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## **Policy Research Paper № 54**

# **National Health Accounts in Kyrgyzstan: Review of 2007 general expenditures for health care**

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**TABLE OF CONTENTS**

<b>ABBREVIATIONS .....</b>	<b>3</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>5</b>
<b>1 METHODOLOGICAL ISSUES .....</b>	<b>6</b>
1.1 Development of NHA .....	6
1.2 Data Collection.....	6
1.3 External Funding (non-public expenditures) .....	8
<b>2 TRENDS IN HEALTH CARE FINANCING DURING 2000 - 2007 .....</b>	<b>10</b>
<b>3 DETAILED ANALYSIS OF EXPENDITURES FOR HEALTH CARE IN 2007 .....</b>	<b>15</b>
3.1 Health expenditures by types of Financing Sources .....	15
3.2 Health expenditures by financing organizations financing health care system in the KR 18	
3.3 Health Care Expenditures by Providers .....	19
3.4 Health Care Expenditures by Functions.....	21
3.5 Health Expenditures by Economic Classifier.....	24
<b>4 CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>26</b>
<b>ANNEX A. CLASSIFICATION SYSTEM OF EXPENDITURES IN KYRGYZSTAN .....</b>	<b>28</b>
<b>ANNEX B. TABLES OF NATIONAL HEALTH ACCOUNTS, KYRGYZ REPUBLIC .....</b>	<b>33</b>

**ABBREVIATIONS**

CHSD	Center for Health System Development under the MOH of the KR
DFID	Department for International Development
FGP	Group of Family Practitioners
FMC	Family Medicine Centre
FMR	Financial Management Reports
GDI	Gross Domestic Revenue
GDP	Gross Domestic Product
GUIN/MDEP	Main Department of Execution and Punishment, MOJ of the KR
ICHA	International Classification of Health Accounts
IFC	International Financial Cooperation
IFRC	International Committee of Red Cross
KfW	German Development Bank
KR	Kyrgyz Republic
MTBF	Midterm Budget Forecast
MHI CP	Mandatory HI Complimentary Program
MHIF	Mandatory Health Insurance Fund
MHIF TD	Territorial Department of MHIF
MIA	Ministry of Internal Affairs of the KR
MOD	Ministry of Defence
MOE	Ministry of Education
MOF	Ministry of Economy and Finance of the Kyrgyz Republic
MOH	Ministry of Health of the KR
MOJ	Ministry of Justice
MOLS	Ministry of Labor and Social Protection of the Kyrgyz Republic
MOTC	Ministry of Transportation and Communication of the Kyrgyz Republic
MSF	Medicines Sant Frontiers /Doctors without borders
NGO	Non-Governmental/Public Organization
NSC	National Statistic Committee of the KR
NSS	National Security Service under the President of the KR
ODD	Outpatient Diagnostic Department/Unit
OPPs	Cash out of Pocket Payments of Households
OMH	Oblast Merged Hospital
PGI	Proragm of Public Investments
PHC	Primary Health Care
RMIC	Republican Medical -Informational Centre, MOH of the KR
SC	Steering Committee
SDC	Swiss Bureau on Cooperation
SES	Sanitary - Epidemiological Station/Service
SF	Social Fund of the KR
SIDA	Sweden Agency for International Development
SWAp	Sector Wide Approach
TB	Tuberculosis
THE	Total Health Expenditures
UN organizations	United Nation Organizations
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
USAID	US Agency of International Development
WB	World Bank
WG	Working Group on NHA
WHO	World Health Organization

National Health Accounts in Kyrgyzstan 2007

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FS	Financial Sources
HF	Financing Organizations/Agents
HP	Health Providers
HC	Function
RC	Economic Classifier

## EXECUTIVE SUMMARY

Over the last decade the health care system of the Kyrgyz Republic has gone through dramatic changes, in particular, in the area of financing (e.g. introduction of Single Payer system and co-payment, split of purchaser and provider, etc.). It is necessary to establish a sustainable, effective integrated health financing system that should provide equitable and equalized distribution of resources, balance of public obligations within the framework of State Guarantee Benefit Package and other priority programs, reduction of population financial burden, effective and rational use of health funds. Mid-term analysis of the impact of reforms on the health care system conducted in May 2008 has indicated that reforms conducted in the area of financing have yielded good result. Thus, reduction of a financial burden of the population and more rational use of health care resources were pointed out as positive results achieved through reforms implementation<sup>1</sup>. While conducting this analysis data of National Health Accounts were used along with other data sources.

National Health Accounts (NHA) are a good tool both for financial workers in the health care system and policy makers, as they reflect a full picture of financial flows in the health care system of the country, including public, private and donor funds. Data, collected within the framework of NHA, might promote development of strategy design of health system and its further implementation, holding a policy dialogue, monitoring and evaluation of health system performance. This tool (NHA) is a well known technique of analysis of health sector financing and is used in more than 50 countries worldwide.

In Kyrgyzstan, NHA was initiated in 2005 and Mandatory Health Insurance Fund had become an institutional "home" for NHA in Kyrgyzstan. Current report is the third one already and has been developed jointly with the MHIF and CHSD with the financial support of WHO/DFID. This report presents data for 2007 and here for the first time we made an attempt to present data on donor funds based on the donor survey, conducted this year within the framework of NHA.

### **Main Findings:**

1. Total health care expenditures in 2007 was 9,012.5 million soms, which is 6,4% of GDP where as 7,062.4 mln. soms (6,2% of GDP) in 2006. Nominal growth for this period was reached 28%, and real was 16%.
2. Share of state budget including MHIF and SWAp funds in 2007, is 46.6% versus 44.5% in 2006, whereas the share of OPPs declined from 55.5% in 2006 to 47.6%; the share of international organizations as parallel financing agencies is 5.8% of the total health care expenditures.
3. Share of public health expenditures within the total public expenditures is 11.1% in 2007, whereas in 2006 this indicator was at the level of 10.6%.
4. The share of expenditures of public health financing organizations has increased up to 51% versus to 42.3% in 2004 and 48% in 2006, whereas the share of non-public sector expenditures has reduced compared to previous years and is 43%.
5. The health care expenditures by functions preserve the tendency of reduction of in-patient curative care expenditures, the one that began to occur after 2000 (over 74% of expenditures for curative health care) to 49.7% in 2007, at the same time the expenditures for ambulatory health care increased from 10% to 25.6% for similar period.

Current report contains 3 chapters and 2 annexes. Chapter 1 describes some methodological issues applied in Kyrgyzstan while developing NHA, including sources of gathered data. Overall health financing trends during 2000-2007 is reflected in Chapter 2. In Chapter 3 presents deeper analysis of health care expenditures for the years of 2004, 2006 and 2007. The Report concludes with the key findings and further recommendations. Annex 1 provides a complete list of classifications, applied in NHA tables and Annex 2 contains 5 NHA Tables that reflex various aspects of national health care expenditures.

<sup>1</sup> For more details see «Report on Midterm Review of the National Health Reforms Program «Manas taalimi» of the Kyrgyz Republic as of May 7, 2008»

## 1 METHODOLOGICAL ISSUES

NHA methodology includes development of classifications and tables to reflect the entire health care structure and to show the flow of funds within the system; as well as description of data collection to fill in these tables.

### 1.1 Development of NHA

NHA were first introduced in Kyrgyzstan in 2005 and since that time the process of their institutionalization into a routine health care system of Kyrgyzstan has started. The first Report was prepared in 2006 on the basis of 2004 data, with the main focus on a detailed description of methodology and data collection and the second Report provided deeper and detailed analysis of 2006 expenditures. The detailed analysis of health care expenditures based on 2007 data has been continued in the third Report. Within the framework of NHA institutionalization a few phases have been identified: definition of Total health expenditures (THE) in the KR, health expenditure data gathering, data entering into the NHA tables, data analysis to assist in development of health care policy and dissemination of results to a wide range of interested stakeholders and parties.

In Kyrgyzstan NHA classifications are based on the methodology of International Classification of Health Accounts (ICHA), presented in the *Guidelines to producing National Health Accounts* (WHO, 2003), and budget classifications of the Kyrgyz Republic. If necessary, the Working Group reviews classifiers to adjust them to changes in the budgetary classification of Kyrgyzstan. While revising classifications this year some changes were made into Health Providers (HP) and Economic classifier of health expenditures (RC); in addition, names of some categories in the Functions (HC) classifier were corrected. Revised classifications are presented in Annex 1.

There are three types of expenditures in health system: public, private and external funds. They are summarized in five main tables that are linked to each other and trace down movement of financial flows in the country from one category to another. According to ICHA and budget classifications of the KR each actor, each function, etc. is referred to a certain code, divided into subcategory based on the country's needs. It was decided to divide actors in the health sector into the following categories functioning in the country health system:

- Financing Sources (FS)
- Financing Organizations (HF)
- Health Providers (HP)
- Health Functions (HC)
- Items of expenditures (RC)

### 1.2 Data Collection

Data on public expenditures, collected for NHA in Kyrgyzstan, are based on financial reports of MHIF and MoH generated into FMR. Data on private expenditures and external funding are based on the surveys: household surveys, surveys of international organizations, etc. Sources of data for 2007 are presented in the Table 1 below:

Table 1: Sources of data, 2007

Funding	Source
<p><b><u>Public expenditures</u></b> Republican Budget</p>	<p>Financial Reports of the Central Treasury under the MOF on expenditures of institutions in jurisdiction of the Kyrgyz MOH:</p> <ul style="list-style-type: none"> <li>▪ “Report on execution of the estimate of expenditures of the of institutions in jurisdiction of the Kyrgyz MOH (GUIN, MOJ, etc.)”,</li> </ul> <p>Financial Reports of the Kyrgyz Republic MOH:</p> <ul style="list-style-type: none"> <li>▪ Summary Form № 2 “Report execution of the estimate of expenditures”</li> </ul>
MHIF	<p>Financial Reports from MHIF reporting system</p> <ul style="list-style-type: none"> <li>▪ “Report on execution of the estimate of expenditures of health care facilities” (Form № 2 – budget) this reporting form covers expenditures for health care from local budgets funds by paragraphs (Main Group 5);</li> <li>▪ “Report on execution of the estimates of expenditures on special funds.” (Form № 4 – by paragraphs);</li> <li>▪ “Report on use of Co-payment funds ” (Form № 4 – co-payment);</li> <li>▪ “Report use of MHI funds” (Form № 4 – MHI).</li> </ul>
<p><b><u>Private expenditures (non-public expenditures)</u></b> Co-payment Special means</p>	<p>Financial Reports of the Central Treasury under the MOF on expenditures of the of institutions in jurisdiction of the Kyrgyz MOH:</p> <ul style="list-style-type: none"> <li>▪ “Report on execution of the estimates of expenditures on special funds of the institutions in jurisdiction of the Kyrgyz MOH institutions (GUIN, MOJ, etc.)”.</li> </ul> <p>Financial Reports of MOH</p> <ul style="list-style-type: none"> <li>▪ Summarized Form № 4 “Report on execution of the estimates on special funds”.</li> </ul> <p>Financial Reports from MHIF reporting system</p> <ul style="list-style-type: none"> <li>▪ “Report on execution of the estimates on special funds.” (Form № 4 – by paragraphs);</li> <li>▪ “Report use of co-payment funds” (Form № 4 – co-payment);</li> </ul>
Out of pocket expenditures	<p>This year the household survey was not conducted. Therefore, the data were estimated based on the existing data of 2001, 2004 and 2006 using the method of data extrapolation. However, while using extrapolation method, the expenditures distributed for 2007 don’t adjust for inflation, income elasticity and other adjustments.</p>
Non-commercial institutions, NGOs, private providers	These data don’t available in this Report.
<p><b><u>External Funding (non-public expenditures)</u></b></p>	<p>International organizations’ survey</p> <ul style="list-style-type: none"> <li>▪ Questionnaire was developed for data collection</li> </ul>

### 1.3 External Funding (non-public expenditures)

To determine a methodological approach for acquiring comprehensive complex data on external funds, the experience of other countries was analyzed, in particular Ukraine and Republic of Tajikistan and adapted to the local context of Kyrgyzstan. The questionnaire was developed based on the Ukrainian one because it was the most suitable for our context. The questionnaire developed for Kyrgyzstan consists of 3 sections for general NHA expenditures that include information on summarized expenditures by sources, activities (functions) and expenditure items. The structure of the questionnaire is as follows:

- Introduction: identification information on organization, filling out the questionnaire and contact information.
- Part A contains general information on generalized expenditures for health care in the KR in 2007.
- Part B requires data on financing of projects, implemented by this organization in 2007 by health care function (e.g. ambulatory health care; in-patient curative care; medical goods/commodities, prescribed to ambulatory clients; administration of health care and health insurance, etc.) and expenditure items (e.g. technical assistance, training, capital repair, etc.). If an international organization implemented several projects in 2007, Part B had to be filled out for each project.

Besides, due to the development of sub-accounts on TB and HIV/AIDS this year, in addition to the main/principal questionnaire, 2 more sections were added for international organizations to these components, which requested information on expenditures within these components by sources, activities (functions) and items.

- Questions in Part C are related to financial contributions of this organization in 2007 into activity on HIV/AIDS in the KR. The activity, related to HIV/AIDS is not limited exclusively to health programs with the main target to make an impact on health condition of people, living with HIV/AIDS at a certain period of time, but also includes programs, aimed at prevention of spread of HIV/AIDS and covering population in general (e.g. recipients of condoms distribution programs, aimed at control of HIV/AIDS spread, informational-educational campaigns, promotional activity, etc.).
- Part D requires answers on financing of every program, related to HIV/AIDS, i.e. how many funds were spent in 2007 exclusively for this activity, both for medical and not medical activity.
- Questions in Part E are related to financial contributions of this organization in 2007 for activities on TB in the KR. The activity related to TB is not limited exclusively to health programs, but includes programs, aimed at prevention of TB and covering population in general (e.g. informational-educational campaigns, promotional activity, etc.).
- Part F requests information on financing of every program related to TB, i.e. how many funds were spent in 2007 exclusively for this activity, both medical and not medical activity.

Information on all international organizations, providing direct and indirect financial and technical aid to health care system in Kyrgyzstan was included into this survey. International organizations are divided into Financing Organizations (EBRD, IFC, WB, ADB, KfW, etc.), Organizations on Development and Cooperation (DFID, SIDA, USAID, SDC, etc.) and UN Organizations (WHO, UNAIDS, etc.) and Non-Public Organizations (ICRC, Medicines Sans Frontiers, etc.).

Before distribution to international organizations, this questionnaire was first tested by several donors. Based on their comments, changes were incorporated into the questionnaire, and the latter was further distributed by e-mail. Together with the questionnaire, a letter was distributed



as justification for conducting of this survey. However, upon request of some international organizations we have held meetings with them to explain how to fill out the questionnaire and give responses to the questions. This survey was conducted with a technical and financial support of WHO/EURO. All data presented to international organizations are confidential and presented in the Report in a generalized way.

Despite the fact that the questionnaire had been piloted there are still some difficulties with filling out the questionnaire were identified while conducting the survey, especially in those parts where it was required information on expenditures by functions and expenditure items (Parts B, D and F). That was due to the fact that all international organizations have their own reporting format and timelines for reports.

## 2 TRENDS IN HEALTH CARE FINANCING DURING 2000 - 2007

Currently, there are three financing sources in health care system of the Kyrgyz Republic: public, private and external. Public sources include state budget, revenues from general taxation, revenues from mandatory health insurance and payroll tax revenues. Private funds include private out-of-pocket payments (OOPs). External funds comprise of funds, allocated by international organizations into the health care system of the KR.

Funds from *republican budget* come:

- To the Ministry of Health which in turn finances (a) tertiary care level facilities; (b) boarding homes and other institutions delivering care; (c) sanitary-preventive services and institutions; (d) administrative costs; and (e) other health related services (e.g., education);
- To other ministries and agencies which finance health facilities appurtenant to corresponding agency (e.g., military hospital of the Ministry of Defense);
- To Mandatory Health Insurance Fund which accumulates funds at republican level and distributes them by regions to finance health facilities at primary and secondary levels along with revenues received for mandatory health insurance from republican budget and Social Fund.

At present there is almost no financing coming from *local budget* as a result of the Law "On financial and economical foundations of local self-government". This Law was adopted on September 25, 2003 and planned to shift from four-level to two-level budget in 2006. In this connection, Ministry of Health and Ministry of Finance of the Kyrgyz Republic reached the agreement to transfer funding from regional level to republican level after series of negotiations and consultations. Remaining exception is Bishkek city where financing at the level of local budget still exists.

Revenues collected from *insurance premiums to mandatory health insurance* are transferred to Mandatory Health Insurance Fund and, in the first place, are spent on implementation of State Guaranteed Benefit Package as well as Additional Drug Benefit Package for insured population.

Private expenditures in Kyrgyzstan are mainly represented by *households funds*. Households make out-of-pocket payments for delivered services both at primary and secondary levels of care. This type of payments can be formal (co-payment, payment for non-medical services) and informal. However, major share of payments falls on procurement of drugs at outpatient level.

Starting from 2006, part of the *funds from international donors* was allocated within the framework of SWAp, i.e. funds of donors are integrated into the general state budget of the country. External Joint-financiers is presented in SWAp with the following international organizations: WB, DFID, KfW, SDC, SIDA. The remaining part of funds in the form of a parallel financing is spent for implementation of various projects in the area of health care. For the first time the data on external funding, in particular, parallel financing means is presented in this Report; however, the data are not complete due to some issues described further in this report. It's has to be noted that financing from one source is executed both trough public agencies and various non-public organizations. The data on external parallel financing are based on the information obtained from the following international organizations: DFID, USAID, KfW, SDC, WHO, UNFPA, UNICEF, MSF, ICRC, CA AIDS Control Project (WB).

