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National Health Accounts in Kyrgyzstan: Overview of total health expenditures in 2009

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CONTENT

ABBREVIATIONS	3
BRIEF CONTENT	5
1 METHODOLOGICAL ASPECTS	7
1.1 Creation of NHA	7
1.2 Data collection.....	7
2 HEALTH SYSTEM FINANCING TRENDS IN 2000-2009	9
3 DETAILED ANALYSIS OF HEALTH EXPENDITURES IN 2007	13
3.1 Health expenditures by types of financing sources	13
3.2 Health expenditures by organizations financing KR health system.....	16
3.3 Health expenditures by providers.....	17
3.4 Health expenditures by functions	19
3.5 Health expenditures by economical classifier	21
SUMMARY & RECOMMENDATIONS.....	23
ATTACHMENT A: TABLES ON KR NATIONAL HEALTH ACCOUNTS	25

ABBREVIATIONS

WB	World Bank
WHO	World Health Organization
GDP	Gross Domestic Product
FGP	Family Group Practice
SCNS	State Committee for National Security
HDEP	Head Department of Execution and Punishment under the MoJ KR
MHI AP	MHI Additional Program
ISHH	Integrated Survey of Households
KR	The Kyrgyz Republic
HIA	Health Improving Association, Executive Office of KR President Administration
MIA	The Ministry of Internal Affairs of the KR
MoH	The Ministry of Health of the KR
IRCC	International Red Cross Committee
ICHA	International Classification of Health Accounts
MoD	The Ministry of Defense of the KR
MoE	The Ministry of Education of the KR
MoTC	The Ministry of Transport and Communications of the KR
MoLSP	The Ministry of Labor and Social Protection of the KR
MoF	The Ministry of Finance of the KR
IFC	International Finance Corporation
MoJ	The Ministry of Justice of the KR
OOP	Households Out-of-Pocket Payments
SRI	Scientific Research Institutes
NSC	National Statistics Committee of the KR
NGO	Non-Governmental Organizations
NHA	National Health Accounts
THE	Total Health Expenditures
OMH	Oblast Merged Hospital
UN	United Nations
MHI	Mandatory Health Insurance
SIP	State Investments Program
PHC	Primary Health Care
RMIC	Republican Medical Information Center under the MoH KR
WG	Working Group on NHA
UEC	Urgent and Emergency Care
SES	Sanitary and Epidemiological Station

SF	Social Fund of the KR
TB	Tuberculosis
TD MHIF	Territorial Department of Mandatory Health Insurance Fund
MHIF	Mandatory Health Insurance Fund under the MoH KR
CT	Central Treasury of the MoF KR
CGP	Center for General Practice
CHSD	Center for Health Systems Development under the MoH KR
FMC	Family Medicine Center
SWAp	Sector Wide Approach
FS	Financing Sources
HF	Health Financiers
HP	Health Providers
HC	Health Care Functions Classifications
RC	Resource Costs

BRIEF CONTENT

Health care system in the Kyrgyz Republic has overcome significant changes for the last 15 years during which “Manas” and “Manas-Taalimi” National Health Sector Reforming Programs were being implemented. One of the most important components of those programs is health financing system reforming within which significant results have been achieved, such as introduction of Single Payer system and co-payment, separation of the sector into “payer” and “providers”, introduction of new financing mechanisms of health services providers and others. All those measures were focused on creation of such a financing model that could respond to needs in more transparent, justified and sustainable financing of health care sector with an opportunity to ensure equal allocation of resources, balance of the governmental commitments within State Guarantee Program and other priority programs as well as reduction of financial burden for the population, effective and rational use of health care resources.

In May 2008 a mid-term analysis on reforms influence on health care system was conducted, where it was noted that reforms realized in the direction of financing, in general, were successful and good results were achieved. So, reduction of population financial burden and more rational use of health care resources were noted¹. While making this analysis the data of National Health Accounts were used along with other resources. Besides, NHA data are also used during preparation of the final report on evaluation of “Manas-Taalimi” Program implementation.

In Kyrgyzstan development and introduction of NHA was started in 2005. At the same time, Mandatory Health Insurance Fund was determined as NHA institutional house. This is the fifth report and it has been written thanks to close cooperation of MHI Fund and Health Policy Analysis Center with WHO/DfID financial support.

Basic developments:

1. Total health expenditures in 2009 were 12,474.8 mln. soms that comprises 6.4% to GDP compared to 10,291.2 mln. soms (5.6% to GDP) in 2008. Nominal increase of expenditures compared to the previous period was 21% whereas in real terms the increase comprised 14%;
2. In 2009 share of public health expenditures for the first time exceeded share of private expenditures (44% compared to 42.9%). Taking into account external joint financing, share of the public budget comprised 51.6%, which is more than the same indicator for 2008 (46.2%). Share of funds of international organizations in the form of parallel financing comprised 5.5% of total health expenditures and reduced to 1.4 percentage points compared to 2008;
3. Share of funds expended by public financing organizations comprised almost 55% compared to 42.3% in 2004 and 49% in 2007 while expenditures of non-public sector reduced in comparison with the previous year and comprised a little lower than 40%;
4. Concerning health expenditures by functions, in 2009 a little increase of public expenditures for outpatient care up to 29% was noticeable (compared to 26.6% in 2008) whereas public expenditures for inpatient care kept reducing and comprised 45.7% compared to 51.4% in 2008;
5. For households purchase of drugs at the outpatient level remains to be the main financial burden (72.9% of total households out-of-pocket payments). At the same time, the government allocates most part of expenditures to financing of curative care services (74.7% of public health expenditures) with a focus on the secondary level of health services delivery, which is in principle justified due to high cost of hospitals maintenance.

This report includes 3 chapters and 1 attachment. Chapter 1 describes certain nuances in the methodology used in Kyrgyzstan upon development of NHA including resources of findings.

¹More detailed information is presented in «Report on Mid-Term Overview of “Manas-Taalimi” National Health Reform Program of the Kyrgyz Republic» dated May 17, 2008»

General tendency of health system financing in 2000-2009 is reflected in Chapter 2. Chapter 3 presents more detailed analysis of health expenditures in 2004, 2006-2009. And the report ends with summaries on the basic results and follow-up recommendations. Attachment A includes 5 tables of NHA that demonstrate the picture of financial flows in Kyrgyzstan health care sector.

1 METHODOLOGICAL ASPECTS

NHA methodology includes development of classifiers and tables in order to reflect overall health care structure and demonstrate movement of funds inside the system; as well as description of data collection to fill up those tables. The base of NHA classifiers in Kyrgyzstan is a methodology of international classification of health accounts (ICHA) presented in Guideline on National Health Accounts Development (WHO, 2003) and KR budget classifications. If needed, NHA WG revises classifiers in accordance to changes in the budget classification of Kyrgyzstan.

1.1 Creation of NHA

In Kyrgyzstan NHA were first introduced in 2005 and since then the process of their institutionalization into routine health system of Kyrgyzstan was started. The first report was prepared in 2006 using the data of 2004 where the main focus was directed to the detailed description of the methodology and data collection. The further reports included more detailed analysis of expenditures in 2006-2008. This NHA report will continue analysis of health expenditures taking into account the data of 2009. Within the activity conducted on NHA institutionalization, several phrases are noted: identification of THE in Kyrgyzstan, health expenditures data collection, data entry into NHA tables, results analysis for development of health policy and further dissemination of information to a broad circle of interested participants.

Health system has three types of expenditures: public, private and external financing and they are consolidated into five basic tables that are correlated and track movement of financial flows in the country from one category to the other. In accordance to ICHA and KR budget classifier each participant, each function etc. are attributed to a certain code, divided into subcategories taking into consideration needs of the country. In Kyrgyzstan NHA system it was decided to divide health care participants acting in health system of the country into the following categories:

- Financing Sources (FS)
- Health Financiers (HF)
- Health Providers (HP)
- Health Care Functions Classifications (HC)
- Resource Costs (RC)

1.2 Data collection

Public expenditures data collected for NHA in Kyrgyzstan are based on MHIF financial reports consolidated into FMR; and the data on private expenditures and external financing are based on surveys (households survey, survey of international organizations etc). Table 1 below presents data sources for 2009.

Table 1: Data sources for 2008

Financing	Source
<p><u>Public expenditures</u> Republican budget</p>	<p>Financial Reports of Central Treasury under the Ministry of Finance on expenditures of MoH KR agency-level institutions:</p> <ul style="list-style-type: none"> ▪ "Report on budget execution of MoH KR agency-level institutions (HDEP, MoJ etc)"; <p>Financial Reports of MoH KR:</p> <ul style="list-style-type: none"> ▪ Consolidated Form #2 "Report on budget execution";

MHIF	<p>Financial Reports from MHIF reporting system</p> <ul style="list-style-type: none"> ▪ “Report on health organizations budgets execution” (Form #2 – budget), this reporting form reflects health expenditures from local budgets funds split into paragraphs (Key group 5); ▪ “Report on budgets execution on special funds” (Form #4 – by paragraphs); ▪ “Report on co-payment funds use” (Form #4 – co-payment); ▪ “Report on MHI funds use” (Form #4 – MHI).
<p><u>Private expenditures (non-public expenditures)</u></p> <p>Co-payment Special funds</p>	<p>Financial Reports of Central Treasury under the Ministry of Finance on expenditures of MoH KR agency-level institutions:</p> <ul style="list-style-type: none"> ▪ “Report on special funds budgets execution of MoH KR agency-level institutions (HDEP, MoJ etc)”; <p>Financial Reports of MoH KR:</p> <p>Consolidated Form #4 “Report on special funds budgets execution”;</p> <p>Financial Reports from MHIF reporting system</p> <ul style="list-style-type: none"> ▪ “Report on special funds budgets execution” (Form #4 – by paragraphs); ▪ “Report on co-payment funds use” (Form #4 – co-payment);
Households out-of-pocket payments	In 2009 households survey was conducted.
Non-commercial institutions, NGOs, private health services providers	This report does not contain this data.
<u>External Financing (non-public expenditures)</u>	<p>Survey of international organizations:</p> <ul style="list-style-type: none"> ▪ Questionnaire for data collection has been developed <p>NSC data on investments inflow in 2009.</p>

2 HEALTH SYSTEM FINANCING TRENDS IN 2000-2009

Health system of the Kyrgyz Republic has three main sources of financing: public, private and external financing. Public sources – is a public budget (that includes expenditures of both, republican and local budgets) replenished out of contributions from joint taxation and fund of mandatory health insurance replenished out of contributions from the salary fund. Private funds include households out-of-pocket payments. External financing represents funds provided by international organizations into health system of the Kyrgyz Republic.

Republican budget funds are delivered to:

- The Ministry of Health, which in its turn, finances (a) tertiary level institutions; (b) nursing homes and other care delivery institutions; (c) sanitary and prevention services and institutions; (d) administering expenditures; (e) other health-related services (e.g.: education).
- Other ministries and agencies financing health organizations belonging to the corresponding institutions (e.g.: Military Hospital of the Ministry of Defense).
- MHI Fund at the republican level accumulates and allocates funds to oblasts focused on financing of health organizations of primary and secondary level, as well as MHI funds from republican budget and Social Fund.

Currently financing from *local budget* is not provided at all due to the fact that in accordance to the Law adopted on September 25, 2003 on “Financial and economical basis of the local self-government” transition from the four-level budget into two-level budget was planned for 2006. In this connection, the Ministry of Health of the Kyrgyz Republic during negotiations and consultations with the Ministry of Finance of the Kyrgyz Republic has reached an agreement on transition of financing from the oblast level into the republican level. Only Bishkek city was an exception where financing remained at the local budget level.

Funds received as a result of *collection of insurance contributions* to MHI are delivered to MHI Fund, and are primarily focused on implementation of State Guarantee Program as well as MHI Additional Program on ensuring drugs for the insured population.

Private expenditures in Kyrgyzstan are mainly presented by funds of households. Households make cash payments for services delivered both at the primary and secondary level. Such a type of payments can be formal (co-payment, payment as per list of paid services) and informal. However, a larger portion of payments falls on purchase of drugs at the outpatient level.

Since 2006 part of *funds of international donors* started getting delivered in the frame of Sector-Wide Approach (SWAp) that provides accumulation of donor funds to support health sector. External joint financing is made in the frame of SWAp by the following international organizations: WB, DfID, KfW, SDC, SIDA. The outstanding funds are expended as parallel financing to implementation of various projects in the field of health care. This report includes both, funds received in the frame of SWAp and as parallel financing.

Table 2. Total health expenditures

	2000	2005	2006	2007	2008	2009
In nominal terms						
Total health expenditures (mln. soms)						
Budget	1 248,2	2 147,6	2 421,0	2 966,9	3 873,0	4 809,1
MHIF	105,1	254,5	466,9	704,469	476,8	682,6
Private	1 521,4	3 490,7	3 921,9	4 398,4	4 823,2	5 356,6
External joint financing			252,6	529,7	409,1	943,2
External parallel financing				519,8	709,0	683,4
Total	2 874,7	5 892,8	7 062,4	9 119,2	10 291,2	12 474,8
Per capita rate health expenditures (in soms)						
Budget	255,0	419,4	472,8	579,4	756,3	939,1
MHIF	21,5	49,7	91,2	137,6	93,1	133,3
Private	310,8	681,7	765,9	858,9	941,9	1 046,1
External joint financing			49,3	103,4	79,9	184,2

	2000	2005	2006	2007	2008	2009
External parallel financing	N/A			101,5	138,5	133,5
Total	587,3	1 150,8	1 379,2	1 780,9	2 009,7	2 436,2
As share out of total health expenditures						
Budget	43,4%	36,4%	34,3%	32,5%	37,6%	38,6%
MHIF	3,7%	4,3%	6,6%	7,7%	4,6%	5,5%
Private	52,9%	59,2%	55,5%	48,2%	46,9%	42,9%
External joint financing			3,6%	5,8%	4,0%	7,6%
External parallel financing	N/A			5,7%	6,9%	5,5%
Total	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
As GDP share						
Budget	1,9%	2,1%	2,1%	2,1%	2,1%	2,4%
MHIF	0,2%	0,3%	0,4%	0,5%	0,3%	0,3%
Private	2,3%	3,5%	3,5%	3,1%	2,6%	2,7%
External joint financing			0,2%	0,4%	0,2%	0,5%
External parallel financing	N/A			0,4%	0,4%	0,3%
Total	4,4%	5,9%	6,2%	6,5%	5,6%	6,4%
In real terms (in prices of 2000)						
Total health expenditures (mln. soms)						
Budget	1 248,2	1 757,7	1 876,5	2 086,7	2 187,9	2 543,8
MHIF	105,1	208,3	361,9	495,5	269,3	361,0
Private	1 521,4	2 857,0	3 039,7	3 093,5	2 724,7	2 833,4
External joint financing			195,8	372,6	231,1	498,9
External parallel financing	N/A			365,6	400,6	361,5
Total	2 874,7	4 823,1	5 473,8	6 413,8	5 813,7	6 598,6
Per capita rate health expenditures (in soms)						
Budget	255,0	342,0	361,6	399,4	414,7	472,9
MHIF	21,5	40,5	69,7	94,8	51,0	67,1
Private	310,8	556,0	585,7	592,2	516,4	526,8
External joint financing			37,7	71,3	43,8	92,8
External parallel financing	N/A			70,0	75,9	67,2
Total	587,3	938,5	1054,7	1157,8	1026,0	1159,6

Notes:

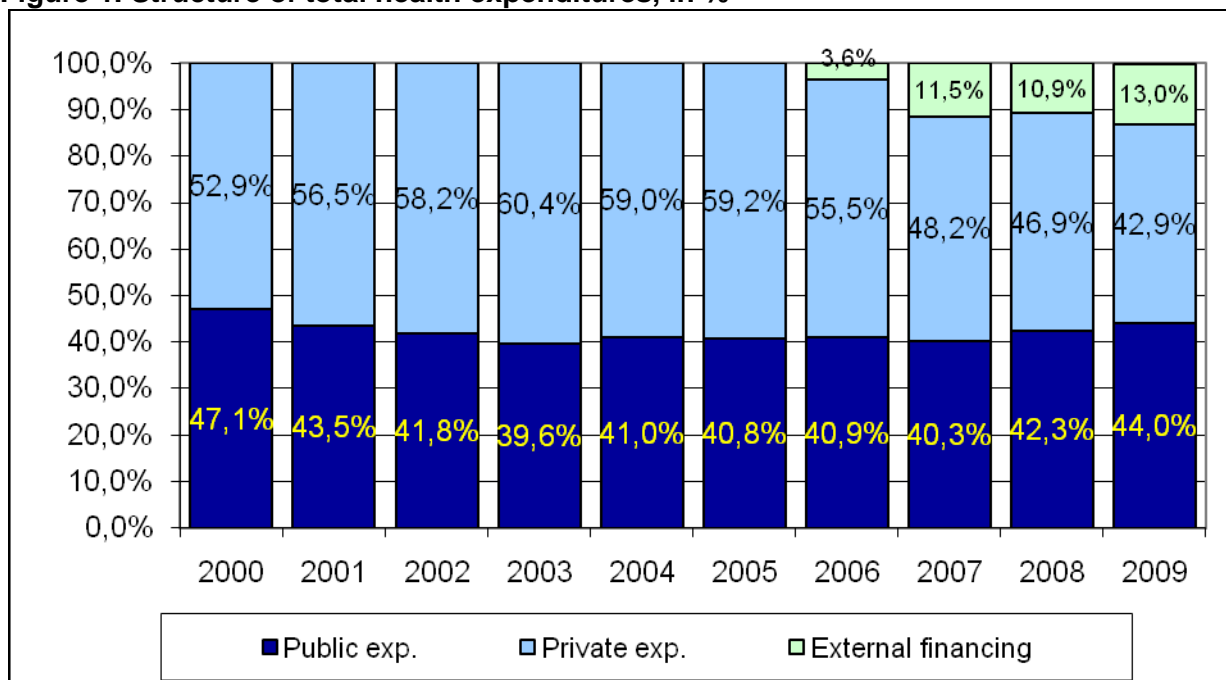
- 1) In order to calculate health expenditures in real terms - Consumer Price Index was used (2000=100).
- 2) In order to calculate private health financing indicators – Integrated Survey of Households 2009 data was used based on which 2007-2008 data were corrected.

