

SRI LANKA NATIONAL HEALTH ACCOUNTS

Sri Lanka National Health Expenditures 1990-1999

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Ministry of Health



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DRAFT

Foreword

This report presents the first estimates of Sri Lanka's National Health Accounts, developed by the Institute of Policy Studies, working under the direction of Dr. K.C.S. Dalpatadu, Department of Planning, Ministry of Health and the MOH Health Expenditure Survey Committee. It provides estimates of national health expenditures by source, by functional use and by provider on an aggregate basis for the period 1990-1997, and also on a preliminary basis for 1998-99. Estimates of aggregate spending are also provided on a per person basis and by province.

The conceptual basis and definitions used in measuring health expenditures are based on the Sri Lanka National Health Accounts Conceptual Framework. This framework is based on the System of Health Accounts published by the Organisation of Economic Co-operation and Development (OECD) in 2000, with modifications to meet national requirements. The definition of national health spending adopted corresponds to the OECD definition, but with the explicit inclusion of expenditures on medical services and goods provided by unregistered and non-Western medical providers. To enable international comparison, a duplicate set of estimates of aggregate spending using the OECD classifications is also provided.

The tables in this report express expenditure in nominal terms, and in constant prices where indicated. The Central Bank GDP deflator has been used throughout for deriving expenditures in constant terms. The population statistics used are IPS staff estimates in the absence of a recent national census, and they refer to the resident *de facto* population of the country and its provinces. The estimates of total government spending for 1990-97 are based on the audited financial accounts of the government and other public bodies, and can be considered definitive. The estimates for 1998-99 are preliminary in nature, as they are based on the non-audited statistics of final government spending and so remain subject to revision. Estimates of health expenditures in 1998 and 1999 are thus presented as provisional. Estimates of private expenditures are necessarily estimates, compiled mostly from survey sources. As with any such estimates they are subject to error. However, the estimates of the level of private source spending are considered to be accurate to within ± 0.35 per cent of GDP, and so the estimates of total national expenditures will be subject to the same degree of error.

The Sri Lanka National Health Accounts (SLNHA) are the product of a collaborative effort over two years by many government agencies and other private sector institutions in the country. Whilst the SLNHA meets the latest international standards, the development of SLNHA was carried out solely by Sri Lankan institutions and experts, without any foreign technical input at any stage. Of significant note, Sri Lanka is the first non-OECD country to produce estimates compatible with the OECD SHA 2000 standard.

The SLNHA system and the information contained in this report represent a basis for assessing and understanding trends and levels of health spending in the country. Such data provide important information for the public, policy makers and researchers to assess the performance of the national health system over time, and to evaluate health expenditure-related policies.

Acknowledgements

The SLNHA system and estimates were developed at the direction of Dr. K.C.S. Dalpatadu, Department of Planning, Ministry of Health and the MOH Health Expenditure Survey Committee. The Health Expenditure Survey Committee consists of representatives of the Ministry of Health (Department of Health Services, Accounting Office), Ministry of Finance (Departments of National Planning, and Census and Statistics), and Central Bank of Sri Lanka. HESC was responsible for supervising and monitoring the development of SLNHA.

The Institute of Policy Studies Health Policy Programme was primarily responsible for the technical design and compilation of SLNHA. The team at IPS consisted of Ravi P. Rannan-Eliya, Aparnaa Somanathan, G. D. Dayaratne, Varuni Sumathiratne and Shermal Karunaratne. The study team is indebted to the large number of individuals and agencies in both government and private sectors, who provided information, advice and gave generously of their time to assist with the compilation of SLNHA. The names of people and organisations who were consulted with or provided assistance are numerous, and are listed in Appendix C. We would like to thank all these people and organisations for their assistance and contributions. In particular, we thank Dr. S.M. Samarage at the Department of Planning, MOH, Dr. W. Karandagoda formerly of the Department of Planning, Mr. T.G. Jayasinghe and Mr. A. Chandrasiri of the Finance Commission, Mr. W. Nanayakkara and Mr. Yasantha Fernando of the Department of Census and Statistics, Mrs. Soma Mahaweveva of the Finance Ministry, Ms. D.F.C. Hanwella of the University Grants Commission, Mr. M. Balasubramaniam of IMS-Health, Mr. M. Kanapathipillai of the Insurance Controllers Division, Ministry of Finance and Planning, and Mr. Hema Wijeratne of Insurance Services International Ltd.

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Acronyms

APNHAN	Asia-Pacific National Health Accounts Network
CFS	Consumer Finance Survey
CP	Central Province
CSD	Department of Census and Statistics
DOH	Department of Health
EPF	Employees Provident Fund
GDP	Gross Domestic Product
HA	Health Accounts
HES	Household Expenditure Survey
HESC	Health Expenditure Survey Committee
HIES	Household Income and Expenditure Survey
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HKDHA	Hong Kong Domestic Health Accounts
ICHA	International Classification of Health Accounts
ICHA-HC	International Classification of Health Accounts by Function
ICHA-HF	International Classification of Health Accounts by source of funding for health care
ICHA-HP	International Classification of Health Accounts by health care service provider industries
IDA	International Development Agency
IMS	Information Medical Statistics
IPS	Institute of Policy Studies
IRDP	Integrated Rural Development Project
MCH	Maternal and Child Health
MOH	Ministry of Health
MPCLG	Ministry of Provincial Councils and Local Government
NCP	North Central Province
NEP	Northern-Eastern Province
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHE	National Health Expenditure
NWP	North Western Province
OECD	Organisation for Economic Cooperation and Development
OECD-SHA	Organisation for Economic Cooperation and Development – System of Health Accounts
OTC	Over-The-Counter
Sab	Sabaragamuwa Province
SLNHA	Sri Lanka National Health Accounts
SLPA	Sri Lanka Pharmaceutical Audit
SP	Southern Province
TEH	Total Expenditures on Health
UGC	University Grants Commission
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's' Fund
UNOPS	United Nations Office for Project Services
Uva	Uva Province
WHO	World Health Organisation
WP	Western Province

Executive Summary

This report provides estimates of national health expenditures by source, by functional use and by provider on an aggregate basis for the period 1990-1997, and also on a preliminary basis for 1998-99. Estimates of aggregate spending are provided on a per person basis and by province.

Total health expenditures

Total health expenditures were equivalent to 3.2 per cent of GDP in 1997. Total health expenditures per capita were Rs. 1,530 in 1997. In US dollar terms this was \$26 in 1997, up from \$16 in 1990.

Expenditures by source

Government and private sources accounted for approximately 50 per cent each of total financing throughout the decade, or about 1.7 per cent of GDP each. The differences between them in any one year are within the margin of error, so neither can be said to be greater than the other with any certainty.

Government expenditures come almost exclusively from central government general revenues (or donor assistance). There is a very small amount funded from other sources such as the EPF and Provincial Council own revenues. Private financing is mostly household out of pocket spending, with employer spending accounting for one tenth, and commercial insurance and NGOs own expenditures only accounting for 1-3 per cent each.

Trends in expenditures

Expenditures were in the range of 3.1 to 3.5 per cent of GDP throughout the 1990s. Government expenditures initially fell as a percentage of GDP and then rose. At the end of the decade they were no higher than the 1.7 per cent of GDP they had reached in 1990.

Real incomes rose strongly during the decade and the general tendency in most countries is for government health expenditures to rise faster than income. Hence, government expenditures increased less than would be expected given the growth in the economy.

Private expenditures remained relatively constant as a share of GDP. This is despite a substantial increase in some areas of private spending, such as at private hospitals or by commercial insurance. Constant private expenditure share is explained by a compensating decrease in household spending on traditional medicine, continuing a trend observed in the Central Bank's Consumer Finance Surveys since the 1960s.

Expenditures by function

The three largest components of spending by function are inpatient care services, outpatient care services and purchases of medicines in the private sector.

Inpatient care services rose from 19 per cent to 23 per cent of total spending by function. This share is probably high by developing country standards, but low in comparison with most OECD economies, where inpatient spending accounts for about 35-45 per cent of total spending. Inpatient care is mostly funded by government sources, and as a share of government spending it increased from 29 per cent to 37 per cent. This is lower than in most demographically advanced, industrialised democracies.

Most funding for outpatient care is from private sources. However, a much greater proportion of actual services are delivered by public facilities. Preventive and public health services fell from 11 per cent to 6 per cent of total spending, as government allocations to it fell. Health administration accounts for only 2-3 per cent of total spending – very low by international standards.

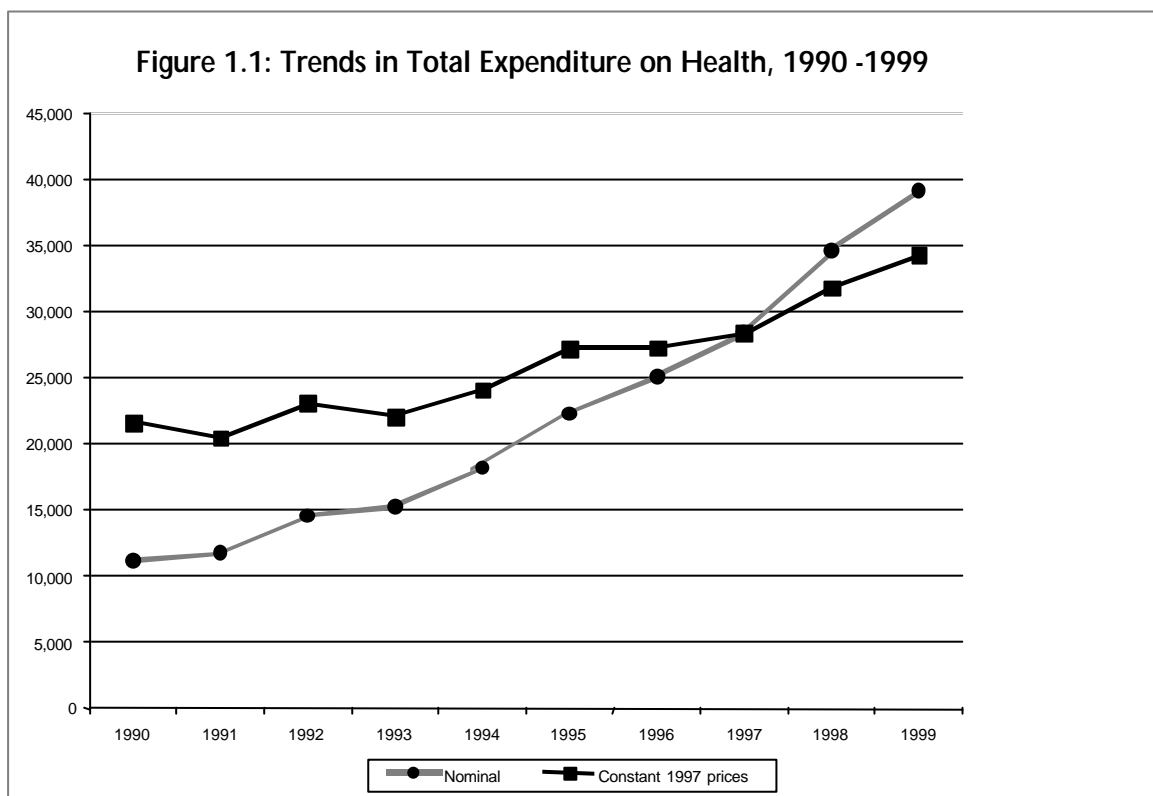
Provincial expenditure accounts

The share of central government in public spending increased throughout the decade. During 1990-1994, provincial council spending fluctuated between 36 per cent and 42 per cent of total government health spending. From 1994, provincial councils' share of spending shows a definite downward trend from 40 per cent to 31 per cent.

Government expenditures by province vary almost two fold in per capita terms. The range of expenditure levels has been 75 per cent – 150 per cent of the median province. Western Province has the highest level of expenditures, driven largely by its concentration of centrally-funded facilities, and the highest level of private spending.

1. Total Expenditures on Health

Total Expenditures on Health¹ (TEH) were estimated to be Rs.28.3 billions in 1997 with per capita spending at Rs.1,530. In real terms, TEH increased 31 per cent from Rs.21.7 billions in 1990 to Rs.28.4 billions in 1997. Nominal and real trends in TEH are shown in Figure 1.1.



Health spending as a share of GDP ranged between 3.1 and 3.5 per cent during the 1990s. There is no definite trend during this period (Table 1.1). The ratio fell to 3.2 per cent by 1997 but provisional estimates for 1998 and 1999 suggest larger increases in those two years.

In US dollar terms per capita spending was \$26 in 1997, up from \$16 in 1990. Overall per capita spending in health increased at an average annual rate of 5 per cent during 1990 to 1997, compared with an increase in real GDP per capita of 5 per cent on average per annum (Table 1.2).

¹ See Annex for definition.

Table 1.1: Total Expenditure on Health, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
At Current Market Prices										
TEH (Rs.million)	11,196	11,742	14,591	15,276	18,194	22,288	25,068	28,389	34,608	39,177
Annual increase in TEH (%)		5%	24%	5%	19%	22%	12%	13%	22%	13%
GDP (Rs.million)	321,784	372,345	425,283	499,565	579,084	667,772	768,128	890,272	1,017,986	1,110,653
Annual increase in GDP (%)		16%	14%	17%	16%	15%	15%	16%	14%	9%
At Constant 1997 Rupees										
TEH (Rs.million)	21,659	20,467	23,126	22,116	24,090	27,215	27,307	28,389	31,798	34,293
Annual increase in TEH (%)		-6%	13%	-4%	9%	13%	0%	4%	12%	8%
GDP (Rs.million)	622,488	649,018	674,049	723,275	766,707	815,395	836,722	890,272	935,315	972,196
Annual increase in GDP (%)		4%	4%	7%	6%	6%	3%	6%	5%	4%
Health as a proportion of GDP (%)	3.48%	3.15%	3.43%	3.06%	3.14%	3.34%	3.26%	3.19%	3.40%	3.53%

Table 1.2: Per Capita Health Expenditure, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
At Current Market Prices										
TEH per capita (Rs)	659	681	838	867	1,018	1,231	1,369	1,530	1,843	2,068
At Constant 1997 Rupees										
TEH per capita (Rs)	1,275	1,187	1,329	1,255	1,348	1,503	1,491	1,530	1,694	1,810
Annual change in TEH per capita (%)		-7%	12%	-6%	7%	11%	-1%	3%	11%	7%
GDP per capita (Rs)	36,632	37,631	38,727	41,051	42,917	45,020	45,685	47,988	49,820	51,322
Annual increase in GDP per capita (%)		3%	3%	6%	5%	5%	1%	5%	4%	3%
TEH per capita (US Dollars)	16	16	19	18	21	24	25	26	29	29

2. Expenditures by Sources of Financing

Responsibility for the funding of health services in Sri Lanka is shared between all levels of government and the non-government sector. Public expenditures at current market prices grew from Rs.5.6 billion in 1990 to Rs. 14.0 billion in 1997. Private expenditures grew from an estimated Rs. 5.6 billion to Rs. 14.3 billion during the same period (Table 2.1).

Government and private sources accounted for approximately 50 per cent each of total financing throughout the decade, or about 1.7 per cent of GDP each (Figure 2.1). The differences between them in any one-year are within the margin of error, so neither can be said to be greater than the other with any certainty.

Government expenditures initially fell as a percentage of GDP and then rose. At the end of the decade they were no higher than the 1.7 per cent of GDP they had reached in 1990. Real incomes rose strongly during the decade and the general tendency across countries is for government health expenditures to rise faster than income. Therefore, government expenditures increased less than would be expected given the growth in the economy.

Private expenditures remained relatively constant as a share of GDP. This is despite a substantial increase in some areas of private spending, such as at private hospitals or by commercial insurance. Constant private expenditure share is explained by a compensating decrease in household spending on traditional medicine, continuing a trend observed in the Central Bank's Consumer Finance Surveys since the 1960s.

Government expenditures come almost exclusively from central government general revenues (or donor assistance that accounts for less than 10 per cent of total public sector spending). There is a very small amount funded from other sources such as the EPF and Provincial Council own revenues. Private financing is mostly household out of pocket spending, with employer spending accounting for one tenth, and commercial insurance and NGOs' own expenditures only accounting for 1-3 per cent each. Household spending accounted for 43 per cent of total expenditures in 1997 (Figure 2.2).

Central government ministries and departments accounted for a growing share of total public sector expenditures during the decade, with the Provincial Councils' share declining to 31 per cent (Figure 2.3). The bulk of central government expenditures are from the Ministry of Health, with a small relatively constant proportion from other ministries such as the Ministries of Social Services, Labour and Defence. Local Governments consist of both Municipal Councils and Urban Councils. Local Government expenditures as a share of total government expenditures fell from 2.9 per cent in 1991 to 2.3 per cent in 1997. Tables in the Annex provide details of recurrent and capital expenditures by Local Governments from 1990 to 1999.

