



National Health Accounts

Myanmar
(2006-2007)

MOH: WHO 2008-2009 Work Plan
MMR HFS: OSER 1: P1: A1

Nay Pyi Taw



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Contents

	Page No.
Executive Summary	1
Chapter 1: Health Systems and National Health Accounts.....	8
Chapter 2: Brief Description of Myanmar Health Care System	11
Chapter 3: Conceptual Framework.....	13
3.1 Definition of National Health Expenditures	13
3.2 Classification of Functions	14
3.3 Period of Estimation	14
3.4 Accounting Basis	14
3.5 Classification of Entities	15
3.5.1 Financing Sources	15
3.5.2 Financing Agents	15
3.5.3 Providers	16
Chapter 4: Methodology and Data Sources	17
4.1 Estimation of Public Expenditures	17
4.1.1 Ministry of Health Expenditures	17
4.1.2 Other Ministries	17
4.1.3 Social Security	18
4.2 Estimation of Private Expenditures	18

4.3	External Assistance	19
4.4	Follow up Activities	20
Chapter 5:	Health Expenditures	21
5.1	Total Expenditures on Health	21
5.2	Health Expenditures by Financing Entities	24
5.2.1	Health Expenditures by Financing Sources	25
5.2.2	Health Expenditures by Financing Agents	26
5.2.3	Health Expenditures by Providers	27
5.3	Health Expenditures by Functions	28
Chapter 6:	Some NHA Estimates	30
6.1	Public Expenditures on Health	30
6.2	Private Expenditures on Health	31
6.3	Trend of Total Health Expenditures	32

List of Table

	Page No.
Table 5.1 Total Expenditures on Health at Current Prices (2006-2007)	21
Table 5.2 Total Expenditures on Health at 2005-2006 Constant Producers' Prices (2006-2007)	22
Table 5.3 Per-capita Health Expenditures at Current Prices (2006-2007)...	23
Table 5.4 Per-capita Health Expenditures at 2005-2006 Constant Producers' Prices (2006-2007)	24
Table 5.5 Expenditures on Health by Sources (2006-2007)	25
Table 5.6 Health Expenditures by Financing Agents (2006-2007)	26
Table 5.7 Health Expenditures by Providers (2006-2007)	27
Table 5.8 Health Expenditures by Functions (2006-2007)	29
Table 6.1 Ministry of Health Expenditures by Provider Type	30
Table 6.2 Ministry of Health Expenditures by Functions	31
Table 6.3 Household Out of Pocket Health Expenditures by Provider Type	31
Table 6.4 Household Out of Pocket Health Expenditures by Function	32
Table 6.5 Total Health Expenditures by Time Series (1998 to 2007).....	33

List of Figure

	Page No.
Figure 1. Total Expenditures on Health as a percentage of GDP (2006-2007)	22
Figure 2. Total Expenditures on Health at 2005-2006 Constant Producers' Prices (2006-2007)	22
Figure 3. Per-capita Health Expenditures at Current Prices (2006-2007)	23
Figure 4. Per-capita Health Expenditures at 2005-2006 Constant Producers' Prices (2006-2007)	24
Figure 5. Expenditures on Health by Sources (2006-2007)	25
Figure 6. Health Expenditures by Financing Agents (2006-2007)	26
Figure 7. Health Expenditures by Providers (2006-2007)	28
Figure 8. Health Expenditures by Functions (2006-2007)	29
Figure 9. Time Series Analysis of Total Health Expenditures (1998 to 2007)	33

Annex

Annex I	Profile of Health Sub-system in Myanmar
Annex II	Classification of Functions
Annex III	Classification of Financing Sources
Annex IV	Classification of Financing Agents
Annex V	Classification of Providers
Annex VI	National Health Expenditures by Type of Financing Agent and Type of Provider (FAxP)
Annex VII	National Health Expenditures by Type of Financing Agent and by Function (FAxF)
Annex VIII	National Health Expenditures by Type of Financing Source and Financing Agent (FSxFA)
Annex IX	NHA Unit and Technical Collaboration

Executive Summary

Conceptual Framework

The conceptual framework of Myanmar National Health Accounts consists of concept and definition of health expenditures, and classification of entities involved in the health accounts. The framework is based on the producers' guide published by the World Health Organization, *"Guide to producing national health accounts with special applications for low-income and middle-income countries"* (Producers' Guide). Classification of entities was made as relevant to the country context and every possible attempt had been made to provide crosswalk for international comparison.

Definition of National Health Expenditures

National health expenditure encompasses all expenditures for activities whose primary purpose is to restore, improve and maintain health for the nation and for individuals during a defined period of time, regardless of the type of the institution or entity providing or paying for the activity. As such expenditures made for provision of promotive, preventive, curative and rehabilitative health care for individuals as well as groups of individuals or populations are included in the definition.

Activities such as medical education and health-related professional training, health research, and health related nutritional or environmental programmes are integral parts of Myanmar health system and are thus included in the aggregate measure.

National health expenditures include expenditures for personal health services, public health services, health administration, capital formation for the health care providers and other elements of health-related expenditures.

Classification of Functions

Functions were classified according to OECD's International Classification for Health Accounts functional classification of health care (ICHA-HC) as described in the Producers' Guide, and modification made as relevant to the country situation. Extension into sub-categories was made as relevant to the country specific situation.

Period of Estimation

The national health accounts estimation covered the period 2006 to 2007. Estimates are made on calendar year basis although government expenditures are made on the basis of financial year starting from April of a particular year to March of subsequent year. Thus the year 2006 covers expenditures made during April of 2006 to March of 2007.

Accounting Basis

Estimates were made on cash basis. Although estimating expenditures on accrual basis may be desirable government expenditures are generally reported on cash basis. Data available for estimating household expenditures were also measured on a cash basis.

Methodology and Data Sources

Estimation of Public Expenditures

Public expenditures include expenditures by the ministry of health, other ministries providing health care to their employees and the social security scheme.

Ministry of Health Expenditures

Various departments under the ministry of health providing health care or health related services keep expenditure records according to the

financial rules and procedures. Expenditures were made and recorded according to defined budget headings. Expenditures by headings for the period under consideration were obtained from these departments. Disaggregation into provider and functions were made on the basis of budget headings and also in consultation with representatives from these departments.

Other Ministries

The planning department of the Ministry of National Planning and Economic Development compiled expenditures by ministries including Ministry of Health. Total expenditures made by these ministries were available from the planning department. Data available from the health department of the Yangon City Development Committee was used as the basis for estimating health expenditures by the City Development Committees in Yangon and Mandalay.

Social Security

Expenditures on social security scheme were available from the planning department of the Ministry of National Planning and Economic Development and reference was also made to the Statistical Year Book published by the same ministry.

Estimation of Private Expenditure

Private expenditures mainly include out of pocket expenditure for health care made by the households, which is added by expenditures by employers and non-profit institutions. Estimation of private household out of pocket expenditures includes two parts. The first is those made in hospitals under the ministry of health according to the user-charges scheme. Data for these were available from the medical care division of the

department of health. The second and larger component is the household health expenditures in general, estimation for total figure of which was based on GDP, private sector contribution in the GDP, national annual consumption, share of household expenditures in the private consumption and share of medical care expenditures in total household expenditures.

External Assistance

Data were available from the International Health Division of the Ministry of Health covering UN agencies like WHO, UNICEF, UNDP and UNFPA and International NGOs working in the country.

Total Expenditures on Health

Total expenditures on health at current prices were estimated to be 345481.53 million kyat for the year 2006 and 453670.42 million kyat for 2007. They were found to be increasing, along with growth in Gross Domestic Product, by over 30 % for the years 2006 to 2007 and were around 2 % of the Gross Domestic Product for each year.

Total health expenditures at 2005-2006 Constant Producers' Prices were estimated for the years 2006 to 2007 and it was found that health expenditures increased by 9 %.

Per capita total health expenditures at current prices for the year 2006 were estimated at 6112.55 kyats and as for 2007 were 7889.92 kyats. Per capita health expenditures were found to be increasing by around 30 %.

Per capita total health expenditures at 2005-2006 Constant Producers' Prices for the year 2006 were estimated at 5039.18 kyats and as for 2007 were 5409.21 kyats. Per capita health expenditures were found to be increasing by around 7 % between 2006 and 2007.

Health Expenditures by Financing Sources

Out of three financing sources namely public, private and external, private sector was the major source of health finance accounting for over 80 % of total health expenditures for each year. Public expenditures at current market prices grew from 44046.88 million kyat in 2006 to 45874.72 million kyat in 2007. Government expenditures come mainly from government general revenue. Private financing is almost exclusively from household out of pocket spending.

Health Expenditures by Financing Agents

Main financing agents were found to be private households accounting for more than 80% of total health expenditure through out the period. Expenditures by the Ministry of Health as a financing agent constituted around 11% to 13% of total health expenditures.

Health Expenditures by Providers

Hospitals accounted as major providers for 70% of health spending through out the period of estimation followed by providers of ambulatory health care with around 17%. Retail sale and medical goods accounted for around 4% while provision and administration of public health programs accounted for 2%. General Health Administration and Health Insurance accounted for less than 1 % of total spending. Health related spending was found to be around 2 % during 2006 and 2007.

Health Expenditures by Functions

The major functional classification for which substantial health spending in total had been devoted was medical goods dispensed to patients accounting for around 45 % of total health expenditures while curative and

rehabilitative services took the share of around 30 %. Public health spending was estimated to be about 6 % of total health spending.

Some NHA Estimates

Estimates on health spending by entities in both public and private sector were made. As spending by Ministry of Health as a financing agent constitutes the major share in the public spending on health and also taken into account the availability of data, estimates on public expenditure on health by financing entities were based solely on spending by the ministry.

