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# The Healthcare System in Israel, 2024: Between Resilience and Continued Challenges

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# The Healthcare System in Israel, 2024: Between Resilience and Continued Challenges

Nadav Davidovitch and Natan Lev

## Introduction

Israel's healthcare system is once again stretched to its limits as it demonstrates exceptional resilience. Over a year has passed since the massacre of October 7, 2023, and every segment of the system, both in the community and in the hospitals, remains mobilized to address the impacts of the war alongside the daily challenges of routine operations.

The first part of this chapter explores trends in national health expenditures and examines various challenges facing the healthcare system, such as the workforce crisis in the health professions, shortages of equipment and medical devices, healthcare services accessibility, and risk behaviors. The chapter then delves into the mental health system, which, especially in light of the war, has been receiving notable attention in decision making processes after many years of neglect.

Over the past year, alongside the intense focus on war-related issues, significant decisions have been made on a variety of topics, such as duplicate insurance coverage, changes to the incentive model for internal medicine departments in hospitals, mental health reforms, and a wage agreement with the Israel Medical Association. In assessments conducted to mark a year of war, the healthcare system has received high marks, particularly in comparison to other systems.

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However, it is clear — as became evident following the Covid-19 crisis — that in order to better address the challenges ahead, which have only intensified over the past year, appropriate investment in the healthcare system is required.

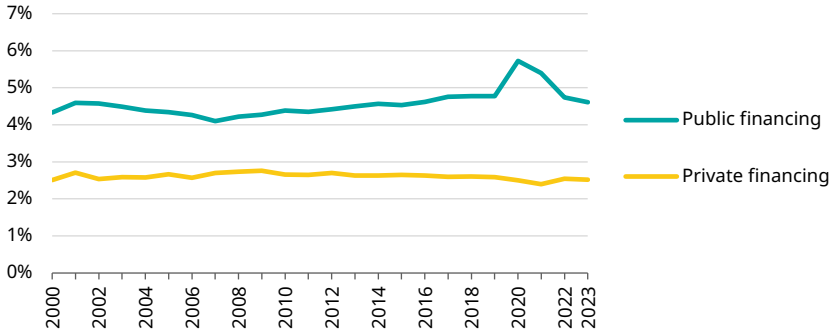
These days, we are witnessing a deep conflict between the Israel Medical Association and the Ministry of Health over the proposed reform in the Economic Arrangements Law. The main elements of the reform pertain to changes in the authority of the Scientific Council of the Israel Medical Association and the proposed changes in the management of the specialization system, against the backdrop of the ongoing human resource crisis in the healthcare system. The continued proper functioning of the healthcare system requires that any change be made through cooperation between all relevant parties with as broad an agreement as possible. In particular, the solution to the human resource crisis must reduce the workforce gaps between the center and the periphery and strengthen specialties that are currently in crisis.

## Health expenditure

In 2023, national health expenditure in current prices amounted to NIS 136.3 billion, 7.2% of GDP. In constant prices, this expenditure decreased by 0.9% compared to 2022, with per capita expenditure dropping by 3%. The share of public funding as a percentage of GDP continued the downward trend that began in 2021, and stood at 4.6%, compared to 4.7% in 2022, while the share of private funding remained stable at 2.5% (Figure 1).

In 2023, 34.8% of national health expenditure was funded through private expenditures, compared to 33.9% in 2022. Public expenditure consists of funding from the state budget, which accounted for 40.6% of the national health expenditure, down from 42.3% in 2022, and the health tax, which remained steady at 23.2%. The remainder of the funding, sourced from foreign donations, constituted about 1%, similar to 2022 (CBS, 2023, 2024a). The share of national health expenditure provided by government institutions was 6%, a decrease from 8.4% in 2022. Meanwhile, the health funds and market producers provided 33.5% and 56.1%, respectively, an increase from 32.6% and 54.6% in 2022. The share of health services provided by nonprofit organizations remained approximately 4%, similar to 2022 (CBS, 2023, 2024a).

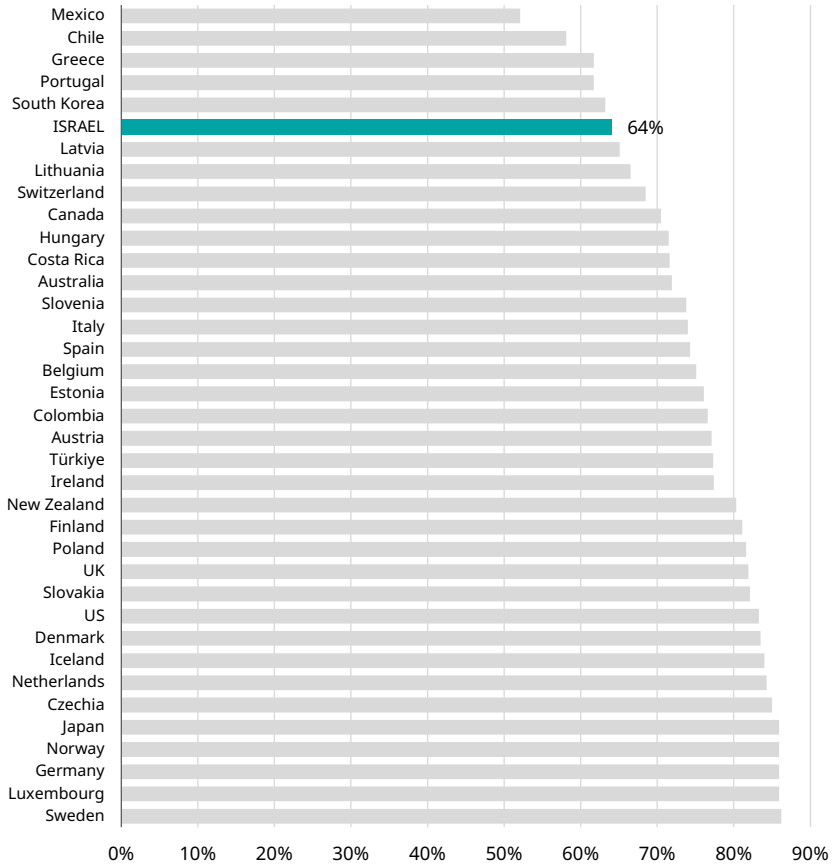
**Figure 1. Public and private financing as a percentage of GDP**



