
SHA-Based Health Accounts in the Asia-Pacific Region:
Federated States of Micronesia

Vita A. Skilling, Wayne Irava and Ben Jesse

14

**OECD/Korea Policy Centre
Health and Social Policy Programme : TECHNICAL PAPERS NO. 14**

**SHA-BASED HEALTH ACCOUNTS IN THE ASIA/PACIFIC REGION:
Federated States of Micronesia**

Vita A. Skilling, Wayne Irava and Ben Jesse

JEL Classification : I10, H51

**OECD/KOREA Policy Centre – Health and Social Policy Programme
SHA TECHNICAL PAPERS**

This series is designed to make available to a wider readership Health and Social Policy studies with a focus on the Asia/Pacific region. The papers are generally available only in English, and principal authors are named.

The opinions expressed and arguments employed here are the responsibility of the author(s) and do not reflect those of the OECD, the Korean authorities, or the OECD/Korea Policy Centre – Health and Social Policy Programme.

**Applications for permission to reproduce or translate
all or part of this material should be made to:**

**Director of the OECD/Korea Policy Centre - Health and Social Policy Programme
87 Hoegiro Dongdaemun Gu, Seoul, 130-868
Korea**

Copyright OECD/Korea Policy Centre - Health and Social Policy Programme 2011

ACKNOWLEDGEMENTS

The development of Federated States of Micronesia National Health Accounts, which is based on the System of Health Accounts has only been possible with the support of countless individuals and agencies in government and non-governmental organizations. Without being exhaustive, we would wish to express our sincere thanks to several, who have made significant contributions. For the overall development and compilation of the accounts, we would mention the support and guidance in particular of Dr. Vita A. Skilling, Secretary, Department of Health and Social Affairs and the staff in Division of Health, their colleagues in the four-state Departments of Health Services, and other colleagues in the FSM SBOC and other government agencies. We also thank many individuals and organizations in the private sector and non-governmental organizations (Micronesian Red Cross Society and the Micronesian Human Resources Development Center) that have cooperated in providing data when requested including the managements of the FSM MiCare Health Insurance Plan and Chuuk Health Care Plan. Furthermore, we wish to thank the many agencies that have funded and continued to provide funds for components of this work, most especially the World Health Organization and Asian Development Bank. We are also grateful for the assistance and collaboration of many colleagues at national and the four FSM states, who have worked with us on the development of FSM's National Health Accounts. Finally, the FSM National Department of Health and Social Affairs wishes to express sincere appreciation and thanks to Keith YK Tin and Wayne Irava for excellent editing and suggestions for improving the first draft of this paper.

The opinions expressed here are the authors' and do not necessarily reflect those of the Government of Federated States of Micronesia, or any of the participating institutions and organizations.

TABLE OF CONTENTS

ABSTRACT	5
ABBREVIATIONS	5
INTRODUCTION	7
Health financing system	7
Federated States of Micronesia health accounts	8
STRUCTURE AND TRENDS OF HEALTH EXPENDITURE	9
Health expenditure by financing source	9
Health expenditure by function	10
Current health expenditure by mode of production	12
Current health expenditure by provider	12
Current health expenditure by function and provider (SHA Tables 2.1, 2.2 and 2.3)	13
Current health expenditure by provider and financing agent (SHA Tables 3.1, 3.2 and 3.3).....	13
Current health expenditure by function and financing agent (SHA Tables 4.1, 4.2 and 4.3).....	14
CONCLUSIONS.....	16
ANNEX 1: METHODOLOGY	18
Data sources	18
Differences between classification of health expenditure in national practice and the International Classification for Health Accounts	18
Estimates on total expenditure	18
Other methodological issues	19
ANNEX 2: TABLES.....	20
ANNEX 3: FSM 2008 SHA TABLES.....	22

ABSTRACT

The DHSA reports health expenditures domestically using the FSM Health Accounts framework. The first version of this framework was originally developed during 2006-07 for the then Department of Health, Education and Social Affairs with technical and funding support from WHO, and it was designed to be compliant with the OECD SHA published in 2000 and the WHO Guide to Producing National Health Accounts (PG) published in 2003. In the current NHA updating exercise, DHSA has revised and updated the framework to ensure compliance with the SHA standards, which is the approach endorsed by WHO for international reporting of health expenditure statistics.

The FSMHA framework in consistency with the SHA and PG approach classifies all health spending according to four dimensions: financing sources, financing schemes/agents, providers and functions. FSMHA framework also classifies expenditures geographically by state. For the four core dimensions, FSMHA categorizes all spending according to classification systems, which are based on the relevant SHA classifications, with appropriate modification to ensure relevance and applicability to FSM.

A key design element of the FSMHA framework and its classifications is that they correspond in a defined way to the parallel elements of the SHA framework. This means that DHSA is able to report health expenditures in FSM simultaneously using both the national FSMHA framework and according to the OECD SHA framework. To aid international comparison, the statistics used in this report are based on the SHA definitions so as to ensure overall compatibility, and in the Annex, this report provides a full set of tables showing health expenditures in FSM using the SHA format for year 2008.

Total health expenditure in FSM was US\$ 32.8 million in 2008, with per capita spending at US\$ 304. During 2005 to 2008, total health expenditure grew at an average annual rate of 2.7%, compared with 1.8% of GDP growth. Consequently, total health spending as a ratio of GDP increased slightly from 12.6% to 12.9%. Public expenditure, which were mostly originated from external donor funds, dominated total health finance throughout the period, whilst private funds only made up about 7% of total health spending.

Curative care accounted for the largest and an increasing share of THE over the period, which reached 57.9% by 2008. This expenditure was predominantly funded by general government (94.5%), mostly state government revenues and social security funds, with the remainder from household out-of-pocket payments (5.5%). The next two largest shares of health spending were paid for prevention and public health services, and health administration and health insurance which were 19.8% and 14.4% of THE in 2008 respectively.

In 2008, nearly 90% of the recurrent spending was distributed among hospitals (45.2%), general health administration and insurance (14.6%), providers of ambulatory health care (14.5%), and provision and administration of public health programs (12.0%).

ABBREVIATIONS

ADB	Asian Development Bank
APNHAN	Asia-Pacific National Health Accounts Network
DHHS	Department of Health and Human Services
DHS	Department of Health Services
DHSA	Department of Health and Social Affairs
DoH	Division of Health
FSM	Federated States of Micronesia
FY	Fiscal Year
GDP	Gross Domestic Product
HIES	Household Income and Expenditure Survey
MHRDC	Micronesian Human Resources Development Center
MRCS	Micronesia Red Cross Society
NHA	National Health Accounts
OECD	Organization for Economic Co-operation and Development
OPA	Office of the National Public Auditor
PG	Guide to Producing National Health Accounts
RoW	Rest of the World
SBOC	Statistics, Budget & Economic Management, Overseas Development Assistance and Compact Management
SHA	A System of Health Accounts
THE	Total Health Expenditure
US	United States
WHO	World Health Organization

INTRODUCTION

Health financing system

1 The Federated States of Micronesia (FSM) has achieved high levels of access to health services through a dual system of which is dominated by the public sector and a small private sector provision. The public sector is funded by government general revenue and RoW funds, whilst the private sector is funded from private sources of financing.

2 The major sources of health funds came mostly from RoW sources, which contribute approximately 94.8% of total revenues. Compact Health Sector Grant constituted 72.2% of total external financing while another 22.6% was made up of US Federal grants. The remaining 5.2% came from bilateral/multilateral grants and local revenues. Direct taxes in the form of income taxation are limited and only a small percentage of the population pays these taxes.

Table 1: Health financing overview, 2008

Population ('000)	108
Gross domestic product (GDP) per capita (US\$)	2,347
Total health spending per capita (US\$)	304
<i>funded by:</i>	
General government	225
Social health insurance	57
Out-of-pocket payments	20
Total health spending as % of GDP	12.9%
General government health spending as % of total government spending	8.2%

Sources: Division of Statistics, SBOC; FSM National Health Accounts

3 Private sector financing mainly consists of household out-of-pocket spending and non-profit institutions serving households is very small.

4 Public provision is dominated by hospitals where each state has one main public hospital. Public sector services are managed by the Department of Health Services (DHS) in each state. The DHS is responsible for running the state curative, preventive and public health services, including the main hospital, peripheral health centers and primary care centers, generally called dispensaries. The day-to-day operations of the dispensaries are under the supervision of the mayors in which the dispensaries are located.

5 At present, there are no teaching hospitals, and regional referral hospitals are run by foreign governments. Public outpatient services are provided mostly by hospital outpatient departments, but supplemented by a range of ambulatory facilities and services. Most inpatient provision is by the public sector.

6 At the national level, the Division of Health (DoH) of the Department of Health and Social Affairs (DHSA) focuses on provision of policy direction, program coordination, monitoring and technical assistance to the four states. DoH has no direct role in the provision of health care services. Because the main role of DoH is coordination and technical assistance they have considerable influence on the provision of public health programs.

