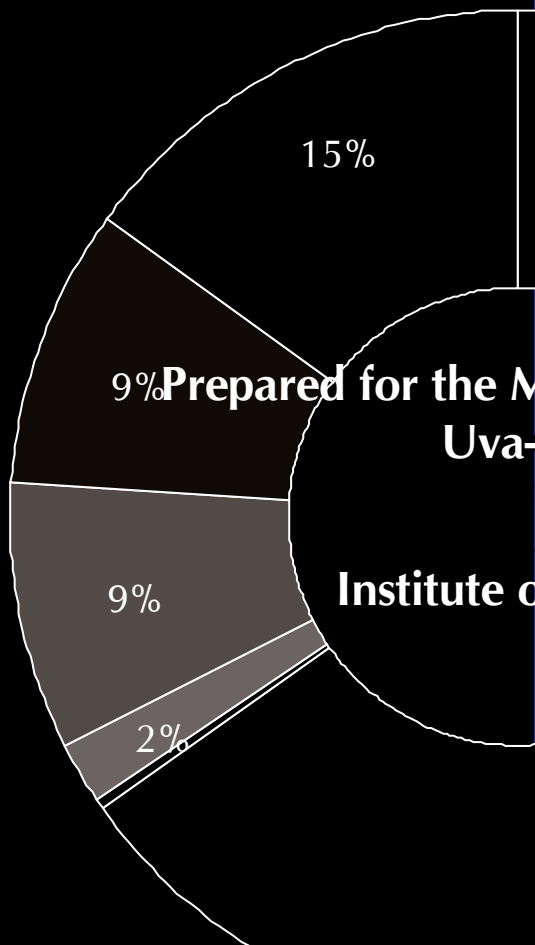


SRI LANKA NATIONAL HEALTH ACCOUNTS 2000 - 2002



Prepared for the Ministry of Healthcare, Nutrition, and
Uva-Wellassa Development

By

Institute of Policy Studies of Sri Lanka



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2000-2002

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Uva-Wellassa Development**

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December, 2005



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Ministry of Healthcare, Nutrition and Uva-Wellassa Development
Sri Lanka

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Acronyms

APNHAN	Asia Pacific National Health Account Net-Work
BOI	Board of Investment
CFS	Consumer Finances Survey
CEP	Cost, Effectiveness, Expenditure and Priority Setting
CPCEH	Census of Private, Co-operative and Estate Hospitals
DCS	Department of Census and Statistics
EIP	Evidence and Information Policy
ETF	Employees' Trust Fund
GDP	Gross Domestic Product
HESC	Health Expenditure Steering Committee
HIES	Household Income and Expenditure Survey
HSF	Health System Financing
ICHA	International Classification for Health Account
IPS	Institute of Policy Studies
MOH	Ministry of Health
MOHNUD	Ministry of Healthcare, Nutrition and Uva–Wellassa Development
NGO	Non-Government Organization
NHA	National Health Account
OECD	Organization for Economic Cooperation and Development
PDHS	Provincial Director of Health Services
PSDG	Provincial Special Development Grant
SHA	System of Health Accounts
SLNHA	Sri Lanka National Health Accounts
SLPA	Sri Lanka Pharmaceutical Audit
TCEH	Total Current Expenditure on Health
TEH	Total Expenditure on Health

Message from the Hon. Minister of Health

Policymakers in developing countries such as ours face the challenge of meeting the health care needs of their populations with limited and, in some cases, decreasing health budgets. Such a challenge necessitates a rational use of available resources to meet health demands. We need reliable information on the quantity of financial resources used for health, their sources and the ways they are used, in order to develop policies to enhance the performance of the health systems. National Health Accounts (NHA) can provide that information.

I am happy to note that at the request of my Ministry, the Institute of Policy Studies was able to successfully complete the second round of the National Health Accounts.

These National Health Accounts were developed by an interagency technical group working under the direction and the supervision of my Ministry. Hence I like to express my gratitude to the large number of individuals and agencies in both government and private sectors, who provided information, and advice for the compilation of these Sri Lanka National Health Accounts 2000-2002.

I wish to express my sincere appreciation also to the Management Development and Planning Unit of my Ministry and to the team from the Institute of Policy Studies who worked hard in the compilation of the National Health Accounts 2000 – 2002. I also thank the Department of Census and Statistics and the Central Bank for assistance given in the compilation of those.

I am sure that this document will be a source of valuable information for policy makers and senior officials in framing of policy options for the future.

Nimal Siripala de Silva

Minister of Healthcare, Nutrition & Uva Wellassa Development

December 2005

Preface

The history of tracking health expenditures in Sri Lanka can be traced to as far back as 1935. The Report of the Commission on Social Services (*Sessional Paper VII-1947*) published in 1947 provides the annual expenditures on Medical and Sanitary Services in hospitals and dispensaries for the years 1935-1945.

In 1993, a study of the existing financing system of the health sector was carried out under the IDA/World Bank funded Health Strategy & Financing Study (Ernest & Young). This study was an analysis of the total resources consumed by health care activities in all sectors, the identification of sources of funds, allocation of funds by the state sector and in the private sector, examination of the role of insurance and similar schemes in the financing of health expenditure, and the role of non-government institutions' contribution in health care activities. According to this study, there were four categories of providers namely, government institutions, private sector institutions and General Practitioners, non-governmental institutions and the plantation sector health services. Sources of finance were the State, Individuals and Private Institutions, Multilateral Donor Agencies, Other Donors, and NGOs and Health Insurance. As set out in this report, state sector health expenditure was 2.09 per cent of the GDP in 1987.

At the international level, the first ever national health expenditure analysis in the form of comprehensive National Health Accounts was developed in the USA in 1960, followed by a number of OECD countries, and this provided the basis for cross-national health expenditure analysis including analyses of trends in national health spending within countries.

In 2000, the OECD introduced a System of Health Accounts (SHA), a set of classifications and dimensions in the use of health accounting. Health accounting standards in the OECD system were adopted by the European Union, and many non-OECD countries including Sri Lanka now follow the SHA standard as a basis for their accounts.

In Sri Lanka, the first official estimates for the period 1990-1999 were released by the Institute of Policy Studies (IPS) in 2002. These estimates followed the conceptual basis and definitions in Sri Lanka's National Health Account Conceptual Framework based on the OECD's SHA of 2000. An IPS team comprising Ravi P. Rannan-Eliya, Aparna Somanathan, G.D. Dayaratne and Varuni Sumathiratne was primarily responsible for the SLNHA 1990-1999 estimates and Sri Lanka became the first non-OECD country to produce estimates compatible with the OECD SHA 2000 standard.

This report which covers the period 2000-2002, is the second in this series of National Health Accounts and was prepared by an IPS team headed by G.D. Dayaratne. The conceptual framework employed in this analysis is similar to that used for the previous report. The study was facilitated by the Ministry of Health Care, Nutrition and Uva-Wellassa Development.

Sri Lanka National Health Accounts estimates are derived from multiple data sources consisting of Government State Accounts, Household Surveys, Census of Service providers, enterprises, insurance agencies, and direct contacts and other surveys. Estimates of total government spending were obtained from the audited statement of the State Accounts, based on the public sector accounting records maintained on a cash basis.

Given that credible and accurate data on national health accounts is crucial for the development of a well-targeted national health policy, I am indeed pleased to release the second of our series on Sri Lanka's National Health Accounts. I am confident that this report will be a valuable source of information to policy-makers and other stakeholders in the health sector.

Saman Kelegama

Executive Director

Institute of Policy Studies

Colombo

December 2005

Acknowledgements

This report is the second series of Sri Lanka National Health Accounts produced by the Institute of Policy Studies of Sri Lanka (IPS) for the Ministry of Health Care, Nutrition and Uva-Wellassa Development (MOHNUD). The report provides national health expenditure estimates for the period 2000-2002 which is the follow up of the first report which provided estimates from 1990 to 1999.

IPS researchers responsible for the preparation of the report consisted of G.D. Dayaratne, Priyanka Jayawardena and Dinithi Siriwardhane. This study was made possible because of the flow of information from the Government Ministries, Departments and Institutions, Provincial Councils, Local Government bodies, and Private Sector Institutions including Insurance Companies listed in the Annex C.

In particular we thank the following officials of MOHUND, Mr. Ranjith Maligaspe (Secretary), Dr. Athula Kahnadaliyanage (Director General Health Services), Dr. H.S.B.

Tennakoon (Acting Director General Planning), Dr. S.M. Samarage (Director Organization Development), Dr. N.U.K. Jayathilake (Department of Health Services), Dr. H.M. Fernando (Department of Health Services), Mr. P.A.P. Pathiratne (Director Finance) and Mr. E.A. Piyadasa (Chief Accountant) for their assistance and contribution.

The team wishes to acknowledge the numerous support extended by Dr. Nisha Arunathilake, Mr. S.A. Karunaratne and Mr. D.D.M. Waidyasekara of IPS and Mr. Ajantha Kalyanaratne of Sri Jayawardenepura University.

The research team is immensely indebted to Dr. Saman Kelegama, Executive Director, IPS for providing every facility in this endeavour.

Finally, the team extends its gratitude to the Hon. Minister of Health, Nutrition and Uva Wellassa Development, Nimal Siripala de Silva, and Dr. Saman Kelegama, Executive Director, IPS for sending messages for this report.

Executive Summary

This report presents the Sri Lanka National Health Accounts (SLNHA) preliminary estimates for the period of 2000-2002. Estimates throughout this report are derived from the Data Base of the IPS Health Policy Programme .

The estimates cover total national health expenditures, disaggregated by basic areas of expenditure by source, functions, and by provider. It also provides estimates of expenditure at the Central and Provincial level by source and by functions. The report concludes with comparative health expenditures of selected countries, for which data exist.

The expenditure aggregates in this report are expressed both in nominal terms, and in constant (1996) prices. In converting current price aggregates into constant prices the Central Bank's GDP deflator has been used throughout. Estimates of private expenditures are compiled mostly from survey sources.

Health Expenditures Sri Lanka National Health Account 2002 is reported domestically using SHA based SLNHA conceptual framework. It is based on the OECD System of Health Accounts using locally adapted classification system for source, function and provider.

Trend in Total Expenditure on Health

The Total Expenditure on Health (TEH) which was Rs. 11 billion in 1990 had reached Rs. 59.5 billion in 2002 or 3.8 per cent of GDP. The latter compared with 3.7 per cent of GDP in the years 2000 and 2001.

The annual growth of TEH which was 14 per cent in 2000 declined to 13 per cent in 2001 before increasing to 15 per cent in 2002. TEH per capita was Rs. 2,499 or US \$ 31 in 2000 but increased to Rs. 3,152 or US \$ 33 in 2002.

Expenditures by Source

In 2002 total government health expenditure amounted to Rs. 25.8 billion, which was 43 per cent of total financing while the private sources financed Rs. 33.7 billion equivalent to 57 per cent. In 1997 the respective shares of the government and the private sources were approximately 50 per cent each. The rate of increase of government expenditure was 15 per cent in 2000, 13 per cent in 2001 and 15 per cent in 2002.

In GDP terms, government sources accounted for 1.6 per cent of total health expenditure in 2002, while the private sources contributed 2.1 per cent. Private expenditures increased from 1.9 per cent of GDP in 2000 to 2.0 per cent in 2001, and 2.1 per cent in 2002.

Government sources consisted mainly of central government revenues and donor assisted external resources. Other government sources were the President's Fund, Employees' Trust Fund (ETF) and the Provincial Councils revenues which were relatively insignificant.

Private expenditure funding sources were mostly household out-of-pocket spending, with smaller contributions from private sector employers, commercial health insurance and NGOs' own sources of funding.

Expenditures by Function

Services of curative care, and medical goods dispensed to out-patients are the two largest categories of spending by function.

Services of curative care which includes mainly hospital in-patient care services, hospital out-patient care services and services of rehabilitative care accounted for 49 per cent of total spending by function, followed by retail sales and medical goods dispensed to out-patients which was 29 per cent in 2002. Services of curative care were mostly funded by government sources.

Out of the total government spending by function, Services of Curative Care account for 65 per cent in 2002. Share of Preventive and Public Health Services has remained at 9 per cent 2000 through 2002.

In the Non-government sector's spending by function, Services of Curative Care accounted for 36 per cent in 2002, which was 40 per cent in 2000 and 38 per cent in 2001.

A marginal increase was seen in the share of Health Programme Administration and Health Insurance at national level, from 4 per cent to 5 per cent during 2000 to 2002. Share of Capital Formation of Health Care Provider Institutions declined from 10 per cent in 2000 to 7 per cent in 2002. In the government sector, capital formation decreased from 21 per cent of total expenditure in 2000 to 15 per cent in 2002.

Provincial Expenditures

Consequent to the 13th Amendment to the Constitution and the setting up of Provincial Councils, certain functions connected with health were devolved to the Provincial Councils. The Central Government MOH retained the policy making responsibilities,

national health planning functions, teaching hospitals, other specialized hospitals, island-wide medical services, and transferred most of the primary, secondary and other health care functions to the eight Provincial Councils. In 2000 the Provincial Special Development Grant (PSDG) was introduced for project-based capital expenditures and all other grants such as Criteria Based Grants, Matching Grants, and Block Grants came through the Ministry of Provincial Councils and Local Government on the recommendation of the Finance Commission. These transfers have been taken into account as Provincial Council expenditure since it is the responsibility of Provincial Councils to expend on health services.

The share of central government spending at provincial level was in the region of 60 per cent of total government spending in 2002. Provincial Council spending fluctuated between 32 per cent 33 per cent. Total health expenditure varied widely between the Western Province and all other provinces mainly due to the facilities located in the Western Province by the Central MOH. It is to be noted that the majority of teaching hospitals and specialised care units which fall under MOH and most of the private sector health care institutions are located in the Western Province. Per capita spending gap between the Western province and the province with the second highest level is around 37 per cent. In nominal terms, Government expenditure by province also varies largely between the Western Province and the other provinces. The gap between the Western province and next highest spending province is around 200 per cent.

Chapter 1

Total Expenditure on Health

Sri Lanka has witnessed a rising trend in health expenditure in recent years. Total Expenditure on Health (TEH) in Sri Lanka was Rs. 59.5 billion in 2002, which was a 30 per cent increase from Rs. 45.9 billion spent in 2000. As a percentage of GDP, it was 3.7 per cent in 2000, and 3.8 per cent in 2002. In per capita terms, expenditures on health was Rs. 2,499 in 2000. This increased to Rs. 3,152 in 2002. In per capita terms, average annual increase between 2001 and 2002 was 14 per cent. In US dollar terms, the per capita health spending

in 2000 of US \$ 31 declined to US \$ 30 in 2001 but increased to \$ 33 in 2002.

Private sector has emerged as the dominant source in financing health services in the country. In 2002, around 50 per cent of TEH was funded from household out of pocket spending, while 43 per cent was derived from government sources. Out of total spending, Provincial Governments' share remained at 15 per cent in 2000 and 2001 but decreased to 14 per cent in 2002.

