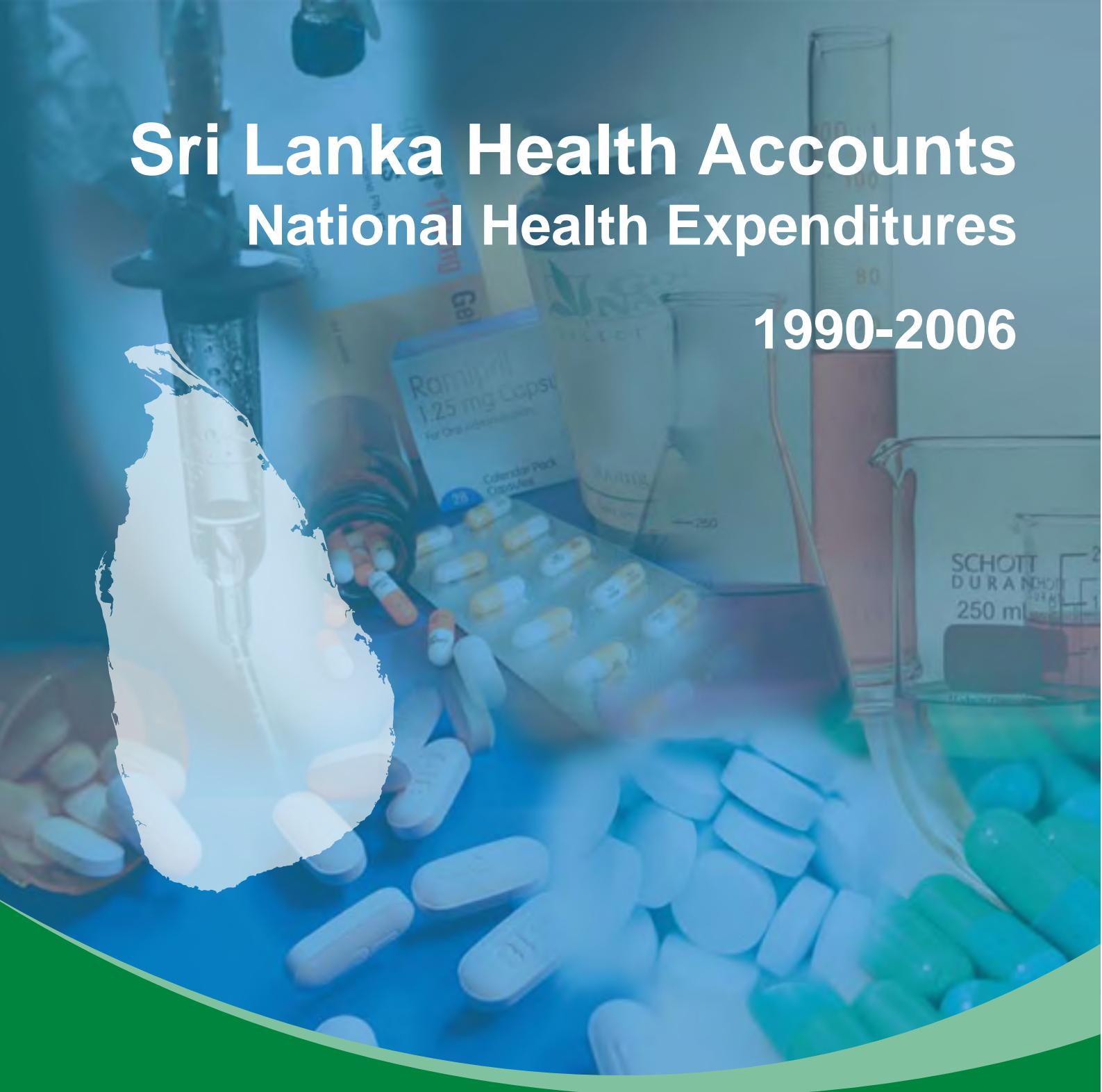


Sri Lanka Health Accounts National Health Expenditures

1990-2006



IHP Health Expenditure Series No 1

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Sri Lanka Health Accounts: National Health Expenditures 1990–2006

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Colombo, Sri Lanka**

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The Institute for Health Policy (IHP) is an independent research institution, working to improve health and social systems in Sri Lanka and the wider region, by supporting, encouraging and informing policy change, through quality research, analysis and training. Consistent with the Institute's mission, we make as much of our output as possible available and widely accessible, with the intention that the widest range of stakeholders are provided with better information and understanding. We do this primarily by making most of our publications available online for free download via the IHP web site (<http://www.ihp.lk>).

About the IHP Health Accounts Unit

IHP's Health Accounts Unit is recognized as the leading centre in the region for health accounts development and estimation. Its staff were responsible for designing and developing Sri Lanka's health accounts system starting in 1998, and in addition to maintaining that system ever since, have provided technical advise and support to the development of health accounts systems in a range of other countries throughout Asia and Europe. The core activities of the unit including maintenance and updating of the Sri Lanka Health Accounts system, and development of new analytical extensions and applications of the main system.

Contents

List of tables	vii
List of figures	viii
Preface	ix
Acknowledgements.....	x
Abbreviations and symbols.....	xi
Highlights.....	xii
1. Background.....	1
About this report	2
Structure of the health sector and the flow of funds.....	2
Revision process.....	4
2. Total Health Expenditure.....	5
2.1 Trends in total health expenditure.....	6
2.2 Health expenditure in relation to GDP	6
2.3 Health expenditure per person.....	8
3. Financing of health expenditures	11
3.1 General trends.....	12
3.2 Government financing	14
3.3 Private financing.....	16
3.4 External donor financing.....	16
4. Health expenditures by function	21
4.1 Recurrent expenditures.....	22
Inpatient and outpatient care services.....	22
Distribution of medicines and medical goods to outpatients	22
Prevention and public health services	22
4.2 Capital expenditures.....	22
4.3 Pharmaceutical expenditures	27
5. Health expenditure by providers	29
5.1 Recurrent expenditures.....	30
5.2 Hospital spending.....	30
Hospital spending by source of financing.....	30
5.3 Non-hospital spending.....	30
6. Health expenditure by province and district.....	35
6.1 Trends in total and government provincial spending.....	36
6.2 Provincial expenditures by source	39
6.3 Hospital expenditures by province.....	42
6.4 District expenditures.....	42
7. International comparisons.....	45
7.1 Comparability of Sri Lanka health accounts estimates	46
7.2 Total spending and sources of healthcare financing	46
7.3 Composition of spending by function and providers	48
8. Technical notes	51
8.1 General.....	52

8.2 Definitions.....	52
Total health expenditure (THE)	52
Financing sources	52
Functions	53
Providers	53
8.3 Data sources.....	53
General.....	53
Central government.....	53
Provincial and local governments	53
Private sector spending.....	54
8.4 Methods used.....	54
Government spending	54
Fees paid to government healthcare institutions	54
Private hospital spending.....	54
Sales of medicines from pharmacies.....	54
Private dental practitioners.....	54
Employer medical benefits.....	54
Private health insurance expenditures	54
Private practitioners and other miscellaneous items of household expenditure.....	54
9. Appendix: SHA standard tables showing health expenditures in Sri Lanka, by financing source, provider and function 1990-2006	55
10. Glossary	107
11. Bibliography	109

List of tables

Table 1: Total health expenditure, current and constant prices (2006), and annual growth rates, 1990 to 2006	7
Table 2: Total health expenditure, GDP, annual growth rates and share of health on GDP, 1990 to 2006.....	8
Table 3: Per capita health expenditure and GDP, 1990 to 2006	9
Table 4: Health expenditure by financing source, 1990 to 2006.....	13
Table 5: Government health expenditure by financing source, 1990 to 2006.....	15
Table 6 : Government health expenditure by financing source in detail,1990 to 2006.....	18
Table 7: Private health expenditure by financing source, 1990 to 2006.....	19
Table 8: Total health expenditure by function (Rs. million), 1990 to 2006	24
Table 9 : Share of health expenditure by function (%), 1990 to 2006	25
Table 10: Shares of health expenditure for each function by source of finance (%), 1990 to 2006	26
Table 11: Recurrent health expenditure by provider, 1990 to 2006	32
Table 12: Recurrent health expenditure at hospitals by financing source (%), 1990 to 2006	33
Table 13: MOH and PDOH recurrent expenditures on institutions (Rs. million), 1990 to 2006.....	33
Table 14: MOH and PDOH recurrent expenditures on institutions (%), 1990 to 2006.....	34
Table 15: Total health expenditure by province (Rs. million), 1990 to 2006	37
Table 16: Total public health expenditure per capita by province (Rs.), 1990 to 2006	38
Table 17: Shares of total health expenditure by province and financing source (%), 1990 to 2006.....	40
Table 18: Total public health expenditure per capita by district (Rs.), 2005	42
Table 19: General economic indicators and health expenditure for selected countries in the Asia-Pacific region	46
Table 20: Total health expenditure by financing agent for selected countries in the Asia-Pacific region (%) ..	47
Table 21: Current health expenditure by function (mode of production) for selected countries in the Asia-Pacific region (%)	50
Table 22: Current health expenditure by provider for selected countries in the Asia-Pacific region (%)	50