7 Private sector provision consists mainly of outpatient services and the sale of medicines by pharmacies. There is a limited private sector inpatient provision, which is located in the state of Pohnpei, which has the country's only private hospital. Most private providers are paid on a fee-for-service basis directly by households.

8 Tables 1 and 2 summarize FSM's health financing statistics and arrangements.

Table 2: Health financing arrangements

Health care coverage	Through a Government-financed system, all residents are entitled to access to all public hospitals and clinics, with user charges. The public sector accounts for 94.5% of total admissions. Treatment of serious conditions or chronic illnesses is predominantly provided by the public sector.
Risk pool structure / fragmentation	The Government-financed public sector covers the entire population, whereas private services are funded by household out-of-pocket payments. Two community-rated social insurance schemes (MiCare and Chuuk Health Care Plan) also operate in FSM.
Health insurance contributions	Public services are funded from government general revenue. Employers including governments and employees both contribute to the social insurance schemes
Benefits package and co-payments	The public sector provides a wide range of health care services, although the most recent and most expensive technologies and medicines often become available only after a delay, or are only available on a limited basis. Essential drugs and necessary pharmaceuticals are provided with health care services and are minimally billed. However, owing to inadequate drug budgets, patients may be asked to purchase their own medicines from private retail pharmacies.
Special arrangements for the poor	Most FSM States have special arrangements for the poor, as its public sector services are operated on the basis of universal access.

Federated States of Micronesia health accounts

9 In FSM, the first health expenditure matrices showing sources of financing, functions and providers were produced in a consultancy report to the government by Dr. Rachel Racelis (2007). A team led by Assistant Secretary, Marcus Samo and National Health Planner, Ben Jesse, working with the Division of Health developed the first comprehensive health accounts (FSM NHA 2005). These health accounts were based on the methodology proposed in the System of Health Accounts, and essentially covered fiscal year 2005. With the renewed funding and technical support from ADB and WHO, the second round of FSMNHA activity was carried out in 2009-10 and NHA estimates for fiscal years 2005 to 2008 were reported in 2010.

STRUCTURE AND TRENDS OF HEALTH EXPENDITURE

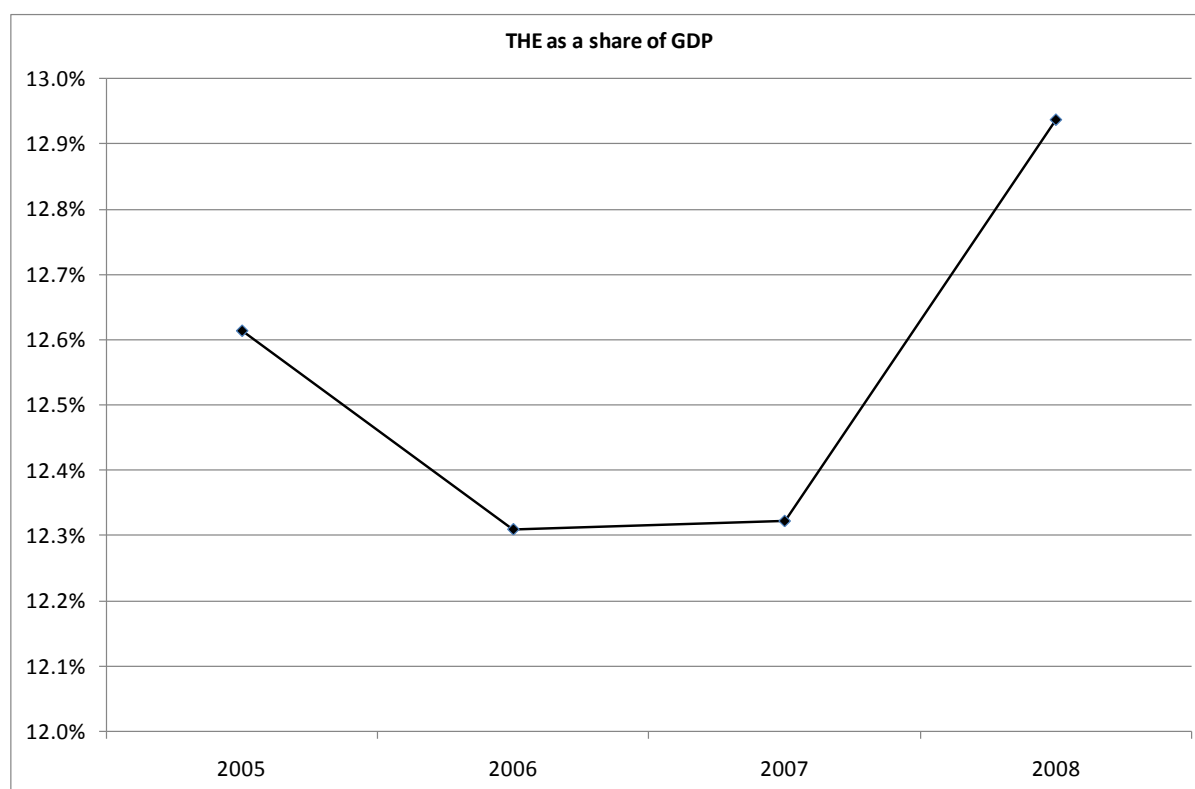
Health expenditure by financing agent

10 Total expenditure on health goods and services and capital formation in FSM in 2008 is estimated at US\$32.8 million. This represents an increase of US\$ 2.1 million over the previous year, which is equivalent to an annual growth of 6.8% in nominal terms, and 1.9% in real terms.

11 In 2008, government financing of health expenditure was US\$ 24.3 million (mostly originated from RoW funds), compared with US\$ 6.2 million from social security funds and US\$ 2.2 million from household out-of-pocket expenditure.

12 The annual increase in real terms of 1.9% in 2007-2008 was the only positive growth over the period 2005 to 2008. Overall, total health expenditure decreased by 0.3% per annum on average during the period.

13 The ratio of FSM's health expenditure to gross domestic product (health to GDP ratio) provides an indication of the proportion of overall economic activity contributed by the health sector. Total health expenditure grew at an average annual rate of 2.7% while GDP grew at a lower rate of 1.8%. Consequently, the trend in the ratio of health spending to GDP has increased slightly from 12.6% in 2005 to 12.9% in 2008.

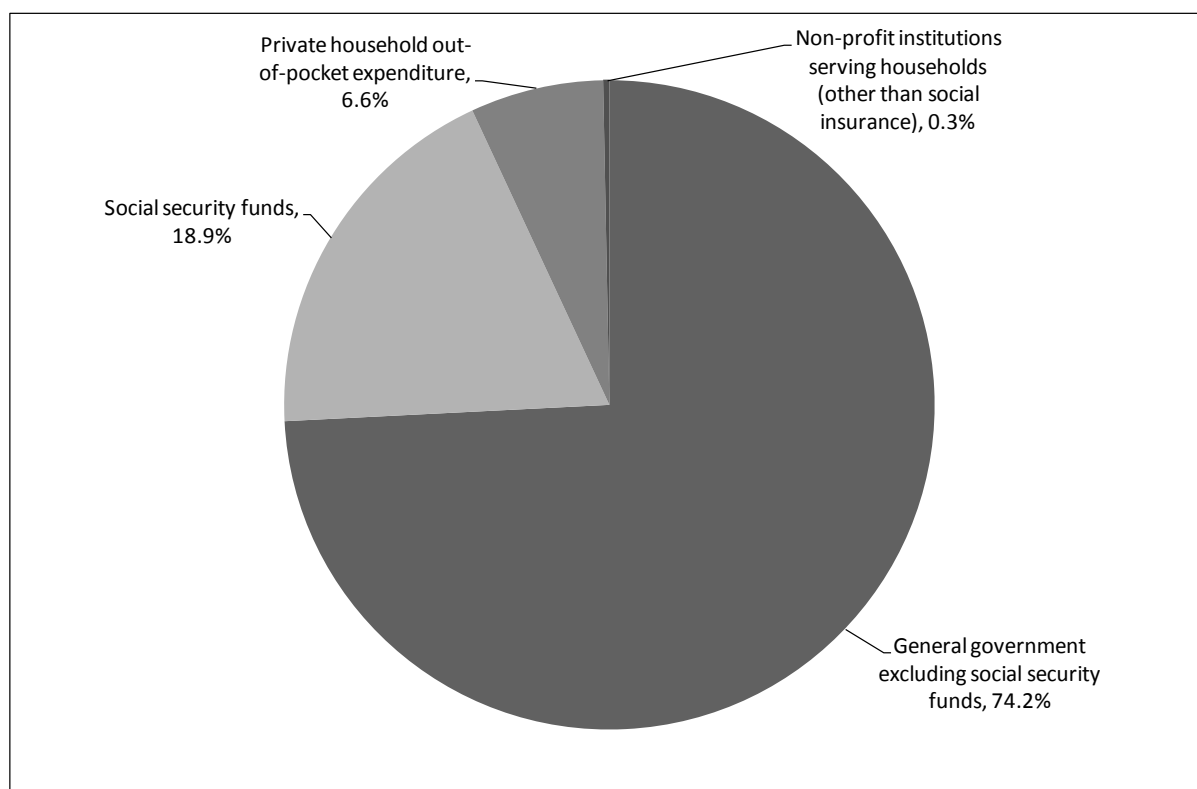


14 As the population grows, health expenditure is likely to increase. So it is better to also examine health expenditure on a per person basis. This removes the influence of changes in the overall size of the population from the analysis.