Public Expenditures on Health

It was observed that by type of provider hospitals accounted for 40% of total spending with public health programs for 16% to 19% and health related services for over 17%.

By functions curative and rehabilitative accounted for around 37% followed by 31% to 34% of spending that were devoted to health related functions. Prevention and public health accounted for about 1/5 to around ¼ and Health Administration & Health Insurance accounted around 4%.

Private Expenditures on Health

Over 77% of private health spending was made by the hospitals and over 54% were for dispensing medical goods. Households devoted about 30% of their health expenditure on curative services and majority 54% of health expenditures went to medical goods.

Trend of Total Health Expenditures

Following the initiation of National Health Accounts estimation exercise in the country, attempts have been made to estimate total health expenditures covering the period 1998 through 2007. Total health expenditure was found to be increasing annually by more than 30% in most

of the years with the exception of 2004 and 2005 where increase by 18% and 26% respectively were observed. For the year 2002 increase in total health spending by 82% was observed. While there was increase in all components, namely public, private and external, this higher spending was largely noted in external component. Otherwise it was observed that all component sources are accountable for the rise in total health spending in the remaining years except for the year 2005 where public expenditure dropped by 15%. Private health spending constitutes the major share of total health spending and growing share by external sources was noted for the years 2006 and 2007.

Chapter 1

Health Systems and National Health Accounts

Health systems consist of all the people and actions whose primary purpose is to improve health. They may be integrated and centrally directed, but often they are not. After centuries as small-scale, largely private or charitable, mostly ineffectual entities, they have grown explosively in this century as knowledge has been gained and applied. Health systems have played a part in the dramatic rise in life expectancy that occurred during the 20th century. They have contributed enormously to better health and influenced the lives and well-being of billions of men, women and children around the world.

National health accounts (NHA) are designed to answer precise questions about a country's health system. They provide a systematic compilation and display of health expenditures. They can trace how much is being spent, where it is being spent, what it is being spent on and for whom, how that has changed over time, and how that compares to spending in countries facing similar conditions. They are essential part of assessing the success of a health system and of identifying opportunities for improvement. In the long term, a country can institutionalize the health accounts process and produce a time series of standardized tables, permitting a more thorough assessment of the progress being made toward national goals for the health system.

Technological advances, demographic transitions, rapidly changing patterns of morbidity and mortality, and the emergence of public health

problems all call for a more efficient use of resources, and in many cases more resources. In a wide range of countries, health care is provided by a complex and shifting combination of government and private sector entities (both for profit and non-profit). In such an environment, policy-makers need reliable national information on the sources and uses of funds for health preferably comparable across countries, in order to enhance health system performance.

National health accounts help provide that information. They depict the current use of resources in the health system. If implemented on a regular basis, NHA can track health expenditure trends, an essential element in health care monitoring and evaluation. NHA methodology can also be used to make financial projections of a country's health system requirements.

National health accounts constitute a systematic, comprehensive, and consistent monitoring of resource flows in a country's health system. They are a tool specifically designed to inform the health policy process, including policy design and implementation, policy dialogue, and the monitoring and evaluation of health care interventions. They provide the evidence to help policy makers, non-governmental stakeholders, and managers to make better decisions in their efforts to improve health system performance. Because the principal goal for developing health accounts is to support health system governance and decision making, it is useful to start by clarifying why the NHA are being developed and how they can help to achieve health system goals.

All nations have health systems, which have been described as "all the activities whose primary purpose is to promote, restore or maintain health". Whether arrived at by conscious creation or by evolution, health systems exist to produce some benefit for societies and their citizens. A health system mobilizes and channels resources into institutions and uses them for

individual or social consumption. This consumption of goods and services produces a flow of benefits to the population, which results in some new level or stock of health.

The performance of a health system reflects a number of facets of its operation. There is the effect of the system on the health of population. There is the extent to which financing and risk pooling mechanisms afford financial protection from the economic burden of illness and prevent impoverishment resulting from catastrophic expenses for health care.

The attraction of NHA as a tool for policy analysis is that the approach is independent of the structure of a country's health care financing system. Health accounts work equally well in single-payer models and in multi-payer systems, in systems with mainly public providers as well as in those with a mix of public and private providers, in systems undergoing rapid change as well as in those in a steady state, and in systems facing the challenge of epidemic diseases as well as in those challenged by ageing of the population.

Chapter 2

Brief Description of Myanmar Health Care System

Myanmar health care system evolves with changing political and administrative structure and relative roles played by the key health providers are also changing although the Ministry of Health remains the major provider of comprehensive health care. It has a pluralistic mix of public and private component both in the financing and provision. Health care is organized and provided by public and private providers.

In the public sector, Ministry of Health is the main organization providing comprehensive health care while some ministries are also providing health care, mainly curative, for their employees and their families. In addition to service provision the Ministry of Health with various medical, dental, nursing and related universities and institutes under it, train and produce all categories of health professionals and workers. (Annex I) Included among the ministries providing health care to their employees and dependents are Ministries of Defense, Railways, Mines, Industry I, Industry II, Energy, Home and Transport. Ministry of Labour has set up two hospitals, one in Yangon and the other in Mandalay, to render services to those entitled under the social security scheme.

One unique and important feature of Myanmar health system is the existence of traditional medicine along with allopathic medicine. There are a total of 14 traditional hospitals run by the State in the country. Traditional medical practitioners have been trained at an Institute of Traditional Medicine and more competent practitioners can now be trained and utilized with the establishment of a University of Traditional Medicine conferring a bachelor degree in the country.

The private, for profit, sector is mainly providing ambulatory care though some providing institutional care has been developed in Yangon and Mandalay in recent years. Funding and provision of care is fragmented. As in the practice of allopathic medicine there are quite a number of private traditional practitioners who are licensed and regulated in accordance with the provisions under related laws.

Non-profit organizations are also taking some share of service provision and their roles are also becoming important as the needs of collaborative actions for health become more prominent. Sectoral collaboration and community participation is strong in Myanmar health system thanks to the establishment of the National Health Committee in 1989.

Major sources of financial contributions for health are from the government, households, social security system, community contributions and external aid. Government has increased health spending yearly both on current and capital.

The National Health Committee, a high level inter-ministerial and policy-making body concerning health matters was formed in 1989 as part of policy reforms. The Committee is composed of cabinet ministers from health and related ministries. The committee leads and guides in implementing the health programs systematically and effectively. It is instrumental in providing the mechanism for inter-sectoral collaboration and coordination.

Under the guidance of the National Health Committee the National Health Policy was formulated in 1993. It has stated Health for All goal as a prime objective using primary health care approach. The policy covers issues relating to human resources for health, legal environment for health, partnership for health, financing health, health research, equitable coverage of health services, emerging health problems and international collaboration for health.

Chapter 3

Conceptual Framework

The conceptual framework of Myanmar National Health Accounts consists of concept and definition of health expenditures, and classification of entities involved in the health accounts. Time period for which expenditures were measured was also specified. The framework is based on the producers' guide published by the World Health Organization, *"Guide to producing national health accounts with special applications for low-income and middle-income countries"* (Producers' Guide). Classification of entities was made as relevant to the country context and every possible attempt had been made to provide crosswalk for international comparison.

3.1 Definition of National Health Expenditures

National health expenditure encompasses all expenditures for activities whose primary purpose is to restore, improve and maintain health for the nation and for individuals during a defined period of time, regardless of the type of the institution or entity providing or paying for the activity. As such expenditures made for provision of promotive, preventive, curative and rehabilitative health care for individuals as well as groups of individuals or populations are included in the definition.

Activities such as medical education and health-related professional training, health research, and health related nutritional or environmental programmes are integral parts of Myanmar health system and are thus included in the aggregate measure.

National health expenditure includes expenditures for personal health services, public health services, health administration, capital

formation for the health care providers and other elements of health-related expenditures.

3.2 Classification of Functions

Functions were classified according to OECD's International Classification for Health Accounts functional classification of health care (ICHA-HC) as described in the Producers' Guide, and modification made in relevance to the country situation. Functions were classified into: services of curative and rehabilitative care, services of long term nursing care, ancillary services to medical care, medical goods dispensed to patients, prevention and public health services, health administrative and health insurance and health related functions. Aggregate measure of the health accounts includes expenditures for all these functions.

Extension into sub-categories was made as relevant to the country specific situation. (Annex II)

3.3 Period of Estimation

The national health accounts estimation covered the period 2006 to 2007. Estimates are made on calendar year basis although government expenditures are made on the basis of financial year starting from April of a particular year to March of subsequent year. Thus the year 2006 covers expenditures made during April of 2006 to March of 2007.

3.4 Accounting Basis

Estimates were made on cash basis. Although estimating expenditures on accrual basis may be desirable government expenditures are generally reported on cash basis. Data available for estimating household expenditures were also measured on a cash basis.

3.5 Classification of Entities

Expenditures were measured, estimated and organized on the basis of the entities making the expenditures and those using the expenditures. Entities are defined as economic agents, which are capable of owning assets, incurring liabilities, and engaging in economic activities or transactions with other entities. Three sets of entities were classified: financing sources, financing agents and providers. Classification scheme was done in such a way that all categories in the scheme were mutually exclusive and totally exhaustive.