From 2000 to 2009 total health expenditures increased from 2.9 to 12.5 billion soms that gives over 4 times nominal increase, however taking into account changes in prices, a real increase comprised 2.3 times. As a result, in percentage to GDP, health expenditures increased from 4.4% to 6.4% correspondingly (Table 2). It should be noted that health expenditures comprised the largest share to GDP in 2007 – 6.5%.

In 2009 public financing (including MHI funds) comprised 2.7% to GDP compared to 2.1% in 2000, private funds reached the level of 2.7% compared to 2.3% in 2000. It should be noted that in 2005-2006 this indicator reached 3.5%, but since 2007 it has been reduced. What concerns external financing, it was lower than 1% to GDP.

Upon recalculation to per capita rate, total health expenditures increased from 587 soms in 2000 up to 2436.2 soms in nominal terms and 1159.6 soms taking into consideration inflation in 2009.

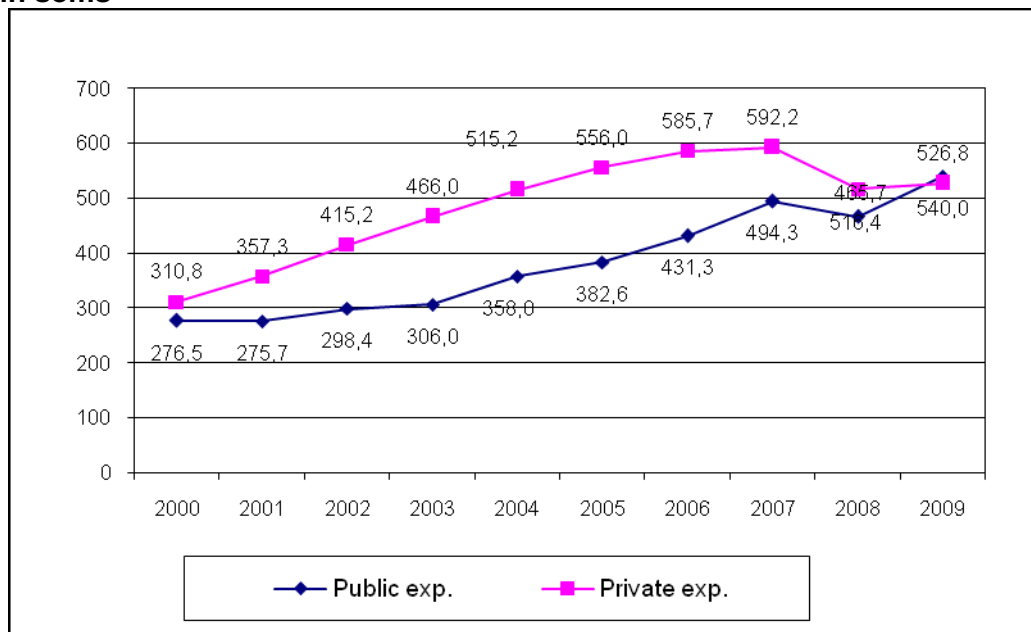
This dynamics related to health expenditures increase, especially concerning increase of public expenditures is a positive trend. Several surveys on reforms implemented within “Manas” Program realization have been conducted that marked a number of successes in the field of financing and restructuring, but at the same time they demonstrated that reforms were realized with insufficient financing. Shortage of financing for health sector restricted capacity of reforms to influence health outcomes and financial security.

Figure 1. Structure of total health expenditures, in %

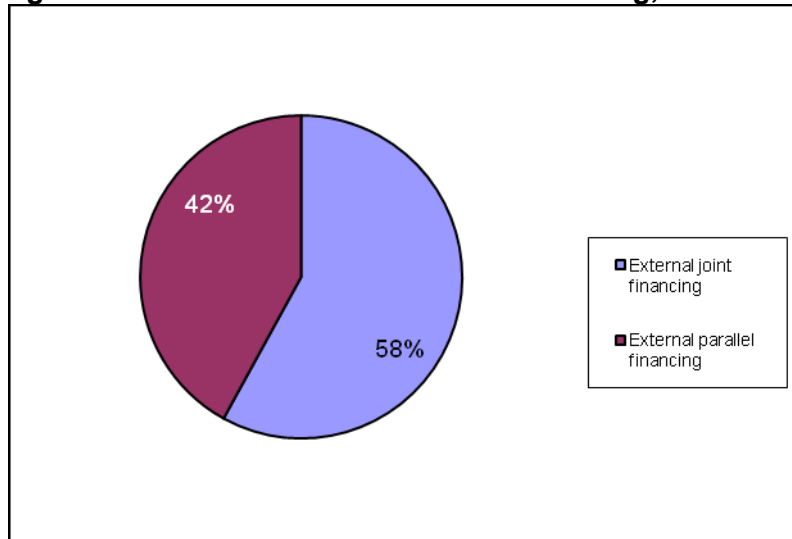
Note:

1. In 2006 external financing data include only external joint financing.
2. In 2007-2009 external financing includes both, joint and parallel financing.

Population private expenditures dominate in the structure of total health expenditures, dynamics of which in 2000-2005 was characterized with a sustainable growth trend (from 52.9% to 59.2%) (Figure 1). However, since 2006 share of private expenditures started decreasing and by 2009 decreased up to 42.9% of total health expenditures. This trend was conditioned with a number of reasons, so, on one hand, volumes of total health expenditures in 2007-2009 were expanded thanks to external financing data that comprised 13% of total health expenditures in 2009 (external parallel financing + external joint financing). On the other hand, private expenditures in 2000-2003 in real terms were being increased much more rapidly (average 15.4% per annum) than public expenditures (average 4.3% per annum), as a result of that, share of private expenditures increased up to 60.4% of total health expenditures. However, since 2004 the level of public expenditures started speeding up in comparison with private expenditures until 2009 (average 11.6% per annum increase compared to 3.6% increase of private expenditures) that resulted in reduction of share of private expenditures in the structure of total health expenditures. As a result, in 2009 share of public health expenditures for the first time exceeded share of private expenditures (44% compared to 42.9%). An important point is that in 2000-2009 public expenditures, upon recalculation to per capita rate, practically twice increased, whereas private expenditures increased 1.7 times. The highest growth rates have been fixed since 2006 that was conditioned with performance of conditions on health sector financing while implementing "Manas-Taalimi" Program. Figure 2 shows dynamics of the real growth of public and private health expenditures upon recalculation to per capita rate. This figure presents an idea on how a gap between public and private expenditures was getting increased in 2000-2005 (from 34 to 173 soms) but then this gap started getting decreased and by 2009 public expenditures indicator exceeded private expenditures indicator to 13 soms.

Figure 2. Dynamics on public and private expenditures increase to per capita rate in 2000, in soms

Funds received from international organizations take up the lowest share in the structure of health sector financing – 1626.6 mln. soms or 13% of total health expenditures. At the same time, 943.2 mln. soms (58%) within implementation of SWAp mechanism were integrated into the public budget, and the outstanding amount as a parallel financing was referred to implementation of concrete programs and projects in health sector (Figure 3).

Figure 3. Structure of external health financing, in %

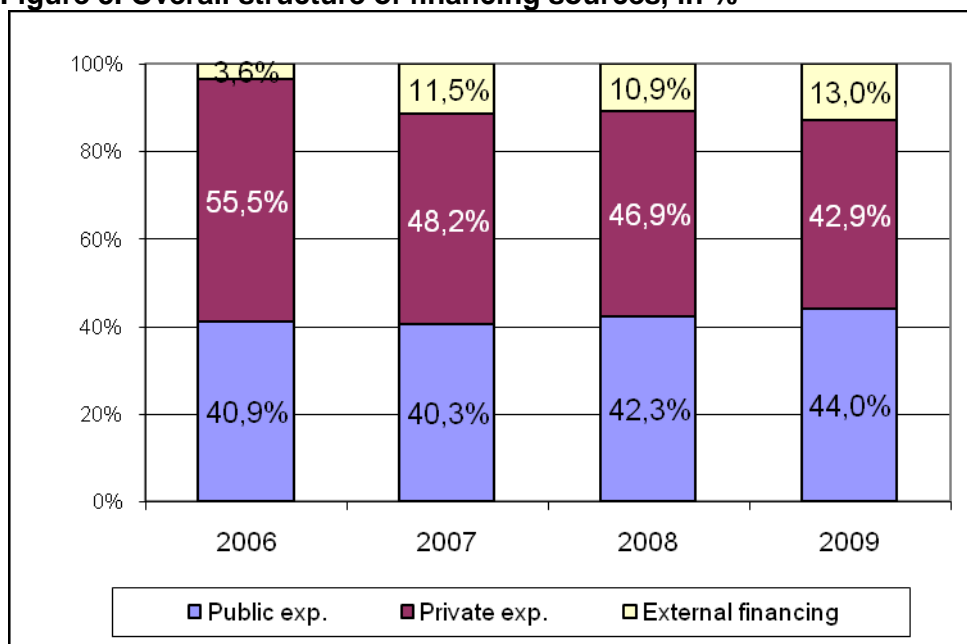
3 DETAILED ANALYSIS OF HEALTH EXPENDITURES IN 2007

This Chapter presents NHA analysis for 2009, which is a continuation of the activity started in 2006 related to formation of a single database reflecting all financial flows in health sector. This Chapter also contains a comparative analysis of the current data with data obtained upon formation of the previous NHA reports. In most extent, such an analysis will allow assessing the progress achieved in the field of health sector financing system reforming during implementation of “Manas-Taalimi” National Program. Besides, a global picture of movement and volume of funds by sources, functions, expenditure items etc will help to reach deeper understanding of not only financing problems, but also to define a potential area for reforming.

3.1 Health expenditures by types of financing sources

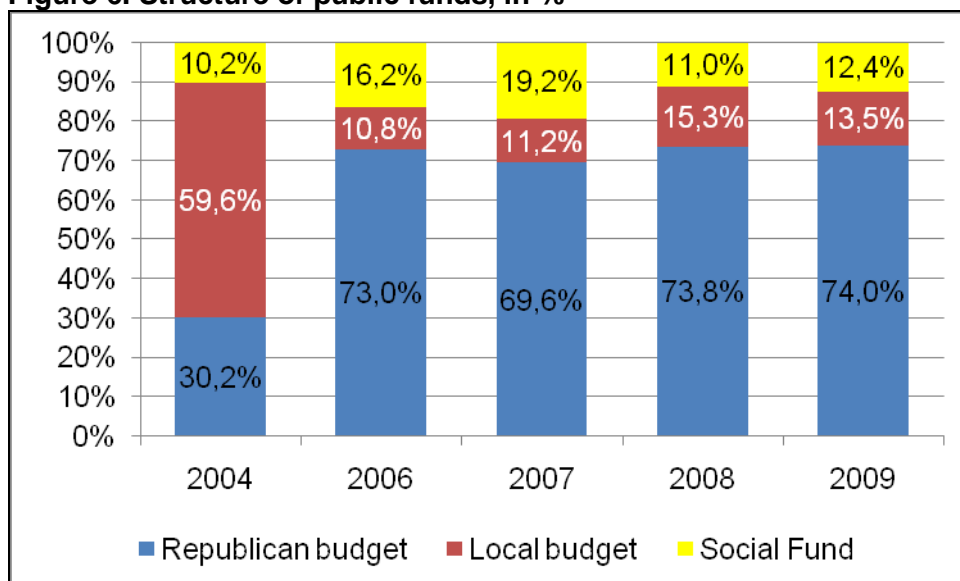
For many years private funds that prevailed over the public funds were dominants among overall available health sector financing sources. Lately the structure of financing sources has overcome significant changes. So, since 2006 SWAp mechanism implementation was started in the frame of which share of external joint financing was 3.6% of funds invested for health sector financing. In this report the information on external financing was expanded thanks to inclusion of parallel financing data by donor organizations, as a result, this indicator was increased up to 13% by 2009. However, the most significant result of health sector financing reform in the frame of “Manas-Taalimi” Program was an increase of the public funds share, which exceeded the same indicator on private expenditures for the first time in 2009 (Figure 5).

Figure 5. Overall structure of financing sources, in %



While ratio by types of sources in relation to total volume of health sector financing has not changed cardinally and, in general, their ratio is kept on all years when NHA were developed, upon specification of the structure of these types of sources, one can find out significant changes that concern public funds.

Public funds are allocated to republican and local budgets as well as insurance contributions that are collected by SF on behalf of MHIF, and in 2009 their ratio comprised 74%, 13.5% and 12.4% correspondingly out of total amount of public funds. In the nominal value the total amount of public funds comprised 5491.6 mln. soms, of them republican budget – 4809.1 mln. soms, local budget – 743.8 mln. soms, and MHI funds – 682.6 mln. soms. However, in 2004 the picture was a little different. Most part of funds for health sector financing was delivered from local budgets that comprised around 60%, whereas the republican budget ensured only 30% of funds (Figure 6).

Figure 6. Structure of public funds, in %

Such a significant change of the structure of public funds was conditioned with adoption of the Law in the fall 2003 on “Financial and economical basis of the local self-government” as per which the budget of the Kyrgyz Republic transferred from a four-level system to a two-level system consisting of budgets of local self-governments (ayil-okmotu and municipal budgets) and republican budget. Those changes became effective in 2006, in this connection, all funds that were previously delivered to health system at the oblast level transferred to the republican budget, as a result of which a share of the republican budget increased up to 73% out of all public expenditures. Exception was only Bishkek city where a local budget still serves as one of financing sources. Accumulation of health funds at the republican level gave an opportunity to use this mechanism as an additional tool for equalization of financing for the sites, improvement of access of population vulnerable groups to health services, drugs, delivered in the frame of State Benefit Package. For these purposes 172.8 mln. soms were provided in 2009.

