
Policy Research Paper # 55

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

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Content

Abbreviations	4
Summary	5
1. Epidemiological Situation	7
2. Delivery of Health Care	10
3. Financing Structure	13
4. Methodological aspects of the NHA TB Sub-accounts	16
5. Situation Analysis of financing of the TB programme in 2007	18
5.1 Structure of total TB expenditures by Financing Sources	18
5.2 Review of Financing Organizations.....	19
5.3 Distribution of expenditures for health services by providers	19
5.4 Distribution of the TB funds by functions.....	21
5.5 Distribution of funds by economic classifiers, line-items	22
6. Findings and Recommendations	23
Annex: Tables of NHA TB Sub Accounts in Kyrgyzstan	25
Table 1: National Health expenditures on tuberculosis by type of financing sources and financing organizations/agencies, 2007	25
Table 2: National Health expenditures on tuberculosis by type of financing organizations/agencies and health providers, 2007	26
Table 3: National Health expenditures on tuberculosis by type of health providers and health functions, 2007.....	32
Table 4: National Health expenditures on tuberculosis by type of financing organizations/agencies and health functions, 2007	48
Table 5: National Health expenditures on tuberculosis by type of financing organizations/agencies and resource costs, 2007.....	55

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Abbreviations

CHSD	Center for Health System Development, MOH of the KR
DFID	Department For International Development, United Kingdom
DOTS	Directly Observed Treatment Short-Course Therapy
DOTS PLUS	WHO Strategy to manage MDR-TB
DST	Drug Susceptibility Testing
FGP	Family Group Practices
FMC	Family Medicine Centers
GUIN	Department of Corrections
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HC. Nsk HC	Health Care expenditure not specified by kind
HLSC	Healthy Life Style Center
ICRC	International Committee of the Red Cross
ICHA	International Classification of Health Accounts
IVC	Temporary holding facility
KfW	German Reconstruction Bank
KR	Kyrgyz Republic
MIA	Ministry of Internal Affairs of the KR
MOH	Ministry of Health of the KR
MDR-TB	Multidrug Resistant Tuberculosis
MHIF	Mandatory Health Insurance Fund, MOH of the KR
MOD	Ministry of Defense of the KR
MOJ	Ministry of Justice of the KR
MSF	Doctors Without Borders
NGO	Non-governmental organizations
NHA	National Health Accounts
NPC	National Phthisiology Center
OECD	Organization for Economic Cooperation and Development
OOPs	Out-of-Pocket spending
PAL	Practical Approach to Lung Diseases (Kyrgyz Finnish Programme)
PHC	Primary Health Care
PTDF	Pre-Trial Detention Facility
RHIC	Republican Health Information Center, MOH of the KR
RCI&E	Republican Center of Informatics and Epidemiology
RMIC	Imperial College
SDC	Swiss Development Cooperation
SES	Sanitary-Epidemiological Service
SSESC	State Sanitary-Epidemiological Service Center
SHA	System of Health Accounts
SWAp	Sector Wide Approach
TB	Tuberculosis
TB programme	Tuberculosis programme
USAID	US Agency for International Development
WB	World Bank
WHO	World Health Organization

Summary

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

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

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

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

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

Key findings:

