



# NATIONAL HEALTH ACCOUNTS OF THE ARMENIA 2011



# **REPORT**

**NATIONAL HEALTH ACCOUNTS  
OF  
THE REPUBLIC OF ARMENIA  
2011**

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THE REPORT WAS DEVELOPED BY THE TASK TEAM OF NATIONAL HEALTH ACCOUNTS OF REPUBLIC OF ARMENIA. EXPERTS FROM THE WORLD HEALTH ORGANIZATION AND THE WORLD BANK WERE PROVIDING DIRECT SUPPORT TO THE DEVELOPMENT OF THE REPORT.

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Given the importance of a global standard for accounting framework for statistics on health expenditure and financing, and to enhance the analytical power of the OECD, EUROSTAT and WHO have agreed to collaborate on further development of methodologies for health accounts.

Main definitions and terms in the NHA methodology are based on the terms and definitions of the “System of Health Accounts” developed by the Organization of Economic Cooperation and Development (OECD). The OECD developed “System of Health Accounts” Manual sets out the international classification of Health Accounts, where all the types of health expenditures are divided into categories.

Based on the this methodology development of the National Health Accounts in Armenia started in the 2005.

National Health Accounts (NHA) turned to be a useful tool for understanding a number of issues in health sector financing.

2011 NHA 53 pages.

## TABLE OF CONTENTS

Introduction .....	4
ABBREVIATIONS .....	6
CHAPTER 1. THE IMPORTANCE AND ROLE OF NHA IN ARMENIA .....	7
1.1. The National Health Accounts in Armenia.....	7
1.2. The Objective of the National Health Accounts .....	7
1.3. Methodology of National Health Accounts .....	7
1.4. Definition of Health Expenditures.....	8
1.5. Structure and Classification of National Health Accounts .....	8
1.6. The Process of National Health Accounts Preparation.....	9
CHAPTER 2. ANALYSIS AND DESCRIPTION OF SITUATION.....	10
2.1. General Description, Composition and Structure of the Health System .....	10
2.1.1. Description and Management of Health Sector .....	10
2.2. Health Financing .....	10
CHAPTER 3. THE METHODS AND DATA SOURCES .....	11
CHAPTER 4. MAIN OUTCOMES OF THE NHA .....	14
4.1. Analysis of Basic Accounts .....	14
4.1.1. Financing Sources and Financial Agents (FSxFA) .....	14
4.1.2. Financial Agents and Providers (FAxP) Account .....	20
4.1.3. “Financial agents and functions” (FAxF) account .....	38
4.1.4. Providers and Functions (PxP) Account .....	49
LITERATURE.....	53

## **Introduction**

From the perspective of health system financing one of the most important tasks of the Ministry of Health of RoA, implemented under the reforms of health care system, is to assess the size of health financing provided by different sources, the prospects to increase funding allocated to the health sector, identify important actors in allocation of financial resources for the main projects of the health sector and for the population, in health financing and provision of health care services as an instrument for final results' and impact evaluation, strategy development of the reforms.

To this end, the National Health Accounts (NHA) turned to be a useful tool for understanding a number of issues in health sector financing.

Statistical data used for preparation of this report have been collected from several sources. Main part of the data is collected from the administrative records and the official statistics, as well as from already conducted special annual and one-time surveys. At the same time the data was compared and confronted with the results of interviews and surveys specifically used for the NHA preparation.

The "Household survey on expenditures of health services" was implemented by USAID Healthcare system strengthening in Armenia (HS-STAR) project, which has provided the financial and advisory support to the survey implementation. However this data will be used for preparation of the NHA report 2012, taking into consideration that the survey data was finalized February 2013, and has completely included the year 2012.

The report of National Health Accounts is developed under the coordination of the National Institute of Health (NIH) named after academician S. Avdalbekyan. NHA experts were working in close collaboration with Center for financial analysis of health system and evaluation of national health accounts of the NIH. Institutionalization of NHA report development activities is carried out with the support of USAID Healthcare system strengthening in Armenia (HS-STAR) project. The project has also provided advisory support to the preparation of the NHA report of 2011.

The healthcare sector performance, as a part of economy, from one side acts with a large spectrum for generation of incomes, including state budget, community budgets, resources of private company employers, remunerations from insurance companies, payments of households and etc., and on the other side, as a initiator and provider of health care

services' demand, as a consumer economic category for the population is relevant to economic regulations and is described with internal, significant, stable and repeating causal interrelations.

Thus, National Health Accounts are considered to be the single all-inclusive tool, which can provide macro-assessments to financial flows of the health sector, as well as to estimate and reconsider the results of ongoing reforms, to make essential and significant adjustments in decisions for selection of future reform strategies in the form of comparison and dynamic rows.

The financial flows presented in the NHA report 2011 have ambiguous tendencies; in particular the expenditures have decreased in 2011 compared with 2010. For development of NHA report the indicator of health expenditures per capita received from the "Integrated Living Conditions Survey" was used, which amounted to AMD 686.0 in 2011 and compared with the previous year has decreased by 40% (AMD 1,136.0 in 2010). The decrease of expenditures is also caused by the decrease of specific weight of health expenditures in overall consumer expenditures; from 4.0% to 2.1%, in the case that an increase of overall consumer expenditures by households was recorded (the interpretation is presented below in the text). Such a decrease is in some sense inexplicable, because even in conditions of economic crisis in 2009, when the GDP was 14.1%, the health expenditures were decreased by 14%, from AMD 1,035.0 to AMD 888.0. The decrease of up to AMD 686.0 is irrational after the GDP increase of 4.7% in 2011 and the health expenditures in an amount of AMD 1,136.0 in 2010. Taking into consideration this fact, the Ministry of Health of RoA has officially requested for scientific clarifications from the National Statistical Service of RoA, but it was useless. As a result, for calculation of overall expenditures for health services by households the official indicator published NSS was used, thus compared with the 2010 a decreased of expenditures for health services by households was recorded.

## ABBREVIATIONS

ASRP	Armenia Social Reform Project
F	Function or Health Care Functions
FA	Financing Agent
FS	Financing Source
HDNP	Human Development National Report
HH	Households
HPIU	“Health Project Implementation Unit” State Agency of the MoH, RoA
IDC	NHAA Interdepartmental Commission
MC	Medical center
MDG	Millennium Development Goals
MoF	Ministry of Finance of the Republic of Armenia
MoH	Ministry of Health of the Republic of Armenia
MoJ	Ministry of Justice of the Republic of Armenia
MoLSI	Ministry of Labor and Social Issues of the Republic of Armenia
NHA	National Health Accounts
NHAA	National Health Accounts of Armenia
NSS	National Statistical Service of the Republic of Armenia
P	Provider or Implementers of Health Care Functions
PRSP	Poverty Reduction Strategy Paper
RoA	Republic of Armenia
SHA	State Health Agency of the RoAMoH
SNA	System of National Accounts
TT	NHAA Task Team
UN	United Nations Organization
UNDP	United Nations Development Program
USA	United States of America
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

## CHAPTER 1. THE IMPORTANCE AND ROLE OF NHA IN ARMENIA

### 1.1. The National Health Accounts in Armenia

This NHA report and the NHA in general, are mainly provided for the health system policy-makers and administrators to be used in activities targeting the improvement of health system performance and management. The information included in the NHA is useful in the decision-making process as it provides an opportunity to evaluate the degree of utilization of available resources (at current point of time) as well as for comparative analysis of the country's health system and health systems of other countries. If applied regularly, the NHA provide also a possibility to identify health expenditure trends, which are crucial for the health system monitoring and evaluation. Nevertheless the NHA methodology can be used for the predictions of the health system financial needs.

By combining the information in the NHA with non-financial data, for instance, by comparing the data on the morbidity with the utilization of resources by health care providers, the policy-makers have the possibility to adopt justified strategic decisions and avoid potentially negative alternatives.

*It should be noted that the NHA is not only a tool for the officials in the policy decision-making process but also a tool for the general public to evaluate the outcomes of strategic decisions already adopted by political officials.*

### 1.2. The Objective of the National Health Accounts

The main objective of National Health Accounts preparation is to facilitate collection of information on national health system, systematize and submit that information to make the process of planning, policy development and efficiency assessment within the sector more accessible.

Meanwhile, the present report that incorporates the comparison of the NHA data table of several years will lend an opportunity to assess:

- How does the level of participation of financing sources change in parallel with the increase of the state budget allocations? Whether the financial burden of population is reducing and for which programs and services?
- Does the implementation of the state guarantees for the population improve in parallel with the increase of the state budget allocations, i.e., do specific types of medical care or health care services actually become free of charge for the population?

Structural flexibility of the NHA gives also an opportunity to analyze the obtained results by population target groups or by activities, which are related to specific programs and types of diseases such as primary health care, types of specialized care, tuberculosis control programs, etc.

### 1.3. Methodology of National Health Accounts

Main definitions and terms in the NHA methodology are based on the terms and definitions of the "System of Health Accounts" developed by the Organization of Economic Cooperation and Development (OECD). The OECD developed "System of Health Accounts" Manual sets out the international classification of Health Accounts, where all the types of health expenditures are divided into categories.

Despite the fact that the NHA system of RA is relying on the international classification of the “System of Health Accounts”, it also involves sub-categories relevant for distinctive characteristics of health care system of the RoA. Such flexibility allows the NHA to take into account the diversity and specificity of Armenia’s health system structure and performance.

#### 1.4. Definition of Health Expenditures

In accordance with NHA definitions, national health expenditures are all the expenditures related to implementation of economical activities and aimed to maintain and improve health, change the systems of living standards or finance such activities. This definition applies to all types of facilities and organizations providing or financing health care services. For instance, the NHA provides an opportunity to include funds allocated by the Ministry of Education and Science for the education and training of medical personnel in the health expenditure estimates. In a similar manner, not all the activities implemented by the Ministry of Health fall under the definitions of health expenditures and are included in the NHA. Thus, the NHA is developed based on the aforementioned differentiations and exceptions.

When setting up the NHA, the health functions related to the citizens and residents of the country have been considered but not the geographical boundaries of the country. Thus, for instance, the NHA include health care expenditures made for the citizens and residents temporarily residing abroad, and exclude health care expenditures made for the foreign citizens within the country. Health care expenditures made by the international organizations, medical goods and services for residents of the recipient country are also included in the national health expenditures.

#### 1.5. Structure and Classification of National Health Accounts

The NHA by its structure describes the health expenditures and is grouped into four main tables. All the tables are two dimensional and reflect financial flows from one category of health care participants to another, i.e., they describe how much has been spent by each participant of the health system and where the funds were directed.

The NHA differentiates between four main categories of health system participants.

1. Financing sources (FS) responding to the following question: “Where do the funds come from?” For instance, the State Budget, households, international donor organizations.
2. Financial agents (HF) (also called financial intermediaries), who receive funds from financing sources and use them to finance health care services, medical goods (for instance, drugs) and activities. This category addresses the following question: “Who controls and channels funds?” For instance, if the annual RoA State Budget (financing source) provides funds to the RoA Ministry of Health, then the latter, in turn, decides on how to distribute the funds received within the health system. For this reason, the RoA Ministry of Health acts as a financial intermediary. Other examples may include insurance companies and other ministries (for instance, the RoA Ministry of Education and Science).
3. Providers of health services (HP) are the end users of health system funds. This category of participants responds to the following question: “To whom the funds are allocated?” Providers are the organizations that provide health care services. For

instance, private and public hospitals, polyclinics, rural ambulatories and health centers, pharmacies, etc.

4. Health functions (HC) are the services provided and activities implemented by the providers against the funds received. This category responds to the following question: “What kind of service, product or activity has been actually implemented?” Medical care, long-term nursing, medical goods (for instance, drugs), preventive activities and health administration may serve as examples.

The main cluster of tables describes the financial flows between the above mentioned categories of the health system. On the other hand, the financial flows can be very complex and involve numerous types of participants and links between them.

#### 1.6. The Process of National Health Accounts Preparation

The preparation of NHA is comprised of the following stages:

- Health expenditure data collection;
- Input figures into the NHA tables;
- Data analysis;
- Dissemination of the outcomes among the users.

At the initial stage, when the issues of the NHA institutionalization are yet to be addressed, the NHA tables are generally prepared by the task team composed of different specialists and this work has already started in Armenia in 2004-2005.

Contributing to the success of the NHA is the coordinating committee composed of the officials from the RoA Ministry of Health, the RoA Ministry of Finance, representatives of the National Statistical Service, etc. To all appearances, the coordinating committee must play essential role in the institutionalization of NHA. The role of coordinating committee is to ensure the availability of data to the task team, as the preparation of NHA presupposes a comprehensive collection of data from different ministries and departments, donor organizations, providers, etc.

## CHAPTER 2. ANALYSIS AND DESCRIPTION OF SITUATION

### 2.1. General Description, Composition and Structure of the Health System

#### *2.1.1. Description and Management of Health Sector*

The RoA health sector includes:

1. The system of the RoA Ministry of Health;
2. The systems of other Public Administration bodies implementing health services;
3. The system of health care facilities founded by the RoAMarzpets (Regional Governors);
4. Health care facilities founded by the Local Self-Governance Bodies;
5. Private health care facilities;
6. Local and foreign benevolent organizations and Non-Governmental Organizations (NGOs) implementing projects in the health sector;
7. Entities of donor countries and international organizations implementing projects in the health sector.

The RoA Ministry of Health carries out public administration of other Public Administration Bodies providing health care services, the health care facilities founded by the RoAMarzpets and the Local Self-Governance Bodies as well as private health care facilities within the scope of the state guaranteed programs (state order).

### 2.2. Health Financing

The health system of Armenia is financed both by internal and external sources. The main internal sources of financing are the following:

- 1. RoA State Budget**
- 2. Direct payments of citizens**
- 3. Co-payments**
- 4. Medical Insurance**

The external sources of health financing are the all the expenditures made by the outside world in health system of RoA in a decentralized way and not reflected in state budget:

- a. Import and distribution of goods received from the outside world and approved as benevolent/humanitarian goods;
- b. Works and services provided within the scope of programs approved as benevolent and financed by the outside world;
- c. Expenditures made by major international donor organizations in the health system of RoA.

### CHAPTER 3. THE METHODS AND DATA SOURCES

The data sources in different countries have various distinctive features, and for Armenia the following main sources have been selected:

*i. Records of the national, regional and local bodies of the health system represent the most comprehensive, reliable and accurate data;*

*ii. Records maintained by insurance companies (social and private insurance): the records of insurance companies must include insurance payments made to the households and companies, as well as medical and administrative expenditures of the insurer. On the other hand, however, the insurance records may lack such important data as co-payments or partial payments to the providers of medical services made by the households as the direct payments. To this end, it is very problematic to include insurance companies as data sources. If the specific weight of insurance premiums and expenditures of insurance companies in overall health expenditures are also taken into account, then the efforts to collect data on this may be underestimated. Even more, the proportion of expenditures of existing insurance companies out of total health expenditures is too small. Nevertheless, "Questionnaire for Expenditures of Insurance Companies" was developed in 2008-2009, with the purpose to study the expenditures of insurance companies.*

*iii. Records of medical service providers: these data could be obtained either directly from providers or from regulatory and financing bodies (for instance, from tax or licensing authority). The problem here is that the providers may not maintain the relevant records because such administrative registers have not been required and are not used by the licensing or financing bodies. In some cases, it may be outside of the body's mandate to require such registry. In addition to this, the problem is made even more complicated as the data on alternative medicine are not comprehensive and accurate.*

*iv. Data on assistance provided by donor organizations: the reports prepared by different organizations (United Nations Development Program, World Health Organization, etc.) or Ministry of Health very often incorporate comprehensive information required for the NHA preparation. Nevertheless, those reports raise some questions related, for instance, to the estimation of cash value for non-financial support (for instance, drugs or vaccines) provided by the donor organizations. On the other hand, in the case of implementation of health care services by donor organizations through NGO-es or other non governmental providers, it is almost impossible to get detailed information on expenditures.*

To address the aforementioned issues and emerged problems an attempt has been made to:

- identify additional independent sources of information that may be used to check the accuracy of the received data;
- make an effort to obtain similar results at least from two different sources;
- identify the reasons for differences, if the calculations differ;
- ignore insignificant differences;
- check the calculations more carefully, if differences are essential. Are these estimations for the same expense items? Are the expenditure definitions the same? Do the periods differ? Do these estimations relate to the fact that in some cases the calculations have been made on the accrual basis, and in other cases on actual payment basis?

### 3.1. Sample Surveys

The household sample surveys and the data from “Integrated Living Conditions Survey”(ILCS) implemented periodically by NSS RoA, are considered to be a source of information on summary indicators of health expenditures of households, as well as on structure of providers and functions.

The ILCS served as an information source for the household health expenditures for the 2011, and the structural proportions were estimated based on the indicators and weights received from the Special sample survey. Similar to the year 2010, in 2011 there were obstacles during utilization of the data from ILCS for the preparation of the National health accounts, because there was a change in the questionnaire related to the recording period for the expenditure: the households have presented information on expenditures for medical services and drugs for the period of 30 days preceding the interview<sup>1</sup>. This has limited the opportunity to generalize the data by health service types for the main cluster or for the general population of RoA.

Only per capita monthly average health expenditures accounted based on the results of ILCS, serve as a base for calculation of the total household expenditures, which are satisfactory representative in a country level. In other words the summary estimate of the health expenditures made by households (volume of the expenditures with estimation of all households) is calculated from the combination of the per capita expenditure based on the data received from “household diary” and the average annual number of the population. While preparing the NHA report for 2008 the distribution of health expenditures by providers and functions, was carried out in accordance with the data of “Household Survey on Expenditures of Health Services” implemented by the RoA NSS together with the International Center for Human Development. The estimations were also based on the population morbidity indicators.

During preparation of 2011 NHA report the per capita health expenditure indicator received from ILCS was used, which amounted AMD 686.0. It was reduced compared with the indicator of the previous year (AMD 1,136.0) by 40%. The decrease in expenditures is due to the reduction of the specific weight of health expenditures in overall consumer expenditures from 4.0% to 2.1%, in the case, that there was recorded an increase of total consumer expenditures of households (see below presented table). Such reduction, in some point, is not possible to explain, because in 2009 during the economic crisis condition, when the GDP was decreased by 14.1%, the health expenditures were reduced by 14%, from AMD 1,035.0 to AMD 888.0.

In 2011, after there was recorded a growth of GDP by 4.7% and expenditures of AMD 1,136.0 in 2010, the reduction up to AMD 686 is unreasonable. Taking into consideration these facts, RoA Ministry of Health has tried to receive some scientific clarifications from the RoA NSS, but it was useless. As a result, the calculation of the overall health expenditure of households was based on the official indicator published by RoA NSS, and thus a reduction of health expenditures by households was recorded.

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<sup>1</sup>*Social Snapshot and Poverty in Armenia*. Statistical analytical report, in accordance with the results of Household Integrated Living Conditions Survey 2010, NSS RoA, Yerevan 2011, pages 139-151

**Armenia: Structure of household consumer expenditures by type 2004, 2008-2011<sup>2</sup>**

Types of expenditures	Per capita of household, monthly									
	AMD					%				
	2004	2008	2009	2010	2011	2004 <sup>p</sup>	2008	2009	2010	2011
<b>Consumer expenditures</b>	<b>19251</b>	<b>28878</b>	<b>27667</b>	<b>28646</b>	<b>32585</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
including										
<b>Food</b>	10797	14984	14145	14844	17184	56.1	51.9	51.1	51.8	52.7
including										
Food out of the household	227	449	389	452	434	1.2	1.6	1.4	1.6	1.3
<b>Purchasing alcoholic beverages</b>	163	227	238	272	245	0.8	0.8	0.9	1.0	0.8
<b>Purchasing cigarettes</b>	808	1019	1035	1009	1123	4.2	3.5	3.7	3.5	3.4
<b>Non-food Goods</b>	2787	4730	4294	4439	5022	14.5	16.4	15.5	15.5	15.4
<b>services</b>	4696	7918	7955	8082	9011	24.4	27.4	28.8	28.2	27.7
including										
Health services	1500	1035	888	1136	686	7.8	3.6	3.2	4.0	2.1
Educational services	708	1221	833	141	167	3.7	4.2	3.0	0.5	0.5
Utility services	1146	2635	2950	3008	3567	6.0	9.1	10.7	10.5	10.9
Transportation	694	967	1101	906	1003	3.6	3.3	4.0	3.2	3.1
Communication	291	1404	1285	1424	1570	1.5	4.9	4.6	5.0	4.8
Cultural	3	3	4	4	12	0.0	0.0	0.0	0.0	0.0
Juridical services	3	16	15	121	92	0.0	0.1	0.1	0.4	0.3
Other services	351	637	879	1342	1914	1.8	2.2	3.2	4.7	6.0

Source: HHILCS 2004, 2008-2011

<sup>2</sup>*Social Snapshot and Poverty in Armenia*. Statistical analytical report, in accordance with the results of Household Integrated Living Conditions Survey 2010, NSS RoA, Yerevan 2011, pages 133

## CHAPTER 4. MAIN OUTCOMES OF THE NHA

### 4.1. Analysis of Basic Accounts

#### 4.1.1. Financing Sources and Financial Agents (FSxFA)

When studying the financial flows for health care services by financial sources and financial agents, it is important to refer to the tables of *Financial Sources and Financial Agents (FSxFA)*, which give an overview on the volumes of financing provided by all Financial Sources to the particular Financial Agent (institutional body or sector).