List of figures

Figure 1: The flow of funds in the Sri Lankan health care system (Rupees), 2005	3
Figure 2: Total health expenditure in constant prices, 1990 to 2006.....	6
Figure 3: Ratio of health expenditure to GDP (%), 1990 to 2006.....	7
Figure 4: Per capita health expenditure and per capita GDP (Rupees), 1990 to 2006.....	9
Figure 5: Share of public and private funding (%), 1990 to 2006.....	12
Figure 6: Public and Private spending as a share of GDP (%)	12
Figure 7: Government expenditure by financing source (%), 1990 to 2006	14
Figure 8: Government expenditure by financing source (%), 2006.....	14
Figure 9: Private expenditure by financing source (%), 1990 to 2006.....	16
Figure 10: Private expenditure by financing source (%), 2006.....	17
Figure 11: Functional breakdown of spending (%), 1990 to 2006	23
Figure 12: Total health expenditure by function (%), 2006.....	23
Figure 13: Flow of expenditures on medicines in the health sector, 2006	27
Figure 14: Recurrent expenditure by provider (%), 2006	30
Figure 15: Recurrent expenditure by provider (%), 2006	31
Figure 16: Recurrent health expenditure at hospitals by financing source (%), 1990 to 2006.....	31
Figure 17: Total health expenditure by province (Rs.million), 1990 to 2006.....	39
Figure 18: Total health expenditure by financing source by province (% of total), 2005	41
Figure 19: Per capita health expenditure by financing source (Rupees), 2005	43
Figure 20: Total public health expenditure per capita by province (Rupees), 2005.....	43
Figure 21: Expenditure at public and private hospitals (Rupees million) 2005	44
Figure 22: Total public health expenditure per capita by district (Rupees), 2005	44
Figure 23: Per capita health expenditure (PPP\$) vs per capita GDP (PPP\$) for selected Asia-Pacific countries and territories	47
Figure 24: Total health expenditure by financing agent for selected Asia-Pacific countries and territories (%).....	48
Figure 25: Current health expenditure by function for selected Asia-Pacific countries and territories (%)	49
Figure 26: Current health expenditure by provider for selected Asia-Pacific countries and territories (%)	49

Preface

Regular tracking and reporting of health expenditure flows is vital to understanding and monitoring Sri Lanka's health system. Such statistics need to show the level and changes in the volume and proportion of economic resources allocated to the production and consumption of health goods and services, which in turn contribute to the health and well being of the nation.

This publication presents estimates of health expenditure in Sri Lanka from the Sri Lanka Health Accounts (SLHA) compiled by the Institute for Health Policy. The SLHA is designed to meet and is compliant with the WHO-endorsed international standard for reporting of health accounts statistics, the Organization for Economic Cooperation and Development's System of Health Accounts (OECD SHA). The original SLHA system was designed by IHP staff, led by Ravi P. Rannan-Eliya and Tharanga Fernando, in collaboration with the Ministry of Health during 1998-1999, and has been updated on a continuous basis since then to ensure that the SLHA system remains compliant with evolving national needs and the latest international thinking.

With *National Health Expenditure Sri Lanka 1990–2006*, IHP publishes the first major update of health accounts statistics for Sri Lanka since the original Sri Lanka National Health Accounts Report published in 2003. This update incorporates a number of major improvements and enhancements since that first report. The improvements include changes in the underlying data sources used for major items of expenditure, such as by the central government, and revisions to estimation methods to increase accuracy and to ensure greater compliance with the latest interpretations of the relevant international standards. A major enhancement is the introduction of estimates of health expenditures at the district level, extending the previous provincial analyses. These are provided in this report on an experimental basis, but will become routine in future updates.

With the refinement and improvement of methods and data sources, changes to previously published estimates of expenditures in earlier years are inevitable. This publication thus provides new, updated estimates for all years since 1990, to ensure full consistency and comparability of the estimates across different years. Comparisons of Sri Lankan health expenditures over time should accordingly be based on this publication, rather than on earlier published estimates.

The statistics published in this report and additional detailed data are available online at <http://www.ihp.lk/slha>.

As the SLHA estimates are continuously updated, there is potential for revisions of data after publication of this report, and readers are advised to refer to the online version for the most up to date statistics. The IHP web site also provides information and results from the other analyses linked to the Sri Lanka Health Accounts.

Acknowledgements

The development of Sri Lanka Health Accounts has only been possible with the support of countless individuals and agencies over many years. Without being exhaustive, we would wish to express our sincere thanks to several, who have made significant contributions. For the overall development and compilation of the accounts, we would mention the support and guidance in particular of Dr. K.C.S. Dalpatadu (formerly Deputy Director-General Planning, Ministry of Health) and his staff in the Management, Planning and Development Unit, Dr. Sarath Samarage (Deputy Director-General Planning), their colleagues in the Ministry of Health and Provincial Departments of Health, Local Government Bodies and other colleagues in the Department of Census and Statistics (DCS), Central Bank of Sri Lanka (CBSL), Finance Commission and other government agencies. We also thank the many individuals and organisations in the private sector who have cooperated over the years in providing data when requested including the management of the insurance companies in Sri Lanka, respondents in private hospitals, laboratories, ambulance companies, private sector companies including banks and other statutory bodies.

Development and sustaining of the Sri Lanka health accounts effort would not have been possible without the financial and material support of many sponsors. We wish to thank the many agencies that have funded and continued to provide funds for components of this work, including the Ministry of Healthcare and Nutrition, World Health Organization (WHO), World Bank, International Labour Organization and AusAID.

We remain grateful for the assistance and collaboration over many years of colleagues, who have worked with us to develop Sri Lanka's health accounts, including Aparnaa Somanathan, Varuni Sumathiratne and Shermal Karunaratne. Finally, the authors wish to thank Dr. Reggie Perera (former Secretary, Ministry of Health) for his valuable advice and Peter Christian for assisting with data collection.

The collection and analysis of the data and the writing of this publication was done by Tharanga Fernando, Ravi P. Rannan-Eliya, J.M.H. Jayasundara and M. Balasubramaniam. The graphic design and desktop layout was by Harees Hashim.

Abbreviations and symbols

AusAID	Australian Government Overseas Aid
AIDS	Acquired Immune Deficiency Syndrome
APNHAN	Asia-Pacific National Health Accounts Network
CBSL	Central Bank of Sri Lanka
CIGAS	Computer Integrated Government Accounting System
DCS	Department of Census and Statistics
DOHS	Department of Health Services
ETF	Employees Trust Fund
FHB	Family Health Bureau
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
IHP	Institute for Health Policy
JICA	Japan International Cooperation Agency
MSD	Medical Supplies Division
MoH	Ministry of Health
MOOH	Medical Officer Of Health
OECD	Organization for Economic Cooperation and Development
PDHS	Provincial Directors of Health Services
PDOH	Provincial Department of Health
PPP	Purchasing Power Parity
SHA	System of Health Accounts
SNA	System of National Accounts
SLHA	Sri Lanka Health Accounts
SPLA	Sri Lanka Pharmaceutical Audit
THE	Total Health Expenditure
UN	United Nations
Unicef	United Nations Children's Fund
WHO	World Health Organization