Source: Nadav Davidovitch and Natan Lev, Taub Center | Data: CBS

In an international comparison, Israel's current per capita health expenditure in purchasing power parity (PPP) terms was lower than in most OECD countries in 2023, standing at \$3,803. It is important to note that this comparison is not age-adjusted, and when adjusted for age, a higher per capita national expenditure is obtained. As shown in Figure 2, Israel ranks relatively low among OECD countries in the share of public health expenditure (including the health tax) out of total current national expenditure. Only Mexico, Chile, Greece, Portugal, and South Korea rank lower (CBS, 2024a).

**Figure 2. Public expenditure as a percentage of national health expenditure, international comparison, 2023**



Source: Nadav Davidovitch and Natan Lev, Taub Center | Data: OECD

## Workforce

In recent years, Israel's healthcare system has been grappling with a worsening workforce crisis in the health professions, prompting several commendable actions taken to increase the number of professionals in fields such as medicine and nursing. In nursing, there has been an upward trend in the number of licensed practitioners in the public sector aged 67 or younger, from 6 per 1,000 population in 2015 to 6.6 in 2022, ending a decline that began in the late 1990s. The number of licensed medical practitioners aged 67 or younger has also been rising, from 3.26 per 1,000 population in 2017 to 3.47 in 2022 (Ministry of Health, 2023a).

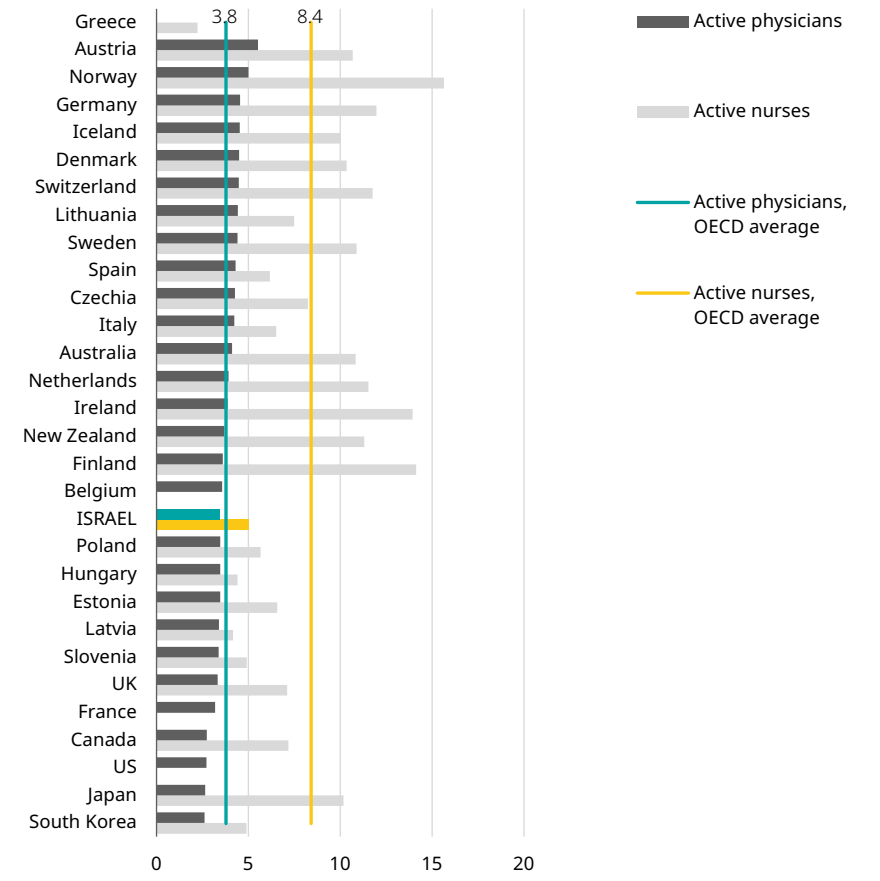
Despite these increases, the number of active physicians and nurses per 1,000 population — 3.47 and 5.04, respectively (Ministry of Health, 2023a; OECD, 2024) — remains below the OECD average, as shown in Figure 3. According to Ministry of Health projections, the physician shortage is expected to worsen to the point where the number of physicians per 1,000 population will drop to 3.02 by 2035, despite the anticipated increase in the number of practitioners (State Ombudsman, 2024a).<sup>1</sup> Certain specialties face particularly severe workforce shortages, such as the field of mental health. Between 2020 and 2022, the average number of psychologists was just 1.4 per 1,000 population, and in 2022 there were only 0.099 psychiatrists aged 67 or younger per 1,000 population (Ministry of Health, 2023a). These workforce shortages significantly impact the healthcare system, potentially increasing public health expenditure due to the decline in care quality, which can lead to more complications and costly treatments, as well as to a greater need for disability benefits (State Ombudsman, 2024a).

