America set up the Netanyahu commission. the main function of this fee in the history of Israel became to introduce coverage gadget to the healthcare of the country in 1995. despite the fact that beginning the duration of 1995 to 2000 there were almost no structural reforms, a good deal of evolutionary modifications in healthcare services were recorded. considering that 2010, a lot of contributions were implemented to dental care of children, inclusive of a selection of the NHI benefits package deal to guide intellectual fitness services.

Purpose. Since the implementation of insurance system in 1990 many stake holders approved replacing some government hospitals into private sector however this idea was not as successful as it was expected. NHI (National Health Insurance) Law called the government's role in healthcare to be somewhat passive instead HPs (Health plans) had to monitor and regulate all, specifically in personal preventive care, long-term care (LTC) and mental health care. Generally, Israel has National Health Insurance System which provide each citizen of Israel quality care service along with individuals are able to choose any of fours HPs (Health Plans) because HPs provides their members with access to benefit package that is highlighted in the NHI Law. This system is financed by taxation and the government funds. Although, government expenses have been equally distributed to primary care, the deal of private financing has been rising these days in Israel.

The national health insurance has brought many comfortabilities and aimed for the benefit of the population in Israel. Thus, The NHI Law outlines the range of benefits to which Israelis are entitled and guarantees that they are all covered by health insurance. There is complete freedom of choice among plans, and coverage is offered through rival nonprofit health plans. The main source of funding for the system is progressive taxation, and the government divides these monies among the plans according to the membership's age range and size. **(See table 2 below)**

The Israel Healthcare System has shown very remarkable access to innovative, be modernized, to build well-organized strategy, to strengthen the public health - all of that have enabled it with outstanding results with minimum expanses. Upcoming years and political situations may bring a lot of challenges, but Israel must deal with these problems successfully.

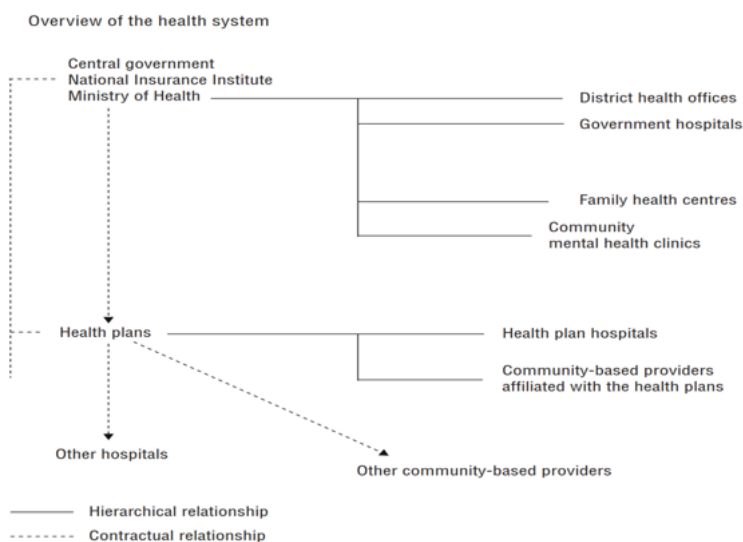
Materials and methods. Ministry of Health has also played a key role to support population and medical institutions apart from, ministry is responsible for productive networking of the health care system. The Ministry is regulated by the Minister of Health, who is considered as a government personal (cabinet) and a physician as Director-General, the Ministry's senior health care professional.

Tasks of ministry of Health care

Planning health priorities, monitoring and regulating the activities of nongovernmental procedures in the health care system, including hospitals;