Highlights

- Total health expenditure in Sri Lanka in 2006 was an estimated Rs. 117.9 billion (Table 1). This was equivalent to Rs. 5,926 per person, or US\$57 per capita (Table 3).
- Health expenditure as a proportion of GDP was estimated at 4.2% in 2006, up from 3.6% in 1990.
- Public sector financing accounted for 49% of total expenditure while the private sector financed 50% in 2006. The public share of financing has fluctuated between 42% and 49% throughout the period of 1990-2006, with some increase in the most recent years.
- Real growth in expenditure averaged 6.2% between 1991 and 2006 with the highest growth rate (13.3%) occurring in 2004.
- Central government financing share of total public spending increased from 59% in 1990 to 65% in 2006, with fluctuations in the intervening years. This increase in its share was compensated by a drop in the provincial government funding share. The local government financing and social security expenditure shares have changed by less than one percent over time (Table 5).
- Private sector financing of health expenditure was dominated by household spending. This ranged from 83% to 88% during the 1990 to 2006 period, while employer sponsored insurance made the next largest contribution (ranging from 6% to 10%). Overall the relative spending shares of all the private sector financing sources has not changed significantly over time (Table 7).
- The share of expenditure on inpatient care has increased over time from 19% to 33%, and the share of expenditure on outpatient care has dropped from 26% to 21%, while preventive spending has dropped from 9% to 6% (Table 9).
- In 1990, spending on outpatient care was more than on inpatient care, but by 2006, this had reversed (Table 8).
- Inpatient care and prevention and public health services are predominantly publicly financed, while outpatient care and medical goods dispensed to outpatients are mostly privately financed (Table 10).
- Hospitals account for the largest amount of spending (47%), followed by providers of ambulatory care (26%) and retail sale and other providers of medical goods (20%), in 2006. The trends over time show that the hospital share of spending has increased, while the latter two have decreased (Table 11).
- Public sector financing accounted for 85% of total hospital expenditures in 1990, but dropped to 78% in 2006, while private sector financing increased from 15% in 1990 to 22% in 2006 (Table 12).
- Total health expenditure was highest in the Western Province and lowest in the North-Central Province (Table 15). Western, Southern, North-Western and Sabaragamuwa provinces have the highest contribution from private financing, but except for the Western Province, they show a drop in the private share of financing from 1990 to 2006 (Table 17).
- Per capita health spending by government in the Western Province was Rs. 2,318 in 2006, while the highest level of government spending was in the Central Province at Rs. 2,537 per capita (Table 16).

1. Background

About this report

This publication reports on health expenditure in Sri Lanka for all years between 1990 and 2006, by sources of funding and areas of expenditure. Expenditure is analysed in terms of who provides the funding for health care – sources of financing, which organizations deliver those services – providers, what types of services are financed with those funds – functions, and where those expenditures occur – by province and district. Both sources of financing and providers are also categorized according to public and private sectors. The system of reporting used is the Sri Lankan Health Accounts Framework, which is based on the World Health Organization (WHO) endorsed System of Health Accounts (OECD SHA), published by the OECD (2000).

The tables and figures in this publication present expenditures in terms of current and constant prices. Constant price expenditure adjusts for the effects of inflation using, wherever possible the implicit GDP deflator provided by the Central Bank of Sri Lanka, and the constant price estimates indicate what expenditure would have been had the 2006 prices applied in all years.

International comparisons of expenditure are made with a selection of territories in the Asia-Pacific region, drawing on the work of Asia-Pacific National Health Accounts Network (APNhan), WHO and OECD.

The final chapter provides technical details on how the estimates were produced. These cover definitions, data sources and methods used. The appendix then presents more detailed estimates and statistical tables. These include selected tables in OECD SHA format for all years, so as to aid international comparison.

Structure of the health sector and the flow of funds

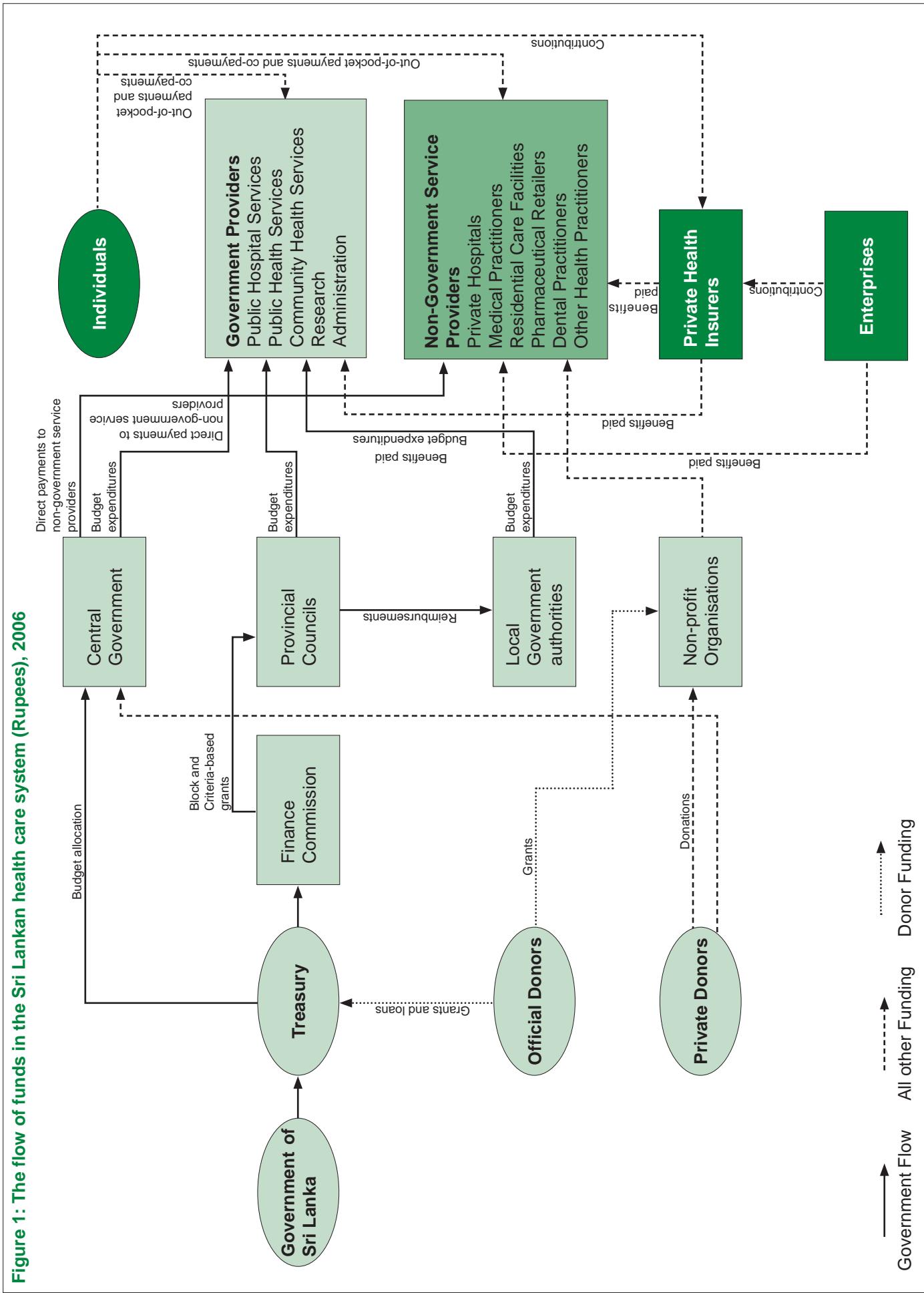
Health care in Sri Lanka is provided by the government, private sector and to a limited extent by the non-profit sector. The government sector is predominantly financed from general revenue taxation, while private sector financing is through out-of-pocket spending, private insurance, enterprise direct

payments, insurance paid for by enterprises, and contributions from non-profit organizations. Donor financing is largely channelled through the government sector, and in certain instances through non-profit organisations. See figure 1 for a diagrammed presentation of the flow of funds discussed above.

Public sector healthcare is universally accessible to the entire population of Sri Lanka and is almost wholly free of charge. A few public hospitals accommodate one or two pay wards, where patients are charged additional fees, but their turnover is negligible in comparison to the rest of public sector delivery. Two revenue-generating, public sector hospitals also operate autonomously under supervision of their own boards, namely the Sri Jayewardenepura General Hospital and the Wijaya Kumaratunga Memorial Hospital.

The government sector comprises the central government, the Provincial Councils, and local governments, consisting of municipal councils, urban councils and Pradeshiya Sabhas. The central government provides budgetary funding to the Ministry of Healthcare and Nutrition, which delivers services directly through its own programmes and hospitals that are under the purview of the ministry. Some of these central programmes also operate support and operate through the programmes administered by lower levels of government.

The bulk of donor funding is channelled through the Treasury, while some donor funds are disbursed directly through the relevant programmes or projects. The provincial government financing and services are administered by the Provincial Directors of Health Services (PDHS) offices, which in turn deliver services through the provincial, base, district, rural hospitals, maternity homes, central dispensaries and Medical Officer Of Health (MOOH) units. Most Provincial Council funds are sourced from the Treasury, and channelled through the Finance Commission. The expenditure of local governments is mainly financed from their own revenue, but approximately 70% or more of salary costs is reimbursed by Provincial Councils. Local governments have their own service mandates, and mainly deal with preventive and outpatient care.



