



السلطة الوطنية الفلسطينية  
وزارة الصحة



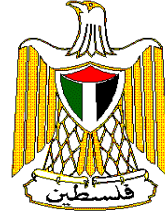
السلطة الوطنية الفلسطينية  
الجهاز المركزي للإحصاء الفلسطيني

# الحسابات الصحية الوطنية نتائج أساسية

# 2008-2000



كانون ثاني/يناير 2011



**2008-2000**

**كانون الثاني، يناير 2011**

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*2008-2000*

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( 970/972) 9 2384771-6 :

( 970/972) 9 2384777 :

[Palestinian.ministry.of.health@gmail.com](mailto:Palestinian.ministry.of.health@gmail.com) :

<http://www.moh.ps> :

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( 970/972) 2 2982700 :

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[diwan@pcbs.gov.ps](mailto:diwan@pcbs.gov.ps) :

<http://www.pcbs.gov.ps> :





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Dr. Ravindra P. Rannan-Eliya

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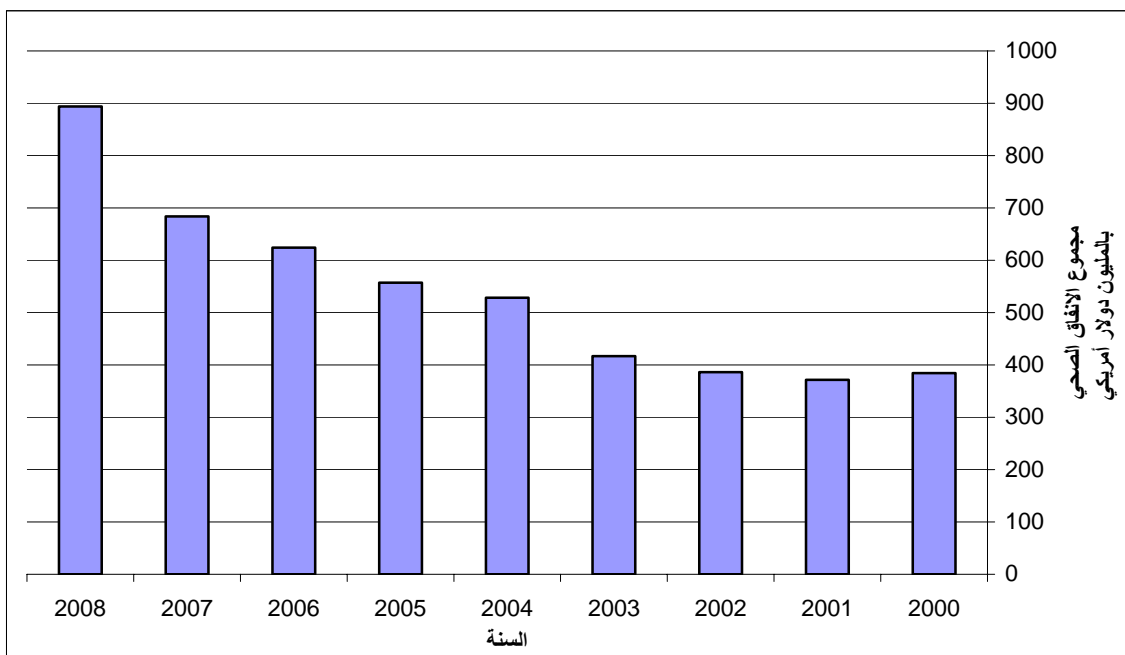
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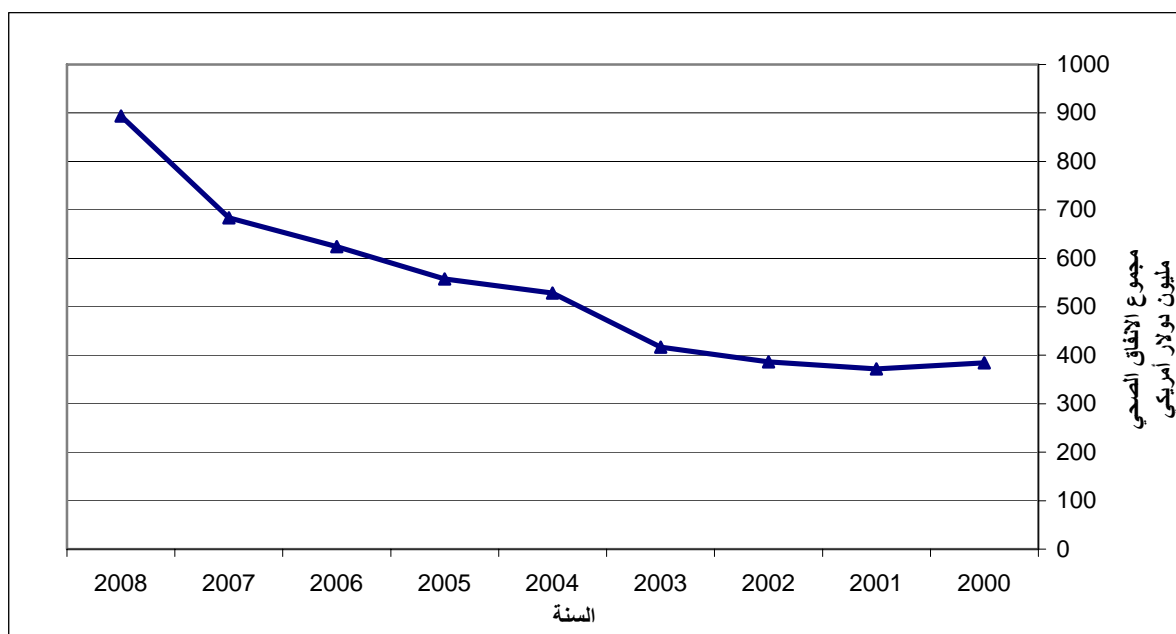
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36.7	35.5	35.5	38.4	40.1	36.7	32.4	30.7	32.7	
3.3	2.0	2.4	2.2	1.8	1.9	2.0	2.2	2.6	
36.7	42.7	34.5	34.1	36.5	36.2	34.7	41.4	39.5	
21.1	16.7	21.5	21.7	20.6	23.6	25.5	24.0	23.4	
2.2	3.1	6.1	3.6	1.0	1.6	5.4	1.7	1.8	
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32.0	26.1	23.4	27.2	28.2	30.1	19.1	19.5	20.8	
33.6	33.3	35.6	38.4	37.4	37.8	41.7	42.5	41.5	
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<b>13.3</b>	<b>19.7</b>	<b>15.6</b>	<b>19.1</b>	<b>18.7</b>	<b>18.4</b>	<b>18.6</b>	<b>21.2</b>	<b>17.4</b>	
<b>7.6</b>	<b>8.7</b>	<b>12.2</b>	<b>7.3</b>	<b>6.2</b>	<b>6.1</b>	<b>9.5</b>	<b>7.5</b>	<b>6.5</b>	
<b>7.0</b>	<b>3.5</b>	<b>0.6</b>	<b>0.8</b>	<b>0.5</b>	<b>0.7</b>	<b>3.3</b>	<b>1.0</b>	<b>0.6</b>	
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2008	2007	2006	2005	2004	2003	2002	2001	2000	
33.2	31.5	40.7	34.1	37.2	36.5	35.7	35.0	40.1	
3.0	1.8	3.1	1.4	1.6	2.2	2.0	1.8	3.2	
25.0	28.3	25.0	29.9	29.5	30.2	28.9	31.9	31.2	
12.7	18.9	14.3	16.9	18.1	18.1	17.4	20.8	17.0	
0.3	0.9	0.3	0.2	0.4	0.5	3.1	0.6	0.2	
12.1	8.6	6.1	5.4	5.5	4.7	5.2	6.2	5.2	
2.1	3.0	6.9	4.2	1.1	2.2	6.1	2.3	1.9	( )
11.6	7.1	3.6	7.9	6.6	5.6	1.6	1.4	1.2	
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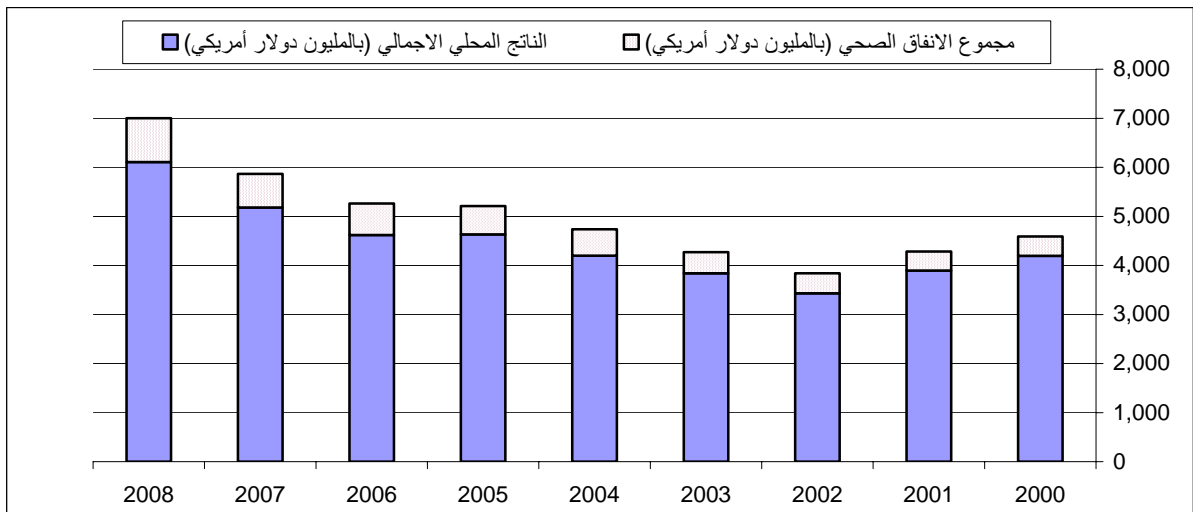
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**Tables for Palestinian National Health Accounts**  
**2000-2008**





جدول (1): مؤشرات مختارة في الأراضي الفلسطينية\* للأعوام 2000-2008

Table (1): Selected Indicators in the Palestinian Territory\* for the Years 2000-2008

Indicator	2008	2007	2006	2005	2004	2003	2002	2001	2000	المؤشر
Total Expenditures on Health	893.8	683.8	624.0	557.3	528.3	416.9	386.2	371.7	384.3	مجموع الإنفاق على الصحة
Gross Domestic Product (at current prices)	6,108.2	5,182.4	4,619.1	4,634.4	4,198.4	3,840.9	3,432.6	3,897.2	4,194.7	الناتج المحلي الإجمالي (بالأسعار الجارية)
Total Population (in million)	3.6	3.5	3.4	3.3	3.2	3.1	3.0	2.9	2.8	إجمالي عدد السكان (بالمليون)
Share of Gross Domestic Product (%)**	15.6	13.9	14.0	12.5	12.9	11.3	12.0	10.0	9.5	نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي (%)**

\* Doesn't include those parts of Jerusalem Governorate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967.

\*\* Share of the total expenditure on health to Gross Domestic Product include Gross capital formation in health care industries.

\*\* نسبة الإنفاق على الصحة من الناتج المحلي الإجمالي تشمل نسبة مجموع الإنفاق على الصحة مضاف له التكوين الرأسمالي لمزودي الخدمات الصحية من الناتج المحلي الإجمالي

جدول (2): التوزيع النسبي للإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مصادر التمويل للأعوام 2000-2008

Table (2): Percentage Distribution of Total Expenditure on Health in the Palestinian Territory\* by Source of Funding for the Years 2000-2008

Source of Funding	2008	2007	2006	2005	2004	2003	2002	2001	2000	مصادر التمويل
General Government	36.7	35.5	35.5	38.4	40.1	36.7	32.4	30.7	32.7	الحكومة العامة
Private Insurance Enterprises	3.3	2.0	2.4	2.2	1.8	1.9	2.0	2.2	2.6	شركات التأمين الخاصة
Private Household out-of-pocket Expenditure	36.7	42.8	34.5	34.1	36.5	36.2	34.7	41.4	39.5	الأسر المعيشية
Non-profit Institutions Serving Households	21.1	16.7	21.5	21.7	20.6	23.6	25.5	24.0	23.4	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية
Rest of the world	2.2	3.1	6.1	3.6	1.0	1.6	5.4	1.7	1.8	باقي العالم
<b>Total percentages</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>مجموع النسب</b>
<b>Total Expenditure (Value in 1000 US \$)</b>	<b>893,830.5</b>	<b>683,794.9</b>	<b>624,006.3</b>	<b>557,316.3</b>	<b>528,318.2</b>	<b>416,860.7</b>	<b>386,205.2</b>	<b>371,701.4</b>	<b>384,286.9</b>	<b>الإنفاق الكلي (ألف دولار أمريكي)</b>

\* Doesn't include those parts of Jerusalem Governorate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967.