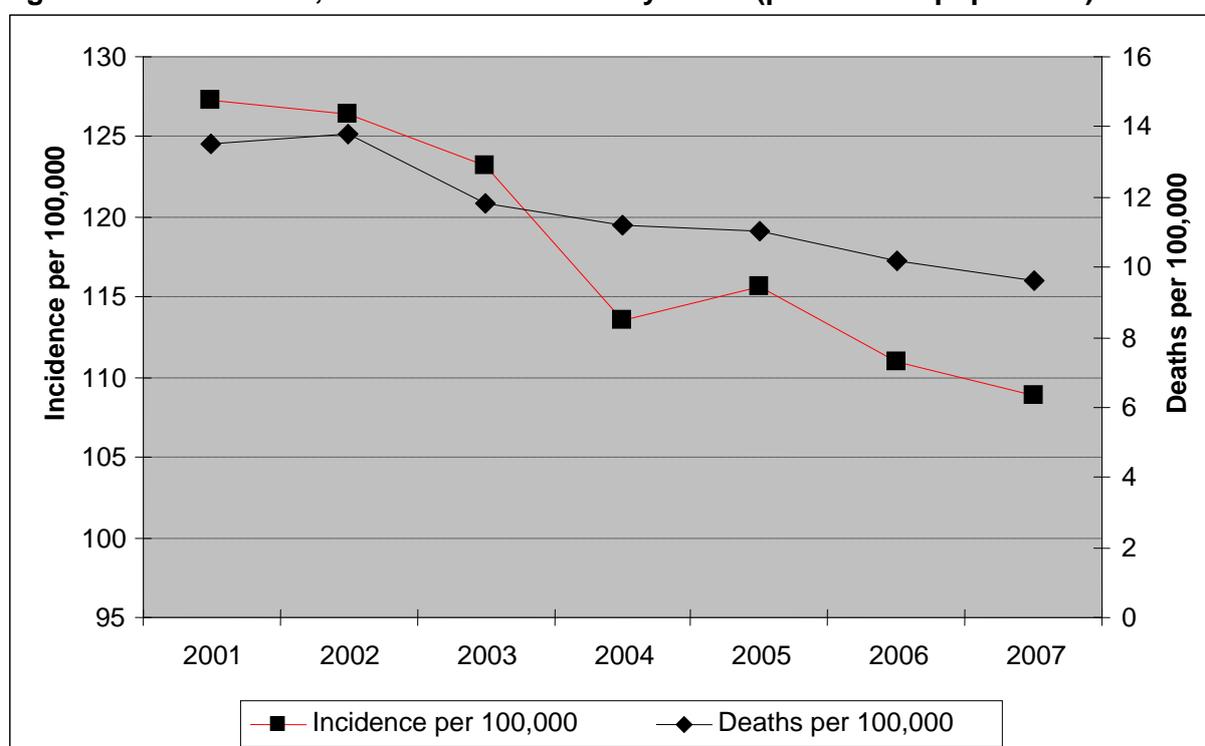
1. Major financing sources of the TB programme are *public funds and external financing*, in particular, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), USAID, KfW, WHO, UNFPA, Government of Finland, ICRC and Doctors without borders (MSF). Thus, the level of government spending on the TB programme amounted to over 55%, and the level of external financing was 44%.
2. In 2007, total TB expenditures amounted to 437,589 thous. kyrgyz som or 4.8% of total health expenditures. Funding from the republican budget was 6.5% out of total government spending on health and international funds amounted to not more than 18% of total external financing.
3. Major TB-related expenditures by providers are for TB centers (30%), followed by TB Hospitals (13.6%). Meanwhile, about 4% is spent on outpatient care.
4. With a breakdown into functions, slightly more than 40% is channeled for the «*Medical care services*» category, out of which 37% goes to hospitals (including external funding) and 3% goes to the PHC level. About 12% (per category) are channeled for «*Medical Goods, prescribed to outpatients*» and «*Administration of health care and health insurance for TB activities*» categories. As for the «*Services on prevention and public health care on TB control*» category, these costs comprised 8.3% of total TB expenditures. Quite a significant amount falls on the category «*HC. Nsk HC Expenditures, not specified by categories*» - 15.5%, where 2/3 of the amount falls onto external financing, which was not classified within the conducted survey.
5. In the total expenditure structure of the TB facilities major expenses are fixed costs such as «*Personnel*» and «*Medicines and dressings/bandages*», 24% and 27% accordingly. «*Total capital investments*» category amounted to 6.8% of total expenditures on the TB programme, and all those costs are covered by international organizations.