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1 Several factors contribute to this shortage: population growth driven by both a high fertility rate and increased life expectancy; the retirement of older physicians, with about 25% of doctors in 2021 being over the mandatory retirement age; and the impact of the Yatziv Reform. In 2022, 34% of new medical licenses were granted to graduates of medical schools disqualified by the reform (schools located in Romania, Moldova, Ukraine, Russia, Armenia, Georgia, Syria, Morocco, Azerbaijan, Cuba, Chile, and Grenada). It is important to note that most graduates from universities that will be disqualified starting in 2025 under the Yatziv Reform currently work in the periphery. In 2022, these graduates made up 51% of the medical workforce in the Negev and 63% of the medical workforce in the Galilee. The reform is expected to disproportionately harm healthcare services in periphery areas (State Ombudsman, 2024a).

In response to the workforce shortage, which is expected to worsen over the next decade, special emphasis has been placed on increasing the number of medical students in Israel. Despite the success in expanding enrollment, the number of medical graduates in Israel was only 7.24 per 1,000 population in 2022 — half the OECD average (OECD, 2024). Furthermore, the share of licenses granted to graduates trained in Israel has been declining, and in 2023 stood at 31% compared to 51% in 2005 (Ministry of Health, 2023a; State Ombudsman, 2024).

**Figure 3. Active physicians and nurses per 1,000 population, 2021–2023, international comparison**



Source: Nadav Davidovitch and Natan Lev, Taub Center | Data: OECD



According to the State Ombudsman July 2024 report on the clinical training of physicians, there are persistent deficiencies in Israel's medical workforce planning. Chief among these is the lack of a professional mechanism for strategic workforce planning to develop a multi-year plan tailored to population needs. There is also a lack of data on medical personnel, particularly concerning specialists in the different fields, and on future workforce needs by specialization and geographic area. Another critical gap in data concerns physicians currently abroad, whether for temporary training or permanent work. The Ministry of Health estimated that in 2022 these physicians numbered 3,700, and currently there is no official plan for their return (State Ombudsman, 2024a). This issue is especially pressing given the war's impact on medical workforce migration and the increasing phenomenon of brain drain. While the war initially saw unprecedented mobilization among healthcare professionals (Greenberg, 2023), complaints at professional conferences have emerged about an opposite trend, including the departure of ten senior psychiatrists from a field already facing severe workforce shortages (Dor, 2024a). A survey conducted in October 2024 by the Israel Medical Association among 135 senior managers in the healthcare system found that 48% reported losing between one and five doctors under their supervision in the past year. According to the survey, 60% of those leaving cited political or security reasons (Dor, 2024b). A separate survey from early 2024, involving over 300 Israeli medical trainees abroad, found that 69% did not feel confident regarding their return to Israel after completing their training (Seluk et al., 2024).

The Ministry of Health continues efforts to increase the number of medical students in Israel. Last year, training programs for foreign students in Israel were canceled, creating 130 additional slots for Israeli students. Incentives have also been provided to universities and hospitals aiming to expand student enrollment. However, other actions — such as expanding community clinical training sites, updating teaching methods, and promoting excellence programs in the periphery — have only been partially implemented. Additional measures, such as utilizing clinical training sites in the afternoon and abolishing the exclusive affiliation of hospitals with specific faculties, have not been carried out at all (State Ombudsman, 2024a). Another step to address the anticipated shortage has been the development of health professions that can support physicians and reduce workload, such as the physician associate profession.

Although this role was approved in July 2023, the training curriculum has yet to be finalized. Training is currently provided through Ministry of Health professional courses, but it will soon transition to a master's program at medical schools. While this shift aims to ensure a higher training standard, it may disadvantage current physician associates who entered the field before the new criteria were established.<sup>2</sup>

An additional important advancement concerning the medical workforce has been the signing of a new wage agreement for physicians, the first in 13 years. Measures included in the agreement include a 9.5% salary increase for all physicians, the option to negotiate additional raises after one year, incentives to improve medical services, and salary increases for fields designated as national priorities, such as mental health, rehabilitation, and forensic medicine — fields that were already in crisis and have experienced a worsening since the start of the war. Other measures include incentives for specialists to ensure that senior physicians are present in emergency departments at all times of the day and night. However, certain provisions in the agreement remain controversial, such as allowing psychiatry residents to perform additional shortened on-call shifts in all hospitals and in clinics — a step that aims to reduce wait times in the field but raises concerns about resident burnout and potential disruption to the recent effort to shorten on-call shift hours. Additionally, some argue that the agreed salary increase is insufficient and disproportionately benefits senior physicians, whose salaries are already relatively high.<sup>3</sup>

## Hospital beds in general hospitals

The number of general hospital beds (excluding psychiatric hospitalization beds) per 1,000 population continues on its downward trend, which began in the 1990s. At the end of 2023, this number was 1.72 beds per 1,000 population, lower than the OECD average of 2.3 (Ministry of Health, 2024a).<sup>4</sup> In fact, only the number of geriatric hospitalization beds per 1,000 population has shown an upward trend in recent years. The decline in the number of general

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2 See the DoctorsOnly website, [A Demand to Reconsider the Admission Criteria for Physician Associate Studies](#), September 19, 2024.

3 See the Ministry of Health website, [The Israel Medical Association, the Ministry of Health, and Clalit Sign a New Collective Agreement for Physicians](#).

4 The average in 2023 or the most current year with available data.

hospitalization beds per 1,000 population has occurred despite an absolute increase in the number of beds. In 2023, 69 general hospitalization beds were added, compared to 461 beds in 2022. As noted in previous reports, these figures reflect the ongoing shift in the focus of care from hospitals to the community.

