



Ukraine National Health Accounts 2003-2004

Volume 1

April 2006

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Abstract

Ukraine National Health Accounts (NHA) 2003-2004 is the first attempt of the country to produce detailed general NHA estimates as well as HIV/AIDS and reproductive health subanalysis. The process of the production was used to develop methodology that in accordance to internationally accepted standards as well as adapted to the country specificity, and detailed in the technical notes of the report.

This report offers insight into the health care financing system of the country, estimates levels of public and private expenditure for general health care functions as well as for HIV/AIDS and Reproductive Health (RH). It traces the funds from financing sources to financing agents, and from agents to health care functions and to health care providers. The report provides recommendations on: a) improving health care financing policy in the country, b) improving allocations for HIV/AIDS and reproductive health and c) for future improving the quality of NHA estimates through improving system of data flow and collection in the country.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
DHS	Demographic and Health Survey
GDP	Gross Domestic Product
GoU	Government of Ukraine
GNP	Gross National Product
HC	Health Functions
HF	Financing Agents
HH	Household
HP	Health Providers
HIV	Human Immunodeficiency Virus
NGO	Nongovernmental Organization
NHA	National Health Accounts
NHE	National Health Expenditures
OI	Opportunistic Infection
OOP	Out-of-pocket
PLWHA	People Living with HIV/AIDS
SC	Steering Committee
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WG	Working Group
WHO	World Health Organization

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We also would like to note that Annex 9 “Methodology of mapping NHA HIV/AIDS subanalysis classification to National AIDS Spending Assessments (NASA) classification”, which can be found in Technical Notes to this report (Volume 2), was written by Anastasiya Nitsoy, consultant, ICF “International HIV/AIDS Alliance in Ukraine”.

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Executive Summary

Background

National Health Accounts (NHA) is an internationally accepted tool for summarizing, describing, and analyzing financing of national health systems. NHA provides better health financing information in the effort to improve health system performance. The general, HIV/AIDS and reproductive health (RH) NHA are seen to help the Ukraine government (GOU) estimate health flows from both the public and private sector. This comprehensive, national health expenditure data will allow the GOU to better allocate resources in a more efficient and effective manner to prevent, treat and mitigate HIV/AIDS and improve reproductive health status. NHA subanalyses in Ukraine can facilitate the institutional strengthening of the Ministry of Health (MoH), municipal governments, and other Ukrainian health sector institutions, with the evidence to improve the management of resource allocation within the current reforms of the health care system.

Objectives of NHA

USAID, being concerned with the health status of Ukrainians – worsening reproductive health indicators and growing HIV/AIDS epidemic – through *PHRplus* provided assistance to estimate national health expenditure and carry out HIV/AIDS and Reproductive Health subanalysis. The ultimate objective of the study was to generate additional information on funding flow in the health care sector to inform the policy-making process and help national government and donor community define its strategies with regards to: a) improving health sector financing; b) tackling the reproductive health challenges faced by the country and c) evaluating current financial resources used for fighting fast-growing HIV/AIDS epidemic.

Scope of NHA Estimation

The time boundaries for the analysis were limited to 2003-2004 years. For these years the study looked at general health expenditure including public, private and donor spending. Reproductive health and HIV/AIDS subanalyses were carried out for the same years and also looked at various sources of service financing. Boundaries for the health care expenditure were defined by the national working group and described in the methodology section (see volume 2 of the report).

Methodological Overview

The study was initiated late fall 2004, however political changes in Ukraine – the “Orange revolution” - postponed implementation till early summer 2005. National NHA Methodology development and the data collection process took place June 2005–February 2006. The process involved national working group members that represented various sectors: ministry of health, ministry of finance, ministry of economic development and European integration, state statistics committee, NGO sector, etc. The data was mainly collected through official statistical system of the country. Financial data on public spending was obtained from treasury and triangulated with the budget law; household expenditure estimates were informed by the quarterly household budget survey implemented by the State Statistics Committee (SSC) and also by the special health care utilization and expenditure survey carried out in 2004 with the funding provided by the World Bank. Expenditures incurred by private companies were rendered by the SSC and donor financing was collected through donor interviews and various reports that were made available to the study team.

Public expenditure data was disaggregated using functional and program classification for public financing that is used in government financing system of Ukraine. Also detailed methodology for the data disaggregation was developed using health care statistics that is detailed in the volume 2 of this report. Household survey data along with health care statistics allowed disaggregating private household spending by providers and functions of health care. For this purposes various estimation techniques were used and are also described in the volume 2 of this report. As for donor data disaggregation, program descriptions and face-to-face interviews with donor agencies informed the study.

For HIV/AIDS sub-analysis valuable information was obtained from second generation surveillance implemented by HIV/AIDS Alliance of Ukraine that agreed to include some rider questions and expenditure questions in the survey tool.

Methodological approaches used in the data collection and partitioning were developed, discussed and agreed upon by the working group members. Final results were reviewed at the national dissemination workshop held on April 19th 2006 in Kiev.

General NHA Findings

Table ES-1: Overview of General Findings

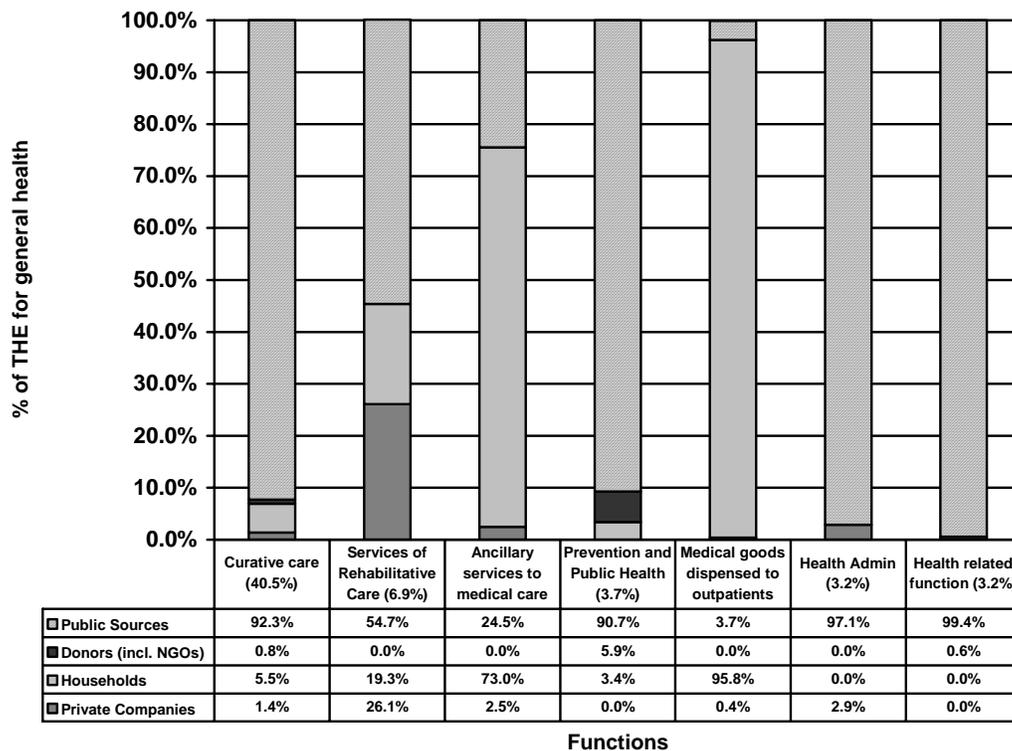
	2003	2004
Total population (million)	48.0	47.3
Exchange rate US\$ 1 = UAH	5.33	5.32
General Inflation ¹	5.2%	6.9%
Total nominal gross domestic product (GDP) current prices	Million UAH 264,165 (US\$ Million) 49,537	Million UAH 344,822 (US\$ Million) 64,826
Total health expenditures (THE) current prices*	Million UAH 18,136.7 (US\$ Million) 3,402.8	Million UAH 22,392.7 (US\$ Million) 4,209.2
National health expenditures (NHE) current prices**	Million UAH 18,616.2 (US\$ Million) 3,491	Million UAH 22,965.9 (US\$ Million) 4,317.5
National per capita health expenditure, current prices	UAH 387.8 (US\$) 72.7	UAH 485.5 (US\$) 91.3
National health expenditures as % of nominal GDP	7.05%	6.66%
% General government expenditure spent on health care	14.2%	13%
Financing sources distribution as % of NHE		
Public (including public firms)	57.9%	58.0%
Private	41.7%	41.3%
Donor	0.4%	0.7%
Households		
Household spending as a % of NHE	38.8%	38.5%
Out-of-pocket spending as a % of NHE	38.5%	38.3%
Out-of-pocket spending per capita, current prices	UAH 149.3 (US\$) 28.0	UAH 186.0 (US\$) 35.0
Expenditure on Drugs		
National exp. on retail drugs and med.goods as a % of NHE	32.8%	32.7%
National exp. on retail drugs and med.goods as a % of GDP	2.3%	2.2%

* Total expenditure on health (THE) is the sum of expenditures classified under categories HC.1 to HC.7 plus capital formation by health care provider institutions (HC.R.1).

** National expenditure on health (NHE) is THE plus the other elements of health-related expenditure (categories HC.R.2 to HC.R.7).

¹ www.imf.org

Figure: Financing sources by functions of care



The findings of the general NHA analysis indicate that from national economy Ukraine devotes around 7% of GDP towards healthcare that is comparable with countries having similar economic development and almost twice higher than previously reported by WHO². Out of this amount around 58 percent are from public sources and health care expenditure amounts to 13-14 percent of general government spending. Donor contribution in the health sector is marginal and ranges at around 1 percent. The private sources shoulder the remaining burden out of which households contribute almost 38-39 percent of NHE. Very little is mobilized from household contributions in the organized/pooled financing system and most of the funds are spent on an out-of-pocket basis (≈38 percent). The latter creates financial access barriers for the people and poor suffer at most.

Public funds (central and local/territorial) are only managed by government entities, MoH administers around 11 percent of NHE, regional governments manage 38 percent and other national ministries collectively manage ≈ 9 percent. Private firms (insurance companies and big corporations offering services to their employees) manage around 2-3 percent of NHE and the rest is managed and paid by households on an out-of-pocket basis. Health care financing system of the country fails to mobilize portion of household spending in any pre-paid risk pool and decrease financial access barriers for the people at the time of illness.

In addition, central budget financing, which amounts to 20% of NHE is sparsely spread among dozen of budget administrators. Thus, pooling function of health care financing system on a central level is weak and does not allow effective allocation of state resources. Regional/municipal financing is also spread among rayon/municipal and regional budgets. Thus, public resource pools for health care financing are disconnected. However, disconnect among risk pools is compensated by the unified resource allocation rules set out by the central government and uniformly implemented nation-wide. As long as Ukraine follows input-based financing disconnected resources pools currently do not pose significant risks to the financial stability of the system. However if Ukraine introduces purchaser-provider split and moves to output-based payments disconnected risk pools may become challenging.

² WHO, 2005. The European health report 2005: Public health action for healthier children and populations

Out of National Health Expenditure (NHE), 2.6 percent (≈600 million UAH) is spent on capital formation by public and donor financing agents and current health expenditure amounted to 22.4 billion UAH in 2004. Out of NHE 51.8 percent was spent on personal medical services and 12.7 percent on collective. Prevention and public health activities received only ≈4 percent of NHE, quite low compared to the challenges of public health faced by Ukraine (e.g. aftermath of Chernobyl catastrophe, declining population and fast growing HIV/AIDS epidemic, high mortality caused by cardiovascular diseases, etc.). The share of drug expenses in NHE is quite high, and amounts to 33 percent. Major burden for financing drugs falls on households and they contribute ≈ 96 percent of all drug expenditures in Ukraine. The country spends around quarter of NHE on inpatient care and ≈15 percent is spent on outpatient services (including PHC and specialty outpatient consultations). Significant amount (around 7 percent of NHE) is spent on rehabilitative services mainly represented by sanatoriums (legacy of Soviet Union) where population spends their vacations as well as receives rehabilitative services. Ancillary services to medical care consume around 4.6 percent of NHE.

Ukraine devotes relatively low share of current expenditure to outpatient care 15.3 percent than other comparable countries: e.g. in 2001 Hungary spent 22.4 percent on outpatient care, Poland 22.1 percent, Denmark 18.6 percent, Germany 21.4 percent, Mexico 24.8 percent, Canada 26.3 percent and Spain 36.4 percent. According to national experts, the fact that significant number of cases that could be treated on an outpatient basis are hospitalized could explain these findings.

Most of public funds spent on different providers are used to cover the cost of labor and utilities and do not leave much to finance other essential inputs required for service provision. As a result population has to purchase necessary drugs and other required inputs with the private funds to complement treatments received at the hospitals. Significant spending on labor and utility costs are determined by the nature of health care financing in this country, which employs input based budgeting and financing (legacy from Soviet times) as opposed to output-based payments to providers. Thus, increasing health care allocations (in absolute terms) from public sources are mainly driven by the growing salary rates in public sector and increasing utility costs caused by gradual liberalization of economy and are not tailored to actual health care needs of the population. Such financing lacks adequate economic motivations to promote efficiency in the system and as a result Ukraine reports one of the highest hospital beds to population ratio and longest average length of stay in the European region. At the same time hospital beds are utilized up to the limits of the existing capacity and Ukraine reports one of the highest hospital utilization rates in the European region.

Significant reliance on private expenditures in the health sector impedes access mainly for the poor and raises equity concerns among the policy makers³. Social stratification in the country is extensive. Research indicates that 27 percent of population is poor and 12-14 percent of total population is destitute⁴. The cost of medication and side payments to health care providers (increasingly demanded to supplement inadequate wages), create barriers to necessary treatment. A representative survey of 9478 Ukrainian households undertaken by the State Statistics Committee in October 2002 showed that more than a quarter (27.5 percent) of households were unable to obtain necessary health care for any member of the family. For the majority of this group (88 percent–97 percent) this was mainly because of exceptionally high costs for drugs, devices for homecare and health services. Furthermore, about 9 percent of households were unable to consult a doctor because of financial difficulties, and another 5 percent were unable to obtain necessary inpatient treatment for the same reason⁵.

Also HH spending levels on pharmaceuticals ≈82 percent of OOPs has significant policy implication. Lack of data on drug expenditure by different socio-economic groups limits the value of our analysis, because it is not possible to evaluate if poor and disadvantaged are protected by the existing financing system and if it assures access to needed drugs for these groups. Prescription pharmaceuticals are free only for certain categories (i.e. World War II veterans, Chernobyl victims, diabetics, oncology patients, etc.). These pharmaceuticals are paid for from funds of the regional

³ UNICEF 2006. Revised country programme document for Ukraine. E/ICEF/2005/P/L.19/Rev.1

⁴ Development goals of the millennium: Ukraine, Kiev, Ministry of Economy and European Integration, 2003, p.29.

⁵ State Statistics Committee of Ukraine, State of public health. 2003, State Statistics Committee of Ukraine: Ukraine, Kiev

budgets, but these funds are limited. The large portion of population, that may require subsidised or free access to the needed drugs, may not have it.

High level of drug expenses that amounts to almost 2 percent of GDP requires government's attention. In pharmaceutical sector Ukraine relies on domestic production and imported drugs that amounted 62 percent of the total market in 2004. Most of the multinational pharmaceutical manufacturers are present in the market. Prices for newer multinational drugs are retained at regional or global levels to prevent parallel imports. However, some companies in an effort to hold their market share operate more flexible pricing policies for older products. The drug distribution system in Ukraine consists of state-owned and private wholesale companies and the latter dominate the market (80 percent of the total)⁶. This indicates that Ukrainian market is largely dominated by private importers, suppliers and retailers where regulation of the market by the state becomes essential.

The major end-users of pharmaceuticals are public sector hospitals and Ukrainian patients, who usually pay for services and drugs themselves. Approximately 79 percent of total pharmaceutical sales are through pharmacies and 21 percent are through hospitals. These high out of pocket expenses by Ukrainian patients have three consequences: a) pharmaceutical consumption is far below the real medical need; b) most patients are obliged to decide what they can afford to pay for prescription drugs; c) patients themselves often are required to supply their medicines for treatment at hospitals. All of these demands government interventions with effective policies to ease access for the population.

HIV/AIDS Subanalysis Findings

In 2004 HIV/AIDS expenditure in Ukraine amounted to 1.9 percent of NHE. During 2003-2004 NHE for HIV/AIDS were mainly born by households - 66.3 and 56.5 percent respectively, followed by donors 14.3 and 23.1 percent. With the growth in HIV/AIDS financing from 2003 to 2004 the relative role of public financing sources declined from 17.4 to 13.5 percent. Also the relative role of non-profit institutions serving households increased from 1.9 percent to 6.8 during this period. Findings from the HIV subanalysis for 2003-2004 clearly indicate on the growing role of donor financing in fighting HIV/AIDS in Ukraine. Almost quarter of the funds for HIV/AIDS in 2004 was spent by donors and mainly by GFATM. However, the paths through which the donor funds are channeled and managed require close attention. Currently public financing agents do not administer donor funds that are significant for HIV/AIDS purposes, thus making donors critical financing agents, who ultimately make decisions where and how these funds are spent for HIV/AIDS. This could be attributed to donors not having enough confidence in the government administration mechanisms.

Households devote about 2.8 percent from their spending on health to HIV/AIDS (this spending includes not only PLWHA spending, but also the general public's spending on HIV tests, condoms, as well as syringes purchased by all IDU in the country regardless of their HIV status, as a primary mean for HIV prevention). A strikingly different picture is observed in the public sector spending on HIV: only 0.44 percent of public funds for health are devoted for HIV/AIDS. Thus, in 2003-2004 Ukraine significantly relied on private financing for HIV/AIDS and on donor funds. Public expenditures while growing in absolute terms were not adequate relative to the size of HIV/AIDS epidemic. Also reliance on private spending financially burdens households and possibly prevents infected patients from accessing needed services. Household resources are significant for financing HIV/AIDS related services in Ukraine. In NHE for HIV/AIDS the share of the household contribution is considerably higher than found in general NHA (household portion out of NHE was 38.5 percent in 2004). The lion share of out-of-pocket expenses related to HIV/AIDS is spent on purchase of drugs (other than ARV) and medical goods that prevents population's access to needed care as well as significantly increases the levels of health care spending for PLWHA. In 2004, PLWHA spent 8.9 times more for inpatient care and 4.4 times more for outpatient care than did general population.

Public funds are mainly used to finance curative care services and health related functions and private funds mainly pay for necessary inputs like drugs and medical consumables. Donors and non-profit institutions serving households are sole financiers of preventive and public health functions and also contribute significantly to curative care financing. In 2004 curative care for HIV/AIDS was paid almost

⁶ Stephanska O., 2005 Drugs and pharmaceutical market in Ukraine, March 2005, U.S. & foreign commercial service and U.S. Department Of State, 2005.

equally by public financiers and donors (contributing 45 and 41 percent respectively), and the rest was paid by households in the form of out-of-pocket expenses - 14 percent. Public financiers contributed only one percent to preventive and public health. However, government spending on curative care services to a degree contributes to the prevention of HIV transmission. For example, government pays for VCT for pregnant women (prevention of vertical transmission) and VCT for blood donors (prevention of blood transmission), which was accounted for as a part of curative care services.

HIV/AIDS spending in Ukraine and spending for ARV treatment is growing that is definitely a positive trend and it reflects the strategic direction of the government to assure universal access to antiretroviral treatment. Spending on ARV treatment as a proportion of NHE for HIV/AIDS increased from 3.8% in 2003 to 7.5% in 2004. This increase looks even more impressive in absolute terms, from 11.1 million UAH (or 2.1 US\$ million) in 2003 to 32.6 million UAH (or US\$ 6.1 million) in 2004. It is imperative to stress that provision of ARV treatment is free to all HIV patients and it is paid for either by donors or government. The government has to replace donor funds in the nearest future. However, even these amounts are not yet enough to provide 100% coverage to all patients who need ARV treatment. In lieu of increasing HIV prevalence rates the need for ARVs is expected to increase. Thus, adequate allocations are immediately necessary to meet these needs as well as the government has to plan for future allocations, when financing ARV will become responsibility of the national budget.

International comparison shows that Ukraine devotes a relatively smaller share for preventive/collective services programs than other countries with a similar epidemic. Increasing spending levels towards prevention programs, especially targeting high risk groups for HIV infection (IDUs and CSWs), could be important for Ukraine to slow down the epidemic growth and prevent its generalization. In international comparison of the financing agents structure of NHE for HIV/AIDS, it becomes obvious that Ukraine should work on increasing the share of Public Financing Agents in the structure of NHE for HIV/AIDS to ensure a sustainable and consistent response to the emerging HIV epidemic, as well as to provide equitable access to HIV-related care.

The process used for the HIV/AIDS subanalysis highlighted certain weaknesses of routine information flow that posed challenges to the NHA WG. Specific recommendations were developed that are provided in the conclusions section of the executive summary.

RH Subanalysis Findings

On average, in 2004, a woman of reproductive age in Ukraine spent \$16.6 on an out-of-pocket basis for RH services. In that same year RH expenditures represented 10 percent of the total HC spending and 0.8 percent of the GDP. The results of the first ever attempt to conduct a comprehensive analysis of reproductive health spending in Ukraine are setting the ground for systematic approach to RH strategy development. The RH subanalysis revealed that in 2004 government contributed 51 percent of the total funds spent for RH-related services and goods, while private sector, overwhelmingly represented by households, was responsible for providing 48 percent of total funds, with donors making a small contribution - 0.9 percent. Curative care has been consuming a large portion of RH resources (46.8 percent), rehabilitative care – 8.1 percent while pharmaceuticals and RH care-related medical supplies accounted for 38.2 percent of all RH spending. While being, even if marginally, the biggest sources of fund for RH care, the government finances only 1.6 percent of pharmaceuticals and medical non-durables. Households, in turn, spent little in public healthcare facilities, but fund pharmaceutical products and medical non-durables almost entirely. As a result, those clients who are not able to pay out-of-pocket for pharmaceutical products and other medical non-durables, as well as for auxiliary medical services (the latter means, as a rule, paying for supplies used for lab tests and other diagnostic procedures), would oftentimes refrain from approaching RH providers. The latter has clear equity implications for access to RH care services.

Distribution of only public funds across various expenditure line items shows that government mainly finances inpatient curative care – 63.3 percent and outpatient curative care ≈ 22 percent. And very little ≈ 0.1 percent is devoted for prevention and public health programs. Household spending structure shows that most of OOP payments 63.3 percent are for drugs and plus ≈ 18 percent for oral contraceptives. Although family planning consultation is a statutory part of the job for OB/GYNs practicing in public facilities, modern contraceptives purchase by clients are overwhelmingly financed from private sources and account for 93.3 percent of total spending for modern contraception. In 2004, around 60 percent of intrauterine device (IUD) supplies that women received were funded from public sources; while the vast majority of other methods were funded from private contributions. The

degree to which the lack of public financing for pharmaceutical products may impact the equity of RH service provision may be seen the level of unmet need in modern contraception analyzed by the level of total household income per month. Thus, for women representing households with total monthly income less than 400 UAH, the level of unmet need is almost 50 percent higher than for women from households with the income of more than 900 UAH per month.

Analysis of RH spending by providers reveals that hospital services (both inpatient and outpatient) provided by public facilities consumed nearly half of all the RH funds – 46.6 percent. Sanatoria providing rehabilitative care received 8.1 percent of total RH funds. Out-patient care providers absorbed 6.2 percent and large part of the total RH funds – 38.2 percent – was spent for purchasing drugs and other medical supplies in pharmacies and other retail sellers of medical goods.

Comparing these figures with those from other countries with the goal of producing specific policy recommendations is complicated for several reasons. Sited here are a few of them:

First, currently, there does not exist a uniform internationally accepted methodology for disaggregating general healthcare expenditures between various HC sub-sectors which is why one may not be sure that compared HC sub-sectors analysis results are indeed comparable, especially when analyzing a few-percent-points difference in fund allocation to HC sub-sectors.

Second, some aspects of both general and reproductive healthcare practices in various countries are formed under the influence of the country-specific environment - legal, cultural, religious, etc, - which may result in differing outcomes in terms of fund distribution even for comparable level of total funding. In other words, countries with similar GDP (PPP) per capita may demonstrate similar RH outcomes with different level of financing.

Third, like for any other sector of economy, labor productivity and indicators of other resource use efficiency, as well as resource costs in the HC sector may vary significantly between countries. In this case comparing merely financial flows in a HC sub-sector would be of limited value for HC policy making without concurrent analysis of resource use profiles and resource costs. Since the latter was clearly beyond the scope of the current study, international comparisons for Ukraine have not rendered expected results.

However, the results of this study, while depending on broad and cautious estimates and assumptions, may be used to draw important general conclusions about the RH care sector. A range of shortcomings in the RH care system delivery, highlighted by the study, has to be addressed if the government of Ukraine is going to achieve its stated goals and improve RH outcomes.

Conclusions

Analysis by sources of funds and financing agents (for general NHA and carried subanalysis) revealed weakness of public financing system of Ukraine in mobilizing sizable portion of household health expenditure on a pre-paid basis. Thus, public financing system, which mainly depends on tax contributions, functions almost independently from private spending that mainly occurs on an out-of-pocket basis and creates financial access barriers for the public.

Also public financing pools (central and regional/local) are distributed among many budget administrators. As long as Ukraine follows input-based financing, regulated by centrally determined rules, disconnected resources pools do not pose significant risks to the financial stability of the system. However, if Ukraine moves away from budget financing towards insurance based system (and/or retains budget financing but introduces contracts between providers and purchasers) and instead of input based budget development introduces risk-based budgets it will be important to consider what should be the lowest level of risk pooling (rayon/municipality or oblast) and how risk equalization mechanisms among different risk pools will function.

Currently in Ukraine public funds cover only labor costs, utilities and a part of routine supplies whereas the cost of equally critical inputs like pharmaceuticals (almost completely) and considerable part of supplies – especially those having to do with diagnostic and curative procedures, – are shouldered by households. This inevitably implies inequality in service delivery and poorer outcomes for those not able to pay. Thus, input-based financing constrains the system functionality by limiting monetary incentives for health care providers and contributes to inefficient use of available resources. When acute hospital bed performance in Hungary is compared with the performance of similar bed in Ukraine it shows that in 2002 Hungary treated 42.4 patients on a given bed, while Ukraine only 27.3

patients. Thus, Hungary treated almost 1.5 times more individuals per bed than Ukraine, which was mainly determined by longer average length of stay in Ukraine (12.1 in 2002) than in Hungary (6.65 in 2002). Increase in efficiency of resources use can be achieved by changing provider payment mechanism through introduction of contracts and moving away from budget financing. Such approach is seen to possibly facilitate efficiency gains and help Ukraine better utilize available resources for the health care sector.

General NHA analysis showed that Ukraine spends very little on outpatient service provision as a share of current health expenditure. In order to increase the spending levels up to the levels reported in a neighboring countries, it will require additional resources, which first of all can be mobilized within the health sector through efficiency gains, before demanding higher share for health from a national economy. Or alternatively additional resources can be shifted from other providers like nursing and residential facilities, which in Ukraine are mainly represented by sanatoriums and consume 6.9% of current financing for health. With regards to RH, a thorough analysis should be undertaken by policy makers to answer the question why inpatient care consumes 2.5 times more funds than outpatient care. While a vast majority of effective reproductive healthcare interventions may be provided either on an ambulatory or on a day-care basis the current proportion of resource consumption may be evidence of substantial inefficiencies in the sector.

NHA revealed that mainly patients bear cost of medicines and medical goods (including PLWHA and those in need of RH services), which financially burdens households and creates access barriers to care. Current financing of the country does not offer adequate risk protection to individuals. It seems essential to address this issue while developing health care financing reforms in Ukraine.

The role of private sector suppliers in the pharmaceutical market is growing. Levels of private/household expenditure on drugs are significant and call for new policies. Lack of adequate access to drugs and inadequate supply of pharmaceuticals to hospitals, evidenced by this study, require government's attention. New policies have to identify solutions for improved access for the population through effective regulation of the pharmaceutical market. Government may consider regulation mechanism used by European countries and initially policy priorities could focus on assuring adequate pharmaceutical supply to hospitals and subsidised or free access to essential drugs for certain groups of population (including PLWHA and those in need of RH services). For example: to assure achievement of favorable reproductive health outcomes, the government may contemplate setting up a subsidization scheme for consumers purchasing contraceptives in retail pharmacies. While not substituting the practice of free IUD provision in public facilities, the approach has some advantages – it would give better choice for consumers, assure more transparent public funds use and better program sustainability.

Finally, very small percentage is incurred on prevention as a share of NHE. In lieu of fast growing HIV/AIDS epidemic in the country, increasing death burden attributable to alcohol consumption and chronic conditions, declining natural population growth rates, etc. point towards the need for increasing preventive programs and raising the funding levels for public health interventions. This recommendation is further supported by the findings of HIV/AIDS and RH subanalysis.

With regards to HIV/AIDS financing our analysis revealed relatively weak role of the Government in donor financed HIV/AIDS activities. This situation should be closely monitored and where possible attempts should be made to channel more funds through public or local financing agents (building capacity of the national counterparts). Otherwise, sustainability, as well as consistency in the strategic directions of the on-going programs to control HIV/AIDS epidemic could be endangered when donor financing will be replaced by government funds. It is highly unlikely that future public financing for HIV/AIDS that will replace current donor contributions would be channeled through the same implementing agencies - non-government sector.

Also, similar to general NHA, the HIV/AIDS NHA subanalysis uses four core tables illustrating the flow of funds from financing sources and agents to health care providers and functions. In the next rounds of NHA with HIV/AIDS subanalysis, construction of tables related to key high risk groups for HIV infection (IDU and CSW) could be very valuable as it may help to carry out benefit-incidence analysis for these groups. This approach will help policy-makers and program managers to see how HIV funds reach the critical groups of beneficiaries for the adequate epidemic control. As international experience shows, timely and efficient targeting of HIV/AIDS risk groups during the concentrated stage of epidemic can considerably slow down the epidemic growth.

The process of the NHA production highlighted certain weaknesses of routine information flow within the country that posed challenges to NHA WG while producing presented NHA estimates and

subanalysis. Following recommendations are proposed to strengthen the information system and assure quality data for the next rounds of NHA and subanalysis. Major recommendations for the data quality improvement are following and the longer – more detailed list is provided in the respective sections of this report:

- Modifications are required to the budget functional classification system of Ukraine, which is based on the Government Finance Statistics⁷ (GFS), proposed by the International Monetary Fund. Introducing, amending and/or modifying certain functional codes will help Treasury of Ukraine and SSC to produce routinely public health expenditure data disaggregated on a functional and provider level. Detailed recommendations are provided in the Annex 1 of the technical notes. For monitoring HIV/AIDS expenditure in the local and regional budgets and in order to help the GoU to timely produce annual UNGASS reports, it is recommended to introduce a new functional code in the GFS system that describes only HIV/AIDS related expenditures. The proposed approach will help Ukraine to generate routinely public expenditure estimates by providers and functions through the government finance statistics system. An interim solution could be a nationwide study of regional budget expenditures for HIV/AIDS.
- To improve household level expenditure estimates SSC was recommended to modify the methodology used for the quarterly Household Budget Survey (HBS), mainly its sampling frame and field work implementation monitoring.
- The country is lacking routine information system to monitor funding flows within voluntary health/medical insurance market. Yet this sector is underdeveloped and insurance company reimbursements to providers amount to less than one percent of NHE. However, as the voluntary insurance market develops in the country, NHA production will require closely monitoring of spending levels through the official government statistics system.
- In order to ensure proper tracking of the Central government spending on HIV/AIDS, it is imperative to keep the National HIV program as a separate program budget code within the Central Budget. This was the case in 2003 and 2004. Unfortunately, since 2005 National HIV program was combined with the Oncology and Tuberculosis National Programs and one program budget code was assigned. This will pose challenges to separate spending for HIV/AIDS in the future rounds of the NHA HIV/AIDS subanalysis.

While producing NHA estimates and working closely with the government counterparts Abt. Associates supported the process of NHA institutionalization. As a result of this work, on April 11, 2006 State Statistics Committee endorsed an order #149 on creation of inter-ministerial NHA WG and NHA implementation in Ukraine, which defines institutional home for the NHA data production and its frequency. However, further work is necessary to institutionalize and develop the capacity for NHA data analysis and use in the policy making process. This function could be housed either in educational institutions that carry out research work, conditioned that GoU commissions analytical work to these institutions, or alternatively housed within the MoH.

⁷ www.imf.org

1. Introduction

1.1 The NHA Concept

Ukraine embarked on a general National Health Account (NHA) exercise with the aim to evaluate total national expenditure in the sector and assess the share of various funding sources and use of funds for various functions and by different financing agents. Besides general NHA, government also requested to carry out subanalysis for the Reproductive Health (RH Subanalysis) and HIV/AIDS (HIV/AIDS Subanalysis). These two issues were identified as a political priority and subanalysis were requested to track the resource flows and where possible use the resource data to estimate effectiveness of these expenditure.

1.2 Policy Objectives

The health care system of Ukraine faces serious problems with respect to the performance of the system itself as well as with the health status of the population. Under current social and economic conditions, the health care system of Ukraine is not well equipped to respond appropriately to public needs for medical services. Budget resources are limited and private expenditures growing and raising barriers for accessing medical care.

Ukraine inherited a well-developed infrastructure in the health sector from the Soviet Union. However, as a result of economic downturn during transition currently available limited resources cover mainly personnel costs and utility payments, and very little remains for drugs, equipment and for the modernization of the infrastructure. Barriers to change (legal barriers, strict hierarchical control, and a system of input-based financing promotes the maintenance of the current, economically unsustainable system, which cannot provide effective, high quality medical services for treatment and disease⁸. Input-based financing (fund allocation per hospital bed and per doctor) currently employed in Ukraine, has several weaknesses: a) the method of hospital bed and medical staff planning lacks rational basis and is outdated; b) it is economically inefficient and makes it difficult to control costs; c) it does not reflect the actual health care needs of the population⁹.

Growing private expenditures in the health sector impedes access for the poor and raises equity concerns among the policy makers. Social stratification in the country is extensive. Research indicates that 27% of population is poor and 12-14% of total population is destitute¹⁰. Polarization of the population has intensified and affected the health of the poor. The incidence of chronic non-infectious conditions in low-income groups is almost two times higher than among rich, and medical costs, which the poor have to bear when accessing health care services, drain their already meager savings.

In summary, during the years of Ukraine's existence as an independent state, no substantial changes have taken place in the structure and organization of the health care system. Just as before, the integrated command-driven system continues to be used in health care management and because of this there is no distinct division between the payer and the provider of medical services, nor are there contractual relations between them¹¹. In response to the current situation, the Government of Ukraine

⁸ Key strategies of health care sector further development in Ukraine, under joint editorship by V. M. Lekhan and V. M. Rudyi. – Kiev, Rajevskiy Publishing House, 2005. p. 6.

⁹ Ibid.

¹⁰ Development goals of the millennium: Ukraine, Kiev, Ministry of Economy and European Integration, 2003, p.29.

¹¹ Key strategies of health care sector further development in Ukraine, Under joint editorship by V. M. Lekhan and V. M. Rudyi. – Kiev, Rajevskiy Publishing House, 2005. p.33.

developed inter-sectoral comprehensive program “Health of the Nation for 2002-2011” that was approved by the Cabinet of Ministers on Jan. 14, 2002 and highlighted policy priorities including **improving the financing and management of health care system resources.**

Main principles for health care financing reforms rest on European integration of Ukraine that is strategic foreign policy of the country. As a consequence, the reform and further development of the national health care system should, above all, be based on the relevant generally accepted European principles and strategies and should take into account the current state of development of the national health care system. Thus the principles for organization of health care system in Ukraine are: a) equity; b) solidarity; c) effectiveness; d) efficiency. **Based on these principles, country aims either at transition to a health care model that is based on a model of financing from the government budget (at the expense of general taxes) with contractual relations between customers and suppliers of health care services and/or transition to a health care model (centralized model) that is based on voluntary medical insurance (VMI).**¹²

It is expected that general NHA will render sufficient evidence to enable the Government of Ukraine to make appropriate policy choices concerning health care financing reforms.

1.3 Organization of the Report

The rest of this report is organized into the following sections:

Section 2 – offers brief description of the country with the focus on organization of health care sector and health care financing system. This section also describes issues related to HIV/AIDS and reproductive health in Ukraine.

Section 3 – provides overview of the approach and objectives set out for data collection. This section extensively refers to the technical notes (Volume 2 to this report) supplied in the annexes, where detailed methodology as well as national classifications (based on international) for NHA are presented.

Section 4 – illustrates findings of the general national health accounts and, where applicable, offers international comparison.

Section 5 – describes reproductive health subanalysis estimates

Section 6 – details expenditure estimates for HIV/AIDS

Section 7 – offers conclusions that are described in four sub-sections. The initial sub-section concentrates on policy recommendations relevant to general NHA, followed by the section on reproductive health and HIV/AIDS. Recommendations on the next steps complete the report.

Annexes provide detailed expenditure estimates for general NHA and two subanalysis and technical notes (Volume 2 to this report) describe in detail the methodology used for expenditure calculations and general NHA with subanalysis production.

¹² Ibid.

2. Background

2.1 General Overview

Ukraine is the second largest European state with the population of 47.3 million and population density is 81.5 persons / km². The country occupies strategic position between Europe and Asia with the territory covering 603.7 thousands km². During the period of its independence (since 1991) the population in Ukraine decreased by 4.7 millions (9.0%), which is to be explained by the negative natural growth rate. The population of the country is aging; the proportion of persons 65 and older is more than 15%. Those age 14 or under is 15.5%¹³. The male-female distribution reveals that there are more females by 8% than males (53.7% and 46.3%, accordingly). Literacy rate for adult population is high - 99%.

Ukraine is a low-to-middle-income country which in 2003 ranked 54-th in the world with its absolute volume of national economy (46.7 billions USD). However, according to current per capita gross national income, the country was ranked 137th (960 USD), and according per capita GNI expressed in PPP \$, the country was ranked 112th (5.430 PPP USD)¹⁴.

During the 1990th, Ukraine endured a lingering economical recession related to the transition from the Soviet style command to market economy. During 1989–1999, the production output decreased by 54%¹⁵, which resulted in a dramatic drop in the population's living standards. It was only after 2000 that country faced economic growth and during 2000–2004 GDP growth rates were following: in 2000 the GDP was 106% of that of in 1999, and in 2001–2004 it amounted 111.1%, 106.3%, 110.3%, 112.1%, respectively.

These factors contributed to the growth of the population's actual income; however, citizens had not been satisfied with the rate of growth of their prosperity, as well as with the scale of social stratification. At the beginning of the XXI century, 27% of population was qualified as poor and 12–14% — as impoverished. Polarization of society had exacerbated¹⁶.

After the presidential elections in 2004 and the "orange" revolution and adhering to the pre-election promises, the minimum pension, and then also the minimum wage was increased up to the level of subsistence (66 USD) and wages of the state employees gradually increased by 57%. In addition child-birth allowances were introduced. The populist social and economic policy of the new government, as well as attempts to revise the results of the earlier privatization caused a dramatic drop in economic growth — down to 5.5% in 2005. According to the IMF forecast, the rate of GDP growth will fall down to 5.0% in 2006¹⁷.

Lowering living standards and aging population increased demand for health services.

¹³ The European Database "Health for All", 2005

¹⁴ World Development Indicators database, 2005;

<http://siteresources.worldbank.org/DATASTATISTICS/Resources/GDP.pdf>;
<http://siteresources.worldbank.org/DATASTATISTICS/Resources/GNIPC.pdf>

¹⁵ Strategic Directions of Health Care development in Ukraine / Edited by Valeriya Lekhan, Kiev, Sphera, 2002.