#### **1. Financing of the “Public sector” Financial Agent HF.A.1**

The overall amount of financing provided to the health system by all financial sources, including Public, Private and the Rest of the World, in 2010 was AMD 141,402.9 million, distributed between the Public, Private and Rest of the World Financial agents.

The overall amount of financing by public sector - as a financial agent - for provision of health services in 2011 amounted to AMD 63,200.1 million. Similar to the previous year in 2011 due to RoA Government Policy on maintaining the public financing directed to the social sector, the financial volume of “Public sector” agent, has kept its increase tendency, even if a not significant increase was recorded, especially when in 2009 a reduction of 8% was recorded compared with the previous year.

The public funding was a source for financing “Public sector” agent in an amount of AMD 63,200.1 million. In the structure of financial sources the specific weight of financing from the public sources formed the 100% of the sector total financing.

The financing indicator for the Rest of the World through decentralized funding amounted AMD 11,157.9 million, which in comparison with the last year indicator was reduced by 6.4%. If we take into account the fact, that in 2010 the reduction of the volume of financing of the Rest of the World compared with the previous year amounted 24.3%, than it can be stated, that during last few years the decrease pace of the financial volumes provided by this financial source is accelerating.

As it can be observed from the dynamics of indicators provided by the public sector financing sources, in the overall financing the volumes of public resources were increasing without deviation, but the external financing, which demonstrates an instable behavior in 2007, and describes the cyclic representation dynamics of the indicator of the total financing volume, during the last three years has an obvious decreasing dynamics.

Պետական ֆինանսավորման ընդհանուր կառուցվածքում 63 200.1 մլն դրամ ըկազմել են պետական բյուջեի միջոցները, ինչը ավել է նախորդ տարվա ցուցանիշի համեմատ 8 տոկոսային կետով: It is noteworthy that in 2010 similar to previous three years, in the financial structure of public sector no financing was provided by Territorial Administration Bodies, which in 2009 was AMD 163,8 million or 0,3% of the overall financing.

In 2008, when the reduction of total volume of financing was 8%, an increase of the public resources by 104.5% and a reduction of the Rest of the World by 52.6 % were recorded. Thus there was an essential change in the total structure of the proportions of specific weights of the mentioned sources in favor of the public sources compared with the year 2007. In 2007 the financial volume of the public sector, as a financial agent, was increased by 27.2%, moreover the increase of public financing amounted to 120.6%, and the

decentralized financial growth of the Rest of the World was 158.2%. Because of a rapid increase rate of the financing from the Rest of the World, the structure of the financial sources was significantly changed, particularly, the specific weight of the public sector was reduced by 2.7% points, and on the contrary the specific weight of the Rest of the World has increased with the same amount.

The evidence of the public policy implementation effectiveness in health care sector first is the fact that the role of state budget is steadily increasing (even with no rapid increase) (99.5% in 2009; 99.9% in 2008; 99.9% in 2007; 99.7% in 2006).

As a result, in comparison with the previous year in 2008 the financial volumes and structure of the public sector as a financial agent, the following changes were recorded: the total financial volume was reduced by 8%, including an increase of 4.5% of financial volume provided by public sources, and 52.6 % reduction by the Rest of the World. Related to this the structure of public sector financial sources has got the following picture: public sources 98.7% and Rest of the World 1.3%. In 2007 compared with 2006, the following changes were observed in the financial structure provided by the public sector: despite the recorded growth of all indicators, the specific weight of the public sources were reduced by 2.7% points and a growth of the same amount was recorded for the Rest of the World, due to 1.5% growth of the financial volume provided by this source.

In 2007 the Public Administration Bodies provided an amount of AMD 50,776.4 million to the health sector from the state budget and in comparison with the level of the preceding year it amounted to 120.9% (in 2006 AMD 42,002.5 million, which in its turn amounted to 127.1% compared with the preceding year). As a point of comparison, the size of financing by the Public Administration Bodies in 2005 amounted to AMD 33,048 million as compared to AMD 26,591 million in 2004; and compared with the level of previous year it amounted to 124.3%. Because of the growth rate (20-27%) of financial volumes in the presented period (2004-2007) almost double increase was recorded for the annual financial volumes from public sources – 191%.

While viewing the distribution of financing from public sources by financial agents (FA) it is protocoled, that in 2011 the overall financing was directed to Central Public Administration Bodies, and no financing was provided to Regional Public Administration Bodies.

The financing provided by all financial sources has been distributed between public sector components by below presented proportions:

In 2011, the total financing of RoA Ministry of Health amounted to AND 60,600,5 million, the growth of which compared with the indicator of the previous year was 108,2%.

The financing provided to RoA Ministry of Health from state budget in 2011 amounted the 95,9% of the overall financing (92,5% in 2009; 91,9% in 2008; 92,6% in 2007, 92,1% in 2006), which has exceeded the indicator of the previous year by 8% points (in 2009 there was a growth of 0,6 % points; in 2008 it was reduced by 0,7% points; and in 2007 there was a growth of 0,4% points).

In 2010 similar to previous years, the entire financing of the “Public Sector” agent by the second component of financing sources – the “Rest of the World” – has been provided to the RoA Ministry of Health in an amount of AMD 4,394.7 million (AMD 5,791.6 million in 2009; AMD 6,759.5 million in 2008; AMD 1.7 million in 2007).

It is noteworthy that in 2005 the total financing of the RoAMoH amounted to AMD 37,402 million (as compared to AMD 24,268.5 million in 2004; the growth of 154.1%), including 93% or AMD 30,734 million from the state budget (98.5% in 2004), which, at the

same time, was 82.2% of the total MoH financing and 77.2% of the public sector overall financing. AMD 6,668 million (AMD 359.2 million in 2004; growth of 18 times) or 17.8% (1.5% in 2004) of total financing of the ministry has been provided by the “Rest of the World” sector via decentralized financing.

On the other hand, it should also be noted, that if the double increase of the health financing volumes from 2004 to 2007 by the public sector was observed due to 2.5 times growth of the financing provided to the RoA Ministry of Health: from AMD 24,268.5 million in 2004 to AMD 61,263.8 million in 2007, then in 2008 a 9.4% decrease of the financing from the Ministry of Health of RoA was recorded.

In 2011 AMD 1,146.0 million or the 4.9% of overall financing (AMD 2,794.2 million or 4.9% in 2009; AMD 2,521.8 million or 4.8% in 2008; AMD 2,303.8 million or 4.5% in 2007; AMD 1,963.5 million or 4.7% in 2006; AMD 1,462 million or 4.4% in 2005 and AMD 1,438.1 million or 5.4% in 2004) of the state budget funds and general financing of the sector from the public sources has been allocated to the RoA Ministry of Labor and Social Issues. If in 2007 the absolute indicators of the financing volume from the Ministry again has increased, but the growth of volumes of other components lead to an decrease of the specific weight of financial resources in the overall structure of the financial resources by 0,2 % point, and the small growth in 2008 lead to a 0.3% growth of the specific weight in the structure, in the background of reduction of financing of the other components, then in 2009 the 110.8% increase of financial volume compared with the previous year, in the background of the growth of other components, in the total structure the specific weight of funding received by the Ministry is increased by 0.1% point.

In 2011 the increase of the volume of financing of the ministry compared with the indicator of the previous year was 108% or an increase of 8% points, as a result the specific weight of which in the structure of financing from public sources was increased by 8.2% points. The funding of the RoA Ministry of Labor and Social Issues was provided by the financial sources from state budget exclusively, the proportion of which in the overall financial structure amounted 1.8% (4.5% in 2009; 4.2% in 2008).

In 2011 RoA Ministry of Education and Science was funded in an amount of AMD 1,043.6 million. In 2009 AMD 659.7 million or 1.5% of the overall Public Sector financing volume was allocated to this Ministry, a financial source for which was the state budget, which has increased a little compared with the previous year, and amounted the 1.2% of the state budget financing (AMD 650.7 million or 1.1% in 2008; AMD 361.8 million or 0.6% in 2007; of which AMD 360.2 million or 0.7% is provided from state budget resources; correspondingly AMD 518.2 million or 1.2% in 2006; AMD 615.1 million or 1.9% in 2005; AMD 452.1 million or 1.7% in 2004).

In 2011 AMD 128.4 million or 0.2% of the overall financing from state budget was allocated to the RoA Ministry of Transport and Communication (AMD 120 million or 0.2% in 2010; AMD 87 million or 0.2% in 2009; AMD 97 million or 0.2% in 2008; AMD 82 million or 0.2% in 2007; AMD 100 million in 2006; AMD 82.4 million in 2005 and AMD 139.3 million in 2004). As it is observed from the presented numbers, there are some deviations in the funding of this Ministry: each increase of funding is followed by a decrease in the following year, despite the stability of the specific weight.

In 2011 the financing of the RoA National Security Service and the RoA Police is left almost unchanged, and amounted correspondingly AMD 27.9 million and AMD 82.3 million. Despite this, no changes were made in overall funding of state budget amounting respectively 0.05% and 0.1% (AMD 26.8 million and AMD 181.9 million or 0.05% and 0.3% in 2008;

AMD 26.8 million and AMD 174.6 million or 0.1% and 0.3% in 2007; AMD 26.8 million and AMD 81.9 million in 2006; AMD 25 million and AMD 76.4 million in 2005).

The specific weights in the overall financing structure for the two latter public bodies remained almost unchanged from the previous years, even though there was an obvious increase of funding for RoA Police, particularly in 2007, it was almost doubled, and in 2008 the growth was 104.2%. In 2009 the financing of the RoA Police is decreased by 59.5%.

The total financing from public sources for the HF 1.1.1.7 TBD public sector component in 2011 amounted AMD 171.4 million (AMD 159.6 million in 2010; AMD 337.6 million in 2009; AMD 823.4 million in 2008; AMD 826.6 million in 2007), which similar to the previous year was entirely funded by the state budget.

The sub-agent financing volume structure was different from 2004-2006: particularly in 2006 the funding amounted to AMD 622.1 million, including AMD 522.6 million from the state budget and AMD 99.5 million drams from revenues of regional public administration bodies, AMD 165 million in 2005, including AMD 53.6 million from the state budget and AMD 111.3 million from other public sources. In 2008 a 99.6% increase was recorded compared with the previous year (the growth was 132.9% in 2007).

In contrast to 2004, when the sector “Rest of the World” contributed AMD 2,586.5 million as decentralized funding for the health facilities established by the Local Self-Governance Bodies, the entire financing of the Rest of the World in 2005 and 2006 has been allocated to the RoA Ministry of Health. In 2007 AMD 14,263.1 million was allocated from the Rest of the World by a decentralized order to the two state bodies: AMD 14,261.4 million to the RoA Ministry of Health and AMD 1.7 million to the RoA Ministry of Education and Science.

## **2. Financing of the “Private sector” Financial Agent HF.B.2**

The overall financing provided by the private sector - as a financial agent - in 2011 amounted to AMD 67,044.9 million or 27% decrease as compared with the previous year (AMD 91,373.6 million in 2010; AMD 79,666.0 million or 109.6% growth in 2009; AMD 72,666.3 million or 104.4% AMD 69,588.1 million or 103.8% in 2007; AMD 67,066 million and reduction of 10.7% in 2006).

In the overall financial structure 98.4% or AMD 66,002.9 million (AMD 88,201.7 million or 96.2% in 2010; AMD 75,794.9 million or 95.1% in 2009; AMD 69,680.4 million or 95.9% in 2008; AMD 67,106.1 million or 96.4% in 2007; AMD 64,024.6 million or 95.5% in 2006) represents direct payments by households, which has a growth of 116.4% (108.8% in 2009; 103.8% in 2008) as compared with the indicator of the previous year.

AMD 1,041.9 million or 1.6% of the overall funding of the private sector (AMD 620.1 million or 0.7% in 2010; AMD 426.4 million or 0.6% in 2009; AMD 309.9 million or 0.4% in 2008; AMD 173.0 million or 0.2% in 2007; AMD 105.1 million in 2006) are the payments of private insurance companies financed from the “private sector” financing sources at the cost of employers/private companies component.

Thereby, the financial volume provided by private sector (excluding the Rest of the World) in 2011 amounted to AMD 67,044.9 million, which is less than 26.6% from the indicator of the previous year (AMD 88,821.8 million or an increase of 116.5% in 2010; AMD 76,221.4 million or 108.9% increase compared with the previous year in 2009; AMD 69,990.3 million or 104% growth in 2008; AMD 67,279.1 million in 2007; AMD 64,129.7 million in 2006).

The overall funding contributed by financial agents of this sector in 2005 amounted to AMD 75,081 million as compared to AMD 75,058 million in 2004; the growth rate was 100.03%. If financing by this sector in 2004-2005 remained almost unchanged, a significant reduction has occurred in 2006. Direct payments of households – one of the components of the sector - amounted 96.7% of the overall financing in 2005 or AMD 72,619 million (99.8% or AMD 74,887 million in 2004) and the sole financial source for this funding were the households' financial resources; AMD 65.0 million (AMD 157.7 million in 2004) are the payments of private insurance companies financed from the "Private Sector" financial sources on account of employers/private companies component; AMD 1,372 million is provided by non-commercial organizations financed by the Rest of the World. It is noteworthy that in 2004 no financing was provided under this sub-agent. AMD 1,025 million or 1.4% of the overall funding (AMD 13.6 million in 2004) has been contributed to finance health care services under insurance plans provided by sole proprietors at the cost of funds allocated by the Rest of the World.

Similar to the previous four years in 2011, due to the change of household direct payments the significant change has occurred in this sector. In 2006 there was a reduction of almost AMD 8.5 billion compared with 2005, and in 2007 there was an increase in an amount of AMD 3,081.5 million or 104.8%, because of which the specific weights of household payments were increased from 95.5% to 96.4%. In 2008 the increase tendency was the same, there was an increase in an amount of AMD 2,574.3 million or 103.8%, and the specific weight was reduced to 95.9%.

In 2010 household direct payments compared with the previous year exceeded the indicator of the previous year by AMD 12,406.8 million or a growth of 116.4%, and the specific weight after increasing by 1.1% points amounted the 96.2% of the overall funding of "Public Sector" financial agent (correspondingly in 2009 the absolute value was AMD 6,114.5 million or 108.8% growth, and the specific weight - 95.1%).

The decrease of the direct payments of households in 2011 is significant, to which we will refer later during analysis of other accounts, when it will be obvious which providers and for what functions were financed.

### **3. Financing of "Rest of the World" financial agent HF.3**

In 2011 the funding of financial agents in this sector amounted AMD 11,17.9 million (AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007), which was completely funded by the Rest of the World financial source. Decentralized financing in an amount of AMD 612.5 million (AMD 2,551.8 million in 2010; AMD 3,444.6 million in 2009; AMD 2,675.8 million in 2008; AMD 2,308.9 million in 2007; AMD 293.6 million in 2006) was provided to the following agents: AMD 585.6 million - *HF 3.2 Donations, Contributions, Loans provided by Donors(except those provided through budget lines)*(AMD 1,825.1 million in 2010; AMD 2,709.3 million in 2009; AMD 1,893.6 million in 2008; AMD 1,764.6 million in 2007) and AMD 26.9 million – *HF 3.3 Technical assistance and grants provided by donors financial agent* (AMD 726.7 million in 2010; AMD 735.3 million in 2009; AMD 782.2 million in 2008; AMD 544.3 million in 2007).

The funding allocated from the Rest of the World, as a financial agent, in 2011 amounted to AMD 11,157.9 million (AMD 11,915.9 million in 2010; AMD 12,174.5 million in 2009; AMD 13,951.8 million in 2008; AMD 21,154.9 million in 2007), which compared with the previous year was decreased by 6.4% (93.6% growth) (2.1% decreased compared

with the previous year in 2010; 12.7% decrease in 2009; 34% decrease in 2008; 117.3% growth in 2007).

The AMD 2,228.5 million or 20% of the overall funding, similar to the previous year, was allocated to the Public sector subagent RoA Ministry of Health (AMD 4,394.7 million or 36.9% in 2010; AMD 5,791.6 million or 47.6% in 2009; AMD 6,759.5 million or 48.4% in 2008; 67.4% from the Public Sector to the financial subagents -Ministry of Health of RoA and Ministry of Education and Science).

In 2006 the funding from the Rest of the World amounted to AMD 17,983.5 million, which was provided to the following financial agents: AMD 9,018.5 million to the RoAMoH, and AMD 6,029.5 million from the technical assistance and grants provided by donors.

In 2005, AMD 6,285 million, including AMD 1,888 million financed under programs implemented by the RoA Government Commission Coordinating Charitable Projects and AMD 4,397 million as technical support and grants provided by donors. In addition, the “Rest of the World” was a financing source for the “Public Sector” agent in the amount of AMD 6,668 million and for the “Private Sector” agent in the amount of AMD 2,397 million. As a result, the total financing of the “Rest of the World” in 2005 amounted to AMD 15,350 million.

**After summarizing the NHA “Financial Agents and Financial Sources” account or table data, the following could be stated:**

The total volume of funding from all financial sources in 2011 amounted to **AMD 141,402.9 million**.

*1. The total financing by the financial agents in 2011 was AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.7 million in 2005), including:*

*1.1 Public Sector – AMD 63,200.1 million (AMD 62,743.9 million in 2010; AMD 62,709 million in 2009; AMD 59,859.9 million in 2008; AMD 65,088.8 million in 2007; AMD 51,156.6 million in 2006; AMD 39,767.4 million in 2005);*

*1.2 Private Sector – AMD 67,044.9 million (AMD 91,373.6 million in 2010; AMD 79,666 million in 2009; AMD 72,666.3 million in 2008; AMD 69,588.1 million in 2007; AMD 67,066 million in 2006; AMD 75,158.2 million in 2005);*

*1.3 Rest of the World - AMD 11,157.9 million (AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007; AMD 6,029 million in 2006; AMD 6,268.1 million in 2005).*

*2. The total financing provided by financial sources in 2011 was AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121 193 million in 2005), including:*

*2.1 Financing from public sources/funds - AMD 63,200.1 million (AMD 58,349.2 million in 2010; AMD 56,917.4 million in 2009; AMD 53,100.5 million in 2008; AMD 50,825.7 million in 2007; AMD 42,138.4 million in 2006 and AMD 33,159 million in 2005),*

*2.2 Private funds/resources – AMD 67,044.9 million (AMD 88,821.8 million in 2010; AMD 76,221.4 million in 2009; AMD 69,990.3 million in 2008; AMD 67,279.1 million in 2007; AMD 64,129.7 million in 2006; AMD 72,684 million in 2005), including:*

-Resources of employers/private enterprises – AMD 1,041.9 million AMD (AMD 620.1 million in 2010; AMD 426.4 million in 2009; AMD 309.9 million in 2008; AMD 173 million in 2007; AMD 105.1 million in 2006; AMD 65 million in 2005);

-Household direct payments – AMD 66,002.9 million (AMD 88,201.7 million in 2010; AMD 75,794.9 million in 2009; AMD 68,680.4 million in 2008; AMD 67,106.1 million in 2007; AMD 64,024.6 million in 2006; AMD 72,619 million in 2005);

-Non-commercial organizations – AMD 0.0 (0.0-2010; 0.0-2009; 0.0-2008; AMD 1,764.6 million in 2007);

- Private organizations – AMD 0.0 (0.0-2010; 0.0-2009; 0.0-2008; AMD 544.3 million in 2007).

