

PROTECTING AND PROMOTING HUMAN HEALTH

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This report refers to each of the program areas covered by Chapter 6 of Agenda 21, similar to the format of the official governmental report (June 2001). It attempts to critically summarize the progress made in Israel in the last decade, referring to the objectives and the list of relevant activities of Agenda 21.

Meeting primary health care needs

Israel has a high quality health system with qualified medical and para-medical staff. The Ministry of Health, through its regional offices, is responsible for monitoring and controlling sanitation, food and water safety (drinking and swimming water). The Ministry of Health is also responsible for the establishment of health facilities nationally.

Life expectancy at age 0 increased, among women, from 78.4 in 1990 to 80.3 in 1998 and among men from 74.9 to 76.1(1). Similarly, life expectancy at age 75 increased both in men and women (from 10.7 in 1990–94 to 11.1 in 1994–98 for women and from 9.6 to 10.0 for men). As to the meeting of needs, the rate of licensed beds for long-term care increased from 1.48 per 1,000 persons at the end of 1990 to 2.86 per 1,000 at the end of 2000 (1).

Since 1995 the National Health Insurance Law provides standardized medical care (through a “basket” of services) for all citizens and covers 100% of citizens. The list of drugs and technologies that are covered by the National Insurance is updated every year. Primary care services, which are provided either by the Ministry of Health, or by health insurance companies (sick funds) or NGOs, are accessible to all citizens. “Mother and Child” health care facilities are located in every city and town (2). Nurses and doctors of the Regional Health Offices provide part-time services to rural areas.

Despite the coverage offered by the National Insurance program, the personal health care expenditure (excluding private services) is 26.9% of the national health care expenditure (3), which is one of the highest rates among OECD countries.

As the National Insurance does not cover all the medications and technologies, there are a variety of complementary insurance programs, which not all citizens can afford. This may in turn intensify the inequalities in health of different population groups.

Israel declared the acceptance of the WHO strategy of 'health for all', though specific targets for "Health 21" were not defined. As a result, there is no strategic plan for improving health, there are no health indicators (except for mortality and morbidity) for monitoring progress and there are no mechanisms for supporting coordination between health and related sectors. There is a special fund, however, in the Ministry of Health, for health promotion activities in the community.

Health promotion has been developing in Israel over the last decade, both conceptually and practically. Primary care settings provide preventive and health promotion activities, including health education. The central issues are prevention or early detection of chronic diseases (cardiovascular disease, breast or colon cancer) or promoting healthy lifestyles (reducing smoking, improving diet, increasing physical activities). In rural areas, health education is provided mainly by the regional offices for health, who deal with personal hygiene and sanitation as well.

A joint committee of the Ministry of Education and the Ministry of Health determines the curriculum of health education in schools. A network of health-promoting schools is coordinated by the Ministry of Education.

Several voluntary organizations have been dealing with health issues for many years. Such organizations engage in fund-raising and allocation as well as complementing the activities of public services. Many self-help groups deal with specific health problems. These groups are coordinated by the Israel Center for Self-Help, which is supported by the Ministry of Health.

There are no national mechanisms for improving coordination between health and related sectors, nor are there any which facilitate citizens' participation. Some examples of good practices can be found on a regional level, as well as on the local level (e.g. Healthy-Cities Network).

Public health research has been developing for several decades in Israel. There is a tradition of multi-disciplinary cooperative research. Environmental health research, however, has yet to be developed.

Control of communicable diseases

Israel has established a nation-wide immunization program which has succeeded in eradicating polio and measles (since 1990 not a single case of measles or polio were reported to the Ministry of Health registry). Infectious diseases have become a very minor contributor to infant mortality in all parts of Israel.

The vaccination coverage of children aged two years (MMR, DTP, Polio, HBV and Hemophylus Influenza B) is over 90% in all population groups (1). Vaccination of infants for Hepatitis A was introduced as a national program in 1999. Until that year it was too expensive to be used by children of lower social classes who were at a higher risk for contracting the disease.

An increased incidence of tuberculosis was noted during the last decade (reaching an average annual incidence rate of 7.9 per 100,000 persons during the 1990's compare to 5.5 in the 1980s) (1). Special clinics for direct treatment (DOT) have been set up and are operated by the Ministry of Health.

At the end of 2000 there were 207 persons with AIDS in Israel, out of 701 who were ever diagnosed in Israel (1). Fifty-one new cases were diagnosed in 2000, compared to an average of 40 per year during 1989–1995 (4). Health education for prevention of HIV infection is provided both by the education and health systems, as well as by voluntary groups.

Recently, there has been evidence that inter-ministerial efforts to combat a communicable disease (West Nile Fever), which caused mortality last year, have been successful.

Protecting vulnerable groups

National and local initiatives focus on specific vulnerable groups (children and youth, women, handicapped, new immigrants, elderly). Some deal with data collection and dissemination for increasing public awareness, while others provide counseling, training or treatment.

There is no national policy for populations with special needs and no inter-ministerial national policy or regulated coordination between initiatives.

