

Report

National Health Accounts
of Armenia
2012

Yerevan
2013

ՀՏԴ 614 (042.3)

ԳՄԴ 51.1

Ա 700

National Health Accounts 2012 Report was prepared by:

N. Davtyan, S. Kharazyan, A. Davtyan, A. Aghazaryan, H. Sayadyan, A. Hambardzumyan, T. Hovhannisyan.

National Institute of Health of RA after S. Avdalbekyan MoH, 2013. 89 pages.

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

In Armenia health services are funded by the following sources: Armenia's 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 financing agents and from them to 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 (Euro stat) has 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 system managers, health care experts, health issues and other interested professionals.

NHA report prepared by the technical and financial support Ministry of Health of the Republic of Armenia.

ՀՏԴ 614 (042.3)

ԳՄԴ 51.1

TABLE OF CONTENTS

PREFACE	4
SUMMARY	6
ABBREVIATIONS	7
CHAPTER 1. THE IMPORTANCE AND ROLE OF NHA IN ARMENIA.....	8
1.1. The National Health Accounts in Armenia.....	8
1.2. The Objective of the National Health Accounts	8
1.3. The Methodology of National Health Accounts	8
1.4. Definition of National Health Expenditure	9
1.5. The Structure and Classification of the National Health Accounts	9
1.6. The Process of National Health Accounts Preparation.....	10
CHAPTER 2. ANALYSIS AND DESCRIPTION OF THE SITUATION.....	11
2.1. General Description, Composition and Structure of the Health System.....	11
2.1.1. Description and Management of Health Sector	11
2.2. Health Care Financing	11
CHAPTER 3. THE METHODS AND DATA SOURCES.....	12
3.1. Surveys.....	12
CHAPTER 4. MAIN RESULTS OF THE NHA.....	17
4.1. Analysis of Basic Accounts	17
4.1.1. Financing Sources and Financing Agents (FSxFA).....	17
4.1.3. “Financing agents and functions” (FAxF) account.....	47
4.1.4. Providers and Functions (PxF) Account	58
PRIORITIES FOR THE FUTURE	62
LITERATURE	63
Appendixes.....	64
Appendix 1. NHA summarized tables	65
Financing Agents and Providers Account (FAxP).....	65
Financing Agents and Functions Account (FAxF)	66
Appendix 2. Household questionnaire	67

PREFACE

NHA report is an important component of the health sector reforms implemented in Armenia. This document, which is annually prepared by the Ministry of Health, is one of the main information analytical tools for the evaluation of health care financing. Description of the health sector financing, as well as the evaluation of funding trends for the coming years is one of the most important tasks of the Ministry of Health.

RA government's "Long-Term Development Strategy" program defines that the health sector funding has been and remains one of the government's expenditure policy priorities and the sector allocations will grow faster than the overall expenditures of the total budget. It is planned to raise the level of health care public funding to 1.9 percent of GDP in 2017. In 2012, the above-mentioned indicator was 1.63 % of the budget, 1.65 % in 2011 and 1.6 % in 2010 (the indicator for the year 2013 is projected to be 1.59 % and 1.71 % for 2014).

The state budget has increased the allocations to the health sector year by year. The funding of public sector agents has increased by about 70% in the period from 2005 to 2012, while health care total spending (by public, insurance, private sources, donor organizations etc.) for that period has increased by about 50%. And the private sector role has also increased by about 40%.

According to the National Health Accounts of 2012, the spending of public sector agents in total health expenditures amounted to 37 %, the private sector - 57 %, the Rest of the World (donor organizations and humanitarian aid) -6 %. The role of public sector in Georgia is 22%, in Azerbaijan- 21.5% and the private sector's role is respectively 69 % and 70%.

NHA report assesses the health care financing volume provided by different sources, the prospects of increase in funding allocated to the sector, while also defining the main health programs and important providers of health care services. NHA data tables can be used as an instrument for health care reforms' impact evaluation, strategy development as well as a tool for evaluating the middle and final outcomes. The regular use of NHA helps to identify the trends of health care expenditure, which is important for the monitoring and evaluation of the health sector.

RA Ministry of Health strongly values National Health Accounts as a main document where the structure of health related "out-of-pocket" spending made by population is reflected and is being studied. Therefore, it is planned to expand the scope of the household survey,

aiming to receive detailed information about the structure of "out of pocket" expenses. It is planned to include in the survey also a causes and effects analysis of possible corruption risks. Recommendations on cost- reduction measures and policies for decreasing the "out-of-pocket" spending will be included in NHA.

National Health Accounts (NHA) will be used in the assessment process of corruption risks and will help in ensuring transparency of health care financing.

Statistical data used for the preparation of the NHA report has been collected from several sources. Besides official statistics, data from conducted annual and one-time surveys were also included.

The survey on household expenditures for health services was implemented by the USAID Healthcare system strengthening in Armenia (HS-STAR) project's financial and advisory support.

The report of National Health Accounts is prepared by the National Health Information Analytic Center's team at the "National Institute of Health (NIH) named after academician S.Avdalbekyan" by the requirement of the RA Ministry of Health. Preparation of NHA report has become one of the main tasks of the Information Analytic Center at the National Institute of Health (NIH) named after academician S. Avdalbekyan.

National Health Accounts, as an all-inclusive instrument for assessment of financial flows of the health sector, is an important tool for evaluating the on-going reforms and selecting future strategies.

RA MINISTER OF HEALTH



DERENIK DUMANYAN

Doctor of medical sciences, Professor

SUMMARY

The National Health Accounts Report summarizes the information on financial flows of RA health sector in 2012, and includes data about funding received from Public sources, Private sources and the Rest of the World, as well as information about the main directions of resource allocation (functions) and the role of administrative bodies (financing agents) in these flows.

National Health Accounts have the following picture in 2012, by financing agents (compared with the previous year):

Financing Agents	2011		2012		Change (increase +, decrease -)	
	Amount (million AMD)	Proportional weight (percentage)	Amount (million AMD)	Proportional weight (percentage)	Amount (million AMD)	Growth Rate (percentage)
Public Sector	63,200.1	45	67,332.1	38	+4,132.0	+6.5
Private Sector	67,044.9	47	99,197.8	56	+32,152.9	+48
Rest of the World	11,157.9	8	11,538.3	6	+380.4	+3.4
Total	141,402.9	100	178,068.2	100	+36,665.3	+25.9

As it is seen from the table, the amount of funding through all agents in 2012 has increased compared to the previous year, and the spending rate from the private sources grew faster (48 percent), followed by public sources' expenses (6.5 percent), and there was a relatively small increase of expenditure from the "Rest of the World" source (3.4 percent). Overall, the total spending of health sector rose by 25.9 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	Ministry of Health of RA
MoLSA	Ministry of Labor and Social Affairs of RA
NSS	National Statistical Service of the Republic of RA
MoJ	Ministry of Justice of the Republic of RA
MC	Medical Center
MoES	Ministry of Education and Science of RA
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	NHAA Interdepartmental Commission
SHA	State Health Agency of the RA MoH
H	Households
F	Function or Health Care Functions
FS	Financing Source
FA	Financing Agent
MoF	Ministry of Finance of the Republic of Armenia

CHAPTER 1. THE IMPORTANCE AND ROLE OF NHA IN ARMENIA

1.1. The 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 the 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 the 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 the NHA gives also an opportunity to analyze the obtained results by population target groups or by activities, which are related to specific programs and types of diseases.

1.3. The 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 types of health expenditures are divided into categories.

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

1.4. Definition of National Health Expenditure

In accordance with NHA definitions, national health expenditures are all the expenditures 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 expenditures and are included in the NHA. Thus, the NHA report is developed based on the aforementioned differentiations and exceptions.

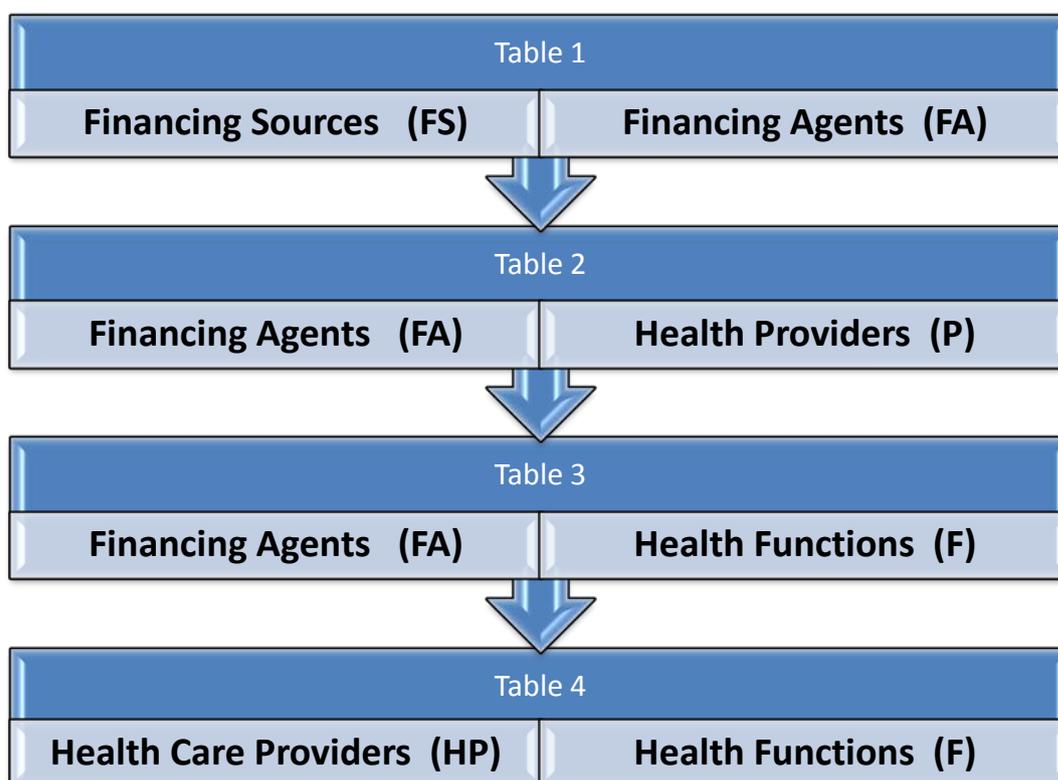
The health functions related to the citizens and residents of the country have been considered when preparing the NHA and not the geographical boundaries of the country. Thus, for instance, the NHA includes health care expenditures made for the citizens and residents temporarily residing abroad, and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

1.5. The Structure and Classification of the National Health Accounts

In Armenia the NHA describes the health expenditures 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.

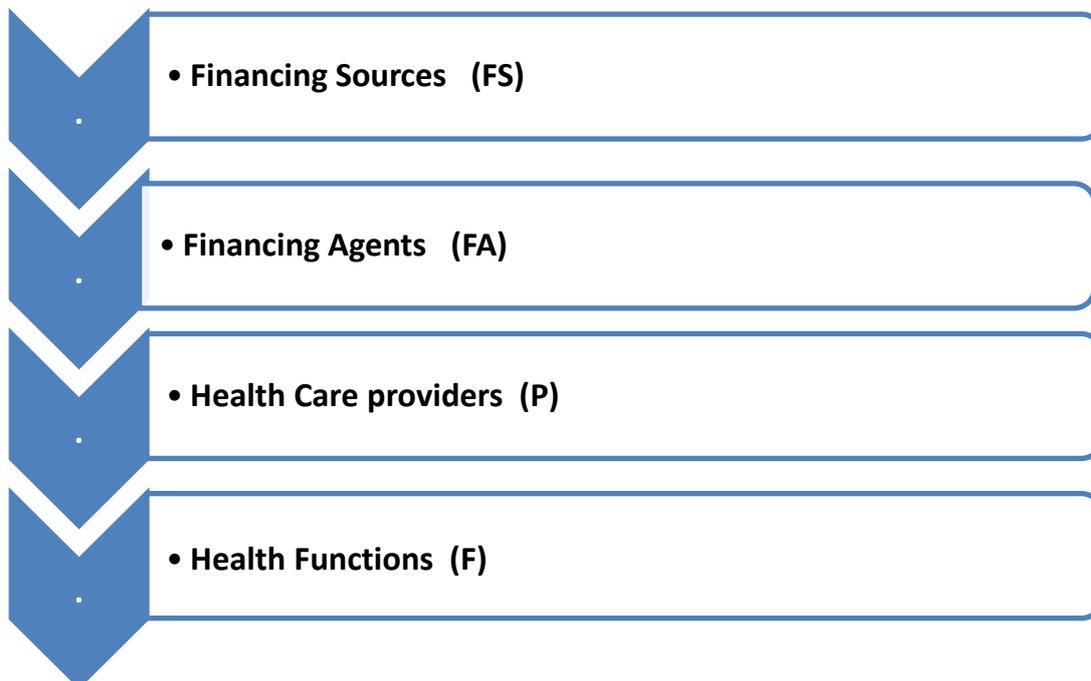
See the structure of NHA tables below:

Graph 1: The Structure of NHA tables



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

Graph 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, the State Budget, households, international donor organizations.
2. Financing agents (FA) (also called financial intermediaries), who receive funds from financing sources and use them to finance health care services, medical goods (for instance, drugs) and activities. This category addresses the following question: “Who controls and organizes the flow of funds?” For instance, if the annual RA State Budget (financing source) provides funds to the RA Ministry of Health, then the latter, in its turn, decides on how to distribute received funds. For this reason, the 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.

At the same time 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. Combining data and information gathered from all sources, evaluation and analysis;
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

The RA health sector includes:

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

2.2. Health Care Financing

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

1. RA State Budget and local budgets
2. Direct 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 are the expenditures made by the outside 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. Expenditures made by international donor organizations in the health system of RA.

CHAPTER 3. THE METHODS AND DATA SOURCES

The data sources in different countries have various characteristics, and for Armenia the following main sources have been used:

- Annual reports of 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 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;
- Records of the national, regional and local bodies of the health system;
- Records maintained by insurance companies (social package and private insurance), Central Bank reports;
- Records of medical service providers;
- Data on assistance provided by donor organizations

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

3.1. Surveys

The household surveys and the data from “Integrated Living Conditions Survey” (ILCS) implemented periodically by RA National Statistical Service, are considered to be a source of information on summery indicators of health spending of households through years, as well as on structure of providers and functions. The ILCS served as an information source for the household health expenditures for the 2011, and the structural proportions were estimated based on the indicators and weights received from the Special survey. Similar to 2010, in 2011 there was an obstacle during the utilization of the data from ILCS when preparing the National health accounts, as there was a change in the questionnaire related to the recording period for the expenditure: the households have presented information on expenditures for medical services and drugs for the period of 30 days preceding the interview¹. This situation has limited the opportunity to generalize the data by health service types for the main cluster or for the general population of RA.

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

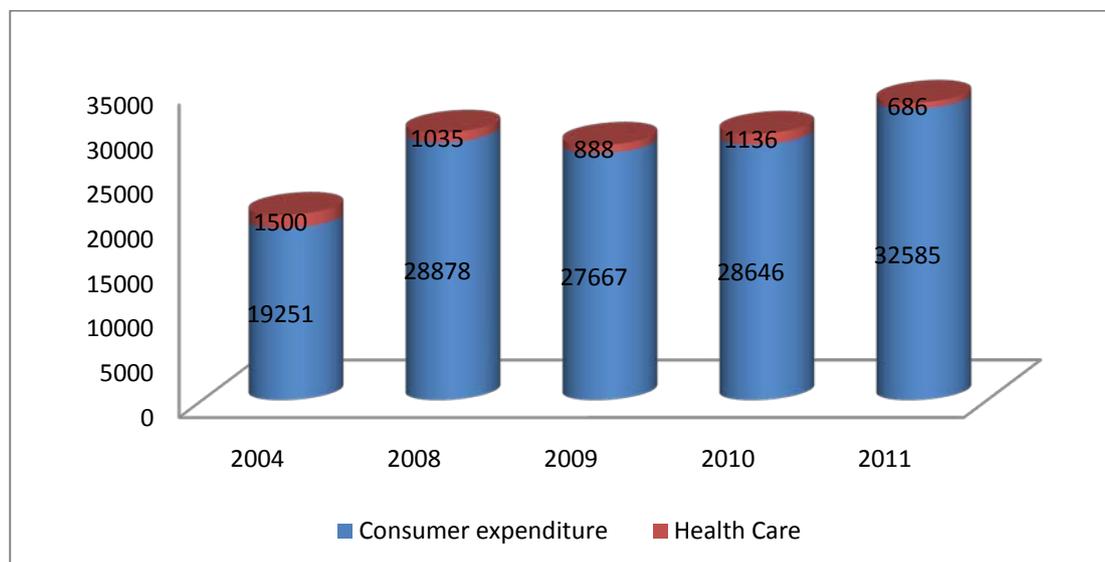
¹ *Social Snapshot and Poverty in Armenia*. Statistical analytical report, in accordance with the results of Household Integrated Living Conditions Survey 2010, NSS RA, Yerevan 2011, pages 139-151

During the preparation of 2011 NHA report, **the per capita health expenditure indicator obtained from ILCS was used, which amounted to AMD 686.0.** It has decreased compared to the indicator of the previous year (AMD 1136.0) by 40%. The decrease in expenditures is due to the reduction of the proportional weight of health expenditures in overall consumer expenditures from 4.0% to 2.1%, in the case, that an increase of total consumer expenditures of households was recorded (see the table presented below). **Such reduction, in some sense, is incomprehensible, as even in 2009 economic crisis conditions, when the GDP was decreased by 14.1%, the health expenditures were reduced by 14%, from AMD 1035.0 to AMD 888.0.**

The reduction up to AMD 686 in 2011 is unreasonable taking into account the GDP growth of 4.7% and health expenditures of AMD 1136.0 in 2010. Taking into consideration these facts, RA Ministry of Health tried to receive some scientific clarifications from the RA NSS, but with no result. **As a result, the calculation of the overall health expenditure of households in 2011 was based on the official indicator published by RA NSS, and thus a reduction of health expenditures by households was recorded compared to 2010. In 2013 in the scope of preparation of NHA 2012 report, the methodology used for counting the overall health expenditure by households in 2011 was discussed several times, but taking into account the official statistics, the NHA team refrained from carrying out a review of the work.**

The nominal consumption spending of households in Armenia is presented below, which includes average monthly consumption for each expenditure type per household capita.

Graph 3. Armenia: The Structure of household nominal consumer spending including health expenditure, AMD



Source: Social Snapshot and Poverty in Armenia. Statistical analytical report, in accordance with the results of Household Integrated Living Conditions Survey 2012, NSS RA, Yerevan 2012, pages 133

In the presented graph, the following is notable: consumer spending grew by 50 percent in 2008 compared to 2004, while at the same time, health care costs decreased by 31%, household consumer spending grew by 50 percent in 2011 compared to 2010, while at the same time health care spending for the same period decreased by 40%. But if we perform correlational analysis regarding the morbidity level of population, there is no evidence that the need for

consumption of health care services had declined. At the same time we cannot ensure that there was a decrease in health care services' costs; no matter how unregulated (ungrounded) are the prices both for state-funded and paid health care services; they do not have any tendency to decrease.

Table 1. Armenia: The Structure of household nominal consumer spending, 2004, 2008-2011

Types of spending	Average monthly spending per one member of household									
	AMD					%				
	2004	2008	2009	2010	2011	2004 ²	2008	2009	2010	2011
Consumer spending	19251	28878	27667	28646	32585	100	100	100	100	100
including										
Food	10797	14984	14145	14844	17184	56.1	51.9	51.1	51.8	52.7
including										
Food outside household	227	449	389	452	434	1.2	1.6	1.4	1.6	1.3
Purchase of alcoholic beverages	163	227	238	272	245	0.8	0.8	0.9	1.0	0.8
Purchase of cigarettes	808	1019	1035	1009	1123	4.2	3.5	3.7	3.5	3.4
Non-food products	2787	4730	4294	4439	5022	14.5	16.4	15.5	15.5	15.4
services	4696	7918	7955	8082	9011	24.4	27.4	28.8	28.2	27.7
including										
Health care	1500	1035	888	1136	686	7.8	3.6	3.2	4.0	2.1
Education	708	1221	833	141	167	3.7	4.2	3.0	0.5	0.5
Utility services	1146	2635	2950	3008	3567	6.0	9.1	10.7	10.5	10.9
Transportation	694	967	1101	906	1003	3.6	3.3	4.0	3.2	3.1
Communication	291	1404	1285	1424	1570	1.5	4.9	4.6	5.0	4.8
Cultural life	3	3	4	4	12	0.0	0.0	0.0	0.0	0.0
Juridical services	3	16	15	121	92	0.0	0.1	0.1	0.4	0.3
Other services	351	637	879	1342	1914	1.8	2.2	3.2	4.7	6.0

Source: HHILCS 2004, 2008-2011

² *Social Snapshot and Poverty in Armenia*. Statistical analytical report, in accordance with the results of Household Integrated Living Conditions Survey 2012, NSS RA, Yerevan 2012, pages 133

When preparing the National health accounts main methodological and useful target is the assessment of households' health care spending, the distribution of the latter according to its suppliers and functions. Regarding the assessment of health spending from state sources, the latter does not cause difficulties, as several sources of information operate in the existing reporting system, based on which it is possible to collect information about the state health care expenditures. At the same time state expenditure are planned in the budget monthly and annual reports by economic, functional classification, as well as target spending. Also reports on state expenditure performance are compiled by the format of program budgeting.

When preparing the National Health Accounts in 2012 for assessing the household health care costs the survey data on household spending on health care services implemented by USAID Health Care System Strengthening Project was used. The main goal of the survey was to conduct an assessment on health care spending of households to evaluate the financial burden born by households for receiving health care services. The survey was conducted exclusively for using in the preparation of NHA.

The objectives of the study were:

-Receive complete and satisfactory representative information on households' expenditures on health care services;

- Based on a survey of households, study the structure of health care spending by population in separate directions and methods (outpatient treatment, inpatient treatment , paid treatment at a private doctor, allopathic treatment, dentistry etc.), as well as reimbursement of households' health care spending by proportions of different financing sources and sizes according to the directions (own funds, governmental health programs, health insurance, employer's funds, co-payment, the aid of international organizations etc.). Relevant methodologies for conducting survey developed and recommended by international statistical organizations were studied for conducting the household survey. For conducting the household survey, the experience and methodology of similar research projects conducted by the RA NSS (2002, 2006 and 2009) was examined.

Methodological program and an organizational plan were developed for conducting the research. Moreover, the methodology was developed taking into account the peculiarities that are typical to assessment of household health expenditure.

The survey questionnaire was developed and improved by all stakeholders, and the final version was approved by the Ministry of Health. The survey questionnaire is presented in the appendix (Appendix 1). Methodological instructions for completing the survey were developed. The process of instruction of interviewers was also organized. Monitoring was carried out at all stages of the survey.

Methodological and organizational research plan was built according to the following main requirements:

Household survey ensured necessary representativeness for obtaining grouped and general results. The household survey was conducted on the database of RA voters maintained by the RA Passport and Visa Department, providing confidence interval of 95 percent. The sample size was 1600 households (plus 200 extra). The household sample design was carried out in a multistage weighted sampling method i.e., the probability of the unit to be selected is proportional to its size. The first step was the lamination of sample clusters (stratification) by RA marzes relevant to population size (households). The second step of sample design was the selection of urban and rural communities in each marz for calculating the sample size of households in each territorial unit. The third step was comprising a list of sample households from the complete list of registered population of the cluster through systematic or random

sampling method. In the comprised lists, an additional list of households was also included for possible rotation, in case if a household refuses to participate in the survey or there is an inconsistency with addresses.

An instruction for interviewers was organized on presenting and clarifying to respondents the objectives of the conducted survey, about the necessity of the survey, the process and duration of interviews and so on.

The data logical check up, input of data and receiving of output tables was implemented in accordance with the format.

The study covered the period of 2012.

CHAPTER 4. MAIN RESULTS OF THE NHA

4.1. Analysis of Basic Accounts

4.1.1. Financing Sources and Financing Agents (FSxFA)

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

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

The overall amount of financing provided to the health system by all financing sources, including Public, Private and the Rest of the World, in 2012 was AMD 178,068.2 million, distributed between the Public, Private and External World Financing Agents.

The overall amount of financing by “**Public Sector HF A**” - as a financing agent - for provision of health services in 2012 amounted to AMD 67,332.1 million by current prices, while in 2011 it was AMD 63,200.1, so the growth was 6.5%.

Sources for financing of “**Public sector HF A**” agent were FS 1 Public sources in an amount of AMD 67,332.1 which were comprised of two agents: HF 1.1.1 Central bodies of state administration in an amount of AMD 67,153.1 million and HF 1.1.3 Local self-government bodies in an amount of AMD 179.0 million, which accordingly comprised 99.7% and 0.3%.

FS 2 Private funds and FS 3 the Rest of the world were not financing sources for “HF A Public sector” agent.

In 2012 the overall funding from RA Ministry of Health was AMD 62,600.5 million, and the growth compared to the previous year was 3.8%.

In 2012, the state budget funding to the Ministry of Health comprised the 93.7 per cent of overall public sector funding (it was 95.9% in 2011; 87.9% in 2010; 92.5% in 2009; 91.9% in 2008; 92.6% in 2007; 92.1% in 2006), which is less from the previous year by 2 percent points (in 2011 an increase of 8 percentage points, in 2010 decrease by 5 percentage points, in 2009 an increase of 0.6 percentage points, in 2008 decreased by 0.7 percentage points, while in 2007 the figure had increased 0.4 percentage points).

In 2012, AMD 2,909.7 million or the 4.3% of overall financing (AMD 1,146.0 million or 1.8% in 2011; AMD 2,654.5 million or 4.5% in 2010; AMD 2,794.2 million or 4.9% in 2009; AMD 2,521.8 million or 4.8% in 2008; AMD 2,303.8 million or 4.5% in 2007; AMD 1,963.5 million or 4.7% in 2006) of the state budget funds and general “Public sources” sector financing has been allocated to the RA Ministry of Labor and Social Issues. The funding of the RA Ministry of Labor and Social Issues was provided exclusively by the financial resources of the state budget, the proportion of which in the overall funding structure of the public sector amounted to 4.3% (1.8% in 2011; 4.5% in 2010; 4.5% in 2009; 4.2% in 2008).

In 2012 RA Ministry of Education and Science was funded in an amount of AMD 941.8 million which is 1.4% of Public Sector overall funding. In 2009, AMD 659.7 million or 1.5% of the Public Sector overall funding volume was allocated to this Ministry, and amounted to the 1.2% of the state budget financing (AMD 1,043.6 million and 1.7% in 2011; 0 in 2010; AMD 659.7 and 1.5% in 2009; AMD 650.7 million or 1.1% in 2008; AMD 361.8 million or 0.6% in 2007 of which AMD 360.2 million was provided from state budget resources; AMD 518.2 million or 1.2% in 2006).

In 2012, AMD 130.0 million or 0.2% of the overall financing of the state budget was allocated to the RA Ministry of Transport and Communication (AMD 128.4 million or 0.2% AMD in 2011; 120 million or 0.2% in 2010; AMD 87 million or 0.2% in 2009; AMD 97 million or 0.2% in 2008; AMD 82 million or 0.2% in 2007; AMD 100 million or 0.2% in 2006). The mentioned numbers show that the funding of this ministry has unchanging weight in overall funding structure (0.2%).

In 2012 the funding of RA National Security Service and RA Police was almost unchanged, and amounted respectively to AMD 27.7 million and AMD 73.4 million. Despite this, no changes were made in overall state budget funding comprising respectively 0.04% and 0.1% (AMD 27.9 million and AMD 82.3 million or 0.05% and 0.1% in 2011; AMD 27.9 million and AMD 73.7 million or 0.05% and 0.1% in 2010; AMD 27.9 million and AMD 73.7 million or 0.05% and 0.1% in 2009, AMD 26.8 million and AMD 181.9 million or 0.05% and 0.3% in 2008; AMD 26.8 million and AMD 174.6 million or 0.1% and 0.3% in 2007; AMD 26.8 million and AMD 81.9 million in 2006).