15 During 2008, the estimated per person health expenditure was US\$ 304. Real growth in per person health expenditure between 2005 and 2008 averaged -0.3% per year, which suggests that total health expenditure grew slower than the size of FSM population by 0.3 percentage point on average annually. Nonetheless, health expenditure grew faster than the economy by 0.9 percentage points per annum on average (-0.3% vs. -1.2%).

16 The bulk of the private sector financing was by household out-of-pocket expenditure, which was more than 95% of private health spending throughout the entire period under review, whilst the rest was funds from non-profit institutions serving households.

Figure 1: Share of total health expenditure by financing agent. FSM, 2008



Health expenditure by function

17 The FSMHA systematically classifies the purposes or functional uses of health expenditures. Total health expenditure in FSM consists of both recurrent and capital expenditures. Recurrent expenditures are used for a range of functional purposes, whilst capital expenditures are used to invest in new capital infrastructure and equipment. In 2008, 98.1% was recurrent expenditure and 1.9% was capital formation of health care providers.

18 The largest share of health spending was on curative care: 55.6% of THE in 2005 and 57.9% in 2008 (Figure 2).

19 The second largest component of spending was prevention and public health services, which accounted for 19.8% of total health spending in 2008, slightly decreased from 21.2% in 2005.

20 Expenditure on health administration and health insurance increased as a share of total spending from 13.6% in 2005 to 14.4% in 2008. The increase was due to the increase in national government expenditure over 2007-2008.

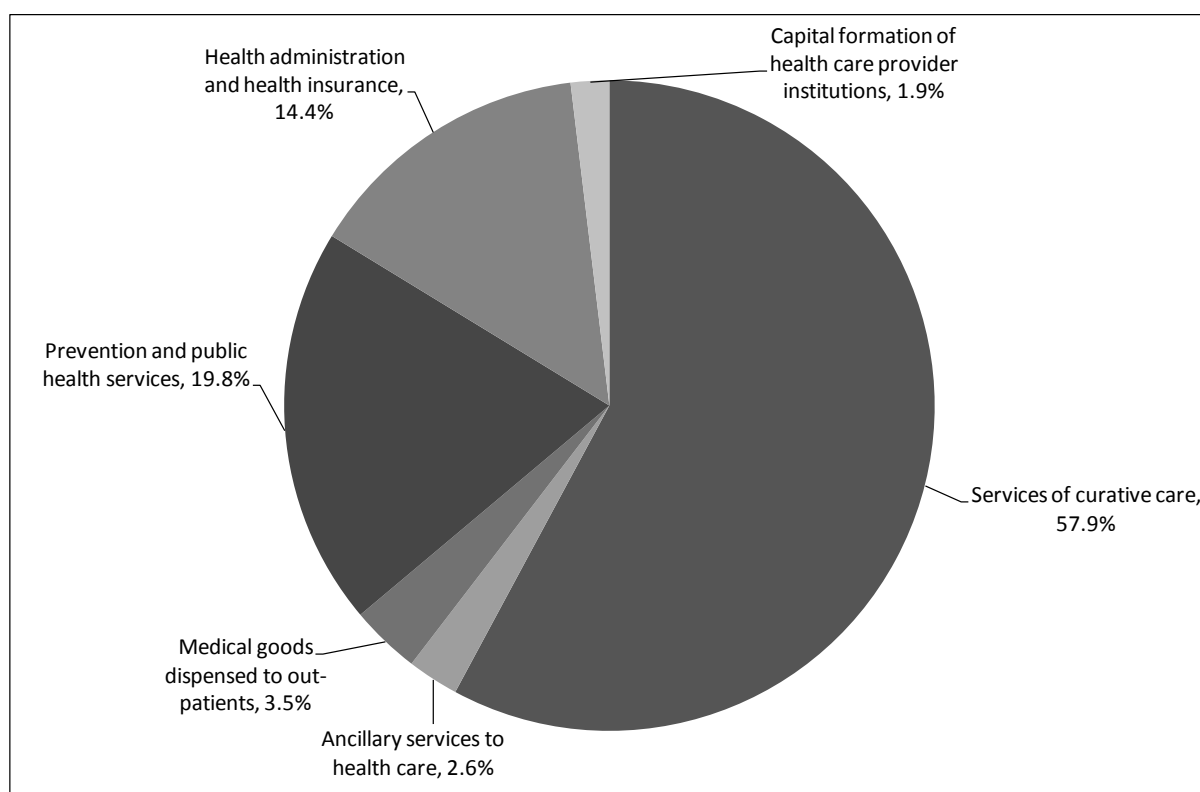
21 Expenditures for capital formation are largely on building and improving hospitals, and purchasing plant and equipment and was in the range of 1.9-6.8% of THE. Most capital expenditures in the health sector were paid for by the government, and a significant part of this was financed by the donor funds that were channeled through the Department of Finance and Administration.

Expenditure by State

22 The FSM health accounts disaggregate health expenditures (as much as possible) by state for all years since 2005.

23 Excluding expenditures spent on national collective services and nation-wide personal medical services, 80.7% of total expenditures in 2008 can be segregated by state. Pohnpei state incurred the highest volume of expenditures, while Kosrae state incurred the lowest. Much of these differences in the volume of spending by state can be explained by the differences in population of each state. Over time the spending gap between the four states has narrowed. Per capita health expenditures in 2008 were higher in the states of Kosrae (US\$ 336) and Yap (US\$ 305) compared to Pohnpei (US\$ 299) and Chuuk (US\$ 128) because of their small population.

Figure 2: Share of total health expenditure by function. FSM, 2008

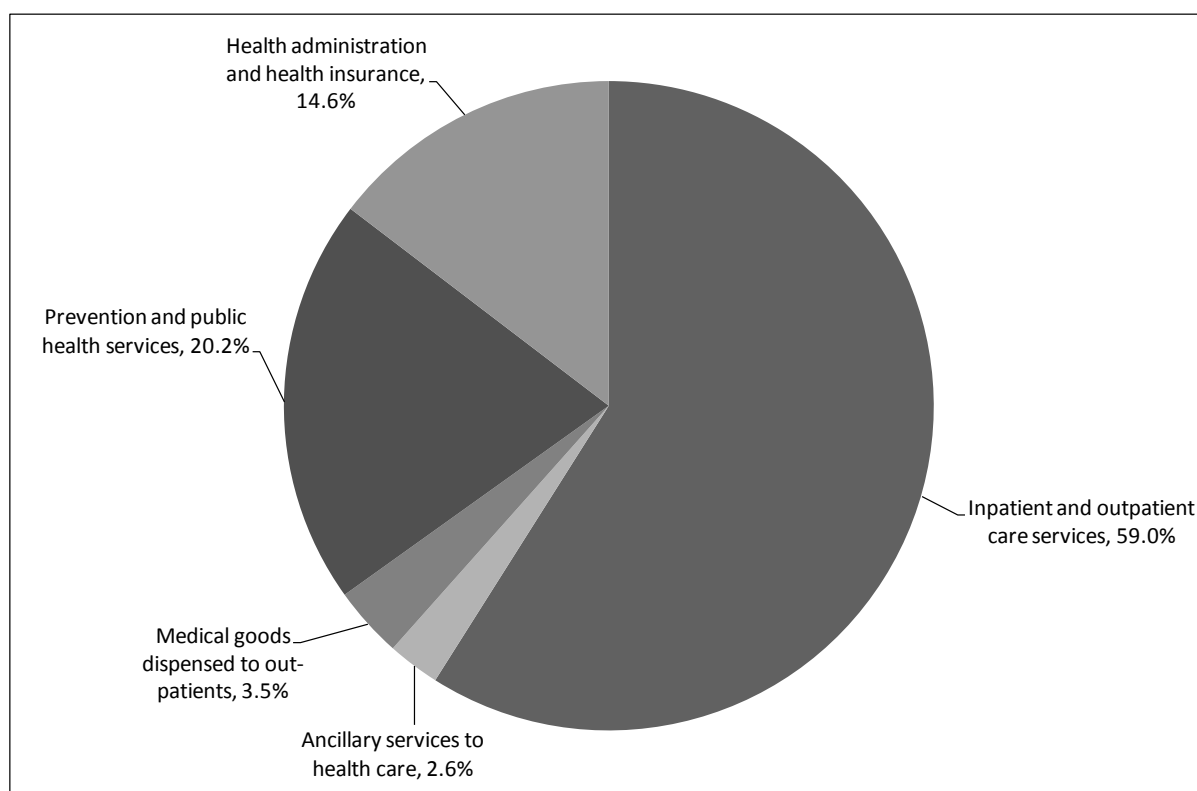


Current health expenditure by mode of production

24 In 2008, 59.0% of total current health expenditure (TCE) was spent on curative care, specifically in-patient and out-patient care as day-care and home care expenditures are considered negligible.