What concerns MHI funds, their share also increased from 10% in 2004 to 16% in 2006 and 19% in 2007 thanks to increase of inflow of MHI contributions collected by SF KR for employed citizens on behalf of MHIF KR, however by 2009 this indicator had decreased to 12.4% out of total public health expenditures. At the same time, it should be noted that coverage with mandatory health insurance system by January 1, 2009 comprised 77.6% of total population.

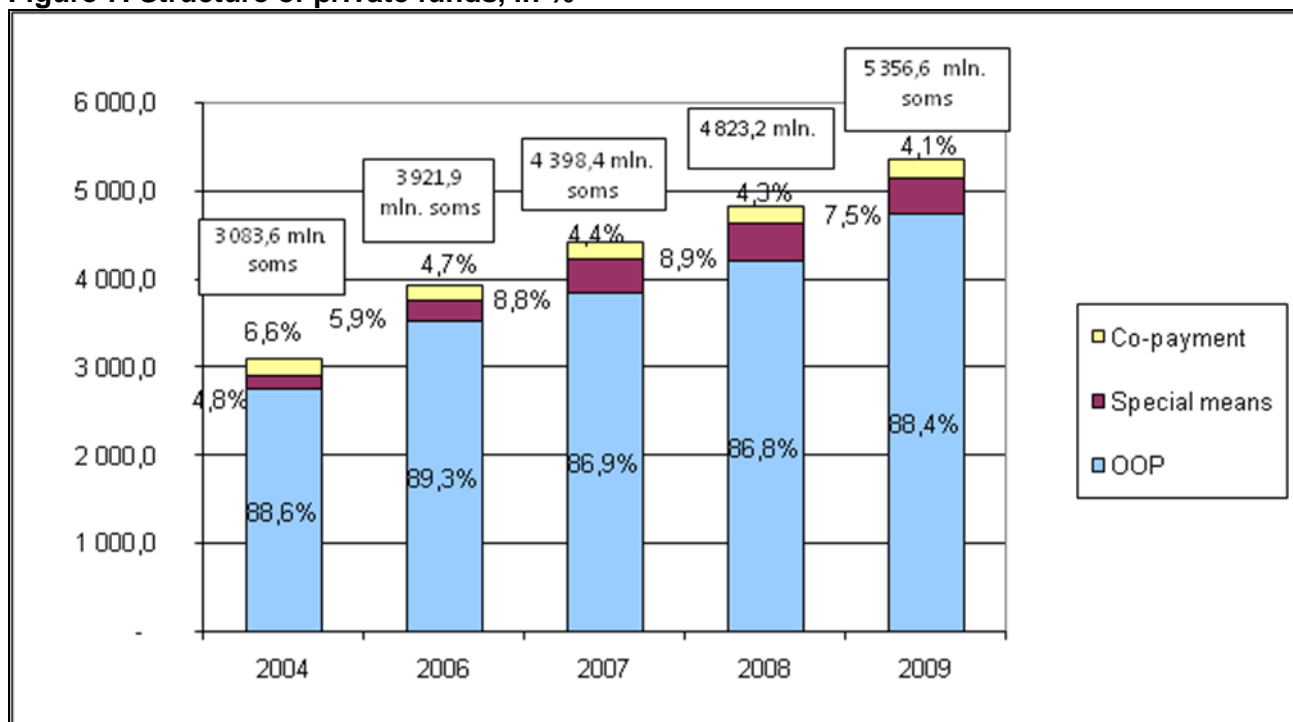
Households out-of-pocket payments are attributed to private sources of KR health sector financing as well as funds of non-commercial and non-governmental organizations. However, this report does not include data on non-commercial and non-governmental organizations in connection with impossibility to obtain information on these categories currently.

Total amount of private funds in 2009 comprised 5356.6 mln. soms. No serious changes were noted in the structure of private expenditures. Households out-of-pocket payments still take up the largest share comprising 88% or 4732.6 mln. soms in nominal value. At the same time, share of co-payment kept getting reduced and comprised 4.1% in 2009, which is 0.2 percent point lower compared to 2008 (Figure 7). At the same time, in comparison with 2004, share of co-payment decreased to 2.5 percent points. The reason of that was an increase of a number of groups exempted from co-payment in 2006 (children under 5, women during pregnancy, partus and postpartum period, retired people aged 75 <) as well as introduction of benefits on free-of-charge health services delivery to the retired aged 70-74 in 2008. Additionally, for the rest of retired people sizes of co-payment have been reduced to minimal sizes (200-260 soms) in case treated in the inpatient level. For compensation of cancellation and reduction of co-payment in 2009 133.5 mln. soms have been provided, including for compensation of cancellation of co-

payment to women during pregnancy and partum – 42.1 mln. soms, as well as for children under 5 – 91.4 mln. soms.

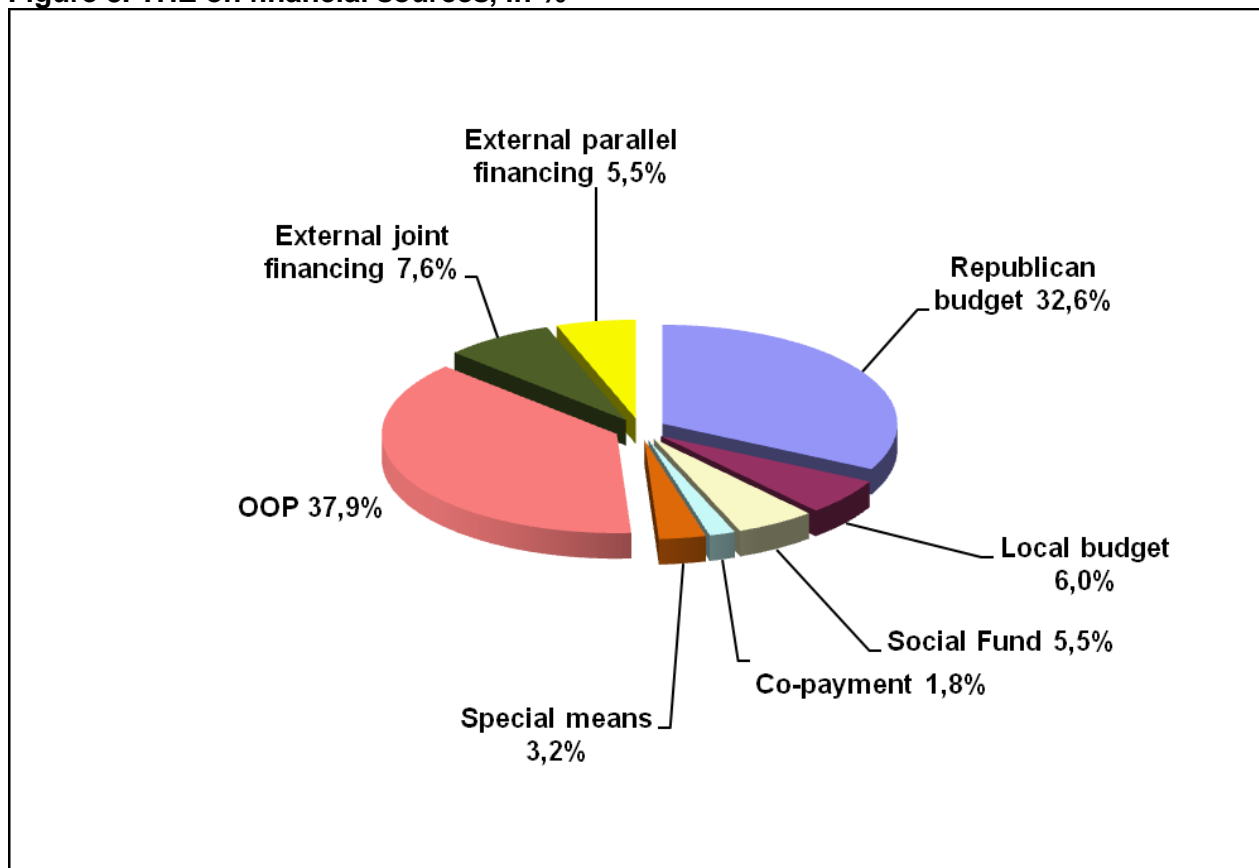
Share of special funds in 2004-2008 was increasing up to 8.9%, but by 2009 upon nominal volume at 401 mln. soms comprised only 7.5% out of total volume of private funds.

Figure 7. Structure of private funds, in %



While analyzing findings we can see that public expenditures take up the largest share on financing sources in 2009 where the largest unit weight is attributed to the republican budget (32.6% of THE). At the same time, private expenditures still remain as an important source of inflows for health system in 2009 (Figure 8).

In general, we can say that despite the fact that the situation with the public financing of health sector demonstrates a trend to improvement, but the population still remains an important source of financing of health sector. The further reports would provide an opportunity to track if this trend would continue in future.

Figure 8. THE on financial sources, in %

3.2 Health expenditures by organizations financing KR health system

Kyrgyzstan NHA classification system presumes presence of three basic categories of financing organizations: public, non-public and the rest world. This report presents data that reflect allocation of funds through public, non-public and international financing organizations. The category of public organizations includes MoH KR, MHIF and other governmental ministries and agencies delivering health services to certain population categories. "Non-public organizations" implies households making cash payments for health services received. International organizations include donor organizations that provide financial support for reforms implemented in health sector.

Upon allocation of funds on financing organizations, the structure of total health expenditures in 2007 had an important distinction from previous years with the fact that share of public sector funds for the first time exceeds share of non-public sector funds (51% compared to 43.3%) (Table 4). This trend was continued in the years to come and by 2009 share of the public sector reached 54.8% whereas share of the non-public sector reduced to 39.7%. Increase of share of public funds is conditioned with the fact that one of conditions of "Manas-Taalimi" Program implementation and the use of SWAp mechanism is an annual increase of health sector public financing share in total expenditures of the public budget. A target key point on this indicator for 2009 was 12,4% of total expenditures of the public budget. A significant contribution was an external joint financing focused on the budget support, which in 2009 comprised 943.2 mln. soms, which make around 14% of the public sector funds.

Around 70% of public funds are managed by MHI Fund that finances health organizations of the primary and secondary level, at the same time a little more than 27% of total public funds are provided for the Ministry of Health. Such a ratio in financing is explained with the fact that in Kyrgyzstan MHI Fund is Single Payer and makes centralized payment of health services delivered by health organizations to the population in the frame of implementation of State

Benefit Package. 4161.3 mln. soms or 16.4% more than in 2008, of them the republican budget provides – 2259.8 mln. soms; Bishkek city local budget – 715.8 mln. soms; MHI funds – 864.9 mln. soms; from population as co-payment – 214.0 mln. soms.

The outstanding part of funds is allocated on agency-level health organizations through the corresponding public structures (e.g.: the Ministry of Defense or Administration of President).

Table 4: THE by financing organizations

Financing organizations	% of THE					% of Public sector				
	2004	2006	2007	2008	2009	2004	2006	2007	2008	2009
Public sector, including	42,3%	47,8%	50,9%	49,0%	54,8%	100%	100%	100%	100%	100%
MoH						22,2%	26,9%	29,9%	25,7%	27,1%
MHIF						73,8%	68,3%	65,2%	69,5%	70,1%
Private sector	57,7%	52,2%	43,3%	44,3%	39,7%					
Rest World	N/A	N/A	5,8%	6,7%	5,4%					
TOTAL	100%	100%	100%	100%	100%					

Increase of share of public financing allowed in its turn increasing share of funds focused on financing of all health programs², including those allocated to the Ministry of Health that led to increase of share of expended funds from 22% in 2004 to 27% in 2009.

It should be noted that share of financing by non-public sector still remains very high – around 40% and makes threat for population financial security. Currently, public budget funds are not sufficient to ensure proper functioning of health system, consequently, burden of financial expenditures falls on the country population. Despite the fact that since 2003 the level and predictability of the public financing started improving, further improvement of public funds flow is critically important, which is an indispensable condition for improvement of population financial security when seeking health care.

What concerns the rest world, this indicator comprised 5.4% and decreased a little in comparison with the previous year. Reduction of share of expenditures of the rest world is conditioned with reduction of parallel financing by international organizations from 709 mln. soms in 2008 to 680 mln. soms in 2009.

3.3 Health expenditures by providers

Health services providers in KR are divided into two main categories: a) public organizations; b) private organizations and individuals. Health structure consists of:

- 1) Primary health care level organizations (outpatient service: Family Medicine Center (FMC), Family Group Practice (FGP), Centers for General Practice (CGP) and FAP));
- 2) Secondary health care level organizations (oblast, city and rayon hospitals – territorial and oblast merged hospitals (TH, OMH));
- 3) Tertiary level organizations (republican hospitals and National Centers); State Sanitary and Epidemiological Surveillance Services, Health Promotion Centers, AIDS Centers, Centers for Human Reproduction and Immune Prophylaxis).

It should be noted that information on private health services providers is rather limited since currently there is no regulated mechanism of their reporting. The indirect data can provide information on retail good circulation of drugs in drug-store network when analyzing households out-of-pocket payments to purchase drugs at the outpatient level. In general, list of categories of all health services providers is reflected in Table 5 of this report.

² Health sector implements 5 programs: «Public Health», «Hi-Tech Fund», «Medical, social and rehabilitation care», «Administering, science and education» and «State Guarantee Program».

Total health expenditures in nominal terms in 2009 increased in most categories of health services providers, except only organizations falling under categories “Nursing homes and other care delivery facilities” and “Organizations delivering health-related services” where reduction of financing was noticeable up to 3.5 and 3 mln soms correspondingly compared to 2008. At the same time, whereas in nominal terms THE had almost 18% increase compared to the previous year, by the categories of providers, growth of financing volumes vary from 15% to 75% (except categories where reduction of financing volumes was noticeable).

Table 5: THE by health services providers

	2004		2006		2007		2008		2009	
	mln. soms	in %	mln. soms	in %	mln. soms	in %	mln. soms	in %	mln. soms	in %
HP 1 Hospitals	1 712,6	33,7%	2 392,9	33,9%	2872,1	31,9%	3 646,6	34,4%	4 191,7	33,6%
HP 2 Nursing Homes and other care delivery facilities	Н/Д	Н/Д	15,4	0,2%	90	1,0%	39,4	0,4%	35,9	0,3%
HP.3 Outpatient health care providers	775,9	15,2%	1 201,9	17,0%	1546,8	17,2%	1 963,3	18,5%	2 558,8	20,5%
HP 4 Retail and other medical goods providers	2 173,8	42,7%	2 687,4	38,1%	2942,9	32,7%	2 954,7	27,9%	3 720,1	29,8%
HP 5 Ensuring and management of governmental health programs	141,4	2,8%	212,8	3,0%	244,6	2,7%	320,8	3,0%	508,0	4,1%
HP 6 Administration of overall health management and insurance	225	4,4%	381,7	5,4%	534,1	5,9%	679,9	6,4%	1 187,1	9,5%
HP 8 Organizations delivering health-related services	59,5	1,2%	170,1	2,4%	262,1	2,9%	276,1	2,6%	273,1	2,2%
TOTAL	5 088,2	100%	7 062,4	100%	9012,5	100,00%	10 589,9	100,0%	12 474,8	100,0%

What concerns THE structure on health care delivery levels, in 2009 hospital expenditures (33.6%) made up the largest portion of expenditures as the previous year whereas until 2008 a larger portion of expenditures fell on the category “Retail and other medical goods providers”. In 2009 expenditures on this category comprised around 30% of THE, though the previous years this indicator reached practically 43% of THE. Increase of hospital expenditures is conditioned with increase of hospitalization level, which comprised 15.3 per 100 persons in 2009 whereas in 2008 this indicator comprised 15.1 per 100 persons.

However, despite “Retail and other medical goods providers” category share decrease, expenditures for purchase of drugs is still making up a significant share. Here, the main burden is with households whose expenditures for purchase of drugs make up 73% of their total expenditures for health services whereas the government expends 1.5% of its expenditures for health care (Table 6). A larger portion of those expenditures takes place not in health organizations, but is expended for private purchase of prescribed as well as non-prescribed drugs at the outpatient level.

