
SHA-Based Health Accounts in the Asia/Pacific Region
: **Mongolia** 1999-2002

Batbayar Chuluuzagd and Chimeddagva Dashzeveg

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SHA-BASED HEALTH ACCOUNTS IN THE ASIA/PACIFIC REGION :
MONGOLIA 1999-2002

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ABSTRACT

Prior to the development of the Mongolian National Health Accounts, there were no routine statistics on health expenditure and healthcare financing were available in Mongolia. The SHA-based estimates represent the first pilot estimates of national health expenditure for Mongolia.

Earlier some estimates of public sector health expenditure have been published by government departments, but these estimates were restricted to expenditures by the Ministry of Health and provincial health departments. These estimates were did not include health expenditure funded by the private and foreign sectors. Furthermore, these estimates were inadequate, because it was difficult to obtain reliable information on health spending from other government ministries and agencies.

Health expenditures from 1999-2002 have been calculated according to the financing source, health care function and health care provider, and also organized by System of Health Accounts (SHA) standard tables. Calculations of health expenditures were made at administrative levels by regions, aimags and capital city.

ABBREVIATIONS

GDP – Gross Domestic Product

MoH – Ministry of Health

MNT– Mongolian Tugrug

OECD– Organisation for Economic Cooperation and Development

SHA – System of Health Accounts

TCE – Total Current Expenditure

THE – Total Expenditure on Health

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INTRODUCTION

Health financing system

1. Mongolia was part of the Soviet Union's sphere of influence for many years and many of its institutions were inherited from its socialist past. After the collapse of the Soviet Union, Mongolia underwent a dramatic transition to a democratic society and market economy during the 1990s.
2. Since the 1990's, Mongolia has moved away from the Semashko model¹ by introducing in 1994 a social health insurance plan modeled after those of continental Europe (known as the Bismarkian model). To date, the potential of health insurance initiative has not been fully utilized, and health care is still predominantly financed from the budget.
3. In terms of overall levels of expenditure, Mongolia spends significantly more on health than other comparable low-income economies. Total expenditure on health in Mongolia is high as 6.7% of GDP, compared with 3-5% of GDP in most low and lower-middle income countries. However, per capita health spending is low and nearby as the same as in low and middle income countries (Mongolian National Health Accounts, 2005).
4. Tables 1 and 2 summarise Mongolia's health financing statistics and arrangements.

Table 1: Health financing overview, 2002

	MNTs
Population (in thousands)	2,459.0 ^a
Gross domestic product (GDP) (in millions)	1,240,786.8 ^b
Total expenditure on health (in millions)	82,590.3 ^c
Total health spending per capita (in absolute figures)	33,587.0 ^c
<i>funded by:</i>	
Government general revenue (in absolute figures)	15,328.6 ^c
Social Security funds/Social Insurance (in absolute figures)	8,890.9 ^c
Out-of-pocket payments (in absolute figures)	5,211.7 ^c
Rest of the world (in absolute figures)	4,155.8 ^c
Total health spending as % of GDP	6.7% ^c
General government health spending as % of total government spending	4.6% ^c
Pharmaceuticals as share of total health spending	9.1% ^c

Notes:

- a. Statistical yearbook 2002, National Statistical Office, 2003
- b. Statistical yearbook 2002, National Statistical Office, 2003
- c. Mongolian National Health Accounts estimates as of May 2005

¹ A uniform model of organizing health services introduced in CEE/CIS countries after the Second World War, and abolished in the early 1990s. Financing of health services is entirely through the state budget, with publicly owned health care facilities and publicly provided services. Different levels of state administration—central, regional, and local—were responsible for planning, allocation of resources and managing capital expenditures. The system is vertically structured, with precisely defined responsibilities. Source: <http://www.euro.who.int/observatory/Glossary/TopPage?phrase=S>

Table 2: Health financing arrangements

Health care coverage	All residents are entitled to free access to all public facilities for primary health care through the State budget and the Health Insurance Fund, without user charges. The public sector accounts for more than 90% of total inpatient admissions and ambulatory visits.
Risk pool structure / fragmentation	Government-financed public sector health services cover the entire population, whereas private services are funded by household out-of-pocket payments. Health insurance support some part of the funding of private services.
Health insurance contributions	The Health Insurance Fund consists of contributions equals to 6% of salaries shared between employees and employers. Flat rate premium is established for self-employed and non-salaried population groups. Although voluntary private medical insurance is permitted by law, it is not practised yet in Mongolia.
Benefits package and co-payments	The public sector provides a wide range of health care services with co-payments ranging from 5-15% of costs, depending on the referral of health care delivered. Inpatient pharmaceuticals are provided with health care services without separately billing. However, insured patients sometimes asked to purchase medicines from retail pharmacies.
Special arrangements for the poor	Mongolia does not have special arrangements for the poor, since public sector services are still accessible without serious financial barriers.

Mongolian health accounts

5. Prior to the development of the Mongolian national health accounts, there were no routine statistics on health expenditure and healthcare financing were available in Mongolia. The SHA-based estimates represent the first pilot estimates of national health expenditure for Mongolia. Earlier some estimates of public sector health expenditure have been published by government departments, but these estimates were restricted to expenditures by the Ministry of Health and provincial health departments. These estimates did not include health expenditure funded by the private and foreign sectors. Furthermore, these estimates were inaccurate, because it was difficult to obtain reliable information on health spending from other government ministries and agencies.

6. In Mongolia, National Health Accounts were initiated by the Ministry of Health with financial support from the World Bank in 2002. This project aimed to assist Mongolia in building local capacity to develop National Health Accounts. For the first time, the Mongolian National Health Accounts (MNNHA) estimates have been produced in collaboration with experts from WHO and the Asia-Pacific NHA Network.

7. The first publication *Mongolian National Health Accounts 1999-2002* was released in 2005. The year 2002 was selected as the base year as this was the earliest year with comparable data available. Health expenditures from 1999-2002 have been calculated according to the financing source, health care function and health care provider, and also

organized by System of Health Accounts (SHA) standard tables. Calculations of health expenditures were made at administrative levels by regions, aimags² and capital city.

8. Estimates are currently available for the fiscal years 1999-2002. The NHA unit was established at National Center for Health Development (NCHD)³ under Health statistic, information center and is currently compiling later years NHA and SHA estimates.

STRUCTURE AND TRENDS OF HEALTH EXPENDITURE

Health expenditure by financing source (Figure 1, Annex 1, Table A1)

9. Total health expenditure (THE) was estimated to be MNTs 82,590 million in 2002, with per capita spending at MNTs 33,750 (around 30USD⁴). As a share of GDP this was equivalent to 6.7%. THE as a share of GDP was relatively stable between 2000 and 2001, when it averaged 7.1%, before decreasing to 6.7% in 2002.

10. Of the MNTs 82,590 million of total health expenditure, MNTs 77,435 million (93.8%) was current health expenditure while MNTs 5,155 million (6.2%) was capital expenditure in 2002. (Table A2)

11. Figure 1 and Table A1 show that while general government (45.0%) and social security/social insurance (26.1%) spending were the major sources of health financing in 2002, private household out-of-pocket expenditure (15.3%) was the quickest growing source of funding, increasing from 8.6% in 1999. The remaining sources of health financing were the rest of the world (12.2%) and the corporations (1.5%).

12. While general government funded expenditure on health increased by 63.0% in nominal terms over the period from 1999 to 2002, as a share of THE it remained relatively stable. This masked the share of THE funded by social security funds/social insurance increasing by seven percentage points and the share funded by general government excluding social security funds decreasing by a similar amount.

13. The private sector funded share of THE is growing fast accounting for almost 17.0% of THE in 2002. Over this period out-of-pocket funded spending on health almost doubled as a percentage of THE, while the share of corporations was slightly reduced.

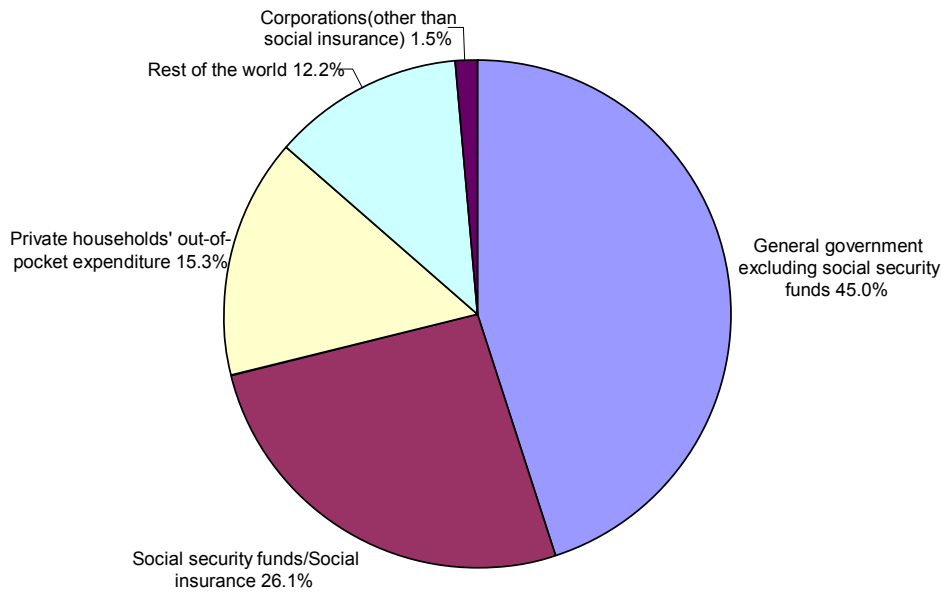
14. The rest of the world sector played a significant role in funding health spending in 2002, but this sector's contribution was significantly reduced compared to 1999 (down from 18.2% of THE in 1999 to 12.2% of THE in 2002)

² The largest administrative unit in Mongolia. Analogous to a province, state, or prefecture.