3.5.1 Financing Sources

Financing sources are institutions or entities that provide the funds to be pooled and used in the system by financing agents. Financing sources were classified as proposed in the Producers' Guide and grouped into three main groups public, private and external (rest of the world). (Annex III)

3.5.2 Financing Agents

Financing agents include institutions that pool health resources collected from different sources, as well as entities (such as households and firms) that pay directly for health care from their own resources. Financing agents were also classified into three main groups, general government, private and external (rest of the world), based on OECD's International Classification for Health Accounts classification scheme for financing agents (ICHA-HF) incorporating some extensions as advocated in the Providers' Guide and taking into accounts country specific situations such as structure of government and data availability. (Annex IV)

3.5.3 Providers

They are entities that receive money in exchange for or in anticipation of producing the goods, services or activities inside the health accounts boundary. Providers were classified in to nine groups: hospitals, nursing and residential care facilities, provider of ambulatory health care, retail sale and providers of medical goods, provision and administration of public health programs, general health administration and insurance, all other industries, institutions providing health related services and rest of the world using an extension of OECD's International Classification for Health Accounts classification scheme for providers (ICHA-HP) as suggested in the Producers' Guide. Subcategories were made as relevant to the country situation. The second category, nursing and residential care facilities though not existing at present, were included in anticipation for future use. (Annex V)

Chapter 4

Methodology and Data Sources

4.1 Estimation of Public Expenditures

Public expenditures include expenditures by the Ministry of Health, other ministries providing health care to their employees and the social security scheme.

4.1.1 Ministry of Health Expenditures

Various departments under the Ministry of Health providing health care or health related services keep expenditure records according to the financial rules and procedures. Expenditures were made and recorded according to defined budget headings. Expenditures by headings for the period under consideration were obtained from these departments. Disaggregation into provider and functions were made on the basis of budget headings and also in consultation with representatives from these departments. Along with introduction of user charges, trust funds have been developed in all hospitals throughout the country and interest from which are to be used for exempting those who are indigent and unable to pay for user charges. These are included as a public source under the expenditures of health ministry.

4.1.2 Other Ministries

The planning department of the Ministry of National Planning and Economic Development compiled expenditures by ministries including ministry of health. Total expenditures made by these ministries were

available from the planning department. Most of the expenditures from these ministries are for curative services and as information on expenditures by functions from them is not an urgent concern, estimation of function-wise expenditures is to be deferred until in depth study can be made. Although health services are also being provided by the Ministry of Defense health expenditures by this entity are yet be included in the current estimation pending the development of mechanism and channels for accessing data. Data available from the health department of the Yangon City Development Committee was used as the basis for estimating health expenditures by the City Development Committees in Yangon and Mandalay.

4.1.3 Social Security

Expenditures on social security scheme were available from the planning department of the Ministry of National Planning and Economic Development and reference was also made to the Statistical Year Book published by the same ministry. Data available from the planning department included capital and current portion and capital portion was categorized as health related. Although state contribution for the scheme ceased with effect from 1991 capital expenditures were categorized as state contribution in determining financing sources. The amount contributed by the remaining sources, i.e. household and employers were estimated, on the basis of proportion out of total contribution made as reported in the Statistical Year Book, from data on recurrent expenditure available from the department of planning.

4.2 Estimation of Private Expenditures

Private expenditures mainly include out of pocket expenditure for health care made by the households, which is added by expenditures by

employers and non-profit institutions. Estimation of private household out of pocket expenditures includes two parts. The first is those made in hospitals under the ministry of health according to the user-charges scheme. Main source of finance for the ministry of health used to be general government revenue until 1990s, when user fees were introduced in the form of cost sharing. User charges were made for medicines, some diagnostic procedures and for room charges. Data for these were available from the medical care division of the department of health. The second and larger component is the household health expenditure in general, estimation for total figure of which was based on GDP, private sector contribution in the GDP, national annual consumption, share of household expenditure in the private consumption and share of medical care expenditure in total household expenditure.

The other small component of private health expenditures is through contribution to social security scheme by households, which was estimated as a portion from the total contribution reported in the Statistical Year Book. There can be some health expenditures made by some private enterprises for their employees apart from contribution through the social security scheme. As the amount of expenditure is not expected to be large and also because of difficulty in identifying them and obtaining data they are not included in the present estimates and will be considered to be included in future estimates.

4.3 External Assistance

Data were available from the International Health Division of the Ministry of Health covering UN agencies like WHO, UNICEF, UNDP and UNFPA and International NGOs working in the country.

4.4 Follow up Activities

Present estimates are for the continuation phase of institutionalizing national health accounts in the country following the estimates made for the years 1998 to 2001 and 2002 to 2005. As such interpretation and international comparison need to be made with caution. Attempt has been made to obtain as much and complete data to construct the tables (Annex VI to VIII). Most of the public contribution can be estimated directly as data available from the planning department of the Ministry of National Planning and Economic Development is complete to some extent and reliable. Besides, the way expenditures are categorized and recorded in various departments under the Ministry of Health and their collaboration made estimation of expenditures by the ministry less burdensome and problematic.

Current National Health Accounts estimates could only provide information on national health expenditures in terms of aggregate measure, per-capita expenditure, proportion of GDP and trend. National health expenditures at Constant Consumers' Prices were estimated using ratio between GDP value at current and constant prices as deflator since health specific deflator does not exist. Along with aggregate measures, disaggregating by functions and by important entities such as sources, agents and providers could be estimated. Further classification by regions, beneficiaries and disease categories though desirable are still to be attempted. With growing experiences, more availability of data and better estimation methods Myanmar National Health Accounts will be further improved in terms of validity, reliability, completeness and timeliness.

Chapter 5

Health Expenditures

Results from the estimates are reported as total expenditures both at nominal and real terms. Per-capita expenditures and proportion to GDP are also estimated. Disaggregate measures in terms of sources, providers and functions are also estimated.

5.1 Total Expenditures on Health

Total expenditures on health at current prices were estimated to be 345481.53 million kyats for the year 2006 and 453670.42 million kyats for 2007. They were found to be increasing, along with growth in Gross Domestic Product, by over 30 % for the years 2006 to 2007 and were around 2 % of the Gross Domestic Product for each year. (Table 5.1)

Total health expenditures at 2005-2006 Constant Producers' Prices were estimated for the years 2006 to 2007 and it was found that health expenditures increased by 9 %. (Table 5.2)

Table 5.1: Total Expenditures on Health at Current Prices (2006-2007)

Indicator	Kyat in Million	
	2006	2007
Total Health Expenditures (THE)	345481.53	453670.42
Annual increase (%)	33.14	31.32
Gross Domestic Product (GDP)	16852757.8	22683521.0
THE as % of GDP	2.05 %	2.0 %

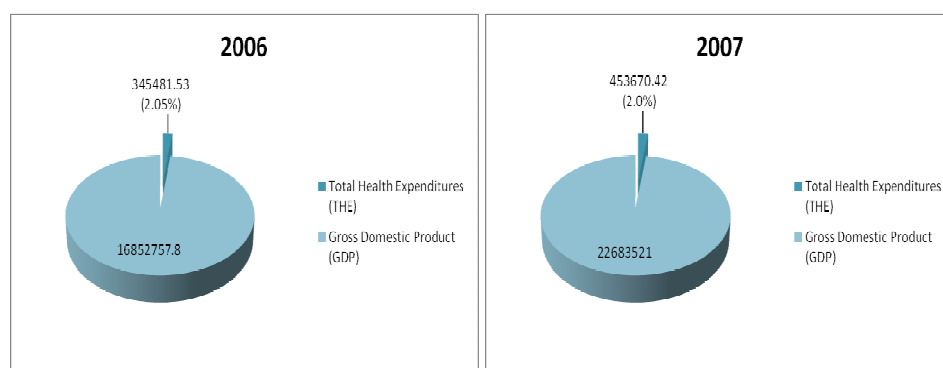


Figure 1. Total Expenditures on Health as a percentage of GDP

Table 5.2: Total Expenditures on Health at 2005-2006 Constant Producers' Prices (2006-2007)

Indicator	Kyat in Million	
	2006	2007
Total Health Expenditures (THE)	284814.6	311029.5
Annual increase (%)	-	9.2
Gross Domestic Product (GDP)	13893395.3	15551477.4
THE as % of GDP	2.05	2.0

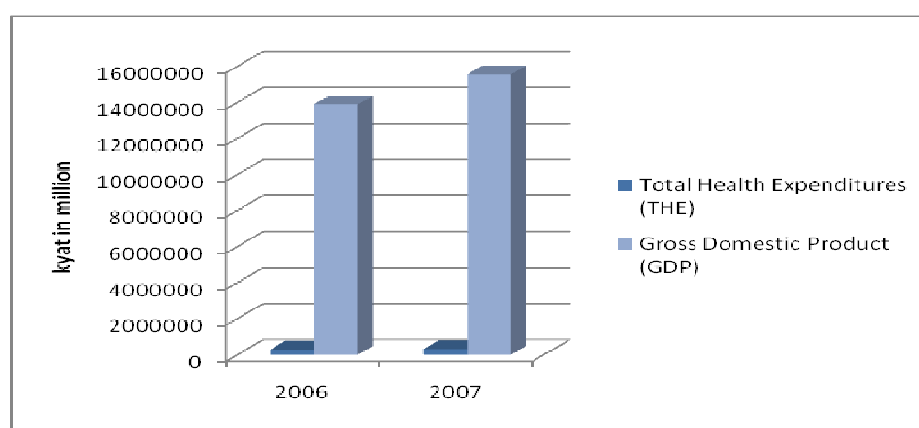


Figure 2. Total Expenditures on Health at 2005-2006 Constant Producers' Prices (2006-2007)

Per capita total health expenditures at current prices for the year 2006 were estimated at 6112.55 kyats and as for 2007 were 7889.92 kyats. Per capita health expenditures were found to be increasing by around 30 %. (Table 5.3)

Table 5.3: Per-capita Health Expenditures at Current Prices (2006-2007)

Indicator	Kyat	
	2006	2007
Per-capita Health Expenditure	6112.55	7889.92
Annual increase (%)	30.5	29.08
Per-capita Gross Domestic Product	298173.35	394496.02

