

Policy Research Paper # 55

**Review of Total Health Expenditures on TB
programme in Kyrgyzstan, 2007:
NHA Sub-accounts on TB Control Programme**

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April 2009

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Acknowledgement

This Report is a product of joint efforts made by the MOH, MHIF under MOH, National TB Centre of the KR, Centre for Health System Development (CHSD) as well as technical support provided by Imperial College (UK) and Project HOPE/USAID. We would like to extend our deep gratitude to all Oblast TB centres, Family Medicine Centers (FMC) and Family Group Practices (FGP) that have been involved into the Survey of health facilities. In particular, we would like to thank Mr. Bakyt Murzaliev (National TB Centre) and Mr. Timur Apterkar (Project HOPE/USAID) personally for their active participation and great contribution.

While doing TB analysis and writing this report we advised with Socium Consult (consulting company) on the reform issues within the TB programme in KR and used their materials with regard to current funding and TB services delivery. Besides, we thankful to Joe Kutzin (Regional Advisor, Health Systems Financing, WHO EURO), Sheila O'Dougherty (Regional Director, Abt, USAID) and Melitta Jakab (Health Financing Adviser, WHO-EURO) for their comments while finalizing the report.

Financial support from Project HOPE/USAID enabled development of national sub-accounts on TB Control Program in Kyrgyzstan and this report writing.



This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID), contract No.176-A-00-04-00006-00. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

Abbreviations

CHSD	Center for Health System Development, MoH of the KR
FGP	Family Group Practices
FMC	Family Medicine Centers
GUIN	Department of Corrections
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
ICRC	International Committee of the Red Cross
ICHA	International Classification of Health Accounts
IVC	Temporary holding facility
KR	Kyrgyz Republic
MIA	Ministry of Internal Affairs of the KR
MoH	Ministry of Health of the KR
MDR-TB	Multidrug Resistant Tuberculosis
MoD	Ministry of Defense of the KR
MoJ	Ministry of Justice of the KR
NGO	Non-governmental organizations
NHA	National Health Accounts
NPC	National Phthisiology Center
OECD	Organization for Economic Cooperation and Development
OOPs	Out-of-Pocket spending
PHC	Primary Health Care
PTDF	Pre-Trial Detention Facility
RHIC	Republican Health Information Center, MoH of the KR
RCI&E	Republican Center of Informatics and Epidemiology
SSESC	State Sanitary-Epidemiological Service Center
TB	Tuberculosis
TB programme	Tuberculosis programme
MHIF	Mandatory Health Insurance Fund, MoH of the KR
HLSFC	Healthy Life Style Formation Center
USAID	US Agency for International Development
WHO	World Health Organization

DFID	Department For International Development, United Kingdom
DOTS	Directly Observed Treatment Short-Course Therapy
DOTS PLUS	WHO Strategy to manage MDR-TB
KfW	German Reconstruction Bank
MSF	Doctors without borders
PAL	Pulmonary Health Practical Approach to Lung Diseases (Kyrgyz Finnish Programme)
SDC	Swiss Development Cooperation
SWAp	Sector Wide Approach

Summary

One of the urgent public health problems in the Kyrgyz Republic is an adverse epidemiological situation with tuberculosis caused by decline in the living standards of the population, active internal migration and emergence of new modified and drug resistant forms of the disease. Historically, TB programme has been organized as vertical specialized system with its own facilities and financing. In the course of Manas Health Care Reforms that involved rationalization and integration of TB programme, the organizational structure of TB programme has gone through some changes. TB offices in polyclinics have been integrated into the structure of Family Medicine Centres (FMC), and some Rayon TB dispensaries – into the structure of Rayon and City Territorial Hospitals. Hereafter, in 2008 – 2011 it is planned to focus on such areas as efficiency improvement of the TB programme delivery system functioning and administration; introduction of financing mechanisms that would ensure transparent distribution of funds coming from donor organizations and state budget; introduction of new provider payment system for TB programme workers and other issues.

At present, TB programme is organized as a specialized structure and provides services at republican (national), oblast and rayon levels. Republican TB programme is represented by the National Phthisiology Centre (NPC), Republican Rehabilitation Center and Republican TB Hospital. At Oblast level, in the cities of Bishkek and Osh the service is represented by oblast and city TB Centers and TB Hospitals; and finally at Rayon level – by Rayon and Inter-Rayon TB Hospitals and Dispensaries. TB departments at Rayon, Inter-Rayon and City Territorial Hospitals as well as TB offices at FMC and Territorial Hospitals represent TB programme at the level of general practice and PHC facilities. SES Service works jointly with TB programme and coordinates its activity in the infection nidus and during detection of contact individuals.

Major financing sources of TB programme in Kyrgyzstan are republican budget funds and external assistance. It should be mentioned that all services provided within the TB programme are free of charge for KR citizens. Due to the fact that TB programme was organized as a specialized service, its financing structure has differed from the general health care financing structure in the country up to the present day. In particular, each level was financed from several sources that caused duplication and inefficient distribution of funds. However, in the context of limited funding a decision to revise financing structure was made in 2008 in order to improve the efficiency of the available resources distribution. At present, the Concept of development of TB programme in the Kyrgyz Republic is under development. This conception will reflect key activities to improve situation with TB in the KR through both financial restructuring of the network and improvement of the TB programme administration system.

In 2007, MoH and MHIF demonstrated their readiness and desire to do detailed analysis of financial flows in the TB programme based on TB sub-accounts methodology of the National Health Accounts (NHA). The NHA ensure complete description of all health sector resources including public expenditures, household expenditures and donor expenses. Sub-analyses for particular conditions or programs entailed development of NHA sub-accounts on particular diseases; for example, NHA sub-accounts for HIV/AIDS, TB, Malaria, reproductive health and health of children. Thus, currently about 40 countries in the world have developed HIV/AIDS sub-accounts. Among CIS countries Russia and Ukraine developed NHA. First TB sub-accounts were developed by Georgia in CIS with financial support of USAID.

This report on analysis of the TB programme accounts is the first report where an attempt was made to give a complete picture of public and external financing expenditures broken down by financing sources, financing agencies, Providers, Functions and Expenditure Items. The Report represents data from 2007 that allow evaluating current status of the TB programme financing system in Kyrgyzstan. This analysis will enable to streamline information on existing financial flows within the service and gain in-depth and better understanding of financing issues as well as to identify potential areas for reforms.

Key findings:

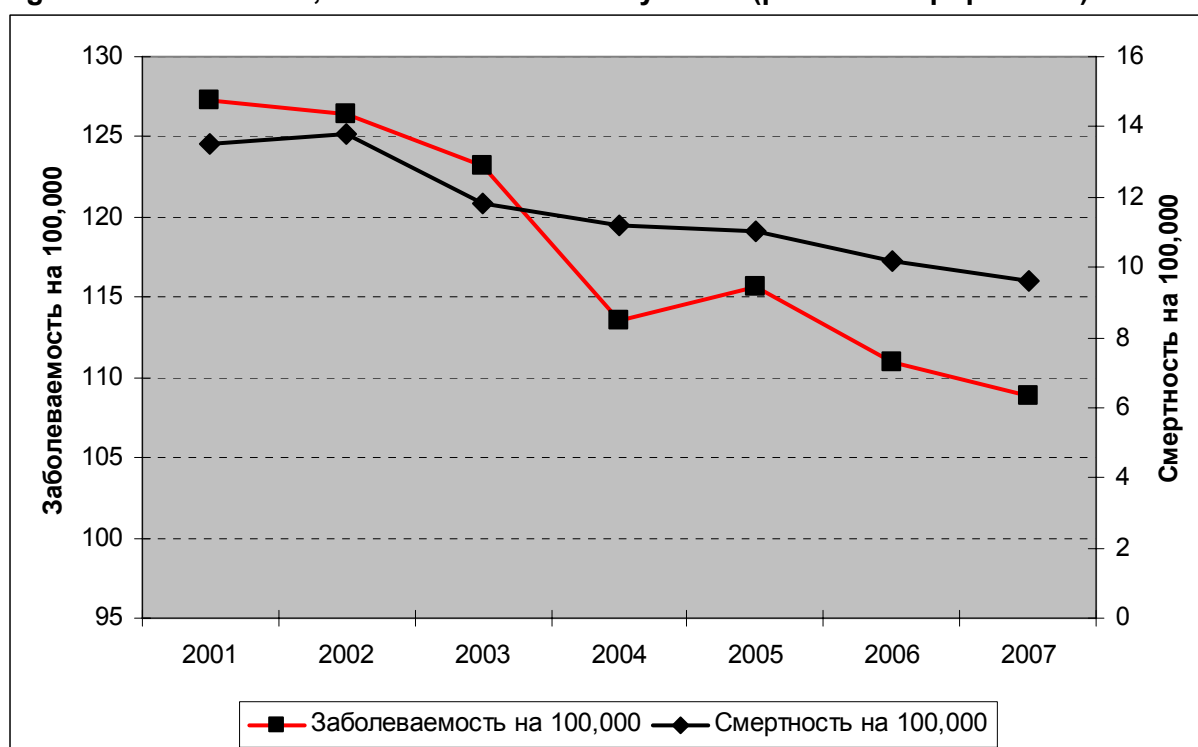
1. Major financing sources of the TB programme are *public funds and external financing*, in particular, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), USAID, KfW, WHO, UNFPA, Government of Finland, ICRC and Doctors without borders (MSF). Thus, level of government spending on the TB programme amounted to over 55%, and level of external financing was 44%.
2. In 2007, total TB expenditures amounted to 437,589 thous. kyrgyz som or 4,8% of total health expenditures. Funding from the republican budget was 6,5% out of total government spending on health and international funds amounted to not more than 18% of total external financing.
3. Major TB-related expenditures by providers are accounted for TB centers (30%), followed by TB Hospitals (13.6%). Meanwhile, about 4% are spent on outpatient care.
4. With a breakdown into functions, slightly more than 40% are channeled for the «*Medical care services*» category, out of them 37% go to hospitals including external funding and 3% go to PHC level. About 12% (per category) are channeled for «*Medical Goods, prescribed to outpatients*» and «*Administration of health care and health insurance for TB activities*» categories, as for «*Services on prevention and public health care on TB control*» category these costs comprised 8.3% of total TB expenditures. Quite a significant amount falls on the category «*HC. Nsk HC Expenditures, not specified by categories*» - 15.5%, where 2/3 of the amount falls onto external financing, which was not classified within the conducted survey.
5. In the total expenditure structure of the TB facilities major expenses are fixed costs such as «*Personnel*» and «*Medicines and dressing*», 24% and 27% accordingly. «*Total capital investments*» category amounted to 6,8% of total expenditures on the TB programme, and all those costs are covered by international organizations.

This Report includes 6 Chapters and 2 Annexes. **Chapter 1** provides a brief review of epidemiological situation in the KR. Health care delivery structure within TB programme is represented in **the second Chapter**; and description of how services are accumulated and procured in this Service is given in **Chapter 3**. Kyrgyzstan is one of the first countries, which conducted sub-analysis on TB programme applying NHA approaches. In order to do this sub-analysis, TB sub-accounts methodology is developed including classifiers, methods of data collection. This methodology is described in **Chapter 4**. In-depth analysis of TB-related expenditures for 2007 is presented in **Chapter 5**. Findings and recommendations are provided in final **Chapter 6**. An annex with five tables with various aspects of the sub-accounts on TB Programme in Kyrgyzstan is also enclosed.

1. Epidemiological Situation

One of the main public health problems in the Kyrgyz Republic is adverse epidemiological situation with tuberculosis caused by decline in the living standards of the population, active internal and external migration of the population and emergence of new modified and drug resistant forms of the disease, requiring modified treatment schemes, organization of patient flows and distribution and better TB programme management system. However, as shown in Fig.1, a considerable decrease in both TB incidence and mortality rates has been observed during the last few years. TB incidence rate has decreased from 116 cases per 100,000 in 2005 down to 109 cases in 2007 without considering penitentiary service. «Manas Taalimi» Program is aimed to decrease TB incidence down to 91 cases by the year of 2010, and most probably this goal is feasible. TB mortality rate has dropped from 11 cases per 100,000 population in 2005 down to 9.6 cases in 2007 without taking into account penitentiary service. Thus, «Manas Taalimi» programme's objective is to decrease TB mortality down to 9 cases by the year of 2010 is quite achievable.

Figure 1. Tuberculosis, Incidence and Mortality Rates (per 100 000 population)



Source: RMIC

Table 1 demonstrates more detailed data on TB incidence and mortality for the last two years, 2006 and 2007, by oblast and penitentiary service. Thus, in 2007 5,667 newly detected TB cases were registered in the KR versus 5,726 cases in 2006 (in GUIN system – 346 and 533 TB cases accordingly). In 2007, TB incidence rate decreased from 110.9 to 108.8 per 100,000 population in the republic as compared to 2006. The TB incidence rate considering newly detected cases in the penitentiary system decreased from 121.2 to 115.5 per 100,000 population in 2007 as compared to 2006. In Kyrgyzstan TB incidence rate among population had been decreased by 4.1% in 2006 and by 1.9% in 2007.

Table 1. TB Incidence and Mortality Rates in 2007

Region (Oblast)	Incidence Rate				Mortality Rate			
	Absolute Number		Indicator per 100,000 population		Absolute Number		Indicator per 100,000 population	
	2006	2007	2006	2007	2006	2007	2006	2007
Batken	354	341	84.1	80.3	21	28	5	6.6
Jalalabat	941	898	97.3	91.9	66	60	6.8	6.1
Isyk-Kul	286	323	66.6	74.8	16	15	3.7	3.5
Naryn	271	240	101.2	89.1	18	21	6.7	7.8
Osh	1,029	1,100	97.3	102.9	97	83	9.2	7.8
Talas	238	238	110.8	109.8	16	23	7.4	10.6
Chui	1,215	1,202	161	158.5	121	92	16	12.1
Bishkek City	1,151	1,067	143.4	131.7	140	147	17.4	18.1
Osh City	241	258	96.4	103.3	32	30	12.8	12.0
GUIN	533	346	1,995.8	1,767.0	135	83	505.5	430.1
Republic with GUIN	6,259	6,013	121.2	115.5	662	582	12.8	11.2
Kyrgyzstan	5,726	5,667	110.09	108.8	527	499	10.2	9.6

Source: NPC, 2008

As it used to be in the previous years, in 2007 high TB incidence rates were registered in Bishkek and Chui Oblast (131.7 and 158.5 per 100,000 population correspondingly), although they have been declining during last year in these regions however, the given indicator in these regions is higher than republican level. TB incidence rates in Bishkek city and Chui oblast are explained by a number of reasons. For example, available high number of patients with chronic TB forms and patients amnestied from prisons, high levels of both external and internal migration as well as poor material and social conditions and low living standards. In 2007, TB incidence rates increased in Osh City, Osh and Issyk-Kul oblasts (from 96.4 up to 103.3 per 100,000 population, from 97.3 up to 102.9 per 100,000 and from 66.6 up to 74.8 per 100,000 accordingly). However, as Table 1 shows, TB incidence rates in these regions did not reach the republican level (108.8 per 100,000 population).

Because of inadequate awareness of the population about TB and late detection of new TB cases at the PHC level, number of neglected TB cases increased in 2007 as compared to 2006 in the republic as a whole and in some different regions. Thus, as Table 2 demonstrates in the republic number of neglected TB cases has increased from 1.4% up to 1.7% out of total newly registered TB cases, in Osh city – from 0.8% up to 3.5%, in Naryn oblast – from 1.1% up to 5.4% and in Bishkek city – from 1.8% up to 2.5%.