As part of the hospitalization bed development plan for 2023–2028, a significant addition of rehabilitation and psychiatric hospitalization beds is planned, particularly in response to increased needs following the war. This addition is expected to reverse the prevailing trend. At the end of 2023, the number of psychiatric hospitalization beds slightly decreased, from 3,570 at the end of 2022 to 3,560, while the number of rehabilitation hospitalization beds slightly increased, from 957 at the end of 2022 to 1,001 (Ministry of Health, 2024a). The occupancy rate in general hospitalization continues to rise after the decline observed during the Covid-19 period. In 2022, it was 88.7%, the highest occupancy rate among OECD countries measured that year (OECD, 2024). Another challenge related to hospitalization beds is their unequal geographic distribution. In the Southern and Northern Districts, the number of beds per 1,000 population in 2022 was below the national average (2.56), at 2.04 and 1.96 beds per 1,000 population, respectively. In contrast, the numbers in the Tel Aviv and Haifa Districts were significantly higher than the average, at 3.42 and 3.7 beds per 1,000 population, respectively (Ministry of Health, 2024b).

## **Imaging devices in the healthcare system**

According to the State Ombudsman report published in May 2024, Israel has 60 MRI machines, 93 CT machines, and 20 PET-CT machines. These numbers do not align with the population size or the demand for diagnostic tests. In an international comparison, the number of MRI and CT machines in Israel — 6.6 and 9.8 per million population, respectively — is lower than in the 13 OECD countries surveyed. The increasing demand for tests and the limited number of devices result in imaging machines being operated around the clock, forcing patients to endure long wait times for appointments and to undergo tests during late-night hours. The use of these machines is restricted by the Public Health Regulations (Special Medical Devices), 1994, which were designed to limit the demand for expensive tests by controlling the supply of devices. However, the approval process for operating new machines is lengthy and

cumbersome, leaving many districts unable to meet the established per capita standards. As a result, patients face unreasonably long wait times. This issue is further exacerbated by a shortage of radiologists, leading to prolonged waiting periods for test results and diagnoses. Disparities also exist among health funds, with waiting times for MRI scans being particularly long in Maccabi Healthcare Services, while Clalit Health Services offers the shortest waiting times (State Ombudsman, 2024b).

## Narrowing health gaps

In response to the need for long-term planning in the healthcare system, the Ministry of Health has developed a system for forecasting population growth. This system enables the identification of anticipated needs in different regions across the country. By the end of the decade, significant population growth is expected in the Southern region, particularly among youth and early childhood ages. In contrast, in the Northern region, a significant increase is projected in the relative proportion of residents aged 65 and older. In the Central region, a mixed trend is observed: an increase in the young population in Jerusalem and an even greater rise in the elderly population in the Tel Aviv and Rishon LeZion areas. Given the differing healthcare needs arising from the varying age compositions of the population, it is essential to plan the distribution of healthcare infrastructure to match the future needs of each region, thereby reducing existing disparities in service distribution.

In the Jerusalem, Southern, and Judea and Samaria Districts, the number of healthcare professionals per 1,000 population is below the national average (14.5). In contrast, the Northern, Haifa, Central, and Tel Aviv Districts are above average, with Tel Aviv notably high at 18.5 per 1,000 population. Over the past decade, there has been significant growth in the healthcare workforce in the Northern and Jerusalem Districts. However, in the Southern District, where the largest gap exists, growth has been minimal (Ministry of Health, 2024b). The grant program for medical residents in periphery hospitals and medical specialties in crisis — introduced as part of the 2011 physicians' agreement and implemented during 2011–2014 and again during 2015–2019 — aimed to address this gap by attracting hundreds of medical residents to periphery regions. However, the program's effectiveness remains unclear, with insufficient data and research on its impact, and with professional stakeholders divided on

its influence and the feasibility of continuing its implementation (Blank, 2024).

Several other programs aim to reduce disparities among different populations in the country. The comprehensive report of the Decade Committee for Reducing Health Disparities, which provides updated recommendations for broad systemic action as an update to the strategic plan for reducing health inequality (2017–2020), has been published and approved by the Director-General of the Ministry of Health. The committee members continue to meet in order to monitor and review the implementation of the plan. Over the past three years, the Ministry of Health has been working to promote health units within the regional clusters, with health promotion initiatives and the development of regional plans underway in seven of the clusters, addressing the unique needs of each area (Ministry of Health, 2024b). In the past two years, a systemic program to reduce disparities and inequality in Arab society has been operating. This program includes the establishment of health units in approximately 24 Arab local authorities, the creation of health-promoting infrastructure in Druze and Circassian localities, the advancement of health research in Arab society, and the development of tailored programs for the Arab community (Ministry of Health, 2024c).

## **The reform to eliminate duplication of healthcare insurances**

In June 2024, an automatic transfer of private health insurance policy holders was implemented, from the First Shekel policy to the Supplementary Shaban (Supplementary Health Insurance) policy. This move was part of a reform aimed at preventing duplicate insurance coverage, as most policy holders in the First Shekel policy already received equivalent coverage through the Shaban plan for many medical situations. The main advantage of this reform is the prevention of double payments for similar insurance coverage. Additionally, the Supplementary Shaban policy costs approximately 30% less than the First Shekel policy.<sup>5</sup> However, despite these benefits, the reform is expected to increase the premiums of First Shekel policies by about 45% for those who choose to remain in them, and to raise the premium of Supplementary Shaban policies by about 2.3%. As revealed during a Knesset Health Committee discussion in May

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5 See the DoctorsOnly website, [Reform in Eliminating Duplication of Insurances in Healthcare Insurance](#).

2024, most of the price increase will affect policy holders aged 66 and older. Opponents of the reform expressed concerns about its potential impact on the employment of surgeons, its potential to cause an increase in the number of privately operating doctors, and the unpreparedness of the health funds for this transition, particularly due to the strain caused by the war and insufficient budgets.<sup>6</sup> To address these concerns, it is essential to strengthen the public healthcare system alongside the implementation of the reform. Moreover, efforts must be made to provide accessible information to the public, as most people do not fully understand the implications of switching between policies.