**Table 2. Total health expenditures**

	2000	2001	2002	2003	2004	2005	2006	2007
<b>In nominal terms</b>								
<b>Total health expenditures (million som)</b>								
Budget	1 248,2	1 334,7	1 478,1	1 528,2	1 809,0	2 147,6	2 421,0	2 966,9
MHIF	105,1	119,7	142,1	197,4	338,2	254,5	466,9	704,469
Private	1 521,4	1 885,3	2 254,2	2 628,2	3 090,6	3 490,7	3 921,9	4 291,6
External joint financiers							252,6	529,7
External parallel funding	NA	NA	NA	NA	NA	NA	NA	519,8
<b>Total</b>	<b>2 874,7</b>	<b>3 339,7</b>	<b>3 874,4</b>	<b>4 353,8</b>	<b>5 237,8</b>	<b>5 892,8</b>	<b>7 062,4</b>	<b>9 012,5</b>
<b>Per capita health expenditures (in som)</b>								
Budget	255,0	270,4	297,2	304,9	353,3	419,4	472,8	579,4
MHIF	21,5	24,3	28,6	39,4	66,0	49,7	91,2	137,6
Private	310,8	382,0	453,2	524,4	603,6	681,7	765,9	838,1
External joint financiers							49,3	103,4
External parallel funding	NA	NA	NA	NA	NA	NA	NA	101,5
<b>Total</b>	<b>587,3</b>	<b>676,7</b>	<b>778,9</b>	<b>868,7</b>	<b>1 022,9</b>	<b>1 150,8</b>	<b>1 379,2</b>	<b>1 760,0</b>
<b>As share of total health expenditures</b>								
Budget	43,4%	40,0%	38,2%	35,1%	34,5%	36,4%	34,3%	32,9%
MHIF	3,7%	3,6%	3,7%	4,5%	6,5%	4,3%	6,6%	7,8%
Private	52,9%	56,5%	58,2%	60,4%	59,0%	59,2%	55,5%	47,6%
External joint financiers							3,6%	5,9%
External parallel funding	NA	NA	NA	NA	NA	NA	NA	5,8%
<b>Total</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>
<b>As share of GDP</b>								
Budget	1,9%	1,8%	2,0%	1,8%	1,9%	2,1%	2,1%	2,1%
MHIF	0,2%	0,2%	0,2%	0,2%	0,4%	0,3%	0,4%	0,5%
Private	2,3%	2,6%	3,0%	3,1%	3,3%	3,5%	3,5%	3,1%
External joint financiers							0,2%	0,4%
External parallel funding	NA	NA	NA	NA	NA	NA	NA	0,4%
<b>Total</b>	<b>4,4%</b>	<b>4,5%</b>	<b>5,1%</b>	<b>5,2%</b>	<b>5,6%</b>	<b>5,9%</b>	<b>6,2%</b>	<b>6,4%</b>
<b>In real terms</b>								
<b>Total health expenditures</b>								
Budget	1 248,2	1 248,5	1 354,2	1 358,0	1 544,3	1 757,7	1 876,5	2 086,7
MHIF	105,1	112,0	130,2	175,4	288,7	208,3	361,9	495,5
Private	1 521,4	1 763,6	2 065,3	2 335,6	2 638,3	2 857,0	3 039,7	3 018,4
External joint financiers							195,8	372,6
External parallel funding	NA	NA	NA	NA	NA	NA	NA	365,6
<b>Total</b>	<b>2 874,7</b>	<b>3 124,1</b>	<b>3 549,8</b>	<b>3 869,1</b>	<b>4 471,4</b>	<b>4 823,1</b>	<b>5 473,8</b>	<b>6 338,7</b>
<b>Per capita health expenditures</b>								
Budget	255,0	253,0	272,3	271,0	301,6	342,0	361,6	399,4
MHIF	21,5	22,7	26,2	35,0	56,4	40,5	69,7	94,8
Private	310,8	357,3	415,2	466,0	515,2	556,0	585,7	577,8
External joint financiers							37,7	71,3
External parallel funding	NA	NA	NA	NA	NA	NA	NA	70,0
<b>Total</b>	<b>587,3</b>	<b>633,0</b>	<b>713,6</b>	<b>771,9</b>	<b>873,2</b>	<b>938,5</b>	<b>1054,7</b>	<b>1143,4</b>

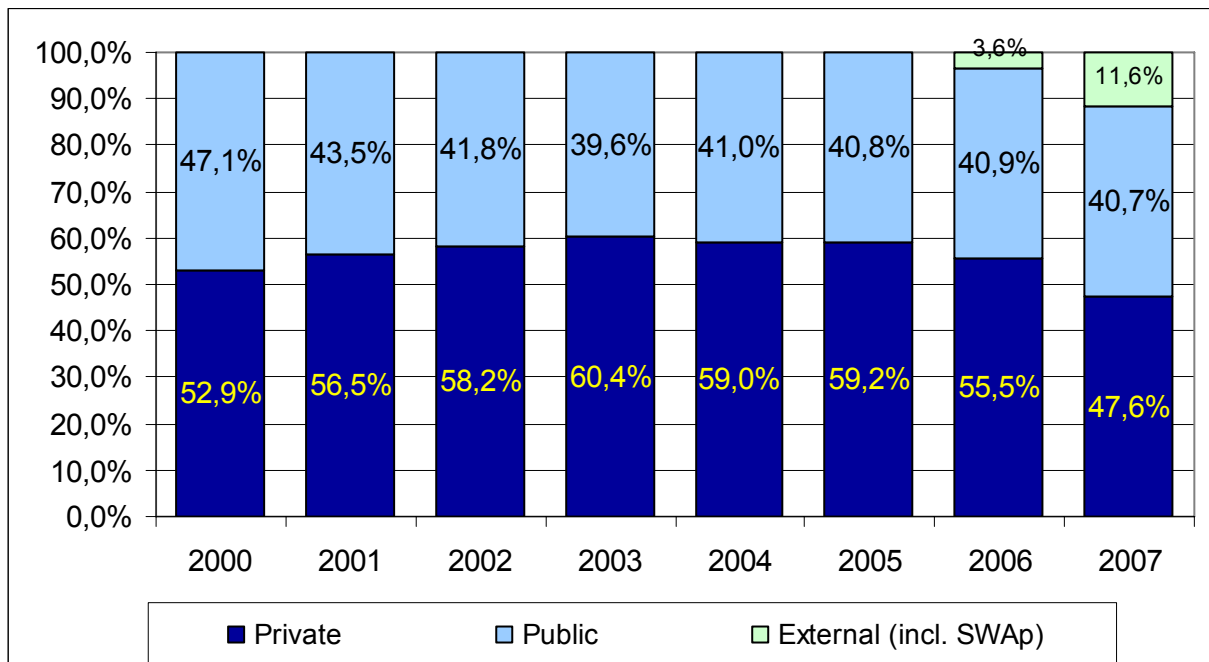
**Note:** For calculation of health expenditures in real terms, the Consumer Price Index was applied (2000=100).

During 2000-2007, total health expenditures increased from 2,9 up to 9 billion soms. It should be noted that as a result of the conducted survey, in 2007 - about 520 mln soms were added to the total health expenditures by donor organizations as parallel financing. As a result, the share of health care expenditures has increased from 4,4% up to 6,4% to GDP correspondingly (Table 2).

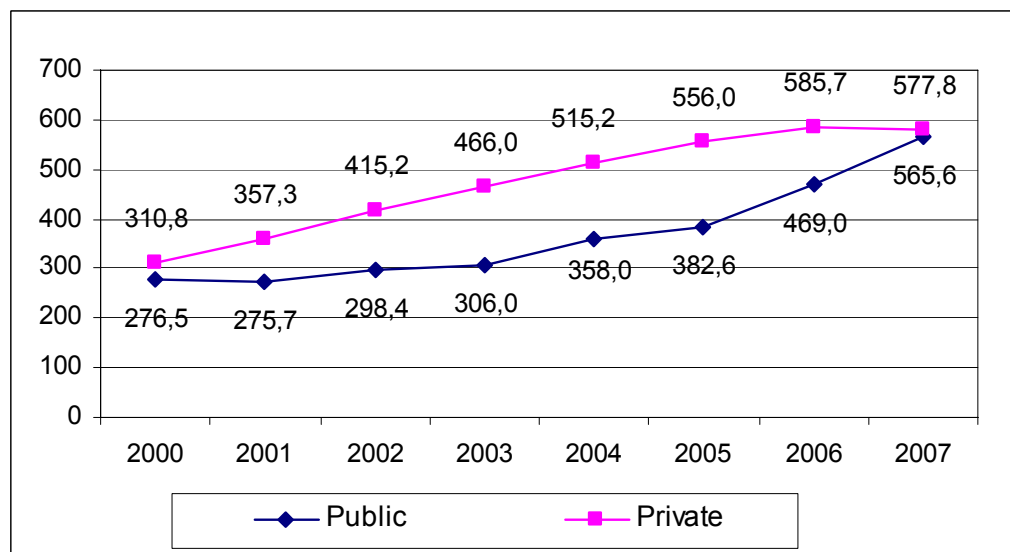
At that, in 2007 state financing (including MHI funds) made 2,6% to GDP versus 2,1% in 2000, private funds increased from 2,3% up to 3,1%; as for external financing, it comprised 0,8% to GDP. In spite of the fact that private expenditures decreased in 2007 versus previous year (3,1% to GDP versus 3,5% to GDP), stable increase of nominal indicator for the entire period should be regarded as a positive moment. Per capita total health expenditures increased from 587 soms in 2000 up to 1,760 soms in the nominal term and up to 1,143 soms given inflation in 2007. In other words, total health expenditures increased in the real term almost by 2 times during the period under consideration.

This dynamic of health expenditures growth in the second half of the tracing period, especially as far as the growth of public expenditures should be considered as a positive trend. A number of surveys of health care reforms were conducted within the framework of implementation of «Manas» program; they pointed out a few accomplishments achieved, but at the same time they showed that reforms were implemented under the shortage of funds. Lack of funding for health sector limited the potential of reforms as far as making an impact on the results of health and financial protection of population.

In the structure of total health expenditures private expenditures of the population is dominated, where are its dynamic for 2000-2005 period was characterized by a stable tendency towards growing (from 52,9% up to 59,2%) (Fig. 1). However, starting from 2006, the share of private expenditures began to decrease and in the year of 2007 for the first time during the period under consideration, it made less than half of general expenditures for health care (47,6%). This trend was caused by a number of reasons; thus, on the one hand, volumes of total health expenditures were expanded in 2007 through external financing, which made 11,6% (parallel financing + financing within SWAp). On the other hand, private expenditures in the real term within 2000-2003 increased by much faster tempo (about 53,5%) compared to the public expenditures (13,3%); as a result, the share of private expenditures increased up to 60,4% of the general expenditures for health care. However, starting from 2004, the level of state expenditures began to accelerate compared to private expenditures till 2007 (61,2% vs. 14,4%), which caused reduction of the share of private expenditures in the structure of general expenditures for health care. In general, by the year of 2007 state expenditures increased by 21,4% versus 2000, whereas private expenditures had a tendency towards decrease and by the year of 2007 decreased down to the level lower than 2000 (99,3%). Figure 2 shows the dynamic of a real/actual growth of public and private expenditures for health care per capita. This Figure gives an idea on how the gap between public and private expenditures increased during 2000-2005 (from 34 to 173 Soms); but further this gap started reducing and by the year of 2007 it has reached a minimal level (12 Soms). It should be noted that public expenditures includes expenditures of state budget and MHIF. However, during 2004-2007 the growth of state expenditures was achieved through increase of expenditures of the state budget by 35% and MHIF expenditures by 71% in the real term. Growth acceleration of public expenditures with the beginning of «Manas Taalimi» program and SWAp implementation is a long awaited tendency, which will enable to make an impact on the key results of health care and financial protection.

**Figure 1. Structure of Total health expenditures (THE), %**

**Note:** In 2006 external funds includes only funds within the framework of SWAp.

**Figure 2. Dynamic of real growth of public and private expenditures per capita, soms**

One of the most important moments of implementation of health care system activity is increasing of public financing. For this reason, one of the key conditions within SWAp is annual increase of the state budget share, allocated to health sector.

In general, the amount equal to 1,8%-2,1% of GDP was spent on health care from the state budget starting from 2000. With expenditures on MHI added, this indicator increases up to 2%-2,6% of GDP during various years of the period under consideration. At that, during the last few years, a stable tendency towards increase of the public expenditures as share of GDP has been observed. By 2007 expenditures of the government for health care have reached 2,6% of GDP. This positive pattern is also proven through analysis of health care expenditures in the structure of the general expenditures of the state budget. Thus, in spite of the fact that in 2003 a decrease of this indicator down to 8,8% was marked versus 10,1% in 2000, this tendency has changed completely by the year of 2007 and the share of the public expenditures for health care has already comprised 11,1% of all expenditures of the state budget.

**Table 3. Expenditures for health care as % of general expenditures of the state budget**

	2000	2001	2002	2003	2004	2005	2006	2007
<b>Total</b>	<b>10.1%</b>	<b>10,5%</b>	<b>9,3%</b>	<b>8,8%</b>	<b>9,1%</b>	<b>11,9%</b>	<b>10,6%</b>	<b>11,1%</b>
Republican budget	4.5%	3,7%	2,9%	2,9%	3,1%	4,6%	9,8%	10,4%
Local budget	25.8%	22,1%	21,6%	20,3%	20,7%	20,8%	4,5%	4,6%

If one considers the public expenditures for health care broken down by republican and local budgets, it's also possible to see similar tendencies during 2000-2003. It should be noted though that the share of the funds, allocated for health sector from the local budget predominated over the funds from the republican budget. However, in 2006 as a result of implemented reforms on financial decentralization, the situation has changed. If in 2000 over one fourth of all funds were allocated to health sector from the local budgets, then in 2007 financing of health care from local budgets made only 4,6%. That was caused by the decision made within the implemented reforms that in order to improve efficiency, all financing of health sector would be transferred to the republican level starting from 2006. Bishkek city is an exception where financing of health care facilities was maintained through the municipal/city budget funds. As a result, the share of funds, directed to health care financing from the republican budget has increased by over than two times versus 2000 and made 10,4% of the total expenditures of the republican budget.

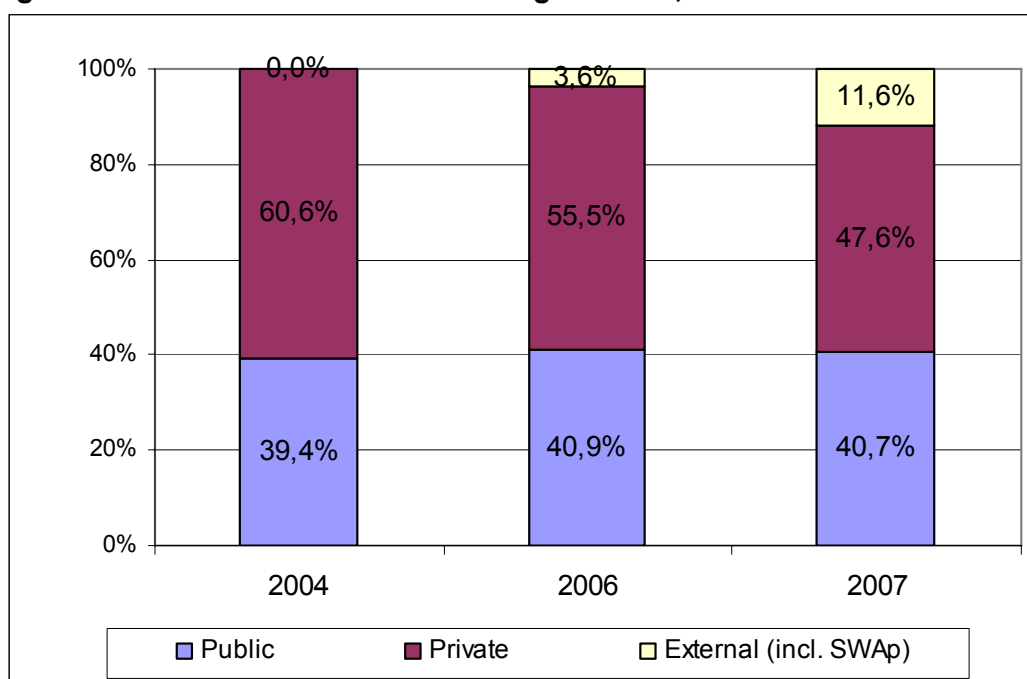
### 3 DETAILED ANALYSIS OF EXPENDITURES FOR HEALTH CARE IN 2007

This Chapter presents NHA analysis for 2007, which is a logical continuation of the work, started in 2006 on formation of a single database, which should reflect all financial flows, occurring in health sector. This Chapter also contains information on comparative analysis of current data with data, obtained from development of the Report on NHA for 2004 and 2006. Conducting of a similar analysis will enable to assess the progress, achieved in the area of reforms of health care financing system in the due course of implementation of the National Program «Manas Taalimi» to a greater degree. Besides, the obtained general picture of movement and volume of funds broken down by sources, functions, expenditures items, etc. will help to get a better and deeper understanding of not just the problems of financing, but will also help to identify a potential area for further reforms.

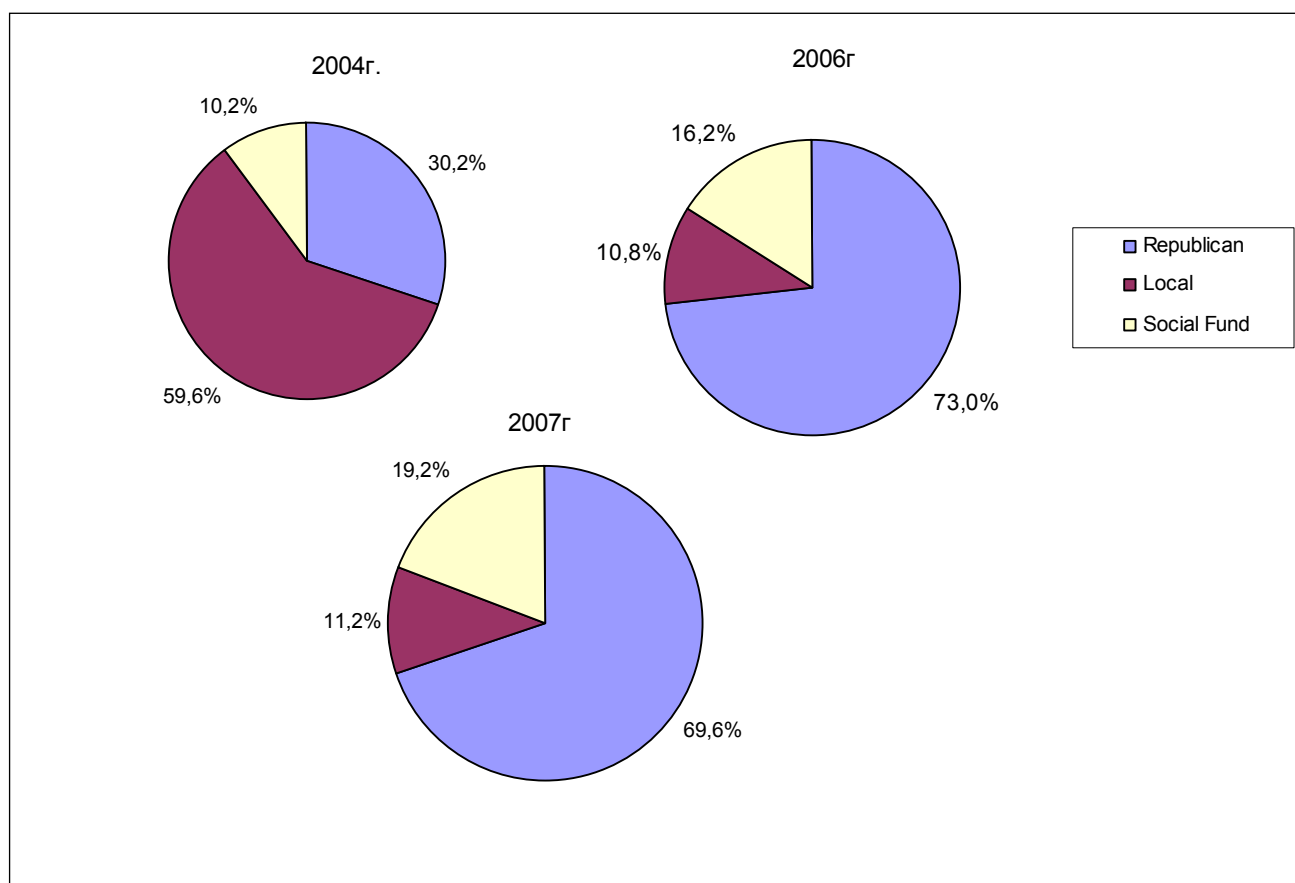
#### 3.1 Health expenditures by types of Financing Sources

Of all available sources of health sector financing, private funds are dominating, and they still prevail over the public funds. However, in spite of this, the structure of financing sources since 2004 had gone through dramatic changes, which were related to the fact that in NHA for 2006 it was the first time that information on receipt of funds from external financing sources was acquired, as starting from 2006 SWAp mechanism was introduced, on the share of which 3,6% of funds attracted for health financing fall. In this Report information on external funding was expended through inclusion of data on parallel financing from donor organizations, as a result of which this indicator has made 11,6% in 2007. (Figure 3).

**Figure 3. General Structure of Financing Sources, %**



If proportion by type of sources in relation to the total volume of health sector financing volume has not significantly changed, and in general their proportion is maintained through the years, for which NHA were developed, then when detailing the structure of the data on types of sources one can reveal considerable changes concerning public funds.

**Figure 4. Structure of Public Funds, in %**

Public funds are divided into republican and local budgets, as well as insurance contributions, collected by Social Fund on behalf of MHIF of the KR, and in 2007 their correlation comprised 70%, 11% and 19% correspondingly of the total amount of public funds. In the nominal term the total amount of the public funds made up 3 671,4 mln soms, out of which republican budget made 2 556,2 mln soms, local budget - 410,7 mln soms, and funds, collected by SF- 704,5 mln soms correspondingly. However, in 2004 the picture looked somewhat differently. Most of the funds for health sector financing came from local budgets, which made about 60%, whereas the local budget provided only 30% of funds (Figure 4).

Such a significant change of the structure of the public funds was caused by enacting the Law in the fall of 2003 «On Financial-Economic Basis of Local Self Management», according to with the budget of the KR was transferred from a 4-level system towards a 2-leveled one, consisting of budgets of local self management (Ail Okmotyu and Municipal budgets) and Republican budget.

These changes came into force in 2006, so all funds, which had already been allocated for health care system at the Oblast level, were transferred to the Republican level, increasing the share of the republican budget up to 73% of all state expenditures. Bishkek City made the only exclusion, with the local budget still being the financing source. Pooling of health care funds at the republican level enabled to use this mechanism as an additional tool for levelling of financing of regions. Total of 40,2 mln soms were allocated for these purposes in 2007.