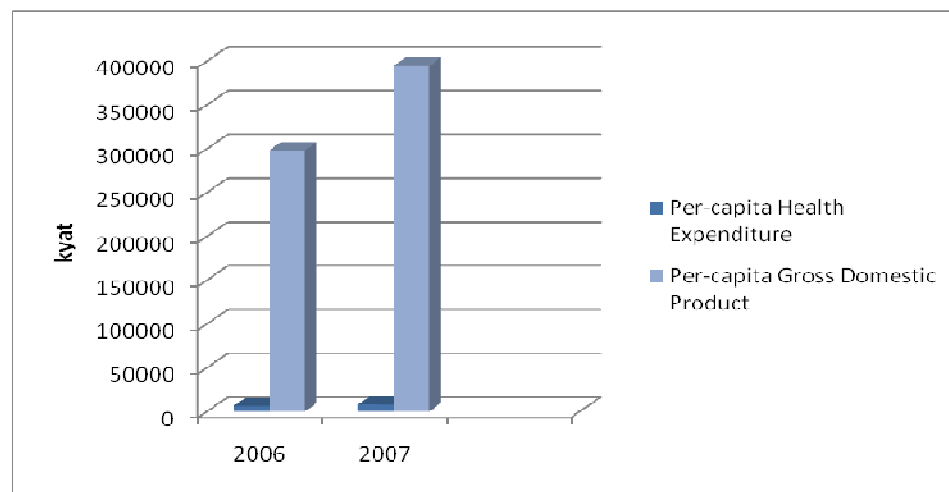


Figure 3. Per-capita Health Expenditures at Current Prices (2006-2007)

Per capita total health expenditures at 2005-2006 Constant Producers' Prices for the year 2006 were estimated at 5039.18 kyats and as

for 2007 were 5409.21 kyats. Per capita health expenditures were found to be increasing by around 7 % between 2006 and 2007. (Table 5.4)

Table 5.4: Per-capita Health Expenditures at 2005-2006 Constant Producers' Prices (2006-2007)

Indicator	Kyat	
	2006	2007
Per-capita Health Expenditure	5039.18	5409.21
Annual increase (%)	-	7.34
Per-capita GDP	245900.80	270460.48

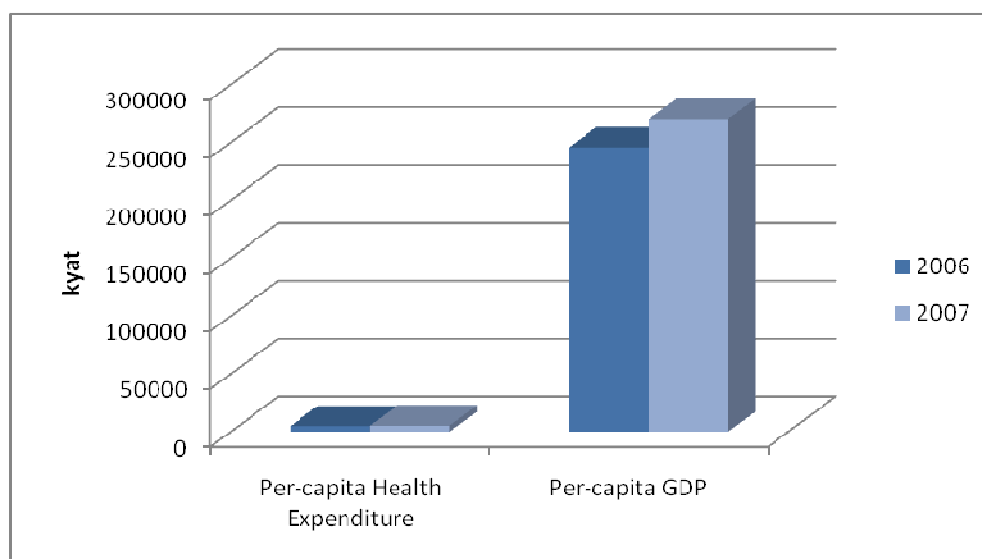


Figure 4. Per-capita Health Expenditures at 2005-2006 Constant Producers' Prices (2006-2007)

5.2 Health Expenditures by Financing Entities

Total health expenditures estimated were again analyzed financing entity wise, namely by sources, agents and providers.

5.2.1 Health Expenditures by Financing Sources

Out of three financing sources namely public, private and external, private sector was the major source of health finance accounting for over 80 % of total health expenditures for each year. (Table 5.5)

Public expenditures at current market prices grew from 44046.88 million kyat in 2006 to 45874.72 million kyat in 2007. Government expenditures come mainly from government general revenue.

Private financing is almost exclusively from household out of pocket spending.

Table 5.5: Expenditures on Health by Sources (2006-2007)

Sources	Kyat in Million	
	2006	2007
Public (%)	44046.88 (12.75 %)	45874.72 (10.11 %)
Private (%)	282564.91 (81.79 %)	383383.32 (84.51 %)
External (%)	18869.74 (5.46 %)	24412.38 (5.38 %)
Total (%)	345481.53 (100)	453670.42 (100)

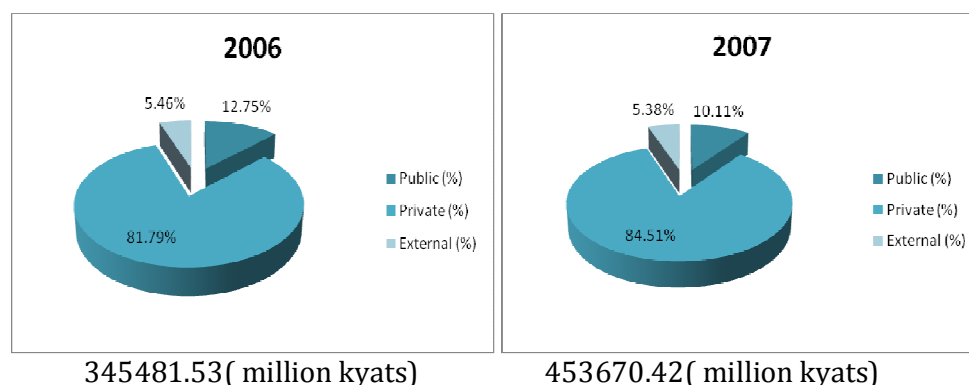


Figure.5 Expenditures on Health by Sources (2006-2007)

5.2.2 Health Expenditures by Financing Agents

Main financing agents were found to be private households accounting for more than 80% of total health expenditure throughout the period. Expenditures by the Ministry of Health as a financing agent constituted around 11% to 13% of total health expenditures. (Table 5.6)

Table 5.6: Health Expenditures by Financing Agents (2006-2007)

Financing Agents	Kyat in Million	
	2006	2007
Ministry of Health	45604.21 (13.20%)	48314.42 (10.65%)
Other Ministries	3463.26 (1.00%)	4206.06 (0.93%)
Social Security Scheme	781.00 (0.23%)	854.00 (0.19%)
Private Household Out of Pocket	281833.91 (81.58%)	382608.32 (84.33%)
Non-profit Institutions Serving Households (INGOs)	13799.15 (3.99%)	17687.62 (3.90%)
Total Health Expenditure	345481.53	453670.42

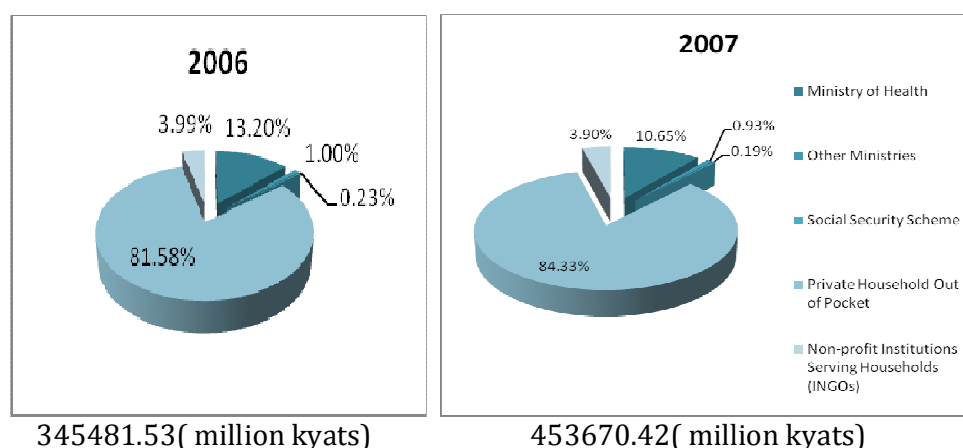


Figure.6 Health Expenditure by Financing Agents (2006-2007)

5.2.3 Health Expenditures by Providers

Hospitals accounted as major providers for 70% of health spending through out the period of estimation followed by providers of ambulatory health care with around 17%. Retail sale and medical goods accounted for around 4% while provision and administration of public health programs accounted for 2%. (Table 5.7)

General Health Administration and Health Insurance accounted for less than 1 % of total spending. Taking into account the meager size of health insurance in the country, it is expected that proportion of spending will increase with introduction of health insurance in the country.

Health related spending was found to be around 2 % during 2006 and 2007.

