



NATIONAL HEALTH
ACCOUNTS OF ARMENIA

2015

REPORT

National Health Accounts of Armenia

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National Health Accounts (NHA) describes the flow of expenditure in both public and private sectors of health care. It describes the sources, use and flow of health care sector financing funds.

In Armenia health services are funded by the following sources: RA state budget, local community budgets, foreign donor organizations (international organizations), humanitarian aid funds, private firms, household resources and other sources. These funds are directly or indirectly passed to the financing agents and from them to the final health care service providers.

World Health Organization (WHO), taking into account the need for international standardization of health expenditure accounting, in cooperation with the Organization of Economic Cooperation and Development (OECD) and European Statistical Service (Eurostat) have developed a methodological guideline for preparing NHA.

National Health Accounts have been prepared in Armenia since 2005 based on this methodology.

This report is intended for health care system managers, health care experts, and other interested professionals who deal with health care system issues.

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NATIONAL HEALTH ACCOUNTS AS A COMPREHENSIVE TOOL FOR THE ASSESSMENT OF THE FINANCIAL FLOWS OF HEALTH CARE SYSTEM



Provision of quality, affordability and availability of health care services, as well as the financing of health care, are the pillars of the political decisions and implementing processes in the system.

Report of National Health Accounts that is prepared annually by the National Institute of Health after S. Avdalbekyan, RA MoH, by the requirement of RA Ministry of Health, is one of the main information analytical tools for the evaluation of annual health care financing in the country.

“RA 2014-2025 Long-Term Development Strategy” program defines that the health sector funding has been and remains one of the government's expenditure policy priorities. Allocations from the state budget to the health sector are increasing every year.

During 2005-2014 state funding has increased by about 89 percent, while health care expenditure (by public, insurance, private sources, donor organizations, etc.) has increased by only 58 percent during the same period of time. And the role of the private sector has increased by about 35 percent.

NHA report assesses the health care financing volume provided by different sources, the prospects of increase in funding allocated to the sector, while also presenting the important actors of the main health programs and the important providers of health care services.

National Health Accounts, as a comprehensive tool for the assessment of financial flows of health care system, is the best instrument for the evaluation of the outcomes of on-going reforms and selection of future strategies. Highlighting this fact, our country continues to improve national health accounts methodology.

World Health Organization (WHO), in cooperation with the Organization of Economic Cooperation and Development (OECD) and European Statistical Service (Eurostat), has developed a new methodology for System of Health Accounts (SHA, 2011 Edition) as an international standardized methodology for the estimation of health care system expenditure.

In 2015, RA Ministry of Health and the central office of the World Health Organization (Geneva, Switzerland) signed a System of Health Accounts New Methodology Introduction Support Memorandum.

Throughout the world health care systems continue to develop. Priorities in health care policy change, the system begins to operate with more advanced methods of management and organization, as well as more complex financing mechanisms. Health accounts should also be consistent with these developments and predict future trends. All this imposes to collect more detailed and accessible information on the health care services.

System of Health Accounts represents the systematic description of financial flows of the health care products and services consumption having a direct aim to represent the health care system expenditure.

More and more countries continue to calculate and analyze Health Accounts. It is obvious that there is a need for more comprehensive information which may be obtained through a more available large database of health expenditure. There is an increase in analysts', politicians' and public's expectations towards them.

Health Accounts, along with other statistical data, provide improved analytical tools for assessing and monitoring health system performance. One of the priorities is to develop reliable, timely data comparable with other countries. This is first of all necessary to track the trends of health expenditure and the guiding factors and to forecast the future growth.

The new methodology is based on both the conceptual and the practical opportunities of the System of Health Accounts. Great importance is attached to policy relevance, realism and stability. System of Health Accounts (SHA 2011), compared to SHA 1.0, represents a series of reforms.

SHA 2011 offers 1. more complete coverage of functional classification in areas such as prevention and long-term care, 2. more accurate picture of health care providers, linking them

closely to the standard industry classification, 3. correct approach to track the funding of the health sector, using the new classification of the financing schemes.

System of Health Accounts (SHA 2011) develops health care financing interface, to allow a measurable estimation of the mobilization, management, and use of the finance, including the systematic evaluation of the Financing schemes, institutional units (Financing agents) and Revenues of financing schemes.

RA MINISTER OF HEALTH

ARMEN MURADYAN

SUMMARY

National Health Accounts (NHA) Report summarizes the information on financial flows of RA health sector in 2014, that includes data on funding received from Public sources, Private sources and the Rest of the World, as well as information on the main directions of resource allocation (functions) and the role of administrative bodies (financing agents) in these flows.

National Health Accounts 2014 by financing agents (compared to the previous year) is the following:

Financing Agents	2013		2014		Change (increase +, decrease -)	
	Amount (million AMD)	Proportional weight (percentage)	Amount (million AMD)	Proportional weight (percentage)	Amount (million AMD)	Growth Rate (percentage)
Public Sector	62 670.4	36.8	75 069.4	39.3	12 399.0	19.8
Private Sector	94 646.6	55.6	101 353.6	53.0	6 707.0	7.1
Rest of the World	13 010.3	7.6	14 657.7	7.7	1 647.4	12.7
Total	170 327.3	100.0	191 080.7	100.0	20 753.4	12.2

As it is seen from the table, the amount of funding through all the agents in 2014 has increased compared to the previous year where, taking into account the growth rates, the expenditure from the public sources have increased more rapidly (by 19.8 percent). Overall, total health expenditure has increased by 12.2 percent.

ABBREVIATIONS

NHA	National Health Accounts
HPIU	“Health Project Implementation Unit” State Agency of the MoH, RA
WHO	World Health Organization
SNA	System of National Accounts
PRSP	Poverty Reduction Strategy Plan
USA	United States of America
USAID	United States Agency for International Development
MoH	RA Ministry of Health
MoLSA	RA Ministry of Labor and Social Affairs
NSS	RA National Statistical Service
MoJ	RA Ministry of Justice
MC	Medical Center
MoES	RA Ministry of Education and Science
NHAA	National Health Accounts of Armenia
WB	World Bank
MDG	Millennium Development Goals
RA	Republic of Armenia
ASRP	Armenia Social Reform Project
P	Providers or Implementers of Health Care Functions
UNDP	United Nations Development Program
UN	United Nations
NHDP	National Human Development Report
IDC	Interdepartmental Commission
SHA	State Health Agency, RA MoH
H	Households
F	Function or Health Care Functions
FS	Financing Source
FA	Financing Agent
MoF	RA Ministry of Finance

CHAPTER 1. THE IMPORTANCE AND ROLE OF NHA IN ARMENIA

1.1. National Health Accounts in Armenia

The NHA report is meant for the health system policy-makers and administrators to be used for 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 utilization of available resources and can be used for comparative analysis of country's health system with health systems of other countries. If applied regularly, the NHA provides an opportunity to identify the health expenditure trends, which are important for the health system monitoring and evaluation. Moreover, the NHA methodology can be used also for predicting health system financial needs.

By combining the information in the NHA with non-financial data, such as the morbidity rate, level of utilization of resources by health care providers, the policy-makers have a capability to adopt justified strategic decisions and avoid potential unfavorable developments.

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

1.2. The Objective of National Health Accounts

The main objective of National Health Accounts preparation is to facilitate the collection of information about the health system, its systematization and presentation, for making the process of planning, policy development and efficiency assessment within the sector more accessible.

Meanwhile, the present report, which includes a comparison of NHA data of several years, enables to assess the following:

- How does the level of participation of financing sources change in parallel with the increase of the state budget allocations? Does the financial burden of population decrease and for which 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 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.

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 defines the international classification of Health Accounts, where all the types of health care expenditure are divided into categories.

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

1.4. Definition of National Health Expenditure

In accordance with NHA definitions, national health care expenditure are all the expenditure related to the implementation of economical activities and are aimed at maintaining and improving health care, changing life systems or financing such activities.

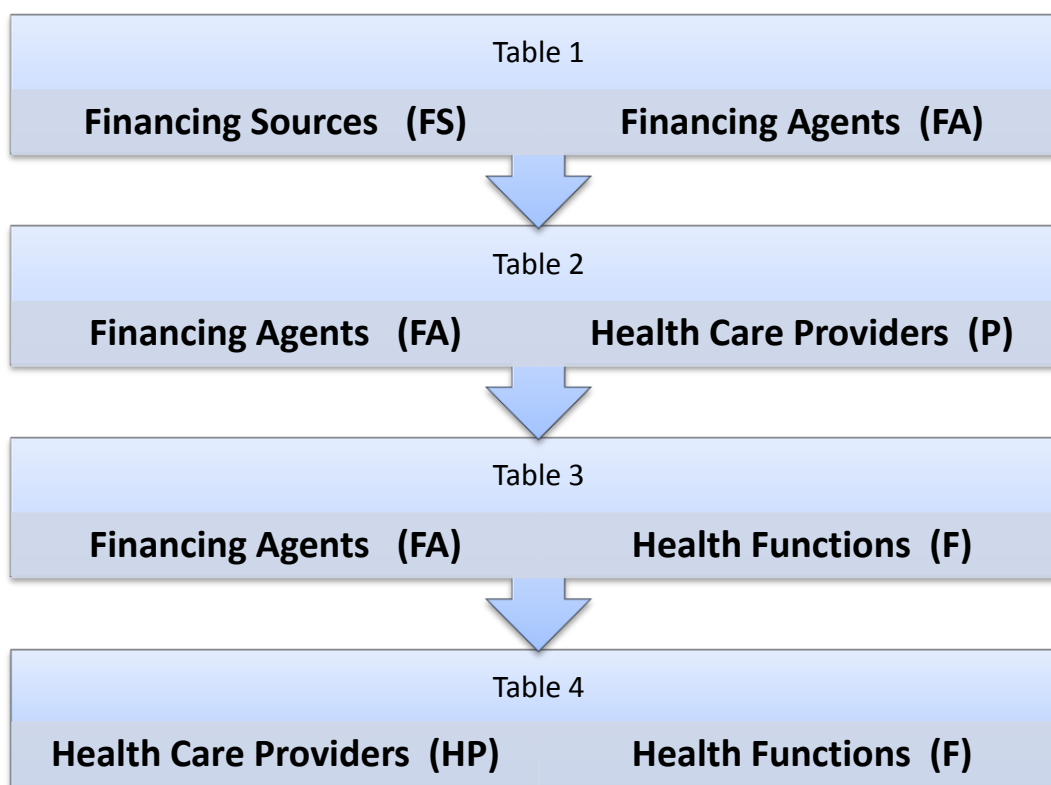
This definition applies to all types of facilities and organizations providing or financing health care services. For instance, the NHA provides an opportunity to include in the health expenditure estimates, funds allocated by the Ministry of Education and Science for the education and training of medical personnel. In a similar manner, not all the activities implemented by the Ministry of Health fall under the definitions of health expenditure and are included in the NHA. Thus, the NHA report is developed based on the aforementioned differentiations and exceptions.

The health functions related to the citizens and residents of the country have been considered when preparing the NHA and not the geographical boundaries of the country. Thus, for instance, NHA includes health care expenditure made for the citizens and residents temporarily residing abroad, and excludes health care expenditure made for the foreign citizens in the country. Health care expenditure made by the international organizations, medical goods and services meant for the residents of the host country are also included in the national health expenditure.

1.5. The Structure and Classification of National Health Accounts

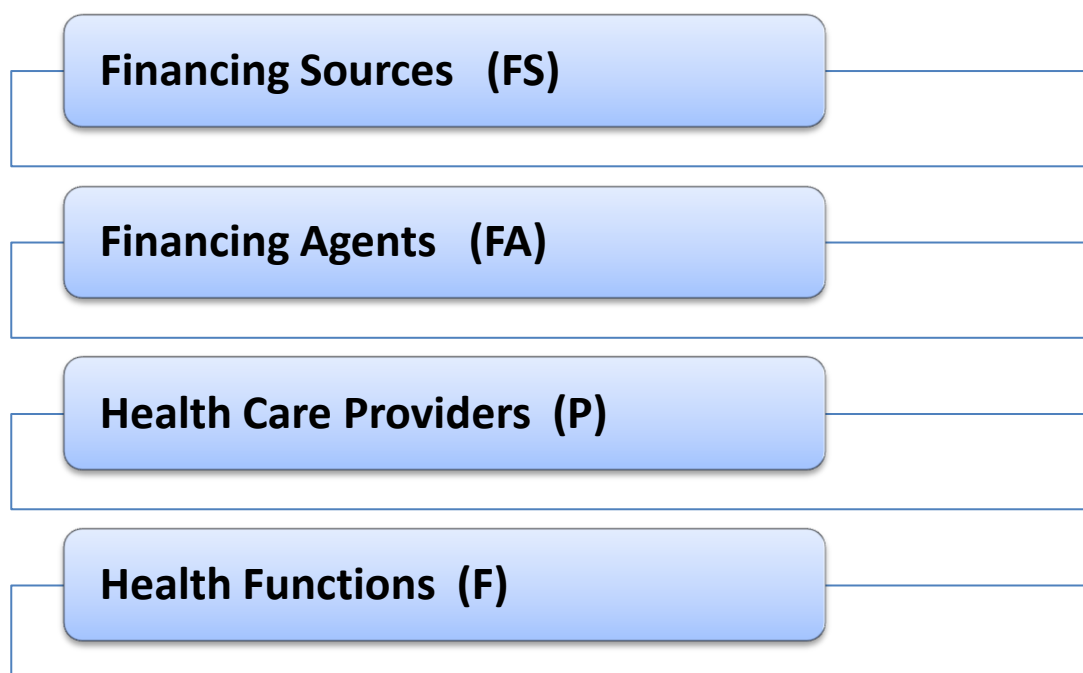
In our country NHA describes the health expenditure by its structure and is grouped into four main tables. All tables are two-dimensional and reflect financial flows from one category of health care participants to another, i.e., they describe how much has been spent by each participant of the health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

Figure 1: The Structure of NHA tables



NHA differentiates between four main categories of health system participants.

Figure 2: Four main categories of National Health Accounts participants



1. **Financing sources (FS):** answers to the following question: “Where do the funds come from?” For instance, from RA state budget, households, international donor organizations.
2. **Financing agents (FA)** (also called financial intermediaries): 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 organizes the flow of funds?” For instance, if the annual RA State Budget (financing source) provides funds to RA Ministry of Health, then the latter, in its turn, decides on how to distribute the received funds. For this reason, RA Ministry of Health is considered a financial intermediary.
3. **Health Care Providers (P):** are the final users of health system funds. This category addresses the following question: “Whom the funds are allocated to?” 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 (F)** are the provided services and implemented activities by the providers within received funds. This category addresses the following question:

“Which type of service, product or activity has been actually provided or implemented?” Examples are medical care, long-term nursing care, medical goods (for instance, drugs), preventive activities and health administration.

The main cluster of tables describes the financial flows between the above mentioned health system categories.

Moreover, 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:

1. Health expenditure data collection;
2. Comparison, evaluation and analysis of data and information collected from all sources;
3. Input of indicators into the NHA four standardized tables;
4. NHA Data analysis;
5. Preparation of NHA report, dissemination of findings among consumers.

CHAPTER 2. ANALYSIS AND DESCRIPTION OF THE SITUATION

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

2.1.1. Description and Management of Health Sector

RA health sector includes:

1. The system of RA Ministry of Health;
2. The system of RA other public administration bodies implementing health services;
3. The system of health care facilities under RA regional administration bodies;
4. Health care facilities under 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. Donor countries and international organizations implementing projects in the health sector.

2.2. Health Care Financing

The health system of the Republic of Armenia is financed by the following main internal sources:

1. RA state budget and local budgets;
2. Direct (out-of-pocket) payments of citizens (households), including non-official payments;
3. Official co-payments introduced to RA health care system;
4. Medical Insurance.

The external sources of health financing is the expenditure made by the Rest of the World in health system of RA in a decentralized way and not reflected in the state budget:

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

CHAPTER 3. INFORMATION COLLECTION METHODS AND DATA SOURCES

Data sources in different countries have various characteristics. For Armenia the following main sources have been used:

- Annual reports of the state reporting system (annual budget execution report presented to the approval of RA National Assembly, data from National Statistical Service reports, etc.);
- Official reports of organizations providing health care and registered in the State Health Agency database;
- Meeting protocols of RA government's coordination committee of charitable programs and the annual summary report;
- Survey data from Living standards report regularly carried out by the National Statistical Service, as well as statistics on the volume of health care services;
- Records of the national, regional and local bodies of the health system;
- Records maintained by insurance companies (including the works done within the social package framework), RA Central bank reports;
- Records of medical service providers;
- Data on assistance provided by donor organizations.

Simultaneously data was collected from additional independent sources, similar results were obtained at least from two different sources, and combined for final outcome.

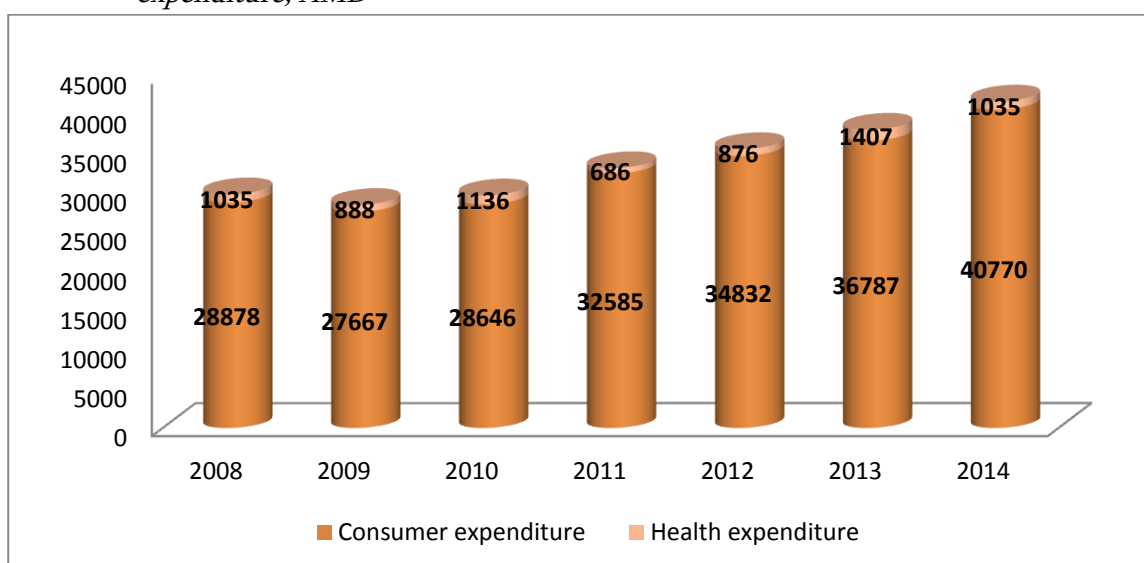
3.1. Sample Surveys and Assessment Methodology of Household Expenditures

The household surveys and the data from “Integrated Living Conditions Survey” (ILCS) implemented periodically by RA National Statistical Service, through years are considered to be a source of information on summary indicators of health spending of households, as well as on structure of providers and functions.

As a rule, per capita monthly average health spending, based on the results of ILCS, has been serving as a base for calculation of the total household expenditure, which ensures satisfactory representation in a country level. In other words, the summary estimate of the health expenditure made by households (volume of the expenditure with estimation of all households) is calculated from the combination of per capita expenditure based on the data received from “household diary” and the average annual number of the population. The distribution of total health expenditure by providers and functions was carried out in accordance with the survey data received from the “Household Survey on Expenditure of Health Services”. The estimations were also based on the population morbidity indicators.

According to the results of the integrated survey of households living standards, the share of health expenditure in the structure of consumer expenditure amounted to AMD 1,035.

Figure 3. Armenia, households nominal consumer expenditure, including per capita health expenditure, AMD



Source: *Social Snapshot and Poverty in Armenia – 2015, Statistical analytical report, NSS RA, Yerevan 2009–2015*

Notable is also the fact that total or average indicators on health expenditure by ILCS results in the dynamics are not correlated both with the socio-economic and demographic development, and with the dynamics of indicators describing the morbidity level of population.

The structure of RA households nominal consumer expenditure, including the average monthly per capita expenditure by every type of expenditure is presented below.