As for MHI funds, their share also has increased from 10% in 2004 up to 16% in 2006 and 19% in 2007 through increasing of receipt of MHI contributions, collected by SF of the KR for employed citizens on behalf of MHIF of the KR. MHIF revenues from taxes on wages have increased, which enabled this source of funds surpass the current level of financing from the local budgets.

Private financing sources of health sector in the KR are cash out of pocket payments of households (OPPS), as well as funds of non-commercial and non-public organizations. However,

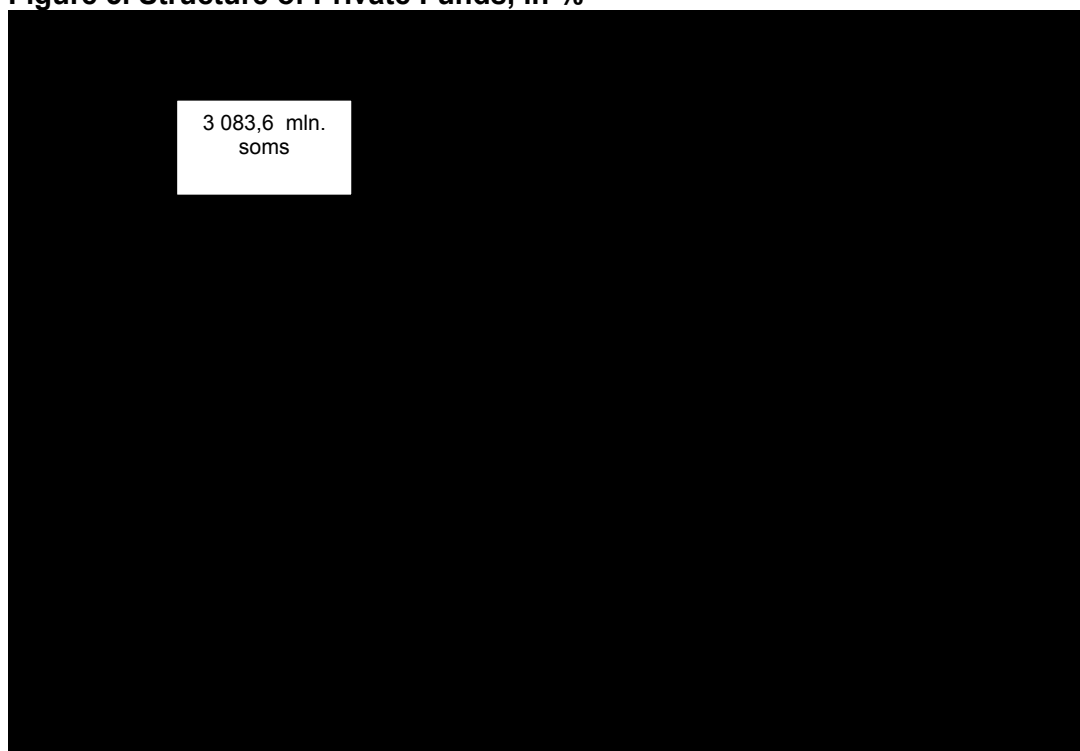


there are no data on non-commercial and non-public organizations in this Report due to impossibility to get information by these categories at present.

The total amount of private funds comprised 4 291,6 mln soms in 2007. In the structure of private expenditures, no serious changes were observed. The vast majority is still taken by cash out of PdoCKET Payments of Households (OPPs), the share of which has reduced a little bit compared to previous years and made 86,6% in 2007 and in the nominal term comprised 3 714,6 mln soms. At the same time, decrease of the share of co-payment down to 4,5% has also being observed, which is 2 percents lower versus 2004 (Figure 5). The reason for that was expansion of the exempt groups list (released from co-payment) (children under 5, women during pregnancy, delivery and post-partum period, pensioners of 75 years old and older); another reason was that the sizes of co-payment for other pensioners had been considerably reduced (down to 200-260 soms). In 2007 the state budget allocated 149,5 mln soms for compensation of cancellation and reduction of the size of co-payment, including 109,4 mln soms for compensation of cancellation of co-payment for women during pregnancy, delivery and post-partum period, as well as for children under 5 and 40 mln soms for compensation for pensioners over 75 years of age.

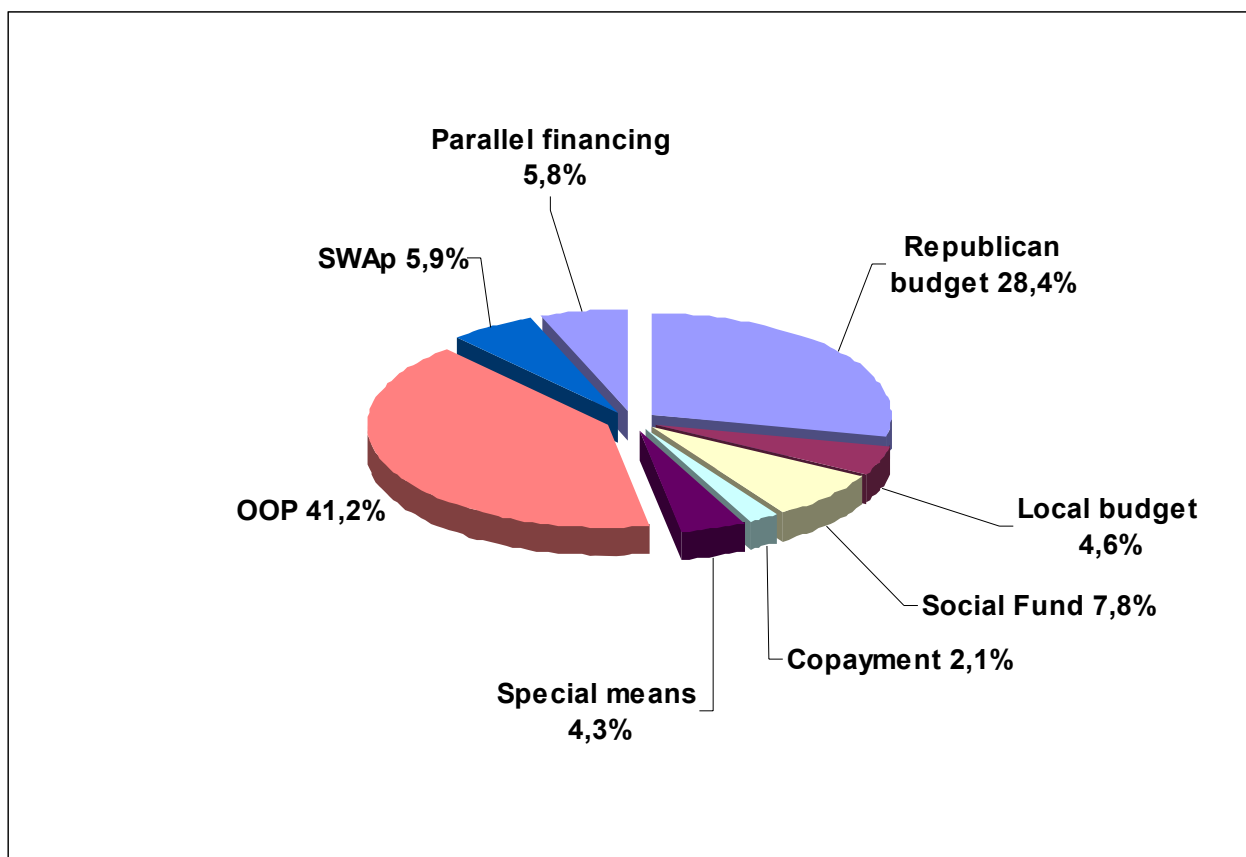
At the same time, starting from 2004 the share of special funds began to increase and by the year of 2007 it comprised 385 mln soms or 9% of the total volume of private funds.

**Figure 5. Structure of Private Funds, in %**



When analysing the acquired data one can see that Cash Out of Pocket Households Payments (OPPs) still make the largest share among financing sources of health sector, comprising 41,2% of the total expenditures for health care (Figure 6). At that, it should be noted that in fact co-payment and special funds also represent part of cash household payments, which in the total leads to increase of cash payments share up to 47,6%. Thus, it is possible to make conclusion based on these estimated data that private payments still remained as an important source of earnings for health care system in 2007.

However, , it is possible to state in general that the situation in the system of health sector financing is starting to improve, as despite the large volumes of financial funds, coming into health sector from private sources, their share in the THE structure starts to decrease compared to previous years, when OPPS used to comprise over half of all expenditures. In next Reports an opportunity will arise to trace down if this tendency will continue in future or not.

**Figure 6. THE by Financing Source 2007, %**

The change in the THE structure due to the information on external financing, which became available of late, has played quite a role in decreasing of the private expenditures share. If during preparation of the Report 2006 only data on financing from donors within SWAp were used, which made only 3,6%, then in this Report the information on funds of international organizations allocated into health care system of the republic as a parallel financing also was included. In 2007 the volume of external financing within SWAp has increased up to 529,7 mln soms versus 252,6 mln soms in 2006, resulting in up to 5,9% increase of the share of this indicator in the THE structure. Parallel financing comprised 519,8 mln soms or 5,8% of THE. It is important to note that in 2007 the first attempt was made to study donor organizations as far as their expenditures in the area of health protection. Some donor organizations did not provide this information, so the data on parallel financing do not reflect all financial assets allocated by donor community into health care system of the country to a full extend. However, the majority of international organizations, including main donor organizations, provided mostly aggregated information, and that enabled to include it into this Report to get a full picture of health care financing system of the KR.

### **3.2 Health expenditures by financing organizations financing health care system in the KR**

The NHA classification system assumes availability of three main categories of financing organizations in Kyrgyzstan: public, non-public and the rest of the world. This Report presents the data, which reflect distribution of funds through public, non-public and international financing organizations. MOH of the KR, HIF and other public ministries and agencies, providing health services to certain population categories, are included into the Category of public organizations. Households, making cash payments for received health services are classified as "Non-public organizations". "International organizations" include donor organizations, providing financial support for reforms to be implemented in health sector.

The structure of total health expenditures in 2007 differs from the previous years' one by distribution of financial assets by financing organizations, thus for the first time the share of public sector exceeds the share of non-public sector funds (51% versus 43%) (Table 4). The growth of the share of public funds is caused by the fact that the funds, coming from international organizations within SWAp are integrated into the country budget and only then are directed to financing of health sector. Inclusion of these funds into the state budget gives about additional 6% of THE. However, even without taking them into consideration, the share of public funds comprised about 45%, whereas in 2004, when the SWAp mechanism had not been launched yet, this indicator comprised a little bit over 42%.

About 65% of public funds are managed by MHIF, which provides financing of health care facilities of primary and secondary levels, at the same time about 30% of all public funds fall onto the Ministry of Health. The remaining part of funds is distributed among departmental health care institutions through corresponding state structures (e.g. Ministry of Defense or President's Administration).

**Table 4: THE by Financing Organizations**

Financing Organizations	% of THE			% of Public Sector		
	2004	2006	2007	2004	2006	2007
<b>Public sector, including</b>	<b>42,3%</b>	<b>47,8%</b>	<b>50,9%</b>	<b>100%</b>	<b>100%</b>	
MOH				22,2%	26,9%	29,9%
MHIF				73,8%	68,3%	65,2%
<b>Non-public sector</b>	<b>57,7%</b>	<b>52,2%</b>	<b>43,3%</b>			
<b>Rest of the world</b>	<b>NA</b>	<b>NA</b>	<b>5,8%</b>			
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>			

It should be pointed out that the share of funds, spent by MOH has increased in comparison to previous years. Increase of the public financing share in its turn enabled to increase the share of funds, allocated for financing of all health care programs<sup>2</sup>, including those, which are assigned to the MOH, which has led to a growth of the share of spent funds from 22% in 2004 up to almost 30% in 2006.

At the same time, it should be noted that the tendency towards reduction of the share of financing from non-public sector remained and its share decreased down to 43%. However, this indicator is still high and endangers financial protection of population. At present, funds of the state budget are still not sufficient for a proper functioning of health care system, as a result of that the burden of financial expenditures lays on population of the country. Though starting from 2003, the level and predictability of the state financing began to improve, further improvement of the flow of public funds is critical for increasing financial protection of population when people seek for health care.

As for the rest of the world, the data on external financing were included into this Report on NHA for the first time, and this indicator comprised 5,8%. In future there will be more opportunities for a more complete evaluation of dynamic and impact of funds received from international organizations on development of health care system of the country.

### 3.3 Health Care Expenditures by Providers

Health services providers in the KR are divided into two main categories: (a) public institutions/facilities; (b) private organizations and physical entities. The health care structure consists of:

- 1) Organizations of primary health care (ambulatory service: Family Medicine Centres (FMC), FGPs, Centres of General Physicians' Practice (CGPhP), Feldsher-Obstetric Points (FAP);
- 2)

<sup>2</sup> 5 programs are implemented in health sector: «Public Health Care», «Fund of High Technologies», «Medical –Social, Rehabilitation Care/Aid», «Administration, Science and Education» and «Program of State Benefits/Guarantees».

- 3) Organizations of secondary level (Oblast, City and Rayon/District In-patient Facilities – Territorial and Oblast Merged Hospitals (TH, OMH);
- 4) Organizations of tertiary level (Republican Hospitals and National Centres); Services of State Sanitary Epidemiological Surveillance (SES), Health Promotion Centers, Centers of AIDS Control, Center of Human Reproduction and Centre of Immunoprevention/Immunoprophylaxis.

It should be noted that information on private providers of health services is quite limited, as at present there is no clearly defined mechanism of their reporting. Exclusion to the rule are data on pharmacies, which almost all represent private organizations and information on these pharmacies can be available through analysis of Cash Out of Pocket Household Payments for purchasing of drugs at ambulatory level. In general, the list of all providers of health services is presented in Table 5 of this Report.

**Table 5: THE by Health Providers**

	2004		2006		2007	
	mln soms	%	mln soms	%	mln soms	%
HP 1 Hospitals	1 712,6	33,7%	2 392,9	33,9%	2 872,1	31,9%
HP 2 Internats and other nursing facilities	No data	No data	15,4	0,2%	90,0	1,0%
HP.3 Ambulatory health care providers	775,9	15,2%	1 201,9	17,0%	1 546,8	17,2%
HP 4 Retail and other medical goods providers	2 173,8	42,7%	2 687,4	38,1%	2 942,9	32,7%
HP 5 Provision and Management of Governm. Health Care programs	141,4	2,8%	212,8	3,0%	244,6	2,7%
HP 6 Administration of general management of health care and Insurance	225	4,4%	381,7	5,4%	534,1	5,9%
HP 7 Other	No data	No data	No data	No data	No data	No data
HP 8 Facilities, providing health related services	59,5	1,2%	170,1	2,4%	262,1	2,9%
HP 9 External financing	No data	No data	No data	No data	519,8	5,8%
<b>TOTAL</b>	<b>5 088,2</b>	<b>100%</b>	<b>7 062,4</b>	<b>100%</b>	<b>9 012,5</b>	<b>100,0%</b>

During 2004-2007 total health expenditures increased on all categories of health services providers. At that, THE have increased in nominal term almost by one third per year. The actual growth of volumes of financing by categories is ranging between 1,1% - 2,6%.

As for the THE structure by the health care provision levels, it was not significantly changed in general compared to 2004. The largest share in general expenditures for health care by health services providers falls on procurement of drugs - about 33%, which is 5% lower than a similar indicator for 2006, and almost by 10 % lower than the one for 2004. At that, the main burden falls onto the households, whose expenditures for purchasing of drugs exceed 73% of the general health services expenditures, whereas the state spends less than 2% of its expenditures on health care (Table 6). Most of these expenditures do not occur at health care facilities, but are spent for private purchasing of prescribed, as well as non-prescribed drugs at ambulatory level.

The next largest category by the value is in-patient healthcare care, the share of which comprised about 32% in 2007, which is almost 2 percents lower than similar indicator for 2004 and 2006. At

that, the government spends about half of its funds on in-patient facilities, whereas expenditures of population make less than 18%. A similar picture is observed on providers of ambulatory health care, whereas the government allocates just a little bit over 26% of the public funds for health care, whereas population expenditures hardly make 9% of the total disbursements, made by households for purchasing of health services.

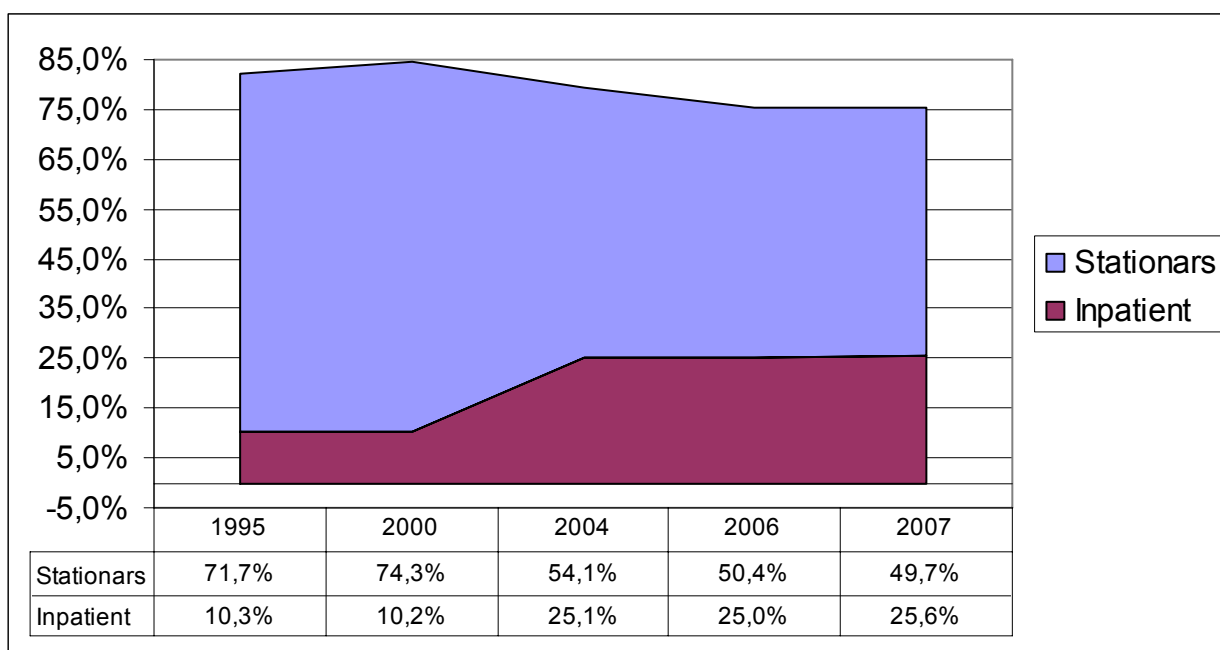
**Table 6: Structure of financing of health services providers by the types of Financing Organizations (public and non-public financing) for 2007, %**

		Public sector	incl. MOH	incl. HIF	Non-public	TOTAL
HP 1 Hospitals	Hospitals	47,6%	19,9%	56,4%	17,7%	31,9%
HP 2 Internats and other nursing facilities	Nursing of patients and rehabilitation centres	2,0%	6,6%	0,0%	0,0%	1,0%
HP.3 Providers of Ambulatory Health Care	Polyclinics and services of physicians, dentists and paramedics	26,1%	2,3%	39,0%	8,9%	17,2%
HP 4 Retail and other health commodities providers	Retail and other health commodities providers	1,6%	0,0%	2,5%	73,4%	32,7%
HP 5 Provision and Management of Public Health Care Programs health care	Sanitary – preventative services and facilities	5,3%	17,8%	0,0%	0,0%	2,7%
HP 6 Administration of general management of health care and insurance	Health care activities and services, not referred to other categories	11,6%	34,2%	2,2%	0,0%	5,9%
HP 8 Facilities, providing health related services	Applied research works and experimental developments in health care and health service	5,7%	19,1%	0,0%	0,0%	2,9%
<b>TOTAL</b>		<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>	<b>100,0%</b>

A significant share of health services financing falls on the non-public sector in the form of Cash Out of Pocket Households Payments (OPPs) (over 47%), which present a financial burden for the households. A financial burden of households was increasing in parallel with decreasing of the state financing. Needs of health services are not predictable, that's why private cash payments present one of the least efficient mechanisms of payment for health services. Besides, population is left without financial protection from the risk of a potentially costly disease case.