## Accessibility to healthcare services

Utilization of community healthcare services is one of the indicators of the quality of a healthcare system, reflecting, among other factors, the accessibility of services to the general population. In the 2022 report of the National Program for Quality Indicators in Community Healthcare in Israel (Ministry of Health, 2023b), performance metrics for various screening tests in the community were published. These metrics highlight the utilization of services offered to health fund members across different regions, populations, and age groups. The comparison is made to 2019, allowing for an examination of the situation before and after the Covid-19 pandemic. BMI is a critical measure for monitoring excess weight and obesity, enabling the implementation of health promotion measures and early interventions to prevent disease. An analysis of BMI screening rates from 2019 to 2022 shows a continuation of the decline that began with the onset of the pandemic. The BMI screening rate among 7-year-old children dropped from 78.9% to 66.4%, and among 14–15-year-olds, from 78.7% to 69.3%. Among adults aged 20–64, the screening rate in 2022 stood at 83.7%, a decrease of 5.5% from the rate in 2019. The screening rates rise with age and are notably higher among women.

A similar downward trend was observed in smoking documentation and blood pressure measurement. Smoking documentation rates dropped from 89.3% to 79.7% among individuals aged 16–74. Blood pressure measurement rates fell from 92.5% to 87.8% among those aged 20–54, and from 80.8% to 72% among those aged 55–74. Among the latter group, documentation rates were higher

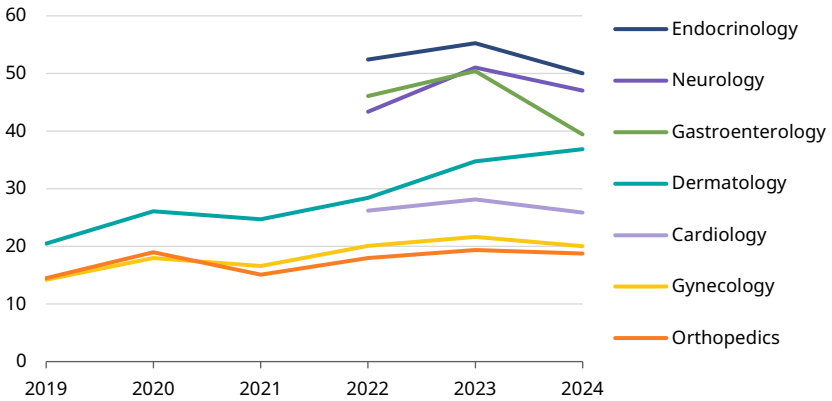
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6 See the DoctorsOnly website, [Reforms in Health Insurance Will Increase Its Cost by 45%](#), May 21, 2024.

for older individuals and especially among those from lower socioeconomic backgrounds. Among individuals aged 65 and older, there was a decline in the rate of osteoporosis treatment after hip fractures, from 32.8% to 29.7%, with higher treatment rates observed among women. Among infants, the rate of hemoglobin screening dropped from 88.5% to 83.6%. In early detection tests for breast and colorectal cancer, no improvements were observed in screening rates or in reducing disparities between populations. However, there was an increase in cervical cancer screening rates, from 52% to 55% (Ministry of Health, 2023b).

Another indicator of healthcare accessibility is waiting times for specialist consultations in the community. As shown in Figure 4, the average waiting times increased in most specialties up until 2023, with a slight decrease recorded between 2023 and 2024. A notable exception is dermatology, where waiting times continued to rise — from 34.75 days in Q1-2023 to 36.87 days in Q1-2024. As seen in Figure 4, the specialties with the longest waiting times were endocrinology and neurology (approximately 50 days), compared to orthopedics and gynecology, which had the shortest waiting times (around 20 days).

**Figure 4. National average waiting times for specialist consultations in the community**



Note: For endocrinology, gastroenterology, neurology, and cardiology, data were only available starting in 2022.

Source: Nadav Davidovitch and Natan Lev, Taub Center | Data: Ministry of Health

A significant step recently taken (July 2024) to improve healthcare services is the approval of the Medical Information Mobility Law, 2024. The purpose of the law is to enable the rapid transfer of medical information between different organizations within the healthcare system, subject to the patient's consent. The approval of this law is a welcome measure to enhance care continuity and treatment consistency among various providers. Additionally, this law can reduce duplicate tests and treatments, optimizing the use of system resources.

## Health status snapshot

Compared to OECD countries, Israel continues to rank relatively high in major quality-of-life indicators, but there are significant disparities between population groups and geographic regions. In 2022, Israel's average life expectancy returned to pre-Covid-19 levels, reaching 82.8 years, an increase of one year compared to 2012. Life expectancy at birth has risen since 2017, standing at 84.9 years for women and 80.9 years for men in 2022, largely due to reductions in infant mortality and life-threatening injury during early childhood. Life expectancy at age 65 has also risen since 2017, reaching 22.1 years for women and 19.4 years for men in 2022. Internationally, life expectancy at birth in Israel is higher than the OECD average and the gap has increased over the years. Since 2012, life expectancy in Israel has increased by 9.5 months, compared to an average increase of 7 months in the OECD.

Despite Israel's strong performance in these indicators, there are notable disparities among different population groups and geographic areas. In 2022, life expectancy at birth in the Arab population was 79.8 years, compared to 83.3 years among Jews and Others. During the Covid-19 pandemic, all groups experienced a decline in life expectancy, with the Arab community suffering the most severe impact. Mortality rates per 1,000 population reflect a similar trend, with the gap between groups increasing from 0.8 in 2020 to 1.4 in 2021. By 2022, the gap had returned to pre-pandemic levels, yet a significant disparity remained: 5.6 deaths per 1,000 people in the Arab population versus 4.7 among Jews and others. Geographically, life expectancy in the Southern and Northern regions is below the national average across all population groups. These disparities are primarily due to differences in income levels but are also influenced by factors such as lifestyle, access to healthcare infrastructure, and awareness of healthcare services (Ministry of Health, 2024b).