جدول (3): التوزيع النسبي للإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية للأعوام 2000-2008

Table (3): Percentage Distribution of Total Expenditure on Health in the Palestinian Territory\* by Provider of Health Care for the Years 2000-2008

Provider of Health Care	2008	2007	2006	2005	2004	2003	2002	2001	2000	مزودي الخدمات الصحية
<b>Hospitals</b>	<b>33.2</b>	<b>31.5</b>	<b>40.7</b>	<b>34.1</b>	<b>37.2</b>	<b>36.5</b>	<b>35.7</b>	<b>35.0</b>	<b>40.1</b>	المستشفيات
General hospitals	28.8	27.5	36.9	29.7	31.3	33.0	33.4	32.9	37.8	المستشفيات العامة
Pub. General Hospital	16.8	16.5	17.6	16.9	17.8	19.4	18.3	18.4	24.0	مستشفيات حكومية عامة
Private NPISH General Hospital	7.3	5.4	8.4	8.8	9.9	10.4	12.0	10.9	12.0	مستشفيات عامة تابعة للقطاع غير هادف للربح
Private General Hospital	3.8	5.1	10.2	3.5	3.2	2.7	2.7	3.2	1.3	مستشفيات خاصة عامة
Non Classification Public General Hospital	0.8	0.5	0.7	0.5	0.4	0.4	0.4	0.5	0.5	مستشفيات عامة غير محددة القطاع
Mental Health and substance abuse hospitals	1.4	1.4	1.4	1.2	1.4	1.2	1.2	1.2	1.7	مستشفيات الصحة النفسية والعلاج من الإدمان
Specialty hospitals	2.9	2.6	2.4	3.2	4.5	2.4	1.1	0.9	0.5	المستشفيات المتخصصة
<b>Nursing and residential care facilities</b>	<b>3.0</b>	<b>1.8</b>	<b>3.1</b>	<b>1.4</b>	<b>1.6</b>	<b>2.2</b>	<b>2.0</b>	<b>1.8</b>	<b>3.2</b>	التمريض ومرافق الرعاية مع مبيت
<b>Providers of ambulatory health care</b>	<b>25.0</b>	<b>28.3</b>	<b>25.0</b>	<b>29.9</b>	<b>29.5</b>	<b>30.2</b>	<b>28.9</b>	<b>31.9</b>	<b>31.2</b>	مراكز وعيادات الرعاية الأولية
Offices for physicians	3.3	4.5	4.2	1.3	1.4	1.0	0.7	0.9	1.2	عيادات الأطباء
Offices for Dentists	3.4	3.8	3.2	4.1	2.9	2.5	2.4	2.8	2.0	عيادات طب الأسنان
Offices for other health practitioners	0.8	0.2	0.1	0.5	1.0	-	-	-	0.7	عيادات أخرى
Out-patient care centers	15.3	17.2	15.7	21.4	20.2	24.9	20.7	24.3	23.3	العيادات الخارجية
Public clinics Out-Patient care centers	6.6	6.0	6.0	6.5	7.0	7.6	7.2	7.1	8.6	عيادات خارجية حكومية
UNRWA clinics Out-Patient care centers	3.9	5.0	5.0	5.3	4.7	5.9	5.8	6.6	4.8	عيادات خارجية تابعة للاندروا
NPISH clinics Out-Patient care centers	1.0	1.0	0.6	3.7	2.7	4.7	1.3	2.9	2.5	عيادات خارجية تابعة لمؤسسات غير هادفة للربح
Profit Private clinics Out-Patient care centers	3.8	5.2	4.1	5.9	5.8	6.7	6.5	7.7	7.3	عيادات خارجية خاصة
Medical and Diagnostics Laboratories	1.7	2.2	1.7	1.9	2.3	1.9	1.8	2.2	3.4	مختبرات طبية
Other providers of ambulatory health care	0.5	0.4	-	0.8	1.6	-	3.3	1.7	0.6	أخرى

جدول 3 (تابع): التوزيع النسبي للإفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية للأعوام 2000-2008

Table 3 (Cont.): Percentage Distribution of Total Expenditure on Health in the Palestinian Territory\* by Provider of the Health Care for the Years 2000-2008

Provider of Health Care	2008	2007	2006	2005	2004	2003	2002	2001	2000	مزودي الخدمات الصحية
Retail sales and other providers of medical goods	12.7	18.8	14.3	16.9	18.1	18.1	17.4	20.8	17.0	بيع بالتجزئة وغيرها من مزودي السلع الطبية
Provision and administration of public health programs	0.3	0.9	0.3	0.2	0.4	0.5	3.1	0.6	0.2	إدارة برامج الصحة العامة
General health administration and insurance:	12.1	8.6	6.1	5.4	5.5	4.7	5.2	6.2	5.2	الإدارة العامة للصحة والتأمين:
Government administration of health	11.3	8.0	5.5	4.5	5.0	4.1	4.3	5.6	4.6	الإدارة الحكومية للأنشطة الصحية
Other private insurance	0.8	0.6	0.5	0.9	0.5	0.6	0.8	0.7	0.6	أنشطة التأمين الخاص
Other industries ( rest of the economy)	2.1	3.0	6.9	4.2	1.1	2.2	6.1	2.3	1.9	الصناعات الصحية الأخرى
Establishments as providers of occupational health care services	2.1	3.0	6.9	4.2	1.1	2.2	6.1	2.3	1.9	المؤسسات التي تقدم خدمات الرعاية الصحية المهنية
Rest of the world	11.6	7.1	3.6	7.9	6.6	5.6	1.6	1.4	1.2	باقي العالم
<b>Total percentages</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>مجموع النسب</b>
<b>Total Expenditure (Value in 1000 US \$)</b>	<b>893,830.5</b>	<b>683,794.9</b>	<b>624,006.3</b>	<b>557,316.3</b>	<b>528,318.2</b>	<b>416,860.7</b>	<b>386,205.2</b>	<b>371,701.4</b>	<b>384,286.9</b>	<b>الإفاق الكلي (ألف دولار أمريكي)</b>

\* Doesn't include those parts of Jerusalem Governorate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967.

جدول (4): التوزيع النسبي للإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب وظائف الرعاية الصحية للأعوام 2000-2008

Table (4): Percentage Distribution of Total Expenditure on Health in the Palestinian Territory\* by Function of Care for the Years 2000-2008

Functions of health care	2008	2007	2006	2005	2004	2003	2002	2001	2000	وظائف الرعاية الصحية
<b>Services of curative care</b>	<b>69.9</b>	<b>65.5</b>	<b>69.7</b>	<b>70.0</b>	<b>70.3</b>	<b>72.8</b>	<b>66.5</b>	<b>68.0</b>	<b>71.2</b>	خدمات الرعاية العلاجية
In-patient curative care	32.0	26.1	23.4	27.2	28.2	30.1	19.1	19.5	20.8	الخدمات العلاجية المقدمة للمرضى المدخلين
Out-patient curative care	33.6	33.3	35.6	38.4	37.4	37.8	41.7	42.5	41.5	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية
Non classified Services of curative care	4.3	6.1	10.7	4.4	4.7	4.9	5.7	6.0	8.9	خدمات الرعاية العلاجية غير المصنفة
<b>Services of rehabilitative care</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.1</b>	<b>0.1</b>	<b>0.0</b>	<b>0.2</b>	<b>0.0</b>	<b>0.7</b>	خدمات الرعاية التأهيلية
In-Patient long-term nursing care	0.1	0.1	0.1	0.1	0.3	0.1	0.1	0.1	0.2	خدمات التمريض طويلة المدى ومرافق المبيت للمرضى المدخلين
Ancillary services to health care	2.1	2.5	1.8	2.6	3.9	1.9	1.8	2.2	3.4	خدمات الرعاية الصحية المساندة
Medical goods dispensed to out-patient	13.3	19.7	15.6	19.1	18.7	18.4	18.6	21.2	17.4	الأدوية المقدمة لمرضى العيادات الخارجية
Prevention and Public health services	7.6	8.7	12.2	7.3	6.2	6.1	9.5	7.5	6.5	الخدمات الوقائية والصحة العامة
Health Administration and health Insurance	7.0	3.5	0.6	0.8	0.5	0.7	3.3	1.0	0.6	الإدارة الصحية والتأمين الصحي
<b>Total percentages</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	مجموع النسب
<b>Total Expenditure (Value in 1000 US \$)</b>	<b>893,830.5</b>	<b>683,794.9</b>	<b>624,006.3</b>	<b>557,316.3</b>	<b>528,318.2</b>	<b>416,860.7</b>	<b>386,205.2</b>	<b>371,701.4</b>	<b>384,286.9</b>	الإنتفاق الكلي (ألف دولار أمريكي)

\* Doesn't include those parts of Jerusalem Govern orate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967

جدول (5): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table (5): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
General Hospitals		323.4	35,830.2	36,561.2	1,903.7	70,799.0	2000	المستشفيات العامة
		299.2	38,182.4	22,821.6	1,721.2	59,271.9	2001	
		955.6	44,498.1	19,917.5	1,607.5	62,156.6	2002	
		304.8	41,046.5	22,335.3	1,870.4	72,282.5	2003	
		244.8	45,957.0	27,205.4	2,091.7	89,708.6	2004	
		-	46,609.2	25,812.0	2,608.4	90,420.8	2005	
		2,677.5	50,660.6	68,092.6	4,137.6	104,635.2	2006	
		963.9	32,051.8	42,881.9	3,161.7	109,245.3	2007	
		907.8	64,120.3	40,308.7	7,524.8	144,753.0	2008	
Mental Health and Substance Abuse Hospitals		-	2,399.4	-	-	4,161.1	2000	مستشفيات الصحة النفسية والعلاج من الإدمان
		-	-	-	-	4,322.8	2001	
		-	-	-	-	4,550.0	2002	
		-	-	-	-	4,842.2	2003	
		-	363.9	-	-	6,837.3	2004	
		-	183.2	-	-	6,623.5	2005	
		-	-	-	-	8,430.6	2006	
		-	-	-	-	9,284.6	2007	
		-	-	-	-	12,702.2	2008	
Specialty Hospitals		-	-	-	-	2,003.7	2000	المستشفيات المتخصصة
		-	-	-	-	3,435.3	2001	
		-	892.0	-	-	3,296.6	2002	
		-	-	-	-	9,908.4	2003	
		-	-	-	-	23,932.0	2004	

جدول 5 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Source of Funding Provider	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
							مزود الخدمة
	-	-	-	-	17,750.3	2005	
	-	-	-	-	15,070.1	2006	
	-	-	-	-	17,734.9	2007	
	-	-	-	-	26,074.1	2008	
Nursing and Residential Care Facilities	-	11,363.1	862.7	-	-	2000	التمريض ومرافق الرعاية مع مبيت
	-	6,421.8	420.4	-	-	2001	
	-	7,456.1	367.1	-	-	2002	
	-	8,571.8	409.0	-	-	2003	
	-	7,046.2	1,334.2	-	-	2004	
	-	7,397.0	166.8	-	-	2005	
	-	19,210.7	20.7	-	-	2006	
	-	11,778.3	447.1	-	-	2007	
	-	26,977.0	29.9	-	-	2008	
Offices for Physicians	-	1,823.3	709.1	2,208.9	-	2000	عيادات الأطباء
	-	484.7	1,291.3	1,429.8	-	2001	
	-	357.1	1,128.7	1,178.3	-	2002	
	-	1,569.1	1,263.8	1,222.6	-	2003	
	-	4,916.3	1,247.7	1,490.5	-	2004	
	-	4,182.0	1,481.5	1,569.3	-	2005	
	-	21,262.5	2,663.3	2,476.0	-	2006	
	-	25,996.1	2,363.8	2,330.6	-	2007	
	-	21,688.5	1,517.1	6,702.4	-	2008	
Offices for Dentists	-	-	7,559.0	-	-	2000	عيادات طب الأسنان

جدول 5 (تابع): الإتفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
		-	-	10,545.4	-	-	2001	
		-	-	9,214.1	-	-	2002	
		-	-	10,300.3	-	-	2003	
		-	-	15,377.0	-	-	2004	
		-	-	22,762.5	-	-	2005	
		-	-	20,219.9	-	-	2006	
		-	-	25,949.6	-	-	2007	
		-	-	30,818.3	-	-	2008	
Offices for Other Health Practitioners		-	2,785.6	-	15.4	-	2000	عيادات أخرى
		-	-	-	6.2	-	2001	
		-	-	-	3.0	-	2002	
		-	-	-	2.5	-	2003	
		-	5,062.7	329.6	5.9	-	2004	
		-	2,492.9	218.5	2.6	-	2005	
		-	186.6	559.6	8.8	-	2006	
		-	-	-	-	-	2007	
		-	7,069.4	437.9	-	-	2008	
Public Clinics Out-Patient Care Centers		-	-	6,535.6	-	26,843.9	2000	عيادات خارجية حكومية
		-	-	5,682.2	-	20,653.0	2001	
		-	57.3	4,930.0	-	22,658.9	2002	
		-	-	5,830.3	-	25,836.6	2003	
		-	-	6,231.5	-	30,926.7	2004	
		-	-	3,851.9	-	32,196.8	2005	



جدول 5 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
		-	-	3,199.0	-	34,121.6	2006	
		-	0.0	3,353.0	-	37,677.3	2007	
		-	2,500.0	4,617.6	-	52,192.8	2008	
UNRWA Clinics Out-Patient Care Centers		-	18,428.5	-	-	-	2000	عيادات خارجية تابعة للانروا
		-	24,429.7	-	-	-	2001	
		-	22,524.5	-	-	-	2002	
		-	24,813.6	-	-	-	2003	
		-	24,813.6	-	-	-	2004	
		-	29,640.5	-	-	-	2005	
		-	30,972.4	-	-	-	2006	
		-	34,107.9	-	-	-	2007	
NPISH Clinics Out-Patient Care Centers		-	9,764.0	-	-	-	2000	عيادات خارجية تابعة لمؤسسات غير هادفة للربح
		-	10,952.9	-	-	-	2001	
		-	4,968.2	-	-	-	2002	
		-	19,657.3	-	-	-	2003	
		-	14,107.3	-	-	-	2004	
		-	20,831.5	-	-	-	2005	
		-	3,902.1	-	-	-	2006	
		-	6,784.7	-	-	-	2007	
	-	8,523.8	-	-	-	2008		