### 3.4 Health Care Expenditures by Functions

Current health care system is providing health services by the following functions: PHC, ambulatory-polyclinic and diagnostic care, in-patient department care, prevention and public health care, education and researches, etc. Over half of available financial funds are spent for providing of curative care services. Thus, the share of expenditures by this category made 53% in 2007 and had increased by over than 4 percents versus 2004, and by almost by 2 % versus 2006. At that, financing of ambulatory service continues to increase in the structure of curative care, and financing of in-patient facilities continues to decrease. This tendency completely fits those measures of policy, which were aimed at formation of an efficient system of health care providing, oriented towards primary health care. However, despite these tendencies, the public expenditures for in-patient health care still prevail over the public expenditures for PHC (Figure 7).

**Figure 7. Structure of public expenditures for primary, secondary, tertiary levels, %**

At that, it is important to note that compared to previous years, the proportion of in-patient and ambulatory health care in the public financing has changed in favour of PHC. Reforms, implemented within the framework of “Manas” program on introduction of new methods of health care providers’ payments related to «Single Payer» system had quite an impact on this change. Thus, if initially expenses driven financing system, was stimulating increase of hospital capacity and length of staying in hospitals, then transfer towards result-oriented payment has shifted the focus towards improvement of productivity and decrease of financial expenses. As a result, during the period starting from 2000, the share of hospitals financing began to reduce from 74% and according to NHA results, had comprised less than 50% of the state expenditures for health care in 2007, whereas the share of expenditures for primary care has increased from 10% back in 2000 up to 25,6% in 2006. This situation can be regarded as confirmation of efficiency of health care financing system reforms, which resulted in shifting of the focus from more costly in-patient health care towards more accessible ambulatory one, which in its turn has a direct impact on accessibility of health services for all population categories of the country and reduces financial burden.

The second largest category is «Medical goods/commodities, prescribed to ambulatory patient/clients», the share of which has made about 34,7% and has decreased by 4,7% in comparison to 2004 and by 3,4% compared to the year of 2006. Cash expenditures of population for purchasing of drugs fall under this category, as well as amounts reimbursed within MHI Additional/Complimentary Program for drugs, prescribed by doctors and sold through pharmacies involved in the MHI CP system. Though in nominal term the amount of reimbursements has increased from 66,4 mln Soms in 2006 up to 74,9 mln Soms in 2007, their share almost did not have any changes in the structure of expenditures for drugs and comprised 2,5% of total expenditures for purchasing of medical goods/commodities at ambulatory level.

It should be noted that in 2007 the share of public care health financing has been observed as increasing by up to 3,3% versus 2,5% back in 2006. It is essential to maintain this tendency in future, as the government sets the goal to pay more attention to public and not practical health care in the next few years.

In general, the rest of categories of health services broken down by functions, take less than 10%, among those the biggest share fall on miscellaneous expenditures, which were not distributed by the main categories (5%). Increase of the share of expenditures for education and training of health workers (1,7% in 2007 versus 1,3% in 2006) should be regarded as a positive tendency.

Besides, growth of the share of expenditures for researches and development in health care is being observed, which made 1,4% of total expenditures for health care in 2007 versus 1,1% for the previous year (Table 7).

**Table 7: Distribution of health services by Functions, %**

Code	Functions	2004	2006	2007
HC 1.	Health Care curative services	48,9%	51,1%	52,9%
HC 5	Medical commodities, prescribed to ambulatory clients	41,7%	38,1%	34,7%
HC 6	Services on prevention and public health care	2,8%	2,5%	3,3%
HC 7.	Administration of health care and Health insurance	0,5%	0,7%	0,8%
HC.R. 2	Education and training of health workers	1,2%	1,3%	1,7%
HC.R. 3	Research works and development of in the area of health care	Н/Д	1,1%	1,4%
HC. Nsk HC	Expenditures, not classified by categories	3,9%	5,3%	5,0%
<b>TOTAL</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>

Table 8 shows distribution of funds from financing organizations to functions. As seen from the Table, 3/4 of the public funds were allocated first of all for financing of curative care services, at that a little less than 50% of funds were distributed for financing of in-patient health care, whereas over 25% of the total public funds were allocated to finance ambulatory health care. A similar picture was observed during previous years as well. At that, the structure of distribution of these funds between in-patient and ambulatory types of care also prevailed in favour of secondary health care level.

Most of cash funds of households were directed to medical commodities/goods (drugs), prescribed to ambulatory clients– 62,5% of the total volume of OPSS, then in the public sector MHIF allocates only 1,6% of the total volume of public funds to this category within MHI CP. At that, it should be pointed out that in order to improve accessibility to drugs at ambulatory level, in August 2006 under the Program of State Guarantees/Benefits, Drug Supply/Provision at ambulatory level was introduced in the country for certain chronic diseases; this measure has helped to improve accessibility to drugs and had an impact on mitigation of poverty for the above population categories. In 2007 total of 10,1 thousand or 46,5% of follow-up patients received drugs on preferential conditions. In general, in 2007 the level of payment of patients for purchased drugs made 40,1% (2006- 42,0%). Regional differences of payments of patients for drugs were overcome.

Though the expenditures for purchasing of drugs still prevail in the expenditures of households, their share in 2007 has considerably reduced compared to previous years. A similar pattern is also observed at hospital level, where the share of expenditures of population has reduced from 16,3% in 2006 down to 13,9% in the current year. Some reduction of expenditures for ambulatory health care is also observed from 12,6% in 2006 down to 10,8% in 2007.

**Table 8: Distribution of health services by Financing Organizations and Functions, %**

Code	Functions	Gov. sector	OPPs	Gov. sector	OPPs	Gov. sector	OPPs
		2004		2006		2007	
HC 1.	Services of health curative care	77,50%	27,70%	75,40%	29,00%	75,34%	26,58%
HC 1.1	<i>In-patient health care</i>	54,50%	18,80%	50,40%	16,30%	49,75%	13,87%
HC 1.2-1.3	<i>Daytime health care cases and Ambulatory health care</i>	23%	8,90%	25,00%	12,60%	25,59%	10,83%
HC 5	Medical commodities, prescribed to ambulatory clients	2,40%	72,30%	2,00%	71,00%	1,63%	62,54%
HC 6	Services on prevention and public health care	6,70%		5,20%		6,03%	
HC 7.	Administration of health care and Health insurance	1,20%		1,40%		1,48%	
HC.R.	Expenditures, related to health care, not classified by categories	12,20%		16,10%		15,51%	
<b>TOTAL</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Summarizing obtained results, one can make the conclusion that the main financial burden for households remains to be purchasing of drugs at ambulatory level, whereas the government still incurs most of expenditures for financing of curative health care services with the focus on secondary health care level, which in principle is justified due to high cost of maintenance of in-patient health facilities. At the same time, it is necessary to continue promotion of policy in the area of health care financing towards re-distribution of funds from specialized in-patient services towards PHC and services of public health care.

### 3.5 Health Expenditures by Economic Classifier

One of important components of the analysis of health care financing system is Analysis of distribution of financial resources by items of expenditures. Application of such analysis will help to develop measures of policy related to labour payment issues, expenditures for pharmaceuticals, expenditures for public utilities, determination of level of investments. In general, analysis of health care financing by expenditures/items of expenditures both from the state budget, and private funds is presented in Table 9. With the help of this Table, one can see to which items of expenditures health care organizations' resources are distributed.

Most of resources are distributed to financing of current/running expenses, which make 95% of all expenditures. Running expenditures are mostly grouped by such main categories as «Expenditures, related to Personnel» and «Use of goods/commodities and services» (33,5% and 55,8% correspondingly). The highest percent of expenditures is distributed for covering fixed costs – personnel (28,8%), as well as drugs and bandages (45,4%) (Table 9). It is necessary to point out once again that expenditures for medicines consist not only resources of the state budget, but in a to a bigger degree consist of expenditures of population in the form of OPPs.



**Table 9: Distribution of THE by items of expenditures**

Code	Item of Expenditures	2004	2006	2007
		<b>% of THE</b>		
<b>RC 1</b>	<b>Current expenditures</b>	<b>98,9%</b>	<b>98,8%</b>	<b>95,1%</b>
RC 1.1	Expenditures, related to personnel	22,8%	31,1%	33,5%
RC 1.1.1	<i>Wages</i>	18,1%	26,6%	28,8%
RC 1.1.2	<i>Contributions to Social Fund</i>	4,5%	4,3%	4,5%
RC 1.1.3	<i>Site allowances (for trips) expenditures</i>	0,2%	0,3%	0,25%
RC 1.2	Use of commodities and services	76,1%	67,6%	55,8%
RC 1.2.1	Procurement of commodities and materials for routine economic needs	69,0%	59,2%	45,4%
RC 1.2.1.1	<i>Expenditures for procurement of drugs and bandages</i>	63,1%	49,3%	41,6%
RC 1.2.1.3	<i>Expenditures for meals</i>	3,7%	6,0%	3,8%
RC 1.2.2	Services, including:	5,5%	5,6%	8,8%
RC 1.2.2.1	<i>Public utilities</i>	4,7%	4,6%	3,4%
RC 1.6	Scholarships	0,1%	0,1%	1,6%
<b>RC 2</b>	<b>General Capital investments</b>	<b>1,1%</b>	<b>1,2%</b>	<b>4,9%</b>
	<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

In nominal term, financing on most of expenditure items has increased in 2007 compared to 2006, with the exception of expenditures for meals and public utilities. Decrease of expenditures for public utilities has become possible through the efforts made by the MHIF on ensuring financial sustainability of health services providers, and first of all solving the issue of liquidation of debts on public utilities.

The tendency of growth of expenditures, related to personnel continues, and the share of these expenditures in the health care total expenditures comprised 33,5%. At that, the growth of this indicator is accounted for first of all by the growth of Fund of Wages, which had increased by 2,2% compared to last year and made almost 29%. Yet, according to the MOH data in 2007 the wage of FGP physicians has increased by 35,6% and made 3315 Soms on average, that one of paramedical personnel– by 41,4% (2667,8 soms), junior health personnel– by 42,1% (1287,1 soms); physicians of in-patient facilities– by 30,0% (3099 soms), paramedics– by 45,2% (2444 soms), junior health personnel – by 30% (1365,3 soms). Despite the growth of wages, it comprises 87,5% (physicians) on average of the average wage in the country, 70,4% and 34% for paramedical and junior health personnel correspondingly.

In 2007 the share of funds, distributed for meals of patients has reduced (from 6% to 3,8%), which might be become one of the reasons for deterioration of quality of provided health services.

A significant increase of general capital investments in 2007, which made about 5%, should be regarded as a positive tendency. This growth is accounted for by both increase of financing of expenditures, related to capital repair of buildings and premises, and occurrence of a new item of expenditures – on procurement and maintenance of vehicles and equipment. Growth of capital investments became possible mostly due to the funds, allocated within SWAp.

In future, when preparing Reports on NHA, it will be possible to trace down further patterns of the structure of expenditures, which will enable to get a more comprehensive analysis of expenditures in health care system, including break down by the types of provided health care.

## 4 CONCLUSIONS AND RECOMMENDATIONS

National Health Accounts of the Kyrgyz Republic for 2007 are developed with the purpose to provide detailed information for conducting analysis of financial resources, allocated for health care sector. Reports on NHA for 2004 and 2006 years have already been developed earlier, enabling authors of this Report to do a comparative analysis of financial flows in the health care system for 2004, 2006 and 2007 years during development of the Report. It is planned that in future a comparative analysis by years will be expanded, making it possible to do a more comprehensive evaluation of the dynamic of development of health care financing system.

### *Aspects of health care sector financing*

Analysis of NHA results has indicated that health care financing system has a number of positive tendencies:

- Tendency towards increase of expenditures for health care continues, both in nominal and real terms. At that, a real growth of expenditures is ensured first of all by the growth of financing from state expenditures.
- The Government of the Kyrgyz Republic is still adhering to the principles on implementation of parameters of execution of the state budget, set during development of SWAp mechanisms.
- Trend towards reduction of the share of private expenditures for health services continued in 2007, when it was for the first time that this indicator took less than half of the total expenditures for health care.
- In 2007 a trend towards increase of attention to public health care was observed, and that was reflected in the changes of financing pattern from reduction of its share towards its growth.

As for problems in health care financing system, the below problems were identified as the most serious:

- Though trends towards reduction of the share of the expenditures incurred by the population for health care remained in 2007, the level of private expenditures for health care still remains as quite high, as a result, the KR population is not fully protected from financial risks when seeking for health care.
- Expenditures of the population for drugs at the ambulatory level still considerably excess expenditures of the government and form the basis of the financial burden for the citizens.
- Though that the Wages Fund continues to increase, the size of wages of doctors, paramedics and junior health personnel still does not reach the level of the average wage in the country.

### *Methodological aspects of NHA development*

In the due course of formation of NHA in Kyrgyzstan, positive and successful moments in the process of institutionalization and collection of data were pointed out. In particular, collection and generalization of data for this Report were performed by specialists of MHIF, which has been recognized as the institutionalizing «house» of NHA in Kyrgyzstan. However, it should be noted that a number of issues still exist, which do not let to do a more comprehensive analysis of financing system of health sector. The majority of these problems have already been identified through preparation of previous Reports on NHA. These problems are mainly related to the lack of data on certain items, such as:

- Lack of data on private health services providers. Administrative data and other regular Reports provide a huge portion of information necessary for development of Health Accounts, but they usually present insignificant information on non-public health care service.

- Not complete information on external financing. Though information on external financing was included into the current Report, yet it is still not complete, as not all international donors provided detailed requested information during the Survey of international organizations. Besides, in most of the cases, aggregated data were received, the ones, which can not be detailed in the format of the existing NHA classifications.
- Insufficiency of reporting data on providers by functions. The essence of this problem is that in the context of existing reporting, it seems impossible to do a breakdown by functions of general profile hospitals. At present, some data concerning the functional breakdown of health services providers can be obtained through analysis of cash disbursements of population, but this information can not be used as a full-fledged basis for analysis.

### *Recommendations*

- It is necessary to continue making efforts to preserve the trends towards increase of the share of the public expenditures for health sector.
- In order to improve a financial security of the population in Kyrgyzstan, it is necessary to adhere to further extensive reduction of official cash “out of pocket” payments for hospitalization and their replacement by public/state financing.
- It is preferable to revise the practice of price formation for pharmaceutical products and rational use of drugs in order to achieve reduction of a financial burden of the population.
- In order to solve the problem of turnover of cadre, it is important to look for ways for solving the issue of insufficient level of wages of physicians and health personnel.
- Despite the current considerable increase of capital investments, the government should find funds for further financing of this category, as at present, this increase is mostly accounted for by the funds, allocated within SWAp.
- It is necessary to continue the work on determining of the volumes of financing from donor community, particularly to conduct a detailed survey of donors not only as far as their general expenditures, but also their idealization which will help to make health care expenditures analysis more qualitative.
- In order to make up for the shortage of information on private health services providers, it is necessary to conduct a survey aimed at determination of financial indicators of private practice.
- In order to solve the issue of insufficiency of data on providers by functions, it is possible to conduct a specialized survey, which will enable to analyse expenditures of providers and develop mechanisms for breaking down their expenditures by functions.
- Development of software is an important step for further development of NHA in the Kyrgyz Republic. On the one hand, software will enable to get more qualitative NHA data (including their distribution and balancing during development of NHA tables) in future and on the other hand- to speed up NHA tables development.

**ANNEX A. CLASSIFICATION SYSTEM OF EXPENDITURES IN KYRGYZSTAN****Table A1. Classification scheme for financial sources (FS)**

FS 1 Public funds
FS 1.1 State budget
FS 1.1.1 Republican budget
FS 1.1.2 Local budgets
FS 1.2 Social Fund
FS 2 Private funds
FS 2.1 Contributions from employers
FS 2.2. Household funds
FS 2.2.1 Co-payment
FS 2.2.2 Special means
FS 2.2.3 Out-of-pocket payments
FS 2.2.4 Other
FS 2.3 Non-for-profit institutions servicing individuals
FS 3 External assistance
FS 3.1 SWAp
FS 3.2 Parallel financing

**Table A2. Classification scheme for financing organizations/Agents (HF)**

HF.A STATE GOVERNANCE SECTOR
HF1.1 State public authorities except social welfare funds
HF 1.1.1 Central governance bodies
HF 1.1.1.1 Ministry of Health
HF 1.1.1.2 Ministry of Defense
HF 1.1.1.3 Ministry of Justice (GUIN)
HF 1.1.1.4 Ministry of Education
HF 1.1.1.5 Ministry of Transport and Communications (Kyrgyz Railroad Administration)
HF 1.1.1.6 Ministry of Interior
HF 1.1.1.7 Presidential Administration (TCA)
HF 1.1.1.8 Boarder service
HF 1.1.1.9 NSS
HF 1.2 Social welfare funds
HF 1.2.1 MHIF under MOH KR
HF.B NON-GOVERNMENTAL SECTOR
HF 2.3 Out-of-pockets payments
HF. 3 REST OF THE WORLD
HF 3.1 Donor organizations

**Table A3. Classification scheme for health providers (HP)**

<p><b>HP 1 Hospitals</b></p>	<p>HP 1.1 General hospitals            HP 1.1.1 Other general hospitals (public)            HP 1.1.2 Other general hospitals (private)            HP 1.1.3 Children's hospitals        HP 1.2 Specialized hospitals (dispensaries, centers)            HP 1.2.1 Psycho-neurological hospitals (dispensaries)            HP 1.2.2 Narcological hospitals        HP 1.3 Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals            HP 1.3.1 Oncological hospitals            HP 1.3.2 TB hospitals (dispensaries)            HP 1.3.3 Dermatology-venereal hospitals (dispensaries)            HP 1.3.4 Infectious diseases hospitals            HP 1.3.5 Other specialized hospitals            HP.1.3.6 Maternity hospitals                HP.1.3.6.1 Public maternity hospitals                HP.1.3.6.2 Private maternity hospitals</p>
<p><b>HP 2 Boarding institutions and other institutions delivering care</b></p>	<p><b>Care for patients and rehabilitation centers</b></p> <p>HP 2.1 Medical rehabilitation hospitals        HP 2.9 All other residential care facilities            HP 2.9.1 Sanitoriums of TB patients            HP 2.9.2 Sanitoriums for children and adolescents</p>
<p><b>HP.3 Providers of ambulatory health care</b></p>	<p><b>Polyclinics and services of physicians, dentists and nurses</b></p> <p>HP 3.1 Office of physicians            HP 3.1.1 FMC            HP 3.1.2 FGP            HP 3.1.3 GPC        HP 3.2 Office of dentists            HP 3.2.1 Public dental polyclinic            HP 3.2.2 Private dental polyclinic        HP 3.2 Specialized polyclinics and narrow specialists            HP 3.2.1 Specialized polyclinics and dispensaries            HP 3.2.2 Diagnostic centers (private)            HP 3.2.3 Gynecology and urology centers (private)        HP 3.4 Outpatient care centers            HP 3.4.1 The centre of family planning and reproductive health            HP 3.4.5 Other polyclinics and services of nurses not included in other sub-groups        HP 3. Medical and diagnostic laboratories        HP 3.9 Other providers of ambulatory health care            HP 3.9.1 Acute/emergency care services                HP 3.9.1.1 Acute and emergency care station                HP 3.9.1.2 Emergency care department in general hospitals and FMC            HP 3.9.2 Blood transfusion stations</p>