Table 1. Armenia: the structure of households nominal consumer expenditure, 2004, 2008, 2012-2014¹

Types of expenditure	Household average monthly per capita expenditure									
	Million AMD					%				
	2004	2008	2012	2013	2014	2004	2008	2012	2013	2014
Consumer expenditure	19 251	28 878	34 832	36 787	40 770	100	100	100	100	100
including										
Food	10 797	14 984	16 970	17 622	18 635	56.1	51.9	48.7	47.9	45.7
including										
Food outside the household	227	449	439	612	602	1.2	1.6	1.3	1.7	1.5
Purchase of alcoholic beverages	163	227	242	235	244	0.8	0.8	0.7	0.6	0.6
Purchase of cigarettes	808	1 019	1 199	1 289	1 404	4.2	3.5	3.4	3.5	3.4
Non-food products	2 787	4 730	6 159	6 568	7 442	14.5	16.4	17.7	17.9	18.3
Services	4 696	7 918	10 262	11 073	13 045	24.4	27.4	29.5	30.1	32.0
including										
Health care	1 500	1 035	876	1 407	1 035	7.8	3.6	2.5	3.8	2.5
Education	708	1 221	440	511	214	3.7	4.2	1.3	1.4	0.5
Utility services	1 146	2 635	4 305	4 501	5 518	6.0	9.1	12.4	12.2	13.5
Transportation	694	967	1 227	1 138	1 493	3.6	3.3	3.5	3.1	3.7
Communication	291	1 404	2 009	2 068	2 342	1.5	4.9	5.8	5.6	5.7
Culture	3	3	178	20	8	0.0	0.0	0.5	0.1	0.0
Legal services	3	16	184	525	1 072	0.0	0.1	0.5	1.4	2.6
Other services	351	637	1043	903	1 363	1.8	2.2	3.0	2.5	3.3

Source: HHILCS 2004, 2008, 2012-2014

When preparing the National health accounts, the main methodological and useful target is the assessment of households health expenditure and the distribution of the latter by the providers and functions. Regarding the assessment of health expenditure from the

¹ Social Snapshot and Poverty in Armenia -2012, Statistical analytical report, NSS RA, Yerevan 2012, p. 133

state sources, it does not cause difficulties, as several sources of information operate in the existing reporting system, based on which it is possible to collect information on the state health expenditure. At the same time the state expenditure is planned in the budget monthly and annual reports by economic and functional classification, as well as by target expenditure. Also reports on state expenditure performance are compiled by the format of program budgeting.

For assessing the households health expenditure, when preparing the National Health Accounts in 2014, statistics on the volume of health care services provided by the health care facilities carried out by RA National Statistical Service, as well as the data of the Integrated Living Conditions Survey carried out by the same institution, were used.

In 2014, the information is collected from the surveyed households of Integrated Living Conditions Survey, implemented by RA National Statistical Service, on the health care expenditure of the last 30 days, which causes certain difficulties for the sample data dissemination and calculation of the size of possible uncertainties. Accordingly, the analysis of household expenditure is appropriate to carry out with the help of the relative indicators by estimating the expenditure structure by health care functions and health expenditure format.

According to the aforementioned survey results, in 2014, during the last visit to the hospital by the applicant households, 92.9 percent of household direct (out-of-pocket) payments was paid directly to the hospital cashier, the share of informal payments comprised 7.1 percent, out of which 6.4 percent was paid to a medical staff member, and 0.7 percent was paid in the form of a gift or a provided service (Figure 4).

Information was collected on the payments made during the last visit to the polyclinic by the applicant households, which was either paid to a medical staff member directly or was paid in the form of a gift or a provided service (Figure 5). In the polyclinics also the most part of the direct household payments (99%) was paid to a medical staff member in the cash form and only 3 percent in the form of a gift or a provided service.

Figure 4. The structure of direct payments during the last visit to the hospital in 2014, percent

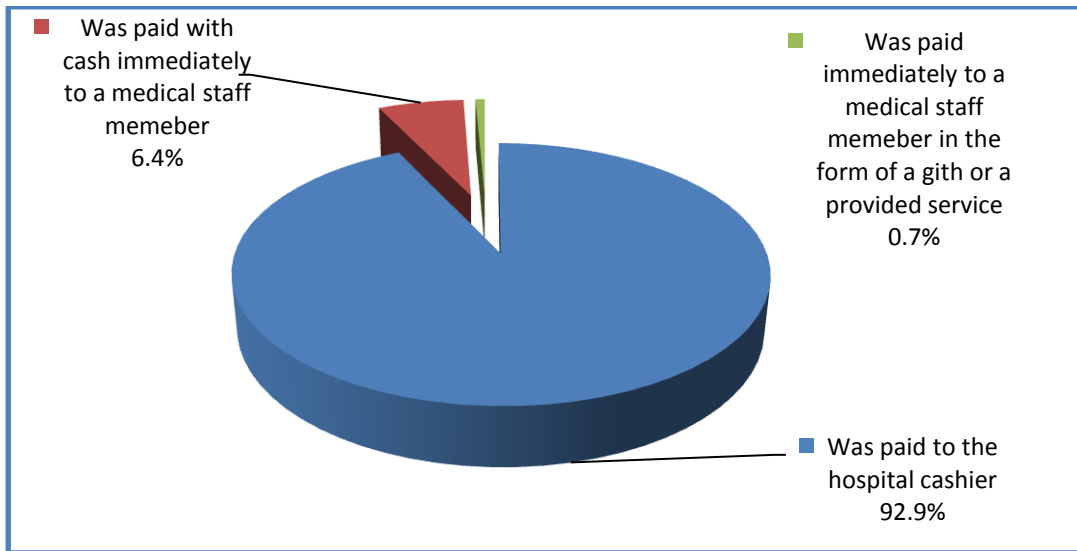
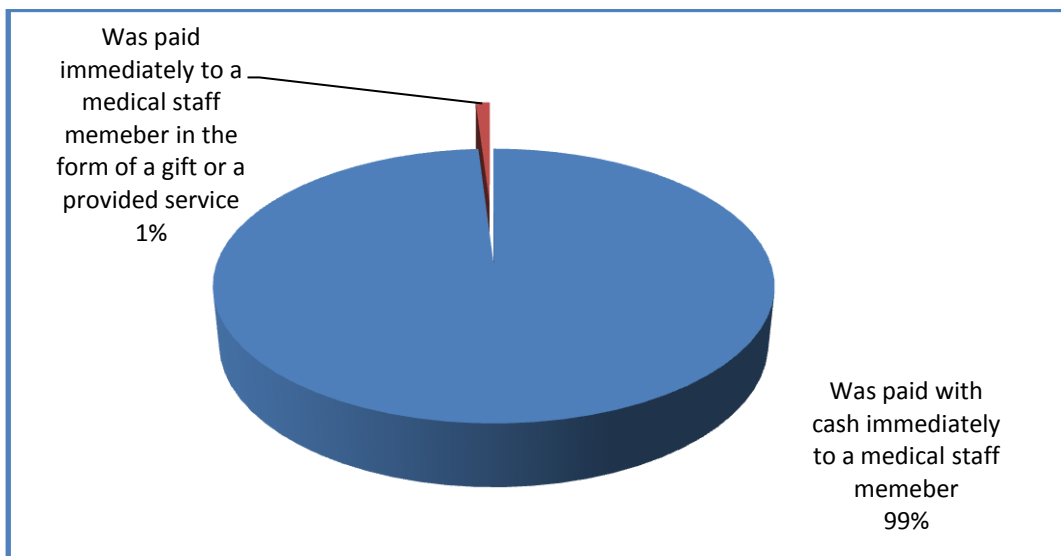


Figure 5. The structure of direct payments during the last visit to the polyclinic in 2014, percent



CHAPTER 4. MAIN RESULTS OF THE NHA

4.1. Analysis of Main Accounts

4.1.1. *Financing Sources and Financing Agents (FSxFA)*

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

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

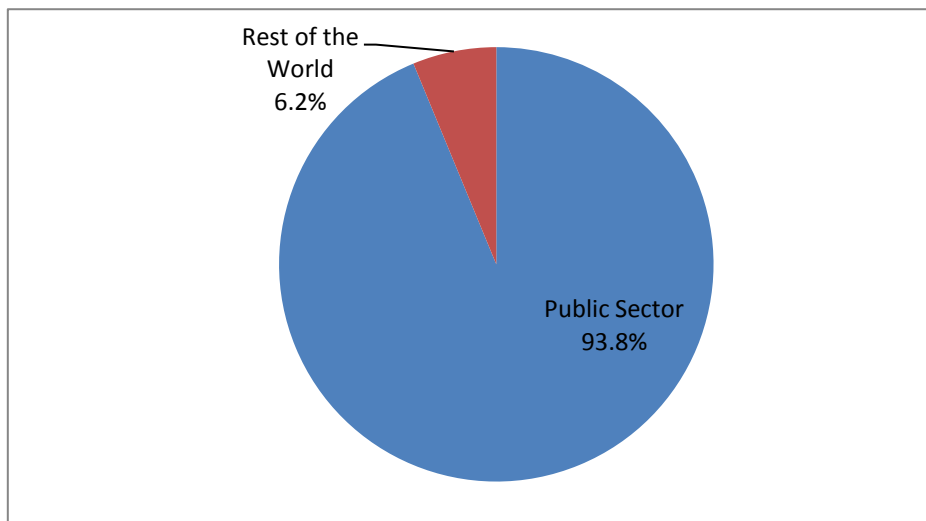
In 2014, the overall amount of financing provided to the health system by all financing sources, including Public, Private Funds and the Rest of the World, was **AMD 191,080.7 million**, distributed among the Public, Nonpublic Sectors and the Rest of the World Financing Agents.

The overall amount of financing by “**HF.A Public sector**” - as a financing agent - for provision of health services in 2014 amounted to AMD 75,069.4 million in current prices, while in 2013 it was AMD 68,139 million, so the growth was 10.2 percent.

Sources for financing of “**HF.A Public sector**” agent were FS.1 Public funds in an amount of AMD 75,069.4 million including the funding from the state budget in an amount of AMD 74,852.4 million and Local government budgets in an amount of AMD 217 million.

FS.3 Rest of the World, as a financing source, provided AMD 4,988.7 million to “**HF.A Public sector**” agent.

Figure 6. The funding structure of the Public sector agent by the Financing Sources, percent, 2014



In 2014, the overall funding from RA Ministry of Health was AMD 74,303 million, and compared to the previous year, the increase in funding was 20.3% (AMD 61,761.6 million in 2013 which was a reduction by 1.3% compared with the 2012 indicator).

In 2014, the state budget funding to RA Ministry of Health comprised AMD 69,344.3 million or 92.4% of the overall public sector funding (89.8% in 2013) which, compared to the previous year, has increased by 2.6 percentage points (there was a 4 percentage points decrease in 2013).

In 2014, AMD 3,112.6 million from the state budget or 4.1% of the overall financing of the “Public funds” (AMD 2,811.7 million or 4.5% in 2013) has been allocated to RA Ministry of Labor and Social Issues.

In 2014, as in the previous year, RA Ministry of Education and Science got no funding (0 in 2013; AMD 941.8 million and 1.4% in 2012).

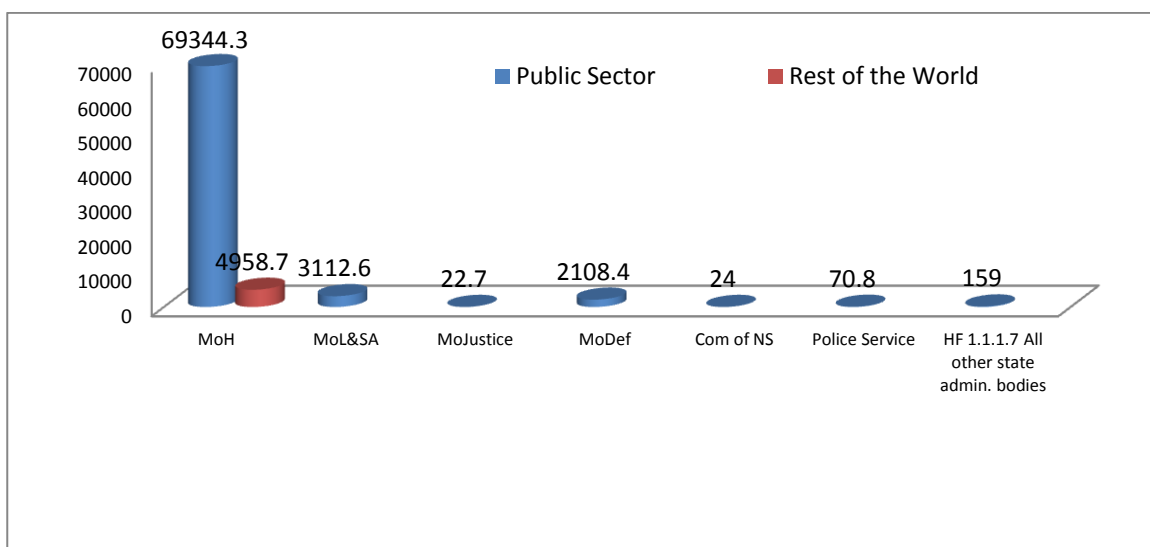
In 2014, RA Ministry of Transport and Communication was not funded (AMD 212.9 million or 0.4% of the state budget financing in 2013).

In 2014, the funding of RA National Security Service and RA Police amounted to AMD 24 million and AMD 70.8 million, respectively, comprising 0.03% and 0.1%, respectively, in overall state budget funding (AMD 599.3 million and AMD 60.2 million or 1% and 0.1% in 2013).

In 2014, total financing from the public funds for the “Public Sector” component HF.1.1.1.7 All other state administration bodies amounted to AMD 159 million (AMD 122.6 million in 2013) which, similar to the previous years, was funded entirely from the state budget.

In 2014, total financing from the public funds for the “Public Sector” component HF.1.1.1.8 Ministry of Defense amounted to AMD 2,108.4 million (AMD 2,570.8 million in 2013).

Figure 7. The funding structure of the Public Sector subagents by the Financing Sources, million AMD, 2014



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

In 2014, total financing for the “HF.B Nonpublic/ private sector” agent amounted to AMD 101,353.6 million which was financed from FS.2 Private Funds, including AMD 4,640.6 million from FS.2.1 Employers/ Private Venture funds (AMD 4,800 million in 2013), AMD 96,655 million from FS.2.2. Households funds (AMD 89,791.3 million in 2013), and AMD 58 million from FS.2.3 Nonprofit Institutions Serving Households funds (AMD 55.2 million in 2013).

FS.3 Rest of the World and FS.1 Public Sources weren’t sources of funding for “HF.B Nonpublic/ private sector”.

The overall financing provided to the Private sector - as a financing agent - in 2014 amounted to AMD 101,353.6 million, and it was an exceed of 7.1% compared to the previous year (AMD 94,646.6 million or 4.6% decrease in 2013);

In the overall financing structure 95.4% or AMD 96,655 million (94.9% or AMD 89,791.3 million in 2013) represents the households out-of-pocket payments, which has a growth of 7.6% compared to the indicator of the previous year (8.2% decrease in 2013).

AMD 4,640.6 million or 4.6% of the overall funding of the private sector (AMD 4,800 million or 5.1% in 2013) are the payments made by the private insurance companies financed from the “Private sector” financing sources at the cost of “Employers/ Private Venture” component.

3. Financing of the “Rest of the World” financing agent HF.3

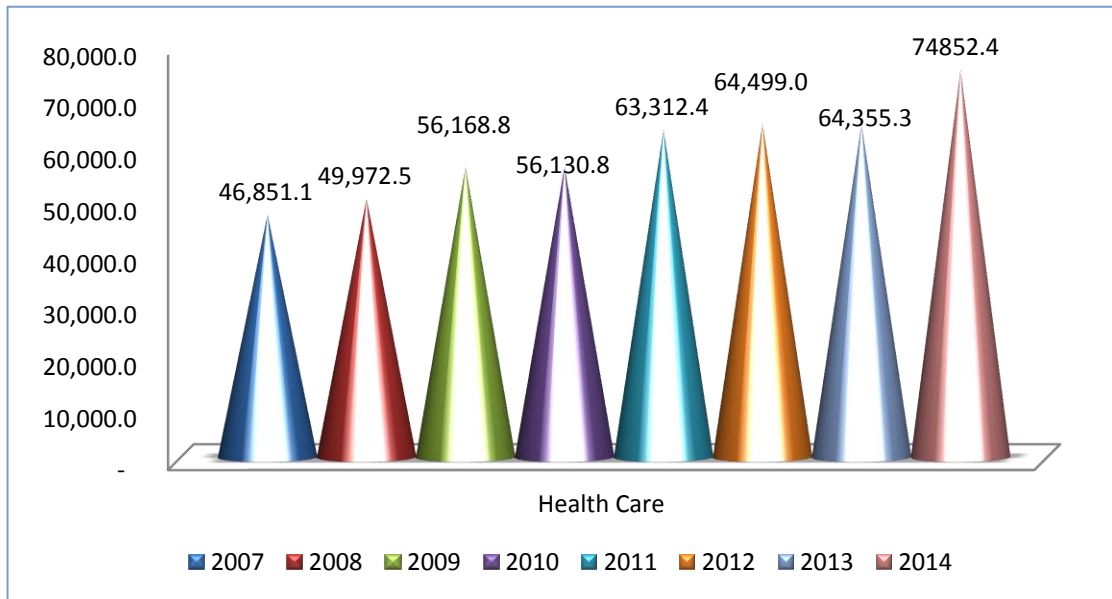
In 2014, the funding of financial agents in this sector amounted to AMD 9,699 million (AMD 7,541.6 million in 2013; AMD 11,538.3 million in 2012; AMD 11,157.9 million in 2011; AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009), which was completely funded by the Rest of the World financing source. The funding, compared to the previous year, has increased by 28.6%.

The centralized funding by the Rest of the World was provided to HF.3.1 Humanitarian Programs GoA Committee agent - AMD 5,436.8 million, and HF.3.3 Donors technical assistance and grants subagent - AMD 4,262.2 million.

In 2014, AMD 14,657.7 million was provided to the health care system by the Rest of the World - as a financing source.

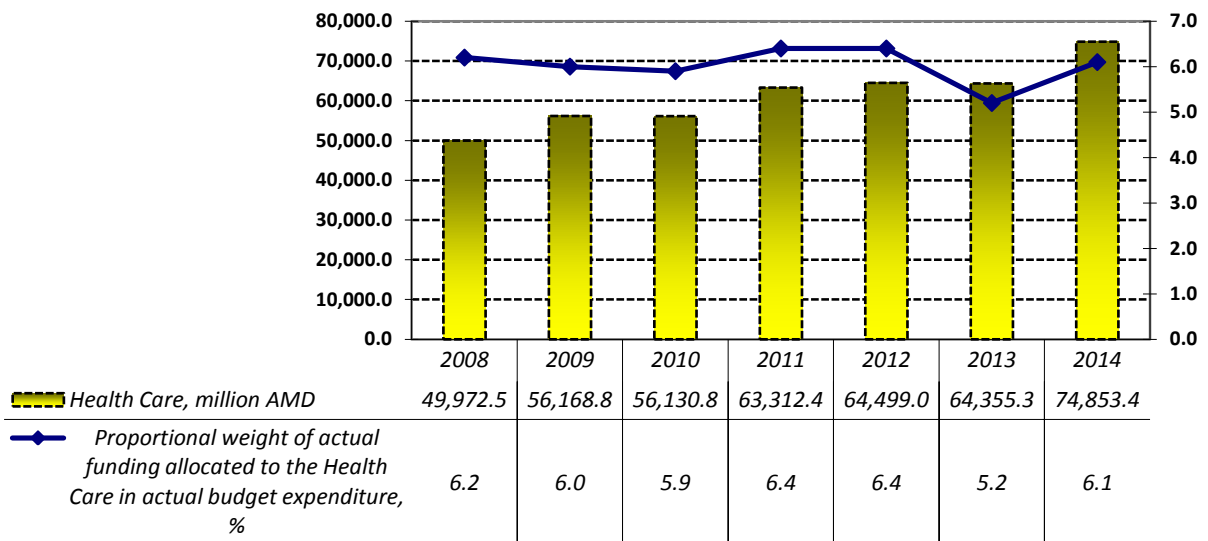
The growing role of the state budget in the health care system financing is an evidence for health sector’s state policy effectiveness. In particular, the role of Public sector agent in overall health care expenditure has increased from 32.8 percent in 2005 to 39.3 percent in 2014. General dynamics of the state budget health care expenditure for recent years is presented (only expenditure included in 07 Health care section of RA state budget is presented below).

Figure 8. Dynamics of RA state budget actual funding allocated to health care, million AMD



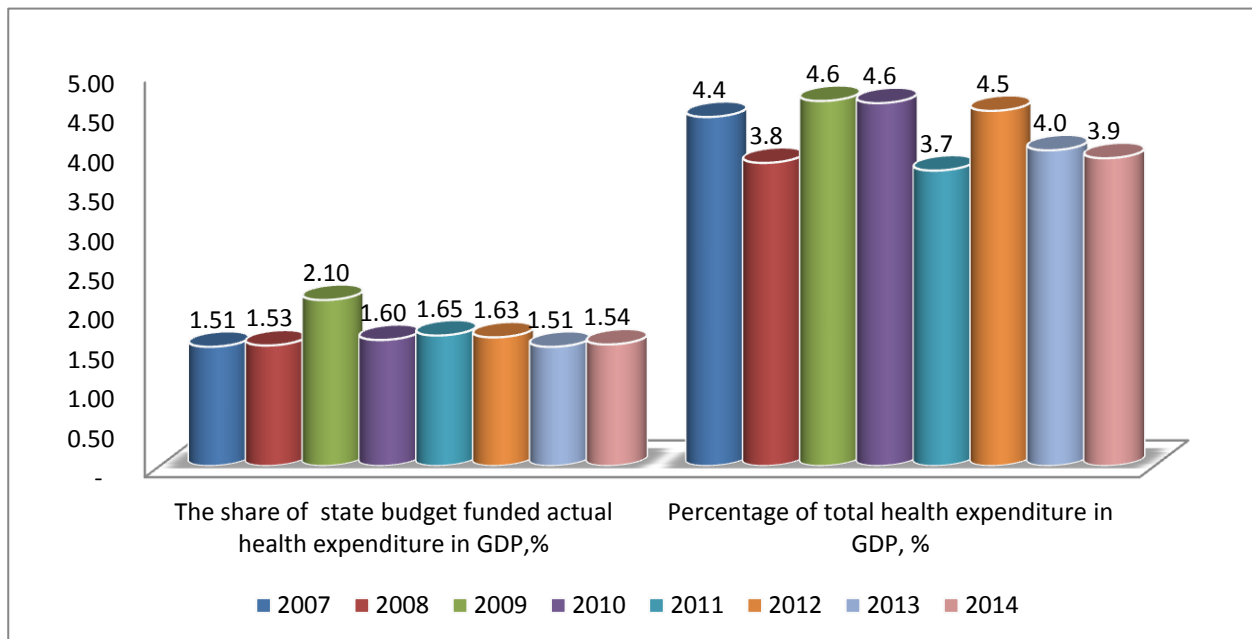
Source: RA Ministry of Finance annual report on state budget performance.