The next category by value is hospital care, share of which in 2009 comprised around 34%. At the same time, the government expends 47.5% of its funds to hospitals whereas the population expenditures make up around 17%. The same picture is observed on outpatient health care providers as well, where the government provides around 30% of public health expenditures, while population expenditures comprise around 10% of total disbursements made by households to purchase health services.

Table 6: Structure of health services providers financing by types of financing organizations (public and non-public financing), (%)

Providers	PUBLIC ADMINISTRATION SECTOR	MoH	MHI Fund	NON-PUBLIC SECTOR	TOTAL
HP 1 Hospitals	47,5%	32,1%	52,3%	16,8%	33,6%
HP 2 Nursing Homes and other care delivery facilities	0,5%	1,5%	0,1%	0,0%	0,3%
HP.3 Outpatient health care providers	29,7%	2,6%	43,3%	10,2%	20,5%
HP 4 Retail and other medical goods providers	1,5%	0,0%	2,3%	73,0%	29,8%
HP 5 Ensuring and management of public health programs	5,4%	17,4%	0,2%	0,0%	4,1%
HP 6 Administration of overall health management and insurance	11,3%	33,2%	1,9%	0,0%	9,5%
HP 8 Organizations delivering health-related services	4,0%	13,2%	0,0%	0,0%	2,2%
TOTAL	100,0%	100,0%	100,0%	100,0%	100,0%

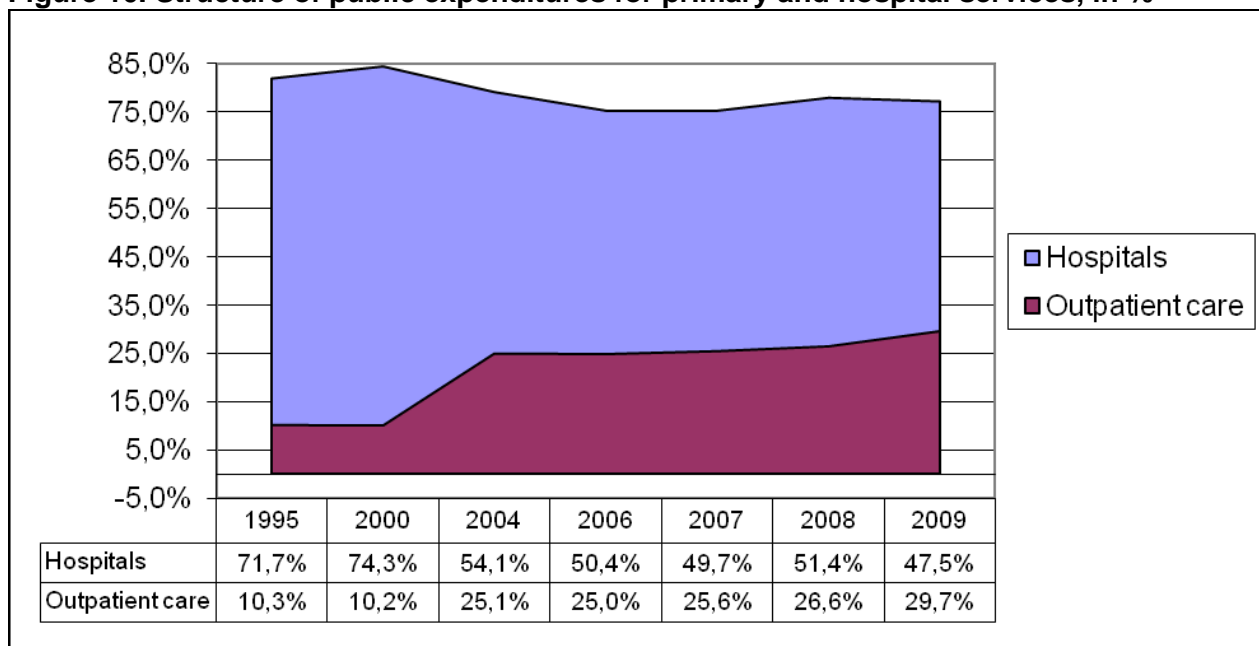
3.4 Health expenditures by functions

The current health system delivers health services by such functions as: PHC, outpatient-policlinic and diagnostic care, inpatient care, prevention and public health, education and surveys etc. Over half of the available funds are expended to curative care services delivery. So, in 2009 share of expenditures on this category comprised 54% and increased in comparison with 2004 to 5 percent points, but however, in comparison with 2008 decreased to 7 percent points (Table 7).

Table 7: Allocation of health services by functions (in %)

Code	Functions	2004	2006	2007	2008	2009
HC 1.	Curative care services	48,9%	51,1%	52,9%	61,1%	54,0%
HC 5	Medical goods prescribed to outpatient patients	41,7%	38,1%	34,7%	30,1%	29,8%
HC 6	Prevention and public health services	2,8%	2,5%	3,3%	5,2%	4,2%
HC 7.	Health care and health insurance administration	0,5%	0,7%	0,8%	0,3%	3,8%
HC.R. 2	Education and training of health workers	1,2%	1,3%	1,7%	1,9%	1,7%
HC.R. 3	Scientific surveys and development in health sector	N/A	1,1%	1,4%	0,9%	0,5%
HC. Nsk HC	Expenditures, non-indicated by categories	3,9%	5,3%	5,0%	0,5%	6,0%
TOTAL		100,0%	100,0%	100,0%	100,0%	100,0%

Here, in the structure of curative care the public financing of outpatient service keeps increasing, while the public financing of hospitals in 2007 was decreasing and only in 2008 there was some increase – up to 51.4%. But, at the same time, in 2009 this indicator was decreased to 47.5%, which is much lower than the same indicator in 2000 (74.3%). A great influence on this change was made by reforms implemented within “Manas” Program on introduction of new payment methods of health services providers related to “Single Payer” system. So, if initially, financing system based on expenditures stimulated increase of hospital outputs and length of stay in hospital, transition to result-based payment has moved accents to improvement of productivity and decrease of fixed expenditures (Figure 10).

Figure 10. Structure of public expenditures for primary and hospital services, in %

Share of outpatient care expenditures increased from 10% in 2000 almost to 30% in 2009. Increase of using health services at the primary level can be seen on the base of the level of visits to FGP physicians per 1 resident. Share of using this service increased from 1.6 per person in 2005 to 2.8 in 2009. This situation is a confirmation of effectiveness of health financing system reforming that results in shift of accents from more cost-based hospital curative care to more accessible outpatient care that in its turn directly influences accessibility of health services for all categories of the country population and reduces financial burden. However, it is necessary to take into consideration that PHC expenditures cannot be increased permanently to the prejudice of other levels of health care delivery. The second largest category is “Medical goods prescribed to outpatient patients” with a share comprising almost 30% and decreased almost to 12 percent points compared to 2004. This category includes population cash expenditures to purchase drugs as well as reimbursement amounts within MHI AP for drugs prescribed by physician, sold through drug-store networks operating in MHI AP system. It should be noted that in 2008 574.8 thousand prescriptions were prescribed to insured patients while in 2009 there were 700.9 thousand prescriptions, which is 21% more than the previous year. As a result, in nominal terms the reimbursement amount increased from 75.8 mln. soms in 2008 to 97 mln. soms in 2009. However, despite that, in the structure of expenditures for drugs their share has not practically changed and comprised 1.5% of total expenditures to purchase medical goods at the outpatient level.

Despite the fact that in 2009 share of public health expenditures decreased in comparison with 2008 and made up 4.2%, but nevertheless, this indicator exceeds the level of previous years (2.8%-3.3% for the period of 2004-2006). It is important to keep this trend in future as well, since for the years to come the government sets a task to strengthen the role of public health.

Table 8 shows allocation of funds from financing organizations to functions. As is seen in this Table, around 75% of public funds were primarily provided for curative care services financing, at the same time, a little over 45% of funds were provided for hospital curative care financing while 29% of total public funds were provided for financing of outpatient curative care. The same situation was noticeable in the previous years. In this case, the structure of allocation of those funds between hospital and outpatient care also dominated toward the secondary health care level. Though, lately there has been a trend on decreasing the gap between those categories.

A larger portion of households cash funds was focused on medical goods (drugs) prescribed to outpatient patients – 72.9% of total volume of OOP, whereas in the public sector MHIF provides only 1.5% of total public funds for this category. Here it should be noted that in order to improve access to drugs in August 2006 drugs supply at the outpatient level was introduced under State Guarantee Program in cases of certain chronic diseases that enabled improvement of their

accessibility to drugs and influenced facilitation of poverty for definite population categories. However, the level of patients' payment for purchased drugs increased a little and made up 40.1% against 38% in 2008.

Purchase of drugs in the outpatient level still remains the main financial burden for households while the government provides most part of expenditures for financing of curative care services with an accent to the secondary level of health services delivery, which is in principle justified due to high-cost of hospitals maintenance. At the same time, it is necessary to continue promoting the policy in the field of health financing toward reallocation of funds from specialized inpatient services to PHC and public health services.

Table 8: Allocation of health services by financing organizations and functions (in %)

Code	Functions	Public sector	OOP	Public sector	OOP	Ext. fin-ing	Public sector	OOP	Ext. fin-ing
		2007		2008		2009			
HC 1.	Curative care services	75,3%	26,6%	78,0%	38,6%	18,4%	74,7%	27,1%	18,5%
HC 1.1	<i>Inpatient curative care</i>	49,8%	13,9%	51,4%	27,3%	15,4%	45,7%	16,8%	15,5%
HC 1.2-1.3	<i>Day-time curative care cases and outpatient curative care</i>	25,6%	12,7%	26,6%	11,3%	2,9%	29,0%	10,3%	2,9%
HC 5	Medical goods prescribed to outpatient patients	1,6%	73,4%	1,5%	61,4%	0,0%	1,5%	72,9%	0,0%
HC 6	Prevention and public health services	6,0%		7,0%		20,4%	5,7%		20,5%
HC 7.	Health care and health insurance administration	1,5%		0,5%		9,5%	0,9%		9,0%
HC.R.	Health-related expenditures non-classified by categories	15,5%		6,8%		51,8%	17,3%		52,1%
TOTAL		100%	100%	100%	100%	100%	100%	100%	100%

3.5 Health expenditures by economical classifier

One of the important components of health sector financing system analysis is an analysis on funds allocation by expenditure items. The use of this analysis can help when elaborating policy measures concerning labor remuneration reforming issues, expenditures for pharmaceutical products, expenditures for utility services, definition of investments level. In general, health financing analysis by costs/items of expenditures from both, the public budget and private funds is presented in Table 9. With a help of this Table one can see what expenditure items funds of health organizations are focused on.

The main part of funds is focused on financing of running costs that comprise around 96% of all expenditures. Running costs are mainly grouped on such main categories as "Staff-related costs" and "Use of goods and services" (33.3% and 61.8% correspondingly). The highest percent of costs is with purchase of drugs and bandages (37.1%) (Table 9). It is necessary to note one more time that expenditures for drugs include not only funds of the public budget, but in most extent, consist of population expenditures as OPP.

The level of staff-related expenditures keeps comprising over one third of all total health expenditures. Retention of this level, despite problems with staffing is primarily conditioned with an increase of salary fund. FGP physicians salary compared to the same period of 2008 increased to 15% and comprised on average 4911 soms, nursing staff – 15.4% (3952 soms), paramedical staff – 16.1% (2040 soms), hospital physicians – 16.9% (4852 soms), nursing staff – 15.4% (3704 soms), paramedical staff – 11.3% (2282 soms). Despite the increase, the salary of

physicians on average comprises 80.1% of average salary around the country, and nursing and paramedical staff – 62.8% and 35.5% correspondingly.

Table 9: THE allocation by expenditure items

Code	Expenditure items	2004	2006	2007	2008	2009
RC 1	Running costs	98,9%	98,8%	95,1%	96,7%	96,1%
RC 1.1	Staff-related costs	22,8%	31,1%	33,5%	45,0%	33,3%
RC 1.1.1	Salary	18,1%	26,6%	28,8%	40,1%	27,8%
RC 1.1.2	Contributions to Social fund	4,5%	4,3%	4,5%	4,7%	5,3%
RC 1.1.3	Travel allowances	0,2%	0,3%	0,3%	0,3%	0,3%
RC 1.2	Use of goods and services	76,1%	67,6%	55,8%	51,7%	61,8%
RC 1.2.1	Purchase of items and materials for recurrent economic purposes	69,0%	59,2%	45,4%	40,2%	40,2%
RC 1.2.1.1	Nutrition costs	3,7%	6,0%	3,8%	3,5%	3,1%
RC 1.2.1.2	Purchase of medications and bandages	63,1%	49,3%	41,6%	36,8%	37,1%
RC 1.2.2	Services, including:	5,5%	5,6%	8,8%	11,4%	8,0%
RC 1.2.2.1	Utility services	4,7%	4,6%	3,4%	2,6%	3,1%
RC 1.2.3	Recurrent miscellaneous costs	0,1%	0,0%	1,6%	0,1%	13,5%
RC 2	Total capital investments	1,1%	1,2%	4,9%	3,3%	3,9%
TOTAL		100%	100%	100%	100%	100%

In 2009 there was a continuation of the trend toward decrease of share of funds focused on patients nutrition supply (from 3.5% to 3.1%) that can serve as one of the reasons of some worsening of health services quality. Despite the fact that in nominal terms nutrition expenditures increased (around 7%), nutrition expenditures per 1 patient per day in most health organizations do not reach the norm established by the KR Government Regulation – 41 soms. As per results of 2009, on average 35 soms per day were provided per 1 patient around the country.

Hereafter, when preparing NHA reports it will be possible to track further trends of the expenditures structure that would allow obtaining a more detailed analysis of expenditures in health system including breaking by types of health care delivery.

SUMMARY & RECOMMENDATIONS

National health accounts of the Kyrgyz Republic for 2009 have been developed with the aim to provide detailed information to conduct financial resources analysis focused on health sector. Previously, NHA reports for 2004, 2006-2008 have been developed so far that gave an opportunity upon preparation of this report to conduct a comparative analysis of financial flows inside health system for 2004, 2006-2009. Hereafter, it is planned that a comparative analysis by years will be expanded that will give an opportunity to assess dynamics of health financing system development more valuably.

Health sector financing aspects

NHA results analysis has shown that health sector financing system has a number of positive trends:

- Increase of expenditures for health sector both in nominal and real terms is continuing. At the same time, a real increase of expenditures is primarily ensured thanks to increase of financing by public expenditures;
- Decrease of share of private expenditures for health services in 2009 has continued;
- Increase of share of PHC financing continued in 2009 that corresponds to the implemented policy in health sector on shifting accents from hospital service to primary health services delivery level;
- The existing system of health funds accumulation in the republican level gave an opportunity to use this mechanism as an additional tool to equalize financing of the sites, to improve access of vulnerable population groups to health services, drugs provided within State Guarantee Program (SGP);
- Addressness of delivered funds within SGP to the population priority groups has improved aiming to decrease financial burden of population vulnerable groups.

What concerns problems taking place in health sector financing system, the most important items are:

- The level of private health expenditures still remains high, as a result of that the Kyrgyz Republic population is not fully protected from financial risks in case seeking health care is needed;
- Population expenditures for drugs at the outpatient level still significantly exceed public expenditures and comprise the base of financial burden for citizens of the republic;
- Despite the fact that salary fund keeps increasing, salary size of physicians, nurses and paramedical staff still does not reach the level of average salary around the country both, in the primary level and in hospitals;
- Reduction of expenditures for scientific surveys and other measures related to development in health sector that has been noticeable lately;
- Expenditures for general capital investments still take up an extremely low share in total expenditures.