- Prenatal care services have been well-established for several decades. They are provided to every community throughout the country, either directly by the Ministry of Health or by the health insurance companies. Over 90% of the pregnant women in Israel use these prenatal care services (2). 70% of the women who gave birth in 1998 used the Ministry of Health's prenatal care (2). Programs that promote breast feeding are implemented in most of the obstetric wards of the general hospitals, as well as in the 'Mother and Child' Services of the Ministry of Health.
- The last decade has seen increasing rates of risky behavior among youth in Israel. For example, use of drugs among students 12–18 years old increased from 4.9% in 1992 to 9.8% in 1998 (5). Education and counseling programs for prevention of risky behavior are implemented through the formal and informal education systems. The Ministry of Health provides school health services, for students of kindergarten to grade 9, which supplies vaccinations, growth and development testing, as well as screening and early detection of vision and hearing problems. The Ministry of Education, Ministry of Health, Ministry of Labor and Welfare, health services providers, the Israel Association of Community Centers and local authorities, all are involved in health education programs. These programs are not always coordinated. In some of the programs children are involved in planning and implementation. There are some good examples of multi-sectoral programs, which are community-based (e.g., "Safe kids" youth counseling centers).
- Many women's health centers are operated by various health or social services. In most cases these are the initiative of the service provider, rather than a planned coordinated community program in which local women's groups are involved in identifying their needs. Violence towards women has increased in the last decade (or else reporting has increased, possibly because it has become more socially legitimate to do so). Between 1990 and 1998, 196 women were murdered, and two-thirds of the victims were murdered by their partner or by another family member (6). In response, the number of shelters for battered women increased from 6 in 1993 to 13 in 1998. The Israel Association for the Advancement of Women's Health (7) was established in 1994 and is dedicated to advocating women's health issues, health education and leadership training and empowerment.

- The percentage of the elderly population (aged 65+) increased from 9.0% in 1989 to 9.8% in 1999 (1). 30% of the elderly population receives income completion benefits from the National Insurance Institute (8). Strategic plans for caring for the elderly have been under development over the last few years, mainly by local authorities in cooperation with the JDC–Brookdale Institute of Gerontology and Human Development. There are many local initiatives for caring for the elderly. One example are the programs for the prevention of falls that the community health services developed and implemented for their insured elderly population.
- During the years 1990–99, 956,319 new immigrants arrived in Israel (amounting to a 20% growth in Israel’s population). Among these 86% came from the former USSR and 4% from Ethiopia (8). Absorption of such a large wave of immigration in such a short period of time, together with their special social and health needs, required combined efforts of official health services, local authorities and voluntary groups. Many local initiatives for social inclusion and mutual help for special immigration groups were established.
- The minority groups in Israel, mainly the Arab population, represented 18.7% of the total population in 2000. This sector of the population lives mainly in rural areas. There are still inequalities in health between the Arab and Jewish populations. The infant mortality rate, which has been decreasing over the years across all population groups, still has a constant rate ratio of 1.9 (7.5/1000 life births among the Jewish population in 1992, compared to 14.3/1000 among the Arab population. In 1999 both rates decreased to 4.5/1000 and 8.4/1000, respectively) (1).
- The National Insurance Institute (NII) is promoting a program that enables local governments and institutions to provide the handicapped with full and equal access to municipal facilities and services. By providing up to 80% of the cost of renovations of old buildings to make them accessible to handicapped persons, the NII program will complement provisions outlined in the Planning and Building Law (1965) that require full accessibility to all newly built structures.

Meeting the urban health challenge

Ninety-two percent of the Israeli population lives in urban localities (8). The crowding index (persons per room) is higher among the rural population

than in the urban and higher in the non-Jewish than in the Jewish population (1.5 and 0.91, respectively) (1).

As part of the centralized system of government in Israel, different initiatives for improving the quality of life are offered by different ministries to local authorities for implementation, in exchange for matching funds. Most initiatives require a steering committee, planning and data collection. In many instances these initiatives are not coordinated within the municipality, which results in overlapping themes and committee members. In the last few years, however, there has been an increasing awareness of the need for partnerships and coordination of activities.

The "Healthy Cities Network," which has operated in Israel since 1990, provides examples of partnerships and coordination within the municipalities, as well as networking for collaboration and the exchange of models of good practices between municipalities. All 37 member cities and towns have adopted the principles and strategies of "Health for All," "Agenda 21," and an equity agenda. Members develop active collaboration with service providers and citizens in the city. They are committed to designing their health development plans on the basis of a city health profile. Members use data collection from different sources (for the last few years The Central Bureau of Statistics has provided more data on a municipal basis) for describing the health, social and environmental conditions in the cities. Members identify the population's needs, inequalities in health and the aspirations of the citizens as a basis for inter-sectorial discussions and a participatory process for priority-setting and planning for intervention. The Healthy Cities adopt "enabling and mediating strategies" and are committed to creating a supportive environment for health. Some of the Healthy Cities pioneered the implementation in Israel of new regulations to ban smoking in public places (August 2001). Most of these cities have health-promoting schools and health-promoting community centers. Haifa, an active member of the network, conducted a comprehensive environmental survey in the mid-1990s, sponsored by the European Union. The output was a "Green Strategy," a multi-annual program, which is now being implemented.