Figure 1.1: Total Expenditure on Health at Current Prices and at Constant 1996 Prices

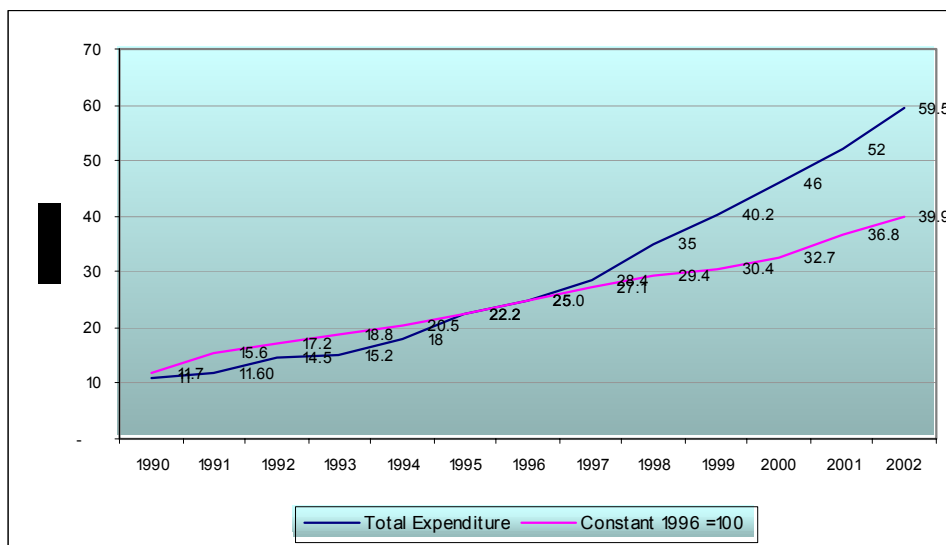


Figure 1.2: Trend in Expenditure on Health as a Percentage of GDP 1990-2002

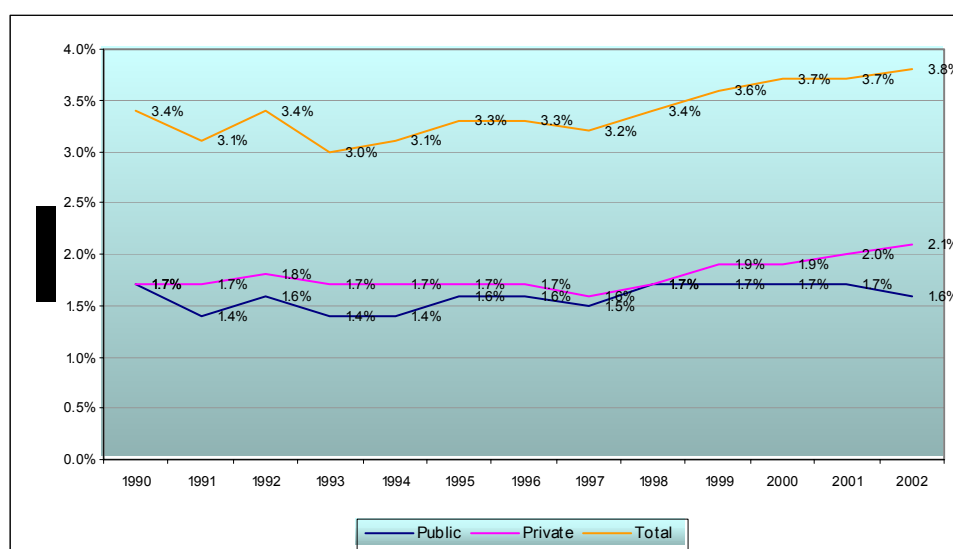


Table 1.1: Total Expenditure on Health 2000-2002

Total expenditure on health	2000	2001	2002
At current market prices			
TEH (Rs. million)	45,984	51,927	59,578
Annual increase in TEH (%)	14	13	15
GDP (Rs. million)	1,257,636	1,407,398	1,582,855
Annual increase of GDP (%)	13.7	11.9	12.5
TEH as a proportion of GDP (%)	3.7	3.7	3.8
At constant 1996 prices			
TEH (Rs. million)	32,793	36,839	39,937
Annual increase in TEH (%)	7	12	8
GDP (Rs. million)	946,046	931,430	968,261
Annual increase in GDP (%)	6	(2)	4
Per capita health expenditure			
TEH per capita at current market price (Rs.)	2,499	2,777	3,152
At constant 1996 prices			
TEH per capita Rs.	1,782	1,970	2,113
Annual changes in TEH per capita (%)	10	11	7
GDP per capita Rs.	51,416	49,809	51,231
Annual increase in GDP per capita (%)	9	(3)	3
TEH per capita (US Dollars)	22	21	22

Chapter 2

Expenditure by Source

Sources of funding for Sri Lanka's health care system consist of the public sector and the non-government sector. Expenditure of the public sector is a collective expenditure of the central government MOH, provincial government PDHS, local government authorities, ETF and other government agencies. Government expenditures are financed mainly from tax revenue. The non-government sector funding for health care comprises individuals, households, private insurance, and employers. Public expenditure which was Rs. 21.9 billion in 2000 increased to Rs. 25.8 billion in 2002. Non-governmental sources funded Rs. 24.0 billion in 2000 and Rs. 33.8 billion in 2002.

In 2002, total public sources accounted for approximately 43 per cent of total financing while private sources accounted for 57 per cent. As a share of GDP, public spending accounted for 1.7 per cent in 2000 and 2001 and 1.6 per cent in 2002.

Funds for the public expenditures flow mainly from government revenue which was 16.7 per cent of GDP in 2002, and donor assistance which were insignificant. Other sources of funds for the public expenditures are the

President's Fund and insignificant revenues generated in Provincial Councils and the ETF.

Public sector expenditures are shared through the spending of Central Ministry of Health (MOH), other Government Ministries, Departments and Institutions, Provincial Councils and Local Government bodies, and the Employees' Trust Fund (ETF). In 2000, Central Ministry of Health Expenditure which was 61 per cent of public expenditure declined to 60 per cent in 2002. Provincial expenditure remained at 33 per cent in 2001 and 2002, rising from 32 per cent in 2000, and the Local Government expenditure remained at 3 per cent during the entire period.

Most of the non-government funding for health in Sri Lanka come from out-of-pocket payments by households which include individuals. In 2002, out-of-pocket payments by households accounted for 50 per cent of total health expenditure (Figure 2.1), as compared with 47 per cent in 2000 and 48 per cent in 2001. Other sources of financing in non-government spending in 2002 were Employers 4 per cent, Private Commercial Insurance 2 per cent, and non-profit organizations 1 per cent.

Table 2.1: Total Expenditure on Health at Current Market Price

	Rs. million		
	2000	2001	2002
Total government source	21,920	23,623	25,814
Total non-government source	24,064	28,303	33,763
Total expenditure	45,984	51,926	59,587
Per capita health expenditure Rs.	2,499	2,777	3,152

Figure 2.1: National Health Expenditure by Source 2002

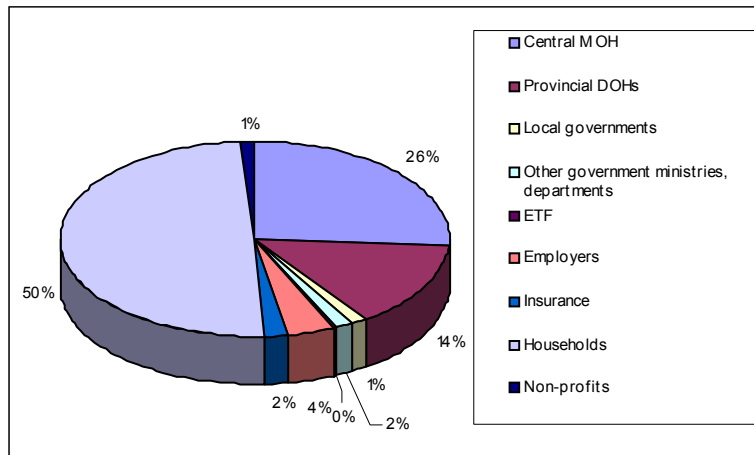


Figure 2.2: Total Expenditure on Health as a Percentage of GDP

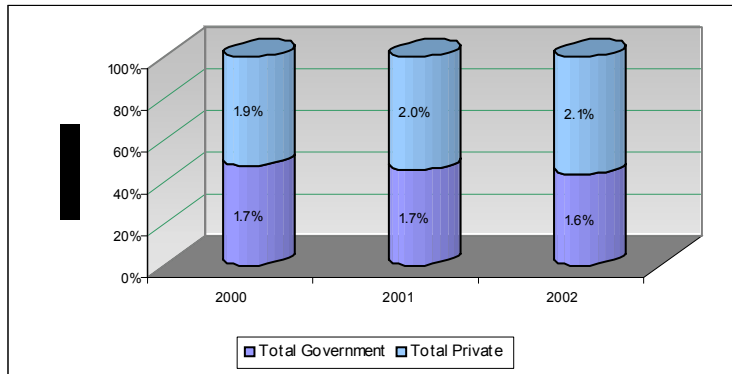
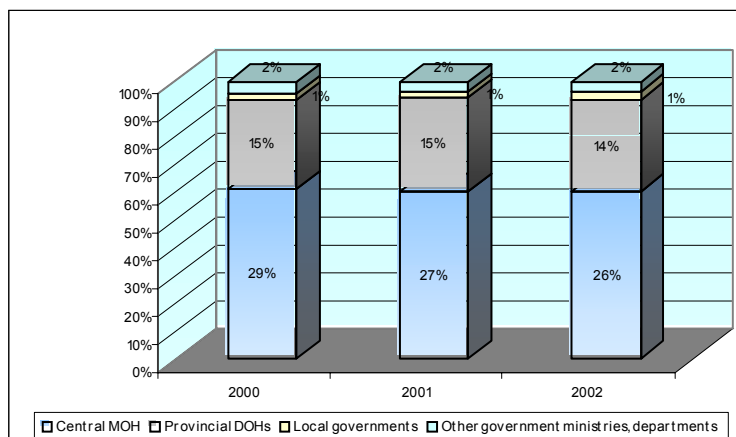


Figure 2.3: Government Health Spending by Administrative Level



Chapter 3

Expenditure by Function

Presented below is the total health expenditure classified by function using locally adapted classification based on OECD SHA.

Out of the total national spending by function, spending on personal medical services, including medical goods, constitutes the largest proportion averaging 82 per cent, between 2000-2002. In 2002 it was 84 per cent (Table 3.1). Out of the total spending on personal medical services, the largest share belongs to services of curative care which includes in-patient and ambulatory services which was 48 per cent in 2002. Out of the total spending of hospital curative services, larger share of 73 per cent was spent during the period by the network of public facilities belonging to the government, while

ambulatory care is mostly funded by the private sources. An increase in the share of spending on services of curative care by private sector is evident during the period. In 1997, the private sector share of spending on in-patient care accounted for 19 per cent, but has been increased to an average of 27 per cent during 2000-2002. Preventive and public health is mainly funded by the government which is 9 per cent of total government spending in 2002, and private spending in this category is negligible. Capital expenditure on health care provider institutions has been reduced from 21 per cent in 2000 to 15 per cent in 2002 of public spending and larger share of funding for this category has come through the government sources (Table 3.2).

Table 3.1: Total Expenditure by Function 2000-2002

Function	2000 %	2001 %	2002 %
Services of curative care	49	49	48
In-patient care	26	26	26
Ambulatory care	23	23	22
Services of rehabilitative care	0	0	0
Service of long-term nursing care	0	0	0
Ancillary services to medical care	5	6	6
Medical goods dispensed to out-patients	26	27	29
Preventive and public health services	5	5	4
Health programme administration and health insurance	4	5	5
Capital formation of health care provider institutions	10	9	7
	100	100	100
Total expenditure on health Rs. million	45,984	51,927	59,578
<i>Memorandum item</i>			
<i>Other health related items (% of all health expenditure)</i>	9	9	9
Total health expenditure Including health related expenditure (Rs. million)	50,531	57,062	65,830

Function	2000		2001		2002	
	Public %	Private %	Public %	Private %	Public %	Private %
Hospital in-patient Care	73	27	73	27	73	27
Ambulatory care services	24	76	23	73	24	76
Medical goods dispensed	02	98	05	95	02	98
Preventive and Public Health	99	01	100	0	100	0
Capital expenditure	98	02	99	1	98	02

	2000 %	2001 %	2002 %
Hospital in-patient care			
Central Government	66	67	66
Provincial Councils	34	33	34
Local Government	0	0	0
Ambulatory care services			
Central Government	67	67	68
Provincial Councils	32	31	31
Local Government	1	2	1
Medical goods dispensed			
Central Government	97	94	94
Provincial Councils	3	6	6
Local Government	0	0	0
Preventive and public health services			
Central Government	35	32	29
Provincial Councils	64	67	70
Local Government	1	1	1
Capital expenditure			
Central Government	74	69	76
Provincial Councils	24	28	21
Local Government	2	3	3

Table 3.4: Total Government Expenditure by Function			
Functions	2000 %	2001 %	2002 %
Services of curative care	59	61	65
Services of rehabilitative care	0	0	0
Services of long-term nursing care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out-patients	3	2	2
Preventive and public health services	9	9	9
Health programme administration and health insurance	8	9	9
Capital formation of health care provider institutions	21	19	15
Other health related functions	0	0	0
Total	100	100	100
Total Expenditure on health (Rs. million)	21,920	23,623	25,815
<i>Memorandum items</i>			
<i>Other health related items of all government expenditure (%)</i>	<i>15</i>	<i>17</i>	<i>19</i>
Total health expenditure including health related expenditure (Rs. million)	25,679	28,473	31,813

Table 3.5: Total Non-Government Expenditure by Function			
Functions	2000 %	2001 %	2002 %
Services of curative care	40	38	36
Services of rehabilitative care	0	0	0
Services of long-term nursing care	0	0	0
Ancillary services to medical care	10	10	11
Medical goods dispensed to out-patients	47	49	50
Preventive and public health services	1	1	1
Health programme administration and health insurance	2	1	1
Capital formation of health care provider institutions	0	1	1
Other health related functions	0	0	0
Total	100	100	100
Total expenditure on health (Rs. million)	24,064	28,304	33,764
<i>Memorandum items</i>			
<i>Other health related items of all non-government expenditure (%)</i>	<i>1</i>	<i>1</i>	<i>1</i>
Total health expenditure including health related expenditure (Rs. million)	24,852	28,589	34,017

At administrative level of the government, spending for services of curative care by the central government and by the Provincial Councils is distinctly evident in Table 3.3. Non-governmental expenditure during 2000-2002 is mostly expended for medical goods

dispensed and for services of ambulatory care. In 2002, the non-government expenditure on medical goods dispensed to out-patients increased to 50 per cent from 49 per cent in 2001 and 47 per cent in 2000 (Table 3.5).

