

**Palestinian National Authority
Palestinian Central Bureau of Statistics**

**Health Care Providers and Beneficiaries Survey-2005
Preliminary Results**

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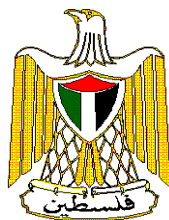
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Palestinian National Authority

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Health Care Providers and Beneficiaries Survey, 2005

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Note for users

1. The data contained in this report of Preliminary Results pertain to the reference period of the study. This extended from 1/1/2004 to 31/12/2004 with regard to financial data revealed by health institutions under study. Human resources and patients' stated information are collected for the year 2005.
2. The estimated annual health expenditures and their share of the GDP contained in this report take into account two things:
 - First, only the spectrum of services and providers that mentioned in the survey were included those are: generalists and specialists' clinics and centers, dental clinics, primary health care centers, physiotherapists, laboratory and radiology services, and hospital care. This remains a conservative estimation of total health expenditures,(e.g.,demand for private pharmacies was not included).
 - Total health care expenditures as a percentage of GDP was calculated by deducing direct revenues (user fees for MoH, UNRWA and NGOs) from the total expenses (System of National Account 1993 SNA93). With regard to the Household Expenditures, those included all the revenues of the private sector adding to it private contributions going to MoH, UNRWA and the NGOs. The total of all final expenditures was reported vis-à-vis the Palestinian Territory's GDP for the year 2004 as estimated in current prices.
3. All amounts mentioned in this report are in New Israeli Shakels (NIS); currency rates for the year 2004 were used for currency conversion. These were as follows: 1 US\$ Dollars is equivalent to 4.4789 NIS; 1 Jordanian Dinar is equivalent to 6.3155 NIS.
4. To calculate asset values, annual depreciation for medical equipment was set at 20%.
5. (0.0): The percentage is zero or close to zero.
6. (-): No observations or observations are very few and below standards.
7. (NA): Not applicable.
8. Data showed in table for MoH and UNRWA (17) was extracted from their administrative record, while for private and NGO's was from survey results.

Health Care Providers and Beneficiaries Survey - 2005

Preliminary Findings

1. Background:

With the aim of contributing to the development of a system of National Health Accounts (NHA) for the Palestinian Territory, the Palestinian Central Bureau of Statistics (PCBS) and the Palestinian Ministry of Health (MoH) completed a complementary study to the Household Health Expenditure Survey-2004 (HHES-2004). The study was proposed and generously funded by the office of the Italian Cooperation (IC) in Jerusalem, to *identify expenditure and revenues of institutions, which would help build an information system that would constitute the basis for the design and implementation of a system of NHA for the Palestinian Territory.*

2. Study results:

2.1. Study sample:

Out of the 1202 health institutions included in the study sample, 982 (82%) institutions provided enough information suitable for analysis – results were weighted to represent the sample of 1202 institutions or the study population of 3576 private and NGO institutions as required. The remaining questionnaires (n = 220) included institutions that were identified as either permanently or temporarily closed; and in 5.2% of the cases (n = 63) the interviewee refused to complete the questionnaire instrument. Interview results for the institution questionnaire were distributed as per Table 2. Out of the total, 90.5% (n = 889) of the sampled institutions belonged to the private sector and 9.5% (n = 93) are managed by NGOs – the distribution of the type of health institution by the type of provider and region is presented in Table 3.

The *extrapolated* number of health institutions per type of provider and region, as per sample, is presented in Table 4. The total number of 3,854 contains 278 institutions more than the numbers enumerated in the Establishment Census because of multiple clinics in same institution. The Table also includes the number of corresponding health institutions belonging to the MoH and UNRWA as retrieved from the corresponding annual reports. Looking only at the number of institutions, the private sector has the largest share with 75.6% of all available health institutions. However, it should be noted that, in general, private institutions are smaller than those in other sectors.

Table 17 summarizes the main characteristics of interviewed patients. Given that patients are different demographically from the general population – for example the percentage of patients 65 years old and above (5.6%) is higher than the corresponding percentage in the general population (3.1%) – the weights for the sample have been based on the characteristics of the sub-sample of patients surveyed in the HHES-2004 study. About two-thirds of the sample (68.4%) was recruited from the West Bank and the remainder from Gaza strip. Thirty percent of the patients in the sample reported that they live in rural areas. Almost half of the sample (45.3%) was younger than 18 years old and 5.6% were older than 65 years. The majority (63.4%) of interviewed individuals were married, with 9.2% having earned a Bachelor degree or higher.

Table 18 shows that 30.8% of the respondents live with an income less than 1000 NIS per month per household (25.8% of those living in the West Bank and 41.6% of those living in Gaza Strip). These findings contrast with 3.5% of respondents earning 4000 NIS or more per month per household (4.2% of those living in the West Bank and 1.9% of those living in Gaza Strip). These values are very close to those obtained in the HHES-2004.

Table 19 and 20 describe the distribution of the patients based on the medical problem/need behind their visit to the health sector, and the site where the interviews took place. About one-third of interviewed patients (28.4%) suffered from acute health conditions – these were mainly found in Gaza Strip (45.8% of all patients recruited in this region). Nearly 15% were attending for a chronic condition – more likely in the West bank – and this is close to the 18% recorded in the Access Survey (2003).

2.2. Study main results:

2.2.1. The role attributed to each health care provider:

a. Market share and service utilization:

The market share of the different stakeholders involved in health care provision was calculated using direct financial data and indirect nominal information reflecting the health institutions' activity. Table 5 presents the sum of the number of visits per annum as stated by the different private and NGO health institutions in the sample – the numbers are weighted to reflect the whole activity of all Private and NGO health institutions during the year 2004. In order to have a complete picture with regard to the activity of all health providers, the annual numbers of visits that have taken place at MoH and UNRWA sites were retrieved from the corresponding annual reports for the year 2004 – see Figure 1. Results indicate that around half of all health care visits (46.1%) took place at MoH facilities. This was followed by the private and UNRWA sectors providing 21.4% and 19.7% respectively of all health care visits, with the NGOs sector providing 12.8% of all visits. It is worth to note that these values are close to those obtained from the HHES-2004: for example, the HHES-2004 indicated that 48% of individuals in a sample from the general population reported having sought care at MoH sites following their sickness.

The *institution questionnaire* provided a detailed classification of the different types of services provided by ambulatory health institutions in the private and the NGO health sectors. Tables 6-10 provide insights about the different types of services provided by different groups of *ambulatory* health institutions. The Tables also detail the average unitary price charged by the institution for performing the different types of health care activities – regardless of who is paying the bill. Hence, Tables 6-10 as well, inform us indirectly about the expected revenues collected by the different groups of health care providers in exchange of performing the corresponding medical and health care activities. The sum of the different revenues pertaining to the private and NGO sectors was used to indirectly estimate the total revenues of the two sectors from ambulatory health activities. These are used to provide an indirect estimate of the market share of the different health care providers using the indirect approach – see below.

Financial data obtained from the institutions was used to construct Tables 11-13, which detail all sorts of expenditures and revenues declared by the Private and NGOs sectors (directly and indirectly) and those collected from the corresponding annual reports of the MoH and

UNRWA sectors. The total figures are used to give an insight about the market share of the four health care sectors using the direct approach. Consequently, the MoH occupied the first place with 42.3% of total health expenditures, followed by Private Expenditures (out-of-pocket), which constituted 24.5% of the total. The NGOs constituted 21.4% of total health expenditures and UNRWA came last with 11.8% of the total. When the Private Expenditures (out-of-pocket) and those of the NGOs were depicted using the indirect approach, the market share of Private Expenditures (out-of-pocket) came first with 40.5% of total health expenditures followed by the MoH which constituted 35.2% of the total – the NGOs and UNRWA were responsible for 14.5% and 9.8%, respectively. This resulted from using an inflation rate for NGOs expenditures of 1.10. Using sensitivity analysis to rise up the inflation coefficient up to 1.5 shall augment the share of the NGOs up to 22.1% and reduce that of the MoH to 32.1%. Using this assumption Private Expenditures (out-of-pocket) shall occupy 36.9% of the total and that of UNRWA 9.0% of the total expenditures. Table 13 also gives an indication about the share of health expenditures out of the Total GDP as estimated for the Palestinian Territory. Using results from the direct approach, one finds that 5.3% of the Palestinian Territory GDP is being spent on the collection of health care services surveyed in the present study, compared to 6.4% resulting from the indirect approach [inflating the NGOs' expenditures by 1.5 instead of 1.1 shall raise the share of total health expenditures out of GDP up to 7.1%]. Consequently, the estimation of the market share using the indirect method should be interpreted with caution, and is mainly valid when health expenditures are assessed from a societal perspective. It is important to notice that these percentages represent the type of health expenditures assessed in the present survey, which remains a conservative collection of activities usually included in estimating the *Total* health expenditures for a country.

b. Professionalism and Human Resources:

Table 14 provides a description of the different groups of human resources working in the private and NGO health sectors. The number of Full-Time Equivalent (FTE) was calculated to take into account part-time and over-time employments (1 FTE = 1 employee working 35 hours a week). Information about human resources employed with the MoH and the UNRWA sites was obtained from the corresponding annual reports - results are summarized in Table 15. Although, many of those working in the MoH and UNRWA sectors are employed in other places – see Table 16 – it is assumed that any job at the MoH or the UNRWA sector shall constitute at least a full time job and hence 1 employee equals 1 FTE. The share of the different health care providers from the health sector calculated on this basis is presented as in Figure 2. Again, with 41% of all employees, the MoH represents the main employer of health human resources. This is followed by the private and NGO health sectors with 27% and 26% respectively, and UNRWA smallest with 6% of all FTE health employees.

c. Users' financial contribution:

Table 23 shows the out-of pocket direct medical costs and indirect costs borne by the patients in seeking different types of health care services – these costs exclude all contributions made by insurers and other payers (such as MoH). On average, and taking into account all provided care covered in the present survey, the average charge to the patient per visit was 155.4 NIS with a median of 20 NIS. The average indirect cost (transportation only) amounted up 7.5 NIS per visit. Table 24 demonstrates how the average charges to the patient and indirect costs vary according to the provider. As expected, with a mean out-of pocket direct medical costs of 205.3 NIS, the private sector reveals to be the sector that imposes the highest burden on the patients in their demand for health care. This compares to a mean out-of pocket direct medical costs of 150.7 NIS in the NGOs sector and 25.2 NIS in the

governmental sector. Knowing that the private sector is not the one responsible for providing the highest costly services, this discrepancy seems to be even more exacerbated. Notice that the sample did not include enough patients from the only UNRWA hospital existing in the Palestinian Territory; consequently, charges to the patient for secondary care in this sector remain unidentifiable. Table 25 shows the percentage of patients who benefited from cost sharing from other partners in covering their own health expenses as per provider. Again it is in the private sector patients are supposed to assume the major share of their health cost (only 23.3% of patients demanding care at private sites benefited from a sort of cost sharing, compared to 97.3%, 85.4% and 39.5% of patients demanding care at UNRWA, MoH and NGOs respective health care site). Table 26 shows that patients frequenting the private and NGOs sectors – the sectors ranked first with regard to out-of-pocket payments – are more likely to seek care in the MoH or UNRWA sectors before deciding to approach medical care in these two sectors

d. Health insurance schemes:

In total, 81.3% of all interviewed patients reported having at least one type of health insurance (74.3% of those interviewed in the West Bank and 97.0% of those in Gaza Strip) – see Table 21. The majority of insured patients (68.7%) had a MoH or Military type of health insurance (58.7% for the West Bank and 90.4% for Gaza Strip). Despite the high percentage of insured patients, still 37.8% of those interviewed (Table 22) did not use any form of health insurance to pay for the health care they received (32.2% of those living in the West Bank and 49.4% of those living in Gaza Strip). This might be explained by the low percentage of patients holding a private health insurance (2.9% of the whole sample) and that 63.1% of recruited patients were interviewed at private health institutions. Although, this might appear inconclusive, the fact that insured patients seek health care at institutions not covered by their health insurance indicates *per se* a serious dissatisfaction with the type of insurance they possess and especially with regard to the quality of the type of care covered by their own insurance regimen. This also coincides with results previously obtained in the Access survey 2003.

e. Users' satisfaction with the Quality of provided care:

Table 27 describes the satisfaction level of patients frequenting the different health sectors, with regard to a set of health care characteristics. Results showed that more than 90.0% of the patients express their satisfaction with regard to number of working hours in three sectors (governmental, NGOs, and private), while these figures declined to 85.0% at UNRWA. Results also showed that 65.7% of the patients were satisfied from the availability of specialists at MoH centers, and 88.1% were satisfied for the availability of specialists at private sector, then 85.1% at NGOs sector and 83.6% at UNRWA. The results are used to sketch the distributive bar chart in Figure 3, which represents the distribution of "Strongly Satisfied" and "Satisfied" out-patients and patients frequenting ambulatory services from a set of attributes as they are distributed by health sector. Although these differences are not as large, they remain in the same direction as those shown in the Access Survey-2003.

Definitions and Explanations

Accrual Basis	The accrual accounting records flows at the time economic value is created, transformed, exchanged, transferred or extinguished. This means that the flows which imply a change of ownership are entered when ownership passes, services are recorded when provided, output at the time products are created and intermediate consumption when materials and supplies are being used
Compensation of employees:	Wages, salaries and other allowances and remuneration in cash or in kind.
Depreciation:	They are the assets value, which reproduced, and depreciated during the year, depreciation is calculated on the current substitutive value.
General Practitioner: Health Expenditure	The doctor that has received at least his first university degree in medicine enabling him to practice medicine in general with no specific specialization. The value of outlays for the final consumption of goods and services defined as health goods and services and for the production of certain activities defined as health activities.
Household:	One person or group of persons with or without a family relationship who live in the same dwelling unit, who share meals and make joint provisions for food and other essentials of living.
Hospital:	An institution that its primary function is to provide services (diagnostic and therapeutic) for variety of medical conditions, both surgical and non-surgical. Most hospitals also provide some outpatient services, particularly emergency care.
Monthly income:	The total amount of cash and in kind remittances earned by household members during the reference period, regardless of its source. Earning of servants working for the households are excluded. The reference period was the past month preceding the data collection.
Non-Governmental hospitals and primary health care centers:	Any hospital or primary health care center that run by Non-governmental organization, which is nonprofit, such as UPMRC, PRCS, PFS. For this survey purposes, East Jerusalem hospitals (Augusta Victoria, St. John, Al-Makassed, and St. Joseph) considered as Non-governmental hospitals.
Out of pocket:	The direct outlays of households, including gratuities and payments in-kind, made to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services that its primary intent is to contribute to the restoration or to the enhancement of the health status of individuals of population groups. Includes household's payments to public services, non-profit institutions or nongovernmental organizations. Excluded payments made by enterprises which deliver medical and paramedical benefits, mandated by law or not, to their employees.
Primary Health Care:	First contact and continuing comprehensive health care, including basic or initial diagnosis and treatment, health, supervision, management of chronic conditions and preventive health services. The provision of primary care does not necessarily require highly sophisticated equipment or specialized resources.

Secondary Care Institutions:	An institution that its primary function is to provide services (diagnostic and therapeutic) for variety of medical conditions, both surgical and non-surgical. Most hospitals also provide some outpatient services, particularly emergency care.
Specialized physician:	The doctor that has acquired a specialized training after completing general medicine focusing on a specific area becoming, for example, a cardiac surgeon or ophthalmic doctor.

Objectives, Methodology and Characteristics of Sample

- **Study Objectives:**

Bearing in mind the above general objective, the present study was designed to respond to the following two *major* and two *minor* specific objectives:

1. Specific objective one (major): to assess the roles played by the different health care providers operating within the Palestinian Health Care System. This involves a consideration of (a) *the share of the market in terms of provided services*, (b) *professionalism and human resources*, and (c) *service utilization*, appropriate to the different stakeholders involved in health care provision, namely, the MoH, Non-Governmental Organizations (NGO), The United Nations Relief and Works Agency (UNRWA), and the Private sector.

Note: Given that the present study is the first of its kind that was ever completed in the Palestinian Territory, and the *a priori* expectations vis-à-vis the limited capacity of any attempt to reveal *accurate* and sufficiently *detailed* financial data – mainly when some of the above-mentioned stakeholders are considered, either due to unwillingness to reveal accurate information on the side of the stakeholder and/or the absence of the requested level of details –, the present assessment included estimates from both the supply and the demand sides of the health care market. The study utilized a physical (item-wise) evaluative approach – hereinafter identified as the *indirect* approach – in addition to the more classical scheme aiming at directly revealing financial information – hereinafter identified as the *direct* approach. Hence, evaluation in real monetary terms was attempted where appropriate and in relation to the availability and accessibility of adequate financial data in addition to the general evaluative approach aiming to assess performance using *indirect* activity-based indicators.

2. Specific objective two (major): to assess the behavior of the users and that of the providers with regard to demanding health care and job-engagement. A special concern was given to the impact of an enhancement in the quality of provided care and/or an alteration of funding arrangements on patients' and providers' behaviors and practices.
3. Specific objective three (minor): to assess the quality of provided care from the users' – and the providers' – perspectives. Although secondary to the main objective of elaborating a system of NHA, an assessment of the quality of provided care is revealed to be a key issue offering insights into the technical and a locative efficiency of the manner whereby health care budgets are being allocated and utilized. Indeed, it is easy to agree that an assessment of health expenditures could never be neutral vis-à-vis the quality of provided care.
4. Specific objective four (minor): to assess the satisfaction of the users – and that of the providers – with the provided care. It is believed that this objective remains as equally important as the one above in reflecting: the performance of the health care system, the impeded incentives for proper health care provision, and the capacity of the system to respond to effective public preferences.

In this context, PCBS and the MoH proceeded to form a technical committee with members from both institutions that took in charge the responsibility of following-up on the advances in the project and its capacity to: fulfill the predefined objectives, and respond to the specific concerns of the MoH which remains the main potential user of the survey results. In addition, a national consultant was recruited to advise on the whole process beginning with study objectives definition and finalization, tools development, data analysis and ending with report writing. Following a general meeting with all potential beneficiaries of the survey results, called for by PCBS, and all the extensive discussions that took place within the technical committee, two questionnaire instruments were designed and the following methodology was adopted to respond to the widest possible interests of the different stakeholders.

- **Methodology:**

Two questionnaire instruments were devised to fulfill the study objectives:

- *An institution questionnaire:* the questionnaire was designed to address issues pertaining to the share of the market of the different stakeholders, using physical (nominal) and financial (real) terms. Information about human resources and professionalism, type of provided care, and some institution-level quality indicators were retrieved. The questionnaire was designed to also depict stakeholders' activity and performance. The latter included the number of served patients per day, providers' behavior and job engagements, providers' own assessment of the quality of provided care and their perception about measures and avenues for quality improvement.

- *A patient questionnaire:* the questionnaire was designed to address users' behavior and their perceptions (including, quality assessment), views, and satisfaction with provided care. The instrument was also used to identify measures susceptible to enhance users' contentment with the provided care. Finally, the questionnaire was also a means to assess users' perspectives vis-à-vis different forms of payments (out-of-pocket expenditures versus insurance premiums) in funding the health care system, and their willingness to pay to benefit from better care – again, using different possible funding mechanisms.

- **Sample designing and questionnaire administration:**

Given the centralized nature of the MoH and UNRWA health care institutions, a feature that was expected to limit the availability of needed information at the micro-level, the *institution questionnaire* was only administered on a sample of institutions belonging to the Private and the NGO sectors. Hence, any institution-level financial results pertaining to the MoH and the UNRWA sectors were obtained from the corresponding headquarters' financial records. A stratified random sample of 1202 (out of all available 3576) Private and NGO health institutions were selected from a comprehensive list of health institutions issued in the recently completed "Establishment Census" conducted by PCBS in 2004. The sample was stratified to take into account the type of health institution and its size - as reflected by the number of employees per establishment. In addition, the sample was designed to include all hospitals existing within the census frame (n = 43). Therefore, the results from the present survey were adjusted and weighted, as needed, to take into account this sample design effect and to be able to describe the activity of the entire health sector.

A pre-pilot of the *institution questionnaire* on a sample of 20 private health institutions, including a hospital, helped in assessing the suitability and the acceptability by the respondents of the questioned items, and their capacity and willingness to declare the requested level of financial information. The two questionnaires were then piloted in the

period 12-15 October 2005, on a sample of 20 health institutions and 60 patients. The pilot results were used to revise and finalize the tools in preparation for the general study phase. The latter took place between 26 November and 30 December 2005.