- diagnostic facilities;
- monitoring hospital tool disturbance

Table 2



Generally speaking, Israel's health condition has remarkable comparison with developed countries. Mortality and morbidity rates have had an indication since 1996, for example the average infant mortality was 6.3 for every 1,000 births, similar to the average for countries per capita GNP is high (World Bank, 1998 :22). Life expectancy at birth is indicated as 75.5 for men- a bit more than the average for high-income countries and 79.5 for women -somewhat lower than the average for high-income countries (Barbara Swirski, Hatim Kanaanah and Amy Avgar, Health

care in Israel, November 1998) The main causes of death in the country are cardiovascular diseases, cancer and cerebrovascular diseases which are also common global diseases among developed countries as well. Israel is considered as the place where people prefer eating more than normal, consequently this brings high obesity case in the country. Based on national investigations it becomes clear that 20–64-year-olds have high cholesterol levels. Other studies show that 30 % of men and 25 % women smoke these days. While Israel has not had significant alcohol consumptions com-

paring to other developed countries, this appears to be going up in near future especially among youngsters. The highest mortality rate measurement has been recorded among infants the number of deaths during the first year of life per 1,000 live births. In 1996, the average rate was 5.0 for Jews, and about twice as high for Arabs – 9.3. Another indicator is mental health of the population in the country, according to Self-help organizations the crowded conditions of psychiatric hospitals and the dearth of population support services cause undue suffering to persons with chronic disorders and their families (National Forum, 1996). In 1996 1.2% of the adult population of Israel (36,000 persons) suffer from chronic mental illnesses (Aviram et al, 1996: 4). According surveys 27% of Israel adults experiencing “emotional distress or mental health problems which they had difficulty coping with alone”.

Age-Adjusted Mortality Rates, per 1,000, 1983-86, by Subdistrict

Ramle	117.8
Beer Sheba	116.5
Ashkelon	115.3
Acre	114.0
Yizrael	111.5
Hadera	110.2
Safed	108.1
Kinneret	105.8
Haifa	102.8
Hasharon	98.9
Tel Aviv	97.7
Rehovot	90.7
Petah Tikva	90.6
Jerusalem	89.4

Source: Ginsberg, Gary, 1992, “Standardized Mortality Rates for Israel, 1983-86,” in *Israel Journal of Medical Sciences*, 28: 868-877.

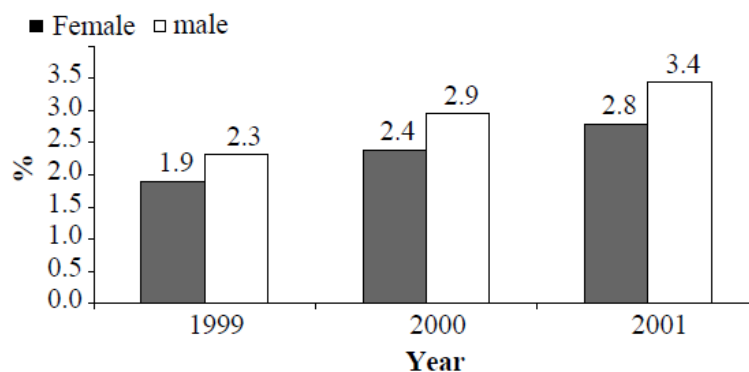
Research also indicates that socio-economic status is accordingly allocated with lifestyle factors like diet, smoking and alcohol consumption. (Shuval, 1992) If we compare to ethnicity smoking intake in Arabs is slightly higher than the Jewish people. Additionally, according to the gen-

der mortalities women are likely under the risk of dying because of breast cancer while men suffer from heart disease after 65 years old and the lowest mortality rate for cancer among men. Another risk factor disease for women in Israel has to be diabetes and hypertension which become one of the vital problems for healthy life balance. The worst thing is that most women become aware of these diseases at the last stage and obviously it becomes very difficult to overcome with diabetes. For example, in a General Health Fund survey in which 1000 women ages 20-60 were examined (Eshed, 1991), some 30% of those over the age of 45 were found to be suffering from hypertension, but only a third of these women were aware of their condition. Diabetes has also a bad effect to the reproductive system of a women because of more circulation problems in accordance blood disorder. (See table 3).