2.3 The Rest of the World financing amounts for AMD 11,157.9 million (AMD 11,915.9 million in 2010; AMD 12,174.5 million in 2009; AMD 13,951.8 million in 2008; AMD 21,154.9 million in 2007; AMD 17,983.5 million 2006; AMD 15,350 million in 2005).

#### **4.1.2. Financial Agents and Providers (FAxP) Account**

To study the health expenditure flows by providers and financial agents it is necessary to refer to the tables of accounts of **Financial Agents and Providers**, which give a clear picture of the institutional body or sector, its funded specific expenditures and the providers of health care service.

##### **1. The hospitals group HP.1**

According to the data from *Financial Agents and Providers Account*, the size of health care services provided by the hospitals (group HP.1) amounted to AMD 54,618.2million and the growth compared with the indicator of the previous year was 90.3% (60,450.1 million and a growth of 102.3% compared with the previous year in 2010; AMD 59,060.9 million and 89.2% in 2009 AMD; 66,245.8 million or 107.4% in 2008; AMD 61,659.9 million or 109.9% in 2007; AMD 56,125.2 million or 84.3% in 2006).

Health care services provided in 2005 amounted to AMD 66,560 million against the amount of AMD 64,037 million in 2004 and amounted to 103.9% as compared to the previous year. In other words, the volume of services provided in 2006 as compared to 2005 has reduced by 15.7%, and by 12.4% from 2004; or the growth noted in 2005 against the previous year has been replaced by a sharp decline, and amounted to 109.9% in 2008 was similar as recorded in 2007, which has a tendency to recover the level of indicators of the previous years, but in 2009 a significant decrease was recorded. The specific weight of the “Hospital” group in the sector of health care providers amounted 38.6% of the total volume of services (37.9% in 2010; 40.6% in 2009; 48.3% in 2008; 44.3% in 2007).

AMD 16,961.7million or 31.1% of payments for the mentioned services was made by households (AMD 28,320.5 million or 46% in 2010; AMD 32,818.5 million or 55.6% in 2009; AMD 38,832.9 million or 58.6% in 2008; AMD 36,239.2 million or 58.8% in 2007; AMD 38,406.7 million or 68.4% in 2006; AMD 49,530 million or 74.4% in 2005; AMD 49,750 million or 79.3% in 2004).

It is noteworthy that the reduction tendency of specific weight of direct payments from households in 2011 was also reserved in overall financing structure, which in 2011 was decreased by AMD 8,358.8 or 25.6% (AMD 4,498 million or 27.1% in 2010; AMD 6,014.4

million or 15.5% in 2009) and was explained by the growth other components' financing volumes, particularly with the growth of public sector funding volumes. If during the years 2004-2007 the annual volume of direct payments made by households was reduced by 27.2% for the observed period, or it was reduced from AMD 49,750 million to AMD 36,239.2 million, then in 2008 it amounted to 107.2% as compared with the previous year.

In general, the structure of financing provided by the hospital group has the following composition by financing sectors:

- Public sector funding amounted to AMD 35 991.5 million or 65.9% of the overall financing (AMD 30,663.8 million or 50.7% in 2010; AMD 26,236.3 million or 44.4% in 2009; AMD 26,093.4 million or 39.4% in 2008; AMD 24,345.4 million or 39.5% in 2007; AMD 17,036.1 million or 30.4% in 2006; AMD 15,652 million or 23.5% of in 2005), the growth was 116.8% compared with the previous year (107.2% in 2009).

Financing of this sector by agents is the following: AMD 35,810.2 million or 99.5% (AMD 30,476.4 million or 99.3% in 2010; AMD 25,706.3 million or 98% in 2009; AMD 25,059.9 million or 96% in 2008; AMD 23,357.7 million or 95.9% in 2007; AMD 16,448.8 million or 96.5% in 2006; AMD 15,572 million or 99.5% in 2005) allocated to this sector by the RoA Ministry of Health and AMD 181.5 million or 0.5% (AMD 187.4 million or 0.7% in 2010; AMD 182.7 or 0.7% in 2009; AMD 234.8 million or 0.9% in 2008; AMD 153.3 million or 0.7% in 2007; AMD 125 million or 0.7% in 2006; AMD 80.5 million or 5% in 2005) by the RoA Ministry of Labor and Social Issues. Dissimilar to the previous year no financing was provided by the other Public administration bodies (as financial agents) In 2009 AMD 183.3 million or 0.7% of the overall financing was provided from the *HF 1.1.1.7 TDB* component (AMD 667.5 million in 2008; AMD 785.1 million in 2007), in 2009 compared with the previous year the financing from RoA Police (AMD 80 million in 2008) and Local Self-governing Bodies (AMD 47.3 million in 2008, AMD 49.3 million in 2007) was allocated to another provider, financing from Regional Administration Bodies an amounted to AMD 163.8 million (AMD 3.9million in 2008).

Funding from public sector in 2011 amounted to AMD 35 991.5million or 65.9% of the overall financing (AMD 30,663.8 million or 50.7% in 2010; AMD 26,236.3 million or 44.4% in 2009; AMD 26,093.4 million or 39.4% in 2008; AMD 24,345.4 million or 39.5% in 2007; AMD 17,036.1 million or 30.4% in 2006; AMD 15,652 million or 23.5% of in 2005), which has distribution per components of the "Hospitals" group:

- Multi-profile hospitals: AMD 22,745.8million or 63.2%of the overall (AMD 18,224.9 million or 59.4% in 2010;AMD 14,911.3 million or 56.8% in 2009; AMD 16,170 million or 62% in 2008; AMD 16,322.5 million or 67% in 2007; AMD 10,552.3 million or 61.9% in 2006; AMD 9,362 million or 59.8% in 2005), the 99.3% or AMD 18,107.5 million (AMD 96.9% or AMD 14,454.5 million in 2009; 95% in 2008; 93% in 2007) was provided by RoA Ministry of Health. AMD 102.4 million was provided by the RoA Ministry of Labor and Social Issues (AMD 117.4 million in 2010;AMD 109.6 million in 2009). No financing was provided by the other Public Administration Bodies to multi-profile hospitals' subgroup of providers (AMD 183.3 million from TBD component and AMD 163.8 million from Regional Public Administration Bodies). From the total funding provided by the RoA Ministry of Health AMD 15,610.5 million (AMD 15, 966.2 million in 2010) was allocated to public multi-profile hospitals, and AMD 7,135.4 million (AMD 2,141.2 million in 2010) to private multi-profile hospitals. Funding received from the RoA Ministry of Labor and Social Issues in

an amount of AMD 102.4 million (AMD 117.4 million in 2010) was allocated to private multi-profile hospitals.

- Mental hospitals and narcological dispensaries: AMD 2,392.1 million or 6.7% of the overall financing (AMD 2,067.9 million in 2010; AMD 2,179.4 million or 8.3% in 2009; AMD 1,860.9 or 7.1% in 2008; AMD 1,598.4 million or 6.6% in 2007; AMD 1,376.2 million or 8.1% in 2006; AMD 1,413 million or 9% in 2005), out of which AMD 2 313.3 million was provided by the Ministry of Health of RoA (AMD 1,997.9 million in 2010; AMD 2,106.1 million in 2009; AMD 1,796.3 million in 2008) and AMD 78.8 million by the Ministry of Labor and Social Issues of RoA (AMD 70.0 million in 2010; AMD 73.2 million in 2009; AMD 64.6 million in 2008);
- Specialized hospitals: AMD 10,541.5 million or 29.3% (AMD 10,002.9 million or 32.6% in 2010; AMD 8,986 million or 34.3% in 2009; AMD 7,824.9 million or 30% in 2008; 6,099.4 million or 25.1% in 2007; AMD 4,776 million or 28.1% in 2006; AMD 4,606 million or 29.5% in 2005); the funding was entirely provided by the RoA Ministry of Health (AMD 7,671.5 million in 2008 by the Ministry of Labor and Social Issues of RoA -AMD 73.4 million 2008 and from the RoA Police -AMD 80 million).

The state financing distributed among the following specialized hospitals/sub-providers:

- a. Tuberculosis Treatment Hospitals (including departments in ambulatories/polyclinics) – AMD 2,464.9 million (AMD 1,493,4 million in 2010; AMD 1,051 million in 2009; AMD 1,450.3 million in 2008);
- b. Oncology Hospitals (including departments in ambulatories/polyclinics) – AMD 1,658.1 million (AMD 1,660.7 million in 2010; AMD 1,346.9 million in 2009; AMD 1,236.1 million in 2008);
- c. Maternity Hospitals (including departments in ambulatories/polyclinics) – AMD 3,126.2 million (AMD 3,483.4 million in 2010; AMD 3,121.3 million in 2009; AMD 1,828.6 million in 2008);
- d. HIV/AIDS medical care providers – 0 (AMD 84.6 million in 2010; AMD 84.6 million in 2009 and in 2008);
- e. Other hospitals (including departments in ambulatories/polyclinics) – AMD 3,292.6 million (AMD 3,268,4 million in 2010; AMD 3,382.1 million in 2009; AMD 3,071.9 million in 2008),
- f. Health resorts/sanatoria: AMD 209.6 million or 0.6% of the overall financing (AMD 368.1 million or 1.2% in 2010; AMD 159.7 million or 0.6% in 2009; AMD 237.6 million or 0.9% in 2008; AMD 325.4 million or 1.3% in 2007; AMD 335.5 million or 1.9% in 2006; AMD 272.3 million or 1.7% in 2005), funding is provided by the RoA Ministry of Health.

The financing provided by Private sector to the provider “Hospitals” in 2011 amounted to AMD 18 003.7 million or 33% from the overall financing (AMD 29,227.5 million or 48.3% in 2010; AMD 32,818.5 million or 55.6% in 2009; AMD 40,011.6 million or 60.4% 2008; AMD 37,129.8 million or 60.2% in 2007; AMD 38,828.2 million or 69.1% in 2006; AMD 50,412.0 million or 75.7% in 2005), the overwhelming part of which AMD 16 961.7 million or 94.2% were the direct payments from households (AMD 28,320,5 million or 96.9% in 2010; AMD 32,083.2 or 97.8% in 2009; AMD 38,832.9 million or 97.1% in 2008; AMD

36,239.2 million or 97.6% in 2007; AMD 38,406.7 million or 98.9% in 2006; AMD 49,530.0 million or 98.3% in 2005).

It is noteworthy, that the specific weight of direct payments of households in the financial structure has decreased, which is explained with an increase of the financial volumes of other components of the sector, as well as with the decrease of the direct payments of households by AMD 11,38.8 million or 40.2% (AMD 3,762.7 million or 11.7% in 2010).

In 2009 the specific weight of direct payments of households has increased by 0.7% point, even if the absolute expression of the financial volume compared with the corresponding indicator of the previous year was reduced by AMD 6,749.7 million or 17.4% (the growth was 82.6%).

In 2011 there aren't payments from non-commercial organizations (AMD 205.9 million or 7% in 2010; AMD 500.8 million or 1.5% in 2009; AMD 776.6 million or 1.9% in 2008; AMD 346.3 million or 0.9% in 2007; AMD 186.0 million or 0.5% in 2006; AMD 13.7 million or 0.02% in 2005). In 2010 the financial volume of this component has continued to decrease in the same size as in the previous year – AMD 294.9 million or by 58.9% (in 2009 there was decrease of the financial volume by AMD 275.8 million or 35.5%, in 2008 there was 2.2 times growth of the financial indicator in comparison with the previous year, in 2007 -186.2%).

Financial volume of the payments made by private/public partnership organizations in 2011 amounted to 0 (AMD 81.7 million or 0.2% in 2010; AMD 234.5 million or 0.7% in 2009; AMD 402.1 million or 1.0% in 2008; AMD 544.3 or 1.5% in 2007; AMD 235.5 million or 0.6% in 2006; AMD 868.2 million or 1.3% in 2005). A significant decrease of financial volumes – almost 65.2% was recorded in 2010 for this subcomponent of Private sector of financial agents. It is noteworthy, that a drastic decrease of financial volumes of this component relevant to economic crisis was recorded in 2009- 41.4%.

In 2011 an information on financing from private insurance organization (HF 2.2) in an amount of AMD 1,041.9 million, was also collected.

AMD 13,861.5 or 81.7% of the overall financing of direct payments of households (AMD 23,144.1 million in 2010; 28,151 or 87.7% in 2009; AMD 35,969.3 million or 96.6% in 2008; AMD 32,720.6 million or 90.3% in 2007) was provided to the sub-group of Multi-profile hospitals, of which AMD 11,327.8 million (AMD 18,913.7 million in 2010; AMD 23,781 million in 2009; AMD 33,862.6 million in 2008) to public multi-profile hospitals and AMD 2,533.7 million (AMD 4,230.4 million in 2010; AMD 4,370 million in 2009) to private multi-profile hospitals. AMD 2,088.2 million are the payments of households to Specialized hospitals sub-component, of which AMD 819.3 million (AMD 1,368 million in 2010) was provided to the Provider “Oncological Hospitals”, and AMD 1,268.9 million (AMD 2,118.6 million in 2010; AMD 1,919.9 million in 2009; AMD 1,553.1 million in 2008; AMD 2,692.1 million in 2007) were allocated for the services provided by the sub-component Maternities of the sub-component of Specialized hospitals (including ambulatory-policlinic sub-divisions).

In 2011 AMD 520.11 million (AMD 1,488.5 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008) was paid by households for the services provided to non-allopathic/alternative hospitals or medical care providers.

In 2011 the payments of the population for services provided by health resorts/sanatoria amounted to AMD 491.9 million (AMD 821.3 million in 2010; AMD 785.8 million in 2009; AMD 1,081.3 million in 2008; AMD 826.5 million in 2007).

Financing from the Rest of the World in 2011 amounted to AMD 623.1 million or 1.1% of the overall financing of Providers' "Hospitals" group (AMD 558.8 million or 0.9% in 2010; AMD 6.1 million or 0.01% in 2009; AMD 140.8 million or 0.2% in 2008; AMD 184.7 million or 0.3% in 2007; AMD 260.9 million or 0.5% in 2006; AMD 494.9 million or 0.8% in 2005).

Taking into consideration the fact, that the logical flow of financial resources in the system of national health accounts starts from financial sources, and through agents is transferred to providers, then the distribution of financial resources in the account of "Financial agents and providers" can be presented by the providers funding in the below described structure.

In 2011 the structure of total financing in amount of AMD 54,618.2 million (AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009; AMD 66,245.8 million in 2008; AMD 61,659.9 million in 2007; AMD 56,125.2 million in 2006; AMD 66,560 million in 2005) allocated to the Hospitals' group by all financial agents has the following distribution per service provider:

- Multi-profile hospitals: AMD 37,066.2 or 67.9% of the overall financing of Hospitals' group (AMD 41,908.8 million or 69.3% in 2010; AMD 43,358.4 million or 73.4% in 2009; AMD 52,584.7 million or 79.4% in 2008; AMD 49,510 million or 80.3% in 2007; AMD 45,953.5 million or 81.9% in 2006; AMD 56 762 million or 85.3% in 2005);
- Mental hospitals and narcological dispensaries: AMD 2,392.1 million or 4.4% of the overall financing (AMD 2,067.9 million or 3.4% in 2010; AMD 2,212.6 million or 3.7% AMD in 2009; AMD 1,862.4 million and 2.8% in 2008; AMD 1,598.4 million and 2.6% in 2007; AMD 1,376.2 million or 2.5% in 2006; AMD 1,413.0 million or 2.1% in 2005). In comparison with the previous year the absolute numbers and the specific weights were increased, correspondingly amounted to 115.6% and 1% point (116.5% and 0.3 % points in 2008; 116.1% and 0.1% respectively in 2007). For this provider, unlike previous year, in 2010 the absolute value of financing (6.5%) and the specific weight in the financial structure is decreased (decreased by 0.7% points). There was a continuous increase recorded for the absolute value of financing and specific weight in financial structure in 2007-2009: correspondingly 118.8% and 0.9% points in 2009; 116.5% and 0.3% points in 2008; 116.1% and 0.1% points in 2007;
- Specialized hospitals: AMD 12,896.3 or 23.6% of the overall financing (AMD 13,795.5 million or 22.8% in 2010; AMD 11,317.9 million or 19.2% in 2009; AMD 10,192.7 million and 15.4% in 2008; AMD 9,389.9 million or 15.2% in 2007; AMD 7,744.8 million or 13.8% in 2006; AMD 7,366 million or 11.1% in 2005). In 2011 the decrease of the financial volume compared with the previous year amount to 6.6;
- Non-allopathic (alternative medicine) providers: AMD 520.1 million or 1% of the overall financing of the "Hospitals" group (AMD 868,4 million or 1.4% in 2010; AMD 1,226.5 million or 2.1% in 2009; AMD 524.7 million or 0.8%, no financing in 2006-2007, AMD 232.6 million or 0.3% in 2005);
- Health resorts/sanatoria: AMD 701.5 million was provided by all financial agents or 1.3% of overall financing (AMD 1,189.4 million or 2% in 2010; AMD 945.5 million or 1.6% in 2009; AMD 1,081.3 million or 1.6% in 2008; AMD 1,151.6

million or 1.9% in 2007; AMD 1,050.9 million or 1.8% in 2006; AMD 786.6 million or 1.2% in 2005).

As it is evident from comparison of figures for the specific weights of services provided by the structural components of the “Hospitals” group in 2004 and 2005, there were significant changes, in particular, the specific weight of services provided by the multi-profile hospitals in the overall structure of services has declined by 0.2% points, while for mental hospitals it has increased by 11.3% point, for specialized hospitals by 1.6% points and for health resorts by 0.4% points. It is noteworthy that in 2005 non-allopathic/alternative medicine providers provided services in the amount of AMD 236.6 million. The tendencies of the specific weight reduction for multi-profile hospitals (by 3.4% points) and increases for mental hospitals (by 0.4% points), specialized hospitals (by 2.7% points) and health resorts (by 0.6% points) have been recorded in 2006.

### **1.1 The subgroup of multi-profile hospitals (HP.1)**

Out of all services provided to the population by hospitals, AMD 37,066.2 million or 67.9% (AMD 41,908.8 million or 69.3% in 2010; AMD 43,358.3 million or 73.4% in 2009; AMD 52,584.7 million or 79.4% in 2008; AMD 49,520 million or 88.5% in 2007; AMD 45,953.5 million or 81.9% in 2006; AMD 56,762 million or 85.3% in 2005 and AMD 55,878 million or 87.5% in 2004) were provided by the “Multi-profile hospitals” (HP 1.1) subgroup divided, in turn, into public (HP 1.1.1) AMD 27,288.1 million (AMD 35,407.3 million in 2010; AMD 33,942.2 million in 2009; AMD 45,952.3 million in 2008; AMD 43,809.8 million in 2007; AMD 41,940.6 million in 2006) and private multi-profile hospital components (HP 1.1.2) AMD 9 778.2 million (AMD 6,501.5 million in 2010; AMD 9,416.2 million in 2009; AMD 6,632.4 million in 2008; AMD 5,710.2 million in 2007; AMD 4,012.8 million in 2006).

The financial distribution of the Providers of “Hospitals” Group per financial agent for provided services has the following picture:

In 2011 AMD 18 003.7 million or 33% of the overall financing (AMD 29,227.6 million or 48.3% in 2010; AMD 28,447.1 million or 65.6% in 2009; AMD 36,337.9 million or 69.1% in 2008; AMD 33,092.8 million or 66.8% in 2007; AMD 35,385.4 million or 77% in 2006; 83.5% in 2005; 85.4% in 2004) has been financed by the private sector, including direct payments of households amounting to AMD 16 961.7 million (AMD 28,320.5 million in 2010; AMD 28,151.0 million in 2009; AMD 35,969.3 million in 2008; AMD 32,720.6 million in 2007; AMD 35,052.4 million in 2006 and AMD 47,103 million in 2005) or 94.2% (94.1% in 2010; AMD 97.8% in 2009; 99% in 2008; 98.9% in 2007; 99.1% in 2006; 99.4% in 2005; 99.7% in 2004) of this sector’s expenditures and the balance covered by commercial entities and private insurance companies.

If in 2005 the Private sector financing was inserted in the tables under “Multi profile hospitals” group without a segregation by private and public status, then in 2006 the total amount of AMD 35,385.4 million was provided to public multi-profile hospitals.