جدول 5 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
Profit Private Clinics Out-Patient Care Centers		-	-	28,227.6	-	-	2000	عيادات خارجية خاصة
		-	-	28,547.1	-	-	2001	
		-	-	24,941.2	-	-	2002	
		-	-	27,871.4	-	-	2003	
		-	-	30,867.8	-	-	2004	
		-	-	32,633.7	-	-	2005	
		-	-	25,629.8	-	-	2006	
		-	-	35,516.1	-	-	2007	
	-	-	33,795.8	-	-	2008		
Medical and Diagnostics Laboratories		-	4,000.7	8,360.4	626.0	-	2000	مختبرات طبية
		-	-	7,636.1	546.2	-	2001	
		-	99.1	6,672.8	229.9	-	2002	
		-	-	7,463.1	334.3	-	2003	
		-	70.9	11,572.4	490.0	-	2004	
		-	-	9,775.9	557.1	-	2005	
		-	314.5	9,357.3	1,023.7	-	2006	
		-	212.0	13,920.2	731.5	-	2007	
	-	831.1	12,331.0	1,794.9	-	2008		
Other Providers of Ambulatory Health Care		-	2,351.9	-	-	-	2000	أخرى
		-	6,412.0	-	-	-	2001	
		-	12,586.5	-	-	-	2002	
		-	-	-	-	-	2003	

جدول 5 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
		-	6,080.1	3,054.3	-	-	2004	
		-	4,108.4	256.5	-	-	2005	
		-	-	253.0	-	-	2006	
		-	-	-	-	-	2007	
		-	3,396.1	1,030.0	-	-	2008	
Retail Sales and Other Providers of Medical Goods		-	-	62,439.4	2,753.3	-	2000	بيع بالتجزئة وغيرها من مزودي السلع الطبية
		-	-	75,067.7	2,074.0	-	2001	
		-	-	65,610.6	1,465.7	-	2002	
		-	-	73,453.1	1,818.9	-	2003	
		-	-	93,399.8	2,416.4	-	2004	
		-	-	92,320.2	2,636.4	-	2005	
		-	-	85,093.0	4,341.0	-	2006	
		-	-	125,739.4	3,442.7	-	2007	
		-	-	108,313.6	5,585.5	-	2008	
Provision and Administration of Public Health Programs		-	125.0	712.0	-	-	2000	إدارة برامج الصحة العامة
		-	-	1,766.3	-	324.6	2001	
		-	-	1,542.5	-	10,242.8	2002	
		-	277.2	1,719.7	-	-	2003	
		-	-	1,943.3	-	99.9	2004	
		-	-	1,081.6	-	-	2005	
		-	-	101.4	-	2,000.0	2006	
		-	-	5,886.9	-	-	2007	
		-	-	1,929.6	-	-	2008	

جدول 5 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
Government Administration of Health		-	-	92.1	-	17,473.6	2000	الإدارة الحكومية للأنشطة الصحية
		-	-	80.0	-	20,584.3	2001	
		-	44.6	69.4	-	16,665.0	2002	
		-	-	82.1	-	16,896.9	2003	
		-	-	87.8	-	26,080.5	2004	
		-	2.9	53.5	-	24,925.1	2005	
		-	-	47.0	-	34,429.4	2006	
		-	0.0	18,365.6	-	36,777.0	2007	
	-	17,876.9	34,916.0	-	47,578.9	2008		
Other Private Insurance		-	-	-	2,439.4	-	2000	أنشطة التأمين الخاص
		-	-	-	2,432.8	-	2001	
		-	-	-	3,251.3	-	2002	
		-	-	-	2,601.8	-	2003	
		-	-	-	2,757.0	-	2004	
		-	-	-	4,877.2	-	2005	
		-	-	-	3,292.2	-	2006	
		-	-	-	3,858.8	-	2007	
	-	-	-	7,560.7	-	2008		
Establishments as Providers of Occupational Health Care Services		6,461.3	920.3	-	-	-	2000	المؤسسات التي تقدم خدمات الرعاية الصحية المهنية
		5,977.4	2,313.6	-	-	292.9	2001	
		19,089.8	4,938.0	-	-	-	2002	
		6,088.3	2,620.6	-	-	345.6	2003	
		4,890.7	669.8	-	-	-	2004	

جدول 5 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ومصادر التمويل للأعوام 2000-2008 بالأسعار الجارية

Table 5 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Source of Funding for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Source of Funding	باقي العالم Rest of the world	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية NPISH	الأسر المعيشية Private Household out- of-Pocket Expenditure	شركات التأمين الخاصة Private Insurance Enterprises	الحكومة العامة General Government	السنة Year	مصادر التمويل
								مزود الخدمة
		18,118.0	5,304.5	-	-	-	2005	
		35,369.7	7,829.0	-	-	-	2006	
		19,256.3	999.4	-	-	363.8	2007	
		18,136.1	869.5	-	3.6	0.0	2008	
Rest of the World		223.4	-	-	-	4,199.7	2000	باقي العالم
		206.7	-	-	-	5,068.0	2001	
		660.0	-	-	-	5,378.7	2002	
		210.5	-	-	-	23,010.0	2003	
		169.1	-	-	-	34,438.7	2004	
		1,849.2	-	-	-	42,015.0	2005	
		-	-	-	-	22,417.7	2006	
		665.7	316.3	16,156.0	-	31,587.4	2007	
	627.0	-	57,897.2	-	45,401.7	2008		

\* Doesn't include those parts of Jerusalem Governorate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967.

جدول (6): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table (6): Expenditure on Health in the Palestinian Territory\* by Provider and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Provider	Function	الإدارة الصحية والتأمين الصحي Health Administration and health Insurance	الخدمات الوقائية والصحة العامة Prevention and Public health services	الأدوية المقدمة لمرضى العيادات الخارجية Medical goods dispensed to out-patient	خدمات الرعاية الصحية المساندة Ancillary services to health care	خدمات التمريض طويلة المدى للمرضى المدخلين In-Patient long-term nursing care	خدمات الرعاية التأهيلية Services of rehabilitative care	خدمات الرعاية العلاجية غير المصنفة non class Services of curative care	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية Out-patient curative care	الخدمات العلاجية المقدمة للمرضى المدخلين In-patient curative care	السنة Year	الوظيفة الصحية
												مزود الخدمة
General Hospitals	-	-	323.4	-	-	-	34,075.8	41,309.0	69,709.3	2000	المستشفيات العامة	
	-	-	299.2	-	-	-	21,120.9	41,193.4	59,682.9	2001		
	-	-	955.6	-	-	-	18,107.7	49,303.2	60,768.9	2002		
	-	-	304.8	-	-	-	20,118.2	29,650.3	87,766.3	2003		
	-	-	244.8	-	-	-	24,835.6	56,160.9	83,966.2	2004		
	-	-	-	-	-	-	24,421.0	55,825.5	85,203.9	2005		
	-	-	4,031.6	-	-	-	66,681.2	59,218.3	100,272.2	2006		
	-	-	963.9	-	-	-	41,659.0	42,212.3	103,469.4	2007		
-	-	1,436.0	-	-	-	38,156.6	73,860.2	144,162.0	2008			
Mental Health and Substance Abuse Hospitals	-	-	-	-	-	2,356.9	-	42.5	4,161.1	2000	مستشفيات الصحة النفسية والعلاج من الإدمان	
	-	-	-	-	-	-	-	-	4,322.8	2001		
	-	-	-	-	-	-	-	340.8	4,209.2	2002		
	-	-	-	-	-	-	-	-	4,842.2	2003		
	363.9	-	-	-	-	-	-	-	6,837.3	2004		
	-	-	-	-	-	-	183.2	-	6,623.5	2005		
	-	-	-	-	-	-	-	-	8,430.6	2006		
	-	-	-	-	-	-	-	-	9,284.6	2007		
-	-	-	-	-	-	-	-	12,702.2	2008			

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 6 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

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Provider	Function	الإدارة الصحية والتأمين الصحي Health Administration and health Insurance	الخدمات الوقائية والصحة العامة Prevention and Public health services	الأدوية المقدمة لمرضى العيادات الخارجية Medical goods dispensed to out-patient	خدمات الرعاية الصحية المساندة Ancillary services to health care	خدمات التمريض طويلة المدى للمرضى المدخلين In-Patient long-term nursing care	خدمات الرعاية التأهيلية Services of rehabilitative care	خدمات الرعاية العلاجية غير المصنفة non class Services of curative care	الخدمات العلاجية المقدمة للمرضى المدخلين-الخارجية Out-patient curative care	السنة Year	الوظيفة الصحية مزود الخدمة
Specialty Hospitals	-	-	-	-	-	-	-	-	2,003.7	2000	المستشفيات المتخصصة
	-	-	-	-	-	-	-	-	3,435.3	2001	
	-	892.0	-	-	-	-	-	-	3,296.6	2002	
	-	-	-	-	-	-	-	-	9,908.4	2003	
	-	-	-	-	-	-	-	-	23,932.0	2004	
	-	-	-	-	-	-	-	-	17,750.3	2005	
	-	-	-	-	-	-	-	-	15,070.1	2006	
	-	-	-	-	-	-	-	-	17,734.9	2007	
Nursing and Residential Care Facilities	-	-	-	-	862.7	-	-	11,363.1	-	2000	التمريض ومرافق الرعاية مع مبيت
	-	-	-	-	420.4	-	-	6,421.8	-	2001	
	-	-	-	-	367.1	-	-	7,456.1	-	2002	
	-	-	-	-	409.0	-	-	8,571.8	-	2003	
	-	-	-	-	1,334.2	-	-	7,046.2	-	2004	
	-	-	-	-	166.8	-	-	7,397.0	-	2005	
	-	-	-	-	20.7	112.4	-	19,098.3	-	2006	
	-	-	-	-	447.1	-	-	11,778.3	-	2007	
-	-	-	-	29.9	-	-	26,977.0	-	2008		

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 6 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Function Provider	الإدارة الصحية والتأمين الصحي Health Administra tion and health Insurance	الخدمات الوقائية والصحة العامة Prevention and Public health services	الأدوية المقدمة لمرضى العيادات الخارجية Medical goods dispensed to out- patient	خدمات الرعاية الصحية المساندة Ancillary services to health care	خدمات التمريض طويلة المدى للمرضى المدخلين In-Patient long-term nursing care	خدمات الرعاية التأهيلية Services of rehabilit- ative care	خدمات الرعاية العلاجية غير المصنفة non class Services of curative care	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية- Out-patient curative care	الخدمات العلاجية المقدمة للمرضى المدخلين- In-patient curative care	السنة Year	الوظيفة الصحية	مزود الخدمة
Offices for physicians	-	-	-	-	-	-	-	4,741.3	-	2000	عيادات الأطباء	
	-	-	-	-	-	-	-	3,205.9	-	2001		
	-	-	-	-	-	-	-	2,664.1	-	2002		
	-	-	-	-	-	-	-	4,055.6	-	2003		
	-	-	-	-	-	-	-	7,654.6	-	2004		
	-	-	-	-	-	-	-	7,232.8	-	2005		
	-	-	-	-	-	-	-	26,401.9	-	2006		
	-	-	-	-	-	-	-	30,690.6	-	2007		
							29,908.0	-	2008			
Offices for Dentists	-	-	-	-	-	-	-	7,559.0	-	2000	عيادات طب الأسنان	
	-	-	-	-	-	-	-	10,545.4	-	2001		
	-	-	-	-	-	-	-	9,214.1	-	2002		
	-	-	-	-	-	-	-	10,300.3	-	2003		
	-	-	-	-	-	-	-	15,377.0	-	2004		
	-	-	-	-	-	-	-	22,762.5	-	2005		
	-	-	-	-	-	-	-	20,219.9	-	2006		
	-	-	-	-	-	-	-	25,949.6	-	2007		
							30,818.3	-	2008			



جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 6 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

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												مزود الخدمة
Offices for Other Health Practitioners	-	-	-	-	-	-	-	-	2,800.9	-	2000	عيادات أخرى
	-	-	-	-	-	-	-	-	6.2	-	2001	
	-	-	-	-	-	-	-	-	3.0	-	2002	
	-	-	-	-	-	-	-	-	2.5	-	2003	
	-	-	-	-	-	329.6	-	-	5,068.6	-	2004	
	-	-	-	-	-	218.5	-	-	2,495.5	-	2005	
	-	-	-	-	-	559.6	-	-	195.4	-	2006	
	-	-	-	-	-	1,340.6	-	-	-	-	2007	
					89.9	7,417.4					2008	
Public Clinics Out-Patient Care Centers	-	755.9	-	-	-	-	-	-	32,623.6	-	2000	عيادات خارجية حكومية
	-	576.2	-	-	-	-	-	-	25,759.0	-	2001	
	-	602.3	-	-	-	-	-	766.1	26,277.9	-	2002	
	-	715.1	-	-	-	-	-	-	30,951.8	-	2003	
	-	866.5	-	-	-	-	-	-	36,291.7	-	2004	
	-	934.1	-	-	-	-	-	-	35,114.7	-	2005	
	-	992.0	-	-	-	-	-	-	36,328.6	-	2006	
	-	1,124.1	-	-	-	-	-	-	39,906.2	-	2007	

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

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	-	4,140.4	-	-	-	-	-	55,169.9	-	2008	
UNRWA Clinics Out- Patient Care Centers	-	-	-	-	-	-	-	18,428.5	-	2000	عيادات خارجية تابعة للانروا
	-	-	-	-	-	-	-	24,429.7	-	2001	
	-	-	-	-	-	-	-	22,524.5	-	2002	
	-	-	-	-	-	-	-	24,813.6	-	2003	
	-	-	-	-	-	-	-	24,813.6	-	2004	
	-	-	-	-	-	-	-	29,640.5	-	2005	
	-	-	-	-	-	-	-	30,972.4	-	2006	
	-	169.4	-	-	-	-	-	33,938.6	-	2007	
	-	333.7	-	-	-	-	-	34,155.8	-	2008	
NPISH Clinics Out- Patient Care Centers	-	-	-	-	-	-	-	9,764.0	-	2000	عيادات خارجية تابعة لمؤسسات غير هادفة للربح
	-	-	-	-	-	-	-	10,952.9	-	2001	
	-	-	-	-	-	-	-	4,968.2	-	2002	
	-	-	-	-	-	-	-	19,657.3	-	2003	
	-	-	-	-	-	-	-	14,107.3	-	2004	
	-	-	-	-	-	-	-	20,831.5	-	2005	
	-	-	-	-	-	-	-	3,902.1	-	2006	
	-	-	-	-	-	-	-	6,784.7	-	2007	
	-	-	-	-	-	-	-	8,523.8	-	2008	