Figure 3.1: Total Government Expenditure by Function 2002

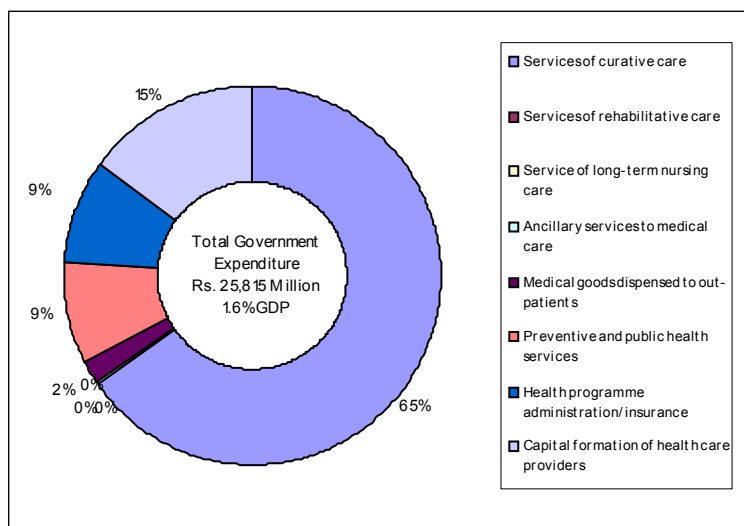
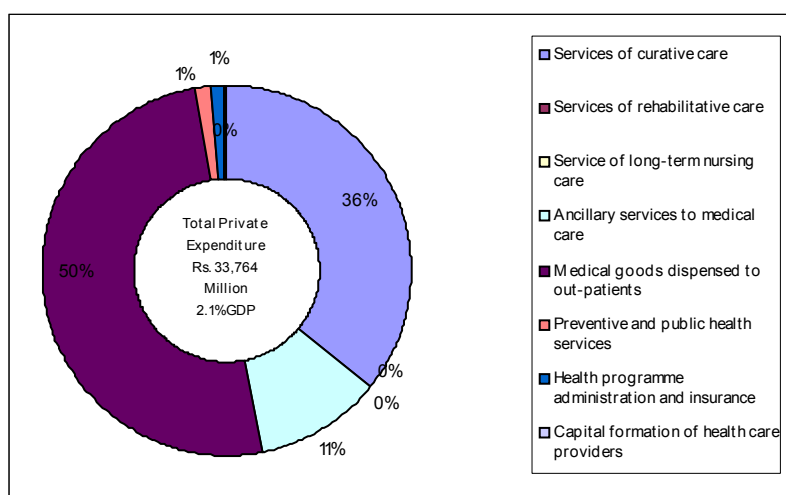


Figure 3.2: Total Private Expenditure by Function 2002



Chapter 4

Expenditure by Provider

Provider	2000 %	2001 %	2002 %
Hospitals	40	38	38
Nursing and residential care facilities	0	0	0
Providers of ambulatory health care	20	20	21
Retail sales and other providers of medical goods	25	26	28
Provision and administration of public health programme	3	3	3
General health administration and insurance	9	10	7
Other industries	2	2	2
Rest of the world	0	0	0
Total Expenditure on health (Rs. Million)	45,984	51,927	59,579

Provider	2000 %	2001 %	2002 %
Hospitals	69	69	72
Nursing and residential care facilities	0	0	0
Providers of ambulatory health care	6	5	6
Retail sales and other providers of medical goods	0	0	0
Provision and administration of public health programme	8	7	7
General health administration and insurance	16	18	12
Other industries	2	2	2
Rest of the world	0	0	0
Total Health Expenditure (Rs. Million)	21,920	23,623	25,815

Provider	2000 %	2001 %	2002 %
Hospitals	13	13	12
Nursing and residential care facilities	0	0	0
Providers of ambulatory health care	34	33	32
Retail sales and other providers of medical goods	47	48	50
Provision and administration of public health programme	0	0	0
General health administration and insurance	4	3	3
Other industries	2	2	2
Rest of the world			
Total Health Expenditure (Rs. Million)	24,064	28,304	33,764

At the national level, hospitals incurred the largest share of expenditures ranging from 40 per cent in 2000 to 38 per cent in 2002. Out of the total government expenditure, hospitals absorbed a share of 72 per cent of expenditures in 2002 (Figure 4.1). Retail sales and purchase of other medical goods incurred mostly by

non-government sources is the next highest category, ranging from 25 per cent in 2000 to 28 per cent in 2002 at national level. An average of 21 per cent of total national expenditure is incurred by the ambulatory care (Table 4.1).

Figure 4.1: Total Government Expenditure by Provider 2002

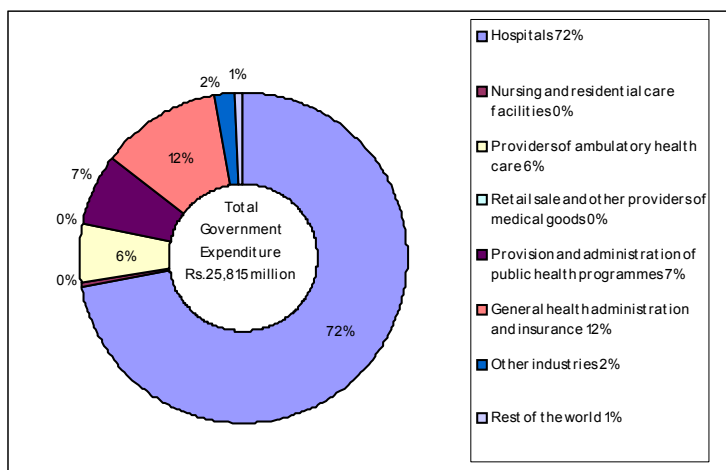
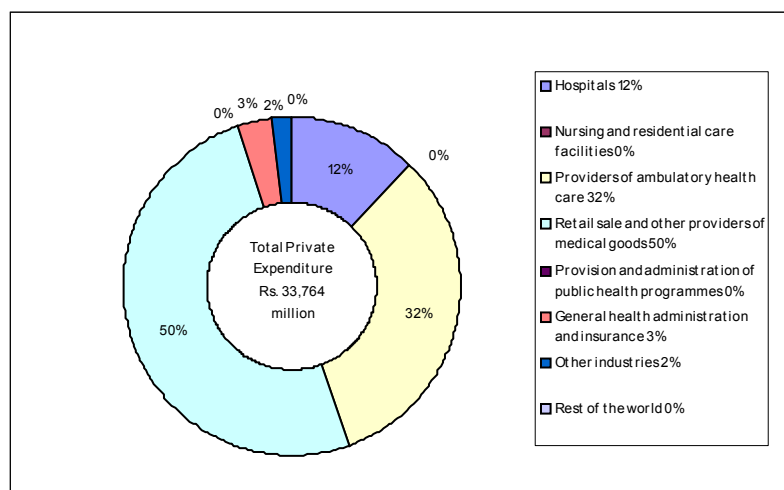


Figure 4.2: Total Private Expenditure by Provider 2002



At the non-government level, 50 per cent of all expenditure was consumed by the retail sales and other providers of medical goods and 32 per cent by the providers of ambulatory care mainly delivered by the private general

practitioners (Figure 4.2). In the non-government sector, hospitals consumed 12 per cent of expenditure in 2002, as compared with an average of 13 per cent during 2000-2001 (Table 4.3).

Chapter 5

Expenditure by Province

Distribution of health expenditures provides a horizontal distribution of expenditure by geographical location through all provinces by the central government, Provincial Councils, and local government institutions, and by non-government entities. Apart from the central government, Provincial Councils and local government institutions function as sub-national governments.

Under the 13th Amendment to the Constitution there are 8 Provincial Councils established, largely functioning as administrative arms of the central government instead of devolved fiscal structures. The revenue collection of Provincial Councils is 0.7 per cent of national GDP while total expenditure is 2.3 per cent of GDP. Nominal growth of provincial revenue has been always lower than the growth of the provincial GDP. Provincial GDP at factor cost and estimated at market prices is given in Annex Table 2. Around 72 per cent of the total revenue of Provincial Councils comes from turnover taxes and stamp duties. The Western Provincial Council accounted for 67 per cent of the total revenue collection due to high concentration of commercial and industrial activities and the density of population.

The local government system consists of 18 Municipal Councils, 37 Urban Councils and 256 Pradeshiya Sabhas. The local government bodies perform the functions assigned, using their devolved revenue and transfers from the central government and Provincial Councils. Collecting revenues such as property transfer taxes and court fines are some of the assigned functions.

In estimating provincial level health expenditures, programmes that are administered at national level have been excluded as these are not directly associated with provincial expenditures, and had been included under different subject categories. Programme expenditures such as HIV/AIDS prevention, malaria control, leprosy control which are programs of national benefit were excluded as those programs belong to the category of National Collective Services. Health care services for prisoners and armed forces were excluded, as these services are island-wide medical services that benefit patient population at national level which are not directly associated with an individual province or by any geographical location.

In addition, the other government expenditures which are around 3.5 per cent of total government expenditure are also not disaggregated at provincial level as there are no clear depiction of provincial distribution of all other government expenditures, except the cash hand-out distributed by Provincial Department of Social Service to households with patients of acute illnesses, and physically disabled, and few Integrated Rural Developments Projects that are continuing at the district level.

For comparisons sake, total expenditure on health excluding the expenditures mentioned above for each province as a percentage of provincial GDP is calculated below assuming that the ratio between available officially published factor cost provincial GDP and market value of provincial GDP is the same in all provinces as in national level (Annex Table 2).

Province	2000	2001	2002
Western Province	13,842	19,200	23,985
Central Province	5,563	5,871	6,042
Southern Province	5,554	5,276	5,518
North & East Province	5,782	5,821	6,317
North Western Province	4,128	5,203	4,998
North Central Province	2,917	3,090	3,180
Uva Province	2,580	3,082	3,801
Sabaragamuwa Province	4,543	3,329	4,735
Expenditure on health as a % of Provincial GDP (Nominal)			
Western Province	2.5	3.2	3.1
Central Province	4.7	4.5	4.3
Southern Province	4.7	3.9	3.6
North & East Province	6.9	5.6	4.9
North Western Province	3.2	3.5	3.4
North Central Province	6.0	5.9	5.1
Uva Province	5.2	4.8	5.5
Sabaragamuwa Province	5.4	3.7	5.0

Per capita expenditure at nominal Rs.	2000	2001	2002
Western Province	2,791	3,581	4,432
Central Province	2,219	2,430	2,473
Southern Province	2,222	2,317	2,400
North & East Province	2,002	2,370	2,458
North Western Province	1,856	2,441	2,278
North Central Province	2,485	2,794	2,847
Uva Province	2,122	2,667	3,240
Sabaragamuwa Province	2,452	1,862	2,625
At Constant 2002 prices			
Western Province	3639	4,088	4,432
US \$	45	44	46
Central Province	1822	2,242	2,473
US \$	23	24	26
Southern Province	1824	2,137	2,400
US \$	23	23	25
North & East Province	1644	2,186	2,458
US \$	21	23	25

Continued

Table 5.2: Continued...			
North Western Province	1524	2,252	2,278
US \$	19	24	24
North Central Province	2040	2,578	2,847
US \$	25	28	29
Uva Province	1743	2,460	3,240
US \$	22	26	33
Sabaragamuwa Province	2014	1,718	2,625
US \$	25	18	27

Table 5.3: Other Government Expenditure not Included in Provincial Expenditure. Per Capita at Constant 2002 Prices Rs.			
	2000	2001	2002
	43	45	49

Table 5.4: Total Expenditure on Health Per Capita not Directly Attributable to any Province at Constant 2002 Prices Rs.			
	2001	2002	2003
National Collective Service	178	200	217
Island-wide medical service	109	122	133

Chapter 6

International Comparison

International comparison of health expenditure is complicated to some extent in terms of what is classified as health expenditure by different countries. It has been found that there is a significant variation of the structure of health account framework adopted by countries. During the period 1985-2002, there had been 108 NHA based estimates of which 44 were by OECD countries and 64 by non OECD countries. According to the level of institutionalisation there are countries with established permanent NHA systems with routine updates which include all the OECD countries, China and few low income countries including Sri Lanka. Many countries in the Asia –Pacific region are yet to establish the health account concept for the partial coverage.

Apart from the OECD countries, the intricate nature of the structure and the concept of developing NHA by countries which has uneven economic and social levels will be an obstacle to provide a reasonable comparison of health expenditure.

When comparing the health expenditures by countries, health expenditure as a proportion to the GDP provides the basic measurement of the proportion of funding the health care system in relation to the value of national production.

In general, health expenditure in Sri Lanka is lower than in most of the countries in Asia-Pacific region in terms of GDP and per capita health expenditures.

Table 6.1: Health Expenditure in Selected Asia-Pacific and OECD Countries 2002

Country	Year	GDP per Capita (PPP \$)	Health Expenditure % GDP	Health Expenditure per cap/(PPP\$)
Australia	2002	28,277	9.5	2,699
Bangladesh	2002	1,734	3.1	54
Canada	2002	30,429	9.6	2,931
China	2002	4,460	5.8	261
France	2002	28,094	9.7	2,736
Germany	2002	25,842	10.9	2,817
Indonesia	2002	3,390	3.2	110
Japan	2002	26,860	7.9	2,133
Netherlands	2002	28,983	8.8	2,564
New Zealand	2002	21,943	8.5	1,857
Philippines	2002	5,231	2.9	153
Republic of Korea	2002	19,523	5	982
Sri Lanka	2002	3,540	3.8	131
Sweden	2002	27,271	9.2	2,512
Switzerland	2002	30,723	11.2	3,446
Thailand	2002	7,223	4.4	321
United Kingdom	2002	27,959	7.7	2,160
United States of America	2002	36,056	14.6	5,274

Source: National Health Account EIP/HSF/CEP.

Making a country-wise comparison of the proportion of health expenditure to GDP can be misleading especially in developing countries which are experiencing high inflation rates, which can reflect changes in GDP as well as in health expenditures. Trend in general inflation can be a contributing factor to the growth in the proportion in health expenditure to GDP in most of the countries.

For comparison purposes, the Table below provides the per capita health expenditure in US dollar terms in selected countries in the Asia-Pacific region which has to be viewed cautiously, for the reason that Sri Lanka maintains a free floating exchange rate system since 2001, while many countries given below maintain managed exchange rate systems.

Country	2000	2001	2002
Sri Lanka	31	30	33
India	26	29	29
Bangladesh	12	12	13
Nepal	10	11	11
Myanmar	28	28	30
Bhutan	10	10	13
Indonesia	20	21	26
Thailand	71	66	na

Source: APNHAN sources.

Table 6.3 below provides the international comparison of National Health Expenditure

by Function based on OECD SHA 2000 classification.