Information regarding each of the sampled health institutions was obtained from any health and/or administrative personnel capable of responding to the *institution questionnaire* items; and following a face-to-face interview. The *patient questionnaire* was administered via exit/in-/out-patient interviews, with patients frequenting health institutions belonging to all the different health care providers; i.e., MoH, UNRWA, NGO, and the Private sector. In average, three patients per health institution - other than hospitals - were recruited to answer the questionnaire. Six patients, in average, were recruited from each hospital to respond to the *patient questionnaire*. Where possible, patients recruited from MoH and UNRWA health institutions – the type of institutions that are not included in the sample for the *institution questionnaire* by virtue of design – were those frequenting corresponding institutions situated in locales where Private and/or NGOs institutions were sampled. The total number of interviewed patients amounted up to 3,265 patients.

- **Quality of results data:**

Fieldwork procedures were designed and organized to ensure effective supervision and high quality data. To this end, several quality control measures were implemented. These included: periodic sudden visits by project technical team to the fieldworkers; organization of a full-day meeting to re-call study objectives and discuss in-field problem solving; continuous communication between the central office staff and the field in the form of daily and weekly reporting; re-interviewing by phone of about 10% of the institutions included in the sample by supervisors; observation of interviewers by supervisors; distribution of written memos to the field when confusion arises; precise documentation of the flow of the questionnaires through a control sheet; and limiting call backs to three visits per institution.

- **Sample Characteristics:**

- **Study sample:**

Out of the 1202 health institutions included in the study sample, 982 (82%) institutions provided enough information suitable for analysis – results were weighted to represent the sample of 1202 institutions or the study population of 3576 institutions as needed and in function of the conducted analysis. The remaining questionnaires (n = 220) included institutions that were identified as either permanently or temporarily closed; and in 5.2% of the cases (n = 63) the interviewee refused to complete the questionnaire instrument. Interview results for the institution questionnaire were distributed as per Table 2. Out of the total, 90.5% (n = 889) of the sampled institutions belonged to the private sector and 9.5% (n = 93) are managed by NGOs – the distribution of the type of health institution by the type of provider and region is presented in Table 3. The extrapolated number of health institutions per type of provider and region, as per sample, is presented in Table 4 – the Table also includes the number of corresponding health institutions belonging to the MoH and UNRWA as retrieved from the corresponding annual reports. This indicates that, taking into account only the number of institutions, the private sector comes out ahead with 75.6% of all available health institutions. However, while interpreting these initial findings, a serious consideration should be given to the size and type of the corresponding health institutions.

Table 5 summarizes the main characteristics of interviewed patients. About two-thirds of the sample (68.4%) was recruited from the West Bank and the remainder from Gaza strip.

Thirty percent of the patients in the sample reported that they live in rural areas. Almost half of the sample (45.3%) was younger than 18 years old and 5.6% were older than 65 years. The majority (63.4%) of interviewed individuals were married, with 9.2% having earned a Bachelor degree or higher. Given the specific characteristics of the patients' sample distinguishing them from the general population – consider for example the percentage of patients 65 years old and above which is higher than the corresponding percentage in the general population (3.1% in the general population) –, patients' file weights that are used to depict the population of patients in the Palestinian Territory were calculated based on the characteristics of the sub-sample of patients surveyed in the HHES-2004 study.

جدول 1: مجموعة من المؤشرات المختارة حسب القطاع الصحي

Table 1: A List of Selected Indicators by Health Sector

Indicator	Health Sector				المؤشر
	وكالة الغوث	وزارة الصحة	منظمات غير حكومية	خاص	
	UNRWA	MoH	NGO's	Private	
Annual Number of Visits for 2004	⁽²⁾ 4,979,179	⁽¹⁾ 11,658,821	3,240,070	5,407,344	مجموع الزيارات السنوي للعام 2004
Market Share Based on Number of Visits (%)	19.7	46.1	12.8	21.4	نسبة حجم المشاركة على أساس عدد الزيارات
Number of Health Institutions 2004	89	616	338	3,238	عدد المنشآت الصحية الكلي 2004
Market Share Based on Number of Institutions (%) ⁽⁴⁾	2.1	14.4	7.9	75.6	نسبة حجم المشاركة حسب عدد المنشآت الكلي ⁽⁴⁾
Volum of Human Resources (FTE)	1,752	11,124	7,102	7,341	أعداد المصادر البشرية
Market Share Based on Volum of Human Resources (%)	6.4	40.7	26.0	26.9	نسبة حجم المشاركة حسب عدد المصادر البشرية
Annual Number of Services Provided for 2004	⁽⁵⁾ 4,979,179	⁽⁵⁾ 11,658,821	⁽⁶⁾ 3,395,381	⁽⁶⁾ 5,933,419	حجم الخدمات الطبية المقدمة (أعداد مطلقة) 2004
Total Revenues based on Indirect Method ⁽⁷⁾	NA	NA	144,017,099	329,113,278	الإيرادات السنوية من الخدمات الطبية (بالطريقة غير المباشرة) ⁽⁷⁾
Total Revenues based on Direct Method ⁽⁸⁾	⁽⁹⁾ 1,738,933	⁽⁹⁾ 7,049,341	125,170,118	163,255,997	الإيرادات السنوية من الخدمات الطبية (بالطريقة المباشرة) ⁽⁸⁾
Ratio of Total Revenues estimated in the Indirect Method compared to Direct Method	NA	NA	115%	202%	نسبة الإيرادات بالطريقة غير المباشرة إلى الطريقة المباشرة
Total Expenses (Indirect Method ⁽⁹⁾)	NA	NA	316,963,435	133,096,443	إجمالي المصروفات (الطريقة غير المباشرة) ⁽⁹⁾
Total Expenses (Direct Method ⁽⁸⁾)	118,598,047	425,504,116	288,148,577	120,996,767	إجمالي المصروفات (الطريقة المباشرة) ⁽⁸⁾
Final Expenditure in \$ (1\$ = 4.4789 NIS) (Direct Method)	\$220,986,380				الإنفاق النهائي بالدولار الأمريكي (الطريقة المباشرة)
Final Expenditure in \$ (1\$ = 4.4789 NIS) (Indirect Method)	\$265,730,020				الإنفاق النهائي بالدولار الأمريكي (الطريقة غير المباشرة)
GDP (2004)	\$4,133,010,000				الناتج المحلي الإجمالي للعام 2004

Indicator	Health Sector				المؤشر
	وكالة الغوث UNRWA	وزارة الصحة MoH	منظمات غير حكومية NGO's	قطاع الصحي خاص Private	
Health Expenditures per capita (Direct Method)			\$61		نصيب الفرد من الإنفاق على الصحة (الطريقة المباشرة)
Health Expenditures per capita (Indirect Method)			\$73		نصيب الفرد من الإنفاق على الصحة (الطريقة غير المباشرة)
Percentage of Health Expenditures out of GDP (Direct Method)			5.3%		نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي (الطريقة المباشرة)
Percentage of Health Expenditures out of GDP (Indirect Method)			6.4%		نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي (الطريقة غير المباشرة)
Market share of Total Expenditures (Direct Method) (%)	11.8	42.3	21.4	(11) 24.5	نسبة حجم المشاركة للقطاعات الصحية من إجمالي الإنفاق على الصحة (الطريقة المباشرة)
Market share of Total Expenditures (Indirect Method) (%)	9.8	35.2	14.5	(11) 40.5	نسبة حجم المشاركة للقطاعات الصحية من إجمالي الإنفاق على الصحة (الطريقة غير المباشرة)

(1): Source of data: Ministry of Health, 2005: Annual Report for 2004. Nablus, Palestine.

The total number of visits in the MoH sector included PHC clinics, specialized clinics, psychiatric clinics and dental clinics visits, in-patients, and laboratory tests.

(2): Source of data: UNRWA, 2005. Annual report for 2004. Amman, Jordan.

The total number of visits in the UNRWA sector included PHC clinics and dental clinic visits, and in-patients. This excludes laboratory tests.

(3): The sample did not include a sufficient number of in-patients in the unique available UNRWA hospital to estimate cost figures.

(4): The number of institutions does not reflect the size of the institution.

(5): It was assumed that the numbers of visits to the MoH and UNRWA sectors equal to the numbers of provided services.

(6): Calculated based on the number of services annually provided by the ambulatory sector plus the number of hospitals admissions, out-patient visits and day care services.

(7): Revenues in the indirect methods are calculated based on the declared activity of the ambulatory sector adding to it the financial data stated by the hospital sector.

(8): The direct method used in the estimation of both revenues and expenditures was based on financial data directly reported by the institution regardless the source of financial data per institution.

(1): المصدر: وزارة الصحة الفلسطينية، 2005. التقرير السنوي 2004. نابلس - فلسطين.

أعداد الزيارات في وزارة الصحة تشمل: مجموع الزيارات لعيادات الرعاية الصحية الأولية، والعيادات المتخصصة، والنفسية، والأسنان، والإدخالات للمستشفيات، والفحوصات المخبرية.

(2): المصدر: وكالة الغوث لإغاثة وتشغيل اللاجئين، 2005. التقرير السنوي 2004. عمان - الأردن. أعداد الزيارات في وكالة الغوث تشمل: مجموع الزيارات لعيادات الرعاية الصحية الأولية، والأسنان، والإدخالات للمستشفيات، باستثناء الفحوصات المخبرية.

(3): لم تشمل العينة عدد كافي من مرضى مستشفى وكالة الغوث لتقدير التكلفة.

(4): عدد المنشآت لا يعبر عن حجم المنشأة.

(5): تم افتراض أن عدد الزيارات مساو لعدد الخدمات المقدمة في كل من قطاعي الحكومة و الوكالة.

(6): الأعداد السنوية للخدمات الطبية والتي تشمل: كافة مرضى العيادات والعيادات الخارجية والعناية اليومية بالإضافة الى عدد المدخلين في المستشفيات.

(7): تم حساب الإيرادات بالطريقة غير المباشرة من خلال عدد الخدمات الطبية التي قدمتها القطاعات الصحية مضموناً بالتكلفة لكل خدمة مضافاً إليها الإيرادات المباشرة لقطاع المستشفيات.

(8): تعتمد الطريقة المباشرة في حساب كل من المصروفات و الإيرادات على البيانات المالية التي أدلت بها المنشآت بطريقة مباشرة بغض النظر عن مصدر البيان المالي في كل منشأة.

(9): This represents MoH's and UNRWA's revenues from direct user fees payments.
Source: Palestine Expenditure and Consumption Survey –2004.

10(): Total Expenses in the indirect method were calculated using a sensitivity analysis whereby directly reported expenditures are multiplied by 110% for the Private and NGO's sectors - this remains questionable. As for total expenditures in the indirect method for the MoH and UNRWA, they are assumed to be the same as those calculated using the direct method.