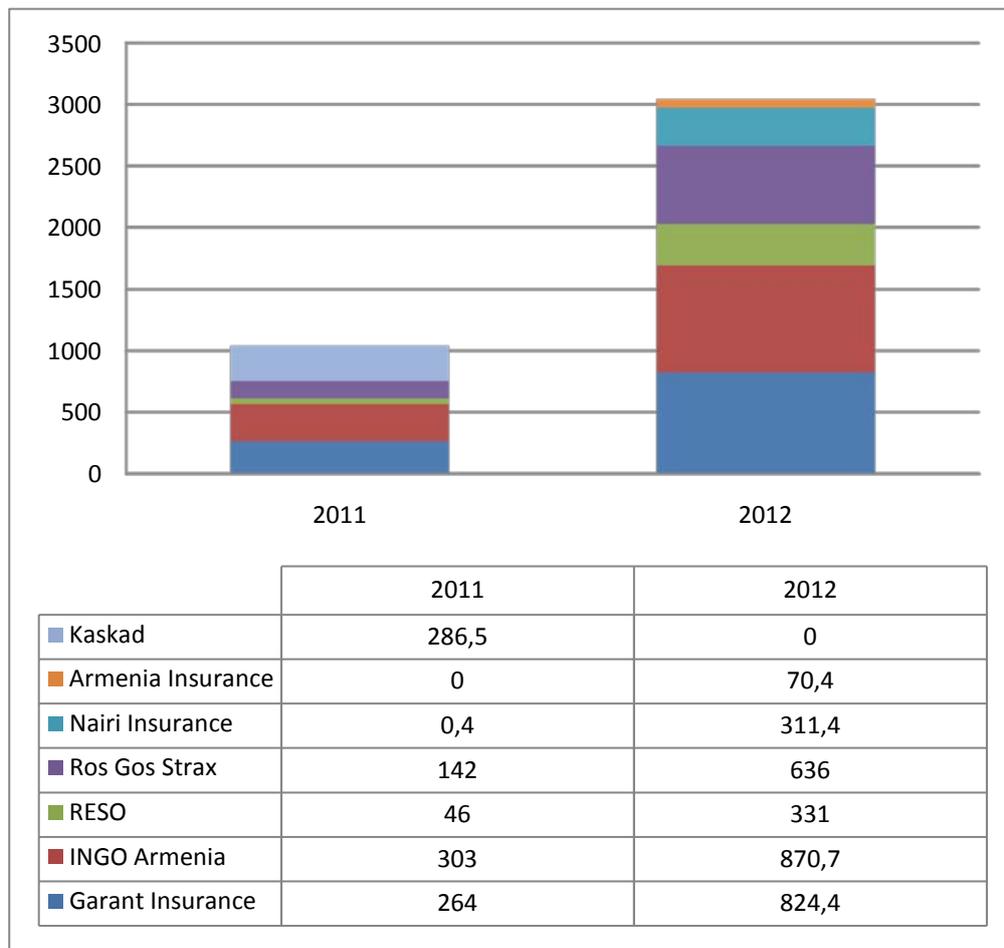
The total financing from public sources for the HF 1.1.1.7 TBD “Public Sector” component in 2012 amounted to AMD 171.4 million (AMD 171.4 million in 2011; AMD 159.6 million in 2010; AMD 337.6 million in 2009; AMD 823.4 million in 2008; AMD 826.6 million in 2007), which similar to the previous years was entirely funded by the state budget.

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

“**HF.B non public/private sector**” agent has received AMD 1,700.0 million from financing state sources FS 1, which has been included in the National Health Accounts structure for the first time as a category. In 2012 social benefit package was introduced by the Government of the Republic of Armenia for public servants, as well as certain categories of public workers, which allowed 120 thousand people (including family members, beneficiaries amounted to about 150 thousand people) to use health insurance services. The social package amounted to 132 thousand AMD a year in 2012, and 18 billion AMD was allocated to the social services package in the state budget for 2012. About 13 billion AMD was actually spent (12.165 billion AMD). The major part of that amount (10.1 billion AMD or 83 percent) was spent on health insurance.

The total amount paid for the health insurance of the social package was 3,962.1 million AMD (or approximately 40% of the total volume of indemnities collected), but 3 962.1 million AMD also includes reserves for (sufficient) unsettled claims, the configuration methodology of which hasn’t been approved by the Central Bank yet. Therefore, it is wrong to estimate that the amount has been spent on the RA health care system. Health insurance benefit amount assessment is based on the report made by the Central Bank, according to which the amount of paid health insurance indemnities was 3,043.9 million AMD, the latter includes both private insurance and social benefit package insurance indemnities.

“HF.B Non-governmental/private sector” agent has received 99,197.8 million AMD from FS 2 Private Funds, which included 1,343.9 million AMD FS 2.1 Employers/Private Venture funds and 97,853.9 million AMD FS 2.2. Household Remedies. The Employers/Private venture funds account included health insurance indemnities provided by voluntary medical insurance companies. Proportional weight indemnities by providers of Medical insurance companies are presented below.

Graph 4. Proportional weight of indemnities in the scope of medical insurance services, by medical insurance companies, million AMD

Source: *The rating of insurance companies in Armenia. www.arminfo.info*

FS 3 The Rest of the World wasn't a source of funding for **"HF.B non public private sector"**.

The overall financing provided to the Private sector - as a financing agent - in 2012 amounted to AMD 99,197.8 million and it was an increase of 48% compared to the previous year (AMD 67,044.9 million or 27% in 2011; AMD 91,373.6 million and increase of 14.7% in 2010; AMD 79,666.0 million or increase of 9.6% in 2009; AMD 72,666.3 million or increase of 4.4% AMD in 2008, 69.588.1 million or increase of 3.8% in 2007; AMD 67,066 million and reduction of 10.7% in 2006).

In the overall financing structure 98.7% or AMD 97,853.9 million (AMD 66,002.9 million or 98.4 % in 2011; AMD 88,201.7 million or 96.2% in 2010; AMD 75,794.9 million or 95.1% in 2009; AMD 69,680.4 million or 95.9% in 2008; AMD 67,106.1 million or 96.4% in 2007; AMD 64,024.6 million or 95.5% in 2006) represents the direct payments by households, which has a growth of 53.4% compared to the indicator of the previous year (74.8% in 2011; 116.4% in 2010; 108.8% in 2009; 103.8% in 2008).

AMD 1,343.9 million or 1.3% of the overall funding of the private sector (AMD 1,041.9 million or 1.6% in 2011; AMD 620.1 million or 0.7% in 2010; AMD 426.4 million or 0.6% in 2009; AMD 309.9 million or 0.4% in 2008; AMD 173.0 million or 0.2% in 2007; AMD 105.1 million in 2006) are the payments of private insurance companies financed from the "Private sector" financing sources at the cost of Employers/Private companies component.

Thereby, the financial volume provided by private sector (excluding the Rest of the World) in 2012 amounted to AMD 99,197.8 million, which is an increase of 48% compared to the indicator of the previous year (AMD 67,044.9 million in 2011, which is reduction by 24.6% compared to the previous year; AMD 88,821.8 million in 2010 or an increase of 16.5%; AMD 76,221.4 million in 2009 or 8.9% increase compared to the previous year; AMD 69,990.3 million in 2008 or 4% growth; AMD 67,279.1 million in 2007 and increase of 4.9%; AMD 64,129.7 million in 2006).

In 2012 as in the previous four years, an important fact recorded in this segment is the change in the volume of direct payments made by households.

The later had a decrease of AMD 8.5 billion in 2006, compared to the previous year and had an increase by AMD 3,081.5 million or 104.8% compared to 2006 and 2007, which resulted in an increase of Direct payments of households in overall financing proportional weight, 96.4% instead of 95.5%. In 2008, the tendency of increase maintained, there was an increase by 3.8% in the volume of direct payments, and the proportional weight had a slight decrease amounting to 95.9%. In 2009, the absolute value was AMD 6,114.5 million or 8.8% growth, and the proportional weight was 95.1%. In 2010, the indicator of absolute volume household direct payments exceeded the indicator of the previous year by AMD 12,406.8 million or a growth of 16.4%, and the proportional weight after increasing by 1.1 percentage points amounted to 96.2% of the overall funding of “Private Sector” financial agent. The decrease of the direct payments of households in 2011 was significant unlike 2012.

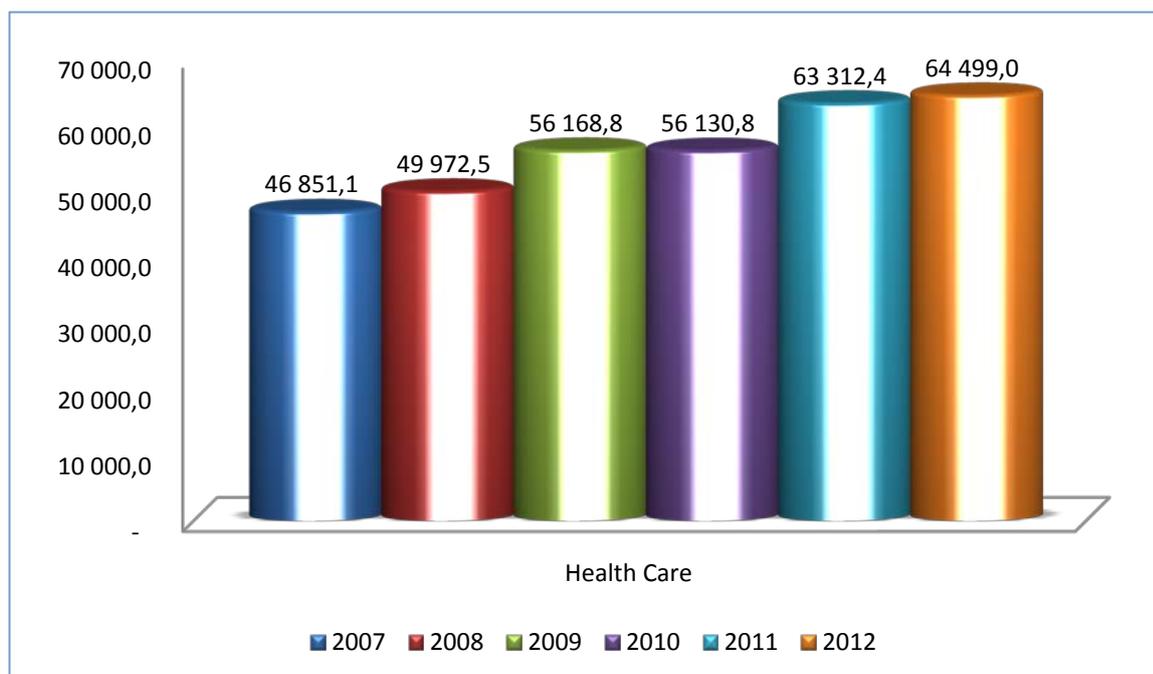
3. Financing of “Rest of the World” financing agent HF.3

In 2012 the funding of financial agents in this sector amounted AMD 11,538.3 million (AMD 11,17.9 in 2011; AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007), which was completely funded by the Rest of the World financing source. Decentralized financing in an amount of AMD 2,387.6 million (AMD 612.5 million in 2011; AMD 2,551.8 million in 2010; AMD 3,444.6 million in 2009; AMD 2,675.8 million in 2008; AMD 2,308.9 million in 2007; AMD 2935.5 million in 2006) was provided by *HF 3.3 Technical assistance and grants provided by donors financial agent (except those provided through budget channels)* (AMD 26.9 million in 2011; AMD 726.7 million in 2010; AMD 735.3 million in 2009; AMD 782.2 million in 2008; AMD 544.3 million in 2007), and by *HF 3.2 Donations, Contributions, Loans provided by Donors agent (except those provided through budget channels)* as follows AMD 585.6 million in 2011, AMD 1,825.1 million in 2010; AMD 2,709.3 million in 2009; AMD 1,893.6 million in 2008; AMD 1,764.6 million in 2007. The centralized funding allocated by the “Rest of the World” was AMD 9,150.7 million (AMD 10,545.4 million in 2011) which was granted to *HF 3.1 Programs implemented by the Philanthropic projects coordination Committee Adjunct to RA government financial agent*.

The funding allocated by the “Rest of the World” financing agent was 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; AMD 13,951.8 million in 2008; AMD 21,154.9 million in 2007), which compared with the previous year was increased by 3.4% (103.4% growth) (in 2011 the volume of financing had decreased by 6.4%; in 2010 by 2.1%; in 2009 by 12.7% ; in 2008 by 34%; and 117.3% growth in 2007).

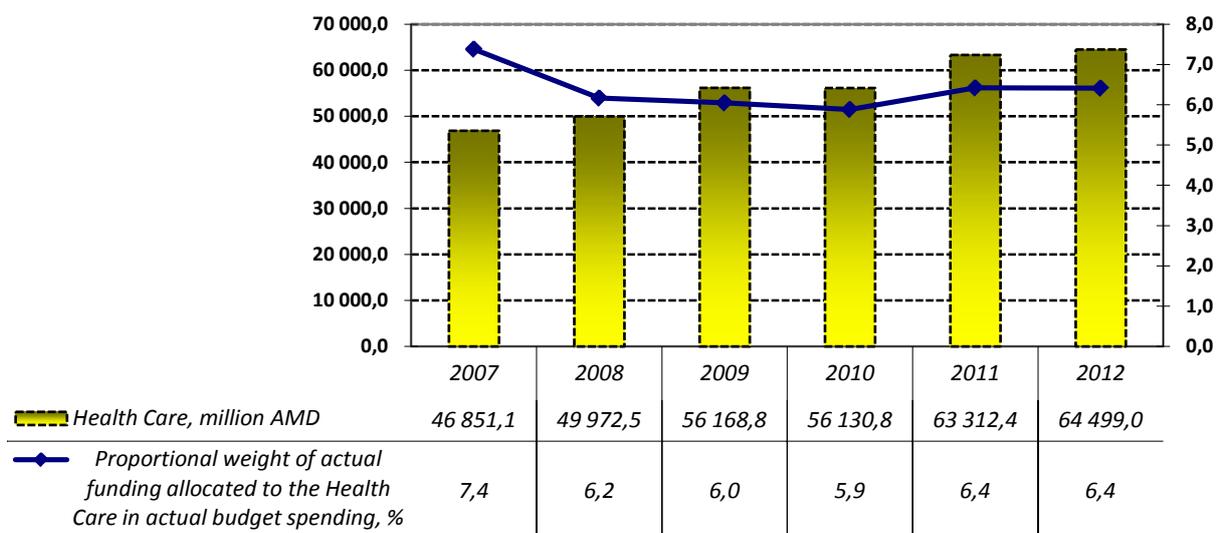
The growing role of the state budget in health care system financing is an evidence for health sector's state policy effectiveness. In particular, the role of Public Sector agent in overall health care spending has increased from 32.8 percent in 2005 to 37.9 percent in 2012. We will present general dynamics of the state budget health care spending in recent years, (only spending included in 07 Health care section of RA state budget is presented below).

Graph 5. The dynamics of the State budget actual funding allocated to Health Care, in AMD

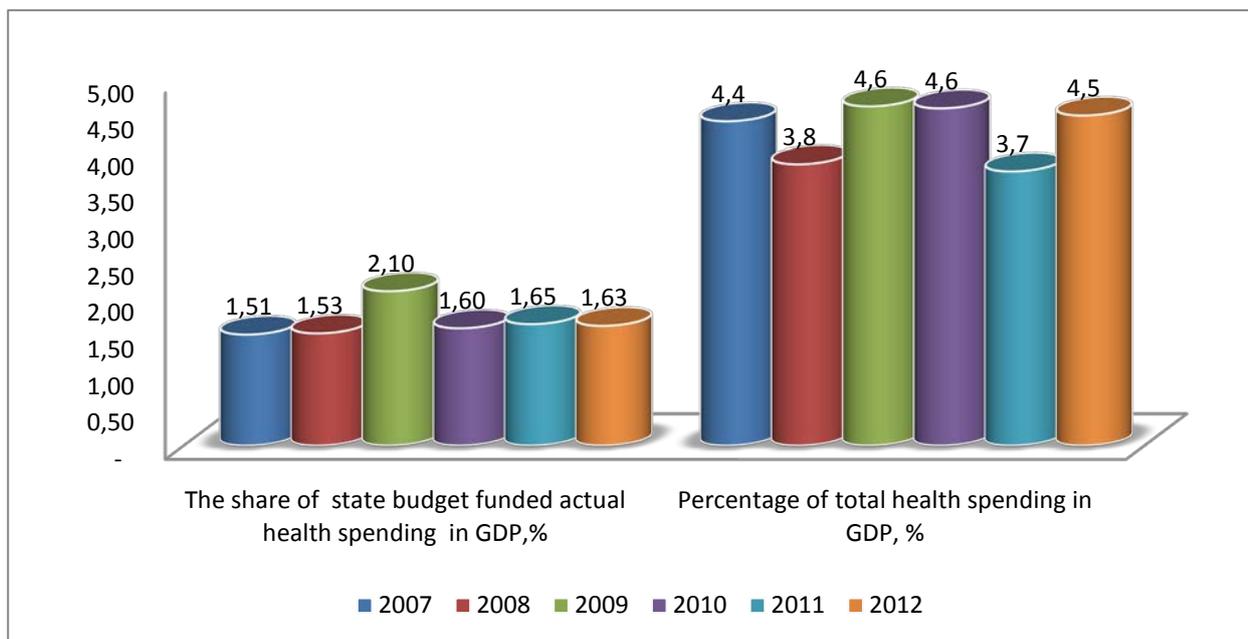


Source: Ministry of Finance's annual report on state budget performance.

Graph 6. The dynamics of the State budget actual funding allocated to Health Care, in AMD



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

Graph 7, Comparison of the ratios of total health spending GDP to State budget health spending GDP, %

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

After summarizing the NHA “Financing Agents and Financing Sources” account or table 1 data, the following could be stated:

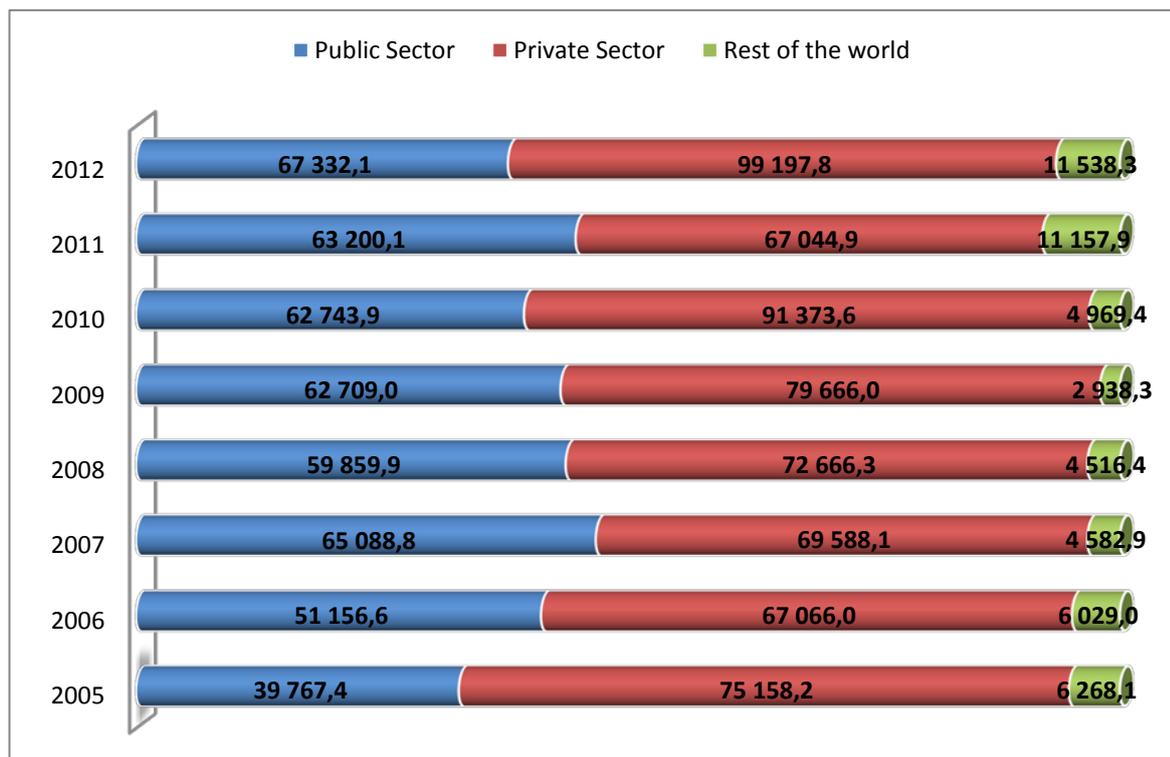
I. The total volume of funding from all financing sources provided to financing agents in 2012 amounted to **AMD 178.068.2** (AMD 141,402.9 million in 2011, AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.7 million in 2005), including:

1. Funding to the “Public Sector” agent was AMD 67,332.1 million (AMD 63,200.1 million in 2011; AMD 62,743.9 million in 2010; AMD 62,709 million in 2009; AMD 59,859.9 million in 2008; AMD 65,088.8 million in 2007; AMD 51,156.6 million in 2006; AMD 39,767.4 million in 2005);

1.2 Funding to the “Private Sector” agent was AMD 99,197.8 million (AMD 67,044.9 million in 2011; AMD 91,373.6 million in 2010; AMD 79,666 million in 2009; AMD 72,666.3 million in 2008; AMD 69,588.1 million in 2007; AMD 67,066 million in 2006; AMD 75,158.2 million in 2005);

1.3 Funding for the “Rest of the World” agent was AMD 11,538.3 million (AMD 11,157.9 million in 2011, AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007; AMD 6,029 million in 2006; AMD 6,268.1 million in 2005).

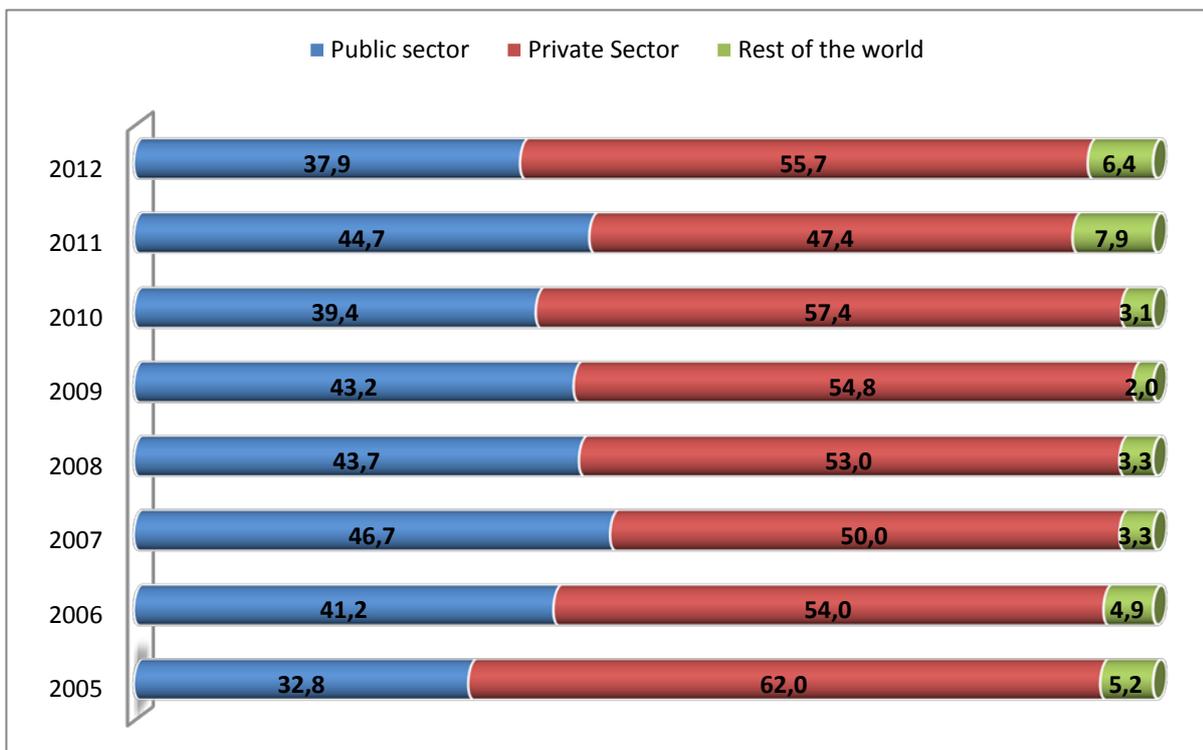
Graph 8. The total amount of funding from all Financing Sources provided to Financing Agents by categories and years (million AMD)



Source: NHA data tables

General roles 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.

Graph 9. Proportional weigh of categories in total funding provided to Financing Agents by all Financing Sources, by years (%)



Source: NHA data tables

The chart shows clearly that the role of the public sector spending has increased from 32.8% in 2005 to 37.9% in 2012, while the private sector spending declined from 62.0% in 2005 to 55.7% in 2012. The Rest of the world sector did not have any significant changes.

Table 2. HF Financing agents, million AMD

	2005	2006	2007	2008	2009	2010	2011	2012
HF.A								
Public sector	39,767.4	51,156.6	65,088.8	59,859.9	62,709.0	62,743.9	63,200.1	67,332.1
HF.B								
Private sector	75,158.2	67,066.0	69,588.1	72,666.3	79,666.0	91,373.6	67,044.9	99,197.8
HF.C								
Rest of the world	6,268.1	6,029.0	4,582.9	4,516.4	2,938.3	4,969.4	11,157.9	11,538.3
Total	121,193.7	124,251.6	139,259.8	137,042.6	145,313.3	159,086.9	141,402.9	178,068.2

Source: NHA data tables, 2012

II. By analyzing the table 2, we see that the total financing provided by financing sources in 2012 was AMD 178,068.2 million (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121 193 million in 2005), including:

1. Financing from public sources/funds was AMD 69,032.1 million in 2012 (AMD 63,200.1 million in 2011; AMD 58,349.2 million in 2010; AMD 56,917.4 million in 2009; AMD 53,100.5 million in 2008; AMD 50,825.7 million in 2007; AMD 42,138.4 million in 2006 and AMD 33,159 million in 2005),

2. Private funds/resources– 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; AMD 69,990.3 million in 2008; AMD 67,279.1 million in 2007; AMD 64,129.7 million in 2006; AMD 72,684 million in 2005), including:

- Resources of employers/private enterprises – AMD 1,343.9 million in 2012 (AMD 1,041.9 million in 2011; AMD 620.1 million in 2010; AMD 426.4 million in 2009; AMD 309.9 million in 2008; AMD 173 million in 2007; AMD 105.1 million in 2006; AMD 65 million in 2005);
- Household direct payments – AMD 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; AMD 68,680.4 million in 2008; AMD 67,106.1 million in 2007; AMD 64,024.6 million in 2006; AMD 72,619 million in 2005);
- Non-commercial organizations – AMD 0.0 in 2012 (AMD 0.0 in 2011; AMD 0.0 in 2010; AMD 0.0 in 2009; AMD 0.0 in 2008; AMD 1,764.6 million in 2007);
- Private/with Public partnership enterprises 0 in 2012 (AMD 0.0 in 2011; AMD 0.0 in 2010; AMD 0.0 in 2009; AMD 0.0 in 2008; AMD 544.3 million in 2007);

3. The Rest of the World financing amounts for AMD 11,538.3 AMD in 2012 (AMD 11,157.9 million in 2011; AMD 11,915.9 million in 2010; AMD 12,174.5 million in 2009; AMD 13,951.8 million in 2008; AMD 21,154.9 million in 2007; AMD 17,983.5 million 2006; AMD 15,350 million in 2005).