HCF	Function	Sri Lanka	China	Thailand	Bangladesh	Japan	Korea	Australia	Hong Kong
		2002 %	1999 %	2001 %	2001/02 %	2000 %	2001 %	2001 %	2001 %
HC.1	Services of curative care	-	-	-	-	-	-	59*	69*
HC.1.1	In-patient curative care	26	31.1	-	36.0	30.7	23.7	-	-
HC.1.2	Day cases of curative care	-	-	-	-	-	-	-	-
HC.1.3	Out-patient curative care	10.3	12.8	-	19.0	32.8	42.4	-	-
HC.1.3.2	Out-patient dental care	0.2	-	-	-	6.7	-	-	-
HC.1.3.3	All other specialised health care	0.0	-	-	-	-	-	-	-
HC.1.3.9	All other out-patient curative care	-	-	-	-	-	-	-	-
HC.1.4	Services of curative home care	-	-	-	-	-	-	-	-
HC.1.9	All other miscellaneous services of curative care	-	-	-	-	-	-	-	-
HC.2	Services of rehabilitative care	-	0.3	-	-	0.7	-	-	-
HC.2.1	In-patient rehabilitative care	0.1	-	-	-	-	-	-	-
HC.2.2	Day cases of rehabilitative care	-	-	-	-	0.7	-	-	-
HC.2.3	Out-patient rehabilitative care	0.0%	-	-	-	-	-	-	-

Continued

Sri Lanka National Health Accounts

HCF	Function	Sri Lanka	China	Thailand	Bangladesh	Japan	Korea	Australia	Hong Kong
		2002 %	1999 %	2001 %	2001/02 %	2000 %	2001 %	2001 %	2001 %
HC.2.4	Services of rehabilitative home care	-	-	-	-	0.1	-	-	-
HC.2.9	All other miscellaneous services of rehabilitative care	0.0	-	-	-	-	-	-	-
HC.3	Services of long-term nursing care	-	-	2.3	-	9.4	-	8.0	5.0
HC.3.1	In-patient long-term nursing care	-	-	-	-	9.1	-	-	-
HC.3.2	Day cases of long-term nursing care	-	-	-	-	-	-	-	-
HC.3.3	Long-term nursing care: home care	-	-	-	-	0.3	-	-	-
HC.3.9	All other miscellaneous services of long-term nursing care	-	-	-	-	0.7	-	-	-
HC.4	Ancillary services to health care	-	2.1	13.9	-	-	-	5.0	3.0
HC.4.1	Clinical laboratory	4.4	-	-	-	-	-	-	-
HC.4.2	Diagnostic imaging	1.4	-	-	-	-	-	-	-
HC.4.3	Patient transport and emergency rescue	0.5	-	-	-	-	-	-	-
HC.4.9	All other miscellaneous ancillary services	-	-	-	-	-	-	-	-
HC.5	Medical goods dispensed to out-patients	0.5	31.3	5.9	-	20.3	28.0	6.0	10.0
HC.5.1	Pharmaceuticals and other medical non-durables	23.4	-	5.6	-	19.3	-	-	7.0
HC.5.1.1	Prescribed medicines	-	-	-	-	15.5	-	-	-
HC.5.1.2	Over-the-counter medicines	-	-	-	-	3.8	-	-	-
HC.5.1.3	Other medical non-durables	1.0	-	-	-	0.1	-	-	-
HC.5.2	Therapeutic appliances and other medical durables	2.4	-	0.3	-	0.9	-	-	3.0
HC.5.2.1	Glasses and other vision products	1.0	-	-	-	-	-	-	-
HC.5.2.2	Orthopaedic appliances and other prosthetics	0.1	-	-	-	-	-	-	-
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.5.9	All other miscellaneous medical goods dispensed to outpatients	1.0	-	-	-	-	-	-	-
HC.6	Prevention and public health services	0.0	9.7	8.0	26.0	-	1.5	1.0	3.0
HC.6.1	Maternal and child health: family planning and counselling	1.7	-	-	-	-	-	-	-
HC.6.2	School health services	0.0	-	-	-	-	-	-	-
HC.6.3	Prevention of communicable diseases	2.8	-	-	-	-	-	-	-
HC.6.4	Prevention of non-communicable diseases	0.0	-	-	-	-	-	-	-
HC.6.5	Occupational health care	-	-	-	-	-	-	-	-
HC.6.9	All other miscellaneous public health services	-	-	-	-	-	-	-	-
HC.7	Health administration and health insurance	0.0	1.5	10.7	9.0	-	4.5	4.0	-

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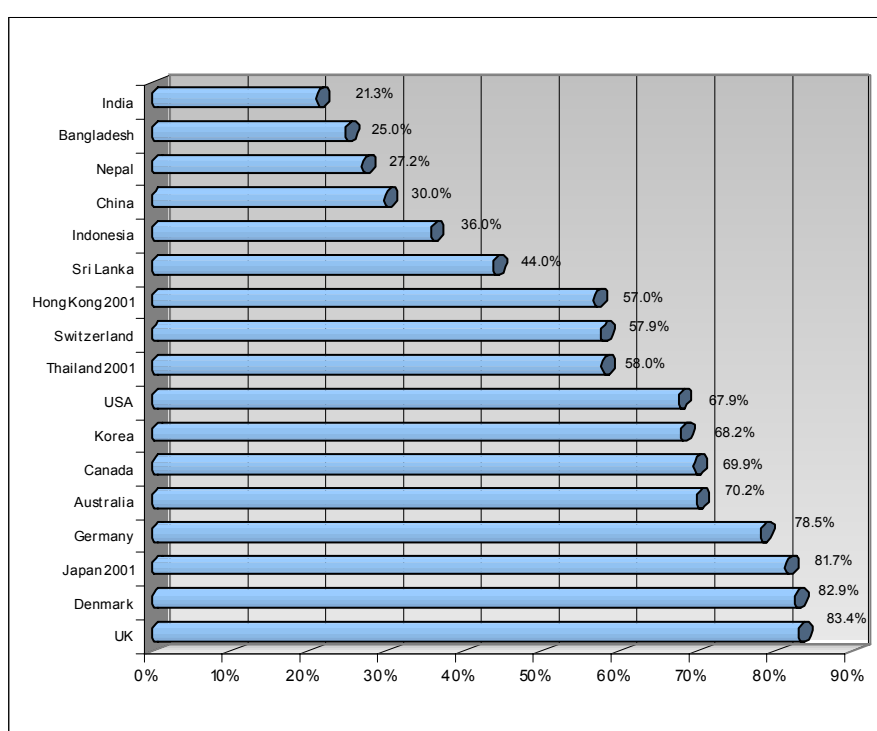
HCF	Function	Sri Lanka	China	Thailand	Bangladesh	Japan	Korea	Australia	Hong Kong
		2002 %	1999 %	2001 %	2001/02 %	2000 %	2001 %	2001 %	2001 %
HC.7.1	General government administration of health	3.9	-	-	-	-	-	-	-
HC.7.2	Health administration and health insurance: private	0.7	-	-	-	-	-	-	3.0
+++HC.7.9	All other miscellaneous health administration and health insurance expenditures	-	-	-	-	-	-	-	-
HC.R	Health-related functions	-	-	-	-	-	-	-	-
HC.R.1	Capital formation of health care provider institutions	6.6	11.1	6.0	10.0	-	-	5.0	7.0
HC.R.2	Education and training of health personnel	-	-	-	-	-	-	-	-

Notes: * HC1 HC2.

When compared with the countries where updated data exist, it is evident that Sri Lanka's public health expenditures were much lower than the public expenditures of many of the countries in the Asia Pacific Region. Countries such as Japan, Korea, Australia, Taiwan, Thailand and Hong Kong account for a higher percentage of public fund disbursement on

health. A higher share of spending by private sector is more visible in India, Bangladesh, China, and Sri Lanka. Table below shows that public expenditure on health is prominent in the developed countries. Most of the countries which have a higher share of public spending on health are encompassed with effective health insurance schemes.

Figure 6.1: Public Share of Total Health Expenditure 2002



Source: OECD Health data - APNHAN source.

Appendix A

Definitions and Classifications

Conceptual Framework

The conceptual framework used for SLNHA 2000-2002 is the same framework used for SLNHA 1990-1999 which is reproduced below with few additions.

Sri Lanka National Health Account framework provides a systematic compilation and presentation of health expenditures for a given period of time. The format that the Institute of Policy Studies uses for SLNHA reporting is based on OECD System of Health Account in 2000 which was modified with locally adopted classification system for source, function and provider. SLNHA system is designed to map the OECD International Classification for Health Account (ICHA) in terms of health care by function, by provider industries, and sources of funding which offers means to compare the health care system with other territories in the region.

SLNHA System Definitions

National Health expenditures includes all expenditures for activities with the primary purpose or objective of improving health for the nation and for individuals or a group of individuals during a given period of time. The primary purpose is associated with the type of goods or services purchased regardless of the type of the institution or entity providing or paying for the health activity or function as defined by OECD SHA.

Total Health Expenditure

Total Expenditure of Health in SLNHA in the aggregate includes Total Current Expenditure on Health (TCHA) plus capital formation by health care provider institutions.

It excludes the expenditures on medical education and training, research and environmental health. It includes the expenditure for goods and services delivered by traditional providers and informal or illegal health care providers.

In SLNHA, expenditures on health related functions are reported as per cent of all expenditures as “memorandum items”.

Period of Coverage

Data has been presented to cover the period mainly for 2000-2002.

Accounting Basis: Space & Time

The accounts include spending on health care by individuals or persons who are residents within the national borders of Sri Lanka.

Estimates are presented on a calendar year basis in conformity with the national Budget and State Accounts. In estimating expenditure, cash disbursement method was used as government expenditures are reported on cash basis.

Entities

Entities are the financing agents that pay or purchase health care. SLNHA expenditures are measured on the basis of entities that pay for or purchase health care. These entities can consist of institutions, enterprises, state owned agencies, not for profit institutions or individuals.

These entities are classified under two categories namely, as providers and financing sources, which are commonly and frequently used in health account systems.

Providers

- Government owned hospitals including Ayurvedic hospitals, nursing homes and residential care facilities, non hospital medical facilities, public health or community health programme facilities, health administration institutions.
- Academic and training and research institutions.
- Not for profit institutions/NGO hospitals, nursing homes and residential care facilities, other non-profit providers.
- Enterprises owned services.
- For-profit providers. Private medical and dental providers, diagnostic service providers, private Ayurvedic and other traditional system practitioners, retail sale and other providers of medical goods.
- Foreign providers.

Financing Sources

Financing sources are the entities that directly provide funds for health expenditures by way of direct financing or by transfer. Financing sources are classified under two broad categories such as Public Funds, and Private Funds as given below.

Public Funds

- Government (Central government, Provincial Councils, Local Government)

Private Funds

- Not for profit institutions, for-profit institutions (Employers, Other private sources), households.

Functions

Functions are defined as the types of goods and services produced by health care providers and by institutions and actors engaged in related activities to health care.

In SLNHA, expenditures by functions have two broad categories.

1. Core functions of medical care
2. Health-related functions.

Sub-categories of the two major functions are:

Functions of Medical Care

- F1. Services of curative care
- F2. Services of rehabilitative care
- F3. Services of long-term nursing care
- F4. Ancillary services to medical care
- F5. Distribution of medical goods
- F6. Prevention and public health services
- F7. Health programme administration and health insurance.

Health Related Functions

- F.R.6 Administration and provision of social services in kind
- F.R.7 Administration and provision of cash benefits

Deviation from Conceptual Framework

Excluded are the expenditures of certain government departments which provide support to other government entities producing health care services, namely Government Analyst Department, Government Printer, and Electrical Department.

Expenditures in Real Terms

SLNHA estimates are presented in both nominal (current market prices) and real terms (Constant at 1996 Rupees and at 2002 Rupees).

Future Revision of Estimates

Institute of Policy Studies is continuously engaged in regular revision of estimates, and data collection for SLNHA 2003 is nearing completion. It is suggested as Sri Lanka has already institutionalised the NHA, it is very much necessary to conduct a "Health Expenditure Survey" on regular basis to obtain more accurate expenditure details directly from

the household for identified expenditure categories. A well co-ordinated survey have to be conducted by IPS with the collaboration of MOH and CSD as responsible agency for conducting the survey or as an alternative an agreement have to be reached with CSD to insert an additional page periodically elicit health expenditure data from households, in its HIES survey.

Appendix B

Methodology

Health Expenditures include the type of expenditures for which the primary objective is to improve health status. The expenditures that are included to portray this objective include curative care, rehabilitation, prevention, health promotion, special and emergency programme, population activities and other health related functions such as, health education, training and research and environmental health.

Total health expenditure includes the total recurrent expenditure of personal health care services, community health care services, health administration and gross capital formation by provider industries. Structure of Sri Lanka Total National Health Expenditures is similar to OECD SHA definition.

Sources of Finance

When tracking national health expenditure the entities that are involved in financing by way of direct spending or transfer of funds are as follows:

Government Sector:

- Central government
- Provincial government
- Local government (Municipal Councils, Urban Councils, Pradeshiya Sabhas)

Government statutory institution:

- President Fund
- Employees' Trust Fund

Private Sector:

- Private Institutions - Employers
- Other Institutions
- Non Profit Private Institutions
- Households

Central Government Expenditures

Annual State Account (Budget Estimate) series published by the General Treasury as a follow up of the Central Government Annual Budget were the main source of data for Central Government Expenditures.

Accordingly, the government entities provide spending according to the calendar year. Annual Budget estimates provide the audited recurrent and capital actual expenditures of the government ministries and departments for the pervious two years and the revised government allocations for the current year. In the annual state account, actual expenditures are registered when the actual cash disbursements took place.

Actual expenditures of the Ministry of Health (MOH) were directly obtained from the state account. Expenditures disaggregated by programmes, projects and by object were obtained from the Ministry of Health and cross checked with the Treasury data updated regularly, and this method helped to verify the registered actual expenditures when actual cash disbursement took place.

Health related expenditures of the Government Ministries and Departments were estimated after observing each institution's spending attributable to health provided in the state accounts for respective institutions.

MOH Allocations for Provincial Councils

In the previous years there were allocations to Provincial Councils under the Central Ministry of Health (MOH) Budget for Development of Health Institution in the Provincial Councils Programme. Since the year 1999, state account provides only the actual expenditures of medical supplies to provincial councils under recurrent expenditure of Human Resource Programme 5.

Other Government Ministries, Departments and Agencies

At the inception Ministry of Health appointed HESC determined the inclusion of proportion of expenditures attributed to health in the other government ministries, departments and agencies.

Medical Training & Research Institutions

Spending on Medical education and training and Research Institutions were obtained directly by the IPS from individual Institutions. Additional data of spending attributable to health were obtained from two more Research Institutions, namely from the Institute of Fundamental Studies and National Science

Foundation which were not included in the previous study.