Table 5.7: Health Expenditures by Providers (2006-2007)

Providers	Kyat in Million	
	2006	2007
Hospitals	240433.32 (69.59 %)	320068.19 (70.55 %)
Ambulatory health care	59531.65 (17.23 %)	78454.35 (17.3 %)
Retail sale and medical goods	13283.54 (3.85 %)	17563.42 (3.87 %)
Provision and Administration of Public health programs	7111.78 (2.06 %)	9083.38 (2.00 %)
General health administration	2374.74 (0.69 %)	2403.38 (0.53 %)
Health related services	8947.35 (2.59 %)	8410.08 (1.85 %)
Rest of the world	13799.15 (3.99 %)	17687.62 (3.90 %)
Total Health Expenditure	345481.53	453670.42

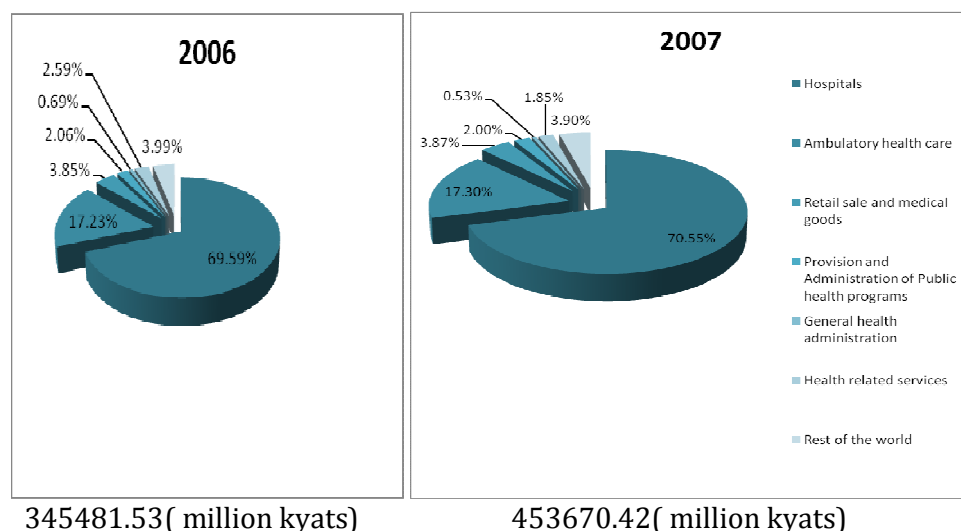


Figure.7 Health Expenditures by Providers (2006-2007)

5.3 Health Expenditures by Functions

The major functional classification for which substantial health spending in total had been devoted was medical goods dispensed to patients accounting for around 45 % of total health expenditures while curative and rehabilitative services took the share of around 30 %. Public health spending was estimated to be about 6 % of total health spending. (Table 5.8)

Table 5.8: Health Expenditures by Functions (2006-2007)

Functions	Kyat in Million	
	2006	2007
Curative and Rehabilitative	106175.38 (30.73 %)	138937.27 (30.63 %)
Ancillary services	43392.48 (12.56 %)	58527.02 (12.90 %)
Medical goods dispensed	154038.97 (44.59 %)	208677.72 (46.00 %)
Prevention & Public Health	21294.48 (6.16 %)	25835.11 (5.69 %)
Health Administration & Health Insurance	1870.34 (0.54 %)	2077.64 (0.46 %)
Health related services	18709.88 (5.42 %)	19615.66 (4.32 %)
Total Health Expenditure	345481.53	453670.42

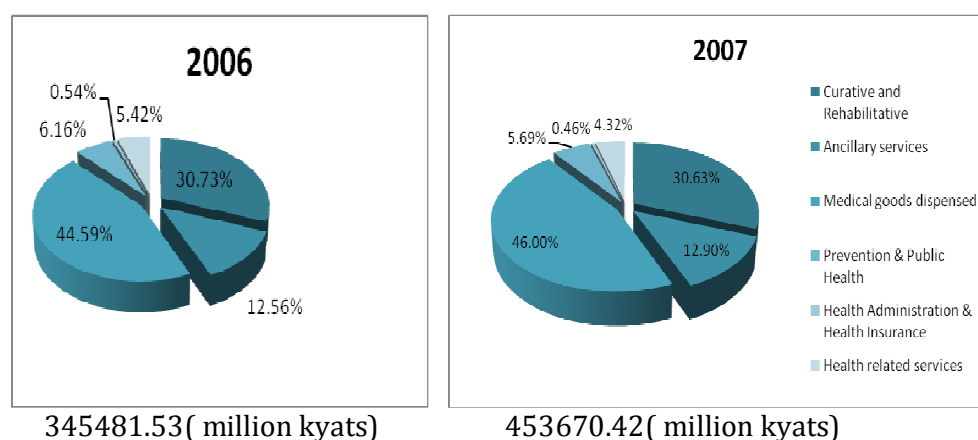


Figure.8 Health Expenditures by Functions (2006-2007)

Chapter 6

Some NHA Estimates

Estimates on health spending by entities in both public and private sector were made. As spending by Ministry of Health as a financing agent constitutes the major share in the public spending on health and also taken into account the availability of data, estimates on public expenditure on health by financing entities were based solely on spending by the ministry.

6.1 Public Expenditures on Health

It was observed that by type of provider hospitals accounted for 40% of total spending with public health programs for 16% to 19% and health related services for over 17%. (Table 6.1)

By functions curative and rehabilitative accounted for around 37% followed by 31% to 34% of spending that were devoted to health related functions. Prevention and public health accounted for about 1/5 to around ¼ and Health Administration & Health Insurance accounted around 4%. (Table 6.2)

Table 6.1: Ministry of Health Expenditures by Provider Type

Provider	Kyat in Million	
	2006	2007
Hospitals	18759.49 (41.14%)	19632.43 (40.63%)
Ambulatory health care	6590.26 (14.45%)	6758.58 (13.99%)
Retail sale and medical goods	2005.85 (4.40%)	2234.63 (4.63%)
Provision and Administration of Public health programs	7108.68 (15.59%)	9078.84 (18.79%)
General health administration	2195.38 (4.81%)	2203.87 (4.56%)
Health related services	8944.55 (19.61%)	8406.07 (17.40%)
Total	45604.21	48314.42

Table 6.2: Ministry of Health Expenditures by Functions

Kyat in Million

Functions	2006	2007
Curative and Rehabilitative	16887.06 (37.03%)	18225.15 (37.72%)
Ancillary services	125.77 (0.28%)	117.40 (0.24%)
Medical goods dispensed	1701.55 (3.73%)	1663.85 (3.44%)
Prevention & Public Health	9858.58 (21.62%)	11608.19 (24.03%)
Health Administration & Health Insurance	1680.61 (3.68%)	1864.88 (3.86%)
Health related services	15350.64 (33.66%)	14834.95 (30.71%)
Total	45604.21	48314.42

6.2 Private Expenditures on Health

Over 77% of private health spending was made by the hospitals and over 54% were for dispensing medical goods. (Table 6.3 and 6.4)

Table 6.3: Household Out of Pocket Health Expenditures by Provider Type

Kyat in Million

Provider	2006	2007
Hospitals	217810.08 (77.28%)	295796.76 (77.31%)
Ambulatory health care	52746.14 (18.72%)	71482.77 (18.68%)
Retail sale and medical goods	11277.69 (4.00%)	15328.79 (4.01%)
Total	281833.91	382608.32

Table 6.4: Household Out of Pocket Health Expenditures by Function

Functions	Kyat in Million	
	2006	2007
Curative and Rehabilitative	86251.32 (30.60%)	117224.23 (30.64%)
Ancillary services	43266.71 (15.35%)	58409.62 (15.27%)
Medical goods dispensed	152315.88 (54.05%)	206974.47 (54.09%)
Total	281833.91	382608.32

Households devoted about 30% of their health expenditures on curative services and majority 54% of health expenditures went to medical goods.

6.3 Trend of Total Health Expenditures

Following the initiation of National Health Accounts estimation exercise in the country, attempts have been made to estimate total health expenditures covering the period 1998 through 2007. Total health expenditures for the periods covering 1998 to 2007 is shown in Table 6.5. Total health expenditure was found to be increasing annually by more than 30% in most of the years with the exception of 2004 and 2005 where increase by 18% and 26% respectively were observed. For the year 2002 increase in total health spending by 82% was observed. While there was increase in all components, namely public, private and external, this higher spending was largely noted in external component. Otherwise it was observed that all component sources are accountable for the rise in total health spending in the remaining years except for the year 2005 where public expenditure dropped by 15%. Private health spending constitutes the major share of total health spending and growing share by external sources was noted for the years 2006 and 2007.

Table 6.5 Total Health Expenditures by Time Series (1998 to 2007)

Kyat in Million										
Source	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Public	2739.63 9.3 %	3866.4 9.8 %	6966.53 12.9 %	8267.30 11.3 %	18426.25 13.8 %	18461.11 10.6 %	23914.88 11.6 %	20363.3 7.8 %	44046.88 12.7 %	45874.72 10.1 %
Private	26368.12 89.5 %	35268.53 89.3 %	46469.94 86.0 %	63911.53 87.6 %	111751.31 84.0 %	151515.76 86.5 %	176167.53 85.4 %	235574.15 90.8 %	282564.91 81.8 %	383383.32 84.5 %
External	357.07 1.2 %	368.4 0.9 %	578.17 1.1 %	812.25 1.1 %	2927.01 2.2 %	5124.78 2.9 %	6185.98 3.0 %	3554.39 1.4 %	18869.74 5.5 %	24412.38 5.4 %
Total	29464.82	39503.33	54014.64	72991.08	133104.57	175101.65	206268.39	259491.84	345481.53	453670.42
Annual Increase	-	34.07 %	36.73 %	35.13 %	82.36 %	31.55 %	17.80 %	25.80 %	33.14 %	31.32 %

