



THE TEMPLATE

ISRAEL



I. GENERAL PART

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1. CHARACTERISTICS OF THE COUNTRY

✓ GEOGRAPHY

Israel is situated on the Eastern Shore and extends over an area of 21,500 km2. Land constitutes 98% of the area, with inland water – the Sea of Galilee and the Dead Sea – being 2%, the built-up areas are 5.6%, agricultural land 20%, forests and thickets 7.3% and 64% of uncultivated land and deserts. The topography is comprised of a narrow, flat coastline. Other flat areas are found in the Jordan Valley and in the South of the country – in the Arava and Negev desert. The rest of the landscape is mostly mountainous.





✓ STATE AND TERRITORIAL ORGANIZATION

Israel is enclosed by 857 km of borders, made up of: 194 km of coastline, 520 km of friendly borders (Egypt and Jordan), 170 km of hostile borders in the North (Syria and Lebanon), and approximately 400 km of borders that are yet to be determined (West Bank and Gaza Strip).

The country is divided into six districts and 15 sub-districts – these include, East Jerusalem and the Golan Heights but do not include the West Bank and Judea and Samaria.



✓ TIME AND CLIMATE ZONES

The climate in Israel varies: from a desert climate in the South (Negev and Arava), which is a continuation of the arid Sinai Desert, to the Northern and Western parts which are typically Mediterranean. The climate in Israel is characterized by a dry, hot summer and a cold and rainy winter. The temperatures during the height of the summer months (July / August) can peak at 40 degrees in the South and 30 degrees in the Northern regions, while plummeting to 5 degrees in the North and 15 degrees in the South during mid winter (January / February).

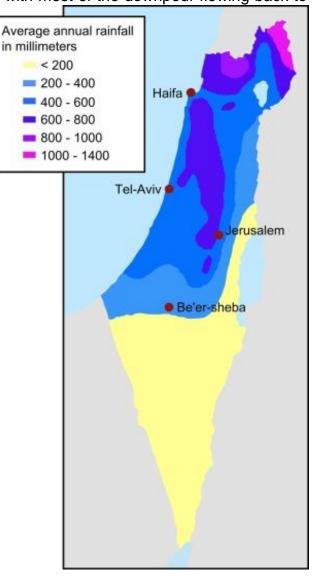
The rainy season in Israel stretches from October to May. The average annual rainfall ranges from 670 mm in the North to 22 mm in Eilat. Over the past year, most regions enjoyed 90% of the annual rainfall. The rainy season is rather limited with short but intense episodes of heavy rain with most of the downpour flowing back to

the sea. The water that seeps into the ground makes its way to two natural aquifers in the coastal plain and mountainous regions.

✓ DEMOGRAPHIC DATA

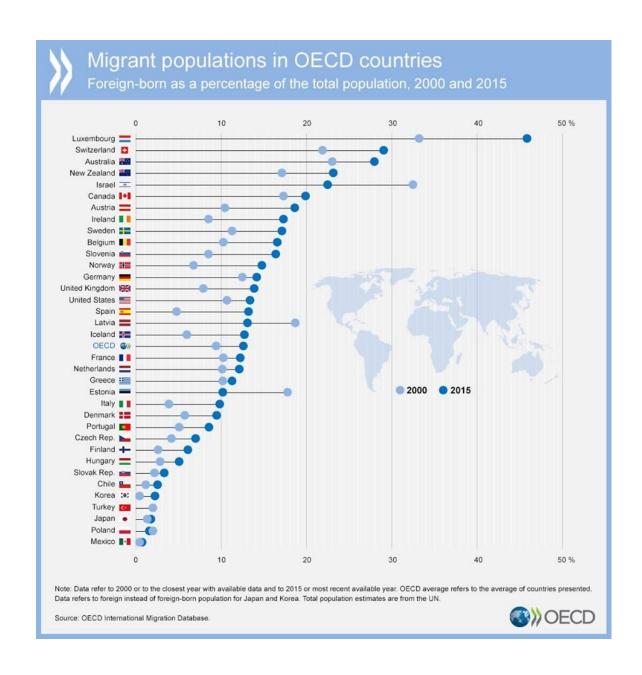
Israel has a population of 8, 628, 600 people: 74% Jews, 20.8% Arabs, 4.5% others. The population growth rate is 2%, with a birth rate of 3.11. The mortality rate is 5.1 and Life expectancy for males is 80.7 while for females it is 84.2.

Immigration: since the establishment of the State of Israel, 3.2 million people have immigrated to Israel, with 42% of them arriving after



1990. In 2016 alone, 26,000 immigrants made "Aliyah" to Israel.

Emigration: Israeli's emigrating abroad total 719 000. In 2016, 8000 people emigrated abroad.



2. HISTORY OF THE COUNTRY

Israel was recognized as a State by the General Assembly of the United Nations in 1948. This declaration was preceded by the gradual return, over a 30 year period, of Jews from Europe to Israel as well as the pre-establishment of the means to defend the borders of the country against an attack of the surrounding Arab states in 1948.

Since its official establishment, Israel has fought several wars which have involved the capturing and occupying of territories that have significantly enlarged the borders originally set by the United Nations. Israel currently occupies territories under military rule, with their fate, of being either part of the State or an independent entity, as yet, undecided.

3. COUNTRY POLICY

✓ POLITICAL SITUTATION

Israel is a Parliamentary democracy. The Knesset, Israel's Parliament, is elected every four years or when the government is no longer able or willing to perform its duties. The Knesset is legislative authority that supervises the operations of the government, in addition, to having several quasi-judicial functions: to elect both the president and the State Comptroller. The Knesset, consisting of 120 members, is seated in Jerusalem. The executive branch, the government, is formed by the party that receives a mandate from the President – as the party with the highest chance of forming a government. All main ministerial offices are situated in Jerusalem.

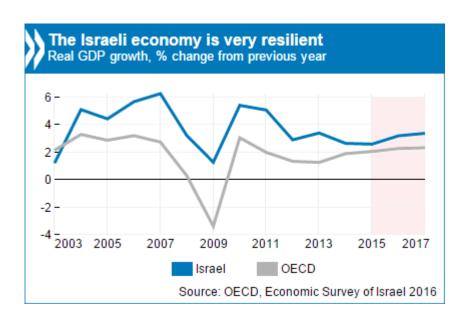
Since 1977, with an exception of a few years, the ruling party in Israel has been the Likud, leading different coalitions which include right wing and religious parties.

The political arena in Israel is traditionally divided into two main parties representing the moderate left and the moderate right, religious orthodox parties, Arab parties and smaller parties that represent the more extreme right and left arena.

Over the past few years the left parties, have lost some of their power with the public leaning towards a more right wing and nationalized view.

4. ECONOMY

Israel's economy is a mixed market economy, in which the government plays a significant role. The private sector is highly developed and includes a flourishing high technology industry. Other main industries include: the defense industry, tourism, metallurgy, chemical processing, diamond cutting and medical devices. Israel suffers from a paucity of natural resources and is thus dependent on the import of products and raw materials such as oil, fuel, coal and food.



✓ CURRENCY

The New Israeli Sheqel (NIS) is the official currency of the State of Israel. The Israeli currency sign
☐ is followed by the amount. The official currency name code of the sheqel according to ISO 4217 is ILS "Israeli Sheqel", even though in many cases the English graphic symbol NIS New Israeli Sheqel is used. Since the 26th May 2008, the Israeli Sheqel became fully convertible as Israel officially became a member of the Foreign Exchange Market (FX). The current exchange rate (for March 2018) of the Israeli Sheqel: EUR 1 = ILS 4.24 and \$1 = ILS 3.44.





✓ WAGES, SALARY RATIOS

The average salary in Israel refers to the average gross salary and forms the benchmark by which other forms of payment are calculated. In 2018, the average monthly salary is approximately NIS 9,800 per month.

✓ SOCIAL SUPPORT AND RETIREMENT

National Social Security Insurance is compulsory. Every resident of Israel, except for those exempt by law, must pay social security insurance fees. The payment is divided between the employer and the employee and the government covers some part of the employer's payment. People who are unemployed are also obligated to pay the fees. In this respect, social security is a per capita tax (head tax). Thus an unemployed person pays a higher fee than a person who has merely worked for a single day during the month.

There are four types of Social Security benefits:

Long-term benefits – awarded to a person, who for whatever reason, loses the ability to independently support himself / herself. These long-term benefits include: disability payments, pensions and dependants' benefits. The National Insurance Institute offers programs for the rehabilitation and integration of people with disabilities, widows, and geriatric patients.

Income substituting payments - are awarded to those who are temporarily unable to work. These payments include: unemployment benefits, maternity leave and work related injuries, etc.

Income Security – is a benefit given according to the Guaranteed Minimal Income Law to those with no or little income to insure the family has a minimal living standard.

Child support payments – a universal payment to any person who has children.

✓ AVERAGE COUNTRY PRICES

The cost of living in Israel is higher than the average in OECD countries. According to the Index, Israel is placed at 138 while the average in OECD countries is 100. The Index includes many products that are more expensive in Israel than in the Western countries, except for fruit and vegetables that are cheaper in Israel. The cost of living can be illustrated according to the adjusted purchasing power and how much a bill of EUR 100 is worth in the OECD countries. In Israel, 20% of this amount disappears and the green bill a worth only EUR 82, making Israel one of the most expensive countries in the OECD.

✓ TYPICAL PRODUCTS OF THE COUNTRY

In Israel there is a highly developed pharmaceutical industry that primarily focuses on the production of generic medications as well as on some ethical medications. Teva is the largest generic drug manufacturer in the world. Some notable ethical drugs Teva produces are Copaxone and Azilect. The Electronics Industry is a major player across the board in Israel's economy, especially in, computer chips, computer components, military electronics, pharmaceutical electronics, amongst others.