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

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	Private Clinics Out- Patient Care Centers	-	-	-	-	-	-	-	28,227.6	-	2000
-		-	-	-	-	-	-	28,547.1	-	2001	
-		-	-	-	-	-	-	24,941.2	-	2002	
-		-	-	-	-	-	-	27,871.4	-	2003	
-		-	-	-	-	-	-	30,867.8	-	2004	
-		-	-	-	-	-	-	32,633.7	-	2005	
-		-	-	-	-	-	-	25,629.8	-	2006	
-		-	-	-	-	-	-	35,516.1	-	2007	
-	-	-	-	-	-	-	33,795.8	-	2008		
Medical and Diagnostics Laboratories	-	-	-	12,987.2	-	-	-	-	-	2000	مختبرات طبية
	-	-	-	8,182.3	-	-	-	-	-	2001	
	-	-	-	6,902.7	-	-	-	99.1	-	2002	
	-	-	-	7,797.4	-	-	-	-	-	2003	
	-	-	-	12,133.3	-	-	-	-	-	2004	
	-	-	-	10,333.0	-	-	-	-	-	2005	
	-	-	-	10,695.4	-	-	-	-	-	2006	
	-	-	-	14,651.8	-	-	-	212.0	-	2007	
-	-	-	14,506.8	-	-	-	450.3	-	2008		

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

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		-	-	-	-	-	-	-	6,412.0	-	2001	
		-	-	-	-	-	-	-	12,586.5	-	2002	
		-	-	-	-	-	-	-	-	-	2003	
		-	844.8	-	8,289.6	-	-	-	-	-	2004	
		-	-	-	4,364.9	-	-	-	-	-	2005	
		-	-	-	253.0	-	-	-	-	-	2006	
		-	151.2	-	2,395.3	-	-	-	-	-	2007	
		-	-	-	4,426.1	-	-	-	-	-	2008	
Retail Sales and Other Providers of Medical Goods		-	-	65,192.6	-	-	-	-	-	-	2000	بيع بالتجزئة وغيرها من مزودي السلع الطبية
		-	-	77,141.7	-	-	-	-	-	-	2001	
		-	-	67,076.3	-	-	-	-	-	-	2002	
		-	-	75,272.0	-	-	-	-	-	-	2003	
		-	-	95,816.2	-	-	-	-	-	-	2004	
		-	-	94,956.5	-	-	-	-	-	-	2005	
		-	-	89,434.0	-	-	-	-	-	-	2006	
		-	-	129,182.1	-	-	-	-	-	-	2007	
		-	-	113,899.0	-	-	-	-	-	-	2008	
Provision and Administration of Public Health Programs		-	712.0	-	-	-	-	125.0	-	-	2000	إدارة برامج الصحة العامة
		-	2,090.8	-	-	-	-	-	-	-	2001	

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

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	8,985.8	2,799.5	-	-	-	-	-	-	2002	
	277.2	1,719.7	-	-	-	-	-	-	2003	
	-	2,043.2	-	-	-	-	-	-	2004	
	-	1,081.6	-	-	-	-	-	-	2005	
	-	2,101.4	-	-	-	-	-	-	2006	
	-	5,886.9	-	-	-	-	-	-	2007	
	-	1,929.6	-	-	-	-	-	-	2008	
Government administration of health	-	17,565.7	-	-	-	-	-	-	2000	الإدارة الحكومية للأنشطة الصحية
	1,170.2	19,494.1	-	-	-	-	-	-	2001	
	-	16,645.2	-	-	-	-	133.8	-	2002	
	-	16,979.0	-	-	-	-	-	-	2003	
	-	24,500.0	1,668.3	-	-	-	-	-	2004	
	-	24,981.5	-	-	-	-	-	-	2005	
	710.5	31,266.0	2,500.0	-	-	-	-	-	2006	
	20,284.5	34,858.2	-	-	-	-	-	-	2007	
	54,587.4	45,784.3	-	-	-	-	-	-	2008	
Other Private Insurance	2,439.4	-	-	-	-	-	-	-	2000	أنشطة التأمين الخاص
	2,432.8	-	-	-	-	-	-	-	2001	

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية و وظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 6 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Function Provider	الصحية الإدارة والتأمين الصحي Health Administration and health Insurance	الخدمات الوقائية والصحة العامة Prevention and Public health services	الأدوية المقدمة لمرضى العيادات الخارجية Medical goods dispensed to out- patient	خدمات الرعاية الصحية المساندة Ancillary services to health care	خدمات التمريض طويلة المدى للمرضى المدخلين In-Patient long-term nursing care	خدمات الرعاية التأهيلية Services of rehabilit- ative care	خدمات الرعاية العلاجية غير مصنفة non class Services of curative care	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية- Out-patient curative care	الخدمات العلاجية المقدمة للمرضى المدخلين- In-patient curative care	السنة Year	الوظيفة الصحية مزود الخدمة
		3,251.3	-	-	-	-	-	-	-	-	2002
	2,601.8	-	-	-	-	-	-	-	-	2003	
	2,757.0	-	-	-	-	-	-	-	-	2004	
	4,877.2	-	-	-	-	-	-	-	-	2005	
	3,292.2	-	-	-	-	-	-	-	-	2006	
	3,858.8	-	-	-	-	-	-	-	-	2007	
	7,560.7	-	-	-	-	-	-	-	-	2008	
Establishments as Providers of Occupational Health Care Services	-	5,614.4	1,328.8	-	-	-	-	438.5	-	2000	المؤسسات التي تقدم خدمات
	-	5,538.4	1,229.3	-	-	-	1,260.9	555.3	-	2001	الرعاية الصحية المهنية
	312.2	15,257.2	4,148.9	-	-	788.4	2,953.8	567.3	-	2002	
	-	5,852.6	1,252.1	-	-	-	345.6	1,604.2	-	2003	
	-	4,261.5	1,005.8	-	-	293.2	-	-	-	2004	
	-	11,859.6	11,418.0	-	-	144.9	-	-	-	2005	
	-	41,648.5	1,550.2	-	-	-	-	-	-	2006	
	-	16,295.5	4,324.0	-	-	-	-	-	-	2007	
	-	15,275.8	3,729.8	-	-	-	3.6	-	-	2008	
Rest of the World	10.9	212.5	-	-	-	-	-	-	4,199.7	2000	باقي العالم
	10.1	196.6	-	-	-	-	-	-	5,068.0	2001	

جدول 6 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مزودي الخدمات الصحية و وظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 6 (Cont.): Expenditure on Health in the Palestinian Territory\* by Provider and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Function Provider	الصحة الإدارية والتأمين الصحي	الخدمات الوقائية والصحة العامة	الأدوية المقدمة لمرضى العيادات الخارجية	خدمات الرعاية الصحية المساندة	خدمات التمريض طويلة المدى للمرضى المدخلين	خدمات الرعاية التأهيلية	خدمات الرعاية العلاجية غير مصنفة	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية	الخدمات العلاجية المقدمة للمرضى المدخلين	السنة Year	الوظيفة الصحية مزود الخدمة
	Health Administr- ation and health Insurance	Prevention and Public health services	Medical goods dispensed to out- patient	Ancillary services to health care	In-Patient long-term nursing care	Services of rehabilit- ative care	non class Services of curative care	Out- patient curative care	In- patient curative care		
	32.2	627.8	-	-	-	-	-	-	5,378.7	2002	
	10.3	200.2	-	-	-	-	-	-	23,010.0	2003	
	8.2	160.8	-	-	-	-	-	-	34,438.7	2004	
	90.1	1,759.1	-	-	-	-	-	-	42,015.0	2005	
	-	-	-	-	-	-	-	-	22,417.7	2006	
	32.4	949.6	-	-	-	-	-	-	47,743.4	2007	
	30.5	596.5	-	-	-	-	-	-	103,298.9	2008	

\* Doesn't include those parts of Jerusalem Governorate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967.

جدول 7: الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مصادر التمويل ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 7: Expenditure on Health in the Palestinian Territory\* by Source of Funding and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Function Source of Funding	الإدارة الصحية والتأمين الصحي	الخدمات الوقائية والصحة العامة	الأدوية المقدمة لمرضى العيادات الخارجية	خدمات الرعاية الصحية المساندة	خدمات التمريض طويلة المدى للمرضى المدخلين	خدمات الرعاية التأهيلية	خدمات الرعاية العلاجية غير المصنفة	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية	الخدمات العلاجية المقدمة للمرضى المدخلين	السنة	الوظيفة مصادر التمويل
	Health Administration and health Insurance	Prevention and Public health services	Medical goods dispensed to out-patient	Ancillary services to health care	In-Patient long-term nursing care	Services of rehabilitative care	non class Services of curative care	Out-patient curative care	In-patient curative care	Year	
General Government	-	18,229.5	-	-	-	-	-	39,090.3	68,161.2	2000	الحكومة العامة
	1,170.2	20,314.9	-	-	-	-	292.9	32,176.0	59,998.8	2001	
	8,985.8	18,435.0	-	-	-	-	855.3	34,011.5	62,661.0	2002	
	-	17,611.9	-	-	-	-	345.6	39,655.6	95,509.1	2003	
	-	25,378.6	1,668.3	-	-	-	-	48,247.0	136,729.7	2004	
	-	25,859.2	-	-	-	-	-	49,744.2	138,328.2	2005	
	710.5	34,210.9	3,854.2	-	-	-	-	54,757.5	127,571.6	2006	
	2,197.4	35,703.7	363.8	-	-	-	-	60,477.3	143,928.2	2007	
	2,091.0	47,128.3	528.2	-	-	-	-	84,508.5	194,446.7	2008	
Private Insurance Enterprises	2,439.4	-	2,753.3	626.0	-	-	-	2,224.2	1,903.7	2000	شركات التأمين الخاصة
	2,432.8	-	2,074.0	546.2	-	-	-	1,436.0	1,721.2	2001	
	3,251.3	-	1,465.7	229.9	-	-	-	1,181.4	1,607.5	2002	
	2,601.8	-	1,818.9	334.3	-	-	-	1,225.1	1,870.4	2003	
	2,757.0	-	2,416.4	490.0	-	-	-	1,496.4	2,091.7	2004	
	4,877.2	-	2,636.4	557.1	-	-	-	1,571.8	2,608.4	2005	
	3,292.2	-	4,341.0	1,023.7	-	-	-	2,484.9	4,137.6	2006	
	3,858.8	-	3,442.7	731.5	-	-	-	2,339.3	3,161.7	2007	
	7,560.7	-	5,585.5	1,794.9	-	-	3.6	6,702.4	7,524.8	2008	



جدول 7 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مصادر التمويل ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 7 (Cont.): Expenditure on Health in the Palestinian Territory\* by Source of Funding and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

القيم بالآلاف دولار أمريكي

Function Source of Funding	الإدارة الصحية والتأمين الصحي	الخدمات الوقائية والصحة العامة	الأدوية المقدمة لمرضى العيادات الخارجية	خدمات الرعاية الصحية المساندة	خدمات التمريض طويلة المدى للمرضى المدخلين	خدمات الرعاية التأهيلية	خدمات الرعاية العلاجية غير مصنفة	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية	الخدمات العلاجية المقدمة للمرضى المدخلين	السنة Year	الوظيفة مصادر التمويل
	Health Administration and health Insurance	Prevention and Public health services	Medical goods dispensed to out-patient	Ancillary services to health care	In-Patient long-term nursing care	Services of rehabilitative care	non class Services of curative care	Out-patient curative care	In-patient curative care		
Private Households Out-of-Pocket Expenditure	-	804.0	62,439.4	8,360.4	862.7	-	34,075.8	44,964.4	552.3	2000	الأسر المعيشية
	-	1,846.3	75,067.7	7,636.1	420.4	-	20,660.8	47,746.7	480.2	2001	
	-	1,611.9	65,610.6	6,672.8	367.1	-	18,042.8	41,672.1	416.6	2002	
	-	1,801.9	73,453.1	7,463.1	409.0	-	20,118.2	46,990.3	492.7	2003	
	-	2,031.1	93,399.8	14,626.7	1,663.8	-	24,835.6	55,654.9	438.8	2004	
	-	1,135.1	92,320.2	10,032.3	385.3	-	24,421.0	61,799.6	321.0	2005	
	-	148.5	85,093.0	9,610.2	580.3	-	66,681.2	52,888.2	235.2	2006	
	18,087.1	6,165.4	125,739.4	15,222.4	958.2	-	41,659.0	68,186.3	16,375.1	2007	
34,619.5	2,226.1	108,313.6	13,361.0	467.7	-	38,156.6	72,450.4	58,347.7	2008		
Non-Profit Institutions Serving Households	-	481.8	-	4,000.7	-	2,356.9	125.0	73,371.1	9,456.5	2000	المؤسسات الغير هادفة للربح وتخدم الأسر المعيشية
	-	790.3	-	-	-	-	1,428.1	76,669.8	10,308.8	2001	
	312.2	985.3	223.0	-	-	788.4	3,063.3	84,081.1	8,968.2	2002	
	277.2	1,016.5	-	-	-	-	-	69,607.8	27,654.7	2003	
	363.9	1,221.4	-	5,306.2	-	293.2	-	91,989.3	9,913.8	2004	
	-	4,744.4	418.0	4,108.4	-	328.1	-	100,818.0	10,335.2	2005	
	-	6,278.8	1,550.2	314.5	-	112.4	-	111,836.3	14,246.2	2006	
	-	1,636.2	-	1,093.2	-	-	-	96,814.9	14,767.4	2007	
17,876.9	3,703.2	-	3,866.8	-	-	-	136,977.4	25,918.0	2008		

جدول 7 (تابع): الإنفاق على الصحة في الأراضي الفلسطينية\* مصنفة حسب مصادر التمويل ووظائف الرعاية الصحية للأعوام 2000-2008 بالأسعار الجارية

Table 7 (Cont.): Expenditure on Health in the Palestinian Territory\* by Source of Funding and Function of Care for the Years 2000-2008 at Current Prices

Value in US \$ 1000

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Function Source of Funding	الإدارة الصحية والتأمين الصحي Health Administration and health Insurance	الخدمات الوقائية والصحة العامة Prevention and Public health services	الأدوية المقدمة لمرضى العيادات الخارجية Medical goods dispensed to out-patient	خدمات الرعاية الصحية المساندة Ancillary services to health care	خدمات التمريض طويلة المدى للمرضى المدخلين In-Patient long-term nursing care	خدمات الرعاية التأهيلية Services of rehabilitative care	خدمات الرعاية العلاجية غير مصنفة non class Services of curative care	الخدمات العلاجية المقدمة لمرضى العيادات الخارجية Out-patient curative care	الخدمات العلاجية المقدمة للمرضى المدخلين In-patient curative care	السنة Year	الوظيفة
											مصادر التمويل
Rest of the World	10.9	5,345.0	1,652.2	-	-	-	-	-	-	2000	باقي العالم
	10.1	4,944.7	1,528.5	-	-	-	-	-	-	2001	
	32.2	15,791.8	4,881.5	-	-	-	-	-	-	2002	
	10.3	5,036.4	1,556.8	-	-	-	-	-	-	2003	
	8.2	4,045.7	1,250.6	-	-	-	-	-	-	2004	
	90.1	8,877.1	11,000.0	-	-	-	-	-	-	2005	
	-	35,369.7	2,677.5	-	-	-	-	-	-	2006	
	32.4	15,929.5	4,924.1	-	-	-	-	-	-	2007	
	30.5	15,002.8	4,637.6	-	-	-	-	-	-	2008	

\* Doesn't include those parts of Jerusalem Governorate which were annexed by Israel in 1967.

