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Health issues, portfolio are finally 'sexy'

By JUDY SIEGEL

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After decades of being an unloved consolation prize for politicians who were offered no 'better' portfolio, the Health Ministry finally seems likely to be coveted by would-be ministers from a variety of coalition parties.

It has long been regarded as undesirable because there are few political appointments to be made in a ministry and state-owned hospital system run largely by professionals.

In addition, there is the inevitable lack of funding and the inexorable truth that a health minister can never satisfy everybody. Soon after having been given the portfolio by prime minister Binyamin Netanyahu, Yehoshua Matza ineptly told health reporters that he had never wanted to be health minister and preferred to take over the Tourism Ministry so he could travel abroad.

But now, with the new social affairs agenda of Ehud Olmert's apparent coalition partners - and especially the emergence of a powerful Gil Pensioners' Party - the portfolio has become as attractive to some would-be ministers as the traditionally desirable ministries. MKs from Gil, Labor, Shas and even Kadima are likely to want it. And don't forget, Olmert himself was health minister before being elected mayor of Jerusalem and is familiar with the needs and demands.

The election of the 17th Knesset seems to augur newfound interest in social issues that have long been neglected by a series of governments. Health services are among the most battered of all the government's responsibilities, given the rapid turnover of health ministers in the last two decades, the exigencies of putting out fires rather than long-term planning and the steady erosion of state participation in health expenditures.

Prof. Dov Chernichovsky, a senior health economist at Ben-Gurion University of the Negev and an adviser to the Knesset in this field, said the election outcome testifies to the fact that Binyamin Netanyahu as finance minister stretched the social fabric too much.

'Even before this election campaign, Israeli society couldn't stand up to the type of pressures that Netanyahu allowed. For example, in 2004, the share of households in aggregate health spending reached 30 percent,' said Chernichovsky, compared to 26% seven or eight years before that.

This made Israel second only to the US in requiring its residents to pay out of pocket for a large variety of health costs, including medications, copayments for medical services, supplementary health insurance and dentistry - in addition to monthly payment of 4.8% of their wages in health taxes collected by the National Insurance Institute and allocated among the health funds.

Now, he said, it seems there 'will be new agenda, with much higher priority given to health and other social issues. These problems existed before Netanyahu was finance minister, but they received a boost during his tenure.'

Despite the 12-year-old National Health Insurance Law, access to vital health services gradually became much more difficult for lower-income and elderly populations.

'There is increasing evidence,' said Chernichovsky, 'that many people are not filling their drug prescriptions or getting health care they need because they can't afford the copayments to their health fund, and that there is added pressure on household income because people have to buy these goods and services at the expense of other things. With the reduced access, inevitably a decline in the health of the population follows. It takes time for this to become visible, but such inequity does lead to it, and we have learned this from the US experience.'

While the basket of health services and copayments were not primary issues in the campaign this time, he added, 'it was in the overall atmosphere and was especially clear from the pensioners getting an amazing number of seats for a new party.'

Chernichovsky predicted that the new government will reverse the previous government's policies on health. 'Cuts in funds for social issues brought Netanyahu down; the current trend cannot continue, no matter what the overall government policy will be and who will be the finance and health ministers.'

In addition, in recent years, the Finance Ministry exercised new powers over other ministries, especially Health, by making the Arrangements Law - which determines micro-decisions and interferes in their daily operations - an annual ritual.

Chernichovsky believes the Treasury's powers in this regard will be reduced, and a shift in the balance of power between it and the other ministries will make the others more attractive and autonomous and give them higher status.

The new government was likely not only to more generously expand the basket of health services, but would probably reduce copayments for medications and medical services and might even abolish them for the poor and elderly, Chernichovsky predicted.

'I think there's a good chance that voluntary supplementary health insurance, held by 80% of the population, will become mandatory, with residents either having to pay for it or the government stepping in and covering it for those who cannot afford it.'

It is also important, he concluded, that the government invest large sums in prevention of disease and not just treating it.

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