Figure 9. Dynamics of RA state budget actual funding allocated to health care, million AMD



Source: RA Ministry of Finance annual report on state budget performance.

Figure 10. Comparison of the ratios of total health expenditure - GDP to State budget health expenditure - GDP, %



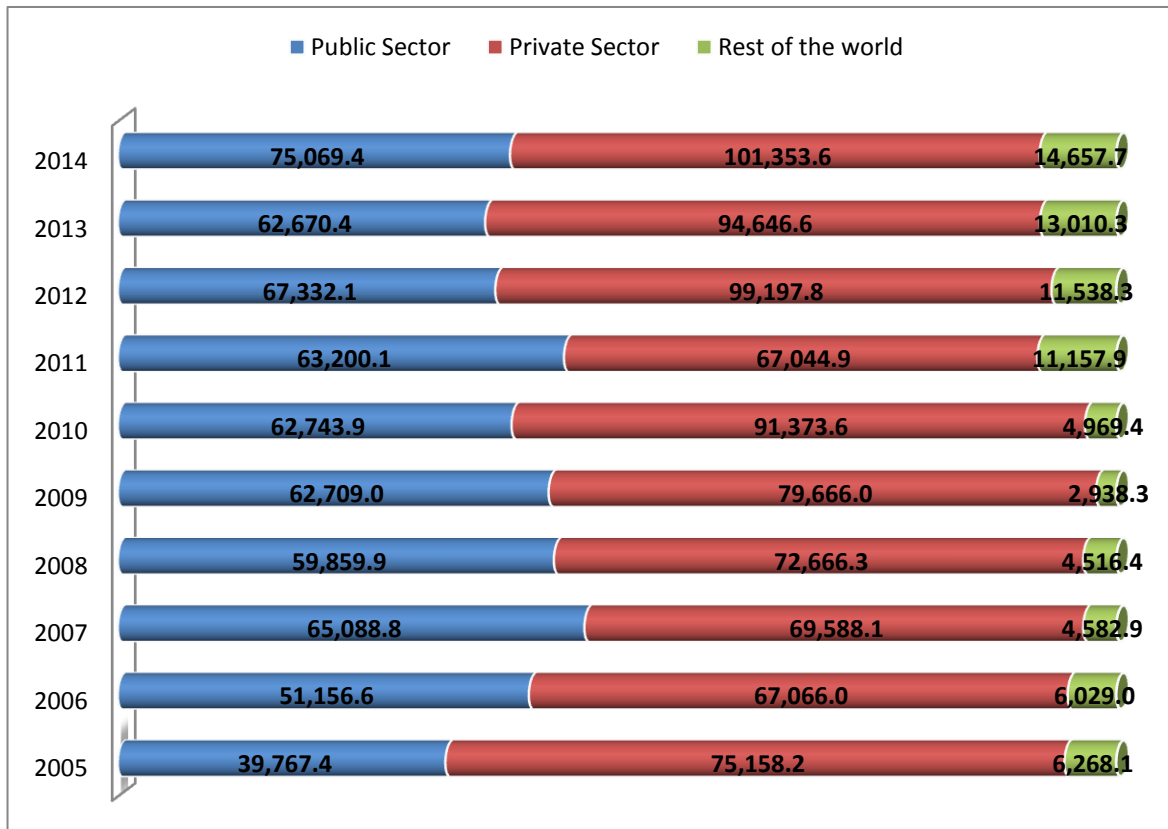
Source: RA Ministry of Finance annual report on state budget performance, Official Yearbook of National Statistical Service, NHA data tables.

Summarizing National Health Accounts “Financing Agents and Financing Sources” account, the following could be stated:

I. The total volume of funding from all financing sources provided to financing agents in 2014 amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011, AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), including:

1. Funding to the “Public sector” - AMD 75,069.4 million (AMD 62,670.4 million in 2013);
2. Funding to the “Private sector” - AMD 101,353.6 million (AMD 94,646.6 million in 2013);
3. Funding to the “Rest of the World” - AMD 14,657.7 million (AMD 13,010.3 million in 2013).

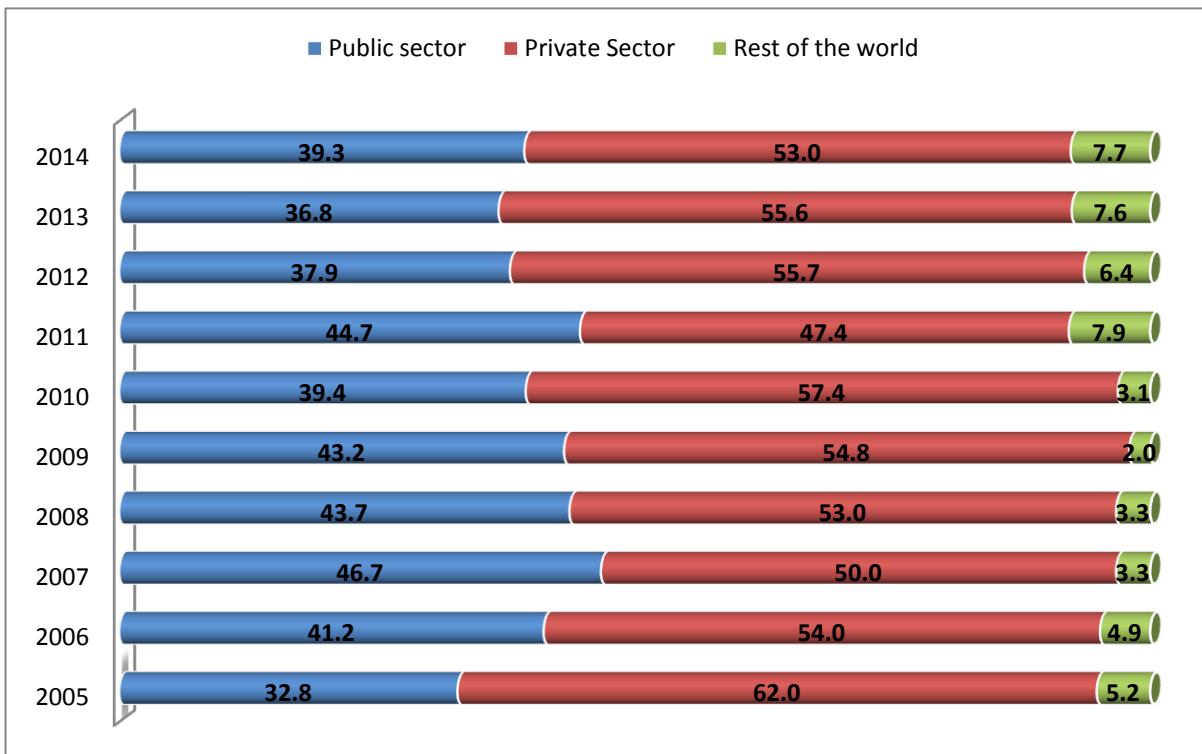
Figure 11. Total amount of funding from all Financing Sources provided to Financing Agents by categories and years, million AMD



Source: NHA data tables

General shares of total funding provided to financing agents by all funding sources are presented below, by proportional weight of categories expressed in percentage as part of the whole.

Figure 12. Proportional weight of categories in total funding provided to Financing Agents by all Financing Sources by years, percent



Source: NHA data tables

In 2014, compared to the previous year, public sector expenditure has increased by 2.5 percentage points, as well as private sector expenditure has decreased by 0.1 percentage points, and the Rest of the World expenditure share has a 0.1 percentage point increase. As a result, in the overall funding structure Private sector expenditure share has a 2.6 percentage points decrease. In the general structure of financing changes in shares of individual sources is a result of a bigger increase in the Public sector financing.

Table 2. HF Financing agents, million AMD

	2006	2007	2008	2009	2010	2011	2012	2013	2014
HF.A Public sector	51,156.6	65,088.8	59,859.9	62,709.0	62,743.9	63,200.1	67,332.1	62,670.4	80,028.1
HF.B Private sector	67,066.0	69,588.1	72,666.3	79,666.0	91,373.6	67,044.9	99,197.8	94,646.6	101,353.6
HF.C Rest of the world	6,029.0	4,582.9	4,516.4	2,938.3	4,969.4	11,157.9	11,538.3	13,010.3	9,699.0
Total	124,251.6	139,259.8	137,042.6	145,313.3	159,086.9	141,402.9	178,068.2	170,327.3	191,080.7

Source: NHA data tables, 2006-2014

II. According to the table of Financing Sources and Providers, we see that the total financing provided by the financing sources in 2014 was AMD 191,080.7 million (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), where:

1. Financing from Public funds/ sources was **AMD 75,069.4 million** (AMD 62,670.4 million in 2013; AMD 67,032.1 million in 2012; AMD 63,200.1 million in 2011; AMD 58,349.2 million in 2010; AMD 56,917.4 million in 2009),

2. Financing from Private funds/sources was **AMD 101,353.4 million** (AMD 94,646.6 million in 2013; AMD 99,197.8 million in 2012; AMD 67,044.9 million in 2011; AMD 88,821.8 million in 2010; AMD 76,221.4 million in 2009), where:

- *Resources of employers/ private venture – AMD 4,640.6 million* (AMD 4,800 million in 2013; AMD 1,343.9 million in 2012; AMD 1,041.9 million in 2011; AMD 620.1 million in 2010; AMD 426.4 million in 2009);
- *Households out-of-pocket payments – AMD 96,655 million* (AMD 89,791.3 million in 2013; AMD 97,853.9 million in 2012; AMD 66,002.9 million in 2011; AMD 88,201.7 million in 2010; AMD 75,794.9 million in 2009);
- *Non-commercial organizations – AMD 58 million* (AMD 55.2 million in 2013; 0 in 2012; 0 in 2011; 0 in 2010; 0 in 2009);
- *Private/ with Public partnership enterprises - 0* (0 in 2013; 0 in 2012; 0 in 2011; 0 in 2010; 0 in 2009);

2. Rest of the World financing amounts to **AMD 14,657.8 million** (AMD 13,010.3 million in 2013; AMD 11,538.3 million in 2012; AMD 11,157.9 million in 2011; AMD 11,915.9 million in 2010; AMD 12,174.5 million in 2009).

Table 3. Financing Sources, million AMD

	2009	2010	2011	2012	2013	2014
Public Sources	56,917.4	58,349.2	63,200.1	67,332.1	62,670.4	75,069.4
Private Sources, including:	76,221.3	88,821.8	67,044.9	99,197.8	94,646.6	101,353.4
Resources of employers/ private venture	426.4	620.1	1,041.9	1,343.9	4,8	4,640.6
Households out-of-pocket payments	75,794.9	88,201.7	66,002.9	97,853.9	89,791.3	96,655
Funding of the Rest of the World	12,174.6	11,915.9	11,157.9	11,538.3	13,010.3	14,657.8
Total	145,313.3	159,086.9	141,402.9	178,068.2	170,327	191,080.7

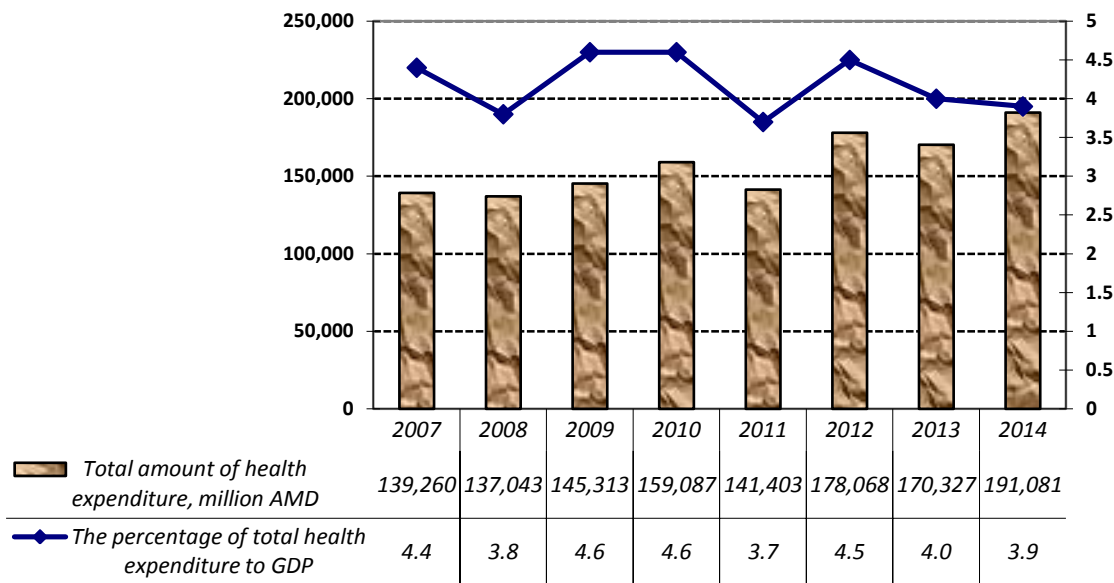
Source: NHA data tables, 2009-2014

Table 4. The percentage of Household out-of-pocket payments in overall health care expenditure, percent

2008	2009	2010	2011	2012	2013	2014
50.8	52.2	55.4	46.7	55.0	52.7	50.6

Source: NHA data tables, 2008-2014.

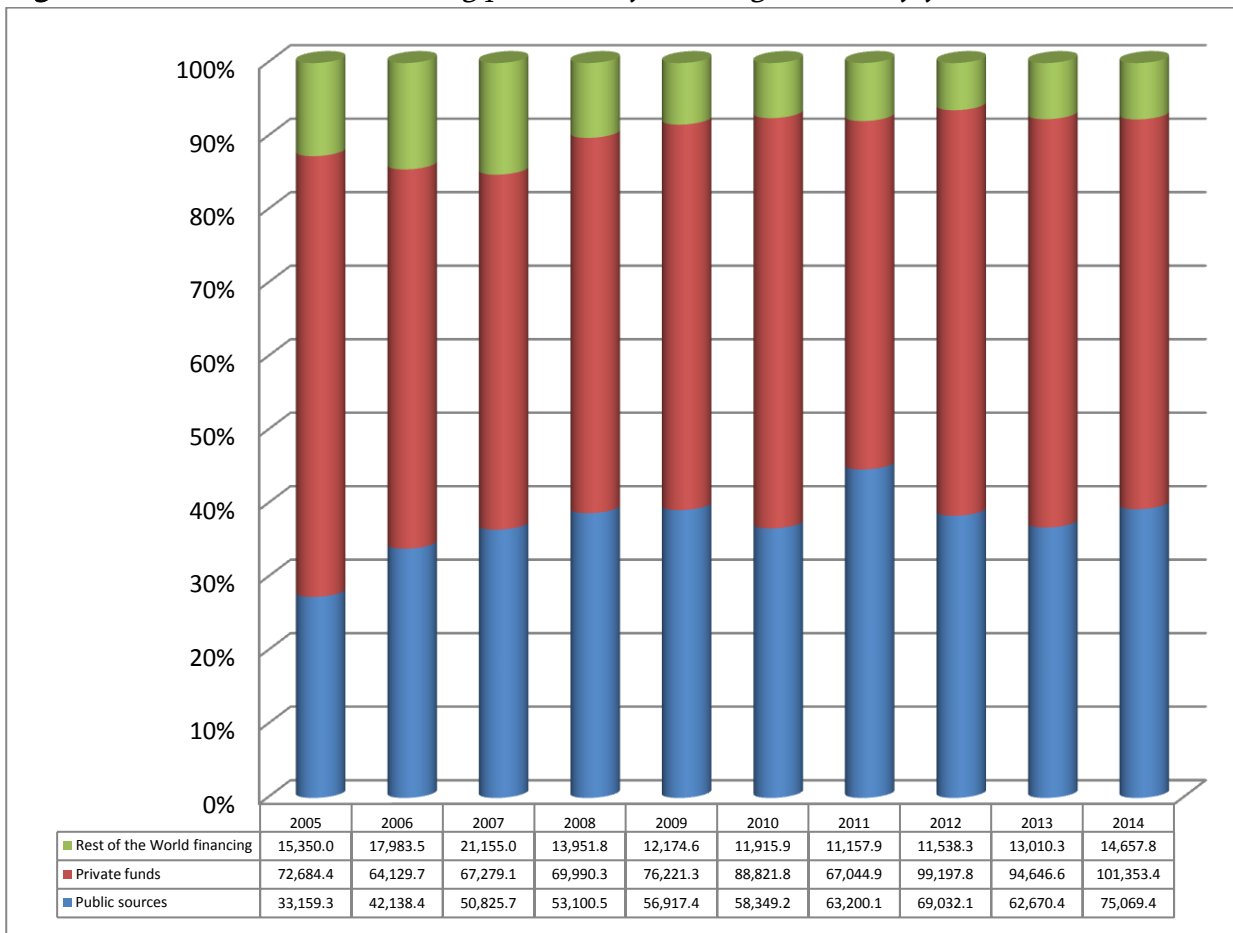
Figure 13. Total amount of funds provided by Financing Sources, million AMD, and the percentage of total health expenditure to GDP



Source: NHA data tables, RA official statistics yearbook

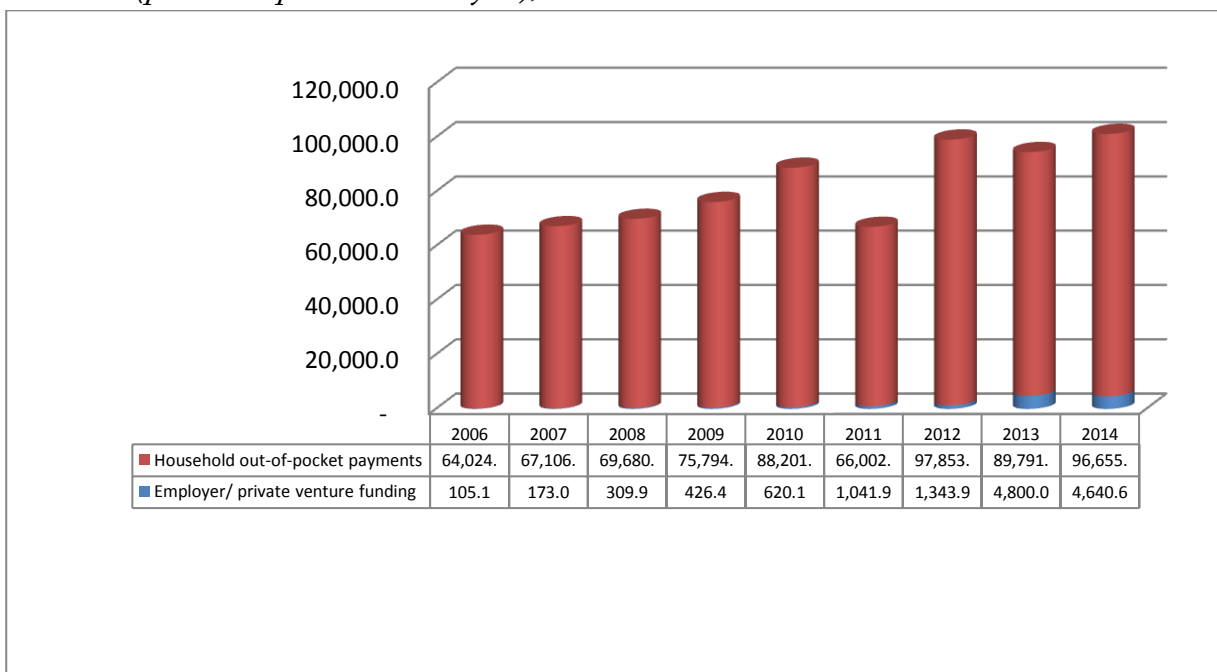
Here we will analyze the second table of NHA, according to which the total amount of funds provided by financing sources will be represented by the main actors: public sources, private funds, and the rest of the world. For the period between 2005 and 2014 it can be recorded that the funding from the public sources has more than doubled, the funding from the private funds has increased by 86.1%, while the role of the rest of the world has decreased by 4.5%.