Table 2.1: Total Expenditure on Health at Current Market Prices, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total public sources (Rs.billion)	5.6	5.5	7.1	6.9	8.4	10.8	12.5	14.0	17.7	19.2
Total private sources (Rs.billion)	5.6	6.3	7.5	8.3	9.8	11.5	12.6	14.3	16.9	20.0
Total national expenditures (Rs.billion)	11.2	11.7	14.6	15.3	18.2	22.3	25.1	28.4	34.6	39.2

Figure 2.1: National Health Expenditures by Source as Share of GDP

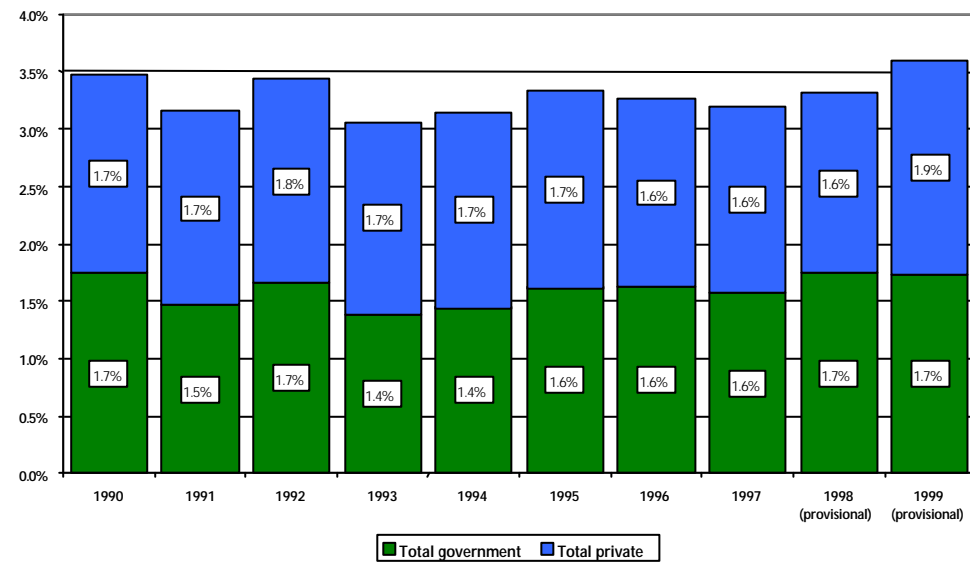


Figure 2.2: National Health Expenditure by Source, 1997

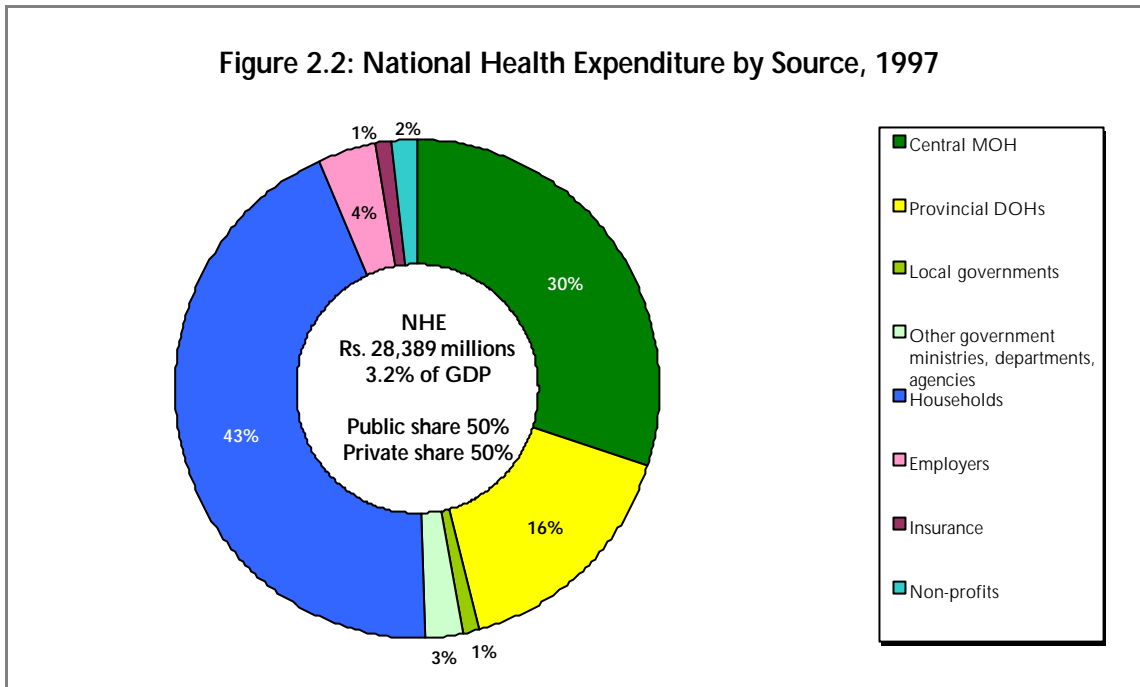
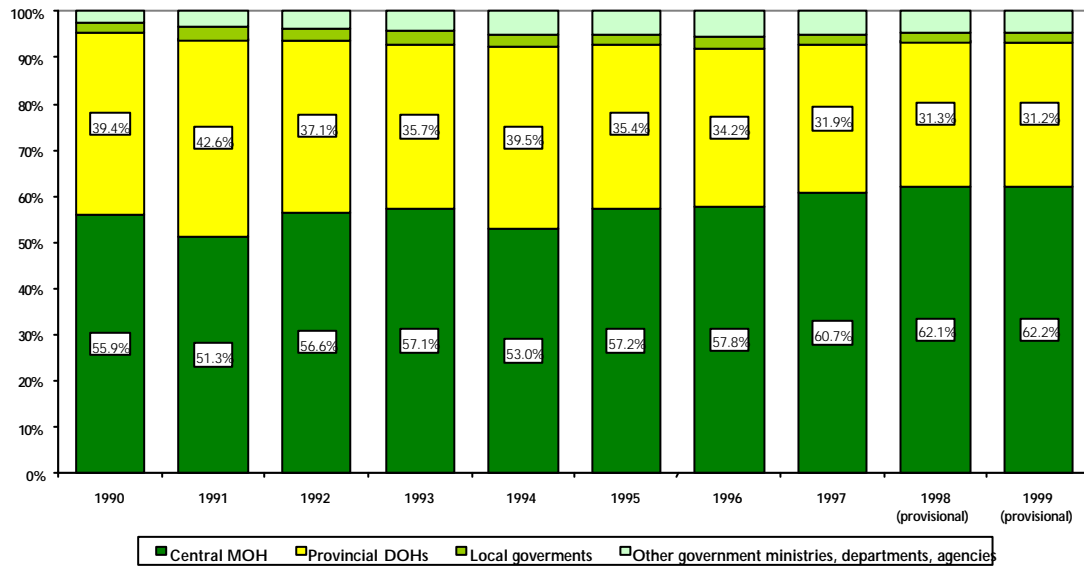


Figure 2.3: Government Spending by Administrative Level



3. Expenditures by Function

Expenditures in the SLNHA are classified according to the five-digit SLNHA Functional Classification system, which is based on the OECD International Classification of Health Accounts (ICHA) system. Details are given in the Annexes.

Personal health services form the largest share of total national spending, averaging about 78 per cent annually. Preventive and public health services account for about 2 per cent of total. Capital investment varied from 9 per cent to 15 per cent, the higher figures driven by private hospital investment in recent years (Table 3.1).

An important feature of expenditures in Sri Lanka is that inpatient services account for a relatively high and growing share of national expenditures. Inpatient care services rose from 10 per cent to 19 per cent of total spending by function. This share is probably high by developing country standards, but low in comparison with most OECD economies, where inpatient spending accounts for about 35-45 per cent of total spending.

There is a clear distinction between the use of public and private expenditures. Table 3.2 provides a comparison of the use of public and private expenditures by function for 1997, when total public and private expenditures were approximately equal. As is evident, private spending is used mostly for ambulatory care and purchases of medicines, whilst government spending is used mostly to fund inpatient services, public health services and capital investment. Figures 3.1 and 3.2 show the components of public and private expenditures in 1997.

The three administrative levels of government, Central, Provincial and Local also exhibit distinct expenditure patterns. Over two-thirds of hospital and ambulatory care expenditures and nearly all expenditures on medical goods dispensed are incurred at the Central Government level. Provincial Councils are responsible for about a third of hospital and ambulatory care expenditures. Preventive and public health services are distributed across the three, with Provincial Councils spending over a half and Local Governments the least. It should be noted that the largest proportion of Local Government expenditures in this area is allocated to health-related expenditures such as environmental health, especially sanitation, which are not included in the estimation of TEH.

Inpatient care as a share of government spending increased from 13 per cent to 28 per cent from 1990 to 1997 (Table 3.4). This is lower than in most demographically advanced, industrialised democracies. Most funding for outpatient care is from private sources (Table 3.5). However, a much greater proportion of actual services are delivered by public facilities. Preventive and public health services fell from 11 per cent to 6 per cent of total spending, as government allocations to it fell. Health administration accounts for only 2-3 per cent of total spending – very low by international standards (USA is 10 per cent).

Table 3.1: Total Expenditures by Function, 1990-99

Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Services of curative care	41%	44%	42%	45%	48%	49%	50%	51%	47%	47%
In-patient care	19%	20%	19%	20%	23%	24%	24%	25%	23%	23%
Ambulatory care	22%	24%	23%	25%	26%	25%	26%	26%	24%	24%
Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Ancillary services to medical care	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Medical goods dispensed to out-patients	26%	28%	28%	28%	28%	27%	25%	25%	24%	26%
Preventive and public health services	11%	10%	9%	10%	8%	7%	7%	6%	6%	6%
Health programme administration and insurance	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Capital formation	15%	10%	14%	9%	8%	10%	12%	10%	17%	13%
TEH (Rs.million)	11,196	11,742	14,591	15,276	18,194	22,288	25,068	28,389	34,608	39,177
TEH per capita (Rs)	659	681	838	867	1,018	1,231	1,369	1,530	1,843	2,068
<i>Memorandum items</i>										
Other health related functions (% of all expenditures)	3%	5%	4%	5%	5%	5%	5%	5%	5%	5%
Total health expenditures including health related expenditures (Rs.million)	11,507	12,321	15,220	16,011	19,183	23,473	26,398	29,861	36,239	41,072

Table 3.2: Relative Share of Funding by Public and Private Expenditures to Selected Functional Categories in 1997

Function	Public	Private
Hospital services	81%	19%
Ambulatory care services	39%	61%
Medical goods dispensed	5%	95%
Preventive and public health services	87%	13%
Capital expenditures	99%	1%

Table 3.3: Relative Share of Funding by Central, Provincial and Local Governments to Selected Functional Categories in 1997

Function	Central Government	Provincial Council	Local Government
Hospital services	69%	31%	0%
Ambulatory care services	64%	33%	3%
Medical goods dispensed	98%	0%	2%
Preventive and public health services	37%	56%	7%
Capital expenditures	74%	24%	2%

Figure 3.1: Total Government Expenditures by Function, 1997

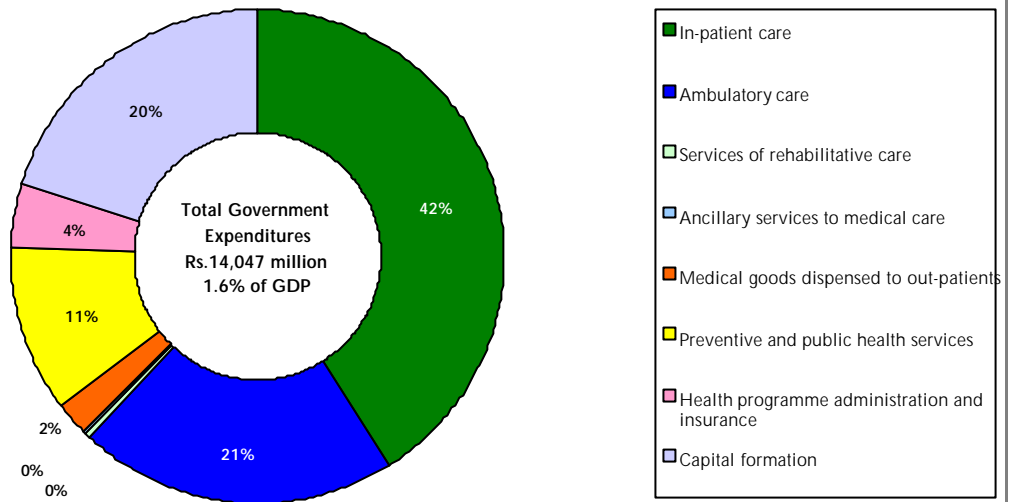


Figure 3.2: Total Non-Government Expenditures by Function, 1997

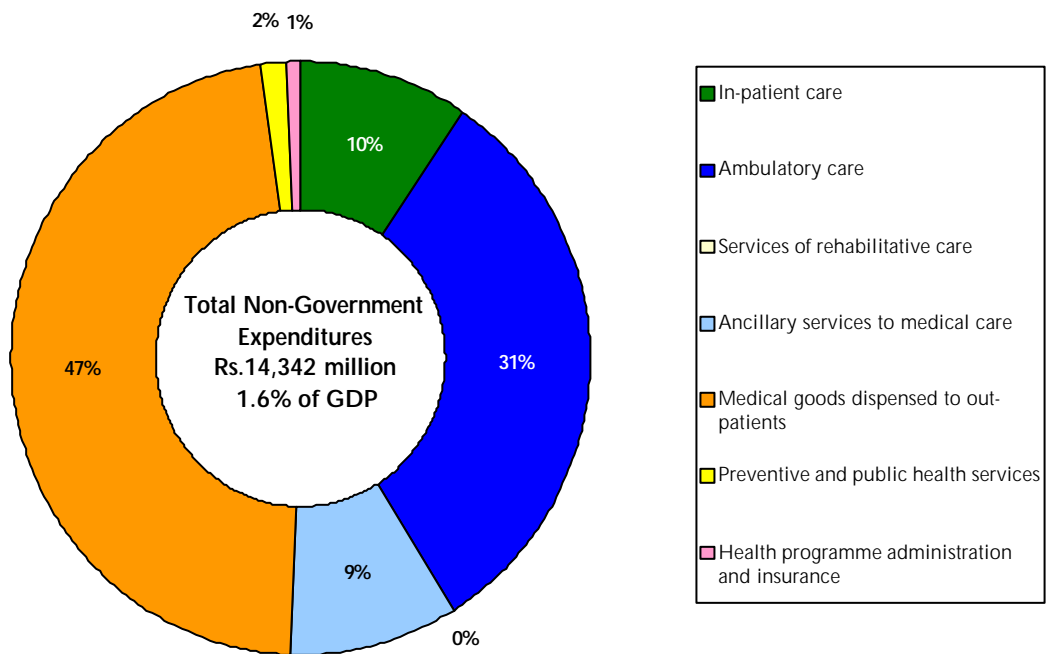


Table 3.4: Total Government Expenditures by Function, 1990-99

Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Services of curative care	45%	52%	49%	54%	61%	61%	59%	62%	53%	56%
In-patient care	29%	34%	32%	35%	40%	40%	39%	41%	35%	37%
Ambulatory care	16%	18%	17%	19%	21%	21%	20%	21%	18%	19%
Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Medical goods dispensed to out-patients	1%	1%	2%	2%	2%	2%	2%	2%	2%	2%
Preventive and public health services	20%	21%	17%	20%	15%	13%	13%	11%	10%	11%
Health programme administration and insurance	4%	4%	4%	3%	4%	3%	4%	4%	3%	4%
Capital formation	30%	22%	28%	20%	18%	20%	23%	20%	32%	27%
TEH (Rs.million)	5,619	5,450	7,063	6,935	8,359	10,800	12,507	14,047	17,739	19,191
TEH per capita (Rs)	331	316	406	394	468	596	683	757	945	1,013
<i>Memorandum items</i>										
Other health related functions (% of all expenditures)	4%	9%	7%	9%	10%	9%	9%	9%	8%	8%
Total health expenditures including health related expenditures (Rs.million)	5,882	5,973	7,628	7,595	9,260	11,885	13,721	15,385	19,207	20,909

Table 3.5: Total Non-Government Expenditures by Function, 1990-99

Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Services of curative care	36%	38%	36%	38%	38%	38%	41%	41%	40%	37%
In-patient care	8%	8%	8%	9%	8%	9%	9%	9%	10%	9%
Ambulatory care	28%	30%	28%	30%	30%	29%	31%	31%	31%	28%
Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Ancillary services to medical care	10%	9%	10%	10%	10%	10%	10%	9%	10%	10%
Medical goods dispensed to out-patients	52%	51%	52%	50%	50%	50%	47%	47%	47%	50%
Preventive and public health services	1%	1%	1%	2%	1%	1%	2%	2%	2%	2%
Health programme administration and insurance	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%
Capital formation	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
TEH (Rs.million)	5,577	6,291	7,528	8,340	9,836	11,488	12,562	14,342	16,870	19,986
TEH per capita (Rs)	328	365	432	473	551	634	686	773	899	1,055
<i>Memorandum items</i>										
Other health related functions (% of all expenditures)	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Total health expenditures including health related expenditures (Rs.million)	5,625	6,348	7,592	8,416	9,923	11,588	12,678	14,476	17,033	20,164

4. Expenditures by Provider

The largest proportion of government expenditures is incurred at hospitals, while almost all private expenditures (96 per cent in 1997) are incurred at private health care providers that include both hospital and outpatient centres, as well as retail distributors of medicines (Table 4.1, Figure 4.1, Figure 4.2).

Government and private hospitals account for 38 per cent of total expenditure on health. Of this, central government hospitals account for two-thirds of government expenditures, and private hospitals for more than 95 per cent of private expenditures on hospitals. Of all expenditures at hospitals, 13 per cent is accounted for by private hospitals, which might be contrasted with the approximately 5 per cent of total inpatient admissions that they provide nationally. Non-profit institutions account for a very small share of all expenditures (< 1 per cent).

Private expenditures are mostly incurred at pharmacies and other retail outlets. Purchases of medicines and medical supplies account for most of this. The other significant element of private expenditures consist of private practitioners, who account for 29 per cent of all private spending on health.

Table 4.1: Total National Expenditures by Type of Provider, 1990-99

Provider	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Central government hospitals	21%	16%	21%	19%	20%	19%	20%	21%	21%	21%
Provincial hospitals	13%	13%	12%	11%	12%	14%	13%	13%	14%	12%
Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non-hospital medical service facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Provincial non-hospital medical service facilities	3%	3%	2%	3%	3%	2%	2%	2%	2%	2%
Local government non-hospital facilities	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Public/Community health services	7%	8%	7%	7%	5%	6%	6%	6%	6%	4%
Government health administration	4%	5%	4%	3%	3%	4%	5%	5%	7%	8%
Govt. entities providing health care as secondary	2%	1%	1%	1%	1%	1%	2%	1%	2%	1%
Non-profit Institutions	1%	1%	1%	1%	1%	2%	1%	1%	1%	1%
Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private health care providers	48%	52%	50%	53%	52%	50%	48%	49%	47%	49%
Other entities	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%
Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
TEH (Rs.million)	11,196	11,742	14,591	15,276	18,194	22,288	25,068	28,389	34,608	39,177
TEH per capita (Rs)	659	681	838	867	1,018	1,231	1,369	1,530	1,843	2,068

Table 4.2: Total Government Expenditures by Type of Provider, 1990-99

Provider	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Central government hospitals	41%	34%	43%	42%	42%	38%	40%	41%	39%	41%
Provincial hospitals	26%	28%	24%	24%	26%	29%	27%	27%	27%	24%
Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non-hospital medical service facilities	1%	1%	1%	1%	1%	0%	0%	1%	0%	1%
Provincial non-hospital medical service facilities	5%	6%	5%	6%	6%	5%	4%	3%	3%	4%
Local government non-hospital facilities	1%	2%	1%	1%	1%	2%	2%	1%	1%	1%
Public/Community health services	13%	16%	14%	15%	12%	12%	11%	12%	11%	8%
Government health administration	8%	10%	8%	7%	7%	9%	10%	9%	13%	16%
Govt. entities providing health care as secondary	4%	2%	1%	1%	2%	2%	3%	3%	3%	3%
Non-profit Institutions	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Private health care providers	0%	0%	0%	0%	0%	1%	1%	1%	0%	0%
Other entities	1%	1%	2%	2%	2%	2%	2%	2%	1%	1%
Foreign entities	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%
TEH (Rs.million)	5,619	5,450	7,063	6,935	8,359	10,800	12,507	14,047	17,739	19,191
TEH per capita (Rs)	331	316	406	394	468	596	683	757	945	1,013

Table 4.3: Total Non-Government Expenditures by Type of Provider, 1990-99

Provider	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Central government hospitals	0.77%	0.88%	0.85%	0.78%	0.86%	0.91%	0.95%	1.06%	1.26%	1.42%
Provincial hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non-hospital medical service facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Provincial non-hospital medical service facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local government non-hospital facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public/Community health services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Government health administration	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Govt. entities providing health care as secondary	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Non-profit Institutions	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Insurers	0%	0%	1%	1%	1%	1%	1%	1%	1%	1%
Private health care providers	97%	97%	96%	96%	96%	96%	96%	96%	96%	96%
Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
TEH (Rs.million)	5,577	6,291	7,528	8,340	9,836	11,488	12,562	14,342	16,870	19,986
TEH per capita (Rs)	328	365	432	473	551	634	686	773	899	1,055