¹⁶ Report "On the problem of poverty in the setting of the policy of social and economic transformations and the strategy of reforms" for the Message of the President of Ukraine to Verkhovna Rada of Ukraine "On interior and exterior state of Ukraine in 2000", 5 August 2002; Millennium Development Goals: Ukraine / Kyiv, the Ministry of Economy and European Integration. — 2003. — 28 pp.

¹⁷ International Monetary Fund, 2005.

2.2 Regional Comparative Analysis of Basic Indicators

The basic development indicators for Ukraine are considerably lower than those for the European region and the countries of Central and Eastern Europe and compares to those for CIS (post-USSR) countries. Average life expectancy at birth is 67.8 years (both sex), infant mortality is 9 per 1000 newborns, maternal mortality ratio is 18.9 per 100 000 live born, standardized population mortality rate is 1372.9 per 100 000. At the same time, the country registers a very low fertility rate (1.2) and the faces highest decline in the natural population growth rate in Europe (-7.49 per 1000)¹⁸. The predominant causes of death include cardiovascular diseases, neoplasm and traumas. Also, the TB incidence rate is growing, and the prevalence of HIV and AIDS is increasing rapidly. The average human development index is yet secured at the cost of high literacy rate in the country.

Table 1: Comparative analysis of the indicators of basic development in Ukraine and other European countries in 2003

Indicator	Ukraine	Russia	Belarus	Moldova	Poland	Hungary	Romania	Europe
Population, millions of people ^a	48	143	10	4	38	10	22	461
GDP per capita, USD ^a	970	2610	1600	590	5280	6350	2260	
GDP PPP\$ per capita ^a	5430	8950	6050	1760	11210	13840	7140	
Mortality (standardized coefficient per 100,000) ^b	1372.9	1568.1	1332.9	1446.7	895.5	1048.0	1076.4	962.6
Natural increment of population ^b	-7.49	-6.34	-5.54	-1.83	-0.37	-4.07	-1.97	-0.25
Lifetime expectancy at birth ^b	67.8	64.9	68.5	68.1	74.7	72.6	71.9	74.1
Infant mortality (per 1000 live born) ^b	9.5	12.4	7.7	14.3	7.0	7.3	16.8	8.9
Maternal mortality (per 100 000 live born) ^b	18.9	31.9	23.7	21.9	4.0	7.4	24.1	16.0
General fertility coefficient ^b	1.2	1.32	1.21	1.22	1.3	1.28	1.3	1.5
Literacy (2001) ^b	99.6	99.6	99.7	99.0	99.7	99.3	98.2	98.83
Human development index, UNDP (2002) ^b	0.777	0.795	0.79	0.681	0.85	0.848	0.778	-

Sources: ^a – World Developments Indicators database, 2005; ^b - The European Database "Health for All", 2005.

¹⁸ The European Database "Health for All", 2005

2.3 Ukraine's Health System

2.3.1 Historical Context

During Soviet times Ukraine developed the national public health system according Semashko model, characterized by universal coverage of population with free health care services financed and provided by the state. The characteristic features of the system were: a strictly centralized financing and management of health care; use of the input-based resource allocation that promoted building up of the public health infrastructure.

Initially the system turned out to be highly effective in fighting infectious diseases and providing the population with an accessible medical service. However, the positive potential of the Soviet health system was exhausted during late 80th. The extensive health infrastructure resulted in disproportional distribution of resources between outpatient and inpatient care, limited public funds dedicated for the sector finally lead to the deterioration in the quality of care. Attempts during "Perestroika" in late 80th to liberalize the system of economic relations in public health had no success.

Severe economic crisis during the first decade of Ukraine's independence (1991–2000), the major challenge for policy makers was averting the collapse of the existing public health system and safeguarding at least the minimum level of social guarantees of providing population with medical assistance. The efforts were focused on raising additional resources to finance health care by allowing private payments of population; limiting the extent of the state guarantees for the free medical care; cutting down on the unreasonably large number of hospital beds, medical institutions, doctors and assistant staff that were used inefficiently. Nevertheless, the conceptually the system of health care delivery and financing was not changed significantly.

Worsening health outcomes of the nation at the beginning of XXI century brought on the agenda the need for systemic reforms in the health sector. This move was as well facilitated by the relative economic stability achieved by the government.

2.3.2 Health sector Development Goals

The health sector reform goals were formulated in the Public Health Development Framework, approved by the President in December 2000:

Preserving and improving of the population's health; extending life expectancy; development of legal, economic and governance-management mechanisms to deliver on constitutional rights of Ukrainian citizens on health protection, medical assistance and medical insurance; ensuring the guaranteed level of free medical services for the population within the limits set by law; facilitating development of well regulated health care market, where providers under public and private ownership could assure delivery of the services to the population; efficient use of available human, financial and other resources; solidarity participation of state, employers, local communities, organizations and individuals in financing health care services.

2.3.3 Health Sector Development Strategy for Ukraine

In 2006, the Government elaborated and presented for public discussion the draft National Action Plan to Reform the Health System, which defines following priorities:

- Structural reorganization of the medical service system, with priority focus on the primary health care organized on the principles of family practice;
- Strengthening the financial base for the health sector;
- Change-over from the administrative-command model of health care financing to contractual relationships with providers;
- Balancing extent of the state guarantees for health care with available public financial resources;

- Development of quality assurance system in health care;
- Implementation of a reasonable pharmaceutical policy on macro- and micro level;
- Pursuing an active human resource development policy;
- Managing reforms of the health sector

2.3.4 Organization of the Health Care System

2.3.4.1 Public Sector

Ukrainian public health system is structured hierarchically. Operations management and coordination of the public health system are performed by the Ministry of Health of Ukraine via the regional public health management bodies — departments of local administrations, functionally also subordinated to the Ministry of Health of Ukraine¹⁹.

The overwhelming majority of medical and preventive services are provided by the state- or community-owned health institutions. The network of private providers is yet underdeveloped.

At the end of 2004, the state sector of providers was composed of 7,662 ambulatory health care centers, 2,933 hospitals, 989 ambulance stations, near 16,000 feldsher-ambulatory posts (FAP). Number of other ministries and entities are also running their own, parallel health care provider networks for their employees. These systems cover about 12% of the total number of health care provider institutions operating within the state sector.

The system of ambulatory care provides the services of primary, secondary and tertiary levels. The primary health care is provided by the territorial polyclinics for adults and children (or by the outpatient departments of hospitals), women consultations, rural medical dispensaries, ambulatory departments of rural hospitals. Primary service is organized and managed by the "area /territory" principle.

Secondary level of ambulatory care is rendered by the specialized offices (departments) of territorial health care centers and/or policlinic departments of the town /city hospitals or central district (rayon) hospitals, as well as by dentistry policlinics and policlinic departments of dispensaries.

In Ukraine there is no clear distinction between the primary and secondary (specialized) levels of care. Patients may recourse to medical specialists at their own discretion, without any referrals from their PHC provider. Consequently, the patients' path through health care system can be characterized as chaotic and unmanageable and often not necessary relative to their illness²⁰.

Tertiary level of ambulatory care is provided by the medical establishments of the oblast level (oblast hospitals, oblast dispensaries, etc.). To receive tertiary ambulatory care, a referral from a second-level physician is required, although lately these requirements are not strictly observed.

The system of hospitals within the public health system is a vertically arranged structure, with three levels. The core of the system is its middle (secondary) level, which includes: in towns and cities — general hospitals and isolated specialized hospitals for infectious diseases and maternities and in rural areas — district (rayon) and central district (rayon) hospitals. These establishments hold about 70% of national bed capacity. The first (lower) level comprises rural hospitals on average with 16 beds. They represent about 3.5% of national bed capacity. The third level (the level of regional and supra-regional specialization) is represented by oblast hospitals and national institutions, which provide highly specialized services for severe cases. However, lately the borderline between the secondary and tertiary levels of hospital care are becoming vague²¹.

¹⁹ Lekhan V., Rudyi V., Nolte E. Health care systems in transition: Ukraine. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2004-128p.

²⁰ Key strategies for further development of the system of health care in Ukraine / gen. ed. V.M.Lekhan, V.M.Rudyi. — Rayevsky Publishing House, 2005 — 168 pp.

²¹ Strategic directions of Health Care development in Ukraine / Edited by Valeriya Lekhan — Kyiv: Sphera Publishing House, 2002.

2.3.4.2 Private Sector

As an outcome of transition from socialist to market economy the non-governmental (private) sector providers are emerging. Currently there are private medical institutions and individual private practices.

Exact numbers of private providers is not available. Discrepancy in the data provided by various subdivisions of the Ministry of Health is large ranging from one thousand to 3,500 of self-sustained private medical institutions. Additionally, there are about 30 thousands private practices run by individual doctors/specialists. The majority of private provider institutions are small in capacity, and their overall impact on the volume of medical services rendered to population is minor.

During 90th, under the pressure of market-economy and the need to cut down on the state budget expenditures for publicly run services, the majority of pharmacies were privatized. The network of private pharmacies is fast growing. Private pharmaceutical sector development saved the country from the acute drug shortages during the transition. However, the lack of proper government regulations resulted in uncontrolled market development with fast growing prices on drugs and medical items/products and significant influence of pharmaceutical industry on determining the structure and assortment of supply through influencing the prescription practices of physicians.

2.3.5 Health Sector Financing

The Soviet system of health care financing has been retained by Ukraine almost in its entirety. Main public sources of health sector financing are: state budget and the budgets of local and regional governments. In 1990, the share of government expenditure on health was extremely low and amounted to 2.6% of GDP. After 1995–1997 when hyperinflation was brought under control and macro-economic stabilization achieved the spending levels have increased gradually relative to GDP and in real terms.

Public spending for health care in current terms (without adjusting for inflation) began to increase from 2000. Public expenditures in 2005 exceeded were 3.8 times more than in 1998. Nevertheless, national currency depreciated by more than 2.5 times during this period. The growth observed in public spending was mainly driven by increasing wages in the public sector of employment. Government spending levels for health relative to general government expenditure stayed stable between 10 and 12% during this period. However, due to the economic recession faced by Ukraine after independence, which significantly affected the levels of government spending, the levels of health expenditure declined to a level that even after increasing it 3.5 times budgetary funds are not sufficient to satisfy health care needs of the population. As a result the government moved away from “free health care” and shifted portion of financial burden onto population.

Private payments for health care exists in several forms: a) population is required to pay official payments/co-payments established by the government in public facilities for certain services; also patients can make official donations to providers (which is often a concealed form of payment); patients pay for prescribed drugs with the exception of certain groups of population that have exempted status and receive medicines for free or highly subsidized; quite often a semi-official fee is charged to the patient for consumables (e.g. drugs and medical goods (bandages, syringes etc.) for in-patient treatment, etc); also medical staff collects informal payments from the patients. All private providers officially charge patients for the services rendered according to the established price list by the facility. Besides, everyone can directly access prescription and over the counter drugs and medical products at private pharmacies²².

According to officially reported statistics the role of official payments/co-payments in financing health sector is marginal, because up to 2% of officially reported income is generated by providers from such payments. Private medical insurance is yet underdeveloped and does not plays significant role in health care financing. Recently voluntary non-governmental organizations (*hospital kassa*) emerged that collect pre-paid resources from their members to financing the private share of service provision.

²² Kriachkova L.V., Bechke I.P., Boyko O.O. Survey of the household budgets as an instrument of analysis of the demand for health services // Bulletin of Social Hygiene and Management of Health Care in Ukraine – 2000, – volume 1, – p. 90-92.

However, their role in health care financing is yet very limited. Informal charges to the patients are most prevalent form as of yet²³.

The Constitution of Ukraine, adopted in 1996, in Article 49 defines following: "... in state and community health care facilities care is provided free of charge...". However, declining public revenues due to economic recession created imbalance between constitutional promise of state guarantees and available resources. Such developments forced the government to introduce new legislation and regulation and by limiting the range of free entitlements balance state delivered guarantees with the economic capacity of the state. The government defined the list of services that cannot be financed out of public sources and should be subject for private financing (paid services)²⁴, and approved the *Program of State-Guaranteed Free Medical Services*²⁵ that was aimed at balancing the duties of the state with regards to free services provision with expected health care budgets. However, the Ministry of Health faced challenging task in implementation and yet the regulations for free health service provision and financing have not been developed.

Therefore in Ukraine the level of declared "state guarantees" is much higher than the ability of the state to finance it and thus remains to be mostly of declarative character.

The Budget Code of Ukraine approved by the parliament in 2001 defines the rules for public resource allocation towards the levels of care and types of facilities. The system of fund allocation is complex and depicted in

²³ Shadow economy and the future of medicine in Ukraine / A.Lytvak, V.Pogoreliy, M.Tyshuk / The research was performed by the Odesa regional association of the National Association of Physicians, with the support from the Open Society Institute, Budapest / Odesa, 2001.

²⁴ Resolution of Cabinet of Ministers of Ukraine as of July 11, 2002 #989 "About introducing changes into Resolution of Cabinet of Ministers of Ukraine as of Spetember 17, 1996 "1138"; Resolution of Cabinet of Ministers of Ukraine as of September 17, 1996 #1138 "About endorsement of a List of payable services, which are provided in the state healthy care facilities and higher medical education facilities".

²⁵ Resolution of Cabinet of Ministers of Ukraine as of July 11, 2002 #955 "About endorsement of a Program about providing to the citizens of guaranteed by the state free of charge medical health care."

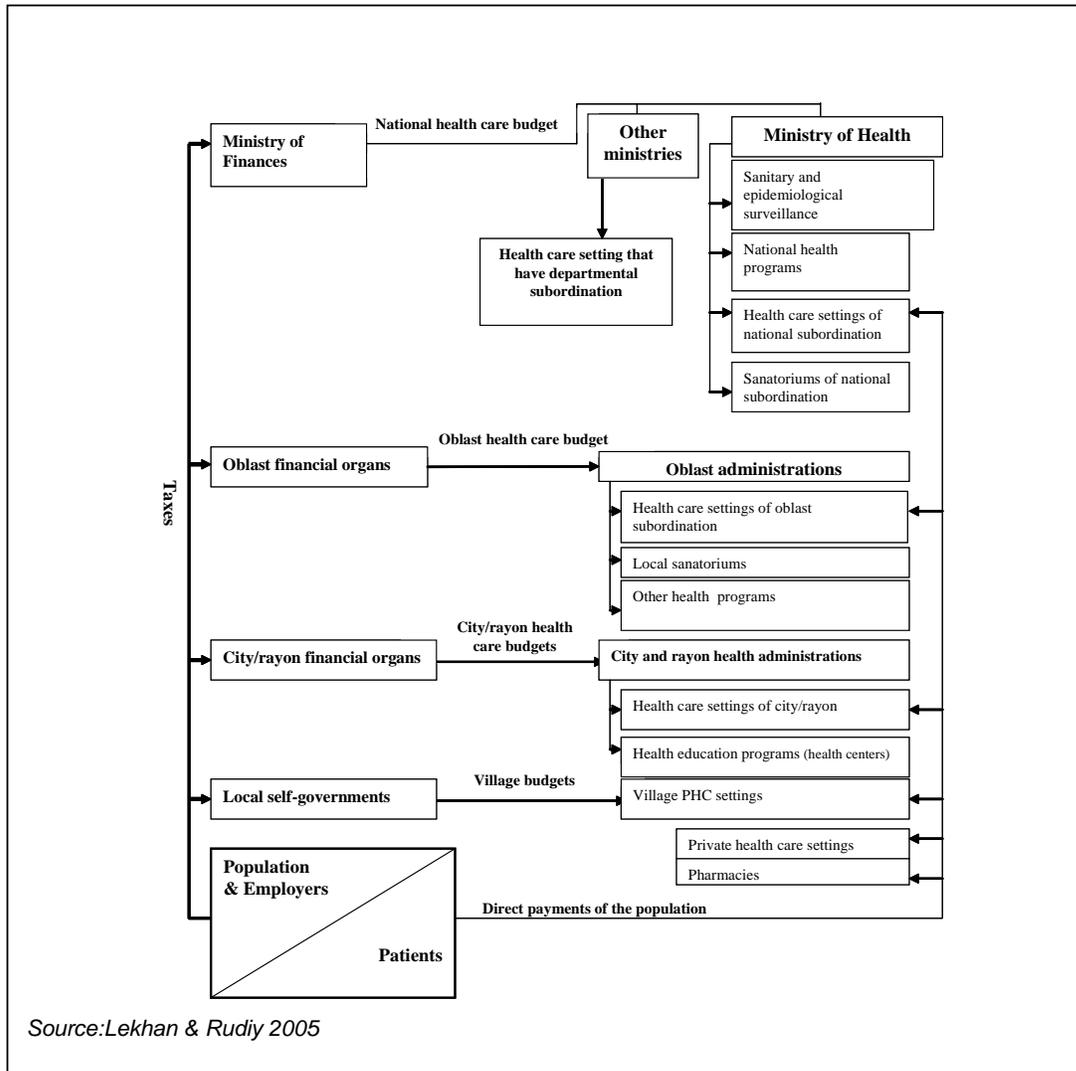
Figure 1. It also introduces a system of inter-budget transfers to equalize differences between regions and to provide subsidies for social protection programs (including health). These budget transfers utilize per-capita allocation and size of the population to determine the volume of the budget transfer. However, these allocation decisions are not linked with health care needs of the population and or with declared state-guarantees.

Also, the Budget Code²⁶ clearly defines types of state-financed provider and links them with respective territorial budgets (national, oblast, autonomous republic, rayon, local government). Also budge code prohibits financing of the same provider from various budgets. Strict separation of public financing between the budgets and their respective providers contributes to disintegration of health care financing system and facilitates co-existence of parallel medical providers in a same geographic area, and imposes limits on provider optimization²⁷.

²⁶ The Budget Code of Ukraine, 2001 with the amendments enacted in 2005 by the parliament of Ukraine.

²⁷ Key strategies for further development of the system of health care in Ukraine / gen. ed. V.M.Lekhan, V.M.Rudiy. — Rayevsky Publishing House, 2005 — 168 pp.

Figure 1: Health Care Funding Flow in Ukraine



Allocation of public funds for medical facilities/providers is driven by input-based and government set norms that do not take into account actual volume and quality of services rendered to the population, but rather concentrates on the capacity (e.g. bed capacity for hospitals, staffing and capacity of outpatient departments/clinics). The method of provider payment does not create incentives for increased productivity but promotes infrastructural expansion. In addition a typical line item financing for public providers includes: labor costs with relevant payroll taxes and other charges on wages; limited allocations for drugs and other inputs necessary for care and for feeding the patients, allocations for utility costs and line item for maintenance. Thus, managers of medical facilities are constrained with the government set budgets and its line items and they have no incentives to improve efficiency of the resource usage.

2.4 Reproductive Health and HIV/AIDS Background

2.4.1 Reproductive Healthcare System Performance

Overall, Ukraine demonstrates rather good RH care outcomes for a country with official per capita income (in 2004) of just US\$ 1,454²⁸ (PPP US\$ 6,250²⁹) (see Table 2).

Table 2: Reproductive Healthcare Outcomes in Ukraine

Indicator	Value
Infant mortality rate	9.6 (2004 - Official national statistics) 20.3 (2005 - World Fact Book est.)
Maternal Mortality (per 100,000 live births)	13.5 (2004 - Official national statistics)
Abortion-related maternal mortality (absolute No of cases)	3 (2004 - Official national statistics)
Total Fertility Rate (Number of births/ woman in reproductive years)	1.4 (2005 - World Fact Book est.)
Overall level of contraceptive prevalence	65 % (1999 – URHS)
Percent of couples used a modern method.	38 % (1999 – URHS)
Abortion ratio (abortions per 100 births)	64 (2004 - Official national statistics) 121 (1999 – Official national statistics) 110 (1999 – URHS)
Abortion rate (abortions per 1000 women of reproductive age)	21 (2004 - Official national statistics) 37 (1999 – Official national statistics) 54 (1999 – URHS)
Percentage unmet need for family planning	67 % (assessment of RH by ...)
Percentage of women with access to antenatal care	98.9 %
Percentage of births attended by health professional (doctor, nurse, midwife)	99.8 %

Maternal mortality rate (MMR) reported by the MOH has been steadily decreasing from 31.3 per 100,000 live births in 1992; 26.2 per 100,000 live births in 2000; and 13.5 per 100,000 live births in 2004. At the same time, Population Reference Bureau in 2003 cited a maternal mortality rate for Ukraine of 45 per 100,000 live births, while estimation by International Planned Parenthood was 50 maternal deaths per 100,000 live births. The 2005 World Health Report's figure for MMR in Ukraine in 2000 is 38 cases per 100,000 live births.

Officially reported infant mortality rate (IMR) has also decreased from 15.0 in 1993 to 11.3 in 2001 and 9.6 in 2004 which is rather impressive for a middle income country but still 2-2.5 times higher than on average in EU of [5 to 8] even before adjustment for the quality of data.

The reasons to put the latter under question are numerous. World Health Report 2005, for example, estimates the stillbirth rate for Ukraine in 2003 to be 29 per 1000 total births while IMR being 9 per 1,000 live births which ratio (29 to 9) is unprecedented for the countries described in the report.³⁰ The second biggest ratio (17 to 9) is demonstrated by Russia with remarkably similar management and reporting culture. The high ratios may be indicative of infant mortality being disguised as stillbirths.

Regardless of possible inaccuracies in MMR and IMR reporting, the positive dynamic is explained by declining numbers of unintended pregnancies and abortions, and better antenatal care. Uterine

²⁸ GDP figures for 2004 - Ministry of Economy of Ukraine data: 345,113 million UAH

²⁹ GNI in PPP for 2004 - World Development Indicators database, World Bank, 15 July 2005.

³⁰ Before February 16, 2006, stillbirth and mortality cases were registered in Ukraine for fetuses or newborns with birth weight equal 1000 g or more. The new Order adopted by the MOH on February 16, 2005, stipulates the threshold weight to be 500 g.

bleeding, abortions, septic complications, and morbidity unrelated to the pregnancy remain the major causes of maternal deaths with anemia being a widespread contributing factor.

Reproductive health survey conducted by CDC in 1999 revealed contraceptive prevalence rates for both overall and modern contraception methods: respectively 65 and 38 % for 15-to-49 year old women.

If compared with neighboring former Soviet block nations, especially the new EU members, the country RH care statistics look less optimistic and in some cases disturbing (see Table 3). Ukraine continues to face high rates of abortion and sexually transmitted infections (STI) as well as increasing spread of HIV/AIDS.

Table 3: Regional Comparison of key RH indicators

Country	MMR	IMR	Stillbirth rate
Ukraine	38	28	9
Poland	10	4	6
Belorus	36	5	6
Russia Federation	65	18	9
Hungary	11	6	6
Turkey	70	17	22
Lithuania	19	6	5

Abortion rate for teenagers (women 15 to 17 years old) was 6.6 per 1000 in 2003.

Officially reported³¹ STI rates also demonstrate positive dynamic: thus, syphilis incidence in women population has fallen from 144 cases per 100,000 in 1997 to 43 cases per 100,000 in 2004 (although not yet reaching the level of 17 cases per 100,000 registered in 1992). Again, however, the figures are to be taken with a grain of salt. While the downward trend lends little doubt, the absolute figures may be incomplete taking into account that the system of licensing private STI service providers does not contain sufficient checks to provide for accurate reporting which is why some shift of patients from public to private providers cannot be excluded.

Also, far from perfect capacity of public facilities to diagnose genitourinary TORCH infections may result in substantial underreporting of problems with big impact on reproductive health.

The discrepancies between the official national statistics and the figures operated by international organizations and donor underline the necessity to reform reporting approaches so as to free the system from negative incentives to underreport RH data.

The GOU recognize reproductive health as a critical factor of overall development and have set targets in The National Reproductive Health Program 2001-2005 to improve the population RH status. At the moment, the follow-up Program is being developed by the MOH to provide for the RH improvements in 2006-2015.

³¹ Similarly to abortions, real figures of STI incidence and prevalence in Ukraine may differ considerably from official ones. First, a large share of STI clients is served by private providers (with no system in place to audit report records) as well as at least some of the clients in public facilities undergo treatment without being registered as STI client.

2.4.2 Structure and Financing of RH Care System

Ukraine inherited the soviet-style public healthcare system with infrastructure and capacity being determined by the industry-wide norms. Existing regulation offers few incentives for public providers to improve quality of services. Their poor performance has been traditionally attributed to lack of funds and, until recently, increasing budgetary allocations was seen as the only feasible tool to get things right in public healthcare. Like the healthcare system in general, public RH care providers are input-financed.

The network of **public facilities** providing RH care consists of:

- Women's consultations (outpatient clinics) operating as either separately standing units or departments of general outpatient clinics (policlinics); **(primary and specialized outpatient RH care)**
- OB/GYN inpatient clinics operating as either separately standing units (maternity hospitals – 92) or OB/GYN departments of general hospitals. **(specialized inpatient RH care)**
- Feldsher & Midwife Points (FAPs) – rural health posts staffed with feldsher or nurses and providing elementary primary RH care in rural areas. **(primary outpatient RH care)**
- Specialized Women's Hospitals in oblast (regional) centers. **(specialized outpatient and inpatient RH care)**
- District (rural) hospitals, if employing OB/GYN full or part-time. **(primary outpatient and inpatient RH care)**
- Rayon and city STI clinics (dispensaries) providing both inpatient and outpatient STI services.
- STI oblast clinics (dispensaries).

Private sector, while steadily gaining strength in providing RH care services, is mostly represented by solitary or small group practices unable to offer competitive integrated care and cherry-picking on interventions that clients have traditionally been eager to pay for out-of-pocket: e.g. OB/GYN, STI, genitourinary problems.

Adequate capital formation apart, private sector development is being hindered by widespread shadow payments (commonly referred to as 'bribes') in public healthcare facilities. Forming a significant share of health practitioners' income in state and municipal hospitals and polyclinics, the payments has never been seriously opposed by the government for fear of doctors and nurses leaving the profession. Unable to offer public healthcare staff competitive salaries, government choose to tolerate increasing inequity in access to health services that the shadow payments result in.

While drugs and medical supplies for out-patient (and even for some in-patient) treatment are paid for by clients out-of-pocket, free prescriptions are granted for certain privileged groups, not necessarily most deprived, and the benefit is not means-tested.

2.4.3 Policy Implications of NHA Analysis

The major policy issue that the NHA RH sub-analysis should help to address is whether the current level of the total national spending on RH care should be substantially increased or, alternatively, attention should be focused on the efficiency of fund use.

2.4.4 HIV/AIDS Care

Ukraine has been facing the fastest developing HIV/AIDS epidemic not only in Europe but in the world. By the end of 2005, officially registered number of HIV-positive people in the country reached 62,888³². Since the start of the outbreak, 7,000 people died from AIDS.

IDU have been and still remain a major driving force behind the epidemic. Thus, in 2005, 46% of officially registered new cases of HIV infection were thought to be contracted through IDU, while HIV prevalence among IDU in 2005 was 58%. Commercial sex workers (CSW) represent the second

³² National HIV Center data (Form #2 Annual, 2005).

group most at risk of contracting HIV. Increasingly, though, the epidemic is spilling over into the general population and the rate of heterosexual spread of HIV is catching up with parenteral one. The trend is demonstrated by increasing percentage of pregnant women diagnosed as HIV positive: from 0.08% in 1996 to 0.37% in 2003 and 0.51% in 2005. Estimated adult prevalence of HIV (15-49 years) is 1.28% or 307,000 HIV-infected people (all ages) in 2005³³.

2.4.5 Structure and Financing of HIV/AIDS Care

By the end of 90-s, the approach to HIV problem began to change in Ukraine, not in the least because of donor community attention and support, and the system of HIV/AIDS prevention, treatment and care started to build up.

Prevention being at the focus of struggle against HIV, a substantial part of HIV-related interventions is being implemented outside the healthcare sector, e.g. by teachers and lecturers in schools, colleges and universities; by the staff of centers for social services for youth; by peer-to-peer groups. Fund flows providing for the interventions are beyond the MOH control. These are managed by the Ministry of Science and Education, Ministry of Family, Youth, and Sport Affairs as well as by governmental agencies and facilities acting under the guidance of these Ministries on the regional and local level.

Regular HIV surveillance information is provided by the National Blood Services (obligatory testing of all the donated blood) and Maternal Services (voluntary testing of pregnant women with treatment options being offered for HIV-positive to prevent mother-to-child transmission). Sentinel surveillance information is being gathered through monitoring of, and cooperation with, the risk groups, first of all IDU and CSW.

Voluntary counseling and testing (VCT) for HIV, apart from maternity clinics, is currently being offered in Ukraine through the network of HIV/AIDS Centers set up in all regional capitals and big cities and financed from the local budgets. The centers also provide HIV prevention trainings as well as ambulatory and (capacity permitting) in-patient care for non-IDUs³⁴. In towns and rayons without HIV/AIDS centers, counseling and care is provided through general provider network facilities, which still leaves the issue of stigmatization unaddressed.

The MOH order No 120 "On Improving Organization of Medical Care Delivery for HIV/AIDS patients" from May 25, 2000 stipulates that planned (elective) treatment of AIDS-related illnesses for non-IDUs should be provided through infection and TB hospitals (departments); and for IDUs – through substance abuse clinics. Also, according to the Order, patients with active TB should be treated in TB hospitals regardless of the patient IDU practice.

Current legislation effectively constrains provision of HIV/AIDS-related clinical services by non-governmental organizations through stipulating that HIV diagnosis may be performed exclusively by the state or municipal laboratories. The requirement looks quite ill-conceived taking into account the shortage of public funds and still poor access to testing.

National government finances centralized procurement of laboratory equipment, reagents and medical supplies for HIV diagnosis and pharmaceuticals for ARV specific treatment. Labor, utilities and other overhead costs are born by facilities (either state or municipal) providing respective type of care. Funding allocated by the Government for specific ARV treatment is not sufficient: with 3,130 AIDS

³³ *National Consensus Meeting on Estimates of HIV prevalence and ART Needs*, November 28, 2005, Kiev, Ukraine. These results differ from data previously published in Ukraine ("UNAIDS report on the global epidemic, 2004", presenting UNAIDS/WHO estimates for the end of 2003 in Ukraine: 360,000 HIV-positive people). However, the new estimates agreed during the National Consensus Meeting are considered valid and currently the best available HIV/AIDS estimates for Ukraine.

³⁴ MOH Order 120 "On Improving Organization of Medical Care Delivery for HIV/AIDS patients" from May 25, 2000.

patients³⁵ being officially registered by the end of 2004, the state-financed treatment was provided for only 519 patients³⁶.

Starting from 2004, ARV treatment as well as treatment of opportunistic infection (OI) in Ukraine is also financed by the Global Fund. By the end of 2005, the Fund's assistance covered around 2,500 patients³⁷. Agreement signed by HIV/AIDS Alliance with the Global Fund on September 29, 2005 foresees allocation by the Fund of € 55 million for continuation of Ukrainian HIV/AIDS program. While according to the Alliance expectations the grant will allow to further expand the number of people receiving ARV treatment to 6,000 by October 2008, the total needs of HIV-positive people in ARV and OI treatment far outreach the capacities of both current state budget and the Global Fund assistance.

2.4.6 System Strengths and Weaknesses

The system of HIV/AIDS care provision in Ukraine suffers from the same problems as the health care system in general while at the same having its specific problems and advantages.

On the negative side, a large proportion of potential clients are hard to reach because of the social stigma attached to HIV victims while the currently applied model of HIV/AIDS care – namely through HIV/AIDS centers – offers little to address this concern. Developing capacity of the primary care providers to offer HIV/AIDS-related care or offering them additional incentives to do that seems to offer feasible and more efficient alternative for the current system.

On the positive side, because of HIV being a multifaceted problem, any proposed solutions or steps taken by the government of local level authorities are subject to detailed scrutiny by multi-specialty supervisory bodies which increases the likelihood of implementing rather more rational policy.

2.4.7 Policy Implications of NHA Analysis

The severe shortage of funds faced by the system of HIV/AIDS-related care in Ukraine clearly articulates the policy agenda in the sector: to provide comprehensive HIV/AIDS prevention, diagnosis and treatment services in the most cost-effective way possible so as to put the epidemic under control as soon as possible with as little negative impact on the country's development prospects as possible.

Putting the policy into practice would necessarily require a thorough analysis of financing and spending practices broken down by sources of funds and types of providers being compared with the system outcomes. That is exactly where NHA analysis provides indispensable and timely tool for evidence-based policy making.

³⁵ National HIV Center data (Form #2 Annual, 2005).

³⁶ Information about fulfillment of the Passport of the budget program (code 2301380) "Programs and centralized activities on prevention and treatment of HIV" in 2004, MoH.

³⁷ <http://www.aidsalliance.org/sw30096.asp>

3. Methodology

3.1 Overview of Approach

Thorough analysis of Ukraine's health care financing system^{38,39} (see

³⁸ Lekhan V, Ruidiy V, Nolte E. Health care systems in transition: Ukraine. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2004.

³⁹ The Budget Code of Ukraine, 2001 with the amendments enacted in 2005 by the parliament of Ukraine.

Figure 1) and the possible data sources informed composition of the national NHA working group (WG) as well as the approach used by the WG to concentrate on 2003-2004, produce initial four critical tables and carry out detailed analysis of the funding flow for these years with ultimate objective to develop policy relevant recommendations as well as identify the necessary steps for the NHA institutionalization in the country.

Organization of the health care in the country that is regulated by several laws and ministerial decrees and also described in *Health in Transition* (Lekhan & Ruidy 2004), guided the process of the national NHA classification development that was fully carried out by the WG and adjusted to the international classifications proposed by the OECD⁴⁰ and WHO⁴¹. Several workshops were organized with national and international partners to reach agreements on the proposed classification schemes for Ukraine and increase public awareness about the forthcoming NHA report.

Based on the developed national classification, described in the technical notes (see *Volume 2: Technical Notes*), NHA WG carried out data collection from the officially published/available sources and also developed methodology for the data partitioning, where necessary. Detailed methodologies are annexed in *Volume 2 Technical Notes* to this report.

Detailed general NHA estimates for 2003 and 2004 are provided in the Annex A. Due to the fact that major trends in the health care financing in Ukraine largely remained unchanged during these two years and for the simplicity of presentation in the main body of the report we only present data for 2004, while detailed estimates for both years are provided in the annexed tables. The same is applicable to Annex C detailing RH NHA subanalysis estimates. While for Annex B describing HIV/AIDS NHA subanalysis financial flows we keep both years, due to considerable differences occurring from year to year in the amount of money available to combat HIV/AIDS epidemic in the country. Once again, all detailed tables for both years for general NHA and both subanalysis are provided in Volume 2 to this report.

3.2 Objectives for Data Collection

Ukraine aims to institutionalize National Health Accounts production maintaining at the same time international comparability, use the NHA data for monitoring reforms in the health care financing. Institutionalization has been demanded by the government and respective governmental agencies have been tasked by the Cabinet of Ministers of Ukraine to fulfill this task⁴². Demand, which emerged within the higher levels of Government, placed conditions on the processes for initial NHA production. The NHA WG members agreed to identify and mainly rely on those sources that are being routinely produced within the statutory information systems of the country (for public as well as for private and donor financing) and use the initial NHA production process for the identification of weaknesses of these sources as well as developing strategies for their improvement.

Based on this approach, critical data sources and strategies for data gathering were identified and the information was collected (see Table 4 in next section). Therefore, major sources of the data were official state reports, complemented with some research and technical papers and only some data for HIV/AIDS subanalysis was based on a primary research. Second-generation HIV surveillance is being undertaken on a regular basis by "International HIV/AIDS Alliance in Ukraine"⁴³ among high-risk group population. The project was able to include rider questions in the survey tool that allowed capturing some of the HIV/AIDS related expenditure among these groups. It is expected that these rider questions will be reviewed and revised to better address the needs for monitoring private spending on HIV and they will become a constant part of the repeated surveillance in the future years.

⁴⁰ OECD 2000, A System of Health Accounts

⁴¹ WHO 2003, Guide to producing national health accounts: with special applications for low-income and middle income countries.

⁴² On April 7th, 2003The Cabinet of Minister's issued resolution No. 475, which mandates development and implementation of the System of National Accounts including for health.

⁴³ ICF "International HIV/AIDS Alliance in Ukraine" is a Ukrainian NGO, that is also a primary recipient of the GFATM funds in Ukraine at the moment.

The Ukrainian Health Accounts provide public expenditure data on health care that are more reliable than before and comparable on an international level. As for private expenditures, the main advancement has been the mapping of resources from outside and within the households. Household expenditure data have been taken as a result of rigorous assessment of various estimates. At present our tables do not contain much information on private insurance due to lack of the organized system of data collection in the country as well as due to weak private insurance market in Ukraine. NHA is a fundamental tool for enabling an overview of progress in health care, realistic budgeting, and elaborating health care strategic objectives. It provides the government, professional and non-governmental organizations, as well as (through the media) citizens, with reliable information on current state of health care spending.

3.3 Data Limitations

While data from various sources was readily available the quality of information sometimes raised concerns among NHA WG members. Following deficiencies were identified and recommendations offered:

- Household expenditure estimates captured within SSC quarterly household survey, were questioned. SSC helped to triangulate these data with retail data for medical goods and pharmaceuticals and with other available estimates. Per NHA WG agreement and for the presented estimates for 2003-2004 the data from the World Bank financed household survey⁴⁴ was used and extrapolated (*See Annex 2 in Volume 2: Technical Notes for more details*). **However, even presented estimates seemed low for the most members of the NHA WG and it was recommended to SSC to consider updating HH survey methodology for the future rounds of NHA.**
- Budget functional classification in Ukraine allows allocating funds to the major provider groups mainly level 1 and 2 under Ukraine's NHA classification. Thorough evaluation of budget functional classification leads to the specific proposals for changes (*See Annex 3 in Volume 2: Technical Notes for more details*) that will be helpful for deriving better quality and more detailed data under the Government Finance Statistics System. Further separation of public funds by providers and functions was based on the methodological approach developed by the NHA WG in cooperation with technical assistance provided under the project. Details of the methodology are presented in *Volume 2: Technical Notes*. Due to lack of the data NHA WG identified solutions that could be questioned by some experts. However, **this methodology will require continuous updates as the system of data collection improves/changes and health care financing policy priorities will be modified or health care provider network will be reformed.**
- Regional budget expenditures do not separate spending on HIV/AIDS and they are lumped with general health expenditure on an outpatient and inpatient level. Special funds, which are allocated for the regional/rayon HIV/AIDS centers under the national HIV/AIDS program, are not separated under HIV/AIDS budget functional code. Methodology proposed for this separation is detailed in *Volume 2: Technical Notes*, though **it is strongly recommended to assign specific budget functional code to the funds spent on HIV/AIDS on central and local levels.** Proposed approach will allow Treasury of Ukraine and SSC to automatically separate public expenditure for HIV/AIDS and routinely offer estimates for HIV/AIDS subanalysis and for UNGASS reporting.
- Specific recommendations were also developed for the Government of Ukraine for amending budget functional classification (*See Annex 1 in Volume 2: Technical Notes*), which could further contribute to better quality data on a public expenditure and also help institutionalize NHA production in the country.
- Finally, recognizing data limitations, presented findings are possible best estimates NHA WG could produce in a given limited timeframe and with the given quality of available data.

⁴⁴ In 2004, SSC with the financial assistance from the World Bank carried out more in-depth household expenditure survey to better estimate health and education expenditures on a household level.