(11): This represents the share of Household Expenditures out from the total health expenditures.

(9): يمثل هذا الرقم الإيرادات المباشرة لوزارة الصحة ووكالة الغوث المحصلة من الرسوم التي يدفعها المرضى مقابل تلقي الخدمات. المصدر: مسح انفاق واستهلاك الأسرة - 2004.

(10): تم حساب الانفاق الاجمالي بالطريقة غير المباشرة (باسلوب التحليل الحساس) وذلك بضرب النفقات المباشرة بـ 110% (المعدل المقدر للإيرادات الغير المباشرة الى الإيرادات المباشرة للقطاع الخاص والمنظمات غير الحكومية) ويبقى ذلك موضع تساؤل. اجمالي الانفاق لكل من القطاع الحكومي والوكالة وفق الطريقة غير المباشرة تم افتراضه مساويا للانفاق المقدر بالطريقة المباشرة.

(11): تمثل حجم مشاركة الأسر في الانفاق على الصحة.

جدول 2: التوزيع النسبي للمنشآت الصحية حسب نتيجة المقابلة والمنطقة، 2005
 Table 2: Percentage Distribution of Health Institutions by Interview Result and Region, 2005

Result of the Interview	عدد المنشآت Number of Institutions	المنطقة Region			نتيجة المقابلة
		قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Completed	864	75.1	70.6	71.9	اكتملت كلياً
Partially Completed	118	3.4	12.5	9.8	اكتملت جزئياً
No body eligible	7	1.1	0.4	0.6	لا يوجد أحد مؤهل للمقابلة
Permanent Closed	69	8.1	4.7	5.7	مغلق نهائياً
Temporally Closed	38	1.7	3.8	3.2	مغلق مؤقتاً
Refused to cooperate	63	6.7	4.6	5.2	رفض
Other	43	3.9	3.4	3.6	أخرى
Total	1,202	100	100	100	المجموع
Total No. of Interviewees	1,202	375	845	1,202	عدد المنشآت

جدول 3: التوزيع النسبي للمنشآت الصحية حسب نوع المنشأة والقطاع الصحي والمنطقة، 2005

Table 3: Percentage Distribution of Health Institutions by Type of Institution, Sector and Region, 2005

Type of Health Institutions	Region and Health Sector						نوع المنشأة الصحية
	قطاع غزة Gaza Strip		الضفة الغربية West Bank		الأراضي الفلسطينية Palestinian Territory		
	منظمات غير حكومية NGO's	خاص Private	منظمات غير حكومية NGO's	خاص Private	منظمات غير حكومية NGO's	خاص Private	
General Medicine Clinic	15.0	3.3	8.3	15.0	9.8	11.4	عيادة طب عام
Specialist Clinic	10.0	53.3	2.8	33.2	4.3	39.3	عيادة طب اختصاص
Dentists Clinic	0.0	25.2	5.6	34.6	4.3	31.8	عيادة طب أسنان
Health Center	50.0	3.0	55.4	2.7	54.3	2.8	مركز صحي/ مجمع طبي
Rehabilitation Center	0.0	0.0	2.8	0.2	2.2	0.1	مركز للتأهيل
Radiology Center	0.0	0.0	0.0	1.1	0.0	0.8	مركز أشعة
Physiotherapy Center	0.0	1.1	0.0	2.1	0.0	1.8	مركز للعلاج الطبيعي
Medical Laboratory	0.0	12.6	0.0	6.3	0.0	8.2	مختبر تحاليل طبية
General Hospital	10.0	0.0	2.8	0.0	4.3	0.0	مستشفى عام
Specialist Hospital	0.0	0.4	4.2	1.0	3.3	0.8	مستشفى تخصصي
Rehabilitation Hospital	0.0	0.0	0.0	0.0	0.0	0.0	مستشفى تأهيل
Maternal Hospital	0.0	0.0	1.4	0.3	1.1	0.2	مستشفى ولادة
Other	15.0	1.1	16.7	3.5	16.3	2.8	أخرى*
Total	100	100	100	100	100	100	المجموع
No. of Institutions	20	263	70	607	90	870	عدد المنشآت

*Other: Include Dental Laboratory, Optics centers and Midwives

أخرى: وتشمل مختبرات أسنان، مراكز للبصرييات، قابات قانونيات *

جدول 4: أعداد المنشآت الصحية في الأراضي الفلسطينية حسب القطاع الصحي (موزون)
Table 4: Number of Health Institutions by Sector and Type (weighted)

Type of Health Institution	Health Sector القطاع الصحي				نوع المنشأة الصحية
	منظمات غير حكومية	وكالة الغوث	حكومي	الخاص	
	NGO's 2005	UNRWA* 2004	MoH* 2004	Private 2005	
General Medicine Clinic	33	0.0	0.0	372	عيادة طب عام
Specialist Clinic	15	0.0	0.0	1,273	عيادة طب اختصاص
Dentists Clinic	15	35	41	1,031	عيادة طب أسنان
Health Center	183	53	413	91	مركز صحي/ مجمع طبي
Rehabilitation Center	7	0.0	0.0	3	مركز للتأهيل
Radiology Center	0.0	0.0	0.0	25	مركز أشعة
Physiotherapy Center	3	0.0	0.0	58	مركز للعلاج الطبيعي
Medical Laboratory	1	0.0	140	262	مختبر تحاليل طبية
General Hospital	12	1	22	0.0	مستشفى عام
Specialist Hospital	11	0.0	0.0	25	مستشفى تخصصي
Rehabilitation Hospital	1	0.0	0.0	0.0	مستشفى تأهيل
Maternal Hospital	4	0.0	0.0	7	مستشفى ولادة
Other	53	0.0	0.0	91	أخرى
Total	338	89	616	3,238	المجموع

* المصدر: وزارة الصحة الفلسطينية، 2005. التقرير السنوي 2004. نابلس - فلسطين.

* Source: Ministry of health 2005. Annual Report 2004. Nablus - Palestine.

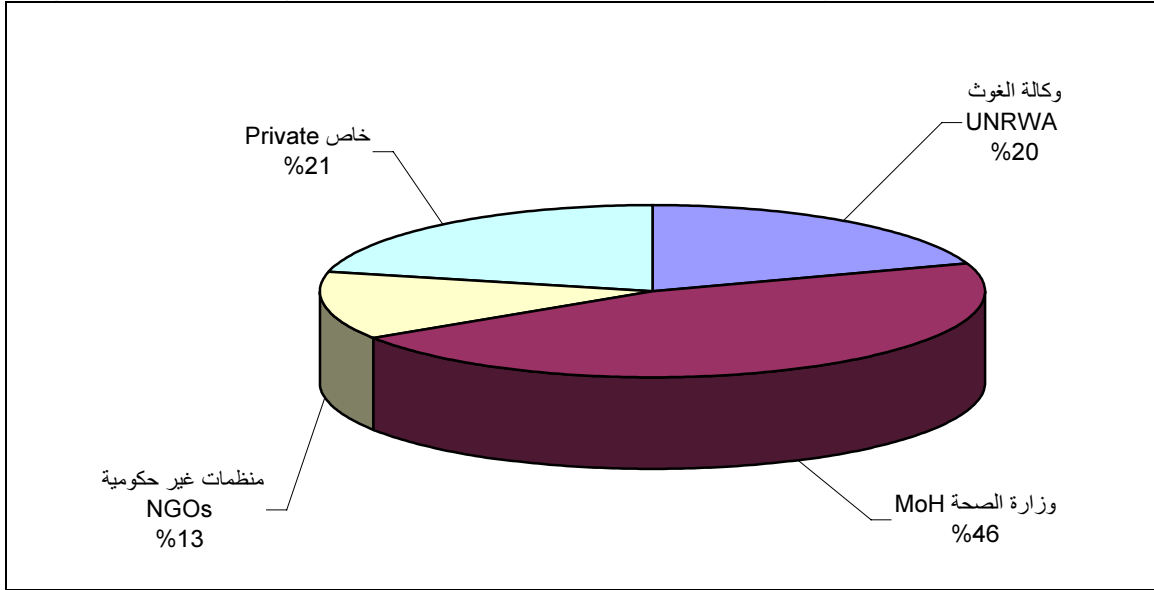
جدول 5: عدد الزيارات السنوي حسب نوع المنشأة والقطاع الصحي، 2004

Table 5: Annual Number of Visits by Type of Health Institution and Health Sector, 2004

Type of Health Institutions	Health Sector		نوع المنشأة الصحية
	منظمات غير حكومية NGO's	الخاص Private	
General Medicine Clinic	129,750	571,926	عيادة طب عام
Specialist Clinic	24,671	1,570,975	عيادة طب اختصاص
Dentists Clinic	45,910	1,368,761	عيادة طب أسنان
Health Center	2,261,721	1,094,826	مركز صحي/ مجمع طبي
Rehabilitation Center	9,720	1,205	مركز للتأهيل
Radiology Center	-	55,773	مركز أشعة
Physiotherapy Center	3,315	87,183	مركز للعلاج الطبيعي
Medical Laboratory	12,054	532,586	مختبر تحاليل طبية
General Hospital	439,310	-	مستشفى عام
Specialist Hospital	254,549	116,395	مستشفى تخصصي
Rehabilitation Hospital	45,504	-	مستشفى تأهيل
Maternal Hospital	13,566	8,014	مستشفى ولادة
Total	3,240,070	5,407,344	المجموع

شكل 1: التوزيع النسبي لمجموع الزيارات السنوية حسب مقدم الخدمة الصحية، 2004

Figure 1: Percentage Distribution of Total Annual Visits by Health Provider, 2004



جدول 6: الأعداد السنوية للخدمات الطبية المقدمة من عيادات الطب العام والاختصاص والمراكز الصحية حسب الخدمة ونوع القطاع الصحي، 2004

Table 6: Annual Number of Services Provided by Generalists' and Specialists' Clinics, and Health Centers, by Type of Service and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية*	معدل الدفع لكل خدمة	عدد الخدمات	الإيرادات السنوية*	معدل الدفع لكل خدمة	عدد الخدمات	
	Annual Revenues*	Average Unitary Charge	No. of Services	Annual Revenues*	Average Unitary Charge	No. of Services	
Generalist Visits	7,468,318	10.8	792,090	13,859,216	22.9	1,040,313	زيارة لطبيب عام
Specialist Visits	7,004,682	18.5	426,966	50,466,524	37.4	1,481,137	زيارة لطبيب مختص
Repeated Visits (Within Two Weeks)	441,957	4.6	245,490	4,888,764	12.1	627,104	مراجعة (زيارة ثانية خلال أسبوعين)
Family planning	2,544,243	19	99,889	2,056,467	46.4	127,639	تنظيم أسرة
Child and Maternal care Visits	6,180,381	12	145,531	4,791,534	31.7	171,506	رعاية أمومة وطفولة
Regular Visits (Chronic diseases)	1,749,908	10.2	162,261	1,898,501	28.6	108,159	زيارات منتظمة (أمراض مزمنة)
Home Visits	141,286	10.8	29,038	1,838,282	48.7	49,833	زيارات بيتية
Diagnostic Tests	1,412,514	13.6	210,210	1,609,569	25.2	307,555	إجراء فحوصات تشخيصية
Emergency Cases	744,987	10.2	112,596	618,913	46.7	40,268	طوارئ
Other (1)	1,512,136	32.1	98,966	1,217,284	136.3	50,407	أخرى (1)
Other (2)	794,730	26.6	19,809	22,974	374.8	1,274	أخرى (2)
Total	29,995,142		2,342,846	83,268,028		4,005,195	المجموع

Other (1): Include cases like: physiotherapy, male circumcision and Other.

