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RESEARCH ARTICLE

PUBLIC VS. PRIVATE FINANCING OF THE ISRAELI HEALTHCARE SYSTEM: TRENDS, CHALLENGES, AND POLICY IMPLICATIONS (1995–2023)

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Abstract

This paper provides a comprehensive analysis of the long-term trends in public and private financing of the Israeli healthcare system from 1995 to 2023. It highlights the structural changes in funding, the growing role of supplementary and private insurance, and the challenges posed by increasing private expenditure on equity and accessibility. The findings reveal that Israel relies heavily on private financing ($\approx 40\%$ of total health expenditure), one of the highest shares in the OECD. Policy implications are discussed with regard to sustainability, equity, and future reforms

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Introduction:-

The Israeli healthcare system, founded on the principles of universality, equity, and accessibility, has undergone significant structural changes since the introduction of the National Health Insurance Law in 1995. While the law was meant to ensure a predominantly publicly funded system, the reliance on private expenditure has grown steadily. By 2023, private health expenditure accounts for approximately 40% of the total, compared to just 28% in 1995. This paper examines these trends, their implications, and the necessary reforms to address growing inequalities. The introduction also outlines the historical background, policy rationale, and the unique socio-political context shaping Israeli healthcare financing.

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Literature review:-

The literature on healthcare financing in Israel reveals a persistent tension between the goals of universal coverage and the realities of mixed public-private financing. Shmueli (2018) emphasizes the role of supplementary insurance in expanding inequities, while Chernichovsky (2019) notes the inefficiencies arising from parallel funding streams. Rosen, Waitzberg, and Merkur (2021) provide a system-wide review highlighting that Israel remains cost-efficient compared to OECD peers, but equity challenges are mounting. OECD (2022) reports further underscore that Israel ranks among the highest in private out-of-pocket expenditure, which disproportionately impacts low-income households. International literature has also contributed to the understanding of healthcare financing models. Studies across OECD countries (OECD, 2020; WHO, 2021) show that heavy reliance on private sources tends to weaken financial protection and lead to inequities in health outcomes. Israel's unique case, combining a universal insurance law with a growing private sector, provides an important case study of the risks associated with dual financing systems.

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Methodology:-

This paper employs a secondary data analysis approach. Data were collected from the Israeli Ministry of Health annual reports, Central Bureau of Statistics publications, OECD Health Statistics (2018–2023), Bank of Israel annual reports, and peer-reviewed journal articles.

The analysis spans 1995 to 2023, with emphasis on three key periods: (a) the first decade following the 1995 law, (b) the years 2010–2019 marked by growth in private financing, and (c) the COVID-19 era (2020–2023), which triggered exceptional government spending on healthcare. This methodology allows us to examine both longitudinal trends and contextual policy shifts that shaped the financing landscape.

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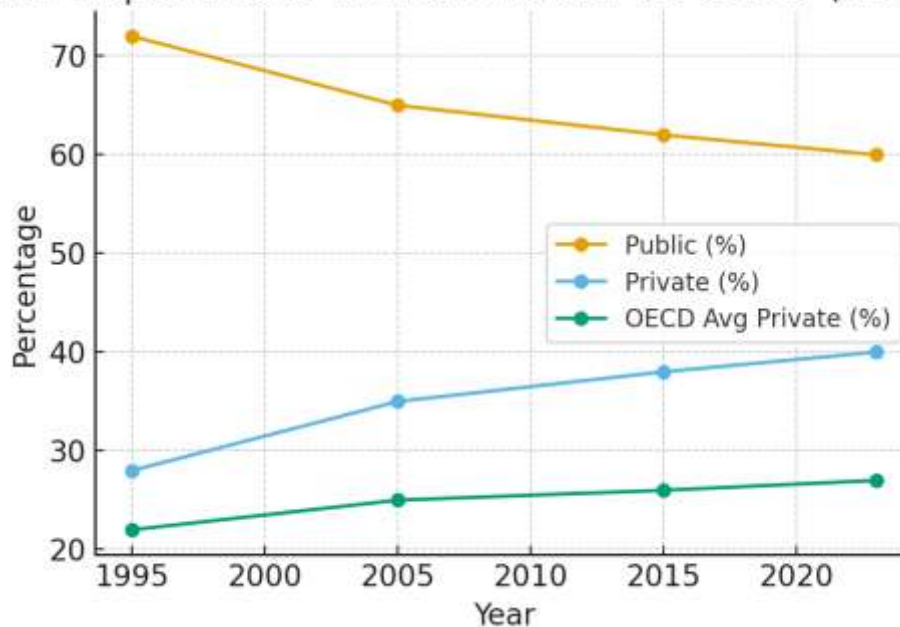
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Findings:-**Table 1: Public vs. Private Health Expenditure in Israel (% of total)**

Year	Public Expenditure (%)	Private Expenditure (%)	OECD Average (Private %)
1995	72	28	22
2005	65	35	25
2015	62	38	26
2023	60	40	27

The data demonstrate that private health expenditure in Israel has increased consistently over the past three decades. While in 1995 private sources accounted for 28% of total healthcare spending, by 2023 this share reached 40%. This reliance on private sources is significantly higher than the OECD average of 27% in 2023.

Health Expenditure Trends in Israel vs. OECD (1995-2023)**Discussion:-**

The findings highlight a persistent challenge: how to maintain universal access in the face of growing reliance on private financing. From a policy perspective, Israel's mixed financing model has yielded stability but at the cost of increasing inequality. While supplementary insurance provides additional resources, it also creates a two-tier system where access to specialists and advanced treatments is influenced by financial capacity. The COVID-19 pandemic underscored the importance of strong public funding, as government intervention temporarily reduced the share of private expenditure. Going forward, reforms must balance sustainability with equity by re-evaluating the basket update mechanism, limiting co-payments, and reinforcing the role of public funds.

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Conclusion and Policy Implications:-

Israel's healthcare system demonstrates both strengths and vulnerabilities. The system remains efficient, but rising private expenditure undermines equity. Policy reforms should focus on updating the health basket mechanism realistically, limiting co-payments, and ensuring state contributions keep pace with demographic and technological pressures. Without reforms, inequalities in access and outcomes are likely to grow. Strengthening the public system is therefore essential for long-term sustainability. Policymakers must also consider international lessons, aligning Israeli policies with OECD best practices to improve equity and accessibility.

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