Figure 14. Total amount of funding provided by Funding Sources by years, million AMD



Source: NHA data tables

Figure 15. Household out-of-pocket payments and employer-paid health care expenditure (private expenditure analysis), million AMD

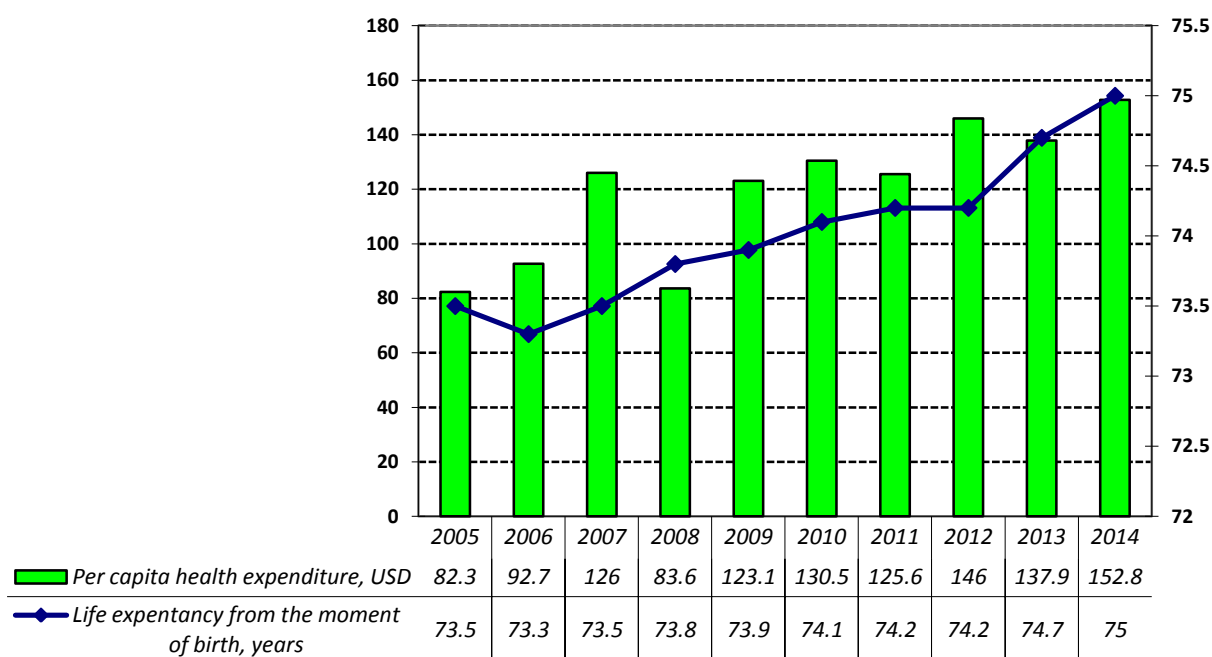


Source: NHA data tables

One of the important characteristics of the Armenian health care financing is the high level of private health expenditure as a percentage of the total, and the major part of private spending consists of population direct spending (out-of-pocket expenditure). At the same time it should be noted that the medical insurance incomes are counted separately in the overall structure of private expenditure as employer/ private venture funding.

Next important indicator of health sector financing is per capita health expenditure analysis. In the framework of National Health Accounts, per capita health expenditure was also assessed. The latter is also an important indicator when combining with the life expectancy indicator:

Figure 16. Per capita health expenditure in USD and life expectancy in years

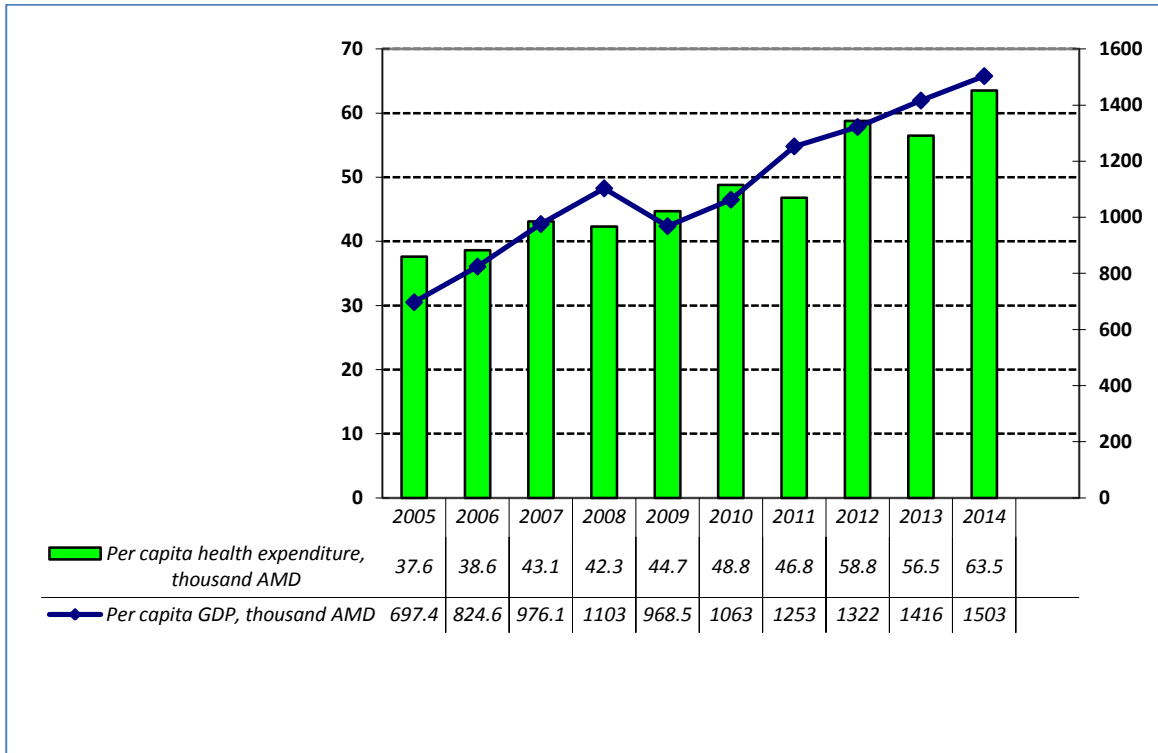


Source: NHA data tables, RA National Statistical Service Yearbook

Currently World Health Organization believes that there is a direct connection between per capita health expenditure and life expectancy. Typically, the average life

expectancy increases with per capita health expenditure growth, however, after some point, increase in per capita health expenditure will result in less increase in life expectancy. This trend in Economics is known as the law of diminishing marginal utility.

Figure 17. Per capita health expenditure in thousands AMD and per capita GDP



Source: NHA data tables, RA National Statistical Service Yearbook

4.1.2. Financing Agents and Providers (FAxP) Account

To study the health expenditure flows by providers and financing agents, it is necessary to refer to the table of accounts of ***Financing Agents and Providers***, which gives a clear picture of 1. which institutional body or sector has financed a particular expenditure, and 2. which provider has implemented the health care service.

1. Hospitals group HP.1

According to the data from *Financing Agents and Providers account*, the size of the health care services provided by the Hospitals (group HP.1) amounted to AMD 71,014.8 million, and the growth compared to the previous year, is 1.1% (AMD 70,264.5 million and 0.3% decrease in 2013; AMD 70,489.9 million and 29.1% growth in 2012; AMD 54,618.2 million and 9.6% decrease in 2011; AMD 60,450.1 million and 2.4% growth in 2010; AMD 59,060.9 million and 10.8% decrease in 2009).

The proportional weight of the “Hospital” group in the sector of health care providers amounted to 37.2% of the total volume of services (41.3% in 2013; 39.6% in 2012; 38.6% in 2011; 37.9% in 2010; 40.6% in 2009).

AMD 25,623.5 million or 36.1% of payments for the mentioned services was made by households (AMD 26,798.4 million or 38.1% in 2013; AMD 31,312.2 million or 38.1% in 2012; AMD 16,961.7 million or 31.1% in 2011; AMD 28,320.5 million or 46% in 2010; AMD 32,818.5 million or 55.6% in 2009). In 2014, there is a 4.4% or AMD 1,174.9 million decrease in proportional weight of the out-of-pocket payments by households in overall financing structure (AMD 4,513.8 million or 14.4% decrease in 2013; AMD 14,350.5 million or 84.6% increase in 2012; AMD 11,358.8 million or 40.1% decrease in 2011; AMD 4,498 million or 13.7% decrease in 2010; AMD 6,014.4 million or 15.5% decrease in 2009), and it was explained by the growth of the other components’ financing volumes, particularly by the growth of public sector funding. In general, the structure of financing by the hospital group for the provided services has the following composition by financing sectors and agents:

Public sector funding amounted to AMD 36,764.1 million or 51.8% of the overall funding (AMD 33,946.5 million or 48.3% in 2013; AMD 32,899 million or 46.7% in 2012;

AMD 35,991.5 million or 65.9% in 2011; AMD 30,663.8 million or 50.7% in 2010; AMD 26,236.3 million or 44.4% in 2009), and the growth rate compared to the previous year was 8.3% (3.2% growth in 2013; 8.6% decrease in 2012; 17.4% growth in 2011; 16.8% growth in 2010; 7.2% growth in 2009).

Financing of this sector by agents is the following: AMD 36,468.8 million or 99.2% (AMD 30,794.6 million or 90.7% in 2013; AMD 32,718.5 million or 99.5% in 2012; AMD 35,810.2 million or 99.5% in 2011; AMD 30,476.4 million or 99.3% in 2010; AMD 25,706.3 million or 98% in 2009) was allocated to this sector by RA Ministry of Health, AMD 186.7 million or 0.5% (AMD 184.7 million or 0.5% in 2013; AMD 180.5 million or 0.5% in 2012; AMD 181.2 million or 0.5% in 2011; AMD 187.4 million or 0.7% in 2010; AMD 182.7 million or 0.7% in 2009) was allocated by RA Ministry of Labor and Social Issues, AMD 108.5 million or 0.3% was allocated by the Local government, whereas there was no funding from RA Ministry of Defense, National Security Service and RA Police (in 2013 AMD 2,307.8 million or 6.8% was allocated by RA Ministry of Defense, AMD 599.3 million or 1.7% was allocated by National Security Service, and AMD 60.2 million or 0.2% was allocated by RA Police).

In 2014, funding from the *Public sector* amounted to AMD 36,764.1 million (AMD 33,946.5 million in 2013; AMD 32,899 million in 2012; AMD 35,991.5 million in 2011; AMD 30,663.8 million in 2010; AMD 26,236.3 million in 2009), which has the following distribution by the components of the “Hospitals” group:

1.1. Multi-profile hospitals: AMD 21,862.8 million or 54.6% (AMD 21,368.7 million or 63% in 2013; AMD 19,726.8 million or 60% in 2012; AMD 22,745.8 million or 63.2% in 2011; AMD 18,224.9 million or 59.4% in 2010; AMD 14,911.3 million or 56.8% in 2009), out of which AMD 21,754.3 million or 99.5% was provided through the channels of RA Ministry of Health (AMD 19,060.8 million or 89.1% in 2013; AMD 19,726.8 million or 100% in 2012; AMD 18,107.5 million or 99.3% in 2011; AMD 18,107.5 million or 99.3%; AMD 14,454.5 million or 96.9% in 2009), AMD 108.5 million or 0.5% was provided by the Local government, (AMD 2,307.9 million was provided by RA Ministry of Defense in 2013, RA Ministry of Labor and Social Issues provided AMD 102.4 million in 2011; AMD 117.4 million in 2010; AMD 109.6 million in 2009). No financing was provided to the multi-

profile hospitals subgroup of providers by the other Public Administration Bodies. From the total funding provided by the channels of RA Ministry of Health AMD 14,357.8 million was allocated to the public multi-profile hospitals (AMD 12,113.2 million in 2013; AMD 13,954.9 million in 2012; AMD 15,610 million in 2011; AMD 15,966.2 million in 2010), and AMD 7,396.4 million was allocated to the private multi-profile hospitals (AMD 6,947.7 million in 2013; AMD 5,771.9 million in 2012; AMD 7,135.4 million in 2011; AMD 2,141.4 million in 2010).

1.2. Mental health and substance hospitals: AMD 2,533.8 million or 6.9% (AMD 2,476 million or 7.2% in 2013; AMD 2,385.6 million or 7.3% in 2012; AMD 2,392.1 million or 4.4% in 2011; AMD 2,067.9 million or 6.7% in 2010; AMD 2,179.4 million or 8.3% in 2009), out of which AMD 2,347.1 million was provided by RA Ministry of Health (AMD 2,291.3 million in 2013; AMD 2,205 million in 2012; AMD 2,313.3 million in 2011; AMD 1,997.9 million in 2010; AMD 2,106.1 million in 2009; AMD 1,796.3 million in 2008) and AMD 186.7 million by RA Ministry of Labor and Social Issues (AMD 184.7 million in 2013; AMD 180.5 million in 2012; AMD 78.8 million in 2011; AMD 70 million in 2010; AMD 73.2 million in 2009).

1.3. Specialized hospitals: AMD 12,367.5 million or 33.6% (AMD 9,892.3 million or 29.1% in 2013; AMD 10,195.8 million or 31% in 2012; AMD 10,541.5 million or 29.3% in 2011; AMD 10,002.9 million or 32.6% in 2010; AMD 8,986 million or 34.3% in 2009) financing was fully provided by RA Ministry of Health (in 2013 AMD 9,232.8 million from RA Ministry of Health, AMD 599.3 million from National Security Service, and AMD 60.2 million from RA Police).

Public financing by sub-providers was distributed among the following specialized hospitals:

1.3.1. Tuberculosis (TB) Hospitals (including ambulatory units) – AMD 1,305.7 million (AMD 1,370.5 million in 2013; AMD 1,246.3 million in 2012; AMD 2,464.7 million in 2011; AMD 1,493.4 million in 2010; AMD 1,051 million in 2009);

1.3.2. Oncology Hospitals (including ambulatory units) – AMD 1,133.4 million (AMD 1,230.7 million in 2013; AMD 1,667.3 million in 2012; AMD 1,658.1 million in 2011; AMD 1,660.7 million in 2010; AMD 1,346.9 million in 2009);

1.3.3. Maternity Homes (including ambulatory units) – AMD 6,879.8 million (AMD 3,248.4 million in 2013; AMD 4,458.2 million in 2012; AMD 3,126.2 million in 2011; AMD 3,483.4 million in 2010; AMD 3,121.3 million in 2009);

1.3.4. HIV/AIDS medical care providers – AMD 66 million (AMD 116.1 million in 2013; AMD 248 million in 2012; 0 in 2011; AMD 84.6 million in 2010; AMD 84.6 million in 2009);

1.3.5. Other Hospitals (including ambulatory units) – AMD 2,982.5 million (AMD 3,926.5 million in 2013; AMD 2,575.9 million in 2012; AMD 3,292.6 million in 2011; AMD 3,268.4 million in 2010; AMD 3,382.1 million in 2009).

1.4. Sanatoriums: in 2014, there was no funding (AMD 209.6 million or 0.6% in 2013; AMD 590.9 million or 1.8% in 2012; AMD 209.6 million or 0.6% in 2011; AMD 368.1 million or 1.2% in 2010; AMD 159.7 million or 0.6% in 2009).

In 2014, financing provided by the *Private sector* to the provider “Hospitals” amounted to AMD 30,094.7 million or 42.4% of the overall funding (AMD 31,459.1 million or 44.8% in 2013, AMD 32,655.4 million or 46.4% in 2012; AMD 18,003.7 million or 33% in 2011; AMD 29,227.5 million or 48.3% in 2010; AMD 32,818.5 million or 55.6% in 2009), out of which AMD 25,623.5 million or 85.1% were the households out-of-pocket payments (AMD 26,798.4 million or 85.2% in 2013; AMD 27,557.3 million or 88.7% in 2012; AMD 16,961.7 million or 94.2% in 2011; AMD 28,320.5 million or 96.9% in 2010; AMD 32,083.2 million or 97.8% in 2009).

Funding by the non-commercial organizations has amounted to AMD 58 million or 0.2% (AMD 55.2 million or 0.5% in 2013; AMD 60.5 million or 0.3% in 2012; 0 in 2011; AMD 205.9 million or 0.7% in 2010; AMD 500.8 million or 1.5% in 2009).

In 2014, there was no funding provided by private/public partnership organizations (0 in 2013; 0 in 2012; 0 in 2011; AMD 81.7 million or 0.2% in 2010; AMD 234.5 million or 0.7% in 2009).

In 2014, information on financing from private insurance organizations (HF 2.2) was also collected, the amount was AMD 4,413.2 million (AMD 4,605.5 million in 2013; AMD 2,973.5 million in 2012; AMD 1,041.9 million in 2011).

AMD 20,039 million or 78.2% of the overall financing of households direct payments (AMD 20,963.7 million or 78.2% in 2013; AMD 24,494.8 million or 78.2% in 2012; AMD 13,861.5 million or 81.7% in 2011; AMD 23,144.1 million or 81.7% in 2010; AMD 28,151 million or 87.7% in 2009) was provided to the sub-group of “Multi-profile hospitals”, out of which AMD 13,045.3 million (AMD 13,626.4 million in 2013; AMD 15,921.6 million in 2012; AMD 11,327.8 million in 2011; AMD 18,913.7 million in 2010; AMD 23,781 million in 2009) to the *public multi-profile hospitals* and AMD 6,993.7 million (AMD 7,337.3 million in 2013; AMD 8,573.2 million in 2012; AMD 2,533.7 million in 2011; AMD 4,230.4 million in 2010; AMD 4,370 million in 2009) to *private multi-profile hospitals*. AMD 3,886 million are the payments of households to “*Specialized hospitals*” sub-component, out of which AMD 1,413.6 million was provided to the provider “Oncology Hospitals”, and AMD 2,472.3 million was allocated for the services provided by the Maternity Homes (including ambulatory units) belonging to the sub-component “Specialized hospitals” (AMD 1,808.8 million in 2013; AMD 2,113.5 million in 2012; AMD 1,268.9 million in 2011; AMD 2,118.6 million in 2010; AMD 1,919.9 million in 2009). In 2014, AMD 645 million (AMD 669.8 million in 2013; AMD 782.7 million in 2012; AMD 520.1 million in 2011; AMD 1,488.5 million in 2010; AMD 1,226.5 million in 2009) was paid by households for the services provided by “Non-allopathic/alternative hospitals” from the subgroup of Specialized hospitals.

In 2014, the payments of the population for services provided by Sanatoriums amounted to AMD 1,053.6 million (AMD 1,093.2 million in 2013; AMD 1,277.4 million in 2012; AMD 491.9 million in 2011; AMD 821.3 million in 2010; AMD 785.8 million in 2009).

In 2014, financing from the **Rest of the World** amounted to AMD 4,156 million or 5.9% of the overall financing of providers “Hospitals” group (AMD 4,858.9 million or 6.9% in 2013; AMD 4,935.5 million or 6.6% in 2012; AMD 623.1 million or 1.1% in 2011; AMD 558.8 million or 0.9% in 2010; AMD 6.1 million or 0.01% in 2009).

Taking into consideration the fact that the logical flow of financial resources in the system of national health accounts starts from Financing Sources, and is transferred to Providers through Agents, the distribution of financial resources in the account of “Financing agents and Providers” can be presented more fully by the funding of providers, which has the following structure:

*In 2014, the structure of total financing in amount of AMD 71,014.8 million (AMD 70,264.5 million in 2013; AMD 74,244.8 million in 2012; AMD 54,618.2 million in 2011; AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009) allocated to the **Hospitals group** by all financial agents has the following distribution per service provider:*

1.1. Multi-profile hospitals: *AMD 46,937.1 million or 66.1%* of the overall financing of Hospitals group (AMD 47,106.5 million or 67% in 2013; AMD 52,215.9 million or 70.3% in 2012; AMD 37,066.2 million or 67.9% in 2011; AMD 41,908.8 million or 69.3% in 2010; AMD 43,358.4 million or 73.4% in 2009);

1.2. Mental health and substance hospitals: *AMD 2,533.8 million or 3.6%* of the overall financing (AMD 2,476 million or 3.5% in 2013; AMD 2,385.6 million or 3.2% in 2012; AMD 2,392.1 million or 4.4% in 2011; AMD 2,067.9 million or 3.4% in 2010; AMD 2,212.6 million or 3.7% in 2009). In comparison to 2013, in 2014 there was a 2.3% increase of funding by this provider (increase by 3.8% in 2013; decrease by 0.3% in 2012; increase by 15.6% in 2011).

1.3. Specialized hospitals: *AMD 19,845.4 million or 27.6%* of the overall financing (AMD 18,709.3 million or 26.6% in 2013; AMD 16,992.4 million or 22.9% in 2012; AMD 12,896.3 million or 23.6% in 2011; AMD 13,795.5 million or 22.8% in 2010; AMD 11,317.9 million or 19.2% in 2009).

1.4. Non-allopathic (alternative medicine) providers: *AMD 645 million or 1%* of the overall financing of the “Hospitals” group (AMD 669.8 million or 1% in 2013; AMD 782.7 million or 1.1% in 2012; AMD 520.1 million or 1% in 2011; AMD 868.4 million or 1.4% in 2010; AMD 1,226.5 million or 2.1% in 2009);

1.5. Sanatoriums: *AMD 1,053.6 million or 1.5%* of the overall financing of the “Hospitals” group (AMD 1,302.8 million or 1.9% in 2013; AMD 1,868.3 million or 2.5% in 2012; AMD

701.5 million or 1.3% in 2011; AMD 1,189.4 million or 2% in 2010; AMD 945.5 million or 1.6% in 2009).