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

1. Epidemiological Situation

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

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



Source: RMIC

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

Table 1. TB Incidence and Mortality Rates in 2007

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

Source: NPC, 2008

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

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

Table 2. Severe TB cases among patients, 2007

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

Source: NPC KR, 2008

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

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

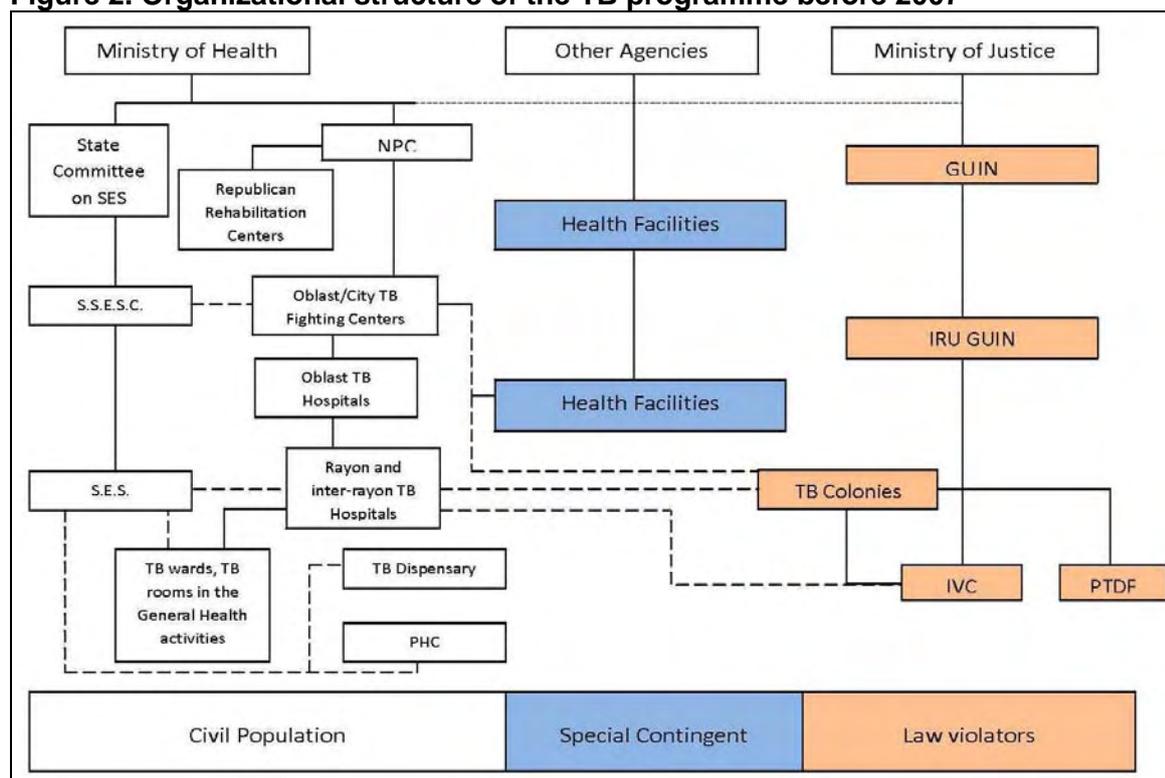
The epidemiological situation and health-demographic indicators have identified TB control as one of the priorities in the National «Manas Taalimi» Health Reform Programme and the Millennium Development Goals.

2. Delivery of Health Care

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

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

Figure 2. Organizational structure of the TB programme before 2007



Source: Project HOPE/USAID

In the KR, private clinics and private doctors are not allowed to deliver TB services to the population. If a patient is suspected of having TB, then that patient should be referred a specialized facility.

Oblast TB centres are the largest facilities in oblasts, in addition to their curative functions they are also responsible for TB programme implementation and its organization at the oblast level. At the rayon level, the Head of a territorial hospital is responsible for the organizational role of the TB programme, whereas rayon/city TB dispensaries (TB organizations, TB centers) provide methodological and consultative assistance to general hospitals and PHC facilities. Currently, 6

TB wards are in place within Territorial hospitals and one specialized facility in Chymkorgon for mentally ill people; however, by the end of 2009 it is planned to close all 7 wards, as TB patients are specific cases and require a certain approach towards their treatment.

TB services are also provided in GUIN (Department of Corrections, MOJ) because the TB incidence rate is high in prisons. TB facilities within GUIN include TB hospitals within colonies and prison cells for TB patients in Pre-Trial Detention Facilities (PTDF). IVC (Temporary holding facilities) rely on services of the closest TB dispensary or Territorial Hospital. The Ministry of Defense (MOD) has a contract with the Republican Hospital, according to which suspected TB cases among military personnel are referred to the Republican Hospital for medical examination; if diagnosis is confirmed, this military officer resigns because his physical condition does not let him to serve in the military further. Thus, once he resigns he goes to get treatment as all civil population upon referral.

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

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

Table 3. Structure of the TB programme delivery

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

Treatment	TB system PHC	Intensive and supportive phases
Rehabilitation	TB system Sanatoriums Specialized rehabilitation centers for children	Sanatoria -rehabilitation treatment

