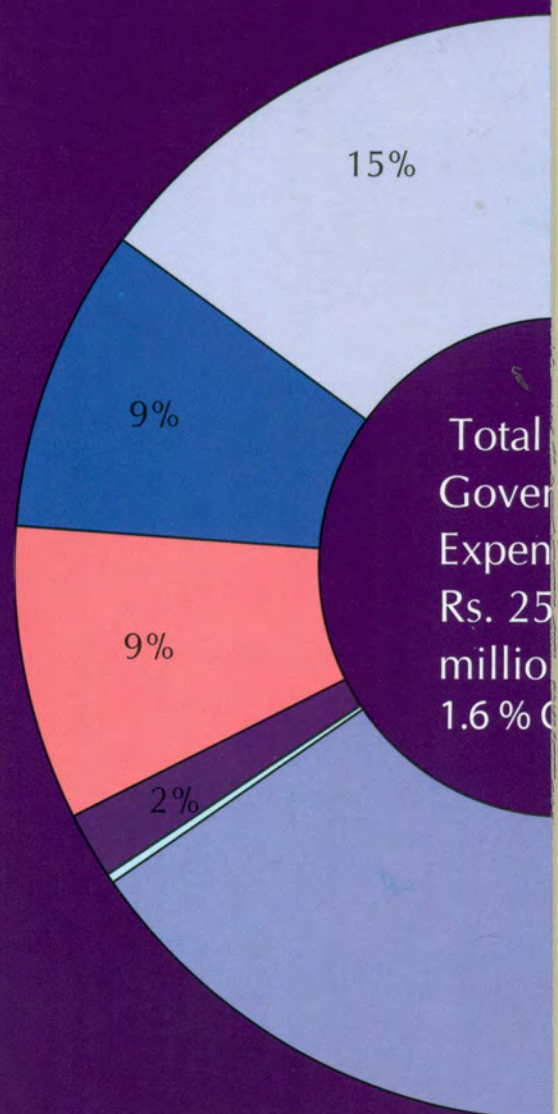


SRI LANKA NATIONAL HEALTH ACCOUNTS 2003 - 2004



Prepared for the Ministry of Healthcare and Nutrition
By

Institute of Policy Studies of Sri Lanka



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2003-2004

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Institute of Policy Studies of Sri Lanka

July 2008



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

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Contents

List of Tables	i
List of Figures	ii
Acronyms	iii
Message from Secretary, Ministry of Healthcare and Nutrition	iv
Preface	v
Acknowledgements	vi
Executive Summary	vii
Chapter 1: Total Expenditure on Health	1
Chapter 2: Expenditure by Source	3
Chapter 3: Expenditure by Function	5
Chapter 4: Expenditure by Provider	10
Chapter 5: Expenditure by Province	12
Chapter 6: International Comparison	16
Appendix A: Definitions and Classifications	20
Appendix B: Methodology	22
Appendix C: List of Institutions and Officials Contacted	25
Appendix D: Bibliography	26
Annex Tables	A1

List of Tables

Table 1.1: Total Expenditure on Health	2
Table 2.1: Total Expenditure on Health at Current Market Prices	3
Table 3.1: Total Health Expenditure by Function	5
Table 3.2: Share of Funding by Public and Private Sources to Selected Categories by Function	6
Table 3.3: Share of Government Funding by Administrative Level to Selected Functional Categories	6
Table 3.4: Total Government Expenditure by Function	7
Table 3.5: Total Non-Government Expenditure by Function	7
Table 4.1: Total National Expenditure on Health by Provider	10
Table 4.2: Total Government Expenditure on Health by Provider	10
Table 4.3: Total Non-Government Expenditure by Provider	10
Table 5.1: Share of Revenue by Each Provincial Council	12
Table 5.2: Apportionment of Grants to Provinces	12
Table 5.3: Provincial Councils' Expenditure on Health.	13
Table 5.4: Expenditure on Health by Province	14
Table 5.5: Per Capita Expenditure by Province	14

Table 5.6: Other Government Expenditure not Included in Provincial Expenditure	15
Table 5.7: Total Expenditure on Health Per Capita not Directly Attributable to any Province.	15
Table 6.1: Health Expenditure in Selected Asia-Pacific and OECD Countries	17
Table 6.2: Health Expenditure Aggregates 2004, in a Few Selected Countries	18
 Annex Table 1: Basic Economic Indicators	A1
Annex Table 2: Provincial GDP	A2
Annex Table 3: Overview of Expenditure on Health	A2
Annex Table 4: Total Expenditure on Health (TEH) Rs. Million	A3
Annex Table 5: Summary of Government Expenditure by Function by Province	A3
Annex Table 6: Summary of Government Expenditure in Province by Provider	A6
Annex Table 7: Expenditure on Health by Municipal Councils and Urban Councils	A9
Annex Table 8: Functional Classification in Sri Lanka NHA (with equivalent ICHA Codes)	A11
Annex Table 9: Provider Classification in SLNHA and Corresponding ICHA Codes	A13
Annex Table 10: OECD SHA Tables	A24

List of Figures

Figure 1.1: Trend in Expenditure on Health at Current Prices and at Constant 1996 Value	1
Figure 1.2: Trend in Total Expenditure on Health as a Percentage of GDP 1990-2004	2
Figure 2.1: Total Expenditure on Health by Source, 2004	4
Figure 3.1: Total Health Expenditure by Function, 2004	8
Figure 3.2: Total Government Health Expenditure by Function, 2004	8
Figure 3.3: Total Non-Government Health Expenditure by Function, 2004	9
Figure 4.1: Total Government Expenditure by Provider, 2004	11
Figure 4.2: Total Private Expenditure by Provider, 2004	11
Figure 5.1: Provincial Expenditure on Health, 2000-2004	13
Figure 6.1: Public Share of Total Health Expenditure by Selected Countries, 2004	19
Figure 6.2: Public Share of Total Health Expenditure by Regions, 2004	19

Acronyms

APNHAN	Asia Pacific National Health Account Network
CFS	Consumer Finances Survey
CPCEH	Census of Private, Co-operative and Estate Hospitals
DCS	Department of Census and Statistics
ETF	Employees' Trust Fund
GDP	Gross Domestic Product
HESC	Health Expenditure Steering Committee
HIES	Household Income and Expenditure Survey
HSF	Health System Financing
ICHA	International Classification for Health Account
IPS	Institute of Policy Studies
MOH	Ministry of Health
MOHCN	Ministry of Healthcare and Nutrition
NGO	Non-Government Organization
NHA	National Health Accounts
OECD	Organization for Economic Cooperation and Development
PDHS	Provincial Director of Health Services
SHA	System of Health Accounts
TCEH	Total Current Expenditure on Health
TEH	Total Expenditures on Health

Message from the Secretary, Ministry of Healthcare and Nutrition

Health Services in Sri Lanka are provided free to its people. Successive governments in the past have considered health as an Investment towards producing a healthy workforce for the country. For this purpose, the government allocates a considerable amount of money each year. With the escalating costs and a changing epidemiological picture, the demands on the health budget keep increasing. Therefore, funds allocated for health need to be spent wisely to meet the challenges in the health sector. In order to make rational use of these resources, the government has to make evidence based decisions for which we need reliable information.

National Health Account study is expected to provide this requirement. The Institute of Policy Studies in Sri Lanka has successfully completed this study for the years 2003/2004 under the guidance of Management Development and Planning Unit of the Ministry of Health, and the Health Expenditure Steering Committee consisting of representatives from the Central Bank, Department of Census and Statistics, and the Finance Commission of Sri Lanka.

I am sure that this document will be a source of vital importance for policy makers and senior officials of the government.

Athula Kahandaliyanage

Secretary, Ministry of Healthcare and Nutrition
Ministry of Healthcare and Nutrition
Sausiripaya
Colombo

May 2008

Preface

This is the third report of Sri Lanka National Health Accounts (SLNHA) prepared by the Institute of Policy Studies of Sri Lanka (IPS). The first official estimates for the period 1990-1999 was released in 2002 and the second for the period 2000-2002 was released in 2005. This report covers the period 2003-2004.

National Health Accounts (NHA) has become a key source in describing the financing of the national health system and its direction of spending. They facilitate tracking health expenditure trends and monitoring and evaluation of the health care system. Regular reporting of national health expenditure estimates is vital to understand the country's health care system. National health expenditure covers a spectrum of total health expenditure, and expenditure of different providers while identifying sources of spending as well as spending by function.

SLNHA have identified the financial burden that falls upon the key players such as the government, the private sector including households, the insurers, and non-government bodies. It provides information on the progress of health spending over the years, the standard of health care developed internally, as well as in the context of the political, economic, and social structure of the country.

The flow of funds to an existing health care system is determined by the institutional frameworks of government and non-government sector. In Sri Lanka, the central government, the eight Provincial Councils, the local authorities, in addition to legally established statutory authorities such as the President's Fund and the Employees' Trust Fund (ETF) in the public sector, play the major role in the provision of health care in the country. Non-government sector comprises individuals and households, insurers, private sector companies, and other non-government agencies.

The main features of Sri Lanka's health system are universal access to free health services in public hospitals network consisting mainly of National, Provincial, General and Base Hospitals under the Central Ministry of Healthcare and the Provincial Ministries of Health, and the fee levying hospital system fully funded by the private sector which has showed rapid growth in recent years.

This report presents the official estimates for the period 2003-2004 and has followed the same conceptual framework as in the previous reports. SLNHA estimates are derived from multiple data sources consisting of State Accounts, Household surveys, Census of Service Providers, Enterprises, Insurance Agencies, and direct contacts and other surveys.

Estimates of the total government spending were obtained from the audited statement of the State Accounts based on the public sector accounting records maintained on a cash basis.

This study was commissioned by the Ministry of Healthcare and Nutrition and the work was handled by the Health Economic Policy Unit of the IPS. I am certain that this report will be a valuable source of information to policy-makers and stakeholders in the health sector.

Saman Kelegama
Executive Director
Institute of Policy Studies of Sri Lanka
Colombo
April 2008

Acknowledgements

The third series of Sri Lanka National Health Accounts (SLNHA) produced by the Institute of Policy Studies of Sri Lanka (IPS) for the Ministry of Healthcare and Nutrition covers the period 2003-2004. The Institute of Policy Studies of Sri Lanka would like to express its gratitude to many organizations and individuals who provided useful inputs for the production of this study. The task of preparation of SLNHA which was carried out in collaboration with the Ministry of Healthcare and Nutrition for the third consecutive year, would not have been a success if not for the continuous support extended by Dr. Athula Kahandaliyanage, Secretary, MOHN, Mr. Ranjith Maligaspe, former Secretary, MOHN, Dr. Sarath Samarage, Director General Planning, and all Provincial Directors of Health Services. Mr. P.A.P. Pathiratne, Director Finance & Planning and Mr. E.A. Piyadasa, Chief Accountant in institutional matters also supported this task. The IPS team records its appreciation of these individuals.

This study was made possible because of the flow of information from the Government Ministries, Departments and Institutions, Provincial Councils, Local Government bodies, and Private Sector Institutions including Insurance Companies listed in the Annex C. The IPS team is most grateful for the institutional support.

The team also wishes to acknowledge the support extended by Mr. D. D. M. Waidyasekera for editing the report.

Special mention should be made of Dr. Saman Kelegama, Executive Director, IPS, for his unstinted support and encouragement extended for the success of this study.

Finally, the team extends its gratitude to Dr. Athula Kahandaliyanage, Secretary, Ministry of Health Care and Nutrition and Dr. Saman Kelegama, Executive Director, IPS for sending messages for this report.

Members of the IPS research team responsible for producing this report consisted of Dinithi Siriwardhane, Sunimalee Madurawela, and G. D. Dayaratne. The research team wishes to thank Priyanka Jayawardana of IPS for support given in preparation of the report.

G. D. Dayaratne

Team Leader

Sri Lanka National Health Accounts 2003-2004

April 2008

Executive Summary

This report presents the Sri Lanka National Health Accounts (SLNHA) preliminary estimates for the period 2003-2004 derived from the IPS Health Economic Unit Database. The previous report contained the SLNHA estimates for 2002-2003. These results contain the estimates of total national health expenditures by source, by function, and on a provider basis. It also provides estimates of expenditure by the Public and Private Sector by source and by function. The report concludes with comparative health expenditures of selected countries, for which data exist.

The expenditures are expressed both in current price terms, and constant price terms. In converting current price aggregates into constant prices, the Central Bank GDP deflator has been used throughout. Estimate of private expenditures are compiled mostly from survey sources.

Trends in Total Expenditure on Health

Total Expenditure on Health (TEH) reached Rs.86.4 billion in 2004 from Rs. 59.5 billion in 2002. In 1990, TEH was Rs.11 billion. Expenditures were 4.1 per cent of GDP in 2004 increasing from 3.8 per cent of GDP in 2002 and in 2003.

Annual growth of Total Health Expenditure (TEH) is 24 per cent in 2004 compared with 14 per cent in 2003. This was mainly due to a 38 per cent increase in centre MOH expenditure from Rs. 18 billion in 2003, to Rs.25 billion in 2004. Relatively, total public expenditure on health increased by 39.7 per cent, from Rs.28 billion in 2003 to Rs.39 billion in 2004. TEH

per capita is estimated at Rs.3,638 or US \$ 38 in 2003 and Rs.4,432 or US \$ 44 in 2004.

Expenditures by Source

In 2003, total public sources of funding accounted for Rs.28.4 billion which is 41 per cent of total financing while the private sources financed Rs.41 billion equivalent to 59 per cent. In 2004, public funds accounted for Rs.39 billion equivalent to 45 per cent of total financing and private sources accounted for Rs.47 billion equivalent to 55 per cent of total financing.

In GDP terms, public sources accounted for 1.7 per cent in 2003 and 1.9 per cent in 2004 while the private sources contributed 2.3 per cent in 2003 and 2.2 per cent in 2004.

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

Private expenditure funding sources were mostly household out of pocket spending in addition to the private sector employers, commercial health insurance and NGOs' own sources of funding.

Expenditures by Function

Classification of function relates to type of goods and services provided and activities provided within the SLNHA system. Two major categories of spending by function are curative

care by the public sector, and medical goods dispensed in the private sector.

Services of curative care consisting mainly of hospital in-patient care services, hospital out-patient care services and services of rehabilitative care accounted for 49 per cent of total spending, followed by retail sales and medical goods dispensed to out-patients which was 27 per cent and 25 per cent respectively, in 2003 and 2004.

Services of curative care were mostly funded by government sources. Out of the total government spending by function, services of curative care account for 58 per cent in 2003 and 57 per cent in 2004. Share of Preventive and Public Health Services which were also mostly undertaken by the government, accounted for 10 per cent in 2003 and 2004.

Of the Non-government sector spending by function, services of curative care account for 44 per cent in 2003 and 2004. Expenditure on Health Programme Administration and Health Insurance at national level remained at 5 per cent in 2003 and 2004. Share of Capital

Formation of Health Care Provider Institutions at national level increased to 11 per cent in 2004 from 10 per cent in 2003. Government spending on Capital formation increased from 19 per cent of total government expenditure in 2003 to 20 per cent in 2004.

Provincial Expenditures

Share of central government spending at provincial level was in the region of 51 per cent in 2003 and 47 per cent in 2004 of the total government spending for the respective years. Out of the total health spending by government, the share of Provincial Councils was 32 per cent and 30 per cent in 2003 and in 2004, respectively.