Israel is known as one of small country located between three continents (Africa, Asia and Europe), covering an area of 22 072 km² (CBS, 2014e). It is approximately 470 km in length and 135 km in width at its widest point. Its population is just over 8 million, and the demographic density is very high. The largest population groups are Jews (75%) and Muslim Arabs (17%). In comparison with other developed countries, Israel’s fertility rate is relatively high and its age mix is relatively young. Current political issues have an initial effect to the demographic condition of the country because two nations Palestine and Jewish people are facing political, economic, social, cultural, environmental crisis as a result most people are likely to leave the country or staying there. Israel’s location near the edge of the global desert reduces its water supply and increases its vulnerability to natural environmental issues like drought and particle pollution in the air. The scarcity of fuel, water, and other natural resources exacerbates the effects of environmental degradation. On the other hand, Israel has industrialized nation-level environmental health issues due to high rates of private automobile use and heavy industry concentrated in crowded areas. Israel’s population was estimated to be 8.2 million at the end of 2014 (Table 4), with 75% of the population being Jewish, 17% being Muslim Arabs, and the remaining 2% and 2% being members of other minority groups such as Christians and Druze.

Table3.

Age-standardized diabetes prevalence rates among MHS (Maccabi Health Services).



Trends in population/demographic indicators, 1980–2013, selected years

	1980	1990	1995	2000	2005	2013
Total population (in thousands)	3 878	4 660	5 545	6 289	6 930	8 060
Population, female (% of total)	50.1	50.3	50.5	50.7	50.6	50.5
Population, aged 0–14 (% of total)	33.2	31.3	29.6	28.6	28.3	26.2
Population ages 65 and above (% of total)	8.6	9.1	9.5	9.8	9.9	10.5
Population ages 80 and above (% of total)	n/a	1.8	2.2	2.2	2.5	2.9
Population growth (average annual growth rate)	2.4	3.1	2.7	2.6	1.8	1.9
Population density (people per km ²)	186.7	220.4	247.4	278.7	305.2	359.4
Fertility rate, total (births per woman)	3.2	2.8	2.9	3.0	2.8	3.0
Age-dependency ratio ^a	71.9	67.7	58.4	62.3	61.9	63.3
Distribution of population (rural/urban)	n/a	90.0	89.6	90.6	91.7	n/a
Proportion of single-person households	14.0	15.4	15.9	17.2	16.9	n/a
Proportion with 12 years schooling	n/a	53.5	60.5	65.9	70.0	n/a

Source: CBS, 2014e.

Notes: ^aRatio of population 0–14 and 65+: population 15–64 years; n/a: Not available.

Results and discussion. Immigration has played an important role in demographics of the country. When the State of Israel was declared in 1948, its population was 873 000. Population has been risen because of large number of Jewish coming from eastern Europe and the Arab countries of the Middle East and North Africa in the 1950s. Consequently, within ten years of Israel's founding, the population surpassed two million. There was yet another significant immigration wave in the 1970s, this time from the USSR. Lower immigration rates were observed in the 1980s, increased once more in the 1990s, and then progressively decreased in the decade spanning 2000 to 2010. The years 1990-2000 the wave of immigrants arriving from former countries of the USSR. Although, Israel has had a conflicts with neighboring countries, it still becomes one of highly industrialized country with a small technology advanced agricultural sector (less than 2% of the workforce), a growing service sector and a substantial high-technology sector. The 2012 GDP per capita income was US\$ 32 567, somewhat lower than the average for the OECD countries (37 342). The economy of Israel has been developing significantly since 1990s and growth slowed in 2000 due to the global downturn in the high-technology sector and the upsurge in the Israeli-Palestinian conflict. In recent years, the Israeli economy has returned to high rates of growth. In 2013, the percentage of people aged 15 and older who were employed in the civil sector was 63.7%, while the unemployment rate was 6.2% (CBS,2014e). There have historically been two demographic categories that consciously take part less in the workforce due to cultural preferences: ultra-Orthodox men and Arab women. Even though it is still less than in the US, income inequality is among the greatest among developed nations in Israel. Israel is a democratic nation that uses a multiparty parliamentary system. Every citizen who is at least eighteen years old is eligible to vote. The president, who

primarily performs ceremonial functions, is the head of state. The Knesset is the state legislature. (parliament), of which 120 are constituents. Every four years, a proportional representation system is used to hold elections. In charge of the executive branch is a prime minister. The leader of the party the president selects to form a government is known as the prime minister, and they are typically the biggest party. Since there are numerous political groups, coalitions have formed the basis of every government. In the history of the Knesset, no single political party has ever held a majority. The cabinet, sometimes called "the government" in Israel is put together by the prime minister; but the Knesset as a whole must vote it into being. Consequently, political figures from several parties typically make up the government. The Supreme Court, as the head of the judicial branch, has the power to oversee the legal system in each of the numerous localities. The results of the most recent legislative elections, which took place in March 2015, included representatives from ten political parties in the Knesset. The present administration is a collaboration of right-wing and ultra-Orthodox politicians. constituted by the five major parties. 61 of the 120 Knesset members are held by these parties collectively, which is the bare minimum required to form a government. Likud, the prevailing party, holds thirty seats. Every five years, local governments are chosen to serve as autonomous bodies that oversee the provision of community services like social welfare, water and sanitation, and education.