1.2 Subgroup of mental health and substance hospitals HP.1.2

The overall volume of the services provided under this subcategory of hospitals in 2014 amounted to AMD 2,533.8 million or 3.6% of the overall financing (AMD 2,476 million or 3.5% in 2013; AMD 2,385.6 million or 3.2% in 2012; AMD 2,392.1 million or 4.4% in 2011; AMD 2,067.9 million or 3.4% in 2010; AMD 2,212.6 million or 3.7% in 2009). Financing for the provided services was entirely provided by the Public sector out of which AMD 2,347.1 million by RA Ministry of Health, and AMD 186.7 million by RA Ministry of Labor and Social Issues. In 2009, AMD 2,179.6 million or 98.5% of financing was provided by the Public sector (RA Ministry of Health), and AMD 33 million or 1.5% by the Private sector subagents “Non-commercial organizations” and “Private entities with public participation”.

1.3 Subgroup of Specialized hospitals HP.1.3

In 2014 the overall volume of the services provided under this subgroup of hospitals amounted to AMD 19,845.4 million or 28% of the overall funding (AMD 18,709.3 million or 26.6% in 2013; AMD 16,992.4 million or 22.9% in 2012; AMD 12,896.3 million or 23.6% in 2011; AMD 13,795.5 million or 22.8% in 2010; AMD 11,317.9 million or 19.2% in 2009), including AMD 12,367.5 million or 62.3% financing by Public sector (AMD 9,892.3 million or 52.9% in 2013; AMD 10,195.8 million or 60% in 2012; AMD 10,541.5 million or 81.7% in 2011; AMD 10,002.9 million or 72.5% in 2010; AMD 8,986 million or 79.4% in 2009).

AMD 3,886 million or 19.6% of the overall funding of services was provided by Private sector (AMD 4,071.5 million or 21.8% in 2013; AMD 5,089.8 million or 30% in 2012; AMD 2,088.2 million or 16.2% in 2011; AMD 3,590.4 million or 26% in 2010; AMD 2,331.9 million or 20.6% in 2009). Out-of-pocket payments of households constituted 100% of private sector funding with AMD 3,886 million (AMD 4,071.5 million or 100% in 2013; AMD 4,757.4 million or 93.5% in 2012; AMD 5,089.8 million or 100% in 2011; AMD

3,486.6 million or 97.1% in 2010; AMD 1,919.9 million or 82.3% in 2009). In 2012, AMD 332.4 million or 6.5% was funded by the Insurance programs of Private enterprises. In 2010, payments made by Non-commercial organizations amounted to 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), and AMD 29.6 million or 0.8% was funded by the Private entities with public participation (AMD 76.4 million or 3.6% in 2009; AMD 32 million or 1.3% in 2008; AMD 261.2 million in 2007).

Rest of the World funded an amount of AMD 3,591.9 million in 2014. In 2013, funding was AMD 4,745.5 million. In 2012, funding amounted to AMD 1,706.8 million, and in 2010 — AMD 202.2 million, out of which AMD 148.9 million were the contributions and loans from donors, and AMD 53.3 million were in the form of technical assistance from donors (AMD 6.1 million in 2009; AMD 6.2 million in 2008; AMD 80.1 million in 2007).

Subcategory of specialized hospitals consists of the following hospital subgroups:

a/ **Tuberculosis (TB) Hospitals (HP.1.3.1)** – in 2014, provided services amounted to AMD 3,214 million (AMD 2,826.7 million in 2013; AMD 1,280.1 million in 2012; AMD 2,466 million in 2011; AMD 1,497 million in 2010; AMD 1,051 million in 2009), which was funded by the Public sector in an amount of AMD 1,305.7 million (RA Ministry of Health), and by the Rest of the World in an amount of AMD 1,908.3 million.

b/ **Oncology Hospitals (HP.1.3.2)** – in 2014, provided services amounted to AMD 2,547 million (AMD 3,493.5 million in 2013; AMD 5,123.4 million in 2012; AMD 2,572.4 million in 2011; AMD 3,085.1 million in 2010; AMD 1,417.9 million in 2009), including AMD 1,133.4 million financed by RA Ministry of Health (AMD 1,230.7 million in 2013; AMD 1,667.3 million in 2012; AMD 1,658.1 million in 2011; AMD 1,660.7 million in 2010; AMD 1,346.9 million in 2009) and AMD 1,413.6 million (AMD 2,262.8 million in 2013; AMD 2,643.9 million in 2012) financed from the households out-of-pocket payments.

c/ **Maternity Homes (HP.1.3.3)** – provided overall services amounted to AMD 9,872.1 million (AMD 6,097.2 million in 2013; AMD 6,836.6 million in 2012; AMD 4,486.7 million in 2011; AMD 5,682.1 million in 2010; AMD 5,044.6 million in 2009).

In 2014, the overall financing from RA Ministry of Health comprised AMD 6,879.8 million (AMD 3,248.4 million in 2013; AMD 4,458.2 million in 2012; AMD 3,216.2 million in 2011; AMD 3,486.4 million in 2010; AMD 3,121.3 million in 2009).

Financing from the “Rest of the World” has amounted to AMD 520 million in 2014 in the form of technical assistance and grants by donors and through the programs implemented by RA Humanitarian Programs GoA Committee.

d/ **HIV/AIDS inpatient care providers (HP.1.3.4)** - funding was AMD 1,225.4 million (AMD 2,365.3 million in 2013; AMD 288.3 million in 2012; 0 in 2011; AMD 1,148.8 million in 2010; AMD 84.6 million in 2009).

e/ **Other Hospitals (HP.1.3.9)** - services provided to the population amounted to AMD 2,986.8 million in 2014 (AMD 3,926.5 million in 2013; AMD 3,463.9 million in 2012; AMD 3,371.2 million in 2011; AMD 3,382.4 million in 2010; AMD 3,719.7 million in 2009) out of which AMD 2,982.5 million (AMD 3,267.1 million in 2013; AMD 2,575.9 million in 2012; AMD 3,292.6 million in 2011; AMD 3,216.5 million in 2010; AMD 3,382.1 million in 2009) was provided by RA Ministry of Health. As in previous year, there was no funding from the Private sector (0 in 2013; 0 in 2012; 0 in 2011; AMD 56.3 million in 2010; AMD 331.5 million in 2009). In 2014, AMD 4.3 million financing was provided by the Rest of the World to this group of hospitals (0 in 2013; AMD 888 million in 2012; AMD 78.6 million in 2011; AMD 109.6 million in 2010; AMD 6.1 million in 2009).

1.4 Group of non-allopathic (alternative) health care providers HP.1.4

In 2014, services in an amount of AMD 645 million (AMD 669.8 million in 2013; AMD 782.7 million in 2012; AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009) were provided by this subgroup of providers, which was entirely funded by the Private sector.

1.5 Subgroup of Sanatoriums HP.1.5

The volume of provided services in 2014 amounted to AMD 1,053.6 million (AMD 1,302.8 million in 2013; AMD 1,868.3 million in 2012; AMD 701.5 million in 2011; AMD 1,189.4 million in 2010; AMD 945.5 million in 2009) which was fully funded by households (AMD 1,093.2 million in 2013; AMD 1,277.4 million in 2012), and, as in the previous year, no financing was provided by the Rest of the World (AMD 209.6 million in 2013 and AMD 590.9 million in 2012 was financed by RA Ministry of Health).

2. Group of Nursing and residential care facilities HP.2

The overall volume of services provided under this group of providers amounted to AMD 1,975.4 million which was funded by RA Ministry of Labor and Social Affairs and was distributed among the following sub-providers: “Community care facilities for the elderly” - AMD 1,639.6 million, “Residential mental retardation, mental health and substance abuse facilities” - AMD 21.3 million, and “All other residential care facilities” - AMD 314.6 million. In 2013, the overall financing amounted to AMD 1,449.4 million which was funded by RA Ministry of Labor and Social Affairs and was distributed among the following sub-providers: “Community care facilities for the elderly” received AMD 1,417.1 million and “Residential mental retardation, mental health and substance abuse facilities” received AMD 12.5 million. In 2012, the overall financing amounted to AMD 1,832.3 million which was funded by RA Ministry of Labor and Social Affairs and was distributed among the following sub-providers: “Community care facilities for the elderly” - AMD 1,742.3 million, “All other residential care facilities” - AMD 90 million. In 2010, financing of AMD 1,376.7 million was provided by RA Ministry of Labor and Social Affairs and was distributed to the following sub-providers: AMD 16.5 million to “Residential mental retardation, mental health and substance abuse facilities” and AMD 1,360.2 million to “Community care facilities for the elderly”. In 2009, the “Community care facilities for the elderly” subcategory alone has provided health services to the population amounting to AMD 1,323.8 million which was fully financed by the Public sector (RA Ministry of Labor and Social Affairs).

3. Group of Providers of Ambulatory health care HP.3

This group includes the following subcategories by type: Offices of physicians, Offices of dentists, Offices of other health practitioners, Polyclinics, Medical and diagnostic laboratories/ facilities, Providers of home health care services, Other providers of ambulatory health care services. Every group in its turn is divided into subgroups.

In 2014 the overall volume of services provided to the population by this group of health care providers amounted to AMD 46,429.1 million (AMD 43,914.9 million in 2013; AMD 48,836.8 million in 2012; AMD 31,066.3 million in 2011; AMD 37,883.4 million in 2010; AMD 32,804.8 million in 2009) and the growth of volume compared to the previous year was 5.7% (10.1% decrease in 2013; 36.4% growth in 2012; 18% decrease in 2011, 13.4% growth in 2010).

Financing of services implemented by providers has been carried out by all the sectors.

Funding of **Public sector** amounted to AMD 28,412 million or 61.2% of the overall financing of this group (AMD 19,840.2 million or 45.2% in 2013; AMD 18,838.5 million or 38.6% in 2012; AMD 21,016.4 million or 67.7% in 2011; AMD 20,071.7 million or 53% in 2010; AMD 17,216.3 million or 52.5% in 2009).

The overall Public Sector funding has significantly increased, and essential changes have taken place in funding, proportional weights of each financial agent, as well as proportional weights of funding for specific components within the structures of three sectors of agents. In 2014, financing from RA Ministry of Health amounted to AMD 25,983.4 million or 91.5% of the overall public sector financing (AMD 19,369.8 million or 97.6% in 2013; AMD 18,357.1 million or 37.5% in 2012; AMD 20,706.4 million or 98.5% in 2011; AMD 19,405.9 million or 96.7% in 2010). In 2009, an opposite picture was observed: the funding by RA Ministry of Health amounted to AMD 16,962.9 million, which was a decrease of 11.8% compared to the previous year. However, it still had the main share in the structure of funding with 98.5%.

In 2014, financing from RA Ministry of Health in the overall cost structure of this group of providers amounted to 56% (44.1% in 2013; 29.1% in 2012; 66.7% in 2011; 51.2% in 2010; 51.7% in 2009).

In 2014, dynamic picture of funding structure provided by other components of Public sector is the following:

HF.1.1.1.2 RA Ministry of Labor and Social Affairs provided no financing;

HF.1.1.1.5 RA Ministry of Transport and Communication provided no funding (AMD 140 million or 0.3% in 2013; AMD 130 million or 0.7% in 2012; AMD 128.4 million or 0.6% in 2011; AMD 120 million or 0.6% in 2010; AMD 87 million or 1.5% in 2009);

HF.1.1.1.6 RA Ministry of Justice - AMD 22.7 million or 0.1% of the overall funding;

HF.1.1.1.7 All other public administration bodies – AMD 83.7 million (AMD 72.9 million in 2013; AMD 74.4 million in 2012; AMD 71.4 million in 2011; AMD 159.6 million in 2010; AMD 64.8 million in 2009);

HF.1.1.1.8 RA Ministry of Defence – AMD 2,108.4 million or 4.5% of the overall funding;

HF.1.1.1.9 RA National Security Service – AMD 24 million or 0.1% of the overall funding (0 in 2013; AMD 27.7 million in 2012; AMD 27.9 million in 2011; AMD 27.9 million in 2010; AMD 27.9 million in 2009);

HF.1.1.1.10 RA Police – AMD 70.8 million or 0.2% of the overall funding (0 in 2013; AMD 73.4 million in 2012; AMD 82.3 million in 2011; AMD 73.7 million in 2010; AMD 73.7 million in 2009);

HF.1.1.1.nsk (RA Ministry of Emergency Situations and RA GoA National Security Service) - AMD 10.6 million or 0.1% of the overall funding.

Private sector has funded AMD 17,238.7 million or 37.2% of the overall funding (AMD 22,068.4 million or 50.3% in 2013; AMD 26,519.5 million or 54.3% in 2012; AMD 9,944.6 million or 32% in 2011; AMD 16,988.5 million or 46.1% in 2010; AMD 15,463.8 million or 44.8% in 2009).

AMD 17,011.3 million or 98.7% of funding provided by the Private sector was performed through households out-of-pocket payments (AMD 21,873.9 million or 99.1% in 2013; AMD 25,558.2 million or 96.4% in 2012; AMD 9,944.6 million or 100% in 2011; 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 227.4 million was provided through payments of private insurance companies (AMD 194.5 million in 2013). In 2010, AMD 275.1 million (AMD 477.3 million in 2009; AMD 433.1 million in 2008; AMD 712.3 million in 2007) was funded by Non-commercial organizations and AMD 109.5 million - by Private/ public partnership organizations (AMD 27.7 million in 2009).

The volume of financing by the **Rest of the World** amounted to AMD 778.5 million or 1.7% of the overall funding (AMD 2,006.3 million or 4.6% in 2013; AMD 3,478.8 million or 7.1% in 2012; AMD 105.1 million or 0.3% in 2011; AMD 749.1 million or 2% in 2010; AMD 124.6 million or 0.2% in 2009).

The picture of services provided by the main subgroups of the ambulatory health care service providers and the relevant financing is presented below.

In 2014, funding from the Public sector sub-agents by providers was allocated in the following proportions:

HP.3.1 Offices of physicians

In 2014, volume of the services provided by the Offices of physicians amounted to AMD 1,193.1 million or 2.6% of the overall funding (AMD 5,504.3 million or 12.5% in 2013; AMD 5,070.3 million or 10.4% in 2012; AMD 4,521.5 million or 14.6% in 2011; AMD 5,223.2 million or 13.8% in 2010; AMD 3,588.9 million or 10.9% in 2009).

Financing by the **Public sector** amounted to AMD 83.7 million (AMD 4,497.4 million in 2013; AMD 4,480 million in 2012; AMD 4,196.3 million in 2011; AMD 4,269.3 million in 2010; AMD 3,557.4 million in 2009) .

In 2014, funding provided by the **Private sector** through the households out-of-pocket payments amounted to AMD 748.5 million. The proportional weight of the Private sector financing in the overall structure of funding is 62.7% (AMD 453.9 million or 8.3% in

2013; AMD 579.1 million or 1.2% in 2012; AMD 321.9 million or 7.1% in 2011; AMD 678.8 million or 13% in 2010).

Rest of the World has contributed AMD 360.9 million or 30.3% of the overall financing (AMD 553.1 million or 10% in 2013; AMD 10.6 million or 0.02% in 2012; AMD 3.2 million or 0.1% in 2011; AMD 275.1 million or 5.3% in 2010; AMD 31.6 million or 0.9% in 2009) through technical assistance and grant programs.

HP.3.2 Offices of dentists

In 2014, provided services amounted to AMD 11,776.1 million or 25.4% of the overall services (AMD 15,345.4 million or 34.9% in 2013; AMD 18,050.6 million or 37% in 2012; AMD 3,550.8 million or 11.4% in 2011; AMD 5,884.8 million or 15.5% in 2010; AMD 5,658.4 million or 17.2% in 2009) which was financed in the following way:

Public sector - AMD 845.6 million or 7.2% (AMD 817.5 million or 5.3% in 2013; AMD 713.9 million or 4% in 2012; AMD 710.2 million or 20% in 2011; AMD 863.3 million or 14.7% in 2010; AMD 714.3 million or 13.2% in 2009).

Private sector - AMD 10,808.6 million or 91.7%, out of which AMD 10,595.1 million or 98% through the households out-of-pocket payments and AMD 213.5 million or 2% through the private insurance companies (AMD 14,292.3 million or 93.1% in 2013; AMD 16,897 million or 93.6% in 2012; AMD 2,840.6 million or 80% in 2011; AMD 4,837.3 million or 81.4% in 2010; 4,409.6 million or 86.8% in 2009). In 2010, Non-commercial organizations funded AMD 67.6 million (AMD 371.7 million in 2009).

Rest of the World - AMD 122 million (AMD 235.6 million in 2013; AMD 439.7 million in 2012; 0 in 2011; AMD 184.1 million in 2010; AMD 34.5 million in 2009).

HP.3.3 Offices of other health practitioners

In 2014, as in previous years 2011-2013, no financing was provided under this group of providers. In 2010, provided services and the volume of implemented financing amounted to AMD 139.2 million, out of which AMD 105.9 million was provided by the

private sector non-commercial subagent, AMD 32.3 million by the technical assistance from the Rest of the World.

HP.3.4 Polyclinics

In 2014, the overall volume of the provided services and corresponding financing amounted to AMD 21,111.2 million (AMD 15,498.9 million in 2013; AMD 15,840.7 million in 2012; AMD 17,306.8 million in 2011; AMD 18,810.8 million in 2010; AMD 18,328.9 million in 2009) or 45.4% of the total financing of the group (35.3% in 2013; 32.4% in 2012; 55.7% in 2011; 49.6% in 2010; 55.9% in 2009). The increase of the financing compared to the previous year was 36.2% (2.2% decrease in 2013; 8.5% decrease in 2012; 8% decrease in 2011; 2.6% increase in 2010; 3.5% increase in 2009).

Services provided by this subgroup of Providers were funded by three sectors. In particular, Public financing was AMD 18,228.35 million or 86.34% of the overall funding (AMD 12,249.5 million or 79% in 2013; AMD 11,315.7 million or 71.4% in 2012; AMD 14,241.4 million or 82.3% in 2011; AMD 13,372.7 million or 71.1% in 2010; AMD 11,805.7 million or 64.4% in 2009).

Funding from the Private sector amounted to AMD 2,635.8 million or 12.5% of the overall financing of this sub-provider, and the volume has increased by 28.6% compared to the previous year (reduced by 19.8% in 2013; by 14.8% in 2012; by 41.8% in 2011, and by 20.3% in 2010, while in 2009 the growth was 61.7%).

In 2014, financing from the Rest of the World amounted to AMD 247.1 million (AMD 1,200 million in 2013; AMD 1,968.4 million in 2012; AMD 64.4 million in 2011; AMD 282.3 million in 2010; AMD 50.8 million in 2009).

AMD 21,111.2 million overall funding for the services of this provider (13,812.6 million or 89.1% in 2013; AMD 14,843 million or 93.7% in 2012; AMD 17,297.1 million or 99.9% in 2011; AMD 18,797.9 million or 99.9% in 2010; AMD 18,225.7 million or 99.5% in 2009) was provided to the sub-provider of “All other outpatient multi-specialty and cooperative service centers”, AMD 12,991.7 million or 61.5% of the funding (AMD 6,115.4 million or 44.3% in 2013; AMD 7,843.1 million or 49.5% in 2012; AMD 7,931.6 million or

45.9% in 2011; AMD 10,010.8 million or 53.3% in 2010; AMD 11,540.5 million or 63.3% in 2009) was provided to the “Free standing polyclinics” provider, the remaining AMD 8,119.5 million or 38.5% (AMD 7,693.3 million or 55.7% in 2013; AMD 7,002.9 million or 44.2% in 2012; AMD 9,365.5 million or 54.1% in 2011; AMD 8,787.1 million or 46.7% in 2010; AMD 6,685.2 million or 36.7% in 2009) was provided to the “Polyclinics within medical centers”.

HP.3.5 Medical and diagnostic laboratories/facilities

In 2014, the overall volume of the provided services and corresponding funding amounted to AMD 6,279.3 million or 13.5% of the overall financing of this group of providers (AMD 5,136.7 million or 11.7% in 2013; AMD 6,889.2 million or 14.1% in 2012; AMD 2,646.9 million or 15.3% in 2011; AMD 4,529.8 million or 12% in 2010; AMD 2,063.5 million or 6.3% in 2009). Private sector financing for this provider comprised AMD 2,620.7 million and was funded mainly from the households out-of-pocket payments – AMD 2,606.8 million (AMD 4,726.2 million in 2013; AMD 5,516 million in 2012; AMD 2,569.5 million in 2011; AMD 4,290.1 million in 2010; AMD 2,055.8 million in 2009). In 2014, funding from RA Ministry of Health was AMD 3,658.6 million (in 2013 - AMD 410.5 million, in 2012 - AMD 474.4 million and from the Rest of the World – AMD 589.3 million).

HP.3.6 Providers of home health care services

In 2014, programs implemented through RA Humanitarian Programs Government Committee comprised AMD 40 million. In 2013, RA Ministry of Labor and Social Affairs provided AMD 257.5 million financing. In 2012, similar to the previous year, no financing was provided under this group of providers. In 2010, financing for this provider amounted to AMD 10.6 million, which was entirely provided by the Private sector agent Non-commercial organizations.