Table 3. Financing Sources, million AMD

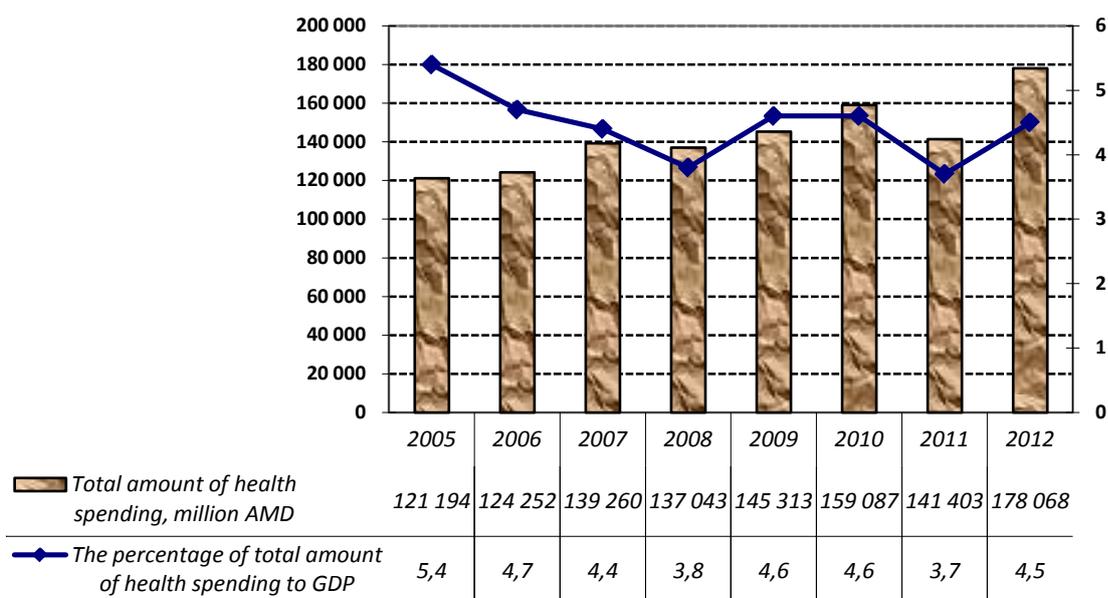
	2005	2006	2007	2008	2009	2010	2011	2012
Public Sources	33,159.3	42,138.4	50,825.7	53,100.5	56,917.4	58,349.2	63,200.1	67,332.1
Private Sources, including	72,684.4	64,129.7	67,279.1	69,990.3	76,221.3	88,821.8	67,044.9	99,197.8
Sources of Employers/private enterprises	65.0	105.1	173.0	309.9	426.4	620.1	1,041.9	1,343.9
Direct payments of households	72,619.4	64,024.6	67,106.1	69,680.4	75,794.9	88,201.7	66,002.9	97,853.9
Funding of the Rest of the World	15,350.0	17,983.5	21,155.0	13,951.8	12,174.6	11,915.9	11,157.9	11,538.3
Total	121,193.7	124,251.6	139,259.8	137,042.6	145,313.3	159,086.9	141,402.9	178,068.2

Source: NHA data tables, 2012

Table 4. The percentage of Household direct payments in overall health care spending, percentage

2005	2006	2007	2008	2009	2010	2011	2012
59.9	51.5	48.2	50.8	52.2	55.4	46.7	55.0

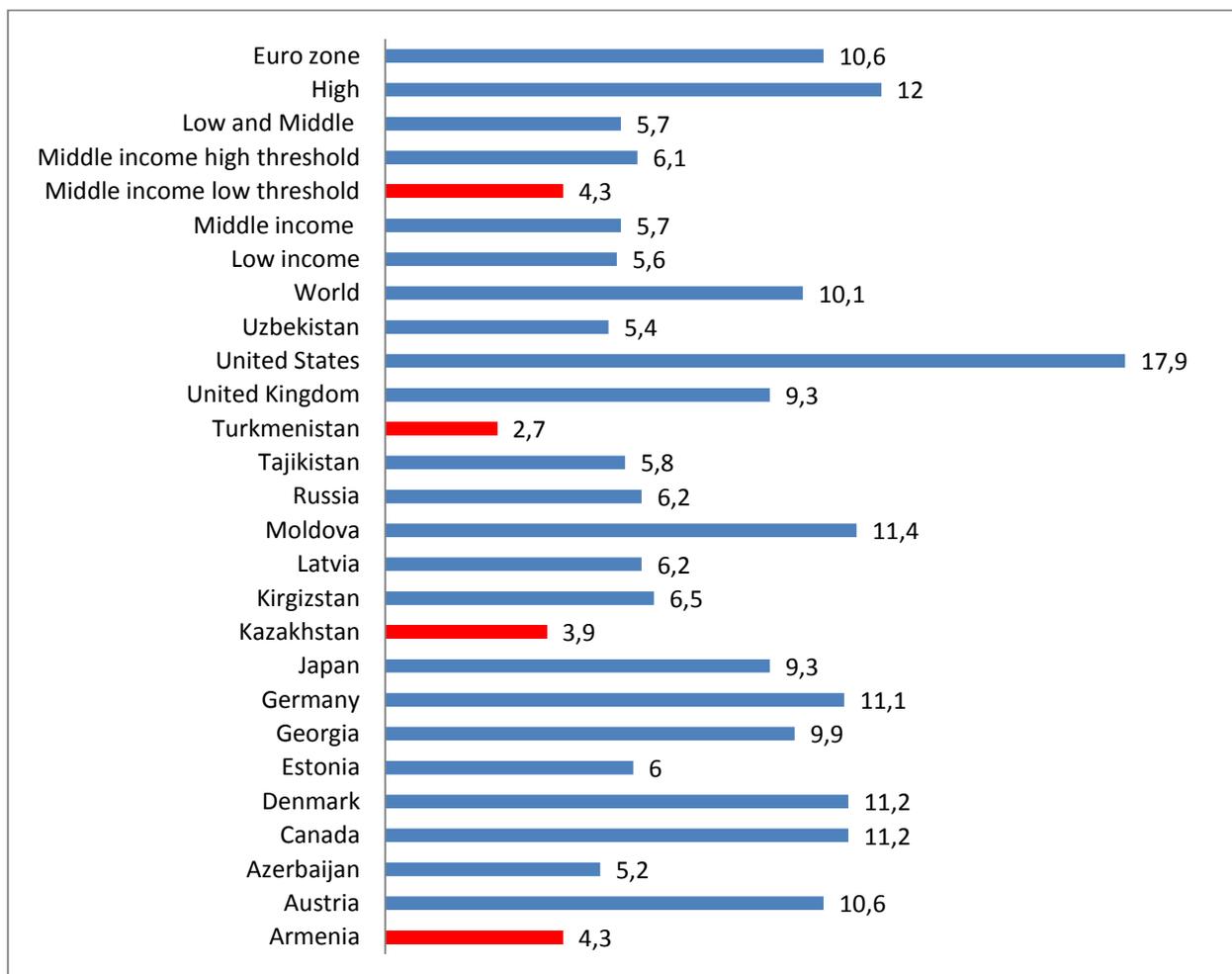
Source: NHA data tables, 2012

Graph 10. The total amount of funds provided by Financing Sources, million AMD and percentage of total health spending to GDP

Source: NHA data tables, RA official statistics yearbook

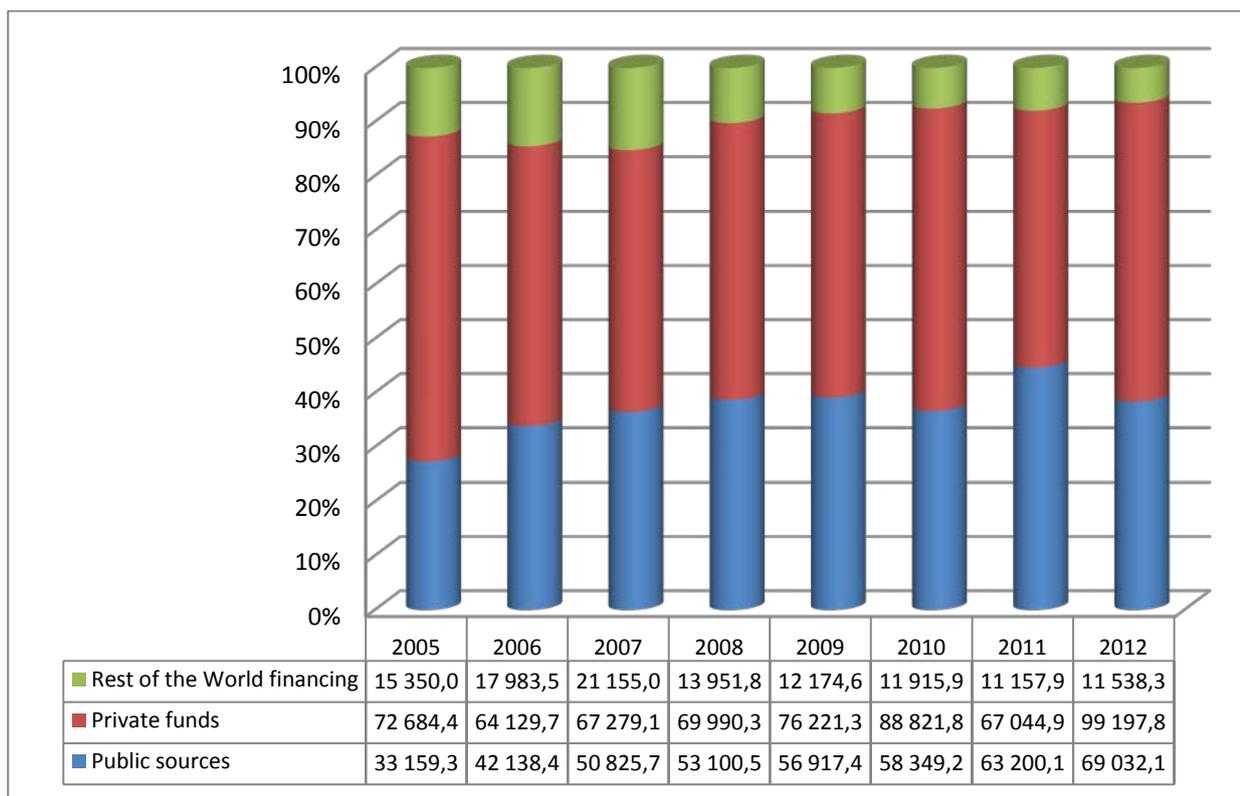
One of the main indicators of health sector financing is the health care spending share of GDP, for which analysis we have used the data from World Bank database. For comparison, we have used indicators of high, medium, and low -income countries, as well as indicators of regional neighboring countries. It is clear that the score of Armenia corresponds to the low threshold of average income country indicator. The chart is presented below, and those countries whose index is below our country are mentioned separately.

Graph 11. The percentage of total health spending to GDP by countries, percentage

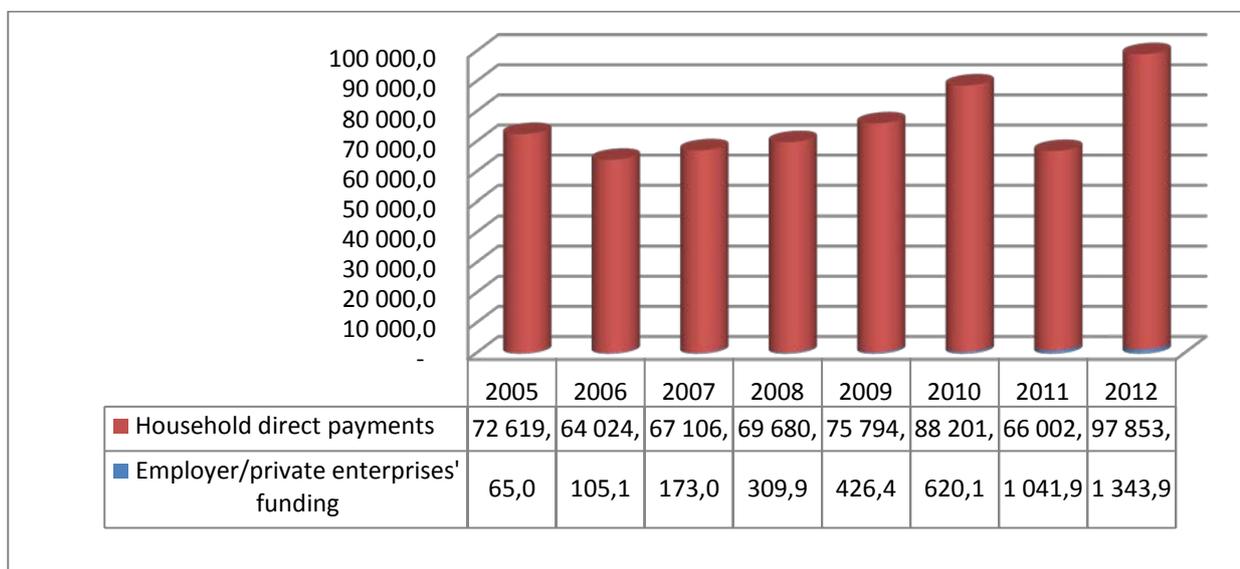


Source: World Development Indicators 2013, THE WORLD BANK.

Let us continue analyzing the NHA second table, according to which the total amount of funds provided by funding sources is presented by main actors: Government sources, Private funds, and the Rest of the world. For the period of 2005 to 2012, we can say that the state funding sources have increased by 108% or almost doubled, private funds' financing has increased by 41%, while the role of the Rest of the World has fallen by 24.8 percent.

Graph 12. The total amount of funding provided by Funding Sources by years, million AMD

Source: NHA data tables

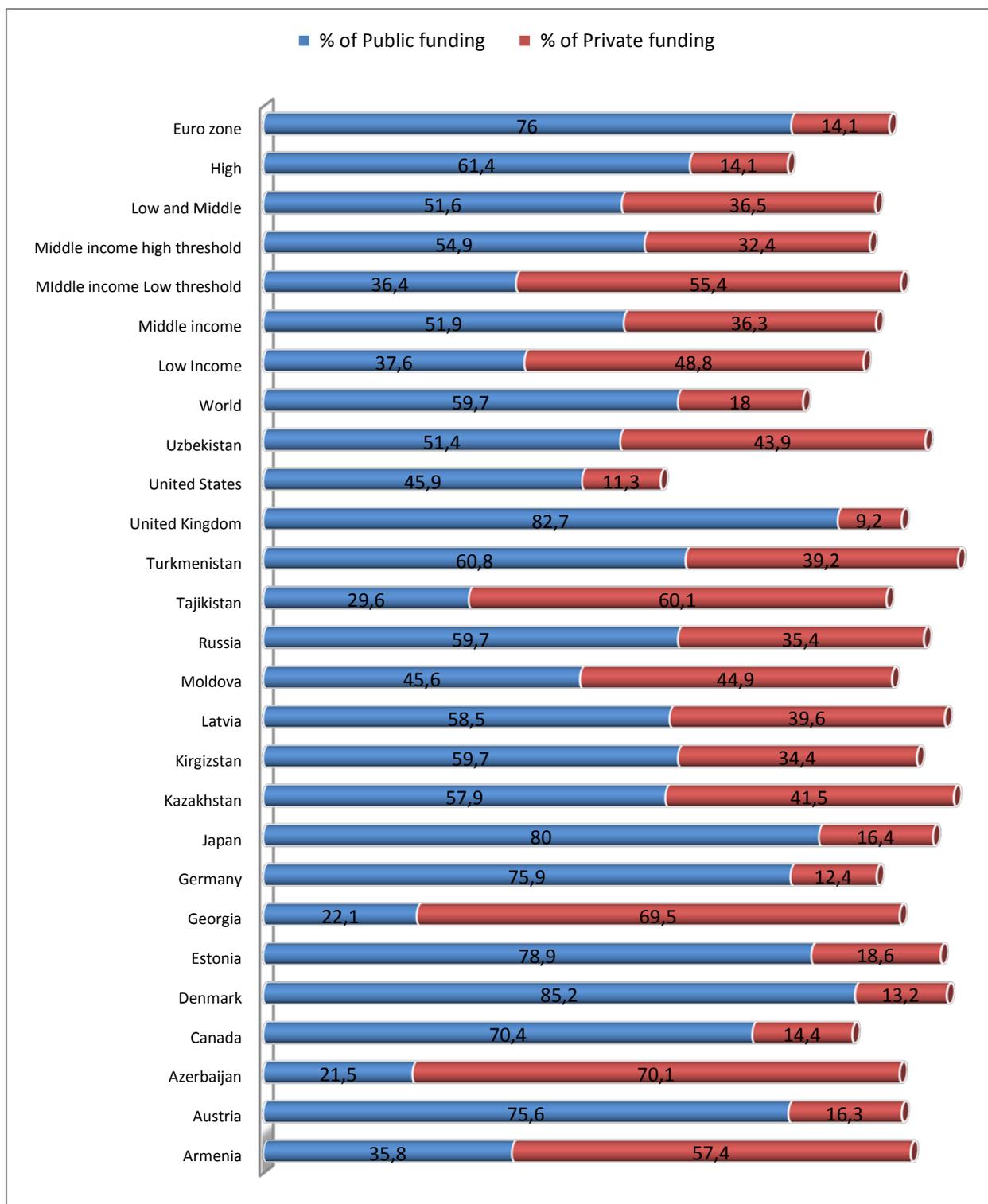
Graph 13. Household direct payments and employer-paid health care spending (private spending analysis), million AMD

Source: NHA data tables

One of the important characteristic of the Armenian healthcare financing is the high level of private health expenditures as a percentage of the total, and the major part of private spending consists of population direct spending (out-of-pocket expenditures). It should be noted that the medical insurance incomes are counted separately in the overall structure of private expenditure, as employer / private enterprise funding.

For comparison, an analysis of public and private expenditure by selected countries is presented below:

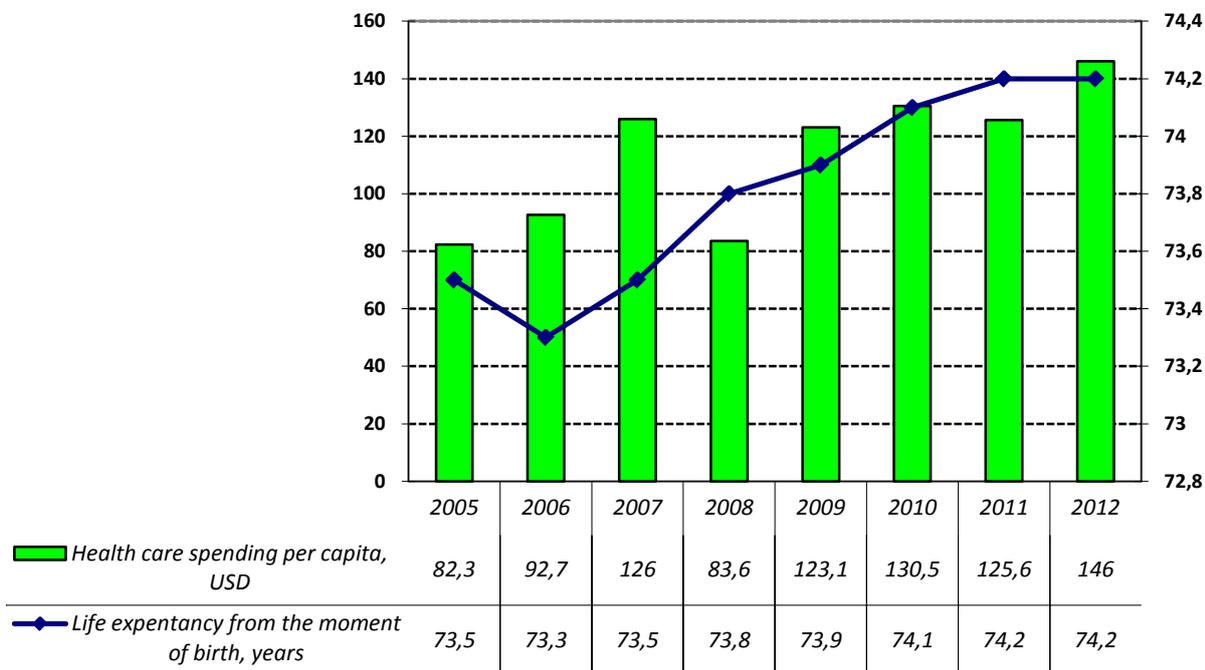
Graph 14. Public and private spending share of total health expenditures, by country, percentage



Source: WB database, 2012

Next important indicator of health sector financing is the per capita health care costs analysis. National Health Accounts included also assessment of per capita health care spending. The latter is also an important indicator when combining with the life expectancy indicator:

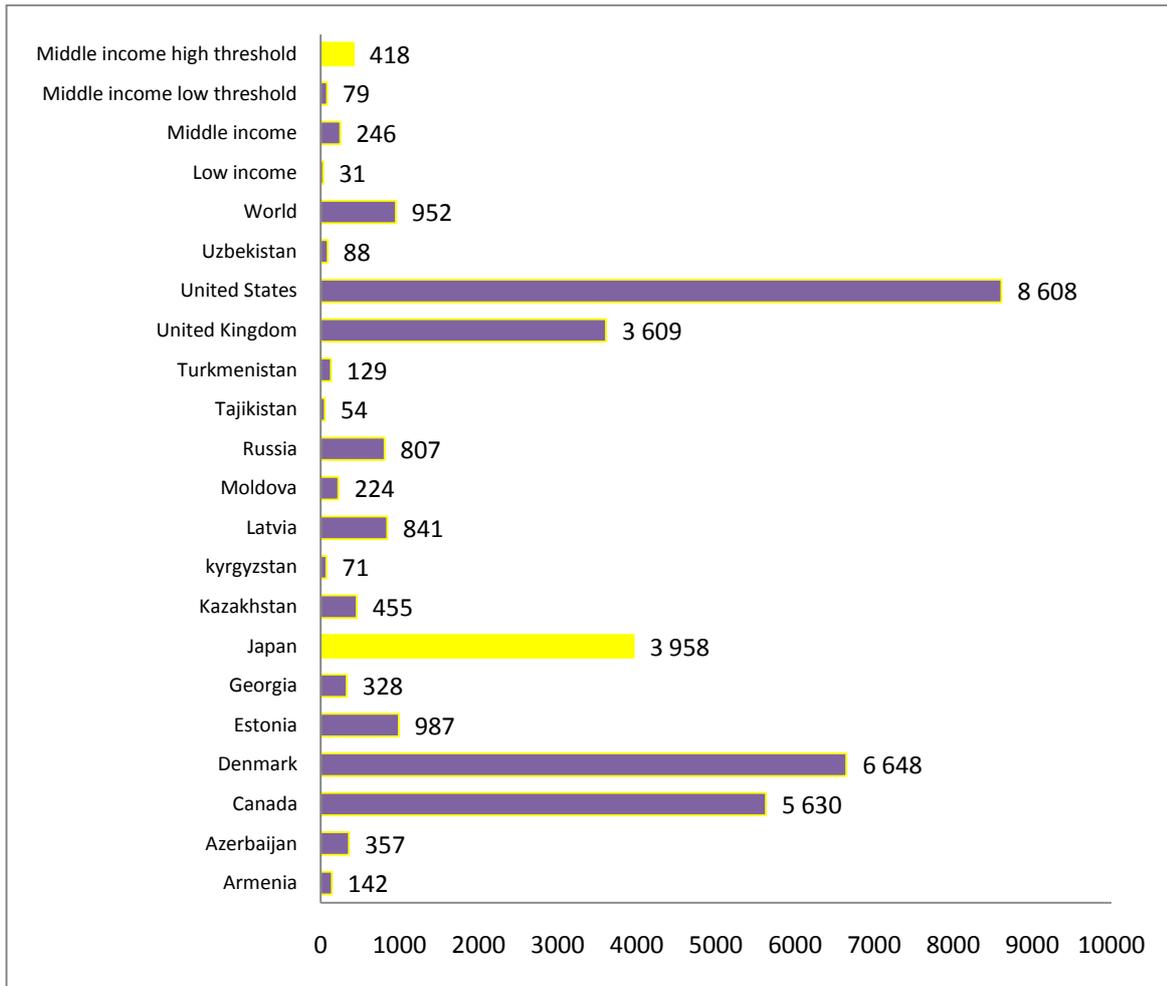
Graph 15. Per capita health care spending, in USD, and life expectancy, in years



Source: NHA data tables, RA National Statistics Service Yearbook

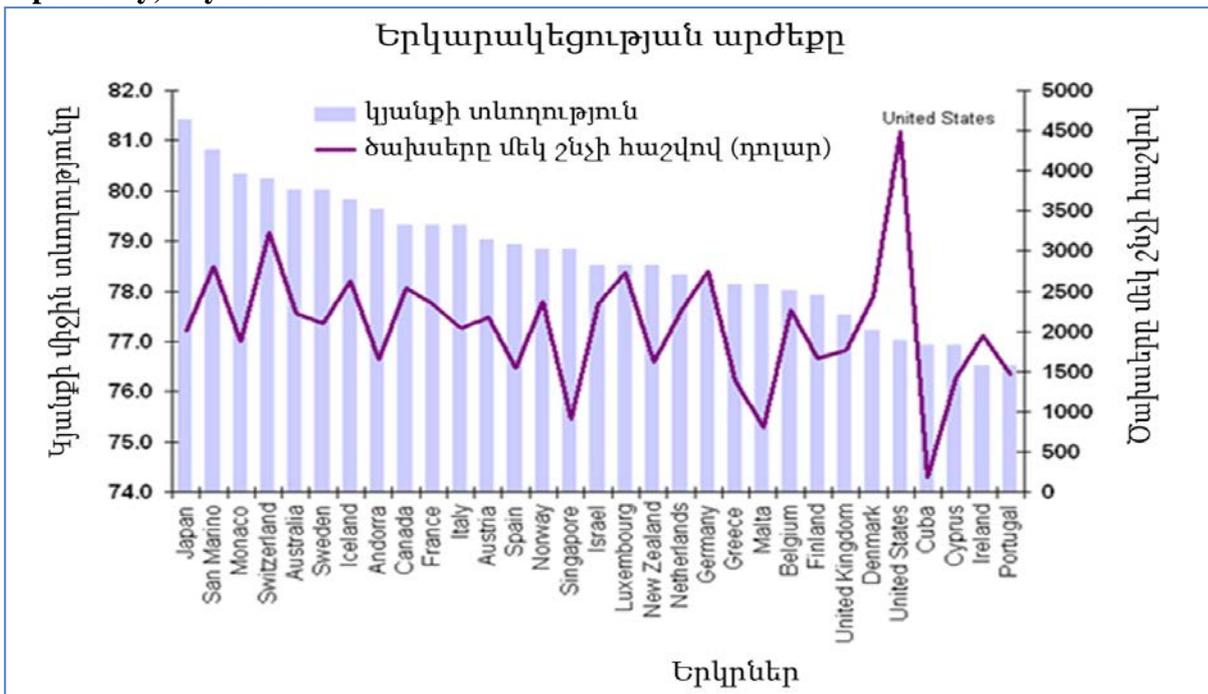
Currently The World Health Organization believes that there is a direct connection between per capita health spending and life expectancy. Typically, the average life expectancy increases with per capita health spending growth, however after some point, increase in per capita health care costs will result in lesser extent of increase in life expectancy. This trend in Economics is known as the law of diminishing marginal utility. Per capita health care costs in Japan are \$ 3958, in Canada \$ 5630, in Switzerland 9121 \$m in U.S. \$ 8608, and respectively, the average life expectancy is 83 years in Japan, 82 years in Canada, 83 years in Switzerland, and 79 years in USA. It is obvious that the cost in the United States is more than twice, but the average life duration in U.S. is four years shorter than in Japan.