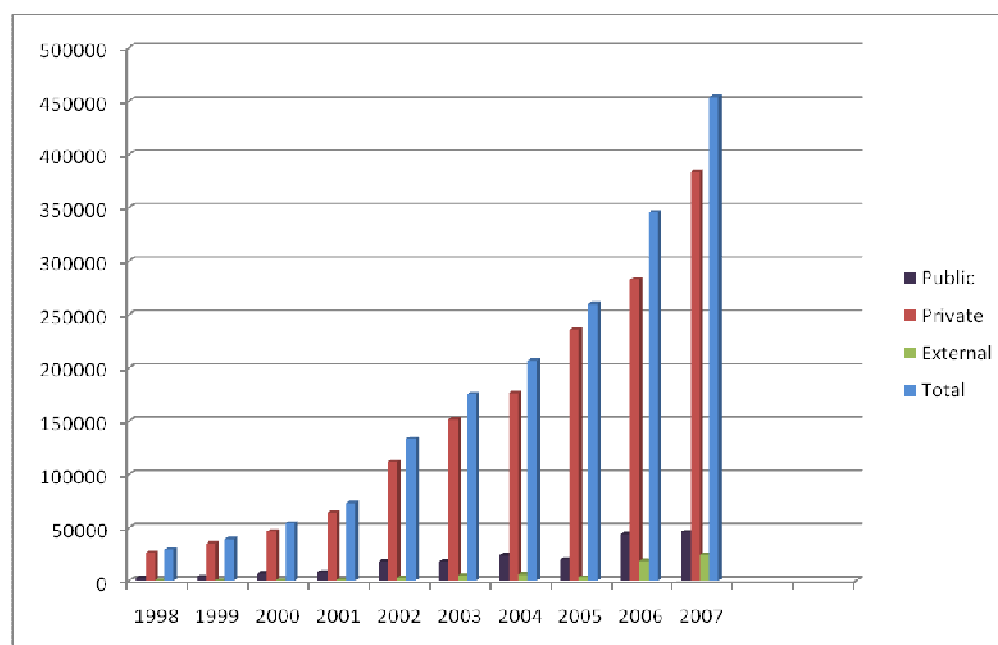


Figure.9 Time Series Analysis of Total Health Expenditures (1998-2007)

Annex I

Profile of Health Sub-system MYANMAR

Services/Functions	Principal financing sources	Provider payer relationship	Population covered	Size of operation
Ministry of Health				
Provide comprehensive public health services, promotive, preventive, curative and rehabilitative care Administration Production of human resources for health Health Research	Ministry of Finance Households External Sources	Runs hospitals, health centres disease control programs, training institutes and research institutes where staff are paid on salary	Entire population	- (813) Hospitals including central and teaching hospitals, specialist hospitals, regional and peripheral hospitals - (17) Regional (State/Division) Health Departments, (66) District Health Departments and (325) Township Health Departments undertaking public health and disease control activities under which the followings centres/ teams are functioning: - (348) maternal and child health Centres

Services/Functions	Principal financing sources	Provider payer relationship	Population covered	Size of operation
Ministry of Health				
				<ul style="list-style-type: none"> - (80) school health teams - (86) urban health centres - (1473) rural health centres and (5892) sub RHCs - (14)Traditional Medicine Hospitals and (237)Traditional Medicine Clinics for traditional medical care - (60)learning institutes for training and producing human resources for health including doctors and nurses - (1)Traditional Medicine University and (1) Traditional Medicine Institute for training and producing traditional medical practitioners - (3) research Institutes - National Health Laboratory - Food and Drug Administration for food and drug safety

Classification of Functions

Code code	Description	ICHA-HC
MmHC 1	Services of curative and rehabilitative care	HC 1/HC2
MmHC 1.1	Inpatient curative care	
MmHC 1.1.1	Government Hospital	
MmHC 1.1.2	Private Hospital	
MmHC 1.3	Outpatient curative care	
MmHC 1.3.1	Secondary Clinic /MCH/RHC	
MmHC 1.3.1.1	Basic medical and diagnostic services	
MmHC 1.3.1.2	All other outpatient curative care	
MmHC 1.3.1.3	Outpatient dental care	
MmHC 1.3.2	Private Clinic	
MmHC 1.3.2.1	Basic medical and diagnostic services	
MmHC 1.3.2.2	All other outpatient curative care	
MmHC 3	Services of long term nursing care	HC 3
MmHC 4	Ancillary services to medical care	HC 4
MmHC 4.1	Clinical laboratory	
MmHC 4.1.1	Government Hospital	
MmHC 4.1.2	Private Hospital	
MmHC 4.2	Diagnostic imaging	
MmHC 4.2.1	Government Hospital	
MmHC 4.2.2	Private Hospital	
MmHC 4.3	Other investigative procedure	
MmHC 4.9	All other miscellaneous ancillary services	
MmHC 4.9.1	Room charges	
MmHC 4.9.1.1	Government Hospital	
MmHC 4.9.1.2	Private Hospital	
MmHC 4.9.2	Renal dialysis	
MmHC 5	Medical goods dispensed to patients	HC 5

MmHC 5.1	Pharmaceuticals and other medical durables	
MmHC 5.1.1	Government Hospital	
MmHC 5.1.2	Private Hospital	
MmHC 5.2	Therapeutic appliances and other medical durables	
MmHC 5.2.1	Glasses and other vision products	
MmHC 5.2.9	All other miscellaneous medical goods	
MmHC 6	Prevention and public health services	HC 6
MmHC 6.1	Maternal and child health	HC 6.1
MmHC 6.2	School health services	HC 6.2
MmHC 6.3	Prevention of communicable diseases	HC 6.3
MmHC 6.5	Occupational health care	HC 6.5
MmHC 6.6	Rural health services	
MmHC 6.7	Health education	
MmHC 6.8	Public health management	
MmHC 6.9	All other miscellaneous public health services	
MmHC 7	Health administration and health insurance	HC 7
MmHC 7.1	General government administration of health	HC 7.1
MmHC 7.2	Administration, operation and support of Social Security funds	HC 7.2
MmHC nsk	Expenditures otherwise not classified by kind	
MmHCR 1-6	Health related functions HCR 1-5	
MmHCR 1	Capital formation for health care provider institutions	HCR 1
MmHCR 2	Education and training of health personnel	HCR 2
MmHCR 3	Research and development in health	HCR 3
MmHCR 4	Nutrition promotion and education	
MmHCR 5	Food and Drug Control	HCR 4
MmHCR 6	Environmental health	HCR 5
MmHCR nsk		

Classification of Financing Sources

Code	Description
FS 1	Public funds
FS1.1	General government revenue
FS 1.2	Interest from trust funds
FS 2	Private funds
FS 2.1	Employer funds
FS 2.2	Household funds
FS 2.3	Non-profit institutions
FS 3	Rest of the world

Classification of Financing Agents

Code	Description	ICHA
Scheme		
MmFA 1	General Government	HF.1
MmFA 1.1.1	Central Government	HF
1.1.1		
MmFA 1.1.1.1	Ministry of health	
MmFA 1.1.1.2	Other ministries	
MmFA 1.2	Social security scheme	
MmFA 2	Private sector	HF.2
MmFA 2.1	Private households out of pocket payment	HF 2.3
MmFA 2.2	Non-profit institutions serving households	HF 2.4
MmFA 2.3	Private firms	
MmFA 3	Rest of the world	HF 3

Classification of Providers

Code scheme	Description	ICHA
MmP1	Hospitals	HP1
MmP1.1	Teaching/General Hospitals	HP1.1
MmP1.1.1	Central and Teaching Hospitals	
MmP1.1.2	General Hospitals	
MmP1.1.2.1	Government	
MmP1.1.2.1.1	Regional hospitals	
MmP1.1.2.1.2	Township/station hospitals	
MmP1.1.2.1.3	Hospitals under other ministries	
MmP1.1.2.1.4	Social Security	
MmP1.1.2.2	Private for profit	
MmP1.1.2.3	Private for non-profit	
MmP1.2	Mental Hospitals	HP1.2
MmP1.3	Specialist Hospitals	HP1.3
MmP1.4	Traditional Medicine Hospitals	HP1.4
MmP2	Nursing and Residential Care Facilities	HP2
MmP3	Providers of Ambulatory Care	HP3
MmP3.1	Offices of physicians and dentists	HP 3.1/3.2
MmP3.2	Traditional medicine practitioners	HP 3.3
MmP3.3	Outpatient care providers	HP3.4
MmP3.3.1	Part of hospital services	
MmP3.3.2	Secondary clinics/MCH/RHC	
MmP3.3.3	Social security clinics	
MmP3.3.4	Traditional medicine clinics	HP 3.9.3
MmP3.3.5	Private for Profit	
MmP3.3.6	Private for Non Profit	
MmP3.4	Medical and diagnostic laboratory	HP 3.5
MmP4	Retail sale and other providers of medical goods	HP4

Mm P5	Provision and administration of public health programmes	HP 5
MmP5.1	Public health programmes	
MmP5.2	Disease control	
MmP6	General health administration/insurance	HP6
MmP6.1	General administration of health	HP 6.1
MmP6.2	Social security funds	HP 6.2
MmP7	All other industries	HP 7
MmP8	Institutions providing health related services	HP8
MmP8.1	Research institutions	HP 8.1
MmP8.2	Education/training	HP 8.2
MmP8.3	Other institutions providing health related services	HP 8.3
MmP 8.3.1	Nutrition	
MmP 8.3.2	Environmental health	
MmP 8.3.3	Food and drug administration	
MmP9	Rest of the world	HP 9

Annex VI

Table (1) National Health Expenditures by Type of Financing Agent and Type of Provider (FxP)

For the year (2006-07)

