

# The Israeli health system is prepared for shocks, but is it resilient? Focus on health workforce

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Conference: Science for Resilience – Learnings from the Pandemic

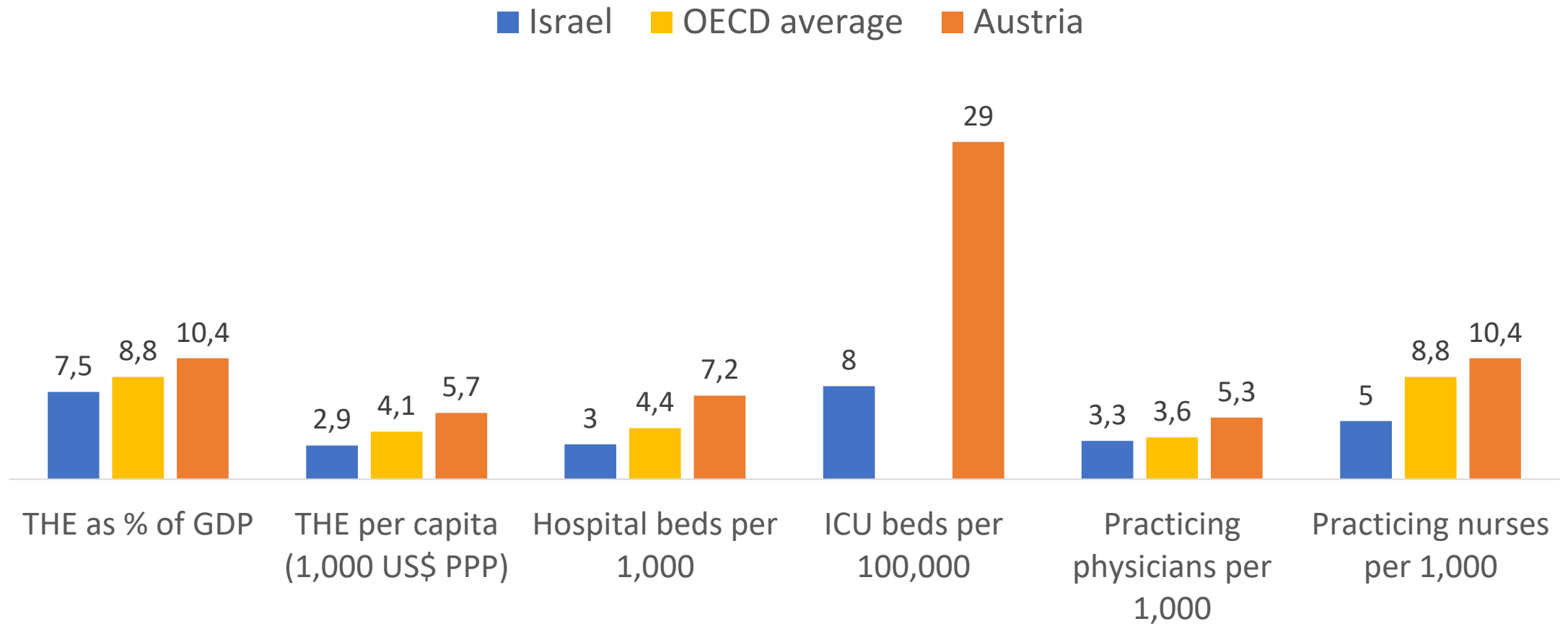
May 23, 2022 - Vienna

# Israel in context: key indicators, 2020

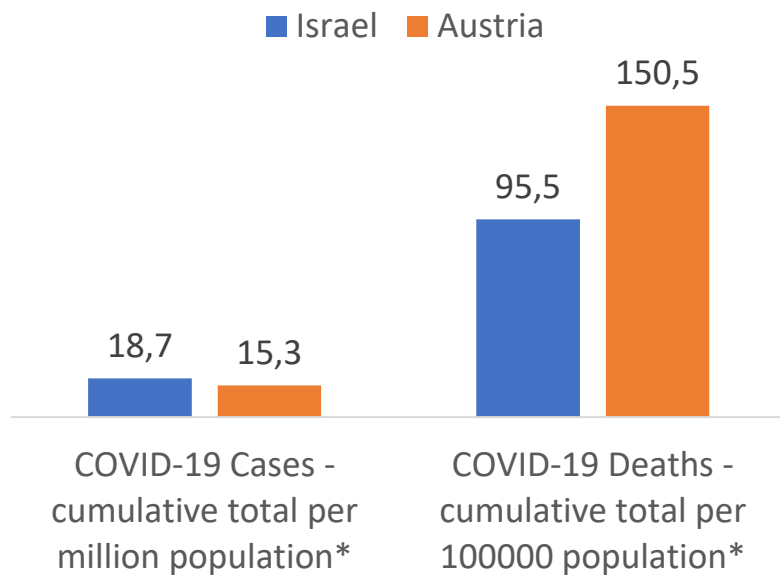