Methodological aspects of NHA development

Upon formation of NHA in Kyrgyzstan positive and successful points have been noticeable in the process of institutionalization and data collection. In particular, for this report the data have been collected and summarized by Specialists of MHI Fund, which is recognized as NHA institutional "house" in Kyrgyzstan. However, it is necessary to note that still there are many problems, which do not allow making more valuable analysis on health sector financial system status. A larger portion of those problems has already been identified during preparation of previous NHA reports. Mainly, the problems are in the lack of data on certain positions, such as:

- Lack of data on private health services providers. Administrative data and other regular reports provide a great portion of information, which is necessary for building up of health

accounts, but normally they provide non-significant information on non-public health servicing;

- Incomplete information on external financing. Despite the fact that this report did not include information on external financing it still remains incomplete since during the conducted survey of international organizations not all donors provided detailed information. So, around 42% of total volume of external financing can not be classified;
- Insufficiency of reporting data on providers in profile of functions. The sense of this problem is in the fact that under the existing reporting it is impossible to breakdown functional activity of general profile hospitals. Currently, some data concerning functional breakdown of health services providers can be received when analyzing population out-of-pocket payments, but this information can not be a complete base for analysis;
- Despite the fact that NHA in Kyrgyzstan has been developed for several years and institutional house has been determined, however institutionalization process has not been completed yet. Currently there is no legal base for further introduction and use of NHA.

Recommendations

- It is necessary to make further efforts related to keeping of the trend on increasing a share of public expenditures for health sector;
- In order to improve the population financial security in Kyrgyzstan a further gradual extensive reduction of official out-of-pocket payments for hospitalization and its substitution to the governmental financing is needed;
- It is desirable to revise pharmaceutical products price formation practice and rational use of drugs in order to reach reduction of the population financial burden;
- An important issue is a search for ways of solution of the problem of insufficient level of the salary of physicians and health staff in order to solve the staff escapement problem;
- Despite the fact that currently a significant increase of capital investments is noticeable, the government has to seek funds for further financing of this category. One of the ways of solution can be establishment of centralized fund of capital investments into buildings and constructions in health sector;
- It is necessary to continue the work related to definition of financing volumes by donor society, in particular, to continue a detailed survey of donors not only in order to address their total expenditures, but also for their specification that will help to make more quality analysis of health expenditures;
- In order to compensate lack of information on private health services providers it is necessary to conduct a survey aiming to identify financial indicators of private practice;
- In order to solve the problem on providers data insufficiency by functions it is possible to conduct a specialized survey, which will help to analyze providers expenditures and develop mechanisms on dividing their expenditures by functions;
- An important step for NHA further development in the Kyrgyz Republic is development and adoption of the corresponding regulatory and legal documents to complete the process of institutionalization.

ATTACHMENT A: TABLES ON KR NATIONAL HEALTH ACCOUNTS

National Health Accounts in Kyrgyzstan, 2009

Table 1: National Health expenditures by type of financing sources and financing organizations/agencies, 2009 (thous. soms)

		FS 1 Public funds				FS 1.2 Social Fund	FS 2 Private funds				FS 3 External assistance				TOTAL			
		FS 1.1 State budget	including:		FS 2.1 Contributions from employers		FS 2.2 Household funds	including:			FS 2.3 Non-for-profit institutions servicing individuals	FS 3.1 SWAp	FS 3.2 Parallel financing					
			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				
HF.A	STATE GOVERNANCE SECTOR	5 491 638	4 809 079	4 065 316	743 763	682 559	401 736	0	401 736	0	401 736	0	0	0	947 011	943 200	3 811	6 840 385
HF 1.1	State public authorities except social welfare funds	1 075 928	1 075 928	1 075 928	0	0	291 752	0	291 752	0	291 752	0	0	0	678 811	675 000	3 811	2 046 491
HF 1.1.1	Central government bodies	1 075 928	1 075 928	1 075 928	0	0	291 752	0	291 752	0	291 752	0	0	0	678 811	675 000	3 811	2 046 491
HF 1.1.1.1	Ministry of Health	903 847	903 847	903 847	0	0	270 262	0	270 262	0	270 262	0	0	0	678 811	675 000	3 811	1 852 919
HF 1.1.1.2	Ministry of Defense	26 913	26 913	26 913	0	0	2 673	0	2 673	0	2 673	0	0	0	0	0	0	29 586
HF 1.1.1.3	Ministry of Justice (GUIN)	29 183	29 183	29 183	0	0	488	0	488	0	488	0	0	0	0	0	0	29 671
HF 1.1.1.4	Ministry of Education	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HF 1.1.1.5	Ministry of Transport and Communications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HF 1.1.1.6	Ministry of Interior	32 567	32 567	32 567	0	0	2 305	0	2 305	0	2 305	0	0	0	0	0	0	34 872
HF 1.1.1.7	Presidential Administration (TCA)	73 045	73 045	73 045	0	0	16 025	0	16 025	0	16 025	0	0	0	0	0	0	89 070
HF 1.1.1.8	Boarder service	2 045	2 045	2 045	0	0	0	0	0	0	0	0	0	0	0	0	0	2 045
HF 1.1.1.9	NSS	8 328	8 328	8 328	0	0	0	0	0	0	0	0	0	0	0	0	0	8 328
HF 1.2.	Social welfare funds	4 415 710	3 733 151	2 989 388	743 763	682 559	109 983	0	109 983	0	109 983	0	0	0	268 200	268 200	0	4 793 894
HF 1.2.1	MHIF under MOH KR	4 415 710	3 733 151	2 989 388	743 763	682 559	109 983	0	109 983	0	109 983	0	0	0	268 200	268 200	0	4 793 894
HF.B	NON-GOVERNMENTAL SECTOR	0	0	0	0	0	4 954 833	0	4 954 833	222 184	0	4 732 649	0	0	0	0	0	4 954 833
HF 2.3	Out-of-pockets payments	0	0	0	0	0	4 954 833	0	4 954 833	222 184	0	4 732 649	0	0	0	0	0	4 954 833
HF.3	REST OF THE WORLD	0	0	0	0	0	0	0	0	0	0	0	0	0	679 601	0	679 601	679 601
HF 3.1	Donor organizations	0	0	0	0	0	0	0	0	0	0	0	0	0	679 601	0	679 601	679 601
TOTAL		5 491 638	4 809 079	4 065 316	743 763	682 559	5 356 569	0	5 356 569	222 184	401 736	4 732 649	0	0	1 626 612	943 200	683 412	12 474 819

National Health Accounts in Kyrgyzstan, 2009

Table 2: National Health expenditures by type of financing organizations/agencies and health providers, 2009 (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	Ministry of Interior	Presidential Administration (TCA)	Boarder service	NSS	Social welfare funds	MHIF under MOH KR
HP 1	Hospitals	3 252 309	858 923	858 923	665 351	29 586	29 671	0	0	34 872	89 070	2 045	8 328	2 393 386	2 393 386
HP 1.1	General hospitals	2 487 484	193 612	193 612	40	29 586	29 671	0	0	34 872	89 070	2 045	8 328	2 293 872	2 293 872
HP 1.1.1	Other general hospitals (public)	2 212 917	193 572	193 572	0	29 586	29 671	0	0	34 872	89 070	2 045	8 328	2 019 345	2 019 345
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	274 568	40	40	40	0	0	0	0	0	0	0	0	274 528	274 528
HP 1.2	Specialized hospitals (dispensaries, centers)	25 872	1 339	1 339	1 339	0	0	0	0	0	0	0	0	24 533	24 533
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	1 339	1 339	1 339	1 339	0	0	0	0	0	0	0	0	0	0
HP 1.2.2	Narcological hospitals	24 533	0	0	0	0	0	0	0	0	0	0	0	24 533	24 533
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	738 953	663 973	663 973	663 973	0	0	0	0	0	0	0	0	74 980	74 980
HP 1.3.1	Oncological hospitals	4 794	1 620	1 620	1 620	0	0	0	0	0	0	0	0	3 174	3 174
HP 1.3.2	TB hospitals (dispensaries)	572 013	572 013	572 013	572 013	0	0	0	0	0	0	0	0	0	0
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	20 721	0	0	0	0	0	0	0	0	0	0	0	20 721	20 721
HP 1.3.4	Infectious diseases hospitals	52 836	41 303	41 303	41 303	0	0	0	0	0	0	0	0	11 533	11 533
HP 1.3.5	Other specialized hospitals	35 131	7 010	7 010	7 010	0	0	0	0	0	0	0	0	28 121	28 121
HP 1.3.6	Maternity hospitals	53 456	42 026	42 026	42 026	0	0	0	0	0	0	0	0	11 430	11 430
HP 1.3.6.1	Public maternity hospitals	53 456	42 026	42 026	42 026	0	0	0	0	0	0	0	0	11 430	11 430
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 2	Care for patients and rehabilitation centers	35 941	31 658	31 658	31 658	0	0	0	0	0	0	0	0	4 283	4 283
HP 2.1	Medical rehabilitation hospitals	10 934	6 651	6 651	6 651	0	0	0	0	0	0	0	0	4 283	4 283
HP 2.9	All other residential care facilities	25 007	25 007	25 007	25 007	0	0	0	0	0	0	0	0	0	0
HP 2.9.1	Sanitoriums of TB patients	30	30	30	30	0	0	0	0	0	0	0	0	0	0
HP 2.9.2	Sanitoriums for children and adolescents	24 977	24 977	24 977	24 977	0	0	0	0	0	0	0	0	0	0
HP.3	Providers of ambulatory health care	2 032 683	53 148	53 148	53 148	0	0	0	0	0	0	0	0	1 979 535	1 979 535
HP 3.1	Office of physicians	1 787 361	3 811	3 811	3 811	0	0	0	0	0	0	0	0	1 783 551	1 783 551
HP 3.1.1	FMC	1 453 438	3 147	3 147	3 147	0	0	0	0	0	0	0	0	1 450 291	1 450 291
HP 3.1.2	FGP	26 796	384	384	384	0	0	0	0	0	0	0	0	26 412	26 412
HP 3.1.3	GPC	307 128	279	279	279	0	0	0	0	0	0	0	0	306 848	306 848
HP 3.2	Office of dentists	127 429	0	0	0	0	0	0	0	0	0	0	0	127 429	127 429
HP 3.2.1	Public dental polyclinic	127 429	0	0	0	0	0	0	0	0	0	0	0	127 429	127 429
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 3.3.1	Specialized polyclinics and dispensaries	0	0	0	0	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	0	0	0	0
HP 3.3.3	Gynecology and urology centers (private)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 3.4	Outpatient care centers	3 621	3 621	3 621	3 621	0	0	0	0	0	0	0	0	0	0
HP 3.4.1	The centre of family planning and reproductive health	3 621	3 621	3 621	3 621	0	0	0	0	0	0	0	0	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	0	0	0	0
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0	0	0	0	0	0	0

National Health Accounts in Kyrgyzstan, 2009

Table 2: National Health expenditures by type of financing organizations/agencies and health providers, 2009 (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	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	114 272	45 716	45 716	45 716	0	0	0	0	0	0	0	0	68 556	68 556
HP 3.9.1	Acute/emergency care services	68 556	0	0	0	0	0	0	0	0	0	0	0	68 556	68 556
HP 3.9.1	Acute and emergency care station	68 556	0	0	0	0	0	0	0	0	0	0	0	68 556	68 556
HP 3.9.2	Emergency care department in general hospitals and FMC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 3.9.2	Blood transfusion stations	45 716	45 716	45 716	45 716	0	0	0	0	0	0	0	0	0	0
HP 4	Retail and other providers of medical goods	105 200	0	0	0	0	0	0	0	0	0	0	0	105 200	105 200
HP 4.1	Pharmacies	105 200	0	0	0	0	0	0	0	0	0	0	0	105 200	105 200
HP 5	Provision and administration of public health programmes	368 948	361 382	361 382	361 382	0	0	0	0	0	0	0	0	7 566	7 566
HP 5.1	Sanitary-epidemiological and anti-plague stations	281 315	281 315	281 315	281 315	0	0	0	0	0	0	0	0	0	0
HP 5.2	Anti-epidemic activities	20 736	13 603	13 603	13 603	0	0	0	0	0	0	0	0	7 133	7 133
HP 5.3	AIDS Control Centers	27 918	27 832	27 832	27 832	0	0	0	0	0	0	0	0	85	85
HP 5.4	Health centers and health education activities	10 740	10 392	10 392	10 392	0	0	0	0	0	0	0	0	348	348
HP 5.6	Children's homes, rooms of mother and the child	28 239	28 239	28 239	28 239	0	0	0	0	0	0	0	0	0	0
HP 6	General health administration and insurance	772 162	686 926	686 926	686 926	0	0	0	0	0	0	0	0	85 236	85 236
HP 6.1	Central Office of the Ministry of Health	12 925	12 925	12 925	12 925	0	0	0	0	0	0	0	0	0	0
HP 6.2	Administrative costs of MHIF	83 094	0	0	0	0	0	0	0	0	0	0	0	83 094	83 094
HP 6.5	Centralized accounting offices	20 038	20 036	20 036	20 036	0	0	0	0	0	0	0	0	1	1
HP 6.5.1	Centralized accounting offices (MOH)	12 183	12 183	12 183	12 183	0	0	0	0	0	0	0	0	0	0
HP 6.5.2	Other health expenditures	7 855	7 853	7 853	7 853	0	0	0	0	0	0	0	0	1	1
HP 6.9	Other not categorized services	656 106	653 965	653 965	653 965	0	0	0	0	0	0	0	0	2 142	2 142
HP 6.9.1	Other not categorized services (MOH)	618 256	618 256	618 256	618 256	0	0	0	0	0	0	0	0	0	0
HP 6.9.2	Other not categorized services (MHIF)	2 142	0	0	0	0	0	0	0	0	0	0	0	2 142	2 142
HP 6.9.3	Departmental enterprises and organizations	35 709	35 709	35 709	35 709	0	0	0	0	0	0	0	0	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
HP 7.1	Private households as providers of care	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HP 8	Institutions providing health-related services	273 141	273 141	273 141	273 141	0	0	0	0	0	0	0	0	0	0
HP 8.1	Research institutes (centers) of health care	65 005	65 005	65 005	65 005	0	0	0	0	0	0	0	0	0	0
HP 8.2	Educational and training institutions	208 137	208 137	208 137	208 137	0	0	0	0	0	0	0	0	0	0
HP 9 Rest of world	External provision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		5 188 540,2	6 840 385	2 265 177	2 265 177	2 071 605	29 586	29 671	0	0	34 872	89 070	2 045	8 328	4 575 207

National Health Accounts in Kyrgyzstan, 2009

Table 2: National Health expenditures by type of financing organizations/agencies and health providers, 2009 (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	
HP 1	Hospitals	833 832	833 832	105 538	105 538	4 191 679
HP 1.1	General hospitals	668 216	668 216	105 538	105 538	3 261 238
HP 1.1.1	Other general hospitals (public)	647 387	647 387	105 538	105 538	2 965 842
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0
HP 1.1.3	Children's hospitals	20 829	20 829	0	0	295 397
HP 1.2	Specialized hospitals (dispensaries, centers)	2 771	2 771	0	0	28 643
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	0	0	0	0	1 339
HP 1.2.2	Narcological hospitals	2 771	2 771	0	0	27 305
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	162 845	162 845	0	0	901 798
HP 1.3.1	Oncological hospitals	0	0	0	0	4 794
HP 1.3.2	TB hospitals (dispensaries)	0	0	0	0	572 013
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	5 262	5 262	0	0	25 984
HP 1.3.4	Infectious diseases hospitals	3 506	3 506	0	0	56 343
HP 1.3.5	Other specialized hospitals	152 513	152 513	0	0	187 644
HP 1.3.6	Maternity hospitals	1 564	1 564	0	0	55 020
HP 1.3.6.1	Public maternity hospitals	1 564	1 564	0	0	55 020
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0
HP 2	Care for patients and rehabilitation centers	0	0	0	0	35 941
HP 2.1	Medical rehabilitation hospitals	0	0	0	0	10 934
HP 2.9	All other residential care facilities	0	0	0	0	25 007
HP 2.9.1	Sanitoriums of TB patients	0	0	0	0	30
HP 2.9.2	Sanitoriums for children and adolescents	0	0	0	0	24 977
HP.3	Providers of ambulatory health care	506 142	506 142	19 988	19 988	2 558 813
HP 3.1	Office of physicians	506 142	506 142	19 988	19 988	2 313 492
HP 3.1.1	FMC	496 548	496 548	19 988	19 988	1 969 973
HP 3.1.2	FGP	30	30	0	0	26 827
HP 3.1.3	GPC	9 564	9 564	0	0	316 692
HP 3.2	Office of dentists	0	0	0	0	127 429
HP 3.2.1	Public dental polyclinic	0	0	0	0	127 429
HP 3.2.2	Private dental polyclinic	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0
HP 3.3.1	Specialized polyclinics and dispensaries	0	0	0	0	0
HP 3.3.2	Diagnostic centers (private)	0	0	0	0	0
HP 3.3.3	Gynecology and urology centers (private)	0	0	0	0	0
HP 3.4	Outpatient care centers	0	0	0	0	3 621
HP 3.4.1	The centre of family planning and reproductive health	0	0	0	0	3 621
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups	0	0	0	0	0
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0