Table 4: Identified data sources and data access strategies

Data Type	Data Source	Data Access Strategy	Data Notes
Central budget expenditure for 2003-2004	Budget laws for 2003-2004 with respective amendments and Treasury Department	Documents are available in a public domain either from bookshops or through internet	<p>Budget laws reflect approved allocations under the central budget for various government entities, which includes, but not limited to, Ministry of Health, Ministry of Interior, Ministry of Transport, etc.</p> <p>Besides, it also provides the estimates for central budget transfers to oblast and local level budgets.</p> <p>Budget allocations are organized per: a) program codes; b) budget functional codes; and c) economic codes per NACE classification, which allows disaggregating treasury data by functions and also providers.</p>
Central and Oblast level budget execution	Treasury Department	The data can be requested by different governmental bodies/organizations and treasury department has to make them available	According to the budget code, treasury department of the Ministry of Finance has to record and report on a quarterly and annual basis the budget execution. The information from the rayon, oblast, and national level (disaggregated by budget line items per budgetary functional classification and per NACE classification) is available in an electronic form. The data allows estimating expenditures of central as well as local budgets.
Household level expenditure	State Statistics Committee (SSC)	SSC carries out quarterly HH survey micro files are available for sale as well as the data reported in the statistical yearbooks.	State Statistics Committee (SSC) implements quarterly HH panel survey that is based on the COICOP ⁴⁵ classification and which helps estimating population's expenditure on various products and services including medical expenditures. For health care expenditures only 6 groups are available
National Social Insurance Funds	State Statistics Committee (SSC)	Social Insurance financial reports can be requested by SSC.	These funds cover the costs of health care provision for certain occupational disorders, provides pharmaceuticals, prosthetic and orthopedic devices, auxiliary technical and other devices as well as rehabilitation services.
Private Voluntary Insurance contributions	Sporadic reports	Explicit recommendations are necessary to develop data access strategy and use the data routinely	This data includes expenditures on a different provider level as well as for different functions. Yet, the share of voluntary insurance contributions in NHE is less than 1%, however if the share will grow it will be necessary to monitor its levels.

⁴⁵ International Classification of Individual Consumption by Purpose

Data Type	Data Source	Data Access Strategy	Data Notes
Enterprise financing	State Statistics Committee (SSC)		Further efforts will be required to determine possible source and size of the enterprise financing of medical service provision.
Donor Funding	OECD Database	OECD database is available on the internet	This database offers overall Overseas Development Assistance volumes received by Ukraine during 2003-2004, without much details
	Donor Survey	Formal letter can be prepared for donors that requests information about their projects. The letter should be followed with the interviews to be conducting by national NHA coordinator	The interviews and letters help disaggregate donor assistance
	Ministry of Economy and European Integration (MoEEI)	MoEEI Registers all (most of) donor assistance provided to Ukraine. Through formal inquiry by any state agency MoEEI releases the data.	MoEEI records all projects and all technical assistance that is being provided to Ukraine. It is not clear how detailed is this information and if the overall funding is broken down by functions/purposes for each project.
Medical Statistics	Medical Statistics office of the MOH	Medical Statistics office of the MOH produces annual statistical reports for sale. Besides special request can be placed for a special data and Medical Statistics office will prepare the data.	These data is most essential for disaggregating some expenditures by functions and providers
	National AIDS Center	Detailed data related to HIV/AIDS service provision is available through national AIDS centre	These data is most essential for disaggregating some expenditures by functions and providers for HIV/AIDS subanalysis

4. General NHA findings

4.1 Summary Statistics for Ukraine NHA

Table 4.1: Summary Statistics for Ukraine

	2003	2004
Total population (million)	48.0	47.3
Exchange rate US\$ 1 = UAH	5.33	5.32
Total nominal gross domestic product (GDP)	Million UAH 264,165 (US\$ Million) 49,536.8	Million UAH 344,822 (US\$ Million) 64,825.9
Total health expenditures (THE)*	Million UAH 18,136.7 (US\$ Million) 3,402.8	Million UAH 22,392.7 (US\$ Million) 4,209.2
National health expenditures (NHE)**	Million UAH 18,616.2 (US\$ Million) 3,491	Million UAH 22,965.9 (US\$ Million) 4,317.5
National per capita health expenditure	UAH 387.8 (US\$) 72.7	UAH 485.5 (US\$) 91.3
NHE as % of nominal GDP	7.05%	6.66%
% General government expenditure spent on health care	14.2%	13.0%
Source of Funds: (NHE = 100%)		
Public (including public firms)	57.9%	58.0%
Private companies	2.9%	2.8%
Households	38.8%	38.5%
Donor	0.4%	0.7%
Financing Agents: (NHE = 100%)		
Public	58.1%	58.2%
Private companies	3.0%	2.9%
Households	38.5%	38.3%
Donor & Other	0.4%	0.7%
Providers of Health Care: (NHE = 100%)		
Hospitals	38.8%	37.0%
Nursing and residential care facility	7.5%	7.1%
Providers of ambulatory care	10.4%	10.9%
Retail sale and other providers of medical goods	32.8%	32.7%
Provision and administration of public health programs	2.9%	2.9%
General health administration and insurance	3.3%	3.1%
Financing Agents spending by Function: (NHE = 100%)		
Inpatient curative care	26.5%	25.2%
Outpatient curative care	14.6%	14.9%
Services of rehabilitative care (sanatoriums)	7.4%	6.9%
Medical goods & drugs dispensed to outpatients	32.8%	32.7%
Prevention and public health services	3.7%	3.7%

* Total expenditure on health (THE) is the sum of expenditures classified under categories HC.1 to HC.7 plus capital formation by health care provider institutions (HC.R.1).

** National expenditure on health (NHE) is THE plus the other elements of health-related expenditure (categories HC.R.2 to HC.R.7).

4.2 Overview of Health Care Financing in Ukraine

In Ukraine national health expenditures (NHE) totaled UAH⁴⁶ 18.62 billion in 2003 and UAH 22.97 billion in 2004. Compared to the performance of the national economy in 2003, Ukraine dedicated 7.0% of the GDP to health care, whilst in 2004 this figure was 6.7% (public and private expenditures together). The decline in 2004 was caused by sharp increase in the reported GDP for 2004.

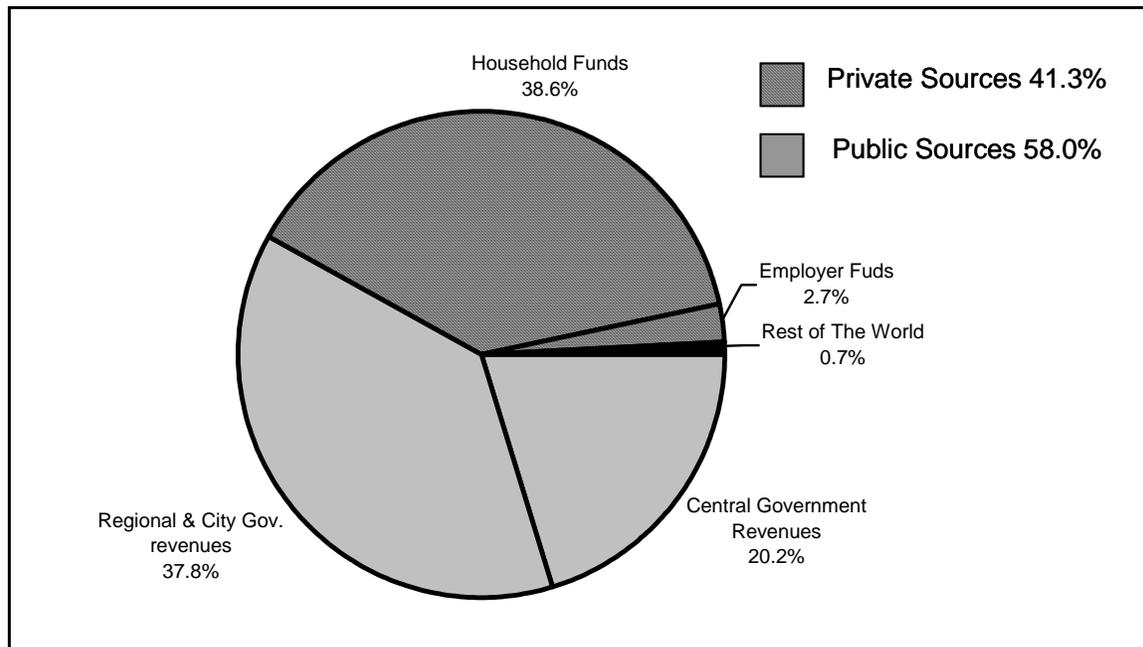
4.2.1 Financing Sources

In 2004, NHE were made up of the following sources:

- Public sources, which included territorial budgets and social security contributions⁴⁷ amounted to 58% of NHE;
- Private sources of households and private corporations 41.3% and
- Donor funding was only 0.7% of NHE

Thus total health expenditure relative to national economy has to be adjusted upwards compared to previously reported level of 4.7% by WHO⁴⁸ and the proportion of public expenditures – which earlier represented 71%⁴⁹ of total expenditures in 2002 – has been decreased to 58% by 2004. In an international comparison, this rate can be deemed as medium to low.

Figure 2: Sources of Health Care Financing in Ukraine 2004



⁴⁶ Hryvna is a national currency unit in Ukraine and 1USD \approx 5.14 Hrivna (UAH) in February 2006

⁴⁷ The share of social security contributions in THE is marginal and amounts to 0.3%. While contributors are public as well as private corporations and individuals this data needs to be separated between these two sources. However due to lack of the exact data as well as very low share of social security in THE for time being these funds were attributed to public sources.

⁴⁸ WHO EURO 2005, The European health report 2005 : public health action for healthier children and populations.

⁴⁹ Ibid

Table 4.2: Cross-country Comparison of Key Overall Health Expenditure Indicators

	FINANCING AGENT LEVEL*		
	NHE as % of GDP (2002)	Private expenditure on health as % of NHE (2002)	General government expenditure on health as % of NHE (2002)
Bulgaria	7.3%	39.1%	60.9%
Ukraine (2003 NHA)	7.1%	41.5%	58.1%
Republic of Moldova	7.0%	41.8%	58.2%
The former Yugoslav Republic of Macedonia	6.8%	15.3%	84.7%
Belarus	6.4%	26.1%	73.9%
Romania	6.3%	34.1%	65.9%
Lithuania	6.3%	31.4%	68.6%
Russian Federation	6.2%	44.2%	55.8%
Poland	6.1%	27.6%	72.4%

Sources: WHO NHA Database

Based on the presented findings, Ukraine devotes comparable share of GDP with Moldova and Bulgaria. The rest of the former Eastern Block countries spend less than 7% of GDP on health. With this level of expenditure Ukraine also well compares with Finland and Ireland – 7.3%⁵⁰ in Western Europe.

Also, Ukraine spends significant amount on health in per capita terms that is in a range with countries in the region with a comparable economy, which validates NHA estimates and **calls for upward adjustment of per capita NHE from 210 PPP\$ in 2002 reported by WHO to 391 PPP\$ in 2003 and 466 PPP\$ in 2004**⁵¹.

Table 4.3: Cross-country Comparison of Per-capita Health Spending

Country (year)	GNI Per Capita PPP \$ 2002***	Per capita (2002 US\$ at PPP)**		
		Public*	Private*	Overall
Ukraine (2003 NHA)	5,312	228	161	391
Belarus	5,540	430	160	583
Kazakhstan	5,650	139	122	261
The former Yugoslav Republic of Macedonia	5,960	341	152	341
Bulgaria	6,790	267	232	499
Romania	6,960	309	150	469
Russian Federation	7,980	298	181	535
Republic of Moldova	1,620	88	63	151

* Estimates are based on the financing agent level and not by source

** WHO NHA Database and

***The World Bank HNP Development Statistics Database

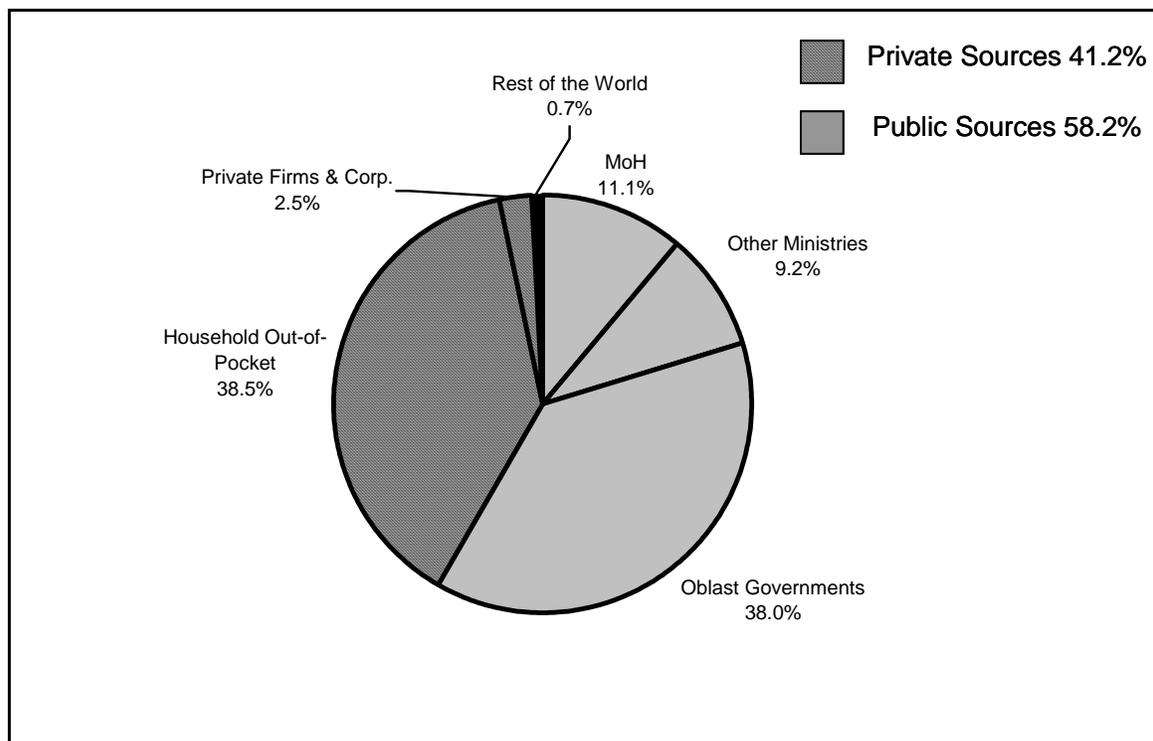
⁵⁰ WHO NHA Database 2004⁵¹ Sharp increase in per capita expenditure in 2004 is explained by several factors: a) significant increase in government and private spending; and b) decline of population by 0.7 million.

Ukraine has almost 3.6 times higher GDP per capita than Moldova and comparable GDP levels with Macedonia. And all three countries devote comparable share of GDP to health $\approx 7\%$. Ukraine spends almost 2.5 times more in per capita terms than Moldova and private public share in NHE are comparable. Thus share of the private expenditure in NHE in Ukraine is comparable with Moldova that is one of the poorest countries of the Former Soviet Union. These findings raise the question how effectively Ukraine mobilizes private funds within the pre-paid health care resources and why the share of private spending relative to public is so high when compared to poorer countries in the region. Following section takes close look at this question.

4.2.2 Financing Agents

Main financing agents in Ukraine are budget administrators (central and regional/local government bodies) and private sector represented by households. The share of donor financing of NHE is marginal and amounts to less than a one per cent. Ministry of health is the largest administrator of central budget and it controls 54% of the state budget financing and 19% of all public financing, while the rest of the funds are managed by other central government bodies like Ministry of Transport, Ministry of Labor & Social Policy, and Ministry of Defense etc.

Figure 3: Total Health Expenditure by Financing Agents in Ukraine 2004 (NHE = 100%)



Regional government bodies are critical players among public financiers and they manage 65% of public funds and 38% of NHE.

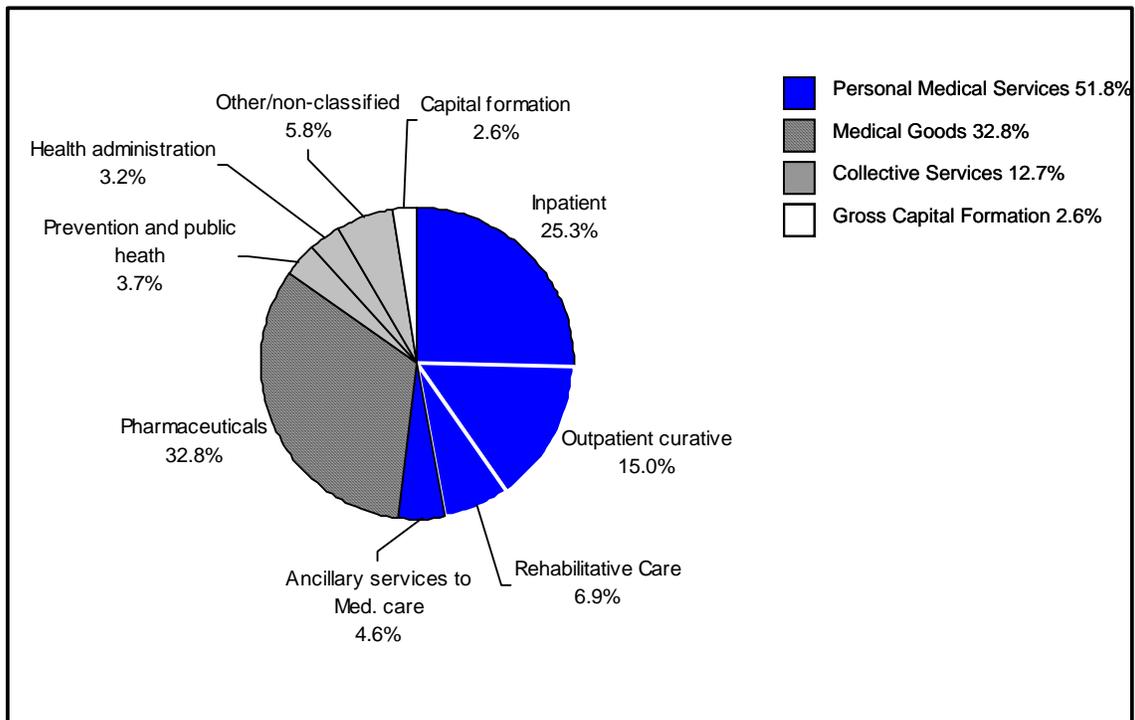
When financing agents are compared with financing sources (see Figure 2 and Figure 3) it becomes evident that less than 0.1% of private health expenditure is mobilized in the pre-paid financial system of the country and public financing functions almost independently from private financing. As a result, most of household level funds are spent on an out-of-pocket basis and do not contribute to the pre-

paid risk pools⁵² and/or to any statutory system of the country. The volume of out-of-pocket expenditure in 2003 amounted to 38.5% of NHE and in 2004 to 38.3%.

4.2.3 Health Functions

Out of *Total Health Expenditure* 2.6% (≈600 million UAH) was spent on capital formation by public and donor financing agents and current health expenditure amounted to 22.4 billion UAH. Out of this amount 51.8% was spent on personal medical services, 12.7% on collective and 32.8% on medical goods.

Figure 4: Total Health Expenditure by Functions in Ukraine 2004 (NHE = 100%)⁵³



Ukraine's expenditure levels on personal medical services and medical goods (in relative terms) compares with those seen in Turkey and Hungary. Though Turkey spends significantly higher amounts on other services ≈20% and Hungary little less ≈11% than Ukraine⁵⁴. When Ukraine is compared with some other OECD countries the difference becomes significant mainly due to distribution between personal medical services and medical goods (see Figure 5), the latter being lower in other OECD countries. The share of NHE that is being spent on personal medical services by

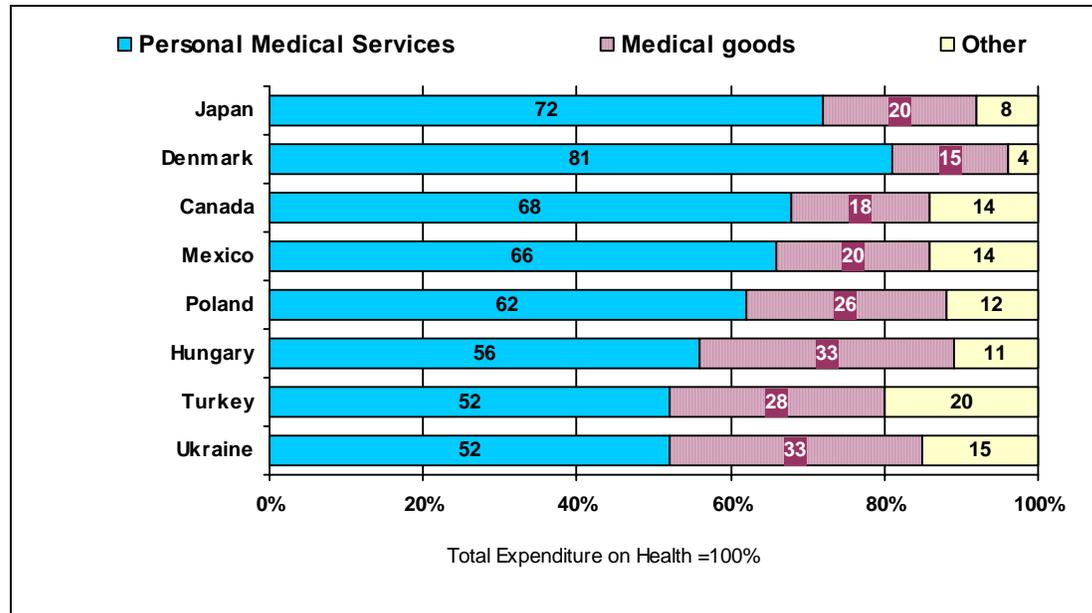
⁵² Due to small size of hospital casa and voluntary health insurance (voluntary pre paid resources) they are not taken into account.

⁵³ Personal medical services account for all those costs that are born as a result of care given to individuals (preventive, curative or rehabilitative); collective services – denote all those services that serve collective needs and are not aimed at individuals (e.g. public health services that includes infectious disease surveillance, or public information campaigns); gross capital formation denotes costs borne for investments in infrastructure or equipment. Medical goods reflect costs spent for drugs and medical appliances, portion of which could be used for personal medical services as well as for collective services.

⁵⁴ Orosz E., and Morgan D., 2004. SHA-Based National Health Accounts in Thirteen OECD Countries: A Comparative Analysis. OECD Health Working Papers No.16. DELSA/ELSA/WD/HEA(2004)7

richer countries in OECD increases significantly and share of expenditure on medical goods declines (in relative terms).

Figure 5: International Comparison for Expenditure by Functions



Source: Orosz & Morgan 2004

4.2.4 Current Health Expenditures by Mode of production

The functional structure of the current health expenditures in 2004 (as it is evidenced by the percentage distribution of expenditures among service types in the Figure 6) was following:

- the biggest expenditure (32.7%) was on medical products: medicines and medical appliances⁵⁵
- 25.8% was spent on inpatient care,
- 15.3% on outpatient care,
- 7.1% on rehabilitative care that was mainly due to the spending on sanatoriums
- 4.7% on ancillary services,
- 3.8% on prevention and public health care services
- 3.3% on health care administration and insurance
- And 5.7% on other health care services.

Ukraine devotes relatively low share of current expenditure to outpatient care 15.3% than other comparable countries: e.g. in 2001 Hungary spent 22.4% on outpatient care⁵⁶, Poland 22.1%,

⁵⁵ As in most developing countries IP provides in Ukraine do not provide all necessary drugs to patients as it seen in OECD countries. Therefore, amounts under IP services for example in Canada would include drugs and medical goods and in Ukraine it does not reflects all drugs that are used for inpatient treatment. Patients buy most of drugs in pharmacies that are private (even if geographically located in hospitals). The government in Ukraine due to lack of financing pays only for limited drugs in the country (i.e. TB, oncology, diabetes drugs - through Centralized Programs, and for few emergency drugs) and the bulk is being purchased by private households. Anecdotal evidence also suggests that there is some sort of "pooling for drugs" induced by physicians when doctors in hospitals request richer patients to bring more drugs than they actually need, and setting them aside for poor patients.

Denmark 18.6%⁵⁷, Germany 21.4%⁵⁸, Mexico 24.8%⁵⁹, Canada 26.3% and Spain 36.4%⁶⁰. According to national experts, the fact that significant number of cases that could be treated on an outpatient basis are hospitalized could explain these findings.

Figure 6: Current health expenditures by mode of production

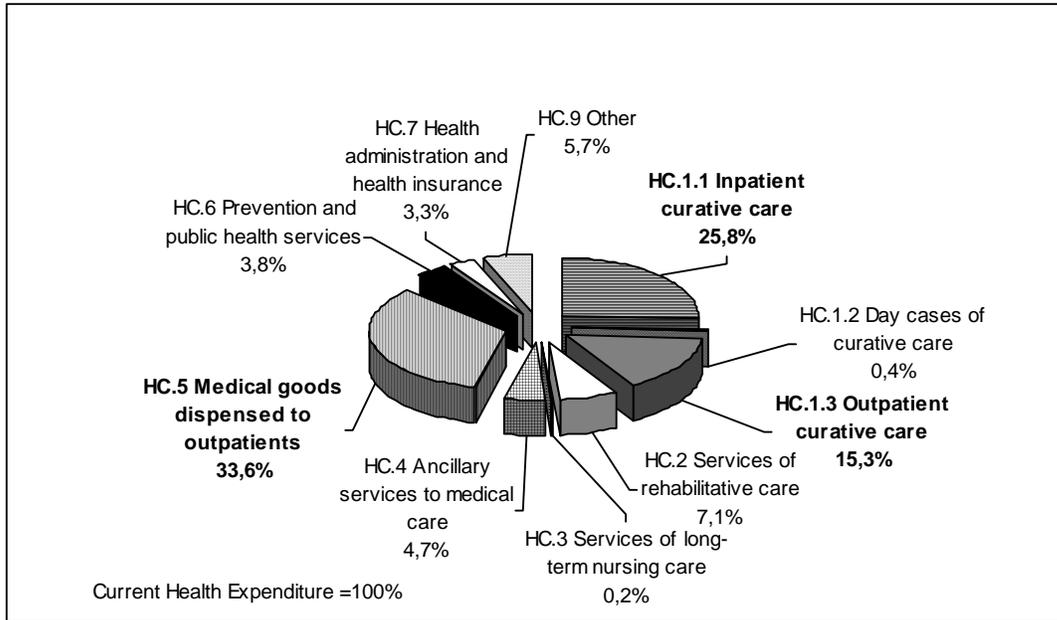


Figure 7 describes expenditure levels by different financing agent for different functions.

⁵⁶ Manno M. and Hajdu M., 2004. SHA-Based Health Accounts in 13 OECD Countries: Country Studies Hungary

National Health Accounts 2001. OECD Health Technical Papers No 5. DELSA/ELSA/WD/HTP(2004)5

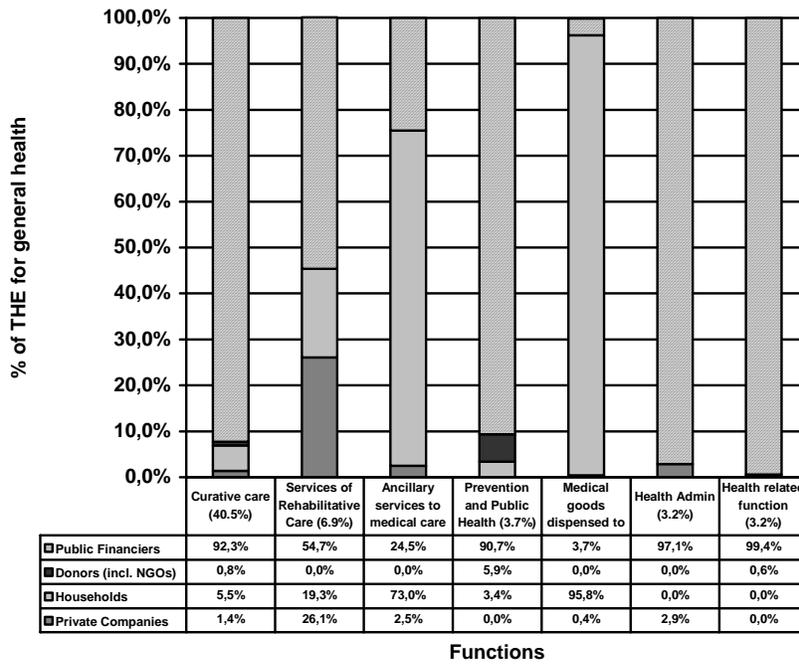
⁵⁷ Nielsen I.K. 2004. SHA-Based Health Accounts in 13 OECD Countries: Country Studies Denmark National Health Accounts 1999. OECD Health Technical Papers No 3. DELSA/ELSA/WD/HTP(2004)3

⁵⁸ Zifonun N., 2004. SHA-Based Health Accounts in 13 OECD Countries: Country Studies Germany National Health Accounts 2001. OECD Health Technical Papers No 4. DELSA/ELSA/WD/HTP(2004)4

⁵⁹ Merino-Juárez MF., Alarcón-Gómez M. and Lozano-Ascencio R., 2004. SHA-Based Health Accounts in 13 OECD Countries: Country Studies Mexico National Health Accounts 2001. OECD Health Technical Papers No 8. DELSA/ELSA/WD/HTP(2004)8

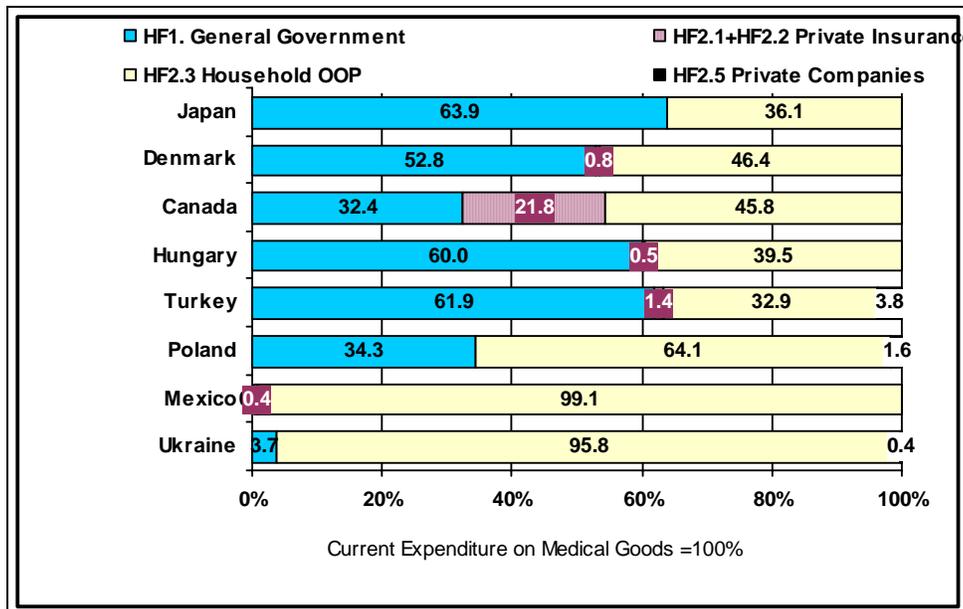
⁶⁰ Orosz E., and Morgan D., 2004. SHA-Based National Health Accounts in Thirteen OECD Countries: A Comparative Analysis. OECD Health Working Papers No.16. DELSA/ELSA/WD/HEA(2004)7

Figure 7: Financiers of General Health Care Functions



While most functions are paid by public financiers, private companies are significant contributors for services of rehabilitative care and households bear major costs for ancillary services and for medical goods/pharmaceuticals. Household out-of-pocket payments in Ukraine amount to ≈96% of current expenditure on medical goods. The Figure 8 compares Ukraine with other countries. Mexico is the only country that places comparable financial burden on households. In Poland households bear only 64% of costs and in the rest of presented countries the share that household's pay for medical goods is even lower.

Figure 8: Current Expenditure on medical goods by financing agent



4.2.5 Health Care Providers

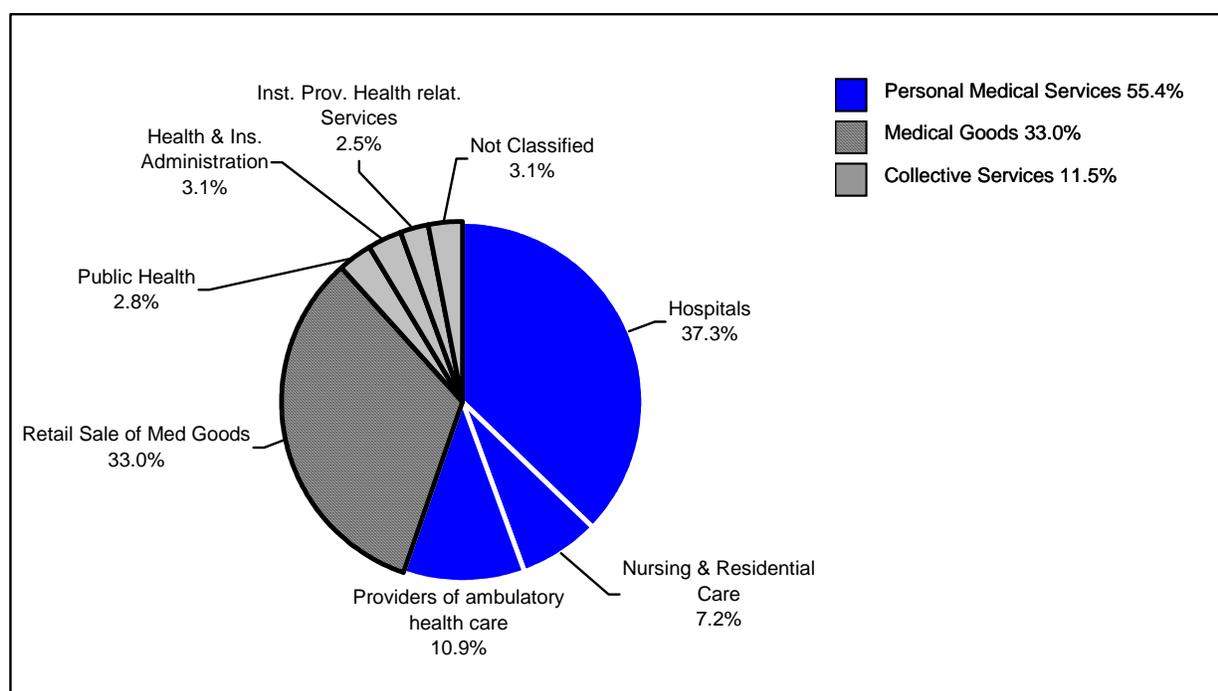
In Ukraine in 2004 current health expenditures on a provider level was distributed in the following manner:

- 37.3% to hospitals (HP.1.);
- 7.3% to Nursing and Residential care facilities (HP.2), which per Ukrainian classification includes sanatoriums – recreational medical facilities that have consumed 6.9% of recurrent expenditure in 2004.
- 10.9% to providers of ambulatory health care (HP.3.);
- 33.6% to retail sellers and other providers of medical goods (HP.4);
- 2.9% for the provision and administration of public health programs and prevention institutions (HP.5); and
- 3.2 % to health administration (HP.6).

Hospitals under Ukrainian classification of providers are represented by general, mental health and specialized hospitals (see provider classification in the technical notes). General hospitals itself include different level of hospitals that are tied with the administrative territorial structure of the country and are financed based on the rules defined in the budget code. Out of total hospital financing $\approx 75\%$ is spent on general hospitals and 25% on specialized ones. City and central rayon hospitals consume most of hospital financing (28.4% and 23.7% respectively). Allocations for mental health and substance abuse hospitals is the lowest and amounts to $\approx 0.1\%$ (Table 5). Private sector providers yet are minor contributors in service provision in Ukraine though growing fast.

Out of current public expenses on hospital sector 67% is spent on the cost of labour, 10% is used for utility costs, 23% for direct inputs necessary for service production and $\approx 1\%$ for other expenses. Thus, most of public financing is used to finance human resources and infrastructure/utility costs that are largely determined by the nature of health sector financing in Ukraine.

Figure 9: Current Health Expenditure by Provider in Ukraine 2004



(Current health expenditure = 100%)

Table 5: Distribution of hospital level spending

Provider	% out of Total Hospital Funding
HP.1 Hospitals	100.0%
HP.1.1 General hospitals	74.8%
HP.1.1.1 Oblast hospitals	7.9%
HP.1.1.1.1 Oblast general hospitals	5.2%
HP.1.1.1.2 Children oblast general	2.8%
HP.1.1.2 City Hospitals	28.4%
HP.1.1.2.1 City general hospitals	25.0%
HP.1.1.2.2 Children city general hospitals	3.4%
HP.1.1.3 Central Rayon Hospitals	23.7%
HP.1.1.4 Rayon Hospitals	2.8%
HP.1.1.5 Dilnichni Hospitals	3.3%
HP.1.1.6 Maternity houses	3.0%
HP.1.1.9 Other General hospitals	5.7%
HP.1.2 Mental health and substance abuse hospitals	0.1%
HP.1.3 Specialty (other than mental health and substance abuse) hospitals	25.0%

Only 11% of current expenditure is spent on providers of ambulatory care (HP.3). Under Ukrainian classification of providers, this group includes polyclinics and rural primary care centres, offices of dentists, outpatient care centres, private providers and other providers of ambulatory care (for details see classification in technical notes). Detailed distribution of the current expenses within this group is described in the Table 6.

Table 6: Distribution among providers of ambulatory care

Provider	% of total
HP.3 Providers of ambulatory health care	100%
HP.3.1 Offices of physicians and policlinics	57%
HP.3.2 Offices of dentists	13%
HP.3.4 Outpatient care centers	5%
HP.3.7 Private clinics	11%
HP.3.9 Other providers of ambulatory health care	14%

Out of current public expenses on providers of ambulatory care 76% is the cost of labour, 5% is used for utility costs and only 19% for direct inputs necessary for care the production process and \approx 1% for other expenses.

4.3 Household Out-of-pocket Spending

Table 7: Household Spending

As % of total household spending	2003	2004
OOP payments to providers		
HP.1 Hospitals	7.3%	7.3%
HP.2 Nursing and residential care facilities	3.6%	3.5%
HP.3 Providers of ambulatory health care	7.2%	7.3%
HP.4 Retail sale and other providers of medical goods	81.9%	81.9%
HP.nsk Provider not specified by kind	0.1%	0.1%
Total %	100%	100%
Total Million UAH	7,174.5	8,797.3
Total out-of-pocket as a % of total HH	99.4%	99.4%

Household resources are significant for health care financing in Ukraine. In NHE the share of household contribution amounted to 38.8% in 2003 and 38.5% in 2004. According to expert opinion, these levels are underestimated as the surveys carried out by the SSC do not well capture spending levels (formal and informal) on a provider (hospitals and ambulatory) care level. Ukraine's health care financing system only manages to pool less than one percent of household expenditure in the pre-paid voluntary risk pools. The remaining amount is spent on an out-of-pocket basis (OOP) that creates financial access barriers for the population and mainly for poor. As indicated in the Table 7 out of all OOP comparable amounts are spent on hospital and ambulatory care providers and significant amount 3.6% is devoted to care in sanatoriums. But lion share of out-of-pocket expenses, as described in the section 4.2.4, are spent on purchase of drugs and medical goods.

Significant reliance on private expenditures in the health sector impedes access mainly for the poor and raises equity concerns among the policy makers⁶¹. Social stratification in the country is extensive. Research indicates that 27% of population is poor and 12-14% of total population is destitute⁶². The cost of medication and side payments to health care providers (increasingly demanded to supplement inadequate wages), create barriers to necessary treatment. A representative survey of 9478 Ukrainian households undertaken by the State Statistics Committee in October 2002 showed that more than a quarter (27.5%) of households were unable to obtain necessary health care for any member of the family. For the majority of respondents (88%–97%) this was mainly because of exceptionally high costs for drugs, devices for homecare and health services. Furthermore, about 9% of households were unable to consult a doctor because of financial difficulties, and another 5% were unable to obtain necessary inpatient treatment for the same reason⁶³. Limited access to health care means postponed treatment or the lack of preventive care resulting in more serious disease and higher cost late intervention in terms of both treatment and lost productivity or earning potential⁶⁴. Available data from household surveys yet does not allow deriving concluding evidence about the impact of private payments on equity issues. Future surveys in Ukraine might consider closely exploring these factors and informing policy makers by looking at health expenditure and utilization of different levels of care by various socio-economic groups.