Many multinational companies, like Intel and Motorolla established research, development and manufacturing centers. Their products represent a considerable part of the Israeli Industrial Export Market. Multinationals, like IBM and Microsoft, established research and development centers in Israel that have made major breakthroughs in the field. Israeli high-tech companies like Amdocs, Checkpoint and CyberArc are publicly traded companies valued at hundreds of millions of dollars. Software start-up companies, like Waze and ICQ were sold to multinational companies for hundreds of millions of dollars.

Israeli companies or those with a strong connection to Israel are active in major computing areas especially the internet, in software distribution, online commerce, online gaming, among others. Major software houses active in the local market include Matrix, Ness technologies, Yael Software and Elad Systems. The Defense Industry is one of the most important in the market. In addition to its sales to the IDF in 2012, arms export peaked at a record of 7.5 billion dollars.

In Israel there are also a few natural resource industries that export to global markets. In the industry sector, most prominent is the export of magnesium and minerals from the Dead Sea. Magnesium is widely used in global industries as well as in the automobile industry. The Dead Sea minerals, such as mud minerals, are also used in the cosmetics and medical industries. The Diamond Industry situated in the Diamond Exchange in Ramat Gan is the largest export industry in the country, responsible for 28% of the total Israeli export.







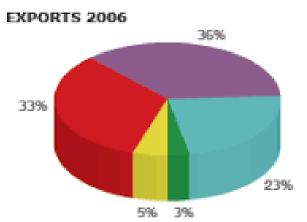


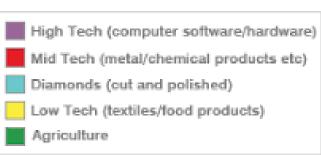
✓ INDUSTRY

The industry in Israel is very versatile and extends over various fields. Among Israel's most prominent industries are the chemical industries, food and beverages, diamond cutting, pharmaceuticals, electronics, energy and defense industries. The Israeli industry of today, is a direct result of the unique challenges that the Israeli industry of the past needed to face: geopolitical difficulties and the reliance on scarce natural resources. The industry reflects the focus Israel has placed on the human technological resource over the past decades which is a source of national pride and the backbone of the Israeli industry.

Heavy industries, such as metal, minerals and shipyards were Israel's traditional industries but over the years the country shifted to more innovative industries while largely maintaining the status of these traditional industries.

The Israeli high-tech industry is one of the examples of the adaptability of the





BOURCE: Central Bureau of Statistica, Iurael http://economy.gov.il/MadelnIsreal/Articles/Pages/ind1.aspx

Israeli industry and its reliance on Israel's human resource: college and technological institution graduates. This industry is but one example of the innovative ability of the Israeli industry facing a complex economic reality, lacking in natural resources but rich in human resources.

Israel became a member of the OECD – the organization of developed industrial countries, committed to the development of industry and protective of the values of democracy and the quality of

life.

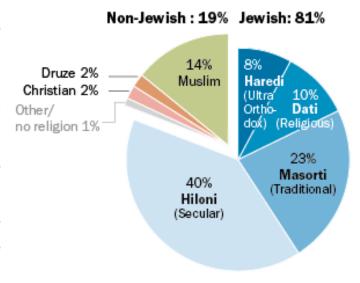
5. RELIGIONS, ETHNIC GROUPS AND MINORITIES

The Israeli society is divided into two main groups, a Jewish majority of 74% and an Arab minority of 20.8%. The Arab minority is mainly Muslim (85% including Bedouin, and a small minority of Cherkess), 7.5% Christian Arabs and 7.5% Druze. The Jewish majority is mainly made up of immigrants who came to Israel from the beginning of the 1920s. The immigrants initially came from Eastern Europe. After the establishment of the state there were a number of immigration waves from Muslim countries – mainly from Morocco, Yemen and Iraq. From the 90's many immigrants came to Israel from the former Soviet Union, they are currently the biggest ethnic group of immigrants. In addition, a small group of Jews arrived from Ethiopia.

The level of religiosity varies population. ln the population, the percentage of Arabs who define themselves as secular is 21%. In the Jewish population, people can be divided into groups based on varying degrees of religiosity. Approximately 44% of Jews refer to themselves as secular. 24% as traditional, 23% as religious, while 9% themselves as Ultra-Orthodox.

between the Jewish and Arab Israel's diverse religious landscape

Arab % of Israeli adults who identify as ...



Source: Survey conducted October 2014-May 2015. A small proportion of Jewish respondents (<0.5%) did not specify their subgroup.

PEW RESEARCH CENTER

The many faces of Israeli people















6. HOLIDAYS AND TRADITIONS OF THE COUNTRY

In Israel there are many Holidays that divide into: religious holidays, holidays that celebrate historical events of the Jewish people, agricultural holidays and civilian holidays that are connected to the establishment of the country and include memorial days and special ethnic group day celebrations. The Jewish holidays are celebrated according to the Jewish calendar which is a lunar (lunisolar) calendar. The beginning of the Jewish New Year is in Tishrei, the equivalent of September. On the religious holidays like New Year, Yom Kippur, Passover and Shavuot a public holiday is declared, thus businesses and national institutes are closed and there is no public transport.

The day of rest in Israel is on Saturday – businesses and schools are closed, and there is no public transport. The day of rest begins on Friday evening and ends on Saturday evening – it is traditional on this day to meet with family members, enjoy the beaches and parks in summer and go on short excursions. Every holiday is celebrated with dishes typical to that holiday and big family gatherings are an important part of the tradition.

Rosh Hashanah—The Jewish New Year

The month of Elul that precedes Rosh Hashanah is considered to be a propitious time for repentance.^[17] For this reason, additional penitential prayers called Selichot are added to the daily prayers, except on Shabbat. Sephardi Jews add these prayers each weekday during Elul. Ashkenazi Jews recite them from the last Sunday (or Saturday night) preceding Rosh Hashanah that allows at least four days of recitations.

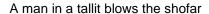


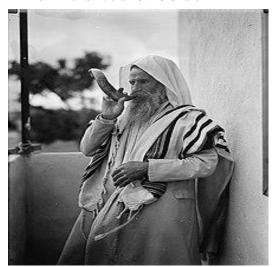


Rosh Hashana symbols: shofar, apples and honey, pomegranates, kiddush wine

According to oral tradition, Rosh Hashanah (ראש השנה) (lit., "Head of the Year") is the Day of Memorial or Remembrance (יום הזכרון, Yom HaZikaron), and the day of judgment (יום הדין, Yom HaDin). God appears in the role of King, remembering and judging each person individually according to his/her deeds, and making a decree for each person for the following year.

Yom Kippur—Day of Atonement





Yom Kippur (יום כיפור) is the holiest day of the year for Jews. Its central theme is atonement and reconciliation. This is accomplished through prayer and complete fasting—including abstinence from all food and drink (including water) —by all healthy

adults. Bathing, wearing of perfume or cologne, wearing of leather shoes, and sexual relations are some of the other prohibitions on Yom Kippur—all them designed to ensure one's attention is completely and absolutely focused on the quest for atonement with God. Yom Kippur is also unique among holidays as having work-related restrictions identical to those of Shabbat. The fast and other prohibitions commence on 10 Tishrei at sunset—sunset being the *beginning* of the day in Jewish tradition.

Yom Kippur comes to an end with the blowing of the *shofar*, which marks the conclusion of the fast.

It is traditional for secular Jews, mostly children to go on long bike rides on the





empty road in Israel during Yom Kippur.

Sukkot—Feast of Booths (or Tabernacles)



A sukkah booth

Sukkot (חוסוס or מוֹסַס, sukkōt) or Succoth is a seven-day festival, also known as the Feast of Booths, the Feast of Tabernacles, or just Tabernacles. It is one of the Three Pilgrimage Festivals (shalosh regalim) mentioned in the Bible. Sukkot commemorates the years that the Jews spent in the desert on their way to the Promised Land and celebrates the way in which God protected them under difficult desert conditions. The word sukkot is the plural of the Hebrew word sukkah, meaning booth. Jews are commanded to "dwell" in booths during the holiday. This generally means taking meals, but some sleep in the sukkah as well, particularly in Israel.

Hanukkah—Festival of Lights

The story of Hanukkah (חנוכה) is preserved in the books of

the First and Second Maccabees. These books are not part of the Tanakh (Hebrew



Bible), they are apocryphal books instead. The miracle of the one-day supply of olive oil miraculously lasting eight days is first described in the Talmud (Shabbat 21b), written about 600 years after the events described in the books of Maccabees.

Hanukkah marks the defeat of Seleucid Empire forces that had tried to prevent the people of Israel from practicing Judaism. Judah Maccabee and his brothers destroyed overwhelming forces, and rededicated the Temple in Jerusalem. The eight-day festival is marked by the kindling of lights—one on the first night, two on the second, and so on—using a special candle holder called a *Hanukkiah*, or a *Hanukkah menorah*.

Three widely practiced customs include:

- Consumption of foods prepared in oil, such as potato pancakes or jelly doughnuts, commemorating the miracle of oil
- Playing the game of dreidel (called a sevivon in Hebrew), symbolizing Jews'
 disguising of illegal Torah study sessions as gambling meetings during the
 period leading to the Maccabees' revolt
- Giving children money, especially coins, called Hanukkah gelt. However, the custom of giving presents is of far more recent, North American, origin, and is connected to the gift economy prevalent around North American Christmas celebrations.