Table 2. Neglected TB cases among patients, 2007

Oblast	Abs. number		Abs. number B/B		%	
	2006	2007	2006	2007	2006	2007
Batken	4	2	354	341	1.1	0.6
Jalalabad	20	17	941	898	2.1	1.9
Issyk-Kul	2	1	286	323	0.7	0.3
Naryn	3	13	271	240	1.1	5.4
Osh	24	16	1,029	1,100	2.3	1.5
Talas	3	2	238	238	1.3	0.8
Chui	3	8	1,215	1,202	0.2	0.7
Bishkek	21	27	1,151	1,067	1.8	2.5
Osh	2	9	241	258	0.8	3.5
Kyrgyzstan	82	95	5,726	5,667	1.4	1.7

Source: NPC KR, 2008

TB incidence rate among children was 42.8 per 100,000 children in 2007 in the republic versus 44.1 in 2006. While republican TB incidence rate among children was declining as compared to 2006, growth of TB incidence rate among children has been registered in Batken oblast (from 19.5 to 24.3/100,000 children), Osh oblast (from 27.1 to 32.5/100,000 children) and Bishkek city (from 106.3 to 133.1/100,000 children). In 2007, TB incidence rate among teenagers in the republic has increased from 62.6 up to 70.3 per 100,000 teenagers as compared to 2006, however, by its value, it was reaching the 2005 indicator (69.3 per 100,000 population). Considerable growth of TB incidence rate in this age group was registered in Osh city (by more than two times) and Jalalabat oblast.

As compared to 2006 in 2007 TB mortality rate has also decreased in the republic from 10.2 to 9.6 per 100,000 population (taking into account GUIN - from 12.8 to 11.2 per 100,000 population accordingly) (Table 1). The analysis of the TB related death cases has revealed that out of total number of people died over 75-80% were patients with chronic TB forms; about 10% - patients not registered with a dispensary (homeless people, alcoholics, ex-prisoners, etc.); and 10-15% - newly detected cases. Thus, in 2007 out of total number of the TB-related lethality cases, newly detected cases comprised 14%, those who were not registered with a dispensary – 9.6% and chronic cases – 76.4%. TB mortality rates in the cities of Bishkek and Osh as well as in Chui and Talas oblasts in 2007 exceeded the republican rate and amounted to 18.1, 12.0, 12.1 and 10.6 accordingly. However, TB mortality rate decreased in these regions as compared to 2006, except for Bishkek city.

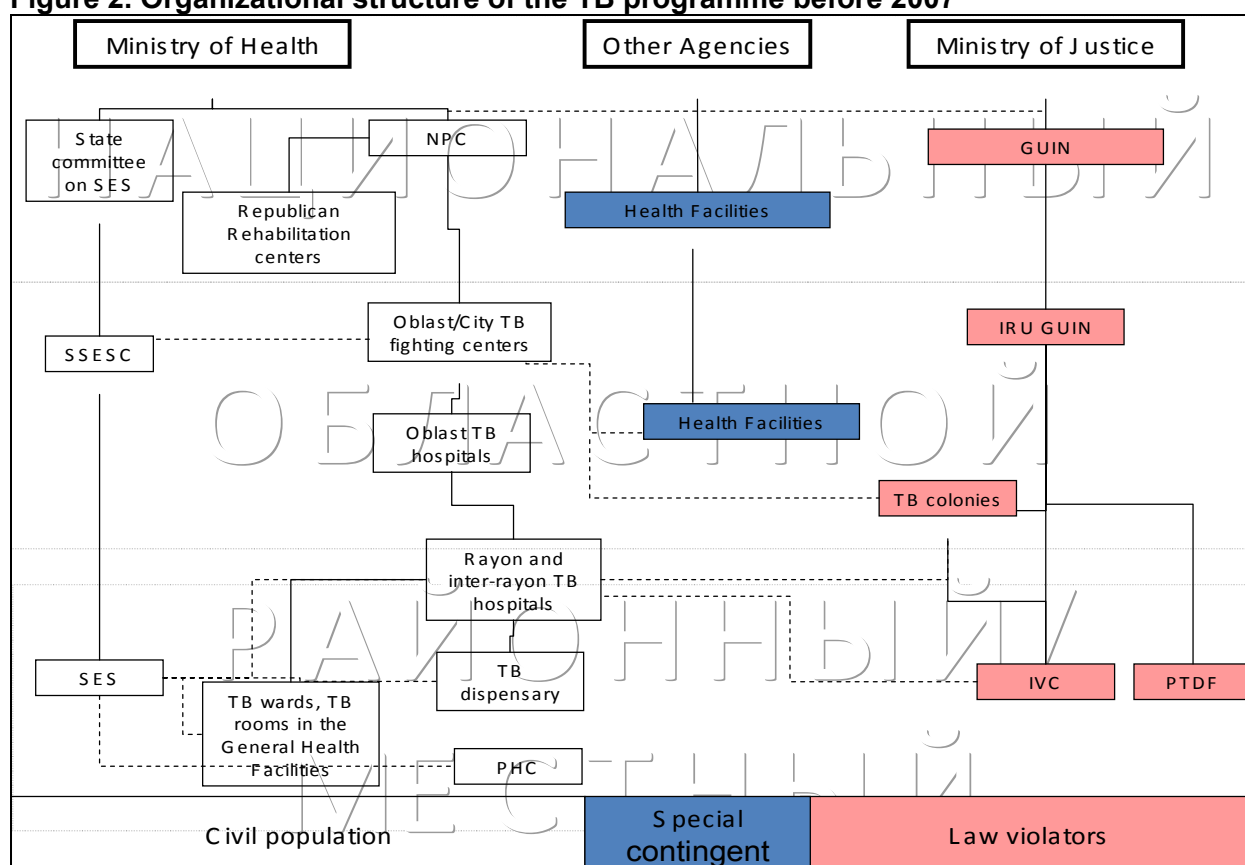
Thus, the epidemiological situation and health-demographic indicators have identified TB control as one of the priorities in the National «Manas Taalimi» Health Reform Programme and the Millennium Development Goals.

2. Delivery of Health Care

TB programme in the KR has gone through dramatic changes during the last few decades. Within the implemented health sector reforms 3 National Strategies of Fighting against TB were developed and introduced: «Tuberculosis 1» (1995-2000), «Tuberculosis 2» (2001-2005) and «Tuberculosis 3» (2006-2010) aimed at rationalization and integration of TB programme into PHC level. In particular, WHO Clinical Protocols were adapted and introduced for TB detection and treatment, which enabled to reduce duration of the intensive treatment stage in hospitals and integrate the supportive treatment stage at the out-patient level into PHC applying DOTS approaches. Physicians at out-patient level have become responsible for detection of TB cases through integration of TB offices into the FMC structure.

At present, TB programme is organized as a specialized programme and delivers services at the national/republican, oblast and rayon levels (Figure 1). At the **republican level**, TB programme is represented by the National Phthisiology Centre (NPC), Republican Rehabilitation Center and Republican TB Hospital. At the **Oblast level**, in the cities of Bishkek and Osh, TB programme is represented by TB control centres and TB hospitals; and finally at the **Rayon level** it is represented by Rayon and Inter-Rayon TB hospitals and TB dispensaries (Figure 2). TB departments at rayon, inter-rayon and city territorial hospitals, as well as TB offices in FMCs and territorial hospitals represent TB programme in general profile and PHC facilities. Sanitary-Epidemiological Surveillance Service (SES) works jointly with TB programme and coordinates its activity in the areas of infection nidus and during detection of contact individuals.

Figure 2. Organizational structure of the TB programme before 2007



Source: Project Hope/USAID

In Kyrgyzstan private clinics and private doctors are not entitled to deliver TB programme to population of KR. If a patient is under suspicion of TB then a patient should be referred a specialized facility.

Oblast TB centres are the largest facilities in oblasts, in addition to their curative functions they are also responsible for TB programme implementation and its organization at the oblast level. At rayon level, Head of a territorial hospital is responsible for organizational role of TB programme, whereas rayon/city TB dispensaries (TB organizations, TB centers) provide methodological and consultative assistance to general hospitals and PHC facilities. Currently, 6 TB wards are in place within Territorial hospitals and one specialized facility in Chymkorgon for mentally deceased people; however, by the end of 2009 it is planned to close them, as TB patients are specific cases and require a certain approach towards their treatment.

TB services are also provided in GUIN (Department of Corrections, MOJ) because TB incidence rate is high in prisons. TB facilities within GUIN include TB hospitals within colonies and prison cells for TB patients in Pre-Trial Detention Facilities (PTDF). IVC (Temporary holding facilities) rely on services of the closest TB dispensary or Territorial Hospital. Ministry of Defense (MOD) has a contract with the Republican Hospital, according to which TB suspected cases among military contingents are referred to the Republican Hospital for medical examination; if diagnosis is confirmed, this military officer resigns and goes to get treatment as all civil population upon referral.

TB Control Service represented by NPC is responsible for TB control in the country and clinical aspects of TB care delivery at each health care level. It provides methodological and organizational supervision of non-specialized facilities on the TB programme delivery. In general, the NPC provides methodological, consultative and organizational assistance to all health care facilities, including GUIN. It is also responsible for implementation of the National TB Control programme in KR. In addition, the NPC ensures realization, monitoring and evaluation of the TB programme in the country.

Table 3 shows structure of the health care delivery within the TB programme. Specialized TB facilities are responsible for diagnostics of TB suspected cases and treatment of TB patients both at intensive and supportive stages. However, once patients finish intensive phase and abacillation, they are referred to PHC level. Highly specialized services in the severest cases are provided in the NPC as well as treatment of MDR TB.

Table 3. Structure of the TB programme delivery

TB programme	Provider	How
Promotion of healthy life style	Health life style centre PHC TB system SSESC	Distribution of information and counseling
Primary prevention–vaccination and booster vaccination (secondary vaccination) BCG	SSESC Maternity House PHC	Vaccination of newborns and revaccination of children at the ages of 6-7 and 11-12 years
Secondary prevention–detection of contacts and chem. prevention	SSESC TB system PHC	Disinfection, Tuberculin diagnostics of children for TB, X-ray, smear microscopy, children vaccination and chem. prevention
Detection of cases	PHC TB system	Passive detection of cases through x-ray, fluorography, smear microscopy, Mantu (among children) Symptomatic

Screening	PHC TB system	fluorography, Mantu (among children)
Diagnostics	TB system	X-ray, fluorography, smear microscopy, cultures
Treatment	TB system PHC	Intensive and supportive phases
Rehabilitation	TB system Sanatoriums Specialized rehabilitation centers for children	Sanatoria -spa treatment

As Healthy Life Style promotion, primary and secondary prevention, detection of cases and screening – these functions are prerogative of PHC. During integration of TB programme into PHC level, family doctors and FGPs were delegated with TB treatment services at the supportive phase. *SES*, being the main facility for control of epidemiological situation in the country, is responsible for providing anti TB vaccines and prevention of the infection spread. *Healthy life style center*, being a separate vertical structure, is responsible for work with population on healthy life style promotion and behavior change.

In 2006, PAL Strategy has been introduced at the national level with financial support of the Government of Finland. All activities are aimed at strengthening the PHC role in fighting against respiratory diseases through training of health specialists, improvement of management at PHC facilities and provision of equipment and medical supplies.

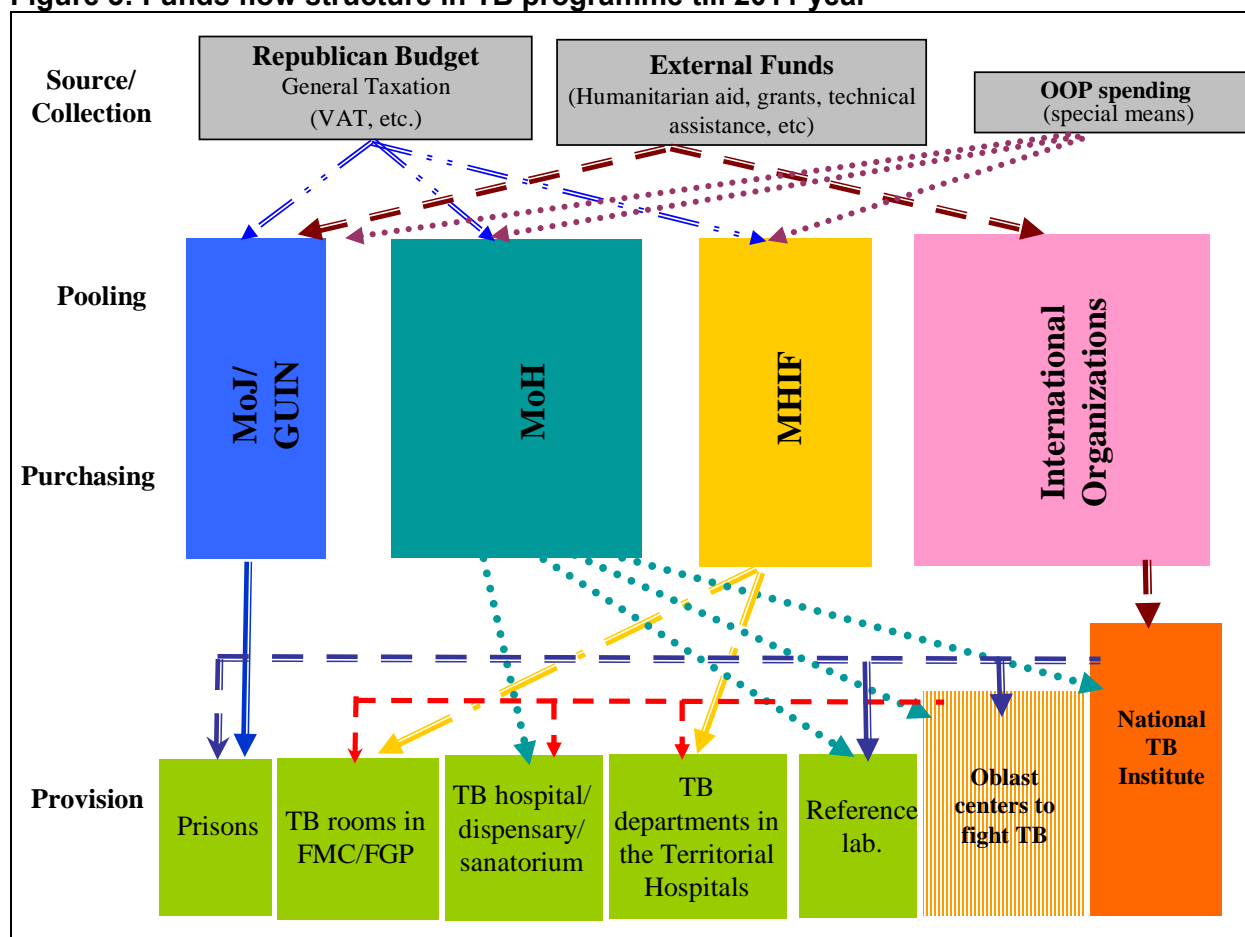
3. Financing Structure

Structure of financial flows is one of the important elements while developing and making policy for TB programme as well as for general health system. Thus, financing structure of TB programme differs to some extent from the general health care financing system in the country. This is associated with the fact that TB programme has been organized as a specialized structure. However, in 2008 it is decided to reorganize the existing financing structure due to financial constraints and to improve efficiency of available resource distribution. Currently, Concept on «Development of TB programme in the KR» is under development. It includes key activities to improve TB situation in the KR through changing financing system and improvement of the TB programme administration system.

In Kyrgyzstan, major sources of the TB programme financing are public funding from the republican budget and external funds. There is also a few funds come from household budgets (population) - out-of-pocket payments. In budget classification of the KR these expenditures belong to special means, i.e. these are revenues gained by TB facilities through fee-for-service payments from the population, for example, X-ray, or any tests for non-TB patients.