Also HH spending levels on pharmaceuticals ≈82% of OOPs has significant policy implication. Lack of data on drug expenditure by different socio-economic groups limits the value of our analysis, because it is not possible to evaluate if poor and disadvantaged are protected by the existing financing system and if it assures access to needed drugs for these groups. Prescription pharmaceuticals are free only

⁶¹ UNICEF 2006. Revised country programme document for Ukraine. E/ICEF/2005/P/L.19/Rev.1

⁶² Development goals of the millennium: Ukraine, Kiev, Ministry of Economy and European Integration, 2003, p.29.

⁶³ State Statistics Committee of Ukraine, State of public health. 2003, State Statistics Committee of Ukraine: Ukraine, Kiev

⁶⁴ Poverty In Ukraine, http://www.globalvolunteers.org/newsletter/poverty_in_ukraine.htm Accessed on April 14, 2006

for certain categories (i.e. World War II veterans, Chernobyl victims, diabetics, oncology patients, etc.). These pharmaceuticals are paid for from funds of the regional budgets, but these funds are limited. The large portion of population, that may require subsidised or free access to the needed drugs, may not have it.

However, even the high level of drug expenses that amounts to almost 2% of GDP requires government's attention. In pharmaceutical sector Ukraine relies on domestic production and imported drugs that amounted 62 percent of the total market in 2004. Most of the multinational pharmaceutical manufacturers are present in the Ukrainian market. Prices for newer multinational drugs are retained at regional or global levels to prevent parallel imports, but some companies operate more flexible pricing policies for older products in an effort to hold market share. The drug distribution system in Ukraine consists of state-owned and private wholesale companies and the latter dominate the market (80 percent of the total)⁶⁵. This indicates that Ukrainian market is largely dominated by private importers, suppliers and retailers where regulation of the market by the state becomes essential.

The major end users of pharmaceuticals are public sector hospitals and Ukrainian patients, who usually pay for services and drugs themselves. Approximately 79% of total pharmaceutical sales are through pharmacies and 21% are through hospitals. These high out of pocket expenses by Ukrainian patients have three consequences: a) pharmaceutical consumption is far below the real medical need and demand; b) most patients are obliged to decide what they can afford to pay for prescription drugs; c) patients themselves often are required to supply their medicines for treatment at hospitals. All of these further demands government interventions with effective policies to ease access for the population.

4.4 Conclusion

4.4.1 Policy Implications

The findings of the general NHA analysis indicate that from national economy Ukraine devotes around 7% of GDP towards healthcare that is comparable with countries having similar economic development and almost twice higher than previously reported by WHO⁶⁶. In addition, NHA analysis revealed higher reliance of Ukraine on private financing $\approx 38\%$ of NHE as opposed to 29% reported elsewhere⁶⁷. **Considering that estimated volumes for private spending are regarded by national experts to be underestimated, the actual level of household expenditure could be even higher.**

Analysis by sources of funds and financing agents reveals weakness of public financing system of Ukraine in mobilizing sizable portion of household health expenditure on a pre-paid basis. **Thus, public financing system, which mainly depends on tax contributions, functions almost independently from private spending that mainly occurs on an out-of-pocket basis and creates financial access barriers for the public.**

In addition, central budget financing, which amounts to 20% of NHE is sparsely spread among dozen of budget administrators. Thus, pooling function of health care financing system on a central level is weak and does not allow effective allocation of limited central resources. Regional/municipal financing is also spread among rayon/municipal and regional budgets. Thus, health care financing public resource pools are disconnected. However, disconnect among risk pools is compensated by the unified resource allocation rules set out by the central government and uniformly implemented nationwide. As long as Ukraine follows input-based financing disconnected resources pools do not pose significant risks to the financial stability of the system. **However, If Ukraine moves away from budget financing towards insurance based system (and/or retains budget financing but introduces contracts between providers and purchasers) and instead of input based budget**

⁶⁵ Stephanska O., 2005 Drugs and pharmaceutical market in Ukraine, March 2005, U.S. & foreign commercial service and U.S. Department Of State, 2005.

⁶⁶ WHO, 2005. The European health report 2005: Public health action for healthier children and populations

⁶⁷ Ibid.

development introduces risk-based budgets it will be important to consider what should be the lowest level of risk pooling (rayon/municipality or oblast) and how risk equalization mechanisms among different risk pools will function.

Lion share ($\approx 77\%$) of current public expenditure on health is spent on the labour and on utility costs of the providers owned by central or local governments. Salaries for medical staff are determined by the central authorities and applied nation-wide. Changes occur on an annual basis but increase in wages is marginal and average monthly salary for medical personnel only amounts to 59% of those observed in Ukrainian economy⁶⁸. Therefore, on the one hand, government regulations underpay medical personnel and on the other – devote high share of current financing ($\approx 67\%$) to cover the labour costs in the sector. **Therefore, input-based financing constrains the system functionality by limiting monetary incentives for health care providers relative to other parts of economy.** Increase in provider remuneration can be achieved either at the cost of decreasing allocations for direct inputs that will undermine the quality of care provision, or at the cost of increasing health care expenditure in per capita terms and as a share of national economy. The latter approach poses the risk of negatively affecting economic development of the county. **Thus, potential for additional resources lies in increasing efficiency of health care resource utilization.**

Implicit weaknesses of the health care financing system in Ukraine determine low efficiency of health care resource utilization in Ukraine. The country has one of the highest hospital beds to population ratio and reports one of the highest bed utilization rates in Europe (see

⁶⁸ State Statistics Committee of Ukraine, 2002, Statistical Year Book 2001. Kiev.

Figure 10 and Figure 11). However, when acute hospital bed performance in Hungary is compared with the performance of similar bed in Ukraine it shows that in 2002 Hungary treated 42.4 patients on a given bed, while Ukraine only 27.3 patients. Thus, Hungary treated almost 1.5 times more individuals per bed than Ukraine, which was mainly determined by longer average length of stay in Ukraine (12.1 in 2002) than in Hungary (6.65 in 2002).

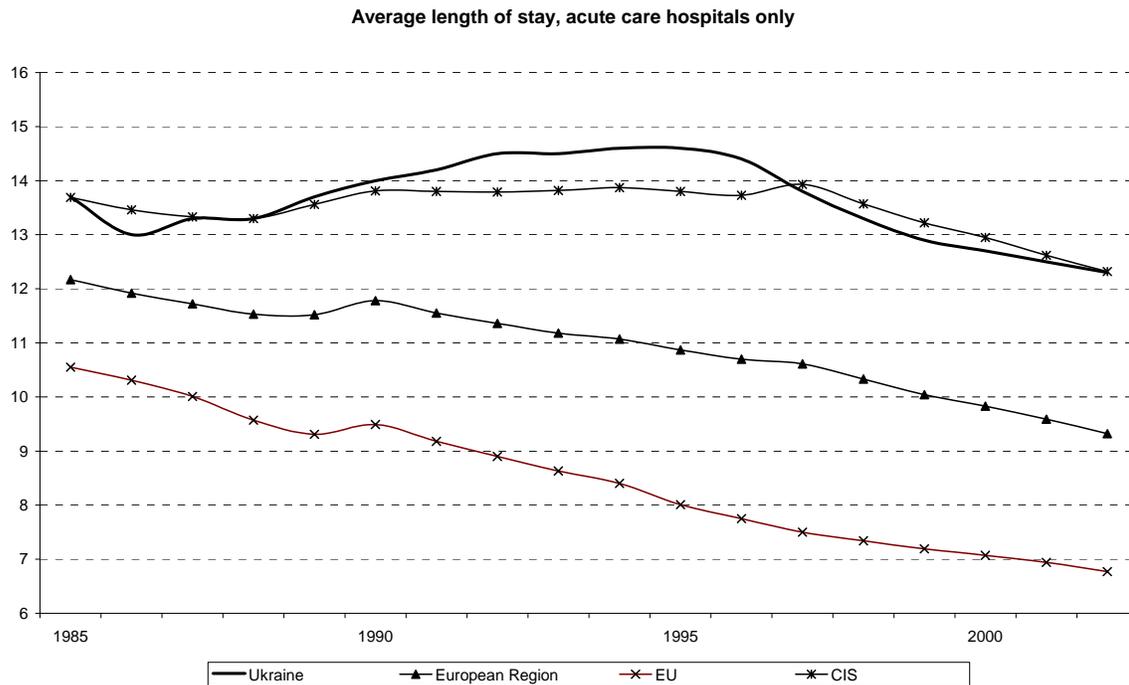
Figure 10 shows that Ukraine has slightly lower average length of stay per acute hospital bed when compared to CIS country average. But in Ukraine patients stay on average two days longer in the hospital than average for European region and almost twice longer than in EU member countries. It can be assumed that the budget financing method of hospitals does not motivate providers to improve efficiency of resource utilization and more effectively use available bed capacity to treat more patients. Evidence of other countries, where input-based financing was used, points to similar findings. **Thus, changing provider payment mechanism through introduction of contracts and moving away from budget financing, could possibly facilitate efficiency gains and help Ukraine better utilize available resources for the health sector.**

General NHA analysis showed that Ukraine spends very little on outpatient service provision as a share of current health expenditure. In order to increase the spending levels up to the levels reported in a neighbouring countries, it will require additional resources, which first of all can be mobilized within the health sector through efficiency gains, before demanding higher share from the national economy for health. Or alternatively additional resources can be shifted from other providers like nursing and residential facilities, which in Ukraine are mainly represented by sanatoriums and country devotes 6.9% of current expenditure. Neighbouring countries to Ukraine devote significantly lower share of current expenditure for these services (e.g. Poland spends 1.8% and Hungary 0.4%⁶⁹). Only countries with better economy spend comparable levels to Ukraine (e.g. Germany 7.4% and Australia 6.9%⁷⁰).

⁶⁹ Orosz E., and Morgan D., 2004. SHA-Based National Health Accounts in Thirteen OECD Countries: A Comparative Analysis. OECD Health Working Papers No.16. DELSA/ELSA/WD/HEA(2004)7

⁷⁰ Ibid

Figure 10: Average length of stay (days)



Finally, NHA revealed that mainly patients bear cost of medicines and medical goods, which financially burdens households. Current financing of the country does not offer adequate risk protection to individuals. It seems essential to address this issue while developing health care financing reforms in Ukraine.

The role of private sector in the pharmaceutical market is growing. Levels of private/household expenditure on drugs are significant and call for new policies. Lack of adequate access to drugs and inadequate supply of pharmaceuticals to hospitals, evidenced by this study, require government's attention. **New policies have to identify solutions for improved access for the population through effective regulation of the pharmaceutical market. Government may consider regulation mechanism used by European countries. Initially policy priorities could focus on assuring adequate pharmaceutical supply to hospitals and subsidised or free access to essential drugs for certain groups of population.**

Finally, very small percentage of expenditures is incurred on prevention as a share of NHE. In lieu of fast growing HIV/AIDS epidemic in the country, increasing death burden attributable to alcohol consumption and chronic conditions, declining natural population growth rates, etc⁷¹. all point towards the direction of increasing preventive programs and raising the funding levels for public health interventions.

⁷¹ Key strategies for further development of the system of health care in Ukraine / gen. ed. V.M.Lekhan, V.M.Rudiy. — Rayevsky Publishing House, 2005

Figure 11: Hospital bed supply in Europe 2002

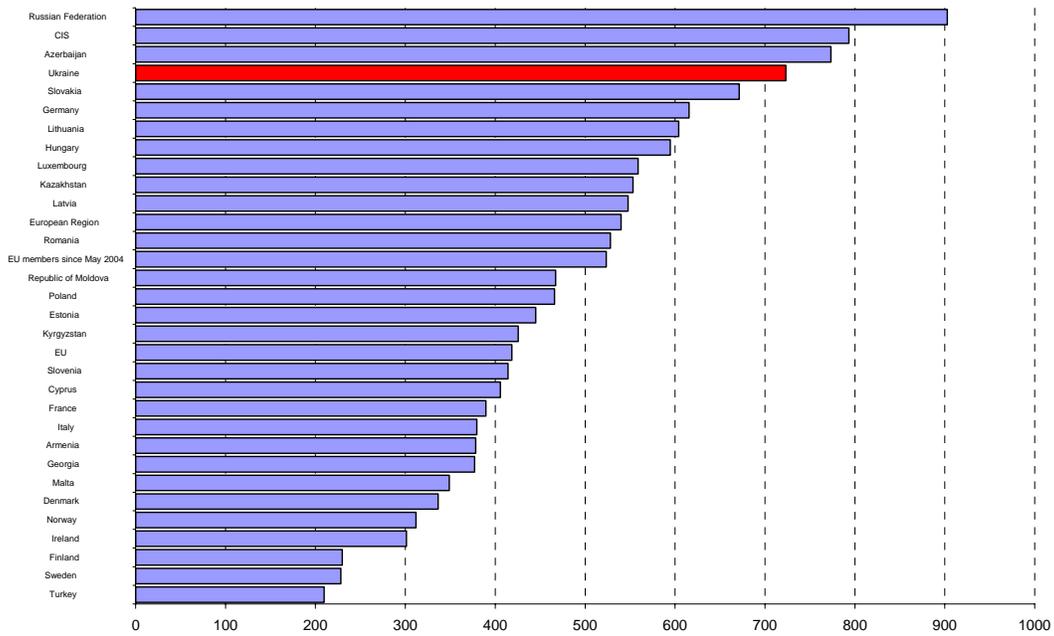
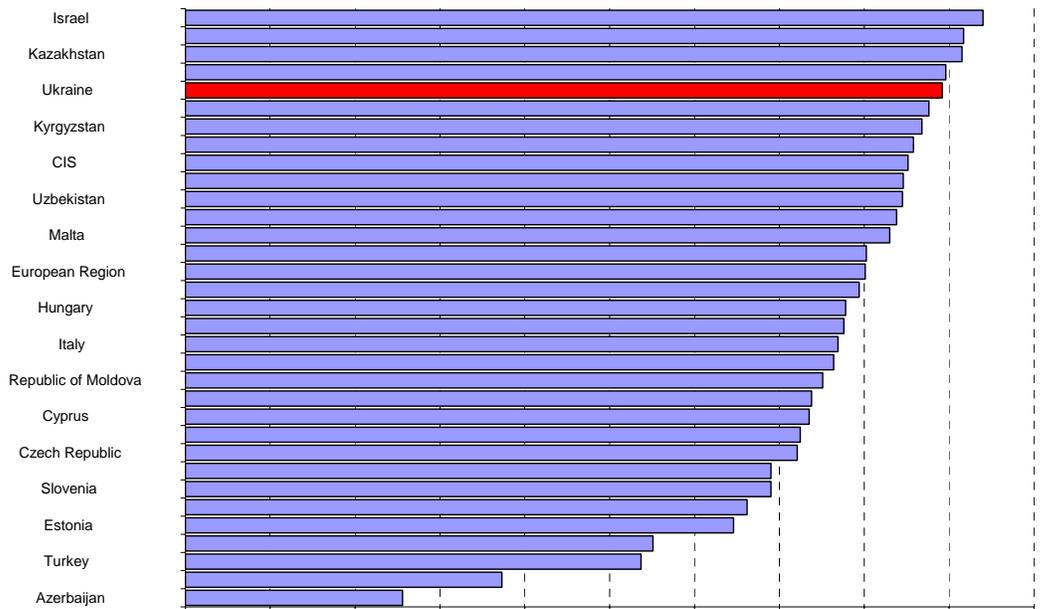


Figure 12: Bed utilization rate in Europe 2002



4.4.2 Next Steps

The process of the NHA production highlighted certain weaknesses of routine information flow within the country that posed challenges to NHA WG while producing presented estimates. Following recommendations are proposed to strengthen the information system and assure quality data for the next rounds of NHA. These recommendations are following:

- Modifications are required to the budget functional classification system of Ukraine, which is based on the Government Finance Statistics⁷² (GFS), proposed by the International Monetary Fund. Introducing, amending and/or modifying certain functional codes will help Treasury of Ukraine and SSC to produce routinely public health expenditure data disaggregated on a functional and provider level. Detailed recommendations are provided in the Annex 1 of the technical notes.
- To improve household level expenditure estimates SSC was recommended to modify the methodology used for the quarterly Household Budget Survey (HBS), mainly its sampling frame and field work implementation monitoring.
- The country is lacking routine information system to monitor funding flows within voluntary health/medical insurance market. Yet this sector is underdeveloped and insurance company reimbursements to providers amount to less than one percent of NHE. However, as the voluntary insurance market develops in the country, NHA production will require closely monitoring of spending levels through the official government statistics system.
- For monitoring HIV/AIDS expenditure out of local and regional budgets and help the GoU produce UNGASS reports annually, it is recommended to introduce into the budget financing a new functional code that only describes expenditures on HIV/AIDS. Proposed approach will help Ukraine to routinely generate public expenditure estimates by providers and functions through government finance statistics system.

While producing NHA estimates and working closely with the government counterparts Abt. Associates facilitated the process of NHA institutionalization. As a result of this work, on April 11, 2006 State Statistics Committee endorsed an order #149 on creation of inter-ministerial NHA WG and NHA implementation in Ukraine, which defines institutional home for the NHA data production and its frequency. However, further work is necessary to institutionalize and develop the capacity for NHA data analysis and use in the policy making process. These function could be housed either in educational institutions that carry out research work, conditioned that GoU commissions analytical work to these institutions, or alternatively housed within the MoH.

⁷² www.imf.org

5. HIV/AIDS Subanalysis

5.1 Introduction

The HIV/AIDS NHA subanalysis for 2003 and 2004 was conducted at the same time as the general NHA. As an internationally recognized instrument, the NHA subanalysis provides the possibility to track financial flows related to HIV/AIDS in Ukraine, serving as a tool for a meaningful in-country analysis, as well as allowing for international comparisons.

As with the general NHA, the HIV/AIDS NHA subanalysis uses four core tables that illustrate the flow of funds between the principle dimensions of HIV/AIDS spending, namely, financing sources, financing agents, health care providers, and functions.

5.2 Overview of HIV/AIDS Subanalysis Findings in Ukraine

Expenditure on HIV/AIDS in Ukraine is incurred by central and regional/local governments, private households, non-profit institutions serving households (e.g. Olena Franchuk Foundation) and donors. Yet, response to the emerging HIV/AIDS epidemic significantly depends on external financial resources. At present, GFATM, USAID and other donors' grants and a loan from the World Bank finance significant share of HIV/AIDS, however, in the long term, public financing is expected to replace these funds.

A summary of key statistics from the HIV/AIDS subanalysis is shown in the table below (Table 8). The total package for HIV/AIDS interventions (including *Addendum Items* spending) increased from 300.4 million UAH (US\$ Million 56.3) in 2003 to 445.6 million UAH (US\$ Million 83.8). The increase is largely due to steep increases in donor support for HIV/AIDS between 2003 and 2004 (GFATM disbursements started in 2004). Donor support rose from 41.9 million UAH (US\$ Million 7.9) in 2003 to 100.5 million UAH (US\$ Million 18.9)). During the same period there is a decline in the share of private household financing for HIV/AIDS, from 66 percent of NHE for HIV/AIDS to 57 percent, and a similar drop in the public share. Decreasing shares are attributable to the sharp increase in donor financing because, in absolute terms, both public and private spending for HIV/AIDS rose.

Table 8: Summary of HIV/AIDS Subanalysis Findings, 2003 and 2004

	2003	2004
Estimated HIV seroprevalence rate (adults 15-49 years old)*	0.96%	1.11%
Estimated Number of PLWHA (all ages)*	230,962	267,386
Exchange rate US\$ 1 = UAH	5.33	5.32
National Health Expenditure (NHE) – general NHA	Million UAH 18,616.2 (US\$ Million 3,491)	Million UAH 22,965.9 (US\$ Million 4,318)
NHE for HIV/AIDS – HIV/AIDS subanalysis	Million UAH 291.9 (US\$ Million 54.7)	Million UAH 434.9 (US\$ Million 81.8)
% of NHE allocated to HIV/AIDS	1.57%	1.89%
Total HIV/AIDS spending as % of nominal GDP	0.11%	0.13%
<i>NHE plus Addendum items for HIV/AIDS – HIV/AIDS subanalysis</i>	<i>Million UAH 300.4 (US\$ Million 56.3)</i>	<i>Million UAH 445.6 (US\$ Million 83.8)</i>
Total per capita health expenditure – general NHA	UAH 387.8 (US\$ 72.7)	UAH 485.5 (US\$ 91.3)
Total per PLWHA HIV/AIDS spending – HIV/AIDS subanalysis	UAH 1,264 (US\$ 237)	UAH 1,626 (US\$ 305.8)
General OOP spending per capita – general NHA	UAH 149.5 (US\$ 28)	UAH 186 (US\$ 35)
HIV/AIDS OOP spending per PLWHA – HIV/AIDS subanalysis**	UAH 837.9 (US\$ 157.1)	UAH 919.4 (US\$ 172.9)
Source of Funds for HIV/AIDS: (NHE for HIV/AIDS = 100%)		
Public	17.4%	13.5%
Households	66.3%	56.5%
Non-profit institutions serving households	1.9%	6.8%
Donor	14.3%	23.1%
Financing Agents for HIV/AIDS: (NHE for HIV/AIDS = 100%)		
Public	17.4%	13.5%
Households	66.3%	56.5%
Non-profit institutions serving households	1.9%	6.8%
Donor & Other	14.3%	23.1%
Providers of Health Care for HIV/AIDS: (NHE for HIV/AIDS = 100%)		
Hospitals	20.5%	16.4%
Providers of ambulatory care	1%	0.9%
Retail sale and other providers of medical goods	62.3%	52.9%
Provision and administration of public health programs	1.9%	6.5%
Rest of the world	14.3%	23.1%
Financing Agents spending by functions for HIV/AIDS: (NHE for HIV/AIDS = 100%)		
Inpatient curative care	6.3%	5.1%
Outpatient curative care	17.6%	20.8%
Medical goods dispensed to outpatients	62.3%	52.9%
Prevention and public health services	8.1%	16.3%
Health-related functions and expenditure not specified by kind	5.6%	4.9%

* National Consensus Meeting on Estimates of HIV prevalence and ART Needs (November 28, 2005, Kiev, Ukraine): 1.28% of adult (15-49 years old) HIV prevalence, or 307,000 PLWHA (all ages) in 2005. These results differ from data previously published in Ukraine ("UNAIDS report on the global epidemic, 2004", presenting UNAIDS/WHO estimates for the end of 2003 in Ukraine: 360,000 HIV-positive people). However, the new estimates agreed upon during the National Consensus Meeting are considered valid and currently the best available HIV/AIDS estimates for Ukraine. Methodology for computing 2003 and 2004 HIV prevalence estimates based on nationally agreed estimates for 2005 is presented in Volume 2 to this report.

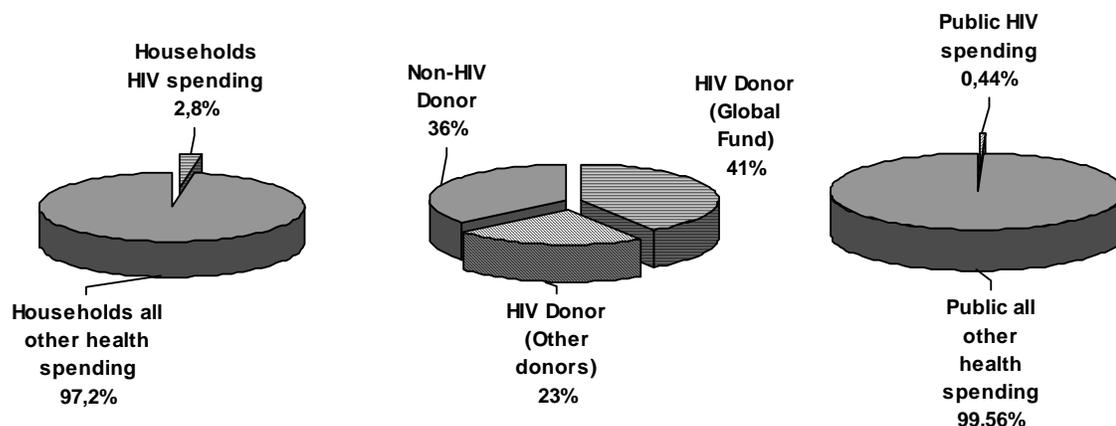
** It should be noted that this HIV/AIDS OOP spending per PLWHA is not an average OOP spending by PLWHA as some spending is incurred by non-seropositive individuals (OOP spending for HIV/AIDS includes nationwide OOP spending on HIV tests and condoms, as well as all IDU spending on syringes).

5.3 HIV/AIDS Expenditures as Proportion of NHE

In Ukraine in 2004 HIV/AIDS expenditure amounted to 1.89 percent of total health expenditure (434.9 million UAH (US\$ Million 81.8) out of the total 22,965.9 million UAH (US\$ Million 4,318)).

Figure 13 describes the relative share of different financing sources that provided funds for HIV/AIDS. The donors were the main financiers of HIV/AIDS providing 64% of funds in 2004 (in 2003, this proportion was 49% due to smaller disbursements of GFATM funds). Households devote about 2.8% from their spending on health to HIV/AIDS (this spending includes not only PLWHA spending, but also the general public's spending on HIV tests, condoms, as well as syringes purchased by all IDU in the country regardless of their HIV status, as a primary mean for HIV prevention). A strikingly different picture is observed in the public sector spending on HIV: only 0.44% of public funds for health are devoted for HIV/AIDS.

Figure 13: HIV/AIDS Expenditures by Financing Source as Proportion of NHE in 2004



5.4 Flow of Funds for HIV/AIDS in Ukraine, by NHA Dimensions

HIV/AIDS related financing flows are traced in the following subsections of this report from financing sources to financing agents, healthcare providers and functions. Four core tables describing these flows in detail can be found in the corresponding Annex to this report.

5.4.1 Financing Sources (HIV/AIDS)

NHE for HIV/AIDS were made up of the following sources in 2003 and 2004:

- Public sources, which included central and regional budgets, amounted to 17.4% of NHE for HIV/AIDS in 2003, and 13.5% in 2004;
- Private sources (households) – 66.3% of NHE for HIV/AIDS in 2003 and 56.5% in 2004;
- Non-profit institutions serving households – 1.9% of NHE for HIV/AIDS in 2003 and 6.8% in 2004;
- Donor funding was 14.3% of NHE for HIV/AIDS in 2003 and 23.1% in 2004.

Figures below (Figure 2 and Figure 15) provide distribution of health expenditures by financing sources during the years under analysis. During 2003-2004, financing for HIV/AIDS increased in absolute terms from all financing sources. This increase was approximately proportional for public funds and household funds, however, there was a steep increase in donor funding mainly determined by higher disbursements of the GFATM grant. In addition, non-profit institutions serving households

(mainly the Olena Franchuk Foundation) also significantly increased their spending levels, which caused decline in the relative share of public and household financing sources. In absolute terms disbursed amounts by public financing sources were higher in 2004 (58.9 million UAH or US\$ Million 11.1) than in 2003 (50.9 million UAH or US\$ Million 9.5). The same can be said about household funds. Increasing volumes of public financing for HIV/AIDS repeats the trend found in the general NHA.

Figure 14: Sources of Health Financing for HIV/AIDS in Ukraine, 2003

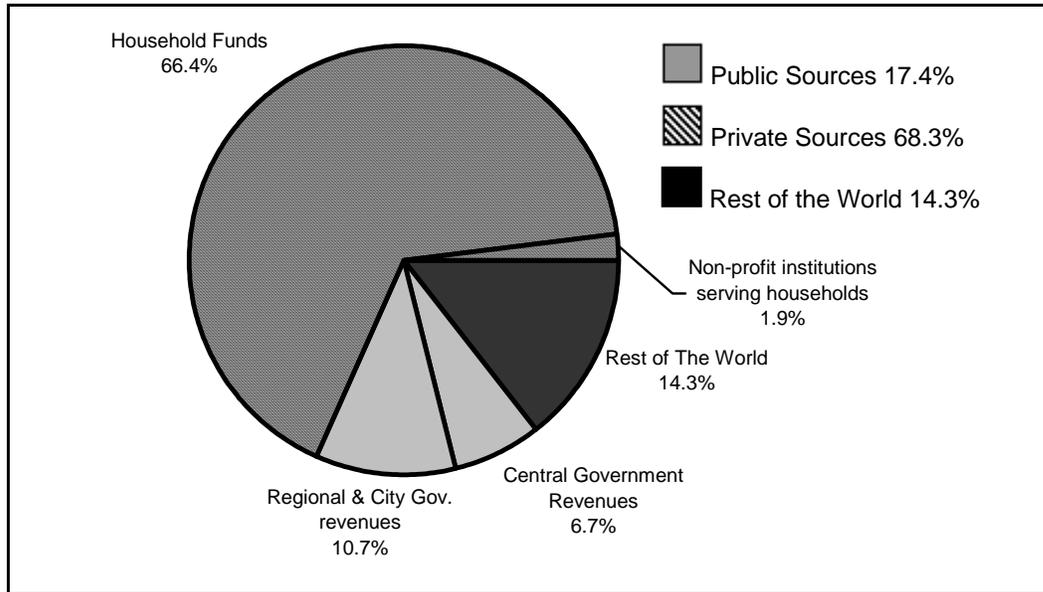
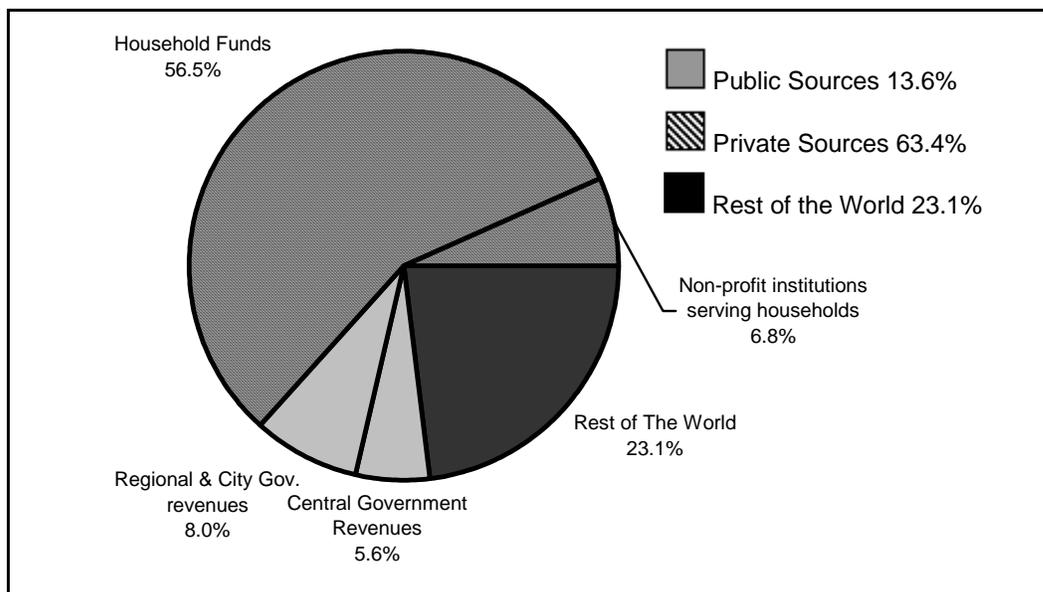


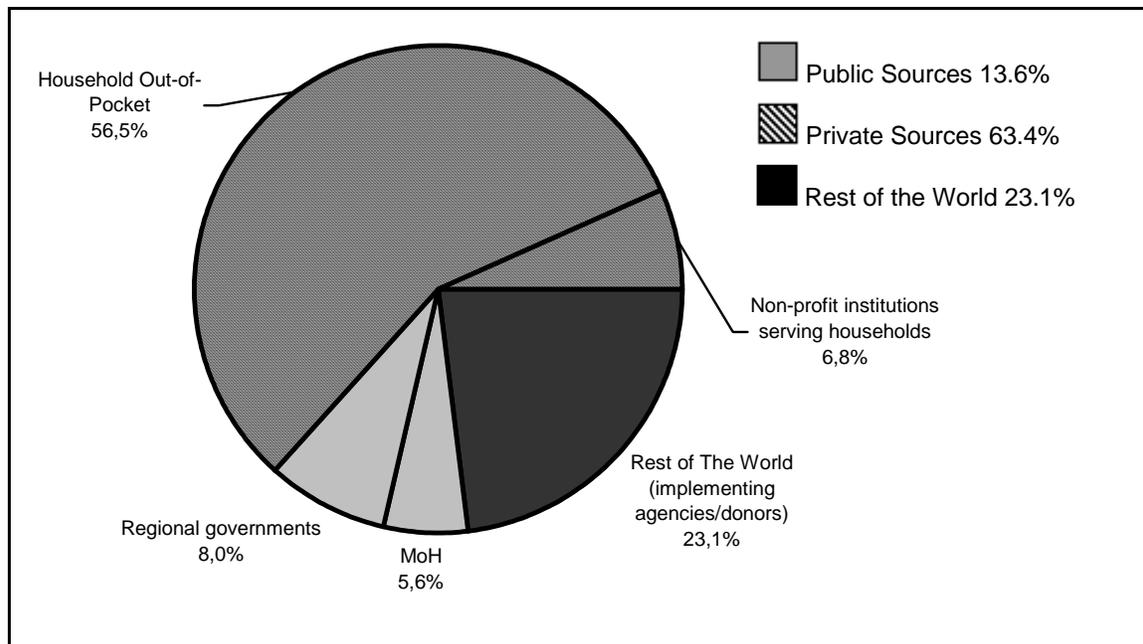
Figure 15: Sources of Health Financing for HIV/AIDS in Ukraine, 2004



5.4.2 Financing Agents (HIV/AIDS)

The main financing agents in Ukraine are households followed by the rest of the world (implementing agencies/donors). Other financing agents are budget administrators (central and regional/local government bodies) and non-profit institutions serving households. The share of donor financing in NHE for HIV/AIDS is considerable and it increased substantially from 14.3% in 2003 to 23.1% in 2004. This increase in donor financing is largely attributable to increased GFATM disbursements in 2004 in Ukraine. The Ministry of Health is the largest administrator of public resources handling 41% of public funds, however these resources only amounted to 5.6% of NHE for HIV/AIDS in 2004. Regional governments managed 59% of public funds and 8% of NHE for HIV/AIDS in 2004. During 2003-2004 household out-of-pocket spending in absolute terms grew at a higher rate for HIV/AIDS than for general health (27% and 23% respectively). This increase could be influenced by the increased number of PLWHA in the country as a result of the fast growing HIV epidemic.

Figure 16: Total Health Expenditure for HIV/AIDS by Financing Agents in Ukraine 2004 (NHE for HIV/AIDS= 100%)



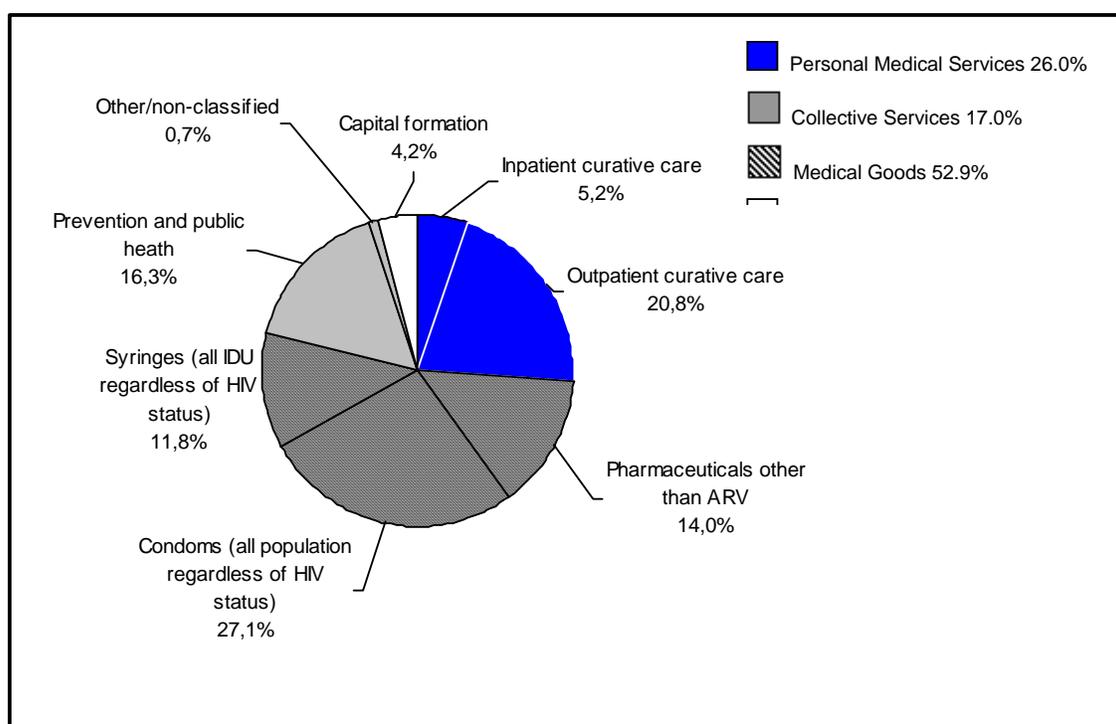
When financing agents and financing sources are compared (see Figure 15 and Figure 3) it becomes evident that private health expenditure for HIV/AIDS is not mobilized in the pre-paid financial system of the country and the public system functions independently from private financing. As a result, household funds for HIV/AIDS are spent on an out-of-pocket basis and do not contribute to the pre-paid risk pools and/or to any statutory system. The volume of out-of-pocket expenditure amounted to 66.4% of NHE for HIV/AIDS in 2003 and 56.5% in 2004. Share of OOP payments are higher for HIV/AIDS than for general health care (on average only 39% out of NHE in general NHA accounts for out-of-pocket spending), it may require special health policy attention regarding targeting of HIV/AIDS related health issues.

Yet another interesting observation found in Ukraine relates to donor financing, which differs from what is seen in some other countries. Donor funds function independently from public financing, thus making donors major financing agents who ultimately make decisions on where and how the funds for HIV/AIDS are spent. This can be attributed to donors not having enough confidence in the government administration mechanisms.

5.4.3 Health Functions (HIV/AIDS)

Out of *Total Health Expenditure for HIV/AIDS* 4.2% (18.1 million UAH or US\$ 3.4 million) was spent on capital formation by all financing agents while current health expenditure for HIV/AIDS amounted to 416.8 million UAH (or US\$ 78.4 million) in 2004 (in 2003, capital formation accounted for only 2.4%). In 2004, out of NHE for HIV/AIDS, 26.0% was spent on personal medical services, 17.0% on collective and 52.9% on medical goods (medical goods include spending on condoms by all population: 27.1%, on syringes by all IDU in the country: 11.8%, on OI and other pharmaceuticals by PLWHA: 14%; while spending on ARV drugs is part of the ARV treatment function). All services related to ARV treatment were recorded under OP function, and accounted for 7.5% out of NHE for HIV/AIDS in 2004 (in 2003 this share was only 3.8% out of NHE for HIV/AIDS, which is explained by the considerable increase in number of people receiving ARV in Ukraine largely due to GFATM financing of ARV drug supply starting from the end of 2003). Refer to Figure 17 for details.