Revision process

IHP updates the SLHA estimates on a continuous basis, and the results presented in this publication involve revisions to the previous set of estimates by the authors (Fernando et al., 2007). The statistics presented here are current as of December 2008.

Several significant revisions were carried out in this version of the estimates, as a result of new data sources or the development of new methods. One of these new data sources was the IHP-MOH Public Facility Survey that was carried out in 2006, which provided new data to revise the estimates of the functional composition of expenditures at government hospitals. A new survey design for surveying Pradeshiya Sabhas yielded better estimates for the local government expenditures.

Development of new methods enabled the estimation of government expenditures on outpatient medicines, which had previously been reported under outpatient care expenditures. These expenditures are now reported under the functional cat-

egory “pharmaceuticals and other medical non-durables dispensed to outpatients”. Separately from this, changes in the methods and data used to estimate central government expenditures have made it possible to identify a wider range of government departments that provide health services, other than the Ministry of Healthcare and Nutrition. Additionally, spending by all government departments on medical supplies have been included.

Revised estimates of capital formation at private hospitals have been incorporated owing to new sources of survey data. Estimates of pharmacy sales have been revised following advice from IMS-Health about data interpretation, and following consideration of imports data from Sri Lanka Customs. A new component of private spending has been included to cover expenditure on mosquito coils, household insecticides and mosquito nets, based on analysis of the Census and Statistics Department Household Income and Expenditure Survey (HIES).

2. Total Health Expenditure

2.1 Trends in total health expenditure

Total expenditure on health goods and services and capital formation in Sri Lanka in 2006 is estimated as Rs. 117.9 billion (Table 1). This represented an increase of Rs. 21.4 billion over the preceding year, which is a 22% increase in nominal terms. In real terms this was equivalent to an increase of 11%.

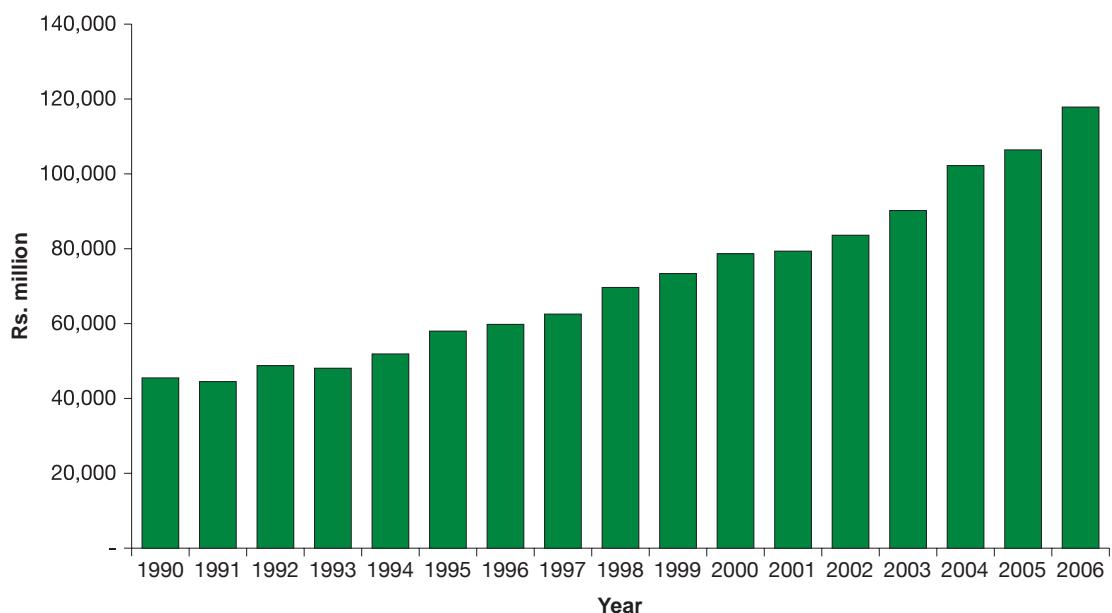
The annual increase in real terms of 11% in 2005–2006 was above the average real annual growth rate for health expenditure for the 1990–2006 time period, which was 6%. Overall, total health expenditure more than doubled in real terms between 1990 and 2006 (Figure 2).

Both GDP and health expenditure grew in nominal terms in every year from 1990 to 2006. From 1997 to 2003, excluding 1998, both GDP and health expenditure grew at nearly equal rates. However, from 2004 health expenditure increased significantly more each year than GDP. Consequently, the trend in the ratio of health spending to GDP has not been smooth, as seen in Figure 3. It fluctuated between 3.3% and 3.6% pre-1998, and then steadily rises in the following years, and increases more rapidly after 2003.

2.2 Health expenditure in relation to GDP

The ratio of Sri Lanka's health expenditure to GDP (health to GDP ratio) provides an indication of the proportion of overall economic activity contributed by the health sector. It is estimated that spending on health accounted for 4.2% of GDP in 2006, which is a significant increase from the level of 3.6% of GDP in 1990 (Table 2).

Figure 2: Total health expenditure in constant prices, 1990 to 2006



Note: Constant price health expenditures are expressed in terms of 2006 prices.

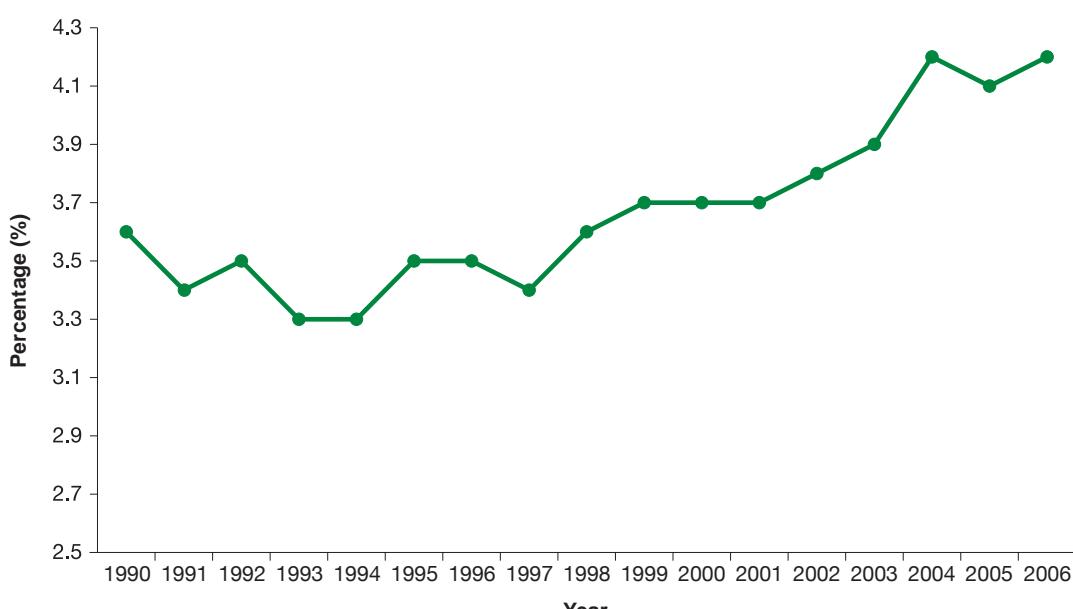
Source: Table 1.

Table 1: Total health expenditure, current and constant prices (2006), and annual growth rates, 1990 to 2006

Year	Amount (Rs. million)		Growth rate over previous year (%)	
	Current	Constant ^(a)	Current	Constant
1990	11,509	45,498	-	-
1991	12,491	44,491	8.5	-2.2
1992	15,054	48,759	20.5	9.6
1993	16,250	48,077	7.9	-1.4
1994	19,181	51,897	18.0	7.9
1995	23,241	57,992	21.2	11.7
1996	26,861	59,792	15.6	3.1
1997	30,532	62,542	13.7	4.6
1998	36,870	69,653	20.8	11.4
1999	40,535	73,370	9.9	5.3
2000	46,353	78,656	14.4	7.2
2001	52,535	79,353	13.3	0.9
2002	60,002	83,608	14.2	5.4
2003	68,053	90,213	13.4	7.9
2004	84,248	102,199	23.8	13.3
2005	96,471	106,414	14.5	4.1
2006	117,850	117,850	22.2	10.7
Average annual growth rate				
1991-2000			15.0	5.7
2001-2006			16.9	7.1
1991-2006			15.7	6.2

(a) Constant price health expenditures are expressed in terms of 2006 prices.