Figure 3 shows funds flow before 2008, it is shown that funds are accumulated in four pools: GUIN, MOH, MHIF and International Organizations.

Figure 3: Funds flow structure in TB programme till 2011 year



As it was mentioned above, because of high TB prevalence in the penitentiary system. *GUIN* runs vertical integrated health care system, hence, it receives funds directly from the *state budget* (republican) and *external financing* (ICRC, MSF and others.). It also plays role of purchaser of such services like detection and treatment of TB cases in the penitentiary structure. It should be noted that none of other law enforcement structure (MIA, MOD) receives earmarked allocations for delivery of TB services from any sources and relies on public health system.

Ministry of Health accumulates republican budget resources to finance curative activities at the NPC, TB control centers and TB hospitals/dispensaries; and the funds are distributed by line-items among these facilities. In addition, some funds from the republican budget are allocated to purchase reagents for tests conduction in reference laboratories. Vaccination of newborns against TB is provided directly in maternity houses; and funds to cover its costs are allocated from the republican budget.

Once TB services have been integrated into PHC, PHC doctors become responsible for TB cases detection and treatment during the supportive phase at outpatient level. Financing of these activities is provided by MHIF which accumulates and distributes funds to TB rooms within the FMC/FGPs based on per capita principle (per 1 enrolled person). Funds to conduct sanitary-educational/preventive work on TB and its screening are allocated as one common pool for FMC/FGP to conduct these activities for all communicable diseases. Besides, some Territorial Hospitals have TB wards, and since Territorial Hospitals are part of Single Payer System funds for these wards are allocated from the *MHIF* out of general taxation (republican budget).

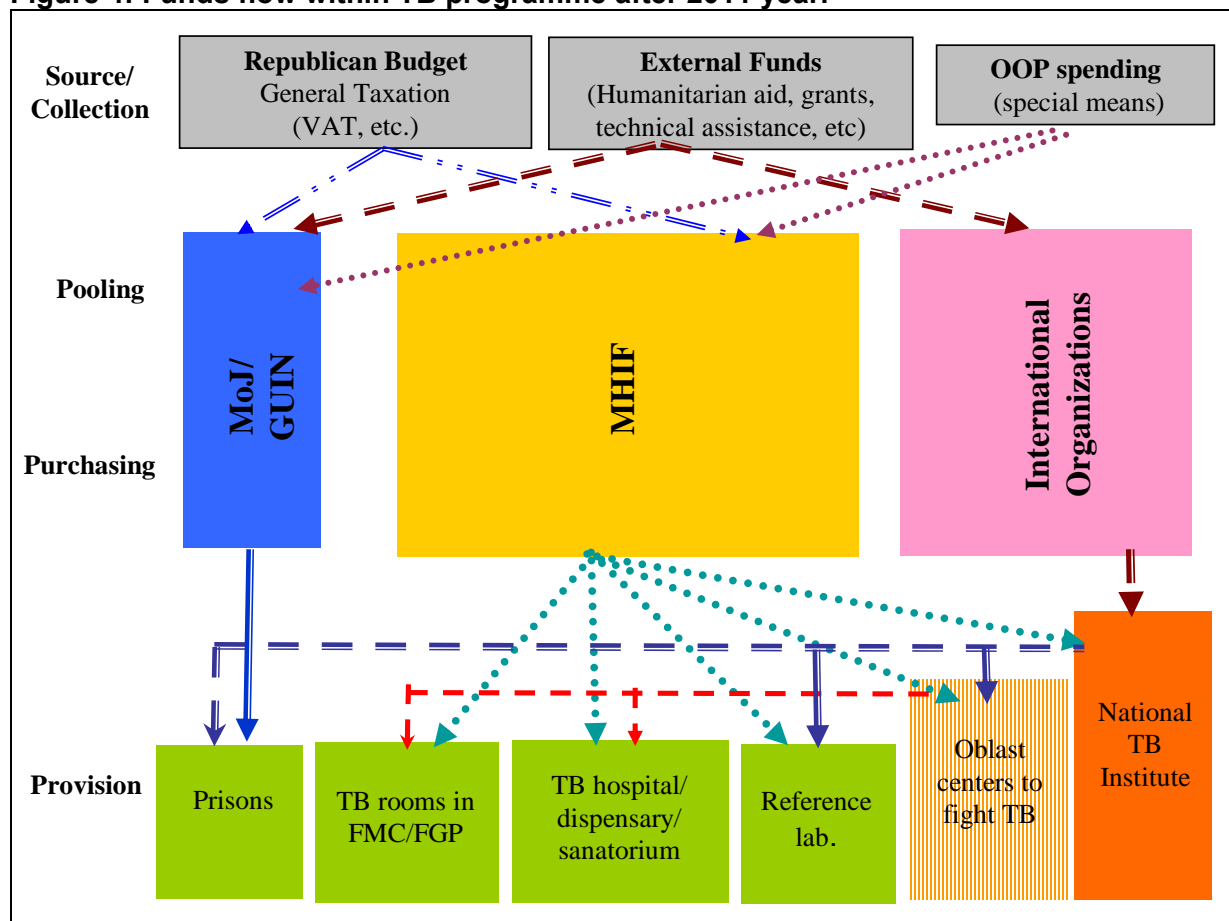
All drugs for TB treatment based on DOTS both for penitentiary service and the civil one are ensured from external financing (GFATM, KfW, etc.). These drugs are distributed in a centralized way by the NPC based on claims from TB facilities: prisons/colonies, TB wards in Territorial Hospitals and Oblast TB control centers. Then, Oblast TB control centres distribute these drugs among FMC/FGPs and TB Hospitals/dispensaries. Besides, reagents for tests provided in reference-laboratories are also purchased using funds of external financing. In other words, international organizations also perform function of pooling and purchasing at their own levels. These functions imply not only purchasing and distribution of drugs, but also different equipment assigned for the TB service.

Despite the fact that financing system in the general health care system has been reformed (financing from single pool - «Single Payer System»), financing of the TB service continued to be line-itemized and fragmented until 2008. In 2007, Government Resolution «On Programme-Based Health Care Financing» (№184 as of 21/03/07) was adopted based on which TB care subprogram changed to financing per 1 hospitalized patient with conduction of all needed measures.

Process of changing the TB programme financing system is divided into three phases:

1. Modifications in the process of budget formation with change over from funding network standards to financing per 1 hospitalized patient;
2. Preparation and conduction of activities, accompanying changes in the process of budget formation:
 - Classification of TB patients by 4 categories with cost assessment and organization of statistical account on them;
 - Introduction of new provider payment system for the TB service staff;
 - Restructuring of the regional TB network and each TB Hospital.
3. Integration of the TB service into the Single Payer System by the year of 2011, i.e. shift to execution of the consolidated budget on budget and off-budget funds. However, it could be feasible when the TB programme network is optimized and efficiency of its performance is ensured; and also TB financing standards are equalized countrywide. Figure 4 shows the funds flow within TB programme after 2011 year.

Figure 4: Funds flow within TB programme after 2011 year.



As it is seen from the Figure 4 penitentiary service remains unchanged, it will have its own vertical system of delivering TB services and continue to be funded through GUIN. In civil sector, MHIF will accumulate funds of the republican budget and purchase all TB services both at primary and secondary health care levels, i.e. MHIF will serve as a single pool. International organizations will continue funding of certain expenditure categories (drugs, capital investments etc.) of TB facilities through the NPC based on their demands. However, it should be noted that this is feasible if all three reform activities mentioned above envisaged for the second phase are implemented.

4. Methodological aspects of the NHA TB Sub-accounts¹

In 2007, the Kyrgyz Ministry of Health and Mandatory Health Insurance Fund indicated their readiness and willingness to do detailed analysis of financial flows in the TB service based on NHA TB. NHA provide a complete description of all resources in the health sector, including public spending, household spending and donor spending. Sub-analyses for specific conditions or programmes have involved development of disease-specific NHA sub-accounts; for example NHA sub-accounts for HIV/AIDS, TB, malaria, reproductive health and child health. To date, worldwide, around 40 countries have developed NHA sub-accounts on HIV/AIDS. Among the CIS countries NHA sub-accounts have been developed in Russia and Ukraine. In the CIS, the first NHA sub-accounts for TB were developed in Georgia with the assistance of USAID.

Within the framework of any disease-specific sub-accounts it is necessary to identify the sector and disease boundaries and provide appropriate definitions for the types of expenditures that should form the scope of the sub-analysis. The next step is to determine how these expenditures will be classified. Classification approach applied by us is based on «*Guidelines to Producing National Health Accounts*» (WHO, WB, USAID), which is derived from the System of Health Accounts (SHA) classification scheme, and the NHA classifications developed specifically for Kyrgyzstan. The classifications that were developed in this guideline was shared and agreed with the NHA team and TB experts based at the WHO Headquarters in Geneva. The approach we have adopted allows for international comparability while, at the same time, taking into account the country context. Thus, 5 classifiers have been developed:

- *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 the ministries and other agencies that manage the funds allocated by the Financing Sources and use these funds for payment or purchase of health services, medical supplies and other activities recorded under national health accounts of the country. For example, the MoH, Ministry of Economy and Finance, Ministry of Justice, MHIF, OOP, NGOs, etc.
- *Health Care Providers (HP)* – a category of health sector actors, which are the end users or beneficiaries of funds and receive these in exchange for performance results recorded in health accounts. For example, hospitals, FMC, FGP, etc.
- *Health Care Functions (HC)* – are the types of healthcare services and activities delivered by healthcare providers, recorded in country health accounts. For example, inpatient care, outpatient care, etc.
- *Economic Classifier (RC)* – refer to the funds allocated to healthcare 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.

There are five tables developed to reflect the trends of financial flows between the health system actors as follow:

- Financing sources → financing agents;
- Financing agents → healthcare providers;
- Health care providers → functions;
- Financing agents → functions;
- Healthcare providers → expenditure items;

Table 1 reflects the financial flows from *financing sources* to “*financing agents*” (FS→HF), i.e. allows estimation of the share of funds allocated to TB system by financing source and finance

¹ Detailed descriptions of the methodology and data collection methods are given in Annex 2.

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 the major types of financing sources.

Table 2 reflects the financial flows from *the financing organizations* to *healthcare providers* ($HF \rightarrow HP$) and indicates 'who' finances the providers and 'what' health services are financed. This table demonstrates the flow of funds from financing organizations to health service providers, which in a consistent way allows description of those who pay and for what they pay in the health system.

Table 3 shows how expenditures on different *health functions* are channeled through the various types of *providers* ($HP \rightarrow HC$), i.e. it tells "who does what". This table provides a useful perspective on the contribution of different types of providers to the total spending on specific types of services. For example, in many countries community public health services are provided by hospitals as well as by ambulatory health care providers. Having this table, it is possible to examine total expenditure on public health programmes and see the shares of spending accounted for by hospitals and ambulatory care providers, to gain a perspective of where spending for this important health system function is located.

Table 4: shows the financial flows from *the financing agents* to *particular functions* ($HF \rightarrow HC$) and indicates who finances what types of services in the TB control system. 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 representation of data on general and specific distribution of resources among the main types of health goods and services; also this table represents the information of public and private financing agents which are performing various functions.

Table 5 provides information on expenditures *of healthcare providers by items* ($HP \rightarrow RC$). This table enables presentation of detailed characteristic of how both the public and private care providers distribute funds economically, i.e. streamline the funds either to the current needs or capital long-term investments. A similar analysis of expenditures by providers allows development of policies for payroll, investments, expenditures for pharmaceuticals and other important expenditures.

The detailed methodological guideline is presented in a separate paper "Methodological Guideline: NHA Sub-accounts for TB system in Kyrgyzstan".

5. Situation Analysis of financing of TB programme in 2007

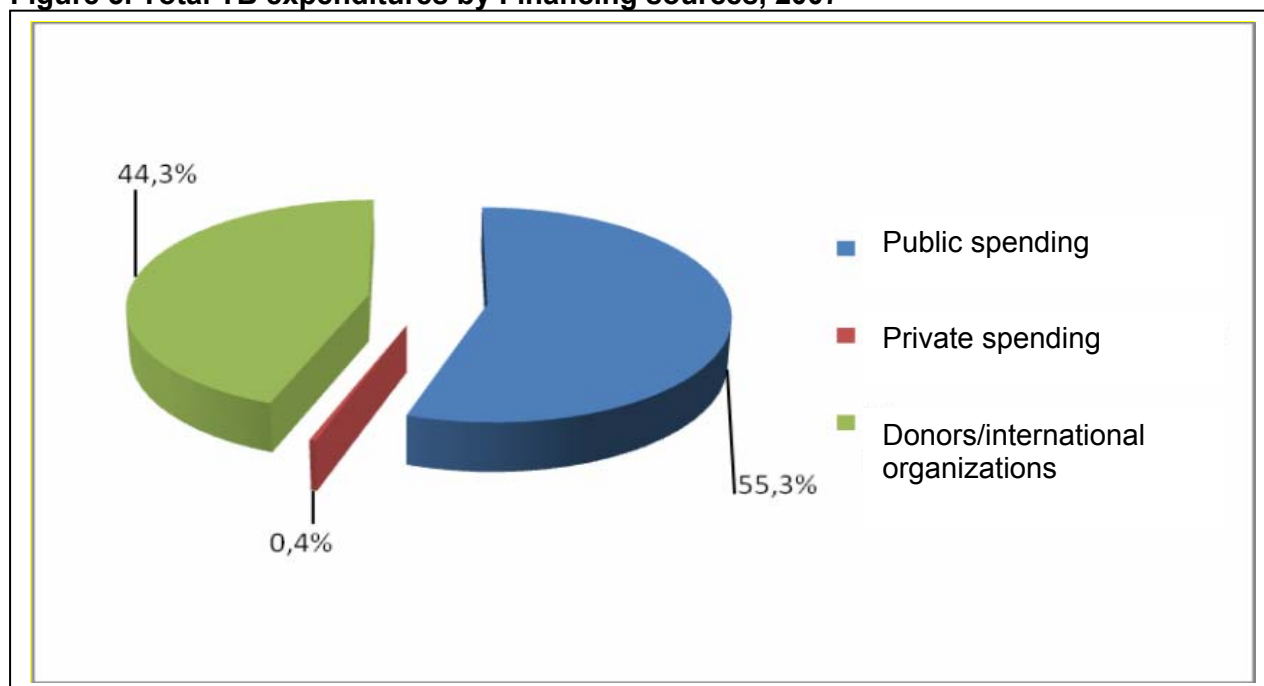
This chapter presents results of the analysis of five main tables attached to this report. In particular, how TB programme is financed from the budget and external funds; and how funds coming from the financing organizations are distributed among health providers and health services.

5.1 Structure of total TB expenditures by Financing Sources

One of the major financing sources in the TB programme as well as in general Kyrgyz health system is state budget. The second by value financing source is funding ensured by international organizations. As currently there is no data on out-of-pocket payments made by households, but here in these report private payments are represented as special funds that are formed from contributions made by population to pay services. Thus, in 2007 total TB expenditures amounted to 437,588.7 thousand soms or 4.8% of total health expenditures. Meanwhile, public funding was generated from the republican budget and come to 238,601.8 thousand soms or 6.5% of total health spending. Financing from international organizations was 191,337.4 thousand soms or over 18% of total external financing channeled to Kyrgyz health sector. Key international organizations financing the TB programme in KR are World Bank, KfW, USAID, GFATM, SDS, ICRC and Doctors without Borders.

The structure of TB expenditures by financing sources considerably differs from general structure of total health care expenditures. While private funds predominate in general health expenditures and make up almost half of total health expenditures (47.6% in 2007), in case with TB programme, this proportion is extremely low– 0.4% of total TB expenditures (Figure 5).