Figure 17: Total Health Expenditure for HIV/AIDS by Functions in Ukraine 2004 (NHE for HIV/AIDS = 100%)



5.4.4 Addendum items Expenditures for HIV/AIDS

In 2004, expenditures on addendum items amounted to 10.7 million UAH (or US\$ 2 million). In 2003, this amount was 8.5 million UAH (or US\$ 1.6 million). Addendum items are functions that are outside of NHA boundaries for health that are included when a subanalysis is conducted for diseases such as HIV/AIDS, that involve initiatives at the societal level within different sectors of economy, because of their overall relevance for the HIV/AIDS control program. When NHE for HIV/AIDS plus addendum items spending are taken together, addendum items spending in 2004 accounted for 2.38% out of this total amount, and 2.83% in 2003.

The "Rest of the world" financing agents were major financiers of addendum items, accounting for 99.1% of these expenditures in 2004 (0.9% was covered by non-profit institutions serving households, namely Olena Franchuk Foundation) and 100% in 2003. Spending on addendum items had the following structure in 2004: social support services 23%; policy advocacy (includes support to national

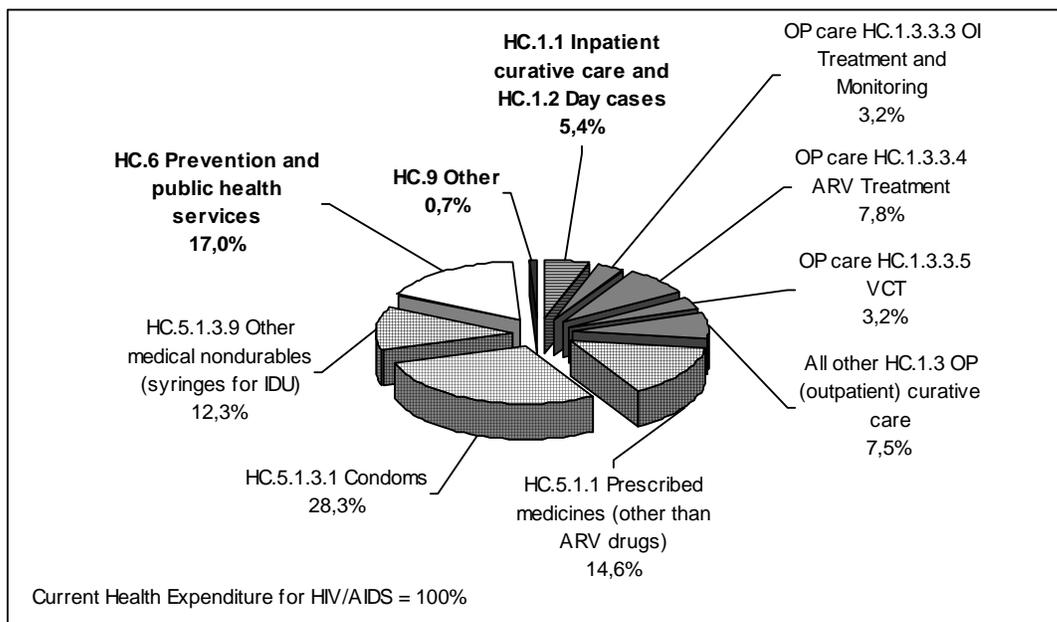
strategic plan for HIV/AIDS (lobbying)) 25%; empowerment and organization in HIV 16%; HIV specific surveillance activities (including second-generation surveillance activities) 36%.

5.4.5 Current Health Expenditures for HIV/AIDS by Mode of Production

The structure of the current health expenditures for HIV/AIDS in 2004 by mode of production (see Figure 6) was the following:

- the biggest expenditure (55.2%) was on medical goods, out of which:
 - 14.6% was spent on prescribed medicines other than ARV drugs⁷³,
 - 28.3% on condoms (expenditure incurred by the general population of Ukraine, regardless of their HIV status),
 - 12.3% on syringes (expenditure incurred by the estimated number of IDU in Ukraine regardless of their HIV status),
- 21.7% was spent on outpatient (OP) curative care, which includes all ARV drugs provided by donors and/or government (none of the spending on ARV drugs is attributed to inpatient curative care for purposes of the NHA subanalysis), out of which:
 - 7.8% was spent on ARV treatment and drugs;
 - 3.2% on opportunistic infection (OI) treatment and monitoring,
 - 3.2 on voluntary counseling and testing (VCT),
 - 7.5% on all other outpatient curative care.
- 17% was spent on prevention and public health services;
- 5.4% on inpatient and day cases of curative care;
- And 0.7% on all other health care services for HIV/AIDS.

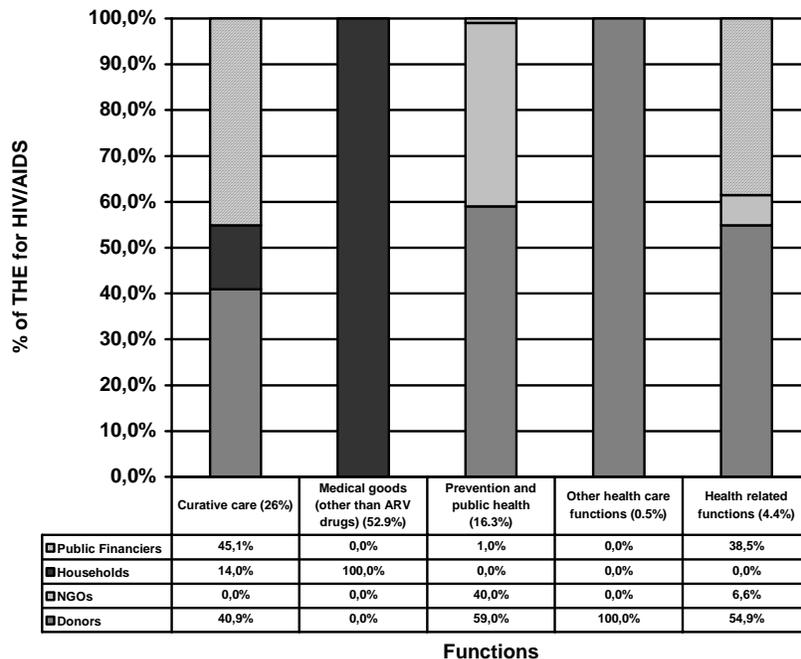
Figure 18: Current health expenditures for HIV/AIDS by mode of production in 2004



⁷³ ARV drugs provided for free to patients by donors and/or government and they are part of OP treatment function (patients in Ukraine do not pay out-of-pocket for ARV drugs).

Figure 19 describes expenditure levels for HIV/AIDS by different financing agent for different functions.

Figure 19: Financiers of HIV/AIDS Health Care Functions in 2004



Curative care for HIV/AIDS was paid almost equally by public financiers and donors (contributing 45% and 41% respectively), and the rest was paid by households in the form of out-of-pocket expenses (14%).

The burden of paying for medical goods dispensed to outpatients – which account for the biggest portion of NHE for HIV/AIDS (53%) and include spending on drugs other than ARV (by PLWHA), condoms (by all population) and syringes (by all IDU) — was borne by private households making out-of-pocket payments. Presented figure does not include donor spending for condoms and syringes distributed free of charge to high-risk groups such as IDU and CSW, and this spending was accounted for under preventive programs and public health services (in 2004, donor spending for condom distribution programs and prevention programs for specific groups — part of which is condom and needle exchange programs — was 2.5% out of NHE for HIV/AIDS). ARV drugs are paid for either by donors or government and they are part of the curative care services. ARV treatment accounted for 29% of curative care services in 2004. The portion of opportunistic infection (OI) drugs that was provided by government and/or donors is also part of the curative care services function. Unfortunately, it was not possible to separate OI drugs spending by government, but donors (GFATM) spending on OI drugs accounted for 2.1% out of total spending on curative care services for HIV/AIDS in 2004.

Donors and non-profit institutions serving households largely pay for prevention and public health services. Public financiers contributed only 1% to this function. However, government spending on curative care services to a degree contributes to the prevention of HIV transmission. For example, government pays for VCT for pregnant women (prevention of vertical transmission) and VCT for blood donors (prevention of blood transmission), which was part of curative care services. This spending by government totaled 1.9% out of NHE for HIV/AIDS, or 13.9% of total public spending on HIV/AIDS, or 7.3% of spending on curative care services for HIV/AIDS in 2004. **For future rounds of NHA HIV/AIDS subanalysis it is recommended to move VCT and PEP (post-exposure prophylaxis) from curative care function to public health and prevention function in order to reflect prevention services more precisely.**

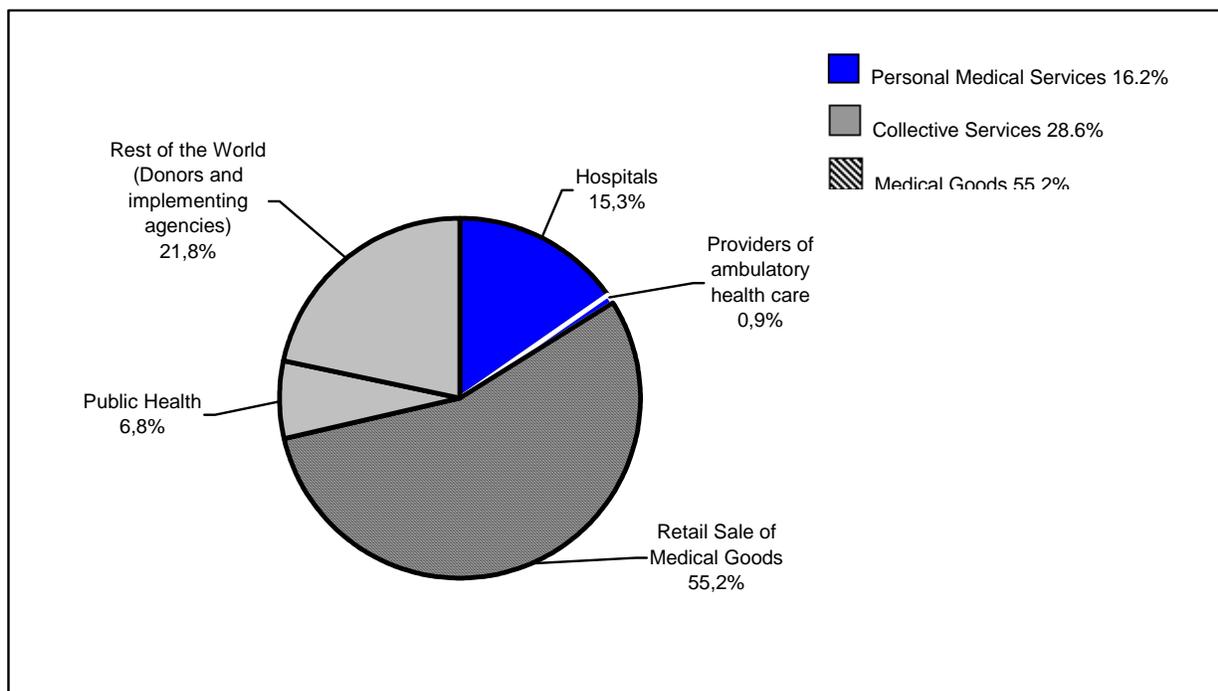
Spending on other health care functions and health related functions accounted only for 4.9% out of NHE for HIV/AIDS.

5.4.6 Health Care Providers (HIV/AIDS)

In Ukraine in 2004, current health expenditures for HIV/AIDS at the provider level were distributed in the following manner:

- 15.3% to hospitals;
- 0.9% to providers of ambulatory health care;
- 55.2% to retail sellers and other providers of medical goods;
- 6.8% for the provision and administration of public health programs and prevention institutions; and
- 21.8% to the rest of the world (implementing agencies).

Figure 20: Current Health Expenditure for HIV/AIDS by Provider in Ukraine 2004



(Current health expenditure for HIV/AIDS = 100%)

Out of total hospital financing for HIV/AIDS, 6% was spent on general hospitals, 7.8% on substance abuse hospitals and dispensers and 82.6% on specialized hospitals. Among specialized hospitals, AIDS Clinics and Centers consume most of HIV/AIDS spending (54.5% out of total spending on hospitals). TB hospitals and dispensers responsible for treatment of patients with TB/HIV co-infection consumed 14.8% of hospital level spending. It should be noted that almost all hospitals in Ukraine provide both inpatient and outpatient services. Detailed distribution of HIV/AIDS spending on hospitals is shown in the table below (Table 9).

Retail sale of medical goods accounts for 55.2% out of current health expenditures for HIV/AIDS. As it was shown in the previous section on spending by functions, retail sale of medical goods includes out-of-pocket spending on drugs other than ARV by PLWHA, condoms by all population and syringes by all IDU.

Collective services that include provision and administration of public health programs and the rest of the world (donors and implementing agencies), consume 28.6% out of current expenditures on HIV/AIDS. At the same time, provider institutions denoted by the NHA code HP.9 – “The rest of the world” provide financing for both public health programs, and activities related to the provision of personal medical services (such as provision of ARV drugs, HIV tests etc.). Due to the fact that

GFATM funds are administered by the local NGO who administers this program (including all procurement and logistics for delivery of these services) and government providers of health services are not part of these activities, it was decided to keep these funds under the HP.9 code. This is described in detail in the preceding section "Financing Agents".

Table 9: Distribution of hospital level spending for HIV/AIDS in 2004

Provider	% out of Total Hospital Funding for HIV/AIDS
HP.1 Hospitals	100.0%
HP.1.1 General hospitals	6,0%
HP.1.2 Mental health and substance abuse hospitals	7,8%
<i>HP.1.2.2 Substance abuse hospitals and dispensers</i>	7,8%
HP.1.3 Specialty (other than mental health and substance abuse) hospitals	86,2%
<i>HP.1.3.2 AIDS clinics and centers</i>	54,5%
<i>HP.1.3.3 Tuberculosis hospitals and dispensers</i>	14,8%
<i>HP.1.3.4 STI clinics and dispensers</i>	1,2%
<i>HP.1.3.9 Other specialty hospitals</i>	15,6%

5.5 Household Out-of-pocket Spending for HIV/AIDS

Household resources are significant for financing HIV/AIDS related services in Ukraine. In NHE for HIV/AIDS the share of the household contribution amounted to 66.3% in 2003 and 56.5% in 2004. These shares are considerably higher than found in general NHA (household portion out of NHE was 38.5% in 2004). Tables below (Table 10 and Table 11) detail HIV-related OOP spending by households by functions and providers of the health care services. The lion share of out-of-pocket expenses related to HIV/AIDS is spent on purchase of drugs (other than ARV) and medical goods.

Table 10: Household Spending for HIV/AIDS by Functions

As % of total household spending for HIV/AIDS	2003	2004
OOP payments for HIV/AIDS by functions		
HC.1.1 Inpatient curative care	2.1%	2.4%
HC.1.3 Outpatient curative care	3.9%	4.1%
HC.5.1.1 Prescribed medicines*	22.4%	24.8%
HC.5.1.3.1 Condoms**	49.9%	48.0%
HC.5.1.3.9 Other medical nondurables***	21.7%	20.7%
Total OOP %	100%	100%
Total OOP Million UAH	193.5	245.8
Total OOP Million US\$	36.3	46.2

* Medicines, other than ARV drugs

** Spending on condoms by all population regardless of their HIV status

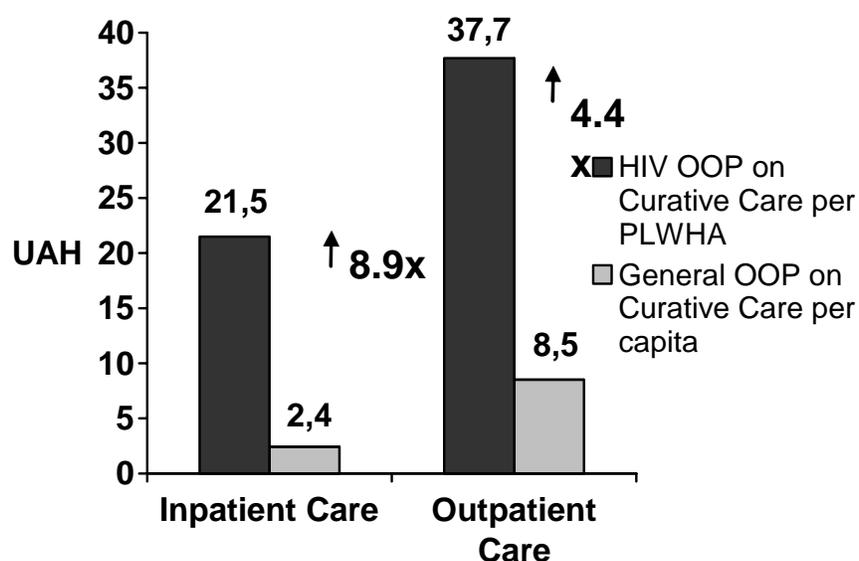
*** Spending on syringes by all IDU regardless of their HIV status

Table 11: Household Spending for HIV/AIDS by Providers

As % of total household spending for HIV/AIDS	2003	2004
OOP payments to providers		
HP.1.1 General hospitals	1.2%	1.3%
HP.1.2 Mental health and substance abuse hospitals	1.1%	1.2%
HP.1.3 Specialty (other than mental health and substance abuse) hospitals	2.6%	2.8%
HP.3 Providers of ambulatory health care	1.1%	1.2%
HP.4 Retail sale and other providers of medical goods	94.0%	93.5%
Total %	100%	100%
Total OOP Million UAH	193.5	245.8
Total OOP Million US\$	36.3	46.2

Figure 21 compares average per capita spending on curative care services by general population and PLWHA. In 2004, PLWHA spent 8.9 times more for inpatient care and 4.4 times more for outpatient care than did general population.

Figure 21: Per Capita Out-of-pocket Spending on Curative Care only by PLWHA and the General Population in 2004



5.6 International Comparisons

Unfortunately, only few countries have conducted NHA HIV/AIDS subanalysis or other form of systematic tracking of financial flows for HIV/AIDS up to now, and there are even fewer middle-income countries with a concentrated epidemic of HIV to draw meaningful comparisons with Ukraine. In addition, the results obtained from different countries, utilizing possibly different methodological approaches, could be not directly comparable. Thus, international comparisons presented later in this section should be treated cautiously when informing health policy decisions for Ukraine based on other countries' experiences. The greatest benefit of the results of NHA HIV/AIDS subanalysis for Ukraine will be from the in-country internal analysis and utilization of the results for health policy making concerning HIV/AIDS.

Table 12 is an attempt to compare HIV/AIDS spending in Ukraine with other countries. Rwanda and Kenya are poor countries with a generalized epidemic; therefore, they are not comparable to Ukraine. They are listed only as an example to highlight how countries with a generalized epidemic differ from those with a concentrated HIV/AIDS epidemic.

Table 12: Cross-country Comparison of Key Health Expenditure for HIV/AIDS Indicators*

	GDP per capita PPP US\$ (2002)**	Adult HIV prevalence	Number of PLWHA (all ages)	Spending for HIV/AIDS per PLWHA PPP US\$	FINANCING AGENT LEVEL		
					Private spending on HIV/AIDS as % of NHE for HIV/AIDS	Public spending on HIV/AIDS as % of NHE for HIV/AIDS	The Rest of The World spending on HIV/AIDS as % of NHE for HIV/AIDS
Argentina (2002 National AIDS Accounts)	10,880	1%	130,000	4,995	10%	90%	0%
Mexico (2002 National AIDS Accounts)	8,970	0.3%	150,000	2,141	12%	87%	1%
Brazil (2000 National AIDS Accounts)	7,770	0.7%	610,000	2,993	16%	83.6%	0.4%
Colombia (2002 National AIDS Accounts)	6,370	0.4%	140,000	1,071	15%	83%	2%
Panama (2003 National AIDS Accounts)	6,170	1.5%	25,000	766	16%	73%	11%
Ukraine (2003 NHA HIV subanalysis)	4,870	0.96%	230,962	1,296	68.3%	17.4%	14.3%
Rwanda (2002 NHA HIV subanalysis) ***	1,270	5.1%	200,000	312	17%	9%	75%
Kenya (2002 NHA HIV subanalysis) ****	1,020	6.7%	900,000	298	28%	21%	51%

* Source for HIV related data: National Spending for HIV/AIDS 2004, UNAIDS, July 2004, prepublication draft.

** Source: Human Development Report 2004. UNDP.

*** Source for HIV related data for Rwanda: Rwanda National Health Accounts 2002, Republic of Rwanda MoH, 2005

**** Source for HIV related data for Kenya: Kenya National Health Accounts 2001-2002, Republic of Kenya MoH

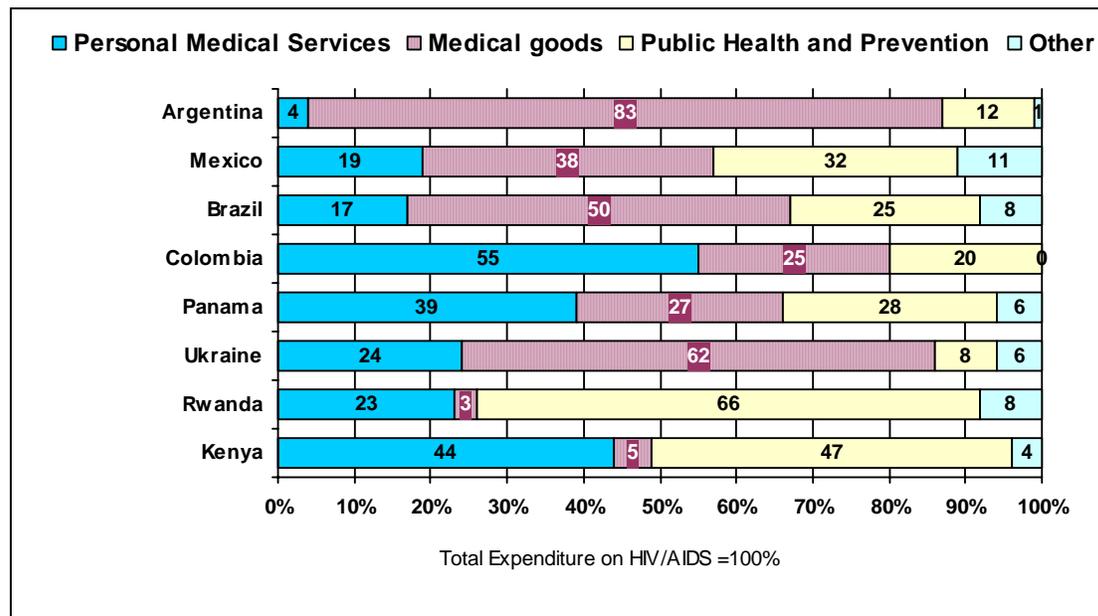
In an international comparison, HIV/AIDS expenditure per PLWHA in Ukraine can be deemed as medium to low, and it is comparable to those found in countries with similar GDP per capita and similar adult HIV prevalence rates. At the same time, countries with twice higher GDP per capita than in Ukraine devote two to four times higher amount per PLWHA.

The differences are more striking when the share of private expenditures for HIV/AIDS in NHE for HIV/AIDS is compared. In Ukraine, households contribute 68% for NHE on HIV/AIDS that is the highest proportion among all countries presented in Table 12. It should be stressed that the shares presented in Table 12 refer to the financial agents level and not ultimate source of funding (i.e., any private household contributions, for example, to social health insurance, would appear under “Public spending” column). These findings raise the question of how effectively Ukraine mobilizes private funds within the pre-paid health care resources and why the share of private spending relative to public is so high. Absence of risk pooling schemes in Ukraine creates financial barriers to access to health care for poorer population that may not be able to pay out-of-pocket for needed high burden HIV-related health care.

Ukraine’s expenditure levels for HIV/AIDS on personal medical services (in relative terms) compares with those seen in Mexico and Brazil. However, spending levels on public health activities and prevention are lowest in Ukraine. Mexico and Brazil spend significantly higher amounts on these activities (32% and 25% respectively) than Ukraine (only 8%).

Ukraine devotes largest share 62% for medical goods (after Argentina). However, this comparison may not be straightforward because Ukraine’s spending on medical goods does not include spending on ARV drugs (it is part of the personal medical services function).

Figure 22: International Comparison for Expenditures for HIV/AIDS by Functions



* Sources: National Spending for HIV/AIDS 2004, UNAIDS, July 2004, prepublication draft; Rwanda National Health Accounts 2002, Republic of Rwanda MoH, 2005; Kenya National Health Accounts 2001-2002, Republic of Kenya MoH

5.7 Policy Implications and Next Steps

Ukraine significantly relies on private financing for HIV/AIDS and on donor funds. Public expenditures while growing in absolute terms yet are not adequate relative to the epidemic growth rates. Also reliance on private spending financially burdens households and possibly prevents infected patients from accessing needed services. Thus, one of the policy objectives could be to focus on the removal/decrease of such financial access barriers, particularly for those who cannot afford to pay. Significant difference in spending levels between PLWHA and general population illustrates well the burden placed by epidemic on individuals/households: PLWHA face significantly higher OOP payments.

Findings from the NHA HIV subanalysis 2003-2004 show the growing role of donor financing in fighting HIV/AIDS epidemic in Ukraine. Almost quarter of the funds for HIV/AIDS in 2004 was spent by donors and mainly by GFATM. However, the paths through which the donor funds are channeled and managed require close attention. Currently public financing agents do not administer donor funds that are significant, thus making donors critical financing agents, who ultimately make decisions where and how these funds are spent for HIV/AIDS. This could be attributed to donors not having enough confidence in the government administration mechanisms. This situation should be closely monitored and where possible attempts should be made to channel more funds through public or local financing agents (building capacity of the national counterparts). Otherwise, sustainability, as well as consistency in the strategic directions of the on-going programs to control HIV/AIDS epidemic could be endangered when donor financing will be replaced by government funds. It is highly unlikely that future public financing that will replace current donor contributions would be channeled through the same implementing agencies in the non-government sector.

Growth in spending levels for ARV treatment is definitely a positive trend and it reflects the strategic direction of the government to assure universal access to antiretroviral treatment. Spending on ARV treatment as a proportion of NHE for HIV/AIDS increased from 3.8% in 2003 to 7.5% in 2004. This increase looks even more impressive in absolute terms, from 11.1 million UAH (or US\$ million 2.1) in 2003 to 32.6 million UAH (or US\$ 6.1 million) in 2004. It is imperative to stress that provision of ARV treatment is free to all HIV patients and it is paid for either by donors or government, with the expectation that the government will replace donor funds in the nearest future. However, even these amounts are not yet enough to provide 100% coverage to all patients who need ARV treatment. In lieu of increasing HIV prevalence rates the need for ARVs is expected to increase. Thus, adequate allocations are immediately necessary to meet these needs.

Similar to general NHA, the HIV/AIDS NHA subanalysis uses four core tables illustrating the flow of funds from financing sources and agents to health care providers and functions. In the next rounds of NHA with HIV/AIDS subanalysis, construction of tables related to key high risk groups for HIV infection (IDU and CSW) could be very valuable as it may help to carry out benefit-incidence analysis for these groups. This approach will help policy-makers and program managers to see how HIV funds reach the critical beneficiaries for the adequate epidemic control. As international experience shows, timely and efficient targeting of HIV/AIDS risk groups during the concentrated stage of epidemic can considerably slow down the epidemic growth.

International comparison shows that Ukraine devotes a relatively smaller share for preventive/collective services programs than other countries with a similar epidemic. Increasing spending levels towards prevention programs, especially targeting high risk groups for HIV infection (IDUs and CSWs), could be important for Ukraine to slow down the epidemic growth and prevent its generalization. In international comparison of the financing agents structure of NHE for HIV/AIDS, it becomes obvious that Ukraine should work on increasing the share of Public Financing Agents in the structure of NHE for HIV/AIDS to ensure a sustainable and consistent response to the emerging HIV epidemic, as well as to provide for equitable access to HIV-related care.

The process used for the HIV/AIDS subanalysis highlighted certain weaknesses of routine information flow that posed challenges to the NHA WG. The following is proposed to strengthen the information system and assure quality data for the next rounds of NHA HIV/AIDS subanalysis. These recommendations are as follows:

- It is necessary to modify the budget functional classification of Ukraine, which is based on the Government Finance Statistics⁷⁴ (GFS), proposed by the International Monetary Fund. For monitoring HIV/AIDS expenditure in the local and regional budgets and in order to help the GoU to timely produce annual UNGASS reports, it is recommended to introduce a new functional code in the GFS system that describes only HIV/AIDS related expenditures. The proposed approach will help Ukraine to generate routinely public expenditure estimates by providers and functions through the government finance statistics system. An interim solution could be a nationwide study of regional budget expenditures for HIV/AIDS.
- In order to ensure proper tracking of the Central government spending on HIV/AIDS, it is imperative to keep the National HIV program as a separate program budget code within the

⁷⁴ www.imf.org

Central Budget. This was the case in 2003 and 2004. Unfortunately, since 2005 National HIV program was combined with the Oncology and Tuberculosis National Programs and one program budget code was assigned. This will pose challenges to separate spending for HIV/AIDS in the future rounds of the NHA HIV/AIDS subanalysis.

- It is recommended in the future rounds of NHA HIV/AIDS subanalysis to move VCT (voluntary counseling and testing) and PEP (post-exposure prophylaxis) from curative care function to public health and prevention function in the Ukrainian NHA classification in order to reflect prevention services more precisely.
- The module on private health care and other HIV-related expenditures should be repeated with all future rounds of the second-generation HIV surveillance in Ukraine to allow an adequate tracking of private spending on HIV/AIDS in the country.
- It was impossible in the current round of NHA HIV/AIDS subanalysis to properly assess spending on the HIV-specific quarantine blood banks within the Blood transfusion stations. In accordance to preliminary estimates based on scarce available data, this spending may be rather high thus affecting considerably NHE for HIV/AIDS, and especially public spending portion. Detailed considerations related to this issue are provided in Volume 2 (Annex on methodology for conducting NHA HIV/AIDS subanalysis in Ukraine). We recommend special research to assess properly spending on the quarantine blood banks within the blood transfusion stations.

6. Reproductive Health Subanalysis

6.1 Introduction

The economic growth that renewed in Ukraine in 1998 has helped the country to partially recover RH indicators severely worsened during the economic and social crisis of the 1990-s. While population natural growth rate is still negative, maternal and neonatal mortality, STI incidence and prevalence rates demonstrate unambiguous downward trends. It looks, however, that further is dependent on developing a comprehensive evidence-based RH strategy that would facilitate both achieving better outcomes using already available level of funding and most effective allocation of the funds made available as a result of expected economic growth.

Development of a strategy, in its turn, depends upon the availability of valid and reliable data describing the RH care environment and on establishing proven links between RH interventions and RH outcomes. Implementing the NHA subanalysis is seen as one of the tools to provide necessary data for strategy development.

Table 13: Reproductive Health Indicators in Ukraine

Indicator	Value	
	2003	2004
Women of reproductive age	12,488,947	12,516,747
Population growth rate	-0.6%	-0.6%
Maternal mortality ratio (per 100,000 live births)	17	14
Infant mortality rate	9.7	9.6
Total fertility rate (Number of births/woman in reproductive years)	1.4	1.4
Percentage of women in union using a modern birth control method	38%	38%
Unmet need for modern methods of contraception (for all women)	n.a.	18%
Abortion ratio (abortions per 100 births)	73	64
Abortion rate (abortions per 1000 women of reproductive age)	23	21
Use of antenatal care delivered by trained professionals as a proportion of total number of births	99%	99%
Percentage of births taking place in a health care facility	99%	99%
Percentage of births with a trained birth attendant	99%	99%
Use of postnatal care	97%	97%

Source: Situational Analysis of contraceptive accessibility in Ukraine. N. Y. Zhylyka. 2005.

Survey on Willingness and Ability to Pay for Contraceptives in Ukraine. 2004.

6.2 Policy Purpose of RH Subanalysis

The policy purposes of the RH subanalysis are defined by the needs of the national healthcare policy and by the targets Ukraine is planning to achieve in the RH sector while seeking integration with European Union. Specifically, the analysis should help policy makers both on the national and sub-national level to answer the following questions:

- 1) What is the actual combined level of funding for RH services from public, private and donor sources and what are the relative roles of these sources?
- 2) What is the share of RH funding in Total Health Expenditure? And is there a case for increasing/decreasing share?

- 3) How much is spent on different RH functions, or programs (maternal health services, family planning services, and personal reproductive health services)?
- 4) To what extent do current levels of funding (public, especially) support the types of services (preventive, curative, educative, etc.) defined by the National RH policy as priorities?
- 5) Who are the main providers of RH in Ukraine and how do they interact with major financiers of care?
- 6) Does the current level and structure of RH funding assure equitable access to RH services and/or other policy goals in the RH sector?
- 7) Is there a case for state intervention into the system of RH care provision, financing or regulation that might be justified by policy objectives in the RH sector and what are the policy implications of possible interventions?
- 8) Is the current level of RH funding adequate for achieving stated priorities given the level of the nation's economic development, or would increased funding for RH services provide better social outcomes?

Answering these key questions enables policy makers to develop adequate strategy and evidence-based operational plans that have good chances of being successfully implemented. The analysis may also contribute to system development through revealing the discrepancies between the proclaimed goals that HC policy in RH sector is intended to achieve (e.g. equitable access to RH services) and the actual outcomes.

Also, since this is the first experience of deploying the NHA methodology in Ukraine, the goals of the study extend beyond those typical for systems with already institutionalized health accounts. Not in the least, the current exercise is expected to be helpful in identifying gaps in RH information flows and propose the means to address those. While data already available may be helpful for conducting general analysis and drawing general conclusions, more elaborate analysis would necessitate better-structured data that can only be provided through improved data collection systems.

Detailed description of the methodology used for producing NHA RH estimations for 2003 and 2004 is presented in Volume 2 of this report.

6.3 Overview of RH Subanalysis Findings

A summary of findings from the reproductive health subanalysis for Ukraine is presented in

Table 14 (see below). In 2004, estimated overall RH spending in the country totaled **2,301 million UAH (US\$455.6 million)** and accounted for **10.0%** of estimated total health expenditure. Expressed in terms of spending per woman of reproductive age, the figure equaled **184 UAH (or US\$36.4)**. Household out-of-pocket RH expenditure amounted to **1,051 million UAH (US\$208.2 million)** which constituted **45.6%** of overall RH spending.

Slightly more than half of all the financing for RH care came from publicly administered funds (**51.2%** of RH NHE), whereas the balance was covered almost exclusively by privately managed contributions (**47.9%** of RH NHE) with only an insignificant amount coming from donors (**0.9%** of RH NHE). Of all the fund flows captured by the assessment, the biggest share was used to assure RH care provision by public facilities – hospitals, maternity houses, and outpatient offices (**60.2%** of RH NHE), while the rest was spent almost entirely on pharmaceuticals from retail pharmacies (**38.2%** of RH NHE).

Curative⁷⁵ care has been consuming a large portion of RH resources (**46.8%**), rehabilitative care – 8.1% while pharmaceuticals and RH care-related medical supplies accounted for **38.2%** of RH spending.

⁷⁵ Here, the term “curative” refers to medical care and does include medical care services of a preventive nature such as family planning.

Table 14: Summary of Reproductive Health Subanalysis Findings for 2004

General Indicators	Value	
	2003	2004
Total RH expenditures	1,945 million UAH (US\$ 385.1 million*)	2,301 million UAH (US\$ 455.6 million*)
RH expenditures per woman of reproductive age	155 UAH (US\$ 30.8)	184 UAH (US\$ 36.4)
RH expenditures as a % of GDP	0.7 %	0.6 %
RH expenditures as a % of total of overall health spending	10.4 %	10.0 %
Financing Sources of RH Funds (as % of NHE for RH)		Value
Publicly administered funds	52.6 %	51.2 %
Privately managed funds	46.4 %	47.9 %
Donor	1.0 %	0.9 %
Household Spending		Value
Total HH spending as a % of NHE for RH	44.1 %	45.7 %
Out-of-pocket spending as a % of NHE for RH	44.1 %	45.7 %
OOP spending per woman of reproductive age	68.5 UAH (US\$ 13.6)	84.0 UAH (US\$ 16.6)
Providers (as % of NHE for RH)		Value
Public providers of RH care	61.0 %	60.2 %
-Public hospital	55.8 %	54.7 %
-Public health center	5.2 %	5.5 %
Private provider of RH care spending	0.6 %	0.7 %
-Private hospital spending		
-Private clinic spending as	0.6 %	0.7 %
Independent pharmacies/shops/dispensaries	37.4 %	38.2 %
Other	1.0 %	0.9 %
Functions (as % of NHE for RH)		Value
Curative care as a % of NHE for RH	47.2 %	46.8 %
Rehabilitative care as a % of NHE for RH	8.1 %	8.1 %
Prevention and public health programs as a % of NHE for RH	0.4 %	0.4 %
Pharmaceuticals and other nondurables as a % of NHE for RH	37.4 %	38.2 %
Health administration as a % of NHE for RH	0.0 %	0.0 %
Other as a % of NHE for RH	6.9 %	6.5 %
Breakdown by Reproductive Health Function (as % of NHE for RH)		Value
Obstetrical and Neonatal care	13.5 %	13.4 %
Oral contraceptives	10.5 %	8.9 %
Rehabilitative care (Sanatoria treatemnt)	8.5 %	8.1 %
Ancillary services (image diagnostic & lab tests)	3.8 %	3.9 %
STI management**	0.4 %	0.4 %
Other goods and services	63.3 %	65.3 %

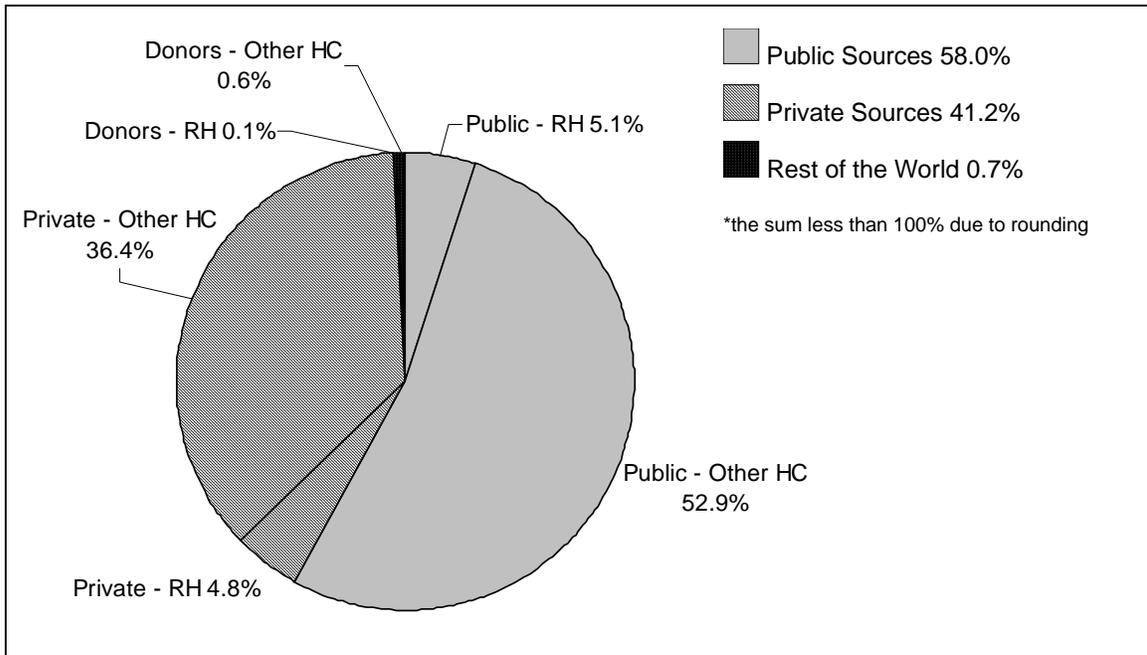
* At the exchange rate of 5.05 UAH per 1 USD.