National Health Accounts in Kyrgyzstan, 2009

Table 2: National Health expenditures by type of financing organizations/agencies and health providers, 2009 (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	
HP 3.9	Other providers of ambulatory health care	0	0	0	0	114 272
HP 3.9.1	Acute/emergency care services	0	0	0	0	68 556
HP 3.9.1	Acute and emergency care station	0	0	0	0	68 556
HP 3.9.2	Emergency care department in general hospitals and FMC	0	0	0	0	0
HP 3.9.2	Blood transfusion stations	0	0	0	0	45 716
HP 4	Retail and other providers of medical goods	3 614 858	3 614 858	0	0	3 720 059
HP 4.1	Pharmacies	3 614 858	3 614 858	0	0	3 720 059
HP 5	Provision and administration of public health programmes	0	0	139 091	139 091	508 039
HP 5.1	Sanitary-epidemiological and anti-plague stations	0	0	0	0	281 315
HP 5.2	Anti-epidemic activities	0	0	0	0	20 736
HP 5.3	AIDS Control Centers	0	0	0	0	27 918
HP 5.4	Health centers and health education activities	0	0	0	0	10 740
HP 5.6	Children's homes, rooms of mother and the child	0	0	0	0	28 239
HP 6	General health administration and insurance	0	0	414 984	414 984	1 187 146
HP 6.1	<i>Central Office of the Ministry of Health</i>	0	0	61 063	61 063	73 988
HP 6.2	<i>Administrative costs of MHIF</i>	0	0	0	0	83 094
HP 6.5	<i>Centralized accounting offices</i>	0	0	353 921	353 921	373 959
HP 6.5.1	Centralized accounting offices (MOH)	0	0	0	0	12 183
HP 6.5.2	Other health expenditures	0	0	353 921	353 921	361 776
HP 6.9	Other not categorized services	0	0	0	0	656 106
HP 6.9.1	Other not categorized services (MOH)	0	0	0	0	618 256
HP 6.9.2	Other not categorized services (MHIF)	0	0	0	0	2 142
HP 6.9.3	Departmental enterprises and organizations	0	0	0	0	35 709
HP 7	All other industries (rest of the economy)	0	0	0	0	0
HP 7.1	Private households as providers of care	0	0	0	0	0
HP 8	Institutions providing health-related services	0	0	0	0	273 141
HP 8.1	Research institutes (centers) of health care	0	0	0	0	65 005
HP 8.2	Educational and training institutions	0	0	0	0	208 137
HP 9 Rest of world	External provision	0	0	0	0	0
TOTAL		4 954 833	4 954 833	679 601	679 601	12 474 819

National Health Accounts in Kyrgyzstan, 2009

Table 3: National Health expenditures by type of health providers and health functions, 2009 (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 1	Hospitals	4 190 445	4 190 445	53 235	44 868	0	54 360	4 794	572 013	56 343	1 339
<i>HP 1.1</i>	<i>General hospitals</i>	<i>3 261 238</i>	<i>3 261 238</i>	<i>53 235</i>	<i>44 868</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
HP 1.1.1	Other general hospitals (public)	2 965 842	2 965 842	29 886	44 868	0	0	0	0	0	0
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	295 397	295 397	23 349	0	0	0	0	0	0	0
<i>HP 1.2</i>	<i>Specialized hospitals (dispensaries, centers)</i>	<i>28 643</i>	<i>28 643</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1 339</i>
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	1 339	1 339	0	0	0	0	0	0	0	1 339
HP 1.2.2	Narcological hospitals	27 305	27 305	0	0	0	0	0	0	0	0
<i>HP 1.3</i>	<i>Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals</i>	<i>900 563</i>	<i>900 563</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>54 360</i>	<i>4 794</i>	<i>572 013</i>	<i>56 343</i>	<i>0</i>
HP 1.3.1	Oncological hospitals	4 794	4 794	0	0	0	0	4 794	0	0	0
HP 1.3.2	TB hospitals (dispensaries)	572 013	572 013	0	0	0	0	0	572 013	0	0
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	25 984	25 984	0	0	0	0	0	0	0	0
HP 1.3.4	Infectious diseases hospitals	56 343	56 343	0	0	0	0	0	0	56 343	0
HP 1.3.5	Other specialized hospitals	187 644	187 644	0	0	0	575	0	0	0	0
HP 1.3.6	<i>Maternity hospitals</i>	<i>53 786</i>	<i>53 786</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>53 786</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>HP 1.3.6.1</i>	<i>Public maternity hospitals</i>	<i>53 786</i>	<i>53 786</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>53 786</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>HP 1.3.6.2</i>	<i>Private maternity hospitals</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
HP 2	Boarding institutions and other institutions delivering care	35 941	35 941	0	0	0	0	0	25 007	0	0
HP 2.1	Medical rehabilitation hospitals	10 934	10 934	0	0	0	0	0	0	0	0
HP 2.9	All other residential care facilities	25 007	25 007	0	0	0	0	0	25 007	0	0
<i>HP 2.9.1</i>	<i>Sanitoriums of TB patients</i>	<i>30</i>	<i>30</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>30</i>	<i>0</i>	<i>0</i>
<i>HP 2.9.2</i>	<i>Sanitoriums for children and adolescents</i>	<i>24 977</i>	<i>24 977</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>24 977</i>	<i>0</i>	<i>0</i>
HP.3	Providers of ambulatory health care	2 509 477	0	0	0	0	0	0	0	0	0
<i>HP 3.1</i>	<i>Office of physicians</i>	<i>2 313 492</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
HP 3.1.1	FMC	1 969 973	0	0	0	0	0	0	0	0	0
HP 3.1.2	FGP	26 827	0	0	0	0	0	0	0	0	0
HP 3.1.3	GPC	316 692	0	0	0	0	0	0	0	0	0
<i>HP 3.2</i>	<i>Office of dentists</i>	<i>127 429</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
HP 3.2.1	Public dental polyclinic	127 429	0	0	0	0	0	0	0	0	0
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0	0	0
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
HP 3.4	Outpatient care centers	0	0	0	0	0	0	0	0	0	0

Table 3: National Health expenditures by type of health providers and health functions, 2009 (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	
				Other	Day stay curative care delivery	Outpatient curative care	Main medical and diagnostic services	Emergency care services	
HP 1	Hospitals	3 403 492	0	0	0	0	0	0	0
HP 1.1	General hospitals	3 163 135	0	0	0	0	0	0	0
HP 1.1.1	Other general hospitals (public)	2 891 087	0	0	0	0	0	0	0
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	272 047	0	0	0	0	0	0	0
HP 1.2	Specialized hospitals (dispensaries, centers)	27 305	0	0	0	0	0	0	0
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	0	0	0	0	0	0	0	0
HP 1.2.2	Narcological hospitals	27 305	0	0	0	0	0	0	0
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	213 053	0	0	0	0	0	0	0
HP 1.3.1	Oncological hospitals	0	0	0	0	0	0	0	0
HP 1.3.2	TB hospitals (dispensaries)	0	0	0	0	0	0	0	0
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	25 984	0	0	0	0	0	0	0
HP 1.3.4	Infectious diseases hospitals	0	0	0	0	0	0	0	0
HP 1.3.5	Other specialized hospitals	187 069	0	0	0	0	0	0	0
HP 1.3.6	Maternity hospitals	0	0	0	0	0	0	0	0
HP 1.3.6.1	Public maternity hospitals	0	0	0	0	0	0	0	0
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0	0	0	0
HP 2	Boarding institutions and other institutions delivering care	10 934	0	0	0	0	0	0	0
HP 2.1	Medical rehabilitation hospitals	10 934	0	0	0	0	0	0	0
HP 2.9	All other residential care facilities	0	0	0	0	0	0	0	0
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	0	0
HP.3	Providers of ambulatory health care	0	0	2 509 477	2 362 060	68 556	127 429	19 988	0
HP 3.1	Office of physicians	0	0	2 313 492	2 293 504	0	0	19 988	0
HP 3.1.1	FMC	0	0	1 969 973	1 949 985	0	0	19 988	0
HP 3.1.2	FGP	0	0	26 827	26 827	0	0	0	0
HP 3.1.3	GPC	0	0	316 692	316 692	0	0	0	0
HP 3.2	Office of dentists	0	0	127 429	0	0	127 429	0	0
HP 3.2.1	Public dental polyclinic	0	0	127 429	0	0	127 429	0	0
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0
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
HP 3.4	Outpatient care centers	0	0	0	0	0	0	0	0

Table 3: National Health expenditures by type of health providers and health functions, 2009 (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 1	Hospitals	0	0	0	0	1 234	1 234	0	0
HP 1.1	General hospitals	0	0	0	0	0	0	0	0
HP 1.1.1	Other general hospitals (public)	0	0	0	0	0	0	0	0
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	0	0	0	0	0	0	0	0
HP 1.2	Specialized hospitals (dispensaries, centers)	0	0	0	0	0	0	0	0
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	0	0	0	0	0	0	0	0
HP 1.2.2	Narcological hospitals	0	0	0	0	0	0	0	0
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	0	0	0	0	1 234	1 234	0	0
HP 1.3.1	Oncological hospitals	0	0	0	0	0	0	0	0
HP 1.3.2	TB hospitals (dispensaries)	0	0	0	0	0	0	0	0
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	0	0	0	0	0	0	0	0
HP 1.3.4	Infectious diseases hospitals	0	0	0	0	0	0	0	0
HP 1.3.5	Other specialized hospitals	0	0	0	0	0	0	0	0
HP 1.3.6	Maternity hospitals	0	0	0	0	1 234	1 234	0	0
HP 1.3.6.1	Public maternity hospitals	0	0	0	0	1 234	1 234	0	0
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0	0	0	0
HP 2	Boarding institutions and other institutions delivering care	0	0	0	0	0	0	0	0
HP 2.1	Medical rehabilitation hospitals	0	0	0	0	0	0	0	0
HP 2.9	All other residential care facilities	0	0	0	0	0	0	0	0
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	0	0
HP.3	Providers of ambulatory health care	0	0	0	0	14 171	3 621	0	0
HP 3.1	Office of physicians	0	0	0	0	0	0	0	0
HP 3.1.1	FMC	0	0	0	0	0	0	0	0
HP 3.1.2	FGP	0	0	0	0	0	0	0	0
HP 3.1.3	GPC	0	0	0	0	0	0	0	0
HP 3.2	Office of dentists	0	0	0	0	0	0	0	0
HP 3.2.1	Public dental polyclinic	0	0	0	0	0	0	0	0
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0
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
HP 3.4	Outpatient care centers	0	0	0	0	3 621	3 621	0	0

National Health Accounts in Kyrgyzstan, 2009

Table 3: National Health expenditures by type of health providers and health functions, 2009 (thous. soms)

		HC 6 Prevention and public health services		HC 7 Administration of health care and health insurance	HC.R. 1-5 <i>Health related functions</i>	HC.R. 2 <i>Education and training of health specialists</i>	HC.R. 3 <i>Scientific research and development in the area of health care</i>	HC. Nsk HC <i>Not categorized expenditures</i>	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					
HP 1	Hospitals	0	0	0	0	0	0	0	4 191 679
HP 1.1	General hospitals	0	0	0	0	0	0	0	3 261 238
HP 1.1.1	Other general hospitals (public)	0	0	0	0	0	0	0	2 965 842
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	0	0	0	0	0	0	0	295 397
HP 1.2	Specialized hospitals (dispensaries, centers)	0	0	0	0	0	0	0	28 643
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	0	0	0	0	0	0	0	1 339
HP 1.2.2	Narcological hospitals	0	0	0	0	0	0	0	27 305
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	0	0	0	0	0	0	0	901 798
HP 1.3.1	Oncological hospitals	0	0	0	0	0	0	0	4 794
HP 1.3.2	TB hospitals (dispensaries)	0	0	0	0	0	0	0	572 013
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	0	0	0	0	0	0	0	25 984
HP 1.3.4	Infectious diseases hospitals	0	0	0	0	0	0	0	56 343
HP 1.3.5	Other specialized hospitals	0	0	0	0	0	0	0	187 644
HP 1.3.6	Maternity hospitals	0	0	0	0	0	0	0	55 020
HP 1.3.6.1	Public maternity hospitals	0	0	0	0	0	0	0	55 020
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0	0	0	0
HP 2	Boarding institutions and other institutions delivering care	0	0	0	0	0	0	0	35 941
HP 2.1	Medical rehabilitation hospitals	0	0	0	0	0	0	0	10 934
HP 2.9	All other residential care facilities	0	0	0	0	0	0	0	25 007
HP 2.9.1	Sanitoriums of TB patients	0	0	0	0	0	0	0	30
HP 2.9.2	Sanitoriums for children and adolescents	0	0	0	0	0	0	0	24 977
HP.3	Providers of ambulatory health care	0	10 551	0	35 166	0	0	35 166	2 558 813
HP 3.1	Office of physicians	0	0	0	0	0	0	0	2 313 492
HP 3.1.1	FMC	0	0	0	0	0	0	0	1 969 973
HP 3.1.2	FGP	0	0	0	0	0	0	0	26 827
HP 3.1.3	GPC	0	0	0	0	0	0	0	316 692
HP 3.2	Office of dentists	0	0	0	0	0	0	0	127 429
HP 3.2.1	Public dental polyclinic	0	0	0	0	0	0	0	127 429
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0
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
HP 3.4	Outpatient care centers	0	0	0	0	0	0	0	3 621

National Health Accounts in Kyrgyzstan, 2009

Table 3: National Health expenditures by type of health providers and health functions, 2008 (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	0	0	0	0	0	0	0	0	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
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0	0	0
HP 3.9	Other providers of ambulatory health care	68 556	0	0	0	0	0	0	0	0	0
HP 3.9.1	Acute/emergency care services	68 556	0	0	0	0	0	0	0	0	0
HP 3.9.1	Acute and emergency care station	68 556	0	0	0	0	0	0	0	0	0
HP 3.9.2	Emergency care department in general hospitals and FMC	0	0	0	0	0	0	0	0	0	0
HP 3.9.2	Blood transfusion stations	0	0	0	0	0	0	0	0	0	0
HP 4	Retail and other providers of medical goods	0	0	0	0	0	0	0	0	0	0
HP 4.1	Pharmacies	0	0	0	0	0	0	0	0	0	0
HP 5	Provision and administration of public health programmes	256	256	0	0	0	0	0	0	0	0
HP 5.1	Sanitary-epidemiological and anti-plague stations	0	0	0	0	0	0	0	0	0	0
HP 5.2	Anti-epidemic activities	0	0	0	0	0	0	0	0	0	0
HP 5.3	AIDS Control Centers	0	0	0	0	0	0	0	0	0	0
HP 5.4	Health centers and health education activities	0	0	0	0	0	0	0	0	0	0
HP 5.6	Children's homes, rooms of mother and the child	256	256	0	0	0	0	0	0	0	0
HP 6	General health administration and insurance	0	0	0	0	0	0	0	0	0	0
HP 6.1	Central Office of the Ministry of Health	0	0	0	0	0	0	0	0	0	0
HP 6.2	Administrative costs of MHIF	0	0	0	0	0	0	0	0	0	0
HP 6.5	Centralized accounting offices	0	0	0	0	0	0	0	0	0	0
HP 6.5.1	Centralized accounting offices (MOH)	0	0	0	0	0	0	0	0	0	0
HP 6.5.2	Other health expenditures	0	0	0	0	0	0	0	0	0	0
HP 6.9	Other not categorized services	0	0	0	0	0	0	0	0	0	0
HP 6.9.1	Other not categorized services (MOH)	0	0	0	0	0	0	0	0	0	0
HP 6.9.2	Other not categorized services (MHIF)	0	0	0	0	0	0	0	0	0	0
HP 6.9.3	Departmental enterprises and organizations	0	0	0	0	0	0	0	0	0	0
HP 7	All other industries (rest of the economy)	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	0	0	0	0	0	0	0	0	0	0
HP 8.1	Research institutes (centers) of health care	0	0	0	0	0	0	0	0	0	0
HP 8.2	Educational and training institutions	0	0	0	0	0	0	0	0	0	0
HP 9	External provision	0	0	0	0	0	0	0	0	0	0
TOTAL		6 736 119	4 226 642	53 235	44 868	0	54 360	4 794	597 020	56 343	1 339

