Center for Health
System Development

Ministry of Health
of Kyrgyz Republic

Mandatory
Health Insurance Fund
under MoH KR

THE FIRST REPORT ON NATIONAL HEALTH ACCOUNTS IN KYRGYZSTAN

REVIEW OF TOTAL HEALTH EXPENDITURES, 2004

September 2006

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ABBREVIATIONS

CHSD	Center for Health System Development
CT	Central Treasury of MOEF of the KR
DFID	Department for International Development of the UK
EC	Emergency Care
FGP	Group of Family Practitioners
FMC	Family Medicine Centre
FS	Financing Sources Classification
GDP	Gross Domestic Product
GDR	Gross Domestic Revenue
GUIN	Main Department for Execution of Punishments under MoJ of the KR
HRA	Health -Resort Association, KR President' s Administration Office
ICHA	International Classification of Health Accounts
KR	Kyrgyz Republic
MoEF	Ministry of Economy and Finance of the KR
MHI	Mandatory Health Insurance
MHIF	Mandatory Health Insurance Program under MoH of the KR
MHIF TD	Territorial Department of Mandatory Health Insurance Program
MoLSP	Ministry of Labor and Social Protection of the KR
MoD	Ministry of Defense of the KR
MoE	Ministry of Education of the KR
MoH	Ministry of Health of the KR
MoI	Ministry of Interior of the KR
MoJ	Ministry of Justice of the KR
OMH	Merged Oblast Hospital
MT&C	Ministry of Transport and Communications of the KR
MTBF	Mid-term Budget Frameworks
NGO	Non-Governmental Organizations
NHA	National Health Accounts
HC	Health Care Functions Classification
HF	Financing Agents Classification
HP	Health Care Providers Classification
HPAP	Health Policy Analysis Project (DFID/WHO)

NSC	National Statistics Committee of the KR
NSS	National Security Service under the President of the KR
ODD	Outpatient Diagnostic Department
OECD	Organization on Economic Cooperation and Development
OOP	Out-Of-Pocket Payments made by households
PHC	Primary Health Care
PIP	Public Investment Program
RC	Resource Costs (Economic Classification)
RHIC	Republican Health Information Centre of the KR
SC	Steering Committee
SEC	Sanitary and Epidemiology Centre
SF	Social Fund of the KR
SGBP	State Guaranteed Benefit Package
SRI	Scientific and Research Institutes
SWAp	Sector Wide Approach
TB	Tuberculosis
THE	Total Health Expenditures
USAID	US Agency on International Development
WB	World Bank
WG	Working Group on NHA
WHO	World Health Organization

ABTRACT

It is recognized worldwide that a healthy nation contributes to sustainable economic development of the country. In regard to this, the health of population is one of the priority issues almost in all countries in the world, so that they pursue a comprehensive policy in the health sector using evidence-based approach. Considering the fact that the demand for health services is increasing drastically, one of the critical elements of health policy is financing issue. Thus, currently one of the most important issues, the issue of efficient allocation of limited financial resources in order to protect poor population from even further impoverishment and providing them an adequate health care services is.

The National Health Accounts is a real and useful approach for understanding many issues of health financing system. This tool enables to monitor and analyze the trends of financial flows within the health system of the country, which further can be used for optimal allocation and mobilization of health resources. NHA encompasses all health expenditures within the country including public (MoH and non-MoH), private and donor spending. Besides determining of how and how much of funding for health is coming from different sources, NHA closely monitors the trends of financial flows from one actor of the system to another, as for example, allocation of MoH funds to each public provider of the health care services and for each health care services[1].

In October 2005, MoH KR and MHIF under MoH KR in association with the Health Policy Analysis Project (DFID/WHO) recognized the need of NHA building where it allows to monitor the total health expenditures including both public and private spending. While introducing NHA in Kyrgyzstan the main objectives have been to improve the quality of data on health expenditures used in the country, as well as to develop the unified standard set of estimates irrespective of which one of the institutions is developing NHA. The trends of financial flows in the health sector were estimated and described within the NHA in Kyrgyzstan – how and where the funds allocated (directly and indirectly) through financing agents to the health care providers by their functions and line items of their expenditures. The data for estimation of NHA were collected from different sources such as MoH, MHIF, MoEF, CT, NSC, RHIC, etc. During a relatively short period of time the classifications were created based on budget classification of CT KR in compliance with international classification of health accounts.

The primary goal of this report on NHA in Kyrgyzstan is to show the general picture of trends and scope of funds, both public and private, within the health system of KR in 2004 that distinguishes it from SWAp report and other documents on financing issues. The health care services in Kyrgyzstan are funded from three main sources: the public budget (taxation revenues), mandatory health insurance fund (payroll tax) and households' out of pocket payments (including co-payments that was introduced by phases since 2001). In addition, international donors and other non-governmental organizations allocate a funds for health sector.

The major findings showed that the total health expenditures in 2004 is about 5 088 mln.som (excluding external funding), where the share of the state budget including MHI funds made 42% and the share of OOP is 58%. The data on private health care providers and NGO – non-public sector – are completely missing in the estimates within this 1st report. In light of this it is recommended to conduct the census of private health care providers for future NHA reports. In addition, it is necessary to note that the data on donor funding are not represented in this report; but we had found the PIP data that includes only loans provided under the government guarantees and a few grants.

1 WHO, 2003 «Guidelines on creation of national health accounts : for countries with medium and low income»

The report starts with a brief description of socio-economic situation within the country in order to provide an overview of the Kyrgyz Republic and provide short information on reforms in the health system of the country that took place within the last decade (Chapter 1). In Chapter 2 the prerequisites for development and introduction of NHA in Kyrgyzstan are presented. This Chapter is one of the key chapters because it reflects the vast importance of NHA within the health system as the ongoing resource for defining the health strategy and what are the bottlenecks on this route. The Chapter 3 describes the NHA methodology, which was used while developing NHA in Kyrgyzstan. In particular, how the classification of health expenditures in Kyrgyzstan was classified in compliance with the international standards and how the data were collected as well as further creation of tables. The financial flows within the health system of the country and the major findings obtained as a result of analyzing of NHA by financing sources and financing agents, by health care providers and functions as well as economic classification are reflected in Chapter 4. The Chapter 5 describes what kind of challenges and constraints the developers have encountered while creating the current NHA and further the ways of addressing these issues are proposed. The same chapter contains recommendations on how to improve collection of data and quality of data while creating NHA for the coming periods, as well as what steps need to be undertaken including the preliminary plan of NHA implementation for the next period. The Annexes attached to the report contain a set of NHA tables with various aspects of national health expenditures.

ACKNOWLEDGEMENTS

This report on NHA in Kyrgyzstan is one of the first papers in the field of health financing in the country, which enables to regulate the information on existing financial flows within the health system. In turn this will help to achieve more insightful and better appreciation of not only financing issues but also to identify the potential areas for reforming.

This report is the product of the joint efforts of the staff of MoH KR, CHSD and MHIF under the MoH KR, local consultants - Ulan Narmanbetov and Kanat Duishenaliev, under the active support of consultants from the Health Policy Analysis Project (DFID/WHO) – Baktygul Akkazieva and Adyl Temirov on behalf of the Center for Health System Development.

In order to create NHA in Kyrgyzstan the Working Group was set up which included the staff of MoH, MHIF, NSC and MoEF, CT under MoEF. The leader of WG on NHA is Gulnara Oskombaeva, the Head of the Department on economic and financial policy under the MoH KR. We express our gratitude for their committed engagement. The special thanks go to Gulsara Sulaimanova, the Chairman of NSC, for presented proposals on improving the data on expenditures of private health care providers.

Jens Wilkens (WHO-EURO) was an international expert/consultant involved in the process of NHA development in Kyrgyzstan. He was engaged directly in the process of creating classification framework used in the NHA as well as in institutionalization process of NHA in the health system of the KR. The critical comments in the process of creating NHA in Kyrgyzstan were received from Melitta Jakab, HPAP (DFID/WHO), Joe Kutzin, Health Financing Advisor (WHO-EURO) and Mark McEuen from ZdravPlus Project, Abt Association Inc. (USAID).

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1. OVERVIEW

Kyrgyzstan is located in Central Asia with the population of 5.1 mln. people[2]. In 1991 Kyrgyzstan gained independence in the result of collapse of Soviet Union and started developing its own political, economic, and administrative platform for building a democratic state with market economy. According to the territorial and administrative setting the Republic is divided into 8 oblasts (regions), including the capital, which has the status of the oblast. The major economic activity of the country includes agrarian sector, thus, around 65% of the entire population live in a rural setting and agriculture is the primary type of country activity (Table 1).

Figure 1. The Map of the Kyrgyz Republic

Source: UN, Map № 3770/6, 2004

2 WB, 2005 «The Draft Paper on SWAp Performance Assessment»,

1.1 Economic Characteristics

Kyrgyzstan qualifies under the category of low-income countries[3] in the world where GDP per capita made US$ 433 in 2004. In the early 90-th the level of socio-economic development in Kyrgyzstan has drastically decreased, which lead to significant decrease of living standards in the country, growth of unemployment and increased level of poverty among the population. However, recently there is a discerning trend of economic growth and decreased poverty level in the country[4].

Table 1. Socio-economic indicators of KR and other countries, 2004

	Kyrgyzstan	Europe and Central Asia	Low-income countries
Average annual population *(mln.)*	5.1	472	2.338
Population living in a rural area *(% form average annual population of the country)*	65%	36%	69%
GDR per capita (*US$)*	400	3.290	510
GDP growth *(average annual, %)*	7.1	7.2	6.5
Rate of unemployment	9.0	.....	....
Level of poverty *(% of population who live below national poverty line, 2003)*	46%	....	....
The level of literacy *(% of population in the age of 15 & up)*	99	97	61

Source: WB, the Paper on SWAp performance evaluation, 2005

In line with other sectors the health sector has encountered multiple bottlenecks such as shortage of public funds and their imbalanced allocation among regions, which triggered the decreased economic and physical access to health services. Furthermore, the maintenance of enormous infrastructure where the hospital sector is overwhelming and excessive specialization of health services, inherited from soviet times was impossible due to insufficient state subsidizing of health sector. The public health expenditures in 2004 made 1.9% from GDP (Table 2), which almost corresponds to the level of other low-income countries (1.5%).

In order to address the underlying structural problems in the health system and constraints caused by economic stress of transition to independence, the Ministry of Health initiated the process of reforms. These were comprehensive reforms which ranged from introducing changes to clinical practice up to introducing changes in the organization and financial systems.

1.2 Health system in Kyrgyzstan

During 1994 – 1996 MoH KR together with WHO developed National Health Reform Program “MANAS” for 1996 – 2006 that was composed of two parts. The system approach based on this program was used in order to solve the accumulated problems and achieve four main goals: (1) to improve the health of population, (2) to use health resources effectively, (3) to provide high quality of health care and (4) to achieve equity in the health sector. Thus, within the framework of the “MANAS” program there was developed a new model of health reform in Kyrgyzstan where the

3 Kutzin J. 2001. “A Descriptive Framework for Country-level Analysis of Health Care Financing Arrangements.” Health Policy 56 (3): 171-204.
4 HPAP, 2005. «Regional differences in funding and utilizing services of health system of the Kyrgyz Republic, 2000-2003.», Policy Review Paper № 36

special focus was on multistructural nature of the system, development of infrastructure compliant to health care needs of population and financial resources, decentralization of management, improvement of management and financial autonomy of health facilities under financial support of WB[5].

Table 2. Key Health Indicators, 2004

	Kyrgyzstan	Europe and Central Asia	Low-income countries
Natural growth of population	14.7	...	.....
Projected life expectancy when born (year)	65	68	58
Child Mortality (per 1 000 live births)	59	29	79
Maternal Mortality (per 100 000 live birth)	46.4	….	……
Total Health Expenditures including OOP (% to GDP)	4.8%	....	5.5%
Public Health Expenditures (% to GDP)	1.9%	....	1.5%

Source: WB, the Paper on assessment of SWAp performance, 2005

The key components of this program were (1) introduction of new methods of health financing based on performance, (2) improvement of quality of delivered health care, (3) strengthening PHC (the institute of family medicine is set up) and restructuring of hospital network and restructuring the hospital networks, (4) increased role of public health and (5) introduction of new management approaches in the health system in conditions of greater autonomy of health facilities.

In 2000 the design of the second project /phase was prepared for implementing further reforms in health for 2001-2005, with the emphasis on deepening and replication of reforms throughout the country, initiated in pilot regions during the first phase of reforms. In particular, within the implementation of the second phase the co-payment was introduces during the period from 2001 till 2003 in all regions of Kyrgyzstan. In addition, there were reforms of introduction of Single Payer system based on phased approach. The first pilot projects were implemented in Issyk-Kul and Chui oblasts in 2001. Every two years in 2 oblasts additionally reforms were implemented.

“Manas Taalimi” is another National Program of reforming the health system which is scheduled for the period from 2006 through 2010. The current program is based on continuity of the program “Manas” and aimed at ensuring appropriate health services which meet population needs. The further building up capacity of primary health care is designed within the program “Manas Taalimi” (increasing the role of family medicine in integrated addressing medical and sanitary problems of individual patients, family and the society in general) and optimization of in-patient sector performance (delivery of high quality health care services based on horizontal and vertical integration and continuity of health care services delivery), in addition the further impetus development will be provided to new quality public health services, based on functional separation of the activity on prevention and health promotion. “We intend to pay major attention to further integration of priority programs in created system of delivery of individual and public health services increasing the role of leading centers and institutes in terms of coordinating the performance of public health institutions, monitoring of population health indicators, designing methodological materials, based on scientific data” [6]. The further health reforms in order to ensure its sustainability are intended to implement based on SWAp.

5 MoH of KR, 1996. “National Health Reform Project of the KR “Manas” (1996-2006)»
6 MoH of KR, 2006. “National Health Reform Project of the KR “Manas Taalimi” (2006-2010)»

2. BACKGROUND OF NHA IN KYRGYZSTAN

The National Health Accounts reflect all financial flows in the health system which is the most important element when developing and defining the health policy in any country. Currently the NHA were created in more than 50 countries and used for the most efficient allocation of limited financial resources in order to improve the performance of health system. Kyrgyzstan is one of the first countries among countries of Central Asia, which developed and introduced NHA in their health system. NHA is a tool designed for provision of informational support while developing a comprehensive health policy in Kyrgyzstan.

2.1 The Importance of NHA in Kyrgyzstan

The development and introduction of NHA in Kyrgyzstan was initiated in collaboration with HPAP (DFID/WHO), MoH KR and MHIF in October 2005. The Working Group was created comprising from representatives of MoH, MHIF, NSC, MoEF, CHSD in the person of HPAP in order to identify goals and objectives as well as to develop the plan of introduction of NHA in Kyrgyzstan considering the interests of different stakeholders. MHIF was selected as the key coordinating agency that will be responsible for ongoing activities with regard to NHA and its further introduction into the existing health information system of the KR.

The need for creating NHA in Kyrgyzstan was approved as the existing data on health expenditures are fragmented or not always completed. NHA enables to monitor state subsidies transferred to the various health services, as well as users. In addition, the ongoing records of funds flow to different functions (outpatient, inpatient levels, etc.), to providers (hospitals, primary care level, etc.) and different programs (TB, AIDS, etc.). While monitoring financial flows within NHA, policy makers and the government have full information on real financial flows, which can contribute to the process of making appropriate strategic decisions and avoid potentially unfavorable ones. Tracking the costs trends enables to conduct monitoring and evaluation of the health system as well as allows to allocate funds efficiently. Furthermore, using NHA data enables to project the financial needs of the health sector of the country in the coming years.