³ National Center for Health Development is the implementing agency of Ministry of Health, Mongolia

⁴ Average period exchange rate, 2002 (USD 1.00 = MNTs 1,125)

Figure 1: Total health expenditure by financing source (Total health expenditure = 100%) in Mongolia, 2002



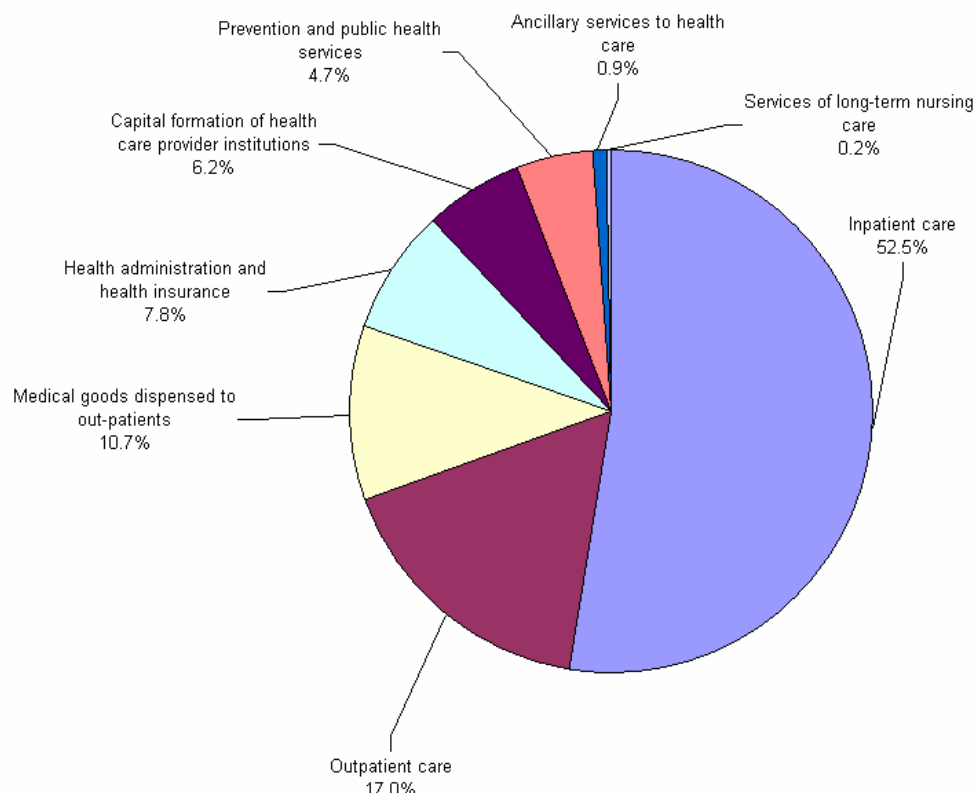
Health expenditure by function (Figure 2, Annex 1, Table A2)

15. In 2002, services of curative and rehabilitative care accounted for the largest share of total health spending (69.5% of THE) which were made up of in-patient care (52.5% of THE), and out-patient care (17.0% of THE) (Figure 2 and Table A2). The next largest category of THE was expenditure on medical goods dispensed to out-patients (10.7% of THE) comprising pharmaceuticals and other medical non-durables (9.1% of THE) and therapeutic appliances and other medical durables (1.6% of THE). Expenditure on prevention and public health services, which are mostly government financed and delivered, accounted for 4.7% of THE. Expenditure on health administration represented 7.8% of THE and on capital formation accounted for 6.2% of THE in 2002.

16. Between 1999 and 2002, the proportion of expenditure on outpatient care increased by more than 3 percentage points (from 13.6% to 17.0% of THE), while expenditure on in-patient care decreased from 59.1% to 52.5% of THE. The increase in the out-patient share of expenditures was driven by increasing allocations of public sector funding to providers of ambulatory care. The significant increase in the share of expenditure on capital formation for health care provider institutions was largely a consequence of the initiation of family group practice.⁵

⁵ In the socialist era, urban primary care units were called “kheseg” and most of the services they provided related to maternal and child care. From the end of the 1990s, with assistance of Asia Development Bank, the Ministry of Health implemented the “Health Sector Development Project” (see *Chapter 7*), which established Family Group Practices on the basis of the kheseg and strengthened their capacity in terms of training family physicians and nurses, providing essential equipment, building and refurbishing premises. As a part of the health sector reform process, the government contracted out primary care services for urban residents to FGPs, which are independent organizations. Source: Health Care Systems in Transition: Mongolia. Unpublished report prepared for World Bank, November, 2006. T. Bolormaa, Ts. Natsagdorj, B. Tumurbat, Ts. Bujin, B. Bulganchimeg, B. Soyoltuya, B. Enkhjin and S. Evlegsuren,

Figure 2: Total health expenditure by function (Total health expenditure = 100%) in Mongolia, 2002



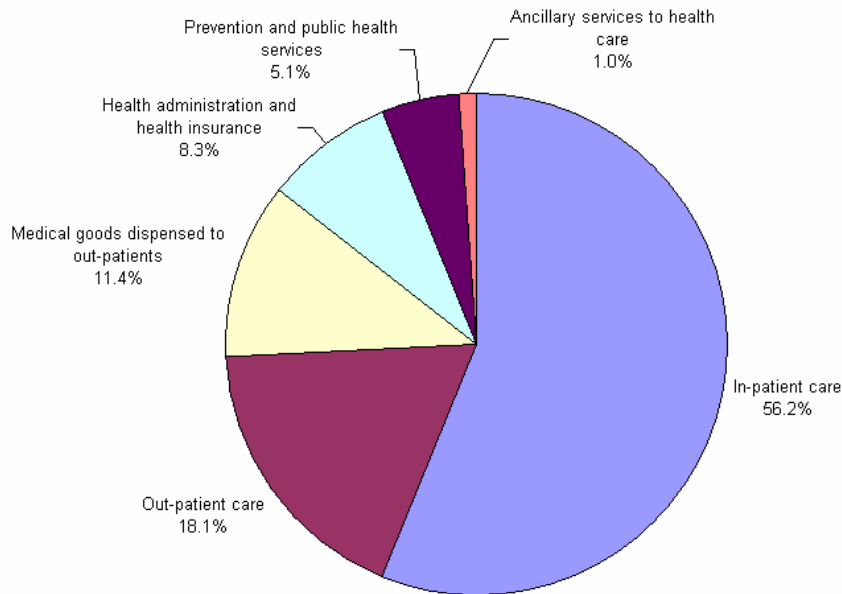
Current health expenditure by mode of production (Figure 3, Annex 1, Table A3)

17. In 2002, 86.7% of total current health expenditure (TCE) was spent on personal health care. The three major modes of production classified as personal health care were in-patient care (56.2% of TCE), out-patient care (18.1% of TCE) and medical goods dispensed to out-patients (11.4% of TCE). Day-care and home care expenditures are considered negligible and are not currently measured owing to lack of services (Figure 3 and Table A3).

18. Between 1999 and 2002, the proportion of expenditure on in-patient care decreased by more than five percentages (from 61.6% to 56.2% of TCE), while out-patient care increased by a smaller amount (from 14.1% to 18.1% of TCE). The increase in the out-patient share of expenditures was driven by increasing allocations of public sector funding to family group services, and within public hospitals a slight shift of resources to outpatient care.

19. During the same period, expenditure on prevention and public health services declined from 7.0% of TCE in 1999 to 5.1% by 2002 while expenditure on health administration and health insurance declined from 12.6% to 8.3% of TCE. This was due mostly to expenditure in these areas remaining relatively static in nominal terms while there were substantial increases in expenditures for out-patient care and medical goods dispensed to out-patients.

Figure 3: Current health expenditure by mode of production (total current health expenditure = 100%) in Mongolia, 2002

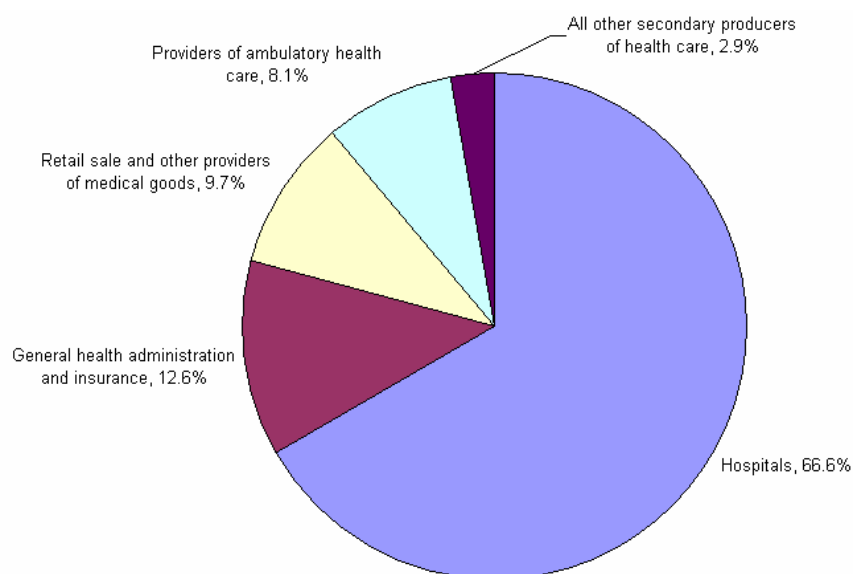


Current health expenditure by provider (Figure 4, Annex 1, Table A4)

20. The largest share of TCE in 2002 was spent by hospitals (66.6%), with general health administration and insurance making up 12.6% and providers of ambulatory care 8.1% - with the percentage of TCE through physicians increasing by almost for eight times due to the introduction of family group practices. Pharmacies and other retail outlets accounted for 9.7% of TCE, a significant increase of 7.1 percentage points compared to the 2.6% of TCE in 1999. During this period, there has been a gradual shift in the composition of health expenditures by provider with ambulatory care providers accounting for an increased share (8.1% of TCE in 2002 compared to 3.9% of TCE in 1999) and hospitals a reduced share (66.6% of TCE in 2002 compared to 73.4% of TCE in 1999) over the (Figure 4 and Table A4). The share of TCE contributed by general administration and insurance decreased by five percentage points over the period.