Tu Bishvat—New Year of the Trees

Tu Bishvat (ט"ו בשבט) (lit., "fifteenth of Shevat", as ט"ו is the number "15" in Hebrew letters), is the new year for trees. It is also known as חג האילנות (Ḥag ha-Ilanot,Festival of Trees), or ראש השנה לאילנות (Rosh ha-Shanah la-Ilanot, New Year for Trees). According to the Mishnah, it marks the day from which fruit tithes are counted each year. Starting on this date, the Biblical prohibition on eating the first three years of fruit (orlah) and the requirement to bring the fourth year fruit (neta revai) to the Temple in Jerusalem were counted.

Traditionally, trees are planted on this day. Many children collect funds leading up to this day to plant trees in Israel. Trees are usually planted locally as well.





Nuts and dried fruits, traditionally eaten on Tu Bishvat

And planting a new tree

Purim—Festival of Lots

Purim (פורים) commemorates the events that took place in the Book of Esther.

The principal celebrations or commemorations include:

- The reading of the Megillah. Traditionally, this is read from a scroll twice during Purim—once in the evening and again in the morning. Ashkenazim have a custom of making disparaging noises at every mention of Haman's name during the reading.
- The giving of *Mishloakh Manot*, gifts of food and drink to friends and neighbors.
- The giving of *Matanot La'evyonim*, gifts to the poor and the needy.
- The Purim meal (Se'udat Purim or Purim Se'udah). This meal is traditionally
 accompanied by consumption of alcohol, often heavy, although Jewish sages
 have warned about the need to adhere to all religious laws even in a drunken
 state.

Several customs have evolved from these principal commemorations. One widespread custom to act out the story of Purim. The Purim spiel, or Purim play, has its origins in this, although the *Purim spiel* is not limited to that subject. Wearing of costumes and masks is also very common. These may be an outgrowth of Purim

plays, but there are several theories as to the origin of the custom, most related in some way to the "hidden" nature of the miracles of Purim.

Purim carnivals of various types have also become customary. In Israel there





are festive parades, known as Ad-D'lo-Yada, in the town's main street.

"OZEN HAMAN"-tradional PURIM cookie







Pesach—Passover



Traditional arrangement of symbolic foods on a Passover Seder Plate

Passover (חסי) (Pesach), also known liturgically as חג המצות ("Ḥag haMatzot", the "Festival of Unleavened Bread"), is one of the Three Pilgrimage Festivals (shalosh regalim) mentioned in the Bible. Passover commemorates the liberation of the Israelite slaves from Egypt. No chametz (leavened food) is eaten, or even owned, during the week of Passover, in commemoration of the fact that the Israelites left Egypt so quickly that their bread did not have enough time to rise. Observant Jews go to great lengths to remove all chametz from their homes and offices in the run-up to Passover.

Along with the avoidance of *chametz*, the principal ritual unique to this holiday is the seder. The *seder*, meaning "order", is an ordered ritual meal eaten on the first night of Passover, and outside Israel also on the second night. This meal is known for its distinctive ritual foods—matzo (unleavened bread), maror (bitter herbs), and four cups of wine—as well as its prayer text/handbook/study guide, the Haggadah. Participation in a Passover seder is one of the most widely observed of Jewish rituals, even among less affiliated or less observant Jews.

Passover lasts seven days in Israel (as per Ex. 12:15), and eight days outside Israel. The holiday of the last day of Passover (outside Israel, last two days) commemorates the Splitting of the Red Sea; according to tradition this occurred on the seventh day of Passover.

Lag Ba'Omer



Lag Ba'Omer bonfire

Lag Ba'Omer (ל"ג בעומר) is the 33rd day in the Omer count (ל"ג בעומר) is the number 33 in Hebrew). By Ashkenazi practice, the semi-mourning observed during the period of Sefirah (see above) is lifted *on* Lag Ba'Omer, while Sefardi practice is to lift it *at the end of*Lag Ba'Omer. Minor liturgical changes are made on Lag Ba'omer; because

In Israel, Lag Ba'Omer is associated with the Bar Kokhba revolt against the Roman Empire. In Zionist thought, the plague that decimated Rabbi Akiva's 24,000 disciples is explained as a veiled reference to the revolt; the 33rd day representing the end of the plague is explained as the day of Bar Kokhba's victory. The traditional bonfires and bow-and-arrow play were thus reinterpreted as celebrations of military victory. In this vein, the order originally creating the Israel Defense Forces was issued on Lag Ba'Omer 1948, 13 days after Israel declared independence.

Shavuot—Feast of Weeks—Yom HaBikurim

Cheese blintzes, a traditional food on Shavuot

Shavuot (שבועות), the Feast of Weeks, is one of the three pilgrimage festivals





(Shalosh regalim) ordained in the Torah. Different from other Biblical holidays, the date for Shavuot is not explicitly fixed in the Torah. Instead, it is observed on the day following the 49th and final day in the counting of the Omer. In the current era of the fixed Jewish calendar, this puts the date of Shavuot as 6 Sivan. In Israel and in Reform Judaism, it is a one-day holiday; elsewhere, it is a two-day holiday extending through 7 Sivan. It also is customary to eat dairy foods on Shavuot because Jewish tradition compares the words of Torah to the sweetness of milk and honey. Blintzes and cheesecake are among the popular foods to make and enjoy for the holiday.



Tisha B'Av—Ninth of Av

Worshipers seated on the floor of the synagogue before the reading of Lamentations on Tisha B'Av





Tisha B'Av (תשעה באב) is a major fast day and day of mourning. A Midrashic tradition states that the spies' negative report concerning the Land of Israel was delivered on Tisha B'Av. Consequently, the day became auspicious for negative events in Jewish history. Most notably, both the First Temple, originally built by King Solomon, and the Second Temple of Roman times were destroyed on Tisha B'Av. Other calamities throughout Jewish history are said to have taken place on Tisha B'Av, including King Edward I's edict compelling the Jews to leave England (1290) and the Jewish expulsion from Spain in 1492.

Tisha B'Av is a major fast. It is a 25-hour fast, running from sundown to nightfall. As on Yom Kippur, not only are eating and drinking prohibited, but also bathing, anointing, marital relations and the wearing of leather shoes. Work is not prohibited, as on Biblical holidays, but is discouraged. In the evening, the Book of Lamentations is read in the synagogue, while in the morning lengthy *kinot*, poems of elegy, are recited. From evening until noon mourning rituals resembling those of shiva are observed, including sitting on low stools or the floor; after noon those restrictions are somewhat lightened, in keeping with the tradition that Messiah will be born.

Israeli/Jewish national holidays and days of remembrance

As a general rule, the Biblical Jewish holidays (Sabbath, Rosh Hashanah, Yom Kippur, Passover, Shavuot, Sukkot and Purim) are observed as public holidays in Israel. Chanukah is a school holiday, but businesses remain open. On Tisha B'Av, restaurants and places of entertainment are closed. Other Jewish holidays listed above are observed in varying ways and to varying degrees.

Between the creation of the State of Israel in 1948 and the aftermath of the Six-Day War, the Knesset, generally in consultation with the Chief Rabbinate of Israel, established four national holidays or days of remembrance:

- Yom HaShoah: Holocaust Remembrance Day
- Yom Hazikaron: Memorial Day
- Yom Ha'atzmaut: Israel Independence Day
 More recently, the Knesset established two additional holidays:
- Yom HaAliyah: Aliyah Day
- A day to commemorate the expulsion of Jews from Arab lands and Iran

Finally, the Israeli government also recognizes several ethnic Jewish observances with holiday status.

Yom HaShoah—Holocaust Remembrance Day



A lit Yom HaShoah Yellow Candle



traffic stops during the memorial siren

Yom HaShoah (lit. "Holocaust Day") is a day of remembrance for victims of the Holocaust. Its full name is Yom Hazikaron LaShoah v'LiGevurah (lit. "Holocaust and Heroism Remembrance Day") (יום הזכרון לשואה ולגבורה), and reflects a desire to recognize martyrs who died in active resistance to the Nazis alongside those who died as passive victims. Its date, 27 Nisan, was chosen because it commemorates the Warsaw Ghetto uprising, the best known of the armed Jewish uprisings.

Places of public entertainment are closed throughout Israel in recognition of the day. Public commemoration of Yom HaShoah usually includes religious elements such as the recitation of Psalms, memorial prayers, and kaddish, and the lighting of memorial candles. In Israel, the most notable observances are the State memorial ceremony at Yad Vashem and the sirens marking off a two-minute silence at 10:00 am.

Yom Hazikaron—Memorial Day





A moment of silence as the siren is sounded in Tel Aviv, Yom Hazikaron 2007

Yom Hazikaron (lit. "Memorial Day") is a day of remembrance of the fallen of Israel's wars. During the first years of Israel's independence, this remembrance was observed on Yom Ha'atzmaut (Independence Day)itself. However, by 1951, the memorial observance was separated from the festive celebration of Independence Day and moved to its current date, the day before Yom Ha'atzmaut. Since 2000, the scope of the memorial has expanded to include civilians slain by acts of hostile terrorism. Its full name is now יום הזכרון לחללי מערכות ישראל ולנפגעי פעולות "Day of Remembrance for the Fallen of the Battles of Israel and the Victoms of Terror").

Places of public entertainment are closed throughout Israel in recognition of the day. Many schools, businesses and other institutions conduct memorial services on this day, and it is customary to visit the graves of fallen soldiers and to recite memorial prayers there. The principal public observances are the evening opening ceremony at the Western Wall and the morning services of remembrance at military cemeteries throughout the country, each opened by the sounding of sirens. The

public observances conclude with the service at the military cemetery on Mount Herzl that serves as the transition to Yom Ha'atzmaut.