HP 3.9 Other providers of ambulatory health care services

In 2014, provided services amounted to AMD 6,029.4 million or 13% of the overall financing of this group (AMD 2,172 million or 4.9% in 2013; AMD 2,986.1 million or 6.1% in 2012; AMD 3,040.1 million or 9.8% in 2011; AMD 3,433.9 million or 9.1% in 2010; AMD 3,135.6 million or 9.5% in 2009). Funding was provided by three sectors of Agents in the following shares:

Public sector financing amounted to AMD 5,595.9 million (AMD 1,607.8 million in 2013; AMD 1,854.6 million in 2012; AMD 1,828.5 million in 2011; AMD 1,407.3 million in 2010; AMD 1,138.9 million in 2009) which, as in 2012-2013, was fully funded by RA Ministry of Health (AMD 1,700.1 million in 2011; AMD 1,221 million in 2010; AMD 987.1 million in 2009), out of which AMD 5,358.4 million (AMD 1,390.4 million in 2013; AMD 1,643.3 million in 2012; AMD 1,402 million in 2011; AMD 966.2 million in 2010; AMD 787.7 million in 2009) for Ambulance services, AMD 237.5 million (AMD 217,4 million in 2013; AMD 211.3 million in 2012; AMD 211.3 million in 2011; AMD 200 million in 2010; AMD 199.4 million in 2009; AMD 193.9 million in 2008; AMD 170.9 million in 2007) for providers maintaining Blood and organ banks.

In 2014, as in the previous year, there was no funding provided to this provider by All other government administration bodies component (0 in 2012; AMD 128.4 million in 2011; AMD 186.2 million in 2010; AMD 151.7 million in 2009).

Private sector financing amounted to AMD 425.1 million or 7.1% of the overall financing (AMD 546.6 million or 25.2% in 2013; AMD 660.6 million or 22.1% in 2012; AMD 1,211.6 million or 39.9% in 2011; AMD 2,023.9 million or 58.9% in 2010; AMD 1,996.7 million or 63.7% in 2009).

In 2014, financing from the **Rest of the World** amounted to AMD 8.5 million (AMD 17.6 million in 2013; AMD 470.9 million in 2012; 0 in 2011; AMD 2.4 million in 2010; 0 in 2009).

4. Group of Retail sale and other providers of medical goods HP.4

In 2014, volume of medical goods provided by Retail sale and other providers of medical goods amounted to AMD 54,062.9 million (AMD 42,595.1 million in 2013; AMD

42,602.6 million in 2012; AMD 39,096.6 million in 2011; AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009), out of which AMD 54,020.2 million was financed by the households out-of-pocket payments (AMD 41,119.1 million in 2013) and AMD 42.7 million was provided by RA Ministry of Health (AMD 1,476 million in 2013).

In 2014, compared to the previous year, an increase of 26.9% was recorded in the group of Retail sale and other providers of medical goods (a decrease of 0.02% in 2013; an increase of 9% in 2012; a decrease of 9.6% in 2011; an increase of 50.6% in 2010; an increase of 51.4% in 2009).

5. Provision and administration of public health programs HP.5

Health care services rendered under this group of providers in 2014 have amounted to AMD 4,462.3 million (AMD 3,104.8 million in 2013; AMD 5,923.3 million in 2012; AMD 4,402.3 million in 2011; AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009).

Distribution of the provided services by the components of this group is the following:

- AMD 1,849.6 million was provided for Disease Control (AMD 904.3 million in 2013; AMD 2,534.3 million in 2012; AMD 128.4 million in 2011; AMD 658.5 million in 2010; AMD 1,604.4 million in 2009), including AMD 117.7 million provided for HIV/AIDS prevention and control (AMD 179.9 million in 2013; AMD 1,083.1 million in 2012; AMD 112.9 million in 2011; AMD 637.4 million in 2010; AMD 112.9 million in 2009);
- AMD 2,419.7 million was provided for Sanitary epidemiological control (AMD 1,951 million in 2013; AMD 1,882.9 million in 2012; AMD 2,639.7 million in 2011; AMD 2,714.2 million in 2010; AMD 3,275.7 million in 2009);
- AMD 75.3 million was provided as funding for services provided by “Other (e.g. NGOs) organizations” (AMD 69.7 million in 2013; AMD 1,506 million in 2012; AMD 1,634.2 million in 2011; AMD 8,144.5 million in 2010; AMD 204.1 million in 2009).

In 2014, financing of this group of providers by Agents has the following distribution:

- AMD 4,410.7 million or 98.8% of the overall financing has been funded by the public sector (AMD 3,015.7 million or 97.1% in 2013; AMD 3,764.8 million or 63.6% in 2012; AMD 2,516.7 million or 57.2% in 2011; AMD 6,204.6 million or 53.4% in 2010; AMD 3,388.6 million or 66.6% in 2009), out of which AMD 4,335.3 million was provided by the Ministry of Health (AMD 2,966 million in 2013) and AMD 75.3 million was provided by HF 1.1.1.7 All other government administration bodies (AMD 49.7 million);
- In 2014, as in 2011-2013, no financing was provided by the private sector. In 2010, private sector has provided AMD 1,802.5 million or 15.6% of the overall financing (AMD 1,598.3 million or 31.4% in 2009);
- “Rest of the World” agent’s financing amounted to AMD 51.6 million or 1.2% (AMD 89.1 million or 2.9% in 2013; AMD 2,158.5 million or 36.4% in 2012; AMD 1,885.6 million or 42.8% in 2011; AMD 3,510.1 million or 30.5% in 2010; AMD 97.2 million or 2% in 2009).

6. General health administration and insurance HP.6

According to the table data, the overall health management spending in 2014 amounted to AMD 1,736.7 million (AMD 1,181 million in 2013; AMD 4,976.8 million in 2012; AMD 1,629.2 million in 2011; AMD 2,067.8 million in 2010; AMD 7,839.5 million in 2009), out of which AMD 1,581 million was provided by RA Ministry of Health (100% in 2013; AMD 4,614.6 million or 100% in 2012; AMD 7,413.1 million or 94.6% in 2009).

In 2014, as in 2011-2013, no financing was provided from the Private sector. In 2010, financing from the Private sector amounted to AMD 72 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) was provided by private insurance companies.

“Rest of the World” financing amounted to AMD 155.7 million (0 in 2013; AMD 362.1 million in 2012; AMD 8,475 million in 2011; AMD 140.2 million in 2010; AMD 123.4 million in 2009).

7. All other health-care industries HP.7

In 2014, provided services amounted to AMD 43.2 million (0 in 2013; 0 in 2012; AMD 37.8 million in 2011, 0 in 2010; 0 in 2009) where the overall funding was provided by the “Rest of the World”.

8. Group of Institutions providing health-related services HP.8

In 2014, provided services amounted to AMD 1,980.2 million (AMD 1,781.3 million in 2013; AMD 3,346.1 million in 2012; AMD 1,052.1 million in 2011; AMD 2,488.1 million in 2010; AMD 3,101.4 million in 2009), out of which AMD 1,883.5 million or 95.1% was provided by the Public sector (AMD 1,781.3 million or 100% in 2013; AMD 2,804.2 million or 83.8% in 2012; AMD 1,043.6 million or 99.2% in 2011; AMD 2,471.2 million or 99.3% in 2010; AMD 2,420.7 million or 78.1% in 2009). Rest of the World financing amounted to AMD 96.7 million (0 in 2013; AMD 541.9 million in 2012; AMD 8.4 million in 2011; AMD 11.2 million in 2010; AMD 111 million in 2009).

9. Rest of the World HP.9

The volume of provided services and financing amounted to AMD 9,363.6 million (AMD 6,036.3 million in 2013; AMD 60.6 million in 2012; AMD 964.8 million in 2011; AMD 26.6 million in 2010; AMD 4,772.5 million in 2009) where the share of the Public sector was AMD 4,958.7 million, and the share of the “Rest of the World” was AMD 4,404.9 million (AMD 567.6 million in 2013).

10. Providers not specified by kind HP.nsk

In 2014, funding was provided AMD 12.5 million (0 in 2013; 0 in 2012; AMD 60.7 million in 2011; 0 in 2010; AMD 2,551.6 million in 2009) which was fully funded by the "Rest of the World".

After summarizing “Financing Agents and Providers” account of NHA, the following can be stated:

1. In 2014, the overall financing by the financing agents amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), including:

1.1 Public sector – **AMD 80,028.1million** (AMD 68,139 million in 2013; AMD 67,332.1 million in 2012; AMD 63,200.1 million in 2011; AMD 62,743.9 million in 2010; AMD 62,709 million in 2009);

1.2 Private sector – **AMD 101,353.6 million** (AMD 94,646.6 million in 2013; AMD 99,197.8 million in 2012; AMD 67,044.9 million in 2011; AMD 91,373.6 million in 2010; AMD 79,666 million in 2009);

1.3 Rest of the World – **AMD 9,699 million** (AMD 7,541.6 million in 2013; AMD 11,538.3 million in 2012; AMD 11,157.9 million in 2011; AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009).

2. In 2014, the overall volume of services provided by the Providers amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), including:

2.1 **Hospitals group – AMD 71,014.8 million** (AMD 70,264.5 million in 2013; AMD 70,489.9 million in 2012; AMD 54,618.2 million in 2011; AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009), out of which:

- *Multi-profile hospitals* – **AMD 46,937.1 million** (AMD 47,106.5 million in 2013; AMD 52,215.9 million in 2012; AMD 37,066.22 million in 2011; AMD 41,908.8 million in 2010; AMD 43,358.3 million in 2009);

- *Mental health and substance hospitals* – AMD 2,533.8 million (AMD 2,475.6 million in 2013; AMD 2,385.6 million in 2012; AMD 2,392.1 million in 2011; AMD 2,067.9 million in 2010; AMD 2,212.6 million in 2009);

- *Specialized hospitals* – AMD 19,845.4 million (AMD 18,709.3 million in 2013; AMD 16,992.4 million in 2012; AMD 12,896.3 million in 2011; AMD 13,795.5 million in 2010; AMD 11,317.9 million in 2009);

- *Non-allopathic providers* – AMD 645 million (AMD 669.9 million in 2013; AMD 782.7 million in 2012; AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009);

- *Sanatoriums* – AMD 1,053.6 million (AMD 1,302.8 million in 2013; AMD 1,868.3 million in 2012; AMD 701.5 million in 2011; AMD 1,189.4 million in 2010; AMD 945.5 million in 2009);

2.2 Nursing and residential care facilities – AMD 1,975.4 million (AMD 1,449.4 million in 2013; AMD 1,832.3 million in 2012; 0 in 2011; AMD 1,376.7 million in 2010; AMD 1,345.3 million in 2009);

2.3 Providers of ambulatory health care – AMD 46,429.1 million (AMD 43,914.9 million in 2013; AMD 48,836.8 million in 2012; AMD 31,066.1 million in 2011; AMD 37,883.4 million in 2010; AMD 32,804.8 million in 2009);

2.4 Retail sale and other providers of medical goods – AMD 54,062.9 million (AMD 42,595.1 million in 2013; AMD 42,602.6 million in 2012; AMD 39,096.7 million in 2011; AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009);

2.5 Provision and administration of public health programs – AMD 4,462.3 million (AMD 3,104.8 million in 2013; AMD 5,923.3 million in 2012; AMD 4,402.3 million in 2011; AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009);

2.6 General health administration and insurance – AMD 1,736.7 million (AMD 1,181 million in 2013; AMD 4,976.7 million in 2012; AMD 10,104.2 million in 2011; AMD 2,067.8 million in 2010; AMD 7,839.6 million in 2009);

- 2.7 All other industries (rest of the economy) – AMD 43.2 million** (0 in 2013; 0 in 2012; AMD 37.8 million in 2011; 0 in 2010; 0 in 2009);
- 2.8 Institutions providing health-related services – AMD 1,980.2 million** (AMD 1,781.3 million in 2013; AMD 3,346 million in 2012; AMD 1,052.1 million in 2011; AMD 2,488.1 million in 2010; AMD 3,101.5 million in 2009);
- 2.9 Rest of the World – AMD 9,363.6 million** (AMD 6,036.3 million in 2013; AMD 60.6 million in 2012; AMD 964.8 million in 2011; AMD 26.6 million in 2010; AMD 4,772.5 million in 2009);
- 2.10 Providers not specified by kind – AMD 12.5 million** (0 in 2013; 0 in 2012; AMD 60.7 million in 2011; 0 in 2010; AMD 2,551.7 million in 2009).

4.1.3. Financing Agents and Functions (FAxF) Account

1. Services of curative care HC.1

Based on the *FAxF* account data, the total value of the services provided under the health care functions in 2014 amounted to AMD 96,835.1 million (AMD 93,020.5 million in 2013; AMD 88,317.9 million in 2012; AMD 61,563.5 million in 2011; AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009) which, compared to the indicator of the previous year, was increased by 4.1% (in 2013 financing was increased by 5.3%; in 2012 - was increased by 51.7%, in 2011 - was reduced by 12.6%, by 4.1% in 2010, and by 5.7% in 2009).

Public Sector has provided to the Services of curative care AMD 52,824.4 million or 54.6% of the overall financing (AMD 43,398.4 million or 46.7% in 2013; AMD 41,028.5 million or 46.5% in 2012; AMD 38,406.4 million or 62.4% in 2011; AMD 33,393.9 million or 47.4% in 2010; AMD 32,815.6 million or 44.6% in 2009).

Private Sector funded AMD 39,569.5 million or 40.9% of the overall funding (AMD 44,020.1 million or 47.3% in 2013; AMD 46,250.7 million or 52.4% in 2012; AMD 22,458.2 million or 36.5% in 2011; AMD 36,616.8 million or 51.9% in 2010; AMD 40,643.3 million or 55.3% in 2009) which, compared to the indicator of the previous year, has decreased by 10.1% (has decreased by 4.8% in 2013; has increased 2.3 times in 2012; was reduced by 38.7% in 2011; by 9.9% in 2010; by 6.7% in 2009).

Private Sector funding distribution is the following: households out-of-pocket payments - AMD 34,880.2 million or 88.2% of the overall funding of this group of agents (AMD 39,175.7 million or 89% in 2013; AMD 44,906.8 million or 91.7% in 2012; AMD 21,416.3 million or 95.4% in 2011; AMD 35,758.1 million or 97.6% in 2010; AMD 39,858.6 million or 98.1% in 2009), non-governmental/ private insurance companies - AMD 4,631.3 million (AMD 4,789.2 million in 2013; AMD 1,343.9 million in 2012; AMD 1,042 million in 2011; AMD 620.1 million in 2010; AMD 426.5 million in 2009), non-commercial organizations - AMD 58 million (AMD 55.2 million in 2013; AMD 60.5 million in 2012; 0 in 2011; AMD 170.6 million in 2010; AMD 358.2 million in 2009) and no financing was

provided by private enterprises (0 in 2013; 0 in 2012; 0 in 2011; AMD 67.9 million in 2010; 0 in 2009).

Funding from the Rest of the World formed 4.6% of the overall financing of the Services of curative care or AMD 4,441.1 million (6% or AMD 5,602 million in 2013; 1.1% or AMD 1,038.7 million in 2012; 1.1% or AMD 698.9 million in 2011; 0.6% or AMD 464.6 million in 2010; 0.1% or AMD 66.1 million or in 2009).

Out of total expenditure within “Services of curative care” functions group, AMD 65,350.3 million or 67.5% are the payments for *HC.1.1 Inpatient curative care* (AMD 62,618.9 million or 67.3% in 2013; AMD 61,642.4 million or 66% in 2012; AMD 41,096.8 million or 66.8% in 2011; AMD 46,425.8 million or 65.9% in 2010; AMD 51,070.6 million or 69.5% in 2009).

Funding was disaggregated by Financing Agents in the following way:

- Public Sector funding – AMD 36,342.8 million or 55.6% of the overall funding (AMD 30,597.2 million or 48.9% in 2013; AMD 29,793.9 million or 48.3% in 2012; AMD 26,344.8 million or 64.1% in 2011; AMD 21,583 million or 46.5% in 2010; AMD 22,613.5 million or 44.3% in 2009);
- Private Sector funding – AMD 25,353.1 million or 38.8% of the overall funding (AMD 27,109 million or 43.3% in 2013; AMD 31,163.4 million or 50.6% in 2012; AMD 14,652.5 million or 35.7% in 2011; AMD 24,593 million or 52.9% in 2010; AMD 28,457 million or 55.7% in 2009);
- “Rest of the Word” funding – AMD 3,654.4 million or 5.6% (AMD 4,912.7 million or 7.8% in 2013; AMD 685.1 million or 1.1% in 2012; 0 in 2011; AMD 249.7 million or 0.5% in 2010; 0 in 2009).

95.6% of funding provided by Public sector agents group to the “Services of curative care” function was provided through RA Ministry of Health, which is distributed in the following proportions:

- HC.1 Services of curative care - AMD 50,518.7 million, including:
 - HC1.1 Inpatient curative care - AMD 36,047.6 million, out of which:

- HC.1.1.1 Specialized curative care - AMD 12,402.1 million, out of which AMD 2,347.1 million to Mental care and narcological services, AMD 1,305.7 million for TB services, AMD 1,133.4 million for Oncology services; AMD 6,879.8 million for Obstetrician services and AMD 736.1 million for HIV/AIDS services.
- HC.1.1.2 Other inpatient curative care – AMD 23,645.5 million (AMD 17,826.9 million in 2013; AMD 17,648.9 million in 2012; AMD 15,043.6 million in 2011; AMD 10,471.5 million in 2010; AMD 12,243.1 million in 2009);
- HC.1.2 Day cases of curative care - no funding was provided;
- HC.1.3 Outpatient curative care – AMD 14,471.1 million including Primary health care/ basic medical and diagnostic services – AMD 8,009 million, Outpatient dental care – AMD 845.6 million, All other specialized medical services – AMD 5,215.7 million, All other outpatient curative care – AMD 400.9 million.

The amount of payments for HC.1 Services of curative care was AMD 34,880.2 million from households out-of-pocket payments; AMD 4,631.3 million from private insurance companies; AMD 58 million from non-commercial organizations; no financing was provided from insurance programs by private enterprises.

Households out-of-pocket payments by functions have the following distribution:

- HC.1 Services of curative care – AMD 34,880.2 million, including:
 - HC.1.1 Inpatient curative care – AMD 20,877.3 million, out of which:
 - HC.1.1.1 Specialized curative care – AMD 3,516.4 million, out of which AMD 1,413.6 million for Oncology services, and AMD 2,102.7 million for Obstetrician services;
 - HC.1.1.2 Other inpatient curative care – AMD 17,360.9 million (AMD 18,169.6 million in 2013; AMD 20,779.7 million in 2012; AMD 13,288.9 million in 2011; AMD 17,887.7 million in 2010; AMD 20,546.9 million in 2009).

- HC.1.3 Outpatient curative care – AMD 14,003 million, out of which Primary health care/ basic medical and diagnostic services – AMD 3,226.1 million, Outpatient dental care – AMD 10,562.7 million, All other specialized medical services – AMD 102.6 million, All other outpatient curative care – AMD 111.6 million;
- HC.1.4 Services of curative home care - no financing was provided.

Financing from the “Rest of the World” by function HC.1 Services of curative care was AMD 4,441.1 million.

Financing by functions of HC.1 Services of curative care received from all financial agents is distributed in the following proportions:

- HC.1 Services of curative care – AMD 96,835.1million, including:
 - HC.1.1 Inpatient curative care – AMD 65,350.3 million, out of which:
 - HC.1.1.1 Specialized curative care – AMD 19,718.3 million (AMD 21,909.5 million in 2013; AMD 18,254.2 million in 2012; AMD 12,705 million in 2011; AMD 18,066.5 million in 2010; AMD 17,854.2 million in 2009), including Mental care and narcological services – AMD 2,533.8 million (AMD 2,218.9 million in 2013; AMD 2,087.4 million in 2012; AMD 1,856 million in 2011; AMD 1,689.8 million in 2010; AMD 1,764.5 million in 2009), TB services – AMD 3,408.4 million (AMD 3,484.3 million in 2013; AMD 1,673.2 million in 2012; AMD 1,298.1 million in 2011; AMD 2,681 million in 2010; AMD 1,588.7 million in 2009), Oncology services – AMD 2,547 million (AMD 3,391.5 million in 2013; AMD 4,028.4 million in 2012; AMD 1,904.1 million in 2011; AMD 2,520 million in 2010; AMD 713.5 million in 2009), Obstetrician services – AMD 9,040.5 million (AMD 10,214.8 million in 2013; AMD 9,389.8 million in 2012; AMD 7,461 million in 2011; AMD 7,228.8 million in 2010; AMD 7,148.7 million in 2009), and HIV/AIDS services – AMD 2,188.5 million (AMD 2,783.8 million in 2013; AMD 1,075.4 million in 2012; AMD 185.9 million in 2011; AMD 218.9 million in 2010; AMD 84.6 million in 2009);
 - HC.1.1.2 Other inpatient curative care - AMD 45,632.1 million.

- HC.1.2 Day cases of curative care - no funding was provided.
- HC.1.3 Outpatient curative care – AMD 31,484.7 million, including Primary health care/ basic medical and diagnostic services – AMD 11,352.1 million, Outpatient dental care – AMD 11,921 million, All other specialized medical services – AMD 5,805.7 million, All other outpatient curative care - AMD 2,406 million.
- HC.1.4 Services of curative home care - no financing was provided.