<b>HP 4</b>	<b>Retail and other providers of medical goods</b>
	HP 4.1 Pharmacies
<b>HP 5 Provision and administration of public health programmes</b>	<b>Sanitary-preventive services and facilities</b>
	HP 5.1 Sanitary-epidemiological and anti-plague stations
	HP 5.2 Anti-epidemic activities
	HP 5.3 AIDS Control Centers
	HP 5.4 Health centers and health education activities
	HP 5.6 Children's homes, rooms of mother and the child
<b>HP 6</b>	<b>General health administration and insurance</b>
	HP 6.1 Central Office of the Ministry of Health
	HP 6.2 Administrative costs of MHIF
	HP 6.5 Centralized accounting offices
	HP 6.5.1 Centralized accounting offices (MOH)
	HP 6.5.2 Other health expenditures
	HP 6.9 Other not categorized services
	HP 6.9.1 Other not categorized services (MOH)
	HP 6.9.2 Other not categorized services (MHIF)
	HP 6.9.3 Departmental enterprises and organizations
<b>HP 7 All other industries (rest of the economy)</b>	<b>Other producers of health services</b>
	HP 7.1 Private households as providers of care
<b>HP 8 Institutions providing health-related services</b>	<b>Applied studies and experimental developments in the area of health and medical service</b>
	HP 8.1 Research institutes (centers) of health care
	HP 8.2 Educational and training institutions
<b>HP 9. Rest of world</b>	<b>External provision</b>

**Table A4. Classification scheme for distribution go health services by function (HC)**

HC 1 Curative care services
HC 1.1 Inpatient curative care
HC 1.1.1 Surgery
HC 1.1.2 Cardiosurgery
HC 1.1.3 Internal medicine
HC 1.1.4 Obstetrics/Gynecology
HC 1.1.5 Oncology
HC 1.1.6 Tuberculosis
HC 1.1.7 Infections
HC 1.1.8 Mental health
HC 1.1.9 Other
HC 1.2 Day stay curative care delivery
HC 1.3 Outpatient curative care
HC 1.3.1 Main medical and diagnostic services
HC 1.3.1.1 Emergency care services
HC 1.3.2 Outpatient dental care
HC 1.3.3 All other specialized health services
HC 4 Auxiliary types of health services
HC 4.1 Clinical laboratories
HC 4.2 Diagnostic services
HC 5 Medical items prescribed to outpatient patients
HC 5.1 Drugs and other medicines
HC 5.1.1 Prescribed drugs
HC 6 Prevention and public health services
HC 6.1 Mother and child health; Family planning and consultations
HC 6.2 Health services in school
HC 6.3 Prevention of communicable diseases
HC 6.4 Prevention of non-communicable diseases
HC 6.9 All other services of public health
HC 7 Administration of health care and health insurance
HC 7.1 Administration of general management of health care
HC.R. 1-5 Health related functions
HC.R. 2 Education and training of health specialists
HC.R. 3 Scientific research and development in the area of health care
<i>HC.nsk HC Not categorized expenditures</i>

**Таблица 5. Экономический классификатор расходов здравоохранения (RC)**

RC 1 Recurrent expenditures
RC 1.1 Staff related expenditures
RC 1.1.1 Salary
RC 1.1.2 Contributions to Social Fund
RC 1.1.3 Travel allowance
RC 1.2 Procurements and services
RC 1.2.1 Procurement of items and materials for the current economic purposes
RC 1.2.1.1 Expenditures on food
RC 1.2.1.2 Expenditures on procurement of medicines and bandages
RC 1.2.1.3 Expenditures on procurement of equipment, inventory and consumables
RC 1.2.2 Services
RC 1.2.2.1 Utility services
RC 1.2.2.2 Communication services
RC 1.2.2.3 Rental
RC 1.2.2.4 Transport services
RC 1.2.2.5 Procurement of other services
RC 1.2.3 Other procurements and services
RC 1.5 Subsidies
RC 1.9 Other recurrent expenditures
RC 1.9.1 Grants
RC 1.9.2 Other expenditures
RC 2 Total capital investments
RC 2.1 Buildings and premises
RC 2.2 Procurement of the capital equipment and durable goods
RC 2.4 Capital repair



**ANNEX B. TABLES OF NATIONAL HEALTH ACCOUNTS,  
KYRGYZ REPUBLIC**

## National Health Accounts in Kyrgyzstan 2007

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

	FS 1 Public funds	FS 1.1 State budget	including:		FS 1.2 Social Fund	FS 2 Private funds	FS 2.1. Contributions from employers	FS 2.2 Household funds	including:				FS 2.3. Non-profit institutions servicing individuals	FS 3 External assistance	including:		TOTAL
			FS 1.1.1. Republican budget	FS 1.1.2. Local budgets					FS 2.2.1 Co-payment	FS 2.2.2 Special means	FS 2.2.3 Out-of-pocket payments	FS 2.2.4 Other			FS 3.1 SWAp	FS 3.2 Parallel financing	
<b>HF.A</b>	<b>STATE GOVERNANCE SECTOR</b>	<b>3 671 369,2</b>	<b>2 966 900,1</b>	<b>2 556 189,5</b>	<b>410 710,6</b>	<b>704 469,1</b>	<b>385 004,5</b>	<b>385 004,5</b>	<b>385 004,5</b>				<b>529 721,4</b>	<b>529 721,4</b>		<b>4 586 095,1</b>	
HF 1.1	State public authorities except social welfare funds	1 090 039,2	1 090 039,2	969 848,4	120 190,8		278 967,8	278 967,8	278 967,8				225 150,4	225 150,4		1 594 157,4	
HF 1.1.1	Central governance bodies	1 090 039,2	1 090 039,2	969 848,4	120 190,8		278 967,8	278 967,8	278 967,8				225 150,4	225 150,4		1 594 157,4	
HF 1.1.1.1	Ministry of Health	906 092,7	906 092,7	785 901,9	120 190,8		240 567,3	240 567,3	240 567,3				225 150,4	225 150,4		1 371 810,4	
HF 1.1.1.2	Ministry of Defense	19 138,6	19 138,6	19 138,6			17 129,1	17 129,1	17 129,1							36 267,7	
HF 1.1.1.3	Ministry of Justice (GUIN)	43 350,9	43 350,9	43 350,9			622,7	622,7	622,7							43 973,6	
HF 1.1.1.4	Ministry of Education																
HF 1.1.1.5	Ministry of Transport and Communications (Kyrgyz Railroad Administration)																
HF 1.1.1.6	Ministry of Interior	21 585,6	21 585,6	21 585,6			1 938,8	1 938,8	1 938,8							23 524,4	
HF 1.1.1.7	Presidential Administration (TCA)	85 414,2	85 414,2	85 414,2			18 709,9	18 709,9	18 709,9							104 124,1	
HF 1.1.1.8	Boarder service	2 165,6	2 165,6	2 165,6												2 165,6	
HF 1.1.1.9	NSS	12 291,6	12 291,6	12 291,6												12 291,6	
<b>HF 1.2.</b>	<b>Social welfare funds</b>	<b>2 581 330,0</b>	<b>1 876 860,9</b>	<b>1 586 341,1</b>	<b>290 519,8</b>	<b>704 469,1</b>	<b>106 036,7</b>	<b>106 036,7</b>	<b>106 036,7</b>				<b>304 571,0</b>	<b>304 571,0</b>		<b>2 991 937,7</b>	
HF 1.2.1	MHIF under MOH KR	2 581 330,0	1 876 860,9	1 586 341,1	290 519,8	704 469,1	106 036,7	106 036,7	106 036,7				304 571,0	304 571,0		2 991 937,7	
<b>HF.B</b>	<b>NON-GOVERNMENTAL SECTOR</b>						<b>3 906 615,5</b>	<b>3 906 615,5</b>	<b>191 979,8</b>		<b>3 714 635,7</b>					<b>3 906 615,5</b>	
HF 2.3	Out-of-pockets payments						3 906 615,5	3 906 615,5	191 979,8		3 714 635,7					3 906 615,5	
<b>HF.3</b>	<b>REST OF THE WORLD</b>												<b>519 759,0</b>		<b>519 759,0</b>	<b>519 759,0</b>	
HF 3.1	Donor organizations												519 759,0		519 759,0	519 759,0	
<b>TOTAL</b>		<b>3 671 369,2</b>	<b>2 966 900,1</b>	<b>2 556 189,5</b>	<b>410 710,6</b>	<b>704 469,1</b>	<b>4 291 620,0</b>	<b>4 291 620,0</b>	<b>191 979,8</b>	<b>385 004,5</b>	<b>3 714 635,7</b>		<b>1 049 480,4</b>	<b>529 721,4</b>	<b>519 759,0</b>	<b>9 012 469,6</b>	

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

		HF.A	HF 1.1	HF 1.1.1	HF 1.1.1.1	HF 1.1.1.2	HF 1.1.1.3	HF 1.1.1.4	HF 1.1.1.5	HF 1.1.1.6	HF 1.1.1.7	HF 1.1.1.8	HF 1.1.1.9	HF 1.2.	HF 1.2.1
		STATE GOVERNANCE SECTOR	State public authorities except social welfare funds	Central governance bodies	Ministry of Health	Ministry of Defense	Ministry of Justice (GUIN)	Ministry of Education	Ministry of Transport and Communications (Kyrgyz Railroad Administration)	Ministry of Interior	Presidential Administration (TCA)	Boarder service	NSS	Social welfare funds	MHIF under MOH KR
<b>HP 1</b>	<b>Hospitals</b>	<b>2 182 448,5</b>	<b>495 770,4</b>	<b>495 770,4</b>	<b>273 423,4</b>	<b>36 267,7</b>	<b>43 973,6</b>			<b>23 524,4</b>	<b>104 124,1</b>	<b>2 165,6</b>	<b>12 291,6</b>	<b>1 686 678,2</b>	<b>1 686 678,2</b>
<b>HP 1.1</b>	<b>General hospitals</b>	<b>1 777 747,8</b>	<b>222 347,0</b>	<b>222 347,0</b>		<b>36 267,7</b>	<b>43 973,6</b>			<b>23 524,4</b>	<b>104 124,1</b>	<b>2 165,6</b>	<b>12 291,6</b>	<b>1 555 400,8</b>	<b>1 555 400,8</b>
HP 1.1.1	Other general hospitals (public)	1 573 572,0	222 347,0	222 347,0		36 267,7	43 973,6			23 524,4	104 124,1	2 165,6	12 291,6	1 351 225,0	1 351 225,0
HP 1.1.2	Other general hospitals (private)	0,0	0,0	0,0										0,0	
HP 1.1.3	Children's hospitals	204 175,8	0,0	0,0										204 175,8	204 175,8
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>	<b>80 600,1</b>	<b>54 740,6</b>	<b>54 740,6</b>	<b>54 740,6</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>25 859,5</b>	<b>25 859,5</b>
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	54 740,6	54 740,6	54 740,6	54 740,6									0,0	
HP 1.2.2	Narcological hospitals	25 859,5												25 859,5	25 859,5
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>	<b>324 100,6</b>	<b>218 682,8</b>	<b>218 682,8</b>	<b>218 682,8</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>105 417,8</b>	<b>105 417,8</b>
HP 1.3.1	Oncological hospitals	9 380,0	9 380,0	9 380,0	9 380,0									0,0	
HP 1.3.2	TB hospitals (dispensaries)	189 818,1	189 818,1	189 818,1	189 818,1									0,0	
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	13 303,4												13 303,4	13 303,4
HP 1.3.4	Infectious diseases hospitals	35 645,6												35 645,6	35 645,6
HP 1.3.5	Other specialized hospitals	23 008,7	19 484,7	19 484,7	19 484,7									3 524,0	3 524,0
HP 1.3.6	Maternity hospitals	52 944,9									0,0	0,0	0,0	52 944,9	52 944,9
HP 1.3.6.1	Public maternity hospitals	52 944,9												52 944,9	52 944,9
HP 1.3.6.2	Private maternity hospitals													0,0	
<b>HP 2</b>	<b>Care for patients and rehabilitation centers</b>	<b>89 992,0</b>	<b>89 992,0</b>	<b>89 992,0</b>	<b>89 992,0</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>
HP 2.1	Medical rehabilitation hospitals	86 494,1	86 494,1	86 494,1	86 494,1									0,0	
HP 2.9	All other residential care facilities	3 497,9	3 497,9	3 497,9	3 497,9						0,0	0,0	0,0	0,0	0,0
HP 2.9.1	Sanitoriums of TB patients													0,0	
HP 2.9.2	Sanitoriums for children and adolescents	3 497,9	3 497,9	3 497,9	3 497,9									0,0	
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>1 197 957,7</b>	<b>31 989,9</b>	<b>31 989,9</b>	<b>31 989,9</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>1 165 967,8</b>	<b>1 165 967,8</b>
<b>HP 3.1</b>	<b>Office of physicians</b>	<b>1 044 319,7</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>1 044 319,7</b>	<b>1 044 319,7</b>
HP 3.1.1	FMC	949 353,7	0,0	0,0	0,0									949 353,8	949 353,8
HP 3.1.2	FGP	24 475,5	0,0	0,0	0,0									24 475,5	24 475,5
HP 3.1.3	GPC	70 490,5	0,0	0,0	0,0									70 490,5	70 490,5
<b>HP 3.2</b>	<b>Office of dentists</b>	<b>82 509,9</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>82 509,9</b>	<b>82 509,9</b>
HP 3.2.1	Public dental polyclinic	82 509,9	0,0	0,0	0,0									82 509,9	82 509,9
HP 3.2.2	Private dental polyclinic	0,0	0,0	0,0	0,0									0,0	
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>
HP 3.3.1	Specialized polyclinics and dispensaries	0,0	0,0	0,0	0,0									0,0	
HP 3.3.2	Diagnostic centers (private)	0,0	0,0	0,0	0,0									0,0	
HP 3.3.3	Gynecology and urology centers (private)	0,0	0,0	0,0	0,0									0,0	
<b>HP 3.4</b>	<b>Outpatient care centers</b>	<b>3 825,6</b>	<b>3 825,6</b>	<b>3 825,6</b>	<b>3 825,6</b>						<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>
HP 3.4.1	The centre of family planning and reproductive health	3 825,6	3 825,6	3 825,6	3 825,6									0,0	
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups	0,0	0,0	0,0	0,0									0,0	
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>									<b>0,0</b>	

## National Health Accounts in Kyrgyzstan 2007

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

		HF.A	HF 1.1	HF 1.1.1	HF 1.1.1.1	HF 1.1.1.2	HF 1.1.1.3	HF 1.1.1.4	HF 1.1.1.5	HF 1.1.1.6	HF 1.1.1.7	HF 1.1.1.8	HF 1.1.1.9	HF 1.2.	HF 1.2.1
		STATE GOVERNANCE SECTOR	State public authorities except social welfare funds	Central governance bodies	Ministry of Health	Ministry of Defense	Ministry of Justice (GUIN)	Ministry of Education	Ministry of Transport and Communications (Kyrgyz Railroad Administration)	Ministry of Interior	Presidential Administration (TCA)	Boarder service	NSS	Social welfare funds	MHIF under MOH KR
HP 3.9	Other providers of ambulatory health care	67 302,5	28 164,3	28 164,3	28 164,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	39 138,1	39 138,1
HP 3.9.1	Acute/emergency care services	39 138,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	39 138,1	39 138,1
HP 3.9.1	Acute and emergency care station	39 138,1	0,0	0,0	0,0									39 138,1	39 138,1
HP 3.9.2	Emergency care department in general hospitals and FMC	0,0	0,0	0,0	0,0									0,0	0,0
HP 3.9.2	Blood transfusion stations	28 164,3	28 164,3	28 164,3	28 164,3									0,0	
HP 4	Retail and other providers of medical goods	74 877,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	74 877,3	74 877,3
HP 4.1	Pharmacies	74 877,3	0,0	0,0	0,0									74 877,3	74 877,3
HP 5	Provision and administration of public health programmes	244 620,0	244 620,0	244 620,0	244 620,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
HP 5.1	Sanitary-epidemiological and anti-plague stations	202 698,5	202 698,5	202 698,5	202 698,5									0,0	
HP 5.2	Anti-epidemic activities	1 303,9	1 303,9	1 303,9	1 303,9									0,0	
HP 5.3	AIDS Control Centers	20 255,4	20 255,4	20 255,4	20 255,4									0,0	
HP 5.4	Health centers and health education activities	5 698,5	5 698,5	5 698,5	5 698,5									0,0	
HP 5.6	Children's homes, rooms of mother and the child	14 663,6	14 663,6	14 663,6	14 663,6									0,0	
HP 6	General health administration and insurance	534 067,4	469 653,0	469 653,0	469 653,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	64 414,4	64 414,4
HP 6.1	Central Office of the Ministry of Health	6 091,1	6 091,1	6 091,1	6 091,1									0,0	
HP 6.2	Administrative costs of MHIF	61 991,8	0,0	0,0	0,0									61 991,8	61 991,8
HP 6.5	Centralized accounting offices	380 736,8	380 736,8	380 736,8	380 736,8	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
HP 6.5.1	Centralized accounting offices (MOH)	513,5	513,5	513,5	513,5									0,0	
HP 6.5.2	Other health expenditures	380 223,3	380 223,3	380 223,3	380 223,3									0,0	
HP 6.9	Other not categorized services	85 247,7	82 825,1	82 825,1	82 825,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	2 422,6	2 422,6
HP 6.9.1	Other not categorized services (MOH)	49 642,0	49 642,0	49 642,0	49 642,0									0,0	
HP 6.9.2	Other not categorized services (MHIF)	2 422,6	0,0	0,0	0,0									2 422,6	2 422,6
HP 6.9.3	Departmental enterprises and organizations	33 183,1	33 183,1	33 183,1	33 183,1									0,0	
HP 7	All other industries (rest of the economy)	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
HP 7.1	Private households as providers of care	0,0	0,0	0,0	0,0									0,0	
HP 8	Institutions providing health-related services	262 132,1	262 132,1	262 132,1	262 132,1	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
HP 8.1	Research institutes (centers) of health care	118 004,7	118 004,7	118 004,7	118 004,7									0,0	
HP 8.2	Educational and training institutions	144 127,5	144 127,5	144 127,5	144 127,5									0,0	
HP 9 Rest of world	External provision	0,0	0,0	0,0	0,0									0,0	
TOTAL		4 586 095,1	1 594 157,4	1 594 157,4	1 371 810,4	36 267,7	43 973,6	0,0	0,0	23 524,4	104 124,1	2 165,6	12 291,6	2 991 937,7	2 991 937,7

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

		HF.B	HF 2.3	HF.3	HF 3.1	TOTAL
		NON-GOVERNMENTAL SECTOR	Out-of-pockets payments	REST OF THE WORLD	Donor organizations	
<b>HP 1</b>	<b>Hospitals</b>	<b>689 698,3</b>	<b>689 698,3</b>	<b>0,0</b>	<b>0,0</b>	<b>2 872 146,8</b>
<b>HP 1.1</b>	<b>General hospitals</b>	<b>666 213,9</b>	<b>666 213,9</b>	<b>0,0</b>	<b>0,0</b>	<b>2 443 961,7</b>
HP 1.1.1	Other general hospitals (public)	651 768,6	651 768,6	0,0		2 225 340,6
HP 1.1.2	Other general hospitals (private)	0,0	0,0	0,0		0,0
HP 1.1.3	Children's hospitals	14 445,3	14 445,3	0,0		218 621,1
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>	<b>2 250,7</b>	<b>2 250,7</b>	<b>0,0</b>	<b>0,0</b>	<b>82 850,9</b>
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	0,0	0,0	0,0		54 740,6
HP 1.2.2	Narcological hospitals	2 250,7	2 250,7	0,0		28 110,3
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>	<b>21 233,6</b>	<b>21 233,6</b>	<b>0,0</b>	<b>0,0</b>	<b>345 334,2</b>
HP 1.3.1	Oncological hospitals	0,0	0,0	0,0		9 380,0
HP 1.3.2	TB hospitals (dispensaries)	0,0	0,0	0,0		189 818,1
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	4 160,5	4 160,5	0,0		17 463,9
HP 1.3.4	Infectious diseases hospitals	3 909,9	3 909,9	0,0		39 555,5
HP 1.3.5	Other specialized hospitals	11 748,1	11 748,1	0,0		34 756,7
HP 1.3.6	Maternity hospitals	1 415,1	1 415,1	0,0	0,0	54 360,0
HP 1.3.6.1	Public maternity hospitals	1 415,1	1 415,1	0,0		54 360,0
HP 1.3.6.2	Private maternity hospitals	0,0	0,0	0,0		0,0
<b>HP 2</b>	<b>Care for patients and rehabilitation centers</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>89 992,0</b>
HP 2.1	Medical rehabilitation hospitals	0,0	0,0	0,0		86 494,1
HP 2.9	All other residential care facilities	0,0	0,0	0,0	0,0	3 497,9
HP 2.9.1	Sanitoriums of TB patients	0,0	0,0	0,0		0,0
HP 2.9.2	Sanitoriums for children and adolescents	0,0	0,0	0,0		3 497,9
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>348 836,6</b>	<b>348 836,6</b>	<b>0,0</b>	<b>0,0</b>	<b>1 546 794,3</b>
<b>HP 3.1</b>	<b>Office of physicians</b>	<b>245 822,4</b>	<b>245 822,4</b>	<b>0,0</b>	<b>0,0</b>	<b>1 290 142,1</b>
HP 3.1.1	FMC	242 498,1	242 498,1	0,0		1 191 851,8
HP 3.1.2	FGP	25,8	25,8	0,0		24 501,3
HP 3.1.3	GPC	3 298,6	3 298,6	0,0		73 789,0
<b>HP 3.2</b>	<b>Office of dentists</b>	<b>101 038,7</b>	<b>101 038,7</b>	<b>0,0</b>	<b>0,0</b>	<b>183 548,6</b>
HP 3.2.1	Public dental polyclinic	101 038,7	101 038,7	0,0		183 548,6
HP 3.2.2	Private dental polyclinic	0,0	0,0	0,0		0,0
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>
HP 3.3.1	Specialized polyclinics and dispensaries	0,0	0,0	0,0		0,0
HP 3.3.2	Diagnostic centers (private)	0,0	0,0	0,0		0,0
HP 3.3.3	Gynecology and urology centers (private)	0,0	0,0	0,0		0,0
<b>HP 3.4</b>	<b>Outpatient care centers</b>	<b>1 975,5</b>	<b>1 975,5</b>	<b>0,0</b>	<b>0,0</b>	<b>5 801,1</b>
HP 3.4.1	The centre of family planning and reproductive health	0,0	0,0	0,0		3 825,6
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups	1 975,5	1 975,5	0,0		1 975,5
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>	<b>0,0</b>	<b>0,0</b>	<b>0,0</b>		<b>0,0</b>