** Pharmaceuticals and lab testing is not included.

6.4 RH Financing in the Context of Overall Health

When a comparison is made with overall health expenditures, RH and family planning services and programs account for **10.0** percent of total health expenditure. As with general health, most RH services are financed through publicly administered fund (**51.2** percent). The breakdown of financial flows according to their sources (Figure 23) shows that the public sector contributed **5.1** percent towards RH spending. The private sector financed **4.8** percent (almost exclusively by households, see Figure 2 below) and donors contributed **0.1** percent of funds.

Figure 23: RH Expenditures as Proportion of NHE, by Major Financing Sources

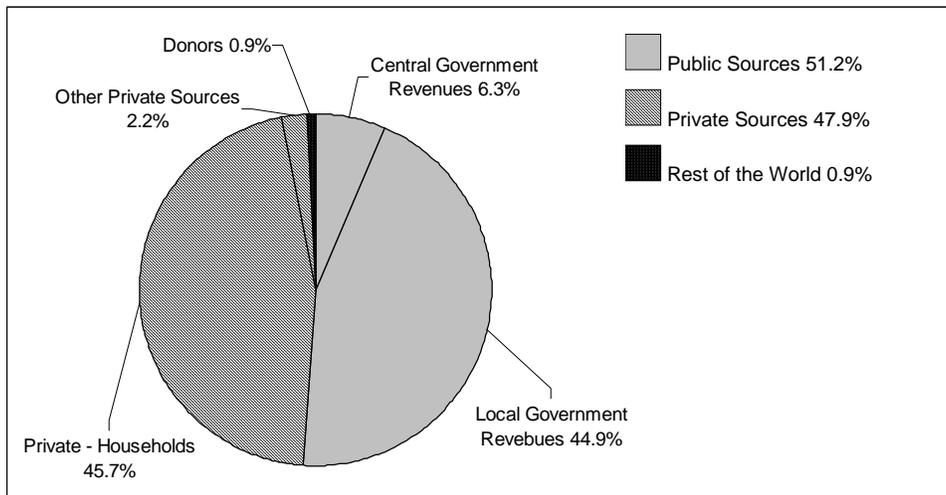


6.5 Flow of Funds for Reproductive Health, by NHA Dimension

6.5.1 Financing Sources

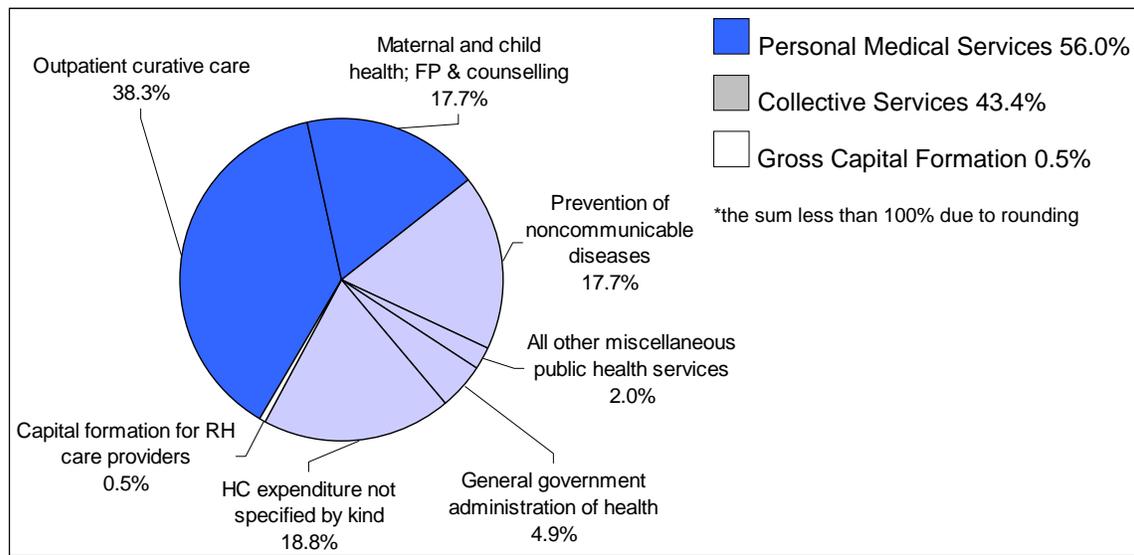
Total reproductive health spending in Ukraine in 2004 was estimated at approximately UAH **2,301** million or US\$ **455.6** million. Calculated per woman of reproductive age, the figure equaled UAH **184** (equivalent to US\$ **36.4**). Annex C demonstrates the flow of RH funds from the financing sources to the financing agents. Revenues of local governments provided **44.9%** from the above total, whereas contributions by national government and its agencies accounted for **6.3%** of RH funds. Thus, in total government contributed **51.2** percent followed by private sector (**47.9%**) mainly at the cost of households that paid **45.7** percent, and companies - **2.2** percent. Donor contribution amounted only to **0.9** percent (Figure 24).

Figure 24: Who Pays for RH Care? A Breakdown of Financing Sources NHE-RH =100%



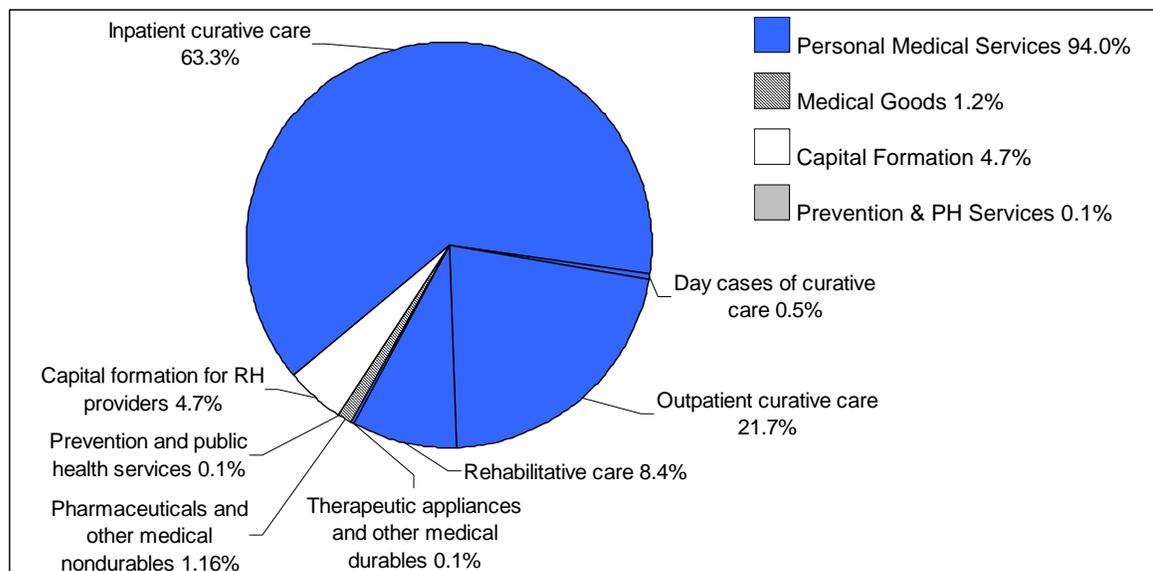
Distribution of donor funds spent on RH-related programs is represented in Figure 25. These are mostly allocated to outpatient curative care, maternal and child health, family planning and counseling. It's worth mentioning that donors finance important activities related to RH policy development, RH policy improvement and quality assurance in RH which are either underprovided for lack of appropriate managerial or practical skills or may be difficult to be financed from the state or local budget because of rigid budgetary legislation. For example, 'Maternal and child health; FP and counseling' in the Figure below encompass public health programs, such as IEC campaigns and not the services, included in the outpatient share. This makes donor financing an important vehicle of change in the RH sector in spite of the relatively insignificant volume of funds.

Figure 25: Breakdown of Donor Spending on Reproductive Health Care



Distribution of public funds across various expenditure line items is represented on Figure 26. The most noteworthy item is the share representing public expenditure on pharmaceuticals – **1.16%** of the total and 1.2 percent of public expenditures on RH. Low public spending has clear implications for equitable service delivery, as will be discussed below.

Figure 26: Breakdown of Public Spending on RH



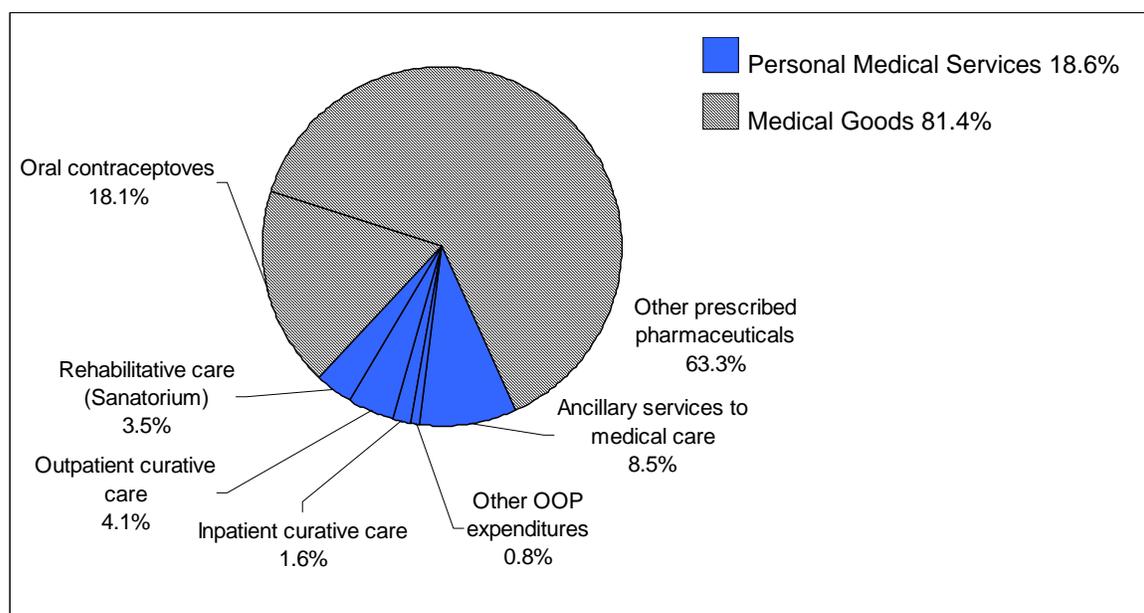
Of the total **1,101 million UAH** spent by private sector on RH in 2004, more than 95 % (or 45.7% of TRHE) was spent by households on an out-of-pocket basis (see Table 15).

Table 15: Private HC Contributions in 2004

Source of funds	% of total Private
Private households' out-of pocket payment	95.5%
Private firms and corporations (non health insurance)	4.5%

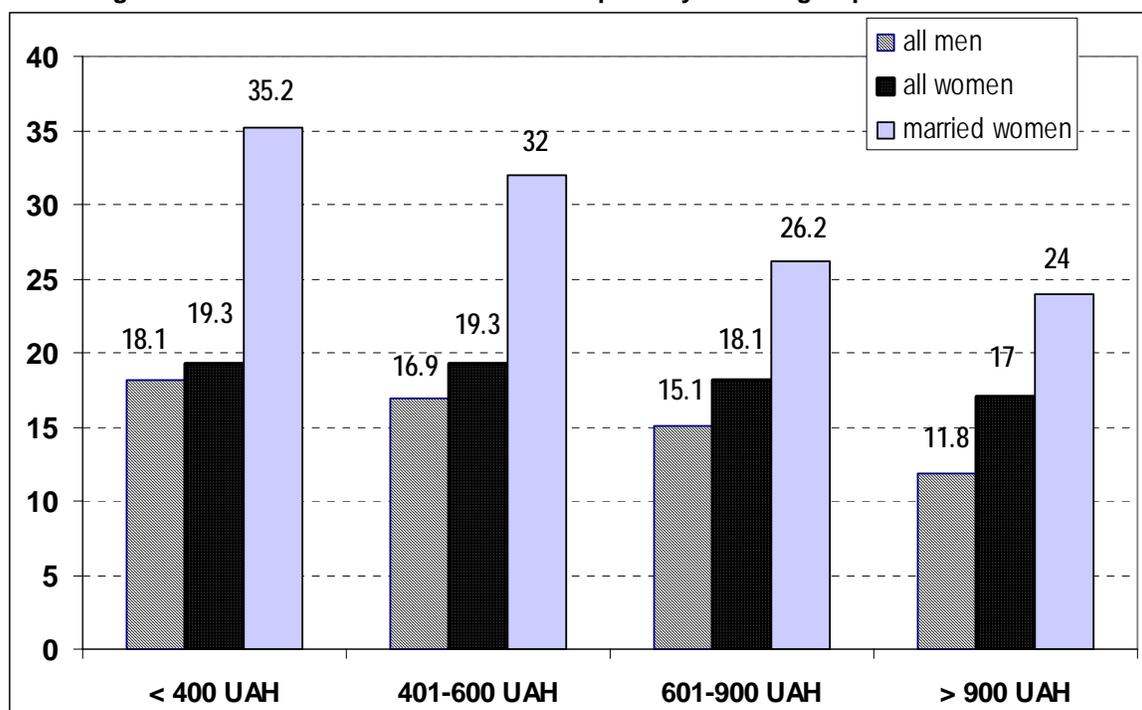
The breakdown of the households' out-of-pocket expenditures (the biggest private source of HC funds) is represented on Figure 27. The lion's share – **81.4 %** – of the out-of-pocket spending is allocated by households for pharmaceuticals and medical supplies (of which 18.1% is spent for contraceptives and 63.3% on other prescribed drugs and supplies) effectively compensating in this way for lack of public spending on corresponding items.

Figure 27: Breakdown of households out-of-pocket Spending on RH



The degree to which the lack of public financing for pharmaceutical products may impact the equity of RH service provision may be seen from the figure 6.6. The figure demonstrates the link between the level of unmet need in modern contraception and the level of total household income per month. Thus, for women representing households with total monthly income less than 400 UAH, the level of unmet need is almost 50% higher than for women from households with the income of more than 900 UAH per month.

Figure 28: Unmet need in modern contraception by income groups



Modified from Survey on Willingness and Ability to Pay for Contraceptives in Ukraine. POLICY Project, 2004.

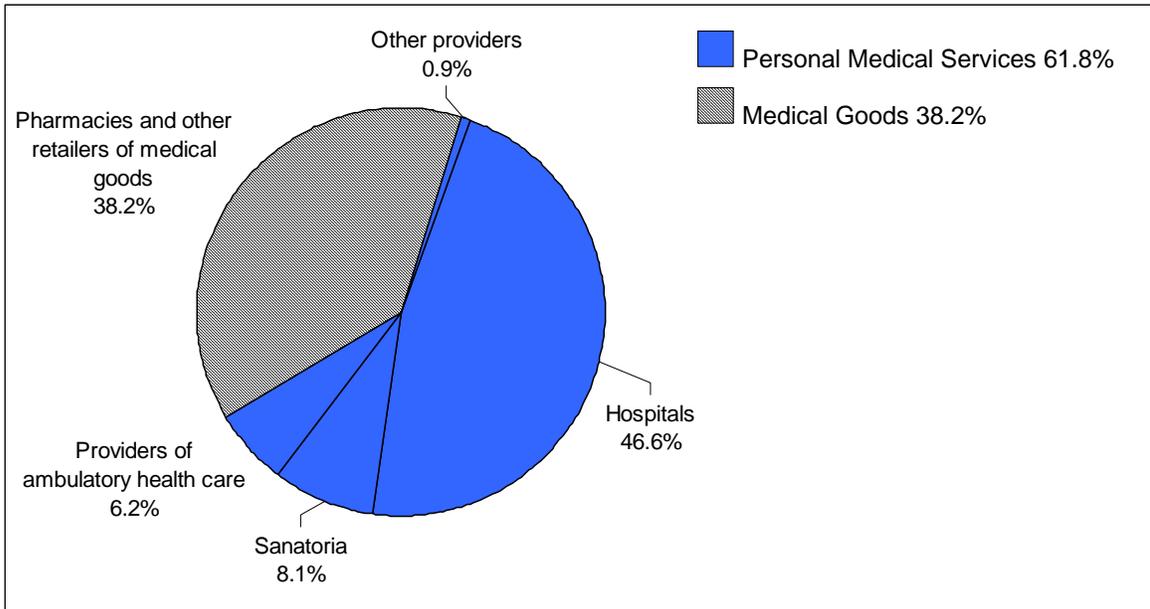
6.5.2 Financing Agents

Government, being the major financier of the RH, also plays the role of a major healthcare fund manager. Currently, the budgetary system of HC financing in Ukraine implies no intermediate agents between the government and HC providers other than Ministry of Health and healthcare departments of local (oblast and rayon) state administrations or municipalities (cities and towns), which distinguishes it from the system of mandatory health insurance where health insurance funds act as bodies explicitly separate from the state. Coupled with poorly developed voluntary health insurance which at the moment fails to mobilize private contributions by households into risk-sharing pools and leaves the households to perform the role of financing agents for themselves, this essentially explains why the breakdown of RH financial flows by financing agents is, in effect, repeating the breakdown of RH financing by financial sources. The Figure 6.2 above may therefore be taken as representing financing agencies shares in the total flow of RH care financing.

6.5.3 Health Providers

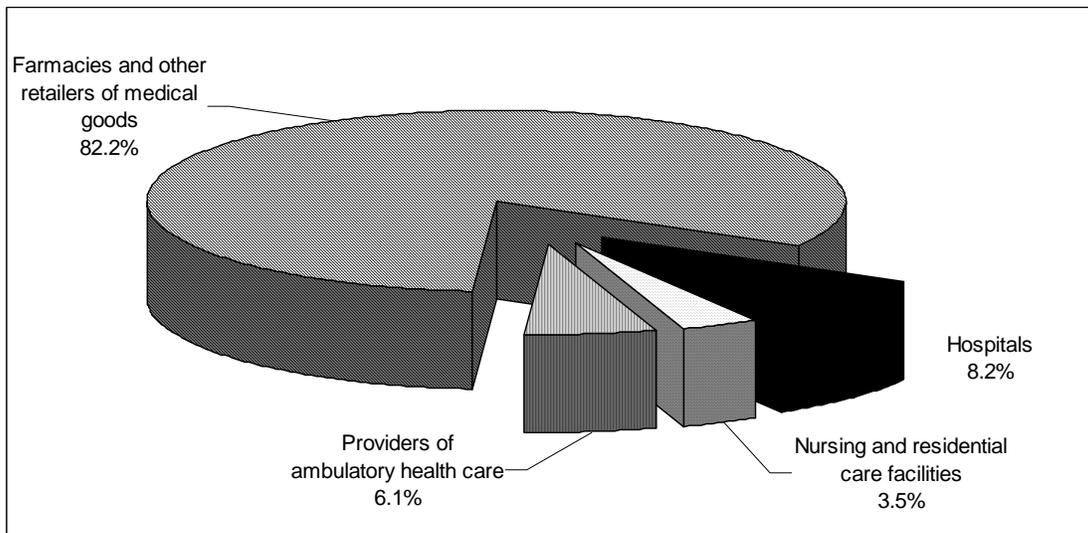
Hospital services (both inpatient and outpatient) provided by public facilities consumed nearly half of all the RH funds – **46.6%**. Sanatoria providing rehabilitative care received **8.1%** of total RH funds. Out-patient care providers absorbed **6.2** percent (of these, **5.5%** were allocated to public providers, whereas private clinics received **0.7%**). A large part of the total RH funds – **38.2%**, – was spent for purchasing drugs and other medical supplies in pharmacies and other retail sellers of medical goods.

Figure 29: Where do RH Funds Go? A Breakdown by Provider Type NHE-RH=100%



The largest portion of households' out-of-pocket spending for RH care was attributed to purchasing drugs and medical supplies in pharmacies and other retailers (82.2% of the total out-of-pocket expenditures), followed by payments to hospital care providers and out-patient care providers (respectively 8.2% and 6.1%) with out-of-pockets payments in rehabilitative care accounting for the remaining 3.5%. Remarkably, only 1.5% of all households' out-of-pocket expenses tracked by the study were spent on private care providers.

Figure 30: Households' Out-of-pocket RH Spending on Providers



6.5.4 RH Care Functions

Figure 31 below shows RH care financing by functions and financing agents, i.e., it clarifies who pays for what services and products⁷⁶.

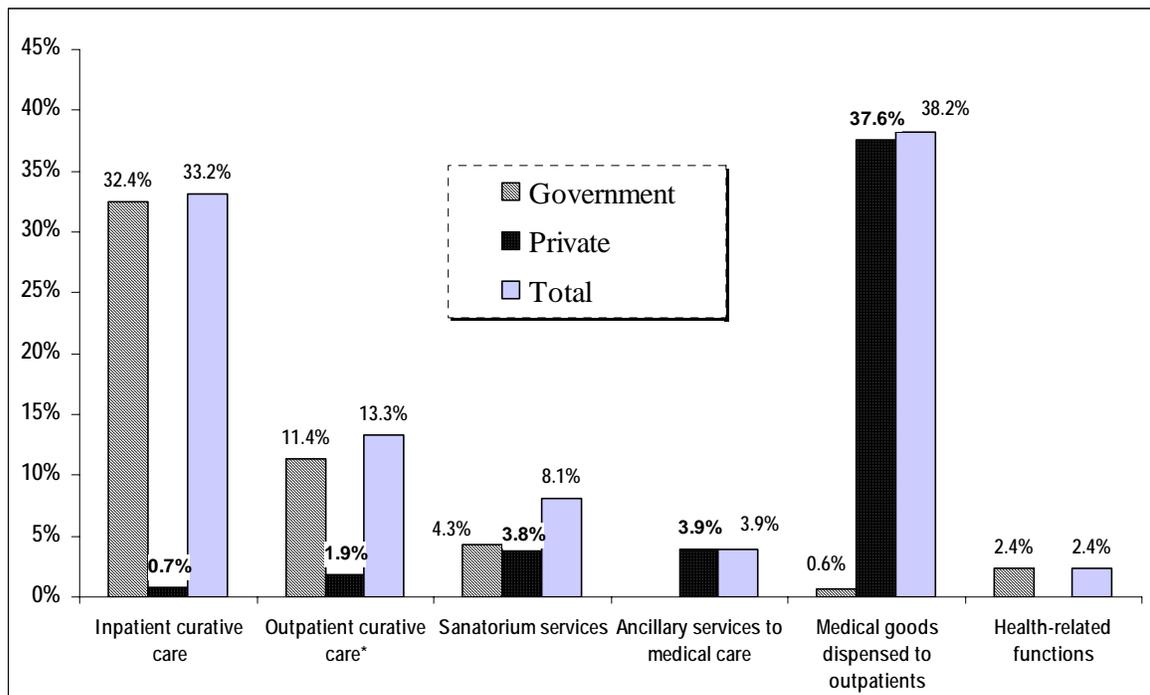
Nearly 2/5 of all the RH funds (**38.2%**) were spent on medical goods – namely pharmaceutical products and non-durable medical supplies. Of these, the lion's share – **37.6%** – was paid by patients on an out-of-pocket basis for drugs and nondurable items purchased in pharmacies, while government shouldered only **0.6%** of the sum.

The next most important expenditure item in 2004 was in-patient curative care – it consumed **33.2%** of the total RH funds. However, government paid almost the total sum; private contributions were insignificant. The share of private sector expenditures (namely, out-of-pocket expenditures) increased as services moved into out-patient and rehabilitative care. For out-patient curative care it constituted **1.9%** of TRHE compared to government's **11.4%**⁷⁷; for rehabilitation care in sanatoria, shares were **3.8%** to **4.3%** respectively. Ancillary services were paid by private funds – 3.9% of NHE for RH.

Remaining funds were distributed between health-related activities, which encompass capital formation, (**2.4%** paid by government) and other minor expenditures that amounted to **1.3%**. Most of the donor-funded activities (**0.9%** of NHE for RH) had to do with prevention and public health services.

Summing up, one can see that in 2004 government and the private sector shared the responsibility for financing RH care in nearly equal stakes: **51%** vs. **48%**. While public funds were predominantly used for running public facilities, private funds – provided almost exclusively by households– were mostly spent on pharmaceuticals and non-durables as well as on ancillary services and rehabilitative care.

Figure 31: What RH funds are spent on - breakdown by general functions

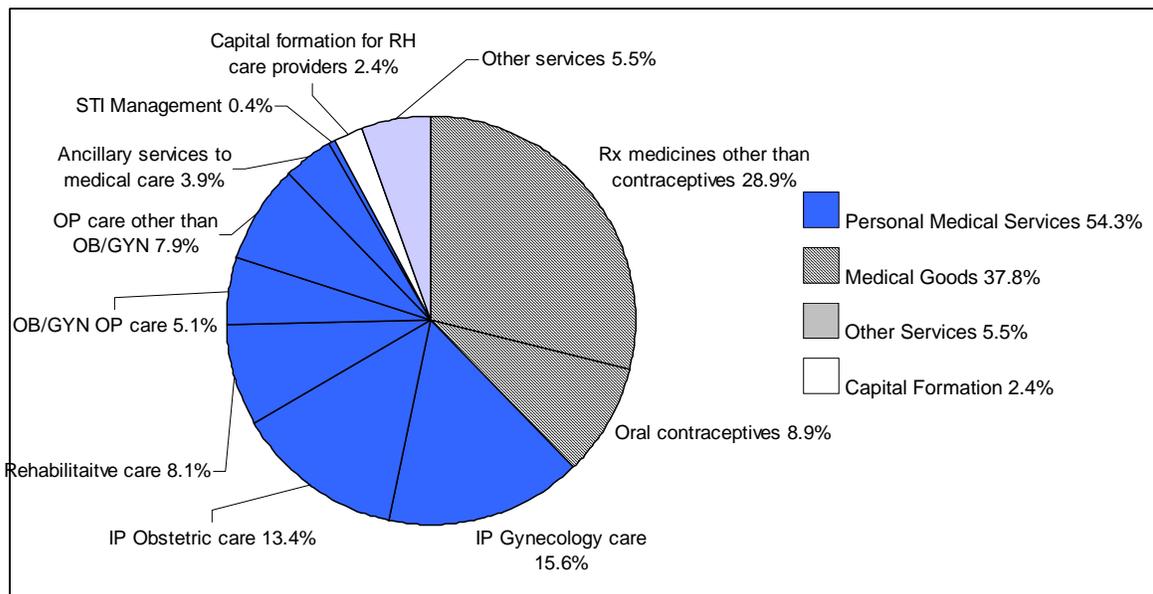


⁷⁶ As total share of financing agents other than Government and private domestic sources were less than 1%, these are not taken into account here.

⁷⁷ Included here are also day-care services

While currently available data did not allow, within the span of time allocated for the study, to analyze in greater details what specific services were provided within general functions (maternity care, infertility treatment, family planning, etc) or to disintegrate, for example, maternity care into prenatal, in-labor, and postpartum care, it was possible to estimate that **8.9%** of the NHE for RH were spent for oral contraceptives (**22.2%** of total RH pharmaceutical spending) and **28.9%** of the NHE for RH were spent for other prescribed medicines. Obstetrical (maternity) inpatient care accounted for **13.4%** of total expenditures (**40.3%** of total inpatient curative care), gynecological care – for **15.6%**, OB/GYN outpatient care – for **5.1%** and other outpatient care – for **7.9%** of NHE for RH. Rehabilitative care accounted for **8.1%** of these expenditures and ancillary services – for **3.9%**. STI management expenditures, as estimated during the study, constituted only **0.4%** of the NHE for RH (see Figure 32) while capital formation accounted for 2.4%.

Figure 32: Financing of Selected Types of RH Services



6.6 Family Planning Consultations and Commodities

Although family planning consultation is a statutory part of the job for OB/GYNs practicing in public facilities, modern contraceptives purchase by clients were overwhelmingly financed from private sources and accounted for 93.3 % of total spending for modern contraception. In 2004, around 60% of intrauterine device (IUD) supplies that women received were funded from public sources; while the vast majority of other methods were funded from private contributions.

The spectrum of contraception methods used in Ukraine in 2004 is represented in Table 16. While IUDs are said to be the second most widely used method of modern contraception, the relatively small share of IUD in the overall spending on contraceptives is explained by two factors. First, IUDs financed from the public sources are relatively inexpensive, generic products in the maturity stage of the product life cycle. Second, once inserted, an IUD assures contraceptive action for up to five years, which in fact makes it one of the most cost-efficient contraceptive approaches currently used by Ukrainians.

Table 16: Currently used methods of contraception (%) reported by one of the partners

Contraception methods	Females % (15-49 yy.)		Males % (15-49 yy.)	
	overall	% of modern	overall	% of modern
Using Any Method	52.6		61.6	
Modern contraceptive methods	38.9		49.9	
Oral Contraceptives	5.1	13.1	3.7	7.4
IUDs	13.0	33.4	10.3	20.6
Condoms	17.6	45.2	34.0	68.1
Other Barrier Methods	0.1	0.3	-	
Spermicidal	2.0	5.1	1.1	2.2
Female Voluntary Sterilization:	0.5	1.3	0.3	0.6
Lactation amenorrhea method	0.2	0.5	0.2	0.4
Emergency contraception	0.4	1.0	0.3	0.6
Traditional contraceptive methods	14.4		12.0	
Withdrawal	6.8		7.3	
Calendar method	5.2		3.4	
Douching	2.2		1.1	
Abstinence	0.2		0.2	
Not Using Any Method	47.4		38.4	

*Modified from provisional analytical report of Survey on Willingness and Ability to Pay for Contraceptives in Ukraine, 2004.

Taking into account that the contraceptive prevalence rate in industrialized countries, as reported by UNICEF78 in 2002 was around 74%, one can conclude from the data in Table 16 that use of contraceptive methods is bound to grow in Ukraine even if only for those methods other than IUDs and condoms. The implication is that, unless government implements a targeted strategy to increase public financing for contraceptive procurement, this type of services may be inaccessible to those who cannot afford to pay.

6.7 Summary, Policy Implications and Next Steps

The results of the first ever attempt to conduct a comprehensive analysis of reproductive health spending in Ukraine are setting the ground for systematic approach to RH strategy development.

The RH subanalysis revealed that in 2004 government contributed 51% of the total funds spent for RH-related services and goods, while private sector, overwhelmingly represented by households, was responsible for providing 48% of total funds, with donors making a small contribution - 0.9%. While being, even if marginally, the biggest sources of funds for RH care, the government finances only 1.6% of pharmaceuticals and medical non-durables. Households, in turn, spent little in public healthcare facilities, but fund pharmaceutical products and medical non-durables almost entirely. As a result, those clients who are not able to pay out-of-pocket for pharmaceutical products and other

⁷⁸ <http://www.unicef.org/sowc04/files/Table8.pdf> (Accessed on March 28, 2006)

medical non-durables, as well as for auxiliary medical services (the latter means, as a rule, paying for supplies used for lab tests and other diagnostic procedures), would oftentimes decline to approach RH providers which has clear implications for equitable access to RH care services.

Table 17: International Comparison for RH Expenditure

Country	GDP Per Capita Intl. \$ 2002	NHE as Percent of GDP	RH Percent of NHE	Public Spending	Private Spending	Donors
Georgia	3,237	6.5%	11.0%	9.5%	87.6%	3.0%
Jordan*	4,220	9.6%	15.3%	44.4%	54.3%	1.3%
Mexico*	4,220	6.0%	6.0%	59.2%	40.8%	0.0%
Ukraine	3,816	7.1%	10.0%	58.0%	41.6%	0.4%

*Public/ private/ donors split are being done at the HF level.

As a nation, Ukraine allocates for its HC sector in general and for RH sub-sector resources comparable or even higher than those spent by other nations with similar level of economic development (see Table 17) and will hardly be able, in the foreseeable future, to demonstrate increases in total HC spending beyond those resulting from general economic growth. Therefore, further service improvements, including those in the RH sector, could and should be based mostly on structural reforms intended to increase the efficiency of resource use.

On average, in 2004, a woman of reproductive age in Ukraine spent \$16.6 on an out-of-pocket basis for RH services. In that same year RH expenditures represented **10%** of the total HC spending and **0.8%** of the GDP.

Comparing these figures with those from other countries with the goal of producing specific policy recommendations is complicated for several reasons. Sited here are a few of them:

First, currently, there does not exist a uniform internationally accepted methodology for disaggregating general healthcare expenditures between various HC sub-sectors which is why one may not be sure that compared HC sub-sectors analysis results are indeed comparable, especially when analyzing a few-percent-points difference in funds allocation to HC sub-sectors. .

Second, some aspects of both general and reproductive healthcare practices in various countries are formed under the influence of the country-specific environment - legal, cultural, religious, etc, - which may result in differing outcomes in terms of fund distribution even for comparable level of total funding. In other words, countries with similar GDP (PPP) per capita may demonstrate similar RH outcomes with different level of financing.

Third, like for any other sector of economy, labor productivity and indicators of other resource use efficiency, as well as resource costs in the HC sector may vary significantly between countries. In this case comparing merely financial flows in a HC sub-sector would be of limited value for HC policy making without concurrent analysis of resource use profiles and resource costs. Since the latter was clearly beyond the scope of the current study, country comparisons are not considered here.

At the same time, the results of the discussed study, while depending on broad and cautious estimates and assumptions, may be used to draw important general conclusions about the RH care sector. A range of shortcomings in the RH care system delivery, highlighted by the study, has to be addressed if the government of Ukraine is going to achieve its stated goals and improve RH outcomes.

First and most important the government should contemplate a strategy to provide integrated RH care delivery, meaning comprehensive coverage by public financing of all the types of operational costs. Currently, of all the major RH cost types, public funds cover only labor costs, utilities and a part of routine supplies whereas the cost of equally critical inputs like pharmaceuticals (almost completely) and considerable part of supplies – especially those having to do with diagnostic and curative procedures, – are shouldered by households. This inevitably implies inequality in RH service delivery and poorer outcomes for those not able to pay. To assure achievement of favorable reproductive health outcomes, the government may contemplate setting up a subsidization scheme for consumers purchasing contraceptives in retail pharmacies. While not substituting the practice of free IUD provision in public facilities, the approach has some advantages – it would give better choice for consumers, assure more transparent public funds use and better program sustainability.

Second, a thorough analysis should be undertaken by policy makers to answer the question why inpatient care consumes 2.5 times more funds than outpatient care. While a vast majority of effective reproductive healthcare interventions may be provided either ambulatory or on a day-care basis the current proportion of resource consumption may be evidence of substantial inefficiencies in the sector.

Apart from that, the study also demonstrated that at the moment the information management system is structurally unable to provide comprehensive and valid data facilitating breakdown of service financing into preventive vs. curative care, not to mention detail spectrum of curative or preventive services. It is hoped that pending comprehensive HC system reform will also lead to improvement in the HC information management system and that a new reporting system will make it possible to produce more deeply structured RH service analysis that will serve as a valuable tool for the government in RH policy development and implementation as well as a management tool to assess and promote improved performance.