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

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

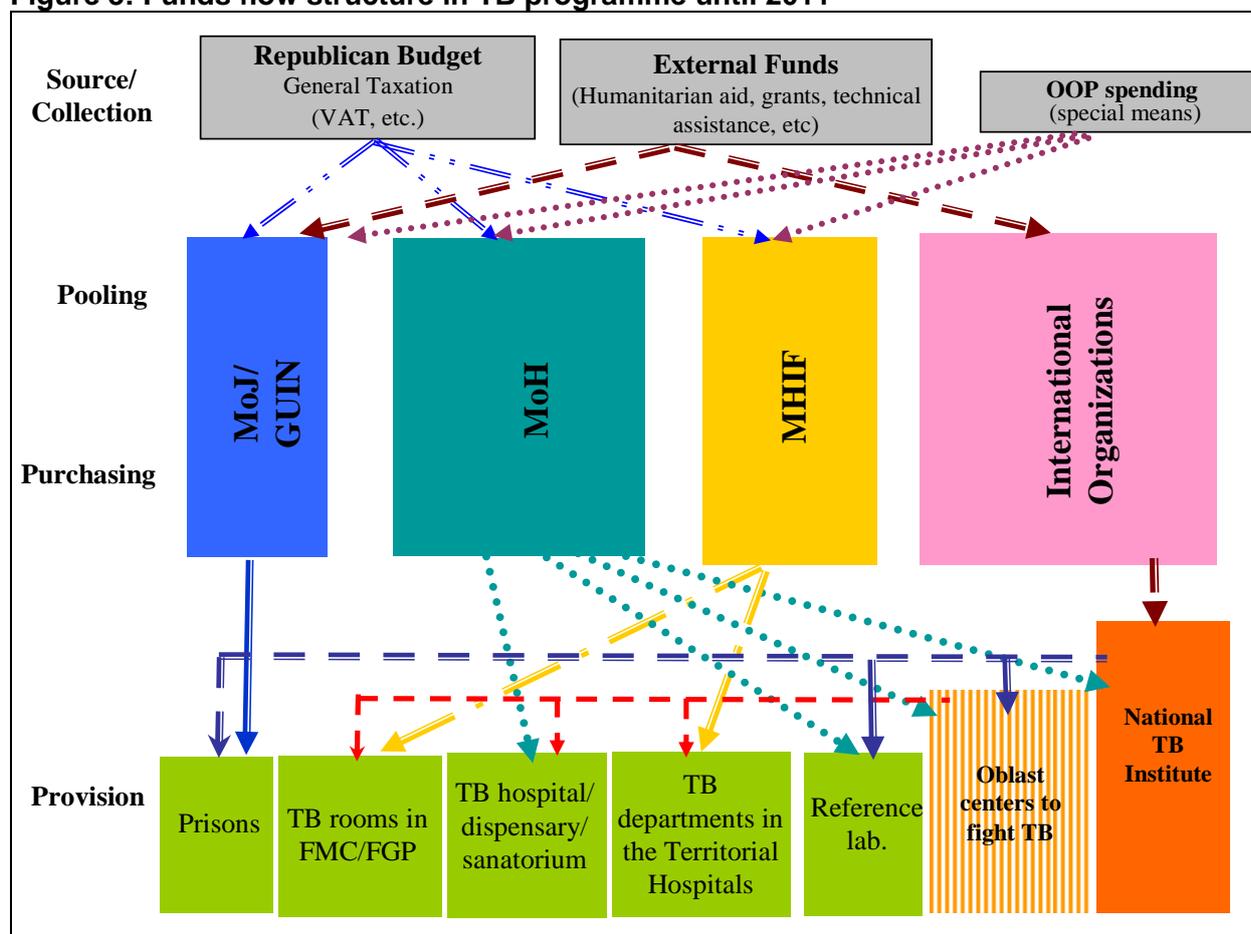
3. Financing Structure

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

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

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

Figure 3: Funds flow structure in TB programme until 2011



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

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

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

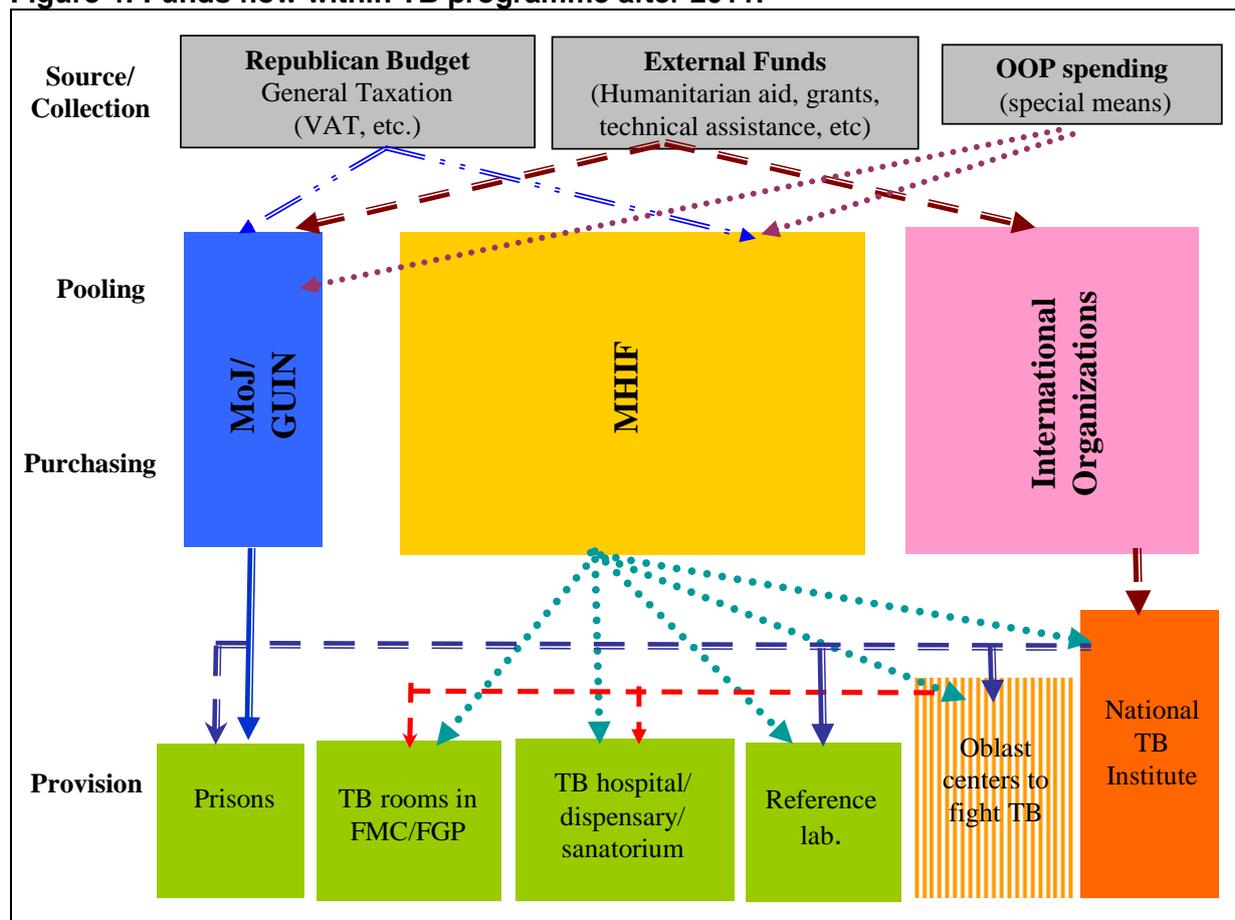
All drugs for TB treatment based on DOTS both for penitentiary service and the civilian sector are ensured from external financing (GFATM, KfW, etc.). These drugs are distributed in a centralized way by the NPC based on claims from TB facilities: prisons/colonies, TB wards in Territorial Hospitals and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

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

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

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

Figure 4: Funds flow within TB programme after 2011.



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

4. Methodological aspects of the NHA TB Sub-accounts¹

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

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

- *Financing Sources (FS)* – are funds, such as public or private, allocated to financing agents and health care providers, recorded in health accounts of the country. For example, republican budget, OOP, NGO, donors, etc.
- *Financing Agents (HF)* – are the ministries and other agencies that manage the funds allocated by the Financing Sources and use these funds for payment or purchase of health services, medical supplies and other activities recorded under national health accounts of the country. For example, the MOH, Ministry of Economy and Finance, Ministry of Justice, MHIF, OOP, NGOs, etc.
- *Health Care Providers (HP)* – a category of health sector actors, which are the end users or beneficiaries of funds and receive these in exchange for performance results recorded in health accounts. For example, hospitals, FMC, FGP, etc.
- *Health Care Functions (HC)* – are the types of healthcare services and activities delivered by healthcare providers, recorded in country health accounts. For example, inpatient care, outpatient care, etc.
- *Economic Classifier (RC)* – refer to the funds allocated to healthcare providers, which are allocated based on economic principles/articles in accordance with economic classifiers of expenditures/budget classifier. For example, the recurrent expenditures include salary, utilities, etc.

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

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

Description of the tables are below. These tables are located in the attached Annex.