Yom Ha'atzmaut—Israel Independence Day

Yom Ha'atzmaut (יום העצמאות) is Israel's Independence Day. Observance of this day by Jews inside and outside Israel is widespread and varies in tone from secular (military parades and barbecues) to religious.





celebrations of independent day and fireworks



traditional family barbeque in the park

Ethnic holidays

The Israeli government officially recognizes three traditional holidays of ethnic Jewish communities in Israel. These days are also observed by their respective communities outside Israel. Mimouna began as a holiday of Moroccan Jews, while similar celebrations
also exist among Turkish Jews and Persian Jews. These festivals are
observed on the day after Passover, when eating of ordinary food ("chametz")
resumes. In Israel, observance of Mimouna has spread widely in recent years;
it has been estimated that up to two million Jews in Israel now participate in
Mimouna celebrations.



 The Seharane was celebrated by Kurdish Jews as a multi-day nature festival starting the day after Passover. Communities would leave their villages and camp out for several days, celebrating with eating and drinking, nature walks, singing and dancing.



• The *Sigd* began as an evolution of the observance of Yom Kippur by the Beta Israel (Ethiopian) community. Currently that community now observes it in addition to Yom Kippur; its date is 29 Heshvan, 49 days after Yom Kippur. It shares some features of Yom Kippur, Shavuot, and other holidays.



7. FAMILY

✓ TRADITONAL FAMILY, GOVERNMENT SUPPORT

The common family unit consists of a married couple, man and woman and their children. There are also family units of unmarried couples, single parents and same sex couples. The family plays a very important role in the Jewish tradition and it is common to meet with family member frequently.

The Welfare policy includes: old age pensions, maternity leave insurance, employee compensation and large family support. The government also assists new immigrants, people with low income and people with disabilities. The medical bills and costs involved in giving birth and for the period thereafter, are paid by the state. The pregnant woman receives a once off maternity grant and a maternity allowance of 15 weeks. The father of the baby is allowed to partake in some of maternity leave.

✓ MARRIAGE, DIVORCE AND REGISTERED RELATIONSHIPS

Marriage ceremonies and divorce procedures in Israel are performed by a person authorized by the state to do so. No religious intermarriages can be performed legally in Israel, nor can marriages of those whose religious affiliation is not recognized by the state. Jews in particular, are limited by Jewish Law (Halacha) in terms of marriage and divorce. The Minimum Marriage Age law allows couples to get married only over the age of 18, unless special circumstances and an application to family court determine otherwise, 16 years of age. Marriage abroad is the main alternative for establishing a marital relationship in Israel for those who are unable or unwilling to get married by the authority of the religious tribunal. Israel recognizes for the purposes of registration valid marriage certificates from abroad, including same sex marriages or other marriages that cannot be performed in Israel. Barking the gb





Tradition of braking the glass at Jewish wedding to remember the destruction of the temple

✓ CARE FOR AN UNAUTHORIZED CHILD

The law states that a child is eligible for adoption if the "child is out of his / her home for a period of 6 months and the parent for 'no justified' reason refuses to have the child return home". Even for children above the age of 6, adoption is considered a permanent option instead of the home. In Israel there are few children put up for

adoption (85-100 per year), and most of the children remain in foster care with the hope of returning them to their parents' home or to the home of a relative. In total, the number of children placed in foster care is over 2, 500 children. The legal process for either placing children in foster care or putting them up for adoption, is in the hands of the social services in Israel.

www.molsa.gov.il/.../7skirachildrenfameliespart4adaption.pdf

8. LIFESTYLE OF THE COUNTRY

✓ GENERAL

The lifestyle in Israel can be placed on a wide range between East and West. On the one hand, Israel is a Modern Western country, democratic and developed with advanced technology, while on the other hand, it is a country situated in the Middle East. Israel has some of the most advanced research centers in the world. The Tel-Aviv residents are a trendy metropolis people, with most Israeli's being global people. On the other hand, Israel shares some similarities with undeveloped countries, for example, the level of public transport. Israel is a warm country and people have tendency to be temperamental. The Israeli population is very diverse and thus there are extreme changes in lifestyle and habits between groups. In Israel there are different religious groups, secular and religious people and city folk and country folk.

✓ EDUCATION

The Compulsory Education Law is one of the first laws enacted in the Knesset (Parliament) in 1949. The law states that children in Israel need to attend some form of the education system (kindergarten or school) from the age of 5 until they graduate from school in the 12th grade. Parents are under an obligation to register the child in school and must make sure the child attends school until he/ she graduates. In Israel there are public schools that are government run schools for the general public, public religious schools for the religious public, an Orthodox education system as well as other private network education systems.

Israelis can expect to complete an average of 15.9 years of education between the ages of 5 and 39 years old, which is less than the OECD average of 17.5 years and is one of the lowest levels of the OECD. In Israel 85% of adults between the ages of 25-64 have completed school, which is above the OECD average which is 76%. The educational system and professional training schools are diversified, with relatively good results in the market for the graduates. The latter includes an additional year of education for technicians and 2 years of practical training in engineering, a wide variety of specialized courses under the auspices of the Ministry of Economy, and professional diplomas. These professional diplomas can be awarded upon the completion of a professional training course or once a specialized exam has been completed.

There are numerous professional training programs that are equivalent to undergraduate (bachelor) and higher degrees at university or other academic institutions. Taking into consideration the wide variety of options, from the wide variety of sources in the private sector and the specialized programs designated for weaker groups, the system offers options for most relevant groups. http://israel-trade.net/oecd/life/

✓ PEOPLE'S APPEARANCE

Jews from all over the world immigrate to Israel, thus there is great variance in the external characteristics of the people of Israel. People have immigrated to Israel from all over the Middle East. Europe, Ethiopia, Yemen and India and the marital union between people of different ethnic backgrounds gives rise to offspring of mixed ethnic backgrounds. Thus Israelis might have the appearance of light skinned Europeans and dark skinned Africans and the range in between.

✓ SPECIFICS OF EDUCATION AND ETIQUETTE

In Israel there are approximately 33 languages in use. Hebrew and Arab are official languages. The Israeli dialect of the Hebrew language that started as a result of the revival of the Hebrew language, in Europe, at the end of the nineteenth century, is spoken by most Israelis. This language has its basis in ancient Hebrew and has some characteristics of European languages, including Yiddish. In the days following the establishment of the State of Israel, the Hebrew language became more flexible and

started drawing on words and expressions from English, Russian and Arabic which are also used as slang.

Israelis are very informal in their social approach. Their standards in many countries would be regarded as impolite. Israelis generally like engaging in social encounters, making eye contact with ease, and expressing warmth, physical closeness and openness.

Jewish religious rules dictate that women must dress modestly when frequenting religious sites (short pants are unacceptable for both genders) and men must wear a "kippa" on their heads.

Near the Western Wall

✓ FOOD

Israeli cuisine has not been around for as long as other cuisines. In addition, most dishes and recipes in Israel were adopted from various countries of the world due to the many waves of immigration upon the establishment of Israel and ever since. However, Israel also has unique dishes and recipes. Among the popular dishes in Israel is Hummus, found in many restaurants, also, Falafel, Shawarmah (from the Turkish kitchen), and Jahnun (from the Yeminite kitchen). In the Israeli kitchen there are a wide variety of recipes taken from the various kitchens of the world. Israeli cuisine can be described as unique in that it combines many cooking styles, seeing as though the local style has been influenced many different kitchens like the Arab kitchen, the European kitchen and the American kitchen. The consumption of fresh fruit and vegetables is relatively high in Israel, which also grows most of this produce.



Israeli salad



falafel



Shakshuka



Humus

In Israel some people keep kosher. In Judaism the term "kosher" refers to a set of rules which determine what types of food are allowed and what types are forbidden to consume based on religious belief. In terms of the kosher rules: no pork is allowed, nor sea food. Meat and milk products cannot be consumed together, nor eaten using the same utensils.

✓ MENTALITY

Israelis are often called "Sabarim". Sabra (prickly pear), is a fruit that grows on a cactus plant in the desert. These plants are found all over the country. The fruit is sweet and juicy on the inside with a prickly outer skin and in order to enjoy the fruit one needs to deal with the thorns. Like the prickly pear, Israeli's are perceived of as tough and hard to approach, but on the inside, soft and sweet.

The Israelis are a family oriented people and blood relations are very strong, which is part of their collective power; the extended family is a network of support and connections. Israelis are very often connected to each other in some way, whether by family ties, a friend or directly. It would seem that everybody knows everybody and these connections are used in everyday life. Almost all Israelis serve in the military and this service plays a significant part in the creation and formulation of the open, direct, mentality, often perceived of as impolite.