2021	Israel	Austria
Population (Millions)	9,050	8,880
Share aged 65+ (%)	12	19
GDP US\$ PPP (Millions)	382,300	453,400
Life expectancy at birth	82.9	82.0
Fertility rate	3.0	1.5



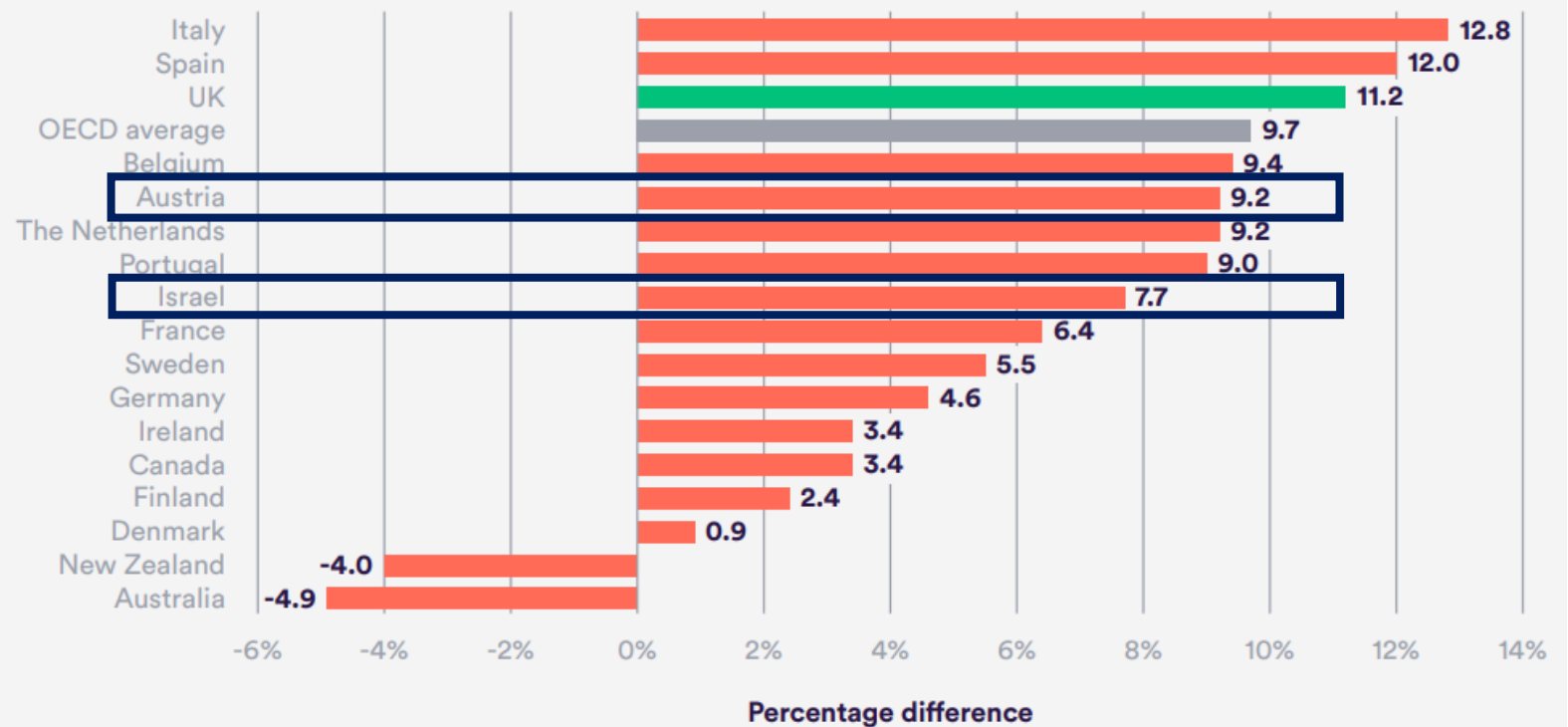
# The Israeli health system has under-average funds and resources (2019)