Figure 4.1: Total Government Expenditures by Provider, 1997

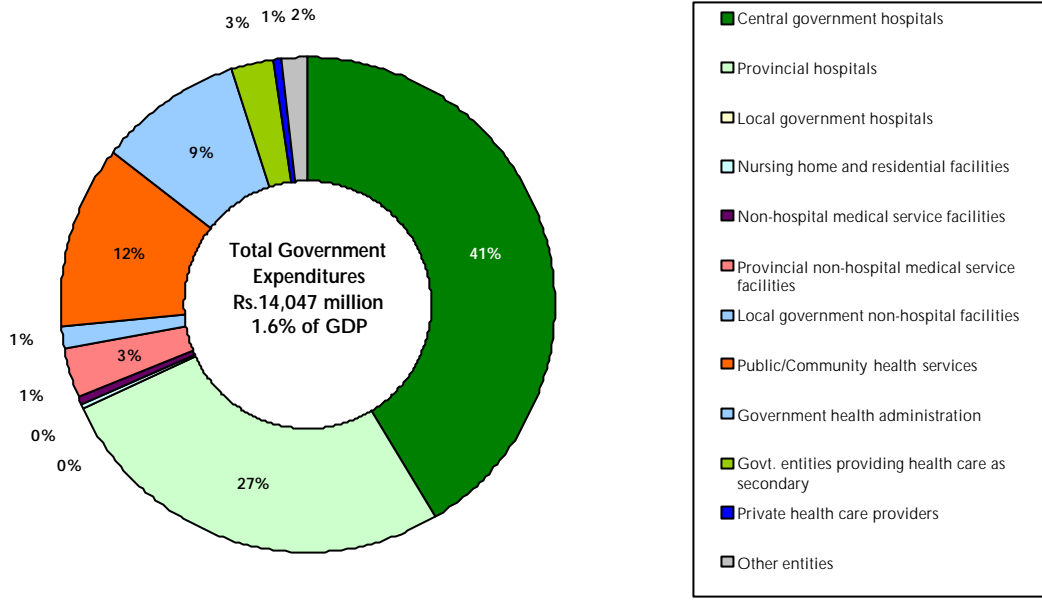
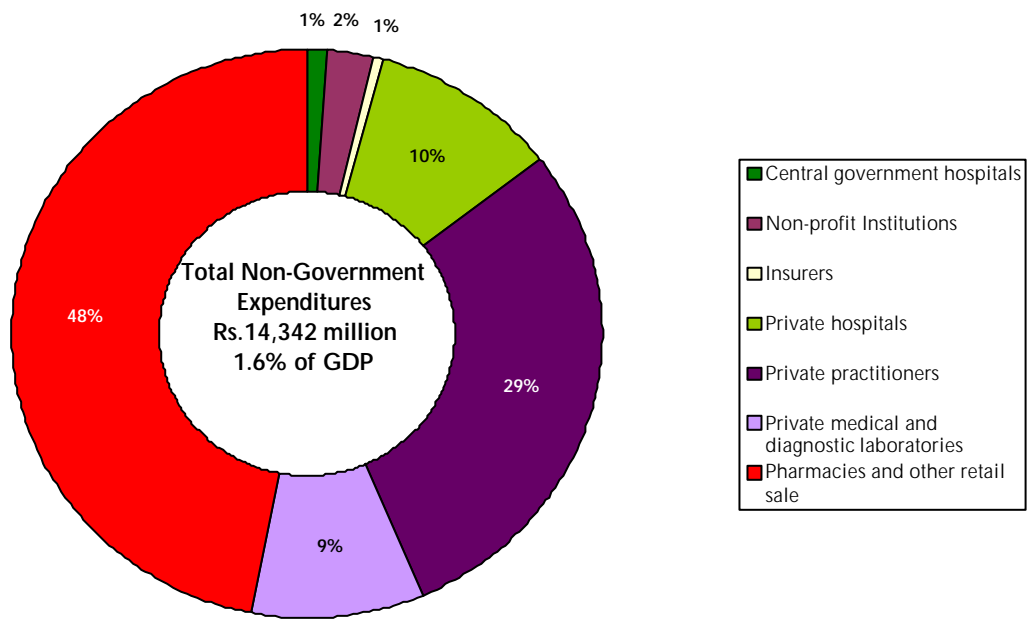


Figure 4.2: Total Non-Government Expenditures by Provider, 1997



5. Expenditures by Province

Tables 5.1 to 5.4 contain summary trends in spending by province. The figures refer to all expenditures that can be directly attributed to a province by location, whether it be by provincial councils, local governments, central ministries or households. Expenditures that are excluded under this definition include national collective services and island-wide medical services that cannot be attributed directly to any specific province. National collective services are programs that are of national benefit, such as HIV/AIDS prevention, malaria control and pharmaceutical product regulation. Island-wide medical services are services that benefit patient populations who are not directly associated with an individual province, such as medical services for prisoners or the armed forces.

The share of central government in public spending increased throughout the decade. During 1990-1994, provincial council spending fluctuated between 36 per cent and 42 per cent of total government health spending. From 1994, provincial councils' share of spending shows a definite downward trend from 40 per cent to 31 per cent.

Government expenditures by province vary almost two fold in per capita terms. The range of expenditure levels has typically been 75 per cent – 150 per cent of the median province (Figure 5.1). Western Province has the highest level of expenditures, driven largely by its concentration of centrally funded facilities, and the highest level of private spending.

Table 5.1: Per Capita Expenditures by Source (Rs.million), 1997

Province	Central Government	Provincial Council & Local Government	Other Government	Total Government	Non-Government	Total
Western	593	196	30	820	1,337	2,157
Central	289	266	7	562	643	1,205
Southern	255	289	0	544	672	1,215
North-Western	181	249	0	430	578	1,008
North-Central	122	424	0	546	732	1,278
Uva	83	364	0	446	484	930
Sabragamuwa	245	228	2	474	724	1,199
North-Eastern	208	346	6	560	379	940

Table 5.2: Per Capita Expenditures by Central Government at Constant 1997 Rupees, 1990-99

Province	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Western	312	336	399	423	526	623	591	593	529	596
Central	121	149	167	180	237	303	286	289	298	342
Southern	82	96	92	129	140	216	225	255	279	373
North-Western	17	29	20	21	18	76	81	181	184	249
North-Central	21	39	25	26	23	107	107	122	270	266
Uva	15	32	18	20	18	96	90	83	179	190
Sabragamuwa	11	22	13	14	13	84	148	245	255	289
North-Eastern	46	66	59	72	116	202	199	208	322	346

Table 5.3: Per Capita Expenditures by Provincial Council and Local Government at Constant 1997 Rupees, 1990-99

Province	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Western	176	177	183	183	194	204	202	196	209	219
Central	282	265	268	209	264	296	271	266	276	275
Southern	273	262	260	213	268	259	263	289	295	278
North-Western	317	290	304	244	305	313	309	249	298	314
North-Central	469	429	417	356	447	492	483	424	567	614
Uva	388	356	368	303	391	392	386	364	431	432
Sabragamuwa	274	251	255	210	292	386	305	228	250	242
North-Eastern	233	222	249	219	230	262	329	346	380	382

Table 5.4: Total Expenditure on Health per Capita not Directly Attributable to Any Province at Constant 1997 Rupees, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
National collective services	87	81	85	84	75	93	98	114	107	93
Islandwide medical services	163	79	155	99	81	89	104	84	152	119

Figure 5.1: Total Government Expenditures per Capita at Constant 1997 Rupees by Province

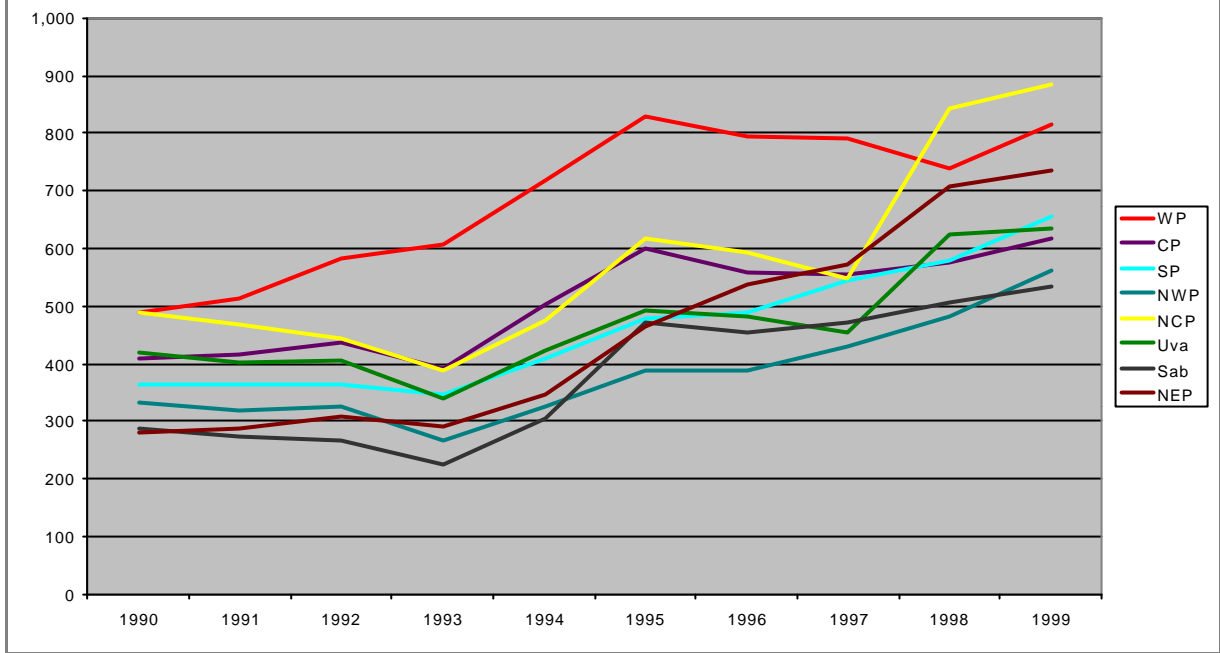
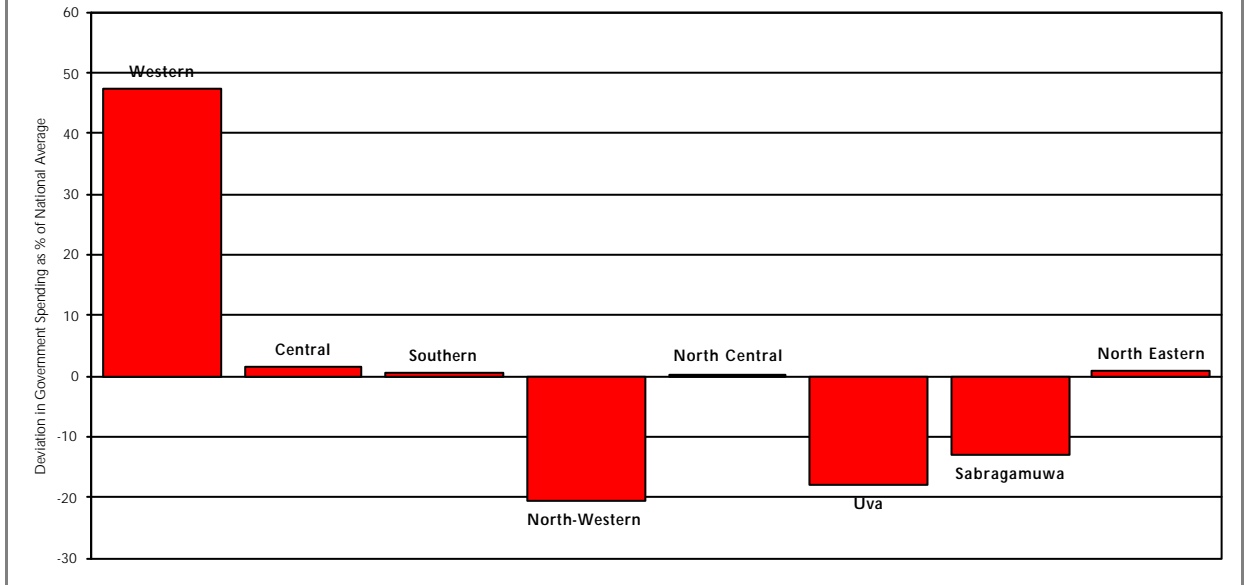


Figure 5.2: Variation in Government Expenditures on Health by Province



6. International Comparisons

Data comparison issues

International comparison of health expenditures must be undertaken only with caution, owing to the lack of a uniform standard for measuring and reporting health expenditures prior to the development of the OECD System of Health Accounts. Statistics for national expenditures on health, particularly for developing countries, are rarely comparable, owing to differences in the concepts and boundaries defining health spending, differences in accounting methodologies and differences in classification. These problems are greatest when comparing estimates of private expenditures in countries. It is hoped that this situation will gradually improve in the coming years with the existence of the new OECD SHA, and other efforts to enhance international comparability of health expenditure statistics in developing countries and also in the Asia-Pacific region. Since SLNHA is based on the OECD SHA framework, SLNHA estimates will be comparable with the new SHA-compatible estimates of national health expenditures that should become available for both developed and developing countries in the next few years.

There is currently no reliable database of national health expenditures covering both developed and developing countries. The only existing database of any reliability consists of *OECD Health Data*, the health statistical database compiled and maintained by OECD Secretariat for OECD member states. Other compendia of health expenditure data published by World Bank (1993) and by WHO (2000) are not useful in making international comparisons, since most of the national data are either imputed or of questionable reliability. In the absence of reliable international statistics, the following comparisons are made using data available in *OECD Health Data*, and from data reported by members of the Asia-Pacific NHA Network (APNHAN).

The user must be advised that comparison of health expenditures between countries cannot show whether a particular level of expenditure is either appropriate or used well. Such comparative analysis must necessarily remain normative. However, comparisons are useful in that they point to certain general patterns in spending, and since they may point to differences between one country and another – differences which may be considered important under specific circumstances, and depending on one's perspective.

Levels of expenditure

In a global context, health expenditures in Sri Lanka are low both as a percentage of GDP and on a per capita basis (Table 6.1). Health spending increases with per capita income of countries, and so expenditure levels in Sri Lanka are not that different from countries at a similar level of economic development. However, it should be noted that as a share of GDP, expenditures in Sri Lanka at 3.2 per cent are lower than most lower-middle income developing countries, as well as most low-income developing countries for which estimates are available. Table 6.1 presents some comparisons.

Expenditures by source

In comparison with the advanced capitalist economies of the OECD, Sri Lanka funds a large share of its overall health expenditures from private sources. A 50 per cent share for public sector source spending compares with the typical 85-95 per cent observed in OECD economies (Switzerland and USA are the only two exceptions). Lower levels of public contribution to national health spending is in fact, characteristic of developing countries generally. However, it should be noted that in comparison with most Asian countries, the Sri Lankan public sector finances a below-average share of total national health expenditures, and households finance an above average share (Table 6.2, Figure 6.1). The limited data that exist suggest that this is partly because of an increasing level of government involvement in health care expenditure during the 1990s in many Asian economies, whilst public sector expenditures in Sri Lanka only managed to sustain a level of 1.7 per cent of GDP. The generally higher level as well as trends towards increasing government dominance in financing of health care in Asian market economies as diverse as Japan, Korea, Taiwan, Hong Kong, Thailand, the Philippines and Bangladesh, does not necessarily imply that Sri Lanka should increase public spending, but suggests that this an area worthy of further attention.

Functional use of expenditures

For the sake of comparison, the functional use of expenditures in Sri Lanka is compared with some OECD and some developing countries for which data were available to make some comparison (Table 6.3).

Country	Year	Per capita income (PPP\$)	Health expenditure per capita (PPP\$)	Health expenditure as % GDP
Bangladesh	1997	1,090	43	3.9
Sri Lanka	1997	2,460	79	3.2
Indonesia	1995	3,050	59	1.9
China	1997	3,070	138	4.5
Phillipines	1997	3,670	131	3.6
Thailand	1996	6,650	247	3.7
Korea	1997	13,430	674	5.0
New Zealand	1997	15,780	1,199	7.6
Taiwan	1997	16,000	843	5.3
New Zealand	1997	17,892	1,360	7.6
Australia	1997	19,510	1,619	8.3
Sweden	1997	20,429	1,757	8.6
United Kingdom	1997	20,430	1,389	6.8
France	1997	21,294	2,044	9.6
Germany	1997	22,081	2,363	10.7
Netherlands	1997	22,639	1,924	8.5
Canada	1997	23,745	2,185	9.2
Hong Kong	1996	23,950	1,102	4.6
Japan	1997	24,400	1,830	7.5
Switzerland	1997	26,007	2,601	10.0
United States	1997	29,401	4,087	13.9

Source: OECD Health Data, APNHAN sources, national publications

Table 6.2: International Comparison of Expenditures by Source

Source	Taiwan 1998	Hong Kong 1996/97	USA 1998	Sri Lanka 1997
Government	7%	54%	33%	48%
Social insurance	52%	0%	19%	0%
Private sector	4%	7%	4%	1%
Private insurance	10%	2%	33%	1%
Households	27%	37%	11%	51%
	100%	100%	100%	100%

Figure 6.1: National Health Expenditures by Source as Percentage of GDP

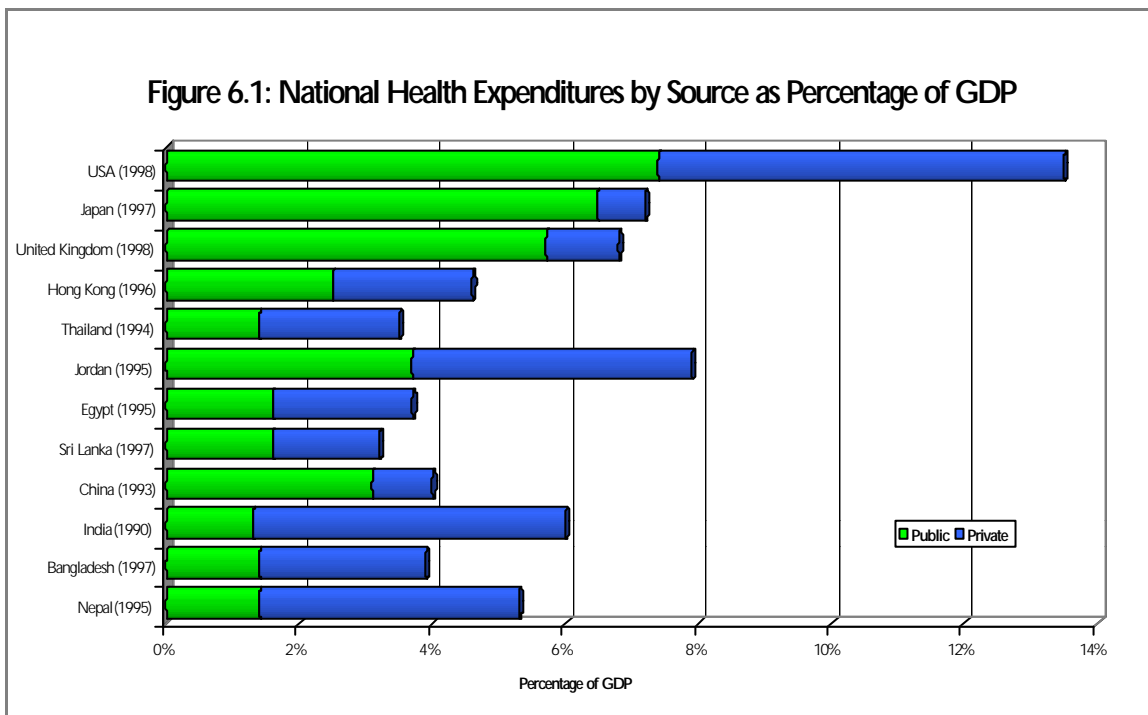


Table 6.3: International Comparison of Use of National Health Expenditures by Function (OECD SHA 2000 Classification)