Annex A: General NHA Tables

Table 18: Ukraine NHA 2003: Financing Sources by Financing Agents (% of expenditure by financing source category)

Financing agents / Финансирующие организации (HF)	Financing sources / Источники финансирования (FS)									Grand Total / Общий итог
	FS.1 Public funds / Общественные ресурсы			FS.2 Private funds / Частные ресурсы				FS.3 Rest of the		
	FS.1.1.1 Central government revenue / Центральное правительство	FS.1.1.2 Regional and city government budget revenue, including rayon and local budgets revenue / Областные бюджеты, включая районные и местные бюджеты	Total / Итого	FS.2.1 Employer funds / Работодатели	FS.2.2 Household funds / Ресурсы домохозяйств	FS.2.3 Non-profit institutions serving households / Неправительственные организации, обслуживающие домохозяйства	FS.2.9 Other private funds / Другие частные ресурсы	Total / Итого	Total Rest of the World / Итого Весь остальной мир	
HF.1 General government / Правительство	100,0%	100,0%	100,0%	6,7%				0,5%		58,0%
HF.1.1 Territorial government / Территориальное правительство	99,9%	99,9%	99,9%							57,8%
HF.1.1.1 Central government / Центральное правительство	99,9%		31,4%							18,2%
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	50,9%		16,0%							9,2%
HF.1.1.1.2 Ministry of Transport / Министерство транспорта	7,5%		2,3%							1,4%
HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	3,2%		1,0%							0,6%
HF.1.1.1.4 Ministry of Defence / Министерство обороны	6,9%		2,2%							1,3%
HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	6,1%		1,9%							1,1%
HF.1.1.1.6 Academy of Medical Sciences / Академия Медицинских Наук	8,4%		2,6%							1,5%
HF.1.1.1.9 Other ministries / Другие министерства	16,9%		5,3%							3,1%
HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство (27)		99,9%	68,5%							39,6%
HF.1.2 Social security funds / Фонды социального страхования	0,1%	0,1%	0,1%	6,7%				0,5%		0,3%
HF.1.2.1 Social security fund for accidents at work and occupational diseases / Фонд социального страхования от несчастных случаев на производстве и профессиональных заболеваний	0,1%	0,1%	0,1%	6,7%				0,5%		0,3%
HF.2 Private Sector / Частный сектор				93,3%	100,0%	100,0%		99,5%		41,5%
HF.2.2 Other private VOLUNTARY insurance / Другое частное ДОБРОВОЛЬНОЕ страхование					0,2%			0,2%		0,1%
HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствами					99,4%			92,4%		38,5%
HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие домохозяйства (другие, чем социальное страхование)						100,0%		0,1%		0,0%
HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision facilities) / Частные фирмы и корпорации (другие, чем медицинское страхование, это включает все частные/общественные фабрики, которые имеют свои собственные медицинские учреждения)				93,3%				6,5%		2,7%
HF.2.6 Hospital kassa / Больничные кассы					0,4%			0,4%		0,2%
HF.3 Rest of the world / Весь другой мир									100,0%	0,5%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%		100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	3 383,2	7 388,4	10 771,6	539,2	7 219,9	5,6		7 764,6	85,4	18 621,6
Percent distribution / Процентное распределение	18,2%	39,7%	57,8%	2,9%	38,8%	0,0%		41,7%	0,5%	100,0%

Table 19: Ukraine NHA 2003: Financing Agents by Providers (% of expenditure by financing agent category)

Providers / Поставщики (провайдеры) медицинских услуг (HP)	Financing agents / Финансирующие организации (HF)														Total HF2 Private Sector	HF3 Rest of the world / Весь другой мир	Grand Total / Общий итог	
	HF.1 General government / Правительство																	
	HF.1.1 Territorial government / Территориальное правительство																	
	HF.1.1.1 Central government / Центральное правительство																	
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defence / Министерство вооружения	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.6 Academy of Medical Sciences / Академия Медицинских Наук	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2 Oblast/City/Local Municipal governments (27) / Областные бюджеты/Муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования	Total HF1. General Government	HF.2.2 Other private VOLUNTARY insurance / Другое частное ДОБРОВОЛЬНОЕ страхование	HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствам	HF.2.4 Non-profit institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision)	HF.2.6 Hospital kassa / Больничные кассы				
HP.1 Hospitals / Больницы	18,5%	93,3%	92,8%		1,5%	78,0%	27,6%	76,7%	62,0%		7,3%				6,8%		38,8%	
HP.1.1 General hospitals / Больницы общего профиля	1,3%	93,3%	92,8%				20,6%	76,7%	46,3%		7,0%				6,5%		29,6%	
HP.1.2 Mental health and substance abuse hospitals / Психиатрические больницы для лечения алкогольной или наркотической зависимости								6,6%	4,5%		0,0%				0,0%		2,6%	
HP.1.3 Specialty (other than mental health and substance abuse) hospitals / Специализированные больницы (кроме психиатрических больниц для лечения алкогольной или наркотической зависимости)	17,1%				1,5%	78,0%	7,0%	8,8%	11,2%		0,2%				0,2%		6,6%	
HP.2 Nursing and residential care facilities / Сестринские/врачебные учреждения длительного пребывания больных (по уходу)	5,5%			43,4%	27,7%		47,5%	3,1%	38,2%	7,2%	3,6%			74,4%	8,1%		7,5%	
HP.2.1 Nursing care facilities / Учреждения сестринского ухода								0,1%	15,3%	0,1%							0,1%	
HP.2.2 Community care facilities for the elderly / Дома престарелых								0,2%		0,2%							0,1%	
HP.2.3 Rehabilitation centers / Реабилитационные центры								0,0%		0,0%							0,0%	
HP.2.4 All other residential care facilities / Все прочие учреждения по уходу	5,5%			43,4%	27,7%		47,5%	2,8%	22,9%	6,9%	3,6%			74,4%	8,1%		7,4%	
HP.3 Providers of ambulatory health care / Организации, предоставляющие амбулаторные медицинские услуги	0,9%	6,7%	7,2%			1,3%	17,4%	15,5%	17,9%	7,2%			25,6%		8,3%		10,4%	
HP.3.1 Offices of physicians and podiatrists / Врачебные кабинеты и поликлиники			5,9%	7,2%			17,4%	8,8%	7,1%		4,3%				4,0%		5,8%	
HP.3.2 Offices of dentists / Стоматологические кабинеты (отделения)	0,5%							2,3%	1,7%		1,3%				1,2%		1,4%	
HP.3.3 Outpatient care centers / Центры амбулаторного лечения	0,5%					1,3%		0,8%	0,6%		0,1%				0,1%		0,4%	
HP.3.4 Private clinics / Частные клиники											1,2%		25,6%		2,8%		1,2%	
HP.3.5 Other providers of ambulatory health care / Прочие организации, предоставляющие амбулаторные медицинские услуги		0,9%						3,6%	2,5%		0,3%				0,2%		1,5%	
HP.4 Retail sale and other providers of medical goods / Розничная продажа и прочие организации, предоставляющие медицинские товары	1,8%				68,7%	4,6%			13,9%	1,8%	81,9%			100,0%	76,4%		32,7%	
HP.4.1 Dispensing chemists / Розничная продажа фармацевтической продукции									7,0%	0,0%	81,9%			100,0%	76,4%		31,7%	
HP.4.2 Retail sale and other suppliers of optical glasses and other vision products / Розничная продажа и прочие поставщики очков и различной продукции для органов зрения									0,0%	0,0%							0,0%	
HP.4.3 Retail sale and other suppliers of hearing aids / Розничная продажа и прочие поставщики слуховых средств									0,1%	0,0%							0,0%	
HP.4.4 Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids) / Розничная продажа и прочие поставщики медицинских приборов (кроме оптических очков и слуховых приборов)	1,8%				68,7%	4,6%			6,9%	1,8%							1,0%	
HP.5 Provision and administration of public health programmes / Обеспечение и управление программами общественного здоровья	30,1%							0,9%	0,1%	4,9%			100,0%		0,1%		2,9%	
HP.6 General health administration and insurance / Общее управление здравоохранением и медицинское страхование	13,4%							5,4%	4,6%	6,7%							3,3%	
HP.6.1 Government administration of health / Государственное управление здравоохранением	1,2%							4,6%	3,4%								1,9%	
HP.6.2 Social security funds / Фонды социального страхования									6,7%	0,0%							0,0%	
HP.6.9 All other providers of health administration / Все прочие организации управления здравоохранением	12,2%						5,4%		2,2%								1,3%	
HP.7 All other industries (rest of the economy) / Все прочие сектора экономики	0,1%								31,6%	0,2%							0,1%	
HP.7.1 Establishments as providers of occupational health care services / Учреждения, предоставляющие услуги по охране здоровья на производстве									31,6%	0,1%							0,1%	
HP.7.3 All other industries as secondary producers of health care / Все прочие отрасли промышленности как организации, предоставляющие вторичные медицинские услуги	0,1%									0,0%							0,0%	
HP.8 Institutions providing health-related services / Учреждения, предоставляющие услуги, связанные со здравоохранением	24,9%				2,1%	16,1%	0,0%		4,4%								2,6%	
HP.8.1 Research institutions / Исследовательские институты	1,3%				2,1%	16,1%	0,0%		0,7%								0,4%	
HP.8.2 Education and training institutions / Учреждения образования и обучения	23,1%						0,0%		3,7%								2,1%	
HP.8.3 Other institutions providing health-related services / Прочие учреждения, предоставляющие услуги, связанные со здравоохранением	0,6%								0,1%								0,1%	
HP.9 Rest of the world / Остальной мир																	100,0%	0,5%
HP.nsk Provider not specified by kind / Провайдеры, не определенные по типу	4,7%			56,6%			1,1%		9,6%	2,1%					0,3%		1,3%	
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	
Grand Total, million NCU / Общий итог, млн. грн.	1 721,9	252,7	108,5	233,4	206,8	284,9	572,5	7 378,0	48,9	10 807,6	16,6	7 174,5	5,6	503,2	28,7	7 728,6	85,4	18 621,6
Percent distribution / Процентное распределение	9,2%	1,4%	0,6%	1,3%	1,1%	1,5%	3,1%	39,6%	0,3%	58,0%	0,1%	38,5%	0,0%	2,7%	0,2%	41,5%	0,5%	100,0%

Table 20: Ukraine NHA 2003: Financing Agents by Functions (% of expenditure by financing agent category)

Functions / Функции (НС)	Financing agents / Финансирующие организации (HF)														Total HF1: General Government	HF.2.2 Other private VOLUNTARY insurance / Другое частное (ДОПОМОЖЛИВО) Е страхование	HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствам и	HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision	HF.2.6 Hospital kassa / Больничные кассы	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1 General government / Правительство																						
	HF.1.1 Territorial government / Территориальное правительство																						
	HF.1.1.1 Central government / Центральное правительство																						
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defence / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство Труда и социальной политики	HF.1.1.1.6 Academy of Medical Sciences / Академия Медицинских Наук	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2 Oblast/City/Local Municipal governments (27) / Областные бюджеты/Местное/муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования															
HC.1 Services of curative care / Услуги лечения	17,3%	94,2%	95,0%	1,4%	70,6%	42,3%	82,6%	66,5%															
HC.1.1 Inpatient curative care / Стационарное лечение	12,0%	70,0%	69,6%	1,0%	52,9%	20,2%	56,5%	45,3%															
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,2%			0,0%	1,0%	0,1%	0,8%	0,6%															
HC.1.3 Outpatient curative care / Амбулаторное лечение	5,1%	24,2%	25,4%	0,3%	16,7%	22,0%	25,3%	20,5%															
HC.1.4 Services of curative home care / Услуги лечения на дому																							
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения	5,5%			43,4%	27,7%	47,5%	2,8%	22,9%	6,9%														
HC.2.1 Sanatorium services / Санаторные услуги	5,5%			43,4%	27,7%	47,5%	2,8%	22,9%	6,9%														
HC.2.9 All other services of rehabilitative care / Все другие услуги реабилитационного лечения								0,0%	0,0%														
HC.3 Services of long-term nursing care / Услуги долгосрочного медсестринского ухода								0,3%	15,3%														
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения								2,7%	1,9%														
HC.4.1 Clinical laboratory / Клиническая лаборатория																							
HC.4.2 Diagnostic imaging / Радиологическая диагностика																							
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях																							
HC.4.9 All other miscellaneous ancillary services / Все прочие виды дополнительных услуг для медицинского лечения									2,7%														
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам	1,8%				68,7%	4,6%		13,9%	1,8%														
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования																							
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования	1,8%				68,7%	4,6%		7,0%	1,8%														
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья	30,1%	0,9%																					
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации																							
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний		0,9%																					
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний																							
HC.6.5 Occupational health care / Охрана здоровья на производстве																							
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья									31,6%														
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование	13,4%																						
HC.7.1 General government administration of health / Общее государственное управление здравоохранением	13,4%																						
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг	0,1%			56,6%	2,3%	24,9%	3,8%	9,6%	1,3%														
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	31,8%	5,0%	5,0%		2,3%	24,9%	3,8%	5,4%	9,8%														
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	6,8%	5,0%	5,0%		0,2%	8,8%	3,8%	5,4%	3,7%														
HC.R.2 Education and training of health personnel / Образование и обучение медицинского персонала	23,1%						0,0%																
HC.R.3 Research and development in health / Исследования и разработки в здравоохранении	1,3%				2,1%	16,1%			0,7%														
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу	0,6%								0,1%														
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%														
Grand Total, million NCU / Общий итог, млн. грн.	1 721,9	252,7	108,5	233,4	206,8	284,9	572,5	7 378,0	48,9	10 807,6	16,6	7 174,5	5,6	503,2	28,7	7 728,6	85,4	18 621,8					
Percent distribution / Процентное распределение	9,2%	1,4%	0,6%	1,3%	1,1%	1,5%	3,1%	39,6%	0,3%	58,0%	0,1%	38,5%	0,0%	2,7%	0,2%	41,5%	0,5%	100,0%					

Table 21: Ukraine NHA 2003: Providers by Functions (% of expenditure by provider category)

Functions / Функции (НС)	HP.1.1 General hospitals	HP.1.2 Mental health and substance abuse hospitals	HP.1.3 Specialty (other than mental health and substance abuse) hospitals	HP.1 Hospitals	HP.2.1 Nursing care facilities	HP.2.3 Community care facilities for the elderly	HP.2.4 Rehabilitatio n centers	HP.2.9 All other residential care facilities	HP.2 Nursing and residential care facilities	HP.3.1 Offices of physicians and policlinics	HP.3.2 Offices of dentists	HP.3.4 Outpatient care centres	HP.3.7 Private clinics	HP.3.9 Other providers of ambulatory health care	HP.3 Providers of ambulatory health care	HP.4.1 Dispensing chemists	HP.4.2 Retail sale and other suppliers of optical glasses and other vision products	HP.4.3 Retail sale and other suppliers of hearing aids	HP.4.4 Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)	HP.4 Retail sale and other providers of medical goods
HC.1 Services of curative care / Услуги лечения	88,8%	89,0%	88,7%	88,8%						70,7%	96,7%	78,8%	91,1%	6,7%	67,4%					
HC.1.1 Inpatient curative care / Стационарное лечение	68,8%	82,1%	65,8%	69,2%																
HC.1.2 Day cases of curative care / Лечение в дневной стационаре	0,9%	0,0%	1,2%	0,9%																
HC.1.3 Outpatient curative care / Амбулаторное лечение	19,1%	6,9%	21,7%	18,7%						70,7%	96,7%	78,8%	91,1%	6,7%	67,4%					
HC.1.4 Services of curative home care / Услуги лечения на дому																				
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения							100,0%	100,0%	97,9%											
HC.2.1 Sanatorium services / Санаторные услуги									97,7%											
HC.2.9 All other services of rehabilitative care / Все другие услуги реабилитационного лечения							100,0%		0,3%											
HC.3 Services of long-term nursing care / Услуги долгосрочного медсестринского ухода					100,0%	100,0%			2,1%											
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения	6,6%	0,1%	0,4%	5,1%						22,5%		9,8%	8,9%	70,3%	24,4%					
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях																				
HC.4.9 All other miscellaneous ancillary services / Все прочие виды дополнительных услуг для медицинского лечения													4,7%	70,3%	11,0%					
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам																100,0%	100,0%	100,0%	100,0%	100,0%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования																100,0%				96,9%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования																	100,0%	100,0%	100,0%	3,1%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья										3,5%				23,0%	5,4%					
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации										0,1%					0,1%					
HC.6.2 School health services / Медицинские услуги в школах																				
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний														23,0%	3,4%					
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний																				
HC.6.5 Occupational health care / Охрана здоровья на производстве																				
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья																				
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование																				
HC.7.1 General government administration of health / Общее государственное управление здравоохранением																				
HC.7.2 Health administration and health insurance; private / Управление здравоохранением и медицинское страхование: частное																				
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг																				
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	4,5%	10,9%	10,9%	6,1%						3,3%	3,3%	11,4%			2,8%					
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	4,5%	10,9%	10,9%	6,1%						3,3%	3,3%	11,4%			2,8%					
HC.R.2 Education and training of health personnel / Образование и обучение медицинского персонала																				
HC.R.3 Research and development in health / Исследования и разработки в здравоохранении																				
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу																				
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	5 510,3	487,1	1 221,7	7 219,1	11,4	17,6	3,6	1 370,7	1 403,4	1 077,2	268,4	79,0	216,6	287,8	1 929,0	5 908,6	0,0	0,0	189,8	6 098,5
Percent distribution / Процентное распределение	29,6%	2,6%	6,6%	38,8%	0,1%	0,1%	0,0%	7,4%	7,5%	5,8%	1,4%	0,4%	1,2%	1,5%	10,4%	31,7%	0,0%	0,0%	1,0%	32,7%

Table 21: Ukraine NHA 2003: Providers by Functions (% of expenditure by provider category) **Continued**

Functions / Функции (НС)	HP.5	HP.6.1	HP.6.2	HP.6.9	HP.6	HP.7.1	HP.7.3	HP.7	HP.8.1	HP.8.2	HP.8.3	HP.8	HP.9	HP.nsk	GRAND TOTAL / ОБЩИЙ ИТОГ
	Provision and administration of public health programmes	Government administration of health	Social security funds	All other providers of health administration	General health administration and insurance	Establishments as providers of occupational health care services	All other industries as secondary producers of health care	All other industries (rest of the economy)	Research institutions	Education and training institutions	Other institutions providing health related services	Institutions providing health related services	Rest of the world	Provider not specified by kind	
HC.1 Services of curative care / Услуги лечения													28,7%		41,5%
HC.1.1 Inpatient curative care / Стационарное лечение															26,8%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре															0,4%
HC.1.3 Outpatient curative care / Амбулаторное лечение													28,7%		14,4%
HC.1.4 Services of curative home care / Услуги лечения на дому															7,4%
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения															7,4%
HC.2.1 Sanatorium services / Санаторные услуги															0,0%
HC.2.9 All other services of rehabilitative care / Все другие услуги реабилитационного лечения															0,2%
HC.3 Services of long-term nursing care / Услуги долгосрочного медсестринского ухода															4,5%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения															1,1%
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях															0,0%
HC.4.9 All other miscellaneous ancillary services / Все прочие виды дополнительных услуг для медицинского лечения															0,0%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам															32,7%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары длительного пользования															31,7%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования															1,0%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья	100,0%					100,0%		94,6%					30,2%		3,7%
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации													9,7%		0,0%
HC.6.2 School health services / Медицинские услуги в школах															0,4%
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний													17,5%		0,0%
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний													1,5%		0,0%
HC.6.5 Occupational health care / Охрана здоровья на производстве						100,0%		94,6%							0,1%
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья															0,0%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование		100,0%	100,0%	100,0%	100,0%								17,0%		3,3%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением		100,0%	100,0%	100,0%	100,0%								17,0%		3,3%
HC.7.2 Health administration and health insurance: private / Управление здравоохранением и медицинское страхование: частное															
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг							100,0%	5,4%					14,7%	64,2%	0,9%
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением									100,0%	100,0%	100,0%	100,0%	9,4%	35,8%	5,7%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги													3,2%	35,8%	3,1%
HC.R.2 Education and training of health personnel / Образование и обучение медицинского персонала										100,0%		82,8%	0,4%		2,1%
HC.R.3 Research and development in health / Исследования и разработки в здравоохранении									100,0%			15,1%			0,4%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу											100,0%	2,2%	5,8%		0,1%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	536,8	362,4	3,3	241,8	607,5	15,5	0,9	16,3	72,2	397,0	10,5	479,7	85,4	246,0	18 621,6
Percent distribution / Процентное распределение	2,9%	1,9%	0,0%	1,3%	3,3%	0,1%	0,0%	0,1%	0,4%	2,1%	0,1%	2,6%	0,5%	1,3%	100,0%

Table 22: Ukraine NHA 2004: Financing Sources by Financing Agents (% of expenditure by financing source category)

Financing agents / Финансирующие организации (HF)	Financing sources / Источники финансирования (FS)								Grand Total / Общий итог
	FS.1 Public funds / Общественные ресурсы			FS.2 Private funds / Частные ресурсы				FS.3 Rest of the	
	FS.1.1.1 Central government revenue / Центральное правительство	FS.1.1.2 Regional and city government budget revenue, including rayon and local budgets revenue / Областные бюджеты, включая районные и местные бюджеты	Total / Итого	FS.2.1 Employer funds / Работодатели	FS.2.2 Household funds / Ресурсы домохозяйств	FS.2.3 Non-profit institutions serving households / Неправительственные организации, обслуживающие домохозяйства	Total / Итого	Total Rest of the World / Итого Весь остальной мир	
HF.1 General government / Правительство	100,0%	100,0%	100,0%	6,4%			0,4%		58,2%
HF.1.1 Territorial government / Территориальное правительство	99,9%	99,9%	99,9%						57,9%
HF.1.1.1 Central government / Центральное правительство	99,9%		34,8%						20,2%
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	54,5%		19,0%						11,0%
HF.1.1.1.2 Ministry of Transport / Министерство транспорта	5,8%		2,0%						1,2%
HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	2,8%		1,0%						0,6%
HF.1.1.1.4 Ministry of Defence / Министерство обороны	5,7%		2,0%						1,2%
HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	5,2%		1,8%						1,0%
HF.1.1.1.6 Academy of Medical Sciences / Академия Медицинских Наук	10,4%		3,6%						2,1%
HF.1.1.1.9 Other ministries / Другие министерства	15,5%		5,4%						3,1%
HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство (27)		99,9%	65,1%						37,8%
HF.1.2 Social security funds / Фонды социального страхования	0,1%	0,1%	0,1%	6,4%			0,4%		0,2%
HF.1.2.1 Social security fund for accidents at work and occupational diseases / Фонд социального страхования от несчастных случаев на производстве и профессиональных заболеваний	0,1%	0,1%	0,1%	6,4%			0,4%		0,2%
HF.2 Private Sector / Частный сектор				93,6%	100,0%	100,0%	99,6%		41,2%
HF.2.2 Other private VOLUNTARY insurance / Другое частное ДОБРОВОЛЬНОЕ страхование					0,2%		0,2%		0,1%
HF.2.3 Private households' out-of pocket payment / Частные выплаты домохозяйствами					99,4%		92,7%		38,3%
HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие домохозяйства (другие, чем социальное страхование)						100,0%	0,3%		0,1%
HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision facilities) / Частные фирмы и корпорации (другие, чем медицинское страхование, это включает все частные/общественные фабрики, которые имеют свои собственные медицинские учреждения)				93,6%			6,0%		2,5%
HF.2.6 Hospital kassa / Больничные кассы					0,4%		0,3%		0,1%
HF.3 Rest of the world / Весь другой мир								100,0%	0,7%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	4 631,3	8 684,9	13 316,1	612,0	8 851,3	29,7	9 492,9	156,9	22 965,9
Percent distribution / Процентное распределение	20,2%	37,8%	58,0%	2,7%	38,5%	0,1%	41,3%	0,7%	100,0%

Table 23: Ukraine NHA 2004: Financing Agents by Providers (% of expenditure by financing agent category)

Providers / Поставщики (провайдеры) медицинских услуг (HP)	Financing agents / Финансирующие организации (HF)																Total HF2 Private Sector	HF3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1 General government / Правительство																		
	HF.1.1 Territorial government / Территориальное правительство																		
	HF.1.1.1 Central government / Центральное правительство																		
	HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defence / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.6 Academy of Medical Sciences / Академия Медицинских Наук	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2 Oblast/City/Local Municipal governments (27) / Областные бюджеты/ Местные муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования	Total HF1. General Government	HF.2.2 Other private VOLUNTARY insurance / Другое частное ДОБРОВОЛЬНОЕ страхование	HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствами	HF.2.4 Non-profit institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision)	HF.2.6 Hospital kassa / Больничные кассы				
HP.1 Hospitals / Больницы	17.0%	93.2%	7.7%	1.4%	65.9%	34.4%	76.1%	58.9%				7.3%	0.1%				6.8%	37.0%	
HP.1.1 General hospitals / Больницы общего профиля	1.0%	93.2%	7.7%				60.8%	43.0%				7.0%					6.6%	27.7%	
HP.1.2 Mental health and substance abuse hospitals / Психиатрические больницы для лечения алкогольной или наркотической зависимости							6.6%	4.3%				0.0%					0.0%	2.5%	
HP.1.3 Specialty (other than mental health and substance abuse) hospitals / Специализированные больницы (кроме психиатрических больниц для лечения алкогольной или наркотической зависимости)	16.0%			1.4%	65.9%	8.6%	8.7%	11.6%				0.2%	0.1%				0.2%	6.8%	
HP.2 Nursing and residential care facilities / Сестринские/врачебные учреждения длительного пребывания больных (по уходу)	4.5%			40.4%	23.7%	7.9%	40.5%	41.3%				3.5%		72.5%			7.6%	7.1%	
HP.2.1 Nursing care facilities / Учреждения сестринского ухода							0.1%	16.6%										0.1%	
HP.2.2 Community care facilities for the elderly / Дома престарелых						7.9%	0.2%	0.2%										0.1%	
HP.2.3 Rehabilitation centers / Реабилитационные центры							0.0%	0.3%										0.2%	
HP.2.9 All other residential care facilities / Все прочие учреждения по уходу	4.5%			40.4%	23.7%		40.5%	2.9%	24.7%			3.5%		72.5%			7.6%	6.8%	
HP.3 Providers of ambulatory health care / Организации, предоставляющие амбулаторные медицинские услуги	1.7%	6.8%	92.3%			0.8%	11.6%	16.4%	12.7%			7.3%		27.5%			8.4%	10.9%	
HP.3.1 Offices of physicians and podiatrists / Врачебные кабинеты и поликлиники		5.9%	92.3%				11.6%	9.5%	7.8%			4.3%					4.0%	6.2%	
HP.3.2 Offices of dentists / Стоматологические кабинеты (отделения)	0.4%							2.3%	1.5%			1.3%					1.2%	1.4%	
HP.3.4 Outpatient care centres / Центры амбулаторного лечения	1.4%					0.8%		0.9%	0.9%			0.1%					0.1%	0.5%	
HP.3.7 Private clinics / Частные клиники												1.3%		27.5%			2.9%	1.2%	
HP.3.9 Other providers of ambulatory health care / Прочие организации, предоставляющие амбулаторные медицинские услуги		0.9%						3.8%	2.5%			0.3%					0.2%	1.5%	
HP.4 Retail sale and other providers of medical goods / Розничная продажа и прочие организации, предоставляющие медицинские товары	1.3%				73.1%	12.4%		17.8%	2.1%			81.9%			100.0%		76.5%	32.7%	
HP.4.1 Dispensing chemists / Розничная продажа фармацевтической продукции								9.8%	0.0%			81.9%			100.0%		76.5%	31.5%	
HP.4.2 Retail sale and other suppliers of optical glasses and other vision products / Розничная продажа и прочие поставщики очков и различной продукции для органов зрения					10.8%				0.0%									0.1%	
HP.4.3 Retail sale and other suppliers of hearing aids / Розничная продажа и прочие поставщики слуховых средств									0.1%									0.0%	
HP.4.4 Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids) / Розничная продажа и прочие поставщики медицинских приборов (кроме оптических очков и слуховых приборов)	1.3%				62.3%	12.4%			8.0%									1.1%	
HP.5 Provision and administration of public health programmes / Обеспечение и управление программами общественного здоровья	24.2%						1.1%	0.1%	4.7%					95.7%			0.3%	2.9%	
HP.6 General health administration and insurance / Общее управление здравоохранением и медицинское страхование	12.8%						4.2%	4.2%	6.3%	5.4%								3.1%	
HP.6.1 Government administration of health / Государственное управление здравоохранением	1.0%							4.2%	2.9%									1.7%	
HP.6.2 Social security funds / Фонды социального страхования									6.3%	0.0%								0.0%	
HP.6.9 All other providers of health administration / Все прочие организации управления здравоохранением	11.8%						4.2%		2.5%									1.4%	
HP.7 All other industries (rest of the economy) / Все прочие сектора экономики	0.0%								18.8%	0.1%								0.0%	
HP.7.1 Establishments as providers of occupational health care services / Учреждения, предоставляющие услуги по охране здоровья на производстве									18.8%	0.1%								0.0%	
HP.7.3 All other industries as secondary producers of health care / Все прочие отрасли промышленности как организации, предоставляющие вторичные медицинские услуги	0.0%									0.0%								0.0%	
HP.8 Institutions providing health-related services / Учреждения, предоставляющие услуги, связанные со здравоохранением	20.0%				1.8%	12.9%	0.0%		4.3%									2.5%	
HP.8.1 Research institutions / Исследовательские институты	0.7%				1.8%	12.9%												0.4%	
HP.8.2 Education and training institutions / Учреждения образования и обучения	18.7%						0.0%		3.5%									2.1%	
HP.8.3 Other institutions providing health-related services / Прочие учреждения, предоставляющие услуги, связанные со здравоохранением	0.5%								0.1%									0.1%	
HP.9 Rest of the world / Остальной мир																		100.0%	
HP.nsk Provider not specified by kind / Провайдеры, не определенные по типу	18.4%				59.6%		8.2%		15.7%	5.2%	100.0%	0.1%	4.2%				0.3%	3.1%	
Grand Total % / Общий итог %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Grand Total, million NCU / Общий итог, млн. грн.	2 524.0	269.4	130.1	266.3	240.9	481.4	716.4	8 673.5	33.4	13 355.5	20.9	8 797.3	29.7	572.6	33.1	9 453.6	156.9	22 965.9	
Percent distribution / Процентное распределение	11.0%	1.2%	0.6%	1.2%	1.0%	2.1%	3.1%	37.6%	0.2%	53.2%	0.1%	38.5%	0.1%	2.5%	0.1%	41.2%	0.7%	100.0%	

Table 24: Ukraine NHA 2004: Financing Agents by Functions (% of expenditure by financing agent category)

Functions / Функции (НС)	Financing agents / Финансирующие организации (HF)										Total HF1. General Government	HF.2.2 Other private VOLUNTARY insurance / Другое частное ДОБРОВОЛЬНОЕ страхование	HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствам и	HF.2.4 Non-profit institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision) / Больничные кассы	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1 General government / Правительство																	
	HF.1.1 Territorial government / Территориальное правительство					HF.1.2 Social security funds / Фонды социального страхования												
	HF.1.1.1 Central government / Центральное правительство																	
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defence / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.6 Academy of Medical Sciences / Академия Медицинских Наук	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2.1 Oblast/City/Local Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство	HF.1.1.2.2	HF.1.1.2.3	HF.1.1.2.4								
HC.1 Services of curative care / Услуги лечения	16,7%	94,1%	95,0%	1,2%	59,4%	43,2%	82,8%	64,2%	5,9%	0,1%	22,9%	6,9%	40,9%	40,5%				
HC.1.1 Inpatient curative care / Стационарное лечение	11,0%	69,9%	5,8%	0,9%	44,7%	25,2%	56,2%	43,0%	1,3%			1,2%		25,5%				
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,2%			0,0%	0,8%	0,1%	0,8%	0,6%						0,3%				
HC.1.3 Outpatient curative care / Амбулаторное лечение	5,4%	24,2%	89,2%	0,3%	13,9%	17,9%	25,9%	20,6%	4,6%	0,1%	22,9%	5,7%	40,9%	14,6%				
HC.1.4 Services of curative home care / Услуги лечения на дому																		
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения	4,5%			40,4%	23,7%	7,9%	40,5%	2,9%	24,7%			7,6%		6,9%				
HC.2.1 Sanatorium services / Санаторные услуги	4,5%			40,4%	23,7%		40,5%	2,9%	24,7%			7,6%		6,8%				
HC.2.9 All other services of rehabilitative care / Все другие услуги реабилитационного лечения						7,9%		0,0%	0,3%					0,2%				
HC.3 Services of long-term nursing care / Услуги долгосрочного медсестринского ухода								0,3%	16,6%									
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения									3,0%									
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях									3,0%									
HC.4.9 All other miscellaneous ancillary services / Все прочие виды дополнительных услуг для медицинского лечения									3,0%									
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам	1,3%				73,1%	12,4%		17,9%	2,1%		81,9%	100,0%	76,5%	32,7%				
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования									9,8%				76,5%	31,5%				
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования	1,3%				73,1%	12,4%		8,1%	2,0%					1,2%				
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья	24,2%	0,9%					1,1%	1,5%	18,8%			95,7%	0,3%	31,8%				
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации									0,0%					6,0%				
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний		0,9%							0,8%					18,0%				
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний														0,4%				
HC.6.5 Occupational health care / Охрана здоровья на производстве									18,8%					2,4%				
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья														0,0%				
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование	12,8%													5,5%				
HC.7.1 General government administration of health / Общее государственное управление здравоохранением	12,8%									4,2%	4,2%	6,3%	5,4%	13,7%				
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг	0,0%			59,6%			7,8%	15,7%					0,3%	13,7%				
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	40,4%	5,0%	5,0%	2,0%	20,2%	3,2%	5,4%	12,2%	1,7%			4,2%	0,0%	8,2%				
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	20,5%	5,0%	5,0%	0,2%	7,4%	3,2%	5,4%	8,0%						4,7%				
HC.R.2 Education and training of health personnel / Образование и обучение медицинского персонала	18,7%							3,5%						2,1%				
HC.R.3 Research and development in health / Исследования и разработки в здравоохранении	0,7%			1,8%	12,9%			0,6%						0,4%				
HC.R.n.s.k HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу	0,5%							0,1%						1,8%				
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%				
Grand Total, million NGU / Общий итог, млн. грн.	2 524,0	269,4	130,1	266,3	240,9	481,4	716,4	8 673,5	53,4	13 355,5	20,9	8 797,3	29,7	572,6				
Percent distribution / Процентное распределение	11,0%	1,2%	0,6%	1,2%	1,0%	2,1%	3,1%	37,8%	0,2%	53,2%	0,1%	38,3%	0,1%	2,5%				

Table 25: Ukraine NHA 2004: Providers by Functions (% of expenditure by provider category)

Functions / Функции (НС)	HP.1.1	HP.1.2	HP.1.3	HP.1	HP.2.1	HP.2.3	HP.2.4	HP.2.9	HP.2	HP.3.1	HP.3.2	HP.3.4	HP.3.7	HP.3.9	HP.3	HP.4.1	HP.4.2	HP.4.3	HP.4.4	HP.4
	General hospitals	Mental health and substance abuse hospitals	Specialty (other than mental health and substance abuse) hospitals																	
HC.1 Services of curative care / Услуги лечения	88,5%	89,0%	88,7%	88,5%						72,3%	96,8%	80,7%	90,4%	6,6%	68,4%					
HC.1.1 Inpatient curative care / Стационарное лечение	68,4%	82,0%	66,0%	68,9%																
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,9%	0,0%	1,2%	0,9%																
HC.1.3 Outpatient curative care / Амбулаторное лечение	19,1%	6,9%	21,6%	18,7%						72,3%	96,8%	80,7%	90,4%	6,6%	68,4%					
HC.1.4 Services of curative home care / Услуги лечения на дому																				
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения							100,0%	100,0%	97,9%											
HC.2.1 Sanatorium services / Санаторные услуги									95,4%											
HC.2.9 All other services of rehabilitative care / Все другие услуги реабилитационного лечения							100,0%		2,5%											
HC.3 Services of long-term nursing care / Услуги долгосрочного медсестринского ухода					100,0%	100,0%			2,1%											
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения	7,0%	0,1%	0,3%	5,3%						20,8%		7,5%	9,6%	72,7%	23,7%					
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях													4,7%	72,7%	10,9%					
HC.4.9 All other miscellaneous ancillary services / Все прочие виды дополнительных услуг для медицинского лечения													4,9%		0,5%					
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам																100,0%	100,0%	100,0%	100,0%	100,0%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары длительного пользования																100,0%				96,4%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования																	100,0%	100,0%	100,0%	3,6%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья										3,4%				20,7%	4,9%					
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации										0,1%					0,1%					
HC.6.2 School health services / Медицинские услуги в школах																				
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний														20,7%	2,9%					
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний																				
HC.6.5 Occupational health care / Охрана здоровья на производстве																				
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья																				
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование																				
HC.7.1 General government administration of health / Общее государственное управление здравоохранением																				
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг																				
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	4,5%	10,9%	10,9%	6,1%						3,4%	3,2%	11,8%			3,0%					
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	4,5%	10,9%	10,9%	6,1%						3,4%	3,2%	11,8%			3,0%					
HC.R.2 Education and training of health personnel / Образование и обучение медицинского персонала																				
HC.R.3 Research and development in health / Исследования и разработки в здравоохранении																				
HC.R.risk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу																				
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NGU / Общий итог, млн. грн.	6 362,1	578,6	1 560,6	8 501,3	13,4	21,2	41,0	1 552,3	1 627,9	1 422,9	314,3	126,1	274,2	354,6	2 492,1	7 240,9	26,0	0,1	247,4	7 514,4
Percent distribution / Процентное распределение	27,7%	2,5%	6,8%	37,0%	0,1%	0,1%	0,2%	6,8%	7,1%	6,2%	1,4%	0,5%	1,2%	1,5%	10,9%	31,5%	0,1%	0,0%	1,1%	32,7%

Table 25: Ukraine NHA 2004: Providers by Functions (% of expenditure by provider category) **Continued**

Functions / Функции (НС)	HP.5 Provision and administration of public health programmes	HP.6.1 Government administration of health	HP.6.2 Social security funds	HP.6.9 All other providers of health administration	HP.6 General health administration and insurance	HP.7.1 Establishments as providers of occupational health care services	HP.7.3 All other industries as secondary producers of health care	HP.7 All other industries (rest of the economy)	HP.8.1 Research institutions	HP.8.2 Education and training institutions	HP.8.3 Other institutions providing health related services	HP.8 Institutions providing health related services	HP.9 Rest of the world	HP.nsk Provider not specified by kind	GRAND TOTAL / ОБЩИЙ ИТОГ
HC.1 Services of curative care / Услуги лечения													40,9%		40,5%
HC.1.1 Inpatient curative care / Стационарное лечение															25,5%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре															0,3%
HC.1.3 Outpatient curative care / Амбулаторное лечение													40,9%		14,6%
HC.1.4 Services of curative home care / Услуги лечения на дому															6,9%
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения															6,8%
HC.2.1 Sanatorium services / Санаторные услуги															
HC.2.9 All other services of rehabilitative care / Все другие услуги реабилитационного лечения															0,2%
HC.3 Services of long-term nursing care / Услуги долгосрочного медсестринского ухода															0,2%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения															4,5%
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях															1,2%
HC.4.9 All other miscellaneous ancillary services / Все прочие виды дополнительных услуг для медицинского лечения															0,1%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам															32,7%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары длительного пользования															31,5%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования															1,2%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья	100,0%					100,0%		91,8%					31,8%		3,7%
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации													6,0%		0,0%
HC.6.2 School health services / Медицинские услуги в школах															
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний													18,0%		0,4%
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний															0,0%
HC.6.5 Occupational health care / Охрана здоровья на производстве						100,0%		91,8%					2,4%		0,0%
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья															5,5%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование		100,0%	100,0%	100,0%	100,0%										13,7%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением		100,0%	100,0%	100,0%	100,0%										13,7%
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг								8,2%							3,4%
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением									100,0%	100,0%	100,0%	100,0%	100,0%		10,2%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги															65,3%
HC.R.2 Education and training of health personnel / Образование и обучение медицинского персонала										100,0%					8,2%
HC.R.3 Research and development in health / Исследования и разработки в здравоохранении									100,0%						15,0%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу											100,0%				2,3%
															1,8%
Grand Total % / Обший итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NGU / Обший итог, млн. грн.	657,4	385,5	3,4	327,3	716,2	10,0	0,9	10,9	85,4	471,6	13,1	570,1	156,9	718,8	22 965,9
Percent distribution / Процентное распределение	2,9%	1,7%	0,0%	1,4%	3,1%	0,0%	0,0%	0,0%	0,4%	2,1%	0,1%	2,5%	0,7%	3,1%	100,0%

Annex B: HIV/AIDS Subanalysis Tables

Table 26: Ukraine NHA HIV/AIDS Subanalysis 2003: Financing Sources by Financing Agents (% of expenditure by financing source category)

Financing agents / Финансирующие организации (HF)	Financing sources / Источники финансирования (FS)									
	FS.1 Public funds / Общественные ресурсы			FS.2 Private funds / Частные ресурсы			FS.3 Rest of the world / Весь остальной мир			Grand Total / Общий итог
	FS.1.1.1 Central government revenue / Центральное правительство	FS.1.1.2 Regional and city government budget revenue, including rayon and local budgets revenue / Областные бюджеты, включая районные и местные бюджеты	Total / Итого	FS.2.2 Household funds / Ресурсы домохозяйств	FS.2.3 Non-profit institutions serving households / Неправительственные организации, обслуживающие домохозяйства	Total / Итого	FS.3.1 GHFTM / Глобальный фонд по СПИД, туберкулезу и малярии	FS.3.9 Other Rest of the world / другие Весь остальной мир	Total Rest of the World / Итого Весь остальной мир	
HF.1 General government / Правительство	100,0%	100,0%	100,0%							17,4%
HF.1.1 Territorial government / Территориальное правительство	100,0%	100,0%	100,0%							17,4%
HF.1.1.1 Central government / Центральное правительство	100,0%		38,5%							6,7%
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	100,0%		38,5%							6,7%
HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство (27)		100,0%	61,5%							10,7%
HF.2 Private Sector / Частный сектор				100,0%	100,0%	100,0%				68,2%
HF.2.3 Private households' out-of pocket payment / Частные выплаты домохозяйствами				100,0%		97,2%				66,3%
HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие домохозяйства (другие, чем социальное страхование)					100,0%	2,8%				1,9%
HF.3 Rest of the world / Весь другой мир							100,0%	100,0%	100,0%	14,3%
HF.3.1 HIV/AIDS Alliance / Международный ВИЧ/СПИД Альянс в Украине							100,0%			2,9%
HF.3.9 Other / Другое								100,0%		11,4%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	19 600,9	31 313,6	50 914,5	193 524,9	5 591,7	199 116,6	8 532,3	33 349,0	41 881,3	291 912,5
Percent distribution / Процентное распределение	6,7%	10,7%	17,4%	66,3%	1,9%	68,2%	2,9%	11,4%	14,3%	100,0%

Table 27: Ukraine NHA HIV/AIDS Subanalysis 2003: Financing Agents by Providers (% of expenditure by financing agent category)