25 Other modes of production including ancillary services to health care and medical goods dispensed to out-patients stayed at relatively constant levels during the period 2005 to 2008. The relative expenditure on health administration and health insurance increased to 14.6% in 2008, due to expansion in central and provincial ministry administrative functions, and some increase in social health insurance administration.

Figure 3: Share of current health expenditure by mode of production. FSM, 2008



Current health expenditure by provider

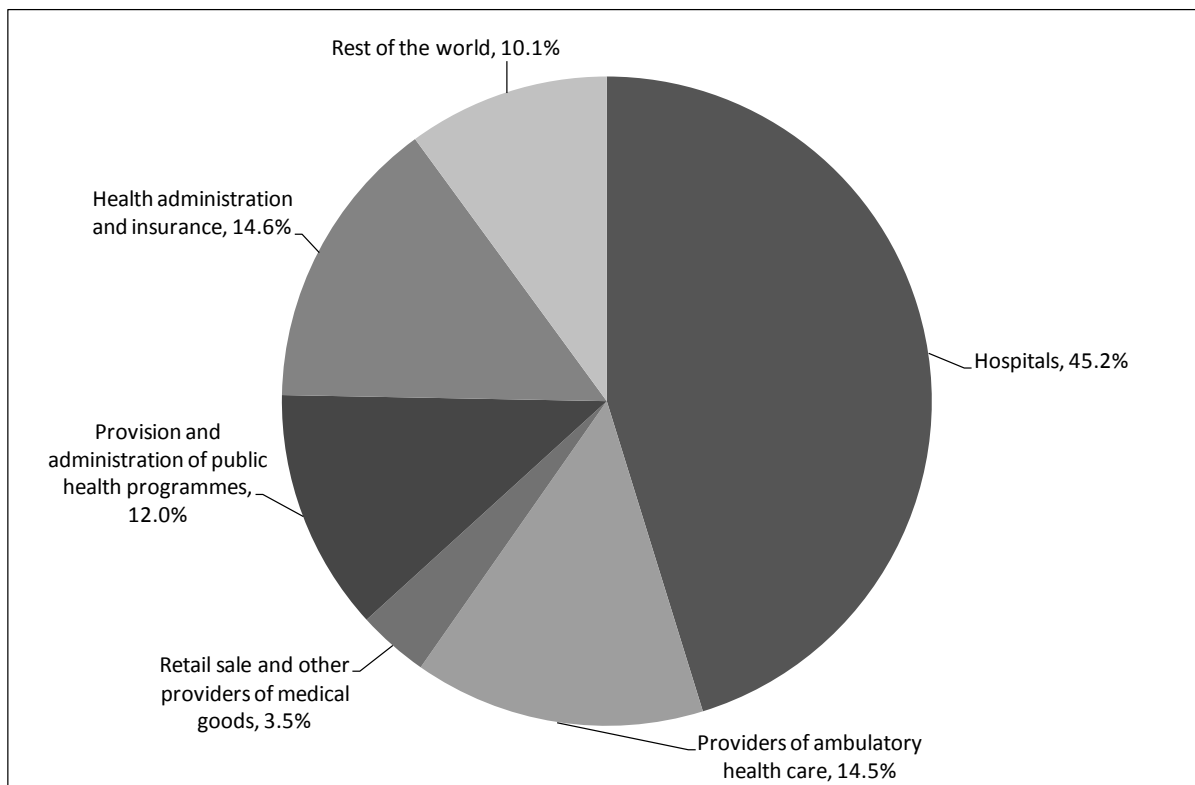
26 The FSMHA systematically classifies all expenditures by the institutions (providers) where they are incurred. In 2008, majority of the recurrent expenditure was distributed among hospitals (45.2%), general health administration and insurance (14.6%), providers of ambulatory health care (14.5%), and provision and administration of public health programs (12.0%). Ambulatory care providers are mainly the clinics of private physicians and dentists, and government outpatient facilities, such as dispensaries. Retail distributors are predominantly private pharmacies.

27 Expenditures at hospitals were the largest spending component throughout the period 2005 to 2008, with its share increasing from 39.7% in 2005 to 45.2% in 2008 오류! 참조

원본을 찾을 수 없습니다.. This was largely at the expense of spending at ambulatory care and rest of the world providers, whose shares decreased from 17.1% to 14.5% of total recurrent spending for the former and 13.2% to 10.1% for the latter.

28 There were no other significant changes in the expenditure shares of major provider types, and the share accounted for by retailers of medical goods remained stable at about 3.5% of current expenditures.

Figure 4: Share of current health expenditure by provider. FSM, 2008



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

29 In 2008, expenditure on curative care was US\$ 19.0 million (59.0% of TCE). All of this was accounted for by hospitals (72.2%), rest of the world (17.1%), and providers of ambulatory health care (10.7%). Provision of inpatient care by nursing and residential care facilities and expenditures on day-care and home care are not currently measured owing to lack of data. They are also considered negligible.

30 Expenditure on ancillary services to health care was US\$ 0.84 million (2.6% of TCE), of which 100% was paid to hospitals.

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

Spending structure of the financing agents

31 In 2008, general government current expenditure on health amounted to US\$ 29.9

million (92.9% of TCE), which was mostly incurred at hospitals (46.9% of general government current expenditure or 43.6% of TCE). Private expenditure (US\$ 2.3 million) was mostly incurred at both hospitals (23.0% of private expenditure) and providers of ambulatory health care (22.5% of private expenditure). This reflects the health care economy of FSM where public hospitals generally account for about 92-96% of total in-patient admissions and out-patient care.

32 The other significant providers financed by general government expenditure include health administration (15.8%), providers of ambulatory health care (13.9%) and administration of public health programs (12.6%). None of the public sector budget for health care is used to pay private providers.

33 Most private spending is used to fund services provided by retail sales and other providers of medical goods (50.0%), hospitals (23.0%) and services by providers of ambulatory health care (22.5%). Most ambulatory health care services are provided by offices of medical physicians (13.9%).

34 Private out-of-pocket payments funded a wide range of providers, the largest share being paid to retail sale and other providers of medical goods (52.3%), second to hospitals (24.1%), and the third to providers of ambulatory care (23.6%).

How different providers are financed

35 Of the US\$ 14.0 million spent on hospital care, 88.1% came from central and state government revenue, 8.3% from social security funds and 3.6% from private household out-of-pocket payments. Expenditures for nursing and residential care facilities are currently not measured in FSM's health accounts, but are considered to be negligible. Providers of ambulatory health care had a more even mix of financing sources which included central and state general government revenue (56.5%), social security funds (32.5%) and private household out-of-pocket payments (11.0%).

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

Functional structure of spending by financing agents

36 Both public and private spending was mostly expended on curative care services and goods (59.0% overall). The rest of public funding was mostly distributed among prevention and public health services (21.4%) and health administration and health insurance (15.8%). By comparison, private spending was mostly concentrated on medical goods dispensed to out-patients (52.3%).

37 Private out-of-pocket payments were expended on services of curative care (47.7%) and medical goods dispensed to out-patients (52.3%).

How the different functions are financed

38 Expenditure on curative care was predominantly funded by general government (94.5%), mostly state government revenues (61.5%) and social security funds (29.1%), with the remainder from household out-of-pocket payments (5.5%).

39 Ancillary services were totally funded by the General government. Medical goods dispensed to out-patients in the current FSM health accounts estimates refer only to sales from private pharmacies and retail outlets. This provision was funded totally by private household out-of-pocket payments (100%).

CONCLUSIONS

Summary of findings

40 According to the WHO estimates of national health expenditure published in its annual World Health Reports, compared to other developing countries, particularly Fiji and Vanuatu, FSM has devoted a relatively high percentage of its GDP to health expenditure.

41 FSM spent 12.9% of its GDP on health expenditure in 2008. Health expenditures as a share of GDP have remained relatively stable since 2005 (12.6% of GDP).

42 The share of public spending in total expenditure on health has decreased slightly from 93.3% to 93.1% between 2005 and 2008. This share is relatively high compared with other developed market economies of the OECD (World Health Organization, 2005) given that major source of government revenue was external donor funds.

43 The small private sector funding was mainly spent on curative health services. Private insurance enterprises, currently, have no role in private financing.

44 Expenditure at hospitals has increased from 39.7% to 45.2% over the period 2005 to 2008. Hospital expenditures were predominately financed by public sources, particularly state government revenue with about 5% made up of household out-of-pocket expenditure.