CHA Code	Functions of health care	Sri Lanka 1997	Thailand 1997	Taiwan 1998	Hong Kong 1996/97	Japan 1996	USA 1998	Egypt 1994/95
IC1	Services of curative care						2.4%	
HC1.1	Inpatient curative care	27.4%	30.9%	22.0%	38.2%	30.4%	33.9%	25.1%
HC1.2	Day cases of curative care							
HC1.3	Out-patient curative care					42.1%	20.3%	33.0%
HC1.3.1	Basic medical and diagnostic services	25.5%	33.3%	42.1%	26.2%			
HC1.3.2	Out-patient dental care	0.3%	1.8%	7.1%	3.5%	7.1%	4.8%	
HC1.3.3	All other specialized care	0.7%		0.5%	7.1%			
HC1.3.9	All other out-patient curative care		0.8%		1.2%		5.9%	
HC1.4	Services of curative home care						2.6%	
IC2	Services of rehabilitative care	0.1%	0.1%					
HC2.1	Inpatient rehabilitative care	0.1%		0.3%				
HC2.2	Day cases of rehabilitative care							
HC2.3	Out-patient rehabilitative care			0.9%				
HC2.4	Services of rehabilitative home care							
IC3	Services of long-term nursing care					2.7%		
HC3.1	In-patient long-term nursing care			0.8%	0.1%			
HC3.2	Day cases of long-term nursing care							
HC3.3	Long-term nursing care: home care			0.4%			7.8%	
IC4	Ancillary services to health care			0.1%				
HC4.1	Clinical laboratory	2.7%			0.5%			
HC4.2	Diagnostic imaging	1.5%			0.5%			
HC4.3	Patient transport and emergency rescue				1.8%			
HC4.9	All other miscellaneous ancillary services							
IC5	Medical goods dispensed to out-patients	0.9%						
HC5.1	Pharmaceuticals and other medical non-durables	15.8%	5.4%		5.9%			32.2%
HC5.1.1	Prescribed medicines			0.2%			8.0%	
HC5.1.2	Over-the-counter medicines			6.6%				
HC5.1.3	Other medical non-durables						2.8%	
HC5.2	Therapeutic appliances and other medical durables	5.5%	0.1%		1.8%		1.4%	
HC5.2.1	Glasses and other vision products							
HC5.2.2	Orthopaedic appliances and other prosthetics							
HC5.2.3	Hearing aids							
HC5.2.4	Medico-technical devices, including wheel-chairs							
HC5.2.9	All other miscellaneous medical durables			3.4%				
IC6	Preventive and public health services	0.3%	5.1%				2.4%	
HC6.1	Maternal and child health: family planning and counselling	2.6%	0.1%	1.0%	0.9%		0.2%	4.9%
HC6.2	School health services	0.1%		0.0%	0.5%			
HC6.3	Prevention of communicable diseases	3.5%	2.8%	0.1%	0.3%			
HC6.4	Prevention of non-communicable diseases	0.0%		0.2%	0.3%			
HC6.5	Occupational health care			0.0%				
HC6.9	All other miscellaneous public health services n.e.c.		0.1%	0.1%	0.5%		0.3%	1.0%
HC7	Health administration and health insurance	0.1%						
HC7.1	General government administration of health	2.1%	5.9%		0.3%			3.7%
HC7.1.1			1.0%	1.1%			0.8%	
HC7.1.2	Administration, operation and support activities of social security funds			1.1%			1.6%	
HC7.2	Health administration and health insurance: private	0.4%	0.1%		1.6%		3.4%	
HC7.2.1	Health administration and health insurance: social insurance							
HC7.2.2	Health administration and health insurance: other private			5.7%				
Health-related functions								
HCR1	Capital formation of health care provider institutions	10.5%	12.4%	6.1%	6.2%		1.4%	

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Conceptual Framework

The conceptual framework used in Sri Lanka's NHA provides the concepts and definitions of what constitutes health expenditure, classifies the institutional entities which fund and provide health services, and categorises the functional uses for which health expenditures are used for. The framework also specifies the time period for which expenditures are measured. The framework is closely based on the OECD System of Health Accounts and its International Classification for Health Accounts (ICHA). A draft framework was prepared and agreed by the Health Expenditure Survey Committee of MOH before commencing compilation of the first estimates, and revised during the process of compilation. Modifications to the OECD ICHA have been made where necessary, for reasons of national relevance or when necessary, for reasons of feasibility. Details of the Conceptual Framework for SLNHA are given in the relevant Annex.

The OECD System of Health Accounts

National health accounting is a relatively new field, and most countries with health accounting statistics differ in the underlying concepts, definitions, classifications and accounting methodologies used to produce their national estimates. To address this lack of international comparability, the Organisation of Economic Co-operation and Development developed a proposal for a common standard for health accounts, known as the *System of Health Accounts* (SHA), which was published in 2000. The SHA aims to provide a common framework for international collection of health financing statistics, as well as a model for redesigning and complementing national health accounting systems. Although primarily intended for use in OECD economies, the OECD Secretariat consulted with experts from non-OECD economies, including a representative from the Institute of Policy Studies, in developing the SHA, in order to ensure its applicability to countries at different income levels. The OECD SHA has since been adopted by the World Health Organisation as a basis for future international data collection in WHO member states.

The SHA (OECD, 2000) consists of a set of common concepts, definitions, classifications and accounting rules, together with a family of interrelated tables for standard reporting of health expenditure and financing. It classifies all health spending using a proposed tri-axial system, known as the International Classification for Health Accounts (ICHA), which categorises health expenditure by function (ICHA-HC), by health care service provider industries (ICHA-HP), and by sources of funding health care (ICHA-HF).

The OECD Secretariat is currently working with OECD states to pilot-test the SHA framework. Countries may either replace their existing accounting frameworks with the SHA, or use the SHA to produce parallel estimates for international comparison. By mid-2001, only a minority of OECD member states had yet published SHA-compatible health expenditure estimates, including Japan and Korea in the Asian region, whilst others continue to work on its implementation. However, it is anticipated that the SHA will form the basis for all future OECD data collection, and that it will be adopted in some form by most countries in the Asia-Pacific region. With this report, Sri Lanka is the first non-OECD country in Asia (and possibly in all

regions) to release SHA-compatible health expenditure estimates. OECD SHA tables are presented in Annex 9.

Health expenditure definition

Health expenditures can be measured using a number of different concepts and boundaries. It is necessary to define what constitutes health spending, which items of health spending are counted in total expenditure, and the geographical boundaries for national spending.

Definition of health and health-related expenditure

Health and health-related expenditure consists of all expenditures or outlays for prevention, promotion, rehabilitation, and care; population activities, and emergency programs for the specific and predominant objective of improving health. Health includes both the health of individuals as well as of groups of individuals or populations. Expenditures are defined on the basis of their primary purpose, regardless of the primary function or activity of the entity providing or paying for the associated health services. Health-related expenditures include expenditures on health related functions such as medical education and training, research and development and environmental health.

It should be noted that the SLNHA includes in health expenditure, expenditures for goods and services delivered by traditional and unregistered or illegal providers.

Total Expenditure on Health

For SLNHA purposes, not all expenditures related to health are counted in the reported national expenditure totals. The national totals in SLNHA correspond to Total Expenditure on Health (TEH). Similar to the OECD SHA definition of the same term, TEH is defined as follows:

Total expenditure on health includes all direct health expenditures plus gross capital formation in health care provider industries (institutions where health care is the predominant activity). It does not include expenditures on health related functions such as medical education and training, research and development and environmental health.

Thus,

Total Expenditure on Health =	Personal Health Services
	+ Community Health Services
	+ Health Administration Expenditures
	+ Gross Capital Formation in Health Care Providers

Geographical restriction of total expenditures on health

TEH includes only health expenditures for the benefit of individuals resident in Sri Lanka. Expenditures for the benefit of Sri Lankan citizens living abroad are excluded, although expenditures in other territories or countries for the benefit of residents of Sri Lanka are included, as well as expenditures for the benefit of foreign citizens resident in Sri Lanka.

Base year

SLNHA are estimated initially for a base year of 1997. This was chosen because it was the most recent year for which both statistics on audited government expenditures and estimates from the Central Bank Consumer Finance and Socio-Economic Survey were available.

Accounting basis

SLNHA are estimated on a calendar year basis, as much of the data are available on that basis. The accounting basis used is a cash one. Although estimating expenditures on an accrual basis might be desirable, government expenditures are generally only reported on a cash basis, and household survey data typically correspond to expenditures measured on a cash basis.

Classification of expenditures

Classification of entities

In SLNHA, expenditures are measured and organised on the basis of the entities making the expenditures, and those entities using the expenditures. Two sets of entities are classified: financing sources and providers.

Entities are defined as economic agents, which are capable of owning assets, incurring liabilities, and engaging in economic activities or transactions with other entities. They can consist of individuals, groups of individuals, institutions, enterprises, government agencies or NGOs/non-profit institutions.

Financing sources

Financing sources are defined as entities, which are responsible for directly financing health expenditures, either by providing funds or transferring them to the final producer. Financing sources are grouped into four mutually exclusive institutional sectors:

- Government (Central government, Provincial councils, Local/municipal government).
- Non-profit institutions.
- For-profit enterprises ((Employers, Other private sources).
- Households.

Providers

The following classification of providers is used:

- Government owned hospitals, nursing home and residential care facilities, non-hospital medical facilities, public health programme facilities, health administration institutions.
- Academic and training institutions.
- Non-profit institutions/NGO owned hospitals, nursing home and residential care facilities, non-hospital medical facilities, other non-profit providers.
- Enterprise own services.

- For-profit providers: private modern medical and dental providers, diagnostic / imaging service providers, private Ayurvedic and other traditional systems practitioners, retail sale and other providers of medical goods.
- Foreign providers.

A more detailed listing of provider categories, their SLNHA database codes and the corresponding ICHA-HP codes is provided in the Annex.

Functions

All health expenditures are categorised into two types of function:

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

Each of these are further disaggregated as shown:

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.1. Investment into medical facilities
- F.R.2. Education and training of health personnel
- F.R.3. Research and development in health
- F.R.4. Food, hygiene and drinking water control
- F.R.5. Environmental health
- F.R.6. Administration and provision of social services in kind
- F.R.7. Administration and provision of cash benefits

A complete list of definitions is available in the Annex, and the detailed definitions are provided in the relevant Annex too. Total expenditure on health (TEH) corresponds to expenditures on functions F1 to F7 plus FR1.

Deviations from the conceptual framework

For reasons of practical feasibility, certain expenditures by government departments in support of other departments producing health care services, such as Government Printer and Government Analyst, have been excluded in these first estimates.

Expenditures in real terms

SLNHA estimates are presented in both nominal (current market prices) and real terms (constant 1997 Rupees). In order to obtain the latter the implicit price deflator (1997 = 100) is used. No attempt is made to deflate expenditures using a health specific deflator, since that does not exist at this time.

Future revision of estimates

These are the first SLNHA estimates. They attempt to achieve a compromise between timeliness and detail on one side and data quality on the other. As with any such estimations, revisions will be necessary to the methodology and numbers as new data sources become available, as improved estimation procedures are developed and as the conceptual framework itself is revised with future needs and trends in international practice. Routine revisions will therefore be necessary in future years in order to maintain and improve quality and usefulness of the NHA, as well as to update it.

Appendix B

Methods and Data Sources

Estimation of public health expenditures

Public expenditure on health consists of all health expenditures by the Ministry of Health, other central government ministries, agencies and departments, Provincial Councils and Local Governments.

The estimation of public sector health spending requires more than counting expenditures by the Health Ministry. For the purpose of the SLNHA estimates, public health expenditures include the following components:

1. Direct expenditures by departments and government agencies to provide health care goods and services.
2. The cost of central administrative services provided by other government departments in support of departments and government agencies directly delivering health care goods and services.

Central Government expenditures

The main source of data for Central Government expenditures was the State Accounts reported in the Budget Estimates for each year, which contain the audited actual accounts of each government department.

Ministry of Health

Data on actual recurrent and capital expenditures by the MOH were obtained directly from the State Accounts. These expenditures were then disaggregated into provider and function types on the basis of their Programme and Project classifications. Often, further disaggregation within the Projects was necessary, and carried out using secondary information. For instance, expenditures of each of the Central Ministry hospitals were disaggregated into in patient and outpatient care categories using data collected in public facility surveys carried out in 1991 and 1997. Projects such as Health Education, General Preventive Services and Family Health were disaggregated into more detailed functional categories by consulting with the MOH officials responsible for each of the projects.

MOH allocations to Provincial Councils

These include allocations under the Development of Health Institutions in the Provincial Councils programme. State Accounts record actual amounts of total expenditures but only estimates of individual province expenditures. The estimates were used to disaggregate the total expenditures proportionately across the provinces.

Other government ministries, departments and agencies

The Budget Estimates for 1997 and for other years were reviewed and the departments and programmes other than those associated with MOH, which directly provided health care

services identified. They were included following review by MOH-HESC as to the appropriateness for their inclusion in SLNHA. For several of the other ministries and agencies that were identified, only a part of each programme contributed to health was counted. In such cases different members of MOH-HESC were approached to obtain the information required to estimate the proportion of each ministry's spending that is attributable to health. In most cases, the estimates of proportions were based on information provided by responsible officers in the relevant department or ministry. Additional data were also obtained directly from these other ministries to supplement the State Accounts numbers reported in the Budget Estimates and enable further disaggregation of expenditures.

Medical schools

Spending on medical education and training were estimated from data obtained directly from the Deans of each of the medical schools and the University Grants Commission.

Integrated Rural Development Project (IRDP)

The Ministry of Plan Implementation provided data on the amount of expenditures by each of the IRDP projects in the country that is directly attributable to health.

President's Fund

The proportion of expenditures on a project by project basis directly attributable to health was obtained directly from the Fund.

Central Administrative Overheads

There is no system for cross-charging for services delivered between government departments, and so no routine information on the cost of such services. As such, it was difficult to estimate the value of administrative and support services provided to MOH by the Electrical Department, the Government Analyst, the Department of Buildings and other such government departments. It was decided by MOH-HESC to temporarily ignore those items of expenditures and ensure instead that future estimates do incorporate them.

Provincial Councils

Provincial Council expenditures consist of recurrent expenditures financed directly by the Finance Commission and capital expenditures that are funded by the MOH Medium Term Investment Programme, Criteria-Based Allocations and Matching Grants.

Under the Thirteenth Amendment to the Constitution Provincial Councils are not required to report their expenditures to the Central Government. In practice, they have exercised that right and have refused to routinely report data on their actual expenditures to the Central Government. In order to overcome this problem, IPS carried out a survey of all the Provincial Departments of Health, which was administered by the Finance Commission. The survey collected data on recurrent and capital expenditures on health incurred by each of the Provincial Councils for the period 1990 to 1999. The voluntary nature of the survey, the involvement of the Finance Commission and follow-up procedures used by IPS ensured that the survey had a 100 per cent response rate. The survey also obtained programme breakdowns of the expenditures. Future attempts to collect Provincial Council health expenditure data should use similar techniques.

Capital expenditures incurred under the Medium Term Investment Programme were obtained from the State Accounts. Additional data were collected directly from the Provincial Councils, Finance Commission and the Ministry of Provincial Councils and Local Government on Criteria Based Allocations and Matching Grants.

Local Government

IPS carried out a survey of all Municipal Councils and Urban Councils to collect data on recurrent and capital expenditures for the period 1990-99. Where data were missing or incomplete, the local governments were contacted by phone to either obtain the data or obtain clarifications on whether expenditures were missing or simply zero. The response rate was 100 per cent, which was achieved through constant following up by IPS staff. Functional breakdowns of expenditures incurred by local governments were estimated by obtaining additional information from a stratified sample of local government bodies.

Estimation of private expenditures on health

Private expenditure on health consists of all health expenditures by households, for-profit enterprises and employers, and non-profit institutions serving households. It is estimated as the sum of several components, each estimated essentially independently using a mix of methods and types of data. The components consist of:

- Expenditures at private hospitals
- Household expenditures on user fees at government institutions
- Household expenditures for services of private practitioners
- Household expenditures for services of private traditional medical practitioners
- Household expenditures for purchases of western medicines
- Household expenditures for services of medical laboratories and diagnostic facilities
- Household expenditures on other medical goods and services
- Health expenditures for services of dental practitioners
- Employer expenditures
- Insurance expenditures
- Miscellaneous items

Use of household survey data in estimation of private expenditures on health

The bulk of private expenditures consist of expenditures by households in the form of out-of-pocket payments. An important source of data on such expenditures consists of available national surveys. There are three sets of national household expenditure surveys available: (i) Central Bank Consumer Finances Survey (CFS) series (1953, 1963, 1973, 1978/79, 1981/82, 1986/87, 1996/97); (ii) Census and Statistics Department Socio-Economic Survey (HIES) series (1980/81, 1985/86, 1990/91, and 1995/96); and the MOH/IDA Household Health Expenditure and Utilisation Survey (1991). The first two are large (5,000 plus households) nationally representative probability surveys (except that starting in the 1990s, both surveys either exclude or only cover small areas of the temporarily-merged Northern-Eastern Provinces owing to the

security situation). The MOH/IDA survey in 1992 was a 9,000 household probability sample survey conducted in four districts chosen to be representative of the whole country.

The various surveys can be used to generate estimates of household expenditures on health in two ways:

- The **constant ratio method** involves assuming that the ratio of reported household expenditures on health to reported total household expenditures on all goods and services in the survey is correct. This implicitly assumes that any recall bias affecting reports of household spending, affects health expenditures on average to the same extent as other goods and services. This ratio can then be used to derive estimates of expenditures on the specific items of health expenditures by multiplying it into private consumption as estimated in the national income accounts. The latter is an independent estimate of household spending incorporating the other information from both the production and demand sides available to the national income accountants (note that private consumption also includes some additional expenditures by non-profit institutions and others, but these are relatively minor).
- The **direct per capita method** assumes that the per capita expenditures reported by households are correct and unbiased. This implicitly assumes that the survey estimate is not subject to any net recall bias. The national estimate of expenditure is then derived by simply multiplying the per capita estimate for the particular item of interest into the estimated national population for the given year.

All household surveys are subject to both sampling error and non-sampling error (Rannan-Eliya and Somanathan, 1998). In the case of the household surveys mentioned, sampling error can be regarded as of minimal impact given the large sample sizes involved. The only sampling error is likely to occur as a result of none or partial coverage of the Northern-Eastern Province in recent years. The main contribution to survey error is likely to be non-sampling error, the major part of which can be expected to be recall bias, where respondents forget to report expenditures that have taken place in the reference period, or report expenditures that have not taken place in the reference period. Recall bias tends to have a negative impact in most general household consumption surveys, although its impact can be a positive bias in surveys which intensively focus on household health utilisation and expenditures. The direct per capita method will tend to provide a lower-bound estimate of expenditures given that recall bias can be expected to be generally negative. The constant ratio method is intended to control for the average degree of recall bias in any survey, but it cannot control for variations in recall bias between different items. The survey literature suggests that such variation in reporting of different types of health expenditures, such as between expenditures on inpatient episodes and expenditures on routine medications, does occur.

The most feasible method of dealing with the problem of non-sampling error in household surveys is to quantify the degree of any recall bias using other independent data to verify expenditures on specific goods and services. In estimating health expenditures in SLNHA, other data sources have been investigated where they exist, and these independent estimates confronted with the household survey estimates before a final estimate is derived, taking into account the estimated relative reliability of each data source.