Per capita spending gap between the lowest provincial per capita and Western Province per capita is around 36 per cent. Government expenditure by province varies largely between the Western Province and the other provinces. This raises concerns about equity in health care delivery at regional and provincial level.

Chapter 1

Total Expenditure on Health

Total Expenditures on Health (TEH) in Sri Lanka were Rs. 86.4 billion in 2004 which is a 23.7 per cent increase from Rs.69.9 billion in 2003. Most significant spending during the period was Central MOH expenditure which increased by 43 per cent in 2004 to Rs. 25.5 billion from 18.4 billion in 2003. In terms of GDP, Total Expenditure of Health which was 3.9 per cent in 2003 increased to 4.1 per cent in 2004. In terms of per capita spending on health it was Rs. 3,447 in 2003 and Rs. 4,440 in 2004 reflecting an increase of 28 per cent in

2004. Per capita health spending in US Dollar terms was US \$ 38 in 2003, but increased to US \$ 44 in 2004 .

Of the Total Health Expenditure in 2003 around 49 per cent has been expended by way of out of pocket spending of households and in 2004 it was 46 per cent. Another 46 per cent of all other health expenditures was derived from government sources. Out of total spending, Provincial Government share remained at 13 per cent .

Figure 1.1: Trend in Expenditure on Health at Current and at Constant 1996 Value

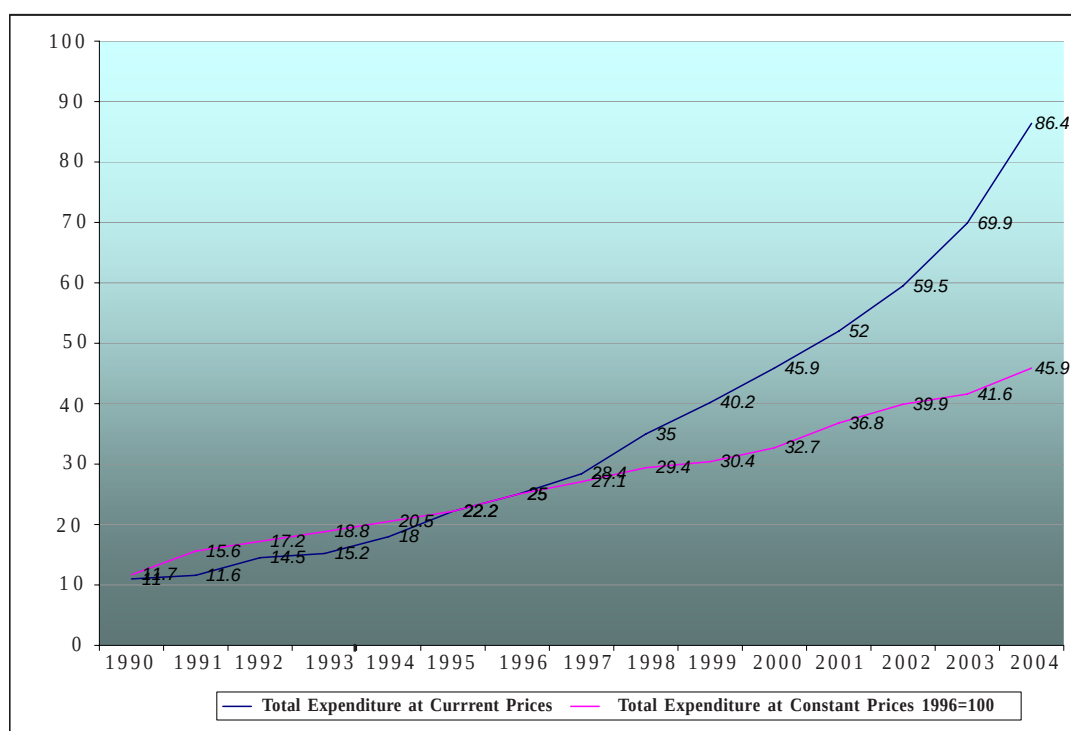
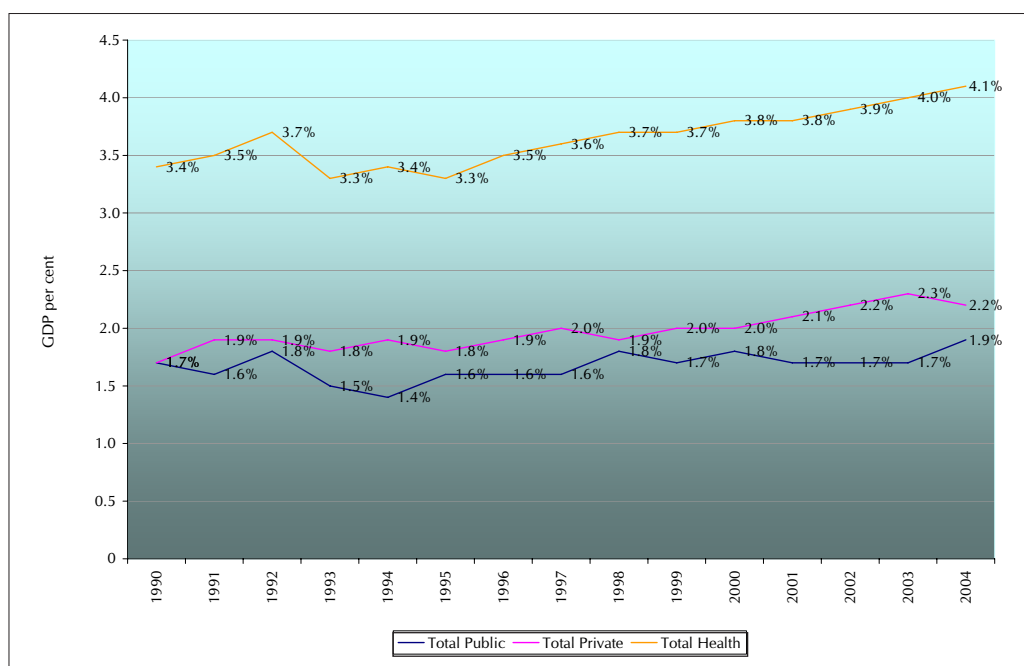


Figure 1.2: Trend in Total Expenditure on Health as a Percentage of GDP 1990-2004**Table 1.1: Total Expenditure on Health 2003-2004**

Total Expenditure on Health	2003	2004
At current market prices		
TEH (Rs.million)	69,857	86,441
Annual increase in TEH (%)	16	24
GDP (Rs.million)	1,822,468	2,090,841
Annual increase of GDP (%)	11	15
Health as a proportion of GDP (%)	3.9	4.1
At constant 1996 prices		
TEH (Rs.million)	41,443	45,951
Annual increase in TEH (%)	5	11
GDP (Rs.million)	1,062,390	1,115,097
Annual increase in GDP (%)	6	5
Per Capita Health Expenditure		
TEH per capita Rs. at current market prices	3,628	4,441
At constant 1996 prices		
TEH per capita Rs.	2,161	2,504
Annual changes in TEH per capita (%)	8	16
GDP per capita Rs.	51,590	54,400
Annual increase in GDP per capita (%)	1	5
TEH per capita (US Dollars)	22	25

Chapter 2

Expenditure by Source

Public sector and the private sector are the two major funding sources for Sri Lanka's Health System. Public sector funding sources consist of central government MOH, provincial government PDHS, local government authorities, other government sources, ETF, and other statutory institutions. Government expenditures are funded mainly from tax revenue. The non-government sector comprises individuals, households, private insurance, and employers. Public funds which was Rs. 25.8 billion in 2002 increased to Rs.28.9 billion in 2003 and Rs.39.6 billion in 2004. Non-governmental sources funded Rs.40.8 billion in 2002, Rs. 40.8 billion in 2003 and 46.0 billion in 2004.

In 2004, public sources accounted for approximately 45.8 per cent of total financing while private sources accounted for 54 per cent, against 41 per cent and 59 per cent, respectively by public and private sources in 2003. Public spending accounted for 1.8 per cent in 2003 and 1.9 per cent in 2004 in GDP terms.

Government revenue is the major source of funds for government expenditure. Government revenue accounted in 2003 for 15.7 per cent of GDP consisting of 84 per cent tax revenue equal to 13.2 per cent of GDP. In 2004 it consisted of 16.4 per cent of GDP

equivalent to 90 per cent of tax revenue or 14.8 per cent of GDP. Other sources of funds for the government expenditures are the President's Fund and insignificant revenues generated in Provincial Councils and ETF, in addition to the external donor assistance which are however insignificant.

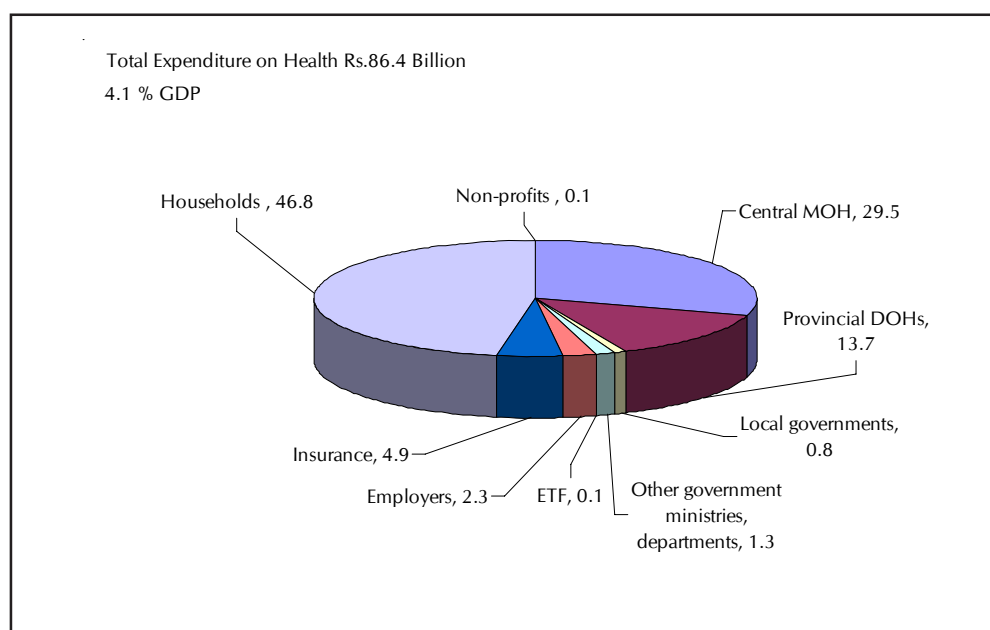
In 2003, the health expenditure by the Central Ministry of Health was 62 per cent of public health expenditure which increased to 64 per cent in 2004. Provincial expenditure remained at 31 per cent in 2003 and decreased to 30 per cent in 2004. Local Government expenditure was at 2 per cent during 2003 and declined to 1 per cent in 2004.

Out-of-pocket payments (OOP) by households are the major source of funding in the non-government sector. In 2003, OOP by household accounted for 49 per cent of total health expenditure and in 2004 it declined to 46 per cent (Figure 2.1). Out of the total private spending by source in 2003 and 2004, the household OOP accounted for 88 per cent and 86 per cent, respectively. Among other sources of financing in the non-government sector are employers 4 per cent, private commercial insurance 2 per cent, and 1 per cent by non-profit organizations for the given periods.

Table 2.1: Total Expenditure on Health at Current Market Prices: 2003-2004

	Rs. million	
	2003	2004
Total government source	28,987	39,676
Total non-government source	40,870	46,765
Total expenditure	69,857	86,441
Per capita health expenditure Rs.	3,628	4,441

Figure 2.1: Total Expenditure on Health by Source, 2004



Chapter 3

Health Expenditure by Function

Table 3.1 below provides the total health expenditure by function using locally adapted classification based on OECD SHA.

Table 3.1: Total Health Expenditure by Function: 2003-2004		
Function	2003 %	2004 %
Services of curative care	49	49
In-patient care	27	29
Ambulatory care	21	21
Services of rehabilitative care	0	0
Services of long-term nursing care	0	0
Ancillary services to medical care	5	5
Medical goods dispensed to out-patients	25	25
Preventive and public health services	6	6
Health programme administration and health insurance	5	5
Capital formation of health care provider institutions	11	11
Total expenditure on health Rs.million	69,859	86,441

Of spending by function at national level, Personal Medical Services including medical goods amount to a proportion of 85 per cent, in 2003 and 88 per cent in 2004 (Table 3.1). Curative care which includes in-patient and ambulatory services contains 49 per cent in 2003 and 50 per cent in 2004. A share of 67 per cent of spending on hospital curative services was met by public facilities belonging to the government, while ambulatory care is mostly funded by the private sources (Table

3.2). Private sector share of spending on curative care by private sector remained at 33 per cent during the two year periods. Preventive and public health is 10 per cent of total government spending in 2003 and 2004 and private spending in this category is negligible. Capital formation on health care by provider institutions has increased from 19 per cent in 2003 to 20 per cent in 2004 in public spending (Table. 3.4).

Table 3.2: Share of Funding by Public and Private Sources to Selected Categories by Function

Function	2003 %		2004 %	
	Public	Private	Public	Private
Hospital in-patient care	67	33	67	33
Ambulatory care services	32	78	32	78
Medical goods dispensed	01	99	01	99
Preventive and public health	99	01	99	01

Table 3.3: Share of Government Funding by Administrative Level to Selected Functional Categories

	2003	2004
Hospital In-patient Care		
Central government	67	67
Provincial councils	33	33
Local government	0	0
Ambulatory Care Services		
Central government	68	68
Provincial councils	32	32
Local government	1	1
Medical Goods Dispensed		
Central government	94	94
Provincial councils	6	6
Local government	0	0
Preventive and Public Health Services		
Central government	30	31
Provincial councils	69	68
Local government	1	1
Capital Expenditure		
Central government	77	78
Provincial councils	22	21
Local government	1	1

Table 3.4: Total Government Expenditure by Function		
Function	2003	2004
Services of curative care	58	57
Services of rehabilitative care	0	0
Services of long-term nursing care	0	0
Ancillary services to medical care	0	0
Medical goods dispensed to out-patients	3	3
Preventive and public health services	10	10
Health programme administration and health insurance	10	10
Capital formation of health care provider institutions	19	20
Other health related functions	0	0
Total	100	100
Total expenditure on health Rs.million	28,991	39,676

Table 3.5: Total Non-Government Expenditure by Function		
Function	2003 %	2004 %
Services of curative care	44	44
Services of rehabilitative care	0	0
Services of long-term nursing care	0	0
Ancillary services to medical care	8	9
Medical goods dispensed to out-patients	44	43
Preventive and public health services	1	1
Health programme administration and health insurance	1	1
Capital formation of health care provider institutions	1	3
Other health related functions	0	0
Total expenditure on health Rs. million	40,868	46,764

At administrative level of the government, spending by function by the central government and by the provincial governments is shown in (Table 3.3). Non-governmental expenditure during 2003-2004 are mostly allocated for medical goods

dispensed and for services of ambulatory care. In the non-governmental sector expenditure on medical goods dispensed to out-patients were 44 per cent and 43 per cent, during the two years, respectively (Table 3.5) and (Figure 3.3).