The main goals of developing NHA in Kyrgyzstan within the framework of health system reforms are:

- To ensure transparency of financial flows;
- Allows to analyze the financial flows within the health sector in full picture, including public and private spending (where the funds come from and how they are used);
- Monitoring and Evaluation of the health policy;
- Planning and modeling the budget for the coming years within MTBF;
- An instrument to determine further trends of the health policy;

In conclusion, when NHA will be fully institutionalized in the health system of the KR, they are one of the critical tools both during identifying and planning the health policy in the country and monitoring and evaluation of the system. Furthermore, NHA will enable to conduct a comparative analysis between other countries' health systems.

2.2 The history of NHA development in Kyrgyzstan

For the first time the attempt to create and introduce NHA in Kyrgyzstan was undertaken in early 1999 when under the support of USAID the Research group was set up for research and analysis of Health Reforms Program. The main tasks of this group was to develop the NHA system which would describe the financial flows – public and private – within the national system of health. During the process of work the data for 1997-1999 were collected and the preliminary analysis of these data was conducted. In 2001 the group designed the first draft of NHA concept. However, this activity was not extended further due to the following reasons:

- The institutionalization was not implemented and after the project was completed the efforts to collect and analyze the data was stopped.
- The structure of data base was quite complex that limited the potential of using them by wider range of stakeholders including the health policy makers.
- On the whole, the efforts made towards development and introduction of NHA into Kyrgyz health care system at that stage was not duly endorsed.

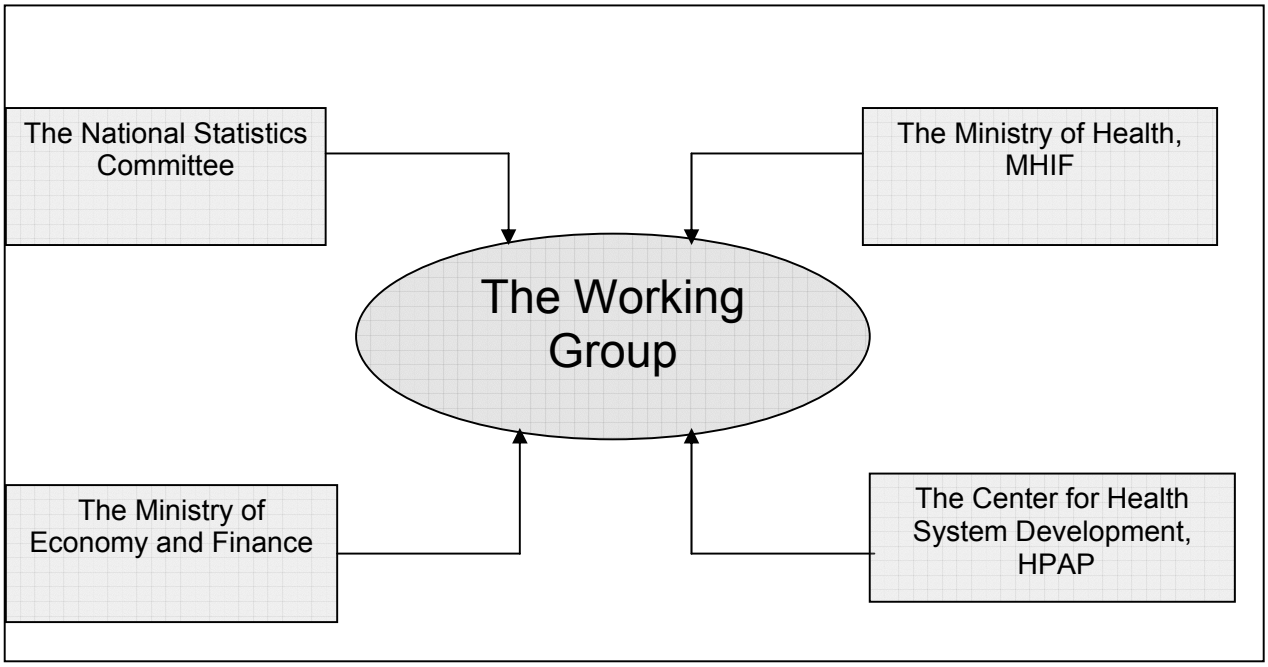
However, in 2005 the issue of developing and introducing NHA in the KR became relevant again following the emergence of new incentives such as: design of new five year strategy of the health sector development «Manas Taalimi»; introduction of sector-wide approach (SWAp); changing the methods of financing of health facilities; transition to no-item financing; formulating the health budget based on program approach and others.

In effect, in October 2005 under the support of WHO-EURO the activities on development and introduction of NHA in the KR was resumed. In October 2005 two major meetings were conducted with involvement of representatives of MoH, MHIF, NSC, the Department on coordination and introduction of health reforms under MoH (further transformed into CHSD), WHO-EURO and HPAP. In the course of which it was decided to place NHA system at MHIF. Besides, there was identified the major principles of approaches to building NHA in the KR that included the following issues:

1. The process of institutionalization from the very beginning of the process of creating NHA (WG includes representatives of MHIF, MoH and CHSD, where MHIF acts as the coordinating agency).
2. NHA must link and serve as national requirements with regard to reporting to the Government of the KR and SWAp (in other words, in order not to develop the additional reporting).

For implementation of the process of developing NHA in the KR the following organizational structure was proposed which is represented in the Figure 2.

Figure 2. The Organizational Structure for Development of NHA in Kyrgyzstan



Currently, the makeup of the working group is approved by the Order of the Ministry of Health of the KR (in agreement with NSC of KR and MoEF of KR) as of June 22, 2006, №347.

In addition, the process of institutionalization assumes identification of active end-users of NHA, first of all, it includes policy decision makers such as key people from the Ministry of Health, Ministy of Economy and Finance, NSC, as well as parliamentarians and other corresponded committees within the Jogorku Kengesh. In addition, it is necessary to identify much wider range of stakeholders, though they are not primary users of NHA, but also they contribute their input , in creation of NHA and use them in their activity. This group includes professional associations and organizations of patients. The international organizations, such as agencies, NGO are also potential developers and users of NHA.

3 METHODOLOGY

The national health system of complex system in any countries, where many transactions take place. So, classification schemes lay on the basis of NHA methodology, and with their help it is possible to make synthesis and structuring of all economic activities in the health system of the country[7]. Classification schemes groups transactions that have common properties to certain categories.

3.1 Development and Implementation of NHA

NHA in Kyrgyzstan was developed in accordance with the following stages: identifying THE in KR, data collection concerning health expenditures, populating data in NHA tables, analysis of results for development of health policy and dissemination of information to a broad range of stakeholders.

Interests of main stakeholders such as MoH, MHIF, NSC, MjEF and others were taken into account, when NHA were developed. NHA were created in Kyrgyzstan on the basis of the *Guidelines on creation of National Health Accounts* (*WHO, 2003*), using methodology for international health accounts classification (ICHA) and KR budget classifications. ICHA is based on the main principles of system of health accounts (SHA) of OECD and divide all health expenditures by different categories. In budget sphere of the Kyrgyz Republic has functional classifications of health organizations and economic classifications of expenditures.

Total health expenditures (THE) – is a package of all health system expenditures in the country "related to implementation of economic activity aimed at health improvement, health behavior change or changing systems of activities or financing of this activity within certain time period"[1]. When creating NHA, it was detected which data are missing at all in existing reporting system of the Kyrgyz Republic, what answers cannot be provided by the standard reporting system and what should be included into regular report.

Under NHA in Kyrgyzstan all health expenditures are organized and balanced in five main tables, which are related to each other and tracks funds flows in the country from one category to another. According to ICHA and budget classifier of the Kyrgyz Republic, each participant, each function and etc, can be referred to some code, divided into sub-categories with regard to country's needs. In NHA system of Kyrgyzstan, it was decided to divide health sector actors into five main categories which are active in the health systems of the country:

- **Financing Sources** *(FS)* –are funds such as public or private, allocated to financing agents and health care providers, recorded in health accounts of the country. For example, republican budget, OOP, NGO, donors, etc.
- **Financing Agents** *(HF)* – are ministries and other agencies that manage funds allocated by financing sources and using these funds for payment or purchase of health services, medical supplies and other activities recorded under national health accounts of the country. For example, MoH, Ministry of Economy and Finance, Ministry of Justice, MHIF, OOP, NGO, etc.
- **Health Care Providers** *(HP)* –a category of health sector actors, which are end users or beneficiaries of funds in exchange of performance results recorded in health accounts. For example hospitals, FMC, FGP, etc.

7 WHO, 2003 «*Guidelines on creation of National Health Accounts.*»

- **Health Care Functions** *(HC)* – are the types of health care services and activities delivered by health care providers, recorded in country health accounts. For example, in-patient care, outpatient care, etc.
- **Economic Classifier** *(RC)* – are funds allocated to financing agents and health care providers, which are allocated based on economic principles/articles in accordance with economic classifiers of expenditures/budget classifier. For example, the recurrent expenditures include salary, utilities, etc.

Based on above outlined categories 5 main tables were created, which reflected the trends of financial flows between the health system actors presented in these categories:

- Financing sources ----- financing agents;
- Financing agents ---- health acre providers;
- Health care providers ---- expenditure items;
- Health care providers ----- functions;
- Financing agents ---- functions;

Currently the NHA tables are created based on existing reporting forms and classification of the budget system of the country. Obviously, in the process of reviewing NHA of KR many users appreciate the importance of NHA and will benefit from such a report, and possibly are willing to get more detailed and extended breakdown of health expenditures. Owing to this it is possible to develop sub-classifications for certain actors or functions, etc.

3.2 The system of classifying expenditures in Kyrgyzstan

The classifiers were developed with the purpose to reflect the entire health structure and to show the cash flow within the system. All primary users of NHA were engaged in the process of creating classifiers which enable to provide essential reports. The classifiers of NHA of KR are based both on principles of international classification of expenditures and on the budget classification of KR as it was mentioned earlier. The already existing budget items used by CT of MoEF of KR were used as the basis of NHA classifiers in the process of preparing information on implementation of state budget. The basic structure based on international classifier was used for financing sources.

3.2.1 Financing Sources

There are three major financing sources in the health system of KR are: *Public Funds (FS 1), Private Funds (FS 2)* and External Funding *(FS 3).*

FS.1 Public Funds include the state budget and the budget of the Social Fund of the KR. The state budget consists from *republican (FS 1.1.1) and local budgets (FS 1.1.2)* of oblasts. The main principles of creating and implementing the republican and local budgets are defined in the Law of the KR «On main principles of the budget law in the Kyrgyz Republic ».

In accordance with the Law of KR «On health insurance of citizens of the KR» the *Social Fund (FS 1.2)* of the KR is responsible for collection of fees for MHI with further transfer to MHIF where they are accumulated and used for funding of MHI system. According to above-mentioned Law of KR the funds transferred to MHIF belong to the government, so that at the first NHA table (FSxHF) these funds are reflected as public funds. Though it contradicts the recommendations contained in *Guidelines on NHA development, produced by* WHO (2003). In reality, within the most of the countries of Eastern European region (Russia, Georgia, Ukraine and others) the taxes retained

from salary refer as public means in according to their legislation and therefore, all the financial reports reflected as public means. However, OECD methodology recommend nothing on this issue. Considering this issue, after conducting several WG meetings and consultations with the NHA expert from EURO-WH, a decision was made to classify SF funds transferred to MHIF as public sources.

FS.2 Private Funds, the following types of revenues from households are reflected in the structure of private funds (FS 2.2);

- FS 2.2.1 Co-payment
- FS 2.2.2 Special funds;
- FS 2.2.3 Out-of-pocket payments;
- FS 2.2.4 Other revenues;
- FS 2.3 Non-commercial institutions which provide services to households.

Co-payment Funds (FS 2.2.1) – is the participation of citizens in the payment of services for the received by them health care services delivered by health facilities, which operate in the system of a Single Payer, above the scope of financing the Program of State Benefits for delivery of medical and sanitary care to citizens of the Kyrgyz Republic. The co-payment funds are regulated by the Law of the KR «On interpretation of the third section of Article 19 and item «e» of the first section of Article 33 of the Law of the Kyrgyz Republic «On primary principles of the budget law of the KR » and «On the system of a single payer in financing the health sector of the KR ».

Special Funds (FS 2.2.2) – are the funds of health facilities and agencies, which are generated when paid by physical persons and legal entities when they get certain health care and services. The collection of these funds is regulated by the Decree of the Government of the KR as of 28 August, 2000, №531. In addition, for the health facilities working in the system of Single Payer the regulation on special funds is approved annually by the Decree of the Government of the KR.

Households Out-of-Pocket Payments (FS 2.2.3) – include all payments of households made in the health system of the country including direct payments of population when buying drugs in pharmacies.

Other Revenues (FS 2.2.4) include other classifiers which were not included in other classifiers by sources of financing.

Non-Commercial Institutions (FS 2.3), servicing the households – reflect funds allocated by national NGOs or non-commercial organizations. In the current report on NHA the data are not reflected by these sources as this information is missing in all reports which were used when creating NHA of KR in 2004.

FS.3 External Financing, reflect those funds, which come from abroad (other world) in order to finance the health system of KR in the current year. The external resources include external loans, grants and technical assistance provided by foreign legal entities and physical persons. In accordance with ICHA it was decided to rename “External Aid” to “External Financing”.

3.2.2 Financing agents

The financing agents in the system of NHA of the KR were divided into two main groups: *public sector (HF.A)* and non-public sector *(HF.B)*. The major financing agents in the health system of the KR are MoH KR (HF1.1.1.1) and MHIF under MoH KR (HF 1.2) which qualify under public sector.

HF.A Public Sector

The financial means used for delivery of health care services from the Territorial Department, in other words, from state ministries and agencies which are classified as *HF 1.1***,** and *HF 1.2* – is MHIF and its territorial departments which in accordance with ICHA identify them as Funds of social security .

HF 1.1 The Territorial Departments include such financing agents, which have intra-sector health facilities under certain ministries and agencies of KR, in particular, the following:

- HF 1.1.1.1 Ministry of Health
- HF 1.1.1.2 Ministry of Defense
- HF 1.1.1.3 Ministry of Justice (GUIN)
- HF 1.1.1.4 Ministry of Education
- HF 1.1.1.5 Ministry of Transport and Communication (rail road department)
- HF 1.1.1.6 Ministry of Interior
- HF 1.1.1.7 President's Administration (HRA)
- HF 1.1.1.8 Border Guard Service
- HF 1.1.1.9 National Security Service

For example, MoH KR (*HF 1.1.1.1*) has a number of health facilities delivering health care services as well as educational facilities and pre-school institutions (KSMA, Nursery № 115 and etc.).

HF 1.2 MHIF performs its functions of a single payer in the health system of the KR and performs its financing within the health sector from the state budget as well as insurance fees from the working citizens.

HF.B Non-Public Sector

All expenditures of households incurred within the health system of the KR including direct payments for drugs purchased at pharmacies are reflected as **Out-of pocket payments of households (HF 2.3)**.

HF 2.4 Non-commercial facilities servicing the households are the national NGOs or non-commercial institutions allocating funds within the health system of the country.

HF 3 Donor organizations, allocate funds from sources abroad to health sector of KR as state and private loans, grants, technical assistance.

3.2.3 Health Care providers

According to ICHA and budget classifier of the Kyrgyz Republic, as of the services and goods provided both public and private health care providers were subdivided and classified by basic categories and subcategories. The basic health service providers are as follows:

HP 1 Hospitals - include the general hospitals *(HP 1.1)*, the specialized hospitals *(HP 1.2)*, maternity hospitals *(HP 1.3).* The more detailed breakdown and classification of HP 1 were made accounting for the context of Kyrgyzstan. For instance, children hospitals (*HP 1.1.1*), TB hospitals (*HP 1.2.4*) and others.

HP 2 Nursing homes and other nursing facilities - include nursing care and rehabilitation centers. The following providers were excluded from this category: boarding schools for mentally retarded, retirement homes and nursing homes for disabled. The Working Group made this decision because these facilities were handed over under the jurisdiction of the Ministry of Labour and Social Protection of the Kyrgyz Republic.