45 Expenditures for providers of ambulatory care had a more even mix of financing source. Central and state governments made the largest contribution (56.5%), followed by social security funds (32.5%) and households (11.0%).

Main issues encountered in implementing SHA

46 The main issue encountered in implementing the SHA was the inability to ascertain from curative costs how much was inpatient related and how much was outpatient. Data was not available that would allow us to make this distinction and certainly more hospital costing studies are required both at National and State levels to help classify health spending on inpatient and outpatient care.

47 In the estimation process, we encountered several classification 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.

48 The measurement of HC.R.1, capital formation, was not comparable across public and private sectors, or complete. In the private sector, new investment expenditure was difficult to capture because of the lack of data.

49 Finally, there are still limited local data available on home care and day care. More routine data gathering exercises, as opposed to ad hoc surveys, to better inform future rounds of estimations should be instituted.

Future work

50 We are currently working on methods to better estimate health costs such as inpatient and outpatient expenditures. New data is required and we are exploring various options on how this data can be ascertained and incorporated into standard reporting. We are also exploring options for developing new survey-based data sources for tracking health care services provided by the public sector.

51 Expenditures for long-term nursing care, home care and day-care are not currently measured as they are considered negligible, given its future policy importance, it is planned to initiate data collection for this type of spending in future.

52 We also hope to extend the NHA reports to disease level of spending.

ANNEX 1: METHODOLOGY

Data sources

53 FSM's health accounts are compiled by the Division of Health, Department of Health and Social Affairs based on the following information sources.

Public sector

- National and State governments audited financial statements
- National and State governments proposed budgets

Private sector

- MiCare and Chuuk Health Care Plan audited financial statements
- Household Income and Expenditure Survey
- Data returns from NGOs

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

54 FSM'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. 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.

55 FSM health accounts include in the definition of health expenditure, spending on services and goods provided by traditional or non-allopathic providers, and by unqualified providers.

56 Except for above, there were no definitional differences in the classifications provided by the ICHA and the FSM implementation of the ICHA. Any other differences that exist are of a practical nature, and involve methodological problems in estimation or lack of data.

Estimates on total expenditure

57 There were no routine statistics on national health spending prior to the development of FSM health accounts, so the implementation of the SHA did not have any impact on the amount of measured expenditure.

58 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, but because these services are currently thought to be insignificant in FSM, any impact this will have on international comparability is likely to be small:

- i) Home care

- ii) Day care
- iii) Capital formation by private sector ambulatory providers

Other methodological issues

Preventive health expenditure

59 We did not make any effort to estimate HC.6 expenditures incurred for such activities provided through general medical consultations, although it is known that both private general practitioners and physicians in government outpatient settings provide these services, as we lack data sources for estimating the expenditures involved. Such services include immunizations, family planning services and health education.

Capital depreciation

60 Depreciation is included and distributed among HC.1-7 for both public and private sectors. However, capital formation was not estimated for private facilities given the lack of data and small market share.

ANNEX 2: TABLES

Table A1: Total health expenditure by financing agent

		2005		2008	
		US\$ '000	Percent	US\$ '000	Percent
HF.1	General government	28,278	93.3%	30,524	93.1%
HF.1.1	General government excluding social security funds	21,840	72.1%	24,337	74.2%
HF.1.2	Social security funds	6,438	21.2%	6,187	18.9%
HF.2	Private sector	2,029	6.7%	2,275	6.9%
HF.2.1	Private social insurance	0	0%	0	0%
HF.2.2	Private insurance enterprises (other than social insurance)	0	0%	0	0%
HF.2.3	Private household out-of-pocket expenditure	1,932	6.4%	2,174	6.6%
HF.2.4	Non-profit institutions serving households (other than social insurance)	97	0.3%	101	0.3%
HF.2.5	Corporations (other than health insurance)	0	0%	0	0
HF.3	Rest of the world	0	0%	0	0%
Total health expenditure		30,307	100%	32,799	100%

Table A2: Total health expenditure by function

		2005		2008	
		US\$ '000	Percent	US\$ '000	Percent
HC.1;2	Services of curative and rehabilitative care	16,849	55.6%	18,976	57.9%
HC.3	Services of long-term nursing care	0	0%	0	0%
HC.3.1	In-patient long-term nursing care	0	0%	0	0%
HC.3.2	Day cases of long-term nursing care	0	0%	0	0%
HC.3.3	Long-term nursing care: home care	0	0%	0	0%
HC.4	Ancillary services to health care	823	2.7%	838	2.6%
HC.5	Medical goods dispensed to out-patients	1,053	3.5%	1,138	3.5%
HC.5.1	Pharmaceuticals and other medical non-durables	1,005	3.3%	1,089	3.3%
HC.5.2	Therapeutic appliances and other medical durables	47	0.2	49	0.1%
HC.6	Prevention and public health services	6,439	21.2%	6,511	19.8%
HC.7	Health administration and health insurance	4,108	13.6%	4,710	14.4%
HC.R.1	Capital formation of health care provider institutions	1,035	3.4%	626	1.9%
Total health expenditure		30,307	100%	32,799	100%

Table A3: Current health expenditure by mode of production

		2005		2008	
		US\$ '000	Percent	US\$ '000	Percent
	In-patient and out-patient care	16,849	57.6%	18,976	59.0%
HC.1.1; 2.1; 1.3; 2.3	Curative and rehabilitative care	16,849	57.6%	18,976	59.0%
HC.3.1	Long-term nursing care	0	0%	0	0%
	Services of day-care	0	0%	0	0%
HC.1.2; 2.2	Day cases of curative and rehabilitative care	0	0%	0	0%
HC.3.2	Day cases of long-term nursing care	0	0%	0	0%
	Home care	0	0%	0	0%
HC.1.4; 2.4	Home care (curative and rehabilitative)	0	0%	0	0%
HC.3.3	Long-term nursing care: home care	0	0%	0	0%
HC.4	Ancillary services to health care	823	2.8%	838	2.6%
HC.5	Medical goods dispensed to out-patients	1,053	3.6%	1,138	3.5%
HC.5.1	Pharmaceuticals and other medical non-durables	1,005	3.4%	1,089	3.4%
HC.5.2	Therapeutic appliances and other medical durables	47	0.2%	49	0.2%
	Total expenditure on personal health care	18,726	64.0%	20,952	65.1%
HC.6	Prevention and public health services	6,439	22.0%	6,511	20.2%
HC.7	Health administration and health insurance	4,108	14.0%	4,710	14.6%
	Total current expenditure on health	29,272	100%	32,172	100%

Table A4: Current health expenditure by provider

		2005		2008	
		US\$ million	Percent	US\$ million	Percent
HP.1	Hospitals	11,635	39.7%	14,546	45.2%
HP.2	Nursing and residential care facilities	0	0%	0	0%
HP.3	Providers of ambulatory health care	5,011	17.1%	4,668	14.5%
HP.4	Retail sale and other providers of medical goods	1,053	3.6%	1,138	3.5%
HP.5	Provision and administration of public health programmes	3,613	12.3%	3,873	12.0%
HP.6	Health administration and insurance	4,108	14.0%	4,710	14.6%
HP.6.1	Government administration of health	3,561	12.2%	4,038	12.6%
HP.6.2	Social security funds	546	1.9%	672	2.1%
HP.6.3;6.4	Other insurance	0	0%	0	0%
HP.7	Other industries (rest of the economy)	0	0%	0	0%
HP.7.1	Establishments as providers of occupational health care services	0	0%	0	0%
HP.7.2	Private households as providers of home care	0	0%	0	0%
HP.7.9	All other industries as secondary producers of health care	0	0%	0	0%
HP.9	Rest of the world	3,852	13.2%	3,237	10.1%
	Total current expenditure on health	29,272	100%	32,172	100%

ANNEX 3: FSM 2008 SHA TABLES

SHA Table 2.1 Current expenditure on health by function and provider (US\$ '000)