President's Fund

Expenditures that were directly attributable to Health were obtained from the President's Fund with disaggregated expenditures by programmes such as Patient care, Community Health, on recurrent and capital expenditure basis.

Central Administrative Overheads

Estimating the values of administrative and support services such as electricity, buildings, water supply and drainage facilities to MOH were avoided due to the difficulty in verifying expenditure details. The discussions with MOH and hospital authorities confirmed the cost of supply of basic facilities and were included under contractual services of project 01 of Human Resource Development Programme (5) of MOH expenditure.

Provincial Councils

Provincial expenditure was obtained from three different sources. IPS routinely collect the recurrent and Capital expenditures disaggregated by programmes from Provincial Director of Health Services and cross checked with actual expenditure data provide in the respective provincial budget. The Finance Commission provides co-ordination between the Provincial Ministry of Health and the IPS. Provincial Councils expenditures come almost exclusively from Central Government transfers to Provincial Councils and a small amount funded by Provincial Councils' own revenues which were insignificant. In 1997 Provincial Councils Expenditures consisted of transfers from the Finance Commission for recurrent expenditures, and the capital expenditures were met by the Ministry of Health, through the Medium Term Investment Programme, Criteria Based Grant and Matching Grant. In 2000 the Provincial Special Development

Grant was introduced for project based capital expenditures and all other grants came through the Ministry of Provincial Councils and Local Government. These transfers have been taken into account as Provincial Council expenditure since it is the responsibility of Provincial Councils to expend on health services.

IPS directly obtained the actual health expenditures from the Provincial Directors of Health Services of respective provincial councils and cross checked with the Provincial Budget which gives the audited expenditure of previous years.

Local Government: IPS is regularly carrying out a survey of all Municipal Councils and Urban Councils.

Estimation of Private Expenditure on Health

Up to 1997 total public and private expenditure by source were almost equal. But in 2002 total private expenditure reached 2.1 per cent GDP as against 1.7 per cent of Public expenditures.

When estimating Private health expenditure there are no published data available on private spending and most of the expenditure data on private expenditures are based on independent estimation using the results of various surveys. Private expenditures of health is the aggregate of expenditures by households, for-profit private enterprises, private employers and not-for profit institutions. As related in the previous report the component of the private expenditures consist of:

- Expenditures at private hospitals.
- Household expenditures on user fees at government medical institutions,
- Household expenditures for services of private practitioners and private traditional medical practitioners.

- Household expenditures for purchase of western medicine.
- Household expenditures on other medical goods and services.
- Household expenditures for services of medical laboratories and diagnostic facilities.
- Household expenditures for services of dental practitioners.
- Private employer expenditure.
- Insurance expenditures.
- Other expenditure if any.

Estimation of Household Expenditure on Health

Out-of pocket payments by households contain above 50 per cent of private expenditure in 2002 in terms of size and total spending. As there are no such social health insurance schemes, out-of pocket expenditure dominate the larger portion of total health expenditures. These expenditures consist of out of pocket payment for user fees at government hospitals(not all government hospitals) , payments for services of allopathic and traditional private medical practitioners, purchase of medicine and other medical goods and services, payment for laboratories and diagnostic facilities and payment for day care facilities at private health institutions and other services.

The most common and important source of information about household are two surveys carried out by Central Bank and Department of Census and Statistics. Consumer Finances Survey series of the Central Bank and the Household Income and Expenditure Survey (HIES) series of the Department of Census and Statistics (DCS) provides a continuous series of key socio economic indicators for development in the country. Consumer Finances Survey (CFS) of the Central Bank that was completed in 2004 had a coverage 12,000 nationally represented household including

the North and Eastern Province. CFS multipurpose household survey had a much wider coverage than HIES. CFS series that began in 1953 has conducted 7 surveys at intervals of ranging from 3 to 10 years.

HIES series of DCS has been conducted at regular intervals of 5 years since 1980 and has larger sample size. HIES of 2002, surveyed 20100 household units excluding North and Eastern Province. This survey is conducted in twelve monthly rounds enumerating a sample of equal size in each month to capture the variation of the income, the expenditure and the consumption.

Other sources of information were the survey findings of MOH/IDA Household Health Expenditure and Utilization Survey 1992 which surveyed 9,000 households in four districts.

These surveys play a critical role in the estimation of national health expenditure, as they are the major source of information about household spending. Two methods were available in estimating health expenditures of households. The constant ratio method helps to derive estimate of health expenditure by applying it to estimated private consumption in the National Income Account, on assumption that the ratio of reported health expenditures to surveyed total household expenditures are correct.

As the HIES and CFS are large nationally representative probability surveys, Non-sampling errors due to recall bias is small although reporting of different type of health expenditure varies. It can therefore be assumed that the per capita expenditures reported in these surveys are correct and unbiased. By using the given per capita expenditure on health into the estimated national population, one can derive the household hold out of pocket expenditure at national level.

Since sampling errors exist in all sample surveys, and non sampling errors are inevitable, the survey estimate was subjected to comparison with available sources of information to quantify such errors.

Expenditure at Private Hospitals

Expenditures at private hospitals were estimated using data collected by the IPS/MOH private Hospital Survey 1998, First Census of Private, Co-operative and Estate Hospitals (CPCEH) 2004 and Second Census of CPCEH 2005. The two Censuses collected data for 2001 and 2002 respectively. All known private and co-operative hospitals and a sample of estate hospitals were surveyed by the CPCEH. Facilities to be enumerated were identified with the assistance of Industry informants namely Private Hospitals Association, and Board of Investment (BOI) who facilitated incentives for foreign investment for industries including private hospitals, telephone directory listings, and private company listings of the Chamber of Commerce.

Information was collected in three stages, firstly by mailing the questionnaire to all facilities, following up non respondents by telephone at the second stage and utilizing field staff for enumeration of the last batch of non respondents at the third stage. Total completed response remained at 81 per cent for all hospitals including a response of 95 per cent for private hospitals.

Household Expenditures on User Fees at Government Hospitals

User fees are levied in a few government hospitals where special facilities have been provided for in-patient wishing to receive paid facilities such as rooms, nurses and food etc. Until 1999 the user fees charged by these hospitals were included in the State Account as government revenues, and since 2000 these revenue data were not reported in the State

Account. Hence, IPS had to directly contact these hospitals and collect data at hospital levels and cross check with Treasury data related to government revenue.

Household Expenditures of Services of Private Practitioners of Western Medicine

Estimate of the household spending at private practitioners are mainly based on the results of the following surveys:

- IPS Private clinic Survey 2000
- Central Bank Consumer Finances Survey 1996/97
- Department of Census and Statistics, Household Income and Expenditure Survey 1995/1996,2002

In estimating out of pocket expenditure at household level for services of all private practitioners, estimates of IPS Private Clinic survey were used to derive average price of consultation, and adjusted to estimate payment to medical specialists. Private Clinic survey derived estimates have the advantage of having close to and lay midway between two household survey estimates derived by using constant ratio method and direct per capita method.

In the case of household expenditure for services of medical specialists offered in private hospital inpatient care, data collected from a sample of claims in private medical insurance was assessed and estimates were derived from the revenue of the private hospitals of IPS private hospital surveys.

Estimate of household expenditures for services of traditional medical practitioners, expenditure on charms and other traditional medicinal products was based on the estimates provided in Central Bank Consumer Finances surveys.

Household Expenditures on Purchases of Western Pharmaceuticals and Medicines

Estimated using Sri Lanka Pharmaceutical Audit (SLPA) IMS. IMS estimates were cross checked with the Central Bank CFS Survey of 1996/97 and Department of Census HIES in 2000. Although these surveys provides different estimates, IMS estimates provided reasonable average estimate and relied upon as there were no other sources of data available.

Household Expenditures for Services of Medical Laboratories and Diagnostic Facilities

Estimates was derived from HIES survey of CSD 2000 which provides 4.2 per cent of such expenditures out of expenditures reported for all medicines.

Household Expenditures for Spectacles, Wheel Chairs, Artificial Limbs etc

Central Bank CFS estimates in 96/97 survey as were used as a base year value and projected for the future years using nominal GDP.

Appendix C

List of Institutions and Officials Contacted

Ministry of Finance

Director General National Planning
 Additional Director General (Budget)
 Assistant Director (Data Unit)

Ministry of Co-operative Development

Commissioner of Co-operative Development

Ministry of Health Nutrition and Social Welfare

Acting Director General Planning
 Director Organization & Development
 Director Finance
 Chief Accountant

Ministry of Community Development

Director Planning

Ministry of Policy Development

Director Evaluation and Monitoring

Provincial Health Services

Provincial Directors of Health Services

Local Government

Chief Medical Officer (Public Health),
 Municipal Council, Colombo
 Chief Medical Officer (Curative), Municipal
 Council, Colombo
 Chief Ayurvedic Medical Officer, Municipal
 Council, Colombo
 The Municipal Commissioners of Municipal
 Councils
 The Secretaries of Urban Councils
 The Secretaries of Pradeshiya Sabhas

Department of Ayurveda

Commissioner of Ayurveda

Department of Census & Statistics

Director General
 Director Sample Surveys

Government Institutions

Presidents Fund

Chief Accountant/Assistant Secretary

Finance Commission

Secretary

Academic Institutions

Bursars of Medical Faculties
 Bursar, Post Graduate Institute of Medicine

Employees' Trust Fund Board

Manager Public Relations

Sri Lanka Standards Institution

Additional Director General

Southern Province Rural Development Project

Project Director

Irrigation and Community Development Project, Moneragala

Project Director

Research Institutions

National Science Foundation

Director

Institute of Fundamental Studies

Secretary

Health Care Professional Groups and Associations

Sri Lanka Cancer Society

CNAPT

St. John's Ambulance Brigade

Sri Lanka Private Hospital Association

Sri Lanka Pharmaceutical Association

Sri Lanka College of General Practitioners

Sri Lanka Medical Council

Independent Medical Practitioners' Association

Sri Lanka Red Cross Society

Family Planning Association of Sri Lanka

Insurance Companies

Sri Lanka Insurance Corporation

Ceylinco Insurance

CTC Eagle

Union Assurance Ltd

Janasakthi General Insurance

National Insurance

Other Organisations

South Asia Partnership

Plantation Human Development Trust

Sri Lanka Jathika Sarvodaya Sangamaya

IMS Lanka Private Ltd.

Insurance Services International Private Ltd.

Appendix D

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Annex of Tables

Annex Table 1: Basic Economic Indicators			
	2000	2001	2002
GDP (Rs. Million)	1,257,636	1,407,398	1,582,855
GDP at Constant (1996 = 100)	946,046	931,430	968,261
GDP deflator (1996 = 100)	131.18	147.37	159.75
Foreign exchange rate (NCU) for US \$	80.05	93.10	96.75
Total Population	18.4 *	18.7**	18.9**
Population by Province (thousand)			
Western Province	4,726	5,361	5,442
Central Province	2,384	2,416	2,437
Southern Province	2,373	2,277	2,299
North Western Province	2,147	2,157	2,183
North Central Province	1,119	1,106	1,120
North & Eastern Province	2,745	2,456	2,484
Uva Province	1,167	1,171	1,185
Sabaragamuwa Province	1,766	1,788	1,805
Density of population per Sq. km. (Province)			
Western Province	1315	1492	1515
Central Province	428	433	437
Southern Province	441	423	427
North Western Province	286	287	291
North Central Province	115	114	115
North & Eastern Province	157	141	142
Uva Province	140	140	142
Sabaragamuwa Province	359	363	367
* Adjusted data Registrar General's Department			
** Department of Census & Statistics			

Annex Table 2: Provincial GDP			Rs. Million
GDP Factor Cost (Province)	2000	2001	2002
Western Province	558,157	601,039	771,898
Central Province	105,630	116,485	138,863
Southern Province	105,994	120,733	152,592
North & East Province	75,448	91,647	128,392
North Western Province	117,150	132,900	146,998
North Central Province	43,535	46,227	61,583
Uva Province	44,004	57,190	68,223
Sabaragamuwa Province	75,341	79,377	94,188
Provincial GDP Factor cost	1,125,259	1,245,598	1,562,737
GDP National (Nominal)	1,257,636	1,407,398	1,581,885
Ratio Factor Cost to Nominal	1.118	1.130	1.012
Provincial GDP (Nominal)			Rs. Million
Western Province	623,819	679,112	781,356
Central Province	118,056	131,616	140,564
Southern Province	118,463	136,416	154,462
North & East Province	84,324	103,552	129,965
North Western Province	130,932	150,163	148,799
North Central Province	48,657	52,232	62,338
Uva Province	49,181	64,619	69,059
Sabaragamuwa Province	84,204	89,688	95,342
Total	1,257,636	1,407,398	1,581,885

Annex Table 3: Overview of Expenditure on Health 2000-2002			
Total Expenditure on Health (Rs. million)			
	2000	2001	2002
Nominal	45,984	51,927	59,578
Real (1996 = 100)	33,085	36,943	40,046
Nominal US \$	2,499	2,777	3,152
Per capita nominal health expenditure (Rupees)			
Public spending	1,191	1,263	1,366
Private spending	1,308	1,514	1,786
Total	2,499	2,777	3,152
Per capita real health expenditure (1996 = 100)			
Public spending	874	966	1,036
Private spending	908	1,004	1,077
Total	1,782	1,970	2,113
Per capita health expenditure (US dollars)			
	22	21	22

Annex Table 4: Total Expenditure on Health (TEH) Rs. Million			
	2000	2001	2002
Government (Rs. Million)			
Central MOH	13,363	14,252	15,517
Provincial DOH	7,004	7,793	8,548
Local Government	554	629	751
Other government ministries, departments	998	949	998
Private (Rs. Million)			
Households	20,455	24,310	29,690
Employees	2,132	2,450	2,354
Insurance	962	967	1,072
Non-profit	515	576	648
Total	45,983	51,926	59,578
Percentage of TEH (%)			
Government			
Central MOH	29%	27%	26%
Provincial DOH	15%	15%	14%
Local Government	1%	1%	1%
Other government ministries, departments	2%	2%	2%
Private			
Households	44%	47%	50%
Employees	5%	5%	4%
Insurance	2%	2%	2%
Non-profit	1%	1%	1%
Total	100%	100%	100%

Annex Table 5: Summary of Government Expenditure by Function % 2000-2002			
Western Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	84	84	84
In-patient care	57	58	57
Ambulatory care	26	25	26
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	6	6	6
Health Programme administration and health insurance	1	1	1
Capital formation of health care providers	9	9	9
			<i>Continued</i>