In general, Israelis are satisfied on average with their lives, more than in most OECD countries. When requested to rank their satisfaction with their lives on a scale of 1-10, Israelis gave a 7.1 score which is higher than the OECD average of 6.5.

http://israel-trade.net/oecd/life/

✓ SPORT, LEISURE

56% of the population in Israel reports doing sports and physical activity doing their leisure time. 32% of the population follows the recommendations of the World Health Organization. The main reason given for participating in physical activities is maintaining good health. The most common activity reported by 33.5% of those who do physical activity is walking, running by 7.6% of participants and swimming by 7.6%. The most popular field in sports in Israel is soccer, and many Israelis support the national soccer team. An important element in terms of the balance between work and leisure is the amount of time a person spends at work. In Israel, almost 15% of the employees work especially long hours, more than the OECD average of 13%. https://www.gov.il/he/departments/publications/reports/exercise_habits_among_israelis_over_21_survey

Because of the pleasant weather conditions throughout most of the year, many Israelis enjoy spending their leisure time outdoors,

traveling, at the beach, parks or entertainment centers. http://israel-trade.net/oecd/life/





II. HEALTH CARE IN ISRAEL

- 1. DESCRIPTION OF THE HEALTHCARE SYSTEM IN ISRAEL
- 2. THE TERMS OF HEALTH, DISEASE, PREVENTION IN ISRAEL
- 3. ORGANIZATION OF HEALTH CARE SYSTEM IN ISRAEL
- 4. HOME CARE
- 5. AVAILABILITY OF HEALTH CARE
- 6. THE SYSTEM OF NURSING CARE IN ISRAEL
- 7. SPIRITUAL CARE IN ISRAEL
- 8. THE RIGHTS AND OBLIGATIONS OF THE PATIENT IN ISRAEL
- 9. DAILY REGIME IN HOSPITALS
- 10. HEALTH CARE PROFESSIONALS
- 11. SPECIFIC AREAS OF HEALTH AND NURSING
 CARE
 - A. dying, palliative care
 - B. euthanasia
 - C. death, autopsy
 - D. pregnancy, childbirth
 - E. child care

- F. abortion
- G. transfusion
- H. transplantation, organ donation

1. DESCRIPTION OF THE HEALTHCARE SYSTEM IN ISRAEL

- ✓ TYPE OF HEALTH CARE SYSTEM
- ✓ THE SUBJECTS OF THE HEALTH SYSTEM
- ✓ PHILOSOPHY / IDEA / PRINCIPLES

The Ministry of Health is responsible for population health and the overall functioning of the health care system (including the regulation of health care insurers and providers). It also owns and operates a large network of maternal and child health centers, about half of the nation's acute-care bed capacity, and about 80 percent of its psychiatric bed capacity.

In 1995, Israel passed a national health insurance (NHI) law, which provides for universal coverage. In addition to financing insurance, government provides financing for the public health service and is active in areas such as the control of communicable diseases, screening, health promotion and education, and environmental health, as well as the direct provision of various other services. It is also actively involved in the financial and quality regulation of key health system actors, including health plans, hospitals, and health care professionals.

Primary care: Nearly all Israeli primary care physicians provide care through only one of the four competing nonprofit health plans, which vary markedly in how they organize care. (In this profile, we refer to primary care physicians as general practitioners, or GPs, although they also include board-certified family physicians.)

In Clalit, the largest health plan, most primary care is provided in clinics owned and operated by the plan, and GPs are salaried employees. The typical clinic has three to six GPs and several nurses, pharmacists, and other professionals. Clalit also contracts with independent physicians; although these doctors tend to work in solo practices with limited on-site support from non-physicians, they have access to various administrative and nursing services at Clalit district clinics.

The other three health plans also use a mix of clinics and independent primary care practices, with the mix varying across plans. In Maccabi (the second-largest plan) and Meuhedet, almost all of the primary care is provided by independent physicians, while in Leumit the clinic model predominates (though not to the same extent as in Clalit).

Members of all plans can generally choose their GP from among those on the plan's list and can switch freely. In practice, nearly all patients remain with the same GP for extended periods.

In Clalit, each patient is registered with a GP who has responsibility for coordinating care and who acts as a gatekeeper to secondary care, with the exception of five common specialties. In Leumit, patients are registered with a clinic rather than with a GP, and in the other two plans there is no registration. However, in all plans there is a movement under way to associate each member with a physician for purposes of quality assurance and accountability. Clalit is the only plan that requires referral to secondary care.

Independent physicians in all plans are paid on a capitation basis, with Clalit and Leumit using "passive capitation" (a quarterly, per-member payment made irrespective of whether the member visited the GP in the relevant quarter) and Maccabi and Meuhedet using "active capitation" (where the payment is made only for members who visited their GP at least once during the quarter). Independent physicians also receive limited fee-for-service payments for certain procedures.

Plans monitor the care provided by their GPs and work closely with them to improve quality. However, quality-related financial incentives are generally not used.

The salaries of Clalit clinic physicians are set via a collective bargaining agreement with the Israel Medical Association. The capitation rates of independent physicians, in all the health plans, are set by the plans in consultation with their physicians' associations.

Administrative mechanisms for direct patient payments to providers: As noted above, the only direct payments to NHI providers are copayments. Patients can usually use their health plan membership cards instead of making cash payments; the provider receives the full fee from the health plans, which then collect the copayments from enrollees.

After-hours care: After-hours care is available via hospital emergency departments (EDs), freestanding walk-in "emergi-centers," and companies that provide physician home visits. Physicians providing care in EDs and emergi-centers come from a range of disciplines, including primary care, internal medicine, general surgery, orthopedics, and, increasingly, emergency medicine. Nurses play a significant role in triage. They are typically salaried, while physicians working for home-visit companies are typically paid per visit.

Primary care physicians are not required to provide after-hours care. They receive reports from the after-hours providers, and increasingly this information is conveyed electronically.

All the health plans operate national telephone advice lines for their members, staffed by nurses with physician backup.

✓ FINANCING SYSTEM

Publicly financed health insurance: Israel's NHI system automatically covers all citizens and permanent residents (aside from soldiers, who receive health care directly from the army). It is funded primarily through a special income-related health tax in combination with general government revenues, which in turn are funded primarily through progressive income-related sources such as income tax.

Employers are required to enroll any foreign workers (whether documented or undocumented) in private insurance programs, whose range of benefits is similar to that of NHI. Private insurance is also available, on an optional basis, for tourists and business travelers. Nevertheless, there are people living in Israel who do not have health insurance, including undocumented migrants who are not working. Several services are made available to all individuals irrespective of their legal or insured status. These include emergency care, preventive mother and child health services, and treatment of tuberculosis, HIV/AIDS, and other sexually transmitted infections.

Within the NHI framework, residents can choose among four competing nonprofit health plans. Government distributes the NHI budget among the plans primarily through a capitation formula that takes into account sex, age, and geographic distribution. The health plans are then responsible for ensuring that their members have access to the NHI benefit package, as determined by government.

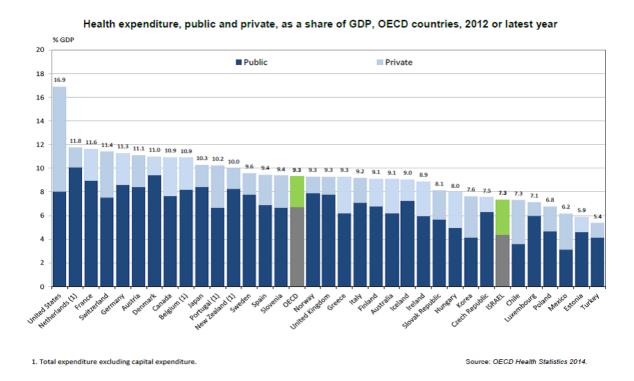
Private health insurance: Private voluntary health insurance (VHI) includes health plan VHI (HP-VHI), offered by each health plan to its members, and commercial VHI (C-VHI), offered by for-profit insurance companies to individuals or groups. In 2014, 87 percent of Israel's adult population had HP-VHI, and 53 percent had C-VHI.² HP-VHI premiums are age-related and cross-subsidized, and health plans cannot reject applicants. C-VHI premiums are risk-related, and coverage is tailored to consumers. C-VHI packages tend to be more comprehensive and more expensive than HP-VHI packages. While C-VHI coverage is found among all population groups, coverage rates are highly correlated with income.

Together, these two types of private VHI financed 14 percent of national health expenditures in 2014. The Ministry of Health regulates HP-VHI programs, while the Commissioner of Insurance, who is part of the Ministry of Finance, regulates C-VHI programs. The focus of C-VHI regulation is actuarial solvency, with secondary attention to consumer protection; in HP-VHI regulation, there is more attention to equity considerations and potential impacts on the health care system.³

Israelis purchase VHI to secure coverage of services not included in the NHI package (e.g., dental care, certain lifesaving medications, institutional long-term care, and treatments abroad), care in private hospitals, or a premium level of service for services covered by NHI (e.g., choice of surgeon and reduction of waiting time). VHI

is also supplementary to NHI, as it extends coverage of services in the health basket such as more physiotherapy or psychotherapy sessions. However, it does not cover user charges. VHI coverage is also purchased as a result of a general lack of confidence in the NHI system's capacity to fully fund and deliver all services needed in cases of severe illness.

http://international.commonwealthfund.org/countries/israel/



✓ RANGE OF PROVIDED HEALTH CARE

The mandated benefit package includes hospital, primary, and specialty care, prescription drugs, certain preventive services, mental health care, dental care for children, and other services. Dental care for adults, optometry, and home care are generally excluded, although the National Insurance Institute does provide some funding for home care, dependent on need. Limited palliative and hospice services are included in the NHI benefit package as well.

Israel has a well-developed system for prioritizing coverage of new technologies within an annual overall budget set by the Cabinet (which includes Parliament members from the ruling parties). Proposals for additions are solicited and received from pharmaceutical companies, medical specialty societies, and others. The Ministry

of Health then assesses the costs and benefits of the proposed additions, and a public commission combines the technical input with broader considerations to prepare a set of recommendations. These are usually adopted by the Ministry and subsequently by the Cabinet.

2. THE TERMS OF HEALTH, DISEASE, PREVENTION IN ISRAEL

✓ VALUE ORIENTATION OF THE ISRAELI POPULATION

The population of Israel is aging rapidly. The proportion of children aged 0-4 declined from 14.2% in 1955 to 10.3% in 2014. Conversely, the proportion of persons aged 65 and older increased, from 4.7% in 1955 to 10.7% in 2014.