2. Services of rehabilitative care HC.2

The implementation of functions under this group in 2014 resulted in provision of services for AMD 2,038.6 million or 1.1% of the total functions (AMD 1,687.2 million or 1% in 2013; AMD 2,266.4 million or 1.3% in 2012; AMD 1,234.6 million or 0.9% in 2011; AMD 1,728 million or 1.1% in 2010; AMD 1,471.2 million or 1% in 2009), including AMD 980.8 million or 48.1% financed by the Public sector (AMD 574 million or 34% in 2013; AMD 969.5 million or 42.8% in 2012; AMD 742.7 million or 60.2% in 2011; AMD 906.7 million or 52.5% in 2010; AMD 678.6 or 46.1% in 2009), which was fully funded by RA Ministry of Health (AMD 561.5 million in 2013; AMD 569.5 million in 2012; AMD 561.5 million in 2011; AMD 772.8 million in 2010; AMD 569 million in 2009). RA Ministry of Labor and Social Issues hasn't provided any funding (0 in 2013; 0 in 2012; AMD 181.2 million in 2011; AMD 133.9 million in 2010; AMD 109.6 million in 2009).

Financing by Private sector amounted to AMD 1,053.6 million or 51.7% of the overall funding, which was fully financed by the households (AMD 1,093.2 million or 64.7% in 2013; AMD 1,277.4 million or 56.4% in 2012; AMD 491.9 million or 39.8% in 2011; AMD 821.3 million or 47.5% in 2010; AMD 792.5 million or 53.9% in 2009 out of which households out-of-pocket payments – AMD 785.8 million or 53.4% of the overall funding). The overall volume of households out-of-pocket payments is provided to the Inpatient rehabilitative care sub-function. “Rest of the World” financing amounted to AMD 4.3 million or 0.2% of the overall financing (AMD 20 million or 1.2% in 2013):

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

In 2014, as in previous years 2011-2013, no financing was provided for these services. In 2010, the funding amounted to AMD 11.8 million, out of which AMD 4.4 million was provided by RA 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 by the Rest of the World in the form of grants and technical assistance.

4. Ancillary services to medical care HC.4

The volume of services provided under this functional group in 2014 amounted to AMD 16,690.6 million (AMD 15,776.6 million in 2013; AMD 18,125.2 million in 2012; AMD 10,483.4 million in 2011; AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009).

The functions were funded by *Public sector* in an amount of AMD 11,433.2 million (AMD 8,019.4 million in 2013; AMD 8,266.1 million in 2012; AMD 6,388.2 million in 2011; AMD 5,122 million in 2010; AMD 4,926.1 million in 2009), by *Private Sector* - AMD 5,257.4 million (AMD 7,351.1 million in 2013; AMD 9,079.5 million in 2012; AMD 4,084.5 million in 2011; AMD 6,821.3 million in 2010; AMD 5,015.3 million in 2009) and no funding (AMD 406 million in 2013; AMD 779.7 million in 2012; AMD 10.8 million in 2011; AMD 2.2 million in 2010; AMD 7.8 million in 2009) by the *Rest of the World*.

The funding of this group's subcomponents has been distributed as follows:

- 4.1 The overall funding of functions performed by *Clinical laboratories* amounted to AMD 2,177.9 million (AMD 2,931.2 million in 2013; AMD 3,603.8 million in 2012; AMD 1,316.6 million in 2011; AMD 2,198.3 million in 2010; AMD 1,420.3 million in 2009), out of which AMD 2,157.2 million or 99% was implemented by the households out-of-pocket payments.

- 4.2 The overall funding of *Diagnostic services* amounted to AMD 5,902.9 million or 35.4% (AMD 6,720.2 million or 42.6% in 2013; AMD 7,487.2 million or 41.3% in 2012;

AMD 5,056.5 million in 2011; AMD 6,177.4 million or 51.7% in 2010; AMD 4,989.7 million or 50.2% in 2009).

AMD 3,658.6 million of the overall financing allocated for this sub-function (AMD 3,164.4 million in 2013; AMD 3,047.5 million in 2012; AMD 3,207.9 million in 2011; AMD 3,086.2 million in 2010; AMD 3,251.1 million in 2009) was provided by the Public sector. Private sector provided financing of AMD 2,244.3 million which entirely consisted of the households out-of-pocket payments (AMD 3,555.8 million in 2013; AMD 4,439.8 million in 2012; AMD 1,848.6 million in 2011; AMD 3,086.6 million in 2010; AMD 1,730.8 million in 2009). There was no financing provided by the Rest of the World in 2014 (0 in 2013; 0 in 2012; 0 in 2011; AMD 6.6 million in 2010; AMD 7.7 million in 2009).

- 4.3 Funding for functions of *Emergency care and transportation of patients* – AMD 5,569.3 million (AMD 3,184.4 million in 2013, AMD 3,533.1 million in 2012; AMD 3,368.2 million in 2011; AMD 2,122.4 million in 2010; AMD 2,113.2 million in 2009), including AMD 5,358.4 million (AMD 2,969.5 million in 2013; AMD 3,259.9 million in 2012; AMD 2,969 million in 2011; AMD 1,456 million in 2010; AMD 1,475.5 million in 2009) provided by the Public sector, and the remaining AMD 221 million private financing (AMD 215 million in 2013; AMD 273.2 million in 2012; AMD 399.2 million in 2011; AMD 666.5 million in 2010; AMD 637.7 million in 2009) were the households out-of-pocket payments.

- 4.9 Financing of *All other miscellaneous ancillary services* – AMD 3,040.5 million (AMD 2,940.7 million in 2013; AMD 3,501.1 million in 2012; AMD 742.2 million in 2011; AMD 1,448.3 million in 2010; AMD 1,425.9 million in 2009), including AMD 2,395.5 million (AMD 1,864.9 million in 2013; AMD 1,938.7 million in 2012; AMD 211.3 million in 2011; AMD 579.9 million in 2010; AMD 199.4 million in 2009) provided by the Public sector and AMD 645 million (AMD 669.9 million in 2013; AMD 782.7 million in 2012; AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009) were provided as the households out-of-pocket payments, and no funding by the Rest of the World (AMD 406 million in 2013).

5. Medical goods dispensed to outpatients HC.5

In 2014, services provided under functions included in this group amounted to AMD 59,687.5 million or 61.6% of the overall funding for all functions (AMD 48,360.2 million or 52% in 2013; AMD 54,598.5 million or 58.5% in 2012; AMD 52,857.1 million or 37.4% in 2011; AMD 58,191.1 million or 36.6% in 2010; AMD 33,129.1 million or 22.8% in 2009), and the growth, compared to the preceding year, was 23.4% (11.4% decrease in 2013; 3.3% growth in 2012; 9.2% decrease in 2011; 75.6% growth in 2010; 37.3% growth in 2009).

Distribution of the total funding for provided services by agents is the following:

Financing provided by the **Public sector** amounted to AMD 4,701.9 million or 7.7% of the overall funding of this group (AMD 7,181.2 million or 14.8% in 2013; AMD 7,077.3 million or 13% in 2012; AMD 6,244.8 million or 11.8% in 2011; AMD 9,220.2 million or 15.8% in 2010; AMD 4,376 million or 13.2% in 2009). In the Public sector AMD 3,343.8 million or 71.1% of the overall public funding was provided by RA Ministry of Health (AMD 5,318.9 million or 74.1% in 2013; AMD 5,989.4 million or 84.6% in 2012; AMD 5,169.8 million or 84.3% in 2011; AMD 8,028.2 million or 87% in 2010; AMD 3,286.8 million or 75.1% in 2009), AMD 940 million or 20% of the overall public funding (AMD 939.9 million or 13.1% in 2013; AMD 986.9 million or 13.9% in 2012; AMD 964.8 million or 15.7% in 2011; AMD 1,090.4 million or 13.5% in 2010; AMD 987.6 million or 22.6% in 2009) was provided by RA Ministry of Labor and Social Affairs. Financing provided by RA National Security Service and RA Police amounted to AMD 24 million and AMD 70.8 million, respectively (AMD 599.3 million and AMD 60.2 million in 2013; AMD 27.7 million and AMD 73.4 million in 2012; AMD 27.9 million and AMD 82.2 million in 2011; AMD 27.9 million and AMD 73.7 million in 2009-2010), AMD 298.6 million financing was provided by RA Ministry of Defense (AMD 263 million in 2013), AMD 0.95 million financing was provided by RA Ministry of Emergency Situations, and AMD 1.1 million financing was provided by RA National Security Service.

Public funding of this group of functions has been implemented for the component of Pharmaceuticals and other medical nondurables in an amount of AMD 3,429.8 million for the function of Prescribed medicines (AMD 5,153.3 million in 2013), AMD 235.4 million for Other medical nondurables, AMD 1,036.8 million for Therapeutic appliances and other medical durables (AMD 2,027.9 million in 2013), out of which AMD 96.8 million

for Orthopedic appliances and other prosthetics (AMD 81.8 million in 2013), AMD 85.9 million for Hearing aids (AMD 81.6 million in 2013), AMD 854 million Medical technical equipment (AMD 858.2 million in 2013), and no financing for All other miscellaneous medical goods (AMD 1,006.2 million in 2013).

Private Sector funding was AMD 54,020.1 million, which was entirely funded by the household subgroup (AMD 41,119.1 million in 2013; AMD 41,348.1 million in 2012; AMD 39,096.7 million in 2011; AMD 45,208.9 million in 2010; AMD 28,752.8 million in 2009).

Funding provided by the **Rest of the World** amounted to AMD 965.5 million (AMD 60 million in 2013; AMD 6,173 million in 2012; AMD 7,515.6 million in 2011; AMD 3,762 million in 2010; AMD 0.6 million in 2009).

6. Prevention and public health services HC.6

In 2014, services provided under the functions of this group amounted to AMD 5,401.4 million (AMD 8,610.9 million in 2013; AMD 6,079.4 million in 2012; AMD 5,608.8 million in 2011; AMD 5,738 million in 2010; AMD 6,762.8 million in 2009).

Public sector financing was AMD 3,309.7 million or 61.3% of the overall financing (AMD 6,250.8 million or 72.6% in 2013; AMD 3,806.2 million or 62.6% in 2012; AMD 4,301.4 million or 76.7% in 2011; AMD 4,212.6 million or 73.4% in 2010; AMD 4,175.7 million or 61.7% in 2009), including AMD 3,234.3 million funded by RA Ministry of Health (AMD 6,201.1 million in 2013; AMD 3,706.2 million in 2012; AMD 4,073.1 million in 2011; AMD 4,092.6 million in 2010; AMD 4,088.7 million in 2009), and AMD 75.3 million funded by All other state administration bodies (AMD 49.7 million in 2013).

Private sector financing amounted to AMD 1,452.9 million or 27% of the overall funding (AMD 1,063 million or 12.3% in 2013; AMD 1,242.1 million or 20.4% in 2012; AMD 913.6 million or 16.3% in 2011; AMD 1,525.4 million or 26.6% in 2010) and was totally financed by the households. In 2009, the financing amounted to AMD 2,356.1 million or 34.8% of the total, out of which AMD 1,382.3 million were the households out-of-pocket payments, and AMD 973.8 million – financing from the non-commercial organizations.

In 2014, financing provided by the Rest of the World to this group of functions amounted to AMD 638.8 million or 11.8% (AMD 1,297.1 million or 15.1% in 2013; AMD 1,031.1 million or 17% in 2012; AMD 393.8 million or 7% in 2011; 0 in 2010; AMD 231 million or 3.5% in 2009):

Funding of functions and distribution of provided services per subcomponent is the following:

6.1 Maternal and child health: RA Ministry of Health – no funding was provided (AMD 1,349.3 million in 2013; AMD 1,254.9 million in 2012; AMD 1,237.3 million in 2011; AMD 1,105.8 million in 2010; AMD 1,040.2 million in 2009), Private sector - households out-of-pocket payments - AMD 1,453 million (AMD 1,063 million in 2013; AMD 1,242.1 million in 2012; AMD 913.6 million in 2011; AMD 1,525.4 million in 2010; AMD 1,382.3 million in 2009), and the Rest of the World – AMD 379.1 million (AMD 1,221.8 million in 2013; AMD 252 million in 2012; AMD 57.9 million in 2011, 0 in 2010; AMD 42 million in 2009).

6.2 Health care services at schools - 0 (AMD 419 million in 2013; AMD 450.6 million in 2012; AMD 419 million in 2011; AMD 410.4 million in 2010; AMD 393.4 million in 2009).

6.3 Prevention of communicable diseases: RA Ministry of Health – AMD 2,034.9 million (AMD 1,115.9 million in 2013; AMD 884.9 million in 2012; AMD 2,416.8 million in 2011; AMD 2,576.4 million in 2010; AMD 2,655 million in 2009), and the Rest of the World – no funding was provided (0 in 2013; AMD 559.2 million in 2012; AMD 335.9 million in 2011; AMD 1,132.7 million in 2010; AMD 114.2 million in 2009).

6.4 Prevention of non-communicable diseases: RA Ministry of Health – AMD 17.2 million (0 in 2013; 0 in 2012; 0 in 2011; 0 in 2010; 0 in 2009)

6.5 Health maintenance in industry - 0 (0 in 2013; 0 in 2012; RA Ministry of Transport and Communication provided AMD 128.4 million in 2011; AMD 120 million in 2010; AMD 87 million in 2009).

6.9 Other public health services – AMD 1,257.5 million, out of which AMD 1,182.2 million was provided by RA Ministry of Health (AMD 3,316.9 million in 2013; AMD

1,070.9 million in 2012; AMD 99.9 million in 2011; 0 in 2010), AMD 75.3 million – by All other state administration bodies (AMD 49.7 million in 2013; AMD 100 million in 2012), AMD 258.6 million – by the Rest of the World (AMD 75.3 million in 2013; AMD 8.6 million in 2012).

7. Health administration and health insurance HC.7

The volume of services provided under the functions included in this group and its respective funding amounted to AMD 3,387.4 million (AMD 1,230.6 million in 2013; AMD 806.4 million in 2012; AMD 2,958.5 million in 2011; AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009), out of which AMD 3,083.6 million or 91% of the overall financing (100% in 2013; AMD 1,444.3 million or 80% in 2012; AMD 2,532.2 million or 85.6% in 2011; AMD 2,047.2 million or 89.2% in 2010; AMD 1,213.9 million or 99% in 2009) was provided by RA Ministry of Health and was directed to the function “General government administration of health”.

No financing was provided by the Private sector agent. In 2014, AMD 303.7 million financing (0 in 2013; AMD 362.1 million in 2012; AMD 426.3 million in 2011; AMD 162.7 million in 2010; AMD 11.9 million in 2009) was provided by the Rest of the World for the aforementioned function.

8. Other health expenditure not classified by kind HC.nsk

In 2014, AMD 2.8 million was provided by the Rest of the World for the services under this group of functions, in 2011-2013, there was no financing. The volume of services related to functions of this group in 2010 amounted to AMD 1,360.2 million (AMD 415.7 million in 2009), which was financed by the Public sector - RA Ministry of Labor and Social Affairs. In 2009, the main part of the financing was provided by RA Ministry of Health - AMD 379.5 million.

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

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

In 2014, the volume of services related to the functions in this group and the respective funding amounted to AMD 6,980.4 million (AMD 1,641.2 million in 2013; AMD 6,813.8 million in 2012; AMD 6,696.9 million in 2011; AMD 7,342.6 million in 2010; AMD 16,987.7 million in 2009), and the volume has increased 4 times compared to the indicator of the previous year.

The funding by agents is the following: Public sector - AMD 3,694.6 million or 52.9% of the total funding (AMD 1,484.7 million or 90.5% in 2013; AMD 4,740.2 million or 69.6% in 2012; AMD 4,584.4 million or 68.5% in 2011; AMD 6,476.7 million or 88.2% in 2010; AMD 12,318.4 million or 72.5% in 2009), out of which AMD 3,684.1 million funding was provided by RA Ministry of Health (AMD 1,484.7 million in 2013, AMD 3,798.4 million in 2012; AMD 3,540.8 million in 2011; AMD 5,075.8 million in 2010; AMD 11,052.9 million in 2009), AMD 10.5 million funding was provided by RA Ministry of Labor and Social Affairs (0 in 2013; 0 in 2012; 0 in 2011; 0 in 2010; AMD 25.5 million in 2009), there was no funding from RA Ministry of Education and Science (0 in 2013; AMD 941.8 million in 2012; AMD 1,043.6 million in 2011; AMD 935.8 million in 2010; AMD 659.7 million in 2009).

In 2014, as well as in 2011-2013, no financing was provided by the **Private sector**. In 2010 financing by the Private sector amounted to AMD 293.8 million or 4% of the total (AMD 2,069.9 million or 12.2% in 2009).

Financing by the **Rest of the World** amounted to AMD 3,285.8 million (AMD 156.5 million in 2013; AMD 2,073.6 million in 2012; AMD 2,112.5 million in 2011; AMD 572.1 million in 2010; AMD 2,599.7 million in 2009).

In 2014, in this group of functions AMD 5,505 million financing was allocated to **Capital formation for facilities providing health services HC.R.1** (0 in 2013; AMD 3,044.7 million in 2012; AMD 5,589.8 million in 2011; AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009). AMD 2,561.7 million financing was provided by the Public sector which was fully implemented by RA Ministry of Health. In 2014, no financing was provided by the Private sector (0 in 2013; 0 in 2012; 0 in 2011; AMD 253.8 million or 4.1%

in 2010; AMD 2,054.4 million or 12.2% in 2009). Funding from the Rest of the World amounted to AMD 2,943.3 million (0 in 2013; AMD 502.8 million in 2012; AMD 2,049 million in 2011; AMD 494.2 million in 2010; AMD 2,310.4 million in 2009).

Funding for the function **“Education and Training of Health care personnel” HC.R.2** amounted to AMD 569.2 million (AMD 378 million in 2013; AMD 1,803.1 million in 2012; AMD 1,098.7 million in 2011; AMD 1,108.1 million in 2010; AMD 756.6 million in 2009), out of which AMD 258.4 million was provided by RA Ministry Health (AMD 275.9 million in 2013), AMD 310.8 million – by the Rest of the World (AMD 102.2 million in 2013; AMD 479.5 million in 2012; AMD 55.1 million in 2011; AMD 63.1 million in 2010; AMD 96.9 million in 2009), and no financing was provided by RA Ministry of Education and Science (0 in 2013; AMD 941.8 million in 2012; AMD 1,043.6 million in 2011; AMD 935.8 million in 2010; AMD 659.7 million in 2009).

Funding for the function **“Research and development in health” HC.R.3** amounted to AMD 112.3 million, out of which AMD 31.7 million was provided by the Rest of the World (AMD 54.3 million in 2013; AMD 1,351.3 million in 2012; AMD 8.4 million in 2011; AMD 115.4 million in 2010; AMD 207.6 million in 2009), AMD 70.1 million - by RA Ministry of Health (AMD 571 million in 2013; AMD 260.1 million in 2012; AMD 93.1 million in 2011), AMD 10.5 million - by RA Ministry of Labor and Social Affairs.

10. Expenditure not classified by kind HC.R nsk

In 2014, AMD 56.9 million financing was provided for the Expenditure not classified by kind which was entirely funded by the Rest of the World (0 in 2013; AMD 60.6 million in 2012; 0 in 2011; 0 in 2010; AMD 1,550.9 million in 2009). In 2009, financing was entirely provided by the Public sector, in particular, by RA Ministry of Health (AMD 227.1 million) and by RA Ministry of Labor and Social Affairs (AMD 1,323.8 million) subagents.

After summarizing the data of the Financial Agents and Functions Account of the National Health Accounts, the following could be stated:

1. The overall funding by the financial agents in 2014 amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), including:

1.1 Public sector – **AMD 80,028.1 million** (AMD 68,140 million in 2013; AMD 67,332.1 million in 2012; AMD 63,200.1 million in 2011; AMD 62,743.9 million in 2010; AMD 62,709 million in 2009);

1.2 Private sector – **AMD 101,353.6 million** (AMD 94,646.6 million in 2013; AMD 99,197.8 million in 2012; AMD 67,044.9 million in 2011; AMD 91,373.6 million in 2010; AMD 79,666 million in 2009);

1.3 Rest of the World – **AMD 9,699 million** (AMD 7,541.6 million in 2013; AMD 11,538.3 million in 2012; AMD 11,157.9 million in 2011; AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009).