The procedure of transferring has continued. duties and decentralization to these local authorities, who nevertheless still get a large portion of their funding from the federal government. Israel actively participates in a number of significant international organizations, such as the World Health Organization (WHO) European Region and the United Nations. Israel became a full member of the OECD in 2010. It has ratified a number of

important international accords, such as the Convention on the Rights of the Child, the Framework Convention on **SWOT analysis:**

Tobacco Control, and the General Agreement on Tariffs and Trade.

<p style="text-align: center;">Strength</p> <ul style="list-style-type: none"> • High quality and safety • Well trained personal • A lot of funds for supporting healthcare 	<p style="text-align: center;">Weakness</p> <ul style="list-style-type: none"> • A long queue and wait times in clinics • government bureaucracy also impacts their healthcare system • extra payment for insurance
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Good education on healthcare • Accessibility of digital medicine technology • Good pharmaceutical companies 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Bad climate condition (sands, air pollution) • Lack of water supply in some areas • Political problems, critical issues due to war

Changes in context shape healthcare systems

Context	Contextual Changes
Demographic	Aging – increasing populations with multimorbidity
Epidemiological	Diabetes, Obesity, lung diseases, COVID-19
Political	friendship attitudes and authority control, always taking account the needs of population, critical situation with neighboring countries such as (Palestine)
Legal	HPs and Healthcare Ministry have relied on general law courts
Economic	Globalization – covid 19 impact on world economy and trade of good & services. Political and ethnic conflicts with Palestine
Sociocultural norms	Cultural hierarchies detrimentally impact citizens’ involvement in city policymaking.
Ecological changes	Drought land– leading to the decreasing water supply and air condition of human and animal ecosystems – emergence of new respiratory infections (e.g., coronaviruses)
Technology	Travel; digital data; data analysis and modeling; social media; communications; new diagnostics; technology-enabled testing and tracing systems; integrated supply chains. Good area for having business startups on new technology applications with foreign traders.

Conclusion.

Taking into account the area and ethnicity, political situation in Israel, it is still remaining one the strong, well-structured country where healthcare is one of popular and vital. There are several factors and reason for this. First of all, good education and background bring very good promotions to the development of healthcare, mainly four HPs (Health Plans) that play very important role accordingly with Healthcare Ministry to support the Insurance system. Despite all of these contributions, still much is left to mention. Including, authorities has used many medical products for business fortunately it causes to subdivision of poor people who have less opportunities to obtain good treatment and rich populations who have all.

Recommendations:

1. Looking through further developments in public spending for health to secure responsiveness and quality of the health care
2. Strengthen efforts to limit co-payments to reduce the burden on households and improve financial protection for low-income families

3. Support other nationalities and avoid religion discriminations
4. Increase the number of funds in medical education
5. Regulate accessibility of health service to the north and south regions
6. Invest more for hospital equipment in order to avoid waiting times
7. Creating environmentally-friendly atmosphere and so on.

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HEALTHCARE SYSTEM AT INTERNATIONAL LEVEL (ISRAEL)

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This work reflects the problems and development of healthcare system throughout the world mainly OECD countries such as Israel. Israel's healthcare system has been developing since decades along with a lot of establishments on four plans all these plans include particular fields. Article points out the health insurance in Israel, its function and benefits to ordinary population. Healthcare system develops along with political, cultural, social, historical, language factors of these countries. Thus, this paper discusses all these factors, their importance, tasks in the improvement of Healthcare industry.

Key words: *health care, government plan, establishments, Israel, National Health Insurance, education, crisis, political conflicts.*