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

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

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

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

Table 4: shows the financial flows from *the financing agents* to *particular functions* ($HF \rightarrow HC$) and indicates who finances what types of services in the TB control system. This table reflects the valuable issues essential to consider when formulating policies of health finance; for example, distribution of resources by priority services (infection control). This table enables representation of data on general and specific distribution of resources among the main types of health goods and services; also this table represents the information of public and private financing agents which are performing various functions.

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

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

5. Situation Analysis of financing of the TB programme in 2007

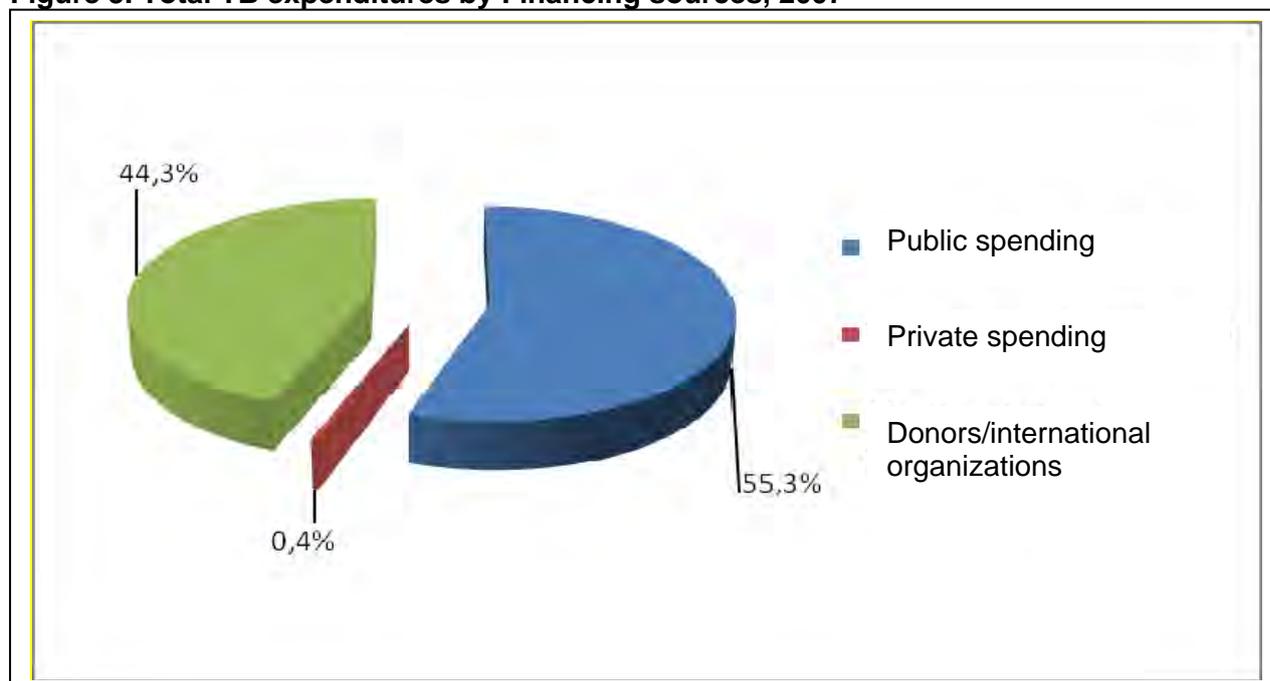
This chapter presents results of the analysis of five main tables attached to this report. In particular, how the TB programme is financed from the budget and external funds; and how funds coming from the financing organizations are distributed among health providers and health services.

