

Comparative Analysis
of Healthcare Systems



Lior Naamati-Schneider



1

TABLE OF
CONTENTS



- 1 Present the basic healthcare system models
- 2 Czech Healthcare
- 3 Israeli healthcare
- 4 Group Activity:
 - ✓ SWOT Analysis
 - ✓ Key Challenge Identification

2

Drastichová Magdaléna, PhD.

Dr. Magdaléna Drastichová is an Associate Professor in Economics, specializing in Health Economics, Wellbeing, and Sustainable Development.

She holds a Ph.D. in Economic Theory from VŠB – Technical University of Ostrava and has extensive experience in economic sustainability and healthcare efficiency.

In this session, she will present the basic healthcare system models, covering a comparative overview of the Czech and Israeli healthcare systems

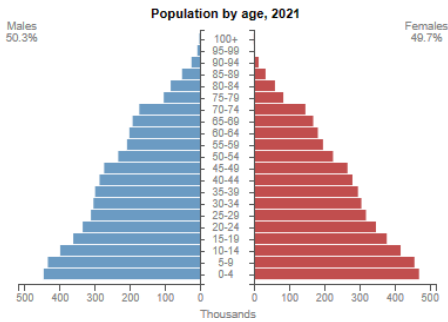
3

Introduction to the Israeli Healthcare System

Capital	Jerusalem *
Area (km ²)	22 145
Total population (thousands, 2021)	9 371
Population density (per km ²)	423
National currency	Israeli new shekel (ILS)
National statistical office	www.cbs.gov.il Central Bureau of Statistics



4

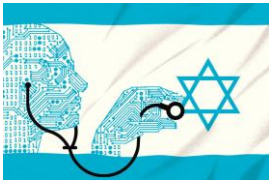


5



6

Israel's healthcare characteristics



The Israeli health system has several characteristics that shape its structure and function:

- Universal Healthcare Coverage
- Funded by Taxes
- Managed by Non-Profit Insurers
- Emphasis on Public Health and Prevention

7

HEALTH CARE IN ISRAEL

Israel has a pluralistic health system:

- financed and supported by various actors-
 - government
 - non-profit organizations
 - health maintenance organizations (HMOs)
 - and private-sector agents

8

Israel's healthcare characteristics and market failures



The Israeli health system has several characteristics that shape its structure and function:

- Multiple ownership of health services and hospitals
- The Ministry of Health is the owner of hospitals and regulator of the system
- A complex financing system
- Health reforms

9

HEALTH CARE IN ISRAEL

Key Organizations in the Israeli Healthcare System



Ministry of Health: Policy, Regulation, and Oversight

Health Maintenance Organizations (HMOs): Clalit, Maccabi, Meuhedet, Leumit

National Insurance Institute: Funding and Subsidies

Non-Governmental Organizations (NGOs) and Private Sector: Supplementing Public Health Services

10

HEALTH CARE IN ISRAEL

- ☐ Starting in 1995, under the National Insurance Law, all Israeli residents became entitled to coverage of a standard basket of health services
- ☐ For non- profit HMOs that are funded by the government in accordance with the number of members and their gender, age, and geographic location
- ☐ This accounting method, known as "capitation"



11

Key Organizations in the Israeli Healthcare System

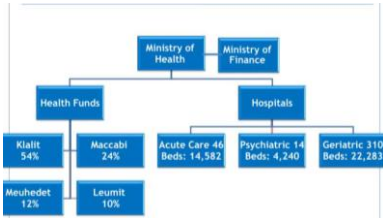
The Ministry of Health

- Government Oversight
- Policy Making and Regulation
- Licensing and Supervision of Medical Facilities
- Public Health Initiatives



12

Israeli Healthcare System



13

Key Organizations in the Israeli Healthcare System

Health Maintenance Organizations (HMOs)

- Four Main HMOs: Clalit, Maccabi, Meuhedet, Leumit
- Provide Comprehensive Healthcare Services
- Funded by the National Insurance Institute
- Emphasis on Preventive Care and Community Health



14

HEALTH CARE IN ISRAEL

Four non-profit HMOs (2017)



15

Key Organizations in the Israeli Healthcare System

National Insurance Institute

- Social Security Organization
- Healthcare Funding and Subsidies
- Ensures Universal Healthcare Coverage
- Supports Public Health Programs

Non-Governmental Organizations (NGOs) and Private Sector

- Supplement Public Health Services
- Innovations in Healthcare
- Private Healthcare Services
- Community Health Initiatives



16

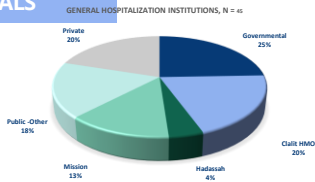
GENERAL HOSPITALS

Public and Privet Hospitals

Owned by:

- ✓ Government
- ✓ HMO
- ✓ Non-profit organizations
- ✓ Privet-for profit organization

All these hospitals function as part of a system that is highly regulated and centralized: The Ministry of Health arranges and regulates the ownership of hospitals and their specializations, location, number of beds etc.