Figure 3.1: Total Health Expenditure by Function, 2004

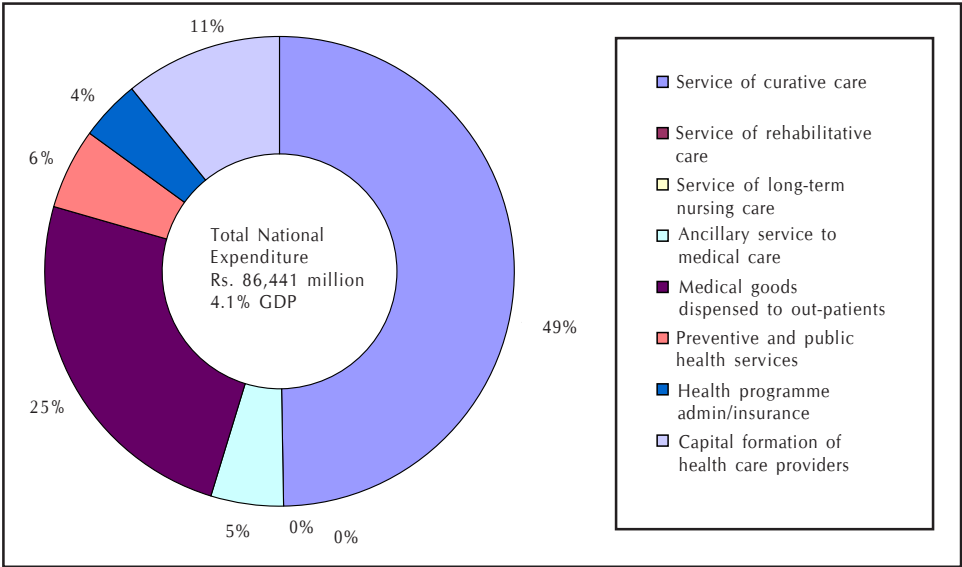


Figure 3.2: Total Government Health Expenditure by Function, 2004

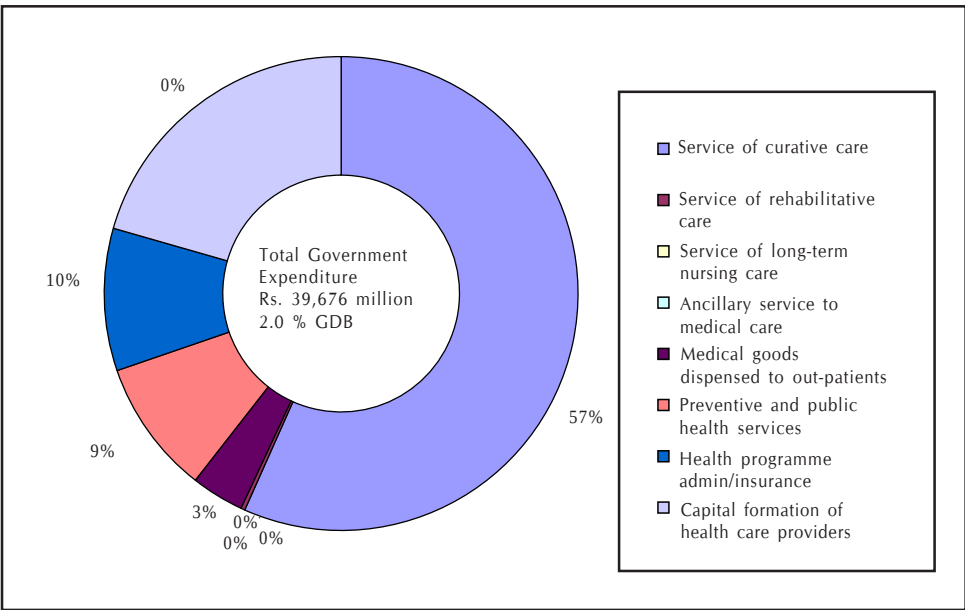
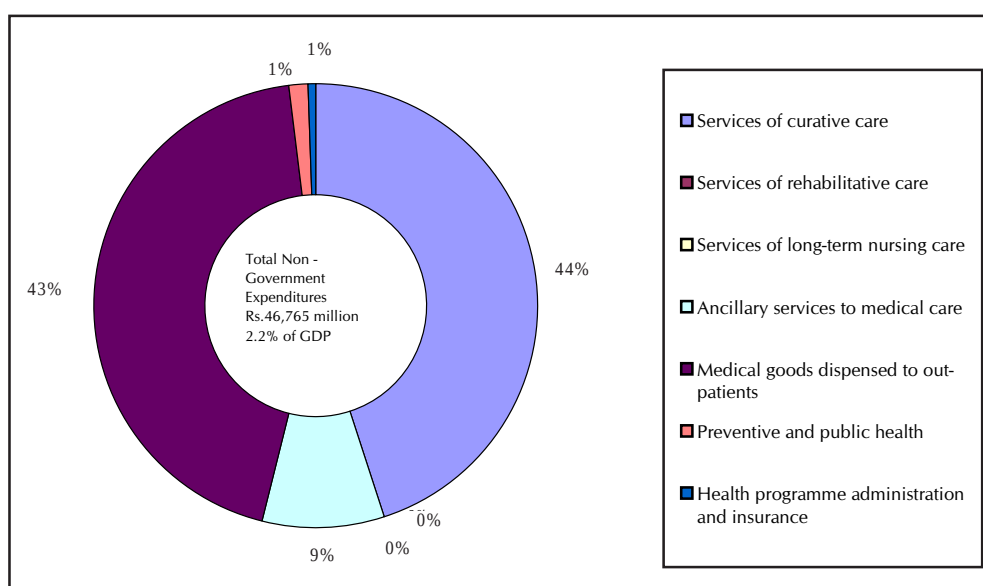


Figure 3.3: Total Non - Government Expenditure by Function, 2004



Chapter 4

Expenditure by Provider

Table 4.1: Total National Expenditure on Health by Provider (%)			
HCP	Provider	2003	2004
HCP1	Hospitals	38	38
HCP2	Nursing and residential care facilities	0	0
HCP3	Providers of ambulatory health care	28	28
HCP4	Retail sales and other providers of medical goods	24	23
HCP5	Provision and administration of public health programme	3	3
HCP6	General health administration and insurance	5	5
HCP7	Other industries	1	1
HCP9	Rest of the world	0	1
	Total expenditure on health (Rs.Million)	69,859	86,441

Table 4.2: Total Government Expenditure on Health by Provider (%)			
HCP	Provider	2003	2004
HCP1	Hospitals	71	70
HCP2	Nursing and residential care facilities	0	0
HCP3	Providers of ambulatory health care	8	9
HCP4	Retail sales and other providers of medical goods	0	0
HCP5	Provision and administration of public health programme	7	7
HCP6	General health administration and insurance	11	12
HCP7	Other industries	1	1
HCP9	Rest of the world	1	1
	Total health expenditure (Rs.Million)	28,991	39,676

Table 4.3: Total Non-Government Expenditure on Health by Provider (%)			
HCP	Provider	2003	2004
HCP1	Hospitals	17	17
HCP2	Nursing and residential care facilities	0	0
HCP3	Providers of ambulatory health care	43	42
HCP4	Retail sales and other providers of medical goods	38	39
HCP5	Provision and administration of public health programme	0	0
HCP6	General health administration and insurance	1	1
HCP7	Other industries	1	2
HCP9	Rest of the world	0	0
	Total health expenditure (Rs.Million)	40,868	45,764

At national level, hospitals incurred the largest share of expenditures of 38 per cent in both 2003 and 2004. Out of the total government expenditure, hospital providers incurred a share of 71 and 70 per cent of expenditures respectively, in 2003 and 2004 (Figure 4.1). Average of 28 per cent was incurred by the

ambulatory care during the period under consideration. Retail sales and purchase of other medical goods by non-government is the next highest category ranging from 24 per cent in 2003 to 23 per cent in 2004 at national level (Table 4.1).

Figure 4.1: Total Government Expenditure by Provider, 2004

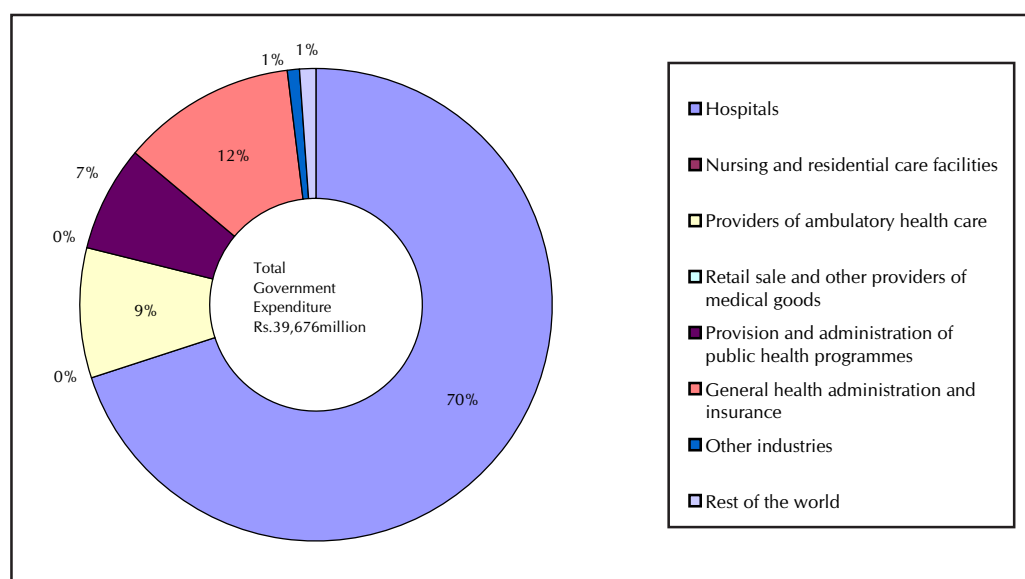
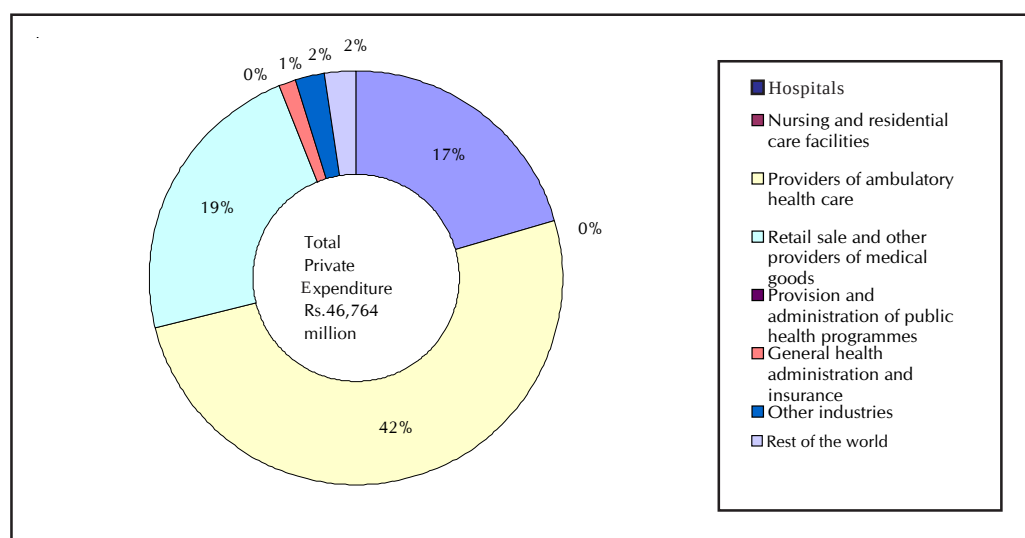


Figure 4.2: Total Private Expenditure by Provider, 2004



At the non-government provider level, 42 per cent share of all expenditure was taken up by the providers of ambulatory health care and 39 per cent by the retail sales and other providers of medical goods mainly delivered

by the private general practitioners (Figure 4.2). In the non-government sector, hospitals consumed 17 per cent both in 2003 and 2004 (Table 4.3).

Chapter 5

Expenditure by Province

Health expenditures by province consist of the expenditure of all provinces by the central government, Provincial Councils, local authorities and by non-government entities. Provincial Councils share in health spending in 2003 was 32 per cent of total public health spending and in 2004 it was 30 per cent. Local authorities' share was 1 per cent both in 2003 and 2004.

In 2004 the share of revenue collection of Provincial Councils was 2.86 per cent of total government revenue and 0.43 per cent of the national GDP. Out of the total revenue of Rs.8,972 million, 66.7 per cent was accounted by the Western Province. Table below provides the details of revenue collection by each of the provinces in 2003 and 2004.

Table 5.1: Share of Revenue by Each Provincial Council 2003-2004				Rs. Million	
Province	2003		2004		
	Revenue	%	Revenue	%	
Western	5,104.2	66.3	5,985.4	66.7	
Central	695.3	9.0	743.7	8.2	
Southern	561.5	7.3	775.1	8.6	
North Eastern	55.9	0.7	51.2	0.6	
North Western	511.8	6.6	529.5	5.9	
North Central	234.2	3.0	246.8	2.7	
Uva	225.0	2.9	253.7	2.8	
Sabaragamuwa	304.8	3.9	385.9	4.3	
Total	7,693.0	100	8,972	100	

Source: Finance Commission, *Annual Report 2004*.

Provincial share of expenditure exceed the share of total provincial revenue except in the Western province. In 2004, Western Province share of expenditure is 21 per cent and the share of revenue is 63 per cent. Individual share of revenue varies from the lowest 7.4 per cent in Uva Province to the highest in Western Province.

The Central Government allocates funds from the annual budget to meet the expenditure needs (deficit between the revenue and estimated expenditure) of the Provinces under various grants on the recommendations of the Finance Commission. Table below provides the apportionment of grants to Provincial Councils in 2004.

Table 5.2: Apportionment of Grants to Provinces 2004					Rs. Million	
Province	Block Grants	Criteria Based Grants	Matching Grants	PSDG*	Total	As a % of Total
Western	3,280.3	211.5	115.4	630.0	4,237.2	11.0
Central	4,874.7	138.0	82.3	670.0	5,765.0	15.0
Southern	4,405.6	147.7	59.0	675.0	5,287.3	13.7
North Eastern	5,857.9	146.6	-	400.0	6,404.5	16.6
North Western	4,769.5	118.2	46.3	600.0	5,534	14.4
North Central	2,807.8	62.8	25.4	620.0	3,516	9.2
Uva	2,896.6	65.8	25.2	610.0	3,597.6	9.3
Sabaragamuwa	3,360.5	109.4	46.4	625.0	4,141.3	10.8
Total	32,252.9	1,000	400	4,830	38,482.9	100.0

Note: * Province Specific Development Grants.

Source: Finance Commission, *Annual Report 2004*.

Each Provincial Health Ministry is responsible for providing funds for health expenditure through the Provincial Director of Health Services. Table 5.3 below provides the details

of health expenditure (recurrent and capital expenditure) of each Provincial Council against total expenditure of each PC.