Israel's population is relatively young. 28.2% of the population of Israel in 2014 were under age 15. In contrast, in the OECD countries, this age group comprised 18.1% of the population. Conversely, the population of Israel aged 65 and above comprised 10.7% of the total population in 2014, as compared with 16.0% in the OECD countries1-3. The Arab population in Israel is younger than the Jewish population: 35.1% of the Arab population in 2014 were under age 15 as compared with 26.4% of the Jewish population; and 4.3% were aged 65 and over, as compared with 12.4% of the Jewish population.

Migrants At the end of 2015, there were an estimated 183,000 migrant laborers residing in Israel, of whom approximately 104,000 had entered the country with work visas and approximately 79,000 who entered with tourist status. In addition, there were approximately 43,000 refugees, mainly from Eritrea and Sudan, who had illegally crossed the southern border of Israel.

https://www.health.gov.il/publicationsfiles/highlights_of_health_in_israel2016.pdf

✓ PERCEPTION OF HEALTH AND ILLNESS

The leading causes of death in Israel in 2013 were cancer (25.8% of all deaths), heart disease (15.9%), stroke (5.6%), diabetes (5.6%) and infectious diseases (5.2%) The

main difference between men and women was in the ranking of external causes of death, which was the third leading cause in men (5.7% of all deaths) and the seventh in women (2.8% of all deaths).

✓ PREVENTION SYSTEM IN ISRAEL

Israel's health problems are similar to those prevailing in the Western world. Since heart diseases and cancer account for about two thirds of deaths, the study of these illnesses has become a national priority. Also of great concern are medical care for the aging, problems arising from environmental changes, and conditions emanating from current lifestyles, as well as traffic and occupational accidents.

Health education programs are widely used to inform the public of the need to stop habits such as smoking and overeating, as well as lack of physical exercise, which have proved detrimental to health. Campaigns are also run frequently to increase workers' and drivers' awareness of potential dangers.

http://www.jewishvirtuallibrary.org/general-overview-of-health-and-medicine-in-israel

3. ORGANIZATION OF THE HEALTH CARE SYSTEM

✓ TYPES OF HEALTH CARE

Outpatient specialty care: Outpatient specialty care is provided predominantly in community settings 4 Kupot holim, medicals organizations, in health plan clinics the dominant mode in Clalit and after Maccabi, Meuhedet, leumit and in physicians' offices (the predominant mode in the other health plans). The former tends to be integrated multispecialty clinics, while the latter tend to be single-specialty. Most specialists are paid on an active capitation basis, plus fee-for-service for certain procedures. Rates are set by the health plans and, within the NHI system, specialists may not balance-bill; patients pay the quarterly copayment only. Patients can choose from a list of specialists provided by their health plans. Specialists who work for the plans may also see private patients.

Hospitals: Acute-care bed capacity is divided approximately as follows: government, 50 percent; Clalit, 30 percent; other nonprofits, 15 percent; for-profits, 5 percent. There are 33 public hospitals in Israel However, the for-profits account for a much larger share of admissions and an even larger share of surgical operations.

✓ THE SYSTEM OF HEALTH SERVICES AND THEIR CHARACTERISTICS

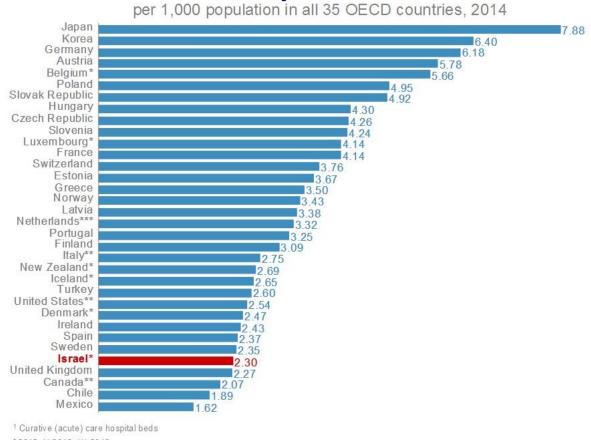
In the end of 2014, there were 85 hospitals in Israel: 44 general hospitals, 12 mental health hospitals, 29 specialized hospitals (geriatric and rehabilitation centers), as well as 278 residential long-term facilities. Only 11 of the general hospitals are government-owned and operated by the Ministry of Health, 9 owned by Clalit, and the rest are private, such as Herzliya Medical Center. Most of the private hospitals in Israel belong to nonprofit or charitable organizations.

Public clinics and pharmacies, along with other medical facilities, are operated by the four Kupot Holim, each of which operates its own chain. Clalit has the largest network of medical facilities, with about 1,400 clinics and 420 pharmacies. Leumit operates 320 clinics and 150 pharmacies. Maccabi operates 150 clinics, 43 pharmacies, and 20 diagnostic and therapeutic centers. Meuhedet operates 250 clinics and 40 pharmacies. In addition, there are hundreds of private clinics and pharmacies, some of which contract with the Kupot Holim to provide services to their members.

Public satisfaction with hospital care is considerably less than with other aspects of the healthcare system. There are 3.1 beds per 1000 population, compared with an OECD average of 4.8. Occupancy runs at 96%. The average length of stay is 4.3 days, compared with the OECD average of 6.5. There are long waiting lists which has led more than 75% of the population to take out secondary health insurance.

https://en.wikipedia.org/wiki/Healthcare_in_Israel





*2015, **2013, *** 2012 source: Dan Ben-David, Shoresh Institution and Tel-Aviv University

data: OECD

Long-term care and social supports: The financing of institutional long-term care is considered a responsibility of patients and their families, to the extent that they can afford it. An extensive range of needs-based, graduated subsidies is available from the Ministry of Health. These are generally paid directly to providers, although recently a change was made to the law to make it easier for families to receive cash subsides to be used in paying providers.

The health plans are responsible for medical care of the disabled elderly living in the community. In recent years, they have increased access to clinicians (particularly for the homebound elderly) via home care teams and telemedicine.

The National Insurance Institute finances personal care and housekeeping services for the community-dwelling seniors with disabilities. ¹⁰ Additional supports include an extensive network of daycare centers and a growing network of supportive neighborhoods. An emergency call service, physician home visits, and social

activities are offered. Additionally, in every community a facilitator coordinates social supports and apartment repairs.

For nursing homes, home medical care, and home aids, eligibility is based on the degree of inability to carry out activities of daily living. In addition, there are means tests for government assistance for nursing home and home aids, but not for medical home care provided by the health plans or for any services provided through private insurance.

Private, for-profit providers deliver about two-thirds of nursing home care, virtually no medical home care (which is delivered by the private, nonprofit health plans), and nearly all home aids.

Although the government maintains that hospice care is included in the NHI benefit package that the health plans are supposed to provide, the plans dispute this. Some hospice care is available (particularly home hospice), though much less than is needed. Approximately half of the adult population has private long-term care insurance. There is no direct financial support for informal or family caregivers.

Hospital outpatient care is reimbursed on a fee-for-service basis, and inpatient care is reimbursed using a mix of per-diem and activity-based diagnosis-related group (DRG) arrangements, with approximately two-thirds of revenue coming from per-diem payments. Maximum rates are set by government, but health plans negotiate discounts. There are also revenue caps set by government, which limit the extent to which each hospital's total revenues can grow from year to year. Generally speaking, hospital payments include the cost of the physicians working for the hospitals.

In government and nonprofit hospitals, physicians are predominantly salaried employees, with limited arrangements for supplemental fee-for-service in some hospitals. Fee-for-service is the predominant payment mode in private hospitals.

Mental health care: Responsibility for the provision of mental health care was transferred in mid-2015 from the Ministry of Health to the health plans, which provide care through a mix of salaried professionals, contracted independent professionals, and services purchased from organizations (including the ministry's mental health

clinics). The benefit package is broad and includes psychotherapy, medications, and inpatient and outpatient care. Integration with primary care is currently limited but is expected to improve because of the transfer of responsibility to the health plans.

Geriatrics – the government is responsible for providing hospitalization services through the Ministry of Health to 4 groups of patients: geriatric patients who require full nursing care, the mentally infirm, young physically challenged patients who require full nursing care, and psycho-geriatric patients. These services are provided with the patient or the patient's family having to incur some of the costs of the hospitalization and treatment. These hospitalization services should have been provided temporarily by the Ministry of Health, for a period of 3 years, until the responsibility shifted to the health maintenance organization (HMO). The shift would enable the consecutive medical care of the patient, thus improving both the services provided to the patient and the effectiveness of the medical treatment. As a result, there is a division in terms of the responsibility of healthcare providers: the hospitalization of a geriatric patient who needs constant care is under the auspices of the Ministry of Health, while the hospitalization of a medically complex geriatric patient is the responsibility of the HMO. This division leads to a break in the consecutive medical treatment, to a doubling up of services offered, to a lack of services, to bureaucracy and specifically to harming the patient and his/her family.

file:///C:/Users/pazita/Downloads/%C3%AE%C3%B2%C3%B8%C3%AB%C3%BA%20%C3%A4%C3%A1%C3%B8%C3%A9
%C3%A0%C3%A5%C3%BA%20%C3%A1%C3%A9%C3%B9%C3%B8%C3%A0%C3%AC%C3%B1%C3%A5%C3%B4%C3%A9%20-%2005-05-13%20(1).pdf

4. HOME CARE

✓ CHARACTERISTICS OF HOME CARE IN ISRAEL

An increase in morbidity and an increase in consumption of services raises the need for developing services in the community. providing home care as an alternative to hospitalization in general and long-term hospitals.