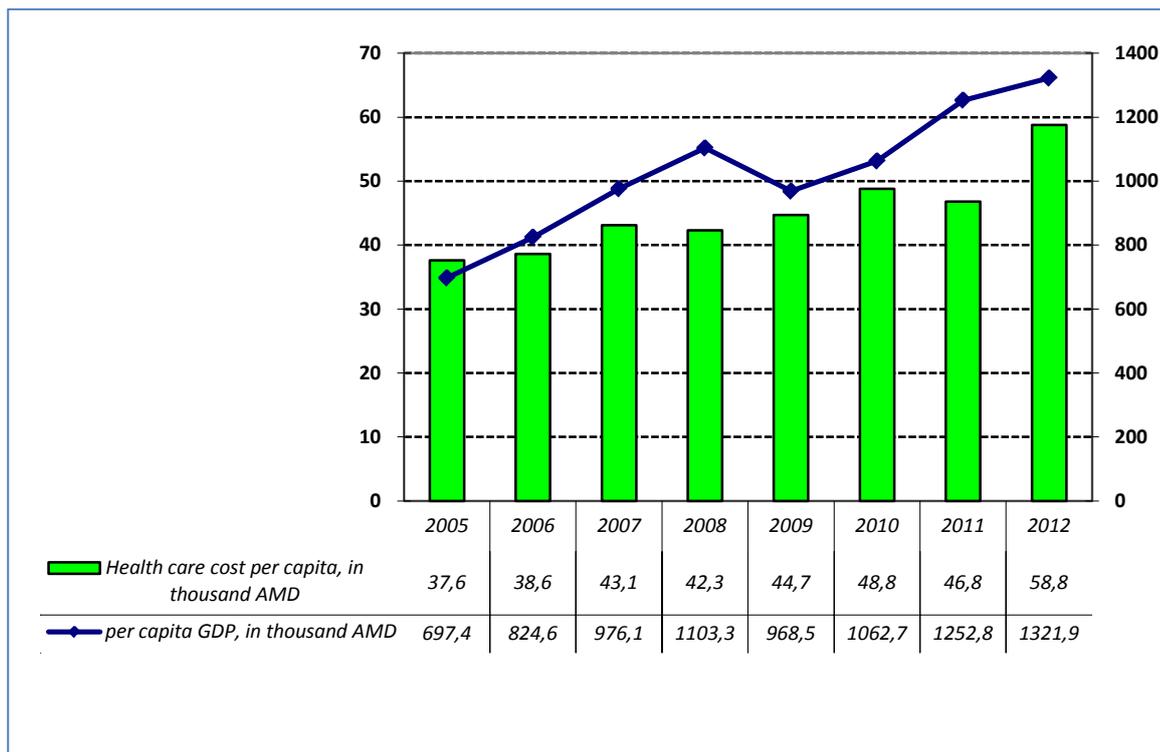
Graph16. Per capita health care costs by country, in USD



Source: WB database, 2012

Graph 17. The cost of longevity. The cost of per capita health care, in U.S. dollars and life expectancy, in years



Graph 18. Health care cost per capita, in thousand AMD and per capita GDP

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* (Table 3), which gives a clear picture about which institutional body or sector has financed a particular expenditure, and which provider has implemented the health care service.

1. The hospitals group HP.1

According to the data from *Financing Agents and Providers Account*, the size of health care services provided by the Hospitals (group HP.1) amounted to AMD 70,489.9 million and the growth compared to the previous year has been 29.1% (AMD 54,618.2 million and the growth compared with the indicator of the previous year was 90.3% in 2011; 60,450.1 million and a growth of 102.3% compared with the previous year in 2010; AMD 59,060.9 million and 89.2% in 2009; AMD 66,245.8 million or 107.4% in 2008; AMD 61,659.9 million or 109.9% in 2007; AMD 56,125.2 million or 84.3% in 2006).

The proportional weight of the “Hospital” group in the sector of health care providers amounted 39.6% of the total volume of services (38.6% in 2011; 37.9% in 2010; 40.6% in 2009; 48.3% in 2008; 44.3% in 2007).

AMD 31,312.2 million or 44.5% of payments for the mentioned services was made by households (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; AMD 38,832.9 million or 58.6% in 2008; AMD 36,239.2 million or 58.8% in 2007; AMD 38,406.7 million or 68.4% in 2006; AMD 49,530 million or 74.4% in 2005; AMD 49,750 million or 79.3% in 2004). It is noteworthy that we notice a tendency of growth in proportional weight of overall financing structure in the case of direct payments by households by AMD 14,350.5 million or 84.6% (there was a decrease by AMD 11,358.8 or 40.1% in 2011; AMD 4,498 million or 13.7% in 2010; AMD 6,014.4 million or 15.5% in 2009) and it was explained by the growth of other components’ financing volumes, particularly the growth of public sector funding. In general, the structure of financing for

provided services by the hospital group has the following composition by financing sectors and agents:

Public sector funding amounted to AMD 32,899 million or 46.7% of the overall funding (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; AMD 26,093.4 million or 39.4% in 2008; AMD 24,345.4 million or 39.5% in 2007; AMD 17,036.1 million or 30.4% in 2006; AMD 15,652 million or 23.5% of in 2005), and the growth rate compared with the previous year was 91.4% (117.4% in 2011; 116.8% in 2010; 107.2% in 2009).

Financing of this sector by agents is the following: AMD 32,718.5 million or 99.5% (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; AMD 25,059.9 million or 96% in 2008; AMD 23,357.7 million or 95.9% in 2007; AMD 16,448.8 million or 96.5% in 2006; AMD 15,572 million or 99.5% in 2005) was allocated to this sector by the RA Ministry of Health and AMD 180.5 million or 0.5% (AMD 181.5 million or 0.5% in 2011; AMD 187.4 million or 0.7% in 2010; AMD 182.7 or 0.7% in 2009; AMD 234.8 million or 0.9% in 2008; AMD 153.3 million or 0.7% in 2007; AMD 125 million or 0.7% in 2006; AMD 80.5 million or 5% in 2005) allocated by the RA Ministry of Labor and Social Issues. Dissimilar to the previous year no financing was provided by the other Public administration bodies (as financial agents). In 2009 AMD 183.3 million or 0.7% of the overall financing was provided by the *HF 1.1.1.7 TDB* component (AMD 667.5 million in 2008; AMD 785.1 million in 2007), in 2009 compared the financing from RA Police (AMD 80 million in 2008) was allocated to another provider, which was also the case for Local Self-governmental Bodies' funding (AMD 47.3 million in 2008, AMD 49.3 million in 2007). In 2009, financing was provided to "Hospitals" by the Regional Administrative Bodies in an amount of AMD 163.8 million (AMD 3.9million in 2008).

Funding from **Public Sector** in 2012 amounted to AMD 32,899.0 million (35 991.5million in 2011; AMD 30,663.8 million in 2010; AMD 26,236.3 million in 2009; AMD 26,093.4 million in 2008; AMD 24,345.4 million in 2007; AMD 17,036.1 million in 2006; AMD 15,652 million in 2005), which has the following distribution by the components of the "Hospitals" group:

1.1. Multi-profile hospitals: AMD 19,726.8 million or 60% in 2012 (AMD 22,745.8million 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; AMD 16,170 million or 62% in 2008; AMD 16,322.5 million or 67% in 2007; AMD 10,552.3 million or 61.9% in 2006; AMD 9,362 million or 59.8% in 2005), which was completely provided through the Ministry of Health's channels (AMD 18,107.5 million or 99.3% in 2011; (AMD 96.9% or AMD 14,454.5 million in 2009; 95% in 2008; 93% in 2007). (AMD 102.4 million was provided by the RA Ministry of Labor and Social Issues in 2011; AMD 117.4 million in 2010; AMD 109.6 million in 2009). No financing was provided by other Public Administration Bodies to multi-profile hospitals' subgroup of providers (AMD 183.3 million from TBD component and AMD 163.8 million from Regional Public Administration Bodies). From the total funding provided by the channels of RA Ministry of Health AMD 13,954.9 million was allocated to public multi-profile hospitals (AMD 15,610.5 million in 2011; AMD 15, 966.2 million in 2010), and AMD 5,771.9 million was allocated to private multi-profile hospitals (AMD 7,135.4 million in 2011; AMD 2,141.2 million in 2010). In 2011, AMD 102.4 million was allocated to private multi-profile hospitals (AMD 117.4 million in 2010) through the channels of RA Ministry of Labor and Social Issues.

1.2. Mental hospitals and Narcological dispensaries: AMD 2,385.6 million or 7.3 % was allocated (AMD 2,067.9 million in 2010; AMD 2,179.4 million or 8.3% in 2009; AMD 1,860.9 or 7.1% in 2008; AMD 1,598.4 million or 6.6% in 2007; AMD 1,376.2 million or 8.1% in 2006; AMD 1,413 million or 9% in 2005), out of which AMD 2,205.0 million was provided by the RA Ministry of Health (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 180.5 million by the Ministry of Labor and Social Issues (AMD 78.8 million in 2011; AMD 70.0 million in 2010; AMD 73.2 million in 2009; AMD 64.6 million in 2008);

1.3. Specialized hospitals: AMD 10,195.8 million or 31% of the funding was entirely provided by the RA Ministry of Health (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; AMD 7,824.9 million or 30% in 2008; 6,099.4 million or 25.1% in 2007; AMD 4,776 million or 28.1% in 2006; AMD 4,606 million or 29.5% in 2005). (AMD 7,671.5 million was allocated in 2008; AMD 73.4 million was provided by the Ministry of Labor and Social Issues and AMD 80 million by the RA Police).

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

13.1. Tuberculosis Treatment Hospitals (including departments in ambulatories/polyclinics) – AMD 1,246.3 million (AMD 2,464.9 million in 2011; AMD 1,493.4 million in 2010; AMD 1,051 million in 2009; AMD 1,450.3 million in 2008);

13.2. Oncology Hospitals (including departments in ambulatories/polyclinics) – AMD 1,667.3 million (AMD 1,658.1 million in 2011; AMD 1,660.7 million in 2010; AMD 1,346.9 million in 2009; AMD 1,236.1 million in 2008);

1.3.3. Maternity Hospitals (including departments in ambulatories/polyclinics) – AMD 4,458.2 million (AMD 3,126.2 million in 2011; AMD 3,483.4 million in 2010; AMD 3,121.3 million in 2009; AMD 1,828.6 million in 2008);

1.3.4. HIV/AIDS medical care providers – AMD 248 million (0 in 2011; AMD 84.6 million in 2010; AMD 84.6 million in 2009 and in 2008);

1.3.5. Other hospitals (including departments in ambulatories/polyclinics) – AMD 2,575.9 million (AMD 3,292.6 million in 2011; AMD 3,268.4 million in 2010; AMD 3,382.1 million in 2009; AMD 3,071.9 million in 2008),

1.4. Health resorts/sanatoria financing by public sector was AMD 590.9 million or 1.8% of the overall financing (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; AMD 237.6 million or 0.9% in 2008; AMD 325.4 million or 1.3% in 2007; AMD 335.5 million or 1.9% in 2006; AMD 272.3 million or 1.7% in 2005), and is provided by the RA Ministry of Health.

The financing provided by *Private sector* to the provider “Hospitals” in 2012 amounted to AMD 32,655.4 million or 46.4% of the overall funding (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; AMD 40,011.6 million or 60.4% 2008; AMD 37,129.8 million or 60.2% in 2007; AMD 38,828.2 million or 69.1% in 2006; AMD 50,412.0 million or 75.7% in 2005), the overwhelming part of which AMD 27,557.3 million or 88.7% were the direct payments from households (AMD 16 961.7 million or 94.2% in 2011; AMD 28,320.5 million or 96.9% in 2010; AMD 32,083.2 or 97.8% in 2009; AMD 38,832.9 million or 97.1% in 2008; AMD 36,239.2 million or 97.6% in 2007; AMD 38,406.7 million or 98.9% in 2006; AMD 49,530.0 million or 98.3% in 2005). In 2009, the proportional weight of direct payments of households has increased by 0.7 percentage point, even though the absolute amount of funding compared with the corresponding indicator of the previous year was reduced by AMD 6,749.7 million or 17.4% (the growth was 82.6%).

Funding by non-commercial organizations has amounted to AMD 60.5 million (0 in 2011; AMD 205.9 million or 7% in 2010; AMD 500.8 million or 1.5% in 2009; AMD 776.6 million or 1.9% in 2008; AMD 346.3 million or 0.9% in 2007; AMD 186.0 million or 0.5% in 2006; AMD 13.7 million or 0.02% in 2005). In 2010 the funding by this component had decreased as much as during the previous year – AMD 294.9 million or by 58.9% (in 2009

there was decrease of the funding by AMD 275.8 million or 35.5%; in 2008 there was 2.2 times growth of the financial indicator in comparison with the previous year, 186.2% in 2007).

There was no funding provided by private/public partnership organizations in 2012 (AMD 0 in 2011; AMD 81.7 million or 0.2% in 2010; AMD 234.5 million or 0.7% in 2009; AMD 402.1 million or 1.0% in 2008; AMD 544.3 or 1.5% in 2007; AMD 235.5 million or 0.6% in 2006; AMD 868.2 million or 1.3% in 2005). A significant decrease of funding was recorded in 2010 for this subcomponent of Private sector of financial agents- almost 65.2%. It is noteworthy, that a drastic decrease of funding by this component relevant to economic crisis was recorded in 2009- 41.4%.

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

AMD 24,494.8 or 78.2% of the overall financing of direct payments of households (AMD 13,861.5 or 81.7% in 2011; AMD 23,144.1 million in 2010; 28,151 or 87.7% in 2009; AMD 35,969.3 million or 96.6% in 2008; AMD 32,720.6 million or 90.3% in 2007) was provided to the sub-group of “Multi-profile hospitals”, of which AMD 15,921.6 million (AMD 11,327.8 million in 2011; AMD 18,913.7 million in 2010; AMD 23,781 million in 2009; AMD 33,862.6 million in 2008) to public multi-profile hospitals and AMD 8,573.2 million (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 4,757.4 million are the payments of households to “*Specialized hospitals*” sub-component, of which AMD 2,643.9 million was provided to the Provider “Oncological Hospitals” and AMD 2,113.5 million were allocated for the services provided by the Maternity hospitals (including ambulatory-policlinic sub-divisions) belonging to the sub-component “Specialized hospitals” (AMD 1,268.9 million in 2011; AMD 2,118.6 million in 2010; AMD 1,919.9 million in 2009; AMD 1,553.1 million in 2008; AMD 2,692.1 million in 2007).

In 2012 AMD 782.7 million (520.11 million in 2011; AMD 1,488.5 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008) was paid by the households for the services provided by “non-allopathic/alternative hospitals” from the subgroup of Specialized hospitals.

In 2012 the payments of the population for services provided by health resorts/sanatoria amounted to AMD 1,277.4 million (AMD 491.9 million in 2011; AMD 821.3 million in 2010; AMD 785.8 million in 2009; AMD 1,081.3 million in 2008; AMD 826.5 million in 2007).

Financing from the *Rest of the World* in 2012 amounted to AMD 4,935.5 million or 6.6% of the overall financing of Providers’ “Hospitals” group (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; AMD 140.8 million or 0.2% in 2008; AMD 184.7 million or 0.3% in 2007; AMD 260.9 million or 0.5% in 2006; AMD 494.9 million or 0.8% in 2005).

Taking into consideration the fact, that the logical flow of financial resources in the system of national health accounts starts from Financing Sources, and through Agents is transferred to Providers, 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 2012 the structure of total financing in amount of AMD 74,244.8 million (AMD 54,618.2 million in 2011; AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009; AMD 66,245.8 million in 2008; AMD 61,659.9 million in 2007; AMD 56,125.2 million in 2006; AMD 66,560 million in 2005) allocated to the **Hospitals’ group** by all financial agents has the following distribution per service provider:*

1.1. Multi-profile hospitals: AMD 52,215.9 or 70.3% of the overall financing of Hospitals' group (AMD 37,066.2 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; AMD 52,584.7 million or 79.4% in 2008; AMD 49,510 million or 80.3% in 2007; AMD 45,953.5 million or 81.9% in 2006; AMD 56 762 million or 85.3% in 2005);

1.2. Mental hospitals and narcological dispensaries: AMD 2,385.6 million or 3.2% of the overall financing (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% AMD in 2009; AMD 1,862.4 million and 2.8% in 2008; AMD 1,598.4 million and 2.6% in 2007; AMD 1,376.2 million or 2.5% in 2006; AMD 1,413.0 million or 2.1% in 2005). In comparison with the previous year of 2011, there was an increase of funding with 99.7% (115.6% in 2011). In 2010, the absolute value of financing (6.5%) and the proportional weight in the financial structure had decreased compared to the previous year (decreased by 0.7% points). There was a continuous increase recorded for the absolute value of financing and proportional weight in financial structure in 2007-2009: correspondingly 118.8% and 0.9% points in 2009; 116.5% and 0.3% points in 2008; 116.1% and 0.1% points in 2007;

1.3. Specialized hospitals: AMD 16,992.4 or 22.9% of the overall financing (AMD 12,896.3 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; AMD 10,192.7 million and 15.4% in 2008; AMD 9,389.9 million or 15.2% in 2007; AMD 7,744.8 million or 13.8% in 2006; AMD 7,366 million or 11.1% in 2005). Compared to the previous group of providers, the degree of increase in funding for Specialized hospitals is 31.8%.

1.4. Non-allopathic (alternative medicine) providers: AMD 782.7 million or 1.1% of the overall financing of the "Hospitals" group (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; AMD 524.7 million or 0.8%, no financing in 2006-2007, AMD 232.6 million or 0.3% in 2005);

1.5. Health resorts/sanatoria: AMD 1,868.3 million was provided by all Financial Agents or 2.5% of overall financing (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; AMD 1,081.3 million or 1.6% in 2008; AMD 1,151.6 million or 1.9% in 2007; AMD 1,050.9 million or 1.8% in 2006; AMD 786.6 million or 1.2% in 2005).

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

Out of all services provided to the population by hospitals, AMD 52,215.9 million or 70.3% (AMD 37,066.2 million or 67.9% in 2011; AMD 41,908.8 million or 69.3% in 2010; AMD 43,358.3 million or 73.4% in 2009; AMD 52,584.7 million or 79.4% in 2008; AMD 49,520 million or 88.5% in 2007; AMD 45,953.5 million or 81.9% in 2006; AMD 56,762 million or 85.3% in 2005 and AMD 55,878 million or 87.5% in 2004) were provided by the "Multi-profile hospitals" (HP 1.1) subgroup divided, in turn, into public multi-profile hospital component (HP 1.1.1) amounting to AMD 32,805.0 million (AMD 27,288.1 million in 2011; AMD 35,407.3 million in 2010; AMD 33,942.2 million in 2009; AMD 45,952.3 million in 2008; AMD 43,809.8 million in 2007; AMD 41,940.6 million in 2006) and private multi-profile hospital component (HP 1.1.2) amounting to AMD 19,410.9 million (AMD 9 778.2 million in 2011; AMD 6,501.5 million in 2010; AMD 9,416.2 million in 2009; AMD 6,632.4 million in 2008; AMD 5,710.2 million in 2007; AMD 4,012.8 million in 2006).

The financial distribution of provided services of the "Hospitals" Providers Group by Financing Agent has the following structure:

In 2012 AMD 36,410.3 million or 49% of the overall financing (AMD 18 003.7million or 33% in 2011; AMD29,227.6 million or48.3% in 2010;AMD 28,447.1 million or 65.6% in 2009; AMD 36,337.9 million or 69.1% in 2008; AMD 33,092.8 million or 66.8% in 2007; AMD 35,385.4 million or 77% in 2006; 83.5% in 2005; 85.4% in 2004) has been financed by the private sector, including direct payments of households amounting to AMD 31,312.2 million (AMD 16 961.7 million in 2012; AMD 28,320.5 million in 2010; AMD 28,151.0 million in 2009; AMD 35,969.3 million in 2008; AMD 32,720.6 million in 2007; AMD 35,052.4 million in 2006 and AMD 47,103 million in 2005) or 86 % of this sector's expenditures (94.2% in 2011; 94.1% in 2010; AMD 97.8% in 2009; 99% in 2008; 98.9% in 2007; 99.1% in 2006; 99.4% in 2005; 99.7% in 2004).

In the overall financial structure of the provider “Hospitals” the “Public Sector” Agent's financing amounted to AMD 32,899.0 million or 44.3% (AMD 35 991.5 million or 65.9% in 2011; AMD 30,663.8 million or 50.7% in 2010; AMD 14,911.3 million or 34.4% in 2009; AMD 16,170 million or 30.7% in 2008; AMD 15,334.8 million or 32.9% in 2007, AMD 9,965 or 23% in 2006; AMD 9,362 million in 2005; AMD 8,143.2 million in 2004) the main part of which in an amount of AMD 32,718.5 million or 99.4% (AMD 35,810.2 million or 99.5% in 2011;AMD 30,474.6 million or 99.4% in 2010; AMD 14,454.5 million or 96.9% in 2009; 94.9% in 2008; 93.9% in 2007; 94.4% in 2006; 99.1% in 2005; 97.1% in 2004) has been implemented by the RA Ministry of Health, and remaining AMD 180.5 million was provided by RA Ministry of Labor and Social Issues (AMD 11.2 million in 2011; AMD 187.4 million in 2010;AMD 96.8 million or 0.6% in 2008; AMD 153.3 million or 0.9% in 2007; AMD 125.1 million or 1.2% in 2006; AMD 80.5 million or 0.9% in 2005). In 2009 AMD 183.3 million or 1.2% (AMD 667.5 million or 4.1% in 2008; AMD 785.1 million or 4.8% in 2007) was funded by the *HF 1.1.1.7 TBD* component, AMD 163.8 million (AMD 3.9 million in 2008) by the Public administration bodies in marzies. There was no financing provided by self-governing bodies in 2009 and 2011 (AMD 47.3 million in 2008; AMD 49.3 million in 2007).

Funding provided by the RA Ministry of Health for this group of providers in an amount of AMD 19,726.8 million or 60.3% have been distributed among multi-profile hospitals as follows: AMD 13,954.9 million or 70.7% to public hospitals (AMD 15,610.5 million or 68.6% in 2011; AMD 15,966.2 million or 88.2% in 2010;AMD 9,583.3 million or 66.3% in 2009; AMD 11,036.3 million or 71.9% in 2008; AMD 12,060.1 million or 78.6% in 2007; AMD 6,027.7 million or 60.5% in 2006) and AMD 5,771.9 million or 29.3% was allocated to multi-profile private hospitals (AMD 7,135.4 million or 31.4% in 2011; AMD 2,141.4 million or 11.8% in 2010;AMD 4,871.2 million or 33.7% in 2009; AMD 4,318.3 million or 28.1% in 2008; AMD 3,274.3 million or 21.4% in 2007; AMD 3,937.3 million in 2006).

In 2012, the financing by RA Ministry of Health to other components of “Hospitals” Group is the following:

HP1.2 Mental hospitals and narcological dispensaries– AMD 2,205.million;

HP1.3 Specialized hospitals (except for mental and narcological hospitals) – AMD 10,195.8 million, including:

- HP1.3.1 Tuberculosis Treatment Hospitals - AMD 1,246.3 million;
- HP1.3.2 Oncological Hospitals – AMD 1,667.3 million;
- HP1.3.3 Maternity Hospitals– AMD 4,458.2million;
- HP1.3.4 HIV/AIDS medical care providers_ AMD 248.0 million
- HP1.3.9 Other Hospitals - AMD 2,575.9 million;

HP1.5 Health resorts– AMD 590.9 million.

The funding by the RA Ministry of Labor and Social Issues in 2012 amounted to AMD 180.5 million (AMD 181.2 million in 2011; AMD 187.4 million in 2010), which was fully allocated to mental hospitals and narcological dispensaries (AMD 78.8 million in 2011, AMD 70 million in 2010, and AMD 102.4 million (AMD 117.4 million in 2010) was allocated to multi-profile hospitals in 2011. In 2009, no financing was provided and in 2008 the funding in an amount of AMD 96.8 million (AMD 153.3 million in 2007) has been entirely allocated to the multi-profile private hospitals. AMD 125.1 million funding provided in 2006 has been distributed in favor of private hospitals (AMD 49.6 million to public and AMD 75.6 million to private).

1.2 Subgroup of mental hospitals and narcological dispensaries HP 1.2

The overall volume of services provided under this subcategory of hospitals in 2012 amounted to AMD 2,385.6 million or 3.2% of the overall financing (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; AMD 1,862.4 million in 2008; AMD 1,598.4 million in 2007; AMD 1,376.2 million in 2006; 1,412.7 million in 2005 and AMD 1,459.4 million in 2004). All financing for the provided services was entirely provided by the Public Sector (RA Ministry of Health and RA Ministry of Labor and Social Issues), and in 2009 AMD 2.106.1 million or 98.5% of financing was provided by Public Sector (RA Ministry of Health), and AMD 33.0 million or 1.5% by Private Sector “Non-commercial organizations” and “Private entities with public participation” subagents.

1.3 The subgroup of Specialized hospitals HP. 1.3

The overall volume of services provided under this subgroup of hospitals in 2012 amounted to AMD 16, 992.4 million or 22.9% of the overall funding (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; AMD 10,192.7 million in 2008; AMD 9,389.9 million in 2007; AMD 7,744.7 million in 2006), including AMD 10,195.8 million or 60% was financed by Public Sector (RA Ministry of Health) (AMD 10,002.9 million or 72.5% in 2011; AMD 8,986 million or 79.4% in 2009; AMD 7,824.9 million or 76.8% in 2008; AMD 6,099.4 million or 65% in 2007; AMD 4 776.0 or 61.7% in 2006).

AMD 5,089.8 million or 30% of the overall funding of services was provided by Private Sector (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; AMD 2,361.7 million or 23.2% in 2008; AMD 3,210.5 million or 34.2% in 2007). Direct payments of households constituted 93.5% of private sector’s funding with AMD 4,757.4 million (100 % in 2011; AMD 3,486.6 million or 97.1% in 2010; AMD 1,919.9 million or 82.3% in 2009; AMD 1,553.1 million or 65.8% in 2008; AMD 2,692.1 million or 83.9% in 2007), and AMD 332.4 % 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; AMD 31.5 million in 2006), and AMD 29.6 million or 0.8% was funded by Private/Public partnership organizations (AMD 76.4 million or 3.6% in 2009; AMD 32 million or 1.3% in 2008; AMD 261.2 million in 2007; AMD 57 million in 2006).

The Rest of the World funded an amount of AMD 1,706.8 million in 2012. In 2010 the funding was AMD 202.2 million, from which AMD 148.9 million were contributions and loans from donors, and AMD 53.3 million 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; AMD 240.7 million in 2006). In 2006 AMD 2,639.5 million or 34.1% of the overall funding of the private sector was provided by the direct payments of the households.

The subcategory of specialized hospitals consists of the following hospital subgroups:

a/ **Tuberculosis Treatment hospitals (HP1.3.1)** – in 2012 provided services amounted to AMD 1,280.1 million (AMD 2,466 million in 2011; AMD 1,497.0 million in 2010; AMD 1,051 million in 2009; AMD 1,450.3 million in 2008; AMD 996.7 million in 2007; AMD 901.5 million in 2006), which was funded by Public Sector in an amount of AMD 1,246.3 million (RA Ministry of Health), and by the Rest of the World in an amount AMD 33.8 million. In essence, because of negative changes in the TB prevalence in the country, and/or increase of financing of state funded TB projects, the funding has decreased by 51.9%.

b/ **Oncology hospitals (HP1.3.2)** – in 2012, provided services amounted to AMD 5,123.4 million (AMD 2,572.4 million in 2011; AMD 3,085.1 million in 2010; AMD 1,417.9 million and the growth of 113.3% in 2009; AMD 1,251.1 million in 2008; AMD 1,674.1 million in 2007; AMD 1,036.2 million in 2006), including AMD 1,667.3 million financing by the **RA Ministry of Health** (AMD 1,658.1 million in 2011; AMD 1,660.7 million in 2010; AMD 1,346.9 million in 2009; AMD 1,236.1 million in 2008; AMD 1,495.5 million in 2007; AMD 1,034.9 million in 2006) and direct payments of households amounted to AMD 2,643.9 million.

c/ **Maternity hospitals (HP1.3.3)** – provided services amounted to AMD 6,836.6 million (AMD 4,486.7 million in 2011; AMD 5,682.1 million in 2010; AMD 5,044.6 million or 44.6% in 2009; AMD 3,383.3 million; AMD 3,953.3 million in 2007; AMD 3,616.7 million in 2006).