HP.3 Providers of out-patient health care services - this category covers polyclinics and services provided by doctors, dentists and paramedical personnel. The example can be the services by FMCs and FGPs *(HP 3.1)*, specialized polyclinics and narrow specialists (*HP 3.2)*, general and specialized dentistry polyclinics and dentists, specialists in oral cavity hygiene and other personnel of dentistry hospitals *(HP 3.3)*, other polyclinics and services by paramedical personnel not attributed to other subgroups *(HP 3.4)*, the ambulance and emergency care (*HP 3.5.*) and others.

HP 4 Retail and other providers of health goods - include drugstores (*HP 4.1*) providing drugs and other health goods at the Kyrgyz market.

HP 5 Maintenance and management of public programs in health are providers of sanitation and preventive services. The examples of this category are SES and plague centers (*HP 5.2*), AIDS centers (*HP 5.8*), activities to control epidemics (*HP 5.7*) and others.

HP 6 Administration of health services and health insurance are providers and health facilities whose scope of work qualifies under the health accounts, but classified under other categories, including health management service providers. The examples are administrative expenditures of the Ministry of Health *(HP 6.1)* and MHIF *(HP 6.4)*, subordinated intra-sectoral facilities and organizations *(HP 6.7)*.

HP 7 Others are those providing services as individual household-providers (*HP 7.1*).

HP 8 Facilities providing health related services are providers that do not provide health services but are involved in health sector. They are research centers, academic institutes and other similar establishments that carry out applied researches and experimental programs in the field of health. In particular, these are health scientific research institutes (centers) *(HP 8.1)*, educational and training institutions *(HP 8.2)*.

HP 9 External assistance - this category covers providers that deliver services to the Kyrgyz citizens abroad, irrespective the financing sources or financing organizations. They are represented by providers that deliver health care services due to external financing, donors etc.

3.2.4 Functions

This classification includes health goods and services delivered by providers in the health system of the Kyrgyz Republic represented by categories by types of activities related to health, including OOP. The health goods and services were subdivided into the following categories:

HC 1 Curative services covering in-patient care *(HC 1.1)*, day care *(*HC *1.1)*, out-patient care *(*HC *1.3)*. These categories are broken down further into subcategories in a context of health services provided in the country. The examples are Surgery (*HC 1.1.1*), Infections (*HC 1.1.7*), Emergency Care (*HC 1.3.1.1*) etc.

HC 5 Health goods administered to outpatient clients include drugs and other medicines (*HC 5.1*) and drugs administered in case of prescription (*HC 5.2*).

HC 6 Disease prevention and public health services describe the health protection activities in the country and are subdivided by core functions under this category within NHAs of the Kyrgyz Republic, such as maternal and child health, family planning and counseling (*HC 6.1*), prevention of communicable diseases (*HC 6.3*), health related services at school (*HC 6.2*) and all other public health services (*HC 6.9*).

HC 7 Administration of health services and health insurance - this category includes the data on general management of health services in the country within the NHAs (*HC 7.1*).

In the health system there are also functions that are directly related to the current activities of healthcare and indirectly influence health of population through training and various scientific studies in the health sector. Such functions are subdivided into the following categories: **education and training of health workers (*HC.R. 2*)** and **scientific researches and development in the health sector (*HC.R. 3*)**. The categories, which appeared impossible to classify and attribute to any of the categories above but included in the NHAs of the Kyrgyz Republic are classified as **expenditures not specified by categories (HC. Nsk HC).**

3.2.5 Line items

Financial resources within the NHAs of the Kyrgyz Republic are broken into two main expenditure categories - operational expenditures and capital investments; then the categories were extended to subcategories.

RC 1 Recurrent expenditures are divided into the following categories:

- *RC 1.1 Expenditures related to personnel,* including salaries (*RC 1.1.1*), travel allowance expenses (*RC 1.1.3*) etc.;
- *RC 1.2 Procurements and services,* including expenditures for procurement of drugs and bandages (*RC 1.2.1.1*), food related costs (*RC 1.2.1.3*), utilities costs (*RC 1.2.2.1*), costs for hiring and maintaining own vehicles (RC 1.2.2.2) etc.;
- *RC 1.2.3 Other* procurements *and services*, including subsidies to providers (*RC 1.5*) and stipends (*RC 1.6*).

RC 2 General capital investments - this category covers expenses like *procurement of capital equipment and long-term use goods* (*RC 2.2*) and *major repairs* (*RC 2.4*).

3.3 Data collection

The data presented in the report on NHAs in Kyrgyzstan were collected and summarized based on existing information on both public and private expenditures as of 2004, since the data on household expenses in cash for previous periods are not entirely complete and reliable.

Public expenditures

When establishing the NHAs the data on public expenditures were collected from existing standard reporting forms, ; which are collected by the MHIF under the Ministry of Health, the Central Treasury, the Ministry of Economy and Finance and the Republican Medical Information Centre under the Ministry of Health, by regions (oblasts); the available data were classified and transformed into created NHA tables.

Data on health facilities expenses, which are financed through the Ministry of Health and operating within the Mandatory Health Insurance system, were received from financial reports of the Ministry of Health:

- Summary form № 2 "Report on the estimated budget execution",
- Summary form № 4 "Report on the estimated budget execution by special funds".

Major part of public funds in the health system is redistributed by the MHIF, and accordingly the MHIF and its territorial departments have complete and reliable information on various types of health services (in-patient care, Primary Healthcare, EC etc.). Therefore the data were received from the following financial reports of the MHIF territorial departments:

- "Report on estimated budget execution by health facilities" (Form № 2 "Budget") - this reporting form reflects the health expenditures out of local budgets with breakdown by paragraphs (Basic group 5);
- "Report on estimated budget execution on special funds" (Form № 4) by paragraphs;
- "Report on use of co-payment funds" (Form № 4 "Co-payment");
- "Report on use of MHI funds" Form № 4.

Data on expenditures by specific functions are not included in present NHA, as in the existing financial reporting the information on expenditures by specific units of hospitals are not available. Thus, the WG decided to carry out the "aggregated collection", i.e. data collection by specialized hospitals as total numbers and without splitting into specific units. For example, expenditures of infection hospitals were reflected in the function "infection" (*HC 1.1.7*), etc.

Non-public expenditures

The data on *OOP* made in the health system in 2004 were received based on findings of the household survey, which was carried out by the National Statistical Committee in March 2004 on behalf of the Ministry of Health under DFID's financial support. The survey appeared to be an additional module to Household Budget Survey carried out by the National Statistical Committee[8]. More detailed information on the survey and findings are available in the report "S*urvey of Household Finance for Health Services in Kyrgyzstan. Health, use of health services and patient's out of pocket expenditures in Kyrgyzstan, 2004*", the policy study document № 35, HPAP, July 2005 *by* Jane Folkinham (University of Southampton)".

8 HPAP 2005 "Survey of Household Finance for Health Services in Kyrgyzstan. Health, use of health services and patient's out of pocket expenses in Kyrgyzstan, 2004", the policy study document № 35

The information on non-profit organizations, NGOs, private health service providers are currently unavailable in the given NHA, as the financial data on them are not collected in any of the state agencies, except for the Tax Inspection under the Ministry of Economy and Finance, however, this ministry collected only aggregated numbers. In database of the Republican Health Information Centre there is a "List of non-public health facilities working under the license provided by the MoH". In this regard, using the RHIC data there was a list of private health care providers in Kyrgyzstan developed and grouped into five basic categories: dentistry, gynecology and urology, diagnostics, in-patient care and others. Having analyzed the data received, it was found out that the major part of private providers operate in the city of Bishkek (80 %).

Complete and reliable information on external financing/ donors essential to create the present NHA was not available in any of the reporting and other documents used. However, during data collection there were 2 potential sources identified: PIP and WB, but the WG decided not to include them in the present NHA since the information presented is incomplete and aggregated (by summarized sectors and by funding periods). Finally the data on external financial assistance are not included in the present report.

PIP mainly covers external loans received under the state guarantee, and only a small part concerns grant funds. The PIP scope does not cover funds allocated from private sources in abroad and from loans without the state guarantee, and technical assistance either.

As of the WB, the general information on external financing of the health system in Kyrgyzstan is presented in the "Draft Paper on SWAp Performance Assessment" (WB, 2005). However, the data on funds are aggregated by projects, i.e. the presented is the overall amount allocated by donors for certain programs or projects.

3.4 Development of NHA Tables

The main purpose of demonstrating the distribution of health funds in each table and across tables is to understand the financial flows in the health system, and these flows can be very complex[9]. The application of these tables considerably simplifies the analysis and specifies the overall picture of financing the health system and defining the routes of financial flows. Using the cross classification by two parameters, each of five NHAs tables reflects certain elements of health expenditures and contributes to answering such questions as "Who pays and provides funds", "How is it administered", "How are these funds arranged and managed?", "What health goods and services are provided, and by whom?". According to the *"Guideline on creation of NHA" (WHO, 2003)* it was established that the data presented in columns of the table display the "origin" of funds, and the data in table lines represent the "use" of these funds. During numerous discussions and meetings of the WG on developing the framework of the tables, in order to simplify the tables it was decided not to specify the expenditures by regions but rather to use them as additional tables. Below is the brief outline of five tables, with the tables themselves presented in an annex.

Table 1 NHA reflects financial flows from *financing sources* to "*financing agents*" (*FS----HF*), i.e. allows to see the share of funds allocated to health sector by financing source and finance agents. In addition, it indicates the source of funds and also shows the funding sources used by each financing agent. This table reflects critical aspects of distribution of financial contributions to the health system among major types of financing sources.

Table 2 reflects the financial flows from *the financing organizations* to *health care* providers (*HF----HP*) and indicates who finances and what health services are financed. This table demonstrates the

9 WHO, 2003 "Guidelines on creation of National Health Accounts: for medium- and low- income countries"

flow of funds from accumulating organizations to health service providers, which allows in a consistent way to describe those who pay and for what they pay in the health system.

Table 3 provides the information on expenditures *of health care providers by items* (*HP----RC*). This table enables to get the detailed characteristic of how both public and private care providers distribute funds economical classifican, i.e. streamline the funds either to the current needs or capital long-term investments. The similar analysis of expenditures by providers allows developing policies of payroll, investments, expenditures for pharmaceuticals and other important expenditures.

Table 4 shows the financial flows *from health care providers* to particular *functions* (*HP----HC*) and reflects contributions of various types of health service providers to total health expenditures for particular health goods and services. For example, with this table it is possible to analyze who and how much funds are allocated for public health out of THE, as well as to calculate the share of expenditures by hospitals and out-patient care providers thus receiving the general picture.

Table 5 (*HF----HC*) shows the financial flows from *the financing agents* to *particular functions* and indicates the funding entity with the health goods and services financed. This table reflects the valuable issues essential to consider when formulating policies of health finance; for example, distribution of resources by priority services (infection control). This table enables to get data on general and particular distribution of resources among main types of health goods and services; also this table represents the information of public and private financing agents performing various functions.

4 NHA FINDINGS

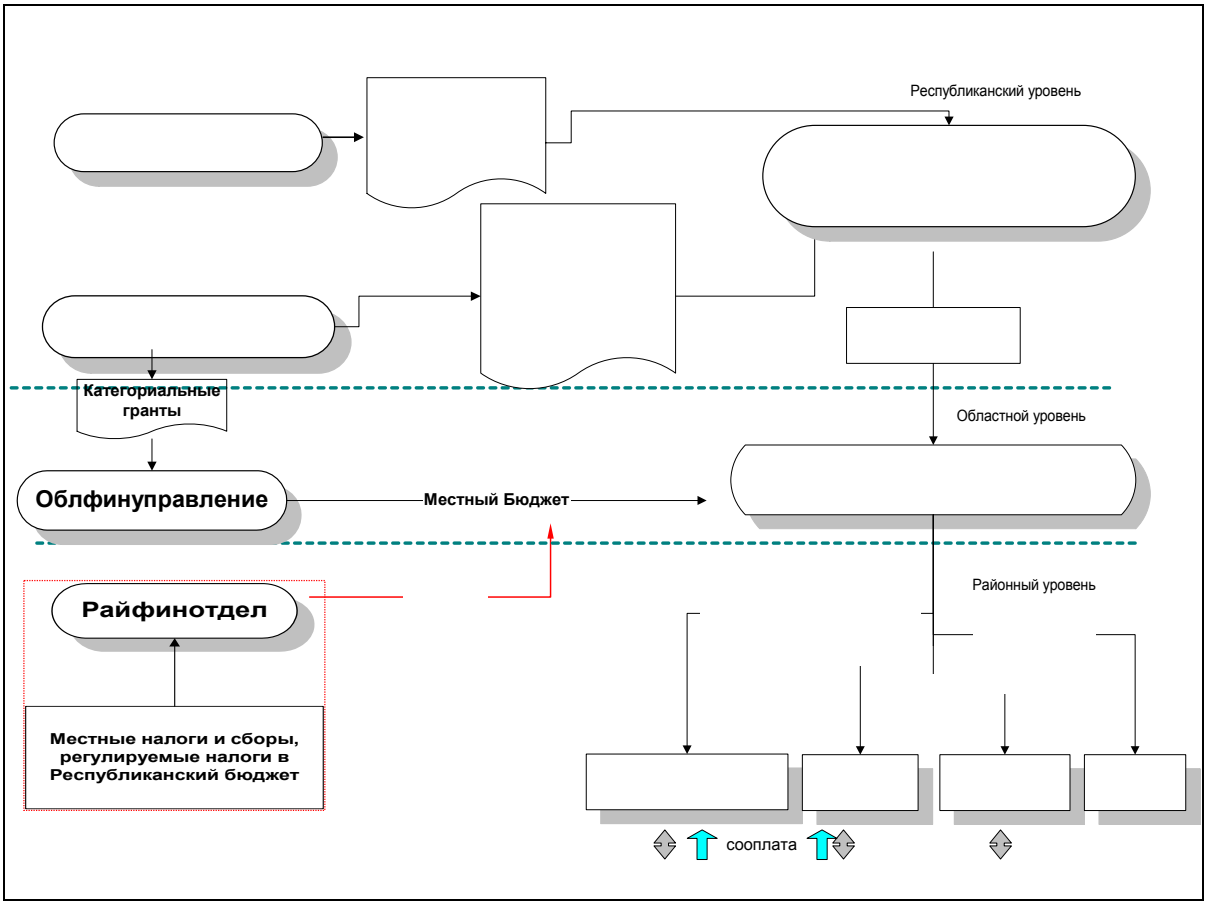
The 2004 NHA Report is an initial one in series of subsequent NHA reports, which will be annually updated. This report is valuable in terms of providing full and detailed analysis of health expenditures in KR including public and private sectors, while the SWAp reports describe mostly general trends in public expenditures and SWAP money comes from the donor side. The 2004 NHA Report presents the overall picture of flows and amounts of funds by sources, functions, expenditure items etc., which allows systemizing the information on available financial flows inside the system into proper order and will help achieve not only deeper and better understanding of financing problems but defining the potential areas for reforming as well.

4.1 Financial flows in the health system

In Kyrgyzstan the health services are financed from two main sources – public and private. Public source consist of National Budget forming from general tax revenues, Mandatory Health Insurance means - payroll taxes. Private source consist of out of pocket spending (OOPs). Beginning from 2006, donor funds within SWAP are pooled directly to the national budget.

The health system itself does not collect funds and is in direct dependence on allocations of national and local budgets, as well as timely transfer of MHI payments from the Social Fund of the Kyrgyz Republic (Figure 3).

Figure 3: Scheme of Funds Pooling



Funds from the national *budget* come to:

- The Ministry of Health, which in turn finances a) tertiary level facilities; b) boarding nursing facilities and other care providing facilities; c) sanitation and disease prevention institutions and facilities; d) administration, and e) other health related institutions (for example, education).
- Other ministries and departments financing health facilities under the corresponding department (for example, military hospital of the Ministry of Defense).
- Mandatory Health Insurance Fund at national level accumulates and distributes the MHI funds from the national budget and the Social Fund budget to oblasts. The national budget provides financing of the obligatory health insurance of the following categories:

Funds from *local budgets* basically are intended for financing the primary and secondary level health facilities. The Law "On Single Payer system in health financing in the Kyrgyz Republic" establishes the order of accumulation of local budget resources at the oblast level for transfer to administration by Territorial Departments of MHI Fund.

