

\*

( )

:

**-1**

%58

.%27  
27

(1)

.(1999 )

%37

%19

(1)

%8

.%36  
(2002

56

)

.2005/11/21

2004/4/19

\*

1256  
%20.5

%42  
%27.9

%26.7  
%19.7

(Significant Excess Capacity)

%64

) 2000 %24  
(2002 ) (2002 %11

%43.5 %75.6

(Incremental Approach) %53 (%35)

. (Schieber, 1996)

%10 %5

1994 332  
2000 550

(GDP)

( 2000 %11 1998 %9

.(1999 ) .(%7.1) (%7.3)

%32

%18  
(Fafo, 1998)

(1)

21.7	19.6	32	( )
6.5	8.6	5	( )
45	35.2	29	( 1000 )
2.1	1.1	2.8	
3.6	2.5	3.8	
68	68	68	
69	72	69	-
66	65	67	-

.2000 :

(World Bank, 1997)  
(1999 ) :

(1995 )  
(Banks, D. et al., 1999)  
(Almasarweh and Winfrey, 1999)  
:

(1997)

:

(equity and access)  
(macroeconomic and  
clinical ) microeconomic efficiency)  
(effectiveness  
quality )  
(and consumer satisfaction

(long term financial sustainability)

/

(epidemiological transition)

) :  
(1999



(Cost-Minimizer)

( / )

.(Gilson and Mills, 1995; Kleczowski, 1986)

( )

(3

:

(Budget Cuts)

" "(Output Combination)

.(Pareto Optimal State) (Rice, 1999) "

( )

:"

: ( )

(Under-Utilization)

(4

(1

:

) (Physical Inputs)

: (

800)

(  
600

)

.(

)

.(

.(Overstaffing)

(Micro)

)

(2

(System)

(Macro)

: (

-5

(3

%43.5

)

(Very (Under-Utilization) Inefficient) .( ...

(4

%35 %3.2 (1 %11

(Excessive Use of Medication)

(Opportunity

Jordan National Health ) (Cost)

.(Technical Report No. 49 (2

%58

( ) %27 .(NGOs)

( )

(2)

:(2)

( )			
3.5	1.5	5	
2.1	1.6	3.7	
2.7	1.3	4.0	
3.8	5.2	9	*
3.3	2.4	5.7	
2.9	3.0	5.9	
7.6	2.2	9.8	
2.2	2.6	4.8	
2.0	1.5	3.5	
1.8	6.5	8.3	

country compare, WHO Statistics, WHOSIS [www.who.org](http://www.who.org)

:

\*

(3)

2002

%														
		%								%				
51.8	70505	36.3	76879	41	2222144	72.2	3.3	1.2	3199	261380	43.8	264131	3462	/
17.2	23445	19	40101	44.7	2420102	75.6	4.1	2.3	2732	116634	19.6	118454	1791	
1.9	2553	6.1	12958	5.7	307006	67.7	5.7	2.3	528	22342	3.8	22909	531	
53	379	1.1	2423	0.7	36965	58.0	4.7	1.4	88	6092	1.0	6180	197	
28.8	39255	37.4	79234	7.9	428891	43.5	2.6	0.8	1545	186092	31.7	191181	3402	
100	136137	100	211595	100	5415108	64.1	3.3	1.3	8092	592540	100	602855	9383	

.2002

2002

(3)

Demand- Pull ) 3.3 %72.2  
 (%43.8)  
 .(Inflation .(%1.2)  
 :  
 65 4.1 (%75.6)  
 %19.6  
 64 19 ) %2.3  
 %58 %67.7 ( )  
 4.7 5.7  
 %1.4 %2.3 %1 %3.8  
 (Under-Utilization)  
 (Excess Capacity) (%43.5)  
 %31.7 ( 2.6)  
 (Moral Hazard) .(%0.8)

-6

(Increased Intensity)  
 ( )  
 )  
 .(Demand Pull) ■  
 ■  
 ■  
 ■  
 .(Supply Push)



(excess overall capacity)

%64.5

%80

300  
811 2002

600 300  
)

(600 - 300)

600 (

593

300

300

( 197)

.(Martin Hensher, 2001)

3.3

4.1

2.6

.(S.R. Eastaugh, 1981) (1)