17

HEALTHCARE REFORMS IN ISRAEL

national health Insurance law 1994

Patient's Rights Law 1996

Capitation system

hospitals incorporation ???

Guaranteeing medical insurance for the country's citizens, increasing freedom of choice between HMOs in Israel and as a result increasing competition.

Establish the rights of the person receiving medical treatment and to protect the dignity and privacy of patients

A payment arrangement for health care service providers. Per person per period of time

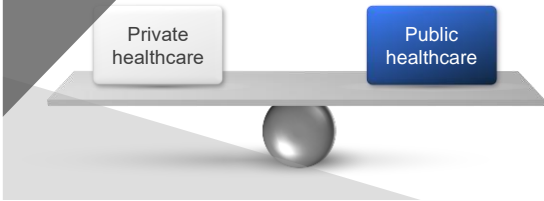
An attempt to increase the independence of hospitals and their incorporation into non-formal organizations with budgetary autonomy

Not formally implemented

Winkler, R., Nivoni, A., & Rivlin, A. (2009). The health care system following the implementation of the national health insurance law. Jewish Quarterly, 36, 31-44. Health Ministry (2007). Sources in developing health system. Yearly report 2007. Health Ministry, Jerusalem, Israel. See reference

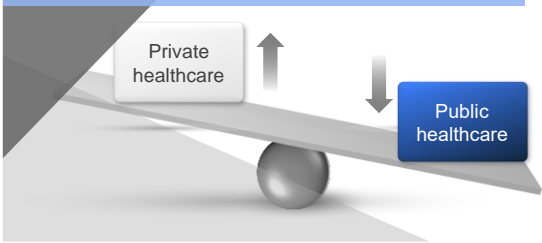
18

The Israel public/ private mix in healthcare
The ratio reflects the level of inequality in the health market in Israel



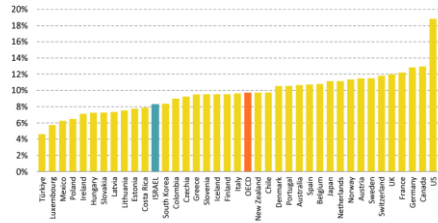
19

The Israel public/ private mix in healthcare
In recent decades, the strengthening of the private health system has been seen, which is reflected, inter alia, in an increase in private spending



20

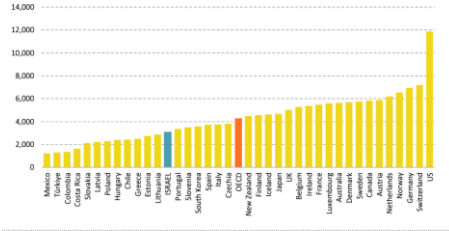
Figure 1. National healthcare expenditure as a percent of GDP in the OECD countries, 2020



Source: Baruch Levi and Nadav Davidovitch, Taub Center | Data: OECD

21

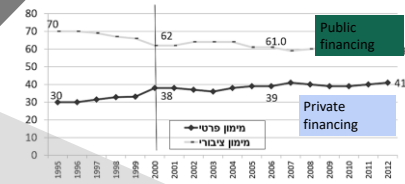
Figure 3. Per capita national expenditure on healthcare in the OECD countries, 2020
Dollars, in PPP terms



Source: Baruch Levi and Nadav Davidovitch, Taub Center | Data: OECD

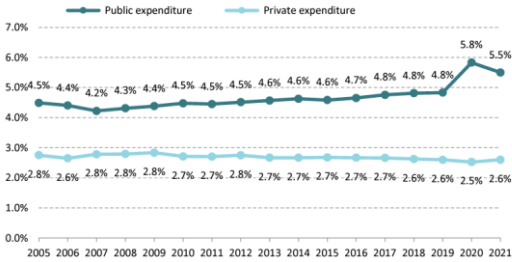
22

Sources of financing national health expenditure



23

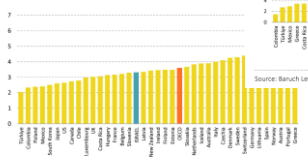
Figure 2. Public and private expenditure in Israel as a percent of GDP