Central Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	72	73	73
In-patient care	47	48	47
Ambulatory care	24	25	26
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	8	8	8
Health programme administration and health insurance	4	4	4
Capital formation of health care providers	15	15	14
Southern Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	71	70	70
In-patient care	47	48	47
Ambulatory care	24	21	22
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	10	10	10
Health programme administration and health insurance	3	2	3
Capital formation of health care providers	15	18	16
North Western Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	66	65	67
In-patient care	43	43	45
Ambulatory care	23	22	21
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	15	15	15
Health programme administration and health insurance	3	3	3
Capital formation of health care providers	16	18	14
North Central Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	50	57	56
In-patient care	43	43	43
Ambulatory care	16	14	14
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0

Continued

Preventive and public health service	15	15	15
Health Programme administration and health insurance	3	3	3
Capital formation of health care providers	22	24	15
Uva Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	56	57	57
In-patient care	36	37	36
Ambulatory care	20	20	21
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	13	12	13
Health Programme administration and health insurance	2	1	2
Capital formation of health care providers	28	30	28
Sabaragamuwa Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	64	65	67
In-patient care	43	43	45
Ambulatory care	20	20	21
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	11	11	11
Health Programme administration and health insurance	2	3	3
Capital formation of health care providers	23	21	20
North Eastern Province			
Function	2000	2001	2002
	%	%	%
Services of curative care	66	66	67
In-patient care	43	44	45
Ambulatory care	22	22	21
Services of rehabilitative care	0	0	0
Ancillary services to medical care	0	0	0
Medical goods dispensed to out patients	0	0	0
Preventive and public health service	10	10	11
Health Programme administration and health insurance	2	2	2
Capital formation of health care providers	21	22	19

Annex Table 6: Summary of Government Expenditure by Provider % 2000-2002			
Western Province			
Provider	2000 %	2001 %	2002 %
Central government hospitals	64	65	66
Provincial hospitals	17	17	17
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	3	3	3
Local government non-hospital medical service facilities	3	3	3
Public/ Community health services	5	5	5
Government health administration and other institution	7	7	7
Government (entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
Central Province			
Provider	2000 %	2001 %	2002 %
Central government hospitals	40	41	41
Provincial hospitals	32	31	32
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	3	3	3
Local government non-hospital medical service facilities	1	1	1
Public/ Community health services	5	5	5
Government health administration and other institution	19	18	18
Government (entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
Southern Province			
Provider	2000 %	2001 %	2002 %
Central government hospitals	40	40	41
Provincial hospitals	30	29	30
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	4	4	4

Continued

Local government non-hospital medical service facilities	1	1	1
Public/ Community health services	5	5	5
Government health administration and other institution	19	20	20
Government(entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
North Central Province			
Provider	2000	2001	2002
	%	%	%
Central government hospitals	0	0	0
Provincial hospitals	52	52	53
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	7	7	7
Local government non-hospital medical service facilities	1	0	1
Public/ Community health services	8	9	9
Government health administration and other institution	32	32	30
Government (entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
North Western Province			
Provider	2000	2001	2002
	%	%	%
Central government hospitals	24	24	24
Provincial hospitals	40	41	41
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	7	8	7
Local government non-hospital medical service facilities	1	1	1
Public/ Community health services	9	9	9
Government health administration and other institution	20	18	18
Government(entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
<i>Continued</i>			

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Uva Province			
Provider	2000	2001	2002
	%	%	%
Central government hospitals	0	0	0
Provincial hospitals	52	53	54
Local government Hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical Service facilities.	0	0	0
Provincial non-hospital medical service facilities	7	6	7
Local government non-hospital medical service facilities	1	1	1
Public/ Community Health services	6	6	6
Government health administration and other institution	33	35	32
Government(entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
Sabaragamuwa Province			
Provider	2000	2001	2002
	%	%	%
Central government hospitals	20	22	24
Provincial hospitals	48	48	46
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	6	6	5
Local government non-hospital medical service facilities	1	1	1
Public/ Community health services	6	6	6
Government health administration and other institution	20	18	18
Government(entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0
North Eastern Province			
Provider	2000	2001	2002
	%	%	%
Central government hospitals	21	20	22
Provincial hospitals	40	41	41
Local government hospitals	0	0	0
Nursing home and residential facilities	0	0	0
Non-hospital medical service facilities	0	0	0
Provincial non-hospital medical service facilities	5	5	5
Local government non-hospital medical service facilities	1	1	1
Public/ Community health services	6	6	6

Continued

Government health administration and other institution	27	27	25
Government(entities that finance or provide health care as a secondary objective)	0	0	0
Non profit institution	0	0	0
Insurers'	0	0	0
Private health care providers	0	0	0
Other entities	0	0	0
Foreign entities	0	0	0

Annex Table 7: Expenditures on Health by Municipal Councils and Urban Councils (Rupees) 2000-2002

Municipal Council			
Recurrent Expenditure	2000	2001	2002
Badulla	6,054,030	6,004,962	7,044,101
Batticaloa	1,357,270	1,170,624	1,373,196
Colombo	91,880,470	116,537,058	142,555,664
Dehiwela-Mt Lavinia	12,860,379	17,132,078	20,096,728
Galle	6,249,900	21,604,460	11,086,938
Jaffna	5,921,829	10,141,689	18,978,962
Kandy	14,089,400	18,769,331	22,017,301
Kurunegala	1,981,224	3,558,415	4,174,186
Matale	2,530,337	3,126,783	1,955,204
Moratuwa	6,717,750	1,905,326	2,235,036
Negombo	4,865,415	5,101,933	7,124,116
Nuwara-Eliya	1,756,867	2,602,107	3,025,412
Ratnapura	1,629,228	2,393,154	3,956,006
Sri-Jayawardanapura	8,132,297	8,554,174	12,456,411
Capital Expenditure			
Badulla	37,300	-	-
Batticaloa	146,335	144,000	303,326
Colombo	14,176,419	13,859,052	25,211,911
Dehiwela-Mt Lavinia	36,000	393,077	-
Galle	325,000	452,500	650,000
Jaffna	288,143	400,697	224,748
Kandy	200,000	202,205	347,471
Kurunegala	166,487	68,405	117,548
Matale	45,200	109,000	1,647,721
Moratuwa	570,000	53,168	91,365
Negombo	-	-	-
Nuwara-Eliya	120,125	245,211	296,938
Ratnapura	-	-	-
Sri Jayawardenepura	1,600,000	1,978,915	3,049,501
Total	183,737,404	236,508,322	290,019,790

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Urban Council			
Recurrent Expenditure	2,000	2,001	2,002
Ampara	421,640	453,852	489,371
Anuradhapura	2,439,464	-	-
Balangoda	2,429,210	3,193,575	4,311,300
Bandarawela	448,625	405,579	1,262,607
Beruwela	3,042,887	4,108,105	4,939,448
Chilaw	516,325	736,704	794,361
Gampaha	967,668	472,698	531,651
Gampola	2,053,602	2,510,999	2,968,396
Hambantota	313,299	350,740	3,289,697
Haputale	1,136,727	1,435,005	1,673,920
Hatton-Dickoya	1,298,040	1,543,712	1,674,841
Horana	728,318	5,095,806	1,354,294
Ja-ela	643,000	906,120	1,169,240
Kadugannawa	1,528,577	1,929,328	2,080,322
Kalutara	1,450,000	3,576,796	3,193,467
Katunayake-Seeduwa	3,831,594	4,715,893	5,084,973
Kegalle	1,692,372	1,908,307	2,057,657
Kolonnawa	3,688,609	6,913,490	7,330,766
Kuliyapitiya	3,757,000	4,079,087	4,401,173
Matara	4,072,116	6,093,038	6,312,531
Minuwangoda	2,129,929	3,186,976	3,436,398
Nawalapitiya	1,140,898	1,794,020	1,490,907
Panadura	124,875	186,848	201,472
Peliyagoda	895,110	1,292,396	1,770,674
Puttalam	833,680	1,257,628	1,082,228
Seethawakapura	3,872,932	4,492,025	5,652,262
Talawakelle-Lindula	1,994,013	4,952,532	2,639,186
Tangalle	333,288	506,711	546,368
Trincomalee	1,326,442	2,131,862	2,715,312
Wattala-Mabole	2,058,311	3,079,816	1,429,754
Wattegama	1,237,172	1,573,752	2,169,854
Weligama	1,383,341	963,579	1,038,991
Vavuniya	336,061	461,365	437,256
Capital Expenditure			
Ampara	310,200	-	-
Anuradhapura	-	-	-
Balangoda	1,839,931	31,004	-
Bandarawela	-	106,584	46,160
Beruwela	-	14,850	-
Chilaw	-	607,030	-
Gampola	31,450	15,725	-

Continued

Hambantota	736,000	836,989	-
Haputale	-	-	92,500
Hatton-Dickoya	-	-	151,820
Horana	-	126,480	220,665
Ja-ela	-	-	40,000
Kadugannawa	158,762	308,141	678,400
Kalutara	-	-	2,837,856
Katunayake-Seeduwa	-	1,004,520	-
Kegalle	21,250	-	-
Kolonnawa	-	-	-
Kuliyapitiya	-	33,825	67,650
Matara	2,434,044	4,260,811	-
Minuwangoda	-	-	-
Nawalapitiya	53,258	91,293	166,191
Panadura	-	-	-
Peliyagoda	619,000	675,734	1,360,000
Puttalam	249,000	189,444	102,615
Seethawakapura	-	-	13,400
Talawakelle-Lindula	12,500	32,155	20,569
Tangalle	8,700	166,435	-
Trincomalee	18,090	8,270	-
Wattala-Mabole	-	-	-
Wattegama	-	-	-
Weligama	-	1,001,499	1,886,598
Vavuniya	1,180,290	1,442,964	6,889,754
Total	115,922,724	163,570,443	173,635,534

Annex Table 8: Functional Classification in Sri Lanka NHA (with equivalent ICHA codes)		
SLHA-HC code	Functions of Health Care	ICHA-HC code
F1	Services of curative care	HC.1
F1.1	Hospital care	HC.1.1
HCF.1.1.1	Hospital in-patient care	HC.1.1
HCF.1.1.2	Hospital out-patient care	HC.1.1
HCF.1.1.3	Ayurvedic hospital in-patient care	HC.1.1
HCF.1.1.4	Ayurvedic hospital out-patient care	HC.1.1
HCF.1.1.9	Other in-patient curative care n.e.c.	HC.1.1
HCF.1.2	Day cases of curative care	HC.1.2
HCF.1.3	Ambulatory care	HC.1.3
HCF.1.3.1	Registered medical practitioners	HC.1.3
HCF.1.3.1.1	General practitioners	HC.1.3
HCF.1.3.1.2	Medical specialists	HC.1.3
		<i>Continued</i>

SLHA-HC code	Functions of Health Care	ICHA-HC code
HCF.1.3.2	Other registered medical care professionals	HC.1.3
HCF.1.3.3	Unregistered medical care professionals	HC.1.3
HCF.1.3.4	Traditional medicine providers	HC.1.3
HCF.1.3.4.1	Registered traditional medicine providers	HC.1.3
HCF.1.3.4.2	Unregistered traditional medicine providers	HC.1.3
HCF.1.3.5	Out-patient dental care	HC.1.3.2
HCF.1.3.6	Other specialised health care	HC.1.3.3
HCF.1.3.9	Other out-patient curative care n.e.c	HC.1.3.9
HCF.1.4	Curative home care	HC.1.4
HCF.1.9	Other services of curative care n.e.c	HC.1.9
HCF.2	Services of rehabilitative care	HC.2
HCF.2.1	Inpatient rehabilitative care	HC.2.1
HCF.2.2	Day cases of rehabilitative care	HC.2.2
HCF.2.3	Outpatient rehabilitative care	HC.2.3
HCF.2.4	Services of rehabilitative home care	HC.2.4
HCF.2.9	Other services of rehabilitative care n.e.c	HC.2.9
HCF.3	Service of long-term nursing care	HC.3
HCF.3.1	Inpatient long-term care	HC.3.1
HCF.3.2	Day cases of long-term nursing care	HC.3.2
HCF.3.3	Long-term nursing care: home care	HC.3.3
HCF.3.9	Other services of long term nursing care	HC.3.9
HCF.4	Ancillary services to medical care	HC.4
HCF.4.1	Clinical laboratory	HC.4.1
HCF.4.2	Diagnostic imaging	HC.4.2
HCF.4.3	Patient transport and emergency rescue	HC.4.3
HCF.4.9	All other ancillary services n.e.c	HC.4.9
HCF.5	Medical goods dispensed to out-patients	HC.5
HCF.5.1	Pharmaceuticals and other medical non-durables	HC.5.1
HCF.5.1.1	Prescribed medicines	HC.5.1.1
HCF.5.1.2	Over-the-counter medicines	HC.5.1.2
HCF.5.1.3	Traditional medicines	HC.5.1.3
HCF.5.1.9	Other pharmaceuticals and medical non-durables n.e.c	HC.5.1.3
HCF.5.2	Therapeutic appliances and other medical durables	HC.5.2
HCF.5.2.1	Glasses and other vision aids	HC.5.2.1
HCF.5.2.2	Orthopaedic appliances and other prosthetics	HC.5.2.2
HCF.5.2.3	Hearing aids	HC.5.2.3
HCF.5.2.4	Medico-technical devices	HC.5.2.4
HCF.5.2.9	Other therapeutic appliances and medical durables n.e.c	HC.5.2.9
HCF.5.9	Other medical goods dispensed to out-patients n.e.c	HC.5.9
HCF.6	Preventive and public health services	HC.6
HCF.6.1	Family planning and reproductive health services	HC.6.1
HCF.6.1.1	Maternal health	HC.6.1

Continued

SLHA-HC code	Functions of Health Care	ICHA-HC code
HCF.6.1.2	Infant and child care	HC.6.1
HCF.6.1.3	Family planning services	HC.6.1
HCF.6.1.9	Other reproductive health services	HC.6.1
HCF.6.2	School health services	HC.6.2
HCF.6.3	Prevention and management of communicable diseases	HC.6.3
HCF.6.3.1	Immunisation	HC.6.3
HCF.6.3.2	STD's	HC.6.3
HCF.6.3.9	Prevention and management of other communicable diseases n.e.c	HC.6.3
HCF.6.4	Prevention of non-communicable diseases	HC.6.4
HCF.6.5	Occupational health care	HC.6.5
HCF.6.9	Other public health services n.e.c	HC.6.9
HCF.7	Health programme administration and health insurance	HC.7
HCF.7.1	General government administration of health	HC.7.1
HCF.7.2	Health administration and health insurance - private	HC.7.2
HCF.7.9	Other health program administration and health Insurance n.e.c	HC.7.9
HCF.R	Health-related functions	HC.R
HCF.R.1	Capital formation of health care provider institutions	HC.R.1
HCF.R.2	Education and training of health personnel	HC.R.2
HCF.R.3	Research and development in health	HC.R.3
HCF.R.4	Food, hygiene and drinking water control	HC.R.4
HCF.R.5	Environmental health	HC.R.5
HCF.R.6	Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6
HCF.R.7	Administration and provision of health related cash-benefits	HC.R.7
HCF.R.8	Other health related functions n.e.c	HC.R.8
HCF.R.9	Non-health related functions n.e.c	HC.R.9