5.1 Structure of total TB expenditures by Financing Sources

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

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

Figure 5. Total TB expenditures by Financing sources, 2007



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

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

5.2 Review of Financing Organizations

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

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

Table 3. Expenditures of the TB service by Financing Organizations, 2007

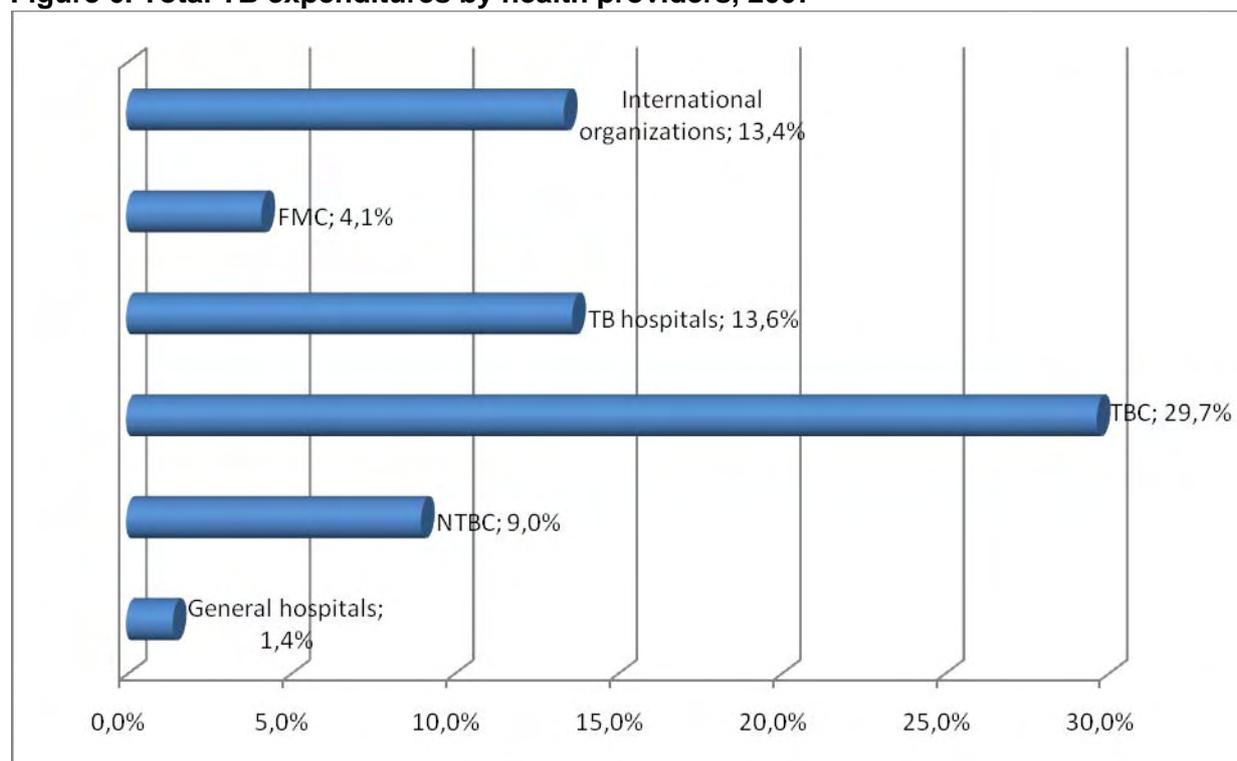
Financing Organizations	% of Total health spending	% of Public spending
Public Sector, including	69.9%	100%
Ministry of Health		92%
MHIF		8%
External sources	30.1%	
TOTAL	100%	

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

5.3 Distribution of expenditures for health services by providers

Key providers of health services acting in the TB programme and involved within the framework of NHA sub-analysis are analyzed and represented below in Figure 6 and Table 4 where percentage of allocated funds from financing organizations to providers is shown.

Figure 6. Total TB expenditures by health providers, 2007



The largest proportion of total TB expenditures among providers is given to TB control centres—about 57% (Figure 5), herewith the major burden of financing is laid upon the state budget, whereas financing from international organizations amounts to 1.2% of total TB expenditures (Table 4).

The second largest by size category is expenditures for TB Hospitals – 13.6%. About 4% of total TB expenditures are spent on outpatient care. Data on outpatient facilities was obtained through sampling observation of some FMCs and was estimated.

The smallest proportion goes to financing of TB wards in Territorial Hospitals (TH's)– 1.4%. Such a low percentage is due to the fact that currently TB wards are available only in six Territorial Hospitals (Kochkor TH, Kemin TH, Sokuluk TH, Tokmok TH, Alai TH and Toguz-Toro TH). According to the TB service development concept for 2008-2016, all these THs are planned to be closed during the TB reform processes.

Table 4. TB Health spending by financing organizations and health providers, 2007

Code	Health Services Providers	State sector	Intern. Organ-s
HP 1	Hospitals	65.8%	16.7%
HP 1.1	General profile Hospitals	1.4%	
HP 1.3	Specialized Hospitals, incl.:	64.3%	16.7%
HP 1.3.2.1	NPC	8.0%	1.0%
HP 1.3.2.2	TB control centres	41.1%	15.7%
HP 1.3.2.3	TB Hospitals	13.6%	
HP 3	Ambulatory (out-patient) health care providers	4.1%	
HP 9	External financing		13.4%
TOTAL		69.9%	30.1%