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

The RA Ministry of Health has financed an amount of AMD 10,195.8 million (AMD 3,126.2 million in 2011; AMD 3,486.4 million in 2010; AMD 3,121.3 million in 2009; AMD 1,828.6 million in 2008; AMD 1,260.7 million in 2007; AMD 977.2 million in 2006).

“The Rest of the World” has been AMD 117.2 million in 2012 in the forms of technical assistance and grants by donors and through the RA government’s Coordination Committee of charitable programs.

d/ **HIV/AIDS in-patient care providers (HP1.3.4)** funding was AMD 288.3 million (AMD 0 in 2011; AMD 1,148.8 million in 2010; AMD 84.6 million in 2009; AMD 84.6 million in 2008; 84.8 million in 2007; AMD 63 million in 2006).

e/ **Other hospitals (HP1.3.9)** have provided to the population services in the amount of 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; AMD 4,023.4 million in 2008; AMD 2,681 million in 2007; AMD 2,127 million in 2006; AMD 1,962.3 million in 2005). AMD 2,575.9 million from overall funding (AMD 3,292.6 million in 2011; AMD 3,216.5 million in 2010; AMD 3,382.1 million in 2009; AMD 3,225.3 million in 2008; AMD 2,338.6 million in 2007; AMD 1,920.2 million in 2006) was provided by Public Sector through Ministry of Health channels. There was no any funding received from Private Sector (AMD 0 in 2011; AMD 56.3 million in 2010; AMD 331.5 million in 2009; AMD 793.6 million in 2008; AMD 339.7 million in 2007; AMD 87.1 million in 2006).

In 2012, the Rest of the World contributed AMD 888 million for funding services provided by this group of hospitals (AMD 78.6 million in 2011; AMD 109.6 million in 2010; AMD 6.1 million in 2009; AMD 4.5 million in 2008; AMD 2.6 million in 2007; AMD 120 million in 2006).

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

In 2012 services in an amount of AMD 782.7 million (AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 in 2009; AMD 524.7 million in 2008) were provided by this subgroup of providers, which was entirely funded by the Private Sector. It should be noted, that financing allocated to this provider compared with the previous year was increased 2.3 times in 2009, and was increased in 2012 by 1.5 times. In 2006 and 2007, there was not any funding recorded for this provider.

1.5 The subgroup of Health resorts/Sanatoria HP 1.5

The volume of provided services in 2012 amounted to AMD 1,868.3 million (AMD 701.5 million in 2011; AMD 1,189.4 million in 2010; AMD 945.5 in 2009; AMD 1,081.3 million in 2008; AMD 1,156.1 million in 2007; AMD 1,050.9 million in 2006). AMD 1,277.4 million were the direct payments of households, AMD 590.9 million has been financed by the RA Ministry of Health, no financing was provided by the Rest of the World.

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

In 2012, the Ministry of Health and the Ministry of Labor and Social Affairs provided AMD 1,832.3 million funding to this group of providers, respectively AMD 90 million and AMD 1,742.3 million. The provided funding was distributed among the following sub-providers: "Nursing Homes" received AMD 1,742.3 million and "Residential care organizations" received AMD 90 million. In 2010 financing AMD 1,376.7 million was provided by the RA Ministry of Labor and Social Issues, and was distributed to the following sub-providers: AMD 16.5 million to "Facilities for people with mental disabilities" HP 2.2 and AMD 1,360.2 million to "Nursing Homes". In 2009 the "Nursing Homes" subcategory alone has provided health services to population amounting to AMD 1,323.8 million (AMD 1,351.9 million in 2008; AMD 1,217.5 million in 2007; AMD 1,035.1 million in 2006) which was fully financed by the Public sector (the RA Ministry of Labor and Social Issues).

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

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

The overall volume of services provided to the population in 2012 by this group of health care providers amounted to AMD 48,836.8 million (AMD 31,066.3 million in 2011; AMD 37,883.4 million in 2010; AMD 32,804.8 million or 100.5% in 2009; AMD 32,625.2 million in 2008; AMD 30,005.7 million in 2007; AMD 30,190.7 million in 2006) and the growth of volume compared to the previous year was 157.2% (100.5% in 2009; 108.7% in 2008).

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

Funding of **Public Sector** amounted to AMD 18,838.5 million or 38.6% (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; AMD 19,510.7 million or 59.8% in 2008; AMD 18,244.1 million or 60.8% in 2007; AMD 18,675.3 million or 61.9% in 2006). It should be noted, that in 2009 the volume of Public Sector financing was reduced by 11.7% compared with the indicator of the previous year, and in 2008 the growth of funding 106.9% compared with the previous year.

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 2012, the financing from the RA Ministry of Health amounted to AMD 18,357.1 million or 37.5% of the overall public sector financing (AMD 20,706.4 million or 98.5% in 2011; AMD

19,405.9 million or 96.7% in 2010). In 2009 a different picture was observed, the funding by the RA Ministry of Health amounted to AMD 16,962.9 million, which was a decrease of 11.8% compared with the previous year. However it still had the main share in the structure of funding with 98.5%.

In 2008 the tendency of the previous years of increase in RA Ministry of Health's funding share had continued, it amounted to AMD 19,229.1 million or 98.5% of the overall funding of Public Sector (AMD 17,919 or 98.2% in 2007; AMD 18,503.2 million or 99.1% in 2006).

Financing from the RA Ministry of Health in 2012 in the financial structure of this group of providers' funding amounted to 29.1% (66.7% in 2011; 51.2% in 2010; 51.7% in 2009; 58.9% in 2008; 59.7% in 2007; 61.3% in 2006).

The dynamic picture of funding structure provided by other components of Public Sector in 2012 is the following:

HF 1.1.1.5 RA Ministry of Transport and Communication – AMD 130.0 million or 0.7% of the overall funding (AMD 128.4 million or 0.6% in 2011; AMD 120.0 million or 0.6% in 2010; AMD 87.0 million or 1.5% in 2009; AMD 97.0 million or 1.5% in 2008; AMD 82.0 million or 1.8% in 2007; AMD 100.0 million or 0.9% in 2006);

HFb1.1.1.9 RA National Security Service – AMD 27.7 million or 0.2% of the overall (AMD 27.9 million or 0.1% in 2011; AMD 27.9 million in 2010; AMD 27.9 million in 2009; AMD 26.8 million in 2008; AMD 108.7 million in 2007);

HF 1.1.1.10 RA Police – AMD 73.4 million or 0.4% of the overall funding (AMD 82.3 million or 0.4% in 2011; AMD 73.7 million in 2010; AMD 73.7 million in 2009; AMD 101.9 million in 2008; AMD 92.7 million in 2007);

HF 1.1.1.7 Other Public Sources HF 1.1.1.7 TBD – AMD 71.4 million (AMD 71.4 million in 2011; AMD 71.4 million in 2011; AMD 159.6 million in 2010; AMD 64.8 million in 2009; AMD 55.9 million in 2008; AMD 41.5 million in 2007; AMD 35.7 million in 2006).

The **Private Sector** funded AMD 26,519.5 million or 54.3% of the overall funding (AMD 9,944.6 million or 32.0% in 2011; AMD 16,988.5 million or 46.1% in 2010; AMD 15,463.8 million or 47.1% in 2009; AMD 12,295 million or 37.7% in 2008; AMD 11,058.7 million or 36.8% in 2007; AMD 9,310.6 million or 30.8% in 2006).

AMD 25,558.2% or 96.4% of funding provided by Private Sector was performed through direct payments of the households (AMD 9,944.6% 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 10,346.3 million or 93.6% in 2007); AMD 262.2 million was provided through payments of private insurance companies; AMD 699.1 million was provided through insurance payments of private enterprises. In 2010, AMD 275.1 million (AMD 477.3 or 3.1% in 2009; AMD 433.1 million in 2008; AMD 712.3 million in 2007) was funded by non-commercial companies and AMD 109.5 million (AMD 27.7 million in 2009) by private/public partnership organizations.

External sector or the **Rest of the World** has financed AMD 3,478.8 million or 7.1% of the overall funding (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; AMD 819.5 million or 2.5% in 2008; AMD 702.9 million or 2.4% in 2007; AMD 2,204.8 million or 7.3% in 2006).

The absolute value of the Rest of the World financing in 2006 has reduced and amounted to AMD 2,204.8 million, which, in parallel to the growth of other components' financing, has led to a significant decrease of the proportional weight to 7.3%. In 2007, the funding reduction tendency provided by the "Rest of the World" continued and it amounted to AMD 702.9 million and or 2.4% in overall funding. In 2008, opposite tendencies were recorded: financing

volume in comparison with the previous year amounted to AMD 819.5 million or growth of 116.6%, which was the 2.5% of the overall structure.

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

In 2012, funding of Public Sector sub-agents by providers was allocated by the following proportions:

HP 3.1 Doctors' offices

In 2012, services provided by doctor's offices amounted to AMD 5,070.3 million or 10.4% of the overall funding (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; AMD 4,527.5 million or 13.9% in 2008; AMD 4,575 million or 15.2% in 2007; AMD 6,572.2 million in 2006).

Financing by **Public Sector** agent amounted to AMD 4,480.0 million and was implemented by the RA Ministry of Health (AMD 4,196.3 million in 2011; AMD 4,269.3 million in 2010; AMD 3,557.4 million in 2009; AMD 3,971.1 million in 2008; AMD 3,723.7 million in 2007; AMD 4,989 million in 2006).

In 2012, funding provided by the **Private Sector** amounted to AMD 579.1 million through the direct payments of households. The proportional weight of Private Sector financing in the overall structure of funding is 1.2% (AMD 321.9 million or 7.1% in 2011; AMD 678.8 million or 13% in 2010; no financing was provided in 2009; AMD 22.7 million or 0.5% in 2008; AMD 580.3 million or 12.7% in 2007; 378.1 million or 5.6% in 2006). In 2008, Private Sector financing was implemented only by non-commercial organizations. In 2007, the financial structure was a little bit different: including AMD 558.9 million (AMD 377.1 million in 2006; AMD 394.8 million in 2005) as direct payments made by households and AMD 21.3 million (AMD 0.8 million in 2006; AMD 67.6 million in 2005) as financing from non-commercial organizations.

The Rest of the World has contributed AMD 10.6 million or 0.02% of overall financing (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; AMD 533.6 million or 11.8% in 2008; AMD 271 million or 5.9% in 2007; AMD 1,205.4 million or 23.3% in 2006) through technical assistance and grant programs.

HP 3.2 Dental rooms

In 2012, provided services amounted to AMD 18,050.6 million or 37% of the overall services (AMD 3,550.8 million or 11.4% in 2011; AMD 5,884.8 million or 15.5% in 2010; AMD 6,658.4 million or 17.2% in 2009; AMD 5,573.8 million or 17.1% in 2008; AMD 4,510.7 million in 2007; AMD 3,155.1 in 2006) which was financed in the following way:

Public funds – AMD 713.9 million or 4% (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; AMD 671.1 million in 2008; AMD 675.9 million in 2007; AMD 668.3 million in 2006).

AMD 16,897 million or 93.6% was provided by **Private Sector**, including mainly direct payments of households (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; AMD 4,502.1 million in 2008; AMD 3,429.7 million in 2007; AMD 2,414.3 million in 2006). In 2010, non-commercial organizations funded AMD 67.6 million (AMD 371.7 million in 2009; AMD 371.8 million in 2008; AMD 275.2 million in 2007; AMD 13.2 million in 2006) and private/public partnership organizations – AMD 26.9 million.

The **Rest of the World** provided AMD 439.7 million (AMD 0 in 2011; AMD 184.1 million in 2010; AMD 34.5 million in 2009; AMD 28.8 million in 2008; AMD 366.1 million in 2007; AMD 59.3 million in 2006; AMD 4.3 million in 2005).

HP 3.3 Rooms of other narrow specialists

In 2012, no financing was provided under this group of providers. In 2010 the provided services and implemented financial volume amounted to AMD 139.2 million, the AMD 105.9 of which was provided by the private sector non-commercial subagent, AMD 32.3 million from the technical assistance of the Rest of the World (29.4 million AMD 31.5 million in 2008, AMD 331.9 million in 2007; AMD 843.4 million in 2006). In 2007, AMD 302 million (AMD 277.6 million in 2006) was financed by the RA Ministry of Health and the balance of AMD 29.9 million was funded by the Rest of the World.

HP 3.4 Polyclinics

In 2012, the overall volume of provided services and corresponding financing amounted to AMD 15,840.7 million (AMD 17,306.8 million in 2011; AMD 18,810.8 million in 2010; AMD 18,328.9 million in 2009; AMD 17,705.4 million in 2008; AMD 15,987.4 million in 2007; AMD 15,467.4 million in 2006) or the 32.4% of the total financing of the group (55.7% in 2011; 49.6% in 2010; 55.9% in 2009; 54.3% in 2008; 53.3% in 2007). The increase of the financing compared with the previous year amounted to 91.5% (92% in 2011; 102.6% in 2010; 103.5% in 2009).

Services provided by this subgroup of Providers were funded by three sectors of Agents, in particular Public financing of AMD 11,315.7 million or 71.4% of the overall funding (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; AMD 13,668.3 million or 77.2% in 2008; AMD 12,600.6 million or 78.8% in 2007; AMD 11,754.8 million in 2006), which was fully provided by the Ministry of Health.

The funding from the Private Sector amounted to AMD 2,556.6 million or 16.7% of the financing of this sub-provider, the volume was reduced by 85.2% compared to the previous year (by 41.8% in 2011, and by 20.3% in 2010), while in 2009, the growth was 161.7%.

In 2012 financing from the Rest of the World amounted to AMD 1,968.4 million (AMD 64.4 million in 2011; AMD 282.3 million in 2010; AMD 50.8 in 2009; AMD 35.5 million in 2008; AMD 98.3 million in 2007; AMD 374.4 million in 2006).

AMD 14,846.0 million or 93.7% of funding (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; AMD 17,635.5 million or 99.6% in 2008; AMD 15,717.7 million or 98.3% in 2007) was provided to the sub-provider of “Centers of all other multi-profile outpatient and jointly providing services”, AMD 7,843.1 million or 49.5% of the funding (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; AMD 10,125.2 million or 57.4% in 2008; AMD 9,280.8 million and 59% in 2007) was provided to the “Polyclinics as separate legal entities” providers, the remaining AMD 7 002.9 million or 44.2% (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 included in the structure of Health Centers”.

HP 3.5 Medical and diagnostic centers

In 2012, the overall volume of provided services and corresponding funding amounted to AMD 6,889.2 million or 14.1% of the overall financing of this group of providers (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; AMD 2,093.9 million or 6.4% in 2008; AMD 2,594.6 million or 8.6% in

2007; AMD 1,379.6 million in 2006). This subgroup of providers were mainly funded by the Private Sector, including direct payments of households – AMD 5,516.0 million (AMD 2,569.5 million in 2011; AMD 4,290.1 million in 2010; AMD 2,055.8 million in 2009; AMD 2,590.5 million in 2008). In 2012, the funding from the RA Ministry of Health was AMD 474.4 million and from the Rest of the World – AMD 589.3 million.

HP 3.6 Providers of residential health care and services

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 Agent non-commercial organizations. No financing was provided in 2008-2009 and the volume of provided services in 2007 was AMD 5.1 million, completely provided by the agent of private sector- non-commercial organizations.

HP 3.9 Other providers of outpatient care services

In 2012, provided services amounted to AMD 2,986.1 million or the 6.1% of the overall financing of this group (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; AMD 2,693.1 million or 8.2% in 2008; AMD 2,000.9 million or 6.7% in 2007; AMD 2,773.5 million in 2006). The funding has been provided by three sectors of Agents in the following shares:

Public financing amounted to AMD 1,828.5 million (AMD 1,828.5 million in 2011; AMD 1,407.3 million in 2010; AMD 1,138.9 million in 2009; AMD 1,006.5 million in 2008; AMD 942 million in 2007; AMD 949.2 million in 2006), which was fully funded by the RA Ministry of Health (AMD 1,700.1 million in 2011; AMD 1,221 million in 2010; AMD 987.1 million in 2009; AMD 889.9 million in 2008; AMD 859.9 million in 2007; AMD 813.5 million in 2006), out of which AMD 1,643.3 million (AMD 1,402 million in 2011; AMD 966.2 million in 2010; AMD 787.7 million in 2009; AMD 681 million in 2008; AMD 688.9 million in 2007; AMD 657.8 million in 2006) for emergency care, AMD 211.3 million (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; AMD 147.2 million in 2006) for providers maintaining blood and other organs' banks. In 2011, AMD 86.8 million was paid by the RA Ministry of Health to “all other ambulatory services” (AMD 86.8 million in 2011; AMD 54.8 million in 2010).

There was no funding provided to this provider by TBD component in 2012 (AMD 128.4 million in 2011; AMD 186.2 million in 2010; AMD 151.7 million in 2009; AMD 132 million in 2008; AMD 82 million in 2007; AMD 100 million in 2006).

In 2012 **Private sector** provided funding in an amount of AMD 660.6 million or 22.1% of the overall financing (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; AMD 1,487.7 million or 55.2% in 2008; AMD 768.6 million or 38.4% in 2007; AMD 1,824.3 million in 2006), direct payments of households were AMD 638.6 million and payments of insurance programs provided by private enterprises was AMD 22 million. In 2010, the amount of direct payments of households was AMD 2,023 million, amount provided by non-commercial organizations – AMD 0.9 million and private/public partnership organizations – AMD 0.3 million.

In 2012, funding from the **Rest of the World** amounted to AMD 470.9 million (0 in 2011; AMD 2.4 million in 2010; 0 in 2009; AMD 198.5 million in 2008, AMD 290.4 million in 2007).

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

In 2012, the volume of goods provided by retailers of pharmaceutical and medical supplies amounted AMD 42,602.6 million (AMD 39,096.6 million in 2011; AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009; AMD 18,985.6 million in 2008; AMD 20,520.6 million in 2007; AMD 17,571.4 million in 2006) out of which AMD 40,983.5 million was financed by the direct payments of households and AMD 364.6 million was provided by insurance programs of private enterprises. In 2008, AMD108.7 million has been funded by the Public Sector through the Ministry of Defense and National Security Service.

It is important to mention, that in 2012 out of all NHA indicators in sense of service volume, a rapid increase was recorded in the group of retailers of pharmaceutical and medical supplies, which compared with the previous year had increased by 9% (a decrease of 9.6% in 2011; growth of 50.6% in 2010 and 51.4% in 2009).

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

Healthcare services rendered under this group of providers in 2012 have amounted to AMD 5,923.3 million (AMD 4,402.3 million in 2011; AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009; AMD 3,453.5 million in 2008; AMD 3,904.2 million in 2007; AMD 2,944.2 million in 2006).

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

- AMD 2,534.3 million was provided for morbidity surveillance (AMD 128.4 million in 2011; AMD 658.5 million in 2010; AMD 1,604.4 million in 2009; AMD 481.3 million in 2008; AMD 1,638.8 million in 2007; AMD 661.7 million in 2006), including AMD 1,083.1 million was provided for HIV/AIDS prevention and control (AMD 112.9 million in 2011; AMD 637.4 million in 2010; AMD 112.9 million in 2009; AMD 81.8 million in 2008; AMD 241.4 million in 2007);
- AMD 1,882.9 million was provided for sanitary epidemiological control (AMD 2,639.7 million in 2011; AMD 2,714.2 million in 2010; AMD 3,275.7 million in 2009; AMD 2,474.0 million in 2008; AMD 1,632.4 million in 2007; AMD 1,700.3 million in 2006);
- AMD 1,506.0 million was provided as funding for services provided by “other organizations” (AMD 1,634.2 million in 2011; AMD 8 144.5 million in 2010; AMD 204.1 million in 2009; AMD 498.3 million in 2008; AMD 633 million in 2007; AMD 582.3 million in 2006).

In 2012, the financing of this group of providers by Agents has the following distribution:

- AMD 3,764.8 million or 63.6% of the overall financing has been funded by the public sector (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; AMD 2,694.3 million or 78% in 2008; AMD 3,194.5 million or 81.8% in 2007; AMD 2,066.8 million or 70.2% in 2006) out of which AMD 3,664.9 million was provided by the Ministry of Health and AMD 100 million was provided by HF 1.1.1.7 TBD;
- In 2012, no financing was provided. In 2010, Private Sector has financed AMD 1,802.5 million or 15.6% of the overall financing (AMD 1,598.3 million or 31.4% in 2009; AMD 568.2 million or 16.5% in 2008; AMD 487.1 million or 12.5% in 2007; AMD 526.4 million or 17.9% in 2006);
- “Rest of the World” sector financing amounted to AMD 2,158.5 million or 36.4% (AMD 1,885.6 million or 42.8% in 2011; AMD 3,510.1 million in 2010; AMD 97.2 million or 2% in 2009; AMD 191 million or 5.5% in 2008; AMD 222.6 million or 5.7% in 2007; AMD 351 million or 11.9% in 2006).

6. Health management and insurance HP.6

According to the table data, the overall health management spending in 2012 amounted to AMD 4,976.8 million (AMD 1,629.2 million in 2011; AMD 2,067.8 million in 2010; AMD 7,839.5 million in 2009; AMD 8,332.5 million in 2008; AMD 15,474.9 million in 2007; AMD 10,893.5 million in 2006), including expenditures of public administration of health sector (RA Ministry of Health) in an amount of AMD 4,614.6 million (AMD 7,413.1 million or 94.6% in 2009; AMD 7,896.8 million or 94.8% in 2008; AMD 14,767.9 million or 95.4% in 2007; AMD 10,154.8 million in 2006).

In 2012, no financing was provided from the Private Sector. In 2010, the financing from Private Sector amounted to AMD 72.0 million, including financing from non-commercial organizations in an amount of AMD 51.5 million, and private/public partnership organizations – AMD 20.5 million. In 2009 AMD 426.4 million (AMD 309.9 million in 2008; AMD 173 million in 2007; AMD 105.1 million in 2006) financing was provided by private insurance companies.

Rest of the World financed an amount of AMD 362.1 million (AMD 8,475 million in 2011; AMD 140.2 million in 2010; AMD 123.4 million in 2009; AMD 125.8 million in 2008; AMD 534 million in 2007; AMD 633.6 million in 2006).

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

In 2012 provided services amounted to AMD 3,346.1 million (AMD 1,052.1 million in 2011; AMD 2,488.1 million in 2010; AMD 3,101.4 million in 2009; AMD 2,075.7 million in 2008; AMD 1,477.7 million in 2007; AMD 831.8 million in 2006), including funding in the amount of AMD 2,804.2 million or 83.8% of the overall funding provided by the Public Sector (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% of the overall in 2009; AMD 1,113.8 million; AMD 735.9 million in 2007; AMD 666.4 million in 2006); the Rest of the World funding was AMD 541.9 million (AMD 8.4 million in 2011; AMD 11.2 million in 2010; AMD 111.0 million in 2009; AMD 466 million in 2008; AMD 522.9 million in 2007; AMD 129.7 million in 2006). In 2010 AMD 5.7 million or 0.2% of the overall funding was provided by the Private Sector (AMD 569.8 million or 18.4% in 2009; AMD 495.8 million in 2008; AMD 218.9 million in 2007; AMD 35.7 million 2006).

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

The volume of provided services and financing amounted to AMD 60.6 million (AMD 964.8 million in 2011; AMD 26.6 million in 2010; AMD 4,772.5 million in 2009; AMD 1,782.2 million in 2008; AMD 2,752.6 million in 2007; AMD 859.4 million in 2006), which was entirely the proportion of the “Rest of the World” (0 in 2010; AMD 176.6 million in 2009; AMD 630.9 million in 2008; AMD 892.5 million in 2007).

10. Not classified by types HP.nsk

No funding was provided in 2012 (AMD 60.7 million in 2011; 0 in 2010, AMD 2,551.6 million in 2009; AMD 2,166.6 million in 2008; AMD 2,246.8 million in 2007). In 2009, AMD 237.6 million was funded by Public Sector (AMD 24.0 million in 2008; AMD 723.4 million in 2007; AMD 610.5 million in 2006), and AMD 2,287.5 million was provided by the Rest of the World (AMD 2,277.8 million in 2009; AMD 2,142.5 million in 2008; AMD 1,523.3 million in

2007; AMD 2,393.2 million in 2006; AMD 2,016.3 million in 2005). In 2009, AMD 36.2 million was financed by non-commercial organizations of Private Sector.

After summarizing the data of the NHA “Financing agents and providers” account, the following can be stated:

1. The overall financing by the financing agents in 2012 amount to **AMD 178,068.2 million** (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006), including:

1.1 Public sector – **AMD 67,332.1 million** (AMD 63,200.1 million in 2011; AMD 62,743.9 million in 2010; AMD 62,709 million in 2009; AMD 59,859.9 million in 2008; AMD 65,088.8 million in 2007; AMD 51,156.6 million in 2006);

1.2 Private sector – **AMD 99,197.8 million** (AMD 67,044.9 million in 2011; AMD 91,373.6 million in 2010; AMD 79,666 million in 2009; AMD 72,666.3 million in 2008; AMD 69,588.1 million in 2007; AMD 67,066 million in 2006);

1.3 Rest of the World – **AMD 11,538.3 million** (AMD 11,157.9 million in 2011; AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD 4,516.4 million in 2008; AMD 4,582.9 million in 2007; AMD 6,029 million in 2006; AMD 6,268.1 million in 2005).

2. The overall volume of services provided by the providers in 2012 amounted to **AMD 178,068.2 million** (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,042.6 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:

2.1 **Hospital group – AMD 70,489.9 million** (AMD 54,618.2 million in 2011; AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009; AMD 66,245.8 million in 2008; AMD 61,659.9 million in 2007; AMD 56,125.2 million in 2006; AMD 66,559.9 million in 2005), of which:

- multi-profile hospitals – AMD 52,215.9 million (AMD 37,066.22 million in 2011; AMD 41,908.8 million in 2010; AMD 43,358.3 million in 2009; AMD 52,584.7 million in 2008; AMD 49,520 million in 2007; AMD 45,953.5 million in 2006; AMD 56,762.1 million in 2005);

- mental hospitals and narcological dispensaries – AMD 2,385.6 million (AMD 2,392.1 million in 2011; AMD 2,067.9 million in 2010; AMD 2,212.6 million in 2009; AMD 1,862.4 million in 2008; AMD 1,598.4 million in 2007; AMD 1,376.2 million in 2006; AMD 1,412.7 million in 2005);

- specialized hospitals – AMD 16,992.4 million (AMD 12,896.3 million in 2011; AMD 13,795.5 million in 2010; AMD 11,317.9 million in 2009; AMD 10,192.7 million in 2008; AMD 9,389.9 million in 2007; AMD 7,744.7 million in 2006; AMD 7,365.9 million in 2005);

- non-allopathic providers – AMD 782.7 million (AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008; 0.0 in 2006 and 2007; AMD 232.6 million in 2005);

- health resorts/sanatoria – AMD 1,868.3 million (AMD 701.5 million in 2011; AMD 1,189.4 million in 2010; AMD 945.5 million in 2009; AMD 1,081.3 million in 2008; AMD 1,151.6 million in 2007; AMD 1,050.9 million in 2006; AMD 786.6 million in 2005);
- 2.2 **Services of long term nursing care – AMD 1,832.3 million** (0 in 2011; AMD 1,376.7 million in 2010; AMD 1,345.3 million in 2009; AMD 1,351.9 in 2008; AMD 1,217.5 million in 2007; 1,035.1 million in 2006; AMD 830.7 million in 2005);
- 2.3 **The group of outpatient care providers – AMD 48,836.8 million** (AMD 31,066.1 million in 2011; AMD 37,883.4 million in 2010; AMD 32,804.8 million in 2009; AMD 32,625.2 million in 2008; AMD 30,005.7 million in 2007; AMD 30,190.7 million in 2006; AMD 22,951.2 million in 2005);
- 2.4 **The group of providers of pharmaceutical and other medical supplies – AMD 42,602.6 million** (AMD 39,096.7 million in 2011; AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009; AMD 18,985.6 million in 2008; AMD 20,520.6 million in 2007; AMD 17,571.4 million in 2006; AMD 15,063.4 million in 2005);
- 2.5 **Implementation of public health care programs – AMD 5,923.3 million** (AMD 4,402.3 million in 2011; AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009; AMD 3,453.5 million in 2008; AMD 3,904.2 million in 2007; AMD 2,944.2 million in 2006; AMD 2,513.3 million in 2005);
- 2.6 **Health management and insurance – AMD 4,976.7 million** (AMD 10,104.2 million in 2011; AMD 2,067.8 million in 2010; AMD 7,839.6 million in 2009; AMD 8,332.5 million in 2008; AMD 15,474.9 million in 2007; AMD 10,893.5 million in 2006; AMD 7,721.1 million in 2005);
- 2.7 **All other managers of the health sector – 0** (AMD 37.8 million in 2011; 0 in 2010; 0 in 2009; AMD 23.6 million in 2008);
- 2.8 **The group of providers of health related services – AMD 3,346.0 million** (AMD 8.4 million in 2011; AMD 2,488.1 million in 2010; AMD 3,101.5 million in 2009; AMD 2,075.7 million in 2008; AMD 1,477.7 million in 2007; AMD 831.8 million in 2006; AMD 1,459.8 million in 2005);
- 2.9 **The Rest of the World – AMD 60.6 million** (AMD 964.8 million in 2011; AMD 26.6 million in 2010; AMD 4,772.5 million in 2009; AMD 1,782.2 million in 2008; AMD 2,752.6 million in 2007; AMD 859.4 million in 2006; AMD 1,281.3 million in 2005);
- 2.10 **Providers, not classified by types – 0** (AMD 60.7 million in 2011; 0 in 2010; AMD 2,551.7 million in 2009; AMD 2,166.6 million in 2008; AMD 2,246.8 million in 2007; AMD 3,800.2 million in 2006; AMD 2,812.8 million in 2005).