21. Data limitations precluded splitting spending for provision and administration of public health programmes from spending on general health administration and insurance.

Figure 4: Current health expenditure by provider (Current health expenditure = 100%) in Mongolia, 2002



Current health expenditure by function and provider (SHA Tables 2.1, 2.2 and 2.3 in Annex 2)

22. In 2002, expenditure on in-patient care was MNTs 43,343 million (56.0% of TCE). All of this was accounted for by hospitals (97.8% of total in-patient care) and all other industries (2.2% of total in-patient care). Provision of inpatient care by nursing and residential care facilities is limited in Mongolia, and is not currently measured owing to lack of data.

23. Expenditure on out-patient care was MNTs 14,024 million (18.1% of total current expenditure), which was mainly distributed between hospitals and providers of ambulatory care in the ratio of 55.9% to 43.5%. Amongst providers of ambulatory care, offices of physicians accounted for 21.4%, out-patient care centers 1.4%, and all other providers of ambulatory health care 20.7%.

24. Expenditure on medical goods was MNT 8,804 million (11.4% of TCE), of which 72.7% was paid to dispensing chemists, 12.7% to other retail sellers of medical goods and 14.4% to social security funds.

25. Expenditure on ancillary services to health care was MNTs 762 million (1.0% of TCE), of which 81.4% was paid to all other industries, 18.2% to medical and diagnostic laboratories and 0.5% to hospitals.

26. Expenditure on home care was MNTs 169 million (0.2% of total current expenditure). All of this expenditure was incurred at nursing and residential facilities.

27. Services provided by hospitals included in-patient care and out-patient care that collectively accounted for MNTs 51,567 million (66.6% of TCE). The distribution of this expenditure by health care function was 82.2% (in-patient care) and 15.2% (out-patient care).

Current health expenditure by provider and financing agent (SHA Tables 3.1, 3.2 and 3.3 in Annex 2)

Spending structure of the financing agents

28. In 2002, general government current expenditure on health amounted to MNTs 55,951 million (72.3%) of total current expenditure, which was funded MNTs 34,399 million (44.4%) from general government (exc. social security), MNTs 12,648 million (16.3%) from private household out-of-pocket payments and MNTs 7,635 million (10%) from rest of the world. and MNTs 21,552 million (27.8%) from social security funds.

29. Funding by the general government (exc. social security) sector amounted to MNTs 34,399 million (44.4% of TCE) of which 81.3% was incurred at hospitals, 6.7% was incurred at providers of ambulatory care, and 8.4% related to health administration and insurance and 3.1% went to other industries.

30. Funding by social security amounted to MNTs 21,552 million (27.8% of TCE), of which 79.3% was incurred at hospitals, 8.4% was incurred at providers of ambulatory care, 5.9% related to health administration and insurance, 4.9% related to retail sale and 1.4% all other industries.

31. Mongolia's private health insurance sector is insignificant. Private sector expenditure on health amounted to MNTs 13,850 million (17.9% of TCE) of which MNT's 12,648 million (16.3%) was from out-of-pocket payments and MNTs 1,201 million (1.6%) from corporations.

32. Expenditures funded from out-of-pocket payments MNTs 12,648 million or 16.3% of TCE comprised spending to retail sale and other providers of medical goods (47.3%), hospitals (36.9%), providers of ambulatory care (11.1%), other industries (4.1%) and health administration and insurance (0.7%).

33. Most of the MNTs 1,201 million or 1.6% of TCE corporations' spending is used to fund services by hospitals (46.8%), services provided by retail sales and other providers of medical goods (31.3%) with 7.2% allocated to each of providers of ambulatory health care, health administration and insurance and all other industries.

34. Funding from the rest of the world sector amounted to MNTs 7,635 million (9.9% of TCE), which was distributed among health administration and insurance (70.6%), hospitals (16.9%), providers of ambulatory health care (8.1%), all other industries (3.1%) and retail sale and other providers of medical goods (1.3%).

How different providers are financed

35. Of the MNTs 51,567 million spent on hospital care, 87.4% was funded by the general government sector, 10.1% by the private sector and 2.5% from rest of the world.

36. Providers of ambulatory health care had a wide mix of financing sources including general government excluding social security (37.1%), social insurance (29.1%), private household out-of-pocket payments (22.5%), corporations (1.4%) and rest of the world (10.0%).

37. Health administration and insurance was predominantly funded by the rest of the world with 55.3% of funding from this source. The remainder was from the general government sector (42.8%), corporations (0.9%) and private households out-of-pocket payments (0.9%).

38. Funding for retail sale and other providers of medical goods was predominantly (79.5%) from private households out-of-pocket payments, the general government sector (14.2%) and corporations (5.0%) and also the rest of the world (1.3%).

Current health expenditure by function and financing agent (SHA Tables 4.1, 4.2 and 4.3 in Annex 2)

Functional structure of spending by financing agents

39. While both public and private spending were mostly expended on personal health care services and goods (74.0%), the distributional patterns among different functional categories were different. Public expenditure on personal health care services (89.0% of total general government sector expenditure) was targeted at in-patient services (69.0%) and out-patient care (19.0%). The remainder of public funding was mostly distributed to medical goods dispensed to out-patients (4.0%), prevention and public health services (2.0%) and health administration and health insurance (4.0%). By comparison, private spending on personal health care services (51.1% of total private sector expenditure) was split between in-patient care (28.9%) and out-patient care (18.6%), with the remainder of private sector expenditure being for medical goods dispensed to out-patients (46.0%), ancillary services to health care (1.5%) and health administration and health insurance (1.3%).

40. In 2002, general government (excluding social security) funding was split between in-patient care (64.5%) and out-patient care (23.6%), ancillary services to health care (1.6%), prevention and public health services (2.5%) and health administration and health insurance (6.9%). Social security funds were concentrated on in-patient care (75.1%), out-patient care (12.6%) and medical goods dispensed to out-patients (10.8%).

41. Rest of the world funding was predominantly split between out-patient services (8.2%), prevention and public health services (39.7%) and health administration and health insurance (50.6%).

How the different functions are financed

42. Expenditure on in-patient care was predominantly funded by general government (excluding social security) (52.3%) with the remainder being shared between social security funds/social insurance (38.2%), household out-of-pocket payments (8.4%) and corporations (1.1%).

43. Out-patient care had a mix of funding sources; specifically, 57.8% was from general government, 19.4% from social security funds/social insurance, 17.2% from household out-of-pocket payments, 1.2% from corporations and 4.5% from rest of the world.

44. Private financing played the larger role in the case of expenditure for medical goods dispensed to out-patients. Of total current expenditure on medical goods dispensed to out-patients, 67.9% was from household out-of-pocket payments, 26.5% was from social security funds/social insurance, 4.4% from corporations and 1.2% from rest of the world.

45. Ancillary services were funded by general government (excluding social security) (71.3%), social security funds/social insurance (1.4%), household out-of-pocket payments (22.1%), and corporations (4.9%).

CONCLUSIONS

Summary of findings

46. In terms of overall levels of expenditure, Mongolia spends significantly more on health than other comparable low-income economies. Total expenditure on health in Mongolia is 6.7% of GDP, compared with 3-5% of GDP in most low and lower-middle income countries (Mongolian National Health Accounts, 2005).

47. The share of public spending has remained stable in the range of 71.4% to 71.1% between 1999 and 2002. This stability in total spending masks significant changes in components with the share of social security funds/social insurance growing from 19.1% to 26.1% and share of other public spending decreasing from 52.3% to 45.0%.

48. Public sector sources of funding and of provision dominate expenditures for inpatient and outpatient service care, whilst private sector funding and provision increasingly dominate medical goods dispensed to out-patients.

49. There was a significant growth of private households' out-of-pocket spending, with this source of funding increasing from 8.6% to 15.3% of THE between 1999 and 2002. The share of THE which medical goods dispensed to outpatients constituted also increased significantly from 3.5% in 1999 to 10.7% in 2002. This category was a major use of total out-of-pocket spending with 47% directed at this function - almost equal to out-of-pocket spending on personal health care services(51%).

50. At the time of estimation because of data limitations it was not possible to split provision and administration of public health programmes from general health administration and insurance.

51. One of significant funders of health expenditure, the rest of the world sector accounted for almost a half of spending on gross capital formation. This sector also made significant contributions to health administration and health insurance (60% of total funding) and prevention and public health services (77% of total funding)

Main issues encountered in implementing SHA

52. In the estimation process, we encountered several classificational and methodological challenges that bear mention, in order to share best practice with other jurisdictions which may be facing similar difficulties and thus jointly develop solutions in future iterations of the OECD standards.

53. First, some hospitals maintain their own livestock and other commercial activities, which are used to provide additional income for the facilities. There is a need to create a new category in the classification of financing sources to account for sources of financing not currently described in the ICHA. Consequently, a new source of funds category has been created and it maps to ICHA category as "HFS2.6 Non-patient revenue of providers".

54. Second, Mongolia has since 2002 started to measure health expenditures on an accrual basis. Until 2001 the government maintained its accounts on a cash basis, and it is not feasible to estimate government expenditures on an accrual basis for these years. The data on household expenditure collected are actual cash expenditures in a defined time period, and so do not correspond to the accrual concept.

55. Finally, there are still limited local data available on functional breakdown by types of care, by health care providers, home care, nursing care, medical goods outside the patient care setting. More routine data gathering exercises, as opposed to ad hoc surveys, to better inform future rounds of estimations should be instituted.

Future work

56. After completion of the project in 2005, a NHA unit has been set up at Health statistic, information center, National Center for Health Development. The newly established unit is beginning to estimate the next round NHA and SHA data but requires substantial technical support to assist it to undertake its work.