Kyat in Million

No	Provider	Financing Agent						Rest of the World	Total
		General Government			Private Sector				
		Ministry of Health	Other Ministries	Social Security Scheme	Private households out of pocket payment	Non-profit Institutions Serving Households			
1	MmP1 Hospitals	18759.49	3278.00	585.75	217810.08				240433.32
1	MmP 1.1 Teaching Hospitals/General Hospitals	16107.89	3278.00	585.75	217745.58				237717.22
1a	MmP 1.1.1 Central and Teaching Hospitals	2841.89			40.38				2882.27
b	MmP 1.1.2 General Hospitals	13266.00	3278.00	585.75	217705.20				234834.95
b1	MmP 1.1.2.1 Government	13266.00	3278.00	585.75	221.73				17351.48
1.1	MmP 1.1.2.1.1 Regional hospitals	4276.55	3278.00		80.04				4356.59
1.2	MmP 1.1.2.1.2 Township/station hospitals	8989.45			141.69				9131.14
1.3	MmP 1.1.2.1.3 Hospitals under other ministries								3278.00
1.4	MmP 1.1.2.1.4 Social Security				585.75				585.75
b2	MmP 1.1.2.2 Private for Profit				217483.47				217483.47
b3	MmP 1.1.2.3 Private Non profit								
2	MmP 1.2 Mental Hospitals	157.00							157.00
3	MmP 1.3 Specialist Hospitals	2323.96			64.50				2388.46
4	MmP 1.4 Traditional Medicine Hospitals	170.64							170.64
2	MmP 2 Nursing and residential care facilities								
3	MmP 3 Provider of ambulatory health care	6590.26		195.25	52746.14				59531.65
1	MmP3.1 Offices of physicians and dentists								
2	MmP3.2 Traditional medicine practitioners								
3	MmP3.3 Out patient care providers	6464.49		195.25	52094.37				58754.11
a	MmP3.3.1 Part of hospital services				14.27				14.27
b	MmP3.3.2 Secondary clinics/MCH/RHC	6117.93							6117.93
c	MmP3.3.3 Social security clinics			195.25					195.25
d	MmP3.3.4 Traditional medicine clinics	346.56			2027.45				2374.01
e	MmP3.3.5 Private for Profit				49229.00				49229.00
f	MmP3.3.6 Private for Non profit				823.65				823.65
4	MmP3.4 Medical and diagnosis laboratories	125.77			651.77				777.54
4	MmP4 Retail sale and other providers of medical goods	2005.85			11277.69				13283.54
5	MmP5 Provision and administration of public health programs	7108.68	3.10						7111.78
1	MmP5.1 Public health programs	2824.31							2824.31
2	MmP5.2 Disease control	4284.37	3.10						4287.47
6	MmP6 General health administration and insurance	2195.38	179.36						2374.74
1	MmP6.1 General health administration	2195.38	179.36						2374.74
2	MmP6.2 Social security funds								
7	MmP7 All other industries								
8	MmP8 Institutions providing health related services	8944.55	2.80						8947.35
1	MmP8.1 Research institutions	1561.93							1561.93
2	MmP8.2 Education/training	7141.80							7141.80
3	MmP8.3 Other institutions providing health related services	240.82	2.80						243.62
a	MmP8.3.1 Nutrition	83.43							83.43
b	MmP8.3.2 Environmental health	98.39	0.37						98.76
c	MmP8.3.3 Food and drug administration	59.00	2.43						61.43
9	MmP9 Rest of the World					13799.15			13799.15
	National health expenditure	45604.21	3463.26	781.00	281833.91	13799.15			345481.53

Table (1) National Health Expenditures by Type of Financing Agent and Type of Provider (FxP)

For the year (2007-08)

Kyat in Million

No	Provider	Financing Agent						Rest of the World	Total
		General Government			Private Sector				
		Ministry of Health	Other Ministries	Social Security Scheme	Private households out of pocket	Non-profit Institutions Serving Households			
1	Mmp1 Hospitals	19632.43	3998.00	641.00	295796.76				320068.19
1	Mmp 1.1 Teaching Hospitals/General Hospitals	16761.70	3998.00	641.00	295762.73				317163.43
	Mmp 1.1.1 Central and Teaching Hospitals	2758.41			21.31				2779.72
b	Mmp 1.1.2 General Hospitals	14003.29	3998.00	641.00	295741.42				314383.71
b1	Mmp 1.1.2.1 Government	14003.29	3998.00	641.00	134.74				18777.03
1.1	Mmp 1.1.2.1.1 Regional hospitals	5122.73			37.38				5160.11
1.2	Mmp 1.1.2.1.2 Township/station hospitals	8880.56			97.36				8977.92
1.3	Mmp 1.1.2.1.3 Hospitals under other ministries		3998.00						3998.00
1.4	Mmp 1.1.2.1.4 Social Security			641.00					641.00
b2	Mmp 1.1.2.2 Private for Profit				295606.68				295606.68
b3	Mmp 1.1.2.3 Private Non profit								
2	Mmp 1.2 Mental Hospitals	149.12							149.12
3	Mmp 1.3 Specialist Hospitals	2581.81			34.03				2615.84
4	Mmp 1.4 Traditional Medicine Hospitals	139.80							139.80
2	Mmp 2 Nursing and residential care facilities								
3	Mmp 3 Provider of ambulatory health care	6758.58		213.00	71482.77				78454.35
1	Mmp3.1 Offices of physicians and dentists								
2	Mmp3.2 Traditional medicine practitioners								
3	Mmp3.3 Out patient care providers	6641.18		213.00	70797.61				77651.79
a	Mmp3.3.1 Part of hospital services				9.58				9.58
b	Mmp3.3.2 Secondary clinics/MCH/RHC	6219.05							6219.05
c	Mmp3.3.3 Social security clinics			213.00					213.00
d	Mmp3.3.4 Traditional medicine clinics	422.13			2755.74				3177.87
e	Mmp3.3.5 Private for Profit				66912.77				66912.77
f	Mmp3.3.6 Private for Non profit				1119.52				1119.52
4	Mmp3.4 Medical and diagnosis laboratories	117.40			685.16				802.56
4	Mmp4 Retail sale and other providers of medical goods	2234.63			15328.79				17563.42
5	Mmp5 Provision and administration of public health	9078.84	4.54						9083.38
1	Mmp5.1 Public health programs	3078.90							3078.90
2	Mmp5.2 Disease control	5999.94	4.54						6004.48
6	Mmp6 General health administration and insurance	2203.87	199.51						2403.38
1	Mmp6.1 General health administration	2203.87	199.51						2403.38
2	Mmp6.2 Social security funds								
7	Mmp7 All other industries								
8	Mmp8 Institutions providing health related services	8406.07	4.01						8410.08
1	Mmp8.1 Research institutions	1467.49							1467.49
2	Mmp8.2 Education/training	6758.29							6758.29
3	Mmp8.3 Other institutions providing health related services	180.29	4.01						184.30
a	Mmp8.3.1 Nutrition	73.35							73.35
b	Mmp8.3.2 Environmental health	48.46	0.54						49.00
c	Mmp8.3.3 Food and drug administration	58.48	3.47						61.95
9	Mmp9 Rest of the World					17687.62			17687.62
	National health expenditure	48314.42	4206.06	854.00	382608.32	17687.62			453670.42

Annex VII

Table (2) National Health Expenditures by Type of Financing Agent and by Function (FAXF)
For the year (2006-07)

Kyat in Million

Functions	Financing Agent						
	General Government			Private Sector		Rest of the World	Total
	Ministry of Health	Other Ministries	Social Security Scheme	Private households out of pocket payment	Non-profit Institutions Serving Households		
MmHC 1 Services of curative and rehabilitative care	16887.06	2306.00	731.00	86251.32			106175.38
MmHC 1.1 Inpatient curative care				22879.26			22879.26
MmHC 1.1.1 Government Hospital							
MmHC 1.1.2 Private Hospital				22879.26			22879.26
MmHC 1.3 Outpatient curative care				63372.06			66372.06
MmHC 1.3.1 Secondary Clinic/ MCH/RHC				14.27			14.27
MmHC 1.3.1.1 Basic medical and diagnostic services							
MmHC 1.3.1.2 All other outpatient curative care				14.27			14.27
MmHC 1.3.1.3 Outpatient dental care							
MmHC 1.3.2 Private Clinic				63357.79			63357.79
MmHC 1.3.2.1 Basic medical and diagnostic services				21110.82			21110.82
MmHC 1.3.2.2 All other outpatient curative care				42246.97			42246.97
MmHC 3 Services of long term nursing care							
MmHC 4 Ancillary services to medical care	125.77			43266.71			43392.48
MmHC 4.1 Clinical laboratory	125.77			14705.65			14831.42
MmHC 4.1.1 Government Hospital	125.77			156.01			281.78
MmHC 4.1.2 Private Hospital				14549.64			14549.64
MmHC 4.2 Diagnostic imaging				11844.72			11844.72
MmHC 4.2.1 Government Hospital				165.85			165.85
MmHC 4.2.2 Private Hospital				11678.87			11678.87
MmHC 4.3 Other investigative procedure				249.51			249.51
MmHC 4.9 All other miscellaneous ancillary services				16466.83			16466.83
MmHC 4.9.1 Room charges				16386.43			16386.43
MmHC 4.9.1.1 Government Hospital				227.41			227.41
MmHC 4.9.1.2 Private Hospital				16159.02			16159.02
MmHC 4.9.2 Renal dialysis				80.40			80.40
MmHC 5 Medical goods dispensed to patients	1701.55			152315.88	21.54		154038.97
MmHC 5.1 Pharmaceuticals and other medical nondurables	1701.55			152216.68	21.54		153939.77
MmHC 5.1.1 Government Hospital	1701.55				11.17		1712.72
MmHC 5.1.2 Private Hospital				152216.68	10.37		152227.05
MmHC 5.2 Therapeutic appliances and other medical durables				99.20			99.20
MmHC 5.2.1 Glasses and other vision products							
MmHC 5.2.9 All other Miscellaneous Medical goods				99.20			99.20
MmHC 6 prevention and public health services	9858.58	3.10			11432.80		21294.48
MmHC 6.1 Maternal and child health	983.01				1233.93		2216.94
MmHC 6.2 School health services	511.17				0.54		511.71
MmHC6.3 Prevention of communicable diseases	4284.37	3.10			8124.01		12411.48
MmHC 6.5 Occupational health care	43.76						43.76
MmHC 6.6 Rural health services	2816.90						2816.90
MmHC 6.7 Health education	112.76				64.49		177.25
MmHC 6.8 public health management	575.46				166.67		742.13
MmHC 6.9 All other miscellaneous public health services	531.15				1843.16		2374.31
MmHC 7 Health administration and health insurance	1680.61	179.36			10.37		1870.34
MmHC 7.1 General government administration of health	1680.61	179.36			10.37		1870.34
MmHC 7.2 Administration, operation and support of social security funds							
MmHC <i>nsk</i>							
MmHCR 1-6 Health related functions	15350.64	974.80	50.00		2334.44		18709.88
MmHCR 1 Capital formation for health care provider institutions	9667.08	972.00	50.00				10689.08
MmHCR 2 Education and training of health personnel	4043.45				147.38		4190.83
MmHCR 3 Research and development in health	1046.39						1046.39
MmHCR 4 Nutrition promotion and education	259.88				766.50		1026.38
MmHCR 5 Food and drug control	59.00	2.43			183.29		244.72
MmHCR 6 Environmental health	274.84	0.37			1237.27		1512.48
MmHCR <i>nsk</i>							
National Health Expenditure	45604.21	3463.26	781.00	281833.91	13799.15		345481.53