Funds *collected as insurance payments for MHI* are then streamed to the MHI Fund and primarily intended for implementation of the Program of state guarantees and MHI BP to provide the insured people with pharmaceuticals.

Private expenditures in Kyrgyzstan are mainly represented *by household expenditures.* Households pay in cash for services provided both at primary and secondary levels of care. This type of payments can be both formal (co-payment, payment for non-medical services) and informal. However, the major part of payments fall under purchase of pharmaceuticals at the out-patient level.

Particular attention should be paid to *co-payment,* since currently Kyrgyzstan is the only country in Central Asia that has legalized payments in the health system by individuals. Co-payment is required: a) for the specialized out-patient care in FMCs and ODD; b) for in-patient care in hospitals. Co-payment is not paid for primary health care. The amount of the co-payment is established by the Ministry of Health with the Government approving it and is annually updated.

The co-payment was introduced gradually, according to stages of introduction of the single payer system:

- 1-st stage (2001): Issyk-Kul and Chui oblasts;
- 2-nd stage (2002): Talas and Naryn oblasts;
- 3-rd stage (2003): Jalalabat and Batken oblasts;
- 4-th stage (2003/04): Bishkek and Osh cities.

In the given report the data on *external financing* is not reflected. Presumably, financing from this source can be carried out both through state agencies and various non-governmental organizations.

4.2 Main findings

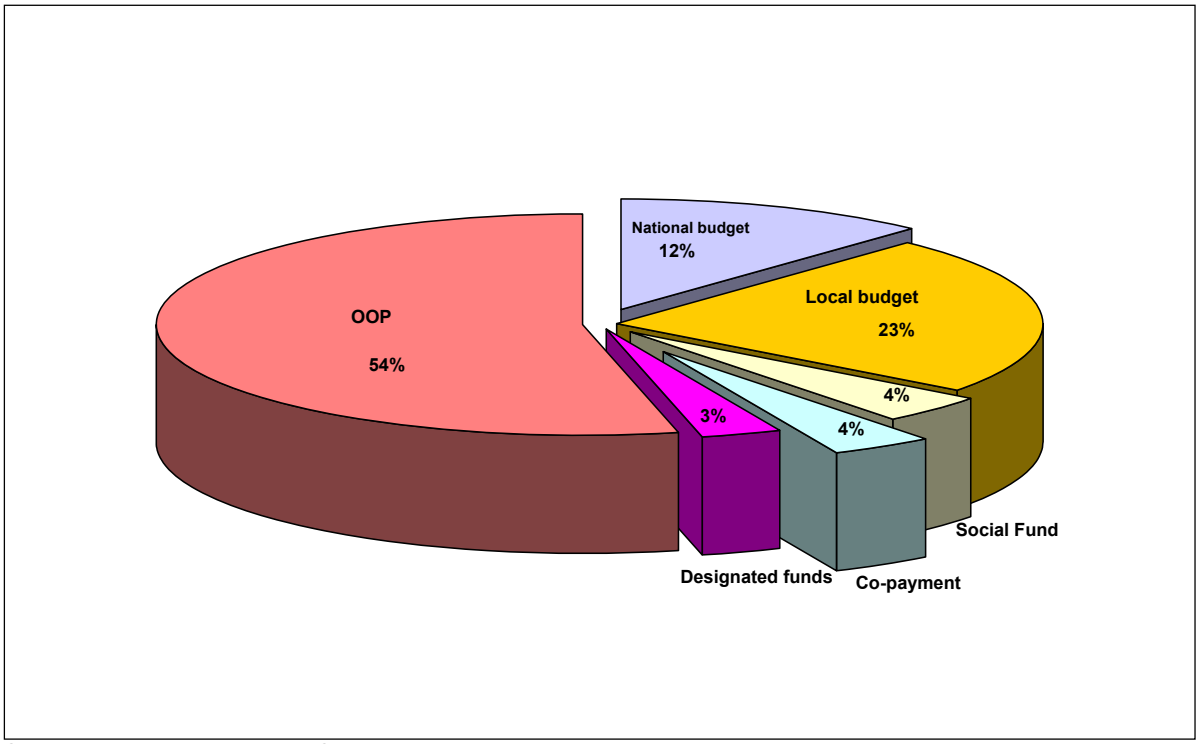
Here the findings of the analysis of five main tables are represented in the paper; in particular how and in what amount the national budget is financing the health system, MHIF funds, OOP and other sources; or how are the funds are distributed from the financing agents to every health care provider and to health care services.

4.2.1 The structure of THE by financing sources

As it was mentioned earlier, one of the main financing sources of health system is public and private sectors. So that, in 2004 the share of public health expenditures to GDP made 2.16 %, including budget funds (1.83 %) and MHIF (0.33 %))[10].

Public funds are subdivided into national and local budgets, as well as insurance payments collected by the Social Fund on behalf of the MHIF of the Kyrgyz Republic; the funds accordingly made 12 %, 23 % and 4 % (Figure 4). MHI funds are made of MHI fees collected by the Social Fund from the employed people on behalf of the MHIF, as well as MHI fees for the vulnerable groups coming from the national budget into the MHIF. MHIF revenue from payroll taxes have increased, but due to small amount of this revenue source they do not much affect the overall structure of expenditures for health[11]. This results in low growth rate of public expenditures for health, with the share of private expenditures exceeding the public expenditures within the total health expenditures.

Figure 4. Total health expenditures by financing sources as of 2004



Source: NHA 2004, Table 1, FS x HF

Private sources include OOPs and NGOs' spending. However, unfortunately, the data on NGos are lack in this report as well as data on external funds. Analysis of data received reveals that the OOP is a major part of financing sources of the health sector, making 54 % of the total health expenditures. In this regard it is worth noticing that the co-payment and special funds are also a part of cash payments by households, which eventually results in that the share of cash payments increases up to 61 %. Hence, based on the estimates it can be supposed that individual payments

10 HPAP, 2005. "Indicators of Healthcare Performance Monitoring, 2005"
11 M. Lacab, A. Temirov, 2005, "Trends in public and private expenditures for health in the Kyrgyz Republic 2000-03", Policy Study Paper № 28, HPAP

are the important source of revenue of the health system in 2004. In the subsequent reports it is possible to carry out comparative analysis, assuming the year of 2004 to be a baseline year, and to look at the trends in expenditures by financial sources during the subsequent periods.

Household expenditures in cash are the burden for households and it extremely unfair form of payments for health services. Moreover, similar expenditures are a huge obstacle for poor in accessing health care. Owing to this, one of the targets of health finance policies in the Kyrgyz Republic is to redistribute the major part of health expenditures from OOP to the preliminary paid sources, such as the general taxation or payroll taxes. In international practice there is a trend that the more poor the country, the higher is the percent of health expenditures paid directly by users of health services.

The data from "Survey of Household Health Expenditures in Kyrgyzstan" (*HPAP, 2005*) indicate that some patients out of officially privileged categories actually paid for the treatment. In this regard the introduced policy of "co-payment" is associated with formalization of private payments in health services that results in amplified transparency in the system and promotes targeted subsidizing of vulnerable groups.

4.2.2 The review of organizations financing the health system in the Kyrgyz Republic

According to NHA classification, the main finaning organizations within heath system in KR are public and non-public organizations. Public organizations includes the MoH, MHIF and other ministries and institutions providing health services to certain categories of population.

After the funds have come from sources to the financing organizations, the composition of the total health expenditures practically do not alter and the major share still falls at OOP making 54 %, whereas the public sector makes only 46%. Thus, three fourths of public expenditures fall at the public budget and one fourth fall at MHI funds. There was a little change in the ratio of public and non-public sectors in the Figure 4 that occurred owing to specificity of the reporting where the designated funds, which are sourced from households, are taken into account further as part of the public budget.

Table 3: THEs by financing organizations, 2004

Financing agents	% of THEs	% of Public sector
Public sector, incl.	**46%**	**100%**
National budget		74%
MHIF		26%
Non-public sector	**54%**	
TOTAL	**100%**	

Source: NHA 2004, Table 1, FS x HF

The share of health expenditures in the overall public expenditures in 2004 was 10.7% versus 13,5% in 1996[12]. One of the reasons for the reduced financing from the budget might be a shift of the government's priorities from health sector. After Kyrgyzstan gained it's independence in 1991, the budget allocation and its execution were lower than expected and required to cover all the fund needs of health system in Kyrgyzstan. The level and predictability of the pubic financing began improving after 2003 and this improvement kept stable during 2004 as well. The further

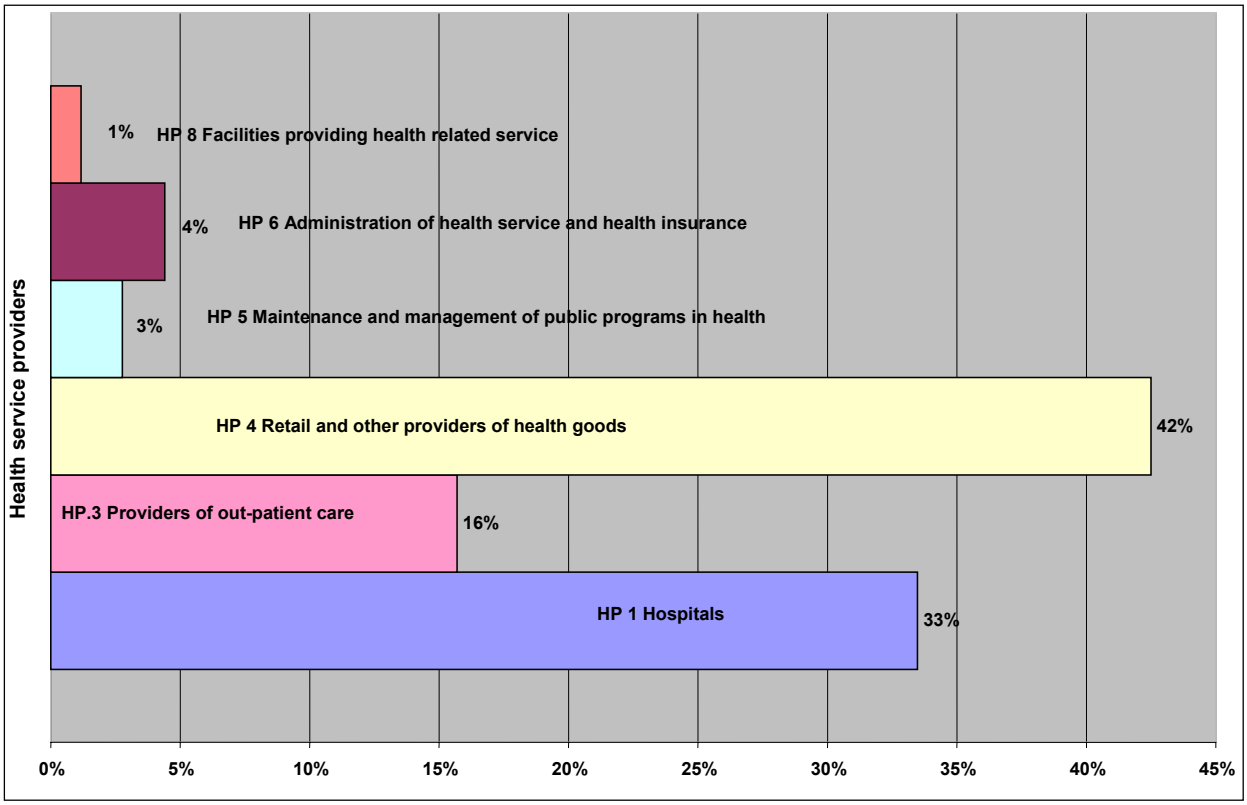
12 HPAP, 2005. "Indicators of Healthcare Performance Monitoring, 2005"

improvement of a stream of public funds is an indispensable condition for the increased financial protection / securing against risks and numerous visible privileges for people that are received as a result of reforming process[13].

4.2.3 Disbursement of health expenditures by providers

The main health service providers operating in the health system of Kyrgyzstan and included in the NHA of the Kyrgyz Republic are analyzed and presented below in the Figure 6, and the Table 4 reflects the percentage distribution of funds from financing agents to providers.

Figure 5. Total health expenditures by health care providers as of 2004



Source: NHA 2004, Table 2, HF x HP

The highest share within the total health expenditures by health service providers is taken up by purchase of pharmaceuticals - 42 % (Figure 5), with the major burden falling onto households that spend 41 % of THE, whereas the state spends only 1 % (Table 4). The major part of these expenditures occur not in health facilities but used for private purchase of the prescribed or not prescribed drugs from private providers (drugstores, markets etc.).

In the Figure 5 it is visible that the second-largest category is expenditures for hospitals making 33 %. Here we can observe a reverse situation when the public expenditures (23 %) exceed household expenditures (10 %). The similar case is observed in regard of expenditures for out-patient care, which make 16 % of the total health expenditures. The remaining categories make under 10 % and they are completely financed due to the public sector.

13 HPAP, 2005. “Assessment of Health Reform “Manas” (1996-2005): Focus on Health Finance System”. Information review № 10

Table 4: THEs by financing organizations and providers as of 2004

Code	Health care providers	Public sector	Non-public sector
HP 1	Hospitals	24%	9%
HP 2	Nursing facilities and other nursing institutions		
HP.3	Providers of out-patient care	12%	4%
HP 4	Retail and other providers of health goods	1%	41%
HP 5	Maintenance and management of public programs in health	3%	
HP 6	Administration of health services and health insurance	5%	
HP 7	Others		n\a
HP 8	Facilities providing health related services	1%	n\a
HP 9	External financing	n\a	n\a
TOTAL		**46%**	**54%**

Source: NHA 2004, Table 2, HFxHP

The significant share of financing of health service by providers falls at non-public sector as OOP, which is a burden for households. Expenditures for pharmaceuticals contribute to the increased health expenditures and this area is worth attention in policy formulation processes[14]. Concurrently with the reduced public financing, the households financial burden was growing. Needs in health services are unpredictable, therefore the private payments in cash are the least effective mechanisms of payment for health services. In addition, the population remains without financial protection against the risks of potentially costly cases of disease[15].

4.2.4 Distribution of health services by functions

Health system resources are joint in a single pool at oblast level, they are distributed through all sectors of the health system: Primary care, out-patient and polyclinic and diagnostic care, in-patient care, education and researches etc.

In the Table 5 the functions are grouped into seven basic categories with subcategories. The major share of expenditures is of the category "Curative Services" making 49 % in the THE. Approximately 34 % of all healthcare resources in Kyrgyzstan, including the OOP, are allocated to hospitals and only 15 % are allocated to the Primary care and other out-patient facilities.

Table 5: Distribution of health services by functions

Code	Functions	Million Som	% of THEs	% of Curative Services
HC 1.	Curative Services	2 488.5	49%	**100%**
HC 1.1	*In-patient care*	*1 712.6*	*34%*	*69%*
HC 1.2	*Day care*	*688.6*	*14%*	*28%*
HC1. 3	*Out-patient care*	*87.3*	*2%*	*3%*
HC 5	Health goods prescribed to out-patient patients	2 173.8	43%	

14 HPAP 2005 "Survey of Household Finance for Health Services in Kyrgyzstan. Health, use of health services and patient's out of pocket expenses in Kyrgyzstan, 2004", the Policy Review Paper № 35

15 M. Jacab, A. Temirov, 2005, "Trends in public and private expenditures for health in the Kyrgyz Republic 2000-03", Policy Review Paper № 28, HPAP

HC 6	Disease prevention and public health services	141.4	3%	
HC 7.	Administration of health services and health insurance	24.4	0,5%	
HC.R. 2	Education and training of health workers	59.6	1%	
HC.R. 3	Scientific researches and development in the health sector	-	-	
HC. Nsk HC	Expenditures not specified within categories	200.6	4%	
TOTAL		**5 088.2**	**100%**	

Source: NHA 2004, Table 5, HFxHC

"Health Goods administered to out-patients" is an expenditure being the second in view of size, making 43 %. This category reflects the amounts of local budgets allocated for financing under the article *"Pharmaceuticals"* and the amounts of compensation on MHIF BP for the drugs prescribed and traded through those drugstores working under MHIF BP. Moreover, the private spending to purchas pharmaceuticals and medical goods without prescription.