	2003 Total Expenditure	2003 Health Expenditure	2003 % Health Expenditure	2004 Total Expenditure	2004 Health Expenditure	2004 % Health Expenditure
Western	9,425.7	1,561.7	16.6	11,036.4	2,303.7	20.9
Central	5,912.9	1,274.3	21.6	6,764.3	1,675.0	24.8
Southern	5,992.1	1,160.3	19.4	6,616.8	1,426.6	21.6
North Eastern	5,987.4	1,192.4	19.9	7,079.5	1,393.7	19.7
North Western	5,840.5	1,307.3	22.4	6,526.9	1,561.7	23.9
North Central	3,329.4	1,031.0	31.0	3,858.8	1,300.8	33.7
Uva	3,381.7	877.0	25.9	3,937.5	1,055.9	26.8
Sabaragamuwa	4,164.8	878.4	21.1	4,608.7	1,096.1	23.8
Total	44,024.5	9,262.5	21.1	50,429.0	11,813.5	23.4

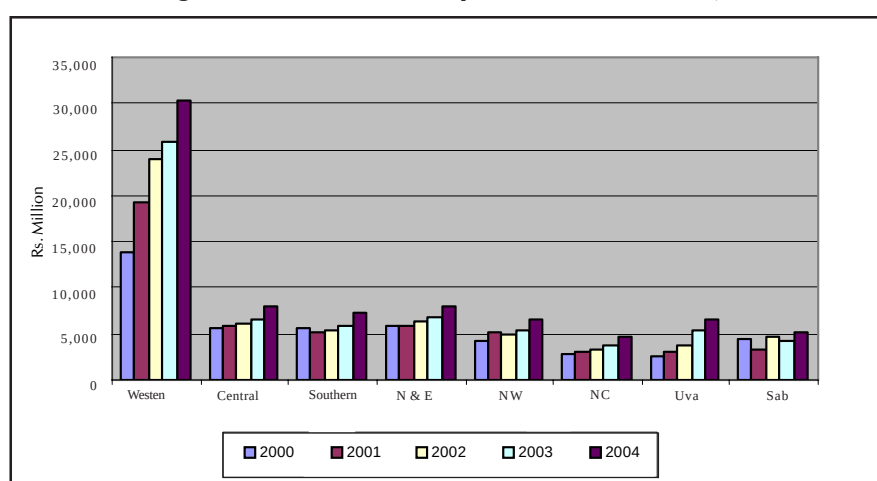
Source: Finance Commission, Annual Report 2004.

The local government system consists of 18 Municipal Councils, 37 Urban Councils and 256 Pradeshiya Sabhas. The sources for local government funds are rates, other revenues, assigned revenue (Stamp Duty & court fines), borrowings, Government transfers and other receipts. In 2003, Provincial Governments transferred 46 per cent of collected assigned revenue to local authorities and in 2004 it was reduced to 41.5 per cent. Local authorities' contribution for national health expenditure is around 1 per cent of total public expenditure.

In estimating provincial level health expenditures, as indicated in the previous report, programmes that are administered at

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

Figure 5.1: Provincial Expenditure on Health, 2000-2004



Other Government expenditures which are around 2 per cent of total government expenditure are also not desegregated at provincial level as there are no clear demarcation of provincial distribution of all

except cash hand-outs, distributed by Provincial Departments of Social Services to households with patients of acute illnesses, and the physically disabled.

Table 5.4: Expenditure on Health by Province (Rs. Million) and as a Percentage of Provincial GDP (Nominal)		
Province	2003	2004
Western Povince	27,329	30,511
Central Province	7,075	9,084
Southern Province	6,416	8,967
North Eastern Province	7,121	9,882
North Western Province	5,848	8,071
North Central Province	3,879	5,421
Uva Province	6,823	8,031
Sabaragamuwa Province	5,365	6,474
Expenditure on Health as a % of Provincial GDP (Nominal)		
Western Povince	3.5	3.3
Central Province	5.3	5.5
Southern Province	4.1	5.6
North Eastern Province	5.1	7.0
North Western Province	4.1	5.3
North Central Province	6.7	8.3
Uva Province	10.7	10.5
Sabaragamuwa Province	5.8	5.7

Note: Percentage of provincial GDP is calculated above assuming the ratio between available officially published factor cost provincial GDP and market prices of provincial GDP is the same in all provinces as at national level (Annex Table 2).

Table 5.5: Per Capita Expenditure by Province at Nominal and Constant 2002 Rs.		
Per Capita Expenditure at Nominal Rs.	2003	2004
Western Province	4,995	5,521
Central Province	2,860	3,625
Southern Province	2,761	3,822
North Eastern Province	2,714	3,712
North Western Province	2,663	3,645
North Central Province	3,426	4,734
Uva Province	5,657	6,567
Sabaragamuwa Province	2,940	3,519
At Constant 2002 Prices		
Western Province	4,746	5,007
Central Province	2,716	3,287
Southern Province	2,623	3,466
North Eastern Province	2,578	3,367
North Western Province	2,530	3,317
North Central Province	3,255	4,294
Uva Province	5,374	5,956
Sabaragamuwa Province	2,793	3,191

Table 5.6: Other Government Expenditure not Included in Provincial Expenditure Per Capita at Constant 2002 Prices Rs.		
2002	2003	2004
49	49	51

Table 5.7: Total Expenditure on Health Per Capita not Directly Attributable to any Province at Constant 2002 Prices Rs.			
	2002	2003	2004
National collective service	217	221	241
Islandwide medical service	133	137	148

Chapter 6

International Comparison

National Health Accounts are increasingly produced all over the world and many countries are currently at different stages in implementing the System of Health Accounts (SHA), while some countries especially OECD countries and a few Asian countries already have institutionalised SHA based National Health Accounts. In general, Systems of Health Account are used in accordance with the International Classification of Health Accounts (ICHA) system. Conformity with ICHA is important for improving comparability across the countries but the process is slow due to availability of partial pictures of health spending. The countries that follow SHA including Sri Lanka, have the advantage of wider definition for total health care expenditure and are able to cross classify health expenditure under functional and provider classifications. This provides a deeper analysis of how health services are financed and provided. It also provides analysis on changes in the health care system from an economic point of view to describe the position of health care within respective economies. For example, the OECD countries use international comparisons extensively for evaluating the country situation and discussing relevant policy issues. Therefore, reliable international comparability can directly serve national policy making.

In general, SHA based health accounts provide room for comparative analysis of health expenditure across countries such as the level and structure of health spending across countries, role of public and private spending, functional pattern of existing health expenditure, and the role of the different providers across countries. It has been

observed that there is a limited comparability of total health expenditure by way of related indicators such as the ratio of health expenditure to Gross Domestic Product due to the different boundaries of definitions and institutional settings that exist across countries.

Per capita expenditure shows overall level of consumption of health care by the population across countries, and health spending to GDP ratio reflects a macroeconomic approach comparing the share of national income provided for health.

Purchasing power parities (PPPs) provide a means of comparing spending between countries based on the conversion that equalise the cost of a given basket of goods and services in different countries (see Table 6.1).

An attempt has been made in Tables 6.1 and 6.2 to provide per capita health expenditure in US dollar terms and PPP \$ terms in selected countries in the Asia-Pacific region and OECD countries. Accordingly, Sri Lanka is placed above Bangladesh, Indonesia and Philippines. Per Capita Government Health Expenditure is very much higher in OECD countries. Per capita health expenditure in South Asian Regions including Sri Lanka, falls very much lower than all other regions (Figures 6.1 and 6.2).

Per capita health spending across countries ranges anywhere between 1 per cent to well over 10 per cent of national income. Health outcomes across countries are not strongly related to the level of spending on health services once other factors and other kinds of spending are considered. A persistently raised issue in many international national health policy debates, frequently referred to the

Table 6.1: Health Expenditure in Selected Asia-Pacific and OECD Countries, 2003-2004

Country	Year	GDP per Capita (PPP \$)	Health Expenditure % GDP	Health Expenditure per Cap/(PPP\$)
Australia	2003	30,253	9.2	2,883
	2004	31,454	9.6	3,123
Bangladesh	2003	1,987	3.1	61
	2004	2,098	3.1	64
Canada	2003	30,324	9.7	2,998
	2004	31,389	9.8	3,173
China	2003	4,958	4.8	254
	2004	5,581	4.7	278
France	2003	28,632	10.4	2,873
	2004	30,093	10.5	3,040
Germany	2003	27,143	10.8	3,127
	2004	28,075	10.6	3,171
Indonesia	2003	3,577	2.9	114
	2004	3,840	2.8	118
Japan	2003	28,396	8.0	2,249
	2004	30,039	7.8	2,299
Netherlands	2003	30,433	9.1	2,907
	2004	31,143	9.2	3,092
New Zealand	2003	23,380	8.0	1,906
	2004	24,643	8.4	2,082
Philippines	2003	5,490	3.4	192
	2004	5,856	3.4	203
Republic of Korea	2003	19,274	5.5	1,068
	2004	20,901	5.6	1,149
Sri Lanka	2003	3,516	4.0	143
	2004	3,800	4.1	163
Sweden	2003	28,897	9.3	2,761
	2004	30,336	9.1	2,828
Switzerland	2003	32,805	11.5	3,846
	2004	34,087	11.5	4,011
Thailand	2003	7,774	3.5	278
	2004	8,373	3.5	293
United Kingdom	2003	29,825	7.8	2,328
	2004	31,308	8.1	2,560
U.S.A	2003	37,658	15.2	5,705
	2004	39,901	15.4	6,906

Source: Health System Ratios; WHO computation for assured comparability ("Not necessarily official ratios of member countries").

World Health Organization (WHO) recommendation that countries should spend 5 per cent of Gross Domestic Product (GDP) on health. The 5 per cent figure first appeared

in WHO documents in 1981 as an indicator that should be monitored, not as a recommended level of health spending. Setting a 5 per cent goal sounds less ambitious

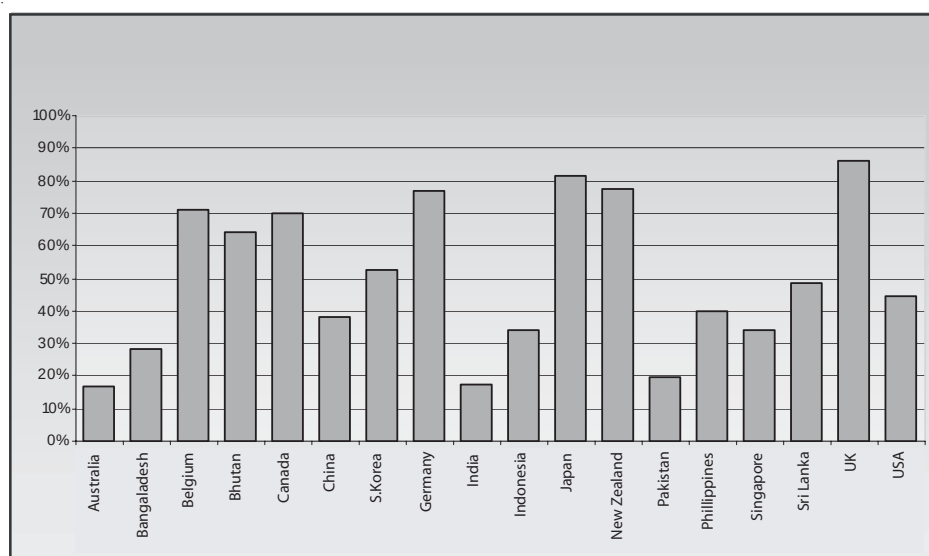
today than it would have been considered at the time mainly due to underestimation of health spending (particularly by ignoring private health spending) and because health spending was much lower. When focused on total health spending, the question goes beyond the public spending to include policies that influence how much individuals and households spend on health services and what kinds of services they buy. Public spending represents such a large share of total spending on health in most Organization for Economic Cooperation and Development (OECD) (Figure 6.2) countries that the difference

between total and public spending is relatively small. However, in most low- and middle-income countries including Sri Lanka in the South Asian Region, private spending is either larger or equal share of total health spending.

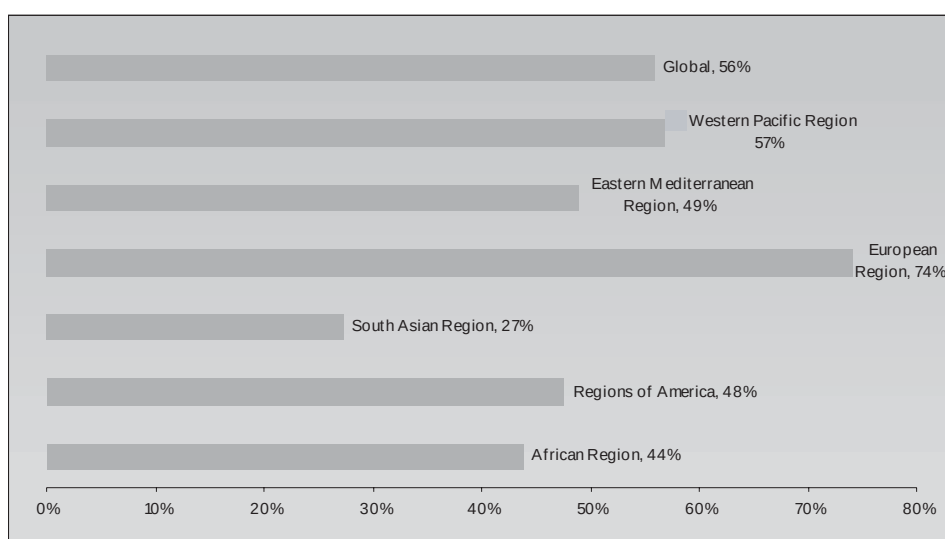
Sri Lanka National Health Accounts (SLNHA) 2002-2003 provided the international comparison of National Health Expenditure by function based on OECD SHA classification for the year 2002. As at 2004, the SHA tables available remained at the same level as SHA work has not been continuing on a regular basis in many countries.

Table 6.2: Health Expenditure Aggregates 2004, in a Few Selected Countries

	Per Capita Total Expenditure on Health at Average US\$ Rate	Per Capita Expenditure on Health at International Dollar Rate	Per Capita Government Expenditure on Health at Average US\$ Rate	Per Capita Government Expenditure on Health at International Dollar Rate
Australia	3,123	3,123	2,107	2,107
Bangladesh	620	871	417	586
Belgium	3,363	3,133	2,392	2,228
Bhutan	15	93	10	60
Canada	3,038	3,173	2,121	2,215
China	70	277	27	105
S.Korea	777	1,135	409	597
Germany	3,521	3,171	2,709	2,440
India	31	91	5	16
Indonesia	33	118	11	41
Japan	2,823	2,293	2,295	1,864
New Zealand	2,040	2,081	1,578	1,610
Pakistan	14	48	3	9
Phillippines	36	203	14	81
Singapore	943	1,118	321	381
Sri Lanka	44	163	20	75
UK	2,900	2,560	2,502	2,209
USA	6,096	6,096	2,725	2,725

Figure 6.1: Public Share of Total Health Expenditure by Selected Countries, 2004

Source: WHO-World Health Statistics 2007 , *Health Systems Data*.

Figure 6.2: Public Share of Total Health Expenditure by Selected Regions, 2004

Source: WHO-World Health Statistics 2007 , *Health Systems Data*.

Appendix A

Definitions and Classifications

Conceptual Framework

Institute of Policy Studies continuously used the OECD System of Health Accounts since 1990 with a locally adopted classification system. To make it of international comparability, SLNHA presents a mapping of basic data sources to ICHA.

SLNHA System Definitions

National Health Accounts (NHA) constitute detailed monitoring of resource flows in a country's health system for a given period. It reflects the main functions of health care financing: resource mobilization and allocation, pooling and insurance, purchasing of care, and the distribution of benefits. NHA constitutes a cross-tabulation of spending such as Financing sources by Financing Agents, Financing Agents by Providers, Providers by Functions, Financing Agents by Functions at a given period of time.