\* لا تشمل ذلك الجزء من محافظة القدس الذي ضمته إسرائيل عنوة بعيد احتلالها للضفة الغربية عام 1967.



Palestinian National Authority  
Palestinian Central Bureau of Statistics



Palestinian National Authority  
Ministry of Health

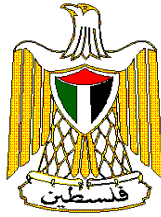
# National Health Accounts

## Main Findings

# 2000-2008

January, 2011





**Palestinian Central Bureau  
of Statistics**



**Ministry of Health**

**National Health Accounts 2000-2008  
Main Findings**

**January, 2011**

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**The compilation of Palestinian National Health Accounts 2000-2008 was prepared by a technical team from the Palestinian Central Bureau of Statistics in partnership with the Ministry of Health. Funding was provided by the Italian Cooperation (IC).**

**PCBS extends its gratitude to the Italian Cooperation (IC) for its support in funding this project.**



## Explanatory Note for users

The following notes should be considered by users of this report:

- PCBS has adopted “A System of Health Accounts OECD 2000” as a comprehensive framework guiding all statistical efforts in the economic field.
- For the purpose of this report ONLY, Palestinian Territory means West Bank and Gaza Strip excluding that part of Jerusalem that was annexed by Israel in 1967.
- Data of government health expenditure is based on the grand total of expenditure on salaries and wages, operating expenses and capital expenditure. The breakdown of expenditure by region and function were classified based on the results of international studies and reports.
- The non-response by the financial and insurance companies was covered by Finance and Insurance Survey data for 2000-2008 that was implemented by PCBS.
- The data of the Finance and Insurance Survey for the years 2000-2008 was utilized to complement non-response cases pertinent to financial and insurance companies.
- The Ministry of Planning provided data relevant to donors' health expenditure for health-oriented projects. The classification of the data by function and health service providers was harmonized with OECD classification based on information contained in the statements of the Ministry of Planning.
- Per capita data in various indicators for 2004-2007 was based on the results of the Population, Housing and Establishment Census 2007.
- The following table shows the exchange rate (US\$) compared with (NIS) during the years 2000-2008:

Year Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008
Annual average	4.0778	4.2084	4.7730	4.5513	4.4775	4.4849	4.4545	4.1139	3.5816

- (-): Data not available.





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President of PCBS



## **Preface**

As provider of Palestine's official statistics, PCBS has strived to develop Palestinian National Health Accounts to provide accurate indicators on the status of health expenditures in the Palestinian Territory to serve policy and decision making.

National Health Accounts are designed to provide systematic statistical description of the health sector as a whole. It also aims to provide detailed statistics on the transactions among the various components of the health sector as well as between the health sector and the rest of the world. In order to be able to measure the growth rate and the economic trends of the economic performance of the health sector, and its cycle over years, it becomes necessary to have a systematic time series and a comprehensive framework for the data needed for the compilation of national health accounts to suit future comparisons and further data analysis.

PCBS has adopted “A System of Health Accounts OECD 2000” as a comprehensive framework guiding all statistical efforts in the economic field. The compilation of time series for the national health accounts for the years 2000-2008 required the revision of different methodologies and hypotheses to ensure relevancy to the Palestinian context. The team of the National Health Accounts has shown competency and spirit of hard work in accomplishing the task of developing Palestinian national health accounts system.

The main objective of developing the Palestinian system of health accounts is to provide a database for expenditure on health services by the services providers in the Palestinian Territory.

This report presents the main indicators of the Palestinian National Health Accounts. PCBS hopes that this report will empower planners and decision makers to effectively monitor and further improve the health system in the Palestinian Territory.

**January, 2011**

**Ola Awad  
President of PCBS**



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## Executive Summary

The Palestinian National Health Accounts in the Palestinian Territory is based on aggregation of expenditures of different health activities using NHA manual issued by OECD in 2000. The manual covers personal and public health services, administrative services provided by Health Institutions and capital expenditures on health services. In addition, Palestinian National Health Accounts cover expenditures on salaries and services related to the concept of health according to the functions defined by the OECD manual.

### Health Expenditure by Institutional Economic Sectors:

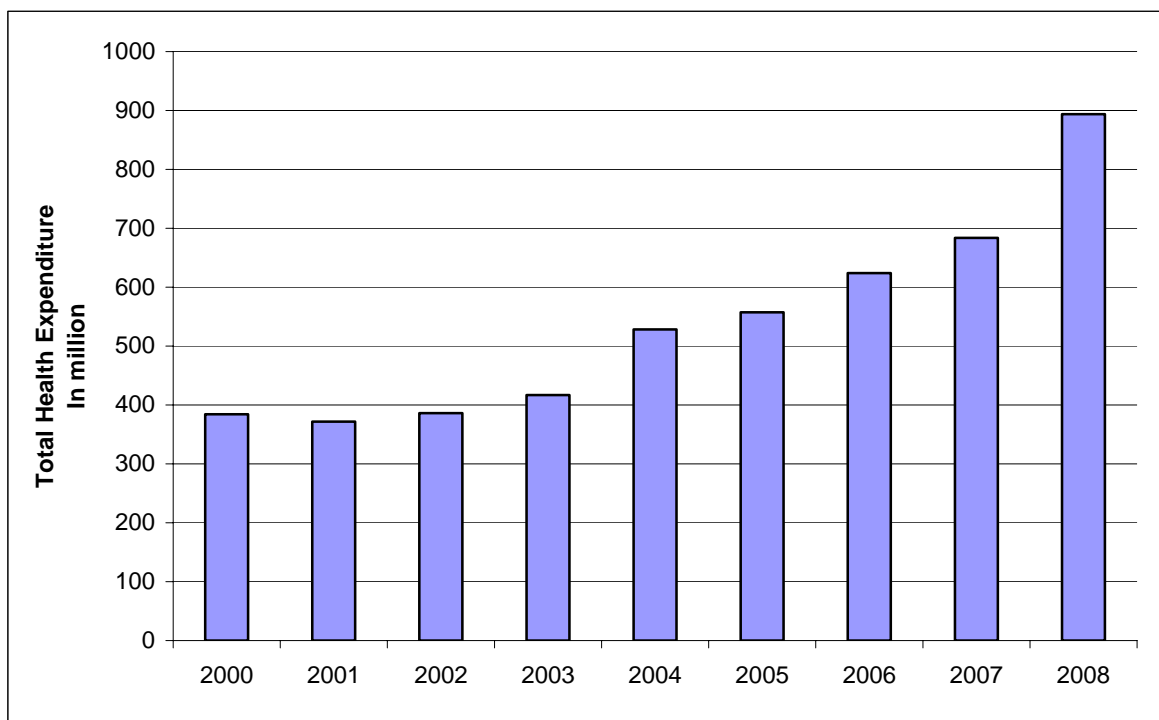
Healthcare in the Palestinian Territory is divided into sources of fund, health service providers by institutional sector (government sector, nonprofit institutions serving households (NPISH), profit health institutional sector, rest of the world, and households), in addition to health functions by providers.

The results were as follows:

The results show that total expenditure on health has increased during the years 2000-2008: whereas in 2000 it totaled US \$384.3 million and continued to rise until it reached US \$893.8 million during the year 2008.

- According to the results of the funding sources, the contribution of the households and government sector with its different institutions were the highest during the years 2000-2008. The average contribution of the households was 37.4% while the average contribution of the government sector was 35.4%.

The following figure shows health expenditure in the Palestinian Territory for 2000-2008:



**Percentage of Health Expenditures to GDP:**

During the years 2000-2008, the percentage of total health expenditures to Gross Domestic Product (GDP) at current prices for the Palestinian Territory ranged from 9.5% in 2000 to reach 15.6% in 2008.

**Health Expenditure per Capita:**

The average health expenditure per capita for the Palestinian Territory during 2000-2008 was US \$165.5.

## Chapter One

### Introduction

The Palestinian Central Bureau of Statistics (PCBS) strives to develop a contemporary economic statistical system that integrates sectoral national accounts according to international standards. The health sector occupies priority among citizens, planners, decision makers and donors. PCBS has, since its establishment, paid special attention to the capacity building of its employees to ensure availability of competencies and skills necessary to develop national health accounts.

The objective of such accounts is to provide crucial data about the Palestinian health system including health financial expenditures, areas of expenditures, source of funding, changes of these expenditures over time and comparative data with similar countries. Such data provide instruments to monitor national health system and identify areas of intervention.

To concentrate on the financial state of the Palestinian health system, it was necessary to compile national health accounts by covering all types of spending on health and the categories of economic sectors including public, private and non-profit institutions serving households (NPISH) sectors. Health accounts provide insight into the interrelationship between health spending and the total output of the economy.

As development of national health accounts is identified as priority, PCBS initiated the process of data collection pertaining to expenditures on health sector. The development of the Palestinian National Health Accounts is based on standards and recommendations stated in the Manual of National Health Accounts-2000 issued by OECD. This manual provides a set of concepts, definitions and classifications in the context of integrated accounting purposes, designed to provide the data necessary for planners, decision-makers, and economic analysts.

#### 1-1: Objectives of the National Health Accounts

1. To provide details on the use of resources in the health sector
2. To identify methods required to guide expenditures on health
3. To identify requirements to monitor and evaluate health care
4. To facilitate the future provision of comparative studies that map Palestinian health system with similar countries
5. To assist in the tracking of external resources related to the health sector and to monitor the implementation of these resources within global initiatives such as the "Strategic Plan to Reduce Poverty", Global Development Goals and global prosperity.

#### 1-2: Report Structure

The report of the Palestinian National Health Accounts for the years 2000-2008 is divided into several chapters as follows:

**Chapter One:** Includes introduction about Palestinian national health accounts, goals and overview, in addition to the report structure.

**Chapter Two:** Presents the most important definitions and concepts pertinent to national health accounts.

**Chapter Three:** Presents an overview about the main findings.

**Chapter Four:** Presents the methodology that was adopted in developing the National Health Accounts.

**Chapter Five:** Provides details on issues relevant to Data Quality.

**Tables of Main Results:** The report presents the most significant results in tables at the level of the Palestinian Territory for the National Health Accounts for the years 2000-2008.

## Concepts and Definitions

### 2-1: General Concepts:

#### **Health Account:**

A tool to provide a systematic compilation of health expenditure. It can trace how much is being spent, where it is being spent, what is being spent on and for whom, how that has changed over time and how that compares to spending in countries facing similar conditions. It is an essential part of assessing the success of the health care system and of identifying opportunities for improvement.

#### **Total health expenditure:**

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. It includes two parts:

- **Current expenditure:** Day to day spending, i.e. spending on recurring items. This includes salaries and wages that keep recurring, and spending on consumables and everyday items that get used up as the good or service is provided.
- **Capital:** In health accounting, capital usually refers to the physical assets (land, buildings and equipment) owned by or available to the entity in question. Less frequently in health accounting, it can also refer to the financial assets available to the entity, but in such cases that is made specific. Capital can be measured at its “book value” (it cost at the time of its creation) or at its replacement value (the current cost of replacing it). It can also be measured either gross (its original value) or net (taking into account the wear and tear on it and its obsolescence).
- **Where, the expenditures** are defined as the values of the amounts that buyers pay, or agree to pay, to sellers in exchange for goods and services that sellers provide to them or to other institutional units designated by the buyers. The buyer incurring the liability to pay need not be the same unit that takes possession of the good or service. In health accounting, expenditure for goods and services provided by market producers is measured in terms of the payments they receive for their sales; expenditures in the non-market part of the health system are measured in terms of the goods and services used to produce the health care or related activity.

#### **Government sector:**

The general government sector consists mainly of central, state and local government units together with social security funds imposed and controlled by those units. In addition, it includes NPIs engaged in non-market production that are controlled and mainly financed by government units or social security funds.