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ANNEX 1: METHODOLOGY

Data sources

The Mongolian National Health Accounts estimates are compiled under the Capacity Building in the Health Sector Project based on information from the following sources:

Public Sector

Government ministries, agencies and local government authorities

- Ministry of Finance budgetary data on government expenditures (by all ministries)
- Ministry of Health financial administrative data (for more detailed analysis of MoH expenditures)
- Provincial departments of health various data on government expenditures.
- Social Security General Office data on Health Insurance Fund and annual reports on Social Welfare Fund.
- Public facility survey 2004 (for functional classification of government hospital expenditures)

Private Sector

Financial statements

- Private hospitals
- Non-governmental organisations (NGOs)

Other private data sources

- Various surveys on private sector spending
- Annual reports on spending of private facilities
- Surveys conducted from National Statistical Office (Living Standard Measurement Survey, (LSMS), Households income expenditure survey (HIES))
- Annual reports from Health Insurance Fund on private facilities spending.

Rest of the World

Financial statements

- Special survey on Mongolian imported goods from Custom General office
- Special surveys on contribution to health sector from representatives of international organizations.
- Special reports on spending from bilateral and multilateral organizations to health sector.
- Health Minister's orders on distribution of foreign loans and aid.

Differences between classification of health expenditure in national practice and the International Classification for Health Accounts

57. Mongolia's health accounts have been implemented using a **dual-coding** approach that was developed to allow use of a nationally-specific classification alongside the ICHA. In this approach, parallel classifications of sources of financing, providers and functions were developed for national use in 2003. To facilitate mapping to the ICHA, these national classifications were developed by modifying the ICHA where necessary to meet national needs and requirements. Care was taken to ensure that all national classification categories map to only one ICHA category, so it is straightforward to reclassify the estimates using the ICHA when needed. Consequently, there are almost no differences in the classifications used in the ICHA-based results presented here and the ICHA itself, with the following exceptions.

58. As noted, one additional code was created under sources of funding to accommodate the classification of financing sources as below:

- a) "HFS2.6 Non-patient revenue of providers"-refers to expenditures which are funded by maintaining some hospitals their own livestock and other commercial activities, which are used to provide additional income for the facilities.

59. Due to lack of accurate data, health expenditure for the benefits of the resident population incurred outside Mongolia was not included.

Estimates on total expenditure

60. Methodological difficulties, principally lack of reliable data sources, prevent separate estimation of the following items of expenditure. These may result in an underestimation of aggregate national health expenditure. Because these services are currently thought to be insignificant or lack of accurate data in Mongolia.

Other methodological issues

Capital depreciation

61. Since the Government operated its accounts on a cash basis, none of the available data on government expenditure on health includes depreciation. A shift to accrual was done only on July 2002. After year 2002, accounting would be on accrual basis.

Functional distribution of public hospital services

62. Government budgetary data in Mongolia do not track how expenditures are spent within government hospitals, so estimations must be used in order to determine the functional distribution of spending within such institutions. These are based on cost survey of public facilities which was carried out in 2004. This survey was used to develop estimates of the inpatient and outpatient cost shares for each type of government hospital.

ANNEX 2: TABLES

Table A 1
Total expenditure on health by source of financing

		First available year		Last available year	
		1999		2002	
		MNT (Millions)	Percent	MNT (Millions)	Percent
HF.1	General government expenditure	35,993	71.4%	58,681	71.1%
HF.1.1	General government excluding social security funds	26,344	52.3%	37,129	45.0%
HF.1.2	Social security funds/Social Insurance	9,648	19.1%	21,552	26.1%
HF.2	Private Sector	5,210	10.4%	13,850	16.8%
HF.2.1+ F.2.2	Private social insurance	-	-	-	-
HF.2.3	Private households' out-of-pocket expenditure	4,312	8.6%	12,648	15.3%
HF.2.4	Non-profit institutions serving households (other than social insurance)	-	-	-	-
HF.2.5	Corporations(other than social insurance)	897	1.8%	1,202	1.5%
HF.3	Rest of the world	9,192	18.2%	10,060	12.2%
	Total Expenditure on Health	50,394	100.0%	82,590	100.0%

Table A2
Health expenditure by function of care

		First available year		Last available year	
		1999		2002	
		MNT (Millions)	Percent	MNT (Millions)	Percent
HC.1;2	Services of curative & rehabilitative care	36,650	72.7%	57,366	69.5%
HC.1.1;2.1	In-patient curative & rehabilitative care	29,784	59.1%	43,342	52.5%
HC.1.2;2.2	Day cases of curative & rehabilitative care	-	-	-	-
HC.1.3;2.3	Out-patient curative & rehabilitative care	6,866	13.6%	14,024	17.0%
HC.1.4;2.4	Home care (curative & rehabilitative)	-	-	-	-
HC.3	Services of long-term nursing care	139	0.3%	169	0.2%
HC.3.1	In-patient long-term nursing care	139	0.3%	169	0.2%
HC.3.2	Day cases of long-term nursing care	-	-	-	-
HC.3.3	Home care (long term nursing care)	-	-	-	-
HC.4	Ancillary services to health care	486	1.0%	762	0.9%
HC.4.1	Clinical laboratory	35	0.1%	138	0.2%
HC.4.2	Diagnostic imaging	-	-	-	-
HC.4.3	Patient transport and emergency rescue	-	-	-	-
HC.4.9	All other miscellaneous ancillary services	451	0.9%	620	0.7%
HC.5	Medical goods dispensed to out-patients	1,771	3.5%	8,804	10.7%
HC.5.1	Pharmaceuticals and other medical non-durables	1,201	2.4%	7,518	9.1%
HC.5.2	Therapeutic appliances and other medical durables	570	1.1%	1,285	1.6%
HC.6	Prevention and public health services	3,398	6.7%	3,919	4.7%
HC.7	Health administration and health insurance	6,115	12.1%	6,416	7.8%
	Current health expenditure	48,559	96.4%	77,435	93.8%
HC.R.1	Capital formation of health care provider institutions	1,835	3.6%	5,155	6.2%
	Total Expenditure on Health	50,394	100.0%	82,590	100.0%

Table A3
Current health expenditure by mode of production

		First available year		Last available year	
		1999		2002	
		MNT (Millions)	Percent	MNT (Millions)	Percent
	<i>In-patient care</i>	29,922	61.6%	43,511	56.2%
HC.1.1;2.1	Curative & rehabilitative care	29,784	61.3%	43,342	56.0%
HC.3.1	Long-term nursing care	139	0.3%	169	0.2%
	<i>Services of day-care</i>	-	-	-	-
HC.1.2;2.2	Day cases of curative & rehabilitative care	-	-	-	-
HC.3.2	Day cases of long-term nursing care	-	-	-	-
	<i>Out-patient care</i>	6,866	14.1%	14,024	18.1%
HC.1.3;2.3	Out-patient curative & rehabilitative care	6,866	14.1%	14,024	18.1%
HC.1.3.1	Basic medical and diagnostic services	-	-	3000	3.9%
HC.1.3.2	Out-patient dental care	525	1.0%	679	0.8%
HC.1.3.3	All other specialised health care	-	-	-	-
HC.1.3.9;2.3	All other out-patient curative care	6,341	13.1%	10,343	13.4%
	<i>Home care</i>	-	-	-	-
HC.1.4;2.4	Home care (curative & rehabilitative)	-	-	-	-
HC.3.3	Home care (long term nursing care)	-	-	-	-
HC.4	<i>Ancillary services to health care</i>	486	1.0%	762	1.0%
HC.5	<i>Medical goods dispensed to out-patients</i>	1,771	3.6%	8,804	11.4%
HC.5.1	Pharmaceuticals and other medical non-durables	1,201	2.4%	7,518	9.7%
HC.5.2	Therapeutic appliances and other medical durables	570	1.2%	1,285	1.7%
	Total expenditure on personal health care	39,046	80.4%	67,101	86.7%
HC.6	<i>Prevention and public health services</i>	3,398	7.0%	3,919	5.1%
HC.7	<i>Health administration and health insurance</i>	6,115	12.6%	6,416	8.3%
	Total current expenditure on health care	48,559	100.0%	77,435	100.0%

Table A4
Current health expenditure by provider

		First available year		Last available year	
		1999		2002	
		MNT (Millions)	Percent	MNT (Millions)	Percent
HP.1	Hospitals	35,630	73.4%	51,568	66.6%
HP.2	Nursing and residential care facilities	139	0.3%	169	0.2%
HP.3	Providers of ambulatory health care	1,884	3.9%	6,235	8.1%
HP.3.1	Offices of physicians	234	0.5%	2,997	3.9%
HP.3.2	Offices of dentists	-	-	-	-
HP.3.3-3.9	All other providers of ambulatory health care	1,650	3.4%	3,238	4.2%
HP.4	Retail sale and other providers of medical goods	1,257	2.6%	7,518	9.7%
HP.5	Provision and administration of public health programmes	-	-	-	-
HP.6	General health administration and insurance	8,397	17.3%	9,737	12.6%
HP.6.1	Government administration of health	7,357	15.2%	7,903	10.2%
HP.6.2	Social security funds	513	1.1%	1,269	1.6%
HP.6.3;6.4	Other social insurance	527	1.1%	565	0.7%
HP.7	Other industries (rest of the economy)	1,251	2.6%	2,208	2.9%
HP.7.1	Occupational health care services	-	-	-	-
HP.7.2	Private households as providers of home care	-	-	-	-
HP.7.9	All other secondary producers of health care	1,251	2.6%	2,208	2.9%
HP.9	Rest of the world	-	-	-	-
	Total current expenditure on health care	48,559	100.0%	77,435	100.0%

SHA Table 2.1. Current expenditure on health by function of care and provider industry (MNT, millions)