أخرى (1): وتشمل بعض الحالات منها: علاج طبيعي، طهور أطفال وغيرها.

Other (2): include cases like: minor surgery; e.g., hemorrhoids and hernia.

أخرى (2): وتشمل بعض الحالات منها: عمليات صغرى (بواسير، فتق).

* ملاحظة: حسابيا، لا تعتبر الإيرادات السنوية مساوية لحاصل ضرب عدد الخدمات في معدل الدفع لكل خدمة.

*Note: Mathematically, Annual Revenues is not expected to be equal to Annual visits multiplied by Average Unitary Charge

جدول 7: الأعداد السنوية للخدمات الطبية المقدمة من عيادات طب الأسنان حسب الخدمة ونوع القطاع الصحي، 2004

Table 7: Annual Number of Services Provided by Dental Clinics by Type of Service and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية*	معدل الدفع لكل خدمة	عدد الخدمات	الإيرادات السنوية*	معدل الدفع لكل خدمة	عدد الخدمات	
	Annual Revenues*	Average Unitary Charge	No. of Services	Annual Revenues*	Average Unitary Charge	No. of Services	
Extraction	1,452,511	18	82,481	13,874,578	29	492,641	خلع
Filling	2,564,823	36	74,619	30,723,686	48	562,451	حشوة
Removal Denture	2,169,512	244	12,374	35,543,207	319	117,956	تراكيب
Scaling	2,982,212	742	6,586	98,228,827	1,285	78,817	تقويم
Orthodontics	591,129	26	28,822	8,871,884	43	201,685	تنظيف
Surgery	236,236	47	4,696	7,829,851	157	37,561	جراحة
Other	98,545	464	1,230	4,667,222	346	51,854	أخرى
Total	10,094,968		210,808	199,739,255		1,542,965	المجموع

Other Include cases like: Implementation, Filing of Nerve and Other.

أخرى: وتشمل بعض الحالات منها: زراعة، تنظيف عصب، حشوة عصب وأخرى.

* ملاحظة: حسابيا، لا تعتبر الإيرادات السنوية مساوية لحاصل ضرب عدد الخدمات في معدل الدفع لكل خدمة.

*Note: Mathematically, Annual Revenues is not expected to be equal to Annual visits multiplied by Average Unitary Charge

جدول 8: الأعداد السنوية للخدمات الطبية المقدمة من مراكز الأشعة حسب الخدمة ونوع القطاع الصحي، 2004

Table 8: Annual Number of Services Provided by Radiology Centers by Type of Services and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية* Annual Revenues*	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	الإيرادات السنوية* Annual Revenues*	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	
X – Ray	1,233,174	14.8	62,393	1,290,406	31.1	41,339	تصوير عادي
X – Ray With Contrast	198,121	59.8	2,525	1,148,620	123.9	6,487	تصوير ملون
Ultrasound	573,516	16.9	30,782	1,001,307	35.6	34,377	تصوير تلفزيون
CT Scan	101,705	60	1,695	710,411	261.3	2,499	تصوير طبقي
ESWEL	88,774	1100	81	1,265,663	2000	633	تفتيت حصى
Other	1,061,669	160.8	8,832	118,637	95.6	2,146	أخرى
Total	3,256,959		106,308	5,535,044		87,481	المجموع

Other: Includes Several Cases, Mainly: Panorama, Mammography, MRI and cardiac catheterization and angiography.

أخرى: وتشمل بعض الحالات منها: تصوير بانوراما، تصوير الثدي، رنين مغناطيسي، تصوير شرايين وقلب.

* ملاحظة: حسابيا، لا تعتبر الإيرادات السنوية مساوية لحاصل ضرب عدد الخدمات في معدل الدفع لكل خدمة.

*Note: Mathematically, Annual Revenues is not expected to be equal to Annual visits multiplied by Average Unitary Charge

جدول 9: الأعداد السنوية للخدمات الطبية المقدمة من مراكز العلاج الطبيعي حسب الخدمة ونوع القطاع الصحي، 2004

Table 9: Annual Number of Services Provided by Physiotherapy Centers by Type of Services and Health Sector, 2004

Type of Medical Services	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية* Annual Revenues*	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	الإيرادات السنوية* Annual Revenues*	معدل الدفع لكل خدمة Average Unitary Charge	عدد الخدمات No. of Services	
Services Provided Outside the Center	115,253	11.4	11,402	700,166	35.5	13,802	زيارات خارج المركز
Services Provided Inside the Center	765,269	13.1	78,021	3,106,583	76.1	82,394	زيارات داخل المركز
Other	35,107	14.6	1,311	0	0.0	90	أخرى
Total	915,629		90,734	3,806,749		96,286	المجموع

Other : Includes Several Cases, Mainly: Health Educational Programs.

أخرى: تشمل بعض الحالات منها، برامج التوعية والتثقيف الصحي.

* ملاحظة: حسابيا، لا تعتبر الإيرادات السنوية مساوية لحاصل ضرب عدد الخدمات في معدل الدفع لكل خدمة.

*Note: Mathematically, Annual Revenues is not expected to be equal to Annual visits multiplied by Average Unitary Charge

جدول 10: الأعداد السنوية للخدمات الطبية المقدمة من المختبرات الطبية حسب الخدمة ونوع القطاع الصحي، 2004

Table 10: Annual Number of Services Provided by Medical Laboratories by Type of Service and Health Sector, 2004

Type of Medical Service	منظمات غير حكومية NGO's			القطاع الخاص Private sector			نوع الخدمة الطبية
	الإيرادات السنوية* Annual Revenues*	معدل التكلفة لكل خدمة Average Unit Cost	عدد الخدمات No. of Services	الإيرادات السنوية* Annual Revenues*	معدل التكلفة لكل خدمة Average Unit Cost	عدد الخدمات No. of Services	
Routine Examinations	2,018,584	7.6	269,415	4,057,794	10.9	419,790	فحوصات روتينية
Serum and Antibodies Tests	1,059,800	9.9	101,948	3,443,318	14.5	191,694	فحوصات دم وأمصال
Culture Tests	426,806	25	13,558	1,425,414	22.6	67,965	زراعة
Biochemistry Tests	774,983	10.2	89,299	2,400,578	14.1	170,815	فحوصات كيمياء حيوية
Hormones Tests	964,242	26.9	35,339	4,027,647	36.3	112,245	فحوصات هرمونات
Special Tests	517,050	41.5	26,117	2,154,480	43.7	49,101	فحوصات خاصة
Other	261,461	13.8	8,818	69,244	36.6	1,555	أخرى
Total	6,022,926		544,494	17,578,475		1,013,165	المجموع

Other Includes Several Cases, Mainly: Panorama and Histopathology tests

أخرى: وتشمل بعض الحالات منها: تصوير بانوراما، فحوصات أمراض وأنسجة.

* ملاحظة: حسابيا، لا تعتبر الإيرادات السنوية مساوية لحاصل ضرب عدد الخدمات في معدل الدفع لكل خدمة.

*Note: Mathematically, Annual Revenues is not expected to be equal to Annual visits multiplied by Average Unitary Charge

جدول 11: إجمالي المصروفات (الطريقة المباشرة) على الصحة حسب بعض البنود والقطاع الصحي 2004
Table 11: Total Expenses (Direct Method) by Items and Health Sector, 2004

Expenses items	المجموع الكلي Grand Total	Health Sector							بند المصروفات	
		مجموع المنظمات غير الحكومية Total NGO's	NGO's		مجموع الخاص Total Private	Private		وكالة الغوث UNRWA		وزارة الصحة MoH
			المنظمات غير الحكومية الرعاية الثانوية Secondary Care	المنظمات غير الحكومية الرعاية الأولية Primary Care		الخاص الرعاية الثانوية Secondary Care	الخاص الرعاية الأولية Primary Care			
Total Wages and Salaries	494,421,523	138,596,720	116,559,275	22,037,444	32,221,196	11,066,815	21,154,381	81,126,316	249,556,780	مجموع رواتب الموظفين
Goods for Running Cost	290,837,965	73,139,658	65,000,944	8,138,714	35,788,410	7,051,642	28,736,768	36,449,288	174,921,747	مجموع المصروفات السلعية
Services for Running Cost	110,509,994	22,820,623	19,051,744	3,768,879	32,403,668	3,012,601	29,391,068	-	-	المصروفات الخدمائية
Total of Fess and Indirect Taxes	79,123,544	33,741,464	33,140,825	600,639	5,978,490	1,173,380	4,805,110	-	-	مجموع رسوم وضرائب غير مباشرة
Annual Depreciation	53,517,313	19,850,113	-	-	14,605,002	-	-	1,022,443	1,025,588	الاهتلاك السنوي (1)
Total Expenses	953,247,507	288,148,577	233,752,788	34,545,676	120,996,767	22,304,438	84,087,327	118,598,047	425,504,116	إجمالي المصروفات

(1): The annual depreciation for Private and NGOs was calculated from the Assets part of the institutions questionnaire, while for governmental and UNRWA was calculated based on Economics Survey 2004.

(1): تم حساب الاهتلاك السنوي لقطاعي الخاص والمنظمات غير الحكومية من خلال قسم حركة الأصول في استمارة المنشأة، وفيما يتعلق بالقطاع الحكومي ووكالة الغوث فق تم من حسب الاهتلاك من خلال تقديرات المسوح الاقتصادية للعام 2004.