In contrast to the NHA 2004 tables, the 2005 list of indicators on the direct payments made by households included also data on payments in an amount of AMD 1,680.6 million provided for services under the maternity hospitals’ subcomponent of the specialized hospitals component as well as payments in an amount of AMD 232.6 million to allopathic hospitals and AMD 514.3 million to health resorts. In 2006, the households also made payments under the maternity hospital subcomponent for AMD 2,636.9 million and under the health resorts subcomponent for AMD 714.8 million. In 2007 the direct payments made by households again were distributed by sub-groups of above mentioned providers, in particular:

multi-profile hospitals – AMD 32,720.6 million, out of which public multi-profile hospitals – AMD 30,781.2 million, specialized hospitals AMD 2,692.1 million mainly directed to maternity hospitals and AMD 826.5 million to health resorts/sanatoria.

In the overall financial structure of Hospitals' provider, the public sector financing amounted to AMD 35 991.5 million or 65.9%(AMD 30,663.8 million or 50.7% in 2010;AMD 14,911.3 million or 34.4% in 2009; AMD 16,170 million or 30.7% in 2008; AMD 15,334.8 million or 32.9% in 2007, AMD 9,965 or 23% in 2006; AMD 9,362 million in 2005; AMD 8,143.2 million in 2004) the main part of which in amount of AMD 35,810.2 million or 99.5%(AMD 30,474.6 million or 99.4% in 2010; AMD 14,454.5 million or 96.9% in 2009; 94.9% in 2008; 93.9% in 2007; 94.4% in 2006; 99.1% in 2005; 97.1% in 2004) has been implemented by the RoA Ministry of Health, AMD 11.2 million was provided by RoA Ministry of Labor and Social Issues (AMD 187.4 million in 2010;AMD 96.8 million or 0.6% in 2008; AMD 153.3 million or 0.9% in 2007; AMD 125.1 million or 1.2% in 2006; AMD 80.5 million or 0.9% in 2005). In 2009 AMD 183.3 million or 1.2% (AMD 667.5 million or 4.1% in 2008; AMD 785.1 million or 4.8% in 2007) was funded by the *HF 1.1.1.7 TBD* component, AMD 163.8 million (AMD 3.9 million in 2008) by the Public administration bodies. There was no financing provided by self-governing bodies in 2009 and 2011 (AMD 47.3 million in 2008; AMD 49.3 million in 2007) by local self-governing bodies.

Financing implemented by the RoA Ministry of Health for this group of providers in an amount of AMD22,745.9 million or 63.5% have been distributed as follows: AMD 15,610.5 million or 68.6% to public hospitals (AMD 15,966.2 million or 88.2% in 2010;AMD 9,583.3 million or 66.3% in 2009; AMD 11,036.3 million or 71.9% in 2008; AMD 12,060.1 million or 78.6% in 2007; AMD 6,027.7 million or 60.5% in 2006 and AMD 9,281 million or 67.7% in 2005) and AMD 7,135.4 million or 31.4% to multi- profile private hospitals (AMD 2,141.4 million or 11.8% in 2010;AMD 4,871.2 million or 33.7% in 2009; AMD 4,318.3 million or 28.1% in 2008; AMD 3,274.3 million or 21.4% in 2007; AMD 3,937.3 million in 2006; AMD 2,997 million in 2005).

In 2011 the financing by RoA Ministry of Health to other components of “Hospitals” Group is the following:

- HP1.2 Mental hospitals and narcological dispensaries– AMD 2,313.3million;
- HP1.3 Specialized hospitals (except mental and narcological) - AMD10,541.5 million, including:
  - HP1.3.1 Tuberculosis Treatment Hospitals - AMD 2,464.5million;
  - HP1.3.2 Oncological Hospitals – AMD 1,658.1 million;
  - HP1.3.3 Maternity Hospitals– AMD 3, 128.2million;
  - HP1.3.9 Other Hospitals - AMD 3,365.4 million;
  - HP1.5 Health resorts/sanatoria– AMD 209.6million.

The volume of financing of the RoA Ministry of Labor and Social Issues in 2011 amounted AMD 181.2 million (AMD 187.4 million in 2010), from which AMD 102.4 million (AMD 117.4 million in 2010) was allocated to multi-profile hospitals, and the AMD 78.8 AMD million (AMD 70.0 million in 2010)was allocated to mental hospitals and narcologicaldispensaries. In 2009 no financing was provided and in 2008 the funding in an amount of AMD 96.8 million (AMD 153.3 million in 2007) has been entirely allocated to the multi-profile private hospitals. AMD 125.1 million funding provided in 2006 has been distributed in favor of private hospitals (AMD 49.6 million to public and AMD 75.6 million to private), in contrary to even distribution from the previous year when 55.9% (AMD 45.0 million) went to multi-profile public and 44.1% (AMD 35.5 million) to multi-profile private hospitals.

### **1.2 Subgroup of mental hospitals and narcological dispensaries HP 1.2**

The overall volume of services provided under this subcategory of hospitals in 2011 amounted to AMD 2,392.1 million or 4.4% of the overall financing (AMD 2,067.9 million or 3.4% in 2010; AMD 2,212.6 million or 3.7% in 2009; AMD 1,862.4 million in 2008; AMD 1,598.4 million in 2007; AMD 1,376.2 million in 2006; 1,412.7 million in 2005 and AMD 1,459.4 million in 2004). All financing for the provided services was entirely implemented by the public sector (RoA Ministry of Health and RoA Ministry of Labor and Social Issues), and in 2009 AMD 2,106.1 million or 98.5% of financing was provided by public sector (RoA Ministry of Health), and AMD 33.0 million or 1.5% by private sector “Non-commercial organizations” and “Private entities with public participation” subagents.

### **1.3 The subgroup of specialized hospitals HP 1.3**

The overall volume of services provided under this subgroup of hospitals in 2011 amounted to AMD 12,896.3 million or 23.6% of the overall financing (AMD 13,795.5 million or 22.8% in 2010; AMD 11,317.9 million or 19.2% in 2009; AMD 10,192.7 million in 2008; AMD 9,389.9 million in 2007; AMD 7,744.7 million in 2006; AMD 7,365.9 million in 2005 and AMD 6,218.8 million in 2004), including AMD 10,002.9 million or 72.5% was financed by public sector (RoA Ministry of Health) (AMD 8,986 million or 79.4% in 2009; AMD 7,824.9 million or 76.8% in 2008; AMD 6,099.4 million or 65% in 2007; AMD 4,776.0 or 61.7% in 2006; AMD 4,606.2 million or 62.5% in 2005).

AMD 2,088.2 million or 16.2% of the overall financing of services was provided by private sector (AMD 3,590.4 million or 26% in 2010; AMD 2,331.9 million or 20.6% in 2009; AMD 2,361.7 million or 23.2% in 2008; AMD 3,210.5 million or 34.2% in 2007). The overall financing of private sector made the direct payments of households (AMD 3,486.6 million or 97.1% in 2010; AMD 1,919.9 million or 82.3% in 2009; AMD 1,553.1 million or 65.8% in 2008; AMD 2,692.1 million or 83.9% in 2007). In 2010 payments made up by non-commercial organizations were amounted AMD 74.3 million or 2.1% (AMD 329.5 million or 14.1% in 2009; AMD 776.6 million or 32.9% in 2008; AMD 257.1 million in 2007; AMD 31.5 million in 2006; AMD 13.7 million in 2005), AMD 29.6 million or 0.8% - private/public partnership organizations (AMD 76.4 million or 3.6% in 2009; AMD 32 million or 1.3% in 2008; AMD 261.2 million in 2007; AMD 57 million in 2006; AMD 570.4 million in 2005).

The Rest of the World funded in a total amount of AMD 266.6 million in 2010 and AMD 202.2 million in 2009, from which AMD 148.9 million from Contributions and Loans from donors, and AMD 53.3 million technical assistance from donors (AMD 6.1 million in 2009; AMD 6.2 million in 2008; AMD 80.1 million in 2007; AMD 240.7 million in 2006; AMD 494.9 million in 2005). In 2006 AMD 2,639.5 million or 34.1% of the overall financing of the private sector was implemented under the direct payments of the households (AMD 1,680.6 million or 22.8% in 2005).

The subcategory of specialized hospitals based on their specializations includes the following hospital groups:

a/ Tuberculosis Treatment hospitals (HP1.3.1) – in 2011 provided services amounted to AMD 2,466 million (AMD 1,497.0 million in 2010; AMD 1,051 million in 2009; AMD 1,450.3 million in 2008; AMD 996.7 million in 2007; AMD 901.5 million in 2006; AMD 1,260.3 million in 2005), including financing from the public sector in an amount of AMD 2,464.7 million (RoA Ministry of Health), and financing from the Rest of the World in an amount AMD 1.3 million. In essence, because of negative changes in the TB prevalence in

the country, and/or increase of financing of state TB projects, the growth of financing amounted 16.7%.

b/ Oncology hospitals (HP1.3.2) – in 2011 provided services amounted to AMD 2,572.4 million (AMD 3,085.1 million in 2010; AMD 1,417.9 million and the growth of 113.3% in 2009; AMD 1,251.1 million in 2008; AMD 1,674.1 million in 2007; AMD 1,036.2 million in 2006; AMD 906.9 million in 2005), including AMD 1,658.1 million financed by the RoA Ministry of Health (AMD 1,660.7 million in 2010; AMD 1,346.9 million in 2009; AMD 1,236.1 million in 2008; AMD 1,495.5 million in 2007; AMD 1,034.9 million in 2006; AMD 776.3 million in 2005) and direct payments of households amounted to AMD 819.3 million.

c/ Maternity hospitals (HP1.3.3) – provided services amounted to AMD 4,486.7 million (AMD 5,682.1 million in 2010; AMD 5,044.6 million or 44.6% in 2009; AMD 3,383.3 million; AMD 3,953.3 million in 2007; AMD 3,616.7 million in 2006; AMD 3,182.3 million in 2005).

It is noteworthy that in 2007 the direct payments of households were prevailing in the overall structure of financing amounting to AMD 2,692.1 million or 68.1% (AMD 2,639.5 million or 73% in 2006; AMD 1,680.6 million or 52.8% in 2005), thus in 2008 the volume of household direct payments compared with 2007 was reduced by 42.3% and formed the 45.9% of the overall financing of this subgroup of providers. In 2009 the volume of direct payments of households was AMD 1,919.9 million, in 2010 it was 2,118.6 million, and in 2011 it was 1,268.9 million.

The RoA Ministry of Health has financed an amount of AMD 3,126.2 million (AMD 3,486.4 million in 2010; AMD 3,121.3 million in 2009; AMD 1,828.6 million in 2008; AMD 1,260.7 million in 2007; AMD 977.2 million in 2006).

The Rest of the World has financed an amount of AMD 91 million.

d/ The services of HIV/AIDS in-patient care providers (HP1.3.4) – 0. ( AMD 1,148.8 million in 2010; AMD 84.6 million in 2009; AMD 84.6 million in 2008; 84.8 million in 2007; AMD 63 million in 2006; AMD 54 million in 2005) have been exclusively financed by the RoA Ministry of Health.

e/ Other hospitals (HP1.3.9) have provided to the population services in 2011 in the amount of AMD 3,371.2 million (AMD 3,382.4 million in 2010; AMD 3,719.7 million in 2009; AMD 4,023.4 million in 2008; AMD 2,681 million in 2007; AMD 2,127 million in 2006; AMD 1,962.3 million in 2005). AMD 3,292.6 million from overall financing (AMD 3,216.5 million in 2010; AMD 3,382.1 million in 2009; AMD 3,225.3 million in 2008; AMD 2,338.6 million in 2007; AMD 1,920.2 million in 2006; AMD 1,438.4 million in 2005) funded by the public sector through Ministry of Health. There was not any financing from private sector (AMD 56.3 million in 2010; AMD 331.5 million in 2009; AMD 793.6 million in 2008; AMD 339.7 million in 2007; AMD 87.1 million in 2006; AMD 453.6 million in 2005).

In 2011 the Rest of the World contributed AMD 78.6 million (AMD 109.6 million in 2010; AMD 6.1 million in 2009; AMD 4.5 million in 2008; AMD 2.6 million in 2007; AMD 120 million in 2006; AMD 70.4 million in 2005) as technical assistance and grants for services provided by this hospital group.

#### **1.4 The group of non-allopathic (alternative) providers HP 1.4**

In 2011 services in an amount of AMD 520.1 million (AMD 868.4 million in 2010; AMD 1,226.5 in 2009; AMD 524.7 million in 2008) were provided by this subgroup of providers, which were entirely funded by the direct payments of the households. It should be

noted, that financing volume allocated by this provider compared with the previous year was increased 2.3 times in 2009, and was decreased in 2011. In 2006 and 2007 the recorded amount was zero.

### **1.5 The subgroup of Health resorts/Sanatoria HP 1.5**

The volume of provided services in 2011 amounted to AMD 701.5 million (AMD 1,189.4 million in 2010; AMD 945.5 in 2009; AMD 1,081.3 million in 2008; AMD 1,156.1 million in 2007; AMD 1,050.9 million in 2006; AMD 786.6 million in 2005). AMD 491.9 million were the direct payments of households. The balance of AMD 209.6 million has been financed by the RoA Ministry of Health, no financing was provided the Rest of the World (AMD 57.9 million in 2008).

### **2. The Group of nursing and residential care organizations HP.2**

In 2011 no financing was provided under this group of providers. In 2010 financing was provided amounted to AMD 1,376.7 million, which was financed by the RoA Ministry of Labor and Social Issues, and was distributed by the following sub-providers: AMD 16.5 million “Facilities for people with mental disabilities” HP 2.2 and AMD 1.360.2 million for “Nursing Homes”. In 2009 under this group of providers, only the “Nursing Homes” subcategory has rendered health services to population that amounted to AMD 1,323.8 million (AMD 1,351.9 million in 2008; AMD 1,217.5 million in 2007; AMD 1,035.1 million in 2006; AMD 830.7 million in 2005 and AMD 967.9 million in 2004) and they were fully financed by the public sector (the RoA Ministry of Labor and Social Issues).

### **3. The group of ambulatory medical service providers HP.3**

This group includes the following subcategories by types: doctors’ offices, dental rooms, consulting rooms of narrow specialists, polyclinics, medical and diagnostic centers, providers of health care services at home, other providers of ambulatory services. Every group is also divided into subgroups.

The overall volume of services provided to the population in 2011 by this group of health care providers amounted to AMD 31,066.3 million (AMD 37,883.4 million in 2010; AMD 32,804.8 million or 100.5% in 2009; AMD 32,625.2 million in 2008; AMD 30,005.7 million in 2007; AMD 30,190.7 million in 2006.; AMD 22 951.2 million in 2005; AMD 15,807.3 million in 2004).

The financing of services implemented by providers has been carried out by all sectors.

Financing of public sector amounted to AMD 21,016.4 million or 67.7% (AMD 20,071.7 million or 53% in 2010; AMD 17,216.3 million or 52.5% in 2009; AMD 19,510.7 million or 59.8% in 2008; AMD 18,244.1 million or 60.8% in 2007; AMD 18,675.3 million or 61.9% in 2006; AMD 11,836 million or 51.6% in 2005; AMD 7845.3 million or 49.6% in 2004). It should be noted, that in 2009 the volume private sector financing was reduced by 11.7% compared with the indicator of the previous year, and in 2008 growth of the financial volume compared with the previous year was 106.9%.

Similar to the tendencies of the previous years, the overall financing has significantly increased and essential changes in funding, specific weights of each financial agent as well as specific weights of funding for specific components within the structures of three sectors of agents have taken place. In 2011 the financing from the RoA Ministry of Health amounted to AMD 20,706.4 million or 98.5% (AMD 19,405.9 million or 96.7% in 2010) of the overall public sector financing. In 2009 a different picture was observed based on total reduction of financial volumes, the main part funding AMD 16,962.9 million or 98.5%, was implemented

by the RoA Ministry of Health even recording a decrease of 11.8% compared with the previous year.

In 2008 the tendency of the previous years to increase the financing of RoA Ministry of Health, amounted to AMD 19,229.1 million or 98.5% of the overall funding of public sector (AMD 17,919 or 98.2% in 2007; AMD 18,503.2 million or 99.1% in 2006; AMD 11,700 million or 98.8% in 2005; AMD 7,702.8 million or 98.2% in 2004).

Financing from the RoA Ministry of Health in 2011 in the financial structure of this group of providers amounted 66.7% (51.2% in 2010; 51.7% in 2009; 58.9% in 2008; 59.7% in 2007; 61.3% in 2006; 51% in 2005 and 48.7% in 2004).

The dynamic picture of financial resources by the other components in structure of public sector in 2011 is the following:

- RoA Ministry of Transport and Communication – AMD 128.4 million or 0.6% of the overall funding (AMD 120.0 million or 0.6% in 2010; AMD 87.0 million or 1.5% in 2009; AMD 97.0 million or 1.5% in 2008; AMD 82.0 million or 1.8% in 2007; AMD 100.0 million or 0.9% in 2006; AMD 82.4 million or 1.2% in 2005);

- RoA National Security Service – AMD 27.9 million or 0.1% of the overall (AMD 27.9 million in 2010; AMD 27.9 million in 2009; AMD 26.8 million in 2008; AMD 108.7 million in 2007);

- RoA Police – AMD 82.3 million or 0.4% of the overall (AMD 73.7 million in 2010; AMD 73.7 million in 2009; AMD 101.9 million in 2008; AMD 92.7 million in 2007);

- Other public sources HF 1.1.1.7 – AMD 71.4 million of the overall (AMD 159.6 million in 2010; AMD 64.8 million in 2009; AMD 55.9 million in 2008; AMD 41.5 million in 2007; AMD 35.7 million in 2006; AMD 53.6 million in 2005).

In 2010 in the structure of the public sector financing AMD 358.2 million or 1.8% was provided from the budgets of Local self-governing bodies.

The private sector funded AMD 9,944.6 million or 32.0% of the overall financing (AMD 16,988.5 million or 46.1% in 2010; AMD 15,463.8 million or 47.1% in 2009; AMD 12,295 million or 37.7% in 2008; AMD 11,058.7 million or 36.8% in 2007; AMD 9,310.6 million or 30.8% in 2006; AMD 8,746 million or 38.1% in 2005; AMD 7,709.4 million or 52.2% financed in 2004).

Financing from the *private sector* are the direct payments of the households (AMD 16,604.2 million or 97.7% in 2010; AMD 14,958.8 million or 96.7% in 2009; AMD 11,861.9 million or 96.5% in 2008; AMD 10,346.3 million or 93.6% in 2007). In 2010 AMD 275.1 million (AMD 477.3 or 3.1% in 2009; AMD 433.1 million in 2008; AMD 712.3 million in 2007) was funded by non-commercial companies and AMD 109.5 million (AMD 27.7 million in 2009) by private/public partnership organizations.

The overall *private sector* financing for services rendered by this group of providers in 2006 amounted to AMD 9,310.6 million or 30.8% of the total financing, which compared with the level of the previous year amounted to 106.5%. In contrast to 2005, the specific weight of payments made by households in the total structure has significantly reduced and in 2006 sums to AMD 8,155.2 million or 87.6%; the remaining AMD 1,155.4 million is financed by non-commercial organizations. In 2007 the situation of the 2005 was recovered: the volume of the household direct payment in comparison with the previous year amounted to AMD 10,346.3 million or 126.9%. The financing volume implemented by the private sector in comparison with the previous year amounted to 111.2%.

While the entire financing of private sector in 2004 had been funded by direct payments of households only, in 2005 the payments of households amounted to 95.6% (AMD 8,359.5

million) in the overall private sector financing of AMD 8,746 million with 4.4% (AMD 385.5 million) of financing provided by non-commercial organizations and AMD 1 million funding from private enterprises.

External sector or the Rest of the World has financed AMD 105.1 million or 0.3% of the overall financing (AMD 749.1 million or 2% in 2010; AMD 124.6 million or 0.2% in 2009; AMD 819.5 million or 2.5% in 2008; AMD 702.9 million or 2.4% in 2007; AMD 2,204.8 million or 7.3% in 2006; AMD 2 369.3 million or 10.3% in 2005; AMD 252.3 million or 1.2% in 2004).