Source: IHP Sri Lanka Health Accounts Database.

Figure 3: Ratio of health expenditure to GDP (%), 1990 to 2006

Source: Table 2.

Table 2: Total health expenditure, GDP, annual growth rates and share of health on GDP, 1990 to 2006

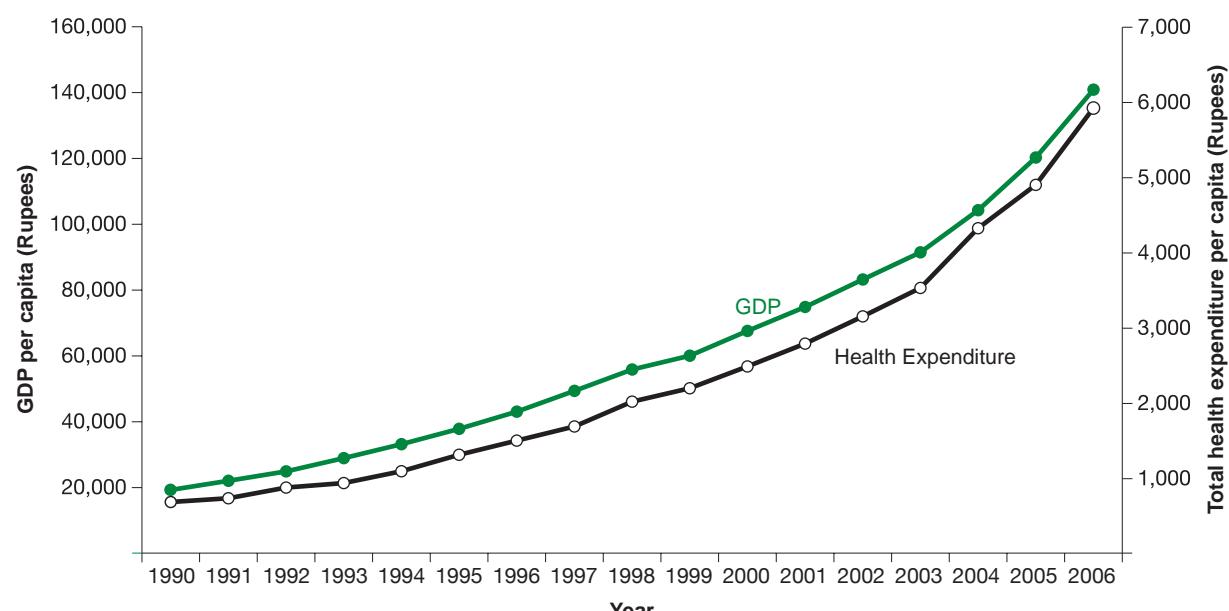
Year	Total health expenditure		GDP		Ratio of health expenditure to GDP (%)
	Amount (Rs. million)	Nominal Growth rate (%)	Amount (Rs. million)	Nominal Growth rate (%)	
1990	11,509	-	321,784	-	3.6
1991	12,491	9	372,345	16	3.4
1992	15,054	21	425,283	14	3.5
1993	16,250	8	499,565	17	3.3
1994	19,181	18	579,084	16	3.3
1995	23,241	21	667,772	15	3.5
1996	26,861	16	768,128	15	3.5
1997	30,532	14	890,272	16	3.4
1998	36,870	21	1,017,986	14	3.6
1999	40,535	10	1,105,963	9	3.7
2000	46,353	14	1,257,636	14	3.7
2001	52,535	13	1,407,398	12	3.7
2002	60,002	14	1,581,885	12	3.8
2003	68,053	13	1,761,161	11	3.9
2004	84,248	24	2,029,365	15	4.2
2005	96,471	15	2,365,593	17	4.1
2006	117,850	22	2,801,828	18	4.2
Average annual growth rate					
1991-2000		15		15	
2001-2006		17		14	
1991-2006		16		15	

Source: IHP Sri Lanka Health Accounts Database.

2.3 Health expenditure per person

As the population grows, health expenditure will also increase at the same rate, if the average expenditure on healthcare for each person in the community remains constant. So it is better to also examine health expenditure on a per person basis. This removes the influence of changes in the overall size of the population from the analysis.

During 2006, the estimated per person health expenditure was Rs. 5,926 or US\$ 57 (Table 3). Real growth in per person health expenditure between 1990 and 2006 averaged 4.8% per year, compared with 6.2% for aggregate national health expenditure (table 1 and 3). The difference between these two growth rates is the result of growth in the overall size of the Sri Lankan population. Per capita health expenditures and per capita GDP over time follows a similar pattern as seen in figure 4.

Figure 4: Per capita health expenditure and per capita GDP (Rupees), 1990 to 2006

Source: Table 3.

Table 3: Per capita health expenditure and GDP, 1990 to 2006

Year	Total health expenditure per capita				GDP per capita		
	Current (Rs.)	Constant (Rs.) ^(a)	Current (USD)	Real growth rate (%)	Current (Rs.)	Constant (Rs.) ^(a)	Current (USD)
1990	690	2,728	17	-	19,297	76,285	482
1991	740	2,638	18	-3.3	22,074	78,627	534
1992	882	2,858	20	8.4	24,927	80,736	569
1993	942	2,786	20	-2.5	28,954	85,664	600
1994	1,099	2,975	22	6.8	33,192	89,804	672
1995	1,318	3,288	26	10.5	37,856	94,462	739
1996	1,506	3,353	27	2.0	43,075	95,884	779
1997	1,694	3,470	29	3.5	49,390	101,170	837
1998	2,024	3,823	31	10.2	55,877	105,561	865
1999	2,202	3,985	31	4.2	60,070	108,730	853
2000	2,492	4,228	33	6.1	67,600	114,711	892
2001	2,795	4,222	31	-0.1	74,874	113,095	838
2002	3,157	4,399	33	4.2	83,226	115,970	870
2003	3,535	4,686	37	6.5	91,479	121,268	948
2004	4,329	5,251	43	12.1	104,273	126,492	1,030
2005	4,905	5,411	49	3.0	120,276	132,673	1,197
2006	5,926	5,926	57	9.5	140,894	140,894	1,355

Average annual growth rate	
1991-2000	4.6
2001-2006	5.9
1991-2006	4.8

(a) Constant price health expenditures are expressed in terms of 2006 prices.

Source: IHP Sri Lanka Health Accounts Database.

3. Financing of health expenditures

3.1 General trends

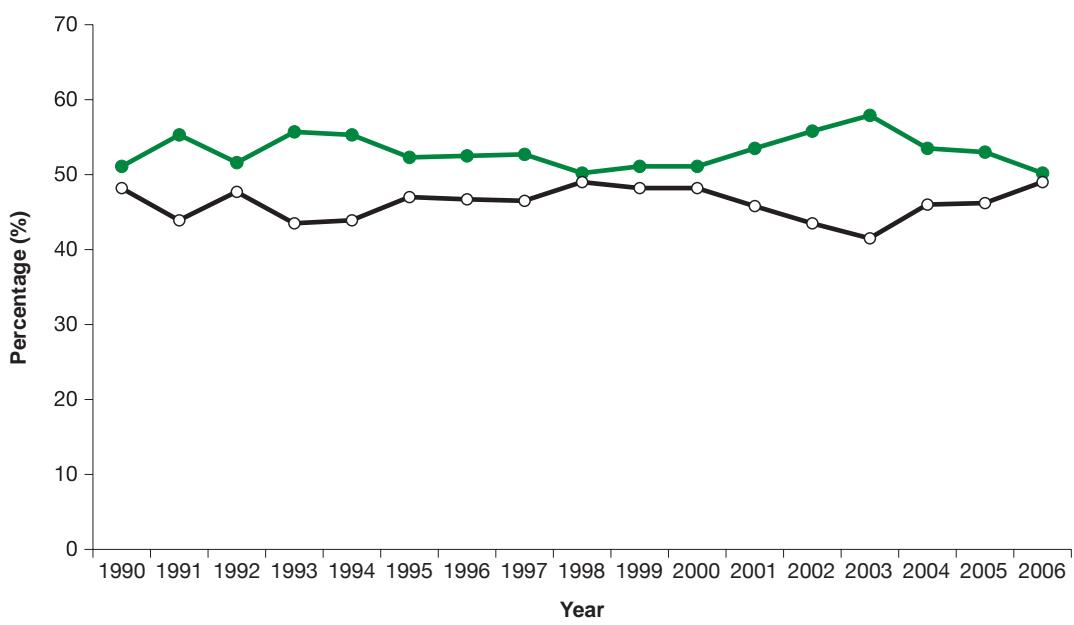
In 2006, government financing of health expenditure was Rs. 57.8 billion, compared with Rs. 59.2 billion from private sources (Table 4). This represented 49% of total financing in the health sector in that year.