# Nevertheless, mortality from COVID-19 and excess deaths were relatively low



**Figure 2: Excess deaths from January 2020 to December 2021 as a proportion of expected deaths**



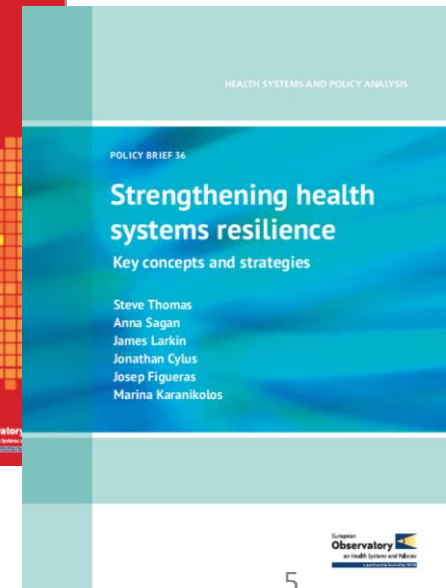
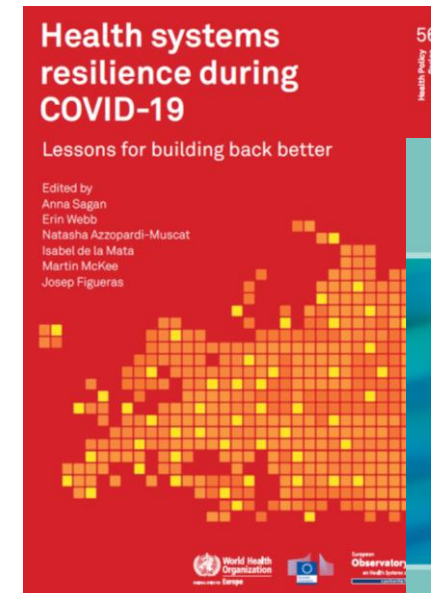
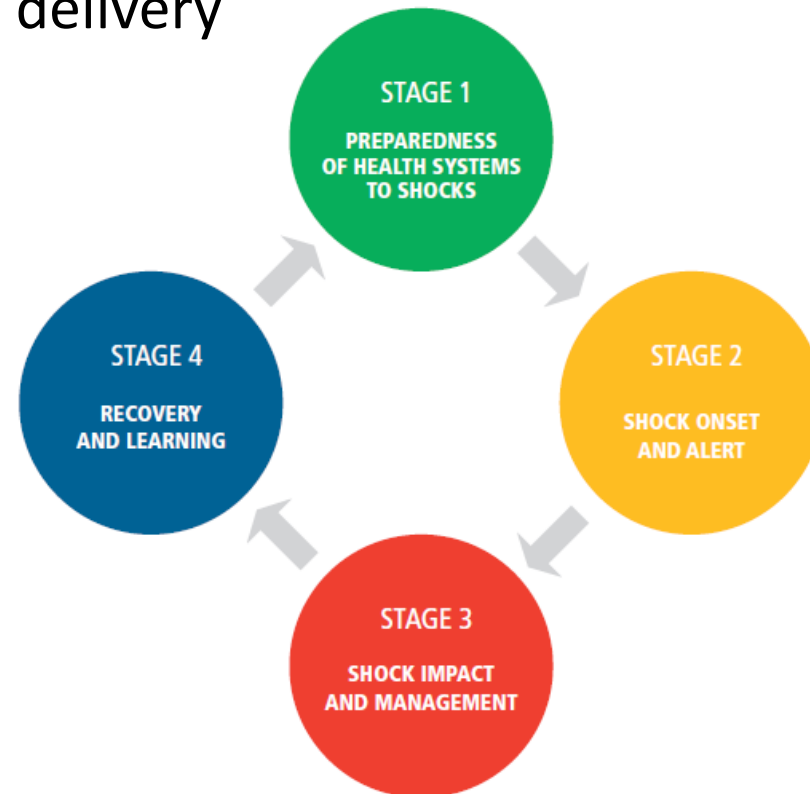
\*As per 16 May, 2022