Functions	Providers																			Current expenditure HP.1-HP.9	
	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.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7		HP.9
	Hospitals	Nursing and residential care facilities	Providers of ambulatory health 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	Other providers of ambulatory health care	Retail sale and other providers of medical goods	Provision and administration or public health programs	General health administration and insurance	Government administration of health	Social security funds	Other social insurance	Other (private) insurance	All other providers of health administration	Other industries (rest of the economy)	Rest of the world	
HC.1 Services of curative care	13,708	-	2,031	317	-	196	-	-	-	-	-	-	-	-	-	-	-	-	-	3,237	18,976
HC.2 Services of rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3 Services of long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4 Ancillary services to health care	838	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	838
HC.5 Medical goods dispensed to out-patients	-	-	-	-	-	-	-	-	-	-	1,138	-	-	-	-	-	-	-	-	-	1,138
HC.5.1 Pharmaceutical and other medical non-durables	-	-	-	-	-	-	-	-	-	-	1,089	-	-	-	-	-	-	-	-	-	1,089
HC.5.1.1 Prescribed medicines	-	-	-	-	-	-	-	-	-	-	963	-	-	-	-	-	-	-	-	-	963
HC.5.1.2 Over-the-counter medicines	-	-	-	-	-	-	-	-	-	-	103	-	-	-	-	-	-	-	-	-	103
HC.5.1.3 Other medical non-durables	-	-	-	-	-	-	-	-	-	-	23	-	-	-	-	-	-	-	-	-	23
HC.5.2 Therapeutic appliances and other medical durables	-	-	-	-	-	-	-	-	-	-	49	-	-	-	-	-	-	-	-	-	49
HC.5.2.1 Glasses and other vision products	-	-	-	-	-	-	-	-	-	-	49	-	-	-	-	-	-	-	-	-	49
HC.5.2.2 Orthopaedic appliances and other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.3 Hearing aids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.4 Medico-technical devices, including wheelchairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.9 All other miscellaneous medical durables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6 Prevention and public health services	-	-	2,637	-	-	-	2,637	-	-	-	-	3,873	-	-	-	-	-	-	-	-	6,511
HC.6.1 Maternal and child health; family planning and counselling	-	-	455	-	-	-	455	-	-	-	-	1,248	-	-	-	-	-	-	-	-	1,704
HC.6.2 School health services	-	-	-	-	-	-	-	-	-	-	-	56	-	-	-	-	-	-	-	-	56
HC.6.3 Prevention of communicable diseases	-	-	129	-	-	-	129	-	-	-	-	434	-	-	-	-	-	-	-	-	562
HC.6.4 Prevention of non-communicable diseases	-	-	228	-	-	-	228	-	-	-	-	809	-	-	-	-	-	-	-	-	1,037
HC.6.5 Occupational health care	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
HC.6.9 All other misc. public health services	-	-	1,475	-	-	-	1,475	-	-	-	935	-	-	-	-	-	-	-	-	-	2,410
HC.7 Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	4,710	4,038	672	-	-	-	-	-	4,710
HC.7.1 General government administration of health	-	-	-	-	-	-	-	-	-	-	-	4,710	4,038	672	-	-	-	-	-	-	4,710
HC.7.1.1 General government administration of health (except social security)	-	-	-	-	-	-	-	-	-	-	-	4,038	4,038	-	-	-	-	-	-	-	4,038
HC.7.1.2 Administration, operation and support activities of social security funds	-	-	-	-	-	-	-	-	-	-	-	672	-	672	-	-	-	-	-	-	672
HC.7.2 Health administration and health insurance: private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.1 Health administration and health insurance: social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.2 Health administration and health insurance: other private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current health care expenditure HC.1-HC.7	14,546	-	4,668	317	-	196	2,637	-	-	-	1,138	3,873	4,710	4,038	672	-	-	-	-	3,237	32,172

SHA Table 2.2 Current expenditure on health by function and provider: share by provider

Functions	Providers																			Current expenditure HP.1-HP.9	
	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.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7		HP.9
	Hospitals	Nursing and residential care facilities	Providers of ambulatory health 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	Other providers of ambulatory health care	Retail sale and other providers of medical goods	Provision and administration of public health programs	General health administration and insurance	Government administration of health	Social security funds	Other social insurance	Other (private) insurance	All other providers of health administration	Other industries (rest of the economy)	Rest of the world	
HC.1 Services of curative care	72.2	-	10.7	1.7	-	1.0	-	-	-	-	-	-	-	-	-	-	-	-	-	17.1	100
HC.2 Services of rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3 Services of long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4 Ancillary services to health care	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100
HC.5 Medical goods dispensed to out-patients	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.1 Pharmaceutical and other medical non-durables	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.1.1 Prescribed medicines	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.1.2 Over-the-counter medicines	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.1.3 Other medical non-durables	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.2 Therapeutic appliances and other medical durables	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.2.1 Glasses and other vision products	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5.2.2 Orthopaedic appliances and other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.3 Hearing aids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.4 Medico-technical devices, including wheelchairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.9 All other miscellaneous medical durables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6 Prevention and public health services	-	-	40.5	-	-	-	40.5	-	-	-	-	59.5	-	-	-	-	-	-	-	-	100
HC.6.1 Maternal and child health; family planning and counselling	-	-	26.7	-	-	-	26.7	-	-	-	-	73.3	-	-	-	-	-	-	-	-	100
HC.6.2 School health services	-	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	100
HC.6.3 Prevention of communicable diseases	-	-	22.9	-	-	-	22.9	-	-	-	-	77.1	-	-	-	-	-	-	-	-	100
HC.6.4 Prevention of non-communicable diseases	-	-	22.0	-	-	-	22.0	-	-	-	-	78.0	-	-	-	-	-	-	-	-	100
HC.6.5 Occupational health care	-	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	100
HC.6.9 All other misc. public health services	-	-	61.2	-	-	-	61.2	-	-	-	-	38.8	-	-	-	-	-	-	-	-	100
HC.7 Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	100	85.7	14.3	-	-	-	-	-	100
HC.7.1 General government administration of health	-	-	-	-	-	-	-	-	-	-	-	-	100	85.7	14.3	-	-	-	-	-	100
HC.7.1.1 General government administration of health (except social security)	-	-	-	-	-	-	-	-	-	-	-	-	100	100	-	-	-	-	-	-	100
HC.7.1.2 Administration, operation and support activities of social security funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	100
HC.7.2 Health administration and health insurance: private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.1 Health administration and health insurance: social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.2 Health administration and health insurance: other private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current health care expenditure HC.1-HC.7	45.2	-	14.5	1.0	-	0.6	8.2	-	-	-	3.5	12.0	14.6	12.6	2.1	-	-	-	-	10.1	100

SHA Table 2.3 Current expenditure on health by function and provider: share by function

Functions	Providers																			Current expenditure HP.1 HP.9	
	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.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7		HP.9
	Hospitals	Nursing and residential care facilities	Providers of ambulatory health 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	Other providers of ambulatory health care	Retail sale and other providers of medical goods	Provision and administration of public health programs	General health administration and insurance	Government administration of health	Social security funds	Other social insurance	Other (private) insurance	All other providers of health administration	Other industries (rest of the economy)	Rest of the world	
HC.1 Services of curative care	94.2	-	43.5	100	-	100	-	-	-	-	-	-	-	-	-	-	-	-	-	100	59.0
HC.2 Services of rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3 Services of long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4 Ancillary services to health care	5.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.6
HC.5 Medical goods dispensed to out-patients	-	-	-	-	-	-	-	-	-	-	100	-	-	-	-	-	-	-	-	-	3.5
HC.5.1 Pharmaceutical and other medical non-durables	-	-	-	-	-	-	-	-	-	-	95.7	-	-	-	-	-	-	-	-	-	3.4
HC.5.1.1 Prescribed medicines	-	-	-	-	-	-	-	-	-	-	84.6	-	-	-	-	-	-	-	-	-	3.0
HC.5.1.2 Over-the-counter medicines	-	-	-	-	-	-	-	-	-	-	9.1	-	-	-	-	-	-	-	-	-	0.3
HC.5.1.3 Other medical non-durables	-	-	-	-	-	-	-	-	-	-	2.0	-	-	-	-	-	-	-	-	-	0.1
HC.5.2 Therapeutic appliances and other medical durables	-	-	-	-	-	-	-	-	-	-	4.3	-	-	-	-	-	-	-	-	-	0.2
HC.5.2.1 Glasses and other vision products	-	-	-	-	-	-	-	-	-	-	4.3	-	-	-	-	-	-	-	-	-	0.2
HC.5.2.2 Orthopaedic appliances and other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.3 Hearing aids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.4 Medico-technical devices, including wheelchairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.9 All other miscellaneous medical durables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6 Prevention and public health services	-	-	56.5	-	-	-	100	-	-	-	-	100	-	-	-	-	-	-	-	-	20.2
HC.6.1 Maternal and child health; family planning and counselling	-	-	9.8	-	-	-	17.3	-	-	-	-	32.2	-	-	-	-	-	-	-	-	5.3
HC.6.2 School health services	-	-	-	-	-	-	-	-	-	-	-	1.4	-	-	-	-	-	-	-	-	0.2
HC.6.3 Prevention of communicable diseases	-	-	2.8	-	-	-	4.9	-	-	-	-	11.2	-	-	-	-	-	-	-	-	1.7
HC.6.4 Prevention of non-communicable diseases	-	-	4.9	-	-	-	8.6	-	-	-	-	20.9	-	-	-	-	-	-	-	-	3.2
HC.6.5 Occupational health care	-	-	-	-	-	-	-	-	-	-	-	0.0	-	-	-	-	-	-	-	-	0.0
HC.6.9 All other misc. public health services	-	-	31.6	-	-	-	55.9	-	-	-	-	24.1	-	-	-	-	-	-	-	-	7.5
HC.7 Health administration and health insurance	-	-	-	-	-	-	-	-	-	-	-	-	100	100	100	100	-	-	-	-	14.6
HC.7.1 General government administration of health	-	-	-	-	-	-	-	-	-	-	-	-	100	100	100	-	-	-	-	-	14.6
HC.7.1.1 General government administration of health (except social security)	-	-	-	-	-	-	-	-	-	-	-	-	85.7	100	-	-	-	-	-	-	12.6
HC.7.1.2 Administration, operation and support activities of social security funds	-	-	-	-	-	-	-	-	-	-	-	14.3	-	100	-	-	-	-	-	-	2.1
HC.7.2 Health administration and health insurance: private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.1 Health administration and health insurance: social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.2 Health administration and health insurance: other private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current health care expenditure HC.1-HC.7	100	-	100	100	-	100	100	-	-	-	100	100	100	100	100	-	-	-	-	100	100