4.1.3. “Financing agents and functions” (FAXF) account

1. Group of medical care services HC. 1

Based on the FAXF account data, the total value of services provided under the health care functions in 2012 amounted to AMD 88,317.9 million (AMD 61,563.5 million in 2011; AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009; AMD 77,967.7 million in 2008; AMD 70,872.8 million in 2007), which compared with the indicator of the previous year was increased by 51.7% (in 2011 the financing was reduced by 12.6%, by 4.1% in 2010, and by 5.7% in 2009). It is noteworthy that financing for this group of functions has cyclic character,

in 2008 110% growth was recorded; in 2007 by 101.7%, and AMD 69,717.5 million in 2006 with a 10% decrease compared to 2005; the financing was AMD 77,421.7 million in 2005, which was an increase compared with the financing of AMD 71,695.8 million in 2004.

The **Public Sector** has provided AMD 41,028.5 million or 46.5% (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; AMD 32,108.5 million or 41.2% in 2008; AMD 26,790.1 million or 37.8% in 2007; AMD 24,590.7 million or 35.3% in 2006).

The **Private Sector** funded AMD 46,250.7 million or 52.4% of the overall funding (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; AMD 45,625.6 million or 58.5% in 2008; AMD 43,566.1 million or 61.5% in 2007; AMD 44,538.7 million or 63.9% in 2006), which compared with the indicator of the previous year has increased by 2.3 times (it was reduced by 38.7% in 2011; reduced by 9.9% in 2010; reduced by 6.7% in 2009; and in 2008 the growth was 104.7%).

The Private Sector funding distribution is the following: direct payments of households in the amount of AMD 44,906.8 million or 91.7% of overall funding of this group of agents (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; AMD 44,946.8 million or 98.5% in 2008; AMD 42,993.2 million in 2007; AMD 44,244.7 million in 2006), non-governmental/private insurance companies funded AMD 1,343.9 million (AMD 1,042 million in 2011; AMD 620.1 million in 2010; AMD 426.5 million in 2009; AMD 309.9 million in 2008; AMD 173 million in 2007; AMD 105 million in 2006), non-commercial organizations financed AMD 60.5 million (0 in 2011; AMD 170.6 million in 2010; AMD 358.2 million in 2009; AMD 367.5 million in 2008; AMD 399.9 million in 2007; AMD 189 million in 2006) and no financing was provided by private enterprises (0 in 2011; AMD 67.9 million in 2010; AMD 0,0 in 2009; AMD 1.4 million in 2008).

Funding from Rest of the World formed the 1.1% of the overall financing of the Medical care services or AMD 1,038.7 million (1.1% or AMD 698.9 million in 2011; 0.6% or AMD 464.6 million in 2010; AMD 66.1 million or 0.1% in 2009; AMD 233.4 million or 0.3% in 2008; AMD 516.5 million or 0.7% in 2007; AMD 587.6 million or 0.8% in 2006), which in 2012 has increased almost 15.7 times in comparison with the decrease of 2009.

If until 2008 the funding of the public and private sectors were continuously increasing and the funding of the Rest of the World was decreasing in the financial structure of this group of functions; moreover, if in the previous years due to the increase of the public sector funding, the amount of private payments was decreasing and in 2008 a significant growth of this agent was recorded, then in 2009 the previous tendency was recovered- funding from Public Sector was increased and funding from Private Sector and the Rest of the World were reduced.

Out of total expenditures within “Medical care services” functions’ group, AMD 61,642.4 million or 66% are the payments for **Inpatient treatment HC1.1** (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; AMD 56,391.3 million or 72.3% in 2008; AMD 51,712 million or 73% in 2007; AMD 51,306.8 million or 73.6% in 2006; AMD 61,784.4 million or 79.8% in 2005).

The funding was disaggregated by Financing Agents in the following way:

- Public Sector funding – AMD 29,793.9 million or 48.3% of the overall funding (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; AMD 20,442.2 million or 36.3% in 2008; AMD 16,000.6 million or 30.9% in 2007; AMD 13,546.7 or 26.4% in 2006);
- Private Sector funding – AMD 31,163.4% or 50.6% of the overall funding (AMD 14,652.5% or 35.7% in 2011; AMD 24,593 million or 52.9% in 2010; AMD

28,457 million or 55.7% in 2009; AMD 35,948.4 million or 58.5% in 2008; AMD 35,677.1 million or 69% in 2007; AMD 37,639.3 million or 73.4% in 2006);

- “Rest of the World” funding – AMD 685.1 million or 1.1 % (0 in 2011; AMD 249.7 million or 0.5% in 2010; no funding was provided in 2009 and 2008; AMD 34.2 million in 2007; AMD 120.6 million in 2006).

98.6% of funding provided by Public Sector agents to functions of “Medical care services” was provided through the RA Ministry of Health, which is distributed in the following proportions:

- HC1 Medical Care services- AMD 40,467.6 million, including
 - HC1.1 Inpatient medical care - AMD 29,613.4 of which
 - HC1.1.1 “specialized medical care” AMD 11,964.4 million, of which AMD 1,906.9 million to psychiatric and narcological services, AMD 1,644.0 million for TB services, AMD 1,142.8 million for oncological services; AMD 6,596.3 million for Obstetrics and AMD 674.5 million for HIV/AIDS services.
 - HC1.1.2 “Other inpatient medical care” – AMD 17,648.9 (AMD 15,043.6 in 2011; AMD 10,471.5 million in 2010; AMD 12 243.1 million in 2009; AMD 12,819.7 million in 2008; AMD 10,304.2 million in 2007);
 - HC 1.2 In-patient day-care medical services - no funding was provided;
 - HC1.3 Out-patient medical care – AMD 10,854.2 million including Primary health care and diagnostic services – AMD 7,195.2 million, ambulatory dental services – AMD 840.0 million, all other specialized services – AMD 2,819.1 million, all other ambulatory medical care - 0.

The amount of payments for medical services HC1 was AMD 43,562.9 million from direct payments of households; AMD 2,438.8 million from private insurance companies; AMD 60.5 million from non commercial organizations; AMD 2, 438.8 from insurance programs’ financing provided by private enterprises.

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

- HC1 Medical Care Services – AMD 45,603.1 million, including:
 - HC1.1 In-patient Health Care – AMD 26,065.3 million, from which:
 - HC1.1.1 “Specialized medical care” – AMD 5,285.7 million, from which AMD 2,643.9 million for oncological services, and AMD 2,641.8 million for obstetrics;
 - HC1.1.2 “Other in-patient medical care” – AMD 20,779.7 million (AMD 13,288.9 million in 2011; AMD 17,887.7million in 2010; AMD 20,546.9 million or 73.3% in 2009; AMD 26,843.3 million or 75.3% in 2008; AMD 32,812 million in 2007).
 - HC1.3 Outpatient medical care – AMD 19,537.8 millon, from which primary health care and diagnostic servies – AMD 2,781.3 million, ambulatory dental care – AMD 16,434.9 million, all other specialized medical care – AMD 154.1 million, all other ambulatory medical care – AMD 167.6 million;
 - HC 1.4 Residential care services- no financing was provided.

The financing from the “Rest of the World” by function - HC1 “Medical care services” was AMD 1,038.7 million.

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

- HC1 Medical care services – AMD 93,398.1 million, out of which:

- HC1.1 In-patient medical care services – AMD 61,642.4 million, out of which
 - HC1.1.1 “specialized medical care” – AMD 18,254.2 million (AMD 12,705 million in 2011; AMD 18,066.5million in 2010; AMD 17,854.2 million in 2009), including mental and narcological services – AMD 2,087.4 million (AMD 1,856 million in 2011; AMD 1,689.8 million in 2010; AMD 1,764.5 million in 2009), TB services – AMD 1,673.2 million (AMD 1,298.1 million in 2011; AMD 2,681million in 2010; AMD 1,588.7 million in 2009), oncological services – AMD 4,028.4 million (AMD 1,904.1 million in 2011; AMD 2,520 million in 2010; AMD 713.5 million in 2009), Obstetrics – AMD 9,389.8 million (AMD 7,461 million in 2011; AMD 7,228.8million in 2010; AMD 7,148.7 million in 2009) and HIV/AIDS services – AMD 1,075.4 million (AMD 185.9 million in 2011; AMD 218.9 million in 2010; AMD 84.6 million in 2009);
 - HC 1.1.2 “Other in-patient care”- AMD 43,388.2 million.
 - HC 1.2 “In-patient day care”- AMD 111.0 million.
- HC1.3 Ambulatory medical care – AMD 31,644.7 million, including primary health care and diagnostic services – AMD 10,231.7 million, ambulatory dental services – AMD 17,693.2 million, all other specialized medical services – AMD 3,347.2 million, all other ambulatory medical care- AMD 372.6 million.
- HC1.4 Medical care services provided inside the households - no financing was provided.

2. The group of rehabilitation care services HC. 2

The implementation of functions under this group in 2012 resulted in provision of services for AMD 2,266.4 million or 2.4% of the total of all functions (AMD 1,234.6 million or 2% in 2011; AMD 1,728 million or 1.1% in 2010; AMD 1,471.2 million or 2% in 2009; AMD 1,541.6 million or 2% in 2008; AMD 1,755.8 million or 1.3% in 2007; AMD 1,614 million or 1.1% in 2006), including AMD 969.5 million or 42.8% financed by the public sector (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; AMD 755.8 or 49% million in 2008; AMD 929.4 million or 52.9% in 2007; AMD 918.5 million or 56.9% in 2006), of which AMD 569.5 million was financed by the RA Ministry of Health (AMD 561.5 million in 2011; AMD 772.8 million in 2010; AMD 569 million in 2009; AMD 569.2 million in 2008; AMD 776.1 million in 2007; AMD 793.5 million in 2006). Unlike previous years the Ministry of Labor and Social Issues hasn't provided any funding (AMD 181.2 million in 2011; AMD 133.9 million in 2010; AMD 109.6 million in 2009; AMD 186.6 million in 2008; AMD 153.3 million in 2007; AMD 125 million in 2006).

The financing by Private Sector amounted to AMD 1,277.4 million or 56.4% of the overall funding, which was mainly financed by the households (AMD 491.9 million or 39.8% in 2011; AMD 821.3 million or 47.5% in 2010; in 2009 it amounted to AMD 792.5 million or 53.9%, including direct payments of households amounted to AMD 785.8 million or 53.4%; AMD 785.8 million or 51% of the total in 2008; AMD 826.5 million or 47.1% in 2007; AMD 714.8 million or 43.1% in 2006). In 2009, funding by non-commercial organizations amounted to AMD 6.7 million.

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

The financing implemented by the Ministry of Health of RA per component of this group's functions has been entirely allocated to Inpatient rehabilitation care- AMD 969.5 million (AMD 561.5 million in 2011; AMD 755.5 million in 2010; AMD 529.7 million in

2009; AMD 529.8 million in 2008; AMD 753.9 million in 2007; AMD 774.2 million in 2006). In 2010, day care rehabilitation was also funded by AMD 17.3 million (AMD 39.3 million in 2009; AMD 39.3 million in 2008; AMD 22.2 million in 2007; AMD 19.4 million in 2006).

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

In 2012, no financing was provided to these services. In 2010 the funding amounted to AMD 11.8 million in 2011, of which AMD 4.4 million was provided by the Ministry of Health, AMD 2.5 million- from Private Sector (AMD 1.8 million by non-commercial organizations and AMD 0.7 million by private/public partnership organizations), AMD 4.9 million was provided as grants and technical assistance from the Rest of the World. In 2009 the funding provided for this group of functions amounted to AMD 296 million, including funding by the RA Ministry of Labor and Social Issues in an amount of AMD 274.4 million (AMD 51.3 million in 2008 and 2009), which was paid for “Long-term nursing services provided in inpatient day-care conditions” and funding by the Rest of the World in an amount of AMD 21.5 million for “Long-term nursing services provided in inpatient conditions”. In 2007, the payments were made by the non-commercial agent of Private Sector in an amount of AMD 5.1 million for “Residential long-term nursing services”. For 2006, no information was recorded for provided services and its financing.

4. Auxiliary medical care services HC. 4

The volume of services provided under this functional group in 2012 amounted to AMD 18,125.2 million (AMD 10,483.4 million in 2011; AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009; AMD 8,919.6 million in 2008; AMD 6,201.8 million 2007 and the growth was almost twice compared with the previous year; AMD 3,102 million in 2006).

The functions were funded by *Public Sector* in an amount of AMD 8,266.1 million (AMD 6,388.2 million in 2011; AMD 5,122.0 million in 2010; AMD 4,926.1 million in 2009; AMD 5,022.4 million in 2008; AMD 3,427.1 million in 2007; AMD 1,450 million in 2006), by *Private Sector*-AMD 9,079.5 million (AMD 4,084.5 million in 2011; AMD 6,821.3 million in 2010; AMD 5,015.3 million in 2009; AMD 3,873.9 million in 2008; AMD 2,773.2 million in 2007; AMD 1,652.1 million in 2006) and AMD 779.7 million (AMD 10.8 million in 2011; AMD 2.2 million in 2010; AMD 7.8 million in 2009; AMD 23.3 million in 2008; AMD 1.6 million in 2007) by the *Rest of the World*.

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

- 4.1 The overall funding of functions performed by **clinical laboratories** amounted to AMD 3,603.8 million (AMD 1,316.6 million in 2011; AMD 2,198.3 million in 2010; 1,420.3 million in 2009), out of which AMD 3,521.8 million or 97.7% was implemented by the direct payments of households.

- 4.2 The overall funding of **diagnostic services** amounted to AMD 7,487.2 million or 41.3% (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 4,574.4 million or 51.3% in 2008; AMD 2,987.3 million or 55.5% in 2007).

The AMD 3,047.5 million of the overall financing allocated for this sub-function (AMD 3,207.9 million AMD 3,086.2 million or 49.9% in 2010; AMD 3,251.1 million or 65.2% in 2009; AMD 2,987.3 million or 65.3% in 2008; AMD 1,923.8 million or 42.6% in 2007) was provided by Public Sector. Private sector provided financing of AMD 1,848.6 million which entirely consisted of direct payments of the households (AMD 1,848.6 million in 2011; AMD 3,086.6 million or almost 50% in 2010; AMD 1,730.8 million or 34.7% in 2009; AMD 1,563.8 million or 34.2% in 2008; AMD 2,590.5 million or 57.4% in 2007). There was no financing

provided by the Rest of the World in 2012 (0 in 2011; AMD 6.6 million in 2010; AMD 7.7million in 2009; AMD 23.3 million in 2008).

- 4.3 Funding for functions of **emergency care and transportation of patients** – AMD 3,533.1 million (AMD 3,368.2 million in 2011; AMD 2,122.4 million in 2010; AMD 2,113.2 million in 2009; AMD 1,909.7 million in 2008; AMD 1,515 million in 2007; AMD 14,167.5 million in 2006); including AMD 3,259.9 million (AMD 2,969 million in 2011; AMD 1,456.0 million in 2010; AMD 1,475.5 million in 2009; AMD 1,482.9 million in 2008; AMD 1,332.3 million in 2007) was provided by the Public Sector, and the remaining AMD 273.2 million (AMD 399.2 million in 2011; AMD 666.5 million in 2010; AMD 637.7 million in 2009; AMD 426.8 million in 2008) were the direct payments made by households.

- 4.9 **Financing of all the other additional services** – AMD 3.501.1 million (AMD 742.2 million in 2011; AMD 1,448.3 million in 2010; AMD 1,425.9 million in 2009; AMD 1,088 million in 2008; AMD 170.9 million in 2007; AMD 147 million in 2006), including AMD 1,938.7 million (AMD 211.3 million in 2011; AMD 579.9 million in 2010; AMD 199.4 million in 2009; AMD 552.3 million in 2008) provided by the Public Sector and AMD 782.7 million (AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008) were provided as direct payments made by households, and AMD 779.7 million was provided by the Rest of the World.

5. Medical goods distributed to ambulatory patients HC. 5

In 2012, services provided under functions included in this group amounted to AMD 54,598.5 million or 58.5% of overall funding for all functions (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; AMD 24,131.3 million in 2008; AMD 24,784.8 million in 2007; AMD 20,854 million in 2006) the growth compared with the preceding year was 103.3% (90.8% in 2011; 175.6% in 2010; 137.3% in 2009). It is noteworthy that in 2008 a reduction of 2.6% was recorded (the growth in 2007 was 118.8% compared with the previous year).

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

The financing provided by **Public Sector** amounted to AMD 7,077.3 million or 13% of the overall funding of this group (AMD 6,244.8 million or 11.8% in 2011; AMD 9,220.2 million or 15.8% in 2010; AMD 4,376.0 million or 13.2% in 2009; AMD 5,066.7 million or 21% in 2008; AMD 4,226.4 million in 2007; AMD 3,464.7 million in 2006). In Public Sector, AMD 5,989.4 million or 84.6% of the overall public funding is provided by the RA Ministry of Health (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 4,090.7 million or 80.7% in 2008; AMD 3,184.7 million or 75.4% in 2007; AMD 2,471 million or 73% in 2006), AMD 986.9 million or 13.9% of overall public funding (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; AMD 867.3 million or 17.1% in 2008; AMD 933 million or 24.6% in 2007; AMD 803 million or 23.7% in 2006; AMD 550.4 million or 17.3% in 2005) was provided by the RA Ministry of Labor and Social Issues. Financing provided by the RA National Security Service and the RA Police amounted to AMD 27.7 million and AMD 73.4 million respectively (AMD 27.9 million and AMD 82.2 million in 2011; AMD 27.9 and 73.7 million in 2009-2010; AMD 26.8 and 81.9 million in 2008; AMD 26.8 and 81.9 million in 2007; AMD 27 and 82 million in 2006).

The public funding of this group's functions has been implemented for the components of "Pharmaceutical and other goods of short-term use" in an amount of AMD 5,220.3 for the function of "Drugs by prescription", AMD 1,857.1 million for "Therapeutic accessories and other medical supplies of long-term use", of which AMD 87.4 million for "Orthopedic devices

and other prosthesis”, AMD 110.2 million for “Hearing devices”, AMD 996.9 million “Medical technical equipment” and AMD 662.6 million for “All other medical goods”.

The Private Sector funding was AMD 41,348.1 million, which was entirely funded by the household subgroup (AMD 39,096.7 million in 2011; AMD 45,208.9 million in 2010; AMD 28,752.8 million in 2009; AMD 19,007 million in 2008; AMD 20,558.4 million in 2007; AMD 17,463 million in 2006).

Funding provided by the **Rest of the World** amounted to AMD 6,173.0 million (AMD 7,515.6 million in 2011; AMD 3,762.0 million in 2010; AMD 0.6 million in 2009; AMD 57.6 million in 2008).

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

Services provided under the functions of this group in 2012 amounted to AMD 6,079.4 million (AMD 5,608.8 million in 2011; AMD 5,738 million in 2010; AMD 6,762.8 million in 2009; AMD 6,007.4 million in 2008; AMD 4,350.8 million in 2007; AMD 5,713.7million in 2006), where the share of Public Sector financing was AMD 3,806.2 million or 62.6% of the overall financing (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; AMD 4,150.7 million or 69.1% in 2008; AMD 4,007.1 million or 92.1% in 2007; AMD 3,571.2 million or 64.5% in 2006), including AMD 3,706.2 million (AMD 4,073.1 in 2011; AMD 4,092.6 million in 2010; 4,008.7 million in 2009; AMD 3,953.7 million in 2008; AMD 3,925.1 million in 2007; AMD 3,346.5 million in 2006) funded by the Ministry of Health, AMD 128.4 million in 2011 (AMD 120.0 million in 2010; AMD 87.0 million in 2009; AMD 97.0 million in 2008; AMD 82.0 million in 2007; AMD 100.0 million in 2006) provided by the Ministry of Transport and Communication and TBD financing-AMD 100 million.

The Private Sector financing amounted to AMD 1,242.1 million or 20.4% (AMD 913.6 million or 16.3% in 2011; AMD 1,525.4 million or 26.6% in 2010) of the overall and was totally financed by the households. In 2009, the financing amounted to AMD 2,356.1 million or 34.8%, of which AMD 1,382.3 million were the direct payments of households, and AMD 973.8 million funding provided by non-commercial organizations. The Private Sector financing for this group of functions in 2008 amounted to AMD 1,105.6 million, including AMD 1,099.2 million from direct payments of households and AMD 6.4 million from non-commercial organizations. In 2007, no financing or payment was provided by Private Sector.

The financing provided by the Rest of the World sector amounted to AMD 1,031.1 million or 17% (AMD 393.8 million or 7% in 2011; 0 in 2010; AMD 231 million or 3.5% in 2009; AMD 751.1 million or the 12,5% in 2008; AMD 343.7 million in 2007; AMD 2,091 million in 2006):

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

6.1 Maternal and child health: RA Ministry of Health – AMD 1,254.9 million (AMD 1,237.3 million in 2011; AMD 1,105.8 million in 2010; AMD 1,040.2 million in 2009; AMD 946.1 million in 2008; AMD 1,110.5 million in 2007; AMD 966.5 million in 2006), Private Sector- direct payments of households AMD 1,242.1 million (AMD 913.6 million in 2011; AMD 1,525.4 million in 2010; AMD 1,382.3 million in 2009; AMD 1,105.6 million in 2008) and the Rest of the World – AMD 252 million (AMD 57.9 million in 2011, 0 in 2010; AMD 42.0 million in 2009; AMD 207.7 million in 2008; 0.0 in 2007; AMD 1,650.5 million in 2006);

6.2 Health care services at schools: RA Ministry of Health – AMD 450.6 million (AMD 419 million in 2011; AMD 410.4 million in 2010; AMD 393.4 million in 2009; AMD 481.2

million in 2008; AMD 466.6 in 2007; AMD 437.4 million in 2006); the Rest of the World- AMD17.3 million.

6.3 Prevention of communicable diseases: RA Ministry of Health – AMD 884.9 million (AMD 2,416.8 million in 2011; AMD 2,576.4 million in 2010; AMD 2,655 million in 2009; AMD 2,526.5 million in 2008; AMD 2,248 million in 2007; AMD 1,942.6 million in 2006), the Rest of the World – AMD 559.2 million (AMD 335.9 million in 2011; AMD 1,132.7 million in 2010; AMD 114.2 million in 2009; AMD 11.4 million in 2008; AMD 178.5 million in 2007; AMD 401 million in 2006).

6.4 Prevention of non-communicable diseases: no financing was provided from the Ministry of Health (0 in 2011; 0 in 2009; 0 in 2008; AMD 100.0 million in 2007) and the Rest of the World – AMD 11.4 million in 2008; AMD 2.5 million in 2007; AMD 8.4 million in 2006.

6.5 Health maintenance in industry: no funding was provided (RA Ministry of Transport and Communication provided AMD 128.4 million in 2011; AMD 120.0 million in 2010; AMD 87.0 million in 2009; AMD 97.0 million in 2008; AMD 82.0 million in 2007; AMD 100.0 million in 2006).

6.9 Other public health services: Public other funding – AMD 1,070.9 million (AMD 99.9 million in 2011; 0 in 2010), TBD- AMD 100 million, Rest of the World- AMD 8.6 million (AMD 74.8 million in 2009).

7. Health and medical insurances administration HC. 7

The volume of services provided under the functions included in this group and its funding amounted to AMD 1,806.4 million (AMD 2,958.5 million in 2011; AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009; AMD 1,271.8 million in 2008; AMD 1,500.4 million in 2007; AMD 1,784.6 million in 2006), where the major part of the overall financing AMD 1,444.3 million or 80.0% (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; AMD 1,156.9 million or 91% in 2008; AMD 932 million or 62.1% in 2007; AMD 1,139.8 million in 2006) was provided by the Public Sector (RA Ministry of Health) and was directed to “Health State General Administration” function.

In 2012, no financing was provided from Private Sector agent. In 2010, AMD 58.8 million was provided by non-commercial organizations and AMD 23.8 million-by private enterprises, which together amounted to AMD 83.6 million and was directed to “Health State General Administration” function.

AMD 362.1 million (AMD 426.3 million in 2011; AMD 162.7 million or 7.1% in 2010; AMD 11.9 million or 1% in 2009; AMD 114.9 million or 9% in 2008; AMD 568.2 million or 37.9% in 2007; AMD 644.8 million in 2006) was provided by the Rest of the World for the above mentioned function.

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

In 2012, no financing was provided under this group of providers. The volume of services related to functions of this group in 2010 amounted to AMD 1,350.2 million (AMD 415.7 million in 2009; AMD 1,635.9 million in 2008; AMD 1,234.3 million in 2007; AMD 1,478.6 million in 2006), which was financed by Public sector- the Ministry of Labor and Social Issues. In 2009 the main part of the financing was provided by the Ministry of Health- AMD 379.5 million (AMD 284 million in 2008) and by the Ministry of Labor and Social Issues- AMD

1,351.9 million in 2008; (AMD 1,035.1 million in 2007). Public Sector financing in 2006 amounted AMD 1,035.1 million; and Private Sector financing - AMD 443.5 million.

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

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

The volume of services related to the functions in this group in 2012 amounted to AMD 6,813.8 million (AMD 6,696.9 million in 2011; AMD 7,342.6 million in 2010; AMD 16,987.7 million in 2009; AMD 15,453.2 million in 2008; AMD 26,923 million in 2007; AMD 18,201.6 million in 2006) and the volume has increased by 1.7% compared with the previous year. The growth of the financing volume by current prices in 2009 was 109.9%, in the case that in 2008 there was a decrease of 42.6% for this indicator.