Figure 5. Total TB expenditures by Financing sources, 2007



As mentioned above, the situation is still conditioned primarily with lacking data on out-of-pocket spending for TB programme. However, relying on specifics of this programme, one can assume that level of OOPs will not exceed public expenditures. In general, the level of public spending on TB programme was more than 55%, whereas the level of total public expenditures for general health system was about 41% in 2007.

The large amount of funds is channeled by international organizations for the TB program, as a result share of external funds in total TB spending is over 44%, which is significantly higher of the same indicator in total health spending (11.6%). The existing TB spending structure shows that financing in this programme of health care is potentially unsustainable. In case if international organizations make a decision to considerably reduce their participation in financing of the TB programme, it will be extremely difficult for the government to fill up the financial gap and keep the same level of funding.

5.2 Review of Financing Organizations

Based upon the TB sub-accounts classification key financing organizations in the TB programme are government and donors. Category “public organizations” includes MOH, MOJ and MHIF.

Once funds are received by financing organizations from financing sources, the structure of total TB expenditures does not change a lot and still the largest share is secured by the state budget funds, i.e. financing level from the republican budget is about 70%, whereas funds of international organizations are only 30% (Table 4). Meanwhile, 92% of public expenditures are implemented through MOH and only 8% is funding through MHIF. Change in ratio of public and international expenditures, as shown in Figure 5, occurred due to the fact that some funds from the international organizations were channeled to the TB programme through MOH and were accounted as expenditures of public facilities.

Table 4. Expenditures of the TB service by Financing Organizations, 2007

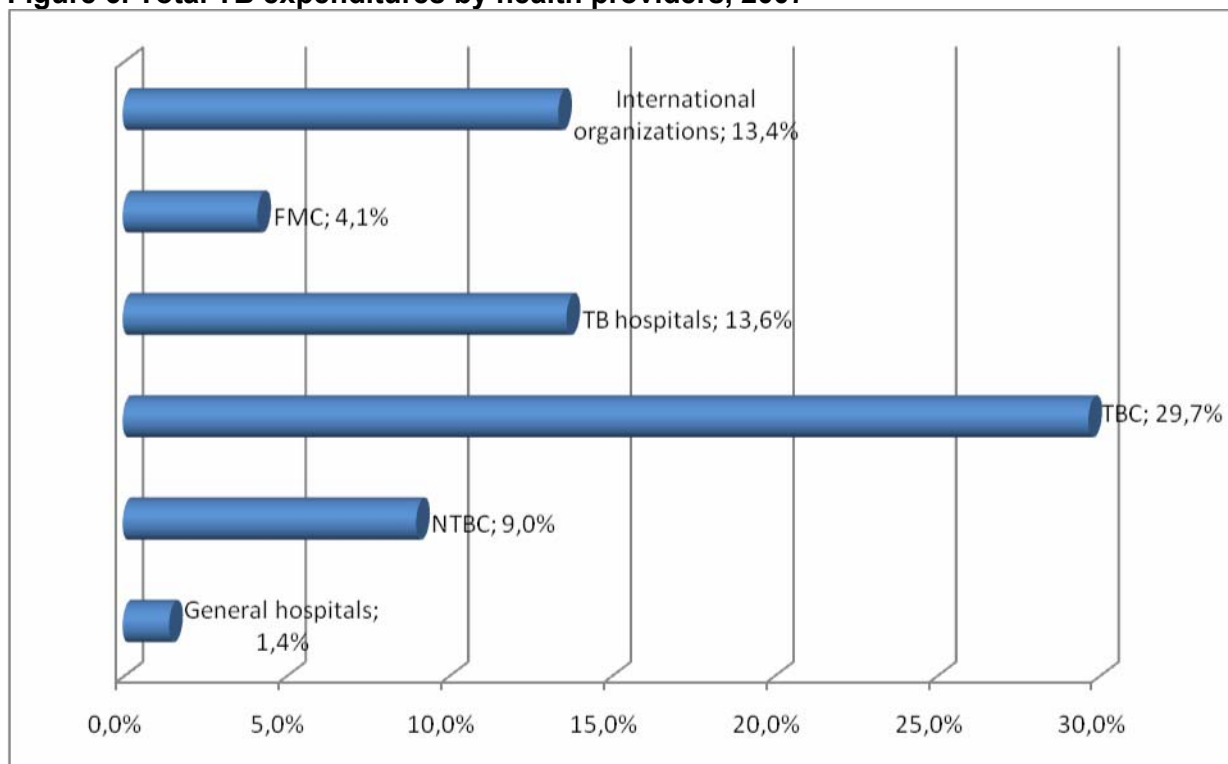
Financing Organizations	% of Total health spending	% of Public spending
Public Sector, including	69.9%	100%
Ministry of Health		92%
MHIF		8%
External world	30.1%	
TOTAL	100%	

In 2007, share of public TB expenditures in total public health spending was 1.1% while 11.1% were allocated for the health sector in total. These data also show that despite predominance of public funds in the structure of TB programme financing, public expenditures in this area do not relatively high.

5.3 Distribution of expenditures for health services by providers

Key providers of health services acting in the TB programme and involved within the framework of NHA sub-analysis are analyzed and represented below in Figure 6 and Table 5, where percentage of allocated funds from financing organizations to providers is shown.

Figure 6. Total TB expenditures by health providers, 2007



The largest proportion of total TB expenditures among providers is given to TB control centres—about 57% (Figure 5), herewith the major burden of financing is laid upon the state budget, whereas financing from international organizations amounts to 1.2% of total TB expenditures (Table 6).

Table 5. TB Health spending by financing organizations and providers, 2007

Code	Health Services Providers	State sector	Intern. Organ-s
HP 1	Hospitals	65.8%	16.7%
HP 1.1	General profile Hospitals	1.4%	
HP 1.3	Specialized Hospitals, incl.:	64.3%	16.7%
HP 1.3.2.1	NPC	8.0%	1.0%
HP 1.3.2.2	TB control centres	28.5%	1.2%
HP 1.3.2.3	TB Hospitals	13.6%	
HP 3	Ambulatory (out-patient) health care providers	4.1%	
HP 9	External financing		13.4%
TOTAL		69.9%	30.1%

The second largest by size category is expenditures for TB Hospitals – 13.6%. In practice, international organizations have an equal indicator; despite the fact that they channel most funds to in-patient facilities, they still accomplish part of expenses related with TB programme on their own.

About 4% of total TB expenditures are spent on outpatient care. Data on outpatient facilities were obtained through sampling observation of some FMCs and were estimated.

The least proportion goes to financing of TB wards in Territorial Hospitals – 1.4%. Such a low percentage is conditioned with the fact that currently TB wards are available only in four Territorial Hospitals (Kochkor TH, Kemin TH, Sokuluk TH and Tokmok TH, Alai TH and Toguz-Toro TH).

According to the TB service development concept for 2008-2016 the above mentioned THs are planned to be closed during the TB reform processes.

5.4 Distribution of the TB funds by functions

Public funds for the TB programme are pooled primarily at the national level, from where they are distributed. Health care resources are consolidated in a single pool at each oblast level; they are distributed by all health system sectors: PHC, diagnostic care, in-patient care, education and research, etc.

Table 6. Distribution of health services by functions

Code	Functions	Thousand Som	% of total TB spending	% of curative care services
HC 1.	Services of curative care	174,050	40.3%	100%
HC 1.1	Inpatient curative care	160,079	37.1%	92.0%
HC 1.1.1	New cases	36,012	8.3%	20.7%
HC 1.1.2	Retreatment cases	63,360	14.7%	36.4%
HC 1.1.2	MDR	15,945	3.7%	9.2%
HC 1.3	Outpatient curative care	13,971	3.2%	9.0%
HC 4	Auxiliary services of medical care (diagnostics, etc.)	42,984	10.0%	
HC 6	Prevention and public health services to fight against TB	35,923	8.3%	
HC 7.	Health administration and health insurance for TB activities	52,586	12.2%	
HC. Nsk HC	HC expenditure not specified by kind*	67,074	15.5%	
TOTAL		431,589	100%	

*Note: This category includes expenditures classified as "other costs" and not decoded

In Table 6 Functions are grouped into eight main categories and then divided into subcategories. Major expenditure proportion falls onto the category "*Services of curative care*" and its share is a bit more than 40%. Approximately 40% of all TB funds in KG, including funds of international organizations, are allocated to inpatient facilities and only about 3% goes to PHC and other outpatient facilities.

The next largest share by expenditure size category is "*Administration of health care and health insurance for TB activities*" – a bit over 12%, where funds allocated to support administration of the TB programme at all levels are reflected.

The «*Auxiliary services*» category includes expenditures for diagnostic tests, such as smear, culture and culture DST. Herewith, it should be noted that conduction of the two latter tests is possible only at the national level (NPC), or in oblast TB control centers, whereas smear is a widely spread type of tests and is performed at all health care level. Thus, it was estimated that in 2007 about 1,058 thousand. soms were spent on this test conduction at PHC level and 4,430 thousand soms were spent on conduction of the test at hospital level. Herewith, it should be noted that patients with TB symptoms detected through smear at PHC level should do this test again being referred to a hospital.

“Prevention and public health services to fight against TB” in total TB expenditures amounted to 35,923 thousand soms or 8.3% of total TB expenditures.

Quite large amount of funds falls onto category “*HC. Nsk HC. Expenditures, not specified by kinds*” is about 116 mln. soms (about 27%). However, it should be noted that approximately 2/3 of this amount falls onto external financing, which was not classified within the framework of this study. In the future, when the survey of international organizations is carried out in order to identify TB funding amounts, more details on external funds will be needed that would allow to reduce proportion of this category.

5.5 Distribution of funds by economic classifiers, line-items

Data on funds distribution to providers by such categories as personnel, drugs, equipment etc. are analyzed in this section. Analysis of allocations to the TB service by costs/expenditure items both from the state budget funds and external financing is shown in Table 7. Using this table one can see which expenditure items TB funds are channeled to.

Major expenditures account for “*Recurrent expenditures*” - 93% of total TB expenditures. “*Recurrent expenditures*” are grouped into such main categories as “*Staff related expenditures*” and “*Procurements and services*”, which amounted to 24% and 69.2% accordingly. The highest percentage of expenditures goes to cover fixed costs - staff (24%) as well as medicine and bandages (about 27%).

As for “*Total capital investments*”, it was almost 29,5 mln. soms or 6.8% of total TB expenditures. Meanwhile, this amount entirely consists of funds or allocations from international organizations. For example, Red Cross spent funds to reconstruct TB hospital in a penal colony. This situation demonstrates that health system is quite dependent upon donor funds in terms of upgrading and reconstructing buildings and equipment.

Table 7. Distribution of total TB expenditures by line-items, 2007.

Code	Expenditure items	Thous. som	% of total TB expenditures
RC 1	Recurrent expenditures	402,138	93.2%
RC 1.1	Staff related expenditures	103,614	24.0%
RC 1.1.1	Salary	85,540	19.8%
RC 1.1.2	Contributions to Social Fund	17,366	4.0%
RC 1.1.3	Travel allowance	708	0.2%
RC 1.2	Procurements and services	298,524	69.2%
RC 1.2.1	Procurement of consumables	187,070	43.3%
RC 1.2.1.1	Expenditures on procurement of medicines and bandages	116,129	26.9%
RC 1.2.1.2	Expenditures on procurement of equipment, inventory and consumables	4,024	0.9%
RC 1.2.1.3	Expenditures on food	66,917	15.5%
RC 1.2.2	Services	19,779	4.6%
RC 1.2.2.1	Payment for water, electricity, heating and telephone	16,707	3.9%
RC 1.2.2.2	Expenses on rent and maintenance of own vehicles	3,072	0.7%
RC 1.2.3	Other procurements and services	91,676	21.2%
RC 2	Total capital investments	29,450	6.8%
TOTAL		431,589	100%

6. Findings and Recommendations

"Tuberculosis" component is a priority in the National Health Care Reform Programme "Manas Taalimi" since epidemiological situation with TB remains quite complicated, despite the fact that the situation has been stabilized during past years. Health services provided by this programme are quite specialized, that is why it has been organized as a vertical programme. However, the decision has been made to reform this programme in terms of services delivery and financing. In particular, integration of DOTS into PHC and medical education, improvement of the referrals system between civil and penitentiary systems, health promotion using different methods and modification of financing system of the TB programme. This will enable to restructure vertical programme of the TB provision service and reinvest savings. However, it should be noted that as long as it is believed that the Kyrgyz Republic is exposed to TB epidemics and workload of the TB programme remains quite high, the integrated TB service should be established step by step depending upon changes in epidemiological situation.

Financial Aspects of the TB service

- Analysis of the NHA TB sub-accounts has demonstrated that TB programme in the KR is financed from two main sources (state budget and external assistance) in almost similar proportions, i.e. 55% and 44% accordingly. Totally, about 6.5% of total public health spending and around 18% of total external health financing were channeled to the TB programme in 2007. These figures reflect unsustainable financing of TB programme, in case of drastic decrease in financing by international organizations, the TB programme will encounter big losses and there is a threat of the epidemiological indicators growth, and it would be quite difficult for the government to cover the potential financial gap.
- In practice, all drugs under DOTS and DOTS PLUS programs are supplied by international organizations, such as GFATM, KfW and GDF.
- Conduction of such diagnostic tests like culture and culture DRT is possible at the National level (NPC) only, or in Oblast TB control centers, whereas smear is a widely spread test that is performed at all health care levels. Thus, in 2007 about 1,058 thousand soms were spent on conduction of this test at PHC level, and 4,430 thousand soms - on the test conduction at inpatient level.
- Approximately 40% of all TB funds in KG, including funds of international organizations, are allocated to inpatient facilities and only about 3% goes to PHC and other outpatient facilities.
- Share of financing the category of "*Prevention and public health services to fight against TB*" in total TB expenditures is quite low (8.3%). This indicator causes concern, as TB is a communicable disease and could be prevented.
- As the analysis showed, capital investments are produced owing to allocations of international organizations. This situation alarms an increased dependency of the health care system on donors' funds in terms of upgrading and reconstructing buildings and equipment.

Recommendations

- It is necessary to increase share of public TB expenditures, as proportions of public and external funding are almost equal; that creates instability of the system. In case if external funds is reduced, the government should be ready to fill up this gap with its own funds.
- It is necessary to develop mechanisms for increasing financing of inpatient level, i.e. flow more funds to PHC level.

- TB Programme is one of the important TB activities, but currently functioning of this programme due to insufficient financing level is not being fully implemented. It is needed to pay more attention to implementation of the programme and ensure earmarked financing from the state budget for it. Also, it is needed to build SES capacity on TB coordination and control. Besides, the government should work on the issue of earmarked or targeted financing of the activities aimed at TB prevention in PHC facilities.
- The government should start allocating funds for capital investments, as in 2007 all capital investments for TB programme were financed through external sources.
- Continuation of further works on the sub accounts for TB is required. The given study provides deeper understanding of problems connected with TB service financing and help to identify areas for reform processes. The given work can be carried out once in two years.