*"Disease prevention and public health services" with*in the THEs made 141,4 million Som (3 %). The category *"Administration of health services and health insurance"* includes recurrent operational expenditures (administrative expenditures) the Ministry of Health and MHIF, as well as Territorial Departments of MHIF. Within the THEs the share of funds of the given category makes an insignificant part - 24,4 million som in total, 0.5 % accordingly. Within the expenditures of the health system there are expenditure items for "*Education and training of health workers"* - 59.6 million Som, or 1 %. The last category of expenditures is *the "Expenditures not specified by categories"* – 200,6 million Som, or 4 %.

The Table 6 shows the distribution of funds from the financing agents to functions. Apparently, the "Curative Services" is the most funded area from the public sector. Thus, the funds allocated from the public budget for the "*Curative Services"* made 55 % of the overall financing of the health sector, and MHI funds - 86 % of the overall MHI funds. At the same time, household expenditures on this category made only 28 % of the overall OOP. The major part of household funds were spent for *the "Health goods prescribed to out-patient"* - 72 % of the overall OOP, whereas for this MHIF category the public sector allocates only 3 % of the overall MHI funds under the MHIF BP. Thus, it is necessary to note that from the national budget a part of funds is also allocated to purchase of pharmaceuticals at hospital level, which results in these funds accounted on a category "*Treatment Service"*.

Table 6: Distribution of health services by financing organizations and functions

Code	Functions	Public sector		Non-public sector
		National Budget	MHIF	OOP
HC 1.	Curative Services	55%	86%	28%
HC 1.1	*In-patient care*	*100%*	*62%*	*68%*
HC 1.2	*Day care*	*0%*	*32%*	*32%*
HC1. 3	*Out-patient care*	*0%*	*6%*	*0%*
HC 5	Health goods prescribed to out-patients	0%	3%	72%
HC 6	Disease prevention and public health services	8%	6%	0%

HC 7.	Administration of health services and health insurance	1%	1%	0%
HC.R.	Expenditures not related to health, not classified by categories	36%	5%	0%
TOTAL		**100%**	**100%**	**100%**

Source: NHA 2004, Table 5, HFxHC

The public sector includes OOP that are divided into three basic categories: out-patient expenditures, expenditures for pharmaceuticals and in-patient expenditures[16]. Out-patient expenditures include all expenditures and costs of gifts presented to health workers during out-patient visits. Expenditures for pharmaceuticals include both drugs traded based on prescriptions and without prescriptions, except for purchases of hospitalization attributed drugs. In-patient expenditures include all payments made during hospitalization, including co-payment, informal payments to personnel and payment for drugs.

Previously, in the "Review of Social Expenditures"[17] by WB it was recommended to redistribute the funds from specialized in-patient facilities to the Primary care facilities and services of public health services, as the epidemiological situation in the country, alongside with the established policy, required such changes. However, percentage distribution of expenditures by functions remained virtually the same, for example, hospitals make 34 %, out-patient facilities, including day time cases of medical care - 16 %, public health - 3 %. In the subsequent reports it will be interesting to look at how far has the tendency of distribution of funds among functions/programs changed. This analysis would allow defining priorities in the overall composition of expenditures within the functions backed-up by the public budget funds.

4.2.5 Distribution of funds by economic classifiers, by expenditure items

Internal distribution of funds among health service providers gained from health services provided by such parameters as personnel, drugs and equipment etc., are analyzed in this part. Health providers distribute resources according to the requirements of the particular organization caused by the provider's intention to meet the client's needs and, hence, meet qualification requirements to receive the better financing. Thus, the analysis of assignments of the health system by costs and expenditure items both from the public and private budgets is presented in the Table 7. With this table it is possible to see to which expenditure items the health facilities spend their funds.

The major part of expenditures fall *under "Recurrent Expenditures""* and made 99 % of the overall expenditures of health facilities, including the public (45 %) and private sources (54 %). *The recurrent expenditures* were grouped by key categories: "*Personnel related expenditures*", "*Purchases and Services"*, "Subsidies to Providers" and *"Stipends",* making 22.7 %, 76 %, 0 % and 1 % accordingly. The highest percent of expenditures is on the fixed expenditures - personnel (22.7 %), drugs and consumables (bandages) (63 %) (Table 7). As mentioned above (part 4.2.3) the major part is covered due to private expenditures by households, which take place not in health facilities but spent for private purchase of prescribed or non-prescribed drugs from private providers (drugstores, markets etc.).

16 HPAP 2005 "Survey of Household Finance for Health Services in Kyrgyzstan. Health, use of health services and patient's out of pocket expenses in Kyrgyzstan, 2004", the policy study document № 35

17 J. Catsin, 2005. "Health expenditures, reforms and priorities in health policies in the Kyrgyz Republic". Policy Review Paper № 24, HPAP

Table 7: Distribution of THEs by expenditure items, 2004

Code	Expenditure items	Million Som	% of THEs
RC 1	**Recurrent expenditures**	**5 032.3**	**99%**
RC 1.1	Staff related expenditures	1 157.8	22.7%
RC 1.1.1	*Salary*	*919.1*	*18.0%*
RC 1.1.2	*Social Fund Taxes*	*228.6*	*4.5%*
RC 1.1.3	*Travel expenses*	*10.0*	*0.2%*
RC 1.2	Procurements and services	3 870.5	76%
RC 1.2.1	Purchases of supplementary material	3 509.3	69%
RC 1.2.1.1	*Expenditures for purchasing drugs and bandaging materials*	*3 208.4*	*63%*
RC 1.2.1.2	*Expenditures for purchasing equipment, tools and* consumables	*113.7*	*2%*
RC 1.2.1.3	*Expenditures for food*	*187.2*	*4%*
RC 1.2.2	Services	280,9	6%
RC 1.2.2.1	*Payment for water, electric power, heating and telephone*	*238.5*	*5%*
RC 1.2.2.2	*Expenditures for hiring and maintaining own vehicles*	*42.4*	*1%*
RC 1.2.3	Other purchases and services	80.3	16%
RC 1.5	Subsidies of providers	-	-
RC 1.6	Stipends	4.1	1
RC 2	**Total capital investments**	**55.9**	**1%**
	TOTAL	**5 088.2**	**100%**

Source: NHA 2004, Table 3, HPxRC

The Table 7 demonstrates that in 2004 there was a redistribution of the accumulated funds from the fixed expenditure items to variable items, which is a positive event in the overall system of funds distribution in the health system of Kyrgyzstan. The similar analysis of expenditures will allow considering the composition of expenditures in details, which should enable more effective distributing funds and further re-structuring of health service delivery system targeting the reduced fixed expenditures. Due to reforms of health finance system some of the outcomes have been achieved. However, there is a concern that according to this system, expenditures for capital investments make only 1 %. This situation shows the increased dependence of the health system from donor inputs in modernization and repairs of buildings and equipment.

The following NHA report will allow looking at trends in composition of expenditures by years, and if we cope with collecting data by donors, then it must enable seeing a full picture with resource distributions within expenditure items.

5 FURTHER STEPS AND RECOMMENDATIONS

NHAs were recognized as essential and useful when analyzing financial resources of the health system and developing health policies. The NHA created for 2004 is an initial report and a reference point for further annual creation of NHAs in Kyrgyzstan. When introducing the NHAs in Kyrgyzstan the main emphasis was made on institutionalization of NHAs in the health system in Kyrgyzstan and sustainability. In addition, much attention was paid to developing a single standard set or a complex of estimations, as well as to improving the quality of estimate health expenditures used in the country.

5.1 Main policy implications

When developing NHAs in Kyrgyzstan there were positive points and successes in the process of institutionalization, development of classifications and tables, as well as data collection observed. In particular, within a quite short time there were classifiers and tables developed based on budgetary classifiers of the Central Treasury of the Ministry of Finance in accordance to ICHA. However, during development process the WG faced a number of problems. Basically, those are unavailable data for certain positions, such as:

1. *Unavailable data on private health providers*. Administrative data and other regular reports represent a huge set of information essential for creating health accounts, but usually they provide insignificant information on non-public health services.

   Evaluation of revenues and expenditures of providers in the non-public sector of health is a common problem. Currently in case of non-public private providers it is quite complicated to receive statistical information from non-public sector of health by ranges of services provided, visits of population, care seeking behavior, information on treatment and prevention activities.

   According to the information provided by Licensing Department of the Ministry of Health, app. 500 private clinics (legal entities) and private practitioners (individuals) deliver health care services. And just a little more that one third of non-public sector of health present the statistical reporting on formats developed by MoH.

   Non-public clinics. There is a number of potential sources of administrative or operational information that can be used for evaluation of non-public clinics' incomes. This is the information presented to tax bodies, the financial reports and the data of current reporting, which are submitted as part of license requirements to the Ministry of Health and the National Statistics Committee.

   Private practice. Compared to non-public clinics the private practitioners represent a bigger challenge owing to their greater number and smaller economic capacity. The tax reporting existing in the country (based on patents) does not meet requirements of health accounts; in addition, the unreliability of such information is well-known due to intention to understate the incomes data.

2. *Incomplete information on external financing.* Currently there is no single and reliable source of the data on external financing of the health sector. Preliminary, there were two potential sources revealed to be a source of data on donors – the PIP and the WB Paper. The data presented there cover only external loans received under the state guarantee, with a small coverage of grant funds (PIP), and are not broken by years, i.e. being aggregated numbers (WB paper) *(see Chapter 3 "Data collection")*.

3. *Insufficiency of the reported data on providers by functions.* The essence of the problem is that with the existing reporting it is not obviously possible to breakdown the functional activities of general purpose hospitals.

5.2 Recommendations

To address the above mentioned problems it is essential to take the following important steps:

1. The top priority for creation of NHA after the first report is a comprehensive census of donors. Moreover, it is necessary to carry out a detailed study of donors not only for their expenditures but for what channels they use for funds allocation; this eventually should reveal the tentative amount of expenditures of non-profit organizations and NGOs as financing organizations. The census also will allow excluding those donor expenditures that are not included into health expenditures in the country, for example, the administrative expenditures of donors, which are often included in their overall expenditures.

2. Currently virtually the only solution to the lack of information on private health providers is a survey of revenues of privately practicing entities; for that it will be necessary to collect primary data, which is the survey data.

   Surveys can be of various scales. On one hand the range of surveys can be presented by censuses and large-scale surveys on the basis of randomized sampling. They enable a good coverage. If look at data collection ways by coverage extent from the least to the most completed, then the census data can be attributed to the “most completed”. At census each unit of the surveyed set of units is identified and surveyed to receive the searched data. **At the initial stage to define at least the size of the general set the census is required.**

   Census of the informal sector of health in the country to evaluate the scope of health services provided by private clinics and private practitioners, as well as to for use of the information in formulating national health accounts, is feasible through services of statistics bodies as they have accumulated certain experience in this field. In this regards the sponsor searching becomes important.

   Such a census should assure receiving the statistical information from informal sector of health, building the statistical base (general set) with its core characteristics for further estimations and evaluating the activities of private clinics and private practitioners without collection of current reporting, which is crucial in the current situation with reporting by private providers.

3. The solution of insufficient data on providers by functions can be achieved through a specialized survey that would help analyze expenditures of providers and develop mechanisms of division of their expenditures by functions.

4. One of the major parts of NHAs for Kyrgyzstan are out-of-pocket cash payments, therefore the vital condition for further NHA development is regular surveys of households for their expenditures for health. Currently there is already an arrangement with DfID on financing two surveys to be carried out before 2010.

5. To achieve sustainability and demand in NHA tables, it is essential to study the feasibility of integration of NHA into the information system of the health sector.

5.3 Data on health expenditures: improvement and follow-up steps to prepare NHAs 2006/07

Institutionalization. In order to develop the plan of follow-up formulation and steady introduction of NHAs in the health system of Kyrgyzstan, it is necessary to carry out regular WG meetings, to keep actively involving the wider range of stakeholders. NHAs in Kyrgyzstan were recognized essential to develop and define policy issues in the health system in the country. Therefore, it is necessary that the WG provides a linkage between technical work and policy development processes.

As mentioned before, the MHIF was set as a coordinating agency on formulation of NHA, and NHA are gradually integrated into the health system of the country; nevertheless it is essential to focus on personnel resources for follow-up activities on NHA, i.e. to strengthen MHIF capacity targeting the introduction of NHA in its routine activities.

Improvement of data collection. During formulation of the present NHA the necessity of thorough selection donors was identified. Moreover, there is a need in a detailed study of donors not only for studying their expenditures but their fund allocation channels as well, which eventually should reveal a tentative amount of expenditures of NGOs as financing organizations. The census also would allow excluding expenditures of donors not included into health expenditures in the country, for example, the administrative expenditures of donors are often included in their overall expenditures. Moreover, it is necessary to continue addressing the data sources so that not to rely only on one source in regard of important data categories.

Thus, during preparation of the following NHA, for successful achievement of results, it is necessary to focus on two directions: *institutionalization* and *improvement of expenditure data collection, which are* described above.

5.4 NHA plan / schedule for 2006

For further successful formulation of the following NHA 2006 in Kyrgyzstan there was a following draft plan proposed, which the NHA team should adhere. In Table 8 there is a draft implementation plan of NHA 2006 with breakdown by months and stages.

Stage I. Regular WG discussions and meetings to review NHA conceptual approaches of NHA developed in Kyrgyzstan. Development of methodology guidance to collect data where detailed mechanism of collecting data to fill NHA tables will be described and the timeline identified. To define the feasibility to receive data on donors and private service providers.

Stage II. Changes, revisions, clarification of relevant aspects of both the conceptual framework of NHA for Kyrgyzstan and the NHA classification outline and tables developed, taking into account the comments and suggestions by the WG and the Steering Committee. Also the sources are defined that may be a source of reliable and correct data. Moreover, at this stage the final version of NHA classifiers and tables is being developed and adopted by key participants. For this it is necessary to carry out obligatory regular meetings both with the NHA core team and the WG.

Stage III. The NHA team collects available and correct data. In parallel to data collection, the NHA tables are filled. Final versions of the filled tables are verified and adopted by key participants, including the state departments whose adoption is necessary for publication of official statistics.

Stage IV. This stage is devoted to preparation and distribution of final results of NHAs, as well as to drafting the report. NHA results will be verified by key participants, including the state departments, whose adoption is necessary for publication of official statistics.

Stage V. Definition of the following steps for implementation of future NHA mechanisms.