NHA includes all expenditures for activities with the primary purpose or objective of improving health for the nation and for individuals or a group of individuals during a given period of time while providing details of resource flows, purchase of goods and services, and also provides what services and inputs are used in providing services and the final recipient.

Total Health Expenditure

Total health expenditure is the final use of resident units of health care goods and services plus gross capital formation in health care provider industries. It is an aggregate of Total Current Expenditure on Health (TCEH) plus health-related investment called capital formation or capital expenditure by health care provider institutions. Definition of health

expenditure closely follows the definitions and concepts provided by the OECD's SHA framework.

It excludes the expenditures on environmental health, water and sanitation. It includes the expenditure for goods and services delivered by traditional providers and informal or illegal health care providers.

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

Period of Coverage

Data has been presented to cover the period mainly for 2003-2004.

Accounting Basis: Space and Time

The expenditure data used to produce tables are to the greatest extent possible on actual basis and includes spending on health care by individuals or persons who are residents within the national borders of Sri Lanka.

Estimates are presented on a calendar year basis and the bulk of the expenditure by government is based on the actual expenditure stated in the annual estimates of the Ministry of Finance. Expenditure related to each area relate to expenses incurred during the year. In estimating expenditure, a cash disbursement method was used as government expenditures are reported on a cash basis. The same principle was applied in estimating expenditures of Provincial Governments.

Entities

Entities are the financing agents that channel funds and provide funds by financing sources to use or purchase health care. SLNHA expenditures are measured on the basis of

entities that pay for or purchase health care. These entities can consist of Institutions, enterprises, state owned agencies, not for profit institutions or individuals.

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

Providers

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

Financing Sources

Financing sources are classified under two broad categories such as Public Funds, and Private Funds as given below.

Public Funds

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

Private Funds

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

Functions

Functions are defined as the types of goods and services produced by health care providers

and by institutions and actors engaged in activities related to health care. Health care functions defined and estimated in an internationally harmonised way can provide comparable health expenditure figures for countries with differing institutional arrangements. A basic task in applying functional classification is to separate functions within the provider organisations, in particular within hospitals.

In SLNHA, expenditures by functions consist of two broad categories.

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

Sub-categories of the two major functions are:

Functions of Medical Care

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

Health Related Functions

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

Excluded in SLNHA are the expenditures of certain government departments which provide support to other government entities producing health care services, namely Government Analyst Department, Government Printer, Ceylon Electricity Board., and the National Water Supply and Drainage Board.

Expenditures in Real Terms

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

Appendix B

Methodology

Health Expenditures include the type of expenditures for which the primary objective is to improve or prevent deterioration of health status of the country. This depicts spending on curative health care, rehabilitation, disease prevention, health promotion, special and emergency programme, reproductive and child health programmes and other health related functions such as health education, training and research and capital investment for these purposes. Structure of SLNHA total expenditure closely follows the SHA definition of Total Health Expenditure which includes the total recurrent expenditure of the final use of resident units of health care goods and services plus personal plus gross capital formation by provider industries.

Sources of Finance

The Institutions or entities that provide direct or transfer of funds used in the health system by financing agents to improve or prevent deterioration of health status are as follows:

Public Sector: Central government

- Provincial government
- Local government
(Municipal Councils, Urban
Councils, Pradeshiya Sabhas)
- Government statutory institutions:
President's Fund
- Employees' Trust Fund

Private Sector: Private institutions

- Employers
- Other institutions
- Non-profit private institutions
- Households

Central Government Expenditures

Central Government Expenditures are obtained from annual estimates of the Ministry

of Finance prepared as a follow - up of respective budget documents. Annual estimates provide the recurrent and capital actual expenditures for the previous year of government entities including the Ministry of Healthcare and Nutrition.

MOH Allocations for Provincial Councils

State accounts provide only the actual expenditures of medical supplies to Provincial Councils under recurrent expenditure of Human Resource Programme 5.

Other Government Ministries, Departments and Agencies

Proportion of expenditures attributed to health in the other government ministries, departments and agencies are also estimates based on the expenditure provided in state accounts for relevant entities.

Health related expenditures are directly obtained from the following government entities.

Medical Training & Research Institutions

- Institute of Fundamental Studies
- National Science Foundation
- President's Fund
- Employees' Trust Fund.

Central Administrative Overhead

MOH and hospital authorities confirmed the cost of supply of basic facilities and were included under contractual services of project 01 of Human Resource Development Programme (5) of MOH expenditure.

Provincial Councils

Provincial expenditures were obtained from three different sources. IPS routinely collects the recurrent and capital expenditures disaggregated by programmes from the Provincial Directors of Health Services and are cross checked with actual expenditure data provided in the respective provincial budget. The Finance Commission provides co-ordination between the Provincial Ministry of Health and the IPS.

Provincial Councils' expenditures come almost exclusively from Central Government transfers to Provincial Councils and a small amount funded by Provincial Councils' own revenues which were however insignificant.

Local Government

Direct to IPS from all Municipal Councils, Urban Councils and other local bodies.

Estimation of Private Expenditure on Health

There are no published data available on private spending and most of the expenditure data on private expenditures are based on independent estimation using the results of various surveys. Private expenditures of health is the aggregate of expenditures by households, for-profit private enterprises, private employers and non-profit institutions. As stated in the previous report, the private expenditures consist of

- Expenditures at private hospitals
- Household expenditures on user fees at government medical institutions
- Household expenditures for services of private practitioners and private traditional medical practitioners
- Household expenditures for purchase of western medicine
- Household expenditures on other medical goods and services

- Household expenditures for services of medical laboratories and diagnostic facilities
- Household expenditures for services of dental practitioners
- Private employer expenditure
- Insurance expenditures
- Other expenditure if any

Estimation of Household Expenditure on Health

Like many other countries, Sri Lanka relies partly on patients' household out-of-pocket payments to providers to finance their health care systems. This prevents some people from seeking care and results in financial catastrophe and impoverishment for others who do obtain care. Surveys suggest that a significant section of low income population suffer financial catastrophe annually because they pay for health services.

In Sri Lanka it has been observed that there is an increasing demand for current and detailed demographic and socio-economic data for households and individuals and such data have become indispensable in economic and social policy analysis, development planning, programme management and decision-making at all levels. To meet this demand, policy makers and other stakeholders have frequently turned to two major household surveys namely, Consumer Finance Survey (CFS) of the Central Bank and Household Income and Expenditure Survey (HIES) of the Department of Census and Statistics. These surveys conducted are generally multi-purpose or integrated in nature and designed to provide reliable data on a range of demographic and socio-economic characteristics of the various populations.

The most common and important sources of information about households out of pocket expenditures are the above mentioned two

surveys carried out separately by the Central Bank and Department of Census and Statistics. CFS and HIES used to provide a continuous series of key socio-economic indicators for development in the country. The latest Consumer Finance Survey (CFS) of the Central Bank that was completed in 2004 had a coverage of 12,000 nationally represented households including the Northern and Eastern Provinces.

HIES series of DCS has been conducted at regular intervals of 5 years since 1980 and has a larger sample size. HIES of 2002 surveyed 20,100 household units excluding the Northern and Eastern Provinces.

Two methods were available in estimating health expenditures of households. The constant ratio method helps to derive estimates of health expenditure by applying it to estimated private consumption in the National Income Account, on the assumption that the ratio of reported health expenditures to surveyed total household expenditures are correct. Although there are insignificant non-sampling errors due to recall bias, and the reporting of different types of health expenditures varies, one can assume that the per capita health expenditures reported in these surveys are correct and unbiased.

By using the given per capita expenditure on health into the estimated national population, one can derive the household out of pocket expenditure at national level. On that basis IPS arrived in estimating the following:

- Household expenditures of services of private practitioners of western medicine
- Household expenditures of services of private practitioners of indigenous medicine

- Household expenditures on purchases of western pharmaceuticals and medicines
- Household expenditures for services of medical laboratories and diagnostic facilities
- Household expenditures for spectacles, wheel chairs, artificial limbs etc.

Expenditure at Private Hospitals

Expenditures at private hospitals were estimated using data collected by the IPS/MOH Private Hospital Surveys i.e., First Census of Private, Co-operative and Estate Hospitals Survey (CPCEH) in 2002, Second CPCEH Survey in 2004 and the third in 2006. The three Censuses collected data for 2001, 2002 and 2003/04 respectively. All known private and co-operative hospitals and a sample of estate hospitals were surveyed by the CPCEH's. Information was collected in three stages, firstly by mailing the questionnaire to all facilities, following up non-respondents by telephone at the second stage and utilizing field staff for enumeration of the last batch of non-respondent at the third stage. Total completed response remained at 80 per cent for all hospitals including a response of 96 per cent for private hospitals in 2004.

Household Expenditures on User Fees at Government Hospitals

User fees are levied in a few government hospitals where special facilities have been provided for in-patients wishing to receive paid facilities. IPS directly communicated with Treasury Department to obtain such revenue data as it was not reported in Annual State Accounts.

Appendix C

List of Institutions and Officials Contacted

Ministry of Finance

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

Ministry of Co-operative Development

Commissioner of Co-operative Development

Ministry of Health Nutrition and Social Welfare

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

Ministry of Community Development

Director Planning

Ministry of Policy Development

Director, Evaluation and Monitoring

Provincial Health Services

Provincial Directors of Health Services

Local Government

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

Department of Ayurveda

Commissioner of Ayurveda

Department of Census & Statistics

Director General
Director Sample Surveys

Government Institutions

President's Fund

Additional Secretary

Finance Commission

Secretary

Academic Institutions

Bursars of Medical Faculties
Bursar, Post Graduate Institute of Medicine

Employees' Trust Fund Board

Manager Public Relations

Sri Lanka Standards Institution

Additional Director General

Southern Province Rural Development Project

Project Director

Irrigation and Community Development Project, Moneragala

Project Director

Research Institutions

National Science Foundation

Director

Annex Tables

Annex Table 1: Basic Economic Indicators		
	2003	2004
GDP (Rs. Million)	1,761,161	2,029,441
GDP at constant (1996 = 100)	1,026,652	1,081,699
GDP deflator (1996 = 100)	171.54	187.62
Foreign exchange rate (NCU) for US \$		
Total population(000')*	19,252	19,462
Population by province (000')		
Western Province	5,471	5,526
Central Province	2,474	2,506
Southern Province	2,324	2,346
North Western Province	2,196	2,214
North Central Province	1,132	1,145
North Eastern Province	2,624	2,662
Uva Province	1,206	1,223
Sabaragamuwa Province	1,805	1,840
Density of population per Sq.km (Province)		
Western Province	1,523	1,538
Central Province	444	450
Southern Province	432	436
North Western Province	293	295
North Central Province	116	118
North Eastern Province	149	151
Uva Province	145	147
Sabaragamuwa Province	371	374
*Source: Department of Census and Statistics		

Annex Table 2: Provincial GDP		Rs. Million
GDP Factor Cost	2003	2004
Western Province	776,846	925,075
Central Province	133,880	165,509
Southern Province	155,035	160,199
North Eastern Province	139,006	140,356
North Western Province	143,166	152,925
North Central Province	57,949	65,527
Uva Province	63,817	76,686
Sabaragamuwa Province	93,038	114,471
Provincial GDP Factor Cost	1,562,737	1,800,748
GDP National nominal	1,761,161	2,029,393
Ratio Factor Cost to Nominal	1.1270	1.1270
Nominal		Rs.million
Western Province	875,505	1,042,559
Central Province	150,863	186,504
Southern Province	174,724	180,544
North Eastern Province	156,645	158,166
North Western Province	161,348	172,346
North Central Province	65,309	73,849
Uva Province	71,913	86,415
Sabaragamuwa Province	104,854	129,009
Total	1,761,161	2,029,393

Annex Table 3: Overview of Expenditure on Health 2003-2004		
Total Expenditure on Health (Rs. million)		
	2003	2004
Nominal	68,759	83,275
Real (1996 = 100)	40,972	44,272
Nominal US \$	96.52	101.19
Per Capita Nominal Health Expenditure (Rupees)		
Public Spending	1,544	2,090
Private Spending	1,882	2,189
Total	3,426	4,279
Per Capita Real Health Expenditure (1996 = 100)		
Public Spending	919	1,111
Private Spending	1,120	1,164
Total	2,039	2,275
Per Capita Health Expenditure (US Dollars)	21	22

Annex Table 4: Total Expenditure on Health (TEH) Rs. Million		
Government (Rs. Million)		
	2003	2004
Central MOH	18,489	26,498
Provincial DOH	9,363	11,808
Local Government	670	689
Other Government Ministries, Departments	1,150	1,591
ETF	60	90
Private (Rs. Million)		
Households	34,382	36,627
Employees	2,798	3,575
Insurance	1,170	1,698
Non-profit	676	698
Total	68,759	83,275
Percentage of TEH (%)		
Government		
Central MOH	26.9%	31.8%
Provincial DOH	13.6%	14.2%
Local Government	1.0%	0.8%
Other Government Ministries, Departments	1.7%	1.9%
ETF	0.1%	0.1%
Private		
Households	50.0%	44.0%
Employees	4.1%	4.3%
Insurance	1.7%	2.0%
Non-profit	1.0	0.8
Total	100%	100%

Annex Table 5: Summary of Government Expenditure by Function by Province % 2003-2004			
Western Province			
Code	Function	2003	2004
		%	%
10000	Services of curative care	82	83
11100	In-patient care	57	58
11200	Ambulatory care	25	25
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	8	8
70000	Health Programme administration and health insurance	1	1
91000	Capital formation of health care providers	9	8
Continued			

Central Province			
Code	Function	2003 %	2004 %
10000	Services of curative care	74	76
11100	In-patient care	47	48
11200	Ambulatory care	27	28
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	9	9
70000	Health Programme administration and health insurance	4	4
91000	Capital formation of health care providers	12	11
Southern Province			
Code	Function	2003 %	2004 %
10000	Services of curative care	73	75
11100	In-patient care	47	49
11200	Ambulatory care	26	26
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care		
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	12	12
70000	Health programme administration and health insurance	3	3
91000	Capital formation of health care providers	12	10
North Western Province			
Code	Function	2003 %	2004 %
10000	Services of curative care	70	71
11100	In-patient care	45	44
11200	Ambulatory care	25	27
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	13	13
70000	Health programme administration and health insurance	4	4
91000	Capital formation of health care providers	13	12
North Central Province			
Code	Function	2003 %	2004 %
10000	Services of curative care	66	67
11100	In-patient care	42	41
11200	Ambulatory care	24	26
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
<i>Continued</i>			

60000	Preventive and public health service	16	16
70000	Health Programme administration and health insurance	3	3
91000	Capital formation of health care providers	15	14
Uva Province			
Code	Function	2003 %	2004 %
10000	Services of curative care	61	62
11100	In-patient care	40	42
11200	Ambulatory care	21	20
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	14	13
70000	Health Programme administration and health insurance	2	2
91000	Capital formation of health care providers	23	23
Sabaragamuwa Province			
Code	Function	2003 %	2004 %
10000	Services of curative care	67	68
11100	In-patient care	44	45
11200	Ambulatory care	23	23
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	12	12
70000	Health Programme administration and health insurance	3	3
91000	Capital formation of health care providers	18	17
North Eastern Province			
Code	Function	2003 %	2003 %
10000	Services of curative care	69	67
11100	In-patient care	45	44
11200	Ambulatory care	24	23
20000	Services of rehabilitative care	0	0
40000	Ancillary services to medical care	0	0
50000	Medical goods dispensed to out-patients	0	0
60000	Preventive and public health service	11	12
70000	Health Programme administration and health insurance	3	3
91000	Capital formation of health care providers	17	18