5.4 Distribution of the TB funds by functions

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

Table 5. Distribution of health services by functions

Code	Functions	Thousand Som	% of total TB spending	% of curative care services
HC 1	Services of curative care	183, 860	42.6%	100%
HC 1.1	Inpatient curative care	169,889	39.4%	92.4%
HC 1.1.1	New cases	36,013	8.3%	19.6%
HC 1.1.2	Retreatment cases	117,931	27.4%	64.1%
HC 1.1.3	MDR	15,945	3.7%	8.7%
HC 1.3	Outpatient curative care	13,971	3.2%	7.6%
HC 4	Auxiliary services of medical care (diagnostics, etc.)	42,984	10.0%	
HC 6	Prevention and public health services to fight against TB	35,923	8.3%	
HC 7	Health administration and health insurance for TB activities	52,586	12.2%	
HC. Nsk HC	HC expenditure not specified by kind	116,235	26.9%	
TOTAL		431,589	100%	100%

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

In Table 5, Functions are grouped into eight main categories and then divided into subcategories. The major proportion of expenditures falls into the category "Services of curative care" (HC 1) and its share is a bit more than 40%. Approximately 40% of all TB funds in KG, including funds of international organizations, are allocated to inpatient facilities (HC 1.1) and only about 3% goes to PHC and other outpatient facilities (HC 1.3).

The next largest share by expenditure size category is "Administration of health care and health insurance for TB activities" (HC 7) – a bit over 12%, where funds allocated to support administration of the TB programme at all levels are reflected.

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

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

Quite a large amount of funds falls onto category "HC. Nsk HC. Expenditures, not specified by kind" is about 116 mln. som (about 27%). However, it should be noted that approximately 2/3 of this amount falls onto external financing, which was not classified within the framework of this

study. In the future, when the survey of international organizations is carried out in order to identify TB funding amounts, more details on external funds will be needed to reduce the proportion of this category.

5.5 Distribution of funds by economic classifiers, line-items

Data on funds distribution to providers by such categories as personnel, drugs, equipment etc. are analyzed in this section. Analysis of allocations to the TB service by costs/expenditure items both from the state budget funds and external financing is shown in Table 6. Using this table one can see which expenditure items TB funds are channeled to.

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

Table 6. Distribution of total TB expenditures by line-items, 2007.

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

As for “*Total capital investments*”, it was almost 29.5 mln. soms or 6.8% of total TB expenditures. Meanwhile, this amount entirely consists of funds or allocations from international organizations. For example, the Red Cross spent funds to reconstruct a TB hospital in a penal colony. This situation demonstrates that health system is quite dependent upon donor funds in terms of upgrading and reconstructing buildings and equipment.

6. Findings and Recommendations

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

Financial Aspects of the TB service

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

Recommendations

- It is necessary to increase the share of public TB expenditures, as proportions of public and external funding are almost equal; that creates instability of the system. In case that external funds are reduced, the government should be ready to fill up this gap with its own funds.
- It is necessary to develop mechanisms for increasing financing of outpatient level, i.e. flow more funds to PHC level.
- The TB Programme is one of the priority health activities, but currently the functioning of this programme due to insufficient financing levels is not being fully implemented. More attention to implementation of the programme is needed and also ensuring earmarked financing from the state budget for it. Also, it is necessary to build SES capacity on TB coordination and control. The government should work on the issue of earmarked or targeted financing of the activities aimed at TB prevention in PHC facilities.
- The government should start allocating funds for capital investments, as in 2007 all capital investments for TB programme were financed through external sources.
- Continuation of further work on the sub accounts for TB is required. The given study provides deeper understanding of problems connected with TB service financing and help to identify areas for reform. This work can be carried out once in two years.

Annex: Tables of NHA TB Sub Accounts in Kyrgyzstan

Table 1: National Health expenditures on tuberculosis by type of financing sources and financing organizations/agencies, 2007

(thous. som)

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

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

(thous. som)

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

Table 2: continued

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

Table 2: continued

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

Table 2: continued

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

Table 2: continued

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

Table 2: continued

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

Table 3: National Health expenditures on tuberculosis by type of health providers and health functions, 2007

(thous. som)

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

Table 3: continued

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

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

(thous. som)

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

Table 4: continued

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

Table 4: continued

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

Table 4: continued

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

Table 4: continued

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

Table 4: continued

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

Table 4: continued

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

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

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

Table 5: continued

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

Table 5: continued

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

Table 5: continued

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

Table 5: continued

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

Table 5: continued

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