Table 8: Implementation plan for NHA 2006 (draft)

	Stage				
	I	**II**	**IV**	**V**	**VI**
October 2006					
November 2006					
December 2006					
January 2007					
February 2007					
March 2007					
April 2007					
May 2007					
June 2007					
July 2007					
August 2007					
September 2007					
October 2007					
November 2007					
December 2007					

ANNEXES

TABLE 1.
Health expenditures by type of financing sources and financing organizations/agencies (FS x HF)

TABLE 2.
Health expenditures by type of financing organizations/agencies and health providers (HF x HP)

TABLE 3.
Health expenditures by type of financing organizations/agencies and resource costs (HF x RC)

TABLE 4.
Health expenditures by type of health providers and health functions (HP x HC)

TABLE 5.
Health expenditures by type of financing organizations/agencies and health functions (HF x HC)

TABLE 1. National Health expenditures by type of financing sources and financing organizations/agencies, 2004

(FS x HF) **thousand soms**

Financing Agents / Financing Sources		FS 1 Public Funds			FS 2 Private Funds						FS 3 External Financing	TOTAL
		FS 1.1 Government Budget			FS 2.1.	FS 2.2 Households' OOP					FS 3.1	
						FS 2.2.1	FS 2.2.2	FS 2.2.3	FS 2.2.4	FS 2.3.		
		FS 1.1.1. Republican Budget	FS 1.1.2. Local Budget	FS 1.2 Social Fund	Employer	Co-payment	Special means	Household Funds	Other private funds	Non-profit institutions serving individuals/NGO	Donors	
HF.A	**Public Sector**	**604 473.22**	**1 195 715.58**	**204 507.86**	**-**	**-**	**148 531.62**					**2 153 228.28**
HF 1.1	**Territorial government**	**479 129.70**	**-**	**-**	**-**	**-**	**85 559.74**					**564 689.44**
HF 1.1.1.1	MoH KR	**391 414.10**	**-**	**-**	**-**	**-**	**85 559.74**					**476 973.84**
HF 1.1.1.2	MoD	**11 885.20**	**-**	**-**	**-**	**-**	**-**					**11 885.20**
HF 1.1.1.3	MoJ (GUIN)	**28 161.70**	**-**	**-**	**-**	**-**	**-**					**28 161.70**
HF 1.1.1.4	MoE	**-**	**-**	**-**	**-**	**-**	**-**					
HF 1.1.1.5	MT&C (Railway department)	**4 514.50**	**-**	**-**	**-**	**-**	**-**					**4 514.50**
HF 1.1.1.6	MIA	**10 601.80**	**-**	**-**	**-**	**-**	**-**					**10 601.80**
HF 1.1.1.7	President Administration (HRA)	**29 917.00**	**-**	**-**		**-**	**-**					**29 917.00**
HF 1.1.1.8	Frontier service	**2 635.40**	**-**	**-**	**-**	**-**	**-**					**2 635.40**
HF 1.1.1.9	NSS	**-**	**-**	**-**	**-**	**-**	**-**					
HF 1.2.	**MHIF KR**	**125 343.52**	**1 195 715.58**	**204 507.86**	**-**	**-**	**62 971.87**					**1 588 538.83**
HF.B	**Private Sector**	**-**	**-**	**-**	**-**	**-**	**-**	**2 732 193.86**				**2 935 032.98**
HF 2.3.	OOP	**-**	**-**	**-**	**-**	**-**	**-**	**2 732 193.86**				**2 935 032.98**
HF 2.4.	NGO	**-**	**-**	**-**	**-**	**-**	**-**	**-**		**N/A**		**N/A**
HF 3	**Donors**	**-**	**-**	**-**	**-**	**-**	**-**	**-**			**N/A**	**N/A**
TOTAL		**-**	**1 195 715.58**	**204 507.86**		**202 839.12**	**148 531.62**	**2 732 193.86**	**0**	**N/A**	**N/A**	**5 088 261.26**

TABLE 2. National Health expenditures by type of financing organizations/agencies and health providers, 2004

(HF x HP)

thousand soms

Financing Agents / Providers		HF.A Public Sector										HF.B Private Sector			Total
		HF 1.1 Territorial government									HF 1.2.	HF 2.3.	HF 2.4.	HF 3	
		HF 1.1.1.1	HF 1.1.1.2	HF 1.1.1.3	HF 1.1.1.4	HF 1.1.1.5	HF 1.1.1.6	HF 1.1.1.7	HF 1.1.1.8	HF 1.1.1.9					
		MoH	MoD	MoJ (GUIN)	MoE	MT&C (Railway department)	MIA	President Administration (HRA)	Frontier service	NSS	**MHIF**	OOP	NGO	**Donors**	
HP 1 Hospitals	**HOSPITALS**	**224 212.9**	**11 885.2**	**28 161.7**		**4 514.5**	**10 601.8**	**29 917.0**	**2 635.4**		**847 802.3**	**552 864.4**	**N/A**	**N/A**	**1 712 595.2**
HP 1.1	General hospitals	47 711.3	11 885.2	28 161.7		4 514.5	10 601.8	29 917.0	2 635.4		678 212.1	537 981.5	N/A	N/A	**1 351 620.5**
HP 1.1.1	Children hospitals	4 716.2									18 966.2	5 925.4		N/A	**29 607.8**
HP 1.1.2	Other general hospitals (public)	42 995.1	11 885.2	28 161.7		4 514.5	10 601.8	29 917.0	2 635.4		659 245.9	532 056.2		N/A	**1 322 012.8**
HP 1.1.3	Other general hospitals (private)											N/A	N/A	N/A	**N/A**
HP 1.2	Special hospitals (dispensaries, centers)	176 501.6									134 967.1	14 882.9	N/A	N/A	**326 351.6**
HP 1.2.1	Research Institute clinics, scientific centers	94 038.9										7 274.0	N/A	N/A	**101 312.9**
HP 1.2.2	Mental health and substance abuse hospitals	39 530.5									4 916.9		N/A	N/A	**44 447.4**
HP 1.2.3	Narcological dispensary										3 446.2	1 832.6	N/A	N/A	**5 278.8**
HP 1.2.4	Oncological hospital										6 822.6		N/A	N/A	**6 822.6**
HP 1.2.5	TB hospital (dispensaries)	31 070.2									103 316.8		N/A	N/A	**134 387.0**
HP 1.2.6	Dermatovenerological hospital (dispensaries)	2 358.7									8 179.5	1 481.6	N/A	N/A	**12 019.8**
HP 1.2.7	Infection hospital	9 503.3										4 294.7	N/A	N/A	**13 798.0**
HP 1.2.8	Other special hospitals										8 285.1		N/A	N/A	**8 285.1**
HP.1.3	Maternity hospital										34 623.1		N/A	N/A	**34 623.1**
HP.1.3.1	Maternity hospital (public)										34 623.1			N/A	**34 623.1**
HP.1.3.2	Maternity hospital (private)												N/A	N/A	**N/A**
HP 2 Nursing and residential care facilities	**Nursing and residential care facilities**												**N/A**	**N/A**	**N/A**
HP 2.1	Hospital of medical rehabilitation												N/A	N/A	**N/A**
HP. Providers of ambulatory health care	Providers of ambulatory health care										542 978.4	259 962.6		N/A	**802 940.9**
HP 3.1	FMC and FGP										430 696.2	257 887.7		N/A	**688 583.9**
HP 3.1.3	FMC										401 154.1	257 887.7		N/A	**659 041.8**
HP 3.1.4	FGP										29 542.1			N/A	**29 542.1**
HP 3.2	Specialized polyclinics and narrow specialists										22 949.9		N/A	N/A	**22 949.9**
HP 3.2.1	Specialized polyclinics										8 379.0		N/A	N/A	**8 379.0**
HP 3.2.2	Diagnostic centers (private)										14 570.9		N/A	N/A	**14 570.9**
HP 3.2.3	Gynaecology and urology centers (private)												N/A	N/A	
HP 3.3	General and specialized dental polyclinics; stomatologists; other staff of dental clinics										35 293.5	2 074.9	N/A	N/A	**37 368.3**
HP 3.3.1	Dental polyclinics (public)										35 293.5	2 074.9		N/A	**37 368.3**
HP 3.3.2	Dental polyclinics (private)												N/A	N/A	**0,0**
HP 3.4	Other polyclinics and services of nurses, not associated with other subgroups										27 019.4		N/A	N/A	**27 019.4**
HP 3.4.1	Other private outpatient services												N/A	N/A	**N/A**
HP 3.5	EC										27 019.4		N/A	N/A	**27 019.4**
HP 3.5.1	EC points										19 432.6		N/A	N/A	**19 432.6**
HP 3.5.2	EC department in general hospitals and FMCs										7 586.8		N/A	N/A	**7 586.8**
HP 4 Retail sale and other providers of medical goods											**51 562.1**	**2 122 206.0**		**N/A**	**N/A**
HP 4.1	Pharmacies										51 562.1	2 122 206.0	**N/A**	**N/A**	**2 173 768.1**
HP 5 Provision and administration of public health programmes	**SANITARY-PREVENTIVE SERVICES AND FACILITIES**	**43 858.2**									**97 569.1**		**N/A**	**N/A**	**141 427.3**
HP 5.1	Blood transfusion stations	10 746.1									3 843.6		**N/A**	**N/A**	**14 589.6**

HP 5.2	SES and antiplague stations	8 973.5									73 765.0		N/A	N/A	82 738.4
HP 5.2.1	SES and antiplague stations (MoH+Regions)	15 441.6											N/A	N/A	15 441.6
HP 5.4	TB sanatoriums												N/A	N/A	-
HP 5.5	Sanatoriums for children and adolescents										5 696.5		N/A	N/A	5 696.5
HP 5.6	Orphanage; Mother and child unit	3 570.2									5 613.8		N/A	N/A	9 184.0
HP 5.7	Anti-epidemic activities	143.1											N/A	N/A	143.1
HP 5.8	AIDS centers	4 516.7									5 824.4		N/A	N/A	10 341.1
HP 5.9	Health centers and sanitary education	467.0									2 825.9		N/A	N/A	3 292.9
HP 6 General health administration and insurance	**ACTIVITIES AND SERVICES OF HEALTH CARE, NOT INCLUDED IN OTHER CATEGORIES**	**149 383.7**									**75 646.3**			N/A	225 030.0
HP 6.1	MoH office	6 184.6													6 184.6
HP 6.3	Centralized accounting office														
	OMH office														
HP 6.3.1	Centralized accounting office (MoH)	354.0													354.0
HP 6.3.3	Other health care expenditures														
HP 6.4	MHIF administration costs										17 919.4				17 919.4
HP 6.6	Other services, not included in other categories														
HP 6.6.1	Other services, not included in other categories (MoH)	142 845.1													142 845.1
HP 6.6.2	Other services, not included in other categories (MHIF)										57 078.6				57 078.6
HP 6.7	Departamental enterprises and organizations										648.3				648.3
HP 7 Others													N/A	N/A	
HP 7.1	Households as providers												N/A	N/A	
HP 8 Institutions providing health-related services	**Applied reserches and experimental developments in health and medical services**	**59 519.1**											N/A	N/A	59 519.1
HP 8.1	Reserch Institute/Health centers												N/A	N/A	
HP 8.2	Educational and training institutions.	59 519.1											N/A	N/A	59 519.1
HP 9 External provision	**External provision**												N/A	N/A	
TOTAL		**476 973.8**	**11 885.2**	**28 161.7**		**4 514.5**	**10 601.8**	**29 917.0**	**2 635.4**		**1 588 538.8**	**2 935 033.0**	**N/A**	**N/A**	**5 088 261.3**

TABLE 3. National Health expenditures by type of financing organizations/agencies and resource costs, 2004.

(HP x RC)

thousand soms

Providers / Resource cost	HP 1 Hospitals	HP 1.1	HP 1.1.1	HP 1.1.2	HP 1.1.3	HP 1.2	HP 1.2.1	HP 1.2.2	HP 1.2.3	HP 1.2.4	HP 1.2.5	HP 1.2.6	HP 1.2.7	HP 1.2.8	HP.1.3	HP.1.3.1	HP.1.3.2
	HOSPITALS	General hospitals	Children hospitals	Other general hospitals (public)	Other general hospitals (private)	Special hospitals (dispensaries, centers)	Research Institute clinics, scientific centers	Mental health and substance abuse hospitals	Narcological dispensary	Oncological hospital	TB hospital (dispensaries)	Dermatovenerological hospital (dispensaries)	Infection hospital	Other special hospitals	Maternity hospital	Maternity hospital (public)	Maternity hospital (private)
RC 1 Current outlays	**1 311 072.80**	**963 815.87**	**29 419.78**	**934 396.09**	**N/A**	**312 746.84**	**95 787.02**	**43 407.44**	**4 458.81**	**6 005.60**	**129 866.39**	**11 396.82**	**13 797.96**	**8 026.80**	**34 510.10**	**34 510.10**	**N/A**
RC 1.1 Compensation of employees and owners	**623 333.28**	465 559.73	13 864.64	451 695.09	N/A	141 030.05	54 778.46	23 781.96	1 479.90	1 353.90	45 643.00	4 450.18	6 304.35	3 238.30	16 743.50	16 743.50	N/A
RC 1.1.1 Wages	**498 147.06**	372 093.06	11 057.16	361 035.90		112 664.70	43 816.25	19 015.86	1 192.82	1 093.60	36 400.20	3 553.08	5 033.09	2 559.80	13 389.30	13 389.30	
RC 1.1.2 Assessments to Social Fund	**122 444.18**	91 254.86	2 794.73	88 460.13		27 840.11	10 800.82	4 713.10	281.09	251.30	9 011.40	868.75	1 267.16	646.50	3 349.20	3 349.20	
RC 1.1.3 Traveling expenses	**2 742.04**	2 211.80	12.75	2 199.05		525.23	161.39	53.00	6.00	9.00	231.40	28.34	4.10	32.00	5.00	5.00	
RC 1.2 Supplies and services	**687 739.53**	498 256.14	15 555.13	482 701.00	N/A	171 716.79	41 008.56	19 625.48	2 978.91	4 651.70	84 223.39	6 946.64	7 493.61	4 788.50	17 766.60	17 766.60	N/A
RC 1.2.1 Material supplies	**510 354.41**	357 426.17	11 196.31	346 229.87	N/A	141 299.14	31 544.35	18 109.40	2 509.51	3 016.00	72 037.01	5 251.52	6 609.85	2 221.50	11 629.10	11 629.10	N/A
RC 1.2.1.1 Drugs and pharmaceuticals	**277 848.51**	217 309.74	3 669.72	213 640.02		54 159.07	15 586.85	4 292.60	1 177.78	1 136.00	26 052.78	1 469.18	3 880.18	563.70	6 379.70	6 379.70	
RC 1.2.1.2 Equipment and materials	**51 803.76**	39 125.68	1 954.00	37 171.68		12 025.98	5 238.74	270.00	569.00	450.00	3 796.73	1 367.60	81.62	252.30	652.10	652.10	
RC 1.2.1.3 Food	**180 702.14**	100 990.76	5 572.59	95 418.17		75 114.08	10 718.76	13 546.80	762.74	1 430.00	42 187.50	2 414.74	2 648.05	1 405.50	4 597.30	4 597.30	
RC 1.2.2 Services	**138 750.50**	115 157.47	3 340.99	111 816.48	N/A	17 664.73	3 259.40	565.16	99.50	778.30	10 257.25	308.49	321.14	2 075.50	5 928.30	5 928.30	N/A
RC 1.2.2.1 Utility costs (heat, electricity, nat. gas, telephone comm)	**126 395.62**	105 924.62	3 113.84	102 810.78		14 678.50	1 573.26	425.20	99.50	778.30	9 570.15	214.49	49.80	1 967.80	5 792.50	5 792.50	
RC 1.2.2.2 Hiring and maintenance of vehicles	**12 354.89**	9 232.85	227.15	9 005.70		2 986.24	1 686.14	139.96			687.10	94.00	271.34	107.70	135.80	135.0	
RC 1.2.3 Other purchases and services	**38 634.62**	25 672.50	1 017.84	24 654.66		12 752.92	6 204.82	950.92	369.89	857.40	1 929.13	1 386.64	562.62	491.50	209.20	209.20	
RC 1.5 Subsidy to providers																	
RC 1.6 Scholarships																	
RC 2 Capital expenditure	**38 105.63**	**24 387.90**	**188.00**	**24 199.90**	**N/A**	**13 604.73**	**5 525.83**	**1 040.00**	**820.00**	**817.00**	**4 520.60**	**623.00**		**258.30**	**113.00**	**113.00**	**N/A**
RC 2.2 Purchasing of main equipment and long-term goods	**388.50**	388.50		388.50													
RC 2.4 Capital renovation	**37 717.13**	23 999.40	188.00	23 811.40		13 604.73	5 525.83	1 040.00	820.00	817.00	4 520.60	623.00		258.30	113.00	113.00	
TOTAL	**1 712 595.21**	**1 351 620.55**	**29 607.78**	**1 322 012.77**	**N/A**	**326 351.57**	**101 312.85**	**44 447.44**	**5 278.81**	**6 822.60**	**134 386.99**	**12 019.82**	**13 797,96**	**8 285.10**	**34 623.10**	**34 623.10**	**N/A**

TABLE 3. National Health expenditures by type of financing organizations/agencies and resource costs, 2004.