Annex Table 9: Provider Classification in SLNHA and Corresponding ICHA Codes

SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
		Provider breakdowns	
GOVERNMENT SECTOR	10000	Government entities 10001-29999	
	10001	Hospitals 11001 - 13999	HP.1
	11000	Central government hospitals 11001-11999	HP.1
	11100	National general hospitals (MOH)	HP.1.1.
	11101	Sri Jayewardenepura General Hospital	HP.1.1
	11102	Sri Lanka National Hospital - Colombo	HP.1.1
	11103	General Hospital Kandy	HP.1.1
	11104	General Hospital Peradeniya	HP.1.1
	11105	General Hospital Ragama	HP.1.1
	11106	General Hospital Karapitiya	HP.1.1
	11107	General Hospital Jaffna	HP.1.1
	11108	General Hospital Kalubowila	HP.1.1
			<i>Continued</i>

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SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
		Provider breakdowns	
GOVERNMENT SECTOR	11109	General Hospital Kalutara	HP.1.1
	11110	General Hospital Mahamodara	HP.1.1
	11111	General Hospital Batticaloa	HP.1.1
	11112	General Hospital Ratnapura	HP.1.1
	11113	General Hospital Kurunegala	HP.1.1
	11114	General Hospital Matara	HP.1.1
	11115	General Hospital Colombo South	HP.1.1
	11150	General Ayurvedic/Indig. Medicine hospitals	HP.1.1
	11160	Plantation Estate Hospitals	HP.1.1
	11170	Provincial hospitals under MOH	HP.1.1
	11199	National general hospitals n.e.c.	HP.1.1
	11500	National mental and substance abuse hospitals	HP.1.2
	11501	Mental Hospital	HP.1.2
	11600	National speciality hospitals	HP.1.3
	11601	Lady Ridgeway Hospital for Children	HP.1.3
	11602	Eye Hospital	HP.1.3
	11603	De Soysa Hospital for Women	HP.1.3
	11604	Castle Hospital for Women	HP.1.3
	11605	Maharagama Cancer Hospital	HP.1.3
	11606	Dental Hospital/Institute, Colombo	HP.1.3
	11607	Fever Hospital Angoda	HP.1.3
	11699	National speciality hospitals n.e.c.	HP.1.3
	11700	National military hospitals	HP.1.1
	11750	National police hospitals	HP.1.1
	11751	Police Hospital	HP.1.1
	11800	National prison hospitals	HP.1.1
	11999	National hospitals n.e.c.	HP.1.9
	12000	Provincial hospitals 12001-12999	HP.1
	12100	Provincial hospitals not under MOH	HP.1.1
	12110	Provincial hospitals, WP	HP.1.1
	12111	Provincial hospitals, CP	HP.1.1
	12112	Provincial hospitals, SP	HP.1.1
	12113	Provincial hospitals, NEP	HP.1.1
	12114	Provincial hospitals, NWP	HP.1.1
	12115	Provincial hospitals, NCP	HP.1.1
	12116	Provincial hospitals, Uva	HP.1.1
	12117	Provincial hospitals, Sabragamuwa	HP.1.1
	12149	Provincial hospitals n.e.c.	HP.1.1
	12150	Base hospital	HP.1.1
	12151	Base hospital Kegalle	HP.1.1
	12160	Base hospitals, WP	HP.1.1
	12161	Base hospitals, CP	HP.1.1

Continued

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	12162	Base hospitals, SP	HP.1.1
	12163	Base hospitals, NEP	HP.1.1
	12164	Base hospitals, NWP	HP.1.1
	12165	Base hospitals, NCP	HP.1.1
	12166	Base hospitals, Uva	HP.1.1
	12167	Base hospitals, Sabragamuwa	HP.1.1
	12199	Base hospitals n.e.c.	HP.1.1
	12200	District hospitals	HP.1.1
	12201	District hospital Kandana	HP.1.1
	12210	District hospitals, WP	HP.1.1
	12211	District hospitals, CP	HP.1.1
	12212	District hospitals, SP	HP.1.1
	12213	District hospitals, NEP	HP.1.1
	12214	District hospitals, NWP	HP.1.1
	12215	District hospitals, NCP	HP.1.1
	12216	District hospitals, Uva	HP.1.1
	12217	District hospitals, Sabragamuwa	HP.1.1
	12399	District hospitals n.e.c.	HP.1.1
	12400	Peripheral units	HP.1.1
	12410	Peripheral units, WP	HP.1.1
	12411	Peripheral units, CP	HP.1.1
	12412	Peripheral units, SP	HP.1.1
	12413	Peripheral units, NEP	HP.1.1
	12414	Peripheral units, NWP	HP.1.1
	12415	Peripheral units, NCP	HP.1.1
	12416	Peripheral units, Uva	HP.1.1
	12417	Peripheral units, Sabragamuwa	HP.1.1
	12599	Peripheral units n.e.c.	HP.1.1
	12600	Rural hospitals	HP.1.1
	12610	Rural hospitals, WP	HP.1.1
	12611	Rural hospitals, CP	HP.1.1
	12612	Rural hospitals, SP	HP.1.1
	12613	Rural hospitals, NEP	HP.1.1
	12614	Rural hospitals, NWP	HP.1.1
	12615	Rural hospitals, NCP	HP.1.1
	12616	Rural hospitals, Uva	HP.1.1
	12617	Rural hospitals, Sabragamuwa	HP.1.1
	12699	Rural hospitals n.e.c.	HP.1.1
	12700	Central Dispensary & Maternity Homes	HP.1.1
	12701	Central Dispensaries	HP.1.1
	12710	CD&MH, WP	HP.1.1
	12711	CD&MH, CP	HP.1.1

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SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
GOVERNMENT SECTOR	12712	CD&MH, SP	HP.1.1
	12713	CD&MH, NEP	HP.1.1
	12714	CD&MH, NWP	HP.1.1
	12715	CD&MH, NCP	HP.1.1
	12716	CD&MH, Uva	HP.1.1
	12717	CD&MH, Sabragamuwa	HP.1.1
	12720	CD, WP	HP.1.1
	12721	CD, CP	HP.1.1
	12722	CD, SP	HP.1.1
	12723	CD, NEP	HP.1.1
	12724	CD, NWP	HP.1.1
	12725	CD, NCP	HP.1.1
	12726	CD, Uva	HP.1.1
	12727	CD, Sabragamuwa	HP.1.1
	12799	CD&MH n.e.c.	HP.1.1
	12800	Provincial mental and substance abuse hospitals	HP.1.2
	12850	Provincial speciality hospitals	HP.1.3
	12999	Provincial hospitals n.e.c.	HP.1.9
	13000	Local government hospitals 13001-13999	HP.1
	13100	Local government general hospitals	HP.1.1
	13500	Local government mental and substance abuse hospitals	HP.1.2
	13600	Local government speciality hospitals	HP.1.3
	13999	Local government hospitals n.e.c.	HP.1.9
	14000	Nursing home and residential facilities 14001-14999	HP.2
	14100	Nursing care facilities	HP.2.1
	14101	Rehabilitation Hospital Ragama	HP.2.1
	14200	Residential mental retardation, mental health and substance abuse facilities	HP.2.2
	14300	Community care facilities for the elderly	HP.2.3
	14999	Residential care facilities n.e.c.	HP.2.9
	15000	Non-hospital medical service facilities 15001-17999	HP.3
	15001	Central non-hospital medical service facilities	HP.3.1
	15100	Non-hospital physician ambulatory facilities	HP.3.2
	15200	Non-hospital dental ambulatory facilities	HP.3.2
	15300	Non-hospital other ambulatory facilities	HP.3.3
	15400	Non-hospital other traditional medicine ambulatory facilities	HP.3.3
	15500	Non-hospital out-patient care centres	HP.3.4
	15510	Family planning clinic services	HP.3.4
	15520	Out-patient mental health and substance abuse centres	HP.3.4

Continued

SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
GOVERNMENT SECTOR	15530	Ambulatory surgery centres	HP.3.4
	15540	Dialysis care centres	HP.3.4
	15599	Other outpatient centres	HP.3.4
	15600	Medical and diagnostic laboratories	HP.3.5
	15700	Home health care services	HP.3.6
	15800	Ambulance services	HP.3.9
	15900	Blood and tissue banks	HP.3.9
	15901	National blood transfusion service	HP.3.9
	15999	All other non-hospital medical service facilities	HP.3.9
	16000	Provincial non-hospital medical service facilities	HP.3
	16100	MOOH units	HP.3.4
	16110	MOOH units, WP	HP.3.4
	16111	MOOH units, CP	HP.3.4
	16112	MOOH units, SP	HP.3.4
	16113	MOOH units, NEP	HP.3.4
	16114	MOOH units, NWP	HP.3.4
	16115	MOOH units, NCP	HP.3.4
	16116	MOOH units, Uva	HP.3.4
	16117	MOOH units, Sabragamuwa	HP.3.4
	16999	Other provincial non-hospital medical service facilities n.e.c.	HP.3.4
	17000	Local government non-hospital medical service facilities	HP.3
	17100	Local government dispensaries	HP.3.4
	17999	Other local government non-hospital medical service facilities n.e.c.	HP.3.4
	18000	Public/Community health services 18001-18999	HP.5
	18100	Central government public health services	HP.5
	18101	Anti-TB/Respiratory diseases control programme	HP.5
	18102	Anti-Leprosy campaign	HP.5
	18103	School medical services	HP.5
	18104	Quarantine service/Port health office	HP.5
	18105	Anti malaria campaign	HP.5
	18106	Anti filariasis campaign	HP.5
	18107	STD/AIDS control programme	HP.5
	18108	Public health veterinary services/Rabies control	HP.5
	18109	Food quality control	HP.5
	18121	Family health bureau	HP.5
	18122	Health education bureau	HP.5
	18199	Others n.e.c.	HP.5
	18400	Provincial public health services	HP.5
	18401	WP community health services	HP.5
	18402	CP community health services	HP.5

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SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
GOVERNMENT SECTOR	18403	SP community health services	HP.5
	18404	NEP community health services	HP.5
	18405	NWP community health services	HP.5
	18406	NCP community health services	HP.5
	18407	Uva community health services	HP.5
	18408	Sabaragamuwa community health services	HP.5
	18409	NP community health services	HP.5
	18410	EP community health services	HP.5
	18600	Local government public health services	HP.5
	19000	Government health administration and other institutions 19001-19599	HP.6.1
	19100	Central administrative and other institutions 19101-19399	HP.6.1
	19110	Central administrative services 19111-19199	HP.6.1
	19111	MOH headquarters	HP.6.1
	19112	Ministry of indigenous medicine headquarters	HP.6.1
	19113	DOHS	HP.6.1
	19114	Department of ayurveda	HP.6.1
	19121	Judicial medical services	HP.6.1
	19122	Epidemiological unit	HP.6.1
	19200	Central support services 19201-19299	HP.6.1
	19201	Bio-Medical engineering division	HP.6.1
	19203	National drug quality control assurance laboratory	HP.6.1
	19250	Central administrative support services outside of MOH	HP.6.1
	19251	Electrical Department Support Services	HP.6.1
	19252	Department of Treasury Services	HP.6.1
	19253	Department of External Resources	HP.6.1
	19254	Department of Government Analyst	HP.6.1
	19255	Department of Information	HP.6.1
	19256	Department of Government Printing	HP.6.1
	19298	Other central administrative support services outside of MOH	HP.6.1
	19299	Others n.e.c.	HP.6.1
	19300	Government social security administration	HP.6.2
	19301	EPF	HP.6.2
	19302	ETF	HP.6.2
	19303	Public servants medical insurance scheme	HP.6.2
	19399	Other social security schemes n.e.c.	HP.6.2
	19400	Provincial institutions 19401-19499	HP.6.1
	19411	Western PDOH	HP.6.1
	19412	Central PDOH	HP.6.1
	19413	Southern PDOH	HP.6.1

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SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
GOVERNMENT SECTOR	19414	North Western PDOH	HP.6.1
	19415	North Central PDOH	HP.6.1
	19416	Uva PDOH	HP.6.1
	19417	Sabaragamuwa PDOH	HP.6.1
	19418	Northern PDOH	HP.6.1
	19419	Eastern PDOH	HP.6.1
	19420	Northern-Eastern PDOH	HP.6.1
	19500	Local government institutions 19501-19899	HP.6.1
	19600	Municipal Councils 19700-19699	HP.6.1
	19601	Anuradhapura	HP.6.1
	19602	Badulla	HP.6.1
	19603	Batticaloa	HP.6.1
	19604	Colombo	HP.6.1
	19605	Dehiwela-Mt Lavinia	HP.6.1
	19606	Galle	HP.6.1
	19607	Jaffna	HP.6.1
	19608	Kandy	HP.6.1
	19609	Kurunegala	HP.6.1
	19610	Matale	HP.6.1
	19611	Moratuwa	HP.6.1
	19612	Negombo	HP.6.1
	19613	Nuwara-Eliya	HP.6.1
	19614	Ratnapura	HP.6.1
	19615	Sri-Jayawardanapura	HP.6.1
	19700	Urban Councils 19700-19799	HP.6.1
	19701	Ampara	HP.6.1
	19702	Anuradhapura	HP.6.1
	19703	Balangoda	HP.6.1
	19704	Bandarawela	HP.6.1
	19705	Beruwela	HP.6.1
	19706	Chavakachcheri	HP.6.1
	19707	Chilaw	HP.6.1
	19708	Gampaha	HP.6.1
	19709	Gampola	HP.6.1
19710	Hambantota	HP.6.1	
19711	Haputale	HP.6.1	
19712	Hatton-Dickoya	HP.6.1	
19713	Horana	HP.6.1	
19714	Ja-ela	HP.6.1	
19715	Kadugannawa	HP.6.1	
19716	Kalmunai	HP.6.1	
19717	Kalutara	HP.6.1	