Providers / Поставщики (провайдеры) медицинских услуг (HP)	Financing agents / Финансирующие организации (HF)							Grand Total / Общий итог
	HF.1 General government / HF.1.1 Territorial government /		Total HF1. General Government	HF.2.3 Private households' out- of pocket payment / Частные выплаты домохозяйствам и	HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительств енные организации, обслуживающие домохозяйства (другие, чем социальное страхование)	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	
	HF.1.1.1 Central government / Центральное правительство	HF.1.1.2 Oblast/City/Local/ Municipal governments (27) / Областные бюджеты/ Местное/муници пальное правительство (27)						
HP.1 Hospitals / Больницы	100,0%	98,0%	98,7%	4,9%		4,8%		20,5%
HP.1.1 General hospitals / Больницы общего профиля		2,3%	1,4%	1,2%		1,2%		1,0%
HP.1.2 Mental health and substance abuse hospitals / Психиатрические больницы для лечения алкогольной или наркотической зависимости		7,3%	4,5%	1,1%		1,1%		1,5%
HP.1.3 Specialty (other than mental health and substance abuse) hospitals / Специализированные больницы(кроме психиатрических больниц для лечения алкогольной или наркотической зависимости)	100,0%	88,4%	92,9%	2,6%		2,5%		17,9%
HP.3 Providers of ambulatory health care / Организации, предоставляющие амбулаторные медицинские услуги		2,0%	1,3%	1,1%		1,1%		1,0%
HP.3.1 Offices of physicians and policlinics / Врачебные кабинеты и поликлиники				0,4%		0,4%		0,3%
HP.3.7 Private clinics / Частные клиники				0,6%		0,6%		0,4%
HP.3.9 Other providers of ambulatory health care / Прочие организации, предоставляющие амбулаторные медицинские услуги		2,0%	1,3%	0,1%		0,1%		0,3%
HP.4 Retail sale and other providers of medical goods / Розничная продажа и прочие организации, предоставляющие медицинские товары				94,0%		91,4%		62,3%
HP.4.1 Dispensing chemists / Розничная продажа фармацевтической продукции				94,0%		91,4%		62,3%
HP.5 Provision and administration of public health programmes / Обеспечение и управление программами общественного здоровья					100,0%	2,8%		1,9%
HP.9 Rest of the world / Остальной мир							100,0%	14,3%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	19 600,9	31 313,6	50 914,5	193 524,9	5 591,7	199 116,6	41 881,3	291 912,5
Percent distribution / Процентное распределение	6,7%	10,7%	17,4%	66,3%	1,9%	68,2%	14,3%	100,0%

Table 28: Ukraine NHA HIV/AIDS Subanalysis 2003: Financing Agents by Functions (% of expenditure by financing agent category)

Functions / Функции (НС)	Financing agents / Финансирующие организации (HF)							
	HF.1 General government /		Total HF1. General Government	HF.2.3 Private households' out- of pocket payment / Частные выплаты домохозяйствам и	HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительств енные организации, обслуживающие	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1.1 Territorial government /							
	HF.1.1.1 Central	HF.1.1.2 Oblast/City/Local/ Municipal governments (27) / Областные бюджеты/ Местное/муници пальное правительство						
HF.1.1.1.1 Ministry of Health / Министерство здравоохранени я								
НС.1 Services of curative care / Услуги лечения	84,0%	88,1%	86,5%	6,0%		5,8%	34,5%	24,0%
НС.1.1 Inpatient curative care / Стационарное лечение	11,2%	38,6%	28,1%	2,1%		2,1%		6,3%
НС.1.2 Day cases of curative care / Лечение в дневном стационаре	0,2%	0,6%	0,5%					0,1%
НС.1.3 Outpatient curative care / Амбулаторное лечение	72,6%	48,9%	58,0%	3,8%		3,7%	34,5%	17,6%
НС.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения				0,0%		0,0%		0,0%
НС.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях				0,0%		0,0%		0,0%
НС.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам				94,0%		91,4%		62,3%
НС.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования				94,0%		91,4%		62,3%
НС.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья		2,0%	1,3%			2,8%	41,6%	8,1%
НС.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации							4,9%	0,7%
НС.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний		2,0%	1,3%				35,8%	5,4%
НС.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья							1,0%	0,1%
НС.n.s.k НС expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг							21,1%	3,0%
НС.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	16,0%	9,8%	12,2%				2,8%	2,5%
НС.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	16,0%	9,8%	12,2%				1,8%	2,4%
НС.R.nsk НС.R expenditure not specified by kind / Расходы НС.R, не определенные по типу							1,0%	0,1%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	19 600,9	31 313,6	50 914,5	193 524,9	5 591,7	199 116,6	41 881,3	291 912,5
Percent distribution / Процентное распределение	6,7%	10,7%	17,4%	66,3%	1,9%	68,2%	14,3%	100,0%

Table 29: Ukraine NHA HIV/AIDS Subanalysis 2003: Providers by Functions (% of expenditure by provider category)

Functions / Функции (НС)	HP.1.1	HP.1.2	HP.1.3	HP.1	HP.3.1	HP.3.7	HP.3.9	HP.3	HP.4.1	HP.4	HP.5	HP.9	GRAND TOTAL / ОБЩИЙ ИТОГ
	General hospitals	Mental health and substance abuse hospitals	Specialty (other than mental health and substance abuse) hospitals	Hospitals	Offices of physicians and policlinics	Private clinics	Other providers of ambulatory health care	Providers of ambulatory health care	Dispensing chemists	Retail sale and other providers of medical goods	Provision and administration of public health programmes	Rest of the world	
НС.1 Services of curative care / Услуги лечения	100,0%	94,3%	88,6%	89,6%	100,0%	100,0%	23,2%	74,7%				34,5%	24,0%
НС.1.1 Inpatient curative care / Стационарное лечение	90,5%	54,7%	25,3%	30,8%									6,3%
НС.1.2 Day cases of curative care / Лечение в дневном стационаре		0,6%	0,4%	0,4%									0,1%
НС.1.3 Outpatient curative care / Амбулаторное лечение	9,5%	39,0%	62,9%	58,4%	100,0%	100,0%	23,2%	74,7%				34,5%	17,6%
НС.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения								6,7%	2,2%				0,0%
НС.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях								6,7%	2,2%				0,0%
НС.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам									100,0%	100,0%			62,3%
НС.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования									100,0%	100,0%			62,3%
НС.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья							70,0%	23,1%			100,0%	41,6%	8,1%
НС.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации												4,9%	0,7%
НС.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний							70,0%	23,1%				35,8%	5,4%
НС.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья												1,0%	0,1%
НС.n.s.k НС expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг												21,1%	3,0%
НС.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением		5,7%	11,4%	10,4%								2,8%	2,5%
НС.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги		5,7%	11,4%	10,4%								1,8%	2,4%
НС.R.nsk НС.R expenditure not specified by kind / Расходы НС.R, не определенные по типу												1,0%	0,1%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	3 020,0	4 397,2	52 321,5	59 738,6	738,1	1 122,5	913,7	2 774,3	181 926,5	181 926,5	5 591,7	41 881,3	291 912,5
Percent distribution / Процентное распределение	1,0%	1,5%	17,9%	20,5%	0,3%	0,4%	0,3%	1,0%	62,3%	62,3%	1,9%	14,3%	100,0%

Table 30: Ukraine NHA HIV/AIDS Subanalysis 2004: Financing Sources by Financing Agents (% of expenditure by financing source category)

Financing agents / Финансирующие организации (HF)	Financing sources / Источники финансирования (FS)									
	FS.1 Public funds / Общественные ресурсы			FS.2 Private funds / Частные ресурсы			FS.3 Rest of the world / Весь остальной мир			Grand Total / Общ. итог
	FS.1.1.1 Central government revenue / Центральное правительство	FS.1.1.2 Regional and city government budget revenue, including rayon and local budgets revenue / Областные бюджеты, включая районные и местные бюджеты	Total / Итого	FS.2.2 Household funds / Ресурсы домохозяйств	FS.2.3 Non-profit institutions serving households / Неправительственные организации, обслуживающие домохозяйства	Total / Итого	FS.3.1 GHFTM / Глобальный фонд по СПИД, туберкулезу и малярии	FS.3.9 Other Rest of the world / другие Весь остальной мир	Total Rest of the World / Итого Весь остальной мир	
HF.1 General government / Правительство	100,0%	100,0%	100,0%							13,5%
HF.1.1 Territorial government / Территориальное правительство	100,0%	100,0%	100,0%							13,5%
HF.1.1.1 Central government / Центральное правительство	100,0%		41,1%							5,6%
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	100,0%		41,1%							5,6%
HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство (27)		100,0%	58,9%							8,0%
HF.2 Private Sector / Частный сектор				100,0%	100,0%	100,0%				63,4%
HF.2.3 Private households' out-of pocket payment / Частные выплаты домохозяйствами				100,0%		89,2%				56,5%
HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительственные организации, обслуживающие домохозяйства (другие, чем социальное страхование)					100,0%	10,8%				6,8%
HF.3 Rest of the world / Весь другой мир							100,0%	100,0%	100,0%	23,1%
HF.3.1 HIV/AIDS Alliance / Международный ВИЧ/СПИД Альянс в Украине							100,0%		64,2%	14,8%
HF.3.9 Other / Другое								100,0%	35,8%	8,3%
Grand Total % / Общ. итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общ. итог, тыс. грн.	24 238,5	34 679,2	58 917,7	245 843,4	29 651,5	275 494,9	64 446,7	36 015,4	100 462,0	434 874,7
Percent distribution / Процентное распределение	5,6%	8,0%	13,5%	56,5%	6,8%	63,4%	14,8%	8,3%	23,1%	100,0%

Table 31: Ukraine NHA HIV/AIDS Subanalysis 2004: Financing Agents by Providers (% of expenditure by financing agent category)

Providers / Поставщики (провайдеры) медицинских услуг (HP)	Financing agents / Финансирующие организации (HF)							Grand Total / Общий итог
	HF.1 General government /		Total HF1. General Government	HF.2.3 Private households' out- of pocket payment / Частные выплаты домохозяйствам и	HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительств енные организации, обслуживающие домохозяйства (другие, чем социальное страхование)	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	
	HF.1.1 Territorial government /							
	HF.1.1.1 Central government / Центральное правительство	HF.1.1.2 Oblast/City/Local/ Municipal governments (27) / Областные бюджеты/ Местное/муници пальное правительство (27)						
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения								
HP.1 Hospitals / Больницы	100,0%	98,0%	98,8%	5,2%	0,1%	4,7%		16,4%
HP.1.1 General hospitals / Больницы общего профиля		2,9%	1,7%	1,3%		1,2%		1,0%
HP.1.2 Mental health and substance abuse hospitals / Психиатрические больницы для лечения алкогольной или наркотической зависимости		7,8%	4,6%	1,2%		1,0%		1,3%
HP.1.3 Specialty (other than mental health and substance abuse) hospitals / Специализированные больницы (кроме психиатрических больниц для лечения алкогольной или наркотической зависимости)	100,0%	87,2%	92,5%	2,8%	0,1%	2,5%		14,1%
HP.3 Providers of ambulatory health care / Организации, предоставляющие амбулаторные медицинские услуги		2,0%	1,2%	1,2%		1,1%		0,9%
HP.3.1 Offices of physicians and polyclinics / Врачебные кабинеты и поликлиники				0,4%		0,4%		0,2%
HP.3.7 Private clinics / Частные клиники				0,6%		0,6%		0,4%
HP.3.9 Other providers of ambulatory health care / Прочие организации, предоставляющие амбулаторные медицинские услуги		2,0%	1,2%	0,2%		0,1%		0,3%
HP.4 Retail sale and other providers of medical goods / Розничная продажа и прочие организации, предоставляющие медицинские товары				93,5%		83,5%		52,9%
HP.4.1 Dispensing chemists / Розничная продажа фармацевтической продукции				93,5%		83,5%		52,9%
HP.5 Provision and administration of public health programmes / Обеспечение и управление программами общественного здоровья					95,7%	10,3%		6,5%
HP.9 Rest of the world / Остальной мир							100,0%	23,1%
HP.nsk Provider not specified by kind / Провайдеры, не определенные по типу					4,2%	0,5%		0,3%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	24 238,5	34 679,2	58 917,7	245 843,4	29 651,5	275 494,9	100 462,0	434 874,7
Percent distribution / Процентное распределение	5,6%	8,0%	13,5%	56,5%	6,8%	63,4%	23,1%	100,0%

Table 32: Ukraine NHA HIV/AIDS Subanalysis 2004: Financing Agents by Functions (% of expenditure by financing agent category)

Functions / Функции (НС)	Financing agents / Финансирующие организации (HF)							Grand Total / Общий итог
	HF.1 General government /		Total HF.1. General Government	HF.2.3 Private households' out- of pocket payment / Частные выплаты домохозяйствам и	HF.2.4 Non-profit Institutions serving households (other than social insurance) / Неправительств енные организации, обслуживающие	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	
	HF.1.1 Territorial government /							
	HF.1.1.1 Central	HF.1.1.2 Oblast/City/Local/ Municipal governments (27) / Областные бюджеты/ Местное/муници пальное правительство						
HF.1.1.1.1 Ministry of Health / Министерство здравоохранени я								
НС.1 Services of curative care / Услуги лечения	83,8%	88,2%	86,4%	6,4%	0,1%	5,8%	45,9%	26,0%
НС.1.1 Inpatient curative care / Стационарное лечение	8,9%	41,0%	27,8%	2,3%		2,1%		5,1%
НС.1.2 Day cases of curative care / Лечение в дневном стационаре	0,2%	0,7%	0,5%					0,1%
НС.1.3 Outpatient curative care / Амбулаторное лечение	74,7%	46,4%	58,1%	4,1%	0,1%	3,7%	45,9%	20,8%
НС.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения				0,0%		0,0%		0,0%
НС.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях				0,0%		0,0%		0,0%
НС.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам				93,5%		83,5%		52,9%
НС.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования				93,5%		83,5%		52,9%
НС.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья		2,0%	1,2%		95,7%	10,3%	41,6%	16,3%
НС.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации							5,7%	1,3%
НС.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний		2,0%	1,2%				28,1%	6,7%
НС.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья							7,8%	1,8%
НС.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование							0,0%	0,0%
НС.7.1 General government administration of health / Общее государственное управление здравоохранением							0,0%	0,0%
НС.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг							2,1%	0,5%
НС.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	16,2%	9,8%	12,4%		4,2%	0,5%	10,4%	4,4%
НС.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	16,2%	9,8%	12,4%		4,2%	0,5%	9,4%	4,2%
НС.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу							1,0%	0,2%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	24 238,5	34 679,2	58 917,7	245 843,4	29 651,5	275 494,9	100 462,0	434 874,7
Percent distribution / Процентное распределение	5,6%	8,0%	13,5%	56,5%	6,8%	63,4%	23,1%	100,0%

Table 33: Ukraine NHA HIV/AIDS Subanalysis 2004: Providers by Functions (% of expenditure by provider category)

Functions / Функции (НС)	HP.1.1	HP.1.2	HP.1.3	HP.1	HP.3.1	HP.3.7	HP.3.9	HP.3	HP.4.1	HP.4	HP.5	HP.9	HP.nsk	GRAND TOTAL / ОБЩИЙ ИТОГ
	General hospitals	Mental health and substance abuse hospitals	Specialty (other than mental health and substance abuse) hospitals	Hospitals	Offices of physicians and policlinics	Private clinics	Other providers of ambulatory health care	Providers of ambulatory health care	Dispensing chemists	Retail sale and other providers of medical goods	Provision and administration of public health programmes	Rest of the world	Provider not specified by kind	
HC.1 Services of curative care / Услуги лечения	100,0%	94,6%	88,5%	89,7%	100,0%	100,0%	27,4%	78,6%				45,9%		26,0%
HC.1.1 Inpatient curative care / Стационарное лечение	90,5%	53,8%	24,9%	31,1%										5,1%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре		0,6%	0,4%	0,4%										0,1%
HC.1.3 Outpatient curative care / Амбулаторное лечение	9,5%	40,2%	63,2%	58,2%	100,0%	100,0%	27,4%	78,6%				45,9%		20,8%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения								8,0%	2,3%					0,0%
HC.4.3 Patient transport and emergency rescue / Транспортировка пациентов и спасение жизни в чрезвычайных ситуациях								8,0%	2,3%					0,0%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам									100,0%	100,0%				52,9%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования									100,0%	100,0%				52,9%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья							64,7%	19,0%			100,0%	41,6%		16,3%
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации												5,7%		1,3%
HC.6.3 Prevention of communicable diseases / Профилактика инфекционных заболеваний							64,7%	19,0%				28,1%		6,7%
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья												7,8%		1,8%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование												0,0%		0,0%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением												0,0%		0,0%
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг												2,1%		0,5%
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением		5,4%	11,5%	10,3%								10,4%	100,0%	4,4%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги		5,4%	11,5%	10,3%								9,4%	100,0%	4,2%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу												1,0%		0,2%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, thousands NCU / Общий итог, тыс. грн.	4 282,1	5 557,9	61 288,7	71 128,6	1 045,7	1 590,2	1 097,5	3 733,4	229 925,8	229 925,8	28 367,3	100 462,0	1 257,5	434 874,7
Percent distribution / Процентное распределение	1,0%	1,3%	14,1%	16,4%	0,2%	0,4%	0,3%	0,9%	52,9%	52,9%	6,5%	23,1%	0,3%	100,0%

Annex C: Reproductive Health Subanalysis Tables

Table 34: Ukraine NHA RH Subanalysis 2003: Financing Sources by Financing Agents (% of expenditure by financing source category)

Financing agents / Финансирующие организации (HF)	Financing sources / Источники финансирования (FS)							Grand Total / Общий итог
	FS.1 Public funds / Общественные ресурсы			FS.2 Private funds / Частные ресурсы			FS.3 Rest of the	
	FS.1.1.1 Central government revenue / Центральное правительство	FS.1.1.2 Regional and city government budget revenue, including rayon and local budgets revenue / Областные бюджеты, включая районные и местные бюджеты	Total / Итого	FS.2.1 Employer funds / Работодатели	FS.2.2 Household funds / Ресурсы домохозяйств	Total / Итого	Total Rest of the World / Итого Весь остальной мир	
HF.1 General government / Правительство	100,0%	100,0%	100,0%	2,2%		0,1%		52,7%
HF.1.1 Territorial government / Территориальное правительство	100,0%	100,0%	100,0%					52,6%
HF.1.1.1 Central government / Центральное правительство	100,0%		14,3%					7,5%
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	29,1%		4,2%					2,2%
HF.1.1.1.2 Ministry of Transport / Министерство транспорта	18,4%		2,6%					1,4%
HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	7,9%		1,1%					0,6%
HF.1.1.1.4 Ministry of Defence / Министерство обороны	8,3%		1,2%					0,6%
HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	4,7%		0,7%					0,4%
HF.1.1.1.9 Other ministries / Другие министерства	31,6%		4,5%					2,4%
HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство (27)		100,0%	85,7%					45,1%
HF.1.2 Social security funds / Фонды социального страхования	0,0%	0,0%	0,0%	2,2%		0,1%		0,1%
HF.1.2.1 Social security fund for accidents at work and occupational diseases / Фонд социального страхования от несчастных случаев на производстве и профессиональных заболеваний	0,0%	0,0%	0,0%	2,2%		0,1%		0,1%
HF.2 Private Sector / Частный сектор				97,8%	100,0%	99,9%		46,4%
HF.2.3 Private households' out-of pocket payment / Частные выплаты домохозяйствами					100,0%	94,9%		44,1%
HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision facilities) / Частные фирмы и корпорации (другие, чем медицинское страхование, это включает все частн				97,8%		5,0%		2,3%
HF.3 Rest of the world / Весь другой мир							100,0%	1,0%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	146,2	876,7	1 022,9	46,0	857,2	903,1	18,6	1 944,6
Percent distribution / Процентное распределение	7,5%	45,1%	52,6%	2,4%	44,1%	46,4%	1,0%	100,0%

Table 35: Ukraine NHA RH Subanalysis 2003: Financing Agents by Providers (% of expenditure by financing agent category)

Providers / Поставщики (провайдеры) медицинских услуг (HP)	Financing agents / Финансирующие организации (HF)											Total HF.1. General Government	HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствам и	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision)	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1 General government / Правительство							HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования								
	HF.1.1 Territorial government / Территориальное правительство																
	HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defence / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.9 Other ministries / Другие министерства											
HP.1 Hospitals / Больницы	19.4%	100.0%	100.0%				29.2%	90.1%		83.0%	8.2%		7.8%		47.3%		
HP.1.1 General hospitals / Больницы общего профиля	6.2%	100.0%	100.0%				29.2%	86.0%		78.9%	8.1%		7.7%		45.1%		
HP.1.3 Specialty (other than mental health and substance abuse) hospitals / Специализированные больницы (кроме психиатрических больниц для лечения алкогольной или наркотической зависимости)	13.2%							4.1%		4.1%	0.1%		0.1%		2.2%		
HP.2 Nursing and residential care facilities / Сестринские/врачебные учреждения длительного пребывания больных (по уходу)	26.8%			100.0%	100.0%		70.8%	2.8%	100.0%	8.7%	3.6%		99.9%	8.4%	8.5%		
HP.2.9 All other residential care facilities / Все прочие учреждения по уходу	26.8%			100.0%	100.0%		70.8%	2.8%	100.0%	8.7%	3.6%		99.9%	8.4%	8.5%		
HP.3 Providers of ambulatory health care / Организации, предоставляющие амбулаторные медицинские услуги								7.1%		6.0%	6.0%	0.1%	5.7%		5.8%		
HP.3.1 Offices of physicians and polyclinics / Врачебные кабинеты и поликлиники								7.1%		6.0%	4.6%		4.4%		5.2%		
HP.3.7 Private clinics / Частные клиники											1.4%	0.1%	1.3%		0.6%		
HP.4 Retail sale and other providers of medical goods / Розничная продажа и прочие организации, предоставляющие медицинские товары	53.8%									2.2%	82.3%		78.2%		37.4%		
HP.4.1 Dispensing chemists / Розничная продажа фармацевтической продукции	32.0%									1.3%	81.2%		77.1%		36.5%		
HP.4.4 Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids) / Розничная продажа и прочие поставщики медицинских приборов (кроме оптических очков и слуховых приборов)	21.8%									0.9%	1.1%		1.0%		1.0%		
HP.9 Rest of the world / Остальная мир														100.0%	1.0%		
Grand Total % / Общий итог %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
Grand Total, million NCU / Общий итог, млн. грн.	42.6	26.9	11.5	12.2	6.9	46.1	876.4	1.3	1 023.9	857.2	45.0	902.1	18.6	1 944.6			
Percent distribution / Процентное распределение	2.2%	1.4%	0.6%	0.6%	0.4%	2.4%	45.1%	0.1%	52.7%	44.1%	2.3%	46.4%	1.0%	100.0%			

Table 36: Ukraine NHA RH Subanalysis 2003: Financing Agents by Functions (% of expenditure by financing agent category)

Functions / Функции (HC)	Financing agents / Финансирующие организации (HF)										Total HF1. General Government	HF.2.3 Private households' out of pocket payment / Частные выплаты домохозяйствам и	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision)	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общй итог
	HF.1 General government / Правительство															
	HF.1.1 Territorial government / Территориальное правительство															
	HF.1.1.1 Central government / Центральное правительство															
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defense / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования									
HC.1 Services of curative care / Услуги лечения	17,6%	94,1%	94,1%			27,4%	92,1%				84,4%	5,6%	0,1%	5,3%	31,4%	47,2%
HC.1.1 Inpatient curative care / Стационарное лечение	13,4%	72,3%	72,3%			21,1%	68,5%				62,8%	1,6%		1,6%		33,8%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,2%						0,6%				0,5%					0,3%
HC.1.3 Outpatient curative care / Амбулаторное лечение	4,0%	21,7%	21,7%			6,3%	23,1%				21,0%	4,0%	0,1%	3,8%	31,4%	13,1%
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения	26,8%			100,0%	100,0%	70,8%	2,8%	100,0%			8,7%	3,6%	99,9%	8,4%		8,5%
HC.2.1 Sanatorium services / Санаторные услуги	26,8%			100,0%	100,0%	70,8%	2,8%	100,0%			8,7%	3,6%	99,9%	8,4%		8,5%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения												8,6%		8,1%		3,8%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам	53,8%										2,2%	82,3%		78,2%		37,4%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования	32,0%										1,3%	81,2%		77,1%		36,5%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования	21,8%										0,9%	1,1%		1,0%		1,0%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья																
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации											0,1%				42,8%	0,5%
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний											0,1%				33,8%	0,4%
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья															6,8%	0,1%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование															2,2%	0,0%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением															5,1%	0,0%
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	1,8%	5,9%	5,9%			1,7%	5,0%				4,6%				20,7%	2,6%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	1,8%	5,9%	5,9%			1,7%	5,0%				4,6%				0,6%	2,4%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу															20,1%	0,2%
Grand Total % / Общй итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общй итог, млн. грн.	42,6	26,9	11,5	12,2	6,9	46,1	876,4	1,3	1 023,9	1,3	1 023,9	857,2	45,0	902,1	18,6	1 944,6
Percent distribution / Процентное распределение	2,2%	1,4%	0,6%	0,6%	0,4%	2,4%	45,1%	0,1%	52,7%	0,1%	52,7%	44,1%	2,3%	46,4%	1,0%	100,0%

Table 37: Ukraine NHA RH Subanalysis 2003: Providers by Functions (% of expenditure by provider category)

Functions / Функции (НС)	HP.1.1	HP.1.3	HP.1	HP.2.9	HP.2	HP.3.1	HP.3.7	HP.3	HP.4.1	HP.4.4	HP.4	HP.9	GRAND TOTAL / ОБЩИЙ ИТОГ
	General hospitals	Specialty (other than mental health and substance abuse) hospitals	Hospitals	All other residential care facilities	Nursing and residential care facilities	Offices of physicians and policlinics	Private clinics	Providers of ambulatory health care	Dispensing chemists	Retail sale and other suppliers of medical appliances	Retail sale and other providers of medical goods	Rest of the world	
HC.1 Services of curative care / Услуги лечения	89,9%	88,1%	89,8%			72,7%	100,0%	75,6%				31,4%	47,2%
HC.1.1 Inpatient curative care / Стационарное лечение	71,7%	66,7%	71,4%										33,8%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,6%	1,2%	0,6%										0,3%
HC.1.3 Outpatient curative care / Амбулаторное лечение	17,6%	20,2%	17,8%			72,7%	100,0%	75,6%				31,4%	13,1%
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения				100,0%	100,0%								8,5%
HC.2.1 Sanatorium services / Санаторные услуги				100,0%	100,0%								8,5%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения	5,6%	1,0%	5,4%			23,3%		20,8%					3,8%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам									100,0%	100,0%	100,0%		37,4%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования									100,0%		97,4%		36,5%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования										100,0%	2,6%		1,0%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья								0,9%				42,8%	0,5%
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации						1,0%		0,9%				33,8%	0,4%
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний												6,8%	0,1%
HC.6.5 Occupational health care / Охрана здоровья на производстве													
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья												2,2%	0,0%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование												5,1%	0,0%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением												5,1%	0,0%
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг													
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	4,5%	10,8%	4,8%			3,0%		2,7%				20,7%	2,6%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	4,5%	10,8%	4,8%			3,0%		2,7%				0,6%	2,4%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу												20,1%	0,2%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	877,6	42,5	920,1	164,5	164,5	101,3	12,1	113,3	709,5	18,6	728,1	18,6	1 944,6
Percent distribution / Процентное распределение	45,1%	2,2%	47,3%	8,5%	8,5%	5,2%	0,6%	5,8%	36,5%	1,0%	37,4%	1,0%	100,0%

Table 38: Ukraine NHA RH Subanalysis 2004: Financing Sources by Financing Agents (% of expenditure by financing source category)

Financing agents / Финансирующие организации (HF)	Financing sources / Источники финансирования (FS)							Grand Total / Общий итог
	FS.1 Public funds / Общественные ресурсы			FS.2 Private funds / Частные ресурсы			FS.3 Rest of the World / Итого Весь остальной мир	
	FS.1.1 Central government revenue / Центральное правительство	FS.1.1.2 Regional and city government budget revenue, including rayon and local budgets revenue / Областные бюджеты, включая районные и местные бюджеты	Total / Итого	FS.2.1 Employer funds / Работодатели	FS.2.2 Household funds / Ресурсы домохозяйств	Total / Итого		
HF.1 General government / Правительство	100,0%	100,0%	100,0%	2,3%		0,1%	51,2%	
HF.1.1 Territorial government / Территориальное правительство	99,9%	100,0%	100,0%				51,2%	
HF.1.1.1 Central government / Центральное правительство	99,9%		12,3%				6,3%	
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	27,0%		3,3%				1,7%	
HF.1.1.1.2 Ministry of Transport / Министерство транспорта	19,8%		2,4%				1,2%	
HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	0,8%		0,1%				0,0%	
HF.1.1.1.4 Ministry of Defence / Министерство обороны	8,9%		1,1%				0,6%	
HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	4,7%		0,6%				0,3%	
HF.1.1.1.9 Other ministries / Другие министерства	38,7%		4,7%				2,4%	
HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство (27)		100,0%	87,7%				44,9%	
HF.1.2 Social security funds / Фонды социального страхования	0,1%	0,0%	0,0%	2,3%		0,1%	0,1%	
HF.1.2.1 Social security fund for accidents at work and occupational diseases / Фонд социального страхования от несчастных случаев на производстве и профессиональных заболеваний	0,1%	0,0%	0,0%	2,3%		0,1%	0,1%	
HF.2 Private Sector / Частный сектор				97,7%	100,0%	99,9%	47,9%	
HF.2.3 Private households' out-of-pocket payment / Частные выплаты домохозяйствами					100,0%	95,4%	45,7%	
HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision facilities) / Частные фирмы и корпорации (другие, чем медицинское страхование, это включает все частн				97,7%		4,5%	2,2%	
HF.3 Rest of the world / Весь другой мир						100,0%	0,9%	
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	
Grand Total, million NCU / Общий итог, млн. грн.	144,5	1 033,2	1 177,8	51,0	1 051,2	1 102,2	2 300,8	
Percent distribution / Процентное распределение	6,3%	44,9%	51,2%	2,2%	45,7%	47,9%	100,0%	

Table 39: Ukraine NHA RH Subanalysis 2004: Financing Agents by Providers (% of expenditure by financing agent category)

Providers / Поставщики (провайдеры) медицинских услуг (HP)	Financing agents / Финансирующие организации (HF)											Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1 General government / Правительство													
	HF.1.1 Territorial government / Территориальное правительство													
	HF.1.1.1 Central government / Центральное правительство													
	HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defense / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2 Oblast/City/Local Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования	Total HF.1. General Government	HF.2.3 Private households' out of pocket payment / Частные выплаты домохозяйствам и	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision)			
HP.1 Hospitals / Больницы	28,1%	100,0%	100,0%			37,8%	89,5%		83,6%	8,2%		7,8%		46,6%
HP.1.1 General hospitals / Больницы общего профиля	7,7%	100,0%	100,0%			37,8%	85,3%		79,3%	8,1%		7,7%		44,3%
HP.1.3 Specialty (other than mental health and substance abuse) hospitals / Специализированные больницы(кроме психиатрических больниц для лечения алкогольной или наркотической зависимости)	20,4%						4,2%		4,3%	0,1%		0,1%		2,2%
HP.2 Nursing and residential care facilities / Сестринские/врачебные учреждения длительного пребывания больных (по уходу)	35,3%			100,0%	100,0%	62,2%	2,9%	100,0%	8,4%	3,5%	99,9%	7,9%		8,1%
HP.2.9 All other residential care facilities / Все прочие учреждения по уходу	35,3%			100,0%	100,0%	62,2%	2,9%	100,0%	8,4%	3,5%	99,9%	7,9%		8,1%
HP.3 Providers of ambulatory health care / Организации, предоставляющие амбулаторные медицинские услуги							7,7%		6,7%	6,1%	0,1%	5,8%		6,2%
HP.3.1 Offices of physicians and polyclinics / Врачебные кабинеты и поликлиники							7,7%		6,7%	4,6%		4,4%		5,5%
HP.3.7 Private clinics / Частные клиники										1,5%	0,1%	1,5%		0,7%
HP.4 Retail sale and other providers of medical goods / Розничная продажа и прочие организации, предоставляющие медицинские товары	36,6%								1,2%	82,2%		78,5%		38,2%
HP.4.1 Dispensing chemists / Розничная продажа фармацевтической продукции	35,1%								1,2%	81,4%		77,7%		37,8%
HP.4.4 Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids) / Розничная продажа и прочие поставщики медицинских приборов (кроме оптических очков и слуховых приборов)	1,6%								0,1%	0,8%		0,8%		0,4%
HP.9 Rest of the world / Остальной мир													100,0%	0,9%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	39,0	28,6	1,1	12,9	6,8	55,9	1 032,9	1,6	1 178,9	1 051,2	49,9	1 101,1	20,8	2 300,8
Percent distribution / Процентное распределение	1,7%	1,2%	0,0%	0,6%	0,3%	2,4%	44,3%	0,1%	51,2%	45,7%	2,2%	47,9%	0,9%	100,0%

Table 40: Ukraine NHA RH Subanalysis 2004: Financing Agents by Functions (% of expenditure by financing agent category)

Functions / Функции (НС)	Financing agents / Финансирующие организации (HF)											Total HF.1. General Government	HF.2.3 Private households' out of pocket payment / Частные выплаты домохозяйствам и	HF.2.5 Private firms and corporations (other than health insurance, this includes all private/public factories that also have their health care provision)	Total HF.2 Private Sector	HF.3 Rest of the world / Весь другой мир	Grand Total / Общий итог
	HF.1 General government / Правительство																
	HF.1.1 Territorial government / Территориальное правительство																
	HF.1.1.1 Central government / Центральное правительство																
HF.1.1.1.1 Ministry of Health / Министерство здравоохранения	HF.1.1.1.2 Ministry of Transport / Министерство транспорта	HF.1.1.1.3 Ministry of Internal Affairs / Министерство внутренних дел	HF.1.1.1.4 Ministry of Defence / Министерство обороны	HF.1.1.1.5 Ministry of Labor and Social Policy / Министерство труда и социальной политики	HF.1.1.1.9 Other ministries / Другие министерства	HF.1.1.2 Oblast/City/Local/Municipal governments (27) / Областные бюджеты/ Местное/муниципальное правительство	HF.1.2 Social security funds / Фонды социального страхования										
HC.1 Services of curative care / Услуги лечения	25,4%	94,1%	94,1%			35,6%	92,0%					85,6%	5,7%	0,1%	5,5%	38,3%	46,8%
HC.1.1 Inpatient curative care / Стационарное лечение	19,4%	72,3%	72,3%			27,3%	67,9%					63,3%	1,6%		1,6%		33,2%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,3%						0,6%					0,5%					0,3%
HC.1.3 Outpatient curative care / Амбулаторное лечение	5,8%	21,7%	21,7%			8,2%	23,5%					21,7%	4,1%	0,1%	3,9%	38,3%	13,3%
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения	35,3%			100,0%	100,0%	62,2%	2,9%	100,0%				8,4%	3,5%	99,9%	7,9%		8,1%
HC.2.1 Sanatorium services / Санаторные услуги	35,3%			100,0%	100,0%	62,2%	2,9%	100,0%				8,4%	3,5%	99,9%	7,9%		8,1%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения													8,5%		8,2%		3,9%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам	36,6%											1,2%	82,2%		78,5%		38,2%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования	35,1%											1,2%	81,4%		77,7%		37,8%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования	1,6%											0,1%	0,8%		0,8%		0,4%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья																	
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации												0,1%					37,4%
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний												0,1%					17,7%
HC.6.5 Occupational health care / Охрана здоровья на производстве																	17,7%
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья																	2,0%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование																	4,9%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением																	4,9%
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг																	15,3%
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	2,7%	5,9%	5,9%			2,2%	5,0%					4,7%					4,1%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	2,7%	5,9%	5,9%			2,2%	5,0%					4,7%					0,5%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу																	3,5%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	39,0	28,6	1,1	12,9	6,8	55,9	1 032,9	1,6				1 178,9	1 051,2	49,9	1 101,1	20,8	2 300,8
Percent distribution / Процентное распределение	1,7%	1,2%	0,0%	0,6%	0,3%	2,4%	44,9%	0,1%				51,2%	45,7%	2,2%	47,9%	0,9%	100,0%

Table 41: Ukraine NHA RH Subanalysis 2004: Providers by Functions (% of expenditure by provider category)

Functions / Функции (НС)	HP.1.1	HP.1.3	HP.1	HP.2.9	HP.2	HP.3.1	HP.3.7	HP.3	HP.4.1	HP.4.4	HP.4	HP.9	GRAND TOTAL / ОБЩИЙ ИТОГ
	General hospitals	Specialty (other than mental health and substance abuse) hospitals	Hospitals	All other residential care facilities	Nursing and residential care facilities	Offices of physicians and policlinics	Private clinics	Providers of ambulatory health care	Dispensing chemists	Retail sale and other suppliers of medical appliances	Retail sale and other providers of medical goods	Rest of the world	
HC.1 Services of curative care / Услуги лечения	89,6%	88,1%	89,5%			73,3%	100,0%	76,3%				38,3%	46,8%
HC.1.1 Inpatient curative care / Стационарное лечение	71,5%	66,7%	71,2%										33,2%
HC.1.2 Day cases of curative care / Лечение в дневном стационаре	0,6%	1,2%	0,6%										0,3%
HC.1.3 Outpatient curative care / Амбулаторное лечение	17,6%	20,2%	17,7%			73,3%	100,0%	76,3%				38,3%	13,3%
HC.2 Services of rehabilitative care / Услуги реабилитационного лечения				100,0%	100,0%								8,1%
HC.2.1 Sanatorium services / Санаторные услуги				100,0%	100,0%								8,1%
HC.4 Ancillary services to medical care / Вспомогательные услуги для медицинского лечения	5,9%	1,0%	5,7%			22,7%		20,1%					3,9%
HC.5 Medical goods dispensed to outpatients / Предоставление медицинских товаров амбулаторным пациентам									100,0%	100,0%	100,0%		38,2%
HC.5.1 Pharmaceuticals and other medical nondurables / Фармацевтические и прочие медицинские товары недлительного пользования									100,0%		99,0%		37,8%
HC.5.2 Therapeutic appliances and other medical durables / Терапевтические приборы и прочие медицинские товары длительного пользования										100,0%	1,0%		0,4%
HC.6 Prevention and public health services / Профилактические услуги и услуги по охране здоровья						1,0%		0,9%				37,4%	0,4%
HC.6.1 Maternal and child health; family planning and counselling / Здоровье матери и ребенка; планирование семьи и семейные консультации						1,0%		0,9%				17,7%	0,2%
HC.6.4 Prevention of noncommunicable diseases / Профилактика неинфекционных заболеваний												17,7%	0,2%
HC.6.5 Occupational health care / Охрана здоровья на производстве													
HC.6.9 All other miscellaneous public health services / Все прочие различные услуги по охране здоровья												2,0%	0,0%
HC.7 Health administration and health insurance / Управление здравоохранением и медицинское страхование												4,9%	0,0%
HC.7.1 General government administration of health / Общее государственное управление здравоохранением												4,9%	0,0%
HC.n.s.k HC expenditure not specified by kind / Расходы здравоохранения, не определенные по типу услуг												15,3%	0,1%
HC.R.1-5 Health-related functions / Деятельность, связанная со здравоохранением	4,5%	10,8%	4,8%			3,1%		2,7%				4,1%	2,4%
HC.R.1 Capital formation for health care provider institutions / Привлечение капитала для учреждений, предоставляющих медицинские услуги	4,5%	10,8%	4,8%			3,1%		2,7%				0,5%	2,4%
HC.R.nsk HC.R expenditure not specified by kind / Расходы HC.R, не определенные по типу												3,5%	0,0%
Grand Total % / Общий итог %	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
Grand Total, million NCU / Общий итог, млн. грн.	1 020,0	51,8	1 071,8	186,3	186,3	127,3	16,0	143,3	869,4	9,1	878,6	20,8	2 300,8
Percent distribution / Процентное распределение	44,3%	2,2%	46,6%	8,1%	8,1%	5,5%	0,7%	6,2%	37,8%	0,4%	38,2%	0,9%	100,0%

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