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REVIEWER'S REPORT

Manuscript No.: IJAR-57163

Title: Universal Entitlement Under Strain: The Long-Term Impact of Israel's National Health Insurance Reform on Health System Management and Organization,

Recommendation:

Accept after minor revision

Rating	Excel.	Good	Fair	Poor
Originality		✓,		
Techn. Quality		✓,		
Clarity	✓,			
Significance	✓,			

Reviewer Name: Dr. Bilqees Hamza

Detailed Reviewer's Report

The research article titled "Universal Entitlement Under Strain: The Long-Term Impact of Israel's National Health Insurance Reform on Health System Management and Organization" provides a rigorous and multi-dimensional policy analysis of one of the most significant legislative milestones in Israeli social history. By evaluating the trajectory of the National Health Insurance (NHI) law from its inception in 1995 to its current state, the study examines how a "historic normative breakthrough" in universal coverage has navigated decades of fiscal pressure, demographic shifts, and the encroaching influence of private markets. The author utilizes a systemic-structural approach to argue that while the reform successfully stabilized a public framework, the "strain" on its universal promise has created a complex, bifurcated landscape of health governance.

The narrative begins by establishing the pre-1995 "crisis" of the Israeli health system, characterized by fragmented membership, lack of legal entitlement, and the financial instability of the Sick Funds (*Clalit* in particular). The author expertly describes the NHI reform as a transition from a voluntary, employment-based model to a statutory, residence-based entitlement. This section is essential for understanding the article's central thesis: the reform did not just change financing; it fundamentally redefined the relationship between the citizen and the state. The author's analysis of the "managed competition" model—where the state regulates while four competing non-profit health maintenance organizations (HMOs) provide care—highlights the unique hybridity of the Israeli system.

A significant strength of the article is its evaluation of the "financing architecture" and the "benefit-basket" governance. The author provides a detailed critique of the decoupling of the health tax from the actual cost of the medical basket. By analyzing how the "technological updating" of the basket is subject

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to annual political and budgetary negotiations, the study reveals the inherent vulnerability of a universal system that lacks a rigid indexation mechanism. This section effectively demonstrates that "entitlement" is a dynamic rather than static concept; a basket that does not keep pace with medical inflation is, in practice, a shrinking entitlement.

The discussion on the "public-private boundary" and the rise of Voluntary Health Insurance (VHI) provides a necessary contemporary layer. The author evaluates how the growth of supplementary insurance—now held by over 80% of the population—functions as a "safety valve" for the public system while simultaneously undermining equity. The analysis of the "dual-role" conflict, where the Ministry of Health acts as both the regulator of the entire system and the owner of several major hospitals, is handled with academic rigor. The author argues that this structural tension creates a conflict of interest that hampers long-term strategic planning and infrastructure development.

Furthermore, the paper utilizes the most recent OECD indicators to provide a comparative benchmark for Israel's performance. The author notes the paradox of the Israeli model: it maintains high life expectancy and excellent primary care outcomes despite having one of the lowest bed-to-population ratios and a relatively low percentage of GDP spent on health compared to other Western nations. The narrative effectively illustrates that the "efficiency" of the Israeli system is increasingly reliant on the "invisible" contribution of the private sector and the high professional dedication of a workforce operating under capacity constraints.

In summary, this article offers a profound and comprehensive review of a health system at a crossroads. It moves beyond a celebratory account of universalism to provide a deep inquiry into the structural and economic forces that threaten its sustainability. The author's ability to weave together statutory analysis, political economy, and comparative public health data makes this a significant contribution to the field of health policy and management. It is an essential read for scholars and policymakers seeking to understand how universal entitlement can be maintained in an era of fiscal austerity and technological acceleration.

Recommendations for Minor Revisions

Theoretical and Comparative Nuance

- **The "Crisis" Narrative:** The paper refers to the system being "under strain." The author would benefit from briefly engaging with the "sustainability" literature in public health. Specifically, defining whether the strain is "fiscal" (lack of funds), "operational" (workforce shortages), or "normative" (a loss of public trust in the state's role) would add theoretical precision.
- **Comparative Context:** While the OECD data is helpful, a brief specific comparison with another "managed competition" model (such as the Netherlands or Germany) would help isolate which challenges are unique to Israel and which are universal to this specific regulatory design.

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Empirical and Data Specifics

- **The "Workforce" Variable:** The article mentions workforce capacity. Including a brief table or chart showing the trend in physicians or nurses per 1,000 residents over the last decade compared to the OECD average would provide empirical weight to the "strain" argument.
- **VHI and Equity:** To ground the discussion on the public-private boundary, the author could briefly cite data on the "out-of-pocket" expenditure trends. Showing how much of the "national health expenditure" has shifted from public to private sources since 1995 would be a powerful visual and analytical evidence point.

Structural and Technical Elements

- **Visual Aid:** A diagram illustrating the "NHI Governance Structure"—showing the flow of funds from the National Insurance Institute to the HMOs and the regulatory oversight of the Ministry of Health—would be an excellent reference for international readers unfamiliar with the Israeli model.
- **Policy Recommendations:** The conclusion is strong but could be more actionable. Adding a brief section on "Future Policy Directions" (e.g., merging the regulator/provider roles or reforming the basket update mechanism) would elevate the paper from a retrospective analysis to a proactive policy document.

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Recommendation: Recommend for publication with minor revision.