جدول 12: اجمالي الإيرادات* (الطريقة المباشرة) من الخدمات الصحية حسب بعض البنود والقطاع الصحي، 2004
 Table 12: Total Revenues* (Direct Method) from Medical Services by Items and Health Sector, 2004

Revenues items	المجموع الكلي Grand Total	Health Sector			القطاع الصحي			بند الإيرادات
		مجموع المنظمات غير الحكومية Total NGO's	NGO's	المنظمات غير الحكومية	مجموع الخاص Total Private	Private	الخاص	
			الرعاية الثانوية Secondary Care	الرعاية الأولية Primary Care		الرعاية الثانوية Secondary Care	الرعاية الأولية Primary Care	
Doctors' remunerations	166,229,666	40,095,785	28,771,828	11,323,957	126,133,881	5,671,407	120,462,474	أجور أطباء (كشفيات)
Registration fees	651,345	377,888	47,308	330,580	273,457	11,448	262,009	رسوم تسجيل
Laboratory services	18,967,704	6,641,260	3,187,520	3,453,740	12,326,444	766,000	11,560,444	مختبرات
Radiology / Ultrasound / CT-scan	7,173,566	4,526,064	1,711,777	2,814,287	2,647,502	376,511	2,270,991	أشعة/ التراساوند/CT
Medications	9,345,258	7,230,688	2,692,027	4,538,661	2,114,570	638,771	1,475,799	أدوية
Hospitalization	8,055,674	5,276,669	5,276,669	-	2,779,005	2,779,005	-	إقامة في المستشفى
Surgery	18,559,705	8,001,845	7,497,214	504,631	10,557,860	7,115,827	3,442,033	عمليات جراحية
Emergency	4,501,593	3,808,648	3,000,903	807,745	692,945	528,423	164,522	طوارئ
Total	233,484,511	75,958,847	52,185,246	23,773,601	157,525,664	17,887,392	139,638,272	المجموع

* The total revenues do not include revenues form investments, insurance companies or donations and grants.

* لم تشمل الإيرادات البنود التالية: الإيرادات الاستثمارية و إيرادات شركات التأمين و أية إيرادات من إعانات و تبرعات.

جدول 13: الإنفاق الاجمالي على الصحة وحجم المشاركة حسب القطاع الصحي، 2004
Table 13: Total Health Expenditures and Market Share by Sector, 2004

Indicator	الطريقة المباشرة Direct Method	الطريقة غير المباشرة Indirect Method	المؤشر
Total Private Expenditure (out- of -pocket)	242,272,787	⁽¹⁾ 481,918,650	الإنفاق النهائي الخاص (الذي دفعته الأسر)
Total Expenses of NGOs	288,148,577	⁽¹⁾ 316,963,435	إجمالي المصروفات للمنظمات غير الحكومية
Final Expenditures of NGOs	212,189,727	⁽²⁾ 172,946,336	الإنفاق النهائي للمنظمات غير الحكومية
Total Expenses of MoH	425,504,116		إجمالي المصروفات لوزارة الصحة
Final Expenditures of MoH	418,454,221		الإنفاق النهائي لوزارة الصحة
Total Expenses of UNRWA	118,598,047		إجمالي المصروفات لوكالة الغوث
Final Expenditures of UNRWA	116,858,980		الإنفاق النهائي لوكالة الغوث
Final Expenditures	989,775,899	1,190,178,187	الإنفاق النهائي
Final Expenditure in US\$ (1\$ = 4.4789NIS)	\$220,986,380	\$265,730,020	الإنفاق النهائي بالدولار الأمريكي (1\$ = 4.4789NIS)
GDP in US\$ (2004)	\$4,133,010,000		الناتج المحلي الإجمالي بالدولار الأمريكي (2004)
Health Expenditure per capita	\$61	\$73	نصيب الفرد من الإنفاق الكلي على الصحة
Percentage of Health Expenditure out of GDP	5.3%	6.4%	نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي
Market share of Private (out- of -pocket) Expenditures from Total Health Expenditures	24.5	40.5	حجم المشاركة في الإنفاق على الصحة للإنفاق الأسري
Market share of NGO's from Total Health Expenditures	21.4	14.5	حجم المشاركة في الإنفاق على الصحة للمنظمات غير الحكومية
Market share of MoH from Total Health Expenditures	42.3	35.2	حجم المشاركة في الإنفاق على الصحة لوزارة الصحة
Market share of UNRWA from Total Health Expenditures	11.8	9.8	حجم المشاركة في الإنفاق على الصحة لوكالة الغوث

(1): لتقدير النفقات لكلا القطاعين الخاص والمنظمات غير الحكومية بالطريقة غير المباشرة، ضخمت النفقات بالطريقة المباشرة بمعامل قدره 1.1. كما أنه تم افتراض النفقات لكلا القطاعين الحكومي ووكالة الغوث هي نفسها بالطريقتين المباشرة وغير المباشرة.
(2): لتقدير النفقات النهائية لقطاع المنظمات غير الحكومية تم استخدام معامل التضخم 1.1 للمصروفات، بينما تم خصم الإيرادات الناتجة بالطريقة غير المباشرة. وعند استخدام معامل التضخم 1.5 كانت نسبة الإنفاق الكلي على الصحة من الناتج المحلي الإجمالي 7.1%.

(1) The indirect expenditures for the private and NGO's sectors were estimated using reported expenditures from the direct method and inflating them by a coefficient of 1.10. Health expenditures of the MoH and UNRWA sectors were assumed to be the same for the direct and indirect approach.

(2) The Total Final Expenditures for the NGOs' sector were estimated using the same inflation coefficient of 1.1 for the expenditures and deducing revenues as estimated by the indirect approach. Using an inflation coefficient of 1.5 results in a percentage share of health expenditures of 7.1% out of the GDP.

جدول 14: المصادر البشرية في المنشآت الصحية حسب القطاع الصحي والتخصص، 2005
Table14: Human Resources In Health Institutions Speciality and Health Sector, 2005

Specialty	Health Sector		القطاع الصحي		التخصص
	NGO's	منظمات غير حكومية	Private الخاص		
	معامل الوقت التام Full Time Equivalent	العدد Number	معامل الوقت التام Full Time Equivalent	العدد Number	
General practitioners	726	615	744	765	أطباء عامون
Gynecologists	176	234	358	470	أطباء نسائية وتوليد
Dentist	175	179	1,173	1192	أطباء أسنان
Anesthetists	66	63	46	66	أطباء تخدير
Ophthalmologists	41	79	104	121	أطباء عيون
Pediatrics	118	142	270	317	أطباء أطفال
Surgeons	156	112	133	192	أطباء جراحة عامة
Physiotherapists	166	161	131	100	أخصائيو علاج طبيعي
Functional Therapist	35	32	5	8	أخصائيو علاج وظيفي/ أطراف صناعية
Other specialties (1)	211	329	553	792	أخصائيو في تخصصات أخرى (1)
Nurses	2107	1,737	850	684	ممرضون
Midwives	171	143	99	83	قابلات
Pharmacists	130	107	64	60	صيادلة
Pharmacist Assistant	104	90	17	16	مساعد صيدلي
Radiologists	170	153	160	111	فنيو أشعة
Lab technicians	474	383	797	610	فنيو مختبرات
Neurologist technician	3	5	5	6	فنيو أعصاب
Anesthetists technicians	33	33	37	25	فنيو تخدير
Administrators	861	760	1217	1269	إداريون
Supportive services	1021	862	516	665	خدمات
Other	158	171	62	84	أخرى
Total	7,102	6,390	7,341	7,636	المجموع

(1): وتشمل مجموعة من التخصصات أهمها، الجراحة التخصصية، وأخصائيي الأشعة، وفحص الأنسجة.

(1): Includes Set of Specialties, Mainly: some specialties in Surgeries Radiologists and Histo-pathologists.

جدول 15: المصادر البشرية في المؤسسات الصحية حسب القطاع الصحي والتخصص، 2004

Table 15: Human Resources In Health Institutions Speciality and Health Sector, 2004

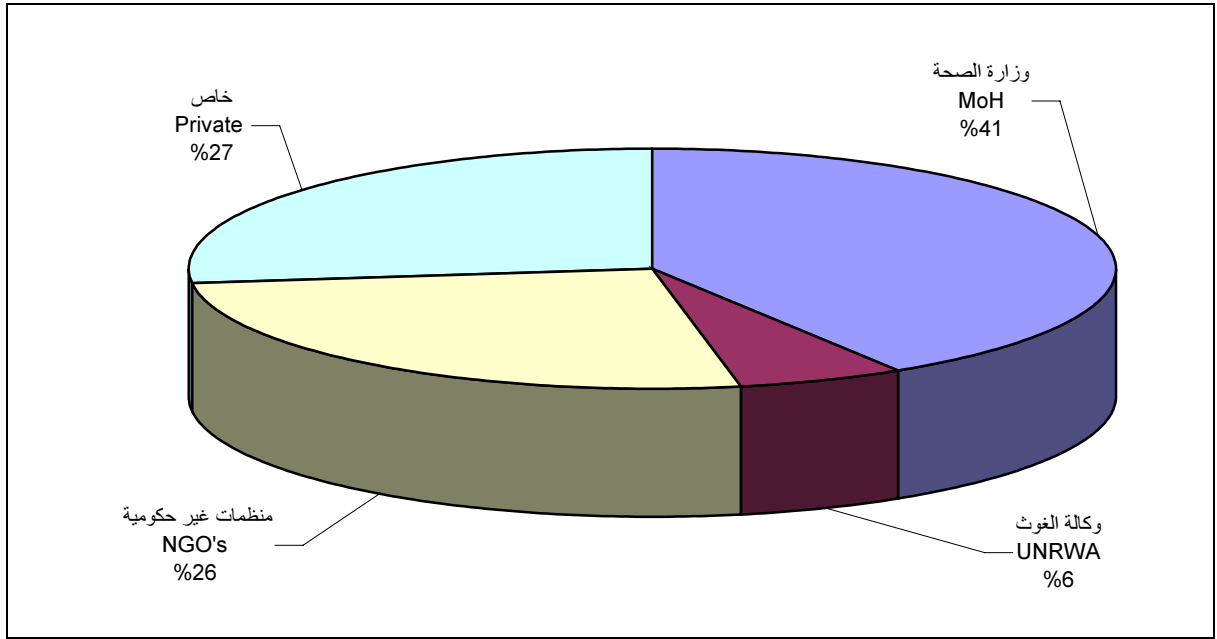
Specialty	Health Sector		التخصص
	UNRWA	وكالة الغوث الحكومي	
General practitioners & specialists	154	2,017	أطباء عامون و اختصاص
Dentist		179	أطباء أسنان
Nurses		3,042	ممرضون
Midwives		222	قابلات
Pharmacist		341	صيادلة
Health Workers		104	عاملين صحيين
Paramedical		1,214	مهن طبية مساعدة
Administrators and Workers		4,005	إداريون و عمال خدمات
Total	1,752	11,124	المجموع