(HP x RC)
(continue 1)

thousand soms

Providers / Resource cost	**HP 2 Nursing and residential care facilities**	HP 2.1	**HP.3** Providers of ambulatory health care	HP 3.1	HP 3.1.3	HP 3.1.4	HP 3.2	HP 3.2.1	HP 3.2.2	HP 3.2.3	HP 3.3	HP 3.3.1	HP 3.3.2	HP 3.4	HP 3.4.1	HP 3.5	HP 3.5.1
	Nursing and residential care facilities	Hospital of medical rehabilitation	Providers of ambulatory health care	FMC and FGP	FMC	FGP	Specialized polyclinics and narrow specialists	Specialized polyclinics	Diagnostic centers (private)	Gynaecology and urology centers (private)	General and specialized dental polyclinics; stomatologists; other staff of dental clinics	Dental polyclinics (public)	Dental polyclinics (private)	Other polyclinics and services of nurses, not associated with other subgroups	Other private outpatient services	EC	EC points
RC 1 Current outlays			**523 829.86**	438 453.93	409 171.43	29 282.50	22 838.60	8 376.50	14 462.10	N/A	35 541.93	35 541.93	N/A	N/A	N/A	26 995.40	19 422.10
RC 1.1 Compensation of employees and owners			**373 427.93**	313 238.57	287 310.27	25 928.30	14 935.90	5 935.90	9 000.00		24 405.76	24 405.76				20 847.70	15 577.90
RC 1.1.1 Wages			**294 641.60**	246 734.91	226 040.81	20 694.10	11 940.10	4 747.50	7 192.60		19 340.19	19 340.19				16 626.40	12 443.30
RC 1.1.2 Assessments to Social Fund			**76 142.59**	64 153.37	59 005.57	5 147.80	2 983.20	1 188.40	1 794.80		4 836.42	4 836.42				4 169.60	3 113.40
RC 1.1.3 Traveling expenses			**2 643.74**	2 350.29	2 263.89	86.40	12.60		12.60		229.15	229.15				51.70	21.20
RC 1.2 Supplies and services			**150 401.93**	125 215.35	121 861.15	3 354.20	7 902.70	2 440.60	5 462.10		11 136.17	11 136.17				6 147.70	3 844.20
RC 1.2.1 Material supplies			**88 530.11**	75 702.65	74 728.85	973.80	5 167.80	1 528.10	3 639.70		5 349.76	5 349.76				2 309.90	1 857.20
RC 1.2.1.1 Drugs and pharmaceuticals			**57 832.47**	48 613.03	47 686.73	926.30	2 760.10	1 428.90	1 331.20		4 500.54	4 500.54				1 958.80	1 509.10
RC 1.2.1.2 Equipment and materials			**30 617.56**	27 010.54	26 963.04	47.50	2 407.70	99.20	2 308.50		849.22	849.22				350.10	348.10
RC 1.2.1.3 Food			**80.08**	79.08	79.08											1.00	
RC 1.2.2 Services			**42 260.15**	34 319,12	32 187.82	2 131.30	1 668.10	592.80	1 075.30		2 778.53	2 778.53				3 494.40	1 696.20
RC 1.2.2.1 Utility costs (heat, electricity, nat. gas, telephone comm)			**3 255.95**	27 637,37	25 924.77	1 712.60	1 503.70	542.40	961.30		2 440.48	2 440.48				970.40	717.60
RC 1.2.2.2 Hiring and maintenance of vehicles			**9 708.2**	6 681.75	6 263.05	418.70	164.40	50.40	114.00		338.05	338.05				2 524.00	978.60
RC 1.2.3 Other purchases and services			**19611.67**	15 193.58	14 944.48	249.10	1 066.80	319.70	747.10		3 007.89	3 007.89				343.40	290.80
RC 1.5 Subsidy to providers																	
RC 1.6 Scholarships																	
RC 2 Capital expenditure			**5 520.60**	3 558.90	3 299.30	259.60	111.30	2.50	108.80	N/A	1 826,40	1 826.40	N/A	N/A	N/A	24.00	10.50
RC 2.2 Purchasing of main equipment and long-term goods			**1 000.00**								1 000.00	1 000.00					
RC 2.4 Capital renovation			**4 520.60**	3 558.90	3 299.30	259.60	111.30	2.50	108,80	N/A	826,40	826,40	N/A	N/A	N/A	24.00	10.50
TOTAL			**775 921.72**	**688584.09**	**659 041.99**	**29 542.10**	**22 949.90**	**8 379.00**	**14 570.90**	**N/A**	**37 368.33**	**37 368.33**	**N/A**	**N/A**	**N/A**	**27 019.40**	**19 432.60**

TABLE 3. National Health expenditures by type of financing organizations/agencies and resource costs, 2004.

(HP x RC)
(continue 2)

thousand soms

Providers / Resource cost	HP 3.5.2	**HP 4**	HP 4.1	**HP 5 Provision and administration of public health programmes**	HP 5.1	HP 5.2	HP 5.2.1	HP 5.2.1	HP 5.4	HP 5.5	HP 5.6	HP 5.7	HP 5.8	HP 5.9	**HP 6 General health administration and insurance**	HP 6.1	HP 6.3
	EC department in general hospitals and FMCs	**Retail sale and other providers of medical goods**	Pharmacies	**SANITARY-PREVENTIVE SERVICES AND FACILITIES**	Blood transfusion stations	SES and antiplague stations	SES and antiplague stations (MoH)	SES and antiplague stations (Regions)	TB sanatoriums	Sanatoriums for children and adolescents	Orphanage; Mother and child unit	Anti-epidemic activities	AIDS centers	Health centers and sanitary education	**ACTIVITIES AND SERVICES OF HEALTH CARE, NOT INCLUDED IN OTHER CATEGORIES**	MoH office	Centralized accounting office
RC 1 Current outlays	7 573.30	**51 561.90**	51 561.90	**137 450.04**	13 604.04	95 898.17	15 141.60	80 756.57		5 567.80	9 184.01	143.10	10 124.69	2 928.23	**220 510.57**	6 184.60	354.00
RC 1.1 Compensation of employees and owners	5 269.80			**82 258.09**	5 839.81	61 831.34	5 435.60	56 395.74		2 877.90	4 708.20		4 796.25	2 204.59	**43 136.55**	5 324.30	354.00
RC 1.1.1 Wages	4 183.10			**64 458.10**	4 608.15	48 381.28	4 384.10	43 997.18		2 284.00	3 763.70		3 712.70	1 708.27	**34042.55**	3 307.10	283.10
RC 1.1.2 Assessments to Social Fund	1 056.20			**16 107.09**	1 201.14	12 032.93	1 041.50	10 991.43		572.60	940.50		933.90	426.02	**7045.41**	672.30	70.90
RC 1.1.3 Traveling expenses	30.50			**1 692.90**	30.52	1 417.13	10.00	1 407.13		21.30	4.00		149.65	70.30	**2048.58**	1 344.90	
RC 1.2 Supplies and services	2 303.50	**51 561.90**	51 561.90	**55 191.95**	7 764.23	34 066.84	9 706.00	24 360.84		2 689.90	4 475.81	143.10	5 328.44	723.64	**177 374.02**	860.30	
RC 1.2.1 Material supplies	452.70	**51 561.90**	51 561.90	**33 178.58**	6 158.83	17 910.85	9 211.90	8 698.95		1 649.30	3 422.00		3 904.60	133.00	**89 607.36**	51.90	
RC 1.2.1.1 Drugs and pharmaceuticals	449.70	**51 561.90**	51 561.90	**25 413.06**	5 035.44	15 661.52	9 211.90	6 449.62		334.00	723.10		3 630.90	28.10	**63 548.50**	51.90	
RC 1.2.1.2 Equipment and materials	2.00			**3 121.63**	442.50	2 138.84		2 138.84		19.40	142.30		273.70	104.90	**24 928.66**		
RC 1.2.1.3 Food	1.00			**4 643.88**	680.89	110.49		110.49		1 295.90	2 556.60				**1 130.21**		
RC 1.2.2 Services	1 798.20			**14 025.58**	648.07	10 310.41	391.10	9 919.31		897.00	888.50		875.15	406.45	**79 003.01**	214.70	
RC 1.2.2.1 Utility costs (heat, electricity, nat. gas, telephone comm)	252.80			**8 624.04**	307.47	5 929.35	41.50	5 887.85		830.70	879.30		442.17	235.05	**64 497.92**		
RC 1.2.2.2 Hiring and maintenance of vehicles	1 545.40			**5 401.54**	340.60	4 381.06	349.60	4 031.46		66.30	9.20		432.97	171.40	**14 505.09**	214.70	
RC 1.2.3 Other purchases and services	52.60			**7 987.79**	957.32	5 845.58	103.00	5 742.58		143.60	165.31	143.10	548.70	184.19	**8 763.64**	593.70	
RC 1.5 Subsidy to providers																	
RC 1.6 Scholarships																	
RC 2 Capital expenditure	13.50			**3 977.28**	985.60	2 281.88	300.00	1 981.88		128.70			216.40	364.70	**4 519.47**		
RC 2.2 Purchasing of main equipment and long-term goods				**206.00**		206.00		206.00							**686.00**		
RC 2.4 Capital renovation	13.50			**3 771.28**	985.60	2 075.88	300.00	1 775.88		128.70			216.40	364.70	**3 833.47**		
TOTAL	**7 586.80**	**2 173 768.00**	**2 173 768.00**	**141 427.32**	**14 589.64**	**98 180.05**	**15 441.60**	**82 738.40**		**5 696.50**	**9 184.01**	**143.10**	**10 341.09**	**3 292.93**	**225 030.03**	**6 184.60**	**354.00**

TABLE 3. National Health expenditures by type of financing organizations/agencies and resource costs, 2004.

(HP x RC)
(continue 3)

thousand soms

Providers / Resource cost	OMH office	HP 6.3.1 Centralized accounting office (MoH)	HP 6.3.3 Other health care expenditures	HP 6.4 MHIF administration costs	HP 6.6 Other services, not included in other categories	HP 6.6.1 Other services, not included in other categories (MoH)	HP 6.6.2 Other services, not included in other categories (MHIF)	HP 6.7 Departamental enterprises and organizations	HP 7 Others	HP 7.1 Households as providers	HP 8 Institutions providing health-related services: Applied reserches and experimental developments in health and medical services	HP 8.1 Reserch Institute/Health centers	HP 8.2 Educational and training institutions.	HP 9 External provision	TOTAL
RC 1 Current outlays		**354.00**		**16 238.40**	**197 113.07**	**142 759.03**	**54 354.03**	**620.50**		**N/A**	**55 723.73**		**55 723.73**	**N/A**	**2 300 148.90**
RC 1.1 Compensation of employees and owners		354.00		11 770.50	25 562.75	3 679.20	21 883.55	125.00			35 539.51		35 539.51		1 157 695.35
RC 1.1.1 Wages		283.10		9 233.80	21 118.55	2 932.45	18 186.10	100.00			27 806.55		27 806.55		919 095.87
RC 1.1.2 Assessments to Social Fund		70.90		2 226.60	4 050.61	734.36	3 316.25	25.00			6 887.26		6 887.26		228 626.52
RC 1.1.3 Traveling expenses				310.10	393.58	12.38	381.20				845.70		845.70		9 972.96
RC 1.2 Supplies and services				4 467.90	171 550.32	139 079.84	32 470.48	495.50			16 082.28		16 082.28		1 138 351.60
RC 1.2.1 Material supplies				910.80	88 452.96	74 426.96	14 026.00	191.70			3 828.23		3 828.23		777 060.59
RC 1.2.1.1 Drugs and pharmaceuticals					63 496.60	55 864.50	7 632.10				12.80		12.80		2 598 423.25
RC 1.2.1.2 Equipment and materials				910.80	24 017.86	18 499.96	5 517.90				3 137.02		3 137.02		113 608.63
RC 1.2.1.3 Food					938.51	62.51	876.00	191.70			678.41		678.41		187 234.72
RC 1.2.2 Services				2 493.00	76 291.81	60 968.31	15 323.50	3.50			6 914.90		6 914.90		280 954.14
RC 1.2.2.1 Utility costs (heat, electricity, nat. gas, telephone comm)				1 476.50	63 017.92	60 678.22	2 339.70	3.50			6 479.94		6 479.94		238 549.47
RC 1.2.2.2 Hiring and maintenance of vehicles				1 016,.50	13 273.89	290.09	12 983.80				434.96		434.96		42 404.68
RC 1.2.3 Other purchases and services				1 064.10	680.,54	3 684.56	3 120.98	300.30			5 339.15		5 339.15		80 336.87
RC 1.5 Subsidy to providers															
RC 1.6 Scholarships											4 101.94		4 101.94		4 101.94
RC 2 Capital expenditure				**1 681.00**	**2 810.67**	**86.07**	**2 724.60**	**27.80**		**N/A**	**3 795.33**		**3 795.33**	**N/A**	**55 918.30**
RC 2.2 Purchasing of main equipment and long-term goods				600.00	86.00		86.00								2 280.50
RC 2.4 Capital renovation				1 081.00	2 724.67	86.07	2 638.60	27.80			3 795.33		3 795.33		53 637.80
TOTAL		**354.00**		**17 919.40**	**199 923.73**	**142 845.10**	**57 078.63**	**648.30**		**N/A**	**59 519.06**		**59 519.06**	**N/A**	**5 088 261.26**

TABLE 4. National Health expenditures by type of health providers and health functions, 2004.

(HP x HC)

thousand soms

Providers / Function	HP 1 Hospitals	HP 1.1	HP 1.1.1	HP 1.1.2	HP 1.1.3	HP 1.2	HP 1.2.1	HP 1.2.2	HP 1.2.3	HP 1.2.4	HP 1.2.5	HP 1.2.6	HP 1.2.7	HP 1.2.8	HP.1.3	HP.1.3.1	HP.1.3.2
	HOSPITALS	General hospitals	Children hospitals	Other general hospitals (public)	Other general hospitals (private)	Special hospitals (dispensaries, centers)	Research Institute clinics, scientific centers	Mental health and substance abuse hospitals	Narcological dispensary	Oncological hospital	TB hospital (dispensaries)	Dermatovenerological hospital (dispensaries)	Infection hospital	Other special hospitals	Maternity hospital	Maternity hospital (public)	Maternity hospital (private)
HC 1. Services of curative care	**1 247 865.58**	988 203.77	29 607.78	958 595.99	N/A	225 038.72		44 447.44	5 278.81	6 822.60	134 386.99	12 019.82	13 797.96	8 285.10	34 623.10	34 623.10	N/A
HC 1.1 Inpatient curative care	**1 247 865.58**	988 203.77	29 607.78	958 595.99		225 038.72		44 447.44	5 278.81	6 822.60	134 386.99	12 019.82	13 797.96	8 285/10	34 623.10	34 623.10	
HC 1.1.1 Surgery																	
HC 1.1.2 Cardiosurgery																	
HC 1.1.3Therapy																	
HC 1.1.4 Obstetrics/Gynecology																	
HC 1.1.5 Oncology	**6 822.60**					6 822.60				6 822.60							
HC 1.1.6 Tuberculoses	**134 386.99**					134 386.99					134 386.99						
HC 1.1.7 Infection	**25 817.78**					25 817.78						12 019.82	13 797.96				
HC 1.1.8 Mental Health	**44 447.44**					44 447.44		44 447.44									
HC 1.1.9 Other	**1 036 390.77**	988 203.77	29 607.78	958 595.99		13 563.91			5 278.81					8 285.10	34 623.10	34 623.10	
HC 1.2 Day cases of curative care																	
HC1.3 Outpatient curative care																	
HC 1.3.1 Basic Medical and diagnostic services																	
HC 1.3.1.1 Emergency servises																	
HC 1.3.2 Outpatient dental care																	
HC 1.3.3 All other specialized medical services																	
HC 5 Medical goods dispensed to outpatients					N/A												N/A
HC 5.1 Pharmaceuticals and other medical nondurables																	
HC 5.1.1 Prescribed medicines																	
HC 6 Prevention and public health services					N/A												N/A
HC 6.1 Maternal and child health; family planning and counselling																	
HC 6.2 School health services																	
HC 6.3 Prevention of communicable diseases																	
HC 6.9 All other miscelanneuos public health services																	
HC 7 Health administration and Health insurance																	N/A
HC 7.1 General government administration of health																	
HC.R. 2 Education and training of health personnel					N/A												N/A
HC.R. 3 Research and development in health	**101 312.85**				N/A	101 312.85	101 312.85										N/A
HC. Nsk HC.R Expenditures not specified by kind					N/A												N/A
TOTAL	**1 712 595.21**	**1 351 620.55**	**29 607.78**	**1 322 012.77**	**N/A**	**326 351.57**	**101 312.85**	**44 447.44**	**5 278.81**	**6 822.60**	**134 386.99**	**12 019.82**	**13 797.96**	**8 285.10**	**34 623.10**	**34 623.10**	**N/A**

TABLE 4. National Health expenditures by type of health providers and health functions, 2004.