It is noteworthy that implemented financial volume in 2009 was reduced 6.5 times not only compared with the previous year, but it was even lower of the indicator of 2004. For the observed period the financial volumes and specific weight in the overall structure were decreasing without deviation. Different picture was observed for 2008: the financial volumes and its proportion in the overall structure were increased.

One of the essential changes in 2005 again as compared to 2004, was the financing by the *Rest of the World* in the amount of AMD 2,369.3 composing 10.3% of financing for this group's services. The absolute value of the Rest of the World financing in 2006 has reduced and amounted to AMD 2,204.8 million, which, in parallel to the growth of other components' financing, has led to a significant decrease of the specific weight by 7.3%. In 2007 the funding reduction tendency provided by the Rest of the World amounted to AMD 702.9 million, and the specific weight of 2.4% in overall financing. In 2008 opposite tendencies were recorded: financing volume in comparison with the previous year amounted to AMD 819.5 million or 116.6%, which was the 2.5% of the overall structure.

The picture of services provided by the main subgroups of ambulatory health care service providers and the relevant financing is as presented below. In 2011 financing of public sector sub-agents by provided was allocated in the following proportions:

### ***HP 3.1 Doctors' offices***

In 2011 services provided by doctor's offices amounted to AMD 4,521.5 million or 14.6% of the overall financing (AMD 5,223.2 million or 13.8% in 2010; AMD 3,588.9 million or 10.9% in 2009; AMD 4,527.5 million or 13.9% in 2008; AMD 4,575 million or 15.2% in 2007; AMD 6,572.2 million in 2006; AMD 2,148.1 million in 2005).

Financing by public sector agent amounted to AMD 4,196.3 million and was implemented by the following sub-agents: RoA Ministry of Health (AMD 4,269.3 million in 2010; AMD 3,557.4 million in 2009; AMD 3,971.1 million in 2008; AMD 3,723.7 million in 2007; AMD 4,989 million in 2006; AMD 1,185.5 million in 2005, AMD 728.3 million in 2004).

In 2011 financing provided by the private sector amounted to AMD 321.9 million as the direct payments of households. The specific weight of private sector funding in the overall structure of financing is 7.1% (AMD 678.8 million or 13% in 2010; no financing was provided in 2009; AMD 22.7 million or 0.5% in 2008; AMD 580.3 million or 12.7% in 2007; 378.1 million or 5.6% in 2006; 21.5% in 2005). In 2008 private sector financing was implemented only by non-commercial organizations. In 2007 the financial structure was a little bit different: including AMD 558.9 million (AMD 377.1 million in 2006; AMD 394.8 million in 2005) as direct payments made by households and AMD 21.3 million (AMD 0.8 million in 2006; AMD 67.6 million in 2005) as financing from non-commercial organizations.

As in the preceding year, the Rest of the World has contributed AMD 3.2 million or 0.1% of overall financing (AMD 275.1 million or 5.3% in 2010; AMD 31.6 million or 0.9% in 2009; AMD 533.6 million or 11.8% in 2008; AMD 271 million or 5.9% in 2007; AMD 1,205.4 million or 23.3% in 2006; AMD 500.1 million in 2005).

### ***HP 3.2 Dental rooms***

In 2011 provided services amounted to AMD 3,550.8 million or 11.4% of the overall services(AMD 5,884.8 million or 15.5% in 2010; AMD 6,658.4 million or 17.2% in 2009; AMD 5,573.8 million or 17.1% in 2008; AMD 4,510.7 million in 2007; AMD 3,155.1 in 2006; AMD 693.1 million in 2005) financed respectively by the public funds –AMD 710.2 million or 20% (AMD 863.3 million or 14.7% in 2010; AMD 714.3 million or 13.2% in 2009; AMD 671.1 million in 2008; AMD 675.9 million in 2007; AMD 668.3 million in 2006; AMD 522.7 million in 2005; AMD 303.1 million in 2004).

AMD 2,840.6 million or 80% by private sector, including mainly direct payments of households (AMD 4,837.3 million or 81.4% in 2010; 4,409.6 million or 86.8% in 2009; AMD 4,502.1 million in 2008; AMD 3,429.7 million in 2007; AMD 2,414.3 million in 2006; AMD 153.7 million in 2005; AMD 115.3 million in 2004), non-commercial organizations - AMD 67.6 million (AMD 371.7 million in 2009; AMD 371.8 million in 2008; AMD 275.2 million in 2007; AMD 13.2 million in 2006; AMD 12.3 million in 2005) and private/public partnership organizations – AMD 26.9 million.

Rest of the World – no financing was provided under this group of providers(AMD 184.1 million in 2010; AMD 34.5 million in 2009; AMD 28.8 million in 2008; AMD 366.1 million in 2007; AMD 59.3 million in 2006; AMD 4.3 million in 2005).

### ***HP 3.3 Rooms of the other narrow specialists***

In 2011 no financing was provided under this group of providers. In 2010 the provided services and implemented financial volume amounted to AMD 139.2 million, the AMD 105.9 of which was provided by the private sector non-commercial subagent, AMD 32.3 million from the technical assistance of the Rest of the World (29.4 million AMD 31.5 million in 2008, AMD 331.9 million in 2007; AMD 843.4 million in 2006; AMD 732.8 million in 2005; AMD 134.1 million in 2004), in 2007 AMD 302 million (AMD 277.6 million in 2006) financed by the RoA Ministry of Health and the balance of AMD 29.9 million was funded by the Rest of the World.

### ***HP 3.4 Polyclinics***

In 2011 the overall volume of provided services and corresponding financing amounted to AMD 17,306.8 million (AMD 18,810.8 million in 2010; AMD 18,328.9 million in 2009; AMD 17,705.4 million in 2008; AMD 15,987.4 million in 2007; AMD 15,467.4 million in 2006; AMD 14,521.6 million in 2005) or the 49.6 of the total financing of the group (55.9% in 2009; 54.3% in 2008; 53.3% in 2007). The increase of the financing compared with the previous year amounted 101.9% (103.5% in 2009).

It was financed by three sectors of agents, including public financing of AMD 14,241.4 million or 82.3% of the overall financing (AMD 13,372.7 million or 71.1% in 2010; AMD 11,805.7 million or 64.4% in 2009; AMD 13,668.3 million or 77.2% in 2008; AMD 12,600.6 million or 78.8% in 2007; AMD 11,754.8 million in 2006; AMD 9,285.3 million in 2005; AMD 5,951 million in 2004), which was mainly provided by the Ministry of Health – AMD 13,271.1 million, as well as by the RoA National Security Service (AMD 27.9 million) and RoA Police(AMD 73.7 million).

The funding from the private sector amounted to AMD 3,001 million or 17.3% of the financing of the sub-provider, the volume was reduced by 41.8% (in 2010 - 20.3%) compared

with the previous year, in 2009 it was 161.7% (AMD 5,155.7 million or 27.4% in 2010; AMD 6,472.4 million or 35.3% in 2009; AMD 4,001.8 million or 22.6% in 2008; AMD 3,288.5 million or -20.6% in 2007).

In 2011 financing from the Rest of the World amounted to AMD 64.4 million (AMD 282.3 million in 2010; AMD 50.8 in 2009; AMD 35.5 million in 2008; AMD 98.3 million in 2007; AMD 374.4 million in 2006; AMD 274.8 million in 2005).

AMD 17,297.1 million or 99.9% of the financing for the provided services (AMD 18,797.9 million or 99.9% in 2010; AMD 18,225.7 million or 99.5% in 2009; AMD 17,635.5 million or 99.6% in 2008; AMD 15,717.7 million or 98.3% in 2007) was provided to the sub-provider of “All other multi-profile ambulatory and centers jointly providing services”, the AMD 7,931.6 million or 45.9% of the financing (AMD 10,010.8 million or 53.3% in 2010; AMD 11,540.5 million or 63.3% in 2009; AMD 10,125.2 million or 57.4% in 2008; AMD 9,280.8 million and 59% in 2007) to the “Polyclinics as separate legal entities” providers, the remaining AMD 9 365.5 million or 54.1% (AMD 8,787.1 million or 46.7% in 2010; AMD 6,685.2 million or 36.7% in 2009) to the polyclinics included in the structure of Health Centers.

### ***HP 3.5 Medical and diagnostic centers***

In 2011 the overall volume of provided services and corresponding financial volume amounted to AMD 2,646.9 million or 15.3% of the overall financing of this group of providers (AMD 4,529.8 million or 12% in 2010; AMD 2,063.5 million or 6.3% in 2009; AMD 2,093.9 million or 6.4% in 2008; AMD 2,594.6 million or 8.6% in 2007; AMD 1,379.6 million in 2006; AMD 2,355.4 million in 2005; AMD 1,384.1 million in 2004) rendered by this subgroup of providers were fully funded by the private sector, including direct payments of households – AMD 2,569.5 million (AMD 4,290.1 million in 2010; AMD 2,055.8 million in 2009; AMD 2,590.5 million in 2008; AMD 1,329.4 million in 2006; AMD 2,353.4 million in 2005). The funding from the RoA Ministry of Health was AMD 40 million and from the Rest of the World – AMD 37.4 million.

### ***HP 3.6 Providers of residential health care and services***

In 2011 no financing was provided under this group of providers. Financing in 2011 for this provider amounted to AMD 10.6 million, which was entirely provided by the agent non-commercial organizations. No financing was provided in 2008-2009 for services and AMD 5.1 million was the volume of provided services in 2007, completely provided by the agent non-commercial organizations of private sector.

### ***HP 3.9 Other providers of ambulatory services***

In 2011 provided services amounted to AMD 3,040.1 million (AMD 3,433.9 million in 2010; AMD 3,135.6 million in 2009; AMD 2,693.1 million in 2008; AMD 2000.9 million in 2007; AMD 2,773.5 million in 2006; AMD 2,500.2 million in 2005) or the 9.8% of the overall financing of this group (9.1% in 2010; 9.5% in 2009; 8.2% in 2008; 6.7% in 2007).

Funding has been implemented by three sectors of agents in the following shares:

-Public financing amounted to AMD 1,828.5 million (AMD 1,407.3 million in 2010; AMD 1,138.9 million in 2009; AMD 1,006.5 million in 2008; AMD 942 million in 2007; AMD 949.2 million in 2006; AMD 842.4 million in 2005; AMD 772.6 million in 2004), including AMD 1,700.1 million (AMD 1,221 million in 2010; AMD 987.1 million in 2009;

AMD 889.9 million in 2008; AMD 859.9 million in 2007; AMD 813.5 million in 2006; AMD 760 million in 2005; AMD 629.8 million in 2004) provided by the RoA Ministry of Health, of which AMD 1,402 million (AMD 966.2 million in 2010; AMD 787.7 million in 2009; AMD 681 million in 2008; AMD 688.9 million in 2007; AMD 657.8 million in 2006; AMD 635.7 million in 2005; AMD 551.6 million in 2004) for emergency care, AMD 211.3 million (AMD 200 million in 2010; AMD 199.4 million in 2009; AMD 193.9 million in 2008; AMD 170.9 million in 2007; AMD 147.2 million in 2006; AMD 110 million in 2005; AMD 78.2 million in 2004) for providers maintaining blood and other organs' banks. AMD 86.8 million was paid by the RoA Ministry of Health to "all other ambulatory services (AMD 54.8 million in 2010). In 2011 AMD 128.4 million (AMD 186.2 million in 2010; AMD 151.7 million in 2009; AMD 132 million in 2008; AMD 82 million in 2007; AMD 100 million in 2006; AMD 82.4 million in 2005; AMD 139.3 million in 2004) was paid by the RoA Ministry of Transport and Communications and TBD component to the same provider for the provided services.

-Private sector in 2011 financed AMD 1,211.6 million or 39.9% of the overall financing (AMD 2,023.9 million or 58.9% in 2010; AMD 1,996.7 million or 63.7% in 2009; AMD 1,487.7 million or 55.2% in 2008; AMD 768.6 million or 38.4% in 2007; AMD 1,824.3 million in 2006; AMD 799.6 million in 2005; AMD 394 million in 2004), only direct payments of households. In 2010 the volume of direct payments of households was amount of AMD 2,023 million, non-commercial organizations – AMD 0.9 million and private/public partnership organizations – AMD 0.3 million. In 2009 the direct payments of households amounted to AMD 1935.6 million (AMD 1,484.5 million in 2008; AMD 754 million in 2007; AMD 1,139.4 million in 2006; AMD 673.6 million in 2005), funding of non-commercial organizations AMD 50.5 million (AMD 27.7 million in 2009; AMD 3.2 million in 2008; AMD 14.7 million in 2007; AMD 684.9 million in 2006; AMD 126 million in 2005) and AMD 1.7 million by private/public partnership organizations.

- In 2011 no financing was provided under this group of providers. In 2010 funding from the Rest of the World amounted to AMD 2.4 million (no financing in 2009; AMD 198.5 million in 2008, AMD 290.4 million in 2007). In 2005 the AMD 857.2 million was contributed through technical assistance and grants provided by the donors (AMD 252.3 million in 2004), while in 2006 no financing has been provided.

#### **4. The group of retailers of pharmaceutical and medical supplies and other providers HP.4**

The volume of goods provided by retailers of pharmaceutical and medical supplies amounted AMD 39,096.6 million in 2011 (AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009; AMD 18,985.6 million in 2008; AMD 20,520.6 million in 2007; AMD 17,571.4 million in 2006; AMD 15,063 million in 2005; AMD 17,427 million in 2004) which has been entirely financed by the direct payments of households (AMD 17,462.7 million in 2006; AMD 14,962 million in 2005); the balance of AMD 108.7 million (AMD 101.4 million in 2005) has been funded by the public sector through the Ministry of Defense and National Security Service (the National Security Service and Police in 2005).

It is important to mention, that similar to the previous year in 2011 out of all NHA indicators the rapid increase was recorded in the volume of the group of retailers of pharmaceutical and medical supplies, which compared with the previous year was decreased by 9.6% (150.6% in 2010; 151.4%, in 2009).

### **5. Implementation and management of public health care programs HP.5**

Healthcare services rendered under this group of providers in 2011 have amounted to AMD 4,402.3 million (AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009; AMD 3,453.5 million in 2008; AMD 3,904.2 million in 2007; AMD 2,944.2 million in 2006; AMD 2,513.3 million in 2005; AMD 2,210.5 million in 2004).

The distribution of provided services by the components of this group is as follows:

- AMD 128.4 million (AMD 658.5 million in 2010; AMD 1,604.4 million in 2009; AMD 481.3 million in 2008; AMD 1,638.8 million in 2007; AMD 661.7 million in 2006; AMD 729.6 million in 2005) for morbidity surveillance, including AMD 112.9 million (AMD 637.4 million in 2010; AMD 112.9 million in 2009; AMD 81.8 million in 2008; AMD 241.4 million in 2007) was provided for HIV/AIDS prevention and control;
- AMD 2,639.7 million (AMD 2,714.2 million in 2010; AMD 3,275.7 million in 2009; AMD 2,474.0 million in 2008; AMD 1,632.4 million in 2007; AMD 1,700.3 million in 2006; AMD 1,669.1 million in 2005) for sanitary epidemiological control;
- AMD 1,634.2 million (AMD 8 144.5 million in 2010; AMD 204.1 million in 2009; AMD 498.3 million in 2008; AMD 633 million in 2007; AMD 582.3 million in 2006; AMD 114.7 million in 2005) for services provided by other organizations.

In 2011 the financing of this group of providers by agents has the following distribution:

- AMD 2,516.7 million or 57.2% of the overall financing (AMD 6,204.6 million or 53.4% in 2010; AMD 3,388.6 million or 66.6% in 2009; AMD 2,694.3 million or 78% in 2008; AMD 3,194.5 million or 81.8% in 2007; AMD 2,066.8 million or 70.2% in 2006; AMD 1,696.3 million or 67.5% in 2005; AMD 1,233.7 million or 55.8% in 2004) has been funded by the public sector;
- In 2011 no financing was provided. In 2010 private sector has financed AMD 1,802.5 million or 15.6% of the overall financing (AMD 1,598.3 million or 31.4% in 2009; AMD 568.2 million or 16.5% in 2008; AMD 487.1 million or 12.5% in 2007; AMD 526.4 million or 17.9% in 2006);
- “Rest of the World” sector financing amounted to AMD 1,885.6 million (AMD 3,510.1 million in 2010; AMD 97.2 million or 2% in 2009; AMD 191 million or 5.5% in 2008; AMD 222.6 million or 5.7% in 2007; AMD 351 million or 11.9% in 2006; AMD 785.1 million or 32.5% in 2005).

### **6. Health management and insurance HP.6**

According to the table data, the overall health management spending in 2011 amounted to AMD 1,629.2 million (AMD 2,067.8 million in 2010; AMD 7,839.5 million in 2009; AMD 8,332.5 million in 2008; AMD 15,474.9 million in 2007; AMD 10,893.5 million in 2006; AMD 7,721.1 million in 2005), including expenditures of public administration of health sector (RoA Ministry of Health) (AMD 7,413.1 million or 94.6% in 2009; AMD 7,896.8 million or 94.8% in 2008; AMD 14,767.9 million or 95.4% in 2007; AMD 10,154.8 million in 2006; AMD 7,163.9 million in 2005).

In 2011 no financing was provided from the private sector. In 2010 the financing from private sector amounted to AMD 72.0 million, including financing from non-commercial organizations in an amount of AMD 51.5 million, and private/public partnership organizations – AMD 20.5 million. In 2009 AMD 426.4 million (AMD 309.9 million in

2008; AMD 173 million in 2007; AMD 105.1 million in 2006) financing of private insurance companies.

Rest of the World financed an amount of AMD 8,475 million (AMD 140.2 million in 2010; AMD 123.4 million in 2009; AMD 125.8 million in 2008; AMD 534 million in 2007; AMD 633.6 million in 2006; AMD 492.2 million in 2005).

#### **8. The group of organizations providing health related services HP.8**

In 2011 provided services amounted to AMD 1,052.1 million (AMD 2,488.1 million in 2010; AMD 3,101.4 million in 2009; AMD 2,075.7 million in 2008; AMD 1,477.7 million in 2007; AMD 831.8 million in 2006; AMD 1,459.8 million in 2005; AMD 1,168.4 million in 2004), including funding in the amount of AMD 1,043.6 million or 99.2% of the overall (AMD 2,471.2 million or 99.3% in 2010; AMD 2,420.7 million or 78.1% of the overall in 2009; AMD 1,113.8 million; AMD 735.9 million in 2007; AMD 666.4 million in 2006; AMD 615.1 million in 2005, AMD 668.3 million in 2004) provided by the public sector. In 2010 AMD 5.7 million or 0.2% of the overall financed by the private sector (AMD 569.8 million or 18.4% in 2009; AMD 495.8 million in 2008; AMD 218.9 million in 2007; AMD 35.7 million 2006; 755.5 million in 2005). In 2011 AMD 8.4 million (AMD 11.2 million in 2010; AMD 111.0 million in 2009; AMD 466 million in 2008; AMD 522.9 million in 2007; AMD 129.7 million in 2006) contributed by the Rest of the World.

#### **9. The Rest of the World (HP.9)**

The volume of provided services and financing amounted to AMD 964.8 million (AMD 26.6 million in 2010; AMD 4,772.5 million in 2009; AMD 1,782.2 million in 2008; AMD 2,752.6 million in 2007; AMD 859.4 million in 2006; AMD 1,281.3 million in 2005; AMD 1,264.8 million in 2004), which was mainly proportion of public sector (AMD 4,596 million in 2009; AMD 1,151.3 million in 2008; AMD 860.1 million in 2007; AMD 803.4 million in 2006; AMD 1,260.3 million in 2005; AMD 1,158.1 million in 2004). No financing was provided by donors of the Rest of the World (AMD 0 in 2010; AMD 176.6 million in 2009; AMD 630.9 million in 2008; AMD 892.5 million in 2007)

#### **10. Not classified by types HP.nsk**

The volume of provided services in 2011 amounted to AMD 60.7 million (No funding was provided in 2010, AMD 2,551.6 million in 2009; AMD 2,166.6 million in 2008; AMD 2,246.8 million in 2007) of which AMD 237.6 million (AMD 24.0 million in 2008; AMD 723.4 million in 2007; AMD 610.5 million in 2006; AMD 610.5 million in 2005) was funded by the public sector, AMD 36.2 million by non-commercial organizations of private sector (AMD 796.5 million in 2006 and AMD 185.7 million in 2005) and AMD 2,277.8 million (AMD 2,142.5 million in 2008; AMD 1,523.3 million in 2007; AMD 2,393.2 million in 2006; AMD 2,016.3 million in 2005) by the Rest of the World.