Annex Table 6: Summary of Government Expenditure in Province, by Provider % 2003-2004			
Western Province			
Code	Provider	2003 %	2004 %
11000	Central government hospitals	67	66
12000	Provincial hospitals	18	19
13000	Local government Hospitals	0	0
14000	Nursing home and residential facilities	0	0
15000	Non-hospital medical Service facilities	2	2
16000	Provincial non-hospital medical service facilities	1	1
17000	Local government non-hospital medical service facilities	1	1
18000	Public/ Community Health services	5	5
19000	Government health administration and other institution	6	6
20000	Government (entities that finance or provide health care as a secondary objective)	0	0
30000	Non-profit institution	0	0
40000	Insurers'	0	0
50000	Private health care providers	0	0
60000	Other entities	0	0
80000	Foreign entities	0	0
Central Province			
Code	Provider	2003 %	2004 %
11000	Central government hospitals	40	41
12000	Provincial hospitals	34	33
13000	Local government Hospitals	0	0
14000	Nursing home and residential facilities	0	0
15000	Non-hospital medical Service facilities	0	0
16000	Provincial non-hospital medical service facilities	3	3
17000	Local government non-hospital medical service facilities	1	1
18000	Public/ Community health services	6	5
19000	Government health administration and other institution	16	17
20000	Government (entities that finance or provide health care as a secondary objective)	0	0
30000	Non-Pofit institution	0	0
40000	Insurers'	0	0
50000	Private health care providers	0	0
60000	Other entities	0	0
80000	Foreign entities	0	0
Southern Province			
Code	Provider	2003 %	2004 %
11000	Central government hospitals	41	44
12000	Provincial hospitals	32	33
13000	Local government hospitals	0	0
14000	Nursing home and residential facilities	0	0
15000	Non-hospital medical Service facilitie	0	0
16000	Provincial non-hospital medical service facilities	3	2
Continued			

17000	Local government non-hospital medical service facilities	1	1
18000	Public/ Community Health services	5	7
19000	Government health administration and other institution	14	13
20000	Government (entities that finance or provide health care as a secondary objective)	0	0
30000	Non-profit institution	0	0
40000	Insurers'	0	0
50000	Private health care providers	0	0
60000	Other entities	0	0
80000	Foreign entities	0	0
North Central Province			
Code	Provider	2003 %	2004 %
11000	Central government hospitals	0	0
12000	Provincial hospitals	54	54
13000	Local government Hospitals	0	0
14000	Nursing home and residential facilities	0	0
15000	Non-hospital medical Service facilities	0	0
16000	Provincial non-hospital medical service facilities	6	6
17000	Local government non-hospital medical service facilities	1	1
18000	Public/ Community Health services	10	10
19000	Government health administration and other institution	29	29
20000	Government (entities that finance or provide health care as a secondary objective)	0	0
30000	Non-Profit institution	0	0
40000	Insurers'	0	0
50000	Private health care providers	0	0
60000	Other entities	0	0
80000	Foreign entities	0	0
North Western Province			
Code	Provider	2003 %	2004 %
11000	Central government hospitals	24	24
12000	Provincial hospitals	42	43
13000	Local government Hospitals	0	0
14000	Nursing home and residential facilities	0	0
15000	Non-hospital medical Service facilities	0	0
16000	Provincial non-hospital medical service facilities	6	6
17000	Local government non-hospital medical service facilities	1	1
18000	Public/ Community Health services	10	9
19000	Government health administration and other institution	17	17
20000	Government (entities that finance or provide health care as a secondary objective)	0	0
30000	Non-Profit institution	0	0
40000	Insurers'	0	0
50000	Private health care providers	0	0
60000	Other entities	0	0
80000	Foreign entities	0	0
<i>Continued</i>			

Sri Lanka National Health Accounts

Uva Province				
Code	Provider	2003 %	2004 %	
11000	Central government hospitals	0	0	
12000	Provincial hospitals	54	56	
13000	Local government Hospitals	0	0	
14000	Nursing home and residential facilities	0	0	
15000	Non-hospital medical Service facilities	0	0	
16000	Provincial non-hospital medical service facilities	6	6	
17000	Local government non-hospital medical service facilities	1	1	
18000	Public/ Community Health services	8	9	
19000	Government health administration and other institution	31	28	
20000	Government(entities that finance or provide health care as a secondary objective)	0	0	
30000	Non-Profit institution	0	0	
40000	Insurers'	0	0	
50000	Private health care providers	0	0	
60000	Other entities			
80000	Foreign entities	0	0	
Sabaragamuwa Province				
Code	Provider	2003 %	2004 %	
11000	Central government hospitals	24	25	
12000	Provincial hospitals	47	47	
13000	Local government Hospitals	0	0	
14000	Nursing home and residential facilities	0	0	
15000	Non-hospital medical Service facilities	0	0	
16000	Provincial non-hospital medical service facilities	5	5	
17000	Local government non-hospital medical service facilities	1	1	
18000	Public/ Community Health services	6	6	
19000	Government health administration and other institution	17	16	
20000	Government (entities that finance or provide health care as a secondary objective)	0	0	
30000	Non Profit institution	0	0	
40000	Insurers'	0	0	
50000	Private health care providers	0	0	
60000	Other entities	0	0	
80000	Foreign entities	0	0	
North Eastern Province				
Code	Provider	2003 %	2004 %	
11000	Central government hospitals	23	24	
12000	Provincial hospitals	40	40	
13000	Local government Hospitals	0	0	
14000	Nursing home and residential facilities	0	0	
15000	Non-hospital medical Service facilities	0	0	
16000	Provincial non-hospital medical service facilities	5	5	
17000	Local government non-hospital medical service facilities	0	0	
<i>Continued</i>				

18000	Public/ Community Health services	7	6
19000	Government health administration and other institution	25	25
20000	Government(entities that finance or provide health care as a secondary objective)	0	0
30000	Non-profit institution	0	0
40000	Insurers'	0	0
50000	Private health care providers	0	0
60000	Other entities	0	0
80000	Foreign entities	0	0

Annex Table 7: Expenditure on Health by Municipal Councils and Urban Councils (Rupees) 2003-2004

Municipal Council				
	2003		2004	
	Recurrent	Capital	Recurrent	Capital
Anuradhapura MC	21,883,300	0	3,186,900	0
Badulla MC	17,756,346	1,550,000	15,714,224	2,200,000
Batticaloa MC	624,747	0	593,970	0
Colombo MC	122,584,861	2,506,604	137,818,479	9,811,841
Dehiwela-Mt Lavinia MC	8,454,600	1,362,000	9,099,200	0
Galle MC	13,368,504	0	9,197,196	0
Jaffna MC	8,268,952	128,161	10,021,207	124,425
Kalmunai MC	5,575,293	0	3,835,662	0
Kandy MC	20,598,000	355,000	14,170,908	0
Kurunegala MC	21,535,026	0	27,063,245	0
Matale MC	7,739,662	0	5,324,694	0
Moratuwa MC	2,289,639	0	1,575,214	0
Negombo MC	13,947,936	0	9,595,830	0
Nuwara-Eliya MC	14,434,900	797,628	18,750,600	400,000
Ratnapura MC	15,140,143	0	16,611,913	0
Sri-Jayawardanapura MC	14,662,000	5,800,000	14,642,000	900,000
Gampaha MC	33,125,946	773,478	33,480,596	0
Matara MC	16,707,472	0	23,282,092	0
Total	358,715,328	13,272,871	353,963,931	13,436,266
Urban Councils				
	2003		2004	
	Recurrent	Capital	Recurrent	Capital
Ambalangoda UC	5,330,326	0	7,903,997	0
Ampara UC	4,690,854	4,441,005	5,703,945	2,165,611
Balangoda UC	6,477,597	0	5,050,673	0
Bandarawela UC	5,203,053	0	8,406,986	0
Beruwela UC	3,255,376	144,824	6,195,397	0
Chavakachcheri UC	3,463,945	389,993	4,283,774	3,700
Chilaw UC	10,480,229	0	12,217,734	0
Gampola UC	5,720,530	0	5,363,907	0
<i>Continued</i>				

Urban Council	2003		2004	
	Recurrent	Capital	Recurrent	Capital
Hambantota UC	4,407,395	0	4,773,211	0
Haputale UC	1,590,645	92,500	1,716,723	36,668
Hatton-Dickoya UC	3,423,926	0	2,001,886	0
Horana UC	6,107,177	5,012	7,136,951	16,085
Ja-ela UC	7,449,761	1,201,020	8,019,818	98,500
Kadugannawa UC	1,927,477	431,623	2,339,976	10,850
Kalutara UC	3,169,000	100,000	4,434,000	0
Kattankudy UC	5,634,783	212,193	6,622,545	24,490
Katunayake-Seeduwa UC	8,702,137	0	6,869,445	0
Kegalle UC	1,144,615	0	1,026,112	0
Kolonnawa UC	8,553,955	0	6,967,690	0
Kuliyapitiya UC	6,028,705	56,755	6,801,012	965,001
Minuwangoda UC	1,983,115	166,560	2,333,117	539,960
Nawalapitiya UC	6,569,800	6,939,550	6,822,200	7,117,350
Panadura UC	13,213,865	0	14,531,028	310,000
Peliyagoda UC	6,433,798	1,082,482	5,514,756	1,210,251
Puttalam UC	2,635,808	60,151	1,166,970	29,940
Seethawakapura UC	6,632,724	19,375	7,248,412	1,000
Talawakelle-Lindula UC	2,652,904	0	2,645,011	0
Tangalle UC	4,052,556	51,000	4,324,711	310,750
Trincomalee UC	2,074,314	38,908	1,927,428	92,811
Wattala-Mabole UC	4,078,870	150,000	4,359,400	0
Wattegama UC	4,817,325	0	4,471,330	0
Weligama UC	3,206,213	0	2,267,613	0
Vavuniya UC	7,597,004	567,403	9,153,268	1,538,876
Total	168,709,782	16,150,355	180,601,027	14,471,844

Annex Table 8: Functional Classification in Sri Lanka NHA (with equivalent ICHA codes)		
SLHA-HC code	Functions of Health Care	ICHA-HC code
F1	Services of curative care	HC.1
F1.1	Hospital care	HC.1.1
HCF.1.1.1	Hospital in-patient care	HC.1.1
HCF.1.1.2	Hospital out-patient care	HC.1.1
HCF.1.1.3	Ayurvedic hospital in-patient care	HC.1.1
HCF.1.1.4	Ayurvedic hospital out-patient care	HC.1.1
HCF.1.1.9	Other in-patient curative care n.e.c.	HC.1.1
HCF.1.2	Day cases of curative care	HC.1.2
HCF.1.3	Ambulatory care	HC.1.3
HCF.1.3.1	Registered medical practitioners	HC.1.3
HCF.1.3.1.1	General practitioners	HC.1.3
HCF.1.3.1.2	Medical specialists	HC.1.3
HCF.1.3.2	Other registered medical care professionals	HC.1.3
HCF.1.3.3	Unregistered medical care professionals	HC.1.3
HCF.1.3.4	Traditional medicine providers	HC.1.3
HCF.1.3.4.1	Registered traditional medicine providers	HC.1.3
HCF.1.3.4.2	Unregistered traditional medicine providers	HC.1.3
HCF.1.3.5	Out-patient dental care	HC.1.3.2
HCF.1.3.6	Other specialised health care	HC.1.3.3
HCF.1.3.9	Other out-patient curative care n.e.c	HC.1.3.9
HCF.1.4	Curative home care	HC.1.4
HCF.1.9	Other services of curative care n.e.c	HC.1.9
HCF.2	Services of rehabilitative care	HC.2
HCF.2.1	Inpatient rehabilitative care	HC.2.1
HCF.2.2	Day cases of rehabilitative care	HC.2.2
HCF.2.3	Outpatient rehabilitative care	HC.2.3
HCF.2.4	Services of rehabilitative home care	HC.2.4
HCF.2.9	Other services of rehabilitative care n.e.c	HC.2.9
HCF.3	Service of long-term nursing care	HC.3
HCF.3.1	Inpatient long-term care	HC.3.1
HCF.3.2	Day cases of long-term nursing care	HC.3.2
HCF.3.3	Long-term nursing care: home care	HC.3.3
HCF.3.9	Other services of long-term nursing care	HC.3.9
HCF.4	Ancillary services to medical care	HC.4
HCF.4.1	Clinical laboratory	HC.4.1
HCF.4.2	Diagnostic imaging	HC.4.2
HCF.4.3	Patient transport and emergency rescue	HC.4.3
HCF.4.9	All other ancillary services n.e.c	HC.4.9
HCF.5	Medical goods dispensed to out-patients	HC.5
HCF.5.1	Pharmaceuticals and other medical non-durables	HC.5.1
HCF.5.1.1	Prescribed medicines	HC.5.1.1
HCF.5.1.2	Over-the-counter medicines	HC.5.1.2
Continued		

SLHA-HC code	Functions of Health Care	ICHA-HC code
HCF.5.1.3	Traditional medicines	HC.5.1.3
HCF.5.1.9	Other pharmaceuticals and medical non-durables n.e.c	HC.5.1.3
HCF.5.2	Therapeutic appliances and other medical durables	HC.5.2
HCF.5.2.1	Glasses and other vision aids	HC.5.2.1
HCF.5.2.2	Orthopaedic appliances and other prosthetics	HC.5.2.2
HCF.5.2.3	Hearing aids	HC.5.2.3
HCF.5.2.4	Medico-technical devices	HC.5.2.4
HCF.5.2.9	Other therapeutic appliances and medical durables n.e.c	HC.5.2.9
HCF.5.9	Other medical goods dispensed to out-patients n.e.c	HC.5.9
HCF.6	Preventive and public health services	HC.6
HCF.6.1	Family planning and reproductive health services	HC.6.1
HCF.6.1.1	Maternal health	HC.6.1
HCF.6.1.2	Infant and child care	HC.6.1
HCF.6.1.3	Family planning services	HC.6.1
HCF.6.1.9	Other reproductive health services	HC.6.1
HCF.6.2	School health services	HC.6.2
HCF.6.3	Prevention and management of communicable diseases	HC.6.3
HCF.6.3.1	Immunisation	HC.6.3
HCF.6.3.2	STD's	HC.6.3
HCF.6.3.9	Prevention and management of other communicable diseases n.e.c	HC.6.3
HCF.6.4	Prevention of non-communicable diseases	HC.6.4
HCF.6.5	Occupational health care	HC.6.5
HCF.6.9	Other public health services n.e.c	HC.6.9
HCF.7	Health programme administration and health insurance	HC.7
HCF.7.1	General government administration of health	HC.7.1
HCF.7.2	Health administration and health insurance - private	HC.7.2
HCF.7.9	Other health programme administration and health Insurance n.e.c	HC.7.9
HCF.R	Health-related functions	HC.R
HCF.R.1	Capital formation of health care provider institutions	HC.R.1
HCF.R.2	Education and training of health personnel	HC.R.2
HCF.R.3	Research and development in health	HC.R.3
HCF.R.4	Food, hygiene and drinking water control	HC.R.4
HCF.R.5	Environmental health	HC.R.5
HCF.R.6	Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6
HCF.R.7	Administration and provision of health related cash-benefits	HC.R.7
HCF.R.8	Other health related functions n.e.c	HC.R.8
HCF.R.9	Non-health related functions n.e.c	HC.R.9