24

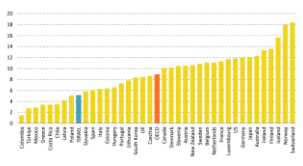
Personnel and infrastructure
of the healthcare system

Figure 4. Number of active physicians per 1,000 population
OECD countries, 2020



Source: Baruch Levi and Nadav Davidovitch, Taub Center | Data: OECD

Figure 5. The number of active nurses per 1,000 population in the
OECD countries, 2020



Source: Baruch Levi and Nadav Davidovitch, Taub Center | Data: OECD

25

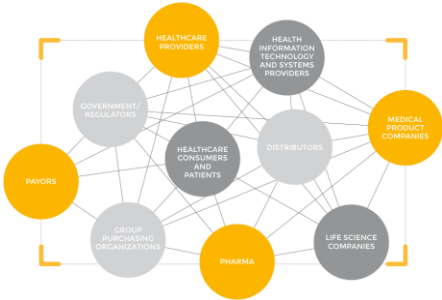
HEALTHCARE CHANGING IN ISRAEL



- increased competition between the health and insurance providers
- making the market dynamic, more competitive, and less secure for all medical service organizations

26

Healthcare Ecosystem



27

The Connection Between Politics, Social Perception, and Healthcare



- How Political Systems Shape Healthcare Models
 - ✓ Capitalistic Healthcare: Driven by market forces, focusing on competition, private insurance, and patient choice.
 - ✓ Socialistic Healthcare: Views health as a basic right, ensuring universal coverage and government-regulated costs.
 - ✓ Hybrid Systems: Many countries blend both models to balance efficiency, accessibility, and affordability.

28

Political Policies Directly Influence:

- ✓ **Healthcare Funding:** Government budgets, public insurance, and private investment.
 - ✓ **Access & Equity:** Who gets healthcare and under what conditions?
 - ✓ **Health Priorities:** Vaccination policies, preventive care, and disease control strategies.
 - ✓ **Regulations & Costs:** Price control on medications, hospital fees, and healthcare professional wages.
- ✦ **Example:**
- In Israel, a mix of government-funded healthcare and private services ensures universal access while encouraging private innovation.
 - In the U.S., private insurance dominates, creating high-quality but unequal access to care

29

Social Perception and Public Health Policy

How Society's Perception Shapes Healthcare Systems

- ✓ Public Trust in Healthcare Systems – Impacts policy acceptance and patient compliance.
- ✓ Cultural Attitudes Towards Health – Preventive care vs. reactive treatment.
- ✓ Wealth & Healthcare Expectations – In capitalistic societies, healthcare is seen as a service, while in socialistic systems, it is viewed as a right.

- Examples of Social Influence on Healthcare:**
- ✓ **COVID-19 Response:** Countries with strong public trust in government (e.g., New Zealand) had higher vaccine acceptance.
 - ✓ **Healthcare Worker Shortages:** Public perception of healthcare careers affects recruitment and retention.
 - ✓ **Health Inequality Perception:** Societies with higher inequality tend to have weaker public health support.

30

Group Task

Conducting a SWOT Analysis

1. Identify strengths: What does your assigned healthcare system do well?

2. Determine weaknesses: What areas need improvement?

3. Recognize opportunities: What external trends can be utilized?

4. Pinpoint threats: What external challenges could hinder success?

Key Challenge Identification

After completing the SWOT, **select one key challenge** affecting the system.

Examples:

- ✓ Workforce training and retention
- ✓ Policy adaptation and regulatory changes
- ✓ Access to healthcare services

Prepare a brief strategic recommendation to address the challenge.

Group Presentations & Discussions

Each group presents their SWOT findings and strategic recommendations (3-5 minutes per group).

Compare insights: What challenges are common between systems? What are unique?

31

MVSO-JMC International-SWOT

Example Layout



[Insert Healthcare System]SWOT Summary:

- ✓ Strengths: [List Key Strengths]
- ✓ Weaknesses: [List Key Weaknesses]
- ✓ Opportunities: [List Key Opportunities]
- ✓ Threats: [List Key Threats]

Key Challenge Identified: [E.g., Workforce Training]Strategic Recommendations: [Provide 2-3 Actionable Strategies]

<https://hac1.padlet.org/liorna/mvso-jmc-international-swot-zj1nj06874n499fx>

32