SHA Table 3.1 Current expenditure on health by provider and financing agent (US\$ '000)

	Financing agents														Current health care expenditure HF.1-HF.3	
	HF.1	HF.1.1.	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2	HF.1.1.3	HF.1.2.	HF.2	HF.2.1.	HF.2.2.	HF.2.3.	HF.2.4.	HF.2.5.		HF.3
Providers	General government	General government (excl. social security) = Territorial government	Central government	Ministry of Health	Other Ministries	State / provincial government	Local / municipal government	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world	
HP.1 Hospitals	14,022	12,812	754	754	-	12,058	-	1,210	524	-	-	524	-	-	-	14,546
HP.2 Nursing and residential care facilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3 Providers of ambulatory health care	4,156	2,637	-	-	-	2,637	-	1,518	513	-	-	513	-	-	-	4,668
HP.3.1 Offices of physicians	-	-	-	-	-	-	-	-	317	-	-	317	-	-	-	317
HP.3.2 Offices of dentists	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.3 Offices of other health practitioners	-	-	-	-	-	-	-	-	196	-	-	196	-	-	-	196
HP.3.4 Out-patient care centres	2,637	2,637	-	-	-	2,637	-	-	-	-	-	-	-	-	-	2,637
HP.3.5 Medical and diagnostic laboratories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.6 Providers of home health care services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.9 Other providers of ambulatory health care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.4 Retail sale and other providers of medical goods	-	-	-	-	-	-	-	-	1,138	-	-	1,138	-	-	-	1,138
HP.5 Provision and administration of public health programs	3,773	3,773	3,015	3,015	-	757	-	-	101	-	-	-	101	-	-	3,873
HP.6 General health administration and insurance	4,710	4,038	472	472	-	3,566	-	672	-	-	-	-	-	-	-	4,710
HP.6.1 Government administration of health	4,038	4,038	472	472	-	3,566	-	-	-	-	-	-	-	-	-	4,038
HP.6.2 Social security funds	672	-	-	-	-	-	-	672	-	-	-	-	-	-	-	672
HP.6.3 Other social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.6.4 Other (private) insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.6.9 All other providers of health administration	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.7 Other industries (rest of the economy)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.9 Rest of the world	3,237	450	-	-	-	450	-	2,787	-	-	-	-	-	-	-	3,237
Current health care expenditure HC.1-HC.7	29,897	23,710	4,241	4,241	-	19,469	-	6,187	2,275	-	-	2,174	101	-	-	32,172

SHA Table 3.2 Current expenditure on health by provider and financing agent: share by financing agent

	Financing agents															Current health care expenditure HF.1-HF.3
	HF.1	HF.1.1.	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2	HF.1.1.3	HF.1.2.	HF.2	HF.2.1.	HF.2.2.	HF.2.3.	HF.2.4.	HF.2.5.	HF.3	
<i>Providers</i>	General government	General government (excl. social security) = Territorial government	Central government	Ministry of Health	Other Ministries	State / provincial government	Local / municipal government	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world	
HP.1 Hospitals	96.4	88.1	5.2	5.2	-	82.9	-	8.3	3.6	-	-	3.6	-	-	-	100
HP.2 Nursing and residential care facilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3 Providers of ambulatory health care	89.0	56.5	-	-	-	56.5	-	32.5	11.0	-	-	11.0	-	-	-	100
HP.3.1 Offices of physicians	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HP.3.2 Offices of dentists	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.3 Offices of other health practitioners	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HP.3.4 Out-patient care centres	100	100	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HP.3.5 Medical and diagnostic laboratories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.6 Providers of home health care services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.9 Other providers of ambulatory health care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.4 Retail sale and other providers of medical goods	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HP.5 Provision and administration of public health programs	97.4	97.4	77.9	77.9	-	19.5	-	-	2.6	-	-	-	2.6	-	-	100
HP.6 General health administration and insurance	100	85.7	10.0	10.0	-	75.7	-	14.3	-	-	-	-	-	-	-	100
HP.6.1 Government administration of health	100	100	11.7	11.7	-	88.3	-	-	-	-	-	-	-	-	-	100
HP.6.2 Social security funds	100	-	-	-	-	-	-	100	-	-	-	-	-	-	-	100
HP.6.3 Other social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.6.4 Other (private) insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.6.9 All other providers of health administration	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.7 Other industries (rest of the economy)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.9 Rest of the world	100	13.9	-	-	-	13.9	-	86.1	-	-	-	-	-	-	-	100
Current health care expenditure HC.1-HC.7	92.9	73.7	13.2	13.2	-	60.5	-	19.2	7.1	-	-	6.8	0.3	-	-	100

SHA Table 3.3 Current expenditure on health by provider and financing agent: share by provider

	Financing agents															Current health care expenditure HF.1-HF.3
	HF.1	HF.1.1.	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2	HF.1.1.3	HF.1.2.	HF.2	HF.2.1.	HF.2.2.	HF.2.3.	HF.2.4.	HF.2.5.	HF.3	
<i>Providers</i>	General government	General government (excl. social security) = Territorial government	Central government	Ministry of Health	Other Ministries	State / provincial government	Local / municipal government	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world	
HP.1 Hospitals	46.9	54.0	17.8	17.8	-	61.9	-	19.6	23.0	-	-	24.1	-	-	-	45.2
HP.2 Nursing and residential care facilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3 Providers of ambulatory health care	13.9	11.1	-	-	-	13.5	-	24.5	22.5	-	-	23.6	-	-	-	14.5
HP.3.1 Offices of physicians	-	-	-	-	-	-	-	-	13.9	-	-	14.6	-	-	-	1.0
HP.3.2 Offices of dentists	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.3 Offices of other health practitioners	-	-	-	-	-	-	-	-	8.6	-	-	9.0	-	-	-	0.6
HP.3.4 Out-patient care centres	8.8	11.1	-	-	-	13.5	-	-	-	-	-	-	-	-	-	8.2
HP.3.5 Medical and diagnostic laboratories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.6 Providers of home health care services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.3.9 Other providers of ambulatory health care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.4 Retail sale and other providers of medical goods	-	-	-	-	-	-	-	-	50.0	-	-	52.3	-	-	-	3.5
HP.5 Provision and administration of public health programs	12.6	15.9	71.1	71.1	-	3.9	-	-	4.4	-	-	-	100	-	-	12.0
HP.6 General health administration and insurance	15.8	17.0	11.1	11.1	-	18.3	-	10.9	-	-	-	-	-	-	-	14.6
HP.6.1 Government administration of health	13.5	17.0	11.1	11.1	-	18.3	-	-	-	-	-	-	-	-	-	12.6
HP.6.2 Social security funds	2.2	-	-	-	-	-	-	10.9	-	-	-	-	-	-	-	2.1
HP.6.3 Other social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.6.4 Other (private) insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.6.9 All other providers of health administration	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.7 Other industries (rest of the economy)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.9 Rest of the world	10.8	1.9	-	-	-	2.3	-	45.0	-	-	-	-	-	-	-	10.1
Current health care expenditure HC.1-HC.7	100	100	100	100	-	100	-	100	100	-	-	100	100	-	-	100

SHA Table 4.1 Current expenditure on health by function and financing agent (US\$ '000)