Annex: Tables of NHA TB Sub Accounts in Kyrgyzstan

Table 1: National Health expenditures on tuberculosis by type of financing sources and financing organizations/agencies, 2007 (thous. soms)

Financial sources Financial agents		FS 1	FS 1.1	FS 1.1.1	FS 1.1.2.	FS 1.2	FS 2	FS 2.1.	FS 2.2	FS 2.2.1	FS 2.2.2	FS 2.2.3	FS 2.2.4	FS 2.3.	FS 3	FS 3.1	FS 3.2	TOTAL
		Public funds	Territorial government Funds (State budget)	Central government revenue (Republican budget)	Provincial government revenue (Local budgets)	Social Fund	Private funds	Contributions from employers	Household funds	Co-payment	Special means	Out-of-pocket payments	Other	Non-for-profit institutions servicing individuals	External assistance	SWAp	Parallel financing	
HF.A	STATE GOVERNANCE SECTOR	238 601,8	238 601,8	238 601,8	-	-	1 649,5	-	1 649,5	-	1 649,5	-	-	-	61 466,3	-	61 466,3	301 717,5
HF 1.1	State public authorities except social welfare funds	214 963,0	214 963,0	214 963,0	-	-	1 251,0	-	1 251,0	-	1 251,0	-	-	-	61 466,3	-	61 466,3	277 680,3
HF 1.1.1	Central governance entities	214 963,0	214 963,0	214 963,0	-	-	1 251,0	-	1 251,0	-	1 251,0	-	-	-	61 466,3	-	61 466,3	277 680,3
HF 1.1.1.1	Ministry of Health	214 963,0	214 963,0	214 963,0			1 251,0		1 251,0		1 251,0				54 570,5		54 570,5	270 784,5
HF 1.1.1.3	Ministry of Justice (GUIN)	-	-				-		-						6 895,8		6 895,8	6 895,8
HF 1.2.	Social welfare funds	23 638,8	23 638,8	23 638,8	-	-	398,5	-	398,5	-	398,5	-	-	-	-	-	-	24 037,2
HF 1.2.1	MHIF under MOH KR	23 638,8	23 638,8	23 638,8			398,5		398,5		398,5				-			24 037,2
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments	-	-				-		-						-			-
HF 2.4	NGO	-	-				-		-						-			-
HF 3	REST OF THE WORLD	-	-	-	-	-	-	-	-	-	-	-	-	-	129 871,2	-	129 871,2	129 871,2
HF 3.1	Donor organizations	-	-				-		-						129 871,2		129 871,2	129 871,2
TOTAL		238 601,8	238 601,8	238 601,8	-	-	1 649,5	-	1 649,5	-	1 649,5	-	-	-	191 337,4	-	191 337,4	431 588,7

Table 2: National Health expenditures on tuberculosis by type of financing organizations/agencies and health providers, 2007 (thous. soms)

Financial agents Providers		HF.A	HF 1.1	HF 1.1.1	HF 1.1.1.1	HF 1.1.1.3	HF 1.2.	HF 1.2.1
		STATE GOVERNANCE SECTOR	State public authorities except social welfare funds	Central governance entities	Ministry of Health	Ministry of Justice (GUIN)	Social welfare funds	MHIF under MOH KR
HP 1 Hospitals		283 848,3	277 680,3	277 680,3	270 784,5	6 895,8	6 168,1	6 168,1
<i>HP 1.1</i>	<i>General hospitals (Territorial Hospitals)</i>	6 168,1	-	-			6 168,1	6 168,1
<i>HP 1.2</i>	<i>Mental Health and Substance Abuse Hospitals</i>	-	-	-	-	-	-	-
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	-	-	-			-	
<i>HP 1.3</i>	<i>Specialty Hospitals (other than mental health and substance abuse)</i>	277 680,3	277 680,3	277 680,3	270 784,5	6 895,8	-	-
HP 1.3.2	TB hospitals (dispensaries)	277 680,3	277 680,3	277 680,3	270 784,5	6 895,8	-	-
HP 1.3.2.1	National TB Centre	34 451,3	34 451,3	34 451,3	34 451,3		-	
HP 1.3.2.2	Centre for TB control (City +Oblast)	177 437,9	177 437,9	177 437,9	177 437,9		-	
HP 1.3.2.3	TB hospitals (adult+children)	58 895,3	58 895,3	58 895,3	58 895,3		-	
HP 1.3.2.4	TB dispensary	-	-	-			-	
HP 1.3.2.5	TB hospitals in Prisons	6 895,8	6 895,8	6 895,8		6 895,8	-	
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers	-	-	-	-	-	-	-
HP 2.1	Medical rehabilitation hospitals	-	-	-	-	-	-	-
HP 2.1.1	TB Rehabilitation Centre	-	-	-			-	
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients	-	-	-			-	
HP 2.9	All other residential care facilities	-	-	-			-	
HP 2.9.1	Sanatoriums for TB patients	-	-	-			-	
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	17 869,1	-	-	-	-	17 869,1	17 869,1
<i>HP 3.1</i>	<i>FMC and FGP services</i>	17 869,1	-	-	-	-	17 869,1	17 869,1
HP 3.1.1	FMC	17 869,1	-	-			17 869,1	17 869,1

Table 2: continue

Financial agents Providers		HF.B	HF 2.3.	HF 2.4	HF 3	HF 3.1	TOTAL
		NON- GOVERNMENTAL SECTOR	Private household payments	NGO	REST OF THE WORLD	Donor organizations	
HP 1 Hospitals		-	-	-	72 078,8	72 078,8	355 927,2
HP 1.1	<i>General hospitals (Territorial Hospitals)</i>	-			-		6 168,1
HP 1.2	<i>Mental Health and Substance Abuse Hospitals</i>	-	-	-	-	-	-
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	-			-		-
HP 1.3	<i>Specialty Hospitals (other than mental health and substance abuse)</i>	-	-	-	72 078,8	72 078,8	349 759,1
HP 1.3.2	TB hospitals (dispensaries)	-	-	-	72 078,8	72 078,8	349 759,1
HP 1.3.2.1	National TB Centre	-			4 489,9	4 489,9	38 941,2
HP 1.3.2.2	Centre for TB control (City +Oblast)	-			67 588,9	67 588,9	245 026,8
HP 1.3.2.3	TB hospitals (adult+children)	-			-		58 895,3
HP 1.3.2.4	TB dispensary	-			-		-
HP 1.3.2.5	TB hospitals in Prisons	-			-		6 895,8
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers	-	-	-	-	-	-
HP 2.1	Medical rehabilitation hospitals	-	-	-	-	-	-
HP 2.1.1	TB Rehabilitation Centre	-			-		-
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients	-			-		-
HP 2.9	All other residential care facilities	-			-		-
HP 2.9.1	Sanatoriums for TB patients	-			-		-
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	-	-	-	-	17 869,1
HP 3.1	<i>FMC and FGP services</i>	-	-	-	-	-	17 869,1
HP 3.1.1	FMC	-			-		17 869,1

Table 2: continue

<div>Financial agents</div> <div>Providers</div>		HF.A	HF 1.1	HF 1.1.1	HF 1.1.1.1	HF 1.1.1.3	HF 1.2.	HF 1.2.1
		STATE GOVERNANCE SECTOR	State public authorities except social welfare funds	Central governance entities	Ministry of Health	Ministry of Justice (GUIN)	Social welfare funds	MHIF under MOH KR
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods	-	-	-	-	-	-	-
HP 4.1	Pharmacies	-	-	-			-	
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities	-	-	-	-	-	-	-
HP 5.1	Blood transfusion stations	-	-	-			-	
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)	-	-	-			-	
HP 5.8	AIDS Control Centers	-	-	-			-	
HP 5.9	Health centers and health education activities	-	-	-			-	
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services	-	-	-	-	-	-	-
HP 6.1	Central Office of the Ministry of Health	-	-	-			-	
HP 6.2	MHIF administration office	-	-	-			-	
HP 6.3	Centralized accounting offices	-	-	-	-	-	-	-
HP 6.3.1	Centralized accounting offices (MOH)	-	-	-			-	
HP 6.3.3	Other health expenditures	-	-	-			-	
HP 6.9	All other providers of health administration	-	-	-	-	-	-	-
HP 6.9.1	National TB Centre	-	-	-			-	

Table 2: continue

<div>Financial agents</div> <div>Providers</div>		HF.B	HF 2.3.	HF 2.4	HF 3	HF 3.1	TOTAL
		NON- GOVERNMENTAL SECTOR	Private household payments	NGO	REST OF THE WORLD	Donor organizations	
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods	-	-	-	-	-	-
HP 4.1	Pharmacies	-	-	-			-
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities	-	-	-	-	-	-
HP 5.1	Blood transfusion stations	-	-	-			-
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)	-	-	-			-
HP 5.8	AIDS Control Centers	-	-	-			-
HP 5.9	Health centers and health education activities	-	-	-			-
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services	-	-	-	-	-	-
HP 6.1	Central Office of the Ministry of Health	-	-	-			-
HP 6.2	MHIF administration office	-	-	-			-
HP 6.3	Centralized accounting offices	-	-	-	-	-	-
HP 6.3.1	Centralized accounting offices (MOH)	-	-	-			-
HP 6.3.3	Other health expenditures	-	-	-			-
HP 6.9	All other providers of health administration	-	-	-	-	-	-
HP 6.9.1	National TB Centre	-	-	-			-

Table 2: continue

<div>Financial agents</div> <div>Providers</div>		HF.A	HF 1.1	HF 1.1.1	HF 1.1.1.1	HF 1.1.1.3	HF 1.2.	HF 1.2.1
		STATE GOVERNANCE SECTOR	State public authorities except social welfare funds	Central governance entities	Ministry of Health	Ministry of Justice (GUIN)	Social welfare funds	MHIF under MOH KR
HP 7 Other producers of health services		-	-	-	-	-	-	-
HP 7.1	Private households as providers of care	-	-	-			-	
HP 7.3	All other industries as secondary producer of health care	-	-	-	-	-	-	-
HP 7.3.1	Centers providing social support	-	-	-			-	
HP 8 Institutions delivering health related services		-	-	-	-	-	-	-
HP 8.3	Other institutions providing health care services	-	-	-			-	
HP 9 External provision		-	-	-			-	
TOTAL		301 717,5	277 680,3	277 680,3	270 784,5	6 895,8	24 037,2	24 037,2

Table 2: continue

<i>Financial agents</i>		HF.B	HF 2.3.	HF 2.4	HF 3	HF 3.1	TOTAL
<i>Providers</i>							
		NON- GOVERNMENTAL SECTOR	Private household payments	NGO	REST OF THE WORLD	Donor organizations	
HP 7 Other producers of health services		-	-	-	-	-	-
HP 7.1	Private households as providers of care	-			-		-
HP 7.3	All other industries as secondary producer of health care	-	-	-	-	-	-
HP 7.3.1	Centers providing social support	-			-		-
HP 8 Institutions delivering health related services		-	-	-	-	-	-
HP 8.3	Other institutions providing health care services	-			-		-
HP 9 External provision		-			57 792,4	57 792,4	57 792,4
TOTAL		-	-	-	129 871,2	129 871,2	431 588,7

Table 3: National Health expenditures on tuberculosis by type of health providers and health functions, 2007 (thous. soms)

<div> <div>Providers</div> <div>Functions</div> </div>		HC 1	HC 1.1	HC 1.1.1	HC.1.1.1.1	HC 1.1.1.2	HC 1.1.1.3	HC.1.1.2	HC.1.1.2.1	HC.1.1.2.2	HC.1.1.2.3
		Services of Curative Care	HC 1.1 Inpatient curative care	New cases	Internal medicine (First line drug)	Surgery	Other	Retreatment cases	Internal medicine (First line drug)	Surgery	Other
HP 1 Hospitals		169 888,7	169 888,7	36 012,9	31 889,5	3 286,0	837,3	117 930,6	115 323,4	517,1	2 090,1
HP 1.1	General hospitals (Territorial Hospitals)	4 940,7	4 940,7	1 960,1	1 926,1	34,0		1 441,7	1 276,6	165,1	
HP 1.2	Mental Health and Substance Abuse Hospitals										
HP 1.2.1	Psycho-neurological hospitals (dispensaries)										
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	164 948,0	164 948,0	34 052,7	29 963,4	3 252,0	837,3	116 488,9	114 046,8	352,0	2 090,1
HP 1.3.2	TB hospitals (dispensaries)	164 948,0	164 948,0	34 052,7	29 963,4	3 252,0	837,3	116 488,9	114 046,8	352,0	2 090,1
HP 1.3.2.1	National TB Centre	12 314,8	12 314,8	6 153,7	4 487,6	1 666,1		972,3	736,4	235,9	
HP 1.3.2.2	Centre for TB control (City +Oblast)	114 989,7	114 989,7	17 712,2	15 622,6	1 586,0	503,6	91 323,0	89 949,7	116,1	1 257,1
HP 1.3.2.3	TB hospitals (adult+children)	37 643,5	37 643,5	10 186,8	9 853,1		333,7	24 193,6	23 360,7		833,0
HP 1.3.2.4	TB dispensary	-	-	-				-			
HP 1.3.2.5	TB hospitals in Prisons	-	-	-				-			
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers										
HP 2.1	Medical rehabilitation hospitals										
HP 2.1.1	TB Rehabilitation Centre										
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients										
HP 2.9	All other residential care facilities										
HP 2.9.1	Sanatoriums for TB patients										
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	507,6	-	-	-	-	-	-	-	-	-
HP 3.1	FMC and FGP services	507,6	-	-	-	-	-	-	-	-	-
HP 3.1.1	FMC	507,6									
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods										
HP 4.1	Pharmacies										

Table 3: continue

Functions Providers		HC.1.1.3	HC.1.1.3.1	HC.1.1.3.2	HC.1.1.3.3	HC 1.3	HC.1.3.1	HC.1.3.2	HC.2	HC.3	HC.3.1
		MDR TB	Internal medicine (First line drug)	Surgery	Other	Outpatient curative care	Internal medicine (First line drug)	Other drugs	Services of Rehabilitative Care	Services for long-term nursing care	Inpatient long-term nursing care (incl. Hospice)
HP 1 Hospitals		15 945,3	15 458,6	289,7	197,0	-	-	-	-	-	-
HP 1.1	General hospitals (Territorial Hospitals)	1 538,9	1 538,9								
HP 1.2	Mental Health and Substance Abuse Hospitals										
HP 1.2.1	Psycho-neurological hospitals (dispensaries)										
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	14 406,4	13 919,7	289,7	197,0	-	-	-	-	-	-
HP 1.3.2	TB hospitals (dispensaries)	14 406,4	13 919,7	289,7	197,0	-	-	-	-	-	-
HP 1.3.2.1	National TB Centre	5 188,8	5 077,8	111,1							
HP 1.3.2.2	Centre for TB control (City +Oblast)	5 954,5	5 657,4	178,6	118,5						
HP 1.3.2.3	TB hospitals (adult+children)	3 263,0	3 184,5		78,5						
HP 1.3.2.4	TB dispensary	-									
HP 1.3.2.5	TB hospitals in Prisons	-									
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers										
HP 2.1	Medical rehabilitation hospitals										
HP 2.1.1	TB Rehabilitation Centre										
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients										
HP 2.9	All other residential care facilities										
HP 2.9.1	Sanatoriums for TB patients										
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	-	-	-	507,6	-	507,6	-	-	-
HP 3.1	FMC and FGP services	-	-	-	-	507,6	-	507,6	-	-	-
HP 3.1.1	FMC					507,6		507,6			
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods										
HP 4.1	Pharmacies										