Sources: WHO dashboard; Nuffield Trust, 2022

# Conceptualizing “Resilience”

- Health system resilience is the “ability to prepare for, manage (absorb, adapt and transform) and learn from shocks” (Thomas et.al, 2022)
- Focus on key health systems functions: governance, human and physical resources, service delivery

Shock cycle:



# Stage 1: Preparedness for shocks in Israel

- Preparations for mass casualty have been in place for decades
- Israel had national reserves of PPE
- Planning and training in anticipation of shocks have fostered collaborations between the military and all stakeholders of the health system
- Existing plans and knowledge have not always been utilised in practice during COVID-19

# Stage 2: Shock onset and alert

- Good surveillance data + unified EMR enabled Israel to detect, verify and track events in real time, to respond fast:
- First western country to close borders
- ICU beds were deployed from other wards + “flexible” ICU beds: increase from 1,500 to 6,000 ICU beds
- Loosened regulations for domestic production of medical supplies
- Various strategies to scale up the supply of health professionals
  - Reallocation of health professionals within the public sector
  - Extra hours, moving part-time to full-time, cancelling leave
  - Recruitment of students
  - Use of military medical personnel

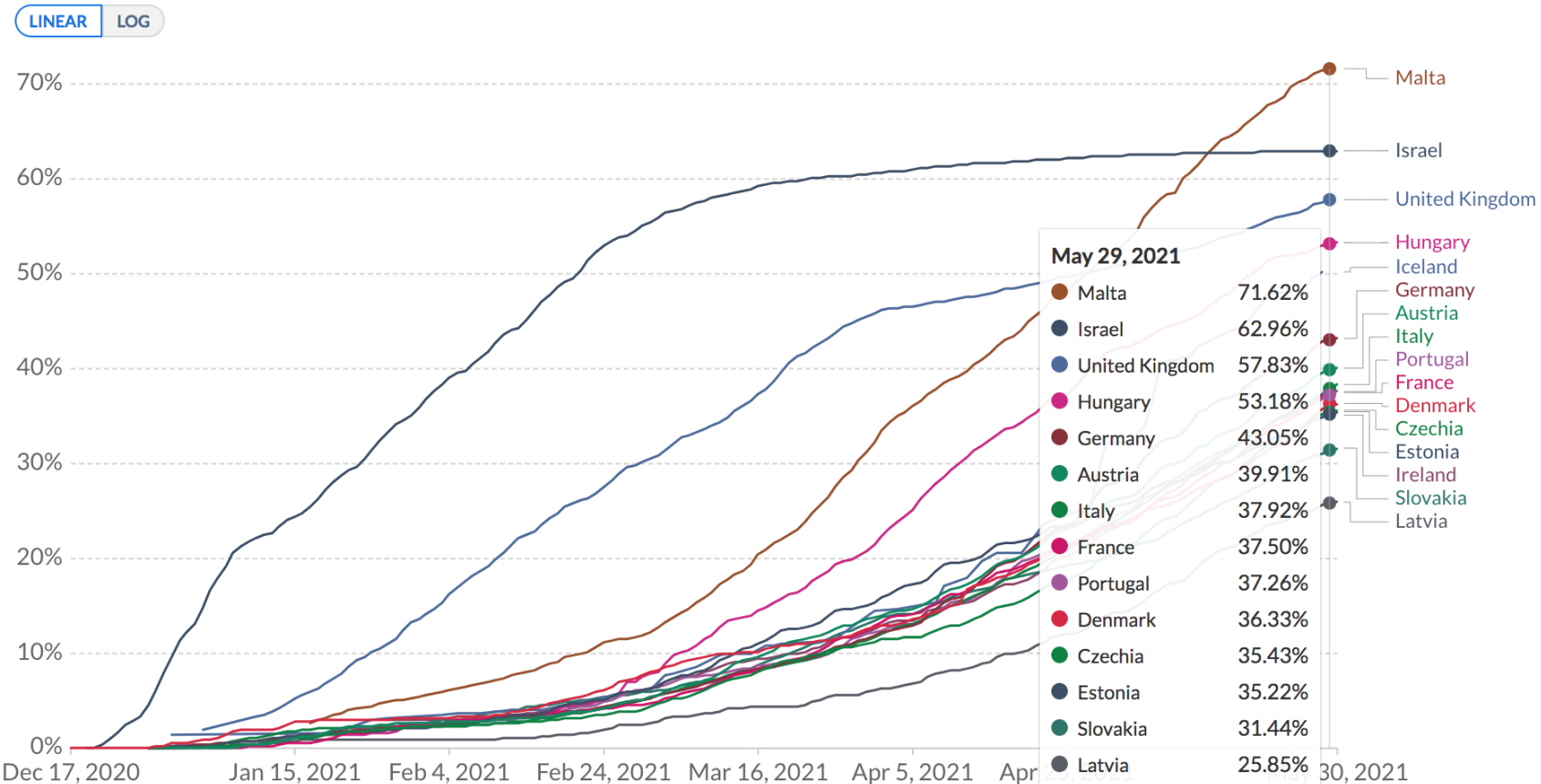
# Stage 3: Shock impact and management

## Example: The first vaccination rollout was fast

### Share of people who received at least one dose of COVID-19 vaccine

Share of the total population that received at least one vaccine dose. This may not equal the share that are fully vaccinated if the vaccine requires two doses.

Our World  
in Data



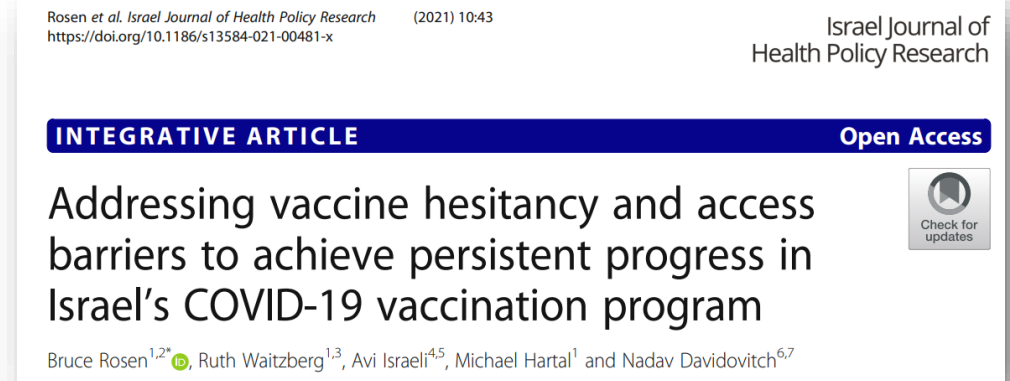
# Service delivery: Israel decided to rely mostly on primary care structure

- Experience in, and infrastructure for, planning and implementing prompt responses to large-scale national emergencies
- IT infrastructure: easy to make appointments
- EMR: easy to identify high-risk individuals
- Primary care clinics spread over the country