The funding by agents is the following: AMD 4,740.2 million or 69.6% of the total funding (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; AMD 9,911.6 million or 64.1% in 2008; AMD 21,911.3 million or 81.4% in 2007; AMD 14,458.6 million in 2006) has been financed by the **Public Sector**, including the Ministry of Health's funding of AMD 3,798.4 million (AMD 5,075.8 million in 2011; AMD 11,052.9 million in 2009; AMD 8,484.5 million in 2008; AMD 20,619.4 million in 2007; AMD 13,436.8 million in 2006), no funding was provided by the Ministry of Labor and Social Issues (0 in 2011; 0 in 2010; AMD 25.5 million in 2009); the funding from the Ministry of Education and Science amounted to AMD 935.8 million (AMD 935.8 million in 2011; AMD 659.7 million in 2009; AMD 650.7 million in 2008; AMD 361.8 million in 2007; AMD 518.2 million in 2006). There was no other funding provided by Public Sector in 2012 (0 in 2011; AMD 93.4 million in 2010; AMD 272.8 million in 2009; AMD 672.5 million in 2008; AMD 788.0 million in 2007; AMD 392.3 million in 2006).

In 2012, no financing was provided by **Private Sector**. In 2010 financing by Private Sector amounted to AMD 293.8 million or 4% of the total (AMD 2,069.9 million or 12.2% in 2009; AMD 2,207.7 million or the 14.3% in 2008; AMD 1,858.7 million in 2007; AMD 2,202.0 million in 2006) which was a reduce compared with the previous year by 85.9%. The financial volume of 2009 compared with the indicator for 2008 was reduced by 6.2% (in 2008 a growth of 118.8% was recorded, in 2007 a reduction of 15.6% was recorded).

Financing by the **Rest of the World** was implemented in the amount of AMD 2,073.6 million (AMD 2,112.5 million in 2011; AMD 572.1 million in 2010; AMD 2,599.7 million in 2009; AMD 3,333.8 million in 2008; AMD 3,152.9 million in 2007; AMD 1,550.0 million in 2006).

AMD 3,044.7 million or 44.7% of the overall financing in this group of functions (AMD 5,589.8 million or 83.5% in 2011; AMD 6,119.1 million or 83.3% AMD 16,023.5 million or 94.3% in 2009; AMD 14,039.7 million or 90.8% in 2008; AMD 24,994.5 million or 92.8% in 2007) was allocated to "**Capital formation for facilities providing health services**" *HC.R.1*, of which AMD 2,541.9 million or 83.5% (AMD 5,371 million or 87.8% in 2011; AMD 11,658.7 million or 72.8% in 2009; AMD 9,147.3 million or 65.1% in 2008; AMD 21,175.4 million or 84.7% in 2007) was the financing from the Public Sector.

In 2012 there was no financing provided by Private Sector. (0 in 2011; AMD 253.8 million or 4.1% in 2010; AMD 2,054.4 million or 12.2% in 2009; AMD 2,199.6 million or 15.7% in 2008).

Funding from the Rest of the World amounted to AMD 2,049 million (AMD 2,049 million in 2011; AMD 494.2 million or 8.1% in 2010; AMD 2,310.4 million or 14.4% in 2009; AMD 2,692.7 million or 19.2% in 2008).

The funding for the function of “**Education and Training of Health care personnel HC.R.2**” amounted to AMD 1,803.1 million (AMD 1,098.7 million in 2011; AMD 1,108.1 million in 2010; AMD 756.6 million in 2009; AMD 1,068.9 million in 2008; AMD 1,441.6 million in 2007), which was provided by the Ministry of Education and Science in the amount of AMD 941.8 million (AMD 935.8 million in 2010; AMD 659.7 million in 2009), Ministry of Health provided AMD 381.8 million, the Rest of the World provided AMD 479.5 million (AMD 55.1 million in 2011; AMD 63.1 million in 2010; AMD 96.9 million in 2009).

The funding for the function of “**Expenditures on health system research and works HC.R.3**” amounted to AMD 1,351.3 million, out of which the Rest of the World provided AMD 1,091.2 million (AMD 8.4 million in 2011; AMD 115.4 million in 2010; AMD 207.6 million in 2009; AMD 344.6 million in 2008; AMD 490 million in 2007), the Ministry of Health provided AMD 260.1 million (AMD 93.1 million in 2011), AMD 8.0 million (AMD 15.2 million in 2009) by private sector non-commercial organizations and private enterprises and AMD 14.8 million (AMD 192.4 million in 2009) by the agent the Rest of the World.

10. Expenditures not classified by type HC.R nsk

Services provided for expenditures not classified by type were funded by AMD 60.6 million, which was provided by the Rest of the World (0 in 2011; 0 in 2010; AMD 1,550.9 million in 2009; AMD 60.2 million in 2008; AMD 1,631 million in 2007; AMD 3,654.3 million in 2006), In 2009 financing was entirely provided by Public Sector, including the Ministry of Health in an amount of AMD 227.1 million and the Ministry of Labor and Social Issues in an amount of AMD 1,323.8 million. In 2008, funding was entirely provided by the Non-commercial organizations- subagent of Private Sector. In 2007, the overall financing was provided by the Ministry of Health in an amount of AMD 1,631 million and AMD 610.5 million in 2006; and the Rest of the World provided 1,155.6 million in 2006.

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 2012 amounted to **AMD 178,068.2 million** (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,259.8 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:

1.1 Public sector – **AMD 67,332.1 million** (AMD 63,200.1 million in 2011; AMD 62,743.9 million in 2010; AMD 62,709 million in 2009; AMD 59,859.9 million in 2008; AMD 65,088.8 million in 2007; AMD 51,156.6 million in 2006; AMD 39,767.4 million in 2005);

1.2 Private sector – **AMD 99,197.8 million** (AMD 67,044.9 million in 2011; AMD 91,373.6 million in 2010; AMD 79,666 million in 2009; AMD 72,666.3 million in 2008; AMD 69,588.1 million in 2007; AMD 67,066 million in 2006; AMD 75,158.2 million in 2005);

1.3 Rest of the World – **AMD 11,538.3 million** (AMD 11,157.9 million in 2011; AMD 4,969.4 million in 2010; AMD 2,938.3 million in 2009; AMD

4,516.4 million in 2008; AMD 4,582.9 million in 2007; AMD 6,029 million in 2006; AMD 6,268.1 million in 2005).

2. The overall volume of implemented functions in 2012 amounted to **AMD 178,068.2 million** (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,256 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), of which:
 - 2.1 **Medical care services – AMD 88,317.9 million** (AMD 61,563.5 million in 2011; AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009; AMD 77,967.7 million in 2008; AMD 70,872.8 million in 2007; AMD 69,717.5 million in 2006; AMD 77,421.7 million in 2005);
 - 2.2 **Rehabilitation care services – AMD 2,266.4 million** (AMD 1,234.6 million in 2011; AMD 1,728 million in 2010; AMD 1,471.2 million in 2009; AMD 1,546.1 million in 2008; AMD 1,755.9 million in 2007; AMD 1,633.5 million in 2006; AMD 1,316.8 million in 2005);
 - 2.3 **Nursing long-term care services – AMD 0** (0 in 2011; AMD 11.8 million in 2010; AMD 296 million in 2009; AMD 51.3 million in 2008; AMD 5.1 million in 2007);
 - 2.4 **Auxiliary medical care services – AMD 18,125.2 million** (AMD 10,483.4 million in 2011; AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009; AMD 8,919.6 million in 2008; AMD 6,201.8 in 2007; AMD 3,102 million in 2006; AMD 3,814.7 million in 2005);
 - 2.5 **Medical goods distributed to ambulatory patients – AMD 54,598.5 million** (AMD 53,801.1 million in 2011; AMD 58,191.1 million in 2010; AMD 33,129.1 million in 2009; AMD 24,131.3 million in 2008; AMD 24,935.8 million in 2007; AMD 20,854 million in 2006; AMD 18,187.3 million in 2005);
 - 2.6 **Disease prevention and public health services – AMD 6,079.4 million** (AMD 5,608.8 million in 2011; AMD 5,738 million in 2010; AMD 6,762.8 million in 2009; AMD 6,008.9 million in 2008; AMD 4,350.8 million in 2007; AMD 5,713.7 million in 2006; AMD 4,210.7 million in 2005);
 - 2.7 **Administration of health and medical insurance – AMD 1,806.4 million** (AMD 2,958.5 million in 2011; AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009; AMD 1,274.2 million in 2008; AMD 1,500.4 million in 2007; AMD 1,784.6 million in 2006; AMD 1,374.6 million in 2005);
 - 2.8 **Other health expenditures not classified by type – 0** (0 in 2011; AMD 1,360.2 million in 2010; AMD 415.7 million in 2009; AMD 1,635.9 million in 2008; AMD 1,234.3 million in 2007; AMD 1,478.6 million in 2006; AMD 1,429.3 million in 2005);
 - 2.9 **Health related functions HCR 1-5 – AMD 6,813.8 million** (AMD 6,696.9 million in 2011; AMD 7,342.6 million in 2010; AMD 16,987.8 million in 2009; AMD 15,453.2 million in 2008; AMD 26,923 million in 2007; AMD 18,201.6 million in 2006; AMD 10,940 million in 2005);
 - 2.9.1. *Capital formation of the health service provider institutions – AMD 3,044.7 million* (AMD 5,589.8 million in 2011; AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009; AMD 14,039.7 million in 2008; AMD 24,994.5 million in 2007; AMD 17,409.3 million in 2006);

2.9.2. *Personnel education and training* – AMD 1,803.1 million (AMD 1,098.7 million in 2011; AMD 1,108.1 million in 2010; AMD 756.6 million in 2009; AMD 1,068.9 million in 2008; AMD 1,441.6 million in 2007; AMD 619.5 million in 2006);

2.9.3. *Expenditures on health system research and works* – AMD 1,351.3 million (AMD 8.4 million in 2011; AMD 115.4 million in 2010; AMD 207.6 million in 2009; AMD 344.6 million in 2008).

2.9.4. *Monitoring of food and water quality, as well as hygiene regulations*-AMD 614.6 million (no funding in previous years).

2.10 **Expenditures not classified by type** – AMD 60.6 million (0 in 2011; 0 in 2010; AMD 1,550.9 million in 2009; AMD 60.2 million in 2008; AMD 1,631 million in 2007; AMD 1,766.1 million in 2006; AMD 2,498.7 million in 2005).

4.1.4. *Providers and Functions (PxF) Account*

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

1. The overall services financed by the Financial agents and provided by Providers in 2012 amounted to **AMD 178,068.2 million** (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,042.6 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), including:

1.1 **Hospital group** – AMD 70,489.9 million (AMD 54,618.2 million in 2011; AMD 60,450.1 million in 2010; AMD 59,060.9 million in 2009; AMD 66,245.8 million in 2008; AMD 61,659.9 million in 2007; AMD 56,125.2 million in 2006; AMD 66,559.9 million in 2005), of which:

- *multi-profile hospitals* – AMD 52,215.9 million (AMD 37,066.22 million in 2011; AMD 41,908.8 million in 2010; AMD 43,358.3 million in 2009; AMD 52,584.7 million in 2008; AMD 49,520 million in 2007; AMD 45,953.5 million in 2006; AMD 56,762.1 million in 2005);

- *mental hospitals and narcological dispensaries* – AMD 2,385.6 million (AMD 2,392.1 million in 2011; AMD 2,067.9 million in 2010; AMD 2,212.6 million in 2009; AMD 1,862.4 million in 2008; AMD 1,598.4 million in 2007; AMD 1,376.2 million in 2006; AMD 1,412.7 million in 2005);

- *specialized hospitals* –AMD 16,992.4 million (AMD 12,896.3 million in 2011; AMD 13,795.5 million in 2010; AMD 11,317.9 million in 2009; AMD 10,192.7 million in 2008; AMD 9,389.9 million in 2007; AMD 7,744.7 million in 2006; AMD 7,365.9 million in 2005);

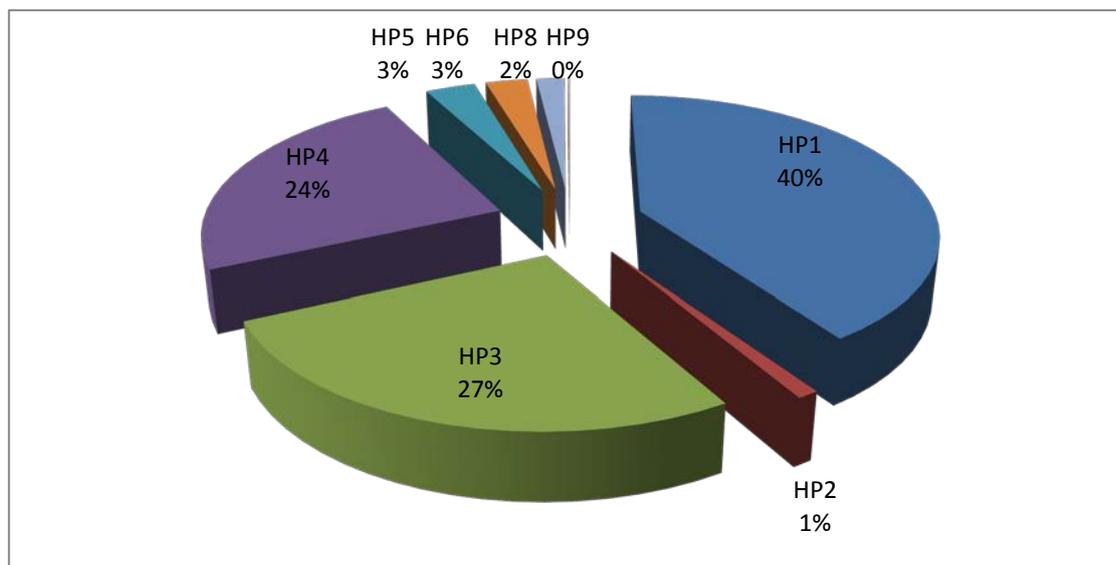
- *non-allopathic providers* – AMD 782.7 million (AMD 520.1 million in 2011; AMD 868.4 million in 2010; AMD 1,226.5 million in 2009; AMD 524.7 million in 2008; 0.0 in 2006 and 2007; AMD 232.6 million in 2005);

- *health resorts/sanatoria* – AMD 1,868.3 million (AMD 701.5 million in 2011; AMD 1,189.4 million in 2010; AMD 945.5 million in 2009; AMD 1,081.3 million in 2008; AMD 1,151.6 million in 2007; AMD 1,050.9 million in 2006; AMD 786.6 million in 2005);

1.2 **Services of long term nursing care** – AMD 1,832.3 million (0 in 2011; AMD 1,376.7 million in 2010; AMD 1,345.3 million in 2009; AMD 1,351.9 in 2008;

AMD 1,217.5 million in 2007; 1,035.1 million in 2006; AMD 8,30.7 million in 2005);

- 1.3 **The group of outpatient care providers – AMD 48,836.8 million** (AMD 31,066.1 million in 2011; AMD 37,883.4 million in 2010; AMD 32,804.8 million in 2009; AMD 32,625.2 million in 2008; AMD 30,005.7 million in 2007; AMD 30,190.7 million in 2006; AMD 22,951.2 million in 2005);
- 1.4 **The group of providers of pharmaceutical and other medical supplies – AMD 42,602.6 million** (AMD 39,096.7 million in 2011; AMD 43,277.1 million in 2010; AMD 28,752.8 million in 2009; AMD 18,985.6 million in 2008; AMD 20,520.6 million in 2007; AMD 17,571.4 million in 2006; AMD 15, 063.4 million in 2005);
- 1.5 **Implementation of public health care programs – AMD 5,923.3 million** (AMD 4,402.3 million in 2011; AMD 11,517.2 million in 2010; AMD 5,084.2 million in 2009; AMD 3,453.5 million in 2008; AMD 3,904.2 million in 2007; AMD 2,944.2 million in 2006; AMD 2,513.3 million in 2005);
- 1.6 **Health management and insurance – AMD 4,976.7 million** (AMD 10,104.2 million in 2011; AMD 2,067.8 million in 2010; AMD 7,839.6 million in 2009; AMD 8,332.5 million in 2008; AMD 15,474.9 million in 2007; AMD 10,893.5 million in 2006; AMD 7,721.1 million in 2005);
- 1.7 **All other managers of the health sector – 0** (AMD 37.8 million in 2011; 0 in 2010; AMD 0.0 in 2009; AMD 23.6 million in 2008);
- 1.8 **The group of providers of health related services – AMD 3,346.0 million** (AMD 8.4 million in 2011; AMD 2,488.1 million in 2010; AMD 3,101.5 million in 2009; AMD 2,075.7 million in 2008; AMD 1,477.7 million in 2007; AMD 831.8 million in 2006; AMD 1,459. 8 million in 2005);
- 1.9 **The Rest of the World – AMD 60.6 million** (AMD 964.8 million in 2011; AMD 26.6 million in 2010; AMD 4,772.5 million in 2009; AMD 1,782.2 million in 2008; AMD 2,752.6 million in 2007; AMD 859.4 million in 2006; AMD 1,281.3 million in 2005);
- 1.10 **Providers, not classified by types – 0** (AMD 60.7 million in 2011; 0 in 2010; AMD 2,551.7 million in 2009; AMD 2,166.6 million in 2008; AMD 2,246.8 million in 2007; AMD 3,800.2 million in 2006; AMD 2,812.8 million in 2005).

Chart 19. Providers and Functions (PxF) account

Source: NHA data tables

By analyzing the Providers and Functions account of the National Health Accounts, we observe that the main role or 40.5% played **the group of Hospitals, the second were Outpatient care service providers' group with 27%, and the third major provider is the group of Providers of pharmaceutical and other medical supplies with 24%.**

2. The overall volume of implemented functions in 2012 amounted to **AMD 178,068.2 million** (AMD 141,402.9 million in 2011; AMD 159,086.9 million in 2010; AMD 145,313.3 million in 2009; AMD 137,042.6 million in 2008; AMD 139,256 million in 2007; AMD 124,251.6 million in 2006; AMD 121,193.6 million in 2005), of which:
 - 2.1 **Medical care services – AMD 93,398.1 million** (AMD 61,563.5 million in 2011; AMD 70,475.3 million in 2010; AMD 73,524.9 million in 2009; AMD 77,967.7 million in 2008; AMD 70,872.8 million in 2007; AMD 69,717.5 million in 2006; AMD 77,421.7 million in 2005);
 - 2.2 **Rehabilitation care services – AMD 2,266.4 million** (AMD 1,234.6 million in 2011; AMD 1,728 million in 2010; AMD 1,471.2 million in 2009; AMD 1,546.1 million in 2008; AMD 1,755.9 million in 2007; AMD 1,633.5 million in 2006; AMD 1,316.8 million in 2005);
 - 2.3 **Nursing long-term care services – 0** (0 in 2011; AMD 11.8 million in 2010; AMD 296 million in 2009; AMD 51.3 million in 2008; AMD 5.1 million in 2007);
 - 2.4 **Auxiliary medical care services – AMD 18,125.2 million** (AMD 10,483.4 million in 2011; AMD 11,946.4 million in 2010; AMD 9,949.1 million in 2009; AMD 8,919.6 million in 2008; AMD 6,201.8 in 2007; AMD 3,102 million in 2006; AMD 3,814.7 million in 2005);
 - 2.5 **Medical goods distributed to ambulatory patients – AMD 54,598.5 million** (AMD 53,801.1 million in 2011; AMD 58,191.1 million in 2010; AMD 33,129.1 million in 2009; AMD 24,131.3 million in 2008; AMD 24,935.8 million in 2007; AMD 20,854 million in 2006; AMD 18,187.3 million in 2005);
 - 2.6 **Disease prevention and public health services – AMD 6,079.4 million** (AMD 5,608.8 million in 2011; AMD 5,738 million in 2010; AMD 6,762.8 million in 2009;

AMD 6,008.9 million in 2008; AMD 4,350.8 million in 2007; AMD 5,713.7 million in 2006; AMD 4,210.7 million in 2005);

2.7 Administration of health and medical insurance – AMD 1,806.4 million (AMD 2,958.5 million in 2011; AMD 2,293.5 million in 2010; AMD 1,225.8 million in 2009; AMD 1,274.2 million in 2008; AMD 1,500.4 million in 2007; AMD 1,784.6 million in 2006; AMD 1,374.6 million in 2005);

2.8 Other health expenditures not classified by type – 0 (0 in 2011; AMD 1,360.2 million in 2010; AMD 415.7 million in 2009; AMD 1,635.9 million in 2008; AMD 1,234.3 million in 2007; AMD 1,478.6 million in 2006; AMD 1,429.3 million in 2005);

2.9 Health related functions HCR 1-5 – AMD 6,813.8 million (AMD 6,696.9 million in 2011; AMD 7,342.6 million in 2010; AMD 16,987.8 million in 2009; AMD 15,453.2 million in 2008; AMD 26,923 million in 2007; AMD 18,201.6 million in 2006; AMD 10,940 million in 2005);

2.9.1. Capital formation of the health service provider institutions – AMD 3,044.7 million (AMD 5,589.8 million in 2011; AMD 6,119.1 million in 2010; AMD 16,023.5 million in 2009; AMD 14,039.7 million in 2008; AMD 24,994.5 million in 2007; AMD 17,409.3 million in 2006);

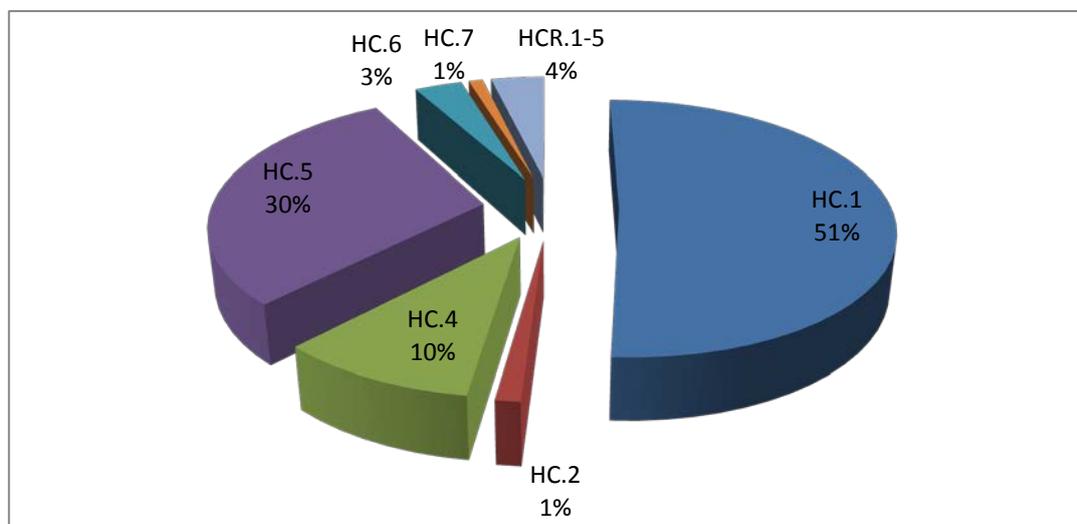
2.9.2. Personnel education and training – AMD 1,803.1 million (AMD 1,098.7 million in 2011; AMD 1,108.1 million in 2010; AMD 756.6 million in 2009; AMD 1,068.9 million in 2008; AMD 1,441.6 million in 2007; AMD 619.5 million in 2006);

2.9.3. Expenditures on health system research and works – AMD 1,351.3 million (AMD 8.4 million in 2011; AMD 115.4 million in 2010; AMD 207.6 million in 2009; AMD 344.6 million in 2008).

2.9.4. Monitoring of food and water quality, as well as hygiene regulations-AMD 614.6 million

2.10 Expenditures not classified by type – AMD 60.6 million (0 in 2011; 0 in 2010; AMD 1,550.9 million in 2009; AMD 60.2 million in 2008; AMD 1,631 million in 2007; AMD 1,766.1 million in 2006; AMD 2,498.7 million in 2005).

Chart 20. The overall volume of Functions 2012, percentage



Source: NHA data tables

PRIORITIES FOR THE FUTURE

For improving the characteristic of healthcare financing, as well as building a more countable and financially effective system we suggest to implement a rating of a health care organizations. The rating should be done through separating organizations by provided health care service type, such as organizations providing inpatient health care services, outpatient-policlinic health care services, as well as differentiating inpatient health care providers by service type and so on.

When implementing the rating of organizations, we suggest choosing several indicators and ratios for financial evaluation of healthcare organizations' performance, for example:

- The newest medical equipment saturation, particularly taking into account the net book value or carrying amount and the residual value of the equipment,
- The evaluation of the effectiveness of the use of equipment,
- The assessment of organization's assets, estimated by different ratios
- The assessment of organization's liabilities, estimated by different ratios
- The evaluation of accounts receivables and payables,
- The ratios of annual revenue (for inpatient care) and the actual number of patients being treated,
- The ratios of actual expenses (for inpatient care) and the actual number of patients being treated,
- The ratios for electricity, gas cost/spending per square meter,
- Use of correlation coefficients of main expenditure groups by economics classification and performance indicators.
- Income structure coefficients (state financed, paid service, copayment, insurance, etc.).
- Expert assessment indicators for out of pocket expenses;

Financial Ratios

- Liquidity ratios
- Asset management ratios
- Debt management ratios
- Profitability Ratios

The main index of current liquidity is the current ratio.

- Current Ratio = Current assets / current liabilities
- Quick Ratio = (Current Assets - Inventories) / Current Liabilities

Asset management ratios

- Average collection period of accounts receivables = Accounts receivables / daily average sales
- Inventory turnover ratio = Cost of sales / inventories
- Fixed asset turnover ratio = Sales / Fixed assets
- Asset turnover ratio = Sales / Total Assets

Debt Management Ratios

Debt management shows how the company uses investors' resources for its own purposes.

When using loan funds, the company pays the interest, which means the use of cash and good governance.

- Total debt ratio (TDR) = Total Liabilities / Total Assets
- Debt - equity ratio (DE) = Total Liabilities / Total Equity
- Equity Multiplier (EM) = Total Assets / Total Equity

Profitability Ratios

- Return on Sales = Net profit / Revenue
- Return on Assets = Net profit / Total Assets
- Return on Equity = Net profit / Total Equity

LITERATURE

1. Guide to producing National Health Accounts, WB, WHO, USAID.
2. *Social Snapshot and Poverty in Armenia*. Statistical analytical report, in accordance with the results of Household Living Conditions Integrated Survey 2012, NSS RA.
3. *Armenia Consumer Price Index*, January December, 2010, Statistical Bulletin, RA National Statistical Service, Yerevan 2011, Pages 25, 28-29, 126-127.
4. The World Bank Indicators <http://data.worldbank.org/indicator>.
5. Global health expenditure database
<http://apps.who.int/nha/database/DataExplorerRegime.aspx>.
6. National Health Accounts in Developing Countries: Improving the Foundation. Peter Berman, Associate Professor of International Health Economics, Department of Population and International Health, Harvard School of Public Health.