Table 3: continue

Functions Providers		HC.3.3	HC.4	HC.4.1	HC.4.1.1	HC.4.1.2	HC.4.1.3	HC.4.2	HC.4.3	HC.4.9	HC 5
		Long term nursing care: home care	Ancillary services to medical care	Clinical laboratory : diagnostic tests	Smears	Culture	Culture DST (drug susceptibility testing)	Diagnostic imaging for TB patients	PPD test (skin test)	All other miscellaneous ancillary services	Medical goods dispensed to outpatients
HP 1 Hospitals		-	25 786,0	10 258,7	8 430,8	1 240,3	587,6	11 375,4	202,7	3 949,2	-
HP 1.1	General hospitals (Territorial Hospitals)		1 227,3	597,7	597,7			629,6			
HP 1.2	Mental Health and Substance Abuse Hospitals										
HP 1.2.1	Psycho-neurological hospitals (dispensaries)										
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	-	24 558,7	9 660,9	7 833,0	1 240,3	587,6	10 745,8	202,7	3 949,2	-
HP 1.3.2	TB hospitals (dispensaries)	-	24 558,7	9 660,9	7 833,0	1 240,3	587,6	10 745,8	202,7	3 949,2	-
HP 1.3.2.1	National TB Centre		1 778,6	1 770,2	1 217,3	226,1	326,7		8,5		
HP 1.3.2.2	Centre for TB control (City +Oblast)		15 942,3	5 335,5	4 060,5	1 014,2	260,9	6 463,3	194,3	3 949,2	
HP 1.3.2.3	TB hospitals (adult+children)		6 837,8	2 555,2	2 555,2			4 282,6			
HP 1.3.2.4	TB dispensary		-	-							
HP 1.3.2.5	TB hospitals in Prisons		-	-							
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers										
HP 2.1	Medical rehabilitation hospitals										
HP 2.1.1	TB Rehabilitation Centre										
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients										
HP 2.9	All other residential care facilities										
HP 2.9.1	Sanatoriums for TB patients										
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	7 897,5	1 058,3	1 058,3	-	-	4 556,9	2 065,9	216,5	-
HP 3.1	FMC and FGP services	-	7 897,5	1 058,3	1 058,3	-	-	4 556,9	2 065,9	216,5	-
HP 3.1.1	FMC		7 897,5	1 058,3	1 058,3			4 556,9	2 065,9	216,5	
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods										-
HP 4.1	Pharmacies										-

Table 3: continue

<div> <div>Functions</div> <div>Providers</div> </div>		HC 5.1	HC 5.1.1	HC 5.1.2	HC 5.1.3	HC.5.2	HC 6	HC 6.1	HC.6.1.1	HC.6.1.2	HC.6.1.3
		Pharmaceutic als and other medical nondurables for TB patients	Prescribed drugs	Over-the- counter medicines	Other medical nondurables	Therapeutic appliances and other medical durables for TB patients	Prevention and public health services to fight against TB	HC 6.1 Maternal and child health; family planning and counseling : for TB patients	IPT (Isoniazid Preventive Therapy)	BCG for newborn children	Other
HP 1 Hospitals		-	-	-	-	-	15 698,1	1 796,2	181,5	1 614,7	-
HP 1.1	General hospitals (Territorial Hospitals)										
HP 1.2	Mental Health and Substance Abuse Hospitals										
HP 1.2.1	Psycho-neurological hospitals (dispensaries)										
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	-	-	-	-	-	15 698,1	1 796,2	181,5	1 614,7	-
HP 1.3.2	TB hospitals (dispensaries)	-	-	-	-	-	15 698,1	1 796,2	181,5	1 614,7	-
HP 1.3.2.1	National TB Centre						8 911,5	21,2	21,2		
HP 1.3.2.2	Centre for TB control (City +Oblast)						6 786,7	1 775,0	160,3	1 614,7	
HP 1.3.2.3	TB hospitals (adult+children)						-	-			
HP 1.3.2.4	TB dispensary						-	-			
HP 1.3.2.5	TB hospitals in Prisons						-	-			
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers										
HP 2.1	Medical rehabilitation hospitals										
HP 2.1.1	TB Rehabilitation Centre										
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients										
HP 2.9	All other residential care facilities										
HP 2.9.1	Sanatoriums for TB patients										
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	-	-	-	-	9 464,0	570,7	411,1	159,6	-
HP 3.1	FMC and FGP services	-	-	-	-	-	9 464,0	570,7	411,1	159,6	-
HP 3.1.1	FMC						9 464,0	570,7	411,1	159,6	
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods	-									
HP 4.1	Pharmacies										

Table 3: continue

<div> <div>Providers</div> <div>Functions</div> </div>		HC 6.2	HC 6.3	HC.6.3.1	HC.6.3.2	HC.6.3.3	HC.6.3.4	HC.6.3.5	HC.6.3.6	HC.6.3.7	HC.6.3.8
		School health services control TB	Prevention of communicable diseases : prevention of TB	Control over TB distribution in nidal places	Tracing of the persons had contacts with TB patients	Screening of the persons had contacts with TB patients	BCG (Bacille Calmette Guerin vaccine) other than to newborns	Advocacy, Communication and Social Mobilization (ACSM)	Rountine surveillance and monitoring	Defaults tracing	DOTS routine programme management and supervision activities
HP 1 Hospitals		-	13 901,9	-	-	-	7,2	669,2	9 337,1		2 375,6
HP 1.1	General hospitals (Territorial Hospitals)										
HP 1.2	Mental Health and Substance Abuse Hospitals										
HP 1.2.1	Psycho-neurological hospitals (dispensaries)										
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	-	13 901,9	-	-	-	7,2	669,2	9 337,1		2 375,6
HP 1.3.2	TB hospitals (dispensaries)	-	13 901,9	-	-	-	7,2	669,2	9 337,1	-	2 375,6
HP 1.3.2.1	National TB Centre		8 890,3						6 828,5		1 220,8
HP 1.3.2.2	Centre for TB control (City +Oblast)		5 011,7				7,2	669,2	2 508,6		1 154,9
HP 1.3.2.3	TB hospitals (adult+children)		-								
HP 1.3.2.4	TB dispensary		-								
HP 1.3.2.5	TB hospitals in Prisons		-								
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers										
HP 2.1	Medical rehabilitation hospitals										
HP 2.1.1	TB Rehabilitation Centre										
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients										
HP 2.9	All other residential care facilities										
HP 2.9.1	Sanatoriums for TB patients										
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	8 893,3	6 098,3	122,3	761,0	-	1 506,9	-	32,8	-
HP 3.1	FMC and FGP services	-	8 893,3	6 098,3	122,3	761,0	-	1 506,9	-	32,8	-
HP 3.1.1	FMC		8 893,3	6 098,3	122,3	761,0		1 506,9	-	32,8	-
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods										
HP 4.1	Pharmacies										

Table 3: continue

<div>Providers</div> <div>Functions</div>		HC.6.3.9	HC.6.3.10	HC.6.3.11	HC.6.3.12	HC.6.3.13	HC 6.9	HC 7	HC 7.1	HC.7.1.1
		Practical Approach to Lung diseases (PAL)	Training	IPT for adults	Active Mass Screening	All other prevention of TB activities	All other miscellaneous public health services related to TB	Health administration and health insurance for TB activities (other than TB program management and administration)	General government administration of health	General government administration of TB programme and implementation
HP 1 Hospitals		-	1 512,8	-	-	-	-	52 586,2	52 586,2	52 586,2
HP 1.1	General hospitals (Territorial Hospitals)									
HP 1.2	Mental Health and Substance Abuse Hospitals									
HP 1.2.1	Psycho-neurological hospitals (dispensaries)									
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	-	1 512,8	-	-	-	-	52 586,2	52 586,2	52 586,2
HP 1.3.2	TB hospitals (dispensaries)	-	1 512,8	-	-	-	-	52 586,2	52 586,2	52 586,2
HP 1.3.2.1	National TB Centre		841,1					13 548,0	13 548,0	13 548,0
HP 1.3.2.2	Centre for TB control		671,7					24 624,3	24 624,3	24 624,3
HP 1.3.2.3	TB hospitals (adult+children)							14 414,0	14 414,0	14 414,0
HP 1.3.2.4	TB dispensary							-	-	
HP 1.3.2.5	TB hospitals in Prisons							-	-	
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers									
HP 2.1	Medical rehabilitation hospitals									
HP 2.1.1	TB Rehabilitation Centre									
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients									
HP 2.9	All other residential care facilities									
HP 2.9.1	Sanatoriums for TB patients									
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	242,7	22,5	-	106,8	-	-	-	-	-
HP 3.1	FMC and FGP services	242,7	22,5	-	106,8	-	-	-	-	-
HP 3.1.1	FMC	242,7	22,5	-	106,8			-	-	
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods									
HP 4.1	Pharmacies									

Table 3: continue

<div>Providers</div> <div>Functions</div>		HC.7.1.2	HC.7.2	HC.7.2.1	HC. nsk.	HC.R. 1	HC.R. 1.1	HC.R. 1.2	HC.R. 1.3	HC.R. 2	HC.R. 2.1	HC.R. 2.2
		Administration, operation, and support of social security (as payer of TB treatment)	Health administration and health insurance: private	Health administration and health insurance: private social insurance	HC expenditure not specified by kind	Capital formation	Equipments	Buildings	Others	Education and training of health specialists	Training abroad	National training
HP 1 Hospitals		-	-	-	91 968,0	6 895,8	6 895,8	-	-	-	-	-
HP 1.1	General hospitals (Territorial Hospitals)											
HP 1.2	Mental Health and Substance Abuse Hospitals											
HP 1.2.1	Psycho-neurological hospitals (dispensaries)											
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	-	-	-	91 968,0	6 895,8	6 895,8	-	-	-	-	-
HP 1.3.2	TB hospitals (dispensaries)	-	-	-	91 968,0	6 895,8	6 895,8	-	-	-	-	-
HP 1.3.2.1	National TB Centre				2 388,3	-						
HP 1.3.2.2	Centre for TB control (City +Oblast)				82 683,9	-						
HP 1.3.2.3	TB hospitals (adult+children)				-	-						
HP 1.3.2.4	TB dispensary				-	-						
HP 1.3.2.5	TB hospitals in Prisons				6 895,8	6 895,8	6 895,8					
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers											
HP 2.1	Medical rehabilitation hospitals											
HP 2.1.1	TB Rehabilitation Centre				-							
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients				-							
HP 2.9	All other residential care facilities											
HP 2.9.1	Sanatoriums for TB patients				-							
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	-	-	-	-	-	-	-	-	-	-
HP 3.1	FMC and FGP services	-	-	-	-	-	-	-	-	-	-	-
HP 3.1.1	FMC				-							
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods											
HP 4.1	Pharmacies				-							

Table 3: continue

<div> <div>Functions</div> <div>Providers</div> </div>		HC.R. 2.3	HC.R. 3	HC. Nsk HC	AD.1	AD.2	TOTAL
		Other	Research and development in TB	Health-related expenditure not specified by kind	Social rehabilitation	Social support	
HP 1 Hospitals		-	-	85 072,2	-	-	355 927,2
HP 1.1	General hospitals (Territorial Hospitals)						6 168,1
HP 1.2	Mental Health and Substance Abuse Hospitals						-
HP 1.2.1	Psycho-neurological hospitals (dispensaries)						-
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	-	-	85 072,2	-	-	349 759,1
HP 1.3.2	TB hospitals (dispensaries)	-	-	85 072,2	-	-	349 759,1
HP 1.3.2.1	National TB Centre			2 388,3			38 941,2
HP 1.3.2.2	Centre for TB control (City +Oblast)			82 683,9			245 026,8
HP 1.3.2.3	TB hospitals (adult+children)						58 895,3
HP 1.3.2.4	TB dispensary						-
HP 1.3.2.5	TB hospitals in Prisons						6 895,8
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers						-
HP 2.1	Medical rehabilitation hospitals						-
HP 2.1.1	TB Rehabilitation Centre						-
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients						-
HP 2.9	All other residential care facilities						-
HP 2.9.1	Sanatoriums for TB patients						-
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	-	-	-	-	17 869,1
HP 3.1	FMC and FGP services	-	-	-	-	-	17 869,1
HP 3.1.1	FMC						17 869,1
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods						-
HP 4.1	Pharmacies						-

Table 3: continue

Providers		Functions	HC 1	HC 1.1	HC 1.1.1	HC.1.1.1.1	HC.1.1.1.2	HC.1.1.1.3	HC.1.1.2	HC.1.1.2.1	HC.1.1.2.2	HC.1.1.2.3
			Services of Curative Care	HC 1.1 Inpatient curative care	New cases	Internal medicine (First line drug)	Surgery	Other	Retreatment cases	Internal medicine (First line drug)	Surgery	Other
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities											
HP 5.1	Blood transfusion stations											
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)											
HP 5.8	AIDS Control Centers											
HP 5.9	Health centers and health education activities											
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services											
HP 6.1	Central Office of the Ministry of Health											
HP 6.2	MHIF administration office											
HP 6.3	Centralized accounting offices											
HP 6.3.1	Centralized accounting offices (MOH)											
HP 6.3.3	Other health expenditures											
HP 6.9	All other providers of health administration											
HP 6.9.1	National TB Centre											
HP 7 Other producers of health services												
HP 7.1	Private households as providers of care											
HP 7.3	All other industries as secondary producer of health care											
HP 7.3.1	Centers providing social support											
HP 8 Institutions delivering health related services												
HP 8.3	Other institutions providing health care services											
HP 9 External provision		13 464,0	-	-					-			
TOTAL		183 860,4	169 888,7	36 012,9	31 889,5	3 286,0	837,3	117 930,6	115 323,4	517,1	2 090,1	

Table 3: continue

<div> <div>Providers</div> <div>Functions</div> </div>		HC.1.1.3	HC.1.1.3.1	HC.1.1.3.2	HC.1.1.3.3	HC 1.3	HC.1.3.1	HC.1.3.2	HC.2	HC.3	HC.3.1
		MDR TB	Internal medicine (First line drug)	Surgery	Other	Outpatient curative care	Internal medicine (First line drug)	Other drugs	Services of Rehabilitative Care	Services for long-term nursing care	Inpatient long-term nursing care (incl. Hospice)
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities										
HP 5.1	Blood transfusion stations										
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)										
HP 5.8	AIDS Control Centers										
HP 5.9	Health centers and health education activities										
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services										
HP 6.1	Central Office of the Ministry of Health										
HP 6.2	MHIF administration office										
HP 6.3	Centralized accounting offices										
HP 6.3.1	Centralized accounting offices (MOH)										
HP 6.3.3	Other health expenditures										
HP 6.9	All other providers of health administration										
HP 6.9.1	National TB Centre										
HP 7 Other producers of health services											
HP 7.1	Private households as providers of care										
HP 7.3	All other industries as secondary producer of health care										
HP 7.3.1	Centers providing social support										
HP 8 Institutions delivering health related services											
HP 8.3	Other institutions providing health care services										
HP 9 External provision		-				13 464,0	13 464,0				
TOTAL		15 945,3	15 458,6	289,7	197,0	13 971,6	13 464,0	507,6	-	-	-

Table 3: continue

<div>Providers</div> <div>Functions</div>		HC.3.3	HC.4	HC.4.1	HC.4.1.1	HC.4.1.2	HC.4.1.3	HC.4.2	HC.4.3	HC.4.9	HC 5
		Long term nursing care: home care	Ancillary services to medical care	Clinical laboratory: diagnostic tests	Smears	Culture	Culture DST (drug susceptibility testing)	Diagnostic imaging for TB patients	PPD test (skin test)	All other miscellaneous ancillary services	Medical goods dispensed to outpatients
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities										
HP 5.1	Blood transfusion stations										
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)										
HP 5.8	AIDS Control Centers										
HP 5.9	Health centers and health education activities										
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services										
HP 6.1	Central Office of the Ministry of Health										
HP 6.2	MHIF administration office										
HP 6.3	Centralized accounting offices										
HP 6.3.1	Centralized accounting offices (MOH)										
HP 6.3.3	Other health expenditures										
HP 6.9	All other providers of health administration										
HP 6.9.1	National TB Centre										
HP 7 Other producers of health services											
HP 7.1	Private households as providers of care										
HP 7.3	All other industries as secondary producer of health care										
HP 7.3.1	Centers providing social support										
HP 8 Institutions delivering health related services											
HP 8.3	Other institutions providing health care services										
HP 9 External provision			9 300,6	-						9 300,6	
TOTAL		-	42 984,2	11 316,9	9 489,0	1 240,3	587,6	15 932,3	2 268,6	13 466,3	-