**After summarizing the data of the NHA “Financial agents and providers” account or table the following can be stated:**

1. *The overall financing by the financial agents in 2011 amount to AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:*

1.1 *Public sector –AMD 63,200.1 million (AMD 62,743.9 million in 2010; AMD 62,709 million in 2009; AMD 59,859.9 million in 2008; AMD 65,088.8 million in 2007; AMD 51,156.6 million in 2006; AMD 39,767.4 million in 2005);*

1.2 *Private sector –AMD 67,044.9 million (AMD 91,373.6 million in 2010; AMD 79,666 million in 2009; AMD 72,666.3 million in 2008; AMD 69,588.1 million in 2007; AMD 67,066 million in 2006; AMD 75,158.2 million in 2005);*

1.3 *Rest of the World –AMD 11,157.9 million (AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007; AMD 6,029 million in 2006; AMD 6,268.1 million in 2005).*

2. *The overall volume of services rendered by the providers in 2011 amounted to AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,042.6 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:*

2.1 *Hospital group – AMD 54,618.2 million (AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009; AMD 66,245.8 million in 2008; AMD 61,659.9 million in 2007; AMD 56,125.2 million in 2006; AMD 66,559.9 million in 2005), of which:*

- *multi-profile hospitals – AMD 37,066.22 million (AMD 41,908.8 million in 2010; AMD 43,358.3 million in 2009; AMD 52,584.7 million in 2008; AMD 49,520 million in 2007; AMD 45,953.5 million in 2006; AMD 56,762.1 million in 2005);*

- *mental hospitals and narcological dispensaries – AMD 2,392.1 million (AMD 2,067.9 million in 2010; AMD 2,212.6 million in 2009; AMD 1,862.4 million in 2008; AMD 1,598.4 million in 2007; AMD 1,376.2 million in 2006; AMD 1,412.7 million in 2005);*

- *specialized hospitals –AMD 12,896.3 million (AMD 13,795.5 million in 2010; AMD 11,317.9 million in 2009; AMD 10,192.7 million in 2008; AMD 9,389.9 million in 2007; AMD 7,744.7 million in 2006; AMD 7,365.9 million in 2005);*

- *non-allopathic providers – AMD 520.1 million (AMD 868.4 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008; 0.0 in 2006 and 2007; AMD 232.6 million in 2005);*

- *health resorts/sanatoria – AMD 701.5 million (AMD 1,189.4 million in 2010; AMD 945.5 million in 2009; AMD 1,081.3 million in 2008; AMD 1,151.6 million in 2007; AMD 1,050.9 million in 2006; AMD 786.6 million in 2005);*

- 2.2 *Services of long term nursing care* – 0 (AMD 1,376.7 million in 2010; AMD 1,345.3 million in 2009; AMD 1,351.9 in 2008; AMD 1,217.5 million in 2007; 1,035.1 million in 2006; AMD 8,30.7 million in 2005);
- 2.3 *The group of outpatient care providers* – AMD 31,066.1 million (AMD 37,883.4 million in 2010; AMD 32,804.8 million in 2009; AMD 32,625.2 million in 2008; AMD 30,005.7 million in 2007; AMD 30,190.7 million in 2006; AMD 22,951.2 million in 2005);
- 2.4 *The group of providers of pharmaceutical and other medical supplies* – AMD 39,096.7 million (AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009; AMD 18,985.6 million in 2008; AMD 20,520.6 million in 2007; AMD 17,571.4 million in 2006; AMD 15, 063.4 million in 2005);
- 2.5 *Implementation of public health care programs* – AMD 4,402.3 million (AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009; AMD 3,453.5 million in 2008; AMD 3,904.2 million in 2007; AMD 2,944.2 million in 2006; AMD 2,513.3 million in 2005);
- 2.6 *Health management and insurance* – AMD 10,104.2 million (AMD 2,067.8 million in 2010; AMD 7,839.6 million in 2009; AMD 8,332.5 million in 2008; AMD 15,474.9 million in 2007; AMD 10,893.5 million in 2006; AMD 7,721.1 million in 2005);
- 2.7 *All other managers of the health sector* – AMD 37.8 million (0.0 in 2010; AMD 0.0 in 2009; AMD 23.6 million in 2008);
- 2.8 *The group of providers of health related services* – AMD 8.4 million (AMD 2,488.1 million in 2010; AMD 3,101.5 million in 2009; AMD 2,075.7 million in 2008; AMD 1,477.7 million in 2007; AMD 831.8 million in 2006; AMD 1,459. 8 million in 2005);
- 2.9 *The Rest of the World* – AMD 964.8 million (AMD 26.6 million in 2010; AMD 4,772.5 million in 2009; AMD 1,782.2 million in 2008; AMD 2,752.6 million in 2007; AMD 859.4 million in 2006; AMD 1,281.3 million in 2005);
- 2.10 *Providers, not classified by types* – AMD 60.7 million (0.0 in 2010; AMD 2,551.7 million in 2009; AMD 2,166.6 million in 2008; AMD 2,246.8 million in 2007; AMD 3,800.2 million in 2006; AMD 2,812.8 million in 2005).

#### **4.1.3. “Financial agents and functions” (FAx F) account**

##### **1. Group of medical care services HC. 1**

Based on the FAx F table data, the total value of services provided under the health care functions in 2011 amounted to AMD 61,563.5 million (AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009; AMD 77,967.7 million in 2008; AMD 70,872.8 million in 2007), which compared with the indicator of the previous year was reduced by 12.6%, keeping the same tendencies of 2009 and 2010, when the financing was reduced by 5.7% and 4.1%. It is noteworthy that financing for this group of functions has cyclic character, in 2008 110% was recorded; in 2007 in contrast to 2006 the volume of provided services compared with the previous year amounted to 101.7% (AMD 69,717.5 million in 2006 with a 10% decrease as compared to 2005; AMD 77,421.7 million in 2005, AMD 71,695.8 million in 2004).

The public sector has provided AMD 38,406.4 million or 62.4% (AMD 33,393.9 million or 47.4% in 2010; AMD 32,815.6 million or 44.6% in 2009; AMD 32,108.5 million or 41.2% in 2008; AMD 26,790.1 million or 37.8% in 2007; AMD 24,590.7 million or 35.3% in 2006; AMD 20,917.6 million or 27% in 2005).

The private sector funded AMD 22,458.2 million or 36.5% of the overall (AMD 36,616.8 million or 51.9% in 2010; AMD 40,643.3 million or 55.3% in 2009; AMD 45,625.6 million or 58.5% in 2008; AMD 43,566.1 million or 61.5% in 2007; AMD 44,538.7 million or 63.9% in 2006; AMD 54,571 million or 70.5% in 2005), which compared with the indicator of the previous year was reduced by 38.7% (reduced by 9.9% in 2010; reduced by 6.7% in 2009; and in 2008 the growth was 104.7%).

The private sector funding distribution is the following: direct payments of households in the amount of AMD 21,416.3 million or 95.4% of overall financing this group of agents (AMD 35,758.1 million or 97.6% in 2010; AMD 39,858.6 million or 98.1% in 2009; AMD 44,946.8 million or 98.5% in 2008; AMD 42,993.2 million in 2007; AMD 44,244.7 million in 2006; AMD 54,498 million in 2005), non-governmental/private insurance companies funded AMD 1,042 million (AMD 620.1 million in 2010; AMD 426.5 million in 2009; AMD 309.9 million in 2008; AMD 173 million in 2007; AMD 105 million in 2006; AMD 65 million in 2005), non-commercial organizations financed -0 (AMD 170.6 million in 2010; AMD 358.2 million in 2009; AMD 367.5 million in 2008; AMD 399.9 million in 2007; AMD 189 million in 2006; AMD 80 million in 2005) and 0 - private enterprises (AMD 67.9 million in 2010; AMD 0,0 in 2009; AMD 1.4 million in 2008).

Funding from Rest of the World formed the 1.1% of the overall financing of the Medical care services or AMD 698.9 million (0.6% or AMD 464.6 million in 2010; AMD 66.1 million or 0.1% in 2009; AMD 233.4 million or 0.3% in 2008; AMD 516.5 million or 0.7% in 2007; AMD 587.6 million or 0.8% in 2006; AMD 1,861.2 million or 2.5% in 2005), which in 2011 has increased almost 7 times in comparison with the decrease of 2009.

If in 2008 the financial structure of this group of functions the financial volumes of the public and private sectors are continuously increasing and the volume of the Rest of the World is decreasing, especially, if for the previous years due to the increase of the public sector financial volumes the amount of private payments was decreasing; then in 2008 a significant growth of this agent was recorded, then in 2009 the previous tendency was recovered- financial volumes from public sector were increased and financial volumes from private sector and the Rest of the World were reduced. In 2011 the allocation of the financing received from the agents for medical services has entered to a new stage: the financial volumes of the public sector and the Rest of the World have increased and the financial volume of the private sector has decreased.

Out of total expenditures within “Medical care services” functions’ group, AMD 41,096.8 million or 66.8% (AMD 46,425.8 million or 65.9% in 2010; AMD 51,070.6 million or 69.5% in 2009; AMD 56,391.3 million or 72.3% in 2008; AMD 51,712 million or 73% in 2007; AMD 51,306.8 million or 73.6% in 2006; AMD 61,784.4 million or 79.8% in 2005; 84.6% in 2004) are the payments for inpatient treatment. The financial volume disaggregated by financing agents is the following:

- public sector financing – AMD 26,344.8 million or 64.1% of the overall (AMD 21,583 million or 46.5% in 2010; AMD 22,613.5 million or 44.3% in 2009; AMD 20,442.2 million or 36.3% in 2008; AMD 16,000.6 million or 30.9% in 2007; AMD 13,546.7 or 26.4% in 2006; AMD 12,580.6 million or 20.4% in 2005);

- private sector financing –AMD 14,652.5% or 35.7% of the overall (AMD 24,593 million or 52.9% in 2010; AMD 28,457 million or 55.7% in 2009; AMD 35,948.4

million or 58.5% in 2008; AMD 35,677.1 million or 69% in 2007; AMD 37,639.3 million or 73.4% in 2006; AMD 48,848.3 million or 79.1% in 2005);

-Rest of the World financing – In 2011 no financing was provided (AMD 249.7 million or 0.5% in 2010; no funding was provided in 2009 and 2008; AMD 34.2 million in 2007; AMD 120.6 million in 2006).

Financing provided from the public sector agents to functions of “Medical care services” by the RoA Ministry of Health amounted AMD 38,335 million (AMD 33,257.6 million in 2010) which is distributed in the following proportions:

- HC1 Medical Care services- AMD 38,335 million, including
  - HC1.1 Inpatient medical care- AMD 26,344.8 of which
    - HC1.1.1 “specialized medical care” AMD 11,301.2 million, of which AMD 1,856 million to psychiatric and narcological services, AMD 1,298.1 million for TB services, AMD 1,047.3 million for oncological services; AMD 6,913.9 million for delivery services and AMD 185.9 million for HIV/AIDS services.
    - HC1.1.2 “other inpatient medical care” – AMD 15,043.6 (AMD 10,471.5 million in 2010; AMD 12,243.1 million in 2009; AMD 12,819.7 million in 2008; AMD 10,304.2 million in 2007);
  - HC 1.2 In-patient day-care medical services - no funding was provided;
  - HC1.3 Out-patient medical care – AMD 11,990.2 million including Primary health care and diagnostic services – AMD 6,860 million, ambulatory dental services – AMD 823.6 million, all other specialized services – AMD 2,583.6 million, all other ambulatory medical care - AMD 1,722.9 million.

The amount of payments for medical services HC1 was AMD 21,416.3 million from direct payments of households; AMD 1,042 million from private insurance companies.

The direct payments of households by functions have the following distribution:

- HC1 Medical Care Services – AMD 21,416.3 million, including:
  - HC1.1 In-patient Health Care – AMD 14,652.5 million, from which:
    - HC1.1.1 “Specialized medical care” – AMD 1,363.6 million, from which AMD 819.3 million for oncological services, and AMD 544.2 million for delivery services;
    - HC1.1.2 “Other in-patient medical care” – AMD 13,288.9 million (AMD 17,887.7 million in 2010; AMD 20,546.9 million or 73.3% in 2009; AMD 26,843.3 million or 75.3% in 2008; AMD 32,812 million in 2007).
  - HC1.3 Ambulatory medical care AMD 6,763.8 million, from which primary health care and diagnostic services – AMD 3,170.9 million, ambulatory dental care – AMD 2,800.5 million, all other specialized medical care – AMD 379.5 million, all other ambulatory medical care – AMD 412.9 million;
  - HC 1.4 Medical care services -in 2011 no financing was provided.

The financing from non-commercial organizations in an amount of AMD 1,042 million was distributed by function - HC1 Medical care services.

Financing by functions of HC 1 Medical care services received from all financial agents is distributed in the following proportions:

- HC1 Medical care services – AMD 61,563.5 million (AMD70,475.3million in2010), including:

- HC1.1In-patient medical care services – AMD 41,096.8 million, from which
  - HC1.1.1 “specialized medical care” – AMD 12,705 million (AMD 18,066.5millionin 2010; AMD 17,854.2 million in 2009), including mental and narcologicalservices – AMD 1,856 million (AMD 1,689.8 million in 2010; AMD 1,764.5 million in 2009), TB services – AMD 1,298.1 million (AMD 2,681million in 2010; AMD 1,588.7 million in 2009), oncological services – AMD 1,904.1 million (AMD 2,520 millionin 2010; AMD 713.5 million in 2009), delivery services – AMD 7,461 million (AMD 7,228.8millionin 2010; AMD 7,148.7 million in 2009)and HIV/AIDS services – AMD 185. Million (AMD 218.9million in 2010; AMD 84.6 million in 2009);
  - HC1.3 Ambulatory medical care – AMD 19,424.7 million, including primary health care and diagnostic services – AMD 10,102.3 million, ambulatory dental services – AMD 3,872.4 million, all other specialized medical services – AMD 3,314.2 million, all other ambulatory medical care- AMD 2,135.8 million.
  - HC1.4 Medical care services provided inside the households - in 2011 no financing was provided.

## **2. The group of rehabilitation care services HC. 2**

The implementation of functions under this group in 2011 resulted in provision of services for AMD 1,234.6 million or 2% of the total of all functions (AMD 1,728 million or 1.1% in 2010; AMD 1,471.2 million or 2% in 2009; AMD 1,541.6 million or 2% in 2008; AMD 1,755.8 million or 1.3% in 2007; AMD 1,614 million or 1.1% in 2006; AMD 1,316.8 million in 2005), including AMD 742.7 million or 60.2% (AMD 906.7 million or 52.5% in 2010; AMD 678.6 or 46.1% in 2009; AMD 755.8 or 49% million in 2008; AMD 929.4 million or 52.9% in 2007; AMD 918.5 million or 56.9% in 2006; AMD 802.4 million or 60.9% in 2005) financed by the public sector, of which AMD 561.5 million (AMD 772.8 million in 2010; AMD 569 million in 2009; AMD 569.2 million in 2008; AMD 776.1 million in 2007; AMD 793.5 million in 2006; AMD 721.9 million in 2005) by the RoA Ministry of Health and AMD 181.2 million (AMD 133.9 million in 2010; AMD 109.6 million in 2009; AMD 186.6 million in 2008; AMD 153.3 million in 2007; AMD 125 million in 2006; AMD 80.5 million in 2005) by the RoA Ministry of Labor and Social Issues.

The financing by private sector amounted to AMD 491.9 million or 39.8% of the overall, which was mainly financed by the households (AMD 821.3 million or 47.5% in 2010; in 2009 it amounted to AMD 792.5 million or 53.9%, including direct payments of households amounted to AMD 785.8 million or 53.4%; AMD 785.8 million or 51% of the total in 2008; AMD 826.5 million or 47.1% in 2007; AMD 714.8 million or 43.1% in 2006; AMD 514.4 million or 39.1% in 2005. In 2009 funding by non-commercial organizations amounted to AMD 6.7 million).

The overall volume of household payments is provided to the inpatient rehabilitation care sub-function.

The financing implemented by the Ministry of Health of RoA per component of this group’s functions has been mainly allocated to inpatient rehabilitation care AMD 561.5 million (AMD 755.5 million in 2010; AMD 529.7 million in 2009; AMD 529.8 million in 2008; AMD 753.9 million in 2007; AMD 774.2 million in 2006; AMD 727.7 million in

2005). In 2010 day care rehabilitation AMD 17.3 million (AMD 39.3 million in 2009; AMD 39.3 million in 2008; AMD 22.2 million in 2007; AMD 19.4 million in 2006; AMD 74.7 million in 2005).

### **3. Services of long - term nursing care HC. 3**

In 2011 no financing was provided. In 2010 the volume of services amounted to AMD 11.8 million in 2011, of which AMD 4.4 million was provided by the RoA Ministry of Health, AMD 2.5 million from the private sector (AMD 1.8 million by non-commercial organizations and AMD 0.7 million by private/public partnership organizations), AMD 4.9 million was provided as Grants and technical assistance from the Rest of the World. In 2009 the payments made for this group of functions amounted to AMD 296 million, including funding by the RoA Ministry of Labor and Social Issues in an amount of AMD 274.4 million (AMD 51.3 million), which was paid for *Nursing long-term services provided in inpatient day-care conditions* and funding by the Rest of the World in an amount of AMD 21.5 million for *Nursing long-term services provided in inpatient conditions*. In 2007 the payments were made by the non-commercial agent of private sector in an amount of AMD 5.1 million for *Residential nursing long-term services*. For the year 2006 information for provided services, as well as for its financing is not recorded.

### **4. Auxiliary medical care services HC. 4**

The volume of services provided under this functional group in 2011 amounted to AMD 10,483.4 million (AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009; AMD 8,919.6 million in 2008; AMD 6,201.8 million 2007 and the growth was almost twice compared with the previous year; AMD 3,102 million in 2006; AMD 3,814.7 million in 2005; AMD 3,731.7 million in 2004).

The functions were mainly funded by public sector in an amount of AMD 6,388.2 million (AMD 5,122.0 million in 2010; AMD 4,926.1 million in 2009; AMD 5,022.4 million in 2008; AMD 3,427.1 million in 2007; AMD 1,450 million in 2006; AMD 1,158.9 million in 2005), AMD 4,084.5 million (AMD 6,821.3 million in 2010; AMD 5,015.3 million in 2009; AMD 3,873.9 million in 2008; AMD 2,773.2 million in 2007; AMD 1,652.1 million in 2006; AMD 2,655.8 million in 2005) and AMD 10.7 million (AMD 2.2 million in 2010; AMD 7.8 million in 2009; AMD 23.3 million in 2008; AMD 1.6 million in 2007) by the Rest of the World.

Based on this group's subcomponents, the public financing has been distributed as follows:

- The overall financing of functions for clinical laboratories amounted to AMD 1,316.6 million (AMD 2,198.3 million in 2010; 1,420.3 million in 2009), which was totally implemented by the direct payments of households.

- The overall funding of diagnostic services amounted to AMD 5,056.5 million financing (AMD 6,177.4 million or 51.7% in 2010; AMD 4,989.7 million or 50.2% in 2009; AMD 4,574.4 million or 51.3% in 2008; AMD 2,987.3 million or 55.5% in 2007; AMD 4,515.9 million or 72.8% in 2006). In contrast to the zero financing in 2005, in 2006 the implemented functions and financial volume amounted to AMD 1,487 million, including AMD 1,285.8 million were the direct payments made by households and AMD 151.8 million was the funding provided by the RoA Ministry of Health (AMD 165.6 million in 2004).

The AMD 3,207.9 million of the overall financing allocated for this sub-function (AMD 3,086.2 million or 49.9% in 2010; AMD 3,251.1 million or 65.2% in 2009; AMD 2,987.3 million or 65.3% in 2008; AMD 1,923.8 million or 42.6% in 2007) was provided by the public sector. Private sector provided financing of AMD 1,848.6 million are the direct payments of the households (AMD 3,086.6 million or almost 50% in 2010; AMD 1,730.8 million or 34.7% in 2009; AMD 1,563.8 million or 34.2% in 2008; AMD 2,590.5 million or 57.4% in 2007). In 2011 from the Rest of the World no financing was provided. In 2010 AMD 6.6 million (AMD 7.7 million in 2009; AMD 23.3 million in 2008) was financing from the Rest of the World.