Expenditures at private hospitals

Expenditures at private hospitals were assumed to be equal to revenues of private hospitals. Revenues were estimated using data collected by the IPS/MOH Private Hospital Survey 1998, carried out in the same year. This was a questionnaire survey by IPS of all private hospitals in the Western Province and a sample of private hospitals in other provinces. The survey was administered by mail and fax with follow-up by field workers. The survey instrument requested basic data on revenues and patient statistics for several years during the period 1991-1997. Although the survey was conducted with the support of MOH, survey respondents were assured complete confidentiality for information provided, and given a guarantee that no data would be shared directly with any government agency. The response rate was relatively high, and it was estimated that the responding hospitals accounted for 72 per cent of all private hospital beds in the country. Total revenues for all private hospitals in Sri Lanka were then estimated assuming that the average revenue per bed for the hospitals providing data was representative of all private hospitals, and using other independent information on the number of private beds in each province. Two separate estimates were made for the Western Province and for all other provinces. The estimates derived in this way were then used to obtain an estimate of private hospital revenues as a percentage of GDP for the years 1990, 1991, 1992, 1994, 1996 and 1997. The share of GDP for intervening years was then estimated on the basis of linear interpolation, and assumed to be constant for years immediately before and afterwards.

The estimates obtained in this way were checked for validity by comparison with data from two sources: (i) data collected in the MOH/IDA Health Facilities Survey of 1992, where it was possible to cross-check responses for a small number of hospitals which could be directly identified in the data set; (ii) the national household expenditure surveys conducted by the Census and Statistics Department and by the Central Bank. The hospital survey-derived estimates were midway between the estimates from the household surveys obtained using the direct per capita method, and at the lower end of the range suggested by the constant ratio method. The household survey data were considered to be consistent with the hospital survey data, and the estimate was not modified further.

Household expenditures on user fees at government institutions

These were estimated as the total revenues of government medical institutions in the State Accounts as reported in the Budget Estimates.

Household expenditures for services of private practitioners

Three data sources were used to derive estimates of household spending at private practitioners:

1. IPS Private Clinic Survey 2000: A nationally representative, stratified sample survey of approximately 147 full-time private general practitioner clinics in all eight provinces conducted by IPS during 2000-1. The survey instrument collected data on the numbers of patients visiting the sampled clinics and asked doctors to report their average consultation charges. The response rate in the survey was greater than 95 per cent. An estimate of revenues of all private doctors was derived by developing estimates of the total number of consultations at private practitioners (including government doctors practising privately) and

using the survey to derive the average price per consultation. This estimate was then adjusted upwards to take into account payments to medical specialists for outpatient consultation and the likelihood that the fees charged by medical specialists are higher than those charged by private general practitioners.

2. Central Bank Consumer Finance Survey 1996/97: Estimates were derived using both the constant ratio and direct per capita methods.
3. Census and Statistics Department Household Socio-Economic Survey 1995/96: Estimates were derived using both the constant ratio and direct per capita methods.

The two sets of estimates obtained from the household surveys were not directly comparable since the questionnaires used in each survey categorised household spending on these services in different ways. The Central Bank survey estimates were generally one seventh the level of those reported in the Census surveys, but the major reason for this disparity appears to be that most expenditures at private practitioners were reported as expenditures for drugs and medical tests in the Central Bank survey, a category which does not directly correspond to the categories used in the CSD survey. Overall, the Private Clinic Survey-derived estimate lay midway between the two sets of household survey estimates.

Given that there were no other independent sources of information, it was decided to use the private clinic survey-derived estimate as the final estimate. This has the advantage that it is also close to the average of the two different household survey estimates, neither of which can be determined to be more reliable than the other. Estimates for other years were then developed assuming that this expenditure item had accounted for a constant share of GDP during the decade under review, with an additional adjustment to reflect an increasing share of GDP as implied by successive Central Bank Consumer Finance Surveys.

Household expenditures for services of medical specialists offered as part of inpatient medical care

Medical specialists typically charge for their services by including their invoices as part of the overall bill presented to patients by private hospitals. It was assumed that these charges accounted for approximately 30 per cent of all household payments to private hospitals, taking into account data collected from a sample of private medical insurance claims and general opinion. Estimates were then derived from the estimate of revenues of private hospitals.

Household expenditures for services of traditional medical practitioners

The Central Bank Consumer Finance Surveys of 1990/91 and 1996/97 were used to develop initial estimates. The number of annual consultations at these providers was estimated assuming that the ratio of visits to traditional medical practitioners compared to visits to western medical practitioners was correct, and that the average price per consultation was less than that at western medical practitioners. This produced two estimates of spending as a share of GDP for the two years concerned. Estimates for intervening years were then derived by linear interpolation between the two estimates of the GDP share. Expenditures on charms and other ayurvedic products were estimated from the survey data.

Household expenditures on purchases of western pharmaceuticals and medicines

These are principally estimated using data from the Sri Lanka Pharmaceutical Audit (SLPA) of IMS-HEALTH. Adjustments are made to these data to take into account non-coverage of the temporarily-merged Northern-Eastern Province by SLPA, and the product segments in the retail pharmaceutical market not covered by SLPA. As SLPA data are only available from 1998 onwards, estimates for prior years were derived using two methods of extrapolation. The first involved using data on pharmaceutical imports as the index, and the second involved using private consumption in the national income accounts as the index. Examination of the available household survey data from prior years could not distinguish which method of extrapolation was superior, so the final estimate was derived by averaging the estimates from the two extrapolations. The overall accuracy of this IMS-derived estimate was then checked by comparing the estimates with the Central Bank CFS for 1996/97 and the CSD HEIS for 1995/96. The IMS-based estimates were found to lie almost midway between estimates derived from these two surveys using both the direct per capita method and the constant ratio method. As it was not possible to regard either of these two surveys as more reliable, the IMS-derived estimate was retained without further modification, with the knowledge that it also was close to the average of the two sets of survey estimates.

Household expenditures for services of medical laboratories and diagnostic facilities

These were estimated on the assumption that the ratio of such expenditures to expenditures on medicines was 1 to 4, as reported in the CSD HIES 1995/96 data. In future, direct surveys of these facilities should be carried out to obtain more reliable and frequent estimates.

Household expenditures for spectacles, wheel chairs, artificial limbs, etc.

Estimates for these expenditures were obtained after using the Central Bank CFS 1996/97 to provide two sets of estimates using both the constant ratio and direct per capita methods. Expenditures for spectacles were estimated separately from those for wheel chairs and artificial limbs, since the Central Bank CFS asked separately for these items. The final estimate represented a compromise between the two sets of estimates. Expenditures for other years were obtained by extrapolation using nominal GDP.

Household expenditures for (i) services of dental practitioners, (ii) purchases of medical supplies, and (iii) purchases of therapeutical appliances and equipment.

Estimates for these expenditures were taken directly from the estimates given in the national income accounts estimates published by the Census and Statistics Department for 1996-1998, extrapolated to earlier years using nominal GDP. Separate estimates were made for each of these three categories. However, the estimate of expenditures for services of dental practitioners appeared to be too low at Rs. 10 million in 1998. For this reason, it was replaced by a guesstimate of Rs. 91 million in 1998, which was derived by asking key informants to provide

estimates of the number of practising dentists in the country as well as estimates of their average monthly income. This substitute estimate was then extrapolated to earlier years using nominal GDP.

Employer medical expenditures

A stratified sample survey of employers was carried out to collect data on their medical expenditures, including payments for medical insurance schemes. The strata consisted of banks, public sector corporations and government-owned business undertakings, BOI firms, quoted firms, and non-quoted firms. Estimates for each group were then derived using a ratio estimator of the average expenditure per employee.

Expenditures by non-profit institutions

A stratified sample survey of non-profit institutions to collect data on their health expenditures was conducted by IPS in 2000. A total of 151 NGOs were eventually surveyed. There is no national registration system for non-profit institutions, so separate sampling frames were compiled for (i) NGOs registered nationally with the Social Service Department, NGO Secretariat and UNOPS – Jaffna; (ii) NGOs registered with Provincial Councils, (iii) NGOs registered at District Secretariats; (iv) NGOs registered at Divisional Secretariat level. Cluster sampling was used in the case of the last three categories. Nationally-registered NGOs were over-sampled, since it was thought that they account for the largest share of NGO spending. A census was carried out in the case of NGOs registered in the Northern-Eastern Province and located in the Jaffna district using the good offices of UNOPS. As there is no published estimate of the total number of NGOs in Sri Lanka, estimates of the number of NGOs registered at district and divisional secretariat level were developed by sampling a number of districts and divisional secretariats and counting the total number of NGOs registered. The sample survey produced estimates of the percentage of NGOs registered at each level involved in health activities, and the average expenditures by those who were. These estimates were then used to obtain estimates of total national spending by NGOs.

Expenditures by insurance schemes

With the cooperation of the Insurance Controllers Department all the insurance firms in the country were surveyed to obtain details of premiums paid and actual payments made with respect to settled claims made for purposes of medical care. Life insurance schemes were surveyed separately from general insurance schemes. In addition to this survey which provided data on aggregate insurance expenditures, a sample of 470 medical insurance claims records were analysed to determine the proportions of medical insurance-funded expenditures which were used for different categories of medical services and goods. Data from a similar study of insurance claims records conducted by IPS in 1996 were also used.

Appendix C

List of Institutions/People Consulted

(I) Government Departments / Ministries

Department of Health Services, Ministry of Health

Dr. K.C.S.Dalpatadu, Deputy Director General of Services (Planning)
Dr. Samarage, Director (Organization & Development)
Dr. Senanayake, (Director Information)
Dr. W.Karandagoa, Former Director (Policy Analysis)
Dr. A.T.P.L. Abeykone, Director (Population)
Mr. P.A.P. Pathiratne, Director (Finance Planning)
Dr. Dula de Silva, Deputy Director General (Public Health Services)
Mr.R.B.Palipana, Assistant Director (Planning)
Mr. G.A. Udayantha, Planning & Programming Assistant
Mr. Aruna Premaratne, Clerk

Provincial Departments of Health

Dr.H.R.U. Indrasiri, Provincial Director of Health Services (Western Province)
Dr.N.Edirisinghe, Provincial Director of Health Services (Sabaragamuwa Province)
Mr.H.M.R.Pilapitiya, Provincial Director of Health Services (Central Province)
Dr.W.M.T.B.Wijekoon, Provincial Director of Health Services (North Central Province)
Dr. S.W.Pathinayake, Provincial Director of Health Services (Southern Province)
Mrs.H.K.Hemalatha, Accountant DPDH office (Southern Province)

Provincial Councils

Mr.J.M.D.Jayaweera, Secretary (Health), Uva Provincial Council
Mr.A.Tissera, Secretary(Health), North East Provincial Council
Mrs. Chandra Munasinghe, Asst.Secretary (Planning), Central Province-Provincial Council
Mr.W.M.Ariyaratne, Accountant (Dept. of Health), North Western Provincial Council
Mrs.M.I.P.Wickramasinghe, Deputy Secretary (Social Service), Uva Provincial Council
Mr.S.N.Kannangara, Provincial Director (Social Services), Western Provincial Council
Mrs.M.Hemachandra, Asst. Secretary (Social services), Sabaragamuwa Provincial Council
Mrs. Chandra Wickramasinghe, Provincial Director of Health Services, Central Provincial Council
Mrs.S.Balasubramaniam, Administrative Officer, Dept. of Social Services, North East Provincial Council
Mrs.Daisy Dharmawardana, Provincial Director (Social Services) North Western Provincial Council.
Mr.S.M.Samasundara, Asst. Director Social Services, Uva Provincial Council

Local Governments

Dr. Tissa Ranasinghe, Chief Medical Officer (Public Health) Colombo Municipal Council
Dr. Mrs.N. Wickramasinghe, Chief Medical Officer (Curative), Colombo Municipal Council
Dr.C.D.Palitharatne, Chief Ayurvedic Medical Officer Colombo Municipal Council
The Municipal Commissioners of the Municipal Councils
The Secretaries of the Urban Councils.

Ministry of Finance and Planning

Dr.Mrs. P. Alailima, Director General, Dept. of National Planning
Mr.B.Abeygunawardna, Director, Dept.of National Planning
Mrs.W.A.S. Mahawewa, Additional Director, Dept of National Planning
Mrs. G.D.C. Ekanayake, Controller (Insurance Division)
Mr.M.Kanapathipillai, Deputy Controller (Insurance Division)

Finance Commission

Mr. T. G. Jayasinghe, Secretary
Mr. Athula Chandrasiri, Senior Research Officer

Ministry of Social Services

Mr. H.S. Imaduwa, Director (Planning)

Ministry of Co-operative Development

Mr. S. Withanage, Additional Secretary
Mr. P. A. Ranawatte, Commissioner Cooperative Development

Ministry of Livestock Development & Estate Infrastructure

Mr. T. Kumaradasn, Additional Secretary
Dr. S. Daniel, Director (Planning)

Plantation Housing and Social Welfare Trust

Dr. Indra Hettiarachchi, Director (Health & Womens Programmes)

University Grants Commission

Miss D. F. C. Hanwella, Director (Finance)

Ministry of Provincial Councils and Local Government

Mr. S. Aloysius, Director (Expenditure Monitoring)
Mr. M. G. Bandara, Assistant Director (Expenditure Monitoring)

Department of Census and Statistics

Mr. A. G. W. Nanayakkara, Director General
Mr. Yasantha Fernando, Deputy Director

Central Bank of Sri Lanka

Mrs. Chandra Premarartne, Deputy Director (Economic Research)

Ministry of Labour

Dr. W. R. De Alwis, Deputy Commissioner (Occupational Health) Dept .of Labour
The Deputy General Manager, Employees Trust Fund Board

Ministry of Plan Implementation

Mrs. Nanda Alahakone, Director (Project Evaluation)
Mr. S. Rahubadda, Director IRDP
Mr. Dudley Wijenayake, Assistant Director
Mr. H.A.D.R. Perera, Director/Registrar, Secretariat for Non Governmental Organisations
The Project Directors, District IRDP Projects

President Fund

Mr. H. A. Wimalasena, Accountant

Other Government Officials

Mr. I. A. Wicrama, District Secretary, Kalutara

(II) Health Care Professional Groups and Associations

Ceylon National Association For The Prevention of Tuberculosis (CNAPT)
Sri Lanka Cancer Society
St John's Ambulance Brigade
Sri Lanka College of General Practitioners
Independent Medical Practitioners' Association

(III) Insurance Companies and Organisations

Mr.J.Thalagala, Deputy General Manager, Sri Lanka Insurance Corporation
Mr.M.N.R.Perera, General Manager, National Insurance Corporation
Mr. S.Ratnadas, Deputy Managing Director, Ceylinco Insurance Corporation
Mr.T.Ranasinghe, Manager, Ceylinco Life
Mr.K.Karunaratne, Assistant General Manager, CTC Eagle
Mr.M.Peter, Assistant General Manager, Janasakthi General Insurance
Mr.A.J.Alles, General Manager, Union Assurance Ltd

(IV) Academic Institutions

The Senior Assistant Bursar, University of Colombo Medical Faculty
Mr. S.K.J. Hapangama, Bursar, Kelaniya University Medical Faculty
Mr. P. G. Maithirratne, Assistant Bursar, University of Sri Jayawardana Pura, Faculty of Medical Science
Mr.K.Kanageratnam, Acting Bursar, University of Jaffna Faculty of Medicine
The Acting Bursar, University of Peradeniya Faculty of Medicine
The Senior Assistant Bursar, University of Ruhuna Faculty of Medicine
The Senior Assistant Bursar, University of Kelaniya- Gampaha Wickramarachchi Ayurveda Institute
The Senior Assistant Bursar, University of Colombo- Institute of Indigenous Medicine
The Senior Assistant Bursar, University of Colombo-Post graduate Institute Of Medicine

(V) Other Organizations

Mr. M. Balasubramaniam, Country Manager, IMS Lanka Private Ltd
Mr. Hema Wijeratne, Chairman, Insurance Services International Private Ltd
Dr. Mrs. P. Ratnayake, South Asia Partnership
Sri Lanka Red Cross Society
Sri Lanka Jathika Sarvodaya Sangamaya
United Nations Office for Project Services (UNOPS Jaffna)
Family Planning Association of Sri Lanka

Annex of Tables

Annex Table 1: Overview of Health Expenditures in Sri Lanka, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total expenditure on health (Rupees million)										
Nominal	11,196	11,742	14,591	15,276	18,194	22,288	25,068	28,389	34,608	39,177
Real (1990=100)	11,196	10,580	11,954	11,433	12,453	14,068	14,116	14,675	16,437	17,727
Nominal (US Dollars)	199	188	212	203	221	250	251	261	292	315
Real (US Dollars, 1990=100)	199	169	174	152	151	158	141	135	139	142
Per capita nominal health expenditure (Rupees)										
Public spending	331	316	406	394	468	596	683	757	945	1,013
Private spending	328	365	432	473	551	634	686	773	899	1,055
Total	659	681	838	867	1,018	1,231	1,369	1,530	1,843	2,068
Per capita real health expenditure (Rupees, 1990=100)										
Public spending	331	285	332	295	320	376	385	391	449	458
Private spending	328	329	354	354	377	400	386	400	427	477
Total	659	613	687	649	697	777	771	791	876	936
Per capita health expenditure (US Dollars)										
Nominal total	12	11	12	12	12	14	14	14	16	17
Real total (1990=100)	12	10	10	9	8	9	8	7	7	8

Annex Table 2: Total Expenditure on Health (TEH) by Source, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
RUPEES MILLION										
Government										
Central MOH	3,142	2,795	3,999	3,963	4,433	6,179	7,226	8,530	11,014	11,938
Provincial DOHs	2,214	2,320	2,619	2,473	3,298	3,828	4,283	4,483	5,559	5,988
Local governments	135	159	175	199	215	267	317	317	348	415
Other government ministries, departments	129	176	270	301	413	526	680	717	818	851
Private										
Households	4,912	5,513	6,624	7,255	8,565	10,004	10,809	12,470	14,848	17,784
Employers	429	507	577	699	808	948	1,097	1,112	1,126	1,141
Insurance	65	74	101	122	156	182	248	288	316	348
Non-profits	171	197	225	265	307	354	407	472	580	713
TOTAL	11,196	11,742	14,591	15,276	18,194	22,288	25,068	28,389	34,608	39,177
PERCENTAGE OF TEH (%)										
Government										
Central MOH	28%	24%	27%	26%	24%	28%	29%	30%	32%	30%
Provincial DOHs	20%	20%	18%	16%	18%	17%	17%	16%	16%	15%
Local governments	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Other government ministries, departments	1%	1%	2%	2%	2%	2%	3%	3%	2%	2%
Private										
Households	44%	47%	45%	47%	47%	45%	43%	44%	43%	45%
Employers	4%	4%	4%	5%	4%	4%	4%	4%	3%	3%
Insurance	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Non-profits	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Annex Table 3: Functional Classification in Sri Lanka NHA (with Equivalent ICHA codes)