جدول 16: التوزيع النسبي للمستجوبين في المنشآت الصحية الذين يعملون في منشآت صحية أخرى حسب القطاع الصحي والمكان المتواجدين فيه حالياً، 2005

Table 16: Percentage Distribution of Interviewees at Health Institutions Working at Other Health Institutions by Sector and Current Place of Work, 2005

Other Health Sector	عدد المستجوبين No. of interviewees	قطاع العمل الحالي Current Place of Work		قطاع العمل الصحي الآخر
		منظمات غير حكومية NGO's	خاص Private	
Private	457	35.4	24.0	خاص
Governmental	1,003	21.3	56.2	حكومي
Non Governmental Organizations	198	33.6	9.2	منظمات غير حكومية
International Organizations	9	0.8	0.5	هيئات دولية
UNRWA	55	1.6	3.1	وكالة الغوث الدولية
Private Property	48	1.6	2.6	ملكية خاصة
More than one Place	53	4.9	2.7	أكثر من مكان
Other	31	0.8	1.7	أخرى
Total	1,854	100	100	المجموع
Percentage Who Are Working in Other Place		32.5	53.8	نسبة الذين يعملون في مكان آخر

شكل 2: حجم مشاركة القطاعات الصحية حسب المصادر البشرية العاملة فيها
Figure 2: Market share based on human resources



جدول 17: التوزيع النسبي للمرضى حسب بعض الخصائص الخلفية، 2005

Table 17: Percentage Distribution of Patients by Selected Background Characteristics, 2005

Background Characteristics	عدد المرضى Number of Patients	النسبة Percentage	الخصائص الخلفية
Region			المنطقة
Palestinian Territory	3,265	100	الأراضي الفلسطينية
West Bank	2,233	68.4	الضفة الغربية
Gaza Strip	1,032	31.6	قطاع غزة
Type of Locality			نوع التجمع
Urban	1,923	58.9	حضر
Rural	980	30.0	ريف
Camps	362	11.1	مخيمات
Age			العمر
0-17	1,478	45.3	17-0
18-24	355	10.9	24-18
25-35	593	18.2	35-25
36-49	376	11.5	49-36
50-64	267	8.2	64-50
65+	183	5.6	+65
Not-stated	13	0.3	غير مبين
Marital Status*			الحالة الزوجية*
Never married	635	29.3	لم يتزوج أبداً
Legally married	29	1.3	عقد لأول مرة ولم يتم الدخول
Currently married	1374	63.4	متزوج حالياً
Divorced	19	0.9	مطلق
Widowed	108	5.0	أرمل
Separated	3	0.1	منفصل
Educational Qualification**			المؤهل العلمي**
None	390	17.2	لا شيء
Elementary	456	20.1	ابتدائي
Preparatory	564	24.7	إعدادي
Secondary	510	22.5	ثانوي
Intermediate Diploma	142	6.3	دبلوم متوسط
Bachelor and above	208	9.2	بكالوريوس فأعلى

* Patients aged 12 years and over.

** Patients aged 10 years and over.

* المرضى من العمر 12 سنة فأكثر.

** المرضى من العمر 10 سنوات فأكثر.

جدول 18: التوزيع النسبي لأسر المرضى حسب متوسط قيمة الدخل الشهري والمنطقة، 2005

Table 18: Percentage Distribution of Patient's Households Mean Monthly Income by region 2005

Monthly income/NIS	عدد المرضى No. of Patients	قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	قيمة الدخل بالشيقل
Less than 1000	1,006	41.6	25.8	30.8	أقل من 1000
1000-1900	1,237	39.1	37.4	37.9	1900-1000
2000-2900	587	13.2	20.2	18.0	2900-2000
3000-3900	196	3.7	7.1	6.0	3900-3000
4000 +	114	1.9	4.2	3.5	4000 فأكثر
Do Not Know	125	0.6	5.3	3.8	لا أعرف
Total	3,265	100	100	100	المجموع
No. of Patients	3,265	1,032	2,233	3,265	عدد المرضى

جدول 19: التوزيع النسبي للمرضى حسب المشكلة الصحية التي تواجههم والمنطقة، 2005

Table 19: Percentage Distribution of Patients by Health Problem/Need and Region, 2005

Health Problem	عدد المرضى No. of Patients	قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	المشكلة الصحية
Chronic Diseases	483	9.9	17.1	14.8	أمراض تحتاج لعلاج مستمر (كالأمراض المزمنة)
Acute diseases	927	45.8	20.3	28.4	مرض حاد
Emergency cases \ Injury \ Accident	552	9.9	20.2	16.9	حالة طارئة/حادثة/ إصابة
Dental	625	16.8	20.3	19.2	أسنان
Maternal health care \ family planning \ delivery	508	14.4	16.1	15.6	رعاية أمومة وطفولة/ تنظيم أسرة/ ولادة
Other	167	3.2	6.0	5.1	أخرى
Total	3,262*	100	100	100	المجموع
No. of Patients	3,262*	1,031	2,231	3,262*	عدد المرضى

* There are three missing cases

* يوجد ثلاث حالات مفقودة

جدول 20: نسبة المرضى الذين تلقوا خدمات طبية حسب نوع الخدمة والمنطقة، 2005

Table 20: Percentage of Patients Who Received Different Types of Medical Services by Type of Service and Region, 2005

Type of Medical Services	عدد الزيارات Number of visits	Region			نوع الخدمة
		قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الفلسطينية Palestinian Territory	
Generalist service	819	15.0	29.7	25.1	رعاية من طبيب عام
Specialist service	1,267	48.1	34.6	38.8	رعاية من طبيب مختص
Dentist service	606	16.6	19.5	18.6	خدمات طب الأسنان
Follow up visit (within two weeks)	428	11.1	14.1	13.1	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	139	2.7	5.0	4.3	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound	185	6.1	5.5	5.7	تصوير التراساوند/ تليفزيون
X-ray	131	3.3	4.3	4.0	تصوير أشعة (سينية)
CT-scan/ MRI	22	0.5	0.8	0.7	تصوير طبقي/ رنين مغناطيسي
Hospitalization	160	1.9	6.3	4.9	مبيت في المستشفى
Surgery	92	0.9	3.7	2.8	جراحة
Lab-tests/services (blood donation)	585	20.4	16.8	17.9	إجراء فحوصات مخبرية
Medications/vaccines	741	18.1	24.9	22.7	أدوية وتطعيمات
Emergency services	62	0.4	2.6	1.9	طوارئ
Obstetric services	72	0.9	2.8	2.2	خدمات نسائية
Maternal health care\ family planning\delivery	335	9.9	10.4	10.3	رعاية أمومة وطفولة وتنظيم أسرة
Other	162	2.6	6.1	5.0	أخرى
Number of Patients		1,031	2,231	3,262	عدد المرضى

جدول 21: نسبة المرضى المؤمنين حسب نوع التأمين الصحي، 2005

Table 21: Distribution of Patients by Type of Health Insurance and Region, 2005

Type of Health Insurance	Region			نوع التأمين
	قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الغربية الفلسطينية Palestinian Territory	
Ministry of Health	82.6	56.4	64.7	وزارة الصحة
Military	7.8	2.3	4.0	عسكري
Private	1.4	3.5	2.9	خاص
Israeli	0.3	8.9	6.1	إسرائيلي
UNRWA	56.2	12.1	26.0	وكالة الغوث
Percentage of insured	97.0	74.3	81.3	نسبة المؤمنين

جدول 22: التوزيع النسبي للمرضى المؤمنين حسب نوع التأمين الصحي المستخدم لأغراض الزيارة الحالية، 2005

Table 22: Distribution of Insured Patients by Type of Used Health Insurance and Region, 2005

Type of Health Insurance	عدد المؤمنين No. of Insured	Region			نوع التأمين
		قطاع غزة Gaza Strip	الضفة الغربية West Bank	الأراضي الغربية الفلسطينية Palestinian Territory	
Ministry of Health	1,283	30.4	52.3	45.1	وزارة الصحة
Military	63	3.2	1.7	2.2	عسكري
Private	27	0.9	0.9	0.9	خاص
Israeli	83	0.0	4.4	2.9	إسرائيلي
UNRWA	314	16.1	8.6	11.0	وكالة الغوث
Percentage Who Did Not Use Health Insurance	1,075	49.4	32.2	37.8	نسبة الذين لم يستخدموا أي تأمين
Total	2,845	100	100	100	المجموع

جدول 23: متوسط المبالغ التي دفعها المرضى مقابل الخدمات الطبية التي تلقوها حسب نوع الخدمة والمنطقة، 2005

Table 23: Average Out-of-Pocket Direct Medical Costs for Certain Demanded Medical Services by Type of Service and Region, 2005

Type of Medical Services	عدد الزيارات No. of visits	المنطقة									نوع الخدمة
		Region			المنطقة الغربية			الأراضي الفلسطينية			
		قطاع غزة Gaza Strip			West Bank			Palestinian Territory			
الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD	الوسيط Median	المتوسط Average	الانحراف المعياري SD			
Generalist service	819	0	5.3	8.2	0	10.5	16.5	0	9.5	15.3	رعاية من طبيب عام
Specialist service	1,267	20	30.4	109.5	25	74.2	403.0	20	57.1	322.6	رعاية من طبيب مختص
Dentist service	606	20	110.8	385.6	50	233.1	772.8	40	198.6	687.8	خدمات طب الأسنان
Follow up visit (within two weeks)	428	0	2.7	17.0	0	13.1	29.7	0	10.3	27.3	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	139	0	0.4	1.4	0	24.8	126.4	0	19.9	113.3	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound/echogram	185	10	14.3	17.5	0	8.2	20.6	0	10.3	19.8	تصوير التراساوند/ تليفزيون
X-ray	131	0	2.9	4.2	1.5	17.4	24.9	0	13.7	22.5	تصوير أشعة (سينية)
CT-scan/MRI	22	25	25.0	28.2	0	53.3	110.9	0	47.3	99.1	تصوير طبي/ رنين مغناطيسي
Hospitalization	160	10	663.6	2054.2	0	190.7	554.1	0	249.0	889.0	مبيت في المستشفى
Surgery	92	112	157.9	167.6	0	300.0	647.6	0	285.7	617.3	جراحة
Lab-tests/services (blood donation)	585	5	12.0	20.9	7	23.4	49.7	5	19.3	42.0	إجراء فحوصات مخبرية
Medications/vaccines	741	1	10.4	23.5	3	17.8	64.5	3	15.9	57.1	أدوية
Emergency services	62	0	2.4	4.3	0	101.7	413.2	0	95.9	401.5	طوارئ
Obstetric services	72	24	124.2	205.2	88.6	436.0	722.3	29	398.6	687.9	خدمات نسائية
Maternal health care\ family planning\delivery	335	0	10.9	13.9	0	23.5	145.0	0	19.6	121.1	رعاية أمومة وطفولة وتنظيم أسرة
Other	162	0	8.9	11.0	30	82.8	125.9	20	72.2	119.3	أخرى
Total	5806	20	55.9	343.1	30	201.3	1300.2	20	155.4	1096.2	المجموع
Average indirect Medical cost (transportation)		2.0	3.3	6.0	4.0	9.5	20.3	2.0	7.5	17.4	متوسط المبالغ المدفوعة غير المباشرة للخدمات الطبية (المواصلات)
Percentage of those who did not pay transportation costs		38.6			41.4			40.5			نسبة الذين لم يدفعوا أية مواصلات