- Financing of functions for emergency care and transportation of patients – AMD 3,368.2 million (AMD 2,122.4 million in 2010; AMD 2,113.2 million in 2009; AMD 1,909.7 million in 2008; AMD 1,515 million in 2007; AMD 14,167.5 million in 2006; AMD 1,048.9 million in 2005; AMD 920.5 million in 2004); including AMD 2,969 million (AMD 1,456.0 million in 2010; AMD 1,475.5 million in 2009; AMD 1,482.9 million in 2008; AMD 1,332.3 million in 2007) by the public sector, and the remaining AMD 399.2 million (AMD 666.5 million in 2010; AMD 637.7 million in 2009; AMD 426.8 million in 2008) are the direct payments made by households.

- Financing of all the other additional services – AMD 742.2 million (AMD 1,448.3 million in 2010; AMD 1,425.9 million in 2009; AMD 1,088 million in 2008; AMD 170.9 million in 2007; AMD 147 million in 2006; AMD 110 million in 2005 and AMD 261 million in 2004), including AMD 211.3 million (AMD 579.9 million in 2010; AMD 199.4 million in 2009; AMD 552.3 million in 2008) by the public sector and AMD 520.1 million (AMD 868.4 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008) are the direct payments made by households.

### **5. Medical goods distributed to ambulatory patients HC. 5**

Services provided under functions included in this group in 2011 amounted to AMD 52,857.1 million or 37.4% of overall financing in the part of all functions (AMD 58,191.1 million or 36.6% in 2010; AMD 33,129.1 million or 22.8% in 2009; AMD 24,131.3 million in 2008; AMD 24,784.8 million in 2007; AMD 20,854 million in 2006; AMD 18,187.3 million in 2005; AMD 20,006.8 million in 2004) or compared with the preceding year was increased by 90.8% (175.6% in 2010; 137.3% in 2009). In 2008 a reduction of 2.6% was recorded (in 2007 as compared with the previous year amounted to 118.8%).

Distribution of the total volume of financing of provided services by agents is the following:

The financing provided by public sector amounted to AMD 6,244.8 million or 11.8% of the overall financing (AMD 9,220.2 million or 15.8% in 2010; AMD 4,376.0 million or 13.2% in 2009; AMD 5,066.7 million or 21% in 2008; AMD 4,226.4 million in 2007; AMD 3,464.7 million in 2006; AMD 3,189.6 million in 2005; AMD 2,395.7 million in 2004). In public sector AMD 5,169.8 million or 84.3% of the overall public financing is provided by the RoA Ministry of Health (AMD 8,028.2 million or 87% in 2010; AMD 3,286.8 million or 75.1% in 2009; AMD 4,090.7 million or 80.7% in 2008; AMD 3,184.7 million or 75.4% in 2007; AMD 2,471 million or 73% in 2006; AMD 2,537.8 million or 79.6% in 2005), AMD 964.8 million or 15.7% of overall public financing (AMD 1,090.4 million or 13.5% in 2010; AMD 987.6 million or 22.6% in 2009; AMD 867.3 million or 17.1% in 2008; AMD 933 million or 24.6% in 2007; AMD 803 million or 23.7% in 2006; AMD 550.4 million or 17.3% in 2005) was provided by the RoA Ministry of Labor and Social Issues. Financing provided by the RoA National Security Service and the RoA Police amounted to AMD 27.9 million

and AMD 82.2 million respectively (AMD 27.9 and 73.7 million in 2009-2010; AMD 26.8 and 81.9 million in 2008; AMD 26.8 and 81.9 million in 2007; AMD 27 and 82 million in 2006; AMD 25 and 76.4 million in 2005).

The public financing of this group's functions has been implemented for the components of Pharmaceutical and other goods of short-term use in an amount of AMD 5,193.2 for the function of "Prescription drugs", AMD 1,056.1 million for "Therapeutic accessories and other medical supplies of long-term use", of which AMD 944 million for "Orthopedic devices and other prothesis", AMD 107,6 million for "Hearing devices".

The private sector, specifically the household subgroup has paid an amount of AMD 39,096.7 million (AMD 45,208.9 million in 2010; AMD 28,752.8 million in 2009; AMD 19,007 million in 2008; AMD 20,558.4 million in 2007; AMD 17,463 million in 2006; AMD 14,962 million in 2005).

Funding provided by the Rest of the World in amount of AMD 7 515.6 million (AMD 3,762 million in 2010; AMD 0.6 million in 2009; AMD 57.6 million in 2008), of which AMD 151.1 million or "Prescription drugs" sub-function.

### **6. Disease prevention and public health care services HC. 6**

Services rendered under the functions of this group in 2011 amounted to AMD 5,608.8 million (AMD 5,738 million in 2010; AMD 6,762.8 million in 2009; AMD 6,007.4 million in 2008; AMD 4,350.8 million in 2007; AMD 5,713.7million in 2006; AMD 4,210.7 million in 2005; AMD 946.5 million in 2004), where the share of public sector financing was AMD ,301.4 million or 76.7% of the overall financing (AMD 4,212.6 million or 73.4% in 2010; AMD 4,175.7 million or 61.7% in 2009; (AMD 4,150.7 million or 69.1% in 2008; AMD 4,007.1 million or 92.1% in 2007; AMD 3,571.2 million or 64.5% in 2006; AMD 2,826.6 million or 67.1% in 2005), including AMD 4,092.6 (AMD 4,008.7 million (AMD 3,953.7 million in 2008; AMD 3,925.1 million in 2007; AMD 3,346.5 million in 2006; AMD 2,744.2 million in 2005) financingof the RoA Ministry of Health, AMD 128.7 million (AMD 120.0 million in 2010; AMD 87.0 million in 2009; AMD 97.0 million in 2008; AMD 82.0 million in 2007; AMD 100.0 million in 2006; AMD 82.4 million in 2005) provided by the RoA Ministry of Transport and Communication.

The private sector financing amounted to AMD 913.6 million or 16.3% (AMD 1,525.4 million or 26.6% in 2010) of the overall, was totally financed by the households. In 2009 the financing amounted to AMD 2,356.1 million or 34.8%, of which AMD 1,382.3 million were the direct payments of households, and AMD 973.8 million funding provided by non-commercial organizations. The private sector financing for this group of functions in 2008 amounted to AMD 1,105.6 million, including AMD 1,099.2 million from direct payments of households and AMD 6.4 million from non-commercial organizations. In 2007 no financing or payment was provided by private sector (AMD 51.5 million in 2006; AMD 115.8 million in 2005 - payments of private enterprises).

The financing provided by the Rest of the World sector amounted to AMD 393.8 million. In 2010 no financing was provided by the Rest of the World in 2010 to this group of functions (in 2009 it amounted to AMD 231 million or 3.5% of the overall financing; AMD 751.1 million or the 12,5% in 2008; AMD 343.7 million in 2007; AMD 2,091 million in 2006; AMD 1,228.2 million in 2005):

Financing of functions and respective distribution of provided services per subcomponent present the following picture:

*Maternal and child health:* RoA Ministry of Health – AMD 1,237.3 million (AMD 1,105.8 million in 2010; AMD 1,040.2 million in 2009; AMD 946.1 million in 2008; AMD 1,110.5 million in 2007; AMD 966.5 million in 2006; AMD 642 million in 2005), Private sector- direct payments of households AMD 913.6 million (AMD 1,525.4 million in 2010; AMD 1,382.3 million in 2009; AMD 1,105.6 million in 2008) and the Rest of the World – AMD 57.9 million (In 2010 no financing was provided; AMD 42.0 million in 2009; AMD 207.7 million in 2008; 0.0 in 2007; AMD 1,650.5 million in 2006; AMD 803.8 million in 2005);

*Health care services in the schools:*RoA Ministry of Health – AMD 419 million (AMD 410.4 million in 2010; AMD 393.4 million in 2009; AMD 481.2 million in 2008; AMD 466.6 in 2007; AMD 437.4 million in 2006; AMD 345.9 million in 2005);

*Prevention of communicable diseases:* RoA Ministry of Health – AMD 2,416.8 million (AMD 2,576.4 million in 2010; AMD 2,655 million in 2009; AMD 2,526.5 million in 2008; AMD 2,248 million in 2007; AMD 1,942.6 million in 2006; AMD 1,756.4 million in 2005), the Rest of the World – AMD 335.9 million (AMD 1,132.7 million in 2010; AMD 114.2 million in 2009; AMD 11.4 million in 2008; AMD 178.5 million in 2007; AMD 401 million in 2006; AMD 424.4 million in 2005).

*Health maintenance in industry:*RoA Ministry of Transport and Communication – AMD 128.4 million (AMD 120.0 million in 2010; AMD 87.0 million in 2009; AMD 97.0 million in 2008; AMD 82.0 million in 2007; AMD 100.0 million in 2006; AMD 82.4 million by the Ministry of Labor and Social Issues and AMD 803.8 million by the Rest of the World in 2005).

*Prevention of non-communicable diseases:* no financing was provided from the Ministry of Health (AMD 0.0 in 2009; AMD 0.0 in 2008; AMD 100.0 million in 2007 and the Rest of the World – AMD 11.4 million in 2008; AMD 2.5 million in 2007; AMD 8.4 million in 2006; in 2005 AMD 155.8 million were funds of private enterprises).

*Other public health services:* Rest of the World-AMD 99.9 million (0 in 2010; AMD 74.8 million in 2009)

## **7. Health and medical insurances administration HC. 7**

The volume of services provided under the functions included in this group and corresponding financing amounted to AMD 2,958.5 million (AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009; AMD 1,271.8 million in 2008; AMD 1,500.4 million in 2007; AMD 1,784.6 million in 2006; AMD 1,374.6 million in 2005; AMD 517.7 million in 2004), where the major part of the overall financing AMD 2,532.2 million or 85.6% (AMD 2,047.2 million or 89.2% in 2010; AMD 1,213.9 million or 99% in 2009; AMD 1,156.9 million or 91% in 2008; AMD 932 million or 62.1% in 2007; AMD 1,139.8 million in 2006; AMD 925.7 million in 2005) was provided by the public sector (RoA Ministry of Health) and directed to “General State Health Management” function.

2011 no financing was provided from private sector agent. In 2010 from non-commercial organizations AMD 58.8 million and private enterprises AMD 23.8 million amounted to AMD 83.6 million and was directed to “General State Health Management” function.

AMD 426.3 million (AMD 162.7 million or 7.1% in 2010; AMD 11.9 million or 1% in 2009; AMD 114.9 million or 9% in 2008; AMD 568.2 million or 37.9% in 2007; AMD 644.8

million in 2006; AMD 448.8 million in 2005) by the Rest of the World. The entire financing in 2004 has been implemented by the public sector exclusively.

#### **8. Other health expenditures not classified by type HC. nsk**

In 2011 no financing was provided under this group of providers. The volume of services related to functions of this group in 2010 amounted to AMD 1,350.2 million (AMD 415.7 million in 2009; AMD 1,635.9 million in 2008; AMD 1,234.3 million in 2007; AMD 1,478.6 million in 2006; AMD 1,429.3 million in 2005; AMD 2,231.8 million in 2004), which was financed by the RoA Ministry of Labor and Social Issues of Public sector. In 2009 the main part of the financing was provided by the RoA Ministry of Health AMD 379.5 million (AMD 284 million in 2008 and from RoA Ministry of Labor and Social Issues AMD 1,351.9 million in 2008; AMD 1,035.1 million in 2007). Public sector financing in 2006 amounted AMD 1,035.1 million; in 2005 - AMD 1,429.3 million and private sector financing in 2006 - AMD 443.5 million; in 2005 - zero.

#### **9. Health related functions HC.R.1-5**

##### **Capital formation for facilities providing health services HC.R.1**

The volume of services related to the functions in this group in 2011 amounted to AMD 6,696.9 million (AMD 7,342.6 million in 2010; AMD 16,987.7 million in 2009; AMD 15,453.2 million in 2008; AMD 26,923 million in 2007; AMD 18,201.6 million in 2006; AMD 10,940 million in 2005) and the volume has decreased by 8.8% compared with the previous year. The growth of the financing volume in 2009 was 109.9%, in the case that in 2008 there was a decrease of 42.6% for this indicator.

The funding by agents is respectively the following: AMD 4,584.4 million or 68.5% of the total (AMD 6,476.7 million or 88.2% in 2010; AMD 12,318.4 million or 72.5% in 2009; AMD 9,911.6 million or 64.1% in 2008; AMD 21,911.3 million or 81.4% in 2007; AMD 14,458.6 million in 2006; AMD 7,966.5 million in 2005; AMD 1,917.7 million in 2004) has been financed by the public sector, including the RoA Ministry of Health financing of AMD 5,075.8 million (AMD 11,052.9 million in 2009; AMD 8,484.5 million in 2008; AMD 20,619.4 million in 2007; AMD 13,436.8 million in 2006; AMD 7,240.1 million in 2005), no financing was provided by RoA Ministry of Labor and Social Issues (AMD 25.5 million in 2009); the financing from Ministry of Education and Science RoA AMD 935.8 million (AMD 659.7 million in 2009; AMD 650.7 million in 2008; AMD 361.8 million in 2007; AMD 518.2 million in 2006; AMD 615.1 million in 2005). In 2011 no other financing was provided from public sector (In 2010 AMD 93,4 million (AMD 272.8 million in 2009; AMD 672.5 million in 2008; AMD 788.0 million in 2007; AMD 392.3 million in 2006; AMD 111.3 million in 2005).

Thus there was an abrupt increase of 147.9% for this group of functions in 2007 which was associated with an increase of the volumes of public financing, then in 2008 a reduction of approximately same amount of 42.6% was recorded, which was also relevant to the decrease of public financing. Despite the increase in public financing volumes in 2009, the level of 2007 is yet not recovered.

In 2011 no financing was provided from private sector. In 2010 financing of private sector amounted to AMD 293.8 million or 4% of the total (AMD 2,069.9 million or 12.2% in 2009; AMD 2,207.7 million or the 14.3% in 2008; AMD 1,858.7 million in 2007; AMD 2,202.0 million in 2006; AMD 2,127.6 million in 2005), The financial volume of 2009

compared with the indicator for 2008 was reduced by 6.2% (in 2008 a growth of 118.8% was recorded, in 2007 a reduction of 15.6% was recorded).

Financing by the Rest of the World was implemented in the amount of AMD 2,112.5 million (AMD 572.1 million in 2010; AMD 2,599.7 million in 2009; AMD 3,333.8 million in 2008; AMD 3,152.9 million in 2007; AMD 1,550.0 million in 2006; AMD 845.8 million in 2005; AMD 256.7 million in 2004), which in comparison with the preceding year was reduced by 78%. In 2009 the financial volume compared with the previous year was reduced by 22% (in 2008 there was a growth of 105.7%; from 2006 to 2007 there was a two times increase).

AMD 5,589.8 million or 83.5% of the overall financing in this group of functions (AMD 6,119.1 million or 83.3% AMD 16,023.5 million or 94.3% in 2009; AMD 14,039.7 million or 90.8% in 2008; AMD 24,994.5 million or 92.8% in 2007) was allocated to *Capital formation for facilities providing health services HC.R.1*, of which AMD 5,371 million or 87.8% (AMD 11,658.7 million or 72.8% in 2009; AMD 9,147.3 million or 65.1% in 2008; AMD 21,175.4 million or 84.7% in 2007) was the financing from the public sector.

In 2011 no financing was provided from private sector. In 2010 Private sector financing amounted to AMD 253.8 million or 4.1% of the overall (AMD 2,054.4 million or 12.2% in 2009; AMD 2,199.6 million or 15.7% in 2008), of which AMD 181.5 million (AMD 1,334.4 million in 2009) from non-commercial organizations and AMD 72.3 million (AMD 735.3 million in 2009) from private enterprises were also allocated for Capital formation for facilities providing health services.

Funding from the Rest of the World amounted AMD 2,049 million of the overall (AMD 494.2 million or 8.1% in 2010; AMD 2,310.4 million or 14.4% in 2009; AMD 2,692.7 million or 19.2% in 2008).

The funding for the function of *Education and Training of Health care personnel HC.R.2* amounted to AMD 1,098.7 million (AMD 1,108.1 million in 2010; AMD 756.6 million in 2009; AMD 1,068.9 million in 2008; AMD 1,441.6 million in 2007), which was provided by the RoA Ministry of Health in an amount of AMD 76.8 million, the RoA Ministry of Education and Science in an amount of AMD 935.8 million (AMD 659.7 million in 2009), the Private sector in an amount of 32.4 million and by the Rest of the World in an amount of AMD 55.1 million (AMD 63.1 million in 2010; AMD 96.9 million in 2009).

The funding from the function of *Expenditures on health system researches and works HC.R.3* amounted to AMD 8.4 million (AMD 115.4 million in 2010; AMD 207.6 million in 2009; AMD 344.6 million in 2008; AMD 490 million in 2007), of which AMD 93.1 million by the RoA Ministry of Health, almost AMD 8.0 million (AMD 15.2 million in 2009) by private sector non-commercial organizations and AMD 14.8 million (AMD 192.4 million in 2009) by the agent of the Rest of the World.

#### **10. Expenditures not classified by type HC.R nsk**

Services provided against expenditures not classified by type in 2011 no financing was provided (AMD 1,550.9 million in 2009; AMD 60.2 million in 2008; AMD 1,631 million in 2007; AMD 1,766.1 million in 2006; AMD 2,498.7 million in 2005), In 2009 financing was entirely provided by the public sector, including subagent RoA Ministry of Health in an amount of AMD 227.1 million and subagent RoA Ministry of Labor and Social Issues in an amount of AMD 1,323.8 million. In 2008 funding was entirely provided by the subagent of Non-commercial organizations of the private sector. In 2007 the overall financing was provided by the RoA Ministry of Health in an amount of AMD 1,631 million and AMD

610.5 million in 2006; AMD 610.7 million in 2005 and by the Rest of the World sector in an amount of 1,155.6 million in 2006 and AMD 1,888 million in 2005.