Environmental impact assessment has become a mandatory procedure for public urban planning. Health impact assessment, however, is not yet part of the planning process.

A new initiative taken by multi-disciplinary forum for community development, aimed at promoting equity through social development, has been operating since 1999, and aims at extending its activities in scope and scale.

Recently a pilot project of “sustainable cities” in Israel has been undertaken as a joint effort of ministerial and NGO bodies.

Reducing health risks from environmental hazards and pollution

Several ministries are involved in regulating and monitoring the quality of air and water, food safety and the control of hazardous substances. There are regulations about exposure to hazardous substances, noise, ionizing and non-ionizing radiation. The Governmental Report provides a wealth of details under these headings. The following section supplies some additional important information.

Urban air pollution is monitored by the Ministry of the Environment and by local authorities, mainly in big cities. In some places (Haifa) the level of pollutants is presented on-line on the city web site—enabling transparency of the information. There is very limited epidemiological research relating air pollution to morbidity and mortality in Israel. However, the construction of the first coal power plant in Israel, which was monitored by environmental, agricultural and health systems, created the occasion for a prospective study of schoolchildren’s health. This study demonstrated a significant rise in the prevalence of asthma during 9 years of follow-up, which was not associated with the power plant’s location (10). Increase in Asthma mortality was noted between 1971 to 1990 (11) only among aged 5 to 34 years. That increase is similar to other developed countries.

A Ministry of Health report, “Geographical Mapping of Malignant Diseases in Israel: 1984–1999”, was published in 2001. This report initiated discussions in local authorities and among the general public about the possibility that environmental factors were associated with such diseases. No analytical research has been carried out so far to support these hypotheses.

The Ministry of Health is responsible for the **quality of drinking water**. Drinking water is monitored by mandatory testing for total coliforms as well as chemical contaminants. The improvement in the quality of community water supplies was demonstrated by a decrease in the number of outbreaks of waterborne gastrointestinal disease from 1976 to 1995, with zero outbreaks reported in 1996–97 (12). Only in the last few years, have authorities taken action towards cleaning up the rivers. Yet, industrial wastes continue to be discharged into rivers and into the sea. The carcinogenic effect of the Kishon River is currently being investigated.

Prenatal exposure to lead was analyzed in newborns in Israel (13) and the analysis found that there is no risk of lead exposure.

Traffic road accidents (the fourth leading cause of death) are a major problem in Israel. Although there has been a decrease in the absolute number of deaths (507 in 1992 to 461 in 2000) there was an increase in the number of vehicles and number of drivers (14), and the number of accidents and injuries are increasing. It is important to note that since 1997, the number of accidents within urban areas has decreased. National initiatives for preventing road traffic accidents should focus now on promoting safety on highways.

There has been a growing awareness among the population about the environmental influences on health. NGOs and activist groups have taken many initiatives toward the preservation of green open spaces, reduction of air and water pollution and the preservation of energy. However, research in environmental health has yet to be developed.

Notes

- (1) *Health in Israel 2001*, selected data, Ministry of Health.
- (2) *Mapping of Public Ambulatory Health Services by Settlements in Israel*, 1999, Ministry of Health, Jerusalem, June 2000 (Hebrew).
- (3) *International comparisons in health systems, OECD countries and Israel*, 1980–1998, Ministry of Health (Hebrew).
- (4) *Health in Israel, selected data, Health Information and Computer Services*, Ministry of Health, Jerusalem 1996.
- (5) *Mental Health in Israel, Annual Statistics 2000*, Ministry of Health.
- (6) *Women's Health in Israel 1999, A Data Book*, edited by Anneke Ifrach MA, MPH.
- (7) www.la-briut.org.il
- (8) www.btl.gov.il
- (9) www.cbs.gov.il

- (10) Goren A.I., Hellmann S. "Has the Prevalence of Asthma Increased in Children? Evidence from a long term study" in I Epidemiol. Community Health 1997, 51:227-32.
- (11) Livne M., Weissgarten J., Stav D., Wilf-Miron R. and Katz Y. "Asthma mortality in Israel 1971-1990." Ann. Allergy Asthma Immunol. 1996. 76:261-265.
- (12) Tulchinsky T.H., Burla E., Clayman M., Sadik C., Brown A. and Goldberger S. "Safety of community drinking-water and outbreaks of waterborne enteric diseases: Israel, 1976-97." Bull. World Health Org 2000, 78:1466-73.
- (13) Amitai Y., Katz D., Lifshitz M., Gofin R., Tepferberg M., Almog S. "Prenatal Lead Exposure in Israel: An International Comparison." IMAJ 1999, 1:250-253.
- (14) *Road Traffic Accidents in Israel 1995-2000*. Ministry of Transportation, 2001 (in Hebrew).