جدول 24: متوسط المبالغ التي دفعها المرضى مقابل الخدمات الطبية التي تلقوها حسب نوع الخدمة والقطاع الصحي، 2005

Table 24: Average Out-of-Pocket Direct Medical Costs for Certain Demanded Medical Services by Type of Service and Health Sector, 2005

Type of Medical Services	Health Sector											نوع الخدمة	
	وكالة الغوث			الحكومي			منظمات غير حكومية			الخاص			
	UNRWA			Governmental			NGO's			Private Sector			
	الوسيط	المتوسط	الانحراف المعياري	الوسيط	المتوسط	الانحراف المعياري	الوسيط	المتوسط	الانحراف المعياري	الوسيط	المتوسط		الانحراف المعياري
Median	Average	SD	Median	Average	SD	Median	Average	SD	Median	Average	SD		
Generalist service	0	0.0	0.0	0	1	4	10	9.0	10	20	21.0	19	رعاية من طبيب عام
Specialist service	0	0.0	0	0	4.7	12	10	14.6	20	30	73.0	371	رعاية من طبيب مختص
Dentist service	0	0.0	0	10	56.1	207	30	57.1	150	40	225.3	741	خدمات طب الأسنان
Follow up visit (within two weeks)	0	0.0	0	0	0.5	3	0	7.6	15	0	12.3	30	مراجعة (زيارة ثانية خلال أسبوعين)
Regular visit for a chronic condition/disease	-	-	0	0	44.0	225	0	7.0	15	0	17.4	26	زيارات طبية منتظمة (أمراض مزمنة)
Ultrasound/echogram	-	-	-	0	0.2	1	0	8.0	15	0	11.8	21	تصوير التراساوند/تلفزيون
X-ray	-	-	-	0	0.8	1	0	8.3	14	15	20.3	26	تصوير أشعة (سينية)
CT-scan/MRI	-	-	-	0	0.0	0	50	81.1	118	0	44.0	103	تصوير طبي/رنين مغناطيسي
Hospitalization	-	-	-	0	0.0	0	0	387.8	1,495	0	310.0	665	مبيت في المستشفى
Surgery	0	0.0	-	0	0.0	0	0	452.5	818	0	352.3	651	جراحة
Lab-tests/services (blood donation)	0	0.0	0	1	2.0	3	8	18.3	51	10	24.4	41	إجراء فحوصات مخبرية
Medications/vaccines	0	0.0	0	3	5.4	10	5	18.3	45	3	32.8	96	أدوية
Emergency services		-	0	0	4.2	22	0	2.2	6	28	205.0	578	طوارئ
Obstetric services	0	0.0	0	0	15.5	56	17	332.8	491	200	493.9	775	خدمات نسائية
Maternal health care\ family planning\delivery	0	0.0	0	0	0.5	2	0	56.6	288	20	26.8	39	رعاية أمومة وطفولة وتنظيم أسرة
Other	0	0.0	-	0	0.0	0	12	52.4	112	30	87.2	125	أخرى
Total	0	2.7	0	3	25.2	179	15	150.7	626	30	205.3	1,342	المجموع
Average of Indirect Cost	0	0.0	5	0	7.5	24	2	6.8	14	4	8.2	17	متوسط المبالغ المدفوعة غير المباشرة للخدمات الطبية (المواصلات)

جدول 25: نسبة المرضى الذين ساهمت بعض الجهات في تغطية بعض تكاليف الخدمة التي تلقوها حسب نوع الجهة المساهمة
والقطاع الصحي، 2005

Table 25: Percentage of Patients who Received Cost Sharing From Other Contributors by Type of Contributor and Health Sector, 2005

Type of Contributor	Health Sector القطاع الصحي				الجهة المساهمة
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	الحكومي MoH	
Ministry of Health\ Ministry of Finance	5.3	10.0	2.9	82.1	وزارة الصحة/ وزارة المالية
Insurance Companies	0.0	0.5	1.7	1.9	شركات التأمين
Charitable Societies\NGO's	0.0	14.8	0.5	0.5	مؤسسات/ جمعيات خيرية
UNRWA	97.3	1.6	0.5	0.7	وكالة الغوث
Friends\Relatives	1.0	14.4	16.6	9.1	أقارب/ أصدقاء
Percentage of received cost-sharing from any partner	97.3	39.5	23.3	85.4	نسبة الذين ساهمت معهم أي جهة في تغطية التكاليف
No. of Patients*	294	253	1,101	1,557	عدد المرضى*

* يوجد 40 مريض تم مقابلتهم في منشآت صحية غير تابعة لأي من القطاعات الصحية أعلاه، ومثال ذلك المؤسسات الدولية.

* Forty patients were recruited from health institutions not belonging to any of the above sectors; e.g., international agencies.

جدول 26: التوزيع النسبي للمرضى حسب نوع مقدم الخدمة السابق والقطاع الصحي، 2005

Table 26: Distribution of Patients by Type of Previous Provider and Current Health Provider, 2005

Type of Previous Provider	Current Health Provider				نوع مقدم الخدمة السابق
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	الحكومي MoH	
Governmental Clinic\ Center	64.0	19.5	18.6	15.9	عيادة /مركز صحي حكومي
Governmental Hospital	19.5	13.5	22.7	24.8	مستشفى حكومي
Private Clinic\Center	7.1	38.1	39.2	49.6	عيادة /مركز خاص
Private Hospital	2.4	10.1	4.0	5.5	مستشفى خاص
NGO's Clinic\ Center	1.5	3.6	3.4	3.6	عيادة /مركز صحي تابع لمنظمات غير حكومية
NGO's Hospital	-	0.9	0.7	-	مستشفى تابع لمنظمات غير حكومية
UNRWA Clinic\Center	5.5	10.7	6.5	0.6	عيادة / مركز صحي / مستشفى تابع لوكالة الغوث
Pharmacy	-	1.1	0.6	-	صيدلية
Traditional Healer	-	-	0.7	-	معالج بالطب الشعبي
Other	-	2.5	3.6	-	أخرى
Total	100	100	100	100	المجموع
Percentage of Patients Who Visited Other Place for Same Problem	21.6	36.2	32.4	23.5	نسبة المرضى الذين زاروا مكان سابق لنفس المشكلة الصحية
No. of Patients	31	163	668	126	عدد المرضى

جدول 27: التوزيع النسبي للمرضى حسب رضاهم عن الخدمات الصحية حسب خصائص معينة ودرجة الرضى

والقطاع الصحي، 2005

Table 27: Distribution of Patients by Degree of Satisfaction About Medical Services by Certain Characteristics and Health Sector, 2005

Certain Characteristics and Degree of Satisfaction	Health Sector				بعض الخصائص ودرجة الرضى
	وكالة الغوث UNRWA	منظمات غير حكومية NGO's	الخاص Private	الحكومي Governmental	
Number of Working Hours					عدد ساعات الدوام
Very Satisfied	54.0	76.5	72.9	66.9	راضٍ تماماً
Fairly Satisfied	30.0	19.2	23.2	24.5	راضٍ إلى حد ما
Fairly Dissatisfied	10.2	4.2	3.0	6.1	غير راضٍ
Very Dissatisfied	5.8	0.0	0.5	2.3	غير راضٍ مطلقاً
Not Applicable\ Do not Know	0.0	0.1	0.4	0.2	لا ينطبق / لا يعرف
Total	100	100	100	100	المجموع
Cleanliness					نظافة المكان
Very Satisfied	70.3	83.4	79.4	64.1	راضٍ تماماً
Fairly Satisfied	25.1	14.6	18.9	27.4	راضٍ إلى حد ما
Fairly Dissatisfied	1.4	1.7	1.3	4.9	غير راضٍ
Very Dissatisfied	3.2	0.3	0.2	3.6	غير راضٍ مطلقاً
Not Applicable\ Do not Know	0.0	0.0	0.2	0.0	لا ينطبق / لا يعرف
Total	100	100	100	100	المجموع
Availability of Drugs					توفر الأدوية
Very Satisfied	59.6	55.5	26.2	36.7	راضٍ تماماً
Fairly Satisfied	26.0	21.2	11.7	29.7	راضٍ إلى حد ما
Fairly Dissatisfied	6.1	3.8	4.1	19.0	غير راضٍ
Very Dissatisfied	4.0	1.3	1.0	6.4	غير راضٍ مطلقاً
Not Applicable\ Do not Know	4.3	18.2	57.0	8.2	لا ينطبق / لا يعرف
Total	100	100	100	100	المجموع
Availability of Specialist					توفر الطبيب المختص
Very Satisfied	45.2	67.7	75.7	43.4	راضٍ تماماً
Fairly Satisfied	38.4	17.4	12.9	22.5	راضٍ إلى حد ما
Fairly Dissatisfied	4.4	6.3	1.8	18.8	غير راضٍ
Very Dissatisfied	3.5	1.3	0.7	6.3	غير راضٍ مطلقاً
Not Applicable\ Do not Know	8.5	7.3	8.9	9.0	لا ينطبق / لا يعرف
Total	100	100	100	100	المجموع
No. of Patients	294	253	1,101	1,557	عدد المرضى

شكل 3: التوزيع النسبي للمرضى (الراضون والراضون جدا) في العيادات الخارجية والخدمات المتنقلة حسب نوع الخدمة والقطاع الصحي، 2005