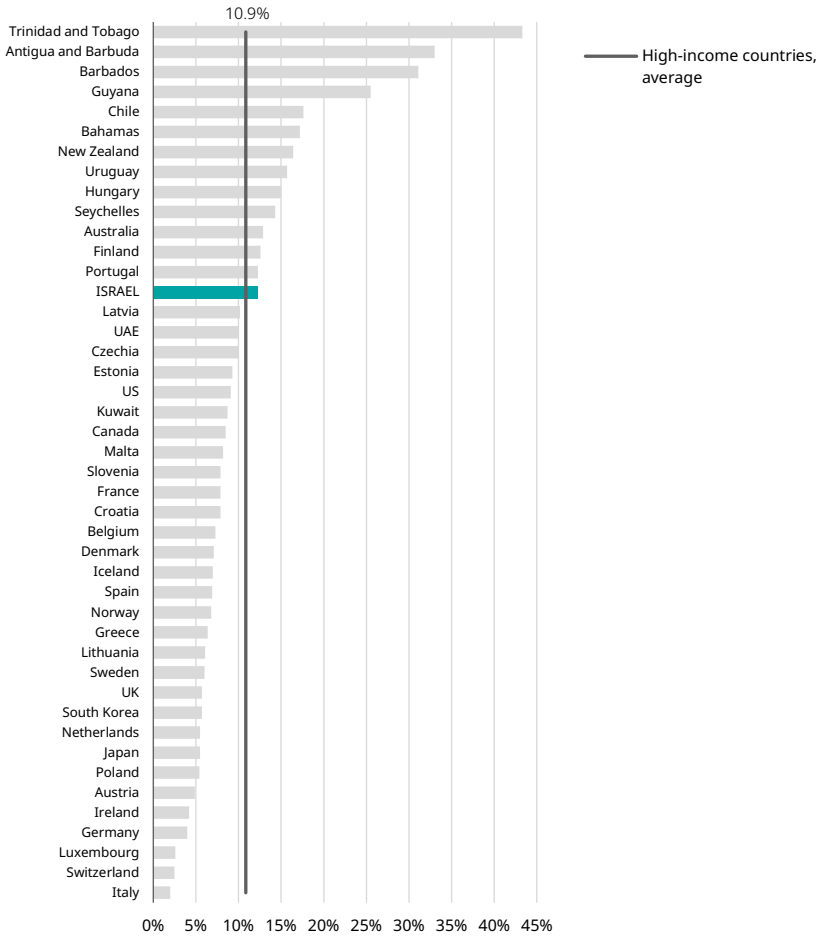
Israel ranks relatively well in infant mortality rates per 1,000 live births. Over the past decade, the overall infant mortality rate in Israel has dropped significantly, by approximately 22%. In 2021, the rate in Israel was 2.8, compared to an OECD average of 3.9, and this gap has not changed since 2012. The infant mortality rate, which declined to 2.4 in 2020, stabilized in 2022 at the same rate as in 2021. In 2022, there was a stark difference between the Arab population and other populations in this measure — 5.1 compared to 2.1, respectively. This disparity is likely attributable to unique characteristics of the Arab community, such as higher rates of consanguineous marriages, lower rates of genetic testing, and limited access to maternal and child healthcare infrastructure. Geographically, the infant mortality rate is particularly high in the Southern region, where the likelihood of death during the first year of life is 2.8 times higher than in the Central region (Ministry of Health, 2024b).

Food insecurity is a phenomenon associated with various health problems and poses a significant challenge even in developed countries. In Israel, the prevalence of food insecurity exceeds the average. According to the FIES index (Food Insecurity Experience Scale) of the Food and Agriculture Organization (FAO), between 2021 and 2023, the portion of individuals experiencing moderate or severe food insecurity in high-income countries averaged 10.9%. In Israel, this was approximately 12.2% during the same period (Figure 5).<sup>7</sup>

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7 See the Food and Agriculture Organization of the United Nation website.

**Figure 5. Rate of individuals in moderate and severe food insecurity in high-income countries, international comparison, 2021–2023**



Source: Nadav Davidovitch and Natan Lev, Taub Center | Data: FAO

## Lifestyle and risk behaviors

The snapshot concerning lifestyle is composed of prevalent behaviors within the population and health metrics that reflect the impact of these behaviors. Known behaviors influencing health include smoking, dietary habits, and physical activity, with key indicators such as weight and chronic diseases like diabetes and heart disease serving as markers of their impact.

Excess weight and obesity, as reflected by the BMI index, are lifestyle-related risk factors for morbidity. Between 2020 and 2022, an increase in obesity prevalence among 7-year-old children was observed after a decline during 2015–2019. Among 14–15-year-olds, obesity rates have been steadily increasing since 2018. For adults aged 20–64, excess weight rates have remained stable since 2019, but obesity rates have shown a moderate increase, particularly among women from lower socioeconomic groups (Ministry of Health, 2023b).

Healthy eating habits are essential for maintaining proper weight and good health. According to the 2023 Social Survey by Israel's Central Bureau of Statistics (CBS), there is significant room for improvement in eating habits among individuals aged 20 and older. Although sugary drink consumption has decreased since 2011, 21% of the population still consume at least three glasses of sugary beverages daily. Additionally, 54% eat sweet snacks at least twice a week, and 30% consume salty snacks with the same frequency. Less than 32% eat fish or whole grain foods twice a week, and fewer than 37% consume two portions of fruit and three portions of vegetables daily. However, 62% eat legumes at least twice a week (CBS, 2024b).