It is apparent that the relative shares of public and private financing have remained similar (Figure 5). Private financing was consistently, but mod-

estly, higher than the public contribution over the entire time period, with the highest share seen in 2003, when public financing of health expenditures dropped to 41.5% of the total.

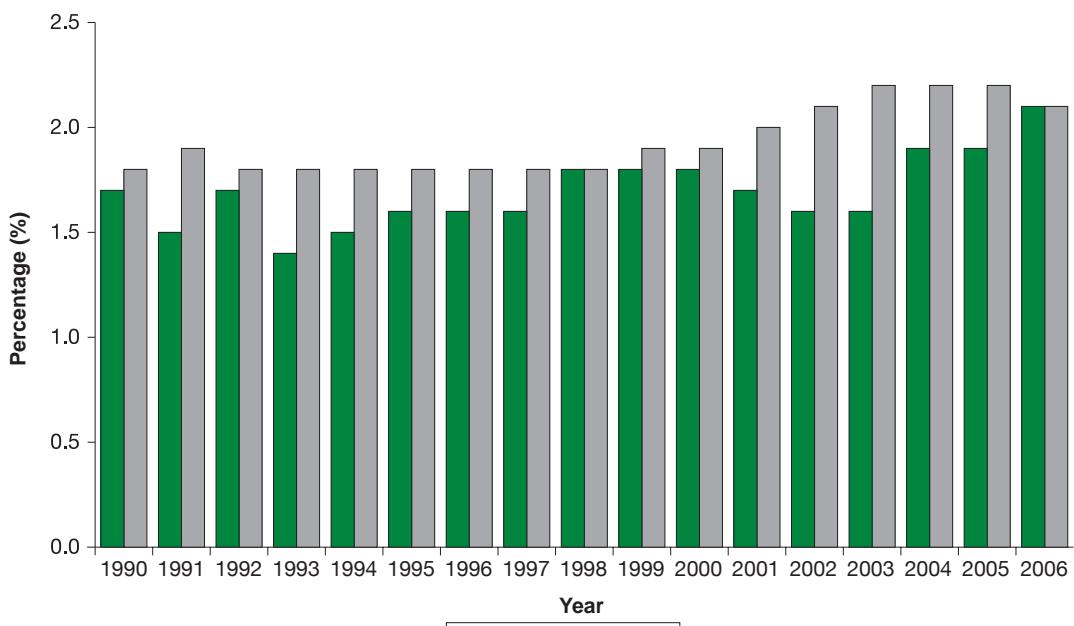
Public sector financing of health was 1.7% of GDP in 1990 while private sector financing was 1.8%. However, the gap narrowed by 2006, when the public sector and the private sector both spent approximately 2.1% of GDP on health (Figure 6).

Figure 5: Share of public and private funding (%), 1990 to 2006



Source: Table 4.

Figure 6: Public and Private spending as a share of GDP (%)



Source: Table 4.

Table 4: Health expenditure by financing source, 1990 to 2006

Year	Total health expenditure (Rs. million)			Share of total health expenditure (%)			Total health expenditure as a share of GDP (%)		
	Public	Private	Donors	Public	Private	Donors	Total	Public	Private
								Public	Private
1990	5,544	5,880	85	48.2	51.1	0.7	100	1.7	1.8
1991	5,485	6,907	98	43.9	55.3	0.8	100	1.5	1.9
1992	7,179	7,763	112	47.7	51.6	0.7	100	1.7	1.8
1993	7,069	9,049	132	43.5	55.7	0.8	100	1.4	1.8
1994	8,419	10,609	153	43.9	55.3	0.8	100	1.5	1.8
1995	10,917	12,148	176	47.0	52.3	0.8	100	1.6	1.8
1996	12,555	14,103	203	46.7	52.5	0.8	100	1.6	1.8
1997	14,193	16,104	236	46.5	52.7	0.8	100	1.6	1.8
1998	18,080	18,521	268	49.0	50.2	0.7	100	1.8	1.8
1999	19,546	20,696	292	48.2	51.1	0.7	100	1.8	1.9
2000	22,332	23,688	332	48.2	51.1	0.7	100	1.8	1.9
2001	24,063	28,100	372	45.8	53.5	0.7	100	1.7	2.0
2002	26,079	33,504	418	43.5	55.8	0.7	100	1.6	2.1
2003	28,218	39,412	423	41.5	57.9	0.6	100	1.6	2.2
2004	38,719	45,086	443	46.0	53.5	0.5	100	1.9	2.2
2005	44,535	51,145	791	46.2	53.0	0.8	100	1.9	2.2
2006	57,750	59,163	936	49.0	50.2	0.8	100	2.1	2.1

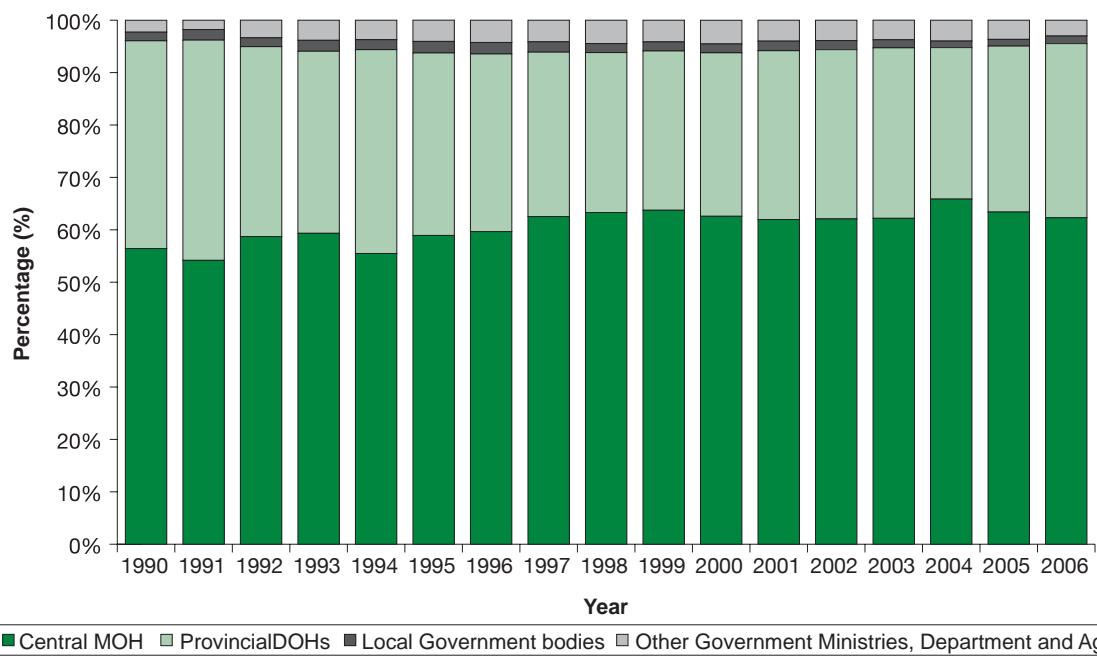
Source: IHP Sri Lanka Health Accounts Database.

3.2 Government financing

Table 5 shows that the central government share of total government financing has increased from around 60% in the early 1990s to reach 65% during the latter part of the decade. However, during the most recent years of 2005 and 2006 the provincial council share of funding rose slightly. In 2006, the central government share of public sector financing was 65%, while the provincial governments financed 33%. Local government financing was 1.4% and the Employees Trust Fund, which is a form of

social security, contributed 0.1% (Figure 8). Table 6 and Figure 7 provide a more detailed breakdown of government financing. As can be seen, the Ministry of Health accounts for almost all central government expenditures, with only small additional contributions from other government departments and agencies. Of these other central government financing sources, the President's Fund is the most substantial, and its share in total government financing increased significantly from less than 1% of government financing before 1996 to almost 3% in 2004. It has since declined in importance to 1% in 2006.

Figure 7: Government expenditure by financing source (%), 1990 to 2006



Source: Table 6.