(HP x HC) *(continue 1)*

thousand soms

Providers / Function	HP 2 Nursing and residential care facilities	HP 2.1	HP.3 Providers of ambulatory health care	HP 3.1	HP 3.1.3	HP 3.1.4	HP 3.2	HP 3.2.1	HP 3.2.2	HP 3.2.3	HP 3.3	HP 3.3.1	HP 3.3.2	HP 3.4	HP 3.4.1	HP 3.5	HP 3.5.1
	Nursing and residential care facilities	Hospital of medical rehabilitation	Providers of ambulatory health care	FMC and FGP	FMC	FGP	Specialized polyclinics and narrow specialists	Specialized polyclinics	Diagnostic centers (private)	Gynaecology and urology centers (private)	General and specialized dental polyclinics; stomatologists; other staff of dental clinics	Dental polyclinics (public)	Dental polyclinics (private)	Other polyclinics and services of nurses, not associated with other subgroups	Other private outpatient services	EC	EC points
HC 1. Services of curative care			**529 350.45**	442 012.82	412 470.72	29 542.10	22 949.90	8 379.00	14 570.90	N/A	37 368.33	37 368.33	N/A		N/A	27 019.40	19 432.60
HC 1.1 Inpatient curative care									N/A								
HC 1.1.1 Surgery																	
HC 1.1.2 Cardiosurgery																	
HC 1.1.3Therapy																	
HC 1.1.4 Obstetrics/Gynecology																	
HC 1.1.5 Oncology																	
HC 1.1.6 Tuberculoses																	
HC 1.1.7 Infection																	
HC 1.1.8 Mental Health																	
HC 1.1.9 Other																	
HC 1.2 Day cases of curative care			**450 391.82**	442 012.82	412 470.72	29 542.10	8 379.00	8 379.00	N/A								
HC1.3 Outpatient curative care			**78 958.63**				14 570.90		14 570.90		37 368.33	37 368.33				27 019.40	19 432.60
HC 1.3.1 Basic Medical and diagnostic services			**14570.90**				14 570.90		14 570.90								
HC 1.3.1.1 Emergency servises			**27019.40**													27 019.40	19 432.60
HC 1.3.2 Outpatient dental care			**37 368.33**								37 368.33	37 368.33					
HC 1.3.3 All other specialized medical services																	
HC 5 Medical goods dispensed to outpatients										N/A			N/A		N/A		
HC 5.1 Pharmaceuticals and other medical nondurables																	
HC 5.1.1 Prescribed medicines																	
HC 6 Prevention and public health services									N/A	N/A			N/A		N/A		
HC 6.1 Maternal and child health; family planning and counselling																	
HC 6.2 School health services																	
HC 6.3 Prevention of communicable diseases																	
HC 6.9 All other miscelanneuos public health services																	
HC 7 Health administration and Health insurance									N/A	N/A			N/A		N/A		
HC 7.1 General government administration of health																	
HC.R. 2 Education and training of health personnel									N/A	N/A			N/A		N/A		
HC.R. 3 Research and development in health									N/A	N/A			N/A		N/A		
HC. Nsk HC.R Expenditures not specified by kind									N/A	N/A			N/A		N/A		
TOTAL			**775 921.53**	**688 583.90**	**659 041.80**	**29 542.10**	**22 949.90**	**8 379.00**	**14 570.90**	N/A	**37 368.33**	**37 368.33**	N/A		N/A	**27 019.40**	**19 432.60**

TABLE 4. National Health expenditures by type of health providers and health functions, 2004.

(HP x HC)
(continue 2)

thousand soms

Providers / Function	HP 3.5.2	HP 4	HP 4.1	HP 5 Provision and administration of public health programmes	HP 5.1	HP 5.2	HP 5.2.1	HP 5.2.1	HP 5.4	HP 5.5	HP 5.6	HP 5.7	HP 5.8	HP 5.9	HP 6 General health administration and insurance	HP 6.1	HP 6.3
	EC department in general hospitals and FMCs	Retail sale and other providers of medical goods	Pharmacies	SANITARY-PREVENTIVE SERVICES AND FACILITIES	Blood transfusion stations	SES and antiplague stations	SES and antiplague stations (MoH)	SES and antiplague stations (Regions)	TB sanatoriums	Sanatoriums for children and adolescents	Orphanage; Mother and child unit	Anti-epidemic activities	AIDS centers	Health centers and sanitary education	ACTIVITIES AND SERVICES OF HEALTH CARE, NOT INCLUDED IN OTHER CATEGORIES	MoH office	Centralized accounting office
HC 1. Services of curative care	7586.80																
HC 1.1 Inpatient curative care																	
HC 1.1.1 Surgery																	
HC 1.1.2 Cardiosurgery																	
HC 1.1.3Therapy																	
HC 1.1.4 Obstetrics/Gynecology																	
HC 1.1.5 Oncology																	
HC 1.1.6 Tuberculoses																	
HC 1.1.7 Infection																	
HC 1.1.8 Mental Health																	
HC 1.1.9 Other																	
HC 1.2 Day cases of curative care																	
HC1.3 Outpatient curative care	7 586.80																
HC 1.3.1 Basic Medical and diagnostic services																	
HC 1.3.1.1 Emergency servises	7 586.80																
HC 1.3.2 Outpatient dental care																	
HC 1.3.3 All other specialized medical services																	
HC 5 Medical goods dispensed to outpatients		**2 173 768.10**	2 173 768.10														
HC 5.1 Pharmaceuticals and other medical nondurables		**2 122 206.00**	**2.122.206.00**														
HC 5.1.1 Prescribed medicines		**51 562.10**	51.562..0														
HC 6 Prevention and public health services				**141 427.32**	14 589.64	98 180.05	15 441.60	82 738.45		5 696.50	9 184.01	143.10	10 341.09	3 292.93	**199 923.73**		
HC 6.1 Maternal and child health; family planning and counselling				**14.880.51**						5 696.50	9 184.01						
HC 6.2 School health services																	
HC 6.3 Prevention of communicable diseases				**111 957.17**		98 180.05	15 441.60	82 738.45				143.10	10 341.09	3 292.93			
HC 6.9 All other miscelanneuos public health services				**14 589.64**	14 589.64										**199 923.73**		
HC 7 Health administration and Health insurance															**25 106.30**	6 184.60	354.00
HC 7.1 General government administration of health															**25 106.30**	6 184.60	354.00
HC.R. 2 Education and training of health personnel																	
HC.R. 3 Research and development in health																	
HC. Nsk HC.R Expenditures not specified by kind																	
TOTAL	**7 586.80**	**2 173 768.10**	**2 173 768.10**	**141 427.32**	**14 589.64**	**98 180.05**	**15441.60**	**82 738.45**		**5 696.50**	**9 184.01**	**143.10**	**10 341.09**	**3 292.93**	**225 030.03**	**6 184.60**	**354.00**

TABLE 4. National Health expenditures by type of health providers and health functions, 2004.

(HP x HC) *(continue 3)*

thousand soms

Providers / Function		HP 6.3.1	HP 6.3.3	HP 6.4	HP 6.6	HP 6.6.1	HP 6.6.2	HP 6.7	HP 7 Others	HP 7.1	HP 8 Institutions providing health-related services	HP 8.1	HP 8.2	HP 9	TOTAL
	OMH office	Centralized accounting office (MoH)	Other health care expenditures	MHIF administration costs	Other services, not included in other categories	Other services, not included in other categories (MoH)	Other services, not included in other categories (MHIF)	Departamental enterprises and organizations		Households as providers	Applied reserches and experimental developments in health and medical services	Reserch Institute/Health centers	Educational and training institutions.	External provision	
HC 1. Services of curative care										N/A				N/A	
HC 1.1 Inpatient curative care															1 247 865.58
HC 1.1.1 Surgery															
HC 1.1.2 Cardiosurgery															
HC 1.1.3Therapy															
HC 1.1.4 Obstetrics/Gynecology															
HC 1.1.5 Oncology															6 822.60
HC 1.1.6 Tuberculoses															134 386.99
HC 1.1.7 Infection															25 817.78
HC 1.1.8 Mental Health															44 447.44
HC 1.1.9 Other															1 036 390.77
HC 1.2 Day cases of curative care															450 391.82
HC1.3 Outpatient curative care															78 958.63
HC 1.3.1 Basic Medical and diagnostic services															14570.90
HC 1.3.1.1 Emergency servises															27019.40
HC 1.3.2 Outpatient dental care															37 368.33
HC 1.3.3 All other specialized medical services															
HC 5 Medical goods dispensed to outpatients															2 173 768.10
HC 5.1 Pharmaceuticals and other medical nondurables															2 122 206.00
HC 5.1.1 Prescribed medicines															51 562.10
HC 6 Prevention and public health services					199 923.73	142 845.10	57 078.63								341 351.05
HC 6.1 Maternal and child health; family planning and counselling															14 880.51
HC 6.2 School health services															
HC 6.3 Prevention of communicable diseases															111957.17
HC 6.9 All other miscelanneuos public health services					199 923.73	142 845.10	57 078.63								214513.37
HC 7 Health administration and Health insurance		354.00		17 919.40				648.30							25106.30
HC 7.1 General government administration of health		354.00		17 919.40				648.30							25106.30
HC.R. 2 Education and training of health personnel											59 519.06		59 519.06		160831.92
HC.R. 3 Research and development in health											59519.06		59519.06		59519.06
HC. Nsk HC.R Expenditures not specified by kind															0.00
TOTAL		**354.00**		**17 919.40**	**199 923.73**	**142 845.10**	**57 078.63**	**648.30**		**N/A**	**59 519.06**		**59 519.06**	**N/A**	**5088261,26**

TABLE 5. National Health expenditures by type of financing organizations/agencies and health functions, 2004.

(HF x HC)

thousand soms

Financing Agents / Function	HF.A	HF 1.1	HF 1.1.1.1	HF 1.1.1.2	HF 1.1.1.3	HF 1.1.1.4	HF 1.1.1.5	HF 1.1.1.6	HF 1.1.1.7	HF 1.1.1.8	HF 1.1.1.9	HF 1.2.	HF.B	HF 2.3.	HF 2.4.	HF 3	TOTAL
	Public Sector	Territorial government	MoH	MoD	MoJ (GUIN)	MoE	MT&C (Railway department)	MIA	President Administration (HRA)	Frontier service	NSS	MHIF	Private Sector	OOP	NGO	Donors	
HC 1. Services of curative care	1 675 689.77	311 928.47	224 212.87	11 885.20	28 161.70		4 514.50	10 601.80	29 917.00	2 635.40	0	1 363 761.30	812 826.99	812826.99	N/A	N/A	2 488 516.76
HC 1.1 Inpatient curative care	1 159 730.81	311 928.47	224 212.87	11 885.20	28 161.70		4 514.50	10 601.80	29 917.00	2 635.40		847 802.34	552 864.41	552 864.41	N/A	N/A	1 712 595.22
HC 1.1.1 Surgery																	
HC 1.1.2 Cardiosurgery																	
HC 1.1.3Therapy																	
HC 1.1.4 Obstetrics/Gynecology																	
HC 1.1.5 Oncology	6 822.60											6 822.60					6 822.60
HC 1.1.6 Tuberculoses	134 386.99	31 070.20	31 070.20									103 316.79					134 386.99
HC 1.1.7 Infection	20 041.48	11 861.98	11 861.98									8 179.50	5 776.30	5 776.30			25 817.78
HC 1.1.8 Mental Health	44 447.44	39 530.54	39 530.54									4 916.90					44 447.44
HC 1.1.9 Other	954 032.30	2 290 465.75	141 750.15	11 885.20	28 161.70		4 514.50	10 601.80	29 917.00	2 635.40		724 566.55	547 088.11	547 088.11			1 501 120.41
HC 1.2 Day cases of curative care	430 696.19											430 696.19	257 887.72	257 887.72	N/A	N/A	688 583.91
HC1.3 Outpatient curative care	85 262.77											85 262.77	2 074.86	2 074.86	N/A	N/A	87 337.63
HC 1.3.1 Basic Medical and diagnostic services	14 570.90											14 570.90					14 570.90
HC 1.3.1.1 Emergency servises	27 019.40											27 019.40					27 019.40
HC 1.3.2 Outpatient dental care	35293.47											35 293.47	2 074.86	2 074.86			37 368.33
HC 1.3.3 All other specialized medical services	8379.00											8 379.00					8 379.00
HC 5 Medical goods dispensed to outpatients	51 562.10											51 562.10	2 122 206.00	2 122 206.00	N/A	N/A	2 173 768.10
HC 5.1 Pharmaceuticals and other medical nondurables	51 562.10											51 562.10	2 122 206,00	2 122 206,00			2 173 768.10
HC 5.1.1 Prescribed medicines	51 562.10											51 562.10	2 122 206.00	2 122 206,00			2 173 768.10
HC 6 Prevention and public health services	141 427.32	43 858.21	43 858.21									97 569.11	N/A	N/A	N/A	N/A	141 427.32
HC 6.1 Maternal and child health; family planning and counselling	14 880.51	3 570.21	3 570.21									11 310.30					14 880.51
HC 6.2 School health services																	
HC 6.3 Prevention of communicable diseases	111 957.7	29 541.92	29 541.92									82 415.25					111 957.17
HC 6.9 All other miscelanneuos public health services	14 589.64	10 746.08	10 476.08									3 843.56					14 589.64
HC 7 Health administration and Health insurance	24 458.00	6 538.60	6 538.60									17 919.40	N/A	N/A	N/A	N/A	24 458.00
HC 7.1 General government administration of health	24 458.00	6 538.60	6 538.60									17 919.40					24 458.00
HC.R. 2 Education and training of health personnel	59 519.06	59 519.06	59 519.06										N/A	N/A	N/A	N/A	59 519.06
HC.R. 3 Research and development in health													N/A	N/A	N/A	N/A	
HC. Nsk HC.R Expenditures not specified by kind	200 572.03	142 845.10	142 845.10									57 726,93	N/A	N/A	N/A	N/A	200 572.03
TOTAL	TOTAL	564 689.44	476 973.84	11 885.20	26 161.70		4 514.50	10 601.80	29 917.00	2 635.40		1 588 538.84	2 935 032.99	2 935 032.99	N/A	N/A	5 088 261.26