Table 3: continue

<div>Providers</div> <div>Functions</div>		HC 5.1	HC 5.1.1	HC 5.1.2	HC 5.1.3	HC.5.2	HC 6	HC 6.1	HC.6.1.1	HC.6.1.2	HC.6.1.3
		Pharmaceutic als and other medical nondurables for TB patients	Prescribed drugs	Over-the- counter medicines	Other medical non- durables	Therapeutic appliances and other medical durables for TB patients	Prevention and public health services to fight against TB	Maternal and child health; family planning and counseling : for TB patients	IPT (Isoniazid Preventive Therapy)	BCG for newborn children	Other
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities										
HP 5.1	Blood transfusion stations										
HP 5.2	Sanitary-epidemiological and anti- plague stations (Public health surveillance)										
HP 5.8	AIDS Control Centers										
HP 5.9	Health centers and health education activities										
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services										
HP 6.1	Central Office of the Ministry of Health										
HP 6.2	MHIF administration office										
HP 6.3	Centralized accounting offices										
HP 6.3.1	Centralized accounting offices (MOH)										
HP 6.3.3	Other health expenditures										
HP 6.9	All other providers of health administration										
HP 6.9.1	National TB Centre										
HP 7 Other producers of health services											
HP 7.1	Private households as providers of care										
HP 7.3	All other industries as secondary producer of health care										
HP 7.3.1	Centers providing social support										
HP 8 Institutions delivering health related services											
HP 8.3	Other institutions providing health care services										
HP 9 External provision							10 761,3	-			
TOTAL		-	-	-	-	-	35 923,4	2 366,8	592,5	1 774,3	-

Table 3: continue

<div>Providers</div> <div>Functions</div>		HC 6.2	HC 6.3	HC.6.3.1	HC.6.3.2	HC.6.3.3	HC.6.3.4	HC.6.3.5	HC.6.3.6	HC.6.3.7	HC.6.3.8
		School health services control TB	Prevention of communicable diseases: prevention of TB	Ensure TB infection control in health care and in congregate settings	Tracing of the persons had contacts with TB patients	Screening of the persons had contacts with TB patients	BCG (Bacille Calmette Guerin vaccine) other than to newborns	Advocacy, Communication and Social Mobilization (ACSM)	Routine surveillance and monitoring	Defaults tracing	DOTS routine programme management and supervision activities
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities										
HP 5.1	Blood transfusion stations										
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)										
HP 5.8	AIDS Control Centers										
HP 5.9	Health centers and health education activities										
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services										
HP 6.1	Central Office of the Ministry of Health										
HP 6.2	MHIF administration office										
HP 6.3	Centralized accounting offices										
HP 6.3.1	Centralized accounting offices (MOH)										
HP 6.3.3	Other health expenditures										
HP 6.9	All other providers of health administration										
HP 6.9.1	National TB Centre										
HP 7 Other producers of health services											
HP 7.1	Private households as providers of care										
HP 7.3	All other industries as secondary producer of health care										
HP 7.3.1	Centers providing social support										
HP 8 Institutions delivering health related services											
HP 8.3	Other institutions providing health care services										
HP 9 External provision			10 761,3					675,6			2 641,9
TOTAL		-	33 556,5	6 098,3	122,3	761,0	7,2	2 851,7	9 337,1	32,8	5 017,6

Table 3: continue

<div>Providers</div> <div>Functions</div>		HC.6.3.9	HC.6.3.10	HC.6.3.11	HC.6.3.12	HC.6.3.16	HC 6.9	HC 7	HC 7.1	HC.7.1.1
		Practical Approach to Lung diseases (PAL)	Training	IPT for adults	Active Mass Screening	All other prevention of TB activities	All other miscellaneous public health services related to TB	Health administration and health insurance for TB activities (other than TB program management and administration)	General government administration of health	General government administration of TB programme and implementation
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities									
HP 5.1	Blood transfusion stations									
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)									
HP 5.8	AIDS Control Centers									
HP 5.9	Health centers and health education activities									
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services									
HP 6.1	Central Office of the Ministry of Health									
HP 6.2	MHIF administration office									
HP 6.3	Centralized accounting offices									
HP 6.3.1	Centralized accounting offices (MOH)									
HP 6.3.3	Other health expenditures									
HP 6.9	All other providers of health administration									
HP 6.9.1	National TB Centre									
HP 7 Other producers of health services										
HP 7.1	Private households as providers of care									
HP 7.3	All other industries as secondary producer of health care									
HP 7.3.1	Centers providing social support									
HP 8 Institutions delivering health related services										
HP 8.3	Other institutions providing health care services									
HP 9 External provision		261,9	2 947,8			4 234,1		-	-	
TOTAL		504,6	4 483,1	-	106,8	4 234,1	-	52 586,2	52 586,2	52 586,2

Table 3: continue

<div> <div>Providers</div> <div>Functions</div> </div>		HC.7.1.2	HC.7.2	HC.7.2.1	HC. nsk.	HC.R. 1	HC.R. 1.1	HC.R. 1.2	HC.R. 1.3	HC.R. 2	HC.R. 2.1	HC.R. 2.2
		Administration, operation, and support of social security (as payer of TB treatment)	Health administration and health insurance: private	Health administration and health insurance: private social insurance (as payer of TB treatment)	HC expenditure not specified by kind	Capital formation	Equipments	Buildings	Others	Education and training of health specialists	Training abroad	National training
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities											
HP 5.1	Blood transfusion stations				-							
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)				-							
HP 5.8	AIDS Control Centers				-							
HP 5.9	Health centers and health education activities				-							
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services											
HP 6.1	Central Office of the Ministry of Health				-							
HP 6.2	MHIF administration office				-							
HP 6.3	Centralized accounting offices											
HP 6.3.1	Centralized accounting offices (MOH)				-							
HP 6.3.3	Other health expenditures				-							
HP 6.9	All other providers of health administration											
HP 6.9.1	National TB Centre				-							
HP 7 Other producers of health services												
HP 7.1	Private households as providers of care				-							
HP 7.3	All other industries as secondary producer of health care				-							
HP 7.3.1	Centers providing social support				-							
HP 8 Institutions delivering health related services												
HP 8.3	Other institutions providing health care services				-							
HP 9 External provision					24 266,5							
TOTAL		-	-	-	116 234,5	6 895,8	6 895,8	-	-	-	-	-

Table 3: continue

<div>Functions</div> <div>Providers</div>		HC.R. 2.3	HC.R. 3	HC. Nsk HC	AD.1	AD.2	TOTAL
		Other	Research and development in TB	Health-related expenditure not specified by kind	Social rehabilitation	Social support	
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities						-
HP 5.1	Blood transfusion stations						-
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)						-
HP 5.8	AIDS Control Centers						-
HP 5.9	Health centers and health education activities						-
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services						-
HP 6.1	Central Office of the Ministry of Health						-
HP 6.2	MHIF administration office						-
HP 6.3	Centralized accounting offices						-
HP 6.3.1	Centralized accounting offices (MOH)						-
HP 6.3.3	Other health expenditures						-
HP 6.9	All other providers of health administration						-
HP 6.9.1	National TB Centre						-
HP 7 Other producers of health services							-
HP 7.1	Private households as providers of care						-
HP 7.3	All other industries as secondary producer of health care						-
HP 7.3.1	Centers providing social support						-
HP 8 Institutions delivering health related services							-
HP 8.3	Other institutions providing health care services						-
HP 9 External provision				24 266,5			57 792,4
TOTAL		-	-	109 338,7	-	-	431 588,7

Table 4: National Health expenditures on tuberculosis by type of financing organizations/agencies and health functions, 2007 (thous. soms)

<div>Function</div> <div>Financial agent</div>		HC 1	HC 1.1	HC 1.1.1	HC.1.1.1.1	HC.1.1.1.2	HC.1.1.1.3	HC.1.1.2	HC.1.1.2.1	HC.1.1.2.2	HC.1.1.2.3
		Services of Curative Care	HC 1.1 Inpatient curative care	New cases	Internal medicine (First line drug)	Surgery	Other	Retreatment cases	Internal medicine (First line drug)	Surgery	Other
HF.A	STATE GOVERNANCE SECTOR	121 127,3	120 619,6	36 012,9	31 889,5	3 286,0	837,3	68 661,5	66 054,3	517,1	2 090,1
HF 1.1	State public authorities except social welfare funds	115 678,9	115 678,9	34 052,7	29 963,4	3 252,0	837,3	67 219,8	64 777,7	352,0	2 090,1
HF 1.1.1	Central governance entities	115 678,9	115 678,9	34 052,7	29 963,4	3 252,0	837,3	67 219,8	64 777,7	352,0	2 090,1
HF 1.1.1.1	Ministry of Health	115 678,9	115 678,9	34 052,7	29 963,4	3 252,0	837,3	67 219,8	64 777,7	352,0	2 090,1
HF 1.1.1.3	Ministry of Justice (GUIN)	-	-	-				-			
HF 1.2.	Social welfare funds	5 448,4	4 940,7	1 960,1	1 926,1	34,0	-	1 441,7	1 276,6	165,1	-
HF 1.2.1	MHIF under MOH KR	5 448,4	4 940,7	1 960,1	1 926,1	34,0		1 441,7	1 276,6	165,1	
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments	-	-	-				-			
HF 2.4	NGO	-	-	-				-			
HF 3	REST OF THE WORLD	62 733,1	49 269,1	-	-	-	-	49 269,1	49 269,1	-	-
HF 3.1	Donor organizations	62 733,1	49 269,1	-				49 269,1	49 269,1		
TOTAL		183 860,4	169 888,7	36 012,9	31 889,5	3 286,0	837,3	117 930,6	115 323,4	517,1	2 090,1

Table 4: continue

<div>Function</div> <div>Financial agent</div>		HC.1.1.3	HC.1.1.3.1	HC.1.1.3.2	HC.1.1.3.3	HC 1.3	HC.1.3.1	HC.1.3.2	HC.2	HC.3	HC.3.1	HC.3.3
		MDR TB	Internal medicine (First line drug)	Surgery	Other	Outpatient curative care	Internal medicine (First line drug)	Other drugs	Services of Rehabilitative Care	Services for long-term nursing care	Inpatient long-term nursing care (incl. Hospice)	Long term nursing care: home care
HF.A	STATE GOVERNANCE SECTOR	15 945,3	15 458,6	289,7	197,0	507,6	-	507,6	-	-	-	-
HF 1.1	State public authorities except social welfare funds	14 406,4	13 919,7	289,7	197,0	-	-	-	-	-	-	-
HF 1.1.1	Central governance entities	14 406,4	13 919,7	289,7	197,0	-	-	-	-	-	-	-
HF 1.1.1.1	Ministry of Health	14 406,4	13 919,7	289,7	197,0	-				-		
HF 1.1.1.3	Ministry of Justice (GUIN)	-				-				-		
HF 1.2.	Social welfare funds	1 538,9	1 538,9	-	-	507,6	-	507,6	-	-	-	-
HF 1.2.1	MHIF under MOH KR	1 538,9	1 538,9			507,6		507,6		-		
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments	-				-				-		
HF 2.4	NGO	-				-				-		
HF 3	REST OF THE WORLD	-	-	-	-	13 464,0	13 464,0	-	-	-	-	-
HF 3.1	Donor organizations	-				13 464,0	13 464,0			-		
TOTAL		15 945,3	15 458,6	289,7	197,0	13 971,6	13 464,0	507,6	-	-	-	-

Table 4: continue

<div>Function</div> <div>Financial agent</div>		HC.4	HC.4.1	HC.4.1.1	HC.4.1.2	HC.4.1.3	HC.4.2	HC.4.3	HC.4.9	HC 5	HC 5.1	HC 5.1.1	HC 5.1.2
		Ancillary services to medical care	Clinical laboratory diagnostic tests	Smears	Culture	Culture DST (drug susceptibility testing)	Diagnostic imaging for TB patients	PPD test (skin test)	All other miscellaneous ancillary services	Medical goods dispensed to outpatients	Pharmaceuticals and other medical nondurable s for TB patients	Prescribed drugs	Over-the-counter medicines
HF.A	STATE GOVERNANCE SECTOR	33 683,6	11 316,9	9 489,0	1 240,3	587,6	15 932,3	2 268,6	4 165,7	-	-	-	-
HF 1.1	State public authorities except social welfare funds	24 558,7	9 660,9	7 833,0	1 240,3	587,6	10 745,8	202,7	3 949,2	-	-	-	-
HF 1.1.1	Central governance entities	24 558,7	9 660,9	7 833,0	1 240,3	587,6	10 745,8	202,7	3 949,2	-	-	-	-
HF 1.1.1.1	Ministry of Health	24 558,7	9 660,9	7 833,0	1 240,3	587,6	10 745,8	202,7	3 949,2	-			
HF 1.1.1.3	Ministry of Justice (GUIN)	-	-							-	-		
HF 1.2.	Social welfare funds	9 124,8	1 656,0	1 656,0	-	-	5 186,5	2 065,9	216,5	-	-	-	-
HF 1.2.1	MHIF under MOH KR	9 124,8	1 656,0	1 656,0			5 186,5	2 065,9	216,5	-	-		
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments	-	-							-	-		
HF 2.4	NGO	-	-							-	-		
HF 3	REST OF THE WORLD	9 300,6	-	-	-	-	-	-	9 300,6	-	-	-	-
HF 3.1	Donor organizations	9 300,6							9 300,6	-			
TOTAL		42 984,2	11 316,9	9 489,0	1 240,3	587,6	15 932,3	2 268,6	13 466,3	-	-	-	-

Table 4: continue

<div>Function</div> <div>Financial agent</div>		HC 5.1.3	HC.5.2	HC 6	HC 6.1	HC.6.1.1	HC.6.1.2	HC.6.1.3	HC 6.2	HC 6.3	HC.6.3.1	HC.6.3.2	HC.6.3.3	HC.6.3.4
		Other medical non-durables	Therapeutic appliances and other medical durables for TB patients	Prevention and public health services to fight against TB	Maternal and child health; family planning and counseling : for TB patients	IPT (Isoniazid Preventive Therapy)	BCG for newborn children	Other	School health services control TB	Prevention of communicable diseases : prevention of TB	Ensure TB infection control in health care and in congregate settings	Tracing of the persons had contacts with TB patients	Screening of the persons had contacts with TB patients	BCG (Bacille Calmette Guerin vaccine) other than to newborns
HF.A	STATE GOVERNANCE SECTOR	-	-	25 162,1	2 366,8	592,5	1 774,3	-	-	22 795,3	6 098,3	122,3	761,0	7,2
HF 1.1	State public authorities except social welfare funds	-	-	15 698,1	1 796,2	181,5	1 614,7	-	-	13 901,9	-	-	-	7,2
HF 1.1.1	Central governance entities	-	-	15 698,1	1 796,2	181,5	1 614,7	-	-	13 901,9	-	-	-	7,2
HF 1.1.1.1	Ministry of Health			15 698,1	1 796,2	181,5	1 614,7			13 901,9				7,2
HF 1.1.1.3	Ministry of Justice (GUIN)			-	-					-				
HF 1.2.	Social welfare funds	-	-	9 464,0	570,7	411,1	159,6	-	-	8 893,3	6 098,3	122,3	761,0	-
HF 1.2.1	MHIF under MOH KR			9 464,0	570,7	411,1	159,6			8 893,3	6 098,3	122,3	761,0	
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments			-	-					-				
HF 2.4	NGO			-	-					-				
HF 3	REST OF THE WORLD	-	-	10 761,3	-	-	-	-	-	10 761,3	-	-	-	-
HF 3.1	Donor organizations			10 761,3	-					10 761,3				
TOTAL		-	-	35 923,4	2 366,8	592,5	1 774,3	-	-	33 556,5	6 098,3	122,3	761,0	7,2