Table (2) National Health Expenditures by Type of Financing Agent and by Function (FAxF)
For the year (2007-08)

Kyat in Million

Functions	Financing Agent					Rest of the World	Total
	General Government			Private Sector			
	Ministry of Health	Other Ministries	Social Security Scheme	Private households out of pocket payment	Non-profit Institutions Serving Households		
MmHC 1 Services of curative and rehabilitative care	18225.15	2701.00	775.00	117224.23	11.89		138937.27
MmHC 1.1 Inpatient curative care				31097.83			31097.83
MmHC 1.1.1 Government Hospital							
MmHC 1.1.2 Private Hospital				31097.83			31097.83
MmHC 1.3 Outpatient curative care				86126.40	11.89		86138.29
MmHC 1.3.1 Secondary Clinic/ MCH/RHC				9.58	11.89		21.47
MmHC 1.3.1.1 Basic medical and diagnostic services					11.89		11.89
MmHC 1.3.1.2 All other outpatient curative care				9.58			9.58
MmHC 1.3.1.3 Outpatient dental care				86116.82			86116.82
MmHC 1.3.2 Private Clinic				28694.12			28694.12
MmHC 1.3.2.1 Basic medical and diagnostic services				57422.70			57422.70
MmHC 1.3.2.2 All other outpatient curative care							
MmHC 3 Services of long term nursing care							
MmHC 4 Ancillary services to medical care	117.40			58409.62			58527.02
MmHC 4.1 Clinical laboratory				19934.08			19934.08
MmHC 4.1.1 Government Hospital				158.00			158.00
MmHC 4.1.2 Private Hospital				19776.08			19776.08
MmHC 4.2 Diagnostic imaging				16032.31			16032.31
MmHC 4.2.1 Government Hospital				158.23			158.23
MmHC 4.2.2 Private Hospital				15874.08			15874.08
MmHC 4.3 Other investigative procedure				314.93			314.93
MmHC 4.9 All other miscellaneous ancillary services				22128.30			22128.30
MmHC 4.9.1 Room charges				22074.30			22074.30
MmHC 4.9.1.1 Government Hospital				110.72			110.72
MmHC 4.9.1.2 Private Hospital				21963.58			21963.58
MmHC 4.9.2 Renal dialysis				54.00			54.00
MmHC 5 Medical goods dispensed to patients	1663.85			206974.47	39.40		208677.72
MmHC 5.1 Pharmaceuticals and other medical nondurables				206895.11	39.40		206934.51
MmHC 5.1.1 Government Hospital					14.27		14.27
MmHC 5.1.2 Private Hospital				206895.11	25.13		206920.24
MmHC 5.2 Therapeutic appliances and other medical durables				79.36			79.36
MmHC 5.2.1 Glasses and other vision products				79.36			79.36
MmHC 5.2.9 All other Miscellaneous Medical goods							
MmHC 6 prevention and public health services	11608.19	4.54			14222.38		25835.11
MmHC 6.1 Maternal and child health	1309.73				1674.43		2984.16
MmHC 6.2 School health services	574.04				0.69		574.73
MmHC 6.3 Prevention of communicable diseases	5999.94	4.54			10242.77		16247.25
MmHC 6.5 Occupational health care	37.25						37.25
MmHC 6.6 Rural health services	2844.47						2844.47
MmHC 6.7 Health education	34.45				82.37		116.82
MmHC 6.8 public health management	346.69				212.87		559.56
MmHC 6.9 All other miscellaneous public health services	461.62				2009.25		2470.87
MmHC 7 Health administration and health insurance	1864.88	199.51			13.25		2077.64
MmHC 7.1 General government administration of health	1864.88	199.51			13.25		2077.64
MmHC 7.2 Administration, operation and support of social security							
MmHC nsk							
MmHCR 1-6 Health related functions	14834.95	1301.01	79.00		3400.70		19615.66
MmHCR 1 Capital formation for health care provider institutions	9046.83	1297.00	79.00				10422.83
MmHCR 2 Education and training of health personnel	4012.61				200.11		4212.72
MmHCR 3 Research and development in health	997.66				11.89		1009.55
MmHCR 4 Nutrition promotion and education	372.13				1024.23		1396.36
MmHCR 5 Food and drug control	58.48	3.47			234.09		296.04
MmHCR 6 Environmental health	347.24	0.54			1930.38		2278.16
MmHCR nsk							
National Health Expenditure	48314.42	4206.06	854.00	382608.32	17687.62		453670.42

Annex VIII

Table (3) National Health Expenditures by Type of Financing Source and Financing Agent (FSxFA)

For the year 2006-2007

Kyat in Million

Financing Agents	Financing Source						Total
	FS 1 Public funds		FS 2 Private funds			FS 3 Rest of the world	
	FS 1.1	FS 1.2	FS 2.1 Employer funds	FS 2.2 Household funds	FS 2.3 Non profit institutions		
	General governme nt revenue	Interest from trust funds					
MmFA 1 General government	43744.26	302.62	460.53	270.47		5070.59	49848.47
MmFA 1.1 Ministry of health	40231.00	302.62				5070.59	45604.21
MmFA 1.2 Other Ministries	3463.26						3463.26
MmFA 1.3 Social security scheme	50.00		460.53	270.47			781.00
MmFA 2 Private sector				281833.91		13799.15	295633.06
MmFA 2.1 Private household out of pocket payment				281833.91			281833.91
MmFA 2.2 Non-profit institutions serving households						13799.15	13799.15
MmFA 2.3 Private Firms							
MmFA 3 Rest of the world							
National health expenditure	43744.26	302.62	460.53	282104.38		18869.74	345481.53

Table (3) National Health Expenditures by Type of Financing Source and Financing Agent (FSxFA)

For the year 2007-2008

Kyat in Million

Financing Agents	Financing Source						Total
	FS 1		FS 2 Private funds			FS 3 Rest of the world	
	Public funds		FS 2.1 Employer funds	FS 2.2 Household funds	FS 2.3 Non profit institutions		
	FS 1.1	FS 1.2					
	General governme nt revenue	Interest from trust funds					
MmFA 1 General government	45495.08	379.64	484.38	290.62		6724.76	53374.48
MmFA 1.1 Ministry of health	41210.02	379.64				6724.76	48314.42
MmFA 1.2 Other Ministries	4206.06						4206.06
MmFA 1.3 Social security scheme	79.00		484.38	290.62			854.00
MmFA 2 Private sector				382608.32		17687.62	400295.94
MmFA 2.1 Private household out of pocket payment				382608.32			382608.32
MmFA 2.2 Non-profit institutions serving households						17687.62	17687.62
MmFA 2.3 Private Firms							
MmFA 3 Rest of the world							
National health expenditure	45495.08	379.64	484.38	382898.94		24412.38	453670.42

A. NHA Unit

NHA Unit is composed of the following persons from the Department of Health Planning.

Dr. Phone Myint	Director (Planning)
Dr. San San Aye	Deputy Director (Planning)
Daw Khine Khine Kyi	Assistant Director (Finance)
Daw Htwe Htwe Myint	Planning Officer
Daw Htay Htay Win	Planning Officer
Daw Kyawt Kay Khine	Planning Officer

B. Technical Collaboration

The following officials had collaborated through provision of data and technical advice.

Dr. Kyee Myint	Deputy Director General(Medical Care) Department of Health
U Tin Win Kyaw	Director(Public Health) Department of Health
U Seinn Win	Director (Deputy Head of Office) Ministry of Health
Dr. Ye Htut	Director (Administration) Department of Medical Research (Lower Myanmar)
Dr. Khin Lin	Director Department of Medical Research (Upper Myanmar)

Dr. Yi Yi Myint	Director Department of Medical Research (Central Myanmar)
Dr. Aung Than	Head of Health Office Yangon City Development Committee
Daw Khin Ma Ma Swe	Director Planning Department Ministry of National Planning and Economic Development
Daw San Yee	Director Budget Department Ministry of Finance and Revenue
U Kyaw Htay	Director (Finance) Department of Health
Dr. Ko Ko Naing	Deputy Director International Health Division Ministry of Health
U Tin Oo	Deputy Director (Finance) Department of Medical Science
Daw Tint Tint Khine	Assistant Director (Finance) Department of Traditional Medicine