Functions of medical care	SLHA-HC Code	ICHA-HC Code
Services of curative care	F1	HC.1
Hospital care	F1.1	HC.1.1
Hospital in-patient care	F1.1.1	HC.1.1
Hospital out-patient care	F1.1.2	HC.1.1
Ayurvedic hospital in-patient care	F1.1.3	HC.1.1
Ayurvedic hospital out-patient care	F1.1.4	HC.1.1
Other in-patient curative care n.e.c	F1.1.9	HC.1.1
Day cases of curative care	F1.2	HC.1.2
Ambulatory care	F1.3	HC.1.3
Registered medical practitioners	F1.3.1	HC.1.3
General practitioners	F1.3.1.1	HC.1.3
Medical specialists	F1.3.1.2	HC.1.3
Other registered medical care professionals	F1.3.2	HC.1.3
Unregistered medical care professionals	F1.3.3	HC.1.3
Traditional medicine providers	F1.3.4	HC.1.3
Registered traditional medicine providers	F1.3.4.1	HC.1.3
Unregistered traditional medicine providers	F1.3.4.2	HC.1.3
Outpatient dental care	F1.3.5	HC.1.3.2
Other specialised healthcare	F1.3.6	HC.1.3.3
Other outpatient curative care n.e.c	F1.3.9	HC.1.3.9
Curative home care	F1.4	HC.1.4
Other services of curative care n.e.c	F1.9	HC.1.9
Services of rehabilitative care	F2	HC.2
Inpatient rehabilitative care	F2.1	HC.2.1
Day cases of rehabilitative care	F2.2	HC.2.2
Out-patient rehabilitative care	F2.3	HC.2.3
Services of rehabilitative home care	F2.4	HC.2.4
Other services of rehabilitative care n.e.c	F2.9	HC.2.9
Services of long-term nursing care	F3	HC.3
In-patient long term nursing care	F3.1	HC.3.1
Day cases of long-term nursing care	F3.2	HC.3.2
Long term nursing care:home	F3.3	HC.3.3
Other services of long-term nursing care n.e.c	F3.9	HC.3.9
Ancillary services to medical care	F4	HC.4
Clinical laboratory	F4.1	HC.4.1
Diagnostic imaging	F4.2	HC.4.2
Patient transport and emergency rescue	F4.3	HC.4.3
Other ancillary services n.e.c	F4.9	HC.4.9
Medical goods dispensed to out-patients	F5	HC.5
Pharmaceuticals and other medical non-durables	F5.1	HC.5.1
Prescribed medicines	F5.1.1	HC.5.1.1
Over-the-counter medicines	F5.1.2	HC.5.1.2
Traditional medicines	F5.1.3	HC.5.1.3
Other pharmaceuticals and medical non-durables n.e.c	F5.1.9	HC.5.1.3
Therapeutic appliances and other medical durables	F5.2	HC.5.2
Glasses and other vision products	F5.2.1	HC.5.2.1
Orthopaedic appliances and other prosthetics	F5.2.2	HC.5.2.2
Hearing aids	F5.2.3	HC.5.2.3
Medico-technical devices	F5.2.4	HC.5.2.4
Other therapeutic appliances and medical durables n.e.c	F5.2.9	HC.5.2.5
Other medical goods dispensed to out-patients n.e.c	F5.9	HC.5.2.9
Preventive and public health services	F6	HC.6
Family planning and reproductive health services	F6.1	HC.6.1
Maternal health	F6.1.1	HC.6.1
Infant and child care	F6.1.2	HC.6.1
Family planning services	F6.1.3	HC.6.1
Other reproductive health services	F6.1.9	HC.6.1
School health services	F6.2	HC.6.2
Prevention and management of communicable diseases	F6.3	HC.6.3
Immunisation	F6.3.1	HC.6.3
STD's	F6.3.2	HC.6.3
Prevention and management of other communicable diseases n.e.c	F6.3.9	HC.6.3
Prevention and management of non-communicable diseases	F6.4	HC.6.4
Occupational health care	F6.5	HC.6.5
Other public health services n.e.c	F6.9	HC.6.9
Health programme administration and health insurance	F7	HC.7
General government administration of health	F7.1	HC.7.1
Health administration and health insurance - private	F7.2	HC.7.2
Other health programme administration and health insurance n.e.c	F7.9	HC.7.9

Continued..

Health related functions	SLHA-HC Code	ICHA-HC Code
Capital formation of health care provider institutions	FR.1	HC.R.1
Education and training of health personnel	FR.2	HC.R.2
Research and development in health	FR.3	HC.R.3
Food, hygiene and drinking water control	FR.4	HC.R.4
Environmental health	FR.5	HC.R.5
Administration and provision of social services in kind to assist living with disease a	FR.6	HC.R.6
Administration and provision of health related cash benefits	FR.7	HC.R.7
Other health related functions n.e.c		HC.R.9
Non-health related functions n.e.c	FR.9	HC.R.9

Annex Table 4: Provider Classification in Sri Lanka NHA (with Equivalent ICHA Codes)

SECTOR	PROVIDER NAME	SLHA-HP CODE	ICHA-HP CODE
GOVERNMENT SECTOR			
	Government Entities 10001-29999	10000	
	Government Hospitals 10001 - 13999	10001	HP.1
	Central government hospitals 11001-11999	11000	HP.1
	National general hospitals (MOH)	11100	HP.1.1
	Sri Jayewardenepura General Hospital	11101	HP.1.1
	Sri Lanka National Hospital - Colombo	11102	HP.1.1
	General Hospital Kandy	11103	HP.1.1
	General Hospital Peradeniya	11104	HP.1.1
	General Hospital Raqama	11105	HP.1.1
	General Hospital Karapitiya	11106	HP.1.1
	General Hospital Jaffna	11107	HP.1.1
	General Hospital Kalubowila	11108	HP.1.1
	General Hospital Kalutara	11109	HP.1.1
	General Hospital Mahamodara	11110	HP.1.1
	General Hospital Batticaloa	11111	HP.1.1
	General Hospital Ratnapura	11112	HP.1.1
	General Hospital Kurunegala	11113	HP.1.1
	General Hospital Matara	11114	HP.1.1
	General Hospital Colombo South	11115	HP.1.1
	General Ayurvedic/Indiq. Medicine hospitals	11150	HP.1.1
	Plantation Estate Hospitals	11160	HP.1.1
	Provincial hospitals under MOH	11170	HP.1.1
	National general hospitals n.e.c.	11199	HP.1.1
	National mental and substance abuse hospitals	11500	HP.1.2
	Mental Hospital	11501	HP.1.2
	National speciality hospitals	11600	HP.1.3
	Lady Ridgeway Hospital for Children	11601	HP.1.3
	Eye Hospital	11602	HP.1.3
	De Soysa Hospital for Women	11603	HP.1.3
	Castle Hospital for Women	11604	HP.1.3
	Maharagama Cancer Hospital	11605	HP.1.3
	Dental Hospital/Institute, Colombo	11606	HP.1.3
	Fever Hospital Anqoda	11607	HP.1.3
	National speciality hospitals n.e.c.	11699	HP.1.3
	National military hospitals	11700	HP.1.1
	National police hospitals	11750	HP.1.1
	Police Hospital	11751	HP.1.1
	National prison hospitals	11800	HP.1.1
	National hospitals n.e.c.	11999	HP.1.9
	Provincial hospitals 12001-12999	12000	HP.1
	Provincial hospitals not under MOH	12100	HP.1.1
	Provincial hospitals, WP	12110	HP.1.1
	Provincial hospitals, CP	12111	HP.1.1
	Provincial hospitals, SP	12112	HP.1.1
	Provincial hospitals, NEP	12113	HP.1.1
	Provincial hospitals, NWP	12114	HP.1.1
	Provincial hospitals, NCP	12115	HP.1.1
	Provincial hospitals, Uva	12116	HP.1.1
	Provincial hospitals, Sabragamuwa	12117	HP.1.1
	Provincial hospitals n.e.c.	12149	HP.1.1
	Base hospital	12150	HP.1.1
	Base hospital Kegalle	12151	HP.1.1
	Base hospitals, WP	12160	HP.1.1
	Base hospitals, CP	12161	HP.1.1
	Base hospitals, SP	12162	HP.1.1
	Base hospitals, NEP	12163	HP.1.1
	Base hospitals, NWP	12164	HP.1.1
	Base hospitals, NCP	12165	HP.1.1
	Base hospitals, Uva	12166	HP.1.1
	Base hospitals, Sabragamuwa	12167	HP.1.1
	Base hospitals n.e.c.	12199	HP.1.1
	District hospitals	12200	HP.1.1
	District hospital Kandana	12201	HP.1.1
	District hospitals, WP	12210	HP.1.1
	District hospitals, CP	12211	HP.1.1
	District hospitals, SP	12212	HP.1.1
	District hospitals, NEP	12213	HP.1.1
	District hospitals, NWP	12214	HP.1.1
	District hospitals, NCP	12215	HP.1.1
	District hospitals, Uva	12216	HP.1.1
	District hospitals, Sabragamuwa	12217	HP.1.1

Cont..

District hospitals n.e.c.	12399	HP.1.1
Peripheral units	12400	HP.1.1
Peripheral units, WP	12410	HP.1.1
Peripheral units, CP	12411	HP.1.1
Peripheral units, SP	12412	HP.1.1
Peripheral units, NEP	12413	HP.1.1
Peripheral units, NWP	12414	HP.1.1
Peripheral units, NCP	12415	HP.1.1
Peripheral units, Uva	12416	HP.1.1
Peripheral units, Sabragamuwa	12417	HP.1.1
Peripheral units n.e.c.	12599	HP.1.1
Rural hospitals	12600	HP.1.1
Rural hospitals, WP	12610	HP.1.1
Rural hospitals, CP	12611	HP.1.1
Rural hospitals, SP	12612	HP.1.1
Rural hospitals, NEP	12613	HP.1.1
Rural hospitals, NWP	12614	HP.1.1
Rural hospitals, NCP	12615	HP.1.1
Rural hospitals, Uva	12616	HP.1.1
Rural hospitals, Sabragamuwa	12617	HP.1.1
Rural hospitals n.e.c.	12699	HP.1.1
Central Dispensary & Maternity Homes	12700	HP.1.1
Central Dispensaries	12701	HP.1.1
CD&MH, WP	12710	HP.1.1
CD&MH, CP	12711	HP.1.1
CD&MH, SP	12712	HP.1.1
CD&MH, NEP	12713	HP.1.1
CD&MH, NWP	12714	HP.1.1
CD&MH, NCP	12715	HP.1.1
CD&MH, Uva	12716	HP.1.1
CD&MH, Sabragamuwa	12717	HP.1.1
CD, WP	12720	HP.1.1
CD, CP	12721	HP.1.1
CD, SP	12722	HP.1.1
CD, NEP	12723	HP.1.1
CD, NWP	12724	HP.1.1
CD, NCP	12725	HP.1.1
CD, Uva	12726	HP.1.1
CD, Sabragamuwa	12727	HP.1.1
CD&MH n.e.c.	12799	HP.1.1
Provincial mental and substance abuse hospitals	12800	HP.1.2
Provincial speciality hospitals	12850	HP.1.3
Provincial hospitals n.e.c.	12999	HP.1.9
Local government hospitals 13001-13999	13000	HP.1
Local government general hospitals	13100	HP.1.1
Local government mental and substance abuse hospitals	13500	HP.1.2
Local government speciality hospitals	13600	HP.1.3
Local government hospitals n.e.c.	13999	HP.1.9
Nursing home and residential facilities 14001-14999	14000	HP.2
Nursing care facilities	14100	HP.2.1
Rehabilitation Hospital Ragama	14101	HP.2.1
Residential mental retardation, mental health and substance abuse facilities	14200	HP.2.2
Community care facilities for the elderly	14300	HP.2.3
Residential care facilities n.e.c.	14999	HP.2.9
Non-hospital medical service facilities 15001-17999	15000	HP.3
Central non-hospital medical service facilities	15001	HP.3.1
Non-hospital physician ambulatory facilities	15100	HP.3.1
Non-hospital dental ambulatory facilities	15200	HP.3.2
Non-hospital other ambulatory facilities	15300	HP.3.3
Non-hospital other traditional medicine ambulatory facilities	15400	HP.3.3
Non-hospital out-patient care centres	15500	HP.3.4
Family planning clinic services	15510	HP.3.4
Out-patient mental health and substance abuse centres	15520	HP.3.4
Ambulatory surgery centres	15530	HP.3.4
Dialysis care centres	15540	HP.3.4
Other outpatient centres	15599	HP.3.4
Medical and diagnostic laboratories	15600	HP.3.5
Home health care services	15700	HP.3.6
Ambulance services	15800	HP.3.9
Blood and tissue banks	15900	HP.3.9
National Blood Transfusion Service	15901	HP.3.9
All other non-hospital medical service facilities	15999	HP.3.9

cont..

Provincial non-hospital medical service facilities	16000	HP.3
MOOH Units	16100	HP.3.4
MOOH units, WP	16110	HP.3.4
MOOH units, CP	16111	HP.3.4
MOOH units, SP	16112	HP.3.4
MOOH units, NEP	16113	HP.3.4
MOOH units, NWP	16114	HP.3.4
MOOH units, NCP	16115	HP.3.4
MOOH units, Uva	16116	HP.3.4
MOOH units, Sabaragamuwa	16117	HP.3.4
Other provincial non-hospital medical service facilities n.e.c.	16999	HP.3.4
Local government non-hospital medical service facilities	17000	HP.3
Local government dispensaries	17100	HP.3.4
WP local government dispensaries	17110	HP.3.4
CP local government dispensaries	17120	HP.3.4
SP local government dispensaries	17130	HP.3.4
NEP local government dispensaries	17140	HP.3.4
NWP local government dispensaries	17150	HP.3.4
NCP local government dispensaries	17160	HP.3.4
Uva local government dispensaries	17170	HP.3.4
Sab local government dispensaries	17180	HP.3.4
Other local government non-hospital medical service facilities n.e.c.	17999	HP.3.4
Public/Community health services 18001-18999	18000	HP.5
Central government public health services	18100	HP.5
Anti-TB/Respiratory Diseases Control Programme	18101	HP.5
Anti-Leprosy Campaign	18102	HP.5
School medical services	18103	HP.5
Quarantine service/Port Health Office	18104	HP.5
Anti Malaria Campaign	18105	HP.5
Anti Filariasis Campaign	18106	HP.5
STD/AIDS Control Programme	18107	HP.5
Public Health Veterinary Services/Rabies Control	18108	HP.5
Food quality control	18109	HP.5
Family Health Bureau	18121	HP.5
Health Education Bureau	18122	HP.5
Others n.e.c.	18199	HP.5
Provincial public health services	18400	HP.5
WP Community Health Services	18401	HP.5
CP Community Health Services	18402	HP.5
SP Community Health Services	18403	HP.5
NEP Community Health Services	18404	HP.5
NWP Community Health Services	18405	HP.5
NCP Community Health Services	18406	HP.5
Uva Community Health Services	18407	HP.5
Sabaragamuwa Community Health Services	18408	HP.5
NP Community Health Services	18409	HP.5
EP Community Health Services	18410	HP.5
Local government public health services	18600	HP.5
WP Local government Services	18601	HP.5
CP Local government Services	18602	HP.5
SP Local government Services	18603	HP.5
NEP Local government Services	18604	HP.5
NWP Local government Services	18605	HP.5
NCP Local government Services	18606	HP.5
Uva Local government Services	18607	HP.5
Sabaragamuwa Local government Services	18608	HP.5
NP Local government Services	18609	HP.5
EP Community Health Services	18610	HP.5
Government health administration and other institutions 19001-19599	19000	HP.6.1
Central administrative and other institutions 19101-19399	19100	HP.6.1
Central administrative services 19111-19199	19110	HP.6.1
MOH Headquarters	19111	HP.6.1
Ministry of Indigenous Medicine Headquarters	19112	HP.6.1
DOHS	19113	HP.6.1
Department of Ayurveda	19114	HP.6.1
Judicial Medical Services	19121	HP.6.1
Epidemiological Unit	19122	HP.6.1
Central support services 19201-19299	19200	HP.6.1
Bio-Medical Engineering Division	19201	HP.6.1
National Drug Quality Control Assurance Laboratory	19203	HP.6.1
Central administrative support services outside of MOH	19250	HP.6.1
Electrical Department support services	19251	HP.6.1
Department of Treasury Services	19252	HP.6.1
Department of External Resources	19253	HP.6.1

Department of Government Analyst	19254	HP.6.1
Department of Information	19255	HP.6.1
Department of Government Printing	19256	HP.6.1
Other central administrative support services outside of MOH	19298	HP.6.1
Others n.e.c.	19299	HP.6.1
<i>Government social security administration</i>	19300	HP.6.2
EPF	19301	HP.6.2
ETF	19302	HP.6.2
Public Servants Medical Insurance Scheme	19303	HP.6.2
Other social security schemes n.e.c.	19399	HP.6.2
Provincial institutions 19401-19499	19400	HP.6.1
Western PDOH	19411	HP.6.1
Central PDOH	19412	HP.6.1
Southern PDOH	19413	HP.6.1
North Western PDOH	19414	HP.6.1
North Central PDOH	19415	HP.6.1
Uva PDOH	19416	HP.6.1
Sabaragamuwa PDOH	19417	HP.6.1
Northern PDOH	19418	HP.6.1
Eastern PDOH	19419	HP.6.1
Northern-Eastern PDOH	19420	HP.6.1
Local government institutions 19501-19899	19500	HP.6.1
<i>Municipal Councils 19700-19699</i>	19600	HP.6.1
Badulla MC	19601	HP.6.1
Batticaloa MC	19602	HP.6.1
Colombo MC	19603	HP.6.1
Dehiwela-Mt Lavinia MC	19604	HP.6.1
Galle MC	19605	HP.6.1
Jaffna MC	19606	HP.6.1
Kandy MC	19607	HP.6.1
Kurunegala MC	19608	HP.6.1
Matale MC	19609	HP.6.1
Moratuwa MC	19610	HP.6.1
Negombo MC	19611	HP.6.1
Nuwara-Eliya MC	19612	HP.6.1
Ratnapura MC	19613	HP.6.1
Sri-Layawardanapura MC	19614	HP.6.1
<i>Urban Councils 19700-19799</i>	19700	HP.6.1
Ampara UC	19701	HP.6.1
Anuradhapura UC	19702	HP.6.1
Balangoda UC	19703	HP.6.1
Bandarawela UC	19704	HP.6.1
Beruwela UC	19705	HP.6.1
Chilaw UC	19706	HP.6.1
Gampaha UC	19707	HP.6.1
Gampola UC	19708	HP.6.1
Hambantota UC	19709	HP.6.1
Haputale UC	19710	HP.6.1
Hatton-Dickoya UC	19711	HP.6.1
Horana UC	19712	HP.6.1
Ja-ela UC	19713	HP.6.1
Kadugannawa UC	19714	HP.6.1
Kalutara UC	19715	HP.6.1
Katunayake-Seeduwa UC	19716	HP.6.1
Kegalle UC	19717	HP.6.1
Kolonnawa UC	19718	HP.6.1
Kuliyaipitiya UC	19719	HP.6.1
Matara UC	19720	HP.6.1
Minuwangoda UC	19721	HP.6.1
Nawalapitiya UC	19722	HP.6.1
Panadura UC	19723	HP.6.1
Peliyagoda UC	19724	HP.6.1
Puttalam UC	19725	HP.6.1
Seethawakapura UC	19726	HP.6.1
Talawakelle-Lindula UC	19727	HP.6.1
Tangalle UC	19728	HP.6.1
Trincomalee UC	19729	HP.6.1
Wattala-Mabole UC	19730	HP.6.1
Wattegama UC	19731	HP.6.1
Welligama UC	19732	HP.6.1
Moratuwa UC	19733	HP.6.1
Sri-Layawardanapura UC	19734	HP.6.1
Varuniya	19735	HP.6.1
<i>Pradeshya Sabhas</i>	19800	HP.6.1
<i>All other local governments n.e.c.</i>	19899	HP.6.1