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

		HF.B	HF 2.3	HF.3	HF 3.1	TOTAL
		NON-GOVERNMENTAL SECTOR	Out-of-pockets payments	REST OF THE WORLD	Donor organizations	
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>	0,0	0,0	0,0	0,0	67 302,5
HP 3.9.1	Acute/emergency care services	0,0	0,0	0,0	0,0	39 138,1
<i>HP 3.9.1</i>	Acute and emergency care station	0,0	0,0	0,0		39 138,1
<i>HP 3.9.2</i>	Emergency care department in general hospitals and FMC	0,0	0,0	0,0		0,0
HP 3.9.2	Blood transfusion stations	0,0	0,0	0,0		28 164,3
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>	2 868 080,7	2 868 080,7	0,0	0,0	2 942 958,0
HP 4.1	Pharmacies	2 868 080,7	2 868 080,7	0,0		2 942 958,0
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>	0,0	0,0	0,0	0,0	244 620,0
HP 5.1	Sanitary-epidemiological and anti-plague stations	0,0	0,0	0,0		202 698,5
HP 5.2	Anti-epidemic activities	0,0	0,0	0,0		1 303,9
HP 5.3	AIDS Control Centers	0,0	0,0	0,0		20 255,4
HP 5.4	Health centers and health education activities	0,0	0,0	0,0		5 698,5
HP 5.6	Children's homes, rooms of mother and the child	0,0	0,0	0,0		14 663,6
<b>HP 6</b>	<b>General health administration and insurance</b>	0,0	0,0	0,0	0,0	534 067,4
<i>HP 6.1</i>	<i>Central Office of the Ministry of Health</i>	0,0	0,0	0,0		6 091,1
<i>HP 6.2</i>	<i>Administrative costs of MHIF</i>	0,0	0,0	0,0		61 991,8
<i>HP 6.5</i>	<i>Centralized accounting offices</i>	0,0	0,0	0,0	0,0	380 736,8
HP 6.5.1	Centralized accounting offices (MOH)	0,0	0,0	0,0		513,5
HP 6.5.2	Other health expenditures	0,0	0,0	0,0		380 223,3
<b>HP 6.9</b>	<b>Other not categorized services</b>	0,0	0,0	0,0	0,0	85 247,7
HP 6.9.1	Other not categorized services (MOH)	0,0	0,0	0,0		49 642,0
HP 6.9.2	Other not categorized services (MHIF)	0,0	0,0	0,0		2 422,6
HP 6.9.3	Departmental enterprises and organizations	0,0	0,0	0,0		33 183,1
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>	0,0	0,0	0,0	0,0	0,0
HP 7.1	Private households as providers of care	0,0	0,0	0,0		0,0
<b>HP 8</b>	<b>Institutions providing health-related services</b>	0,0	0,0	0,0	0,0	262 132,1
<i>HP 8.1</i>	<i>Research institutes (centers) of health care</i>	0,0	0,0	0,0		118 004,7
<i>HP 8.2</i>	<i>Educational and training institutions</i>	0,0	0,0	0,0		144 127,5
<b>HP 9 Rest of world</b>	<b>External provision</b>	0,0	0,0	519 759,0	519 759,0	519 759,0
<b>TOTAL</b>		<b>3 906 615,5</b>	<b>3 906 615,5</b>	<b>519 759,0</b>	<b>487 534,0</b>	<b>9 012 469,6</b>

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

		HC 1 Curative care services									
		HC 1 Curative care services	HC 1.1 Inpatient curative care								
			HC 1.1 Inpatient curative care	HC 1.1.1 Surgery	HC 1.1.2 Cardiosurgery	HC 1.1.3 Internal medicine	HC 1.1.4 Obstetrics/Gynecol ogy	HC 1.1.5 Oncology	HC 1.1.6 Tuberculosis	HC 1.1.7 Infections	HC 1.1.8 Mental health
<b>HP 1</b>	<b>Hospitals</b>	2 732 916,69	2 732 916,69				54 359,97	9 380,00	189 818,11	39 555,49	54 740,58
<b>HP 1.1</b>	<b>General hospitals</b>	2 304 731,66	2 304 731,66								
HP 1.1.1	Other general hospitals (public)	2 086 110,55	2 086 110,55								
HP 1.1.2	Other general hospitals (private)										
HP 1.1.3	Children's hospitals	218 621,11	218 621,11								
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>	82 850,85	82 850,85								54 740,58
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	54 740,58	54 740,58								54 740,58
HP 1.2.2	Narcological hospitals	28 110,27	28 110,27								
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>	345 334,18	345 334,18				54 359,97	9 380,00	189 818,11	39 555,49	
HP 1.3.1	Oncological hospitals	9 380,00	9 380,00					9 380,00			
HP 1.3.2	TB hospitals (dispensaries)	189 818,11	189 818,11						189 818,11		
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	17 463,88	17 463,88								
HP 1.3.4	Infectious diseases hospitals	39 555,49	39 555,49							39 555,49	
HP 1.3.5	Other specialized hospitals	34 756,73	34 756,73								
HP 1.3.6	Maternity hospitals	54 359,97	54 359,97				54 359,97				
HP 1.3.6.1	Public maternity hospitals	54 359,97	54 359,97				54 359,97				
HP 1.3.6.2	Private maternity hospitals										
<b>HP 2</b>	<b>Boarding institutions and other institutions delivering care</b>	89 992,03	89 992,03						3 497,89		
HP 2.1	Medical rehabilitation hospitals	86 494,14	86 494,14								
HP 2.9	All other residential care facilities	3 497,89	3 497,89						3 497,89		
HP 2.9.1	Sanitoriums of TB patients										
HP 2.9.2	Sanitoriums for children and adolescents	3 497,89	3 497,89						3 497,89		
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	1 670 215,18									
<b>HP 3.1</b>	<b>Office of physicians</b>	1 393 790,83									
HP 3.1.1	FMC	1 295 500,49									
HP 3.1.2	FGP	24 501,32									
HP 3.1.3	GPC	73 789,03									
<b>HP 3.2</b>	<b>Office of dentists</b>	226 734,63									
HP 3.2.1	Public dental polyclinic	226 734,63									
HP 3.2.2	Private dental polyclinic										
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>	7 731,80									
HP 3.3.1	Specialized polyclinics and dispensaries	7 731,80									
HP 3.3.2	Diagnostic centers (private)										
HP 3.3.3	Gynecology and urology centers (private)										
<b>HP 3.4</b>	<b>Outpatient care centers</b>	2 819,80									

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

		HC 1 Curative care services							
		HC 1.1.9	HC 1.2	HC 1.3 Outpatient curative care					HC 4
				HC 1.3	HC 1.3.1	HC 1.3.1.1	HC 1.3.2	HC 1.3.3	
<b>HP 1</b>	<b>Hospitals</b>	<b>2 385 062,55</b>							
<b>HP 1.1</b>	<b>General hospitals</b>	<b>2 304 731,66</b>							
HP 1.1.1	Other general hospitals (public)	2 086 110,55							
HP 1.1.2	Other general hospitals (private)								
HP 1.1.3	Children's hospitals	218 621,11							
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>	<b>28 110,27</b>							
HP 1.2.1	Psycho-neurological hospitals (dispensaries)								
HP 1.2.2	Narcological hospitals	28 110,27							
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>	<b>52 220,61</b>							
HP 1.3.1	Oncological hospitals								
HP 1.3.2	TB hospitals (dispensaries)								
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	17 463,88							
HP 1.3.4	Infectious diseases hospitals								
HP 1.3.5	Other specialized hospitals	34 756,73							
HP 1.3.6	Maternity hospitals								
HP 1.3.6.1	Public maternity hospitals								
HP 1.3.6.2	Private maternity hospitals								
<b>HP 2</b>	<b>Boarding institutions and other institutions delivering care</b>	<b>86 494,14</b>							
HP 2.1	Medical rehabilitation hospitals	86 494,14							
HP 2.9	All other residential care facilities								
HP 2.9.1	Sanitoriums of TB patients								
HP 2.9.2	Sanitoriums for children and adolescents								
<b>HP.3</b>	<b>Providers of ambulatory health care</b>			<b>1 670 215,18</b>	<b>1 443 480,55</b>	<b>39 138,12</b>	<b>226 734,63</b>		
<b>HP 3.1</b>	<b>Office of physicians</b>			<b>1 393 790,83</b>	<b>1 393 790,83</b>				
HP 3.1.1	FMC			<b>1 295 500,49</b>	1 295 500,49				
HP 3.1.2	FGP			<b>24 501,32</b>	24 501,32				
HP 3.1.3	GPC			<b>73 789,03</b>	73 789,03				
<b>HP 3.2</b>	<b>Office of dentists</b>			<b>226 734,63</b>			<b>226 734,63</b>		
HP 3.2.1	Public dental polyclinic			<b>226 734,63</b>			226 734,63		
HP 3.2.2	Private dental polyclinic								
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>			<b>7 731,80</b>	<b>7 731,80</b>				
HP 3.3.1	Specialized polyclinics and dispensaries			<b>7 731,80</b>	7 731,80				
HP 3.3.2	Diagnostic centers (private)								
HP 3.3.3	Gynecology and urology centers (private)								
<b>HP 3.4</b>	<b>Outpatient care centers</b>			<b>2 819,80</b>	<b>2 819,80</b>				



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

		HC 4 Auxiliary types of health services		HC 5 Medical items prescribed to outpatient patients		HC 6 Prevention and public health services			
		HC 4.1	HC 4.2	HC 5.1	HC 5.1.1	HC 6	HC 6.1	HC 6.2	HC 6.3
		Clinical laboratories	Diagnostic services	Drugs and other medicines	Prescribed drugs	Prevention and public health services	Mother and child health; Family planning and consultations	Health services in school	Prevention of communicable diseases
<b>HP 1</b>	<b>Hospitals</b>								
<b>HP 1.1</b>	<b>General hospitals</b>								
HP 1.1.1	Other general hospitals (public)								
HP 1.1.2	Other general hospitals (private)								
HP 1.1.3	Children's hospitals								
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>								
HP 1.2.1	Psycho-neurological hospitals (dispensaries)								
HP 1.2.2	Narcological hospitals								
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>								
HP 1.3.1	Oncological hospitals								
HP 1.3.2	TB hospitals (dispensaries)								
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)								
HP 1.3.4	Infectious diseases hospitals								
HP 1.3.5	Other specialized hospitals								
HP 1.3.6	Maternity hospitals								
HP 1.3.6.1	Public maternity hospitals								
HP 1.3.6.2	Private maternity hospitals								
<b>HP 2</b>	<b>Boarding institutions and other institutions delivering care</b>								
HP 2.1	Medical rehabilitation hospitals								
HP 2.9	All other residential care facilities								
HP 2.9.1	Sanitoriums of TB patients								
HP 2.9.2	Sanitoriums for children and adolescents								
<b>HP.3</b>	<b>Providers of ambulatory health care</b>					<b>3 825,58</b>	<b>3 825,58</b>		
<b>HP 3.1</b>	<b>Office of physicians</b>								
HP 3.1.1	FMC								
HP 3.1.2	FGP								
HP 3.1.3	GPC								
<b>HP 3.2</b>	<b>Office of dentists</b>								
HP 3.2.1	Public dental polyclinic								
HP 3.2.2	Private dental polyclinic								
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>								
HP 3.3.1	Specialized polyclinics and dispensaries								
HP 3.3.2	Diagnostic centers (private)								
HP 3.3.3	Gynecology and urology centers (private)								
<b>HP 3.4</b>	<b>Outpatient care centers</b>					<b>3 825,58</b>	<b>3 825,58</b>		

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

		HC 6 Prevention and public health services		HC 7 Administration of health care and health insurance	HC.R. 1-5	HC.R. 2	HC.R. 3	HC. Nsk HC	TOTAL
		HC 6.4	HC 6.9	HC 7.1					
		Prevention of non-communicable diseases	All other services of public health	Administration of general management of health care	Health related functions	Education and training of health specialists	Scientific research and development in the area of health care	Not categorized expenditures	
<b>HP 1</b>	<b>Hospitals</b>								<b>2 732 916,69</b>
<b>HP 1.1</b>	<b>General hospitals</b>								<b>2 304 731,66</b>
HP 1.1.1	Other general hospitals (public)								<b>2 086 110,55</b>
HP 1.1.2	Other general hospitals (private)								
HP 1.1.3	Children's hospitals								<b>218 621,11</b>
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>								<b>82 850,85</b>
HP 1.2.1	Psycho-neurological hospitals (dispensaries)								<b>54 740,58</b>
HP 1.2.2	Narcological hospitals								<b>28 110,27</b>
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>								<b>345 334,18</b>
HP 1.3.1	Oncological hospitals								<b>9 380,00</b>
HP 1.3.2	TB hospitals (dispensaries)								<b>189 818,11</b>
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)								<b>17 463,88</b>
HP 1.3.4	Infectious diseases hospitals								<b>39 555,49</b>
HP 1.3.5	Other specialized hospitals								<b>34 756,73</b>
HP 1.3.6	Maternity hospitals								<b>54 359,97</b>
HP 1.3.6.1	Public maternity hospitals								<b>54 359,97</b>
HP 1.3.6.2	Private maternity hospitals								
<b>HP 2</b>	<b>Boarding institutions and other institutions delivering care</b>								<b>89 992,03</b>
HP 2.1	Medical rehabilitation hospitals								<b>86 494,14</b>
HP 2.9	All other residential care facilities								<b>3 497,89</b>
HP 2.9.1	Sanitoriums of TB patients								
HP 2.9.2	Sanitoriums for children and adolescents								<b>3 497,89</b>
<b>HP.3</b>	<b>Providers of ambulatory health care</b>				<b>28 164,34</b>				<b>1 702 205,10</b>
<b>HP 3.1</b>	<b>Office of physicians</b>								<b>1 393 790,83</b>
HP 3.1.1	FMC								<b>1 295 500,49</b>
HP 3.1.2	FGP								<b>24 501,32</b>
HP 3.1.3	GPC								<b>73 789,03</b>
<b>HP 3.2</b>	<b>Office of dentists</b>								<b>226 734,63</b>
HP 3.2.1	Public dental polyclinic								<b>226 734,63</b>
HP 3.2.2	Private dental polyclinic								
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>								<b>7 731,80</b>
HP 3.3.1	Specialized polyclinics and dispensaries								<b>7 731,80</b>
HP 3.3.2	Diagnostic centers (private)								
HP 3.3.3	Gynecology and urology centers (private)								
<b>HP 3.4</b>	<b>Outpatient care centers</b>								<b>6 645,38</b>

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

		HC 1 Curative care services									
		HC 1 Curative care services	HC 1.1 Inpatient curative care								
			HC 1.1 Inpatient curative care	HC 1.1.1 Surgery	HC 1.1.2 Cardiosurgery	HC 1.1.3 Internal medicine	HC 1.1.4 Obstetrics/Gynecol ogy	HC 1.1.5 Oncology	HC 1.1.6 Tuberculosis	HC 1.1.7 Infections	HC 1.1.8 Mental health
HP 3.4.1	The centre of family planning and reproductive health										
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups	2 819,80									
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>										
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>	<b>39 138,12</b>									
HP 3.9.1	Acute/emergency care services	39 138,12									
HP 3.9.1	Acute and emergency care station	39 138,12									
HP 3.9.2	Emergency care department in general hospitals and FMC										
HP 3.9.2	Blood transfusion stations										
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>										
HP 4.1	Pharmacies										
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>										
HP 5.1	Sanitary-epidemiological and anti-plague stations										
HP 5.2	Anti-epidemic activities										
HP 5.3	AIDS Control Centers										
HP 5.4	Health centers and health education activities										
HP 5.6	Children's homes, rooms of mother and the child										
<b>HP 6</b>	<b>General health administration and insurance</b>										
<b>HP 6.1</b>	<b>Central Office of the Ministry of Health</b>										
<b>HP 6.2</b>	<b>Administrative costs of MHIF</b>										
<b>HP 6.5</b>	<b>Centralized accounting offices</b>										
HP 6.5.1	Centralized accounting offices (MOH)										
HP 6.5.2	Other health expenditures										
<b>HP 6.9</b>	<b>Other not categorized services</b>										
HP 6.9.1	Other not categorized services (MOH)										
HP 6.9.2	Other not categorized services (MHIF)										
HP 6.9.3	Departmental enterprises and organizations										
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>										
HP 7.1	Private households as providers of care										
<b>HP 8</b>	<b>Institutions providing health-related services</b>										
HP 8.1	Research institutes (centers) of health care										
HP 8.2	Educational and training institutions										
<b>HP 9</b>	<b>External provision</b>										
<b>TOTAL</b>		<b>4 493 123,91</b>	<b>2 822 908,72</b>				<b>54 359,97</b>	<b>9 380,00</b>	<b>193 316,00</b>	<b>39 555,49</b>	<b>54 740,58</b>

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

		HC 1 Curative care services						
		HC 1.1.9	HC 1.2	HC 1.3 Outpatient curative care				HC 4
				HC 1.3	HC 1.3.1	HC 1.3.1.1	HC 1.3.2	
		Other	Day stay curative care delivery	Outpatient curative care	Main medical and diagnostic services	Emergency care services	Outpatient dental care	All other specialized health services и
HP 3.4.1	The centre of family planning and reproductive health							
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups			2 819,80	2 819,80			
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>							
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>			39 138,12	39 138,12	39 138,12		
HP 3.9.1	Acute/emergency care services			39 138,12	39 138,12	39 138,12		
<i>HP 3.9.1</i>	Acute and emergency care station			39 138,12	39 138,12	39 138,12		
<i>HP 3.9.2</i>	Emergency care department in general hospitals and FMC							
HP 3.9.2	Blood transfusion stations							
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>							
HP 4.1	Pharmacies							
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>							
HP 5.1	Sanitary-epidemiological and anti-plague stations							
HP 5.2	Anti-epidemic activities							
HP 5.3	AIDS Control Centers							
HP 5.4	Health centers and health education activities							
HP 5.6	Children's homes, rooms of mother and the child							
<b>HP 6</b>	<b>General health administration and insurance</b>							
<i>HP 6.1</i>	<i>Central Office of the Ministry of Health</i>							
<i>HP 6.2</i>	<i>Administrative costs of MHIF</i>							
<i>HP 6.5</i>	<i>Centralized accounting offices</i>							
HP 6.5.1	Centralized accounting offices (MOH)							
HP 6.5.2	Other health expenditures							
<b>HP 6.9</b>	<b>Other not categorized services</b>							
HP 6.9.1	Other not categorized services (MOH)							
HP 6.9.2	Other not categorized services (MHIF)							
HP 6.9.3	Departmental enterprises and organizations							
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>							
HP 7.1	Private households as providers of care							
<b>HP 8</b>	<b>Institutions providing health-related services</b>							
<i>HP 8.1</i>	<i>Research institutes (centers) of health care</i>							
<i>HP 8.2</i>	<i>Educational and training institutions</i>							
<b>HP 9</b>	<b>External provision</b>							
<b>TOTAL</b>		<b>2 471 556,68</b>		<b>1 670 215,18</b>	<b>1 443 480,55</b>	<b>39 138,12</b>	<b>226 734,63</b>	