The National Health Insurance Law (1994) states that the health funds must provide their policyholders with a basket of services defined in accordance with the health basket, including those who are at home.

✓ TASKS OF HOME CARE IN ISRAEL

Patients with chronic diseases characterized by frequent changes in their medical condition (diabetes, neurological diseases, heart failure), Patients in complex medical conditions such as respirators, Frail elderly who live alone, with or without a cognitive disability,

All patients suffering from life-threatening diseases are defined as terminal (oncologists or not oncologists). the need or the tasks of the professional care giver are: patient and family education and support, symptom management, coordinating and keeping the continuity of care.

✓ CONTENT OF HOME CARE IN ISRAEL

Home care in Israel is based on multi-professional teamwork. The team includes doctors, nurses, social workers, physiotherapists, and paramedics.

Treatments include:

Medical surveillance, wound treatment and nutritional assessment, support, etc. The case manager is the professional who has more ability to help meet the patient's needs

✓ HOSPICE HOME CARE

Hospice care: Following the legislation of the dying patient in 2005, all the HMOs must make the service accessible to their clients. To this day, in most cases, the HMOs are not prepared to provide the service and are forced to use the out ourcing services.

5. AVAILABILITY OF HEALTH CARE

✓ TIME AVAILABILITY

Hospital services are available 24 hours a day in Israel. The availability of health care services to the community is during public work hours, mornings and afternoons, in accordance with the Hebrew Calendar.

Emergency medical services in Israel are provided by the "Magen David Adom" (MDA) organization, which staffs approximately 1,200 emergency medical

technicians, paramedics, and emergency physicians, and 10,000 volunteers. The organizations operate 95 stations and a fleet of over 700 ambulances. The majority of the fleet consists of Basic Life Support ambulances. There are also smaller numbers of Advanced Life Support ambulances and Mobile Intensive Care Units. For air ambulance services, MDA relies primarily on Unit 669 of the Israeli Air Force. There are also four MBB Bo 105 utility helicopters staffed with MDA paramedics owned by Lahak Aviation operating as air ambulances throughout the country. Non-emergency and repatriation air ambulance services are normally provided by private charter carriers.

Magen David Adom is supplemented in some areas by Hatzalah, an emergency ambulance services network serving Jewish communities worldwide, and ZAKA, a series of community emergency response teams staffed by Orthodox Jews, who in addition to providing medical services and evacuation, also aid in the identification of terrorism victims and gather spilled blood and body parts for burial. The Palestine Red Crescent Society also provides services to Arab neighborhoods in Jerusalem. It gained access to Jerusalem after signing a 2005 Memorandum of Understanding with Magen David Adom.

The ambulance system, for the most part, conforms to the Franco-German model of EMS care, and the presence of physicians at high-acuity emergencies is not uncommon. In addition, emergency ambulance services is bolstered by a variety of private carriers tasked with interfacility transfers only.

https://en.wikipedia.org/wiki/Healthcare_in_Israel

✓ LOCAL, GEOGRAPHIC ACCESSIBILITY

In Israel there are 4 healthcare funds: Kupat Holim Clalit, Kupat Holim Maccabi, Kupat Holim Meuhedet, Kupat Holim Leumit

Clalit Healthcare Services – the largest healthcare organization in Israel and one of the biggest in the world. It has almost 4.5 million members, 53% out of the insured members in Israel. This organization functions as an insurer and provides health services in a wide range of areas. It operates 8 general hospitals and 6 other hospitals

over a spread of 8 districts. Clalit owns about 1,300 community and professional clinics, a chain of pharmacies, institutions and laboratories. In the field of hospitalization, it provides services by purchasing the services from governmental and public hospitals. In addition to clinic services, Clalit makes use of the services of independent physicians.

Maccabi Healthcare Services – the second largest health care organization in Israel, with 2 million members who represent 25% of the total number of insured members in Israel, spread over 6 districts. Most of the services are based on the acquisition of services from external service providers (hospitals, independent physicians, pharmacies, etc.). Approximately 30% of the services are owned by the HMO, and it operates Asuta, the largest private hospital chain in Israel, which includes 6 hospitals throughout the country and 7 institutions and clinics.

Meuhedet Healthcare Services – the third largest healthcare organization in Israel. Meuhedet has over one million members, representing approximately 14% of the total number of insured members in Israel. The organization includes 6 regional districts and about 130 branches.

Leumit Healthcare Services – the smallest out of the four HMOs with a total of 700,000 members, representing 9% of the total number of insured members in Israel. The services of Leumit are based on the purchase of health services and it does not operate, nor provide services. This HMO offers 340 clinics that operate directly in 5 districts.

file:///C:/Users/pazita/Downloads/%C3%AE%C3%B2%C3%B8%C3%AB%C3%BA%20%C3%A4%C3%A1%C3%B8%C3%A9%C3%A0%C3%A5%C3%BA%20%C3%A1%C3%A9%C3%B9%C3%B8%C3%A0%C3%AC-%C3%B1%C3%A5%C3%B4%C3%A9%20-%2005-05-13%20(1).pdf

6. NURSING CARE SYSTEM IN ISRAEL

✓ THE POSITION OF THE NURSING PROFESSION IN ISRAEL.

Public Healthcare Regulations Nursing Staff in Clinics and Public Healthcare Regulations Nursing Practitioners in Hospitals details who is licensed to practice nursing. The recognition of the professional status of the nurse is determined by the

Ministry of Health based on certain criteria that are updated from time to time and reflect whether a person is fit to work in the field. Graduates in Israel, who have met the demanding requirements of nursing programs are eligible to sit the Government Nursing Examination. The achieving of a passing score is a prerequisite, yet not the only one, in order to register in the Registry of Nurses. Graduates of nursing programs from abroad, are entitled to register in the Registry of Nurses once they have received professional recognition and successfully passed the Government Nursing Examination.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3975955/

✓ THE CURRENT CONCEPT OF NURSING CARE IN ISRAEL

Nursing in Israel is regulated by the Nursing Division of the Ministry of Health, whose role is to initiate and supervise national nursing policy, including forecasting and planning nursing manpower needs. Almost all of the nurses are unionized under one national nurses' union. Salaries and other benefits do not differ between organizations because they are based on national agreements signed by the nurses' union. Therefore there is no direct incentive for a nurse to move from one healthcare institution to another based on salary or benefits. This situation might positively affect the level of nurse retention in Israel. However, the number of Israeli nurses has plummeted each year to a low of 4.97 nurses per 1000 population, despite efforts by the Ministry of Health to increase the number of nursing students, and the fact that most registered nurses are working as nurses (89%) in full time positions (67%). These system characteristics can affect the nurse practice environment, job satisfaction and retention.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3975955/

✓ SYSTEMS OF PROVIDING NURSING CARE IN ISRAEL

The nursing workforce is a large and essential component of the Health system. In order to ensure the supply of the forecast in manpower, health services and their quality, careful and accurate planning of the nursing labor market is required. The forecast of nursing manpower in Israel is based on the registration of licensed registered nurses in the databases of the Ministry of Health. According to the reports of the Ministry of Health, the ratio of nurses under the age of 60 years old by 2020, in

today's conditions, without any intervention, will be 5.15 per 1000 capita, as opposed to the 2010 ratio of 5.3. This estimation is based on the number of new licenses issued every year and on the normative age of retirement. The ratio of nurses under the age of 65 years old is 5.7 per 1000 capita.

Certified Nurses represent 80% of employed nurses under the age of 64, and 44% have advanced practice qualifications (Advanced Practice programs). The extent of advanced training has a direct link to the trend of specialization in Nursing in the Western world over the past few years. Recently in Israel, the role of a specialist nurse has been recognized.

7. SPIRITUAL AND SPIRITUAL CARE IN ISRAEL

- ✓ CHARACTERISTICS AND STARTING POINTS OF SPIRITUAL HEALTH CARE IN ISRAEL
- ✓ LEGISLATION
- ✓ SPECIFIC CONTENT OF SPIRITUAL AND RELIGIOUS CARE

Spiritual treatment is an important dimension in the treatment of chronic patients in general and in terminally ill patients. Until now, spiritual care is not an integrative component in the treatment of patients, and there is no legislation requiring it to be included in daily treatment. Religion is an important component of health and illness in Israel. In the hospitals there is a Jewish religious leader - Rabbi, and recently they have started to build small mosques. People tend to confuse spiritual care with religiosity. Today, the subject of spirituality begins to convene in the medical world. However, a number of training programs have been opened and therapists have begun to integrate into hospices and geriatric hospitals.

8. RIGHTS AND OBLIGATIONS OF A PATIENT IN ISRAEL

✓ RIGHTS AND OBLIGATIONS OF INSURED PERSONS

✓ PATIENT RIGHTS

✓ OBLIGATIONS OF PATIENTS

In 1996, the Knesset passed the Patients' Rights Law, which aims to clarify the rights of the patient. The law determines the rights of patients, while emphasizing the right to receive proper medical care. The purpose of the law is to "determine the rights of a person who seeks medical treatment or receives medical treatment and to protect his dignity and privacy".the main issues are: The right to medical treatment; Informed Consent to Medical Treatment, The Medical Record and the Medical Information.