Government (entities that finance or provide health care as a secondary objective)	20000	HP.6
Ministry of Finance and Planning	21100	HP.6.1
Department of Census and Statistics	21110	HP.6.1
Ministry of Plan Implementation and Parliamentary Affairs	21200	HP.3.4
IRDPs 21211-21229	21210	HP.3.4
IRDP - Anuradhapura	21211	HP.3.4
IRDP - Badulla	21212	HP.3.4
IRDP - Hambantota	21213	HP.3.4
IRDP - Kalutara	21214	HP.3.4
IRDP - Kandy	21215	HP.3.4
IRDP - Matale	21216	HP.3.4
IRDP - Matara	21217	HP.3.4
IRDP - Moneragala	21218	HP.3.4
IRDP - Nuwera-Eliya	21219	HP.3.4
IRDP - Ratnapura	21220	HP.3.4
IRDP - Vavuniya	21221	HP.3.4
Ministry of Social Services	21300	HP.3.4
Department of Social Services	21301	HP.3.4
Community-based Rehabilitation Programme	21302	HP.3.4
Ministry of Defence (21401-21499)	21400	HP.1.1
Sri Lanka Army	21401	HP.1.1
Sri Lanka Navy	21402	HP.1.1
Sri Lanka Airforce	21403	HP.1.1
Sri Lanka Police	21404	HP.1.1
Ministry of Livestock Development and Estate Infrastructure	21500	HP.3.4
Ministry of Labour	21600	HP.7.1
Department of Labour	21601	HP.7.1
Other ministries	21900	HP.6.1
Academic, research or training institutions 23001-23999	23000	HP.7.9
Education and training institutions 23101-23199	23100	HP.7.9
Medical training schools	23110	HP.7.9
Dental training schools	23130	HP.7.9
Nursing training schools	23131	HP.7.9
Other health personnel training schools	23132	HP.7.9
NIHS Kalutara	23151	HP.7.9
Institute of Postgraduate Studies in Medical Education	23152	HP.7.9
National Institute of Social Development	23153	HP.7.9
Research institutions 23201-23299	23200	HP.7.9
Medical Research Institute	23201	HP.7.9
Institute of Fundamental Studies	23211	HP.7.9
Institute of Policy Studies	23212	HP.7.9
Other research institutions n.e.c.	23299	HP.7.9
Other National Public Institutions	27000	HP.6.1
Central Bank	27001	HP.6.1
Finance Commission	27002	HP.6.1
Other public institutions n.e.c.	27999	HP.6.1
NONPROFIT SECTOR		
Nonprofit Institutions 30000-39999	30000	HP.3.9
National level NPISHs 31001-31199	31000	HP.3.9
Family Planning Association of Sri Lanka	31001	HP.3.9
Red Cross	31002	HP.3.9
St John's Council for Sri Lanka	31003	HP.3.9
CNAPT (National Association for the Prevention of TB)	31004	HP.5
Children's Convalescent Home	31005	HP.2.1
SLNF Smoke and Health	31006	HP.5
Sahanaya	31007	HP.3.4
National level NPISHs n.e.c.	31999	HP.3.9
Local NPISHs	32000	HP.3
INSURERS		
Insurers 40001-49999	40000	HP.6.4
Government health insurance companies 40100-40199	40100	HP.6.4
Sri Lanka Insurance Corporation	40101	HP.6.4
SLIC Life	40102	HP.6.4
National Insurance Corporation	40103	HP.6.4
Private health insurance companies 40200-40299	40200	HP.6.4
PRIVATE SECTOR		
Private health care providers 50001-59999	50000	N
Private hospitals	50001	HP.1
Private general hospitals	51000	HP.1.1
Private mental health and substance abuse hospitals	51500	HP.1.2
Private speciality hospitals	51600	HP.1.3
Private hospitals n.e.c.	51699	HP.1.3

cont..

Private nursing care facilities	51700	HP.2.1
Private residential mental retardation, mental health and substance abuse facilities	51800	HP.2.2
All other private nursing and residential care facilities	51999	HP.2.9
Private ambulatory physician services	52000	HP.3
Private general practitioners	52100	HP.3.1
Government doctors in private practice	52200	HP.3.1
Private specialists	52300	HP.3.1
Private ayurvedic and indigenous medical practitioners	53000	HP.3.1
Private homeopathic and other non-allopathic practitioners	54000	HP.3.1
Private physicians n.e.c.	54999	HP.3.1
Private dental providers	55000	HP.3.2
Private other practitioners	56000	HP.3.3
Private other non-hospital medical facilities	57000	HP.3.4
Private family planning centres	57110	HP.3.4
Private out-patient mental health and substance abuse centres	57120	HP.3.4
Private ambulatory surgery centres	57130	HP.3.4
Private dialysis care centres	57140	HP.3.4
Private other outpatient centres	57190	HP.3.4
Private medical and diagnostic laboratories	57500	HP.3.5
Private home health care services	57600	HP.3.6
Private ambulance services	57700	HP.3.9
Private blood and tissue banks	57800	HP.3.9
Private all other non-hospital medical service facilities	57999	HP.3.9
Retail sale and other providers of medical goods	58000	HP.4
Pharmacies	58100	HP.4.1
Retail sale and other suppliers of optical glasses and other vision products	58200	HP.4.2
Retail sale and other suppliers of hearing aids	58300	HP.4.3
Retail sale and other suppliers of medical appliances (other than optical glasses and hearing ai	58400	HP.4.4
Retailers of traditional medicines and supplies	58500	HP.4.9
Shops and all other miscellaneous sale and other suppliers of pharmaceuticals and medical gc	59999	HP.4.9
OTHERS		
Other entities 60000-69999	60000	HP.7
Establishments providing occupational health services as ancilliary production	61000	HP.7.1
Other industries providing health care as secondary function	62000	HP.7.9
Military health services (not provided in health care facilities)	62100	HP.7.9
Army health services	62101	HP.7.9
Navy health services	62102	HP.7.9
Airforce health services	62103	HP.7.9
Police health services	62104	HP.7.9
Prison health services (not provided in health care facilities)	62200	HP.7.9
School health services	62300	HP.7.9
Enterprises (Employers providing health care as secondary function)	63000	HP.7.9
State enterprises	63100	HP.7.9
Public companies	63200	HP.7.9
BOI firms (exc. Public firms)	63300	HP.7.9
Private firms non-BOI	63400	HP.7.9
Other firms n.e.c.	63999	HP.7.9
Other industries providng health as secondary function n.e.c.	69999	HP.7.9
REST OF WORLD		
Foreign entities 80000-89999	80000	
Intergovernmental/international agencies	81000	HP.9
World Health Organisation	81001	HP.9
United Nations Children's Fund	81002	HP.9
United Nations Development Programme	81003	HP.9
United Nations Populations Fund	81004	HP.9
World Bank	81005	HP.9
International agencies n.e.c.	81999	HP.9
Foreign governments	82000	HP.9
Foreign governments n.e.c.	82999	HP.9
Foreign NPISHs	83000	HP.9
Foreign Firms	84000	HP.9
Foreign BOI firms	84100	HP.9
Foreign non-BOI firms	84200	HP.9
Other foreign firms	84999	HP.9
Other foreign entities n.e.c.	89999	HP.9
All other entities	90000	HP.9

Annex Table 5: Expenditures on Health by Local Governments (Rupees), 1990-99

Local government	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Municipal Council - Recurrent Expenditure										
Badulla MC	3,416,556	3,736,369	4,042,970	4,195,676	5,156,566	5,330,671	4,946,734	4,908,357	5,008,201	0
Batticaloa MC	3,627,447	4,116,609	3,766,326	4,964,311	4,816,670	4,932,525	6,517,481	5,188,562	6,857,997	0
Colombo MC	53,337,070	62,770,544	68,248,875	92,450,443	89,550,512	89,059,717	94,051,405	95,010,904	82,083,000	116,948,000
Dehiwela-Mt Lavinia MC	25,234,328	25,730,006	24,414,405	29,809,402	35,374,786	37,210,195	48,092,140	47,935,363	59,840,061	63,946,538
Galle MC	0	5,941,371	6,917,512	7,936,118	8,011,338	8,246,456	9,979,509	10,937,668	16,453,148	0
Jaffna MC	11,399,078	8,112,595	19,098,599	17,638,866	18,411,658	17,416,355	20,856,105	24,152,578	29,386,525	0
Kandy MC	18,158,111	20,711,445	19,595,821	22,826,647	23,303,529	25,645,700	26,572,929	30,012,185	13,116,214	0
Kurunegala MC	4,085,200	4,733,700	5,450,200	6,348,400	6,755,500	7,086,800	8,193,700	9,184,800	10,877,500	0
Matale MC	4,506,593	5,333,042	5,981,346	5,942,680	6,824,108	7,351,769	8,496,953	9,144,875	10,483,219	0
Moratuwa MC	0	0	0	0	0	0	0	18,659,857	23,918,486	0
Negombo MC	7,647,376	9,628,004	10,546,448	10,635,493	10,943,634	12,039,963	13,841,674	14,892,898	16,445,869	0
Nuwara-Eliya MC	3,626,282	4,394,559	4,594,092	5,467,273	5,575,360	5,539,055	6,589,788	7,212,498	7,738,312	0
Ratnapura MC	0	0	5,097,880	5,260,890	7,160,865	7,433,160	7,543,655	8,185,500	7,974,020	0
Sri-Jayawardanapura MC	0	0	0	0	0	0	0	22,884,800	28,927,000	41,851,000
Municipal Council - Capital Expenditure										
Badulla MC	23,646	17,700	0	0	0	29,190	0	3,805,200	1,516,350	0
Batticaloa MC	28,382	97,477	22,349	359,804	132,804	389,108	121,547	550,075	139,005	0
Colombo MC	10,660,000	11,400,000	14,862,045	7,027,787	7,093,190	21,396,746	27,283,733	28,067,017	28,993,000	42,186,000
Dehiwela-Mt Lavinia MC	393,237	983,904	3,319,250	1,185,088	1,093,896	3,179,520	12,056,950	104,272	309,344	59,117
Galle MC	0	5,713,416	714,061	220,854	591,201	842,277	420,043	3,107,058	494,647	0
Jaffna MC	1,031,158	0	1,216,018	622,670	2,093,978	449,937	500,540	1,655,055	3,562,925	0
Kandy MC	369,101	2,984,228	1,197,713	689,039	1,909,352	1,215,516	276,708	251,288	334,607	0
Kurunegala MC	814,200	117,600	329,100	445,700	136,000	140,600	296,700	241,700	16,600	0
Matale MC	13,995	71,198	32,304	0	23,991	9,720	37,793	0	64,450	0
Moratuwa MC	0	0	0	0	0	0	0	219,077	10,938,185	0
Negombo MC	5,402,572	3,202,911	1,339,198	2,251,025	1,694,050	2,374,203	2,520,992	2,790,299	115,870	0
Nuwara-Eliya MC	489,850	0	0	0	0	0	0	1,350,600	0	0
Ratnapura MC	0	0	40,700	40,700	240,700	2,552,200	6,350,700	1,250,800	100,000	0
Sri-Jayawardanapura MC	0	0	0	0	0	0	0	2,504,500	12,940,800	441,000
Total	154,264,182	179,796,678	200,827,212	226,318,866	236,893,688	259,871,383	305,547,779	354,207,786	378,635,335	265,431,655

Cont..

Local government	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Urban Council - Recurrent Expenditure										
Ampara UC	777,019	1,299,097	1,855,541	1,469,207	1,746,300	1,351,238	1,531,558	2,450,445	2,759,157	0
Anuradhapura UC	4,283,368	4,841,121	5,052,267	5,001,616	6,522,694	6,570,866	6,883,536	8,087,844	8,892,594	0
Balangoda UC	988,949	1,134,935	992,931	1,243,298	1,153,914	1,303,660	1,850,461	1,787,637	1,384,269	0
Bandarawela UC	1,664,775	1,956,854	2,149,507	2,353,115	2,339,289	2,314,183	2,572,337	3,290,965	4,393,203	0
Beruwela UC	1,314,430	1,857,255	1,752,668	1,538,039	2,013,585	1,791,879	1,725,240	2,075,122	2,425,195	0
Chilaw UC	3,441,954	4,057,553	4,165,707	4,980,079	5,060,079	5,342,661	5,460,502	5,874,332	7,366,718	6,067,201
Gampaha UC	2,741,045	3,217,915	3,467,340	587,373	3,285,366	3,833,267	4,145,457	4,343,362	6,001,588	0
Gampola UC	2,612,406	2,479,980	2,736,852	3,453,370	3,485,110	3,682,880	4,235,865	5,126,268	6,268,214	0
Hambantota UC	815,300	927,800	1,207,300	1,235,600	1,484,400	1,595,300	1,651,400	2,001,900	1,715,000	0
Haputale UC	423,749	549,173	621,912	684,142	654,715	824,197	955,455	1,026,426	1,216,284	0
Hatton-Dickoya UC	1,718,504	2,013,630	2,161,798	2,860,555	3,116,465	3,183,795	3,519,227	4,273,103	4,805,765	0
Horana UC	0	1,665,305	2,125,919	2,736,906	2,623,319	2,896,412	2,815,295	3,382,332	3,700,860	0
Ja-ela UC	1,786,728	1,806,397	2,073,037	2,249,036	2,400,315	2,735,090	3,146,228	3,278,119	3,498,448	0
Kadugannawa UC	695,196	727,900	711,352	879,974	901,765	950,067	1,109,767	1,121,572	1,384,901	0
Kalutara UC	4,586,221	4,070,640	3,694,507	4,291,013	4,652,229	5,440,214	6,121,019	5,824,697	7,148,130	0
Katunayake-Seeduwa UC	1,058,830	1,218,169	1,248,045	1,415,087	1,590,349	2,226,765	2,785,690	3,011,121	3,336,588	0
Kegalle UC	2,098,160	2,269,867	2,346,790	2,858,807	3,070,630	3,196,638	3,206,040	3,368,474	3,657,008	0
Kolonnawa UC	439,056	638,799	5,201,649	6,353,776	8,102,241	6,819,340	6,703,800	8,212,155	8,413,269	0
Kuliyapitiya UC	1,547,700	1,727,646	1,624,793	1,750,796	1,866,884	2,027,899	2,283,397	2,411,027	2,942,842	0
Matara UC	4,804,941	4,952,044	5,930,456	6,428,035	7,020,464	7,408,774	7,618,699	7,707,554	9,488,526	0
Minuwangoda UC	1,560,570	883,452	1,908,170	337,179	1,872,499	2,183,007	3,086,512	3,233,230	4,466,748	0
Nawalapitiya UC	2,519,369	1,899,600	2,451,221	2,825,713	2,835,017	2,689,400	3,014,250	3,005,002	3,519,269	0
Panadura UC	3,095,767	3,260,521	3,327,263	3,640,158	3,877,071	3,896,335	4,630,343	5,820,904	7,116,189	7,156,359
Peliyagoda UC	1,530,550	1,649,000	2,078,550	2,564,700	2,666,300	2,659,850	3,362,341	4,015,175	4,851,500	5,382,200
Puttalam UC	2,529,669	2,759,039	2,769,039	3,036,448	3,271,675	3,381,346	3,555,108	4,006,538	4,393,310	0
Seethawakapura UC	1,523,478	220,396	1,800,888	2,198,349	2,807,414	2,366,443	2,672,950	3,282,500	3,358,249	0
Talawakelle-Lindula UC	846,855	1,164,300	1,110,116	1,187,180	1,264,328	1,329,423	1,436,358	1,542,793	1,831,309	1,978,398
Tangalle UC	4,703,185	3,445,142	4,334,311	5,151,624	5,255,748	5,852,015	6,146,301	6,347,500	6,935,643	0
Trincomalee UC	4,062,162	4,942,704	5,957,145	5,539,386	6,574,725	5,995,997	7,068,628	7,174,020	8,325,272	8,102,662
Wattala-Mabole UC	1,856,096	2,217,286	2,664,692	3,181,165	3,435,733	1,641,805	2,328,668	3,573,649	3,782,069	5,719,728
Wattegama UC	617,690	540,974	531,277	871,827	752,114	575,193	782,559	310,156	771,106	0
Weligama UC	1,543,928	1,710,331	1,771,923	1,858,666	2,162,726	3,166,990	5,433,265	3,374,946	3,160,207	3,177,217
Moratuwa UC	9,519,242	11,048,030	11,164,704	13,795,802	13,558,703	14,937,848	16,588,140	0	0	0
Sri-Jayawardanapura UC	8,109,700	9,555,200	11,616,600	13,566,600	13,764,100	14,262,800	20,468,800	0	0	0
Varuniya	1,251,290	1,426,630	2,319,136	2,337,057	2,952,072	2,678,732	2,760,734	2,801,735	3,252,746	0
TOTAL	83,067,882	90,134,685	106,925,406	116,461,678	130,140,338	133,112,309	153,655,930	127,142,604	146,562,176	37,583,765

Cont..