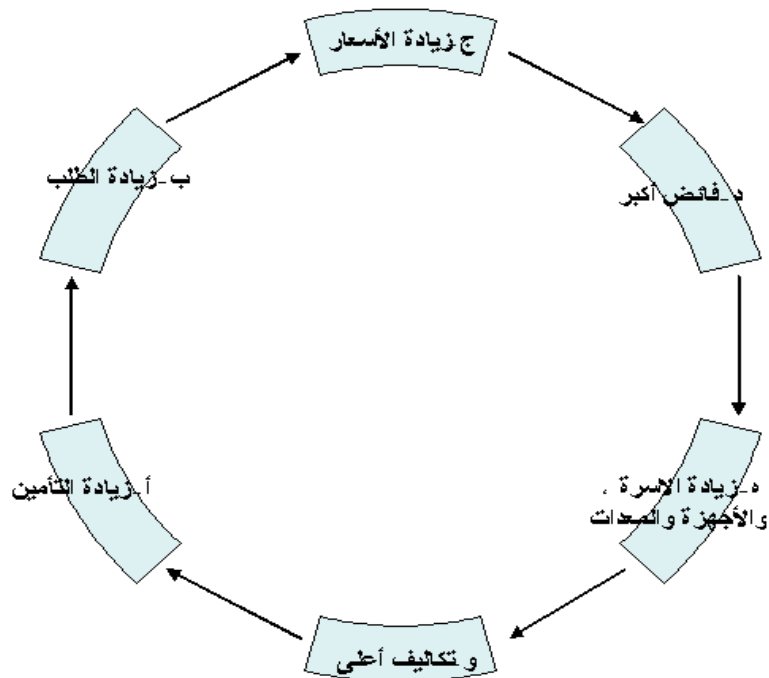
5.7

3.3

4.7

(1)

(1)



(4)

1994	1995	/ 1995	
268	702	140	
69527	213870	34160	
206559	661432	119092	
4868855.0	15540660.4	2865894.8	( )
			( )
30.00	48.021	47.452	
47.0	48.005	55.410	
32.6	26.763	52.385	
29.0	39.421	41.796	
4.3	7.358	9.795	

) .1995 - ( :

(Management Information Systems-

MIS)

(Planning,

(4)

(Zero Based Programming, Budgeting System-PPBS)

/

(The Rayner Budgeting - ZBB)

Scrutinies, Financial Management Initiative-FMI)

(Health National Accounts

.System-HNAS)

(Referral System)

:

**PPBS .1**

-7

**ZBB .2**

**FMI .3**

%27 %58 .( % 90

**The Rayner Scrutinies .4**

MIS

ZBB,

PPBS, FMI

( )

11

.(2002 )

...

(Value Judgement)  
%83 (Banks et al., 1999)

%63

%1 )



-8

%8.8

%8.6

.2000-1994

%24

)(%53)

(%47)

(1997

1.4

1.6

174.7 2002

152

136.7

17.5

19.3

1.2

(%68)

(%32)

(out-of-pocket)

(8)

USAID, UNDP, UNFPA, EU, JICA,

(

)

(

.%10

.(8)

%70

%47.9

%28.8

%61.6

(9)

%20  
 %52 %36  
 %36 ( )  
 %25 %35

(8)

	( )	
21	1008	
33	1584	
1	25	
5	240	
18	864	
3	152.2	
81	3873.2	
32	1536	
19	912	

Brosk, H. et Al., PHR, 2000 :

(9)

2002

2002						
6944103	631631	1375444	2406233	1942448	588347	
1723988	155723	334846	624810	463307	145302	
8668091	787354	1710290	3031043	2405755	733649	
100	9.1	19.7	35	27.8	8.5	%
2222144	259763	805460	371190	527763	257968	
100	11.7	36.2	16.7	23.8	11.6	%
264131	24232	138326	34756	52727	14090	
100	9.2	52.4	13.2	20	5.3	%

.2002 :

(4

(10)

(600 - 300) ( / )

%4 %13  
%20

300

.( 811)

(10)

2002

( )			
27.2	344900	39977	
----	9166247	264131	
136.7	9511147	304108	
%19.9	%3.6	%13.1	

(5

(Cost

Consciousness)

/ 6633

(6

-9

(7

%64.1

(1

(8

%43.5

%80

(9

( 5.7)

3.3

(2

(10

2.6

(11

(3

(Best Practice)

.(Case Mix)

(Type)

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## **Economic Efficiency and Equity in Health Services Provision in Jordan**

*Amer Bakir and Abed Kharabsheh \**

### **ABSTRACT**

The study highlights several economic efficiency indicators and their relevance to the health sector in Jordan. It addresses the problems that the health sector is facing in relation to rising costs and its causes, measurement of economic efficiency and cost containment. It also identifies means to improve managerial efficiency and equity of health service provision.

The study shows waste in the use of economic resources, and high costs especially on curative care compared to preventive and primary care. The efficiency indicators including economies of scale, occupancy, beds and admission rates are relatively low. The study also highlights areas for improvements in managerial efficiency with respect to existing management systems, primary care, referral system, economic incentives to health agents, quality of services, ability-to-pay principle, increasing revenues and reducing expenditures.

The study identifies possibilities to improve equity of service provision by expanding the insurance umbrella to include more of the population and changing the insurance payments in a way compatible with service provision and income.

**KEYWORDS:** Efficiency and Equity in Health Economics.

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