Physical activity is another key factor in maintaining weight and a healthy lifestyle. According to the Social Survey, more than half of individuals aged 20 and older engage in regular physical activity, and those who are physically active report higher quality-of-life indices. Survey respondents with a healthy weight exercised more frequently than those with abnormal weight (CBS, 2024c). Establishing regular physical activity as a long-term habit is important, especially from a young age. However, a 2023 international survey on risk behaviors among Israeli youth (HBSC–WHO) found that Israeli students rank near the bottom in daily physical activity. Only 11% engage in at least one hour of daily physical activity, and 17% do not engage in any physical activity at all (Harel-Fish et al., 2023).

Smoking is another significant behavioral risk factor contributing to chronic diseases and overall health decline. Between 2019 and 2022, smoking rates among individuals aged 16–74 increased by 1.6%, especially among men from the lowest socioeconomic strata. Among women, higher smoking rates were observed in the upper-middle socioeconomic group, with the lowest rates in the lowest socioeconomic group (Ministry of Health, 2023b). Data from the 2023 Social Survey indicate that 25% of the population over age 20 smokes, while 25% are frequently exposed to passive smoking (CBS, 2024d).

Lifestyle contributes significantly to the development of chronic diseases. Diabetes, a common chronic disease, is closely linked to lifestyle and can lead to complications and comorbidities. In 2022, the prevalence of diabetes increased by 0.4% from 2021, reaching 10.2%, with rates rising with age. However, there was a significant increase in individuals with well-managed glycated hemoglobin (HbA1c) levels, from 70.8% in 2018 to 77% in 2022, alongside a substantial decline in poorly managed HbA1c levels. These rates improved with age but were notably lower in lower socioeconomic groups (Ministry of Health, 2023b).

Heart disease is another chronic condition influenced by lifestyle, with cholesterol levels serving as a critical risk indicator. Since 2018, the rate of individuals with balanced cholesterol levels among those aged 35–74 has risen by 1.3%, reaching 85.4% in 2022. Younger individuals and those in higher socioeconomic groups showed better balance rates (Ministry of Health, 2023b).

Lifestyle significantly impacts mental health, and especially habits developed at a young age. According to the 2023 risk behavior survey of Israeli youth, 57% of students reported experiencing at least two symptoms of mental health distress more than once a week during the last half of the 2022–2023 school year (pre-war), with higher rates among girls. Additionally, 30% reported daily mental health symptoms, 64% experienced physical symptoms at least weekly, 20% reported high anxiety levels, and 31% reported poor mental well-being (Harel-Fish et al., 2023).

The October 7 war had a profound effect on lifestyle and public health in Israel. A study on children's physical activity habits found a decline in those exercising at least twice a week, from 60% to 50%, and an increase in children aged 5–8 engaging in over three hours of screen time daily, from 27.2% to 35.7%.<sup>8</sup>

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8 See the Education Faculty, Bar-Ilan University website, [Research Study: A Steep Decline in the Amount of Physical Exercise Among Children in Israel](#).

A survey of young adults aged 18–34 found that 17% reported worsening physical health due to the war, particularly among women and individuals with pre-existing disabilities. Mental health outcomes were even more dire: 50% reported worsening mental health, 71% frequently felt stress or anxiety, and 61% experienced depression, especially among women, Arab youth, and individuals with pre-existing disabilities (Ben Simon & Konstantinov, 2024). CBS data show an 11% increase in reported insomnia after October 7, rising from 31% to 42%. A Maccabi Healthcare Services survey highlighted deterioration in self-perceived health, worsening chronic disease management, declining adherence to healthy lifestyles, weight gain, and a rise in smoking relapse rates.<sup>9</sup> Other studies reported significant declines in mental health, with symptoms of depression, post-traumatic stress, and fear. It is estimated that hundreds of thousands of individuals may develop varying degrees of mental health disorders as a result of the war (Director of Security of the Defense Establishment, 2024).

## The healthcare system in the aftermath of the October 7, 2023, War

Since the outbreak of the war, the healthcare system has faced significant challenges in delivering healthcare services and responding to both routine needs and those that arose from the emergency situation. The situation is particularly challenging given that the system entered the war underfunded, struggling with operational difficulties, especially in critical areas such as mental health, rehabilitation, and public health. The war has also exacerbated pre-existing health disparities, with the most disproportionate impacts felt in geographic periphery areas. Despite this complexity, the healthcare system demonstrated exceptional capability in addressing emerging needs through situational learning, resource optimization, and collaboration among stakeholders, as detailed in previous publications (Taub Center, 2023).

As part of the lessons learned from the war, the Ministry of Health established an inquiry committee to evaluate the healthcare system's performance on October 7, 2023. The committee's findings highlight that professionals on the ground did their utmost to provide swift treatment to a large number of casualties —

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9 See the DoctorsOnly website, [Half a Year of War: A Decline in the Health Status of 30% of the Public](#), April 18, 2024.

far exceeding any scenario they had prepared for. However, challenges were noted in the management of medical evacuations, with a prominent lack of a coordinating and integrating authority.<sup>10</sup>

The war exacted a heavy toll on both the civilian population and the security forces. Within a year of its onset, 885 civilians were killed, including 53 children. More than 70,000 victims of hostilities received assistance from the National Insurance Institute, and close to 13,000 applied for permanent disability benefits, the vast majority of them for mental health reasons. The economic cost was also substantial: over NIS 370 million was paid to victims with recognized disabilities, more than NIS 250 million was allocated for rehabilitation, and over NIS 1.2 billion was spent on medical care.<sup>11</sup> Additionally, deterioration in the health of populations particularly affected by the war was observed. A survey conducted among Maccabi Healthcare Service members revealed that approximately 80% of the family members of hostages reported a decline in their perceived health status, with significant weight loss and increased use of antidepressants and sleeping pills.<sup>12</sup> Evacuees also reported health declines. Research by the Briya Fund revealed that approximately 30% of evacuated women reported poor physical health and 60% reported mental health impairments, compared to 20% and 50%, respectively, in the general population.<sup>13</sup>

The population living in conflict zones suffered severe consequences. A study conducted among Clalit Health Service members reported a 200% increase in the consumption of anti-anxiety medications among residents of the Gaza border area, compared to a 50% increase in the general population.<sup>14</sup>

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10 See the DoctorsOnly website, [A Lack of an All-Encompassing Picture on October 7th Harmed Treatment Management](#), September 3, 2024.