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SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	19718	Kattankudi	HP.6.1
	19719	Katunayake-Seeduwa	HP.6.1
	19720	Kegalle	HP.6.1
	19721	Kolonnawa	HP.6.1
	19722	Kuliyapitiya	HP.6.1
	19723	Matara	HP.6.1
	19724	Minuwangoda	HP.6.1
	19725	Nawalapitiya	HP.6.1
	19726	Panadura	HP.6.1
	19727	Peliyagoda	HP.6.1
	19728	Puttalam	HP.6.1
	19729	Seethawakapura	HP.6.1
	19730	Talawakelle-Lindula	HP.6.1
	19731	Tangalle	HP.6.1
	19732	Trincomalee	HP.6.1
	19733	Wattala-Mabole	HP.6.1
	19734	Wattegama	HP.6.1
	19735	Weligama	HP.6.1
	19736	Moratuwa	HP.6.1
	19737	Sri Jayawardenepura	HP.6.1
	19738	Vavuniya	HP.6.1
	19800	<i>Pradeshiya Sabhas</i>	HP.6.1
	19899	<i>All other local governments n.e.c.</i>	HP.6.1
	20000	Government (entities that finance or provide health care as a secondary objective)	HP.6
	21100	<i>Ministry of Finance and Planning</i>	HP.6.1
	21200	<i>Ministry of Plan Implementation and Parliamentary Affairs</i>	HP.3.4
	21210	IRDPs 21211-21229	HP.3.4
	21211	IRDP – Badulla	HP.3.4
	21212	IRDP – Batticaloa	HP.3.4
	21213	IRDP – Hambantota	HP.3.4
	21214	IRDP – Kegalle	HP.3.4
	21215	IRDP – Matara	HP.3.4
	21216	IRDP – Moneragala	HP.3.4
	21217	IRDP - Nuwera-Eliya	HP.3.4
	21218	IRDP – Ratnapura	HP.3.4
	21300	<i>Ministry of Social Services</i>	HP.3.4
21301	Department of Social Services	HP.3.4	
21302	Community-based Rehabilitation Programme	HP.3.4	
21400	<i>Ministry of Defence (21401-21499)</i>	HP.1.1	
21401	Sri Lanka Army	HP.1.1	

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SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE	
GOVERNMENT SECTOR	21402	Sri Lanka Navy	HP.1.1	
	21403	Sri Lanka Air Force	HP.1.1	
	21500	<i>Ministry of Livestock Development and Estate Infrastructure</i>	HP.3.4	
	21600	<i>Ministry of Labour</i>	HP.7.1	
	21601	Department of Labour	HP.7.1	
	21900	<i>Other ministries</i>	HP.6.1	
	23000	Academic, research or training institutions 23001-23999	HP.7.9	
	23100	<i>Education and training institutions 23101-23199</i>	HP.7.9	
	23110	Medical training schools	HP.7.9	
	23130	Dental training schools	HP.7.9	
	23131	Nursing training schools	HP.7.9	
	23132	Other health personnel training schools	HP.7.9	
	23151	NIHS Kalutara	HP.7.9	
	23152	Institute of Postgraduate Studies in Medical Education	HP.7.9	
	23153	National Institute of Social Development	HP.7.9	
	23200	<i>Research institutions 23201-23299</i>	HP.7.9	
	23201	Medical Research Institute	HP.7.9	
	23211	Institute of Fundamental Studies	HP.7.9	
	23212	Institute of Policy Studies	HP.7.9	
	23299	Other research institutions n.e.c.	HP.7.9	
	27000	Other National Public Institutions	HP.6.1	
	27001	Central Bank	HP.6.1	
	27002	Finance Commission	HP.6.1	
	27999	Other public institutions n.e.c.	HP.6.1	
	NONPROFIT SECTOR	30000	Non-profit Institutions 30000-39999	HP.3.9
		31000	National level NPISHs 31001-31199	HP.3.9
		31001	Family Planning Association of Sri Lanka	HP.3.9
		31002	Red Cross	HP.3.9
		31003	St John's Council for Sri Lanka	HP.3.9
		31004	CNAPT (National Association for the Prevention of TB)	HP.5
31005		Children's Convalescent Home	HP.2.1	
31006		SLNF Smoke and Health	HP.5	
31007		Sahanaya	HP.3.4	
31999		National level NPISHs n.e.c.	HP.3.9	
32000		<i>Local NPISHs</i>	HP.3	
INSURERS	40000	Insurers 40001-49999	HP.6.4	
	40100	<i>Government health insurance companies 40100-40199</i>	HP.6.4	
	40101	Sri Lanka Insurance Corporation	HP.6.4	

Continued

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SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
INSURERS	40102	SLIC Life	HP.6.4
	40103	National Insurance Corporation	HP.6.4
	40200	<i>Private health insurance companies 40200-40299</i>	HP.6.4
	40201	Ceylinco Insurance Co. Ltd	HP.6.4
	40202	Ceylinco Life	HP.6.4
	40203	Eagle Insurance	HP.6.4
	40204	Eagle Life	HP.6.4
	40205	Janashakthi General Insurance Col. Ltd	HP.6.4
	40206	Janashakthi Life Insurance Co. Ltd	HP.6.4
	40207	Union Assurance Ltd.	HP.6.4
	40208	Union Assurance Ltd. (Life)	HP.6.4
	PRIVATE SECTOR	50000	Private health care providers 50001-59999
50001		Private hospitals	HP.1
51000		Private general hospitals	HP.1.1
51500		Private mental health and substance abuse hospitals	HP.1.2
51600		Private speciality hospitals	HP.1.3
51699		Private hospitals n.e.c.	HP.1.3
51700		Private nursing care facilities	HP.2.1
51800		Private residential mental retardation, mental health and substance abuse facilities	HP.2.2
51999		All other private nursing and residential care facilities	HP.2.9
52000		<i>Private ambulatory physician services</i>	HP.3
52100		Private general practitioners	HP.3.1
52200		Government doctors in private practice	HP.3.1
52300		Private specialists	HP.3.1
53000		Private ayurvedic and indigenous medical practitioners	HP.3.1
54000		Private homeopathic and other non-allopathic practitioners	HP.3.1
54999		Private physicians n.e.c.	HP.3.1
55000		<i>Private dental providers</i>	HP.3.2
56000		<i>Private other practitioners</i>	HP.3.3
57000		<i>Private other non-hospital medical facilities</i>	HP.3.4
57110		Private family planning centres	HP.3.4
57120		Private out-patient mental health and substance abuse centres	HP.3.4
57130		Private ambulatory surgery centres	HP.3.4
57140		Private dialysis care centres	HP.3.4
57190		Private other outpatient centres	HP.3.4
57500		Private medical and diagnostic laboratories	HP.3.5
57600		Private home health care services	HP.3.6
57700		Private ambulance services	HP.3.9
57800		Private blood and tissue banks	HP.3.9
57999		Private all other non-hospital medical service facilities	HP.3.9

Continued

SECTOR	SLHA-HP CODE	PROVIDER NAME	ICHA-HP CODE
		Provider breakdowns	
PRIVATE SECTOR	58000	<i>Retail sale and other providers of medical goods</i>	HP.4
	58100	Pharmacies	HP.4.1
	58200	Retail sale and other suppliers of optical glasses and other vision products	HP.4.2
	58300	Retail sale and other suppliers of hearing aids	HP.4.3
	58400	Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)	HP.4.4
	58500	Retailers of traditional medicines and supplies	HP.4.9
	59999	Shops and all other miscellaneous sale and other suppliers of pharmaceuticals and medical goods	HP.4.9
OTHERS	60000	Other entities 60000-69999	HP.7
	61000	<i>Establishments providing occupational health services as ancilliary production</i>	HP.7.1
	62000	<i>Other industries providing health care as secondary function</i>	HP.7.9
	62100	Military health services (not provided in health care facilities)	HP.7.9
	62101	Army health services	HP.7.9
	62102	Navy health services	HP.7.9
	62103	Air force health services	HP.7.9
	62200	<i>Prison health services (not provided in health care facilities)</i>	HP.7.9
	62300	<i>School health services</i>	HP.7.9
	63000	<i>Enterprises (Employers providing health care as secondary function)</i>	HP.7.9
	63100	State enterprises	HP.7.9
	63200	Public companies	HP.7.9
	63300	BOI firms (exc. Public firms)	HP.7.9
	63999	Other firms n.e.c.	HP.7.9
	69999	<i>Other industries providing health as secondary function n.e.c.</i>	HP.7.9
REST OF WORLD	80000	Foreign entities 80000-89999	
	81000	<i>Intergovernmental/international agencies</i>	HP.9
	81001	World Health Organisation	HP.9
	81002	United Nations Children's Fund	HP.9
	81003	United Nations Development Programme	HP.9
	81004	United Nations Populations Fund	HP.9
	81005	World Bank	HP.9
	81999	International agencies n.e.c.	HP.9
	82000	<i>Foreign governments</i>	HP.9
	82001	Government of Japan/JICA	HP.9
	82999	Foreign governments n.e.c.	HP.9
	83000	<i>Foreign NPISHs</i>	HP.9
	89999	<i>Other foreign entities n.e.c.</i>	HP.9
	90000	<i>All other entities</i>	

Annex Table 10: OECD SHA Tables												
TOTAL EXPENDITURE ON HEALTH BY PROVIDER INDUSTRY AND SOURCE OF FUNDING (RS)												
	Total 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 Other 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	
Health care goods and services by provider industry												
Hospitals	HP.1	22,835	18,663	18,663	4,172	1,765	-	2,407	-	-	-	
Nursing and residential care facilities	HP.2	50	50,193	50	-	-	-	-	-	-	-	
Providers of ambulatory health care	HP.3	12,392	1,519	1,519	10,873	588	-	10,284	-	-	-	
Offices of physicians	HP.3.1	7,056	39	39	7,016	588	-	6,428	-	-	-	
Offices of dentists	HP.3.2	141	-	-	141	-	-	142	-	-	-	
Offices of other health practitioners	HP.3.3	0	-	-	0	-	-	-	-	-	-	
Out-patient care centres	HP.3.4	1,231	1,230	1,230	0	-	-	-	-	-	-	
Medical and diagnostic laboratories	HP.3.5	3,428	-	-	3,427	-	-	3,427	-	-	-	
Providers of home health care services	HP.3.6	0	-	-	0	-	-	-	-	-	-	
Other providers of ambulatory health care	HP.3.9	535	249	249	286	-	-	286	-	-	-	

Continued

Retail sale and other providers of medical goods	HP.4	16,978	-	-	-	16,978	-	-	16,978	-	-	-
Dispensing chemists	HP.4.1	14,300	-	-	-	14,300	-	-	14,300	-	-	-
All other sales of medical goods	HP.4.2-4.9	1,175	-	-	-	1,175	-	-	1,175	-	-	-
Provision and administration of public health programmes	HP.5	1,748	1,748	1,748	-	-	-	-	-	-	-	-
General health administration and insurance	HP.6	0	-	-	-	-	-	-	-	-	-	-
Government (excluding social insurance)	HP.6.1	3,046	3,025	3,025	-	20	-	-	20	-	-	-
Social security funds	HP.6.2	80	80	80	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	0	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	1,071	-	-	-	1,071	-	-	1,071	-	-	-
All other providers of health administration	HP.6.9	0	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	0	-	-	-	-	-	-	-	-	-	-
Occupational health care	HP.7.1	17	18	18	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	1,162	513	513	-	648	-	-	648	-	-	-
Rest of the world	HP.9	195	195	195	-	-	-	-	-	-	-	-
Total		59,578	25,815	25,815	-	33,763	2,353	1,071	29,690	648	-	-

CURRENT EXPENDITURE ON HEALTH BY FUNCTION OF CARE AND SOURCE OF FUNDING (RS)											
Total expenditure	HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	Private Insurance	HF.2.1 Private Social Insurance Schemes	HF.2.2 Other Private Insurance	HF.2.3 Private Household Out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Current expenditure on health care	55,653	21,970	21,970	0	33,683	3,425	2,353	1,071	29,678	579	-
Personal health care services	28,990	16,880	16,880	0	12,109	3,018	2,353	665	8,965	125	-
In-patient services	22,642	15,234	15,234	0	7,108	0	0	0	-	-	-
Day care services	0	0	0	0	0	0	0	0	-	-	-
Out-patient services	6,155	1,354	1,354	4,801	4,801	0	0	0	-	-	-
Home care services	0	0	0	0	0	0	0	0	-	-	-
Ancillary services to health care	3,766	52	52	0	3,714	0	0	0	3,714	-	-
Medical goods dispensed to out-patients	17,502	499	499	0	17,002	0	0	0	16,978	25	-
Pharmaceuticals and other medical non-durables	14,549	224	224	0	14,325	0	0	0	14,300	25	-
Therapeutic appliances and other medical durables	2,088	247	247	0	2,088	0	0	0	2,088	-	-
Personal health care services and goods	50,258	17,432	17,431	0	32,826	3,018	2,353	664	29,657	151	-
Prevention and public health services	2,657	2,228	2,228	0	429	0	0	0	897	428	-
Health administration and health insurance	2,737	2,309	2,309	0	427	406	0	406	20,568	-	-
Total	55,652	21,969	21,968	-	33,682	3,424	2,353	1,070	51,122	579	-

TOTAL EXPENDITURE ON HEALTH INCLUDING HEALTH RELATED FUNCTIONS (RS)												
	Total expenditure	HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	Private Insurance	HF.2.1 Private Social Insurance Schemes	HF.2.2 Other Private Insurance	HF.2.3 Private Household Out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Services of curative and rehabilitative care	HC.1- HC.2	28,990	16,880	16,880	0	12,109	3,018	2,353	664	8,965	125	-
Services of long-term nursing care	HC.3	0	0	0	0	0	0	0	0	0	0	-
Ancillary services to health care	HC.4	3,766	52	52	0	3,713	0	0	0	3,713	0	-
Medical goods dispensed to out-patients	HC.5	17,502	499	499	0	17,002	0	0	0	16,978	24	-
Pharmaceuticals and other medical non-durables	HC.5.1	14,549	224	224	0	14,325	0	0	0	14,300	25	-
Therapeutic appliances and other medical durables	HC.5.2	2,088	0	0	0	2,088	0	0	0	2,088	-	-
Personal health care services and goods	HC.1 - HC.5	50,258	17,431	17,431	0	32,827	3,018	2,353	664	29,657	150	-
Prevention and public health services	HC.6	2,657	2,228	2,228	0	429	0	0	0	0	428	-
Health administration and health insurance	HC.7	2,737	2,309	2,309	0	427	406	0	406	20	0	-
Total Current Expenditure on health		55,653	21,969	21,969	0	33,683	3,425	2,353	1,071	29,678	579	-
Gross capital formation	HC R.1	3,925	3,845	3,845	0	80	0	0	0	11	68	-
Total Expenditure on health		59,578	25,814	25,814	0	33,764	3,425	2,353	1,071	29,690	647	-

Continued

MEMORANDUM ITEMS: FURTHER HEALTH RELATED FUNCTIONS													
Education and training of health personnel	HC R.2	1,757	1,684	1,684	0	72	0	0	0	0	72	-	-
Research and development in health	HC R.3	147	73	73	0	74	0	0	0	0	74	-	-
Food, Hygiene and drinking water control	HC R.4	30	30	30	0	0	0	0	0	0	0	-	-
Environmental health	HC R.5	277	277	278	0	0	0	0	0	0	0	-	-
Administration and provision of social services in kind to assist living with disease and impairment	HC R.6	14	14	14	0	0	0	0	0	0	0	-	-
Administration and provision of health - related cash benefits	HC R.7	4,027	3,920	3,920	0	106	0	0	0	0	106	-	-
		6,252	5,998	5,999	0	253	1	0	0	0	0	-	-