National Health Accounts in Kyrgyzstan, 2009

Table 3: National Health expenditures by type of health providers and health functions, 2009 (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	
		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	Auxiliary types of health services
HP 3.4.1	The centre of family planning and reproductive health	0	0	0	0	0	0	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
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0
HP 3.9	Other providers of ambulatory health care	0	0	68 556	68 556	68 556	0	0	0
HP 3.9.1	Acute/emergency care services	0	0	68 556	68 556	68 556	0	0	0
<i>HP 3.9.1</i>	Acute and emergency care station	0	0	68 556	68 556	68 556	0	0	0
<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	0	0
HP 4	Retail and other providers of medical goods	0	0	0	0	0	0	0	0
HP 4.1	Pharmacies	0	0	0	0	0	0	0	0
HP 5	Provision and administration of public health programmes	256	0	0	0	0	0	0	0
HP 5.1	Sanitary-epidemiological and anti-plague stations	0	0	0	0	0	0	0	0
HP 5.2	Anti-epidemic activities	0	0	0	0	0	0	0	0
HP 5.3	AIDS Control Centers	0	0	0	0	0	0	0	0
HP 5.4	Health centers and health education activities	0	0	0	0	0	0	0	0
HP 5.6	Children's homes, rooms of mother and the child	256	0	0	0	0	0	0	0
HP 6	General health administration and insurance	0	0	0	0	0	0	0	0
<i>HP 6.1</i>	<i>Central Office of the Ministry of Health</i>	0	0	0	0	0	0	0	0
<i>HP 6.2</i>	<i>Administrative costs of MHIF</i>	0	0	0	0	0	0	0	0
<i>HP 6.5</i>	<i>Centralized accounting offices</i>	0	0	0	0	0	0	0	0
HP 6.5.1	Centralized accounting offices (MOH)	0	0	0	0	0	0	0	0
HP 6.5.2	Other health expenditures	0	0	0	0	0	0	0	0
HP 6.9	Other not categorized services	0	0	0	0	0	0	0	0
HP 6.9.1	Other not categorized services (MOH)	0	0	0	0	0	0	0	0
HP 6.9.2	Other not categorized services (MHIF)	0	0	0	0	0	0	0	0
HP 6.9.3	Departmental enterprises and organizations	0	0	0	0	0	0	0	0
HP 7	All other industries (rest of the economy)	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
HP 8	Institutions providing health-related services	0	0	0	0	0	0	0	0
<i>HP 8.1</i>	<i>Research institutes (centers) of health care</i>	0	0	0	0	0	0	0	0
<i>HP 8.2</i>	<i>Educational and training institutions</i>	0	0	0	0	0	0	0	0
HP 9	External provision	0	0	0	0	0	0	0	0
TOTAL		3 414 682	0	2 509 477	2 362 060	68 556	127 429	19 988	0

National Health Accounts in Kyrgyzstan, 2009

Table 3: National Health expenditures by type of health providers and health functions, 2009 (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	0	0	0	0	3 621	3 621	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
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0
HP 3.9	Other providers of ambulatory health care	0	0	0	0	10 551	0	0	0
HP 3.9.1	Acute/emergency care services	0	0	0	0	0	0	0	0
<i>HP 3.9.1</i>	Acute and emergency care station	0	0	0	0	0	0	0	0
<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	10 551	0	0	0
HP 4	Retail and other providers of medical goods	0	0	3 720 059	105 200	0	0	0	0
HP 4.1	Pharmacies	0	0	3 720 059	105 200	0	0	0	0
HP 5	Provision and administration of public health programmes	0	0	0	0	507 783	27 983	0	13 603
HP 5.1	Sanitary-epidemiological and anti-plague stations	0	0	0	0	281 315	0	0	0
HP 5.2	Anti-epidemic activities	0	0	0	0	20 736	0	0	13 603
HP 5.3	AIDS Control Centers	0	0	0	0	27 918	0	0	0
HP 5.4	Health centers and health education activities	0	0	0	0	10 740	0	0	0
HP 5.6	Children's homes, rooms of mother and the child	0	0	0	0	27 983	27 983	0	0
HP 6	General health administration and insurance	0	0	0	0	2 257	0	0	0
<i>HP 6.1</i>	<i>Central Office of the Ministry of Health</i>	0	0	0	0	0	0	0	0
<i>HP 6.2</i>	<i>Administrative costs of MHIF</i>	0	0	0	0	0	0	0	0
<i>HP 6.5</i>	<i>Centralized accounting offices</i>	0	0	0	0	115	0	0	0
HP 6.5.1	Centralized accounting offices (MOH)	0	0	0	0	0	0	0	0
HP 6.5.2	Other health expenditures	0	0	0	0	115	0	0	0
HP 6.9	Other not categorized services	0	0	0	0	2 142	0	0	0
HP 6.9.1	Other not categorized services (MOH)	0	0	0	0	0	0	0	0
HP 6.9.2	Other not categorized services (MHIF)	0	0	0	0	2 142	0	0	0
HP 6.9.3	Departmental enterprises and organizations	0	0	0	0	0	0	0	0
HP 7	All other industries (rest of the economy)	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
HP 8	Institutions providing health-related services	0	0	0	0	0	0	0	0
<i>HP 8.1</i>	<i>Research institutes (centers) of health care</i>	0	0	0	0	0	0	0	0
<i>HP 8.2</i>	<i>Educational and training institutions</i>	0	0	0	0	0	0	0	0
HP 9	External provision	0	0	0	0	0	0	0	0
TOTAL		0	0	3 720 059	105 200	525 445	32 838	0	13 603

National Health Accounts in Kyrgyzstan, 2009

Table 3: National Health expenditures by type of health providers and health functions, 2009 (thous. soms)

		HC 6 Prevention and public health services		HC 7 Administration of health care and health insurance	HC.R. 1-5 <i>Health related functions</i>	HC.R. 2 <i>Education and training of health specialists</i>	HC.R. 3 <i>Scientific research and development in the area of health care</i>	HC. Nsk HC <i>Not categorized expenditures</i>	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					
HP 3.4.1	The centre of family planning and reproductive health	0	0	0	0	0	0	0	3 621
HP 3.4.5	Other polyclinics and services of nurses not included in other sub-groups	0	0	0	0	0	0	0	0
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0
HP 3.9	Other providers of ambulatory health care	0	10 551	0	35 166	0	0	35 166	114 272
HP 3.9.1	Acute/emergency care services	0	0	0	0	0	0	0	68 556
HP 3.9.1	Acute and emergency care station	0	0	0	0	0	0	0	68 556
HP 3.9.2	Emergency care department in general hospitals and FMC	0	0	0	0	0	0	0	0
HP 3.9.2	Blood transfusion stations	0	10 551	0	35 166	0	0	35 166	45 716
HP 4	Retail and other providers of medical goods	0	0	0	0	0	0	0	3 720 059
HP 4.1	Pharmacies	0	0	0	0	0	0	0	3 720 059
HP 5	Provision and administration of public health programmes	0	466 197	0	0	0	0	0	508 039
HP 5.1	Sanitary-epidemiological and anti-plague stations	0	281 315	0	0	0	0	0	281 315
HP 5.2	Anti-epidemic activities	0	7 133	0	0	0	0	0	20 736
HP 5.3	AIDS Control Centers	0	27 918	0	0	0	0	0	27 918
HP 5.4	Health centers and health education activities	0	10 740	0	0	0	0	0	10 740
HP 5.6	Children's homes, rooms of mother and the child	0	0	0	0	0	0	0	28 239
HP 6	General health administration and insurance	0	2 257	474 830	710 060	0	0	710 060	1 187 146
HP 6.1	Central Office of the Ministry of Health	0	0	73 988	0	0	0	0	73 988
HP 6.2	Administrative costs of MHIF	0	0	34 738	48 355	0	0	48 355	83 094
HP 6.5	Centralized accounting offices	0	115	366 104	7 740	0	0	7 740	373 959
HP 6.5.1	Centralized accounting offices (MOH)	0	0	12 183	0	0	0	0	12 183
HP 6.5.2	Other health expenditures	0	115	353 921	7 740	0	0	7 740	361 776
HP 6.9	Other not categorized services	0	2 142	0	653 965	0	0	653 965	656 106
HP 6.9.1	Other not categorized services (MOH)	0	0	0	618 256	0	0	618 256	618 256
HP 6.9.2	Other not categorized services (MHIF)	0	2 142	0	0	0	0	0	2 142
HP 6.9.3	Departmental enterprises and organizations	0	0	0	35 709	0	0	35 709	35 709
HP 7	All other industries (rest of the economy)	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
HP 8	Institutions providing health-related services	0	0	0	273 141	208 137	65 005	0	273 141
HP 8.1	Research institutes (centers) of health care	0	0	0	65 005	0	65 005	0	65 005
HP 8.2	Educational and training institutions	0	0	0	208 137	208 137	0	0	208 137
HP 9	External provision	0	0	0	0	0	0	0	0
TOTAL		0	479 005	474 830	1 018 366	208 137	65 005	745 225	12 474 819

National Health Accounts in Kyrgyzstan, 2009

Table 4: National Health expenditures by type of financing organizations/agencies and health functions, 2009 (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	
HF.A	STATE GOVERNANCE SECTOR	5 105 098	3 125 563	40 850	44 868	-	52 318	4 794	597 020	52 836	1 339	2 331 537
HF 1.1	State public authorities except social welfare funds	591 872	591 872	-	-	-	-	1 620	545 074	-	1 339	43 839
HF 1.1.1	Central governance bodies	591 872	591 872	-	-	-	-	1 620	545 074	-	1 339	43 839
HF 1.1.1.1	Ministry of Health	560 008	560 008	-	-	-	-	1 620	545 074	-	1 339	11 975
HF 1.1.1.2	Ministry of Defense	2 673	2 673	-	-	-	-	-	-	-	-	2 673
HF 1.1.1.3	Ministry of Justice (GUIN)	488	488	-	-	-	-	-	-	-	-	488
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	2 305	2 305	-	-	-	-	-	-	-	-	2 305
HF 1.1.1.7	Presidential Administration (TCA)	16 025	16 025	-	-	-	-	-	-	-	-	16 025
HF 1.1.1.8	Boarder service	2 045	2 045	-	-	-	-	-	-	-	-	2 045
HF 1.1.1.9	NSS	8 328	8 328	-	-	-	-	-	-	-	-	8 328
HF 1.2.	Social welfare funds	4 513 227	2 533 692	40 850	44 868	-	52 318	3 174	51 946	52 836	-	2 287 698
HF 1.2.1	MHIF under MOH KR	4 513 227	2 533 692	40 850	44 868	-	52 318	3 174	51 946	52 836	-	2 287 698
HF.B	NON-GOVERNMENTAL SECTOR	1 343 786	833 832	12 385	-	-	2 042	-	-	3 506	-	815 898
HF 2.3	Out-of-pockets payments	1 343 786	833 832	12 385	-	-	2 042	-	-	3 506	-	815 898
HF.3	REST OF THE WORLD	125 526	105 538	-	-	-	-	-	-	-	-	105 538
HF 3.1	Donor organizations	125 526	105 538	-	-	-	-	-	-	-	-	105 538
TOTAL		6 574 410	4 064 933	53 235	44 868	-	54 360	4 794	597 020	56 343	1 339	3 252 973

Table 4: National Health expenditures by type of financing organizations/agencies and health functions, 2009 (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					
HF.A	STATE GOVERNANCE SECTOR	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	Auxiliary types of health services	Clinical laboratories	Diagnostic services	Drugs and other medicines	Prescribed drugs
HF.A	STATE GOVERNANCE SECTOR	-	1 979 535	68 556	68 556	127 429	1 783 551	-	-	-	105 200	105 200
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	-	-	-	-	-	-	-	-	-	-	-
HF 1.2.	Social welfare funds	-	1 979 535	68 556	68 556	127 429	1 783 551	-	-	-	105 200	105 200
HF 1.2.1	MHIF under MOH KR	-	1 979 535	68 556	68 556	127 429	1 783 551	-	-	-	105 200	105 200
HF.B	NON-GOVERNMENTAL SECTOR	-	509 953	480 730	-	-	29 223	-	-	-	3 614 858	-
HF 2.3	Out-of-pockets payments	-	509 953	480 730	-	-	29 223	-	-	-	3 614 858	-
HF.3	REST OF THE WORLD	-	19 988	-	-	-	19 988	-	-	-	-	-
HF 3.1	Donor organizations	-	19 988	-	-	-	19 988	-	-	-	-	-
TOTAL		-	2 509 477	549 286	68 556	127 429	1 832 762	-	-	-	3 720 059	105 200

National Health Accounts in Kyrgyzstan, 2009

Table 4: National Health expenditures by type of financing organizations/agencies and health functions, 2009 (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	
HF.A	STATE GOVERNANCE SECTOR	386 354	32 838	-	13 603	-	339 914	59 846	1 180 075	208 137	65 005	906 934	6 836 574
HF 1.1	State public authorities except social welfare funds	335 840	15 715	-	13 603	-	306 521	25 108	1 096 124	208 137	65 005	822 983	2 048 943
HF 1.1.1	Central governance bodies	335 840	15 715	-	13 603	-	306 521	25 108	1 096 124	208 137	65 005	822 983	2 048 943
HF 1.1.1.1	Ministry of Health	335 840	15 715	-	13 603	-	306 521	25 108	934 416	208 137	65 005	661 274	1 855 371
HF 1.1.1.2	Ministry of Defense	-	-	-	-	-	-	-	26 913	-	-	26 913	29 586
HF 1.1.1.3	Ministry of Justice (GUIN)	-	-	-	-	-	-	-	29 183	-	-	29 183	29 671
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	-	-	-	-	-	-	-	32 567	-	-	32 567	34 872
HF 1.1.1.7	Presidential Administration (TCA)	-	-	-	-	-	-	-	73 045	-	-	73 045	89 070
HF 1.1.1.8	Boarder service	-	-	-	-	-	-	-	-	-	-	-	2 045
HF 1.1.1.9	NSS	-	-	-	-	-	-	-	-	-	-	-	8 328
HF 1.2.	Social welfare funds	50 515	17 122	-	-	-	33 392	34 738	83 951	-	-	83 951	4 787 631
HF 1.2.1	MHIF under MOH KR	50 515	17 122	-	-	-	33 392	34 738	83 951	-	-	83 951	4 787 631
HF.B	NON-GOVERNMENTAL SECTOR	-	-	-	-	-	-	-	-	-	-	-	4 958 644
HF 2.3	Out-of-pockets payments	-	-	-	-	-	-	-	-	-	-	-	4 958 644
HF.3	REST OF THE WORLD	139 091	-	-	-	-	139 091	61 065	353 919	-	-	353 919	679 601
HF 3.1	Donor organizations	139 091	-	-	-	-	139 091	61 065	353 919	-	-	353 919	679 601
TOTAL		525 445	32 838	-	13 603	-	479 005	120 911	1 533 994	208 137	65 005	1 260 853	12 474 819