Functions	Financing agents															Current expenditure HF.1-HF.3
	HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2	HF.1.1.3	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) = Territorial government	Central government	Ministry of Health	Other Ministries	State / provincial government	Local / municipal government	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world	
HC.1 Services of curative care	17,940	12,424	754	754	-	11,670	-	5,516	1,036	-	-	1,036	-	-	-	18,976
HC.2 Services of rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3 Services of long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4 Ancillary services to health care	838	838	-	-	-	838	-	-	-	-	-	-	-	-	-	838
HC.5 Medical goods dispensed to out-patients	-	-	-	-	-	-	-	-	1,138	-	-	1,138	-	-	-	1,138
HC.5.1 Pharmaceutical and other medical non-durables	-	-	-	-	-	-	-	-	1,089	-	-	1,089	-	-	-	1,089
HC.5.1.1 Prescribed medicines	-	-	-	-	-	-	-	-	963	-	-	963	-	-	-	963
HC.5.1.2 Over-the-counter medicines	-	-	-	-	-	-	-	-	103	-	-	103	-	-	-	103
HC.5.1.3 Other medical non-durables	-	-	-	-	-	-	-	-	23	-	-	23	-	-	-	23
HC.5.2 Therapeutic appliances and other medical durables	-	-	-	-	-	-	-	-	49	-	-	49	-	-	-	49
HC.5.2.1 Glasses and other vision products	-	-	-	-	-	-	-	-	49	-	-	49	-	-	-	49
HC.5.2.2 Orthopaedic appliances and other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.3 Hearing aids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.4 Medico-technical devices, including wheelchairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.9 All other miscellaneous medical durables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6 Prevention and public health services	6,410	6,410	3,015	3,015	-	3,395	-	-	-	-	-	-	101	-	-	6,511
HC.6.1 Maternal and child health; family planning and counselling	1,704	1,704	1,248	1,248	-	455	-	-	-	-	-	-	-	-	-	1,704
HC.6.2 School health services	56	56	56	56	-	-	-	-	-	-	-	-	-	-	-	56
HC.6.3 Prevention of communicable diseases	482	482	353	353	-	129	-	-	-	-	-	-	80	-	-	562
HC.6.4 Prevention of non-communicable diseases	1,037	1,037	723	723	-	315	-	-	-	-	-	-	-	-	-	1,037
HC.6.5 Occupational health care	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	1
HC.6.9 All other misc. public health services	2,389	2,389	414	414	-	1,975	-	-	-	-	-	-	20	-	-	2,410
HC.7 Health administration and health insurance	4,710	4,038	472	472	-	3,566	-	672	-	-	-	-	-	-	-	4,710
HC.7.1 General government administration of health	4,710	4,038	472	472	-	3,566	-	672	-	-	-	-	-	-	-	4,710
HC.7.1.1 General government administration of health (except social security)	4,038	4,038	472	472	-	3,566	-	-	-	-	-	-	-	-	-	4,038
HC.7.1.2 Administration, operation and support activities of social security funds	672	-	-	-	-	-	-	672	-	-	-	-	-	-	-	672
HC.7.2 Health administration and health insurance: private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.1 Health administration and health insurance: social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.2 Health administration and health insurance: other private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current health care expenditure HC.1-HC.7	29,897	23,710	4,241	4,241	-	19,469	-	6,187	2,174	-	-	2,174	101	-	-	32,172

SHA Table 4.2 Current expenditure on health by function and financing agent: share by financing agent

Functions	Financing agents															Current expenditure HF.1- HF.3
	HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2	HF.1.1.3	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) = Territorial government	Central government	Ministry of Health	Other Ministries	State / provincial government	Local / municipal government	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world	
HC.1 Services of curative care	94.5	65.5	4.0	4.0	-	61.5	-	29.1	5.5	-	-	5.5	-	-	-	100
HC.2 Services of rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3 Services of long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4 Ancillary services to health care	100	100	-	-	-	100	-	-	-	-	-	-	-	-	-	100
HC.5 Medical goods dispensed to out-patients	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.1 Pharmaceutical and other medical non-durables	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.1.1 Prescribed medicines	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.1.2 Over-the-counter medicines	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.1.3 Other medical non-durables	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.2 Therapeutic appliances and other medical durables	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.2.1 Glasses and other vision products	-	-	-	-	-	-	-	-	100	-	-	100	-	-	-	100
HC.5.2.2 Orthopaedic appliances and other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.3 Hearing aids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.4 Medico-technical devices, including wheelchairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.9 All other miscellaneous medical durables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6 Prevention and public health services	98.5	98.5	46.3	46.3	-	52.1	-	-	-	-	-	-	1.5	-	-	100
HC.6.1 Maternal and child health; family planning and counselling	100	100	73.3	73.3	-	26.7	-	-	-	-	-	-	-	-	-	100
HC.6.2 School health services	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	100
HC.6.3 Prevention of communicable diseases	85.7	85.7	62.8	62.8	-	22.9	-	-	-	-	-	-	14.3	-	-	100
HC.6.4 Prevention of non-communicable diseases	100	100	69.7	69.7	-	30.3	-	-	-	-	-	-	-	-	-	100
HC.6.5 Occupational health care	100	100	100	100	-	-	-	-	-	-	-	-	-	-	-	100
HC.6.9 All other misc. public health services	99.2	99.2	17.2	17.2	-	82.0	-	-	-	-	-	-	0.8	-	-	100
HC.7 Health administration and health insurance	100	85.7	10.0	10.0	-	75.7	-	14.3	-	-	-	-	-	-	-	100
HC.7.1 General government administration of health	100	85.7	10.0	10.0	-	75.7	-	14.3	-	-	-	-	-	-	-	100
HC.7.1.1 General government administration of health (except social security)	100	100	11.7	11.7	-	88.3	-	-	-	-	-	-	-	-	-	100
HC.7.1.2 Administration, operation and support activities of social security funds	100	-	-	-	-	-	-	100	-	-	-	-	-	-	-	100
HC.7.2 Health administration and health insurance: private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.1 Health administration and health insurance: social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.2 Health administration and health insurance: other private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current health care expenditure HC.1-HC.7	92.9	73.7	13.2	13.2	-	60.5	-	19.2	6.8	-	-	6.8	0.3	-	-	100

SHA Table 4.3 Current expenditure on health by function and financing agent: share by function

Functions	Financing agents															Current expenditure HF.1-HF.3
	HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.2	HF.1.1.2	HF.1.1.3	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) = Territorial government	Central government	Ministry of Health	Other Ministries	State / provincial government	Local / municipal government	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world	
HC.1 Services of curative care	60.0	52.4	17.8	17.8	-	59.9	-	89.1	47.7	-	-	47.7	-	-	-	59.0
HC.2 Services of rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3 Services of long-term nursing care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.4 Ancillary services to health care	2.8	3.5	-	-	-	4.3	-	-	-	-	-	-	-	-	-	2.6
HC.5 Medical goods dispensed to out-patients	-	-	-	-	-	-	-	-	52.3	-	-	52.3	-	-	-	3.5
HC.5.1 Pharmaceutical and other medical non-durables	-	-	-	-	-	-	-	-	50.1	-	-	50.1	-	-	-	3.4
HC.5.1.1 Prescribed medicines	-	-	-	-	-	-	-	-	44.3	-	-	44.3	-	-	-	3.0
HC.5.1.2 Over-the-counter medicines	-	-	-	-	-	-	-	-	4.8	-	-	4.8	-	-	-	0.3
HC.5.1.3 Other medical non-durables	-	-	-	-	-	-	-	-	1.0	-	-	1.0	-	-	-	0.1
HC.5.2 Therapeutic appliances and other medical durables	-	-	-	-	-	-	-	-	2.3	-	-	2.3	-	-	-	0.2
HC.5.2.1 Glasses and other vision products	-	-	-	-	-	-	-	-	2.3	-	-	2.3	-	-	-	0.2
HC.5.2.2 Orthopaedic appliances and other prosthetics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.3 Hearing aids	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.4 Medico-technical devices, including wheelchairs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.5.2.9 All other miscellaneous medical durables	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.6 Prevention and public health services	21.4	27.0	71.1	71.1	-	17.4	-	-	-	-	-	-	100	-	-	20.2
HC.6.1 Maternal and child health; family planning and counselling	5.7	7.2	29.4	29.4	-	2.3	-	-	-	-	-	-	-	-	-	5.3
HC.6.2 School health services	0.2	0.2	1.3	1.3	-	-	-	-	-	-	-	-	-	-	-	0.2
HC.6.3 Prevention of communicable diseases	1.6	2.0	8.3	8.3	-	0.7	-	-	-	-	-	-	79.9	-	-	1.7
HC.6.4 Prevention of non-communicable diseases	3.5	4.4	17.0	17.0	-	1.6	-	-	-	-	-	-	-	-	-	3.2
HC.6.5 Occupational health care	0.0	0.0	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	0.0
HC.6.9 All other misc. public health services	8.0	10.1	9.8	9.8	-	10.1	-	-	-	-	-	-	20.1	-	-	7.5
HC.7 Health administration and health insurance	15.8	17.0	11.1	11.1	-	18.3	-	10.9	-	-	-	-	-	-	-	14.6
HC.7.1 General government administration of health	15.8	17.0	11.1	11.1	-	18.3	-	10.9	-	-	-	-	-	-	-	14.6
HC.7.1.1 General government administration of health (except social security)	13.5	17.0	11.1	11.1	-	18.3	-	-	-	-	-	-	-	-	-	12.6
HC.7.1.2 Administration, operation and support activities of social security funds	2.2	-	-	-	-	-	-	10.9	-	-	-	-	-	-	-	2.1
HC.7.2 Health administration and health insurance: private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.1 Health administration and health insurance: social insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.7.2.2 Health administration and health insurance: other private	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current health care expenditure HC.1-HC.7	100	100	100	100	-	100	-	100	100	-	-	100	100	-	-	100