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

		HC 4 Auxiliary types of health services		HC 5 Medical items prescribed to outpatient patients		HC 6 Prevention and public health services			
		HC 4.1	HC 4.2	HC 5.1	HC 5.1.1	HC 6	HC 6.1	HC 6.2	HC 6.3
		Clinical laboratories	Diagnostic services	Drugs and other medicines	Prescribed drugs	Prevention and public health services	Mother and child health; Family planning and consultations	Health services in school	Prevention of communicable diseases
HP 3.4.1	The centre of family planning and reproductive health					3 825,58	3 825,58		
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups								
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>								
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>								
HP 3.9.1	Acute/emergency care services								
HP 3.9.1	Acute and emergency care station								
HP 3.9.2	Emergency care department in general hospitals and FMC								
HP 3.9.2	Blood transfusion stations								
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>			2 942 958,03	74 877,34				
HP 4.1	Pharmacies			2 942 958,03	74 877,34				
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>					244 619,95	14 663,61		1 303,91
HP 5.1	Sanitary-epidemiological and anti-plague stations					202 698,48			
HP 5.2	Anti-epidemic activities					1 303,91			1 303,91
HP 5.3	AIDS Control Centers					20 255,43			
HP 5.4	Health centers and health education activities					5 698,52			
HP 5.6	Children's homes, rooms of mother and the child					14 663,61	14 663,61		
<b>HP 6</b>	<b>General health administration and insurance</b>								
<b>HP 6.1</b>	<b>Central Office of the Ministry of Health</b>								
<b>HP 6.2</b>	<b>Administrative costs of MHIF</b>								
<b>HP 6.5</b>	<b>Centralized accounting offices</b>								
HP 6.5.1	Centralized accounting offices (MOH)								
HP 6.5.2	Other health expenditures								
<b>HP 6.9</b>	<b>Other not categorized services</b>								
HP 6.9.1	Other not categorized services (MOH)								
HP 6.9.2	Other not categorized services (MHIF)								
HP 6.9.3	Departmental enterprises and organizations								
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>								
HP 7.1	Private households as providers of care								
<b>HP 8</b>	<b>Institutions providing health-related services</b>								
HP 8.1	Research institutes (centers) of health care								
HP 8.2	Educational and training institutions								
<b>HP 9</b>	<b>External provision</b>								
<b>TOTAL</b>				2 942 958,03	74 877,34	248 445,54	18 489,20		1 303,91

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

		HC 6 Prevention and public health services		HC 7 Administration of health care and health insurance	HC.R. 1-5	HC.R. 2	HC.R. 3	HC. Nsk HC	TOTAL
		HC 6.4	HC 6.9	HC 7.1					
		Prevention of non-communicable diseases	All other services of public health	Administration of general management of health care	Health related functions	Education and training of health specialists	Scientific research and development in the area of health care	Not categorized expenditures	
HP 3.4.1	The centre of family planning and reproductive health								3 825,58
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups								2 819,80
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>								
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>				28 164,34				67 302,46
HP 3.9.1	Acute/emergency care services								39 138,12
HP 3.9.1	Acute and emergency care station								39 138,12
HP 3.9.2	Emergency care department in general hospitals and FMC								
HP 3.9.2	Blood transfusion stations				28 164,34				28 164,34
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>								2 942 958,03
HP 4.1	Pharmacies								2 942 958,03
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>		228 652,43						244 619,95
HP 5.1	Sanitary-epidemiological and anti-plague stations		202 698,48						202 698,48
HP 5.2	Anti-epidemic activities								1 303,91
HP 5.3	AIDS Control Centers		20 255,43						20 255,43
HP 5.4	Health centers and health education activities		5 698,52						5 698,52
HP 5.6	Children's homes, rooms of mother and the child								14 663,61
<b>HP 6</b>	<b>General health administration and insurance</b>			68 082,90	449 803,73				517 886,63
<b>HP 6.1</b>	<b>Central Office of the Ministry of Health</b>			6 091,10					6 091,10
<b>HP 6.2</b>	<b>Administrative costs of MHIF</b>			61 991,80					61 991,80
<b>HP 6.5</b>	<b>Centralized accounting offices</b>				364 555,99				364 555,99
HP 6.5.1	Centralized accounting offices (MOH)				513,50				513,50
HP 6.5.2	Other health expenditures				364 042,49				364 042,49
<b>HP 6.9</b>	<b>Other not categorized services</b>				85 247,75				85 247,75
HP 6.9.1	Other not categorized services (MOH)				49 642,03				49 642,03
HP 6.9.2	Other not categorized services (MHIF)				2 422,63				2 422,63
HP 6.9.3	Departmental enterprises and organizations				33 183,09				33 183,09
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>								
HP 7.1	Private households as providers of care								
<b>HP 8</b>	<b>Institutions providing health-related services</b>					144 127,49	118 004,66		262 132,14
HP 8.1	Research institutes (centers) of health care						118 004,66		118 004,66
HP 8.2	Educational and training institutions					144 127,49			144 127,49
<b>HP 9</b>	<b>External provision</b>								519 759,00
<b>TOTAL</b>			228 652,43	68 082,90	477 968,07	144 127,49	118 004,66		9 012 469,59

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

		HC 1 Curative care services										
		HC 1	HC 1.1 Inpatient curative care									
			HC 1.1	HC 1.1.1	HC 1.1.2	HC 1.1.3	HC 1.1.4	HC 1.1.5	HC 1.1.6	HC 1.1.7	HC 1.1.8	HC 1.1.9
Curative care services	Inpatient curative care	Surgery	Cardiosurgery	Internal medicine	Obstetrics/Gynecology	Oncology	Tuberculosis	Infections	Mental health	Other		
<b>HF.A</b>	<b>STATE GOVERNANCE SECTOR</b>	<b>3 455 083,35</b>	<b>2 281 383,78</b>				<b>87 460,94</b>	<b>9 380,00</b>	<b>193 316,00</b>	<b>35 645,55</b>	<b>54 740,58</b>	<b>1 900 840,72</b>
HF 1.1	State public authorities except social welfare funds	529 578,47	529 578,47				0,00	5 873,10	161 266,78	0,00	54 740,58	307 698,01
HF 1.1.1	Central governance bodies	529 578,47	529 578,47				0,00	5 873,10	161 266,78	0,00	54 740,58	307 698,01
HF 1.1.1.1	Ministry of Health	307 231,47	307 231,47				0,00	5 873,10	161 266,78	0,00	54 740,58	85 351,01
HF 1.1.1.2	Ministry of Defense	36 267,70	36 267,70									36 267,70
HF 1.1.1.3	Ministry of Justice (GUIN)	43 973,60	43 973,60									43 973,60
HF 1.1.1.4	Ministry of Education	0,00	0,00									
HF 1.1.1.5	Ministry of Transport and Communications (Kyrgyz Railroad Administration)											
HF 1.1.1.6	Ministry of Interior	23 524,40	23 524,40									23 524,40
HF 1.1.1.7	Presidential Administration (TCA)	104 124,10	104 124,10									104 124,10
HF 1.1.1.8	Boarder service	2 165,60	2 165,60									2 165,60
HF 1.1.1.9	NSS	12 291,60	12 291,60									12 291,60
<b>HF 1.2.</b>	<b>Social welfare funds</b>	<b>2 925 504,87</b>	<b>1 751 805,31</b>				<b>87 460,94</b>	<b>3 506,90</b>	<b>32 049,22</b>	<b>35 645,55</b>	<b>0,00</b>	<b>1 593 142,71</b>
HF 1.2.1	MHIF under MOH KR	2 925 504,87	1 751 805,31				87 460,94	3 506,90	32 049,22	35 645,55	0,00	1 593 142,71
<b>HF.B</b>	<b>NON-GOVERNMENTAL SECTOR</b>	<b>1 038 534,86</b>	<b>542 019,23</b>				<b>1 655,77</b>	<b>0,00</b>	<b>0,00</b>	<b>3 909,94</b>	<b>0,00</b>	<b>536 453,53</b>
HF 2.3	Out-of-pockets payments	1 038 534,86	542 019,23				1 655,77	0,00	0,00	3 909,94	0,00	536 453,53
<b>HF.3</b>	<b>REST OF THE WORLD</b>	<b>0,00</b>	<b>0,00</b>				<b>0,00</b>	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>	<b>0,00</b>
HF 3.1	Donor organizations	0,00	0,00									
<b>TOTAL</b>		<b>4 493 618,20</b>	<b>2 823 403,02</b>				<b>89 116,70</b>	<b>9 380,00</b>	<b>193 316,00</b>	<b>39 555,49</b>	<b>54 740,58</b>	<b>2 437 294,24</b>

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

		HC 1 Curative care services						HC 4 Auxiliary types of health services			HC 5 Medical items prescribed to outpatient patients	
		HC 1.2	HC 1.3 Outpatient curative care					HC 4	HC 4.1	HC 4.2	HC 5.1	HC 5.1.1
			HC 1.3	HC 1.3.1	HC 1.3.1.1	HC 1.3.2	HC 1.3.3					
Day stay curative care delivery	Outpatient curative care	Main medical and diagnostic services	Emergency care services	Outpatient dental care	All other specialized health services	Auxiliary types of health services	Clinical laboratories	Diagnostic services	Drugs and other medicines	Prescribed drugs		
<b>HF.A</b>	<b>STATE GOVERNANCE SECTOR</b>		<b>1 173 699,56</b>	<b>1 091 189,66</b>	<b>39 138,12</b>	<b>82 509,91</b>				<b>74 877,34</b>	<b>74 877,34</b>	
HF 1.1	State public authorities except social welfare funds											
HF 1.1.1	Central governance bodies											
HF 1.1.1.1	Ministry of Health											
HF 1.1.1.2	Ministry of Defense											
HF 1.1.1.3	Ministry of Justice (GUIN)											
HF 1.1.1.4	Ministry of Education											
HF 1.1.1.5	Ministry of Transport and Communications (Kyrgyz Railroad Administration)											
HF 1.1.1.6	Ministry of Interior											
HF 1.1.1.7	Presidential Administration (TCA)											
HF 1.1.1.8	Boarder service											
HF 1.1.1.9	NSS											
<b>HF 1.2.</b>	<b>Social welfare funds</b>		<b>1 173 699,56</b>	<b>1 091 189,66</b>	<b>39 138,12</b>	<b>82 509,91</b>				<b>74 877,34</b>	<b>74 877,34</b>	
HF 1.2.1	MHIF under MOH KR		1 173 699,56	1 091 189,66	39 138,12	82 509,91				74 877,34	74 877,34	
<b>HF.B</b>	<b>NON-GOVERNMENTAL SECTOR</b>		<b>496 515,62</b>	<b>349 471,10</b>	<b>0,00</b>	<b>144 224,73</b>	<b>2 819,80</b>			<b>2 868 080,69</b>		
HF 2.3	Out-of-pockets payments		496 515,62	349 471,10	0,00	144 224,73	2 819,80			2 868 080,69		
<b>HF.3</b>	<b>REST OF THE WORLD</b>											
HF 3.1	Donor organizations											
<b>TOTAL</b>			<b>1 670 215,18</b>	<b>1 440 660,76</b>	<b>39 138,12</b>	<b>226 734,63</b>	<b>2 819,80</b>			<b>2 942 958,03</b>	<b>74 877,34</b>	



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

		HC 6 Prevention and public health services				HC 6 Prevention and public health services		HC 7 Administration of health care and health insurance	HC.R. 1-5	HC.R. 2	HC.R. 3	HC. Nsk HC	TOTAL
		HC 6	HC 6.1	HC 6.2	HC 6.3	HC 6.4	HC 6.9	HC 7.1					
		Prevention and public health services	Mother and child health; Family planning and consultations	Health services in school	Prevention of communicable diseases	Prevention of non-communicable diseases	All other services of public health	Administration of general management of health care	Health related functions	Education and training of health specialists	Scientific research and development in the area of health care	Not categorized expenditures	
<b>HF.A</b>	<b>STATE GOVERNANCE SECTOR</b>	<b>276 609,87</b>	<b>18 489,20</b>		<b>1 303,91</b>		<b>256 816,77</b>	<b>68 082,90</b>	<b>449 309,49</b>	<b>144 127,49</b>	<b>118 004,66</b>		<b>4 586 095,10</b>
HF 1.1	State public authorities except social welfare funds	250 023,31	10 794,08		500,00		238 729,23	6 091,10	417 718,07	144 127,49	118 004,66		1 465 543,10
HF 1.1.1	Central governance bodies	250 023,31	10 794,08		500,00		238 729,23	6 091,10	417 718,07	144 127,49	118 004,66		1 465 543,10
HF 1.1.1.1	Ministry of Health	250 023,31	10 794,08		500,00		238 729,23	6 091,10	417 718,07	144 127,49	118 004,66		1 243 196,10
HF 1.1.1.2	Ministry of Defense												36 267,70
HF 1.1.1.3	Ministry of Justice (GUIN)												43 973,60
HF 1.1.1.4	Ministry of Education												0,00
HF 1.1.1.5	Ministry of Transport and Communications (Kyrgyz Railroad Administration)												0,00
HF 1.1.1.6	Ministry of Interior												23 524,40
HF 1.1.1.7	Presidential Administration (TCA)												104 124,10
HF 1.1.1.8	Boarder service												2 165,60
HF 1.1.1.9	NSS												12 291,60
<b>HF 1.2.</b>	<b>Social welfare funds</b>	<b>26 586,56</b>	<b>7 695,11</b>		<b>803,91</b>		<b>18 087,54</b>	<b>61 991,80</b>	<b>31 591,42</b>	<b>0,00</b>	<b>0,00</b>		<b>3 120 552,00</b>
HF 1.2.1	MHIF under MOH KR	26 586,56	7 695,11		803,91		18 087,54	61 991,80	31 591,42	0,00	0,00		3 120 552,00
<b>HF.B</b>	<b>NON-GOVERNMENTAL SECTOR</b>												<b>3 906 615,55</b>
HF 2.3	Out-of-pockets payments												3 906 615,55
<b>HF.3</b>	<b>REST OF THE WORLD</b>												<b>519 759,00</b>
HF 3.1	Donor organizations												519 759,00
<b>TOTAL</b>		<b>276 609,87</b>	<b>18 489,20</b>		<b>1 303,91</b>		<b>256 816,77</b>	<b>68 082,90</b>	<b>449 309,49</b>	<b>144 127,49</b>	<b>118 004,66</b>		<b>9 012 469,64</b>

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

		RC 1 Recurrent expenditures								
		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 items and materials for the current economic purposes	Expenditures on food	Expenditures on procurement of medicines and bandages
<b>HP 1</b>	<b>Hospitals</b>	<b>2 552 927,98</b>	<b>1 299 470,39</b>	<b>1 096 733,17</b>	<b>195 174,34</b>	<b>7 562,88</b>	<b>1 253 457,59</b>	<b>823 202,88</b>	<b>296 520,75</b>	<b>526 682,13</b>
<b>HP 1.1</b>	<b>General hospitals</b>	<b>2 132 369,08</b>	<b>1 092 913,50</b>	<b>926 521,56</b>	<b>160 095,34</b>	<b>6 296,61</b>	<b>1 039 455,57</b>	<b>656 203,85</b>	<b>218 073,65</b>	<b>438 130,20</b>
HP 1.1.1	Other general hospitals (public)	1 994 287,29	1 019 346,49	865 867,50	147 896,32	5 582,67	974 940,80	621 951,37	205 547,15	416 404,22
HP 1.1.2	Other general hospitals (private)									
HP 1.1.3	Children's hospitals	138 081,79	73 567,01	60 654,06	12 199,02	713,94	64 514,78	34 252,48	12 526,50	21 725,98
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>	<b>80 920,56</b>	<b>45 096,06</b>	<b>37 183,71</b>	<b>7 668,29</b>	<b>244,06</b>	<b>35 824,51</b>	<b>24 141,29</b>	<b>16 703,00</b>	<b>7 438,29</b>
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	53 740,58	31 148,49	25 708,70	5 299,99	139,80	22 592,09	18 277,80	13 851,14	4 426,66
HP 1.2.2	Narcological hospitals	27 179,98	13 947,57	11 475,01	2 368,30	104,26	13 232,41	5 863,49	2 851,87	3 011,63
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>	<b>339 638,34</b>	<b>161 460,83</b>	<b>133 027,90</b>	<b>27 410,72</b>	<b>1 022,21</b>	<b>178 177,51</b>	<b>142 857,74</b>	<b>61 744,09</b>	<b>81 113,65</b>
HP 1.3.1	Oncological hospitals	9 351,80	3 836,59	3 141,27	671,02	24,30	5 515,21	4 947,67	1 234,80	3 712,87
HP 1.3.2	TB hospitals (dispensaries)	189 080,11	93 138,23	76 521,81	15 720,92	895,50	95 941,88	84 940,25	50 647,89	34 292,36
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	17 074,31	8 252,62	6 779,92	1 448,09	24,61	8 821,69	4 771,25	1 261,00	3 510,25
HP 1.3.4	Infectious diseases hospitals	38 816,69	18 314,07	15 133,82	3 102,45	77,80	20 502,62	12 876,67	3 665,30	9 211,37
HP 1.3.5	Other specialized hospitals	34 106,67	8 787,80	7 315,38	1 472,42	0,00	25 318,87	21 370,49	316,80	21 053,69
HP 1.3.6	Maternity hospitals	51 208,76	29 131,53	24 135,71	4 995,82	0,00	22 077,24	13 951,41	4 618,30	9 333,11
HP 1.3.6.1	Public maternity hospitals	51 208,76	29 131,53	24 135,71	4 995,82	0,00	22 077,24	13 951,41	4 618,30	9 333,11
HP 1.3.6.2	Private maternity hospitals									
<b>HP 2</b>	<b>Boarding institutions and other institutions delivering care</b>	<b>81 814,80</b>	<b>38 591,32</b>	<b>31 684,52</b>	<b>6 560,00</b>	<b>346,80</b>	<b>43 223,48</b>	<b>28 308,18</b>	<b>12 937,37</b>	<b>15 370,81</b>
HP 2.1	Medical rehabilitation hospitals	78 386,91	38 158,49	31 368,17	6 509,13	281,19	40 228,42	26 757,23	11 650,36	15 106,87
HP 2.9	All other residential care facilities	3 427,89	432,83	316,35	50,87	65,61	2 995,06	1 550,95	1 287,01	263,94
HP 2.9.1	Sanitoriums of TB patients									
HP 2.9.2	Sanitoriums for children and adolescents	3 427,89	432,83	316,35	50,87	65,61	2 995,06	1 550,95	1 287,01	263,94
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>1 676 380,31</b>	<b>1 386 293,82</b>	<b>1 226 743,67</b>	<b>152 632,10</b>	<b>6 918,04</b>	<b>290 086,50</b>	<b>107 736,93</b>	<b>5 254,87</b>	<b>102 482,06</b>
<b>HP 3.1</b>	<b>Office of physicians</b>	<b>1 374 636,58</b>	<b>1 134 916,27</b>	<b>993 840,95</b>	<b>135 225,18</b>	<b>5 850,14</b>	<b>239 720,31</b>	<b>87 041,40</b>	<b>4 249,86</b>	<b>82 791,54</b>
HP 3.1.1	FMC	1 277 023,86	1 064 031,17	935 712,72	123 555,66	4 762,80	212 992,69	74 660,00	1 494,04	73 165,95
HP 3.1.2	FGP	24 228,39	18 937,79	15 465,64	3 185,12	287,03	5 290,60	1 063,47	49,60	1 013,87
HP 3.1.3	GPC	73 384,33	51 947,31	42 662,60	8 484,40	800,31	21 437,02	11 317,94	2 706,22	8 611,72
<b>HP 3.2</b>	<b>Office of dentists</b>	<b>221 389,34</b>	<b>195 739,23</b>	<b>186 305,73</b>	<b>8 662,74</b>	<b>770,76</b>	<b>25 650,11</b>	<b>9 035,68</b>	<b>136,08</b>	<b>8 899,60</b>
HP 3.2.1	Public dental polyclinic	221 389,34	195 739,23	186 305,73	8 662,74	770,76	25 650,11	9 035,68	136,08	8 899,60
HP 3.2.2	Private dental polyclinic									
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>	<b>7 551,80</b>	<b>5 977,10</b>	<b>4 955,60</b>	<b>1 021,50</b>		<b>1 574,70</b>	<b>834,50</b>		<b>834,50</b>
HP 3.3.1	Specialized polyclinics and dispensaries	7 551,80	5 977,10	4 955,60	1 021,50		1 574,70	834,50		834,50
HP 3.3.2	Diagnostic centers (private)									