Annex Table 9: Provider Classification in SLNHA and Corresponding ICHA Codes			
SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	10000	Government entities 10001-29999	
	10001	Hospitals 11001 - 13999	HP.1
	11000	Central government hospitals 11001-11999	HP.1
	11100	National general hospitals (MOH)	HP.1.1.
	11101	Sri Jayewardenepura General Hospital	HP.1.1
	11102	Sri Lanka National Hospital - Colombo	HP.1.1
	11103	General Hospital Kandy	HP.1.1
	11104	General Hospital Peradeniya	HP.1.1
	11105	General Hospital Ragama	HP.1.1
	11106	General Hospital Karapitiya	HP.1.1
	11107	General Hospital Jaffna	HP.1.1
	11108	General Hospital Kalubowila	HP.1.1
	11109	General Hospital Kalutara	HP.1.1
	11110	General Hospital Mahamodara	HP.1.1
	11111	General Hospital Batticaloa	HP.1.1
	11112	General Hospital Ratnapura	HP.1.1
	11113	General Hospital Kurunegala	HP.1.1
	11114	General Hospital Matara	HP.1.1
	11115	General Hospital Colombo South	HP.1.1
	11150	General Ayurvedic/Indig. Medicine hospitals	HP.1.1
	11160	Plantation Estate Hospitals	HP.1.1
	11170	Provincial hospitals under MOH	HP.1.1
	11199	National general hospitals n.e.c.	HP.1.1
	11500	National mental and substance abuse hospitals	HP.1.2
	11501	Mental Hospital	HP.1.2
	11600	National speciality hospitals	HP.1.3
	11601	Lady Ridgeway Hospital for Children	HP.1.3
	11602	Eye Hospital	HP.1.3
	11603	De Soysa Hospital for Women	HP.1.3
	11604	Castle Hospital for Women	HP.1.3
	11605	Maharagama Cancer Hospital	HP.1.3
	11606	Dental Hospital/Institute, Colombo	HP.1.3
	11607	Fever Hospital Angoda	HP.1.3
	11699	National speciality hospitals n.e.c.	HP.1.3
	11700	National military hospitals	HP.1.1
	11750	National police hospitals	HP.1.1
	11751	Police Hospital	HP.1.1
	11800	National prison hospitals	HP.1.1
	11999	National hospitals n.e.c.	HP.1.9
	12000	Provincial hospitals 12001-12999	HP.1
	12100	Provincial hospitals not under MOH	HP.1.1
Continued			

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	12110	Provincial hospitals, WP	HP.1.1
	12111	Provincial hospitals, CP	HP.1.1
	12112	Provincial hospitals, SP	HP.1.1
	12113	Provincial hospitals, NEP	HP.1.1
	12114	Provincial hospitals, NWP	HP.1.1
	12115	Provincial hospitals, NCP	HP.1.1
	12116	Provincial hospitals, Uva	HP.1.1
	12117	Provincial hospitals, Sabragamuwa	HP.1.1
	12149	Provincial hospitals n.e.c.	HP.1.1
	12150	Base hospital	HP.1.1
	12151	Base hospital Kegalle	HP.1.1
	12160	Base hospitals, WP	HP.1.1
	12161	Base hospitals, CP	HP.1.1
	12162	Base hospitals, SP	HP.1.1
	12163	Base hospitals, NEP	HP.1.1
	12164	Base hospitals, NWP	HP.1.1
	12165	Base hospitals, NCP	HP.1.1
	12166	Base hospitals, Uva	HP.1.1
	12167	Base hospitals, Sabragamuwa	HP.1.1
	12199	Base hospitals n.e.c.	HP.1.1
	12200	District hospitals	HP.1.1
	12201	District hospital Kandana	HP.1.1
	12210	District hospitals, WP	HP.1.1
	12211	District hospitals, CP	HP.1.1
	12212	District hospitals, SP	HP.1.1
	12213	District hospitals, NEP	HP.1.1
	12214	District hospitals, NWP	HP.1.1
	12215	District hospitals, NCP	HP.1.1
	12216	District hospitals, Uva	HP.1.1
	12217	District hospitals, Sabragamuwa	HP.1.1
	12399	District hospitals n.e.c.	HP.1.1
	12400	Peripheral units	HP.1.1
	12410	Peripheral units, WP	HP.1.1
	12411	Peripheral units, CP	HP.1.1
	12412	Peripheral units, SP	HP.1.1
	12413	Peripheral units, NEP	HP.1.1
	12414	Peripheral units, NWP	HP.1.1
	12415	Peripheral units, NCP	HP.1.1
	12416	Peripheral units, Uva	HP.1.1
	12417	Peripheral units, Sabragamuwa	HP.1.1
	12599	Peripheral units n.e.c.	HP.1.1
	12600	Rural hospitals	HP.1.1

Continued

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	12610	Rural hospitals, WP	HP.1.1
	12611	Rural hospitals, CP	HP.1.1
	12612	Rural hospitals, SP	HP.1.1
	12613	Rural hospitals, NEP	HP.1.1
	12614	Rural hospitals, NWP	HP.1.1
	12615	Rural hospitals, NCP	HP.1.1
	12616	Rural hospitals, Uva	HP.1.1
	12617	Rural hospitals, Sabragamuwa	HP.1.1
	12699	Rural hospitals n.e.c.	HP.1.1
	12700	Central Dispensary & Maternity Homes	HP.1.1
	12701	Central Dispensaries	HP.1.1
	12710	CD&MH, WP	HP.1.1
	12711	CD&MH, CP	HP.1.1
	12712	CD&MH, SP	HP.1.1
	12713	CD&MH, NEP	HP.1.1
	12714	CD&MH, NWP	HP.1.1
	12715	CD&MH, NCP	HP.1.1
	12716	CD&MH, Uva	HP.1.1
	12717	CD&MH, Sabragamuwa	HP.1.1
	12720	CD, WP	HP.1.1
	12721	CD, CP	HP.1.1
	12722	CD, SP	HP.1.1
	12723	CD, NEP	HP.1.1
	12724	CD, NWP	HP.1.1
	12725	CD, NCP	HP.1.1
	12726	CD, Uva	HP.1.1
	12727	CD, Sabragamuwa	HP.1.1
	12799	CD&MH n.e.c.	HP.1.1
	12800	Provincial mental and substance abuse hospitals	HP.1.2
	12850	Provincial specialty hospitals	HP.1.3
	12999	Provincial hospitals n.e.c.	HP.1.9
	13000	Local government hospitals 13001-13999	HP.1
	13100	Local government general hospitals	HP.1.1
	13500	Local government mental and substance abuse hospitals	
	13600	Local government specialty hospitals	HP.1.3
	13999	Local government hospitals n.e.c.	HP.1.9
	14000	Nursing home and residential facilities 14001-14999	HP.2
	14100	Nursing care facilities	HP.2.1
	14101	Rehabilitation Hospital Ragama	HP.2.1
	14200	Residential mental retardation, mental health and substance abuse facilities	HP.2.2
	14300	Community care facilities for the elderly	HP.2.3
			<i>Continued</i>

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	14999	Residential care facilities n.e.c.	HP.2.9
	15000	Non-hospital medical service facilities 15001-17999	HP.3
	15001	Central non-hospital medical service facilities	HP.3.1
	15100	Non-hospital physician ambulatory facilities	HP.3.2
	15200	Non-hospital dental ambulatory facilities	HP.3.2
	15300	Non-hospital other ambulatory facilities	HP.3.3
	15400	Non-hospital other traditional medicine ambulatory facilities	HP.3.3
	15500	Non-hospital out-patient care centres	HP.3.4
	15510	Family planning clinic services	HP.3.4
	15520	Out-patient mental health and substance abuse centres	HP.3.4
	15530	Ambulatory surgery centres	HP.3.4
	15540	Dialysis care centres	HP.3.4
	15599	Other outpatient centres	HP.3.4
	15600	Medical and diagnostic laboratories	HP.3.5
	15700	Home health care services	HP.3.6
	15800	Ambulance services	HP.3.9
	15900	Blood and tissue banks	HP.3.9
	15901	National Blood Transfusion Service	HP.3.9
	15999	All other non-hospital medical service facilities	HP.3.9
	16000	Provincial non-hospital medical service facilities	HP.3
	16100	MOOH Units	HP.3.4
	16110	MOOH units, WP	HP.3.4
	16111	MOOH units, CP	HP.3.4
	16112	MOOH units, SP	HP.3.4
	16113	MOOH units, NEP	HP.3.4
	16114	MOOH units, NWP	HP.3.4
	16115	MOOH units, NCP	HP.3.4
	16116	MOOH units, Uva	HP.3.4
	16117	MOOH units, Sabragamuwa	HP.3.4
	16999	Other provincial non-hospital medical service facilities n.e.c.	HP.3.4
	17000	Local government non-hospital medical service facilities	HP.3
	17100	Local government dispensaries	HP.3.4
	17999	Other local government non-hospital medical service facilities n.e.c.	HP.3.4
	18000	Public/Community health services 18001-18999	HP.5
	18100	Central government public health services	HP.5
	18101	Anti-TB/Respiratory Diseases Control Programme	HP.5

Continued

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	18102	Anti-Leprosy Campaign	HP.5
	18104	Quarantine service/Port Health Office	HP.5
	18105	Anti - Malaria Campaign	HP.5
	18106	Anti - Filariasis Campaign	HP.5
	18107	STD/AIDS Control Programme	HP.5
	18108	Public Health Veterinary Services/Rabies Control	HP.5
	18109	Food quality control	HP.5
	18121	Family Health Bureau	HP.5
	18122	Health Education Bureau	HP.5
	18199	Others n.e.c.	HP.5
	18400	Provincial public health services	HP.5
	18401	WP Community Health Services	HP.5
	18402	CP Community Health Services	HP.5
	18403	SP Community Health Services	HP.5
	18404	NEP Community Health Services	HP.5
	18405	NWP Community Health Services	HP.5
	18406	NCP Community Health Services	HP.5
	18407	Uva Community Health Services	HP.5
	18408	Sabaragamuwa Community Health Services	HP.5
	18409	NP Community Health Services	HP.5
	18410	EP Community Health Services	HP.5
	18600	Local government public health services	HP.5
	19000	Government health administration and other institutions 19001-19599	HP.6.1
	19100	Central administrative and other institutions 19101-19399	HP.6.1
	19110	Central administrative services 19111-19199	HP.6.1
	19111	MOH Headquarters	HP.6.1
	19112	Ministry of Indigenous Medicine Headquarters	HP.6.1
	19113	DOHS	HP.6.1
	19114	Department of Ayurveda	HP.6.1
	19121	Judicial Medical Services	HP.6.1
	19122	Epidemiological Unit	HP.6.1
	19200	Central support services 19201-19299	HP.6.1
	19201	Bio-Medical Engineering Division	HP.6.1
	19203	National Drug Quality Control Assurance Laboratory	HP.6.1
	19250	Central administrative support services outside of MOH	HP.6.1
	19251	Electrical Department support services	HP.6.1
	19252	Department of Treasury Services	HP.6.1
	19253	Department of External Resources	HP.6.1

Continued

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	19254	Department of Government Analyst	HP.6.1
	19255	Department of Information	HP.6.1
	19256	Department of Government Printing	HP.6.1
	19298	Other central administrative support services outside of MOH	HP.6.1
	19299	Others n.e.c.	HP.6.1
	19300	Government social security administration	HP.6.2
	19301	EPF	HP.6.2
	19302	ETF	HP.6.2
	19303	Public Servants Medical Insurance Scheme	HP.6.2
	19399	Other social security schemes n.e.c.	HP.6.2
	19400	Provincial institutions 19401-19499	HP.6.1
	19411	Western PDOH	HP.6.1
	19412	Central PDOH	HP.6.1
	19413	Southern PDOH	HP.6.1
	19414	North Western PDOH	HP.6.1
	19415	North Central PDOH	HP.6.1
	19416	Uva PDOH	HP.6.1
	19417	Sabaragamuwa PDOH	HP.6.1
	19418	Northern PDOH	HP.6.1
	19419	Eastern PDOH	HP.6.1
	19420	Northern-Eastern PDOH	HP.6.1
	19500	Local government institutions 19501-19899	HP.6.1
	19600	Municipal Councils 19700-19699	HP.6.1
	19601	Anuradhapura MC	HP.6.1
	19602	Badulla MC	HP.6.1
	19603	Batticaloa MC	HP.6.1
	19604	Colombo MC	HP.6.1
	19605	Dehiwela-Mt Lavinia MC	HP.6.1
	19606	Galle MC	HP.6.1
	19607	Jaffna MC	HP.6.1
	19608	Kandy MC	HP.6.1
	19609	Kurunegala MC	HP.6.1
	19610	Matale MC	HP.6.1
	19611	Moratuwa MC	HP.6.1
	19612	Negombo MC	HP.6.1
	19613	Nuwara-Eliya MC	HP.6.1
	19614	Ratnapura MC	HP.6.1
	19615	Sri-Jayawardanapura MC	HP.6.1
	19700	Urban Councils 19700-19799	HP.6.1
	19701	Ampara UC	HP.6.1
	19702	Anuradhapura UC	HP.6.1
	<i>Continued</i>		

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	19703	Balangoda UC	HP.6.1
	19704	Bandarawela UC	HP.6.1
	19705	Beruwela UC	HP.6.1
	19706	Chavakachcheri UC	HP.6.1
	19707	Chilaw UC	HP.6.1
	19708	Gampaha UC	HP.6.1
	19709	Gampola UC	HP.6.1
	19710	Hambantota UC	HP.6.1
	19711	Haputale UC	HP.6.1
	19712	Hatton-Dickoya UC	HP.6.1
	19713	Horana UC	HP.6.1
	19714	Ja-ela UC	HP.6.1
	19715	Kadugannawa UC	HP.6.1
	19716	Kalmunai UC	HP.6.1
	19717	Kalutara UC	HP.6.1
	19718	Kattankudi UC	HP.6.1
	19719	Katunayake-Seeduwa UC	HP.6.1
	19720	Kegalle UC	HP.6.1
	19721	Kolonnawa UC	HP.6.1
	19722	Kuliyapitiya UC	HP.6.1
	19723	Matara UC	HP.6.1
	19724	Minuwangoda UC	HP.6.1
	19725	Nawalapitiya UC	HP.6.1
	19726	Panadura UC	HP.6.1
	19727	Peliyagoda UC	HP.6.1
	19728	Puttalam UC	HP.6.1
	19729	Seethawakapura UC	HP.6.1
	19730	Talawakelle-Lindula UC	HP.6.1
	19731	Tangalle UC	HP.6.1
	19732	Trincomalee UC	HP.6.1
	19733	Wattala-Mabole UC	HP.6.1
	19734	Wattegama UC	HP.6.1
	19735	Weligama UC	HP.6.1
	19736	Moratuwa UC	HP.6.1
	19737	Sri Jayawardenepura UC	HP.6.1
	19738	Vavuniya UC	HP.6.1
	19800	Pradeshiya Sabhas	HP.6.1
	19899	All other local governments n.e.c.	HP.6.1
	20000	Government (entities that finance or provide health care as a secondary objective)	HP.6
	21100	Ministry of Finance and Planning	HP.6.1
	21200	Ministry of Plan Implementation	HP.3.4
Continued			