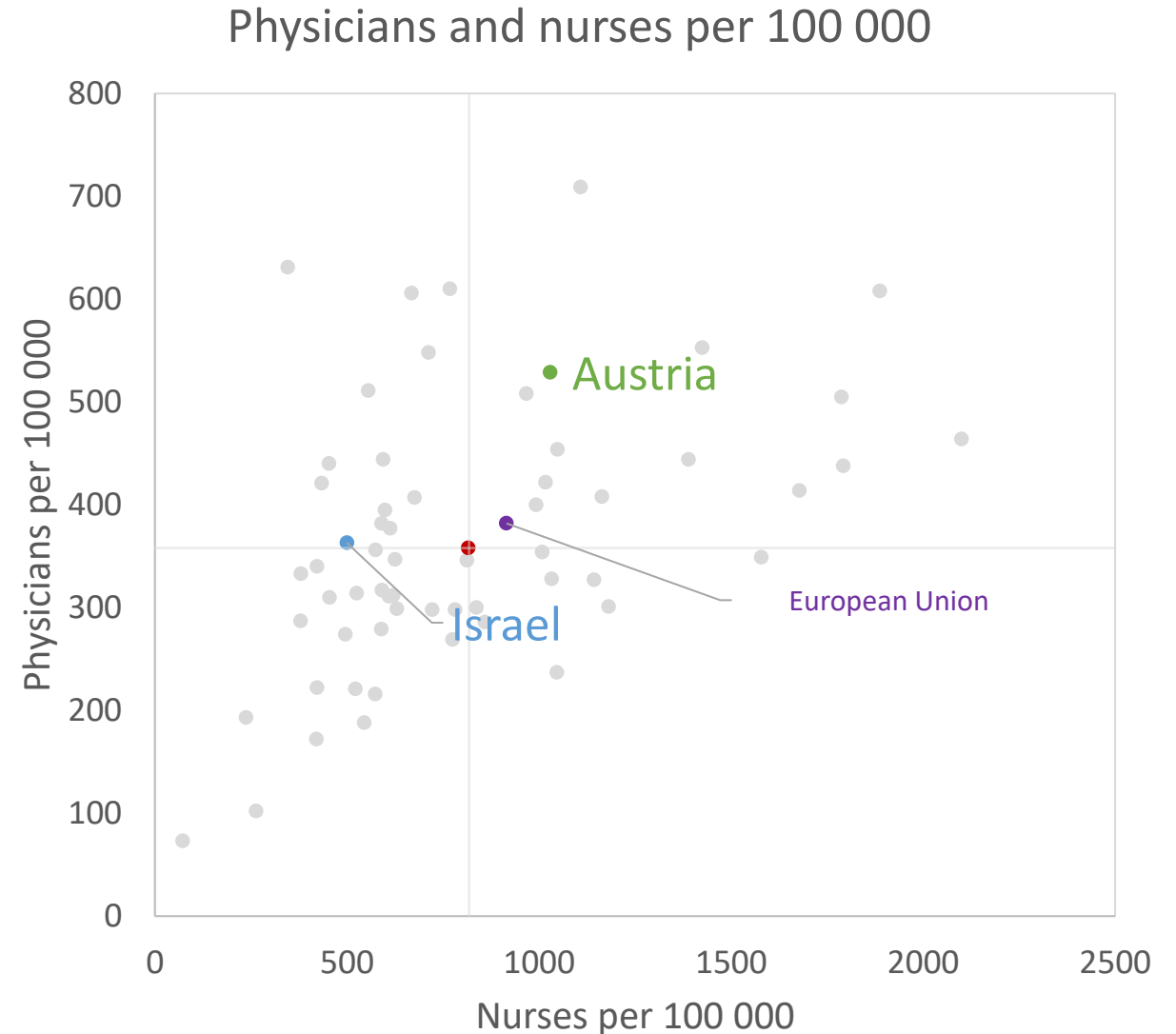
# Alternative approaches to deliver care

- Tailored reach-out for cultural minorities
- Mobile vaccination units: improved access



# Flexibility is key when workforce is scarce

- Nurses are authorized to vaccinate without physicians being present
- Most outpatient nurses are employed by health plans → rapidly deployed from other tasks + worked afterhours



# But overtime health workers need support

We are facing [a] high degree of burnout among staff, especially the ICU [intensive care unit], nurses and doctors. And this has to be dealt with internationally, not only nationally and organisationally... because I think everybody is facing this really big problem. We can already see trauma in our staff, and [a] lot of doctors and nurses will leave their jobs. So absolutely, this is something that has to be dealt with really, really quickly.

(Ministry of Health, Israel)



## Stage 4: Recovery and learning

Example: recent reforms to improve skill-mix and increase the health workforce

- Splitting tasks and responsibilities among new professionals:
  - Official recognition of the profession of “assistant physicians”
  - Certified nurses allowed to prescribe pharmaceuticals
- Adding physicians to the system
  - Expansion of medical schools
  - Facilitating the licensing of physicians who have studied abroad
  - Financing medical studies abroad
  - Improving the working conditions of residents

Discussion: Israel implemented strategies for a resilient **response** to a shock; resilience of the health system depends on the **sustainability** of these strategies

- ? (1) Effective and participatory leadership
- ✓ (2) Coordination of activities across government and key stakeholders
- ✓ (3) Organizational learning culture that is responsive to crises
- ✓ (4) Effective information systems and flows
- ✓ (5) Surveillance enabling timely detection of shocks
- ? (6) Ensuring **sufficient monetary resources** + flexibility to reallocate
- ? (7) Ensuring **stability of health system funding**
- ✓ (8) Purchasing flexibility to meet changing needs
- ✓ (9) Comprehensive health coverage
- ? (10) Appropriate level and distribution of **human and physical resources**
- ✓ (11) Ability to increase capacity to cope with a sudden surge in demand
- ✓ (12) Motivated and well-supported workforce
- ✓ (13) Alternative and flexible approaches to deliver care

Thank you  
תודה רבה  
Viele danke

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