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

		RC 1 Recurrent expenditures								
		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 items and materials for the current economic purposes	Expenditures on food	Expenditures on procurement of medicines and bandages
HP 3.3.3	Gynecology and urology centers (private)									
<b>HP 3.4</b>	<b>Outpatient care centers</b>	<b>6 595,38</b>	<b>5 894,68</b>	<b>5 329,98</b>	<b>528,40</b>	<b>36,30</b>	<b>700,70</b>	<b>218,90</b>		<b>218,90</b>
HP 3.4.1	The centre of family planning and reproductive health	3 775,58	3 074,88	2 510,18	528,40	36,30	700,70	218,90		218,90
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups	2 819,80	2 819,80	2 819,80						
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>									
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>	<b>66 207,22</b>	<b>43 766,54</b>	<b>36 311,41</b>	<b>7 194,29</b>	<b>260,85</b>	<b>22 440,68</b>	<b>10 606,45</b>	<b>868,93</b>	<b>9 737,52</b>
HP 3.9.1	Acute/emergency care services	39 048,12	31 999,30	26 496,80	5 460,70	41,80	7 048,82	2 356,10	0,00	2 356,10
HP 3.9.1	Acute and emergency care station	39 048,12	31 999,30	26 496,80	5 460,70	41,80	7 048,82	2 356,10	0,00	2 356,10
HP 3.9.2	Emergency care department in general hospitals and FMC									
HP 3.9.2	Blood transfusion stations	27 159,10	11 767,24	9 814,61	1 733,59	219,05	15 391,86	8 250,35	868,93	7 381,42
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>	<b>2 942 958,03</b>					<b>2 942 958,03</b>	<b>2 942 958,03</b>		<b>2 942 958,03</b>
HP 4.1	Pharmacies	2 942 958,03					2 942 958,03	2 942 958,03		2 942 958,03
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>	<b>242 474,43</b>	<b>63 388,52</b>	<b>50 463,87</b>	<b>10 378,32</b>	<b>2 546,33</b>	<b>179 085,91</b>	<b>17 235,94</b>	<b>3 702,22</b>	<b>13 533,72</b>
HP 5.1	Sanitary-epidemiological and anti-plague stations	200 727,84	36 450,06	28 489,03	5 857,07	2 103,95	164 277,78	8 308,26	307,67	8 000,59
HP 5.2	Anti-epidemic activities	1 303,91	379,91	281,89	68,32	29,70	924,00	218,60	16,10	202,50
HP 5.3	AIDS Control Centers	20 110,54	12 129,84	9 792,55	1 997,22	340,08	7 980,70	4 675,67	42,53	4 633,14
HP 5.4	Health centers and health education activities	5 698,52	4 805,81	3 925,00	808,21	72,60	892,71	21,50	0,00	21,50
HP 5.6	Children's homes, rooms of mother and the child	14 633,61	9 622,90	7 975,40	1 647,50		5 010,71	4 011,91	3 335,92	675,99
<b>HP 6</b>	<b>General health administration and insurance</b>	<b>325 286,39</b>	<b>70 070,78</b>	<b>56 409,97</b>	<b>11 459,16</b>	<b>2 201,65</b>	<b>255 215,60</b>	<b>136 184,76</b>	<b>451,89</b>	<b>135 732,87</b>
HP 6.1	Central Office of the Ministry of Health	6 091,10	4 967,00	4 154,00	713,00	100,00	1 124,10	0,00	0,00	0,00
HP 6.2	Administrative costs of MHIF	39 387,02	21 744,45	17 508,80	3 608,53	627,11	17 642,57	9 122,70	0,00	9 122,70
<b>HP 6.5</b>	<b>Centralized accounting offices</b>	<b>196 467,59</b>	<b>1 611,07</b>	<b>957,35</b>	<b>195,44</b>	<b>458,28</b>	<b>194 856,51</b>	<b>115 026,06</b>	<b>94,16</b>	<b>114 931,89</b>
HP 6.5.1	Centralized accounting offices (MOH)	513,50	513,50	424,40	89,10	0,00	0,00	0,00	0,00	0,00
HP 6.5.2	Other health expenditures	195 954,09	1 097,57	532,95	106,34	458,28	194 856,51	115 026,06	94,16	114 931,89
<b>HP 6.9</b>	<b>Other not categorized services</b>	<b>83 340,68</b>	<b>41 748,27</b>	<b>33 789,82</b>	<b>6 942,19</b>	<b>1 016,26</b>	<b>41 592,42</b>	<b>12 036,01</b>	<b>357,73</b>	<b>11 678,28</b>
HP 6.9.1	Other not categorized services (MOH)	49 622,03	24 861,89	19 861,52	4 077,02	923,36	24 760,14	12 036,01	357,73	11 678,28

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

		RC 1 Recurrent expenditures								
		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 items and materials for the current economic purposes	Expenditures on food	Expenditures on procurement of medicines and bandages
HP 6.9.2	Other not categorized services (MHIF)	535,57	261,48	217,10	44,38	0,00	274,09			
HP 6.9.3	Departmental enterprises and organizations	33 183,09	16 624,90	13 711,20	2 820,80	92,90	16 558,19			
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>									
HP 7.1	Private households as providers of care									
<b>HP 8</b>	<b>Institutions providing health-related services</b>	<b>225 528,14</b>	<b>161 886,93</b>	<b>131 951,58</b>	<b>26 787,08</b>	<b>3 148,26</b>	<b>63 641,22</b>	<b>35 246,12</b>	<b>20 113,75</b>	<b>15 132,37</b>
HP 8.1	Research institutes (centers) of health care	101 834,56	66 484,96	55 113,50	11 351,46	20,00	35 349,60	33 747,45	18 642,88	15 104,57
HP 8.2	Educational and training institutions	123 693,58	95 401,97	76 838,08	15 435,62	3 128,26	28 291,62	1 498,67	1 470,87	27,80
<b>HP 9</b>	<b>External provision</b>	<b>519 759,00</b>								
<b>TOTAL</b>		<b>8 567 129,09</b>	<b>3 019 701,76</b>	<b>2 593 986,78</b>	<b>402 991,01</b>	<b>22 723,97</b>	<b>5 027 668,33</b>	<b>4 090 872,83</b>	<b>338 980,84</b>	<b>3 751 892,00</b>

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

		RC 1 Recurrent expenditures						RC 2 Total capital investments	RC 2 Total capital investments		TOTAL
		RC 1.2 Procurements and services							RC 2.2	RC 2.4	
		RC 1.2.2	RC 1.2.2.1	RC 1.2.2.3	RC 1.2.2.4	RC 1.2.2.5	RC 1.2.3		Buildings and premises	Procurement of the capital equipment and durable goods	
		Services	Utility services	Rental	Transport services	Procurement of other services	Other procurements and services				
<b>HP 1</b>	<b>Hospitals</b>	<b>430 254,71</b>	<b>182 458,53</b>	<b>133,61</b>	<b>18 625,26</b>	<b>229 037,32</b>		<b>179 613,89</b>	<b>45 131,91</b>	<b>134 481,98</b>	<b>2 732 541,86</b>
<b>HP 1.1</b>	<b>General hospitals</b>	<b>383 251,72</b>	<b>165 034,10</b>	<b>127,40</b>	<b>16 025,71</b>	<b>202 064,51</b>		<b>171 987,75</b>	<b>43 117,20</b>	<b>128 870,55</b>	<b>2 304 356,83</b>
HP 1.1.1	Other general hospitals (public)	352 989,43	149 317,78	105,80	14 882,98	188 682,87		91 448,43	35 288,60	56 159,83	2 085 735,72
HP 1.1.2	Other general hospitals (private)										
HP 1.1.3	Children's hospitals	30 262,30	15 716,32	21,60	1 142,73	13 381,64		80 539,32	7 828,60	72 710,72	218 621,11
<b>HP 1.2</b>	<b>Specialized hospitals (dispensaries, centers)</b>	<b>11 683,22</b>	<b>2 678,54</b>	<b>6,21</b>	<b>619,62</b>	<b>8 378,86</b>		<b>1 930,29</b>	<b>1 000,00</b>	<b>930,29</b>	<b>82 850,85</b>
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	4 314,30	1 082,50	6,21	236,18	2 989,41		1 000,00	1 000,00		54 740,58
HP 1.2.2	Narcological hospitals	7 368,92	1 596,04		383,44	5 389,44		930,29		930,29	28 110,27
<b>HP 1.3</b>	<b>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</b>	<b>35 319,77</b>	<b>14 745,89</b>		<b>1 979,93</b>	<b>18 593,95</b>		<b>5 695,85</b>	<b>1 014,71</b>	<b>4 681,14</b>	<b>345 334,18</b>
HP 1.3.1	Oncological hospitals	567,54				567,54		28,20		28,20	9 380,00
HP 1.3.2	TB hospitals (dispensaries)	11 001,63	5 033,20		1 121,51	4 846,92		738,00	720,00	18,00	189 818,11
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	4 050,44	1 916,71		346,50	1 787,23		389,58		389,58	17 463,88
HP 1.3.4	Infectious diseases hospitals	7 625,95	3 346,88		481,92	3 797,15		738,80		738,80	39 555,49
HP 1.3.5	Other specialized hospitals	3 948,38	559,40		30,00	3 358,98		650,06		650,06	34 756,73
HP 1.3.6	Maternity hospitals	8 125,83	3 889,70		0,00	4 236,13		3 151,21	294,71	2 856,50	54 359,97
HP 1.3.6.1	Public maternity hospitals	8 125,83	3 889,70		0,00	4 236,13		3 151,21	294,71	2 856,50	54 359,97
HP 1.3.6.2	Private maternity hospitals										
<b>HP 2</b>	<b>Boarding institutions and other institutions delivering care</b>	<b>14 915,30</b>	<b>4 429,51</b>		<b>1 728,47</b>	<b>8 757,33</b>		<b>8 177,23</b>	<b>1 995,11</b>	<b>6 182,11</b>	<b>89 992,03</b>
HP 2.1	Medical rehabilitation hospitals	13 471,19	4 335,80		1 645,37	7 490,03		8 107,23	1 995,11	6 112,11	86 494,14
HP 2.9	All other residential care facilities	1 444,11	93,71		83,10	1 267,30		70,00	0,00	70,00	3 497,89
HP 2.9.1	Sanitoriums of TB patients										
HP 2.9.2	Sanitoriums for children and adolescents	1 444,11	93,71		83,10	1 267,30		70,00	0,00	70,00	3 497,89
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>181 805,07</b>	<b>51 747,62</b>	<b>9,90</b>	<b>26 248,35</b>	<b>103 799,20</b>	<b>544,50</b>	<b>25 824,79</b>	<b>2 300,00</b>	<b>23 524,79</b>	<b>1 702 205,10</b>
<b>HP 3.1</b>	<b>Office of physicians</b>	<b>152 134,41</b>	<b>46 289,71</b>	<b>0,70</b>	<b>21 878,00</b>	<b>83 966,00</b>	<b>544,50</b>	<b>19 154,25</b>	<b>2 100,00</b>	<b>17 054,25</b>	<b>1 393 790,83</b>
HP 3.1.1	FMC	137 788,19	40 159,51	0,00	20 289,94	77 338,74	544,50	18 476,63	2 100,00	16 376,63	1 295 500,49
HP 3.1.2	FGP	4 227,14	1 438,60	0,70	383,00	2 404,84		272,92	0,00	272,92	24 501,32
HP 3.1.3	GPC	10 119,09	4 691,60	0,00	1 205,06	4 222,43		404,70	0,00	404,70	73 789,03
<b>HP 3.2</b>	<b>Office of dentists</b>	<b>16 614,43</b>	<b>3 779,57</b>	<b>3,80</b>	<b>858,69</b>	<b>11 972,36</b>		<b>5 345,30</b>	<b>0,00</b>	<b>5 345,30</b>	<b>226 734,63</b>
HP 3.2.1	Public dental polyclinic	16 614,43	3 779,57	3,80	858,69	11 972,36		5 345,30	0,00	5 345,30	226 734,63
HP 3.2.2	Private dental polyclinic										
<b>HP 3.3</b>	<b>Specialized polyclinics and narrow specialists</b>	<b>740,20</b>	<b>384,90</b>	<b>0,00</b>	<b>0,00</b>	<b>355,30</b>		<b>180,00</b>	<b>0,00</b>	<b>180,00</b>	<b>7 731,80</b>
HP 3.3.1	Specialized polyclinics and dispensaries	740,20	384,90	0,00	0,00	355,30		180,00	0,00	180,00	7 731,80
HP 3.3.2	Diagnostic centers (private)										

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

		RC 1 Recurrent expenditures						RC 2 Total capital investments	RC 2 Total capital investments		TOTAL
		RC 1.2 Procurements and services							RC 2.2	RC 2.4	
		RC 1.2.2	RC 1.2.2.1	RC 1.2.2.3	RC 1.2.2.4	RC 1.2.2.5	RC 1.2.3		Buildings and premises	Procurement of the capital equipment and durable goods	
		Services	Utility services	Rental	Transport services	Procurement of other services	Other procurements and services				
HP 3.3.3	Gynecology and urology centers (private)										
<b>HP 3.4</b>	<b>Outpatient care centers</b>	<b>481,80</b>	<b>141,60</b>		<b>77,70</b>	<b>262,50</b>		<b>50,00</b>	<b>0,00</b>	<b>50,00</b>	<b>6 645,38</b>
HP 3.4.1	The centre of family planning and reproductive health	481,80	141,60		77,70	262,50		50,00		50,00	3 825,58
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups										2 819,80
<b>HP 3.5</b>	<b>Medical and diagnostic laboratories</b>										
<b>HP 3.9</b>	<b>Other providers of ambulatory health care</b>	<b>11 834,23</b>	<b>1 151,84</b>	<b>5,40</b>	<b>3 433,96</b>	<b>7 243,03</b>		<b>1 095,24</b>	<b>200,00</b>	<b>895,24</b>	<b>67 302,46</b>
HP 3.9.1	Acute/emergency care services	4 692,72	976,60		2 877,28	838,84		90,00		90,00	39 138,12
HP 3.9.1	Acute and emergency care station	4 692,72	976,60		2 877,28	838,84		90,00		90,00	39 138,12
HP 3.9.2	Emergency care department in general hospitals and FMC										
HP 3.9.2	Blood transfusion stations	7 141,50	175,24	5,40	556,68	6 404,19		1 005,24	200,00	805,24	28 164,34
<b>HP 4</b>	<b>Retail and other providers of medical goods</b>										<b>2 942 958,03</b>
HP 4.1	Pharmacies										2 942 958,03
<b>HP 5</b>	<b>Provision and administration of public health programmes</b>	<b>24 693,77</b>	<b>3 501,57</b>	<b>192,11</b>	<b>4 364,16</b>	<b>16 635,92</b>	<b>137 156,20</b>	<b>2 145,52</b>	<b>511,84</b>	<b>1 633,69</b>	<b>244 619,95</b>
HP 5.1	Sanitary-epidemiological and anti-plague stations	18 813,33	2 394,96	186,11	3 379,93	12 852,33	137 156,20	1 970,63	511,84	1 458,80	202 698,48
HP 5.2	Anti-epidemic activities	705,40	61,75		30,00	613,65		0,00			1 303,91
HP 5.3	AIDS Control Centers	3 305,03	218,17	6,00	755,73	2 325,13		144,89		144,89	20 255,43
HP 5.4	Health centers and health education activities	871,21	125,60		181,00	564,61					5 698,52
HP 5.6	Children's homes, rooms of mother and the child	998,80	701,10		17,50	280,20		30,00		30,00	14 663,61
<b>HP 6</b>	<b>General health administration and insurance</b>	<b>119 030,84</b>	<b>55 816,34</b>	<b>588,29</b>	<b>21 081,89</b>	<b>41 544,33</b>		<b>192 975,08</b>	<b>29 496,78</b>	<b>163 478,30</b>	<b>518 261,47</b>
<b>HP 6.1</b>	<b>Central Office of the Ministry of Health</b>	<b>1 124,10</b>	<b>604,10</b>		<b>200,00</b>	<b>320,00</b>					<b>6 091,10</b>
<b>HP 6.2</b>	<b>Administrative costs of MHIF</b>	<b>8 519,87</b>	<b>2 046,78</b>	<b>584,79</b>	<b>1 405,47</b>	<b>4 482,84</b>		<b>22 604,78</b>	<b>1 457,88</b>	<b>21 146,90</b>	<b>61 991,80</b>
<b>HP 6.5</b>	<b>Centralized accounting offices</b>	<b>79 830,46</b>	<b>52 553,77</b>	<b>3,50</b>	<b>2 100,00</b>	<b>25 173,19</b>		<b>168 088,40</b>	<b>25 777,00</b>	<b>142 311,40</b>	<b>364 555,99</b>
HP 6.5.1	Centralized accounting offices (MOH)										513,50
HP 6.5.2	Other health expenditures	79 830,46	52 553,77	3,50	2 100,00	25 173,19		168 088,40	25 777,00	142 311,40	364 042,49
<b>HP 6.9</b>	<b>Other not categorized services</b>	<b>29 556,41</b>	<b>611,70</b>		<b>17 376,42</b>	<b>11 568,30</b>		<b>2 281,90</b>	<b>2 261,90</b>	<b>20,00</b>	<b>85 622,58</b>
HP 6.9.1	Other not categorized services (MOH)	12 724,13	417,10		1 075,23	11 231,81		20,00		20,00	49 642,03

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

		RC 1 Recurrent expenditures						RC 2 Total capital investments	RC 2 Total capital investments		TOTAL
		RC 1.2 Procurements and services							RC 2.2	RC 2.4	
		RC 1.2.2	RC 1.2.2.1	RC 1.2.2.3	RC 1.2.2.4	RC 1.2.2.5	RC 1.2.3		Buildings and premises	Procurement of the capital equipment and durable goods	
		Services	Utility services	Rental	Transport services	Procurement of other services	Other procurements and services				
HP 6.9.2	Other not categorized services (MHIF)	274,09	5,00			269,09		2 261,90	2 261,90		2 797,47
HP 6.9.3	Departmental enterprises and organizations	16 558,19	189,60		16 301,19	67,40					33 183,09
<b>HP 7</b>	<b>All other industries (rest of the economy)</b>										
HP 7.1	Private households as providers of care										
<b>HP 8</b>	<b>Institutions providing health-related services</b>	<b>24 972,10</b>	<b>8 747,63</b>	<b>116,00</b>	<b>1 334,63</b>	<b>14 773,84</b>	<b>3 423,00</b>	<b>36 604,00</b>	<b>26 069,42</b>	<b>10 534,58</b>	<b>262 132,14</b>
HP 8.1	Research institutes (centers) of health care	1 602,15	310,90		364,84	926,41		16 170,10	16 170,10		118 004,66
HP 8.2	Educational and training institutions	23 369,95	8 436,73	116,00	969,79	13 847,43	3 423,00	20 433,90	9 899,32	10 534,58	144 127,49
HP 9	External provision										519 759,00
<b>TOTAL</b>		<b>795 671,80</b>	<b>306 701,20</b>	<b>1 039,90</b>	<b>73 382,76</b>	<b>414 547,93</b>	<b>141 123,70</b>	<b>445 340,51</b>	<b>105 505,06</b>	<b>339 835,45</b>	<b>9 012 469,59</b>