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
GOVERNMENT SECTOR	21210	IRDPs 21211-21229	HP.3.4
	21211	IRDP - Badulla	HP.3.4
	21212	IRDP - Batticaloa	HP.3.4
	21213	IRDP - Hambantota	HP.3.4
	21214	IRDP - Kegalle	HP.3.4
	21215	IRDP - Matara	HP.3.4
	21216	IRDP - Moneragala	HP.3.4
	21217	IRDP - Nuwara-Eliya	HP.3.4
	21218	IRDP - Ratnapura	HP.3.4
	21300	Ministry of Social Services	HP.3.4
	21301	Department of Social Services	HP.3.4
	21302	Community-based Rehabilitation Programme	HP.3.4
	21400	Ministry of Defence (21401-21499)	HP.1.1
	21401	Sri Lanka Army	HP.1.1
	21402	Sri Lanka Navy	HP.1.1
	21403	Sri Lanka Airforce	HP.1.1
	21500	Ministry of Livestock Development and Estate Infrastructure	HP.3.4
	21600	Ministry of Labour	HP.7.1
	21601	Department of Labour	HP.7.1
	21900	Other ministries	HP.6.1
	23000	Academic, research or training institutions 23001-23999	HP.7.9
	23100	Education and training institutions 23101-23199	HP.7.9
	23110	Medical training schools	HP.7.9
	23130	Dental training schools	HP.7.9
	23131	Nursing training schools	HP.7.9
	23132	Other health personnel training schools	HP.7.9
	23151	NIHS Kalutara	HP.7.9
	23152	Institute of Postgraduate Studies in Medical Education	HP.7.9
	23153	National Institute of Social Development	HP.7.9
	23200	Research institutions 23201-23299	HP.7.9
	23201	Medical Research Institute	HP.7.9
	23211	Institute of Fundamental Studies	HP.7.9
	23212	Institute of Policy Studies	HP.7.9
	23299	Other research institutions n.e.c.	HP.7.9
	27000	Other National Public Institutions	HP.6.1
	27001	Central Bank	HP.6.1
	27002	Finance Commission	HP.6.1
	27999	Other public institutions n.e.c.	HP.6.1
	30000	Nonprofit Institutions 30000-39999	HP.3.9
	31000	National level NPISHs 31001-31199	HP.3.9

Continued

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
	31001	Family Planning Association of Sri Lanka	HP.3.9
	31002	Red Cross	HP.3.9
	31003	St John's Council for Sri Lanka	HP.3.9
	31004	CNAPT (National Association for the Prevention of TB)	HP.5
	31005	Children's Convalescent Home	HP.2.1
	31006	SLNF Smoke and Health	HP.5
	31007	Sahanaya	HP.3.4
	31999	National level NPISHs n.e.c.	HP.3.9
	32000	Local NPISHs	HP.3
INSURERS	40000	Insurers 40001-49999	HP.6.4
	40100	Government health insurance companies 40100-40199	HP.6.4
	40101	Sri Lanka Insurance Corporation	HP.6.4
	40102	SLIC Life	HP.6.4
	40103	National Insurance Corporation	HP.6.4
	40200	Private health insurance companies 40200-40299	HP.6.4
	40201	Ceylinco Insurance Co. Ltd	HP.6.4
	40202	Ceylinco Life	HP.6.4
	40203	Eagle Insurance	HP.6.4
	40204	Eagle Life	HP.6.4
	40205	Janashakthi General Insurance Col. Ltd	HP.6.4
	40206	Janashakthi Life Insurance Co. Ltd	HP.6.4
	40207	Union Assurance Ltd.	HP.6.4
	40208	Union Assurance Ltd. (Life)	HP.6.4
PRIVATE SECTOR	50000	Private health care providers 50001-59999	N
	50001	Private hospitals	HP.1
	51000	Private general hospitals	HP.1.1
	51500	Private mental health and substance abuse hospitals	HP.1.2
	51600	Private speciality hospitals	HP.1.3
	51699	Private hospitals n.e.c.	HP.1.3
	51700	Private nursing care facilities	HP.2.1
	51800	Private residential mental retardation, mental health and substance abuse facilities	HP.2.2
	51999	All other private nursing and residential care facilities	HP.2.9
	52000	Private ambulatory physician services	HP.3
	52100	Private general practitioners	HP.3.1
	52200	Government doctors in private practice	HP.3.1
	52300	Private specialists	HP.3.1
	53000	Private ayurvedic and indigenous medical practitioners	HP.3.1
	54000	Private homeopathic and other non-allopathic practitioners	HP.3.1
	54999	Private physicians n.e.c.	HP.3.1
	55000	Private dental providers	HP.3.2

Continued

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
PRIVATE SECTOR	56000	Private other practitioners	HP.3.3
	57000	Private other non-hospital medical facilities	HP.3.4
	57110	Private family planning centres	HP.3.4
	57120	Private out-patient mental health and substance abuse centres	HP.3.4
	57130	Private ambulatory surgery centres	HP.3.4
	57140	Private dialysis care centres	HP.3.4
	57190	Private other outpatient centres	HP.3.4
	57500	Private medical and diagnostic laboratories	HP.3.5
	57600	Private home health care services	HP.3.6
	57700	Private ambulance services	HP.3.9
	57800	Private blood and tissue banks	HP.3.9
	57999	Private all other non-hospital medical service facilities	HP.3.9
	58000	Retail sale and other providers of medical goods	HP.4
	58100	Pharmacies	HP.4.1
	58200	Retail sale and other suppliers of optical glasses and other vision products	HP.4.2
	58300	Retail sale and other suppliers of hearing aids	HP.4.3
	58400	Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)	HP.4.4
	58500	Retailers of traditional medicines and supplies	HP.4.9
	59999	Shops and all other miscellaneous sale and other suppliers of pharmaceuticals and medical goods	HP.4.9
OTHERS	60000	Other entities 60000-69999	HP.7
	61000	Establishments providing occupational health services as ancillary production	HP.7.1
	62000	Other industries providing health care as secondary function	HP.7.9
	62100	Military health services (not provided in health care facilities)	HP.7.9
	62101	Army health services	HP.7.9
	62102	Navy health services	HP.7.9
	62103	Airforce health services	HP.7.9
	62200	Prison health services (not provided in health care facilities)	HP.7.9
	62300	School health services	HP.7.9
	63000	Enterprises (Employers providing health care as secondary function)	HP.7.9
	63100	State enterprises	HP.7.9
	63200	Public companies	HP.7.9
	63300	BOI firms (exc. Public firms)	HP.7.9
	63999	Other firms n.e.c.	HP.7.9
	69999	Other industries providing health as secondary function n.e.c.	HP.7.9
<i>Continued</i>			

SECTOR	PROVIDER NAME		
	SLHA-HP CODE	Provider breakdowns	ICHA-HP CODE
REST OF WORLD	80000	<i>Foreign entities 80000-89999</i>	
	81000	Intergovernmental/international agencies	HP.9
	81001	World Health Organisation	HP.9
	81002	United Nations Children's Fund	HP.9
	81003	United Nations Development Programme	HP.9
	81004	United Nations Populations Fund	HP.9
	81005	World Bank	HP.9
	81999	International agencies n.e.c.	HP.9
	82000	Foreign governments	HP.9
	82001	Government of Japan/JICA	HP.9
	82999	Foreign governments n.e.c.	HP.9
	83000	Foreign NPISHs	HP.9
	89999	Other foreign entities n.e.c.	HP.9
	90000	All other entities	

Annex Table 10: OECD SHA Tables

CURRENT EXPENDITURE ON HEALTH BY PROVIDER INDUSTRY AND SOURCE OF FUNDING (RS)												
	Total expenditure	HF.1 General Government	HF.1.1 General Government (excl. social security)	HF.1.2 Social Security Funds	HF.2 Private Sector	HF.2.1 Private Social Insurance	HF.2.2 Other Private Insurance	HF.2.3 Private Household Out-of-Pocket Payments	HF.2.4 Non-profit Organizations (Other than Social Ins.)	HF.2.5 Corporations (Other than Health Insurance)	HF.3 Rest of the World	
Health care goods and services by provider industry												
Hospitals	HP.1 29,389	21,748	21,661	87	7,641	639	687	6,224	-	90	-	
Nursing and residential care facilities	HP.2 -	-	-	-	-	-	-	-	-	-	-	
Providers of ambulatory health care	HP.3 21,601	2,720	2,720	-	18,881	1,650	282	16,949	-	-	-	
Offices of physicians	HP.3.1 15,437	50	50	-	15,387	1,273	282	13,832	-	-	-	
Offices of dentists	HP.3.2 467	-	-	-	467	-	-	467	-	-	-	
Offices of other health practitioners	HP.3.3 -	-	-	-	-	-	-	-	-	-	-	
Out-patient care centres	HP.3.4 2,550	2,550	2,550	-	-	-	-	-	-	-	-	
Medical and diagnostic laboratories	HP.3.5 2,345	-	-	-	2,345	422	-	1,923	-	-	-	
Providers of home health care services	HP.3.6 -	-	-	-	-	-	-	-	-	-	-	
Other providers of ambulatory health care	HP.3.9 802	120	120	-	682	-	-	682	-	-	-	
											Continued	

Continued

Retail sale and other providers of medical goods	HP.4	17,974	11	10	1	17,963	700	3	17,260	-	-	-
Dispensing chemists	HP.4.1	13,013	11	10	1	13,002	700	-	12,302	-	-	-
All other sales of medical goods	HP.4.2-4.9	4,956	-	-	-	4,956	-	-	4,953	-	-	-
Provision and administration of public health programmes	HP.5	2,619	2,255	2,255	-	-	-	-	-	-	-	364
General health administration and insurance	HP.6	3,995	3,704	3,704	-	291	-	291	-	-	-	-
Government (excluding social insurance)	HP.6.1	3,705	3,704	3,704	-	-	-	-	-	-	-	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	290	-	-	-	290	-	282	-	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1,153	423	423	-	730	-	-	730	-	-	-
Occupational health care	HP.7.1	13	13	13	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	1,140	410	410	-	730	-	-	730	-	-	-
Rest of the world	HP.9	270	191	191	-	-	-	-	-	-	-	80
Total		77,001	31,052	30,964	88	45,506	2,989	1,263	40,433	730	-	444

CURRENT EXPENDITURE ON HEALTH BY FUNCTION OF CARE AND SOURCE OF FUNDING (RS)												
	Total expenditure	HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	Private Insurance	HF.2.1 Private Social Insurance Schemes	HF.2.2 Other Private Insurance	HF.2.3 Private Household Out-of-pocket	HF.2.4 Non-profit institutions (other than social)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Personal health care services												
HC.1- HC.3	42,726	22,261	22,176	85	20,466	2,820	1,837	983	17,471	85	90	-
In-patient services	24,673	16,394	16,309	85	8,279	1,540	594	946	6,661	-	78	-
Day care services	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.2	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient services	18,054	5,867	5,867	-	12,187	1,285	1,243	42	10,815	85	2	-
HC.1.3	-	-	-	-	-	-	-	-	-	-	-	-
Home care services	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.4	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary services to health care	4,027	-	-	-	4,027	423	423	-	3,604	-	-	-
HC.4	-	-	-	-	-	-	-	-	-	-	-	-
Medical goods dispensed to out-patients	21,239	1,329	1,326	3	20,110	738	729	9	19,342	30	-	-
HC.5	-	-	-	-	-	-	-	-	-	-	-	-
Pharmaceuticals and other medical non-durables	17,814	1,329	1,326	3	16,485	738	729	9	15,717	30	-	-
HC.5.1	-	-	-	-	-	-	-	-	-	-	-	-
Therapeutic appliances and other medical durables	3,620	-	-	-	-	-	-	-	-	-	-	-
HC.5.2	-	-	-	-	-	-	-	-	-	-	-	-
Personal health care services and goods	68,192	23,590	23,502	88	44,603	3,981	2,989	992	40,417	115	90	-
HC.1- HC.5	-	-	-	-	-	-	-	-	-	-	-	-
Prevention and public health services	4,718	3,694	3,694	-	620	-	-	-	-	620	-	404
HC.6	-	-	-	-	-	-	-	-	-	-	-	-
Health administration and health insurance	4,090	3,767	3,767	-	283	271	-	271	12	-	-	40
HC.7	-	-	-	-	-	-	-	-	-	-	-	-
Total	77,001	31,051	30,963	88	45,506	4,252	2,989	1,263	40,429	735	90	444

TOTAL EXPENDITURE ON HEALTH INCLUDING HEALTH RELATED FUNCTIONS (RS)												
	Total expenditure	HF.1 General government	HF.1.1 General government (excl. social security)	HF.1.2 Social security funds	HF.2 Private Sector	Private Insurance	HF.2.1 Private Social Insurance Schemes	HF.2.2 Other Private Insurance	HF.2.3 Private Household Out-of-pocket payments	HF.2.4 Non-profit institutions (other than social insurance)	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
Services of curative and rehabilitative care	HC.1- HC.2	42,727	52.1	51.9	0.2	47.9	6.6	4.3	2.3	40.9	0.2	-
Services of long-term nursing care	HC.3	-	-	-	-	-	-	-	-	-	-	-
Ancillary services to health care	HC.4	4,032	-	-	-	100.0	10.5	10.5	-	89.5	0.1	-
Medical goods dispensed to out-patients	HC.5	21,434	6.2	6.2	-	93.8	3.5	3.4	-	90.2	0.2	-
Pharmaceuticals and other medical non-durables	HC.5.1	17,814	7.5	7.5	-	92.5	4.2	4.1	0.1	88.2	-	-
Therapeutic appliances and other medical durables	HC.5.2	3,620	-	-	-	100.0	-	-	-	100.0	0.2	-
Personal health care services and goods	HC.1 - HC.5	68,193	34.6	34.5	0.1	65.4	5.8	4.4	1.5	59.2	13.4	0.1
Prevention and public health services	HC.6	4,718	78.3	78.3	-	13.4	-	-	6.5	0.3	-	8.3
Health administration and health insurance	HC.7	4,090	92.1	92.1	-	6.8	5.5	-	-	-	-	1.1
Total Current Expenditure on health		77,001	40.3	40.2	0.1	59.1	5.5	-	1.6	52.5	1.0	0.6
Gross capital formation	HC R.1	9,440	85.7	85.7	-	14.3	0.1	3.9	-	-	0.9	0.1
Total Expenditure on health		86,441	45.3	45.2	0.1	54.2	4.9	0.1	1.5	46.8	1.0	0.5

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Health Care Professional Groups and Associations

Sri Lanka Cancer Society

CNAPT

St. John's Ambulance Brigade

Sri Lanka Private Hospital Association

Sri Lanka Pharmaceutical Association

Sri Lanka College of General Practitioners

Sri Lanka Medical Council

Independent Medical Practitioners' Association

Sri Lanka Red Cross Society

Family Planning Association of Sri Lanka

Insurance Companies

Sri Lanka Insurance Corporation

Ceylinco Insurance

CTC Eagle

Union Assurance Ltd.

Janasakthi General Insurance

National Insurance

Other Organizations

South Asia Partnership

Plantation Human Development Trust

Sri Lanka Jathika Sarvodaya Sangamaya

IMS Lanka Private Ltd.

Appendix D

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