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ECONOMIC AND SOCIAL COUNCIL

Check Against Delivery

Statement by
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Thank you, Mr. Chairman, for giving me the floor.

Both morbidity and mortality are two sensitive health indicators of society at large. For many years, the scientific community measured the health of a country using mortality statistics, such as infant mortality and child (under 5) mortality, maternal mortality and life expectancy. However, we in the public health sector look at such indicators as negative ones. We struggled for years to build positive health indicators in order to better understand the quality of health and not merely issues surrounding morbidity and mortality.

In a country such as Israel where 38% of the population is foreign born, the challenge is to produce clear and useable data dealing with various sub-populations. How can we address issues facing nomadic populations, such as Bedouin communities that are transitioning to more settled, urban lifestyles? How can we best help newcomers from Ethiopia who face socio-economic and educational challenges while coping with a completely new society and set of challenges? How do we effectively treat different populations originating from Western countries along with refugees from Sudan and Eritrea?

To address these complex challenges, Israel takes a holistic approach that combines educational, social and health services. There is no "one policy fits all" approach. We have learned through experience the necessity to address the specific needs of sub-population, particularly in terms of cultural sensitivity. We believe in investing in public health as a cost-effective means of ensuring a healthy population, as well as in good primary care services. Above all, the access to health care services is the most important factor in our health-care strategy.

But health-care services are not the only aspect of addressing issues of health. In Israel, the Ministry of Health coordinates its activities with many other government agencies and non-governmental organizations through a ministerial commission. In doing so, we are able to pinpoint other factors, such as education, social issues and income, that play a role in personal and community health.

Mr. Chairman,

In Israel, the lowest rates of morbidity and mortality belong to the small Christian Arab minority, which is well educated and avoids consanguinity of marriage which exists in the many of the Muslim communities of Israel.

We continue to invest in child and maternity care not only in the citizens and residents of the country and the poor, but also in communities with large numbers of undocumented migrants. As such, life expectancy in Israel is the highest in the immediate region, and life expectancy of men in Israel is one of the highest in the world.

Despite these positive statistics, we must invest more in preventing morbidity caused by non-communicable diseases as we have already succeeded in preventing infectious-communicable disease.

Finally, I wish to note that regional cooperation stands as an important pillar in any health strategy. Viruses, diseases, microbes and zoonotic diseases know no borders or boundaries. Israel is proud that for many years it has engaged in cooperation on health issues with some of its closest neighbors, but more can be done. In fact, I believe that coordination and cooperation in the realm of public health can serve as a pivotal bridge to promote peace and cooperation among all the countries of the Middle East.

Thank you Mr. Chairman.