11 See the National Insurance Institute website, [National Insurance Institute Data Marking One Year of the Iron Swords War](#).

12 See the DoctorsOnly website, [A Decline in the Mental and Physical Health of Family Members of Hostages](#), February 26, 2024.

13 See the DoctorsOnly website, [Since the War: A Decline in the Health of Women in Israel](#), September 11, 2024.

14 See the DoctorsOnly website, [The Impact of the War: A Sharp Rise in Consumption of Anti-Anxiety Medications and Narcotic Pain Medication](#), September 9, 2024.

Among the security forces, from the outbreak of the war until October 7, 2024, 726 soldiers were killed, and 4,576 were hospitalized with combat-related injuries.<sup>15</sup> Additionally, approximately 15,000 soldiers were classified as stress casualties, having developed symptoms following exposure to traumatic events, with 18% of them removed from combat duty.<sup>16</sup> Since the start of the war, about 1,000 newly injured individuals have been admitted monthly to the Rehabilitation Department of the Ministry of Defense, most of them reservists. It is estimated that by the end of 2024, their total number will reach approximately 20,000, with about 40% exhibiting psychological symptoms.<sup>17</sup>

To address these widespread impacts, there is a critical need to develop the mental health infrastructure, which has suffered from neglect in recent years, and has led to long waiting times and severe workforce shortages, as noted earlier. It is estimated that over 300,000 people will require mental health treatment following the war. Without treatment, the prevalence of post-traumatic stress disorder (PTSD) is expected to reach up to 40% among first-circle victims and about 10% among vulnerable populations, such as reservists, evacuees, individuals with prior mental health conditions, and families of hostages (Ministry of Health, 2024d). In response to these projections, the 2024 budget includes an increase of NIS 1.4 billion over the next two years for mental health services. The objectives of this initiative are to address shortages of psychologists and psychiatrists in the public sector through grants of hundreds of thousands of shekels for psychiatry residents, to strengthen psychiatric hospitals, and enhance community-based mental health services, including establishing the role of community-based mental health first responders.<sup>18</sup> As part of this effort, the Ministry of Health launched the national program A Place for the Soul, which aims to bolster community mental health services, expand the activities of resilience centers, improve working conditions for mental health professionals, and broaden training programs, with an emphasis on rehabilitation services. As part of this program, NIS 1 billion was allocated to health funds for strengthening community services in 2024–2025,

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15 See the IDF website, [IDF casualties of the current war](#).

16 See the IDF website, [Mental Health Division](#).

17 See the Ministry of Defense website, [The Rehabilitation Division for Individuals with Mental Health Injuries and Trauma Survivors](#).

18 See the Ministry of Health website, [Within the 2024 Budget Agreement: A National Program for Mental Health, Rehabilitation, Protection, Cybersecurity, and Forensic Medicine](#).

NIS 400 million for improving infrastructure in psychiatric hospitals, NIS 115 million in 2024 for bolstering resilience centers, an additional NIS 30 million for scholarships for psychology residents, and NIS 5 million for mental health emergency and rescue services (Ministry of Health, 2024d).

Another response to the need for improved mental health services, which is gaining traction both in Israel and globally, is the development of artificial intelligence-based tools. These tools aim to promote resilience, provide primary mental health support, and assist in the diagnosis and treatment of mental health issues. While these solutions have immense potential to improve mental health care and alleviate the burden on professionals, they also come with risks that require a watchful (human) eye in their development and integration into practice.

The war has also had a significant impact on public health, including a decline in vaccination rates and an increase in outbreaks of infectious diseases. A particularly concerning emergency is the outbreak of the polio virus in the Gaza Strip due to the war's impact on sanitary conditions and access to vaccinations in the area. Beyond the immediate threat to Gaza's residents, this outbreak poses a risk to Israeli citizens and necessitates strengthened regional cooperation for vaccination campaigns and clinical and epidemiological monitoring.<sup>19</sup> This situation underscores the importance of learning from the experiences gained during the Covid-19 pandemic as part of preparations for future pandemics. This perspective is reflected in several statements issued by the Association of Schools of Public Health in the European Region (ASPHER, 2024; Lombatti et al., 2024).

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19 See DoctorsOnly website, [Public Health Experts: Real Fears of a Polio Outbreak Spreading From Gaza to Israel](#), August 20, 2024.



## Summary

The healthcare system continues to face longstanding challenges, such as budget erosion, workforce shortages, and other ongoing crises. From a macroeconomic perspective, the 2025 budget does not bring promising news. However, areas that have long been neglected, such as mental health and rehabilitation services, are now receiving considerable attention and budget increases, though still insufficient. In the technological sphere, the artificial intelligence revolution and rapid technological advancements present us with significant opportunities, alongside the challenge to integrate them wisely into routine operations and harness them to reduce disparities and achieve continuous improvement for all stakeholders in the system, with a focus on at-risk populations. Finally, rebuilding the South and North represents a tremendous challenge but also an exceptional opportunity to *build back better*. In order to succeed in all these efforts, though, clear policies and careful monitoring of proper implementation are essential.

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