Local government	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Urban Council - Capital Expenditure										
Ampara UC	0	0	0	0	0	0	0	0	0	0
Anuradhapura UC	0	70,645	0	0	0	0	0	0	904,500	0
Balangoda UC	107,767	0	0	0	440,000	0	0	0	0	0
Bandarawela UC	227,650	496,106	265,974	39,025	67,936	3,190,674	826,498	350,280	458,252	0
Beruwela UC	73,250	0	0	0	0	1,181,480	101,000	0	0	0
Chilaw UC	0	0	688,000	641,000	65,000	0	0	0	0	211,811
Gampaha UC	0	0	10,240	51,500	547,650	583,014	1,266,050	842,964	0	0
Gampola UC	0	33,240	28,500	15,300	35,940	2,365,431	594,565	42,910	23,450	0
Hambantota UC	200,000	500,000	75,000	445,000	75,000	215,000	370,000	355,000	1,057,000	0
Haputale UC	56,363	100,000	0	0	0	261,220	467,500	92,500	92,500	0
Hatton-Dickoya UC	18,221	0	243,369	349,589	416,618	166,426	16,487	198,787	87,279	0
Horana UC	0	102	120,724	12,336	13,943	5,215	76,940	0	0	0
Ja-ela UC	497,220	478,395	19,120	82,635	1,367,950	111,850	462,251	51,925	600,500	0
Kadugannawa UC	93,603	7,372	234,948	145,953	0	583,637	27,083	244,100	819,000	0
Kalutara UC	20,010	1,183,500	260,930	260,930	173,558	67,287	0	2,000,000	0	0
Katunayake-Seeduwa UC	98,085	328,635	0	227,085	742,775	154,500	1,617,646	372,962	1,150,000	0
Keqalle UC	163,392	0	0	0	0	475,000	752,500	266,500	0	0
Kolonnawa UC	912,570	0	0	0	215,649	433,958	3,418,938	2,983,191	0	0
Kuliyapitiya UC	226,020	50,000	0	62,333	10,500	0	1,074,287	38,850	1,034,670	0
Matara UC	54,349	148,500	0	0	836,450	2,040,000	2,284,011	570,500	5,374,504	0
Minuwangoda UC	0	0	4,565	28,494	31,125	332,511	940,082	624,910	0	0
Nawalapitiya UC	4,655	2,550	597,500	0	0	1,332,453	826,750	0	1,476,850	0
Panadura UC	40,775	790	165,380	36,000	17,076	4,900	1,715,723	34,000	0	48,025
Peliyagoda UC	5,000	0	0	0	104,000	95,000	225,000	2,600,000	1,800,000	1,800,000
Puttalam UC	84,345	499,278	275,816	287,447	220,046	149,226	186,367	233,880	1,463,774	0
Seethawakapura UC	312,465	0	0	17,345	749,945	0	102,296	265,243	105,248	0
Talawakelle-Lindula UC	0	0	0	0	0	0	75,000	125,000	150,000	250,000
Tangalle UC	5,000	16,260	450,949	411,068	1,656,575	204,661	647,721	2,220,647	6,054,543	0
Trincomalee UC	0	0	34,985	26,678	37,353	21,169	10,314	30,865	16,460	1,650
Wattala-Mabole UC	235,200	0	84,250	56,000	0	1,585,250	836,750	96,000	22,890	94,875
Wattagama UC	0	10,400	846,020	43,066	0	0	53,594	0	0	0
Weligama UC	114,268	14,219	2,915	1,859,288	2,717,951	1,119,000	5,350	630,000	1,758,024	1,364,925
Moratuwa UC	630,329	952,928	1,547,570	815,451	221,719	352,941	9,227,294	0	0	0
Sri-Jayawardanapura UC	2,385,200	156,300	0	493,800	946,100	7,051,300	6,323,700	0	0	0
Varuniya	0	7,970	12,604	13,667	10,523	9,375	9,662	9,806	11,387	0
Total	6,565,737	5,057,190	5,969,359	6,420,990	11,721,382	24,092,478	34,541,359	15,280,820	24,460,831	3,771,286

Annex Table 6: Basic Socio-Economic Statistics, 1990-99

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
GDP Nominal (Rs million)	321,784	372,345	425,283	499,565	579,084	667,772	768,128	890,272	1,017,986	1,110,653
GDP Real (1990=100)	321,784	335,498	348,438	373,884	396,336	421,504	432,529	460,210	483,494	502,560
GDP Deflator (1990=100)	100.0	111.0	122.1	133.6	146.1	158.4	177.6	193.4	210.5	221.0
GDP Deflator (1997=100)	51.7	57.4	63.1	69.1	75.5	81.9	91.8	100.0	108.8	114.2
Foreign exchange rate for US\$	56.3	62.5	68.7	75.2	82.3	89.2	100.0	108.9	118.6	124.4
Total population (millions)	17.0	17.2	17.4	17.6	17.9	18.1	18.3	18.6	18.8	18.9
Population by province (thousands)										
Western province	4,387	4,439	4,439	4,542	4,542	4,542	4,711	4,890	5,068	5,257
Central province	2,180	2,198	2,198	2,233	2,221	2,233	2,316	2,431	2,545	2,668
Southern province	2,207	2,238	2,238	2,299	2,350	2,299	2,388	2,376	2,363	2,351
Northwestern province	1,999	2,026	2,026	2,079	2,123	2,168	2,158	2,149	2,139	2,130
Northcentral province	1,019	1,036	1,036	1,070	1,098	1,126	1,116	1,106	1,096	1,086
Uva province	1,045	1,058	1,058	1,085	1,091	1,098	1,135	1,174	1,213	1,254
Sabaragamuwa province	1,656	1,677	1,677	1,718	1,577	1,437	1,543	1,662	1,780	1,912
Northeastern province	2,490	2,524	2,524	2,593	2,691	2,789	2,724	2,661	2,598	2,537

Annex Table 7: Summary of Government Expenditures in Provinces by Function (%), 1990-99

WESTERN PROVINCE											
Government agencies											
Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	84%	84%	86%	86%	88%	87%	86%	88%	83%	83%
11100	In-patient care	56%	56%	57%	57%	59%	58%	58%	59%	55%	56%
11200	Ambulatory care	26%	25%	26%	26%	27%	27%	26%	27%	26%	26%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	11%	11%	9%	10%	8%	7%	7%	6%	7%	7%
70000	Health programme administration and health insurance	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
91000	Capital formation of health care provider institutions	4%	4%	4%	3%	3%	6%	7%	5%	8%	8%

CENTRAL PROVINCE											
Government agencies											
Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	72%	71%	74%	79%	80%	79%	79%	81%	74%	74%
11100	In-patient care	46%	46%	48%	52%	52%	51%	52%	53%	48%	48%
11200	Ambulatory care	25%	24%	25%	26%	26%	26%	26%	27%	25%	24%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	16%	15%	15%	15%	13%	11%	10%	9%	9%	9%
70000	Health programme administration and health insurance	5%	5%	5%	5%	5%	4%	4%	3%	3%	3%
91000	Capital formation of health care provider institutions	7%	9%	6%	1%	2%	7%	7%	6%	14%	15%

SOUTHERN PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	66%	63%	66%	71%	72%	75%	75%	77%	70%	70%
11100	In-patient care	45%	43%	45%	49%	49%	51%	51%	53%	48%	48%
11200	Ambulatory care	21%	19%	20%	21%	22%	22%	22%	23%	21%	20%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	21%	21%	22%	20%	19%	16%	14%	13%	12%	10%
70000	Health programme administration and health insurance	4%	4%	4%	3%	4%	3%	2%	2%	2%	2%
91000	Capital formation of health care provider institutions	8%	12%	8%	6%	6%	7%	9%	8%	16%	19%

NORTHWESTERN PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	60%	57%	57%	58%	60%	64%	65%	76%	66%	66%
11100	In-patient care	36%	34%	35%	35%	36%	39%	39%	46%	40%	40%
11200	Ambulatory care	23%	22%	22%	22%	23%	24%	24%	29%	25%	25%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	27%	27%	27%	29%	28%	24%	21%	18%	16%	15%
70000	Health programme administration and health insurance	4%	4%	4%	4%	4%	4%	4%	3%	3%	3%
91000	Capital formation of health care provider institutions	9%	12%	12%	9%	8%	9%	12%	3%	15%	16%

NORTHCENTRAL PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	61%	58%	63%	60%	62%	63%	58%	67%	57%	50%
11100	In-patient care	44%	42%	45%	43%	45%	45%	41%	47%	41%	36%
11200	Ambulatory care	17%	16%	17%	17%	17%	17%	16%	18%	16%	14%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	22%	23%	24%	25%	23%	19%	20%	14%	14%	14%
70000	Health programme administration and health insurance	4%	4%	4%	4%	4%	3%	3%	5%	3%	3%
91000	Capital formation of health care provider institutions	13%	15%	8%	11%	10%	16%	19%	15%	26%	32%

UVA PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	61%	59%	60%	60%	62%	64%	64%	65%	57%	52%
11100	In-patient care	43%	41%	43%	42%	43%	45%	45%	46%	40%	36%
11200	Ambulatory care	18%	17%	17%	17%	18%	18%	18%	18%	16%	15%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	21%	21%	21%	23%	21%	17%	15%	14%	13%	13%
70000	Health programme administration and health insurance	4%	4%	4%	4%	4%	3%	4%	4%	3%	3%
91000	Capital formation of health care provider institutions	13%	16%	14%	13%	13%	16%	18%	17%	28%	33%

SABARAGAMUWA PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	63%	61%	64%	64%	66%	68%	70%	75%	66%	66%
11100	In-patient care	41%	39%	41%	40%	42%	43%	46%	53%	46%	46%
11200	Ambulatory care	22%	21%	22%	22%	23%	23%	22%	21%	19%	19%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	20%	20%	21%	22%	21%	18%	16%	13%	10%	10%
70000	Health programme administration and health insurance	4%	4%	4%	4%	4%	3%	3%	2%	2%	2%
91000	Capital formation of health care provider institutions	13%	16%	11%	10%	9%	12%	12%	10%	22%	23%

NORTHEASTERN PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
10000	Services of curative care	68%	68%	67%	68%	69%	77%	71%	75%	67%	65%
11100	In-patient care	43%	43%	43%	44%	45%	49%	45%	48%	43%	42%
11200	Ambulatory care	24%	24%	23%	23%	23%	26%	24%	25%	23%	22%
20000	Services of rehabilitative care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Ancillary services to medical care	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Medical goods dispensed to out-patients	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Preventive and public health services	18%	18%	18%	18%	18%	12%	14%	11%	10%	10%
70000	Health programme administration and health insurance	6%	6%	6%	6%	6%	4%	4%	4%	3%	3%
91000	Capital formation of health care provider institutions	7%	8%	8%	8%	7%	7%	12%	12%	20%	23%

Annex Table 8: Summary of Government Expenditures in Provinces by Provider (%), 1990-99

WESTERN PROVINCE											
Government agencies											
Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
11000	Central government hospitals	62%	63%	67%	67%	71%	69%	69%	70%	62%	64%
12000	Provincial hospitals	18%	18%	17%	16%	15%	17%	16%	17%	20%	17%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	4%	4%	4%	4%	3%	3%	3%	2%	3%	3%
17000	Local government non-hospital medical service facilities	5%	4%	4%	4%	3%	3%	4%	3%	3%	3%
18000	Public/Community health services	7%	7%	6%	6%	5%	4%	4%	4%	5%	5%
19000	Government health administration and other institutions	3%	4%	3%	3%	3%	3%	4%	4%	7%	7%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

CENTRAL PROVINCE											
Government agencies											
Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
11000	Central government hospitals	27%	31%	35%	43%	45%	43%	44%	45%	38%	41%
12000	Provincial hospitals	43%	39%	38%	36%	34%	34%	34%	34%	35%	31%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	8%	8%	7%	8%	7%	6%	5%	4%	4%	4%
17000	Local government non-hospital medical service facilities	1%	2%	1%	1%	1%	1%	1%	1%	1%	1%
18000	Public/Community health services	9%	8%	8%	8%	7%	6%	6%	6%	5%	5%
19000	Government health administration and other institutions	12%	12%	10%	5%	6%	10%	11%	9%	17%	18%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SOUTHERN PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
11000	Central government hospitals	19%	20%	21%	33%	30%	34%	36%	37%	31%	41%
12000	Provincial hospitals	47%	42%	44%	38%	41%	39%	38%	39%	37%	28%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	11%	11%	11%	11%	10%	8%	7%	6%	6%	5%
17000	Local government non-hospital medical service facilities	1%	2%	1%	1%	2%	1%	1%	1%	2%	1%
18000	Public/Community health services	10%	10%	10%	9%	9%	7%	7%	7%	7%	5%
19000	Government health administration and other institutions	12%	14%	12%	8%	8%	10%	11%	10%	17%	20%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NORTHWESTERN PROVINCE

Government agencies

Code	Function	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
11000	Central government hospitals	0%	0%	0%	0%	0%	0%	2%	27%	15%	23%
12000	Provincial hospitals	59%	56%	57%	57%	59%	63%	60%	48%	49%	42%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	14%	15%	14%	16%	15%	13%	11%	9%	8%	8%
17000	Local government non-hospital medical service facilities	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
18000	Public/Community health services	13%	13%	13%	13%	13%	11%	10%	9%	9%	8%
19000	Government health administration and other institutions	13%	16%	15%	13%	12%	13%	15%	6%	18%	19%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NORTHCENTRAL PROVINCE

Government agencies		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Code	Function										
11000	Central government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
12000	Provincial hospitals	60%	58%	63%	60%	62%	62%	57%	65%	56%	50%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	12%	12%	13%	14%	12%	10%	10%	7%	7%	7%
17000	Local government non-hospital medical service facilities	0%	0%	0%	1%	1%	1%	1%	1%	1%	0%
18000	Public/Community health services	11%	10%	11%	11%	11%	9%	9%	7%	7%	7%
19000	Government health administration and other institutions	17%	19%	12%	15%	14%	19%	23%	20%	29%	36%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

UVA PROVINCE

Government agencies		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Code	Function										
11000	Central government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
12000	Provincial hospitals	61%	58%	60%	59%	61%	62%	63%	64%	56%	51%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	11%	11%	11%	13%	11%	9%	8%	7%	6%	6%
17000	Local government non-hospital medical service facilities	1%	1%	1%	1%	1%	2%	1%	2%	1%	1%
18000	Public/Community health services	10%	10%	10%	10%	10%	8%	7%	7%	7%	6%
19000	Government health administration and other institutions	18%	20%	18%	17%	17%	19%	21%	20%	31%	35%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

SABRAGAMUWA PROVINCE

Government agencies		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Code	Function										
11000	Central government hospitals	0%	0%	0%	0%	0%	0%	9%	25%	18%	21%
12000	Provincial hospitals	63%	60%	63%	62%	65%	66%	59%	48%	46%	44%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	10%	11%	11%	12%	11%	10%	8%	6%	5%	5%
17000	Local government non-hospital medical service facilities	1%	1%	1%	1%	1%	1%	2%	1%	1%	1%
18000	Public/Community health services	9%	9%	10%	10%	10%	8%	8%	7%	5%	5%
19000	Government health administration and other institutions	17%	19%	15%	14%	12%	14%	13%	12%	24%	25%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

NORTHEASTERN PROVINCE

Government agencies		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Code	Function										
11000	Central government hospitals	13%	17%	15%	20%	30%	28%	23%	24%	16%	21%
12000	Provincial hospitals	51%	50%	51%	47%	38%	47%	47%	49%	50%	42%
13000	Local government hospitals	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14000	Nursing home and residential facilities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
15000	Non-hospital medical service facilities 15001-17999	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
16000	Provincial non-hospital medical service facilities	9%	9%	9%	9%	9%	6%	7%	5%	5%	5%
17000	Local government non-hospital medical service facilities	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
18000	Public/Community health services	14%	9%	10%	9%	9%	6%	7%	6%	6%	5%
19000	Government health administration and other institutions	12%	14%	14%	13%	12%	11%	16%	15%	23%	26%
20000	Government (entities that finance or provide health care as a secondary objective)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
30000	Nonprofit Institutions	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40000	Insurers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50000	Private health care providers	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60000	Other entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
80000	Foreign entities	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Annex 9: OECD SHA Tables

Total Expenditure on Health by Provider Industry and Source of Funding (Rs.million)												
		Total current expenditure on health	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 expenditure	HF.2.4 Non-profit organisations (other than social security)	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	11,245	9,648	9,648	0	1,597	0		1,430	0	167	
Nursing and residential care facilities	HP.2	25	25	25	0	0	0		0	0		
Providers of ambulatory health care	HP.3	6,849	953	953	0	5,896	0		5,368	472	56	
Offices of physicians	HP.3.1	4,083	10	10	0	4,073	0		4,073	0		
Offices of dentists	HP.3.2	79	0	0	0	79	0		79	0		
Offices of other health practitioners	HP.3.3	0	0	0	0	0	0		0	0		
Outpatient care centers	HP.3.4	829	829	829	0	0	0		0	0		
Medical and diagnostic laboratories	HP.3.5	1,190	0	0	0	1,190	0		1,190	0		
Providers of home health care services	HP.3.6	0	0	0	0	0	0		0	0		
Other providers of ambulatory health care	HP.3.9	612	114	114	0	498	0		26	472		
Retail sale and other providers of medical goods	HP.4	6,742	0	0	0	6,742	0		6,742	0		
Dispensing chemists	HP.4.1	4,761	0	0	0	4,761	0		4,761	0		
All other sales of medical goods	HP.4.2-4.9	1,289	0	0	0	1,289	0		1,289	0		
Provision and administration of public health programme	HP.5	1,663	1,663	1,663	0	0	0		0	0		
General health administration	HP.6	1,436	1,329	1,329	0	107	0	107	0	0		
Government	HP.6.1	1,314	1,314	1,314	0	0	0		0	0		
Social security funds	HP.6.2	15	15	15	0	0	0		0	0		
Other social insurance	HP.6.3	0	0	0	0	0	0		0	0		
Other (private) insurance	HP.6.4	107	0	0	0	107	0	107	0	0		
All other providers of health administration	HP.6.9	0	0	0	0	0	0		0	0		
Other industries (rest of the economy)	HP.7	423	423	423	0	0	0		0	0		
Occupational health care	HP.7.1	5	5	5	0	0	0		0	0		
Private households	HP.7.2	0	0	0	0	0	0		0	0		
All other secondary producers	HP.7.9	419	419	419	0	0	0		0	0		
Rest of the world	HP.9	6	6	6	0	0	0		0	0		
TOTAL		28,389	14,047	14,047	0	14,342	0	107	13,540	472	222	

Current Expenditure on Health by Function of Care and Source of Funding (Rs.million)

		Total current expenditure on health	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 expenditure	HF.2.4 Non-profit organisations (other than social)	HF.2.5 Corporations (other than health insurance)
Current expenditure on health											
Personal health care services	HC.1 - HC.3	14,601	8,738	8,738	0	5,862	0		5,576	64	222
In-patient services	HC.1.1	7,365	5,913	5,913	0	1,452	0		1,452		
Day care services	HC.1.2	0	0	0	0	0	0		0		
Outpatient services	HC.1.3	7,190	2,780	2,780	0	4,410	0		4,410		
Home care services	HC.1.4	0	0	0	0	0	0		0		
Ancillary services to health	HC.4	1,373	23	23	0	1,351	0		1,351	0	
Medical goods dispensed to outpatients	HC.5	7,074	318	318	0	6,755	0		6,742	13	
Pharmaceutical and other medical non-durables	HC.5.1	5,342	77	77	0	5,266	0		5,253	13	
Therapeutical appliances and other medical durables	HC.5.2	1,491	1	1	0	1,490	0		1,490	0	
Personal health care services and goods	HC.1 - HC.5	23,048	9,080	9,080	0	13,968	0		13,891	77	
Prevention and public health services	HC.6	1,762	1,537	1,537	0	225	0		0	225	
Health administration and health insurance	HC.7	702	595	595	0	107	0	107	0	0	
TOTAL		25,512	11,212	11,212	0	14,300	0	107	13,669	302	222

Total Expenditure on Health including Health Related Functions (RS.million)

		Total expenditure on health	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 expenditure	HF.2.4 Non-profit organisations (other than social security)	HF.2.5 Corporations (other than health insurance)
Health care services and goods by function											
Services of curative care	HC.1	14,555	8,692	8,692	0	5,862	0		5,576	64	222
Services of rehabilitative care	HC.2	46	46	46	0	0	0		0	0	0
Services of long-term nursing care	HC.3	0	0	0	0	0	0		0	0	0
Ancillary services to health care	HC.4	1,373	23	23	0	1,351	0		1,351	0	
Medical goods dispensed to outpatients	HC.5	7,074	318	318	0	6,755	0		6,755	0	
Pharmaceutical and other medical non-durables	HC.5.1	5,342	77	77	0	5,266	0		5,253	13	
Therapeutic appliances and other medical durables	HC.5.2	1,491	1	1	0	1,490	0		1,490	0	
Personal medical services and goods	HC.1-HC.5	23,048	9,080	9,080	0	13,968	0	0	13,682	64	222
Prevention and public health services	HC.6	1,762	1,537	1,537	0	225	0		0	225	
Health programme administration and health insurance	HC.7	702	595	595	0	107	0	107	0	0	
Total current expenditure on health		25,512	11,212	11,212	0	14,300	0	107	13,682	289	222
Gross capital formation	HC.R.1	2,877	2,836	2,836	0	42	0			36	
Total expenditure on health		28,389	14,047	14,047	0	14,342	0	107	13,682	325	222
Memorandum items: Further health related functions											
Education and training of health personnel	HC.R.2	626	586	586	0	40	0		0	40	
Research and development in health	HC.R.3	154	115	115	0	40	0		0	40	
Food, hygiene and drinking water control	HC.R.4	57	57	57	0	0	0		0	0	
Environmental health	HC.R.5	480	480	480	0	0	0		0	0	
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	0	0	0	0	0	0		0	0	
Administration and provision of health related cash	HC.R.7	56	1	1	0	55	0		0	55	