9. DAILY REGIME IN HOSPITALS IN ISRAEL

✓ GENERAL DESCRIPTION OF THE SPECIFICS OF THE INCOME
/ STAY AND THE RELEASE OF THE PATIENT FROM THE INSTITUTIONAL CARE

After admitting to the bed-care facility in the israel, the patient is placed in the room. He is given a bed and a bedside table for personal belongings. usually provided in double to triple rooms. Sanitary facilities are usually part of the room and in some cases the bathroom and toilets are centrally located in the corridor. Single rooms are due to medical condition like viral inflamations.the nurses decide if there is medical resion for single room

The patient receives a bracelet with the name and the name of the department where he is hospitalized. The bracelets are usually white, only the patients with some allergies have red ones. After being placed on a bed, the patient is usually visited by the doctor and familiarized with the treatment and examination procedure. The nurse will provide the patient the provision of information and the consent to the planned performance.

In israeli hospitals, the daily regime starts at seven in the morning. Patients themselves or with the help of nurses assistent perform hygiene. Subsequently, medication and breakfast are provided, followed by nurses. A doctor in the israel

indicates treatment, leads and determines therapy and diagnostics. The nurse is responsible for nursing care and nursing tretment with the medications. The nurse has competence to provide information about the health status and course of the patient's treatment. In the hospital, the doctor and the nurses usually visits the patient twice a day, in the morning and in the afternoon. These visits serve for an assessment of the patient's condition, an evaluation of the existing treatment and consultation of the future solution. Hospitalization in the israel is voluntary, so the patient has the right to refuse, to discontinue the treatment and to be released at any time. In this case he is informed of the risks of his decision and must sign the so-called negative reverse. Night peace is required in the hospital from 10p.m. Visits are governed by the attendance rules of that department. As a rule, visits are scheduled and recommended in the afternoon. Visits outside the specified time are possible with the approval of the nurses.

10. MEDICAL AND NON-MEDICAL WORKERS IN ISRAEL HEALTH INSTITUTIONS

- ✓ STRUCTURE OF THE MEDICAL TEAM IN ISRAEL
- ✓ NURSING TEAM STRUCTURE IN ISRAEL
- ✓ THE SYSTEM OF EDUCATION FOR NON-MEDICAL HEALTH
 WORKERS

Israel's approximately 32,000 physicians, 9,000 dentists, and 6,000 pharmacists pursue their professions as members of hospital staffs and neighborhood clinics as well as in private practice. About 72 percent of the country's 54,000 nurses are registered, while the rest are practical nurses.

Training for medical professions is offered medical schools, schools of dentistry, of pharmacology, and nursing school which grant academic degrees. Courses for physiotherapists, occupational therapists, and nutritionists, as well as for X-ray and laboratory technicians, are available at a number of institutions.

Magen David Adom, Israel's emergency medical service, provides a network of first aid stations, a nationwide blood donor program, blood banks, first aid courses, and a public ambulance service, which includes mobile intensive care units. The

organization functions with the help of some 10,000 volunteers, many of them high school students, who serve at 109 stations throughout the country.

The Ministry of Health licenses professionals working in the legally recognized medical and health professions. The professions requiring licensing are: general medicine, dentistry, pharmacists, assistant pharmacists, optometry and orthoptics, hypnosis, clinical genetics, medical laboratory workers, speech therapy, dietitians, physiotherapy, occupational therapy, dental technicians, dental hygienists, nursing and psychology.

All of the following professionals, who are interested in practicing the following medical professions, are legally required to obtain a license to practice or status recognition from the Ministry of Health: medicine, dentistry, paramedical professions and others. For most professions, the applicants are required to pass government licensing examinations.

https://www.health.gov.il/English/Services/MedicalAndHealthProfessions/Pages/default.aspx

11. SPECIFIC AREAS OF HEALTH CARE AND NURSING CARE

- ✓ DYING, PALLIATIVE CARE
 - Death of human in Israel
 - Caring for the dying
 - Hospice / palliative care
 - Euthanasia

The subject of the dying patient is of great importance. The Law of the Dying Patient, 2005, regulates the medical treatment of a patient who is defined as "Terminally ill," while balancing the value of the sanctity of life with the value of the individual's will and the importance of his quality of life, based on the values of the State of Israel as a Jewish and democratic state. The law determines when avoiding the treatment of a person is not prohibited but permissible, even if it can contribute to shortening his life. The law has been widely supported by most sectors and all aspects of the social and political spectrum in Israel. The law of the dying patient requires service providers in the hospital and the community to develop a service as part of the health basket.

Today, hospice beds are missing. Finally ,the law can serve as an alternative to euthanasia that is forbidden in Israel.

✓ AUTOPSY

The performing of an autopsy is done in the following circumstances:

There is a need to use organs in order to save lives or to heal a person (within the above limitations).

The cause of death is unclear and there is a medical need to determine the cause of death.

There is a reason to believe that the cause of death was due to an unnatural event – negligence, neglect and foul play.

The person passed away while in prison or under arrest, in a psychiatric hospital or in an institution for the developmentally disabled.

The autopsy can be ordered by family members, physicians, police officers or the Attorney General. If there is reason to believe that the cause of death is unnatural or that the person passed away in a closed restricted access institution, a magistrate court judge will authorize the autopsy after having heard a member of the family.

An autopsy can only be performed by consent: the consent of the deceased, while still alive, or if that is unknown, then the consent of a member of the family: spouses, children, parents or siblings (in this order). People who prior to death either expressly consented or refused to consent to an autopsy, will prevail.

Performing an autopsy without consent:

In two exceptional circumstances can an autopsy be performed without the consent of the deceased or the consent of a member of the deceased's family:

1. For the purpose of organ donation, in order to save lives, in times of war or in the case of an incident with multiple casualties.

2. If the death was due to an epidemic or a disease that may endanger the public, and there is a need to urgently discover the cause of death. https://www.acri.org.il/he/5437

✓ ORGAN DONEATION

The organ transplant law includes a chapter dedicated to live organ donors. Currently kidney donations from first-degree relatives is also possible, as well as second-degree relatives, as well as from individuals who can be defined as emotionally attached to the patient. Liver lobe donations are possible from family relatives only. the transplantable organs in Israel today are: Kidneys, lungs, liver (and liver lobes), hearts and pancreas. Transplantable tissues today are: cornea, bones, tendons, joints, and skin and heart valves

✓ PREGANCY, CHILDBIRTH

The State of Israel values pregnancy and childbirth and allocates funding to support these values. Fertility treatment expenses for couples unable to conceive, are covered by the National Health Insurance for the birth of two children. The treatment includes fertility drugs, examinations, fertility procedures by in vitro fertilization and sperm donor fertilization. These fertility treatments are provided, at present, to women who are unmarried or are in a same sex relationship. In 2016, 37,270 cycles of in vitro fertilization were performed. The percentage of live births from these treatment cycles is 18%.

Prenatal check-ups, screening and scans are partly subsidized by the National Health Insurance and include: the genetic screening of parents, biochemical screening tests in order to determine the risk of having a child with a chromosomal abnormality, advanced ultrasound screening and pregnancy follow-up.

The rate of births in Israel is 3.16 children for a Jewish woman and 3.21 children for a Muslim woman. Among the Druze minority, and the Christian Arabs, the rate of births is 2-2.1. Women in Israel give birth in 26 labor wards in hospitals around the country, with the assistance of a licensed midwife who is also a nurse. The presence of a doctor during the birth is not mandatory and depends on the need at the time. Labor is not part of Health Insurance and the financial expenses incurred

during the birth and the hospitalization that follows are covered by National Social Security Insurance and not by Public Health Insurance. In 2016, there were 185,970 live births in Israel, which are approximately 15,500 births per month. 29% of the births are first births and 7.7% are 6th birth and above. The percentage of caesarean sections out of the total number of births is 17.9% and assisted deliveries are 7.7%. Following birth, every woman is entitled to a maternity grant of 1,750 for the first child, 790 for the second child, and 520 for additional children. For twins the grant is 8,600. In addition, every women is entitled to a maternity allowance for the period of 14 weeks, that is calculated based on her earnings prior to giving birth.

✓ CHILD HEALTHCARE

The medical treatment of children is provided by the family clinics of the HMO, as part of the State Health Insurance. The developmental follow-up and the responsibility for the vaccination program according to the Ministry of Health is provided by the Family Health Clinics of the Ministry of Health – Tipat Halav.

✓ ABORTION

The cost of the terminating a pregnancy in Israel is covered by the National Healthcare Insurance, and is conditioned upon the authorization of a special committee set up for this purpose. The committee members are: a physician, a social worker and a religious representative. In 2016, the committee was approached by 18,600 women requesting abortions. Of these women, 97% were given authorization to terminate the pregnancy.

✓ TRANSPLANTATION

In Israel there is a neutral body under the supervision of the Ministry of Health, which is responsible for organ transplants, this center was established in 1994. The National Transplant Center is the only body in Israel where transplants are recorded and through which organs are allocated for transplantation. Also, before any transplant in Israel, whether from a live donor or a dead donor. The activities of the National Transplant Center were established in the Organ Transplants Law (2008). The Center operates in four dimensions: the purchase of organs from the dead, registration of patients and allocation, programs for donations from live donors, including compensation to donors and publications for increasing public awareness

and signing the Adi card. There are currently 923,264 registered citizens in ADI, which is 14% of the adult population.

In Israel there are a number of transplant centers that include the various regions of the country South, Center and North.

The organ transplant law includes a chapter dedicated to live organ donors. Currently kidney donations from first-degree relatives is also possible, as well as second-degree relatives, as well as from individuals who can be defined as emotionally attached to the patient. Liver lobe donations are possible from family relatives only. the transplantable organs in israel today are: Kidneys, lungs, liver (and liver lobes), hearts and pancreas. Transplantable tissues today are: cornea, bones, tendons, joints, and skin and heart valves.

And finally, despite the complexity and social sensitivity we have witnessed that All religions (Jews, Islam, and Christianity) in Israel train organ donation as an act of help and saving lives.