2. The overall volume of the implemented functions in 2013 amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), out of which:

2.1 **Services of curative care** – **AMD 96,835.1 million** (AMD 93,020.5 million in 2013; AMD 88,317.9 million in 2012; AMD 61,563.5 million in 2011; AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009);

2.2 **Services of rehabilitative care** – **AMD 2,038.6 million** (AMD 1,687.2 million in 2013; AMD 2,266.4 million in 2012; AMD 1,234.6 million in 2011; AMD 1,728 million in 2010; AMD 1,471.2 million in 2009);

2.3 **Services of long-term nursing care** – **0** (0 in 2013; 0 in 2012; 0 in 2011; AMD 11.8 million in 2010; AMD 296 million in 2009);

2.4 **Ancillary services to medical care** – **AMD 16,690.6 million** (AMD 15,776.6 million in 2013; AMD 18,125.2 million in 2012; AMD 10,483.4 million in 2011; AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009);

2.5 Medical goods dispensed to outpatients – AMD 59,687.5 million (AMD 48,360.2 million in 2013; AMD 54,598.5 million in 2012; AMD 53,801.1 million in 2011; AMD 58,191.1 million in 2010; AMD 33,129.1 million in 2009);

2.6 Prevention and public health services – AMD 5,401.4 million (AMD 8,610.9 million in 2013; AMD 6,079.4 million in 2012; AMD 5,608.8 million in 2011; AMD 5,738 million in 2010; AMD 6,762.8 million in 2009);

2.7 Health administration and health insurance – AMD 3,387.4 million (AMD 1,230.6 million in 2013; AMD 1,806.4 million in 2012; AMD 2,958.5 million in 2011; AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009);

2.8 Other health expenditure not classified by kind – AMD 2.8 million (0 in 2013; 0 in 2012; 0 in 2011; AMD 1,360.2 million in 2010; AMD 415.7 million in 2009);

2.9 Health related functions HCR.1-5 – AMD 6,980.4 million (AMD 1,641.2 million in 2013; AMD 6,813.8 million in 2012; AMD 6,696.9 million in 2011; AMD 7,342.6 million in 2010; AMD 16,987.8 million in 2009);

2.9.1. HC.R.1. Capital formation of the health service provider institutions – AMD 5,505 million (0 in 2013; AMD 3,044.7 million in 2012; AMD 5,589.8 million in 2011; AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009);

2.9.2. HC.R.2. Personnel education and training – AMD 569.2 million (AMD 378 million in 2013; AMD 1,803.1 million in 2012; AMD 1,098.7 million in 2011; AMD 1,108.1 million in 2010; AMD 756.6 million in 2009);

2.9.3. HC.R.3. Research and development in health – AMD 112.3 million (AMD 625.8 million in 2013; AMD 1,351.3 million in 2012; AMD 8.4 million in 2011; AMD 115.4 million in 2010; AMD 207.6 million in 2009).

2.9.4. HC.R.4. Monitoring of food and water quality, as well as hygiene regulations - AMD 793.8 million (AMD 637.4 million in 2013; AMD 614.6 million in 2012; no funding in previous years).

2.10 Expenditure not classified by kind – AMD 56.9 million (0 in 2013; AMD 60.6 million in 2012; 0 in 2011; 0 in 2010; AMD 1,550.9 million in 2009).

4.1.4. Providers and Functions (PxF) Account

Observing the data of the NHA Providers and Functions Accounts, the following could be stated:

1. In 2014, the overall services financed by the Financial agents and provided by the Providers amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013), including:

1.1 **HP.1 Hospitals group – AMD 70,939.4 million** (AMD 70,264.5 million in 2013), out of which:

- *Multi-profile hospitals – AMD 46,861.1 million* (AMD 47,106.5 million in 2013; AMD 52,215.9 million in 2012; AMD 37,066.2 million in 2011; AMD 41,908.8 million in 2010; AMD 43,358.3 million in 2009);

- *Mental health and substance hospitals – AMD 2,533.8 million* (AMD 2,476 million in 2013; AMD 2,385.6 million in 2012; AMD 2,392.1 million in 2011; AMD 2,067.9 million in 2010; AMD 2,212.6 million in 2009);

- *Specialized hospitals – AMD 19,845.4 million* (AMD 18,709.3 million in 2013; AMD 16,992.4 million in 2012; AMD 12,896.3 million in 2011; AMD 13,795.5 million in 2010; AMD 11,317.9 million in 2009);

- *Non-allopathic providers – AMD 645 million* (AMD 669.9 million in 2013; AMD 782.7 million in 2012; AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009);

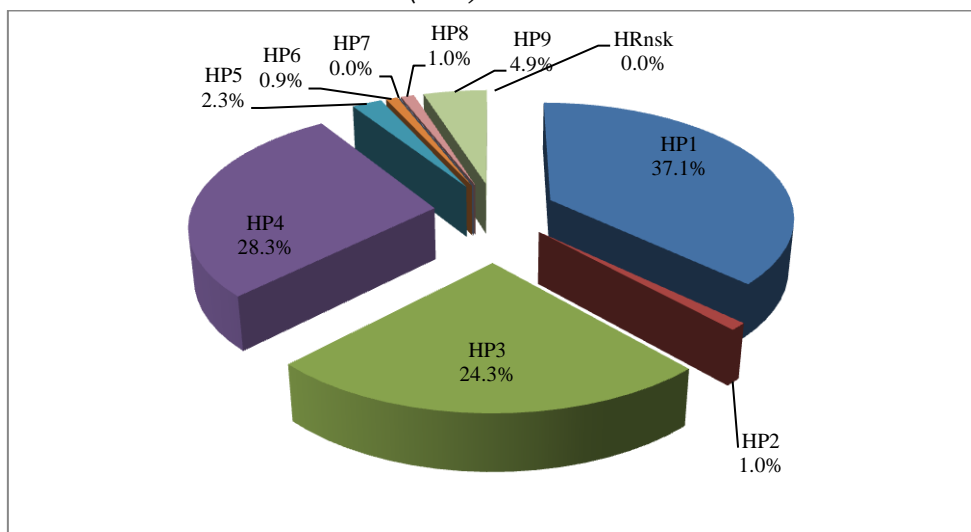
- *Sanatoriums – AMD 1,053.6 million* (AMD 1,302.8 million in 2013).

1.2 **HP.2 Nursing and residential care facilities – AMD 1,975.4 million** (AMD 1,449.4 million in 2013);

1.3 **HP.3 Providers of ambulatory health care – AMD 46,504.5 million** (AMD 43,914.9 million in 2013);

- 1.4 **HP.4 Retail sale and other providers of medical goods – AMD 54,062.8 million**
(AMD 42,595.1 million in 2013);
- 1.5 **HP.5 Provision and administration of public health programs – AMD 4,468.5 million**
(AMD 3,104.8 million in 2013);
- 1.6 **HP.6 General health administration and insurance – AMD 1,730.4 million** (AMD 1,181 million in 2013);
- 1.7 **HP.7 All other industries –AMD 43.2 million** (0 in 2013);
- 1.8 **HP.8 Institutions providing health-related services – AMD 1,980.2 million**
(AMD 1,781.3 million in 2013);
- 1.9 **HP.9 Rest of the World – AMD 9,363.6 million** (AMD 6,036.3 million in 2013);
- 1.10 **HP.nsk Providers not specified by kind – AMD 12.5 million** (0 in 2013).

Figure 18. Providers and Functions (PxF) Account



Source: NHA data tables

By analyzing the data of Providers and Functions Account of the National Health Accounts, we observe that the main actor or 37.1% is the Hospitals group, in the second place is the Providers of ambulatory health care group with 28.3%, and the third major provider is Retail sale and other providers of medical goods with 24.3%.

Table 5. Dynamic series of the Providers group financing during 2009-2014, million AMD

	PROVIDERS	2009	2010	2011	2012	2013	2014
HP.1	Hospitals	59 060.9	60 450.1	54 618.2	70 489.2	70 264.5	70 939.4
HP.2	Nursing care facilities	1 345.3	1 367.7	0	1 832.3	1 449.4	1 975.4
HP.3	Providers of ambulatory health care	32 804.8	37 883.4	31 066.1	48 836.8	43 914.9	46 504.5
HP.4	Retail sale and other providers of medical goods	28 752.8	43 277.1	39 096.7	42 602.6	42 595.1	54 062.8
HP.5	Provision and administration of public health programmes	5 084.2	11 517.2	4 402.3	5 923.3	3 104.8	4 468.5
HP.6	General health administration and insurance	7 839.6	2 067.8	10 104.2	4 976.7	1 181	1 730.4
HP.7	All other industries	0	0	37.8	0	0	43.2
HP.8	Institutions providing health-related services	3 101.5	2 488.1	1 052.1	3 346	1 781.3	1 980.2
HP.9	Rest of the world	4 772.5	26.6	965.8	60.6	6 036.3	9 363.6
HP.nsk	Providers not specified by kind	2 551.7	0	60.7	0	0	12.5
	Total	145 313.3	159 086.9	141 402.9	178 068.2	170 327.3	191 080.7

2. In 2014, the overall volume of implemented functions amounted to **AMD 191,080.7 million** (AMD 170,327.3 million in 2013; AMD 178,068.2 million in 2012; AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009), out of which:

2.1 **HC.1 Services of curative care – AMD 96,835.1 million** (AMD 93,020.5 million in 2013);

2.2 **HC.2 Services of rehabilitative care – AMD 2,038.6 million** (AMD 1,687.2 million in 2013);

2.3 **HC.3 Services of long-term nursing care – 0** (0 in 2013);

2.4 **HC.4 Ancillary services to medical care – AMD 16,690.6 million** (AMD 15,776.6 million in 2013);

2.5 **HC.5 Medical goods dispensed to outpatients – AMD 59,687.5 million** (AMD 48,360.2 million in 2013);

2.6 **HC.6 Prevention and public health services – AMD 5,401.4 million** (AMD 8,610.9 million in 2013);

2.7 HC.7 Health administration and health insurance – AMD 3,387.4 million (AMD 1,230.6 million in 2013);

2.8 HC.nsk Other health expenditure not specified by kind –AMD 2.8 million (0 in 2013);

2.9 HCR.1-5 Health related functions – AMD 698.4 million (AMD 1,641.2 million in 2013 million);

2.9.1. *Capital formation of the health service provider institutions – AMD 5,505 million* (0 in 2013; AMD 3,044.7 million in 2012; AMD 5,589.8 million in 2011; AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009);

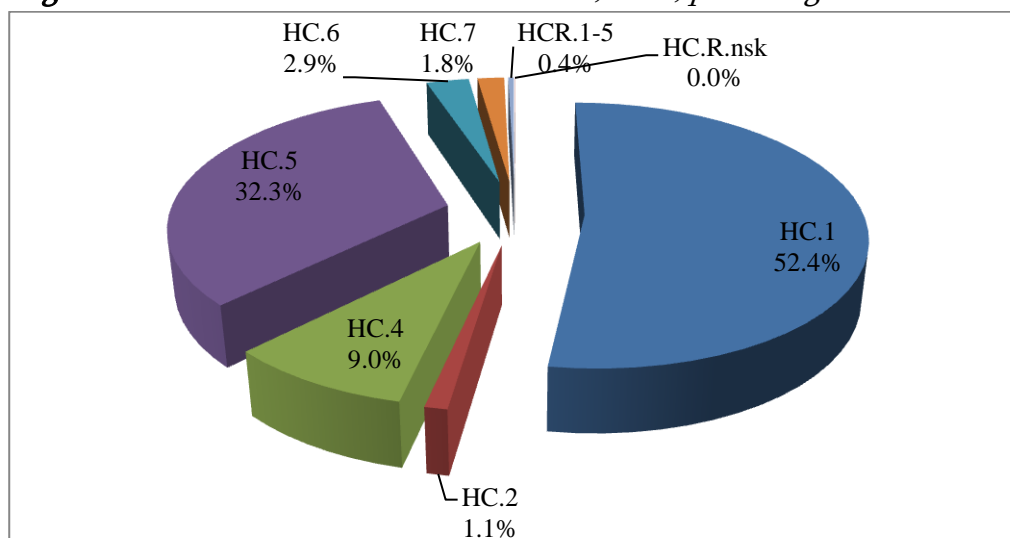
2.9.2. *Personnel education and training – AMD 569.2 million* (AMD 378 million in 2013; AMD 1,803.1 million in 2012; AMD 1,098.7 million in 2011; AMD 1,108.1 million in 2010; AMD 756.6 million in 2009);

2.9.3. *Research and development in health care – AMD 112.3 million* (AMD 625.8 million in 2013; AMD 1,351.3 million in 2012; AMD 8.4 million in 2011; AMD 115.4 million in 2010; AMD 207.6 million in 2009);

2.9.4. *Monitoring of food and water quality, as well as hygiene regulations- AMD 793.8 million* (AMD 637.4 million in 2013).

2.10 HCR.nsk Expenditure not classified by kind –AMD 56.9 million (0 in 2013).

Figure 19. The overall volume of Functions, 2014, percentage



Source: NHA data tables

Table 6. Dynamic series of the financing by Functions during 2009-2014, million AMD

	FUNCTIONS	2009	2010	2011	2012	2013	2014
HC.1	Services of curative care	73 524.9	70 475.3	61 563.5	93 398.1	93 020.5	96 835.1
HC.2	Services of rehabilitative care	1 471.2	1728	1 234.6	2 266.4	1 687.2	2 038.6
HC.3	Services of long-term nursing care	296	11.8	0	0	0	0
HC.4	Ancillary services to medical care	9 949.1	11 946.4	10 483.4	18 125.2	15 776.6	16 690.6
HC.5	Medical goods dispensed to outpatients	33 129.1	58 191.1	53 801.1	54 598.5	48 360.2	59 687.5
HC.6	Prevention and public health services	6 762.8	5 738	5 608.8	6 079.4	8 610.9	5 401.4
HC.7	Health administration and health insurance	1 225.8	2 293.5	2 958.5	1 806.4	1 230.6	3 387.4
HC.nsk	Expenditure not specified by kind	415.7	1 360.2	0	0	0	2.8
HC.R.1-5	Health related functions	16 987.8	7 342.6	6 696.9	6 813.8	1 641.2	698.4
HC.R.nsk	Expenditure not specified by kind	1 550.9	0	0	60.6	0	56.9
	Total	145 313.3	159 086.9	141 402.9	178 068.2	170 327.3	191 080.7

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Appendix

NHA summarized tables

Table 1. NHA Financing Agents and Financing Sources Account (million AMD)

HF Financing Agents	FS Financing Sources							
	FS 1 Public Funds		FS 2 Private Funds		FS 3 Rest of the World		Total	
	2013	2014	2013	2014	2013	2014	2013	2014
HF.A Public Sector	62,670.4	75,069.4	0	0	5,468.6	4,958.7	68,139	80,028.1
HF.B Nonpublic Sector	0	0	94,646.6	101,353.6	0	0	94,646.6	101,354
HF.3 Rest of the World	0	0	0	0	7,541.6	9,699	7,541.6	9,699
Total	62,670.4	75,069.4	96,659.6	103,367.6	13,010.2	14,657.7	170,327.3	191,081.7

Table 2 NHA Financing Agents and Providers Account (million AMD)

FP Providers	FA Financing Agents							
	HF.A Public Sector		HF.B Private Sector		HF 3 Rest of the World		Total	
	2013	2014	2013	2014	2013	2014	2013	2014
HP.1 Hospitals	33946.5	36764.1	31459.1	30094.7	4858.9	4156	70264.5	71014.8
HP.2 Nursing and residential care facilities	1429.6	1975.4	0	0	19.8	0	1449.4	1975.4
HP.3 Providers of ambulatory health care	19840.2	28412	22068.4	17238.7	2006.3	778.4	43914.9	46429.1
HP.4 Retail sale and other providers of medical goods	1476	42.7	41119.1	54020.2	0	0	42595.1	54062.9
HP.5 Provision and administration of public health programs	3015.7	4410.7	0	0	89.1	51.6	3104.8	4462.3
HP.6 General health administration and insurance	1180.9	1581	0	0	0	155.7	1180.9	1736.7
HP.7 All other industries	0	0	0	0	0	43.2	0	43.2
HP.8 Institutions providing health-related services	1781.3	1883.5	0	0	0	96.7	1781.3	1980.2
HP. 9 Rest of the world	5468.7	4958.7	0	0	567.6	4404.9	6036.3	9363.6
HP.nsk Providers not specified by kind	0	0	0	0	0	12.5	0	12.5
Total	68 138.9	80 028	94 647	101 353.6	7 542	9 699	170 327.2	191 080.7

Table 3. NHA Financing Agents and Functions Account (million AMD)

F Functions	FA Financing Agents							
	HF.A Public Sector		HF.B Private Sector		HF 3 Rest of the World		Total	
	2013	2014	2013	2014	2013	2014	2013	2014
HC.1 Services of medical care	43398.4	52824.4	44020.1	39569.6	5602	4441.1	93020.5	96835.1
HC.1.1 Inpatient curative care	30597.2	36342.8	27109	25353.1	4912.7	3654.4	62618.9	65350.3
HC.1.3 Outpatient curative care	12801.2	16481.6	16911.1	14216.4	689.2	786.7	30401.5	31484.7
HC.2 Services of rehabilitative care	574	980.7	1093.2	1053.6	20	4.3	1687.2	2038.6
HC.3 Services of long-term nursing care	0	0	0	0	0	0	0	0
HC.4 Ancillary services to medical care	8019.4	11433.2	7351.2	5257.4	406	0	15776.6	16690.6
HC.5 Medical goods dispensed to outpatients	7181.1	4701.9	41119.1	54020.1	60	965.5	48360.2	59687.5
HC.5.1 Pharmaceuticals and other medical nondurables	5153.2	3665.1	41119.1	54020.2	16.1	507.7	46288.4	58193
HC.6 Prevention and public health services	6250.8	3309.7	1063	1452.9	1297.1	638.8	8610.9	5401.4
HC.7 Health administration and health insurance	1230.6	3083.6	0	0	0	303.8	1230.6	3387.4
HC.nsk Health expenditure not specified by kind	0	0	0	0	0	2.8	0	2.8
HCR.1-5 Health related functions	1484.7	3694.6	0	0	156.5	3285.8	1641.2	6980.4
HC.R.nsk Expenditure not specified by kind	0	0	0	0	0	56.9	0	56.9
Total	68 139	80 028.1	94 646.6	101 353.6	7 541.6	9 699	170 327.2	191 080.7

Table 4. NHA Functions and Providers Account (million AMD)

F Functions	FP Providers									
	HP.1 PROVIDERS		HP.2 Nursing and residential care facilities		HP.3 Providers of ambulatory health care		HP.4 Retail sale and other providers of medical goods		HP.5 Provision and administration of public health programs	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
HC.1 Services of curative care	63568,1	64209,2	0	0	27829,6	30890,4	0	0	179,9	117,7
HC.1.1 Inpatient curative care	61531,7	64133,7	0	0	69,5	168	0	0	179,9	117,7
HC.1.3 Outpatient curative care	2036,4	75,9	0	0	27760,2	30722,4	0	0	0	0
HC.2 Services of rehabilitative care	1654,7	1898,5	12,5	0	0	140,1	0	0	20	0
HC.3 Services of long-term nursing care	0	0	0	0	0	0	0	0	0	0
HC.4 Ancillary services to medical care	2571,2	2253,8	1417,1	1975,4	11522,6	12039,2	40,8	42,7	69,1	0
HC.5 Medical goods dispensed to outpatients	1341,3	247,4	0	0	1642,9	3241,7	42554,3	54020,2	0	0
HC.5.1 Pharmaceuticals and other medical nondurables	1341,3	232	0	0	1642,9	3240,6	42554,3	54020,2	0	0
HC.6 Prevention and public health services	1257	1752,9	19,8	0	2792	4,4	0	0	1991	3292,4
HC.7 Health administration and health insurance	0	0	0	0	0	1,3	0	0	0	6,3
HC.nsk Health expenditure not specified by kind	0	0	0	0	0	2,8	0	0	0	0
HCR.1-5 Health related functions	0	555,2	0	0	0	184,7	0	0	844,9	1052,2
HC.R.nsk Expenditure not specified by kind	0	22,3	0	0	0	0	0	0	0	0
Total	70392,3	70939,3	1449,4	1975,4	43787,1	46504,6	42595,1	54062,9	3104,9	4468,6

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HP.6 General health administration and insurance		HP.7 All other industries		HP.8 Institutions providing health-related services		HP. 9 Rest of the world		HP.nsk Provider not specified by kind		Total		
2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
0	0	0	0	379,7	424,5	1063,2	1193,4	0	0	93020,5	96835,2	HC.1 Services of curative care
0	0	0	0	0	0	837,9	1039,5	0	0	62619	65458,9	HC.1.1 Inpatient curative care
0	0	0	0	379,7	424,5	225,3	153,9	0	0	30401,6	31376,7	HC.1.3 Outpatient curative care
0	0	0	0	0	0	0	0	0	0	1687,2	2038,6	HC.2 Services of rehabilitative care
0	0	0	0	0	0	0	0	0	0	0	0	HC.3 Services of long-term nursing care
20,7	20,8	0	0	115,6	0	19,5	358,7	0	0	15776,6	16690,6	HC.4 Ancillary services to medical care
0	0	0	0	1021,7	1036,7	1800,1	1141,5	0	0	48360,3	59687,5	HC.5 Medical goods dispensed to outpatients
0	0	0	0	0	0	750	700,3	0	0	46288,5	58193,1	HC.5.1 Pharmaceuticals and other medical nondurables
0	12,5	0	19,5	0	0	2551,3	319,7	0	0	8611,1	5401,4	HC.6 Prevention and public health services
1160,3	1697,2	0	13,2	0	0	70,4	1669,4	0	0	1230,7	3387,4	HC.7 Health administration and health insurance
0	0	0	0	0	0	0	0	0	0	0	2,8	HC.nsk Health expenditure not specified by kind
0	0	0	10,5	264,4	160,2	532	5017,6	0	0	1641,3	6980,4	HCR.1-5 Health related functions
0	0	0	0	0	0	0	22	0	12,5	0	56,8	HC.R.nsk Expenditure not specified by kind
1181	1730,5	0	43,2	1781,4	1621,4	6036,5	9722,3	0	12,5	170327,7	191080,7	Total