#### **Non-profit institution serving households (NPISH):**

As the name indicates, in spite of producing goods and services, non-profit institutions do not generate income or profit for those entities that own them. They may be divided into three groups: those serving businesses (e.g., a chamber of commerce which is grouped in the non-financial corporation sector); those which form part of the government sector (e.g., a government-owned hospital) and non-profit institutions serving households. The latter



consists mainly of trade unions, professional unions, churches, charities and privately financed aid organizations.

**Resident:**

Persons and establishments are considered residents of the economy wherein their center of economic interest lies. This means that they will undertake a considerable part of their economic activities there, and stay for a long time. Thus residence is an economic and not a legal concept, and should not be confused with nationality or citizenship.

For persons, the main criterion used to determine center of economic interest is the one year rule: when a person stays or intends to stay in a certain country for a period longer than one year, he/she is considered a resident of that country. Exceptions to this rule are students, medical patients and non-natives of the resident economy employed at foreign (to the resident economy) embassies, diplomatic missions and military establishments. These three categories are considered non-residents of the economy in which they live, and residents of their country of origin, irrespective of length of stay.

Establishments are always considered residents in the country where the activity takes place. This is in line with the concept of center of economic interest, because a productive activity is not started at whim, without an intention to stay for a long time.

**Primary Health Care:**

Essential health care is based on practical, scientifically and socially acceptable methods, accessible to individuals and families in the community by acceptable means, and at a cost that community and country can afford to maintain at every stage of their development in the spirit of self-reliance. It forms an integral part of both the country's health system, of which it is the central function and the main focus and of the overall social and economic development of the community.

**Secondary care institutions:**

Treatment by specialists at the hospital to whom a patient has been referred by primary care providers or in emergency case.

**Tertiary Health Care:**

Specialized consultative care, usually on referral from primary health or secondary medical care personnel, by specialists working in a center that has personnel and facilities for special examination and treatment.

**Rehabilitation center:**

A facility providing therapy and training for rehabilitation. The center may offer occupational therapy, physical therapy, vocational training, and special training such as speech therapy for recovery from injury or illness to the normal possible extent.

**Household:**

One person or group of persons with or without a family relationship who live in the same dwelling unit, share meals and make joint provisions for food and other essentials of living.

**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.

### **Health insurance:**

A contract between the insured and the insurer to the effect that in the event of specified events occurring (determined in the insurance contract), the insurer will pay compensation either to the insured person or to the health service provider. Health insurance includes: Governmental, private, military, UNRWA and Israeli insurance.

### **Health Classifications**

The detailed categories in the three Health Accounts classifications are listed below. More detailed information is available in the OECD's manual entitled "A System of Health Accounts":

## **2-2: Classification of Functions of Health Care**

### **2-2-1: Classification of Main Functions of Health Care**

#### **Services of curative care:**

Curative care comprises medical and paramedical services delivered during an episode of curative care. An episode of curative care is one in which the principal medical intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury or to protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function.

Includes: obstetric services; cure of illness or provision of definitive treatment of injury; the performance of surgery; diagnostic or therapeutic procedures.

Excludes: palliative care.

#### **In-patient curative care:**

In-patient curative care: It comprises medical and paramedical services delivered to in-patients during an episode of curative care for an admitted patient.

#### **Out-patient curative care:**

Out-patient curative care: It comprises medical and paramedical services delivered to out-patients during an episode of curative care. Out-patient health care comprises mainly services delivered to out-patients by physicians in establishments of the ambulatory health care industry. Out-patients may also be treated in establishments of the hospital industry, for example, in specialized out-patient wards, and in community or other integrated care facilities.

#### **Out-patient dental care:**

This item comprises dental medical services (including dental prosthesis) provided to out-patients by physicians. It includes the whole range of services performed usually by medical specialists of dental care in an out-patient setting such as tooth extraction, fitting of dental prosthesis and dental implants.

**All other specialized health care:**

This item comprises all specialized medical services provided to out-patients by physicians other than basic medical and diagnostic services and dental care. Included are mental health and substance abuse therapy and out-patient surgery.

**All other out-patient curative care:**

This item comprises all other miscellaneous medical and paramedical services provided to out-patients by physicians or paramedical practitioners. Included are services provided to out-patients by paramedical professionals such as chiropractors, occupational therapists, and audiologists; in addition to paramedical mental health, substance abuse therapy and speech therapy.

**Services of rehabilitative care:**

This item comprises medical and paramedical services delivered to patients during an episode of rehabilitative care. Rehabilitative care comprises services where the emphasis lies on improving the functional levels of the persons served and where the functional limitations are either due to a recent event of illness or injury or of a recurrent nature (regression or progression). Included are services delivered to persons where the onset of disease or impairment to be treated occurred further in the past or has not been subject to prior rehabilitation services.

**In-Patient long-term nursing care:**

Long-term health care comprises ongoing health and nursing care given to those who need assistance on a continuing basis due to chronic impairments and a reduced degree of independence and activities of daily living. Inpatient long-term care is provided in institutions or community facilities. Long-term care is typically a mix of medical (including nursing care) and social services. Only the former is recorded in the SHA under health expenditure.

**Ancillary services to health care:**

This item comprises a variety of services, mainly performed by paramedical or medical technical personnel with or without the direct supervision of a medical doctor, such as laboratory, diagnosis imaging and patient transport.

- Clinical laboratory.
- Patient transport and emergency rescue.
- All other miscellaneous ancillary services.

**Medical goods dispensed to out-patients:**

This item comprises medical goods dispensed to outpatients and the services connected with dispensing, such as retail trade, fitting, maintaining, and renting of medical goods and appliances. Included are services of public pharmacies, opticians, sanitary shops, and other specialized or non-specialized retail traders including mail ordering and teleshopping.

- Pharmaceuticals and other medical non-durables.
- Therapeutic appliances and other medical durables.

**Prevention and public health services:**

Prevention and public health services comprise services designed to enhance the health status of the population as distinct from the curative services, which repair health dysfunction. Typical services are vaccination campaigns and programs.

Note: Prevention and public health functions do not cover all fields of public health in the broadest sense of a cross-functional common concern for health matters and public actions. Some of these broadly defined public health functions, such as emergency plans and environmental protection, are not part of expenditure on health (but instead are classified as health related functions):

- Maternal and child health, family planning and counseling
- Prevention of communicable disease
- Prevention of non-communicable disease
- Occupational health care
- All other miscellaneous public health services

**Health administration and health insurance:**

Health administration and health insurance are activities of private insurers as well as central and local government. Included are the planning, management, regulation, and collection of funds and handling of claims of the delivery.

**General government administration of health:**

The General government administration of health comprises a variety of activities of government health administration that cannot be assigned to HC.1-HC.6: Activities include formulation, administration, coordination and monitoring of overall health policies, plans, programs and budgets.

**Health administration and private health insurance:**

Health administration and private health insurance comprise health administration of social health insurance as well as private health insurance.

**2-2-2: Classification of Health-related Functions of Health Care**

**Capital formation of health care providers for institutions:**

This item comprises gross capital formation of domestic health care provider for institutions excluding those listed under HP.4 Retail sale and other providers of medical goods.

**Education and training of health personnel:**

This item comprises government and private provision of education and training of health personnel, including administration, inspection or support of institutions providing education and training of health personnel. This corresponds to post-secondary and tertiary education in the field of health (according to ISCED-97 code) by central and local government, and private institutions such as nursing schools run by private hospitals.

**Research and Development in health:**

This item comprises R& D programs directed towards the protection and improvement of human health. It includes R&D on food hygiene, nutrition, radiation used for medical purposes, biochemical engineering, medical information, rationalization of treatment and pharmacology (including testing medicines and breeding of laboratory animals for scientific purposes) as well as research related to epidemiology, prevention of industrial diseases and drug addiction.

**Food, hygiene and drinking water control:**

This item comprises a variety of activities of a public health concern that are part of other public activities such as inspection and regulation of various industries, including water supply.

**Environmental health:**

This item comprises a variety of activities of monitoring the environment and of environmental control with a specific focus on a public health concern.

**Administration and provision of in-kind social services to assist persons living with disease and impairment:**

This item comprises in-kind (non-medical) social services provided to persons with health problems and functional limitations or impairments where the primary goal is the social and vocational rehabilitation or integration.

**Administration and provision of health-related cash-benefits:**

This item comprises the administration and provision of health-related cash benefits by social protection programs in the form of transfers provided to individuals and households. Included are collective services such as the administration and regulation of these programs.

**2-3: Classification of Health Care Financing****General government:**

This item comprises all institutional units of central, state or local government, and social security funds on all levels of government. Included are non-profit institutions that are controlled and mainly financed by government units.

**General government excluding social security funds:**

This item comprises all institutional units of central, state or local government. Included are non-profit institutions that are controlled and mainly financed by government units.

**Social security funds:**

Social security funds are social insurance schemes covering the community as a whole or large sections of the community and are imposed and controlled by government units.

**Private sector:**

This sector comprises all resident institutional units which do not belong to the government sector.

**Private insurance Enterprises:**

This sector comprises all private insurance funds other than social security funds.

**Households:**

One person or group of two or more persons with or without a family relationship who live in the same dwelling unit, who share meals and make joint provision for food and other essentials of living.

**Private household out-of-pocket expenditure:**

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 whose primary intent is to contribute to the restoration or to the enhancement of the health status of individuals or population groups. This includes payments of household to public health services, non-profit institutions or nongovernmental organizations. However, it excludes payments made by enterprises, which deliver medical and paramedical benefits, mandated by law or not, to their employees.

**Non-profit institutions serving households (other than social insurance):**

Non-profit institutions serving households (NPISHs) consist of non-profit institutions, which provide goods or services to households free or at prices that are not economically significant.

**Corporations (other than health insurance):**

This sector comprises all corporations or quasi corporations whose principal activity is the production of market goods or services (other than health insurance). This category includes all resident non profit institutions that are market producers of goods or non financial services.

**Rest of the world:**

This item comprises institutional units that are resident abroad.

**2-4: Classification of Health Care Providers**

**Hospitals:**

This item comprises licensed establishments primarily engaged in providing medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients including specialized accommodation services. Hospitals may also provide out-patient services as a secondary activity. Hospitals provide inpatient health services, many of which can only be provided using the specialized facilities and equipment that form a significant and integral part of the production process. In some countries, health facilities need to meet minimal requirements (such as number of beds) in order to be registered as a hospital.

**General hospital:**

This item comprises licensed establishments primarily engaged in providing diagnostic and medical treatment (both surgical and non-surgical ) to in- patients with a wide variety of medical conditions. These establishments may provide other services, such as outpatient services, anatomical pathology services, diagnostic x-ray services, clinical laboratory services, operating room services for a variety of procedures and pharmacy services.

**Mental health and substance abuse hospital:**

This item comprises licensed establishments that are primarily engaged in providing diagnostic and medical treatment, and monitoring services to in- patients who suffer from mental illness or substance abuse disorders. The treatment often requires an extended stay in an in-patient setting including hostelling and nutritional facilities. Psychiatric, psychological, and social work services are available at these facilities. These hospitals usually provide other services, such as out-patient care, clinical laboratory tests, diagnostic x-rays, and electro-encephalography services.

**Specialized (other than mental health and substance abuse) hospital:**

This item comprises licensed establishments primarily engaged in providing diagnostic and medical treatment to in-patients with a specific type of disease or medical condition (other than mental health or substance abuse). Hospitals providing long-term care for the chronically

ill and hospitals providing rehabilitation, and related services to physically challenged or disabled people are included in this item. These hospitals may provide other services, such as out-patient services, diagnostic x-ray services, clinical laboratory services, operating room services, physical therapy services, educational and vocational services, and psychological and social work services.

**Nursing and residential care facilities:**

This item comprises establishments primarily engaged in providing residential care combined with either nursing, supervisory or other types of care as required by the residents. In these establishments, a significant part of the production process and the care provided is a mix of health and social services with the health services being largely at the level of nursing services.

**Providers of ambulatory health care:**

This item comprises establishments primarily engaged in providing health care services directly to outpatients who do not require in-patient services. This includes establishments specialized in the treatment of day-cases and in the delivery of home care services. Consequently, these establishments do not usually provide in-patient services. Health practitioners in ambulatory health care primarily provide services to patients visiting the health professional's office except for some pediatric and geriatric conditions.

**Offices of physicians:**

This item comprises establishments of health practitioners holding the degree of a doctor of medicine or a qualification at a corresponding level, primarily engaged in the independent practice of general or specialized medicine (including psychiatry, psychoanalysis, osteopathy, homeopathy) or surgery. These practitioners operate independently or part of group practices in their own offices (centers, clinics) or in the facilities of others, such as hospitals or health centers.

**Offices of dentists:**

This item comprises establishments of health practitioners holding the degree of doctor of dental medicine or a qualification at a corresponding level, primarily engaged in the independent practice of general or specialized dentistry or dental surgery. These practitioners operate independently or part of group practices in their own offices or in the facilities of others, such as hospitals or HMO medical centers. They can provide either comprehensive preventive, cosmetic, or emergency care, or specialize in a single field of dentistry.

**Offices of other health practitioners:**

This item comprises establishments of independent health practitioners (other than physicians, and dentists) such as chiropractors, optometrists, mental health specialists, physical, occupational, and speech therapists as well as audiologists establishments primarily engaged in providing care to outpatients. These practitioners operate independently or part of group practices in their own offices or in the facilities of others, such as hospitals or medical centers.

**Out-patient care centers:**

This item comprises establishments engaged in providing a wide range of out-patient services by a team of medical, paramedical, and often support staff, usually bringing together several specialties and /or serving specific functions of primary care. These establishments generally treat patients who do not require in-patient treatment.

**Medical and diagnostic laboratories:**

This item comprises establishments primarily engaged in providing analytic or diagnostic services, including body fluid analysis and diagnostic imaging, generally to the medical profession or the patient on referral from a health practitioner.

**Other providers of ambulatory health care:**

This item comprises a variety of establishments primarily engaged in providing ambulatory health care services (other than offices of physicians, dentists, and other health practitioners, out-patient care centers, and home health care providers).