Health care by function	ICHA-HC code	Total current health expenditure																			
		HP-1 Hospitals	HP-2 Nursing and residential facilities	HP-3 Providers of ambulatory care	HP-3.1 Offices of physicians	HP-3.2 Offices of dentists	HP-3.3 Offices of other health practitioners	HP-3.4 Out-patient care centres	HP-3.5 Medical and diagnostic laboratories	HP-3.6 Providers of home health care services	HP-3.9 All other providers of ambulatory health care	HP-4 Retail sale of medical goods	HP-4.1 Dispensing chemists	HP-4.2,4.9 All other sales of medical goods	HP-5 Providers of public health programmes	HP-6 General health administration and insurance	HP-6.1 Government administration of health	HP-6.2 Social security funds	HP-6.3,6.4 Other social insurance	HP-7 All other industries	
<i>In-patient care</i>		43,343																			965
Curative and rehabilitative care	HC.1.1; 2.1	43,343																			965
Long-term nursing care	HC.3.1	-																			-
<i>Services of day-care</i>																					-
Curative and rehabilitative care	HC.1.2; 2.2	-																			-
Long-term nursing care	HC.3.2	-																			-
<i>Out-patient care</i>		14,024		6,097			203									74	74				8
Basic medical and diagnostic services	HC.1.3.1	4																			4
Out-patient dental care	HC.1.3.2	644																			0
All other specialised health care	HC.1.3.3	-																			-
All other out-patient care	HC.1.3.9; 2.3	7,201		6,097			203									74	74				4
<i>Home care</i>		13,376	169																		-
Curative and rehabilitative care	HC.1.4; 2.4	-																			-
Long-term nursing care	HC.3.3	169	169																		-
<i>Ancillary services</i>		762		139				139													620
Medical goods	HC.5	8,804											7,518	6,404		1,269					16
Pharmaceuticals/ non-durables	HC.5.1	-											7,518	6,404							-
Therapeutic appliances	HC.5.2	-															1,269				16
Total expenditure on personal health care		67,101	169	6,235	2,997	-	203	139	-	2,897	7,518	6,404	1,114	-	1,343	74	1,269	-	-	7	1,609
Prevention and public health services	HC.6	3,919														2,011	2,004				567
Health administration and health insurance	HC.7	6,416													6,384	5,818					32
Total current health expenditure		77,435	169	6,235	2,997	-	203	139	-	2,897	7,518	6,404	1,114	-	9,737	7,896	1,269	572			2,208

SHA Table 2.2. Current expenditure on health by function of care and provider industry (% of expenditure on functional categories)

Health care by function	ICHA-HC code	Total current health expenditure	HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3, 6.4	HP.7
			Hospitals	Nursing and residential facilities	Providers of ambulatory care	Offices of physicians	Offices of dentists	Offices of other health practitioners	Out-patient care centres	Medical and diagnostic laboratories	Providers of home health care services	All other providers of ambulatory health care	Retail sale of medical goods	Dispensing chemists	All other sales of medical goods	Providers of public health programmes	General health administration and insurance	Government administration of health	Social security funds	Other social insurance	All other industries
<i>In-patient care</i>		100	97.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.2
Curative and rehabilitative care	HC.1.1; 2.1	100	97.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.2
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Services of day-care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	1.4	-	-	20.7	-	-	-	-	-	-	-	-	0.1
<i>Out-patient care</i>		100	55.9	-	43.5	21.4	-	-	-	-	-	-	-	-	-	0.5	0.5	-	-	-	0.1
Basic medical and diagnostic services	HC.1.3.1	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0
Out-patient dental care	HC.1.3.2	100	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0
All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient care	HC.1.3.9, 2.3	100	53.8	-	45.6	22.4	-	-	1.5	-	-	21.7	-	-	-	0.5	0.5	-	-	-	0.0
<i>Home care</i>		100	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and rehabilitative care	HC.1.4; 2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.3	100	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary services	HC.4	100	0.5	-	18.2	-	-	-	18.2	-	-	-	-	-	-	-	-	-	-	-	81.4
Medical goods	HC.5	100	-	-	-	-	-	-	-	-	-	-	85.4	72.7	12.7	-	14.4	-	14.4	-	0.2
Pharmaceuticals/non-durables	HC.5.1	100	-	-	-	-	-	-	-	-	-	-	100.0	85.2	14.8	-	-	-	-	-	-
Therapeutic appliances	HC.5.2	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	98.8	-	98.8	-	1.2
Total expenditure on personal health care		100	74.9	0.3	9.3	4.5	-	0.3	0.2	-	4.3	11.2	9.5	1.7	-	2.0	0.1	1.9	-	2.4	14.5
Prevention and public health services	HC.6	100	34.2	-	-	-	-	-	-	-	-	-	-	-	-	51.3	51.1	-	0.2	-	-
Health administration and health insurance	HC.7	100	-	-	-	-	-	-	-	-	-	-	-	-	-	99.5	90.7	-	8.8	0.5	-
Total current health expenditure		100	66.6	0.2	8.1	3.9	-	0.3	0.2	-	3.7	9.7	8.3	1.4	-	12.6	10.2	1.6	0.7	2.9	-

SHA Table 2.3. Current expenditure on health by function of care and provider industry (% of provider category expenditure)

Health care by function <i>In-patient care</i>	ICHA-HC code	Total current health expenditure																			
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3, 6.4	HP.7	
		Hospitals	Nursing and residential facilities	Providers of ambulatory care	Offices of physicians	Offices of dentists	Offices of other health practitioners	Out-patient care centres	Medical and diagnostic laboratories	Providers of home health care services	All other providers of ambulatory health care	Retail sale of medical goods	Dispensing chemists	All other sales of medical goods	Providers of public health programmes	General health administration and insurance	Government administration of health	Social security funds	Other social insurance	All other industries	
		56.0																			
Curative and rehabilitative care	HC.1.1; 2.1	82.2																			43.7
Long-term nursing care	HC.3.1	82.2																			43.7
Services of day-care																					
Curative and rehabilitative care	HC.1.2; 2.2																				
Long-term nursing care	HC.3.2																				
Out-patient care																					
Basic medical and diagnostic services	HC.1.3.1	15.2		97.8	100.0		100.0									0.8	0.9				0.4
Out-patient dental care	HC.1.3.2																				0.2
All other specialised health care	HC.1.3.3	1.2																			0.0
All other out-patient care																					
Home care	HC.1.3.9, 2.3	17.3	14.0	97.8	100.0		100.0									0.8	0.9				0.2
Curative and rehabilitative care	HC.1.4; 2.4	0.2	100.0																		
Long-term nursing care	HC.3.3																				
Ancillary services	HC.4	0.2	100.0																		
Medical goods	HC.5	1.0		2.2				100.0						100.0							28.1
Pharmaceuticals/non-durables	HC.5.1	11.4												100.0		13.0					0.7
Therapeutic appliances	HC.5.2	9.7												100.0							
Total expenditure on personal health		1.7														13.0					0.7
Prevention and public health services	HC.6	86.7	97.4	100.0	100.0		100.0	100.0						100.0		13.8	0.9	100.0			72.9
Health administration and health insurance	HC.7	5.1	2.6													20.6	25.4		1.2		25.7
Total current health expenditure		100.0																			
		8.3														65.6	73.7		98.8		1.4
		100.0		100.0	100.0		100.0	100.0						100.0		100.0	100.0		100.0		100.0

SHA Table 3.1 Current expenditure on health by provider industry and source of funding (MNT, millions)

Health care provider category	ICHA-HP code	Total current expenditure on health	Source of funding (MNT, millions)									Rest of the World
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	
			General government	General government (excl. social security)	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations (other than social ins.)	Corporations (other than health insurance)	
Hospitals	HP.1	51,567	45,056	27,962	17,094	5,224	-	-	4,662	-	562	1,287
Nursing and residential care facilities	HP.2	169	160	-	10	-	-	-	-	-	10	-
Providers of ambulatory health care	HP.3	6,235	4,126	1,811	1,487	-	-	-	1,401	-	86	622
Offices of physicians	HP.3.1	2,997	2,997	1,798	-	-	-	-	-	-	-	-
Offices of dentists	HP.3.2	-	-	-	-	-	-	-	-	-	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	203	182	-	21	-	-	-	-	-	21	-
Medical and diagnostic laboratories	HP.3.5	138	-	-	138	-	-	-	106	-	33	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	2,897	947	13	1,328	-	-	-	1,296	-	33	622
Retail sale and other providers of medical goods	HP.4	7,518	1,064	-	1,064	-	-	-	5,980	-	376	98
Dispensing chemists	HP.4.1	6,404	1,064	-	1,064	-	-	-	4,865	-	376	98
All other sales of medical goods	HP.4.9	1,114	-	-	1,114	-	-	-	1,114	-	-	-
Provision and administration of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	9,737	4,169	1,274	179	-	-	-	91	-	89	5,389
Government (excluding social insurance)	HP.6.1	7,896	2,451	5	50	-	-	-	2	-	49	5,389
Social security funds	HP.6.2	1,269	-	1,269	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	572	443	-	129	-	-	-	89	-	40	-
All other providers of health	HP.6.9	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	2,208	1,376	308	594	-	-	-	515	-	79	238
Occupational health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	2,208	1,376	308	594	-	-	-	515	-	79	238
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-
Total current expenditure on health		77,435	55,951	34,399	21,552	13,850	-	-	12,648	-	1,201	7,635

SHA Table 3.2 Current expenditure on health by provider industry and source of funding (% of provider category expenditure)