Figure 8: Government expenditure by financing source (%), 2006

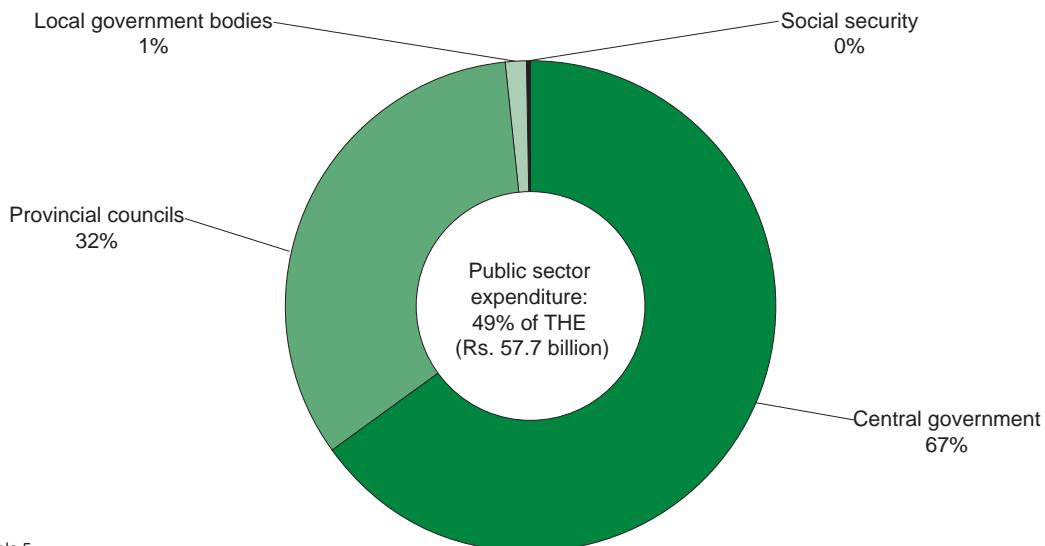


Table 5: Government health expenditure by financing source, 1990 to 2006

Year	Central government Amount (Rs. million)	Provincial councils		Local governments		ETF ^(a) Amount (Rs. million)	Total public spending (Rs. million)	Ratio of total public spending to THE (%)
		Share of total public health spending (%)	Amount (Rs. million)	Share of total public health spending (%)	Amount (Rs. million)			
1990	3,255	58.7	2,198	39.7	91	1.6	0	48.2
1991	3,068	55.9	2,305	42.0	111	2.0	0.0	43.9
1992	4,454	62.1	2,601	36.2	121	1.7	2	47.7
1993	4,465	63.2	2,456	34.7	148	2.1	1	43.5
1994	4,981	59.2	3,275	38.9	160	1.9	4	43.9
1995	6,866	62.9	3,802	34.8	240	2.2	10	47.0
1996	8,015	63.8	4,256	33.9	275	2.2	8	46.7
1997	9,443	66.5	4,454	31.4	281	2.0	15	46.5
1998	12,221	67.6	5,518	30.5	312	1.7	30	49.0
1999	13,223	67.6	5,942	30.4	336	1.7	46	48.2
2000	14,922	66.8	6,969	31.2	377	1.7	65	48.2
2001	15,767	65.5	7,753	32.2	438	1.8	105	45.8
2002	17,124	65.7	8,423	32.3	452	1.7	81	43.5
2003	18,527	65.7	9,182	32.5	434	1.5	75	41.5
2004	26,951	69.6	11,195	28.9	482	1.2	90	46.0
2005	29,779	66.9	14,106	31.7	570	1.3	80	46.2
2006	37,645	65.2	19,190	33.2	837	1.4	79	49.0

(a) The only form of social security financing in Sri Lanka was the Employees' Trust Fund.

Source: IHP Sri Lanka Health Accounts Database.

3.3 Private financing

Figure 9 and Table 7 show that the bulk of the private sector financing is by household out-of-pocket expenditure, which has been over 80% of private expenditure throughout the entire period under review. Expenditure by companies to provide healthcare and medical benefits to their employees has been the next largest source of private financing. This expenditure has shown a slight decline of about 1–2% points over time with the exception of the year 2000, when it increased to 10% of overall private sector financing.

The contribution from private health insurance as a share of private financing has significantly increased, albeit from a very low level. From a level far less than 1% in 1990, it reached 3% by 2006, making it one of the most rapidly increasing sources of healthcare financing. The non-profit sector has maintained its share of private financing at 2% throughout.

A small share of private financing is by healthcare providers themselves, from their own resources, principally for new capital investment in hospital services. This funding by provider own resources increased by about 1–2% points over time, with significant increases in 2002 and 2003.

Figure 10 shows the overall composition of private financing in 2006. Out-of-pocket spending by households remains the predominant element at 86% of total private financing, followed by employers at 6% and private insurance with 3%.

3.4 External donor financing

External donors in Sri Lanka largely comprise official multilateral or UN agencies, such as the World Bank, WHO and GFATM, and official bilateral agencies from countries such as Japan and Korea. Much smaller flows of external financing are also contributed by non-governmental and other private organizations.

Health sector financing from external donors in Sri Lanka consists mostly of grants and to a lesser extent of loans, and is channelled in two ways. Funds from most major donors, such as World Bank and JICA, are passed through the Treasury, while the rest is sent directly to the programme or institution that administers the funds. Financing from donors that is channelled through the Treasury is not classified as external financing in the SLHA estimates, and is reported instead as government financing. This reflects the fact that these expenditures are incorpo-

Figure 9: Private expenditure by financing source (%), 1990 to 2006

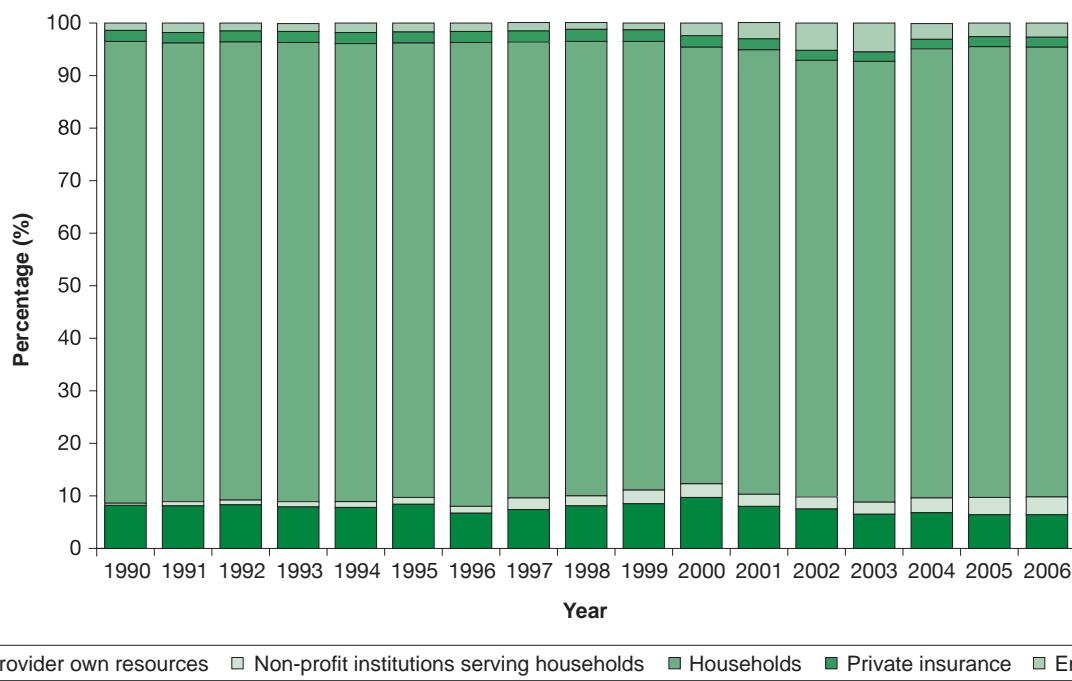
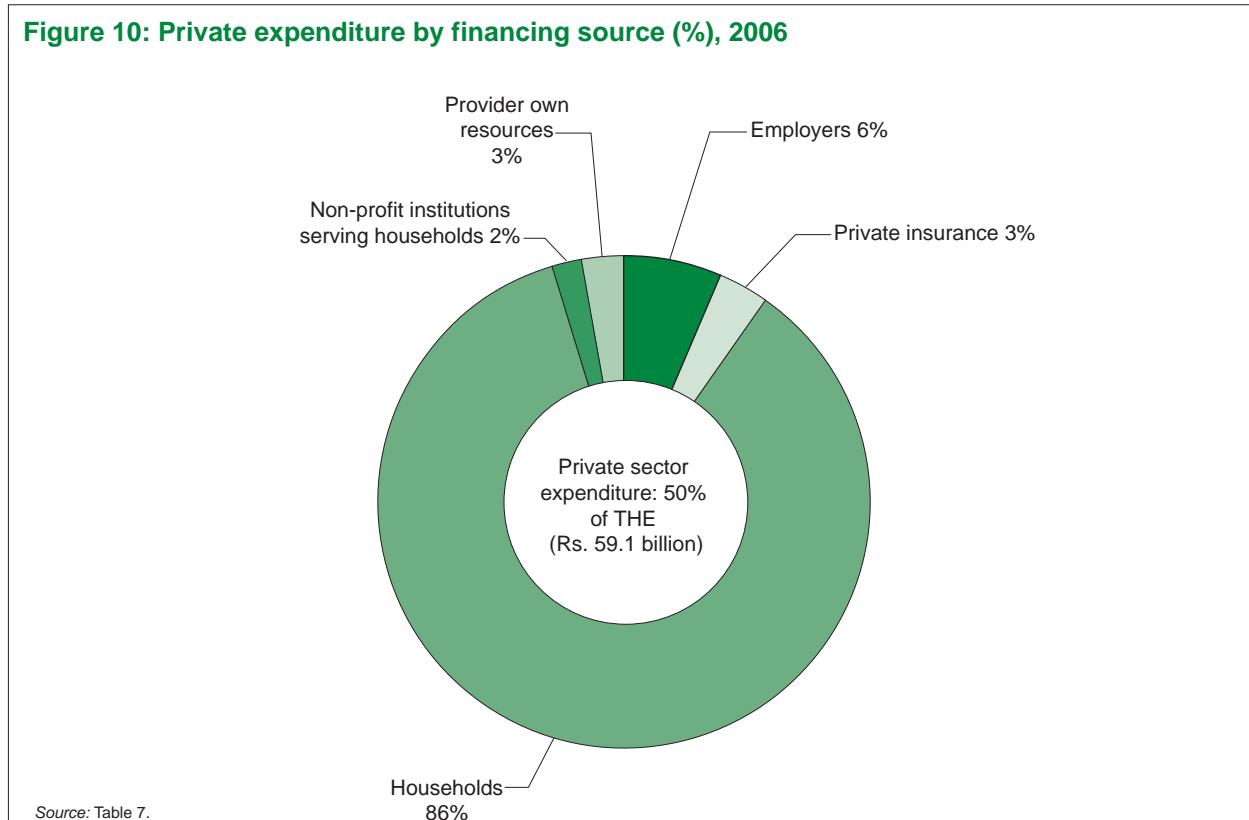