National Health Accounts in Kyrgyzstan, 2009

Table 5: National Health expenditures by type of financing organizations/agencies and resource costs, 2009 (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 1	Hospitals	4 071 535	1 960 216	1 643 731	308 958	7 527	2 111 320	877 207	350 744	526 462
HP 1.1	General hospitals	3 156 398	1 534 190	1 286 809	241 151	6 230	1 622 208	630 032	227 131	402 900
HP 1.1.1	Other general hospitals (public)	2 879 154	1 370 187	1 149 747	214 826	5 614	1 508 967	562 616	199 569	363 047
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	277 245	164 004	137 062	26 325	616	113 241	67 416	27 563	39 853
HP 1.2	Specialized hospitals (dispensaries, centers)	28 442	14 757	12 303	2 347	107	13 685	6 402	3 632	2 771
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	1 339	188	116	20	52	1 151	0	0	0
HP 1.2.2	Narcological hospitals	27 103	14 569	12 186	2 328	55	12 534	6 402	3 632	2 771
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	886 695	411 269	344 619	65 460	1 190	475 427	240 773	119 981	120 791
HP 1.3.1	Oncological hospitals	4 758	1 053	814	112	127	3 705	2 458	0	2 458
HP 1.3.2	TB hospitals (dispensaries)	558 811	316 391	265 097	50 321	972	242 420	168 943	105 012	63 930
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	25 285	15 006	12 565	2 391	49	10 279	6 914	2 476	4 438
HP 1.3.4	Infectious diseases hospitals	56 240	27 429	23 002	4 385	42	28 811	20 184	5 951	14 233
HP 1.3.5	Other specialized hospitals	186 918	17 164	14 392	2 772	0	169 754	29 582	3 024	26 558
HP 1.3.6	Maternity hospitals	54 684	34 227	28 749	5 478	0	20 457	12 691	3 518	9 173
HP 1.3.6.1	Public maternity hospitals	54 684	34 227	28 749	5 478	0	20 457	12 691	3 518	9 173
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0	0	0	0	0
HP 2	Boarding institutions and other institutions delivering care	33 724	19 532	16 136	3 271	124	14 192	8 128	5 308	2 821
HP 2.1	Medical rehabilitation hospitals	8 717	5 140	4 277	851	12	3 577	1 725	497	1 229
HP 2.9	All other residential care facilities	25 007	14 392	11 860	2 421	112	10 615	6 403	4 811	1 592
HP 2.9.1	Sanitoriums of TB patients	30	6	2	0	4	24	0	0	0
HP 2.9.2	Sanitoriums for children and adolescents	24 977	14 386	11 858	2 421	108	10 591	6 403	4 811	1 592
HP.3	Providers of ambulatory health care	2 520 766	1 622 254	1 353 238	259 175	9 840	898 513	168 275	17 759	150 516
HP 3.1	Office of physicians	2 288 932	1 453 299	1 212 475	232 422	8 403	835 633	141 257	16 150	125 107
HP 3.1.1	FMC	1 947 092	1 200 354	1 002 955	192 236	5 164	746 737	94 723	1 543	93 180
HP 3.1.2	FGP	26 681	22 347	18 505	3 600	243	4 334	1 103	55	1 048
HP 3.1.3	GPC	315 159	230 597	191 016	36 586	2 996	84 562	45 431	14 552	30 879
HP 3.2	Office of dentists	114 637	89 169	74 177	14 156	837	25 468	9 501	300	9 201
HP 3.2.1	Public dental polyclinic	114 637	89 169	74 177	14 156	837	25 468	9 501	300	9 201
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0	0
HP 3.3.1	Specialized polyclinics and dispensaries	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

National Health Accounts in Kyrgyzstan, 2009

Table 5: National Health expenditures by type of financing organizations/agencies and resource costs, 2009 (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)	0	0	0	0	0	0	0	0	0
HP 3.4	Outpatient care centers	3 345	1 595	1 270	237	87	1 750	196	12	184
HP 3.4.1	The centre of family planning and reproductive health	3 345	1 595	1 270	237	87	1 750	196	12	184
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
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0	0
HP 3.9	Other providers of ambulatory health care	113 852	78 191	65 317	12 360	514	35 661	17 321	1 297	16 024
HP 3.9.1	Acute/emergency care services	68 236	59 166	49 697	9 449	19	9 070	2 895	0	2 895
HP 3.9.1	Acute and emergency care station	68 236	59 166	49 697	9 449	19	9 070	2 895	0	2 895
HP 3.9.2	Emergency care department in general hospitals and FMC	0	0	0	0	0	0	0	0	0
HP 3.9.2	Blood transfusion stations	45 616	19 025	15 620	2 911	494	26 591	14 426	1 297	13 129
HP 4	Retail and other providers of medical goods	3 720 059	0	0	0	0	3 720 059	3 720 059	0	3 720 059
HP 4.1	Pharmacies	3 720 059	0	0	0	0	3 720 059	3 720 059	0	3 720 059
HP 5	Provision and administration of public health programmes	506 074	246 850	201 537	38 442	6 871	139 091	49 471	7 717	41 754
HP 5.1	Sanitary-epidemiological and anti-plague stations	280 811	200 651	163 044	31 090	6 516	80 160	23 211	1 298	21 914
HP 5.2	Anti-epidemic activities	20 455	4 265	3 555	704	6	16 190	13 204	5	13 199
HP 5.3	AIDS Control Centers	27 163	18 567	15 351	2 909	306	8 597	5 814	194	5 620
HP 5.4	Health centers and health education activities	10 314	6 112	5 106	971	35	4 203	150	0	150
HP 5.6	Children's homes, rooms of mother and the child	28 239	17 255	14 480	2 768	8	10 984	7 091	6 220	871
HP 6	General health administration and insurance	878 118	122 783	98 897	18 555	5 331	755 336	183 754	3 043	180 711
HP 6.1	Central Office of the Ministry of Health	73 988	10 163	8 636	1 445	82	63 825	0	0	0
HP 6.2	Administrative costs of MHIF	65 854	41 231	33 490	6 139	1 601	24 623	5 391	0	5 391
HP 6.5	Centralized accounting offices	373 751	7 870	5 552	1 061	1 257	365 881	0	0	0
HP 6.5.1	Centralized accounting offices (MOH)	11 975	2 791	1 385	247	1 159	9 184	0	0	0
HP 6.5.2	Other health expenditures	361 776	5 078	4 167	813	98	356 697	0	0	0
HP 6.9	Other not categorized services	364 525	63 519	51 218	9 910	2 390	301 006	178 362	3 043	175 319
HP 6.9.1	Other not categorized services (MOH)	327 183	42 618	33 654	6 573	2 390	284 565	177 672	2 443	175 229

Table 5: National Health expenditures by type of financing organizations/agencies and resource costs, 2009 (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)	1 633	796	669	127	0	836	691	600	91
HP 6.9.3	Departmental enterprises and organizations	35 709	20 105	16 895	3 210	0	15 604	0	0	0
HP 7	All other industries (rest of the economy)	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
HP 8	Institutions providing health-related services	255 289	187 173	153 640	28 820	4 713	68 116	12 840	6 702	6 138
HP 8.1	Research institutes (centers) of health care	64 980	47 591	38 029	7 136	2 425	17 389	157	65	92
HP 8.2	Educational and training institutions	190 309	139 582	115 610	21 684	2 288	50 727	12 683	6 637	6 046
HP 9	External provision	0	0	0	0	0	0	0	0	0
TOTAL		11 985 565	4 158 806	3 467 179	657 221	34 406	7 706 625	5 019 734	391 273	4 628 460

National Health Accounts in Kyrgyzstan, 2009

Table 5: National Health expenditures by type of financing organizations/agencies and resource costs, 2009 (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 1	Hospitals	491 487	270 246	12	20 846	200 383	742 626	120 144	21 527	98 617	4 191 679
HP 1.1	General hospitals	385 414	200 481	0	17 228	167 705	606 762	104 840	12 726	92 114	3 261 238
HP 1.1.1	Other general hospitals (public)	339 589	179 099	0	16 519	143 971	606 762	86 688	9 780	76 908	2 965 842
HP 1.1.2	Other general hospitals (private)	0	0	0	0	0	0	0	0	0	0
HP 1.1.3	Children's hospitals	45 825	21 382	0	709	23 735	0	18 152	2 946	15 206	295 397
HP 1.2	Specialized hospitals (dispensaries, centers)	7 283	1 819	12	354	5 098	0	201	0	201	28 643
HP 1.2.1	Psycho-neurological hospitals (dispensaries)	1 151	15	12	160	964	0	0	0	0	1 339
HP 1.2.2	Narcological hospitals	6 132	1 804	0	194	4 134	0	201	0	201	27 305
HP 1.3	Specialized hospitals (dispensaries, centers) except psycho-neurological and narcological hospitals	98 790	67 945	0	3 264	27 581	135 864	15 102	8 801	6 301	901 798
HP 1.3.1	Oncological hospitals	1 247	134	0	200	913	0	37	0	37	4 794
HP 1.3.2	TB hospitals (dispensaries)	73 477	56 444	0	1 670	15 363	0	13 203	8 801	4 402	572 013
HP 1.3.3	Dermatology-venereal hospitals (dispensaries)	3 365	1 210	0	339	1 815	0	699	0	699	25 984
HP 1.3.4	Infectious diseases hospitals	8 627	5 439	0	792	2 395	0	103	0	103	56 343
HP 1.3.5	Other specialized hospitals	4 308	1 215	0	67	3 026	135 864	726	0	726	187 644
HP 1.3.6	Maternity hospitals	7 767	3 503	0	196	4 068	0	336	0	336	55 020
HP 1.3.6.1	Public maternity hospitals	7 767	3 503	0	196	4 068	0	336	0	336	55 020
HP 1.3.6.2	Private maternity hospitals	0	0	0	0	0	0	0	0	0	0
HP 2	Boarding institutions and other institutions delivering care	6 064	4 766	0	91	1 207	0	2 217	0	2 217	35 941
HP 2.1	Medical rehabilitation hospitals	1 852	1 323	0	18	510	0	2 217	0	2 217	10 934
HP 2.9	All other residential care facilities	4 212	3 443	0	73	696	0	0	0	0	25 007
HP 2.9.1	Sanitoriums of TB patients	24	0	0	0	24	0	0	0	0	30
HP 2.9.2	Sanitoriums for children and adolescents	4 188	3 443	0	73	672	0	0	0	0	24 977
HP.3	Providers of ambulatory health care	229 478	69 267	29	35 001	125 182	500 759	38 048	3 200	34 848	2 558 814
HP 3.1	Office of physicians	193 617	59 054	23	28 463	106 077	500 759	24 561	2 450	22 111	2 313 492
HP 3.1.1	FMC	151 276	43 952	23	23 821	83 479	500 739	22 882	1 950	20 932	1 969 974
HP 3.1.2	FGP	3 231	460	0	217	2 554	0	145	0	145	26 827
HP 3.1.3	GPC	39 111	14 642	0	4 424	20 045	20	1 533	500	1 033	316 692
HP 3.2	Office of dentists	15 967	4 134	4	750	11 080	0	12 792	536	12 256	127 429
HP 3.2.1	Public dental polyclinic	15 967	4 134	4	750	11 080	0	12 792	536	12 256	127 429
HP 3.2.2	Private dental polyclinic	0	0	0	0	0	0	0	0	0	0
HP 3.3	Specialized polyclinics and narrow specialists	0	0	0	0	0	0	0	0	0	0
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

National Health Accounts in Kyrgyzstan, 2009

Table 5: National Health expenditures by type of financing organizations/agencies and resource costs, 2009 (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				
		Services	Utility services	Rental	Transport services	Procurement of other services	Other procurements and services		Buildings and premises	Procurement of the capital equipment and durable goods	
HP 3.3.3	Gynecology and urology centers (private)	0	0	0	0	0	0	0	0	0	
HP 3.4	Outpatient care centers	1 554	77	0	198	1 279	0	276	114	161	3 621
HP 3.4.1	The centre of family planning and reproductive health	1 554	77	0	198	1 279	0	276	114	161	3 621
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
HP 3.5	Medical and diagnostic laboratories	0	0	0	0	0	0	0	0	0	0
HP 3.9	Other providers of ambulatory health care	18 340	6 002	2	5 590	6 745	0	420	100	320	114 272
HP 3.9.1	Acute/emergency care services	6 175	941	0	3 647	1 587	0	320	0	320	68 556
<i>HP 3.9.1</i>	Acute and emergency care station	6 175	941	0	3 647	1 587	0	320	0	320	68 556
<i>HP 3.9.2</i>	Emergency care department in general hospitals and FMC	0	0	0	0	0	0	0	0	0	0
HP 3.9.2	Blood transfusion stations	12 165	5 061	2	1 943	5 158	0	100	100	0	45 716
HP 4	Retail and other providers of medical goods	0	0	0	0	0	0	0	0	0	3 720 059
HP 4.1	Pharmacies	0	0	0	0	0	0	0	0	0	3 720 059
HP 5	Provision and administration of public health programmes	70 663	16 637	109	9 301	44 615	18 957	1 965	1 170	795	508 039
HP 5.1	Sanitary-epidemiological and anti-plague stations	56 949	10 806	99	8 100	37 944	0	504	220	284	281 315
HP 5.2	Anti-epidemic activities	2 986	97	0	387	2 502	0	281	0	281	20 736
HP 5.3	AIDS Control Centers	2 783	896	10	407	1 470	0	754	550	204	27 918
HP 5.4	Health centers and health education activities	4 053	1 314	0	379	2 360	0	426	400	26	10 740
HP 5.6	Children's homes, rooms of mother and the child	3 893	3 525	0	28	340	0	0	0	0	28 239
HP 6	General health administration and insurance	156 526	7 367	632	21 410	127 117	415 056	309 028	19 158	289 870	1 187 146
<i>HP 6.1</i>	<i>Central Office of the Ministry of Health</i>	2 762	1 270	0	1 074	419	61 063	0	0	0	73 988
<i>HP 6.2</i>	<i>Administrative costs of MHIF</i>	19 232	2 465	632	1 537	14 598	0	17 239	1 542	15 697	83 094
<i>HP 6.5</i>	<i>Centralized accounting offices</i>	11 888	265	0	2 303	9 320	353 993	208	0	208	373 959
HP 6.5.1	Centralized accounting offices (MOH)	9 112	29	0	0	9 083	72	208	0	208	12 183
HP 6.5.2	Other health expenditures	2 776	235	0	2 303	238	353 921	0	0	0	361 776
HP 6.9	Other not categorized services	122 643	3 368	0	16 496	102 780	0	291 581	17 616	273 965	656 106
HP 6.9.1	Other not categorized services (MOH)	106 894	3 114	0	1 161	102 619	0	291 072	17 616	273 456	618 256

National Health Accounts in Kyrgyzstan, 2009

Table 5: National Health expenditures by type of financing organizations/agencies and resource costs, 2008 (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)	146	71	0	0	75	0	509	0	509	2 142
HP 6.9.3	Departmental enterprises and organizations	15 604	183	0	15 334	87	0	0	0	0	35 709
HP 7	All other industries (rest of the economy)	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	44 708	19 379	23	2 602	22 704	10 568	17 853	9 814	8 038	273 141
HP 8.1	Research institutes (centers) of health care	9 140	6 116	0	413	2 610	8 092	25	0	25	65 005
HP 8.2	Educational and training institutions	35 568	13 263	23	2 189	20 094	2 476	17 828	9 814	8 014	208 137
HP 9	External provision	0	0	0	0	0	0	0	0	0	0
TOTAL		998 925	387 663	804	89 250	521 208	1 687 966	489 254	54 869	434 385	12 474 819