Appendixes

Financing Agents and Providers Account (FAxP)

PRO VIDERS	2011				2012				Change in total	
	Total	Public Sector	Private Sector	Rest of the World	Total	Public Sector	Private Sector	Rest of the World	Million AMD	%
HP.1 Hospitals	54,618	35,992	18,004	623	70,490	32,899	32,655	4,935	15,872	29
HP.2 Nursing and residential care facilities	-				1,832	1,832	-	-	1,832	
HP.3 Providers of ambulatory health care service	31,066	21,016	9,945	105	48,837	18,839	26,520	3,479	17,771	57
HP.4 Retail sale and other providers of medical goods	39,097		39,097		42,603	2,579	40,023	1	3,506	9
HP.5 Provision and administration of public health programs	4,402	2,517		1,886	5,923	3,765	-	2,159	1,521	35
HP.6 General health administration and insurance	10,104	1,629		8,475	4,977	4,615	-	362	(5,127)	(51)
HP.7 All other organizations providing administrative services in health care sector	38	38							(38)	(100)
HP.8 Institutions providing health-related services	1,052	1,044		8	3,346	2,804	-	542	2,294	218
HP. 9 Rest of the world	965	965			61	-	-	61	(904)	(94)
HP.nsk Provider not specified by type	61			61					(61)	(100)
TOTAL	141,403	63,200	67,045	11,158	178,068	67,332	99,198	11,538	36,665	26

Financing Agents and Functions Account (FAx F)

FUNCTIONS	2011				2012				Change in total	
	Total	Public Sector	Private Sector	Rest of the World	Total	Public Sector	Private Sector	Rest of the World	Million AMD	%
HC.1 Services of medical care	61,564	38,406	22,458	699	88,318	41,029	46,251	1,039	26,754	43.5
HC.2 Services of rehabilitative care	1,235	743	492		2,266	969	1,277	20	1,032	83.6
HC.4 Auxiliary services to medical care	10,483	6,388	4,085	11	18,125	8,266	9,079	780	7,642	72.9
HC.5 Medical goods dispensed to outpatients	52,857	6,245	39,097	7,516	54,598	7,077	41,348	6,173	1,741	3.3
HC.6 Prevention of diseases and public health services	5,609	4,301	914	394	6,079	3,806	1,242	1,031	471	8.4
HC.7 Health administration and health insurance	2,959	2,532		426	1,806	1,444	-	362	(1,152)	-38.9
HCR.1-5 Health related functions	6,697	4,584		2,113	6,814	4,740	-	2,074	117	1.7
HP.nsk Providers not specified by type	-				61			61	61	
Total	141,403	63,200	67,045	11,158	178,068	67,332	99,198	11,538	36,665	25.9

Household questionnaire
ONE-TIME RESEARCH ON HEALTH CARE SPENDING OF HOUSEHOLDS
Front page

M1.	Household (hereinafter H/H) identification number [fills in the interviewer (hereinafter intw)]	_ _ _ _ Cluster _ _ _ _ _ H/H			
M2.	Marz	1.Aragatsotn	4.Gegharkunik	7.Shirak	10.Tavush
		2.Ararat	5.Kotayk	8.Syunik	11.Yerevan
		3.Armavir	6.Lori	9.Vayots Dzor	
M3.	Settlement _____ name, _ _ _ _ code				
M4.	Settlement type	1.Yerevan 2.Urban 3.Rural			
M5.	Interviewer _____ Name, Family Name	_ _ _ _ code			
M6.	Supervisor _____ Name, Family Name	_ _ _ _ code			

Making a contact.*Interviewer. find the address of the sample list*

M7.	The result of the H/H visit	The address was found and the H/H is accessible	1	} end
		The address was not found	2	
		There are no permanent residents at the address	3	
		The H/H permanently living at the address is not accesible	4	

Receiving the approval to participate

M8.	<i>To the interviewer</i> Greet the person who opened the door.	The answer is in Armenian/ the survey is possible to conduct in Armenian	1	→M9
		The answer is not in Armenian and the survey conduction is not possible in Armenian	2	→M10
M9.	<i>To the interviewer</i> Present yourself and the aim of the survey. Get an consent according to the way presented in the questionnaire.	Agrees to participate in the survey.	1.Yes	→M11
		In case of agreeing put your signiture in the appropriate place of the questionnaire	2.No	end
M10	The final reason of not conducting the survey	The respondent doesn't have time to participate in the survey	1	end
		The respondent is absent from the settlement	2	
		The respondent isn't able to participate because of health or any other issue	3	
		H/H refusal	4	
		Respondent refusal	5	
M1 1	The date of the interview and the time of starting:	_ _ _ day _ _ _ month _ _ _ hour _ _ _ minute		
M1 2	<i>To the interviewer – Fill in in the end of the interview: the number of last filled question</i>			

Household questionnaire
RESEARCH ON HEALTH CARE SPENDING OF HOUSEHOLDS

The secrecy of provided information is protected by law.

Good day. My name is _____, I represent the APR Group. We are implementing a survey which aims to study health spending in Armenia, which will be used in health statistics to calculate general indicators describing the health care and to conduct summarized assesment in the scope of National Health Accounts.

Your honest and truthfull answers will be good support for assesing the volume of health care services provided to the population, which is very important for policy makers in this sphere. I hope we will get your consent and you will help in making more informed and effective decisions for the field. You can refuse to participate in the survey, not answer any question you don't want to during the interview or stop it at any time you wish. Your participation in the survey is voluntary. If you decide not to participate, it won't effect you in any way. Your family has been chosen randomly. However the information you will provide, will be kept in secrecy.

If you agree to participate in the survey, we will have an interview for about 25 to 30 minutes. We will not put your name on the questionnaire which we will fill for you. If we publish the survey, your answers will be used only in summarized statistics. Your participation in this survey doesn't suppose any financial remuneration or other profit.

You are not endangering yourself by any means by participating in this survey.

Do you agree to participate? Yes _____ No _____

The interviewer signs here, which means that the respondent has given an oral consent to participate in the survey. _____

DIRECTIVES FOR THE INTERVIEWER

In case of a refusal, stop the survey, thank the respondent and go to the next address according to the list.

Household number _____ Marz _____ Settlement _____

	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

Interviewer / _____ / _____ / _____ /
(Name, Family name) (Signature) (Date)

Supervisor / _____ / _____ / _____ /
(Name, Family name) (Signature) (Date)

Thank you in advance for taking part in the survey

To the interviewer: *The interview should be conducted with the **head of the family or with the person who makes decisions with the head of the family** and is informed about the economical issues of the household, health care issues of the members of the household, prevention and treatment of diseases.*

*The information should be gathered about the period of **January-December 2012**, and the spending should only include expenses performed in the territory of the Republic of Armenia.*

Before starting the interview, the interviewer should present to the respondent the aim of the survey, general composition of the questionnaire according to this main parts:

1. GENERAL INFORMATION
2. PRIMARY HEALTH CARE AND EXPENDITURE CONNECTED WITH IT
3. DENTISTRY AND EXPENDITURE CONNECTED WITH IT
4. INPATIENT TREATMENT AND EXPENDITURE CONNECTED WITH IT
5. GYNECOLOGICAL CONSULTATIONS AND OBSTETRICS AND EXPENDITURE CONNECTED WITH IT
6. REHABILITATION AND RESORT CARE SERVICES AND EXPENDITURE CONNECTED WITH IT
7. NON TRADITIONAL AND OTHER HEALTH CARE SERVICES AND EXPENDITURE CONNECTED WITH IT
8. LABORATORY AND INSTRUMENTAL DIAGNOSTICS AND EXPENDITURE CONNECTED WITH IT
9. EXPENDITURE ON MEDICINE, NUTRITIONAL SUPPLEMENTS AND MEDICAL GOODS
10. FORM ON AVERAGE MONTHLY INCOME OF THE HOUSEHOLD

PART I. GENERAL INFORMATION

1. General information about the members of the household

Identification number of the household member / code	Name, Family Name	Gender: 1 = female 2 = male	Age (whole years)
1	2	3	4
1 Head			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ATTENTION

Starting from Part II to Part VII included, don't include spending on laboratory and instrumental diagnostics, medicine, nutritional supplements and medical goods in the expenditure.

Don't include information about spending on gynecological consultations and obstetrics in Parts II, IV and VI

List all expenditure in AMD, and in case of payments on a foreign currency, change them into AMD using the average exchange rate for that period.

If the provided service was free of charge or the household didn't pay for it, then fill 0 in the relevant line, and if the respondent couldn't answer or refused to, fill in 99.

PART II. PRIMARY HEALTH CARE AND EXPENDITURE CONNECTED WITH IT.

To the interviewer. Following the 3.1 column of the 1st Part, fill in the codes of the members of the household, who during **January-December 2012**, either had visits or referred to EMS service. One row is designed for each member of the household.

2. Have the members of your household made visits to Feldsher-Obstetrical office, ambulatory, polyclinics, family doctor's office in cases not connected with an illness?

1. Yes; → Continue with the questions	2. No; → Go to 5 th question of Part II
---------------------------------------	--

3. If yes, than how many visits have been made for the each reason mentioned below? (Fill the number of visits)

Member of H/H (write down)	a) for the purpose of health care maintaining and prevention	b) for immunizations	. . For getting information about health care, an illness and so on
3.1	3.2.1	3.2.2	3.2.3

4. How much did you spend (in AMD) when visiting **Feldsher-Obstetrical office, ambulatory, policlinics, family physician’s office** for the purpose of health care maintenance and prevention for the members of your household, for immunizations or for receiving information about health care, an illness etc.?

The identification number/code of the H/H member (mention)	Approximately how much did you spend? <i>(except the payments done by other sources or payments done by goods (payments done by products or services))</i>			Have there been any other payments from other sources for the provided services except the payments made by you <i>(if there has been made a payment from particular source, mention how much exactly, otherwise leave blank)</i>					If there have been cases when you paid by goods (by products or services), for some services or parts of it, than, please, evaluate their approximate cost			If for any reason (relatives, neighbours etc) you didn’t pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes		
	a) for the purpose of health care maintenance and prevention	b)for immunizations	c)for receiving information about health care, an illness etc	<i>Resources of international organizations and benevolent organizations of other countries</i>	<i>Resources of the employer</i>	<i>Medical insurance</i>	<i>Resources of local benevolent organizations</i>	<i>Other; specify</i>	a) for the purpose of health care maintenance and prevention	b)for immunizations	c)for receiving information about health care, an illness etc.	a) for the purpose of health care maintenance and prevention	b)for immunizations	c)for receiving information about health care, an illness etc
4.1	4.2.1	4.2.2	4.2.3	4.3.1	4.3.2	4.3.3	4.3.4	4.3.5	4.4.1	4.4.2	4.4.3	4.5.1	4.5.2	4.5.3

5. In cases connected with an illness have the member/members of your household visited feldsher-obstetrical office, ambulatory, polyclinics, family physician's office

1. Yes → Continue with the questions	2. No → Go to 12 th question of Part II
--------------------------------------	--

6. How much did you spend (in AMD) on such visits of your household member/members?

The identification number/code of the H/H member (mention)	<p>Ø áĩ ³ í añ³ á »ë ãñũ³ ±Ý»ù Í³ Ëë»É</p> <p>Approximately how much did you spend? <i>(except the payments done by other sources or payments done by goods (payments done by products or services))</i></p>	Have there been any other payments from other sources for the provided services except the payments made by you, how much?					If there have been cases when you paid by goods (by products or services), for some services or parts of it, than, please, evaluate their approximate cost	If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes
		<i>Resources of international organizations and benevolent organizations of other countries</i>	<i>Resources of the employer</i>	<i>Medical insurance</i>	<i>Resources of local benevolent organizations</i>	<i>Other, specify</i>		
6.1	6.2	6.3.1	6.3.2	6.3.3	6.3.4	6.3.5	6.4	6.5

7. Have you referred to Emergency Medical Care Services in cases connected with an illness? (except the services provided by "Erebuni" Medical Center):

1. Yes → Continue with questions	2. No → Go to the 9 th question of Part III
----------------------------------	--

8. Please provide information about spending by your household on Emergency Medical care services (in AMD)

The identification number/code of the H/H member (mention)	Number of EMS calls	Approximately how much did you spend on EMS call?	If there have been cases when you paid by goods (by products or services), for some services or parts of it, than, please, evaluate their approximate cost	If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes
8.1	8.2	8.3	8.4	8.5

Part III. DENTISTRY AND EXPENDITURE CONNECTED WITH IT

9. Did the member/members of your household visit a dentist during January-December 2012:

1. Yes → Continue with questions	2. No → Go to the 11 th question of Part IV
----------------------------------	--

10. How much did you spend on such visits of your household member/members (in AMD)?

The identification number/code of the H/H member (mention)	Approximately how much did you spend? <i>(except the payments done by other sources or payments done by goods (payments done by products or services))</i>		Have there been any other payments from other sources for the provided services except the payments made by you (if there has been made a payment from particular source, mention how much exactly, otherwise leave blank)						If there have been cases when you paid by goods (by products or services), for some services or parts of it, than, please, evaluate their approximate cost		If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes)	
	<i>a) for specialized dental medical care</i>	<i>b) for dental prosthesis</i>	<i>Governmental health care program</i>	<i>Resources of international organizations and benevolent organizations of other countries</i>	<i>Resources of the employer</i>	<i>Medical insurance</i>	<i>Resources of local benevolent organizations</i>	<i>Other, specify</i>	<i>a) for specialized dental medical care</i>	<i>b) for dental prosthesis</i>	<i>a) for specialized dental medical care</i>	<i>b) for dental prosthesis</i>
10.1	10.2.1	10.2.2	10.3.1	10.3.2	10.3.3	10.3.4	10.3.5	10.3.6	10.4.1	10.4.2	10.5.1	10.5.2

PART IV. INPATIENT TREATMENT AND EXPENDITURE CONNECTED WITH IT

11. Did the member/members of your household have any illness during **January-December 2012** for which they referred to hospital, clinics?

1. Yes → Continue with questions	2. No → Go to 13th question of Part V
----------------------------------	---------------------------------------

12. If yes, please, mention the type of the illness, (**to the interviewer: code it according to Appendix 1**) and the relevant expenditure in AMD:

The identification number/code of the H/H member (mention)	Approximately how much did you spend? <i>(except the payments done by other sources or payments done by goods (payments done by products or services))</i>		Have there been any other payments from other sources for the provided services except the payments made by you (if there has been made a payment from particular source, mention how much exactly, otherwise leave blank)											
			<i>Governmental health care program</i>		<i>Resources of international organizations and benevolent organizations of other countries</i>		<i>Resources of the employer</i>		<i>Medical insurance</i>		<i>Resources of local benevolent organizations</i>		<i>Other, specify</i>	
	code	spending	code	spending	code	spending	code	spending	code	spending	code	spending	code	spending
12.1	12.2.1	12.2.2	12.3.1	12.3.2	12.3.3	12.3.4	12.3.5	12.3.6	12.3.7	12.3.8	12.3.9	12.3.10	12.3.11	12.3.12

(continuation)

The identification number/code of the H/H member (mention)	If there have been cases when you paid by goods (by products or services) for some services or parts of it, than, please, evaluate their approximate cost		If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes	
	<i>code</i>	<i>spending</i>	<i>code</i>	<i>spending</i>
12.1	12.3.13	12.3.14	12.3.15	12.3.16

PART V. GYNECOLOGICAL CONSULTATIONS, OBSTETRICS AND EXPENDITURE CONNECTED WITH IT

To the interviewer. The questions in this section refer to spending made in cases of a household member's ***pregnancy, baby delivery or induced or spontaneous abortion.***

13. During January-December 2012, did the member/members of your household perform visits for the following reasons (put the needed options in a circle)

1. A visit connected with family planning,
2. A visit connected with pregnancy monitoring check up
3. A visit connected with baby delivery,
4. A visit connected with postpartum check up
5. A visit connected with induced or spontaneous abortion

1. Yes → Continue with questions	2. No → Go to 15 th question of Part VI
----------------------------------	--

The identification number/code of the H/H member (mention)	Approximatly how much did you spend? <i>(except the payments done by other sources or payments done by goods (payments done by products or services)</i>					Have there been any other payments from other sources for the provided services except the payments made by you, how much?					
	<i>A visit connected with family planning</i>	<i>A visit connected with pregnancy monitoring check up</i>	<i>A visit connected with baby delivery</i>	<i>A visit connected with postpartum check up</i>	<i>A visit connected with induced or spontaneous abortion</i>	<i>Governmental health care program</i>	<i>Reources of international organizations and benevolent organizations of other countries</i>	<i>Resources of the employer</i>	<i>Medical insurance</i>	<i>Resources of local benevolent organizations</i>	<i>Other, specify</i>
14.1	14.2.1	14.2.2	14.2.3.	14.2.4	14.2.5	14.3.1	14.3.2	14.3.3	14.3.4	14.3.5	14.3.6

14. How much did you spend on it (in AMD)
(continuation)

The identification number/code of the H/H member (mention)	If there have been cases when you paid by goods (by products or services) for some services or parts of it, than, please, evaluate their approximate cost	If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes
14.1	14.4	14.5

PART VI. REHABILITATION AND RESORT CARE SERVICES AND EXPENDITURE CONNECTED WITH IT

15. Did the member/members of your household have any illness during **January-December 2012** for which they referred to Rehabilitation and resort care services

1. Yes → Continue with questions	2. No → Go to 17 th question of Part VII-Ç17
---	--

16. If yes, please, mention the type of the illness, (**to the interviewer: code it according to Appendix 2**) and the relevant expenditure in AMD:

The identification number/code of the H/H member (mention)	Approximately how much did you spend on Rehabilitation and resort care services? <i>(except the payments done by other sources or payments done by goods (payments done by products or services))</i>		Have there been any other payments from other sources for the provided services except the payments made by you, how much?						If there have been cases when you paid for Rehabilitation and resort care services by goods (by products or services) for some services or parts of it, than, please, evaluate their approximate cost	If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes
	code	spending	<i>Governmental health care program</i>	<i>Resources of international organizations and benevolent organizations of other countries</i>	<i>Resources of the employer</i>	<i>Medical insurance</i>	<i>Resources of local benevolent organizations</i>	<i>Other, specify</i>		
16.1	16.2.1	16.2.2.	16.3.1	16.3.2	16.3.3	16.3.4	16.3.5	16.3.6	16.4	16.5

Part VII. NON TRADITIONAL AND OTHER HEALTH CARE SERVICES AND EXPENDITURE CONNECTED WITH IT

VII-1 NON TRADITIONAL HEALTH CARE

17. Did any types of the following non-traditional health care services been used by the member/members of the household in case of an illness during **January-December 2012**: medicine man, psychic, acupuncture, phytotherapy etc.

1. Yes → Continue with questions	2. No → Go to 19 th question
----------------------------------	---

18. If yes, please, mention how many times did you refer to them and the relevant expenditure in AMD:

The identification number/code of the H/H member (mention)	Number of cases	Approximatly how much did you spend? <i>(except the payments done by other sources or payments done by goods (payments done by products or services)</i>	If there have been cases when you paid by goods (by products or services) for some services or parts of it, than, please, evaluate their approximate cost	If for any reason (relatives, neighbours etc) you didn't pay for the service or paid partially, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes
18.1	18.2	18.3	18.4	18.5

VII-2 SELF- TREATMENT WITHOUT CONSULTING A SPECIALIST

19. Did you use self-treatment in case of an illness of member/members of the household during January-December 2012.

1. Yes → Continue with questions	2. No → Go to 21th question
----------------------------------	-----------------------------

20. If so, please mention:

The identification number/code of the H/H member (mention)	According to your assessment how much would such treatment would cost if treated by a physician without counting the cost of medicine
20.1	20.2

VII-3 OTHER MEDICAL CARE OR SERVICE (specify)

21. Did you refer to other medical care or service use in case of an illness of member/members of the household during January-December 2012 (except the ones mentioned in Parts VII-1 and VII-2):

1. Yes → Continue with questions	2. No → Go to 23rd question of Part VIII
----------------------------------	--

22. If yes, please mention, approximately how much did you spend (in AMD)?

The identification number/code of the H/H member (mention)	Approximatly how much did you spend?
22.1	22.2

PART VIII. LABORATORY AND INSTRUMENTAL DIAGNOSTICS AND EXPENDITURE CONNECTED WITH IT

23. Have the member/members of your household been subjected to Laboratory and Instrumental Diagnostics, during January-December 2012?

1. Yes → Continue with questions	2. No → Go to 27 th question of Part IX
----------------------------------	--

24. If yes, please, mention diagnostic tests types according to medical care cases mentioned in sections II to VII of this questionnaire.

The identification number/code of the H/H member (mention)		In cases not connected with an illness						In cases connected with an illness		Cases of Emergency Medical Care		Cases of Dentistry		Cases of inpatient health care		Gynecological consultations, Obstetrics and cases connected with that		Cases of rehabilitation and resort medical care	
		a) for the purpose of health care maintenance and prevention		b)for immunizations		c)for receiving information about health care, an illness etc		Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental
		Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental												
24.1	24.2	24.3.1	24.3.2	24.3.3	24.3.4	24.3.5	24.3.6	24.4.1	24.4.2	24.5.1	24.5.2	24.6.1	24.6.2	24.7.1	24.7.2	24.8.1	24.8.2	24.9.1	24.9.2
	1. case																		
	2. AMD																		
	1. case																		
	2. AMD																		
	1. case																		
	2. AMD																		

Continuation

The identification number/code of the H/H member (mention)		Cases of non-traditional and other medical cases		Other cases not mentioned above, on own initiative		Have there been any other payments from other sources for the provided services except the payments made by you, how much?											
						<i>Governmental health care program</i>		<i>Resources of international organizations and benevolent organizations of other countries</i>		<i>Resources of the employer</i>		<i>Medical insurance</i>		<i>Resources of local benevolent organizations</i>		<i>Other, specify</i>	
		Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental	Laboratory	Instrumental
24.1	24.2	24.10.1	24.10.2	24.11.1	24.11.2	24.12.1	24.12.2	24.12.3	24.12.4	24.12.5	24.12.6	24.12.7	24.12.8	24.12.9	24.12.10	24.12.11	24.12.12
	1. case																
	2. AMD																
	1. case																
	2. AMD																
	1. case																
	2. AMD																
	1. case																
	2. AMD																

25. If there have been cases when you paid by goods (by products or services), for laboratory and instrumental diagnostics, than, please, evaluate their approximate cost,

_____ (AMD)

26. If for any reason (relatives, neighbours etc) you didn't pay for laboratory and instrumental diagnostics, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes

_____ (AMD)

PART IX. EXPENDITURE ON MEDICINE, NUTRITIONAL SUPPLEMENTS AND MEDICAL GOODS

27. Did a member of your household used medicine, Nutritional supplements and/or medical goods in cases of medical care and services mentioned in sections II to VII of this questionnaire during January-December, 2012?

1. Yes → Continue with questions	2. No → Go to 31th question of the FORM
---	--

28. If yes, please, mention the spending on medicine, Nutritional supplements and/or medical goods in cases of medical care and services mentioned in sections II to VII of this questionnaire and sources of acquiring (to the interviewer for sources of acquiring see the Attachment 3).

The identification number/code of the H/H member (mention)	Mention the sources of acquiring according to Attachment 3 <i>(mention only one main answer)</i>	In cases not connected with an illness				In cases connected with an illness			Cases of Emergency Medical Care			Cases of Dentistry		
		a) for the purpose of health care maintainance and prevention			b)for immunizations	Medicine	Nutritional supplements	Medical goods	Medicine	Nutritional supplements	Medical goods	Medicine	Nutritional supplements	Medical goods
		Medicine	Nutritional supplements	Medical goods	Medicine									
28.1	28.2	28.2.1	28.2.2	28.2.3	28.2.4	28.3.1	28.3.2	28.3.3	28.4.1	28.4.2	28.4.3	28.5.1	28.5.2	28.5.3
	1. Spending													
	2. Code													
	1. Spending													
	2. Code													
	1. Spending													
	2. Code													
	1. Spending													
	2. Code													

Continuation

The identification number/code of the H/H member (mention)	Mention the sources of acquiring according to Attachment 3	Cases of inpatient health care			Gynecological consultations, Obstetrics and cases connected with that			Cases of rehabilitation and resort medical care			Cases of non-traditional and other medical cases			Other cases not mentioned above on own initiative		
		medicine	Nutritional supplements	Medical goods	medicine	Nutritional supplements	Medical goods	medicine	Nutritional supplements	Medical goods	medicine	Nutritional supplements	Medical goods	medicine	Nutritional supplements	Medical goods
28.1	28.2	28.6.1	28.6.2	28.6.3	28.7.1	28.7.2	28.7.3	28.8.1	28.8.2	28.8.3	28.9.1	28.9.2	28.9.3	28.10.1	28.10.2	28.10.3
	1.															
	2. Code															
	1. Spending															
	2. Code															
	1. Spending															
	2. Code															
	1. Spending															
	2. Code															
	1. Spending															
	2. Code															

29. If there have been cases when you paid for medicine, nutritional supplements or medical goods by goods (by products or services), than, please, evaluate their approximate cost,

_____ (AMD)

30. If for any reason (relatives, neighbours etc) you didn't pay for medicine, nutritional supplements or medical goods, than, please, evaluate the approximate cost of the unpaid amount (when doing the evaluation, be guided by the same prices, you know, are paid for the same purposes

_____ (AMD)

FORM

31. How much was your household average monthly income for the period of **January-December, 2012?**

31.1	According to your assessment how much is your household average monthly income without taxes, in AMD?	
	Including	
31.1.1	Self-employment, business (profit, dividend, interest income)	
31.1.2	Salary and equivalent	
31.1.3	Pension	
31.1.4	Family benefits	
31.1.5	Other pensions (including a scholarship)	
31.1.7	Prizes	
31.1.8	Remittances, in total	
	a) from relatives, neighbors	
	b) relatives from abroad	
	c) from local self-governmental bodies	
	d) individual sponsor	
	e) local nongovernmental and benevolent organizations	
	f) foreign nongovernmental and benevolent organizations	
	d) monetary other income	
31.1.9	Other monetary income	
31.2	According to your assessment how much is your household average monthly income received by goods, in monetary expression?	
	including	
31.2.1	From business	
31.2.2	Salary or equivalent	
31.2.3	Prizes	
31.2.4	Remittances, in total	
	a) from relatives, neighbors	
	b) from relatives, neighbors abroad	
	c) from local self-governmental bodies	
	d) individual sponsor	
	e) local nongovernmental and benevolent organizations	
	f) foreign nongovernmental and benevolent organizations	
	g) other (specify)	
31.2.5	Other income in goods	

32. According to you is the average monthly income of your household enough for taking care of health care needs?

1. Yes	2. No
--------	-------

33. You consider the conditions of your household as (*mention the answer as 1*).

33.2	Destitute	
33.3	Poor	
33.4	Low level social conditions	
33.5	Middle level social conditions	
33.6	Rich	

34. If your household receives additional income, you would spend it on (mention 3 answers, by prioritizing with 1, 2, 3)

34.1	On food	
34.2	On health care	
34.3	On education	
34.4	On acquiring non-food first need supplies (clothing, shoes etc)	
34.5	On acquiring non-food long lasting goods (TV set, refrigerator etc)	
34.6	For business purposes	
34.7	For paying debts	
34.8	For vacation, leisure or sport	
34.9	For satisfying spiritual needs	
34.10	For saving	
34.11	On other things (specify) _____	

THANK YOU FOR PARTICIPATING IN THE SURVEY

Codes

Appendix I Inpatient Health Care	Appendix II Rehabilitation and resort health care	Appendix III Sources of acquiring medicine, nutritional supplements and medical goods
<ol style="list-style-type: none"> 1. <i>Infectious and parasitic diseases</i> 2. <i>Neoplasm and circulatory system diseases (leukemia, lipogranulomatosis etc.)</i> 3. <i>Endocrine system diseases (diabet, metabolic disorders, ¼µ etc.)</i> 4. <i>Cardiovascular and nervous system diseases (hypertension, infarction, stroke, rheumatism, heart defects etc.)</i> 5. <i>Respiratory system diseases (asthma, pneumonia, bronchitis, laryngitis etc.)</i> 6. <i>Digestive system diseases (peptic ulcer disease, gastritis, pancreatitis, appendicitis etc)</i> 7. <i>Urogenital system diseases (pyelonephritis, glomerulonephritis, prostatitis, kidney stone, prostate adenoma etc.)</i> 8. <i>Skin and Venous diseases (psoriasis, eczema, dermatitis, trikhomonas etc.)</i> 9. <i>Injuries, burns, poisonings, (musculoskeletal system diseases, osteochondrosis, arthritis, scoliosis etc.)</i> 10. <i>Other (specify)</i> 	<ol style="list-style-type: none"> 1. <i>Tuberculosis</i> 2. <i>Cardiovascular and nervous system diseases</i> 3. <i>Gastro-intestinal tract diseases</i> 4. <i>Locomotors system</i> 5. <i>Respiratory system</i> 6. <i>Other (specify)</i> 	<ol style="list-style-type: none"> 1. <i>pharmacy (commercial-outside of health care institution)</i> 2 <i>Director, Deputy director, Chief Physician</i> 3 <i>Physician</i> 4 <i>Nurse</i> 5 <i>Other staff</i> 6 <i>From a commercial pharmacy by a medical prescription</i> 7 <i>From other individual by a medical prescription</i> 8 <i>In the scope of benevolent aids program</i> 9 <i>From relatives abroad</i> 10 <i>Other(specify)</i> 11 <i>Didn't buy</i> 12 <i>State funded</i>