**Retail sale and other providers of medical goods:**

This item comprises establishments whose primary activity is the retail sale of medical goods to the general public for personal or household consumption or utilization. Establishments whose primary activity is the manufacture of medical goods for sale to the general public for personal or household use are also included as well as fitting and repair done in combination with sale.

**Provision and administration of public health programs:**

This item comprises both government and private administration and provision of public health programs such as health promotion and protection programs.

**General health administration and insurance:**

This item comprises establishments primarily engaged in the regulation of activities of agencies that provide health care, overall administration of health policy, and health insurance.

**Government administration of health:**

This item comprises government administration (excluding social security) primarily engaged in the formulation and administration of government policy in health and in the setting and enforcement of standards for medical and paramedical personnel, hospitals, clinics, etc. including the regulation and licensing of providers of health services.

**Other (private) insurance:**

This item comprises insurance of health other than by social security funds and other social insurance (as part of ISIC). This includes establishments primarily engaged in activities involved in or closely related to the management of insurance (activities of insurance agents, average and loss adjusters, actuaries, and salvage administration, as part of ISIC class).

**Other industries (rest of the economy):**

This item comprises industries not elsewhere classified which provide health care as secondary producers or other producers. Included are producers of occupational health care and home care provided by private households.

**Establishments as providers of occupational health care services:**

This item comprises establishments providing occupational health care as ancillary production.

**Rest of the world:**

This item comprises all non-resident units providing health care for the final use by resident units.



**Non Classified Public Providers:**

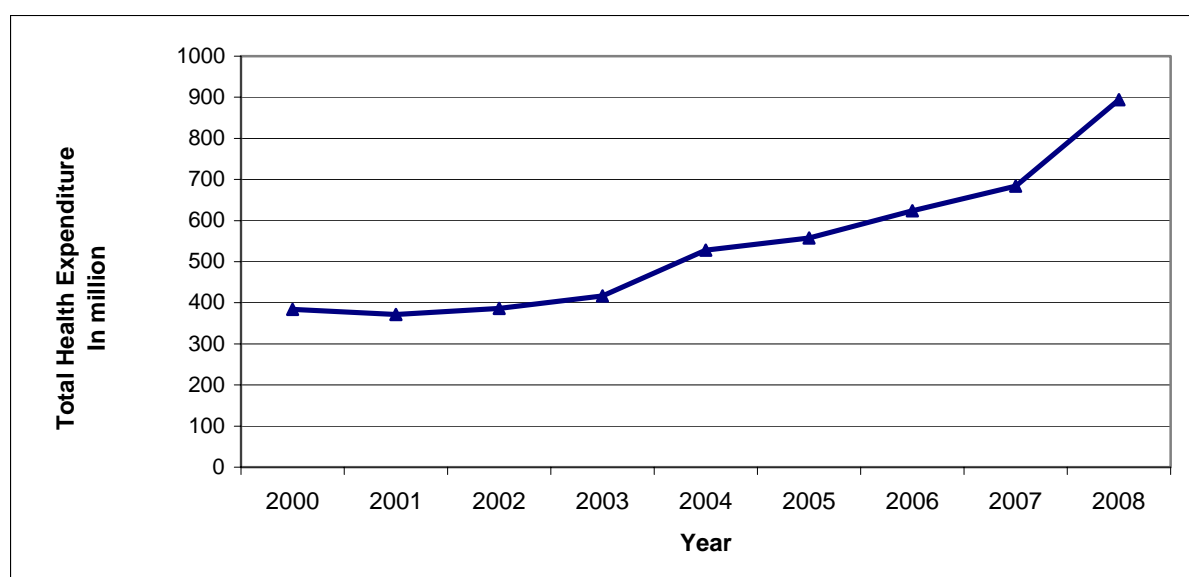
This item comprises the government institutions or ministries as providers for health service, without specifying the type of service provider because it is not available from the data source.

## Main Findings

### First: Total Expenditure on Health in the Palestinian Territory

The collected data for 2000-2008 in the Palestinian Territory, which was classified by kind of providers, function, and sources of funds, show an increase in the total amount spent in the field of health from all economic sectors. The total expenditure in the year 2000 was US\$384.3 (million), rising to US \$893.8 (million) in 2008 which reflects the growing interest in active health in the Palestinian Territory of all economic sectors.

**Figure (1): Health Expenditure Trend line in the Palestinian Territory for 2000-2008**



### 1. Health Expenditure according to source of Funding

Regarding sources of funds the average contribution of the government sector (through the Ministry of Finance, Health, etc.) amounted to 35.4% during 2000-2008, ranging between 32.7% and 36.7%. The average contribution of households sector was 37.4%, ranging between 39.5% in 2000 and 36.7% in 2008. The contribution for NPISH to the total health expenditure during the years 2000-2008 was 22.0%, ranging between 23.4% in 2000 and 21.1% in 2008. The findings show the contribution of the rest of the world directly spent on the health services provided in the Palestinian Territory was 2.9% during the years 2000-2008, and ranged between 1.8% - 2.2%. The average contribution of insurance companies reached 2.3% of total funding, and ranged between 2.6% in 2000 and 3.3% in 2008.

The following table shows the contribution of current expenditure on health by source of funding in the Palestinian Territory for 2000-2008:

## Contribution of Source of Funding to the Total Expenditure on Health in the Palestinian Territory for the Years 2000-2008

Percentage

Sources of Funding	2000	2001	2002	2003	2004	2005	2006	2007	2008
General Government	32.7	30.7	32.4	36.7	40.1	38.4	35.5	35.5	36.7
Private Insurance Enterprises	2.6	2.2	2.0	1.9	1.8	2.2	2.4	2.0	3.3
Household out of Pocket Expenditure	39.5	41.4	34.7	36.2	36.5	34.1	34.5	42.7	36.7
Non-profit institution serving households (NPISH) sector	23.4	24.0	25.5	23.6	20.6	21.7	21.5	16.7	21.1
Rest of the world	1.8	1.7	5.4	1.6	1.0	3.6	6.1	3.1	2.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

### 2. Health Expenditure according to the function of care:

The total expenditure on health is classified by function as well as by the source of funding. The data on health expenditure for the care of in-patients during the years 2000-2008 is equivalent to 25.2% of the total expenditures on health services. The distribution of this expenditure by economic sectors showed that 83.1% of services were provided within the government sector, while 11.2% by non-profit institutions serving households (NPISH) sector. In addition, 3.6% of services were provided to households (out-of-pocket) for over night services in the profit sector (profit hospitals) and 2.1% by insurance companies.

### Total Expenditure on Health by Function of Care in the Palestinian Territory for the Years 2000-2008

Value in US\$ thousand

Functions of health care	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>Services of curative care</b>	<b>71.2</b>	<b>68.0</b>	<b>66.5</b>	<b>72.8</b>	<b>70.3</b>	<b>70.0</b>	<b>69.7</b>	<b>65.5</b>	<b>69.9</b>
In-patient curative care	20.8	19.5	19.1	30.1	28.2	27.2	23.4	26.1	32.0
Out-patient curative care	41.5	42.5	41.7	37.8	37.4	38.4	35.6	33.3	33.6
Non classified Services of curative care	8.9	6.0	5.7	4.9	4.7	4.4	10.7	6.1	4.3
<b>Services of rehabilitative care</b>	<b>0.7</b>	<b>0.0</b>	<b>0.2</b>	<b>0.0</b>	<b>0.1</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>In-Patient long-term nursing care</b>	<b>0.2</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.3</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>	<b>0.1</b>
<b>Ancillary services to health care</b>	<b>3.4</b>	<b>2.2</b>	<b>1.8</b>	<b>1.9</b>	<b>3.9</b>	<b>2.6</b>	<b>1.8</b>	<b>2.5</b>	<b>2.1</b>
<b>Medical goods dispensed to out-patient</b>	<b>17.4</b>	<b>21.2</b>	<b>18.6</b>	<b>18.4</b>	<b>18.7</b>	<b>19.1</b>	<b>15.6</b>	<b>19.7</b>	<b>13.3</b>
<b>Prevention and Public health services</b>	<b>6.5</b>	<b>7.5</b>	<b>9.5</b>	<b>6.1</b>	<b>6.2</b>	<b>7.3</b>	<b>12.2</b>	<b>8.7</b>	<b>7.6</b>
<b>Health Administration and health Insurance</b>	<b>0.6</b>	<b>1.0</b>	<b>3.3</b>	<b>0.7</b>	<b>0.5</b>	<b>0.8</b>	<b>0.6</b>	<b>3.5</b>	<b>7.0</b>
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

### 3. Health Expenditure according to the Provider of Health Care

Providers of health services are represented by units or entities that receive funds as compensation or advances to produce the required activities within the boundaries of health accounts in the Palestinian Territory.

**Hospitals** are classified according to type: general hospital, mental health and substance abuse hospital and specialized hospitals. Regarding the amount spent by health service providers, the general government hospitals spent the equivalent of 57.0% of the total expenditure by the general hospitals. The total amount spent by NPISH general hospitals reached 29.1% compared to 12.3% by general profit hospitals and 1.6% by other type of general hospitals.

The results indicate that the total amount spent by providers of **Nursing and residential care facilities** in all sectors in the Palestinian Territory was equivalent to US \$12.2 (million) in 2000 compared with US \$27.0 (million) in 2008.

Providers of **Ambulatory care** recorded significant increase of primary health care services during the years 2000-2008 including out-patient activity and independent out-patient clinics of hospitals. The value of health expenditure for this category was approximately US \$120.2 (million) during 2000 compared with US \$223.7(million) during 2008 .

The total expenditure of **Retail sale and other providers of medical goods** was US \$77.1 (million) in 2001 and then declined to US \$ 67.1 (million) in 2002. The total expenditure by retail sale providers had risen between 2003-2005 to reach US \$95.0 (million) by the end of 2005; while fluctuated between 2006-2008 to reach \$113.9 (million).

During the period 2000-2002, the total expenditure of **Public Health Programs** had significantly increased to reach US \$11.8 (million) in 2002 to cope with the political developments in the Palestinian Territory during that period .

The results indicate an increase of 15.5% in the expenditure for the services of **Public and administration of the public health programs and insurance companies** during 2001 compared with the year 2000, and a decline during 2002-2003 to reach US \$20.0 (million) in 2002 and US \$19.6 (million) in 2003. However, the expenditure had risen during the period 2004-2008 to reach US \$107.9 (million) in 2008 to cover salaries of administrative employees and operational expenses.

The results indicate that a value of US \$4.4 (million) was spent for medical treatment outside the Palestinian Territory in 2000. During the following years, expenditure had significantly increased to reach US \$43.9 (million) in 2005.and then decreased by 48.9% to reach US \$22.4 (million) in 2006. Then in 2008, this type of expenditure reached \$103.9 (million).

The remaining of the total health expenditure was recorded within health activities related to other providers of health services that are not classified within the above activities. The expenditure by this category had shown fluctuation during the years 2000-2008 based on the needs of the Palestinian community in each year.

### Total Expenditure on Health by Provider in the Palestinian Territory for 2000-2008

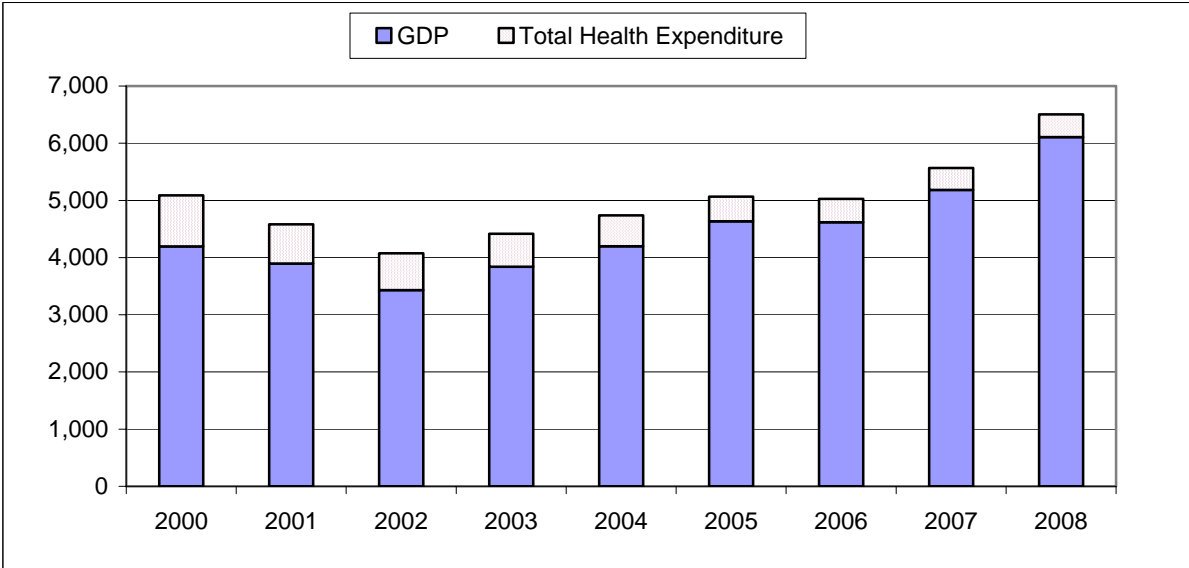
Value in US\$ thousands

Provider Industry	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hospitals	40.1	35.0	35.7	36.5	37.2	34.1	40.7	31.5	33.2
Nursing and residential care facilities	3.2	1.8	2.0	2.2	1.6	1.4	3.1	1.8	3.0
Providers of ambulatory health care	31.2	31.9	28.9	30.2	29.5	29.9	25.0	28.3	25.0
Retail sales and other providers of medical goods	17.0	20.8	17.4	18.1	18.1	16.9	14.3	18.8	12.7
Provision and administration of public health programs	0.2	0.6	3.1	0.5	0.4	0.2	0.3	0.9	0.3
General health administration and insurance:	5.2	6.2	5.2	4.7	5.5	5.4	6.1	8.6	12.1
Other industries ( rest of the economy)	1.9	2.3	6.1	2.2	1.1	4.2	6.9	3.0	2.1
Rest of the world	1.2	1.4	1.6	5.6	6.6	7.9	3.6	7.1	11.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

### Second: Percentage of Health Expenditure to Gross Domestic Product (GDP)

The percentage of health expenditure in the Palestinian Territory to the Gross Domestic Product (GDP) at current prices has risen from 9.5% in year 2000 to reach 15.6% in year 2008. The general trend of health expenditure indicate an increase during the period 2000-2008. However, the percentage of health expenditure to the Gross Domestic Product had fluctuated due to the trend of the GDP and political situation in the Palestinian Territory during that period.