Health care provider category	ICHA-HP code	Total current expenditure on health	Source of funding (% of provider category expenditure)									
			HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	HF.2.1 Private social insurance	HF.2.2 Private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organizations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the World
Hospitals	HP.1	100	87	54	33	10	-	-	9	-	1	2
Nursing and residential care facilities	HP.2	100	94	94	-	6	-	-	-	-	6	-
Providers of ambulatory health care	HP.3	100	66	37	29	24	-	22	-	-	1	10
Offices of physicians	HP.3.1	100	100	40	60	-	-	-	-	-	-	-
Offices of dentists	HP.3.2	-	-	-	-	-	-	-	-	-	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	100	90	-	10	-	-	-	-	-	10	-
Medical and diagnostic laboratories	HP.3.5	100	-	-	100	-	-	76	-	-	24	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	100	33	32	0	46	-	-	45	-	1	21
Retail sale and other providers of medical goods	HP.4	100	14	-	14	85	-	-	80	-	5	1
Dispensing chemists	HP.4.1	100	17	-	17	82	-	-	76	-	6	2
All other sales of medical goods	HP.4.9	100	-	-	-	100	-	-	100	-	-	-
Provision and administration of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	100	43	30	13	2	-	-	1	-	1	55
Government administration of health	HP.6.1	100	31	31	0	1	-	-	0	-	1	68
Social security funds	HP.6.2	100	100	-	100	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	100	77	77	-	23	-	-	16	-	7	-
All other industries as secondary producers of health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-
All other industries as secondary producers of health care	HP.7.9	100	62	48	14	27	-	-	23	-	4	11
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-
Total current expenditure on health		100	72	44	28	18	-	-	16	-	2	10

SHA Table 3.2 Current expenditure on health by provider industry and source of funding (% of provider category expenditure)

Health care provider category	ICHA-HP code	Total current expenditure on health										Rest of the World
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3	
		General government	General government (excl. social security)	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations (other than social ins.)	Corporations (other than health insurance)		
Hospitals	HP.1	87.4	54.2	33.1	10.1	-	-	9.0	-	-	1.1	2.5
Nursing and residential care facilities	HP.2	94.4	94.4	-	5.6	-	-	-	-	-	5.6	-
Providers of ambulatory health care	HP.3	66.2	37.1	29.1	23.9	-	-	22.5	-	-	1.4	10.0
Offices of physicians	HP.3.1	100.0	40.0	60.0	-	-	-	-	-	-	-	-
Offices of dentists	HP.3.2	-	-	-	-	-	-	-	-	-	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	-	-	-	10.2	-	-	-	-	-	10.2	-
Medical and diagnostic laboratories	HP.3.5	-	-	-	100.0	-	-	76.4	-	-	23.6	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	32.7	32.2	0.5	45.8	-	-	44.7	-	-	1.1	21.5
Retail sale and other providers of medical goods	HP.4	14.2	-	14.2	84.5	-	-	79.5	-	-	5.0	1.3
Dispensing chemists	HP.4.1	16.6	-	16.6	81.8	-	-	76.0	-	-	5.9	1.5
All other sales of medical goods	HP.4.9	-	-	-	100.0	-	-	100.0	-	-	-	-
Provision and administration of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	42.8	29.7	13.1	1.8	-	-	0.9	-	-	0.9	55.3
Government administration of health	HP.6.1	31.1	31.0	0.1	0.6	-	-	0.0	-	-	0.6	68.3
Social security funds	HP.6.2	100.0	-	100.0	-	-	-	-	-	-	-	-
All other providers of health	HP.6.9	77.5	77.5	-	22.5	-	-	15.6	-	-	7.0	-
Other industries (rest of the economy)	HP.7	62.3	48.4	13.9	26.9	-	-	23.3	-	-	3.6	10.8
All other industries as secondary producers of health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-
All other industries as secondary producers of health care	HP.7.9	62.3	48.4	13.9	26.9	-	-	23.3	-	-	3.6	10.8
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-
Total current expenditure on health		72.3	44.4	27.8	17.9	-	-	16.3	-	-	1.6	9.9

SHA Table 3.3 Current expenditure on health by provider industry and source of funding (% of expenditure by financing agent category)

Health care provider category	ICHA-HP code	Total current expenditure on health	Source of funding (% of expenditure by financing agent category)										
			HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	HF.2.1 Private social insurance	HF.2.2 Private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organizations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the World	
Hospitals	HP.1	67	81	81	79	38	-	-	-	37	-	47	17
Nursing and residential care facilities	HP.2	0	0	-	0	-	-	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	8	7	8	11	-	-	-	-	11	-	7	8
Offices of physicians	HP.3.1	4	3	8	-	-	-	-	-	-	-	-	-
Offices of dentists	HP.3.2	-	-	-	-	-	-	-	-	-	-	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	0	1	-	0	-	-	-	-	-	-	2	-
Medical and diagnostic laboratories	HP.3.5	0	-	-	1	-	-	-	-	1	-	3	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	4	3	0	10	-	-	-	-	10	-	3	8
Retail sale and other providers of medical goods	HP.4	10	-	5	46	-	-	-	-	47	-	31	1
Dispensing chemists	HP.4.1	8	-	5	38	-	-	-	-	38	-	31	1
All other sales of medical goods	HP.4.9	1	-	-	8	-	-	-	-	9	-	-	-
Provision and administration of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	13	8	6	1	-	-	-	-	1	-	7	71
Government administration of health	HP.6.1	10	7	0	0	-	-	-	-	0	-	4	71
Social security funds	HP.6.2	2	-	6	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	1	1	-	1	-	-	-	-	1	-	3	-
Other industries (rest of the economy)	HP.7	3	3	1	4	-	-	-	-	4	-	7	3
All other industries as secondary producers of health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-	-
All other industries as secondary producers of health care	HP.7.9	3	3	1	4	-	-	-	-	4	-	7	3
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-	-
Total current expenditure on health		100	100	100	100	-	-	-	-	100	-	100	100

SHA Table 3.3 Current expenditure on health by provider industry and source of funding (% of expenditure by financing agent category)

Health care provider category	ICHA-HP code	Total current expenditure on health	Source of funding (% of expenditure by financing agent category)									
			HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	HF.2.1 Private social insurance	HF.2.2 Private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organizations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the World
Hospitals	HP.1	67	80.5	81.3	79.3	37.7	-	-	36.9	-	46.8	16.9
Nursing and residential care facilities	HP.2	0	0.3	0.5	-	0.1	-	-	-	-	0.8	-
Providers of ambulatory health care	HP.3	8	7.4	6.7	8.4	10.7	-	-	11.1	-	7.2	8.1
Offices of physicians	HP.3.1	4	5.4	3.5	8.3	-	-	-	-	-	-	-
Offices of dentists	HP.3.2	-	-	-	-	-	-	-	-	-	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	0	0.3	0.5	0.1	-	-	-	-	-	1.7	-
Medical and diagnostic laboratories	HP.3.5	0	-	-	1.0	-	-	-	0.8	-	2.7	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	4	1.7	2.7	0.1	9.6	-	-	10.2	-	2.7	8.1
Retail sale and other providers of medical goods	HP.4	10	1.9	-	4.9	45.9	-	-	47.3	-	31.3	1.3
Dispensing chemists	HP.4.1	8	1.9	-	4.9	37.8	-	-	38.5	-	31.3	1.3
All other sales of medical goods	HP.4.9	1	-	-	-	8.0	-	-	8.8	-	-	-
Provision and administration of public health programmes	HP.5	-	-	-	-	-	-	-	-	-	-	-
Health administration and insurance	HP.6	13	7.5	8.4	5.9	1.3	-	-	0.7	-	7.4	70.6
Government administration of health	HP.6.1	10	4.4	7.1	0.0	0.4	-	-	0.0	-	4.0	70.6
Social security funds	HP.6.2	2	2.3	-	5.9	-	-	-	-	-	-	-
All other providers of health	HP.6.9	1	0.8	1.3	-	0.9	-	-	0.7	-	3.3	-
Other industries (rest of the economy)	HP.7	3	2.5	3.1	1.4	4.3	-	-	4.1	-	6.6	3.1
All other industries as secondary producers of health care	HP.7.1	-	-	-	-	-	-	-	-	-	-	-
All other industries as secondary producers of health care	HP.7.9	3	2.5	3.1	1.4	4.3	-	-	4.1	-	6.6	3.1
Rest of the world	HP.9	-	-	-	-	-	-	-	-	-	-	-
Total current expenditure on health		100	100	100	100	100	100	100	100	100	100	100

SHA Table 4.1. Current expenditure on health by function of care and source of funding (MNT, millions)

Health care care function	ICHA-HC code	Total current expenditure on health										HF.3 Rest of the World
		HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	HF.2.1 Private social insurance	HF.2.2 Private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organizations (other than social ins.)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the World	
Personal health care services	HC.1-HC.3	49,819	30,616	19,203	7,077	-	-	6,405	-	672	639	
In-patient services		38,370	22,178	16,192	3,997	-	-	3,544	-	453	11	
Day care services		-	-	-	-	-	-	-	-	-	-	
Out-patient services		10,816	8,102	2,714	2,579	-	-	2,416	-	164	628	
Home care services		-	-	-	-	-	-	-	-	-	-	
Ancillary services	HC.4	554	543	11	206	-	-	169	-	38	2	
Medical goods dispensed to outpatients	HC.5	2,334	-	2,334	6,365	-	-	5,980	-	386	104	
Pharmaceuticals	HC.5.1	1,064	-	1,064	6,356	-	-	5,980	-	376	98	
Therapeutic appliances	HC.5.2	1,269	-	1,269	10	-	-	0	-	10	6	
Personal health care services and goods	HC.1-HC.5	52,707	31,159	21,547	13,649	-	-	12,553	-	1,096	746	
Prevention and public health	HC.6	865	864	1	25	-	-	7	-	18	3,029	
Health admin. and insurance	HC.7	2,380	2,376	4	176	-	-	88	-	88	3,860	
Current expenditure on health		55,951	34,399	21,552	13,850	-	-	12,648	-	1,201	7,635	

SHA Table 4.2 Current expenditure on health by function of care and source of funding (% of expenditure on functional category (mode of production))