**After summarizing the data of the “Financial agents and functions” account of the National Health Accounts, the following could be stated:**

1. *The overall financing by the financial agents in 2010 amounted to to AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:*

1.1 *Public sector – AMD 63,200.1 million (AMD 62,743.9 million in 2010; AMD 62,709 million in 2009; AMD 59,859.9 million in 2008; AMD 65,088.8 million in 2007; AMD 51,156.6 million in 2006; AMD 39,767.4 million in 2005);*

1.2 *Private sector – AMD 67,044.9 million (AMD 91,373.6 million in 2010; AMD 79,666 million in 2009; AMD 72,666.3 million in 2008; AMD 69,588.1 million in 2007; AMD 67,066 million in 2006; AMD 75,158.2 million in 2005);*

1.3 *Rest of the World – AMD 11,157.9 million (AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007; AMD 6,029 million in 2006; AMD 6,268.1 million in 2005).*

2. *The overall volume of implemented functions in 2011 amounted to AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,256 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), of which:*

2.1 *Medical care services – AMD 61,563.5 million (AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009; AMD 77,967.7 million in 2008; AMD 70,872.8 million in 2007; AMD 69,717.5 million in 2006; AMD 77,421.7 million in 2005);*

2.2 *Rehabilitation care services –AMD 1,234.6 million (AMD 1,728 million in 2010; AMD 1,471.2 million in 2009; AMD 1,546.1 million in 2008; AMD 1,755.9 million in 2007; AMD 1,633.5 million in 2006; AMD 1,316.8 million in 2005);*

2.3 *Nursing long-term care services – AMD 0 (AMD 11.8 million in 2010; AMD 296 million in 2009; AMD 51.3 million in 2008; AMD 5.1 million in 2007);*

2.4 *Auxiliary medical care services – AMD 10,483.4 million (AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009; AMD 8,919.6 million in 2008; AMD 6,201.8 in 2007; AMD 3,102 million in 2006; AMD 3,814.7 million in 2005);*

2.5 *Medical goods distributed to ambulatory patients – AMD 53,801.1 million (AMD 58,191.1 million in 2010; AMD 33,129.1 million in 2009; AMD 24,131.3 million in 2008; AMD 24,935.8 million in 2007; AMD 20,854 million in 2006; AMD 18,187.3 million in 2005);*

2.6 *Disease prevention and public health services – AMD 5,608.8 million (AMD 5,738 million in 2010; AMD6,762.8 million in 2009; AMD 6,008.9 million in 2008; AMD 4,350.8 million in 2007; AMD 5,713.7 million in 2006; AMD 4,210.7 million in 2005);*

- 2.7 *Administration of health and medical insurance – AMD 2,958.5 million (AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009; AMD 1,274.2 million in 2008; AMD 1,500.4 million in 2007; AMD 1,784.6 million in 2006; AMD 1,374.6 million in 2005);*
- 2.8 *Other health expenditures not classified by type – 0 (AMD 1,360.2 million in 2010; AMD 415.7 million in 2009; AMD 1,635.9 million in 2008; AMD 1,234.3 million in 2007; AMD 1,478.6 million in 2006; AMD 1,429.3 million in 2005);*
- 2.9 *Health related functions HCR 1-5 –AMD 6,696.9 million (AMD 7,342.6 million in 2010; AMD 16,987.8 million in 2009; AMD 15,453.2 million in 2008; AMD 26,923 million in 2007; AMD 18,201.6 million in 2006; AMD 10,940 million in 2005);*
- 2.9.1. *Capital formation of the health service provider institutions – AMD 5,589.8 million (AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009; AMD 14,039.7 million in 2008; AMD 24,994.5 million in 2007; AMD 17,409.3 million in 2006);*
- 2.9.2. *Personnel education and training – AMD 1,098.7 million (AMD 1,108.1 million in 2010; AMD 756.6 million in 2009; AMD 1,068.9 million in 2008; AMD 1,441.6 million in 2007; AMD 619.5 million in 2006);*
- 2.9.3. *Expenditures on health system researches and works –AMD 8.4 million (AMD 115.4 million in 2010; AMD 207.6 million in 2009; AMD 344.6 million in 2008).*
- 2.10 *Expenditures not classified by type – AMD 0.0 (AMD 0 in 2010; AMD 1,550.9 million in 2009; AMD 60.2 million in 2008; AMD 1,631 million in 2007; AMD 1,766.1 million in 2006; AMD 2,498.7 million in 2005).*

#### **4.1.4. Providers and Functions (PxF) Account**

***Summarizing the data of the NHA “Providers and functions” accounts the following could be stated:***

1. *The overall services financed by the Financial agents and provided by Providers in 2011 amounted to AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,042.6 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:*

1.1 *Hospital group – AMD 54,618.2 million (AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009; AMD 66,245.8 million in 2008; AMD 61,659.9 million in 2007; AMD 56,125.2 million in 2006; AMD 66,559.9 million in 2005), of which:*

- *multi-profile hospitals – AMD 37,066.22 million (AMD 41,908.8 million in 2010; AMD 43,358.3 million in 2009; AMD 52,584.7 million in 2008; AMD 49,520 million in 2007; AMD 45,953.5 million in 2006; AMD 56,762.1 million in 2005);*

- *mental hospitals and narcological dispensaries – AMD 2,392.1 million (AMD 2,067.9 million in 2010; AMD 2,212.6 million in 2009; AMD 1,862.4 million in 2008; AMD 1,598.4 million in 2007; AMD 1,376.2 million in 2006; AMD 1,412.7 million in 2005);*

- *specialized hospitals* –AMD 12,896.3 million (AMD 13,795.5 million in 2010; AMD 11,317.9 million in 2009; AMD 10,192.7 million in 2008; AMD 9,389.9 million in 2007; AMD 7,744.7 million in 2006; AMD 7,365.9 million in 2005);
  - *non-allopathic providers* – AMD 520.1 million (AMD 868.4 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008; 0.0 in 2006 and 2007; AMD 232.6 million in 2005);
  - *health resorts/sanatoria* – AMD 701.5 million (AMD 1,189.4 million in 2010; AMD 945.5 million in 2009; AMD 1,081.3 million in 2008; AMD 1,151.6 million in 2007; AMD 1,050.9 million in 2006; AMD 786.6 million in 2005);
- 1.2 *Services of long term nursing care* – 0 (AMD 1,376.7 million in 2010; AMD 1,345.3 million in 2009; AMD 1,351.9 in 2008; AMD 1,217.5 million in 2007; 1,035.1 million in 2006; AMD 8,30.7 million in 2005);
  - 1.3 *The group of outpatient care providers* – AMD 31,066.1 million (AMD 37,883.4 million in 2010; AMD 32,804.8 million in 2009; AMD 32,625.2 million in 2008; AMD 30,005.7 million in 2007; AMD 30,190.7 million in 2006; AMD 22,951.2 million in 2005);
  - 1.4 *The group of providers of pharmaceutical and other medical supplies* – AMD 39,096.7 million (AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009; AMD 18,985.6 million in 2008; AMD 20,520.6 million in 2007; AMD 17,571.4 million in 2006; AMD 15, 063.4 million in 2005);
  - 1.5 *Implementation of public health care programs* – AMD 4,402.3 million (AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009; AMD 3,453.5 million in 2008; AMD 3,904.2 million in 2007; AMD 2,944.2 million in 2006; AMD 2,513.3 million in 2005);
  - 1.6 *Health management and insurance* – AMD 10,104.2 million (AMD 2,067.8 million in 2010; AMD 7,839.6 million in 2009; AMD 8,332.5 million in 2008; AMD 15,474.9 million in 2007; AMD 10,893.5 million in 2006; AMD 7,721.1 million in 2005);
  - 1.7 *All other managers of the health sector* – AMD 37.8 million (0.0 in 2010; AMD 0.0 in 2009; AMD 23.6 million in 2008);
  - 1.8 *The group of providers of health related services* – AMD 8.4 million (AMD 2,488.1 million in 2010; AMD 3,101.5 million in 2009; AMD 2,075.7 million in 2008; AMD 1,477.7 million in 2007; AMD 831.8 million in 2006; AMD 1,459. 8 million in 2005);
  - 1.9 *The Rest of the World* – AMD 964.8 million (AMD 26.6 million in 2010; AMD 4,772.5 million in 2009; AMD 1,782.2 million in 2008; AMD 2,752.6 million in 2007; AMD 859.4 million in 2006; AMD 1,281.3 million in 2005);
  - 1.10 *Providers, not classified by types* – AMD 60.7 million (0.0 in 2010; AMD 2,551.7 million in 2009; AMD 2,166.6 million in 2008; AMD 2,246.8 million in 2007; AMD 3,800.2 million in 2006; AMD 2,812.8 million in 2005).

2. *The overall volume of implemented functions in 2011 amounted to AMD 141,402.9 million (AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,256 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), of which:*
- 2.1 *Medical care services – AMD 61,563.5 million (AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009; AMD 77,967.7 million in 2008; AMD 70,872.8 million in 2007; AMD 69,717.5 million in 2006; AMD 77,421.7 million in 2005);*
- 2.2 *Rehabilitation care services – AMD 1,234.6 million (AMD 1,728 million in 2010; AMD 1,471.2 million in 2009; AMD 1,546.1 million in 2008; AMD 1,755.9 million in 2007; AMD 1,633.5 million in 2006; AMD 1,316.8 million in 2005);*
- 2.3 *Nursing long-term care services – AMD 0 (AMD 11.8 million in 2010; AMD 296 million in 2009; AMD 51.3 million in 2008; AMD 5.1 million in 2007);*
- 2.4 *Auxiliary medical care services – AMD 10,483.4 million (AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009; AMD 8,919.6 million in 2008; AMD 6,201.8 in 2007; AMD 3,102 million in 2006; AMD 3,814.7 million in 2005);*
- 2.5 *Medical goods distributed to ambulatory patients – AMD 53,801.1 million (AMD 58,191.1 million in 2010; AMD 33,129.1 million in 2009; AMD 24,131.3 million in 2008; AMD 24,935.8 million in 2007; AMD 20,854 million in 2006; AMD 18,187.3 million in 2005);*
- 2.6 *Disease prevention and public health services – AMD 5,608.8 million (AMD 5,738 million in 2010; AMD 6,762.8 million in 2009; AMD 6,008.9 million in 2008; AMD 4,350.8 million in 2007; AMD 5,713.7 million in 2006; AMD 4,210.7 million in 2005);*
- 2.7 *Administration of health and medical insurance – AMD 2,958.5 million (AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009; AMD 1,274.2 million in 2008; AMD 1,500.4 million in 2007; AMD 1,784.6 million in 2006; AMD 1,374.6 million in 2005);*
- 2.8 *Other health expenditures not classified by type – 0 (AMD 1,360.2 million in 2010; AMD 415.7 million in 2009; AMD 1,635.9 million in 2008; AMD 1,234.3 million in 2007; AMD 1,478.6 million in 2006; AMD 1,429.3 million in 2005);*
- 2.9 *Health related functions HCR 1-5 – AMD 6,696.9 million (AMD 7,342.6 million in 2010; AMD 16,987.8 million in 2009; AMD 15,453.2 million in 2008; AMD 26,923 million in 2007; AMD 18,201.6 million in 2006; AMD 10,940 million in 2005);*
- 2.9.1. *Capital formation of the health service provider institutions – AMD 5,589.8 million (AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009; AMD 14,039.7 million in 2008; AMD 24,994.5 million in 2007; AMD 17,409.3 million in 2006);*
- 2.9.2. *Personnel education and training – AMD 1,098.7 million (AMD 1,108.1 million in 2010; AMD 756.6 million in 2009; AMD 1,068.9 million in 2008; AMD 1,441.6 million in 2007; AMD 619.5 million in 2006);*
- 2.9.3. *Expenditures on health system researches and works – AMD 8.4 million (AMD 115.4 million in 2010; AMD 207.6 million in 2009; AMD 344.6 million in 2008).*

*2.10 Expenditures not classified by type – AMD 0.0 (AMD 0 in 2010; AMD 1,550.9 million in 2009; AMD 60.2 million in 2008; AMD 1,631 million in 2007; AMD 1,766.1 million in 2006; AMD 2,498.7 million in 2005).*

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3. *Armenia Consumer Price Index*, January December, 2009, Statistical Bulletin, NSS RoA, Yerevan 2010, Pages 25, 28-29, 130-131.
4. *Armenia Consumer Price Index*, January December, 2010, Statistical Bulletin, NSS RoA, Yerevan 2011, Pages 25, 28-29, 126-127.

**Table 1. SNA “Financial sources and financial agents” account (billionAMD)**

HF Financial Agents	FS Financial sources																								
	FS 1 Public resources						FS 2 Private funds/resources						FS 3 External sources/resources ("Rest of the World")						Total						
	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	
<b>HF.A Public Sector</b>	42.1	50.8	53.1			63.2	0	0	0			0	9.02	14.3	6.7			0	<b>51.2</b>	<b>65.1</b>	<b>59.8</b>				
				56.9	58.3					0	0					5.8	4.4					<b>62.7</b>	<b>62.7</b>		
<b>HF.B Private Sector</b>	0	0	0			0	64.1	67.3	70			67.0	2.9	2.3	2.7			0	<b>67.1</b>	<b>69.6</b>	<b>72.7</b>				
				0	0					76.2	88.8					3.5	2.6					<b>79.7</b>	<b>91.4</b>		
<b>HF.3 Rest of the World</b>	0	0	0			0	0	0	0			0	6.0	4.6	4.5			11.2	<b>6.0</b>	<b>4.6</b>	<b>4.5</b>				
				0	0					0	0					2.9	5					<b>2.9</b>	<b>5</b>		
<b>Total</b>	<b>42.1</b>	<b>50.8</b>	<b>53.1</b>	<b>56.9</b>	<b>58.3</b>	<b>63.2</b>	<b>64.1</b>	<b>67.3</b>	<b>70</b>	<b>76.2</b>	<b>88.8</b>	<b>67.0</b>	<b>17.92</b>	<b>21.2</b>	<b>13.9</b>	<b>12.2</b>	<b>12</b>	<b>11.2</b>	<b>124.3</b>	<b>139.3</b>	<b>137.0</b>	<b>145.3</b>	<b>159.1</b>	<b>141.4</b>	

**Table 2.SNA“Financial agents and providers” account (billion AMD)**

FP Providers	FA FinancialAgents																							
	HF.A PublicSector						HF.B PrivateSector						HF 3 “Rest of the World” Sector						Total					
	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011
<b>HP.1 Hospitals</b>	17	24.3	26.1	6.3	30.7	<b>36</b>	38.8	37.1	40	32.8	29.2	<b>18</b>	0.3	0.2	0.1	0.006	0.5	<b>0.6</b>	<b>56.1</b>	<b>61.6</b>	<b>66.2</b>	<b>59.1</b>	<b>60.4</b>	<b>54.6</b>
<b>HP.2 Organizations providing nursing and residential care</b>	1	1.2	1.3	1.3	1.4	<b>0</b>	0	0	0	0	0	<b>0</b>	0	0	0	0	0	<b>0</b>	<b>1</b>	<b>1.2</b>	<b>1.3</b>	<b>1.3</b>	<b>1.4</b>	<b>0</b>
<b>HP.3 Providers of ambulatory medical care</b>	18.7	18.2	19.5	17.2	20.1	<b>21.1</b>	9.3	11.1	12.3	15.5	17.1	<b>9.9</b>	2.2	0.7	0.8	0.1	0.7	<b>0.1</b>	<b>30.2</b>	<b>30</b>	<b>32.6</b>	<b>32.8</b>	<b>37.9</b>	<b>31.1</b>
<b>HP.4 Retail and other providers of the pharmaceutical and medical goods</b>	0.1	0	0	0	0	<b>0</b>	17.5	20.5	18.9	28.7	43.3	<b>39.1</b>	0	0	0	0	0	<b>0</b>	<b>17.6</b>	<b>20.5</b>	<b>19</b>	<b>28.7</b>	<b>43.3</b>	<b>39.1</b>
<b>HP.5 Implementation and management of public health projects</b>	2.1	3.2	2.7	3.4	6.2	<b>2.5</b>	0.5	0.5	0.5	1.6	1.8	<b>0</b>	0.4	0.2	0.2	0.1	3.5	<b>1.9</b>	<b>2.9</b>	<b>3.9</b>	<b>3.4</b>	<b>5.1</b>	<b>11.5</b>	<b>4.4</b>
<b>HP.6 Health administration and insurance</b>	10.1	14.8	7.9	7.3	1.8	<b>1.6</b>	0.1	0.2	0.3	0.4	0.1	<b>0</b>	0.6	0.5	0.1	0.1	0.2	<b>0.0</b>	<b>10.9</b>	<b>15.5</b>	<b>8.3</b>	<b>7.8</b>	<b>2.1</b>	<b>1.6</b>
<b>HP.7 All other managers of health care system (except economic)</b>	0	0	0.02			<b>0</b>	0	0	0			<b>0</b>	0	0	0			<b>0</b>	<b>0</b>	<b>0</b>	<b>0.02</b>	<b>0.02</b>		<b>0</b>

				0	0						0	0.0					0	0							0	
<b>HP.8 Facilities providing health care related services</b>	0.7	0.5	1.1	2.4	2.5	<b>1.1</b>	0.03	0.2	0.5	0.6	0.0	<b>0</b>	0.1	0.5	0.5	0.1	0.0	<b>0.0</b>	<b>0.8</b>	<b>1.5</b>	<b>2.1</b>	<b>3.1</b>	<b>2.5</b>	<b>1.1</b>		
<b>HP. 9 Rest of the World</b>	0.8	0.9	1.2	4.6	0.03	<b>0.9</b>	0	0	0	0	0	<b>0</b>	0	0.9	0.6	0.2	0	<b>0</b>	<b>0.8</b>	<b>2.7</b>	<b>1.8</b>	<b>4.8</b>	<b>0.03</b>	<b>0.9</b>		
<b>HP.nsk Providers not classified by type</b>	0.6	0.7	0.02	0.2	0	<b>0</b>	0.8	0.2	0	0.1	0	<b>0</b>	2.4	1.5	2.1	2.3	0	<b>0.0</b>	<b>3.8</b>	<b>2.4</b>	<b>2.2</b>	<b>2.6</b>	<b>0</b>	<b>0.0</b>		
<b>Total</b>	<b>51.1</b>	<b>63.8</b>	<b>59.8</b>	<b>42.7</b>	<b>62.7</b>	<b>63.2</b>	<b>67.0</b>	<b>69.8</b>	<b>72.5</b>	<b>79.7</b>	<b>91.5</b>	<b>67.0</b>	<b>6.0</b>	<b>4.5</b>	<b>4.4</b>	<b>2.9</b>	<b>4.9</b>	<b>11.2</b>	<b>124.1</b>	<b>139.3</b>	<b>136.9</b>	<b>145.3</b>	<b>159.1</b>	<b>141.4</b>		

**Table 3.SNA Financial agents and functions (billion AMD)**

F Functions	FA FinancialAgents																							
	HF.A PublicSector						HF.B PrivateSector						HF 3 Rest of the World						Totally					
	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011	2006	2007	2008	2009	2010	2011
<b>HC.1 Medicalcareservices</b>	24.6	26.8	32.1	33.4	33.0	38.4	44.5	43.6	45.6	40.6	36.6	22.4	0.6	0.5	0.3	0.1	0.5	0.8	<b>69.7</b>	<b>70.9</b>	<b>77.9</b>	<b>73.5</b>	<b>70.5</b>	<b>61.6</b>
<b>HC.2 Rehabilitationcareservices</b>	0.9	0.9	0.7	0.9	0.9	0.7	0.7	0.8	0.8	0.8	0.8	0.5	0	0	0	0	0	0	<b>1.6</b>	<b>1.7</b>	<b>1.5</b>	<b>1.5</b>	<b>1.7</b>	<b>1.2</b>
<b>HC.3 Services of long-term nursing care</b>	0	0	0.0	0.0	0.0	0	0	0.0	0	0	0	0	0	0	0	0.1	0	0	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>	<b>0.0</b>	<b>0</b>
<b>HC.4 Auxiliary medical care services</b>	1.4	3.5	5	5.1	5.1	6.4	1.7	2.8	3.9	5	6.8	4.1	0	0	0	0.0	0.0	0.0	3.1	6.3	8.9	9.9	<b>11.9</b>	<b>10.5</b>
<b>HC.5 Medical goods distributed to ambulatory patients</b>	3.4	4.3	5.1	9.2	5.9	6.3	17.5	20.6	19	28.7	45.2	39.1	0	0	0.1	0.0	3.8	7.5	20.9	24.9	24.2	33.1	<b>58.2</b>	<b>52.9</b>
<b>HC.6 Disease prevention and public health services</b>	3.6	4	4.2	4.2	4.2	4.3	0.2	0	1.1	2.4	1.5	0.9	2	0.3	0.8	0.2	0	0.4	5.8	4.3	6.1	6.8	<b>5.7</b>	<b>5.6</b>
<b>HC.7 Administration of health and medical insurance</b>	1.1	0.9	1.2	2	1.9	2.5	0	0	0.1	0.1	0.1	0	0.7	0.6	0	0.0	0.2	0.4	<b>1.8</b>	<b>1.5</b>	<b>1.3</b>	<b>1.3</b>	<b>2.3</b>	<b>2.9</b>

<b>HC.nsk Other expenditures not classified by type</b>	1.2	1.2	1.6	1.4	1.4	0	0.3	0	0	0.0	0.0	0	0	0	0	0	0	0	1.5	1.2	1.6	0.4	1.4	0
<b>HCR.1-5 Healthrelatedfunctions</b>	14.4	21.9	9.9	6.5	10.8	4.6	2.2	1.8	2.2	2.1	0.4	0	1.6	3.2	3.3	2.5	0.5	2.1	18.2	26.9	15.4	17	7.4	6.7
<b>HC.R.nsk Expenditures not classified by type</b>	0.6	1.6	0	0	0	0	0	0	0.0	0	0	0	1.1	0	0	0	0	0	1.7	1.6	0.0	1.5	0	0
<b>Totally</b>	<b>51.2</b>	<b>65.1</b>	<b>59.8</b>	<b>62.7</b>	<b>63.2</b>	<b>63.2</b>	<b>67.1</b>	<b>69.6</b>	<b>72.7</b>	<b>79.7</b>	<b>91.4</b>	<b>67.0</b>	<b>6</b>	<b>4.6</b>	<b>4.5</b>	<b>2.9</b>	<b>5</b>	<b>11.2</b>	<b>124.3</b>	<b>139.3</b>	<b>136.9</b>	<b>145.3</b>	<b>159.1</b>	<b>141.4</b>