**Figure (2): Health Expenditure to GDP at Current Prices in the Palestinian Territory for 2000-2008**



## Chapter Four

### Methodology

The methodology was based on the recommendations of different technical missions on developing National Health Accounts taking into consideration international experiences in this field. It focuses on data tabulation as well as processing of data from all available sources to measure expenditure by health service providers and financing parties.

#### Compilation of National Health Accounts

The main components of the data processing system for the compilation of national health accounts consist of:

- 1) Sets of classifications.
- 2) Preliminary data entry and processing.
- 3) Framework for integrating and harmonizing results from each system.

#### 1. General Overview

##### 1-1 Main System of National Health Accounts

The compilation of the national health accounts at current prices consists of the following three main parts:

1. Classification systems for the various data dimensions (using ICHA-HC Functional Classification of Health Care, ICHA-HP Classification of Health Care Provider, ICHA-HC Classification of Health Care Financing).
2. Preliminary treatment of data in Excel and to some extent in Access format.
3. Aggregated sheet for total value of expenditure.

##### 1-2 Regional dimension

For statistical purposes, the Palestinian Territory was divided into two regions: The West Bank (WB) excluding that part of Jerusalem that was annexed by Israel in 1967 and Gaza Strip.

On the whole, data quality is deemed to be reasonably good for the WB and Gaza, and inadequate for Jerusalem. To account for the regional dimension, the following procedures were applied:

Separate data files were prepared to record relevant data for the West Bank and Gaza Strip. In cases where such data separation by region was not possible, estimates or total value was considered.

#### 2. Main system of National Health Accounts

##### 2-1 Classification systems (*Preliminary remarks*)

The set of Palestinian classifications is based on ICHA that is compatible with SNA 93. Each item should be explicitly allocated to the SNA 93 category to which it belongs (final consumption, intermediate consumption, capital formation, transfers of benefits, etc.). Methodological compatibility with the SNA is a prerequisite for calculating meaningful expenditure ratios that are internationally comparable.

The set of classifications for Palestine's data includes the following dimensions: sources of fund, service providers, functions of health care, as well as data calculations and aggregation. Each classification contains a code at item-specific level. Thus, each transaction recorded in

the Palestinian national health accounts is assigned three codes; one for each dimension. This rigorous treatment of data is necessary for consolidation in database for further processing; and all items in data sets are given unique set of codes, reflecting each dimension in NHA tables.

## **2-2 Preliminary treatment of data from individual sources**

In the treatment process of the preliminary data for 2000-2008, data sets from each given source were treated independently from other sources. The purpose of this method is twofold:

1. Obtaining reliable and consistent numbers on relevant transactions with correct coding and classifications;
2. Facilitating and speeding up data preparation in coming years.

Regarding the second purpose – facilitating and speeding up data preparation in coming years – this will be achieved by organizing the files meticulously enough so that all sheets (or columns in those files that contain data for many years) pertaining to one year can be copied over to a new sheet (or column).

This is achieved by organization data files in standard manner to facilitate the compilation of health accounts in future years. To facilitate the identification of new data, newly entered data will be differently colored and the results will be reflected automatically in the aggregated data file.

## **2-3 Treatment of preliminary data**

Data are obtained from a multitude of sources, including:

- 1) Ministry of Health
- 2) Ministry of Planning
- 3) Annual surveys (internal trade, services surveys, Palestinian expenditure and consumption surveys)
- 4) Private companies for financial intermediation activities.
- 5) UNRWA (*United Nations Relief and Works Agency* for Palestine Refugees)

Data from these sources usually requires treatment to fit with the constrains required in the final sheet.

Treatment of preliminary data is done in a set of inter-linked Excel files and, to some extent, in Access database. Data entry and treatment of individual files is carried out in a separate sheet according to guidelines titled Structure of Excel Files for Individual Data Sources and Steps Required for their Updating.

## **2-4 Data Processing**

The Palestinian National Health Accounts System consists of ten files depending on the data source, as follows:

### **2-4-1 Ministry of Health data**

#### **1. Health expenditure by Ministry of Health**

##### **Source of data:**

- External report (Department for International Development, West Bank and Gaza health sector expenditure review, Contract Reference Number: 04 5869 Final Report /January 2006).

- Ministry of Health-Nablus based on cost analysis study for Rafidia Hospital and Watani Hospital. Dynamics program data for West Bank.

Several problems were identified in the financial data for MoH, and that made it difficult even in 2005 to compile detailed estimates of MoH expenditures.

Given these difficulties, it was recommended to use the aggregate totals for expenditures reported by MoH to PCBS. Then the data to be disaggregated according to provider and function, and by Gaza and West Bank, using the information available in both the PER 2006 and the incomplete tabulations provided from the Dynamics software database. A spreadsheet file was then constructed on this basis.

### **Data processing**

I. The expenditure data from the Ministry of Health was distributed by:

- Salary: To distribute the data by West Bank and Gaza Strip and by health care functions depending on OPM report using percentages of total salaries from Ministry of Health.
- In-patient/Out-patient: Percentage for the distribution of the expenditure in a number of Palestinian hospitals by functions (in-patient/out-patient) depending on the cost analysis studies.
- Intermediate consumption (operating expenditure): Sorting of total current expenditure excluding compensations of employees in the Ministry of Health by region and health care functions.

II. Result: Accumulative file for government expenditure on health services classified by health functions, providers, and source of fund.

## **2. Revenues for the Ministry of Health**

**Source of data:** Ministry of Health

Revenues from User fee for Ministry of Health should be treated as household expenditures, and the corresponding reduction in government expenditures should be made. It was advised that the detailed data on patient revenues should be used to classify these expenditures by provider and by function.

### **Data processing**

Raw data from Ministry of Health includes revenues from households disaggregated by health care function (hospitals, primary health care, administration, Health Insurance); in addition to revenues from government insurance using percentage of patients in government sector and insurance of government patients. The adopted percentages of regional distribution were as reported in Ministry of Health file.

### **2-4-2 Ministry of Planning File**

**Source of data:** Website for Ministry of Planning by *PAMS Database icon*.

### **Data processing**

PCBS obtained the list of projects directed aimed to support the health sector in the West Bank and Gaza Strip as registered in the Ministry of Planning for each year, separately classified by project number, the value of the project, the executing agency for the project,



and the donor. Each project was classified according to the available data: the source of funding, health care provider, functions of health care.

### **2-4-3 Military Services**

It had not been possible to obtain any financial data on these services. However, PCBS does obtain data on patient activities from military health facilities. It was recommended to use the data to generate estimates of the relevant expenditures, by assuming that the cost level of these services is similar to MoH.

#### **Source of data: Administrative records**

#### **Data processing**

- Hospital: Estimation of expenditure for military services depending on cost of hospitalization services in MoH's hospitals based on the number of beds in the military hospitals.
- PHC: Estimation of expenditure for military services in primary health care depending on the cost of health services in MoH's primary health care centers based on the number of patients treated by the primary health care centers affiliated to military services.

### **2-4-4 UNRWA Services**

Data was obtained on the overall expenditures of UNRWA, but lacks details on the breakdown of these expenditures by health programs.

**Source of data:** United Nations Relief and Works Agency for Palestine Refugees

#### **Data processing**

- No. Staff: Raw data for number of staff in UNRWA's primary health care centers and hospitals was used to estimate value for compensations of employees (salaries).
- No. visits: Raw data for number of visits in UNRWA's primary health care centers and hospitals was used to estimate value for intermediate consumption and capital formation.
- Non salary: In this sheet, the data of current expenditure is distributed by function (in-patient/Out-patient) depending on No. of In-patients/Out-patients for UNRWA's hospitals.
- Salary: In this sheet, the data of current expenditure is distributed by function (inpatient/out-patient).

### **2-4-6 Private sector**

#### **1. Private Sector**

This file was used to measure expenditure of nonprofit institution on health care services in clinics, laboratories, and other health provider by collecting cost of production and services.

**Source of data:** Annual services survey for health activity from PCBS.

#### **Data processing**

Data on annual revenues and expenditures of health services provided by private sector and non-profit institutions based on the annual services survey 2000-2008. The data was classified by region and type of provider using ICHA-HP. The expenditure of this sector was calculated by adding production cost (employee's compensation, intermediate consumption, and depreciation)

## **2.Private Hospital**

**Source of Data:** Annual services survey for health activity from PCBS, Annual data from Ministry of Health related to employee, patients, number of beds.

### **Data processing**

Main indicators (as output, intermediate consumptions, capital formation, compensation of employees) for each hospital were collected. The aggregated data was estimated through multiple regression technique for each indicator; the estimation of indicators was divided into profit and non-profit hospitals and also divided into in-patient, outpatient classification. The estimation technique was handled through merging files of data for each hospital one by one for the data source mentioned below.

## **2-4-7 Insurance companies**

**Source of data:** Special survey of insurance companies for 2000-2008.

### **Data processing**

The data about private insurance companies were obtained by comprehensive survey to determine the premiums and claims for health insurance in the total economy. For some non-responding companies, data from finance and insurance survey (specifically, the total premium and the total claims) was used to estimate the value of health premiums and claims.

## **2-4-8 Palestinian Expenditure and Consumption Survey**

**Source of data:** Palestinian Expenditure and Consumption Survey 2000-2008.

### **Data processing**

The data about household's expenditure were obtained from the Palestinian Expenditure and Consumption Survey 2000-2008 to determine the household's out-of-pocket expenditure for profit and non-profit private sector, and to determine the value of expenditure on medical and pharmaceuticals goods.



## Data Quality

### 5-1 Data Coverage

Several procedures were adopted to ensure data quality and coverage in the first experiment for Palestinian National Health Accounts Data, mainly:

- Compiling the Health Expenditure Survey, 2004.
- Compiling the Healthcare Providers & Beneficiaries Survey, 2005, depending on ratios derived from the distribution of patients according to the sectors that provided treatment, in addition to the division of patients according to different credit scores with regard to insurance.
- The utilization of the annual economic surveys for health facilities to cover the data for private health providers in the Palestinian Territory (Services survey, Internal Trade survey) of 2000-2008.
- Implementing a comprehensive survey of the private insurance companies for the years 2000-2006 to determine the values of premium and claims for health insurance.
- Improving the quality of government health expenditure and of the Ministry of Health, utilizing studies prepared by international organizations on the Palestinian Territory.
- Utilizing the data of the Palestinian Expenditure and Consumption Survey to compare results related to health expenditures of households.
- Data Consistency: Steps were taken to improve the level of data consistency after data was updated from the different sources using unified methodology as much as possible. Inconsistent data is revised and updated to maintain certain level of overall consistency

In spite of these procedures, there are still some problems and challenges in the development of coverage and comprehensiveness of the data, mainly:

- The sampling design of the economic surveys (services, domestic trade) does not take into consideration the purposes of health accounts.
- Lack of financial statements for the military medical services sector, which is part of government spending.
- Data for non-profit institutions serving households (NPISH has two sources: First, UNRWA (as main provider of health services in the Palestinian Territory). Second, charitable associations working to provide medical services in different governorates as obtained in the economic surveys, and was weighted to reflect the reality of the general economy.
- The team was not able to obtain detailed electronic transactional records from the MoH and MoF. Instead some printed tables of aggregated expenditures were obtained. Clearly, the current situation involving lack of contact with MoH in Gaza negatively affected the accuracy of data.
- However, it was also noted that the final report about West Bank and Gaza health sector expenditure review 2006 Public Expenditure Report (PER) in the file OPM report.
- Regarding data about total expenditure on treatment abroad, details about these treatments were not made available from MoF. As a result, data from Ministry of Planning and Ministry of Health as well as PECS survey were utilized to account for expenditure of MoH and households directly. However, cases that were recorded through MoF directly during 2000-2004 were not accessible.

## **5-2 Data Reliability**

The compilation of National Health Accounts relies on a system of data sources (surveys and administrative records) that have a high degree of reliability. In addition, the process of compilation depends heavily on a processing system that minimizes human errors by applying validation procedures.

These procedures aim to ensure minimal non-statistical errors that are probable during any stage of the project including data collection (non-response errors) and data processing (data entry errors). To avoid these errors and to minimize their implications, different steps were taken mainly:

These procedures aim to ensure minimal non-statistical errors that are probable during any stage of the project including data collection (non-response errors) and data processing (data entry errors). To avoid these errors and to minimize their implications, different steps were taken mainly:

- Formation of a national team that include as members specialists in macroeconomics and statistics as well as member from Ministry of Health to contribute in the development of Palestinian National Health accounts including data collection and tabulation.
- Utilize recommendations of international technical experts who conducted technical missions to PCBS in the field of Health Accounts.
- Utilize the recommendations of the data evaluation that was conducted by an expert in statistics especially in the field of data processing and tabulation.
- Formation of advisory committee and the implementation of a workshop to discuss main findings

In spite of these procedures in dealing with national health accounts data, there are still some issues that affect data reliability mainly:

### **5-2-1 Government data**

Data for National Health Accounts is based mainly on administrative records data from the MoH, data from the annual budget from MoF and special records from Military medical services. In addition, data collection included studies pertinent to Palestinian health sector to classify data and health expenditure by function since data from government sources lacks this feature.