Health care care function	ICHA-HC code	Total current expenditure on health	SHA Table 4.2 Current expenditure on health by function of care and source of funding (% of expenditure on functional category (mode of production))									
			HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	HF.2.1 Private social insurance	HF.2.2 Private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organizations	HF.2.5 Corporations	HF.3 Rest of the World
Personal health care services	HC.1-HC.3	100	87	53	33	12	-	-	11	-	1	1
Inpatient services		100	91	52	38	9	-	-	8	-	1	0
Day care services		-	-	-	-	-	-	-	-	-	-	-
Outpatient services		100	77	58	19	18	-	-	17	-	1	4
Ancillary services to health care	HC.4	100	73	71	1	27	-	-	22	-	5	0
Medical goods dispensed to outpatients	HC.5	100	27	-	27	72	-	-	68	-	4	1
Pharmaceuticals and other medical non-durables	HC.5.1	100	27	-	27	72	-	-	68	-	4	1
Therapeutic appliances and other medical durables	HC.5.2	100	14	-	14	85	-	-	80	-	5	1
Personal health care services and goods	HC.1-HC.5	100	99	-	99	1	-	-	0	-	1	0
Prevention and public health services	HC.6	100	79	46	32	20	-	-	19	-	2	1
Health administration and health insurance	HC.7	100	22	22	0	1	-	-	0	-	0	77
Total current expenditure on health		100	72	44	28	18	-	-	16	-	2	10

SHA Table 4.2 Current expenditure on health by function of care and source of funding (% of expenditure on functional category (mode of production))

Health care care function	ICHA-HC code	Total current expenditure on health	SHA Table 4.2 Current expenditure on health by function of care and source of funding (% of expenditure on functional category (mode of production))									
			HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	HF.2.1 Private social insurance	HF.2.2 Private insurance	HF.2.3 Private household out-of-pocket payments	HF.2.4 Non-profit organizations	HF.2.5 Corporations	HF.3 Rest of the World
Personal health care services	HC.1-HC.3	100	86.6	53.2	33.4	12.3	-	-	11.1	-	1.2	1.1
Inpatient services		100	90.5	52.3	38.2	9.4	-	-	8.4	-	1.1	0.0
Day care services		-	-	-	-	-	-	-	-	-	-	-
Outpatient services		100	77.1	57.8	19.4	18.4	-	-	17.2	-	1.2	4.5
Ancillary services to health care	HC.4	100	72.7	71.3	1.4	27.1	-	-	22.1	-	4.9	0.2
Medical goods dispensed to outpatients	HC.5	100	26.5	-	26.5	72.3	-	-	67.9	-	4.4	1.2
Pharmaceuticals and other medical non-durables	HC.5.1	100	26.5	-	26.5	72.3	-	-	67.9	-	4.4	1.2
Therapeutic appliances and other medical durables	HC.5.2	100	14.2	-	14.2	84.5	-	-	79.5	-	5.0	1.3
Personal health care services and goods	HC.1-HC.5	100	98.8	-	98.8	0.7	-	-	0.0	-	0.7	0.5
Prevention and public health services	HC.6	100	78.5	46.4	32.1	20.3	-	-	18.7	-	1.6	1.1
Health administration and health insurance	HC.7	100	22.1	22.0	0.0	0.6	-	-	0.2	-	0.5	77.3
Total current expenditure on health		100	72.3	44.4	27.8	17.9	-	-	16.3	-	1.6	9.9

SHA Table 4.3 Current expenditure on health by function of care and source of funding (% of expenditure by financing agent category)

Health care care function	ICHA-HC code	Total current expenditure on health	HF.1 HF.2 HF.2.1 HF.2.2 HF.2.3 HF.2.4 HF.2.5 HF.3											
			General government	General government (excl. social security)	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations	Rest of the World		
Personal health care services	HC.1-HC.3	74	89	89	89	51	-	-	-	51	-	-	56	8
Inpatient services		55	69	64	75	29	-	-	-	28	-	-	38	0
Day care services		-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient services		18	19	24	13	19	-	-	-	19	-	-	14	8
Ancillary services to health care	HC.4	1	1	2	0	1	-	-	-	1	-	-	3	0
Medical goods dispensed to outpatients	HC.5	11	4	-	11	46	-	-	-	47	-	-	32	1
Pharmaceuticals and other medical non-durables	HC.5.1	10	2	-	5	46	-	-	-	47	-	-	31	1
Therapeutic appliances and other medical durables	HC.5.2	2	2	-	6	0	-	-	-	0	-	-	1	0
Personal health care services and goods	HC.1-HC.5	87	94	91	100	99	-	-	-	99	-	-	91	10
Prevention and public health services	HC.6	5	2	3	0	0	-	-	-	0	-	-	1	40
Health administration and health insurance	HC.7	8	4	7	0	1	-	-	-	1	-	-	7	51
Total current expenditure on health		100	100	100	100	100	-	-	-	100	-	-	100	100

SHA Table 4.3 Current expenditure on health by function of care and source of funding (% of expenditure by financing agent category)

Health care care function	ICHA-HC code	Total current expenditure on health	HF.1 HF.2 HF.2.1 HF.2.2 HF.2.3 HF.2.4 HF.2.5 HF.3										
			General government	General government (excl. social security)	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations	Rest of the World	
Personal health care services	HC.1-HC.3	74	89.0	89.0	89.1	51.1	-	-	-	50.6	-	56.0	8.4
Inpatient services		55	68.6	64.5	75.1	28.9	-	-	-	28.0	-	37.7	0.1
Day care services		-	-	-	-	-	-	-	-	-	-	-	-
Outpatient services		18	19.3	23.6	12.6	18.6	-	-	-	19.1	-	13.6	8.2
Ancillary services to health care	HC.4	1	1.0	1.6	0.1	1.5	-	-	-	1.3	-	3.1	0.0
Medical goods dispensed to outpatients	HC.5	11	4.2	-	10.8	46.0	-	-	-	47.3	-	32.1	1.4
Pharmaceuticals and other medical non-durables	HC.5.1	10	1.9	-	4.9	43.9	-	-	-	47.3	-	31.3	1.3
Therapeutic appliances and other medical durables	HC.5.2	2	2.3	-	5.9	0.1	-	-	-	0.0	-	0.8	0.1
Personal health care services and goods	HC.1-HC.5	87	94.2	90.6	100.0	98.5	-	-	-	99.2	-	91.2	9.8
Prevention and public health services	HC.6	5	1.5	2.5	0.0	0.2	-	-	-	0.1	-	1.5	39.7
Health administration and health insurance	HC.7	8	4.3	6.9	0.0	1.3	-	-	-	0.7	-	7.3	50.6
Total current expenditure on health		100	100	100	100	100	100	-	-	100	-	100	100

SHA Table 5.1 Total expenditure on health including health-related functions (MNT, millions)

Health care function	IOHA-HC code	Total current expenditure on health											Rest of the World
		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	
		General government	General government (excl. social security)	Central government	State/provincial government	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations	
Personal health care services	HC.1-HC.3	49,819	30,616	-	-	19,203	7,077	-	-	6,405	-	672	639
Inpatient services		38,370	22,178	-	-	16,192	3,997	-	-	3,544	-	453	11
Day care services		-	-	-	-	-	-	-	-	-	-	-	-
Outpatient services		10,816	8,102	-	-	2,714	2,579	-	-	2,416	-	164	628
Services of rehabilitative care		473	176	-	-	297	492	-	-	446	-	46	0
Services of long-term nursing care		160	160	-	-	-	10	-	-	-	-	10	-
Ancillary services to health care	HC.4	554	543	-	-	11	206	-	-	169	-	38	2
Medical goods dispensed to outpatients	HC.5	2,334	-	-	-	2,334	6,365	-	-	5,980	-	386	104
Pharmaceuticals and other medical non-drugables	HC.5.1	1,064	-	-	-	1,064	6,356	-	-	5,980	-	376	98
Therapeutic appliances and other medical druggables	HC.5.2	1,269	-	-	-	1,269	10	-	-	0	-	10	6
Personal health care services and goods	HC.1-HC.5	52,707	31,159	-	-	21,547	13,649	-	-	12,553	-	1,096	746
Prevention and public health services	HC.6	865	864	-	-	1	25	-	-	7	-	18	3,029
Health administration and health insurance	HC.7	2,380	2,376	-	-	4	176	-	-	88	-	88	3,860
Total current expenditure on health		55,951	34,399	-	-	21,552	13,830	-	-	12,648	-	1,201	7,635
Gross capital formation	HCR.1	2,730	2,730	-	-	-	-	-	-	-	-	2,425	2,425
Total expenditure on health		58,681	37,129	-	-	21,552	13,830	-	-	12,648	-	3,627	10,060
<i>Memorandum items: Health-related functions</i>													
Education and training of health personnel	HCR.2	290	290	-	-	-	4	-	-	1	-	3	476
Research and development in health	HCR.3	575	575	-	-	-	16	-	-	6	-	10	41
Food, hygiene and drinking water control	HCR.4	-	-	-	-	-	-	-	-	-	-	-	-
Environmental health	HCR.5	-	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of social services in kind to assist living with disease and impairment	HCR.6	-	-	-	-	-	-	-	-	-	-	-	-
Administration and provision of health related cash-benefits	HCR.7	-	-	-	-	-	-	-	-	-	-	-	-

SHA Table 5.2 Total expenditure on health including health-related functions (% of expenditure on functional category)