Table 4: continue

<div>Function</div> <div>Financial agent</div>		HC.6.3.5	HC.6.3.6	HC.6.3.7	HC.6.3.8	HC.6.3.9	HC.6.3.10	HC.6.3.11	HC.6.3.12	HC.6.3.16	HC 6.9
		Advocacy, Communication and Social Mobilization (ACSM)	Routine surveillance and monitoring	Defaults tracing	DOTS routine programme management and supervision activities	Practical Approach to Lung diseases (PAL)	Training	IPT for adults	Active Mass Screening	All other prevention of TB activities	All other miscellaneous public health services related to TB
HF.A	STATE GOVERNANCE SECTOR	2 176,1	9 337,1	32,8	2 375,6	242,7	1 535,3	-	106,8	-	-
HF 1.1	State public authorities except social welfare funds	669,2	9 337,1	-	2 375,6	-	1 512,8	-	-	-	-
HF 1.1.1	Central governance entities	669,2	9 337,1	-	2 375,6	-	1 512,8	-	-	-	-
HF 1.1.1.1	Ministry of Health	669,2	9 337,1		2 375,6	-	1 512,8				
HF 1.1.1.3	Ministry of Justice (GUIN)										
HF 1.2.	Social welfare funds	1 506,9	-	32,8	-	242,7	22,5	-	106,8	-	-
HF 1.2.1	MHIF under MOH KR	1 506,9	-	32,8	-	242,7	22,5	-	106,8		
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments										
HF 2.4	NGO										
HF 3	REST OF THE WORLD	675,6	-	-	2 641,9	261,9	2 947,8	-	-	4 234,1	-
HF 3.1	Donor organizations	675,6			2 641,9	261,9	2 947,8			4 234,1	
TOTAL		2 851,7	9 337,1	32,8	5 017,6	504,6	4 483,1	-	106,8	4 234,1	-

Table 4: continue

<div>Function</div> <div>Financial agent</div>		HC 7	HC 7.1	HC.7.1.1	HC.7.1.2	HC.7.2	HC.7.2.1	HC. nsk.	HC.R. 1	HC.R. 1.1	HC.R. 1.2	HC.R. 1.3
		Health administration and health insurance for TB activities (other than TB program management and administration)	General government administration of health	General government administration of TB programme and implementation	Administration, operation, and support of social security (as payer of TB treatment)	Health administration and health insurance: private	Health administration and health insurance: private social insurance (as payer of TB treatment)	HC expenditure not specified by kind	Capital formation	Equipments	Buildings	Others
HF.A	STATE GOVERNANCE SECTOR	52 586,2	52 586,2	52 586,2	-	-	-	69 158,3	6 895,8	6 895,8	-	-
HF 1.1	State public authorities except social welfare funds	52 586,2	52 586,2	52 586,2	-	-	-	69 158,3	6 895,8	6 895,8	-	-
HF 1.1.1	Central governance entities	52 586,2	52 586,2	52 586,2	-	-	-	69 158,3	6 895,8	6 895,8	-	-
HF 1.1.1.1	Ministry of Health	52 586,2	52 586,2	52 586,2		-		62 262,5	-			
HF 1.1.1.3	Ministry of Justice (GUIN)	-	-			-		6 895,8	6 895,8	6 895,8		
HF 1.2.	Social welfare funds	-	-	-	-	-	-	-	-	-	-	-
HF 1.2.1	MHIF under MOH KR	-	-			-		-	-			
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments	-	-			-		-	-			
HF 2.4	NGO	-	-			-		-	-			
HF 3	REST OF THE WORLD	-	-	-	-	-	-	47 076,2	-	-	-	-
HF 3.1	Donor organizations	-	-			-		47 076,2	-			
TOTAL		52 586,2	52 586,2	52 586,2	-	-	-	116 234,5	6 895,8	6 895,8	-	-

Table 4: continue

<div>Function</div> <div>Financial agent</div>		HC.R. 2	HC.R. 2.1	HC.R. 2.2	HC.R. 2.3	HC.R. 3	HC. Nsk HC	AD.1	AD.2	TOTAL
		Education and training of health specialists	Training abroad	National training	Other	Research and development in TB	Health-related expenditure not specified by kind	Social rehabilitation	Social support	
HF.A	STATE GOVERNANCE SECTOR	-	-	-	-	-	62 262,5	-	-	301 717,5
HF 1.1	State public authorities except social welfare funds	-	-	-	-	-	62 262,5	-	-	277 680,3
HF 1.1.1	Central governance entities	-	-	-	-	-	62 262,5	-	-	277 680,3
HF 1.1.1.1	Ministry of Health	-					62 262,5			270 784,5
HF 1.1.1.3	Ministry of Justice (GUIN)	-								6 895,8
HF 1.2.	Social welfare funds	-	-	-	-	-	-	-	-	24 037,2
HF 1.2.1	MHIF under MOH KR	-								24 037,2
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-
HF 2.3.	Private household payments	-								-
HF 2.4	NGO	-								-
HF 3	REST OF THE WORLD	-	-	-	-	-	47 076,2	-	-	129 871,2
HF 3.1	Donor organizations	-					47 076,2			129 871,2
TOTAL		-	-	-	-	-	109 338,7	-	-	431 588,7

Table 5: National Health expenditures on tuberculosis by type of financing organizations/agencies and resource costs, 2007(thous. soms)

		RC 1 Recurrent expenditures	RC 1.1 Staff related expenditures				RC 1.2 Procurements and services			
			RC 1.1	RC 1.1.1	RC 1.1.2	RC 1.1.3	RC 1.2	RC 1.2.1	RC 1.2.1.1	RC 1.2.1.2
			<i>Staff related expenditures</i>	Salary	Contributions to Social Fund	Travel allowance	<i>Procurements and services</i>	Procurement of consumables	Expenditures on procurement of medicines and bandages	Expenditures on procurement of equipment, inventory and consumables
HP 1 Hospitals		349 031,4	95 361,2	78 557,1	16 187,0	617,0	253 670,2	167 870,2	99 353,9	1 599,1
HP 1.1	General hospitals (Territorial Hospitals)	6 168,1	2 833,3	2 334,5	497,5	1,3	3 334,8	2 595,9	1 108,2	36,9
HP 1.2	Mental Health and Substance Abuse Hospitals	-	-	-	-	-	-	-	-	-
HP 1.2.1	Psycho-neurological hospitals (dispensaries)									
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	342 863,3	92 527,9	76 222,6	15 689,5	615,8	250 335,4	165 274,3	98 245,7	1 562,2
HP 1.3.2	TB hospitals (dispensaries)	342 863,3	92 527,9	76 222,6	15 689,5	615,8	250 335,4	165 274,3	98 245,7	1 562,2
HP 1.3.2.1	National TB Centre	38 941,2	12 160,3	10 093,9	2 066,4		26 780,9	23 914,6	10 735,7	403,9
HP 1.3.2.2	HP 1.3.2.2 Centre for TB control (City +Oblast)	245 026,8	55 062,3	45 306,8	9 333,6	421,9	189 964,6	114 032,4	77 138,4	793,5
HP 1.3.2.3	B hospitals (adult+children)	58 895,3	25 305,3	20 821,9	4 289,5	193,9	33 590,0	27 327,3	10 371,7	364,7
HP 1.3.2.4	TB dispensary	-	-				-	-		
HP 1.3.2.5	TB hospitals in Prisons									
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers									
HP 2.1	Medical rehabilitation hospitals									
HP 2.1.1	TB Rehabilitation Centre									
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients									
HP 2.9	All other residential care facilities									
HP 2.9.1	Sanatoriums for TB patients									

Table 5: continue

		RC 1.2 Procurements and services					RC 1.5 Subsidies to providers	RC 1.6 Stipends	RC 2 Total capital investments	RC 2.2 Procurement of main equipment and durables	RC 2.4 Capital repair	TOTAL
		RC 1.2.1.3	RC 1.2.2	RC 1.2.2.1	RC 1.2.2.2	RC 1.2.3						
		Expenditures on food	Services	Payment for water, electricity, heating and telephone	Expenses on rent and maintenance of own vehicles	Other procurements and services						
HP 1 Hospitals		66 917,2	18 096,2	15 073,4	3 022,8	67 703,8	-	-	6 895,8	6 895,8	-	355 927,2
HP 1.1	General hospitals (Territorial Hospitals)	1 450,8	592,3	585,0	7,2	146,6			-			6 168,1
HP 1.2	Mental Health and Substance Abuse Hospitals	-	-	-	-	-	-	-	-	-	-	-
HP 1.2.1	Psycho-neurological hospitals (dispensaries)											-
HP 1.3	Specialty Hospitals (other than mental health and substance abuse)	65 466,4	17 503,9	14 488,4	3 015,6	67 557,2	-	-	6 895,8	6 895,8	-	349 759,1
HP 1.3.2	TB hospitals (dispensaries)	65 466,4	17 503,9	14 488,4	3 015,6	67 557,2			6 895,8	6 895,8		349 759,1
HP 1.3.2.1	National TB Centre	12 775,0	2 766,6	2 766,6		99,7			-			38 941,2
HP 1.3.2.2	HP 1.3.2.2 Centre for TB control (City +Oblast)	36 100,4	10 097,0	8 030,9	2 066,1	65 835,2			-			245 026,8
HP 1.3.2.3	B hospitals (adult+children)	16 590,9	4 640,3	3 690,8	949,5	1 622,3			-			58 895,3
HP 1.3.2.4	TB dispensary		-						-			-
HP 1.3.2.5	TB hospitals in Prisons								6 895,8	6 895,8		6 895,8
HP 2 Nursing and residential care facilities	Care for patients and rehabilitation centers											-
HP 2.1	Medical rehabilitation hospitals											-
HP 2.1.1	TB Rehabilitation Centre											-
HP 2.2	Residential mental retardation, mental health and substance abuse facilities Sanatoriums for TB patients											-
HP 2.9	All other residential care facilities											-
HP 2.9.1	Sanatoriums for TB patients											-

Table 5: continue

		RC 1 Recurrent expenditures	RC 1.1 Staff related expenditures				RC 1.2 Procurements and services			
			RC 1.1	RC 1.1.1	RC 1.1.2	RC 1.1.3	RC 1.2	RC 1.2.1	RC 1.2.1.1	RC 1.2.1.2
			Staff related expenditures	Salary	Contributions to Social Fund	Travel allowance	Procurements and services	Procurement of consumables	Expenditures on procurement of medicines and bandages	Expenditures on procurement of equipment, inventory and consumables
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	17 869,1	8 252,6	6 982,6	1 178,8	91,2	9 616,5	7 595,5	5 171,0	2 424,5
HP 3.1	FMC and FGP services	17 869,1	8 252,6	6 982,6	1 178,8	91,2	9 616,5	7 595,5	5 171,0	2 424,5
HP 3.1.1	FMC	17 869,1	8 252,6	6 982,6	1 178,8	91,2	9 616,5	7 595,5	5 171,0	2 424,5
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods	-	-				-	-	-	
HP 4.1	Pharmacies	-	-				-	-		
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities									
HP 5.1	Blood transfusion stations									
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)									
HP 5.8	AIDS Control Centers									
HP 5.9	Health centers and health education activities									
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services									
HP 6.1	Central Office of the Ministry of Health									
HP 6.2	MHIF administration office									
HP 6.3	Centralized accounting offices									
HP 6.3.1	Centralized accounting offices (MOH)									
HP 6.3.3	Other health expenditures									
HP 6.9	All other providers of health administration									
HP 6.9.1	National TB Centre									

Table 5: continue

		RC 1.2 Procurements and services					RC 1.5 Subsidies to providers	RC 1.6 Stipends	RC 2 Total capital investments	RC 2.2 Procurement of main equipment and durables	RC 2.4 Capital repair	TOTAL
		RC 1.2.1.3	RC 1.2.2	RC 1.2.2.1	RC 1.2.2.2	RC 1.2.3						
		Expenditures on food	Services	Payment for water, electricity, heating and telephone	Expenses on rent and maintenance of own vehicles	Other procurements and services						
HP.3 Providers of ambulatory health care	Polyclinics and services of physicians and nurses	-	1 682,7	1 633,2	49,5	338,3	-	-	-	-	-	17 869,1
HP 3.1	FMC and FGP services	-	1 682,7	1 633,2	49,5	338,3	-	-	-	-	-	17 869,1
HP 3.1.1	FMC		1 682,7	1 633,2	49,5	338,3			-			17 869,1
HP 4 Retail Sale and other providers of medical goods	Retail and other providers of medical goods											-
HP 4.1	Pharmacies											-
HP 5 Provision and administration of public health programmes	Sanitary-preventive services and facilities											-
HP 5.1	Blood transfusion stations											-
HP 5.2	Sanitary-epidemiological and anti-plague stations (Public health surveillance)											-
HP 5.8	AIDS Control Centers											-
HP 5.9	Health centers and health education activities											-
HP 6 Administration of general management of health care and health insurance	Not categorized health related activities and services											-
HP 6.1	Central Office of the Ministry of Health											-
HP 6.2	MHIF administration office											-
HP 6.3	Centralized accounting offices											-
HP 6.3.1	Centralized accounting offices (MOH)											-
HP 6.3.3	Other health expenditures											-
HP 6.9	All other providers of health administration											-
HP 6.9.1	National TB Centre											-

Table 5: continue

		RC 1 Recurrent expenditures	RC 1.1 Staff related expenditures				RC 1.2 Procurements and services			
			RC 1.1	RC 1.1.1	RC 1.1.2	RC 1.1.3	RC 1.2	RC 1.2.1	RC 1.2.1.1	RC 1.2.1.2
			<i>Staff related expenditures</i>	Salary	Contributions to Social Fund	Travel allowance	<i>Procurements and services</i>	Procurement of consumables	Expenditures on procurement of medicines and bandages	Expenditures on procurement of equipment, inventory and consumables
HP 7 Other producers of health services										
HP 7.1	Private households as providers of care									
HP 7.3	All other industries as secondary producer of health care									
HP 7.3.1	Centers providing social support									
HP 8 Institutions delivering health related services										
HP 8.3	Other institutions providing health care services									
HP 9 External provision		35 237,6	-				35 237,6	11 604,2	11 604,2	
TOTAL		402 138,2	103 613,8	85 539,7	17 365,9	708,3	298 524,3	187 069,9	116 129,1	4 023,6

Table 5: continue

		RC 1.2 Procurements and services					RC 1.5	RC 1.6	RC 2 Total capital investments	RC 2.2	RC 2.4	TOTAL
		RC 1.2.1.3	RC 1.2.2	RC 1.2.2.1	RC 1.2.2.2	RC 1.2.3						
		Expenditures on food	Services	Payment for water, electricity, heating and telephone	Expenses on rent and maintenance of own vehicles	Other procurements and services				Procurement of main equipment and durables	Capital repair	
HP 7 Other producers of health services												-
HP 7.1	Private households as providers of care											-
HP 7.3	All other industries as secondary producer of health care											-
HP 7.3.1	Centers providing social support											-
HP 8 Institutions delivering health related services												-
HP 8.3	Other institutions providing health care services											-
HP 9 External provision			-			23 633,4			22 554,8	1 048,2	21 506,6	57 792,4
TOTAL		66 917,2	19 778,9	16 706,6	3 072,2	91 675,6	-	-	29 450,5	7 943,9	21 506,6	431 588,7