Health care function	IOHA-HC code	Total current expenditure on health													Rest of the World
		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3		
		General government	General government (excl. social security)	Central government	State/provincial government	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations			
Personal health care services	HC.1-HC.3	100	87	53	-	33	12	-	-	11	-	1	1		
Inpatient services		100	91	52	-	38	9	-	-	8	-	1	0		
Day care services		-	-	-	-	-	-	-	-	-	-	-	-		
Outpatient services		100	77	58	-	19	18	-	-	17	-	1	4		
Services of rehabilitative care		100	49	18	-	31	51	-	-	46	-	5	0		
Services of long-term nursing care		100	94	94	-	-	6	-	-	-	-	6	-		
Ancillary services to health care	HC.4	100	73	71	-	1	27	-	-	22	-	5	0		
Medical goods dispensed to outpatients	HC.5	100	27	-	-	27	72	-	-	68	-	4	1		
Pharmaceuticals and other medical non-durables	HC.5.1	100	14	-	-	14	85	-	-	80	-	5	1		
Therapeutic appliances and other medical durables	HC.5.2	100	99	-	-	99	1	-	-	0	-	1	0		
Personal health care services and goods	HC.1-HC.5	100	79	46	-	32	20	-	-	19	-	2	1		
Prevention and public health services	HC.6	100	22	22	-	0	1	-	-	0	-	0	77		
Health administration and health insurance	HC.7	100	37	37	-	0	3	-	-	1	-	1	60		
Total current expenditure on health		100	72	44	-	28	18	-	-	16	-	2	10		
Gross capital formation	HCR.1	100	53	53	-	-	-	-	-	-	-	47	47		
Total expenditure on health		100	71	45	-	26	17	-	-	15	-	4	12		
<i>Memorandum items: Health-related functions</i>															
Education and training of health personnel	HCR.2	100	38	38	-	-	0	-	-	0	-	0	62		
Research and development in health	HCR.3	100	91	91	-	-	3	-	-	1	-	2	7		
Food, hygiene and drinking water control	HCR.4	-	-	-	-	-	-	-	-	-	-	-	-		
Environmental health	HCR.5	-	-	-	-	-	-	-	-	-	-	-	-		
Administration and provision of social services in kind to assist living with disease and impairment	HCR.6	-	-	-	-	-	-	-	-	-	-	-	-		
Administration and provision of health-related cash-benefits	HCR.7	-	-	-	-	-	-	-	-	-	-	-	-		

SHA Table 5.2 Total expenditure on health including health-related functions (% of expenditure on functional category)

Health care care function	IOHA-HC code	SHA Table 5.2 Total expenditure on health including health-related functions (% of expenditure on functional category)													Rest of the World
		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.2	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5		
Total current expenditure on health		General government	General government (excl. social security)	Central government	State/provincial government	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations			
Personal health care services	HC.1-HC.3	100	86.6	53.2	-	33.4	12.3	-	-	11.1	-	1.2	1.1		
Inpatient services		100	90.5	52.3	-	38.2	9.4	-	-	8.4	-	1.1	0.0		
Day care services		-	-	-	-	-	-	-	-	-	-	-	-		
Outpatient services		100	77.1	57.8	-	19.4	18.4	-	-	17.2	-	1.2	4.5		
Services of rehabilitative care		100	49.0	18.2	-	30.8	51.0	-	-	46.2	-	4.8	0.0		
Services of long-term nursing care		100	94.4	94.4	-	-	5.6	-	-	-	-	5.6	-		
Ancillary services to health care	HC.4	100	72.7	71.3	-	1.4	27.1	-	-	22.1	-	4.9	0.2		
Medical goods dispensed to outpatients	HC.5	100	26.5	-	-	26.5	72.3	-	-	67.9	-	4.4	1.2		
Pharmaceuticals and other medical non-durables	HC.5.1	100	14.2	-	-	14.2	84.5	-	-	79.5	-	5.0	1.3		
Therapeutic appliances and other medical durables	HC.5.2	100	98.8	-	-	98.8	0.7	-	-	0.0	-	0.7	0.5		
Personal health care services and goods	HC.1-HC.5	100	78.5	46.4	-	32.1	20.3	-	-	18.7	-	1.6	1.1		
Prevention and public health services	HC.6	100	22.1	22.0	-	0.0	0.6	-	-	0.2	-	0.5	77.3		
Health administration and health insurance	HC.7	100	37.1	37.0	-	0.1	2.7	-	-	1.4	-	1.4	60.2		
Total current expenditure on health		100	72.3	44.4	-	27.8	17.9	-	-	16.3	-	1.6	9.9		
Gross capital formation	HCR.1	100	52.9	52.9	-	-	-	-	-	-	-	47.1	47.1		
Total expenditure on health		100	71.1	45.0	-	26.1	16.8	-	-	15.3	-	4.4	12.2		
<i>Memorandum items: Health-related functions</i>															
Education and training of health personnel	HCR.2	100	37.7	37.7	-	-	0.5	-	-	0.1	-	0.4	61.9		
Research and development in health	HCR.3	100	90.9	90.9	-	-	2.6	-	-	1.0	-	1.6	6.5		
Food, hygiene and drinking water control	HCR.4	-	-	-	-	-	-	-	-	-	-	-	-		
Environmental health	HCR.5	-	-	-	-	-	-	-	-	-	-	-	-		
Administration and provision of social services in kind to assist living with disease and impairment	HCR.6	-	-	-	-	-	-	-	-	-	-	-	-		
Administration and provision of health-related cash-benefits	HCR.7	-	-	-	-	-	-	-	-	-	-	-	-		

SHA Table 5.3 Total expenditure on health including health related functions (% of expenditure by financing agent category)

Health care function	IOHA-HC code	Total current expenditure on health	HF.1													HF.3	
			General government	General government (excl. social security)	Central government	State/provincial government	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations	Rest of the World			
Personal health care services	HC.1-HC.3	70	85	82	-	-	-	89	51	-	-	-	51	-	-	19	6
Inpatient services		51	65	60	-	-	-	75	29	-	-	-	28	-	-	12	0
Day care services		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient services		17	18	22	-	-	-	13	19	-	-	-	19	-	-	5	6
Services of rehabilitative care		1	1	0	-	-	-	1	4	-	-	-	4	-	-	1	0
Services of long-term nursing care		0	0	0	-	-	-	-	0	-	-	-	-	-	-	0	-
Ancillary services to health care	HC.4	1	1	1	-	-	-	0	1	-	-	-	1	-	-	1	0
Medical goods dispensed to outpatients	HC.5	11	4	-	-	-	-	11	46	-	-	-	47	-	-	11	1
Pharmaceuticals and other medical non-durables	HC.5.1	9	2	-	-	-	-	5	46	-	-	-	47	-	-	10	1
Therapeutic appliances and other medical durables	HC.5.2	2	2	-	-	-	-	6	0	-	-	-	0	-	-	0	0
Personal health care services and goods	HC.1-HC.5	81	90	84	-	-	-	100	99	-	-	-	99	-	-	30	7
Prevention and public health services	HC.6	5	1	2	-	-	-	0	0	-	-	-	0	-	-	0	30
Health administration and health insurance	HC.7	8	4	6	-	-	-	0	1	-	-	-	1	-	-	2	38
Total current expenditure on health		94	95	93	-	-	-	100	100	-	-	-	100	-	-	33	76
Gross capital formation	HCR.1	6	5	7	-	-	-	-	-	-	-	-	-	-	-	67	24
Total expenditure on health		100	100	100	-	-	-	100	100	-	-	-	100	-	-	100	100
<i>Memorandum items: Health related functions</i>																	
Education and training of health personnel	HCR.2																
Research and development in health	HCR.3																
Food, hygiene and drinking water control	HCR.4																
Environmental health	HCR.5																
Administration and provision of social services in kind to assist living with disease and impairment	HCR.6																
Administration and provision of health related cash-benefits	HCR.7																

SHA Table 5.3 Total expenditure on health including health related functions (% of expenditure by financing agent category)

Health care function	ICHA-HC code	Total current expenditure on health	HF.1											HF.3		
			General government	General government (excl. social security)	Central government	State/provincial government	Social security funds	Private Sector	Private social insurance	Private insurance	Private household out-of-pocket payments	Non-profit organizations	Corporations		Rest of the World	
Personal health care services	HC.1-HC.3	70	84.9	82.5	-	-	-	89.1	51.1	-	-	50.6	-	-	18.5	6.4
Inpatient services		51	65.4	59.7	-	-	75.1	28.9	-	-	-	28.0	-	-	12.5	0.1
Day care services		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient services		17	18.4	21.8	-	-	12.6	18.6	-	-	-	19.1	-	-	4.5	6.2
Services of rehabilitative care		1	0.8	0.5	-	-	1.4	3.6	-	-	-	3.5	-	-	1.3	0.0
Services of long-term nursing care		0	0.3	0.4	-	-	-	0.1	-	-	-	-	-	-	0.3	-
Ancillary services to health care	HC.4	1	0.9	1.5	-	-	0.1	1.5	-	-	-	1.3	-	-	1.0	0.0
Medical goods dispensed to outpatients	HC.5	11	4.0	-	-	-	10.8	46.0	-	-	-	47.3	-	-	10.6	1.0
Pharmaceuticals and other medical non-durables	HC.5.1	9	1.8	-	-	-	4.9	45.9	-	-	-	47.3	-	-	10.4	1.0
Therapeutic appliances and other medical durables	HC.5.2	2	2.2	-	-	-	5.9	0.1	-	-	-	0.0	-	-	0.3	0.1
Personal health care services and goods	HC.1-HC.5	81	89.8	83.9	-	-	100.0	98.5	-	-	-	99.2	-	-	30.2	7.4
Prevention and public health services	HC.6	5	1.5	2.3	-	-	0.0	0.2	-	-	-	0.1	-	-	0.5	30.1
Health administration and health insurance	HC.7	8	4.1	6.4	-	-	0.0	1.3	-	-	-	0.7	-	-	2.4	38.4
Total current expenditure on health		94	95.3	92.6	-	-	100.0	100.0	-	-	-	100.0	-	-	33.1	75.9
Gross capital formation	HCR.1	6	4.7	7.4	-	-	-	-	-	-	-	-	-	-	66.9	24.1
Total expenditure on health		100	100	100	-	-	100	100	-	-	-	100	-	-	100	100
<i>Memorandum items: Health related functions</i>																
Education and training of health personnel	HCR.2															
Research and development in health	HCR.3															
Food, hygiene and drinking water control	HCR.4															
Environmental health	HCR.5															
Administration and provision of social services in kind to assist living with disease and impairment	HCR.6															
Administration and provision of health related cash-benefits	HCR.7															

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