Figure 10: Private expenditure by financing source (%), 2006



rated into the government budget and are reported as such by the government. It is also important to note that foreign loans from agencies, such as the World Bank, must ultimately be paid back from general revenue taxation, and so the ultimate source of financing remains the government, and by extension households who finally pay all taxes.

The external donor financing reported in the SLHA estimates consists only of amounts that have not been channelled through the Treasury. These have remained less than 1% of total health expenditure

through the entire period (Table 4). These are mainly the funds coming from agencies such as WHO and Unicef. However, even if external donor financing channelled through the Treasury is included, total donor funding has typically accounted for less than 7% of total public spending (Fernando et al., 2007).

Table 6 : Government health expenditure by financing source in detail,1990 to 2006

Year	Central MOH		Provincial DOHs		Local governments		Other government ministries, departments and agencies		President's Fund		ETF ^(a)		Total public spending (Rs. million)
	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	
1990	3,128	56	2,198	40	91	2	111	2	16	0	0	0	5,544
1991	2,971	54	2,305	42	111	2	74	1	23	0	1	0	5,485
1992	4,214	59	2,601	36	121	2	208	3	32	0	2	0	7,179
1993	4,194	59	2,456	35	148	2	212	3	59	1	1	0	7,069
1994	4,671	55	3,275	39	160	2	241	3	68	1	4	0	8,419
1995	6,432	59	3,802	35	240	2	354	3	79	1	10	0	10,917
1996	7,490	60	4,256	34	275	2	437	3	87	1	8	0	12,555
1997	8,873	63	4,454	31	281	2	441	3	129	1	15	0	14,193
1998	11,444	63	5,518	31	312	2	501	3	275	2	30	0	18,080
1999	12,457	64	5,942	30	336	2	447	2	318	2	46	0	19,546
2000	13,977	63	6,969	31	377	2	491	2	454	2	65	0	22,332
2001	14,910	62	7,753	32	438	2	378	2	480	2	105	0	24,063
2002	16,190	62	8,423	32	452	2	399	2	535	2	81	0	26,079
2003	17,548	62	9,182	33	434	2	392	1	587	2	75	0	28,218
2004	25,499	66	11,195	29	482	1	459	1	993	3	90	0	38,719
2005	28,230	63	14,106	32	570	1	641	1	908	2	80	0	44,535
2006	35,979	62	19,190	33	837	1	854	1	812	1	79	0	57,750

(a) The only form of social security financing in Sri Lanka was the Employees Trust Fund.
Source: IHP Sri Lanka Health Accounts Database.

Table 7: Private health expenditure by financing source, 1990 to 2006

Year	Employers		Insurance		Households		Non-profit institutions		Provider own resources		Total private spending	
	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Ratio ^(a) (%)								
1990	481	8	23	0	5,171	88	122	2	84	1	5,880	51.1
1991	561	8	53	1	6,029	87	141	2	123	2	6,907	55.3
1992	646	8	73	1	6,770	87	161	2	113	1	7,763	51.6
1993	719	8	92	1	7,908	87	189	2	140	2	9,049	55.7
1994	824	8	120	1	9,251	87	220	2	194	2	10,609	55.3
1995	1,021	8	160	1	10,512	87	253	2	202	2	12,148	52.3
1996	947	7	182	1	12,453	88	291	2	230	2	14,103	52.5
1997	1,187	7	351	2	13,972	87	338	2	257	2	16,104	52.7
1998	1,494	8	345	2	16,026	87	417	2	239	1	18,521	50.2
1999	1,760	9	530	3	17,682	85	453	2	272	1	20,696	51.1
2000	2,292	10	621	3	19,681	83	515	2	580	2	23,688	51.1
2001	2,241	8	639	2	23,766	85	576	2	879	3	28,100	53.5
2002	2,511	7	755	2	27,851	83	648	2	1,739	5	33,504	55.8
2003	2,554	6	907	2	33,060	84	721	2	2,171	6	39,412	57.9
2004	3,075	7	1,257	3	38,566	86	831	2	1,357	3	45,086	53.5
2005	3,270	6	1,678	3	43,891	86	968	2	1,338	3	51,145	53.0
2006	3,790	6	1,987	3	50,654	86	1,147	2	1,584	3	59,163	50.2

(a) Ratio of total private spending to THIE.

Source: IHP Sri Lanka Health Accounts Database.

4. Health expenditures by function

4.1 Recurrent expenditures

The SLHA systematically classifies the purposes or functional uses of health expenditures (Table 8). Total health expenditure in Sri Lanka consists of both recurrent and capital expenditures. Recurrent expenditures are used for a range of functional purposes, whilst capital expenditures are used to invest in new capital infrastructure and equipment.

Inpatient and outpatient care services

The largest part of health spending is for curative care (i.e., the combination of inpatient and outpatient care services). This was around 45% of THE in 1990, and rose to over 55% by 2006 (Table 9 and Figure 11). Of the curative care expenditure of 45% of THE in 1990, 25.5% of it was outpatient care and 19.1% inpatient care. During the subsequent years, the inpatient share has increased steadily. By 2006, inpatient spending accounted for 33.8% of THE, and outpatient spending 21.1% (Figure 12).

Inpatient care is mainly financed by the public sector, which accounted for 80% in 1990 (Table 10). In 2006 the public share had dropped to 72%. Outpatient care was mainly financed by the private sector, which was around 77% in 1990, but by 2006 the private share had decreased to 65%.

Distribution of medicines and medical goods to outpatients

The second major component of spending on personal medical services is on medical goods dispensed to outpatients, which was 22% of THE in 2006. This category mainly comprises sales of medicines and other medical goods from pharmacies and other retailers, but also includes medicines and other medical goods provided to outpatients in the public sector. Overall, about 90% of the expenditures to supply medicines and other medical goods to outpatients were privately financed, and mostly by household out-of-pocket spending. Section 4.3 presents a more detailed overview of these expenditures.

Prevention and public health services

Prevention and public health service expenditure decreased as a share from 9% of THE in 1990 to 6% in 2006. The decline in the share of preventive care in THE was due solely to a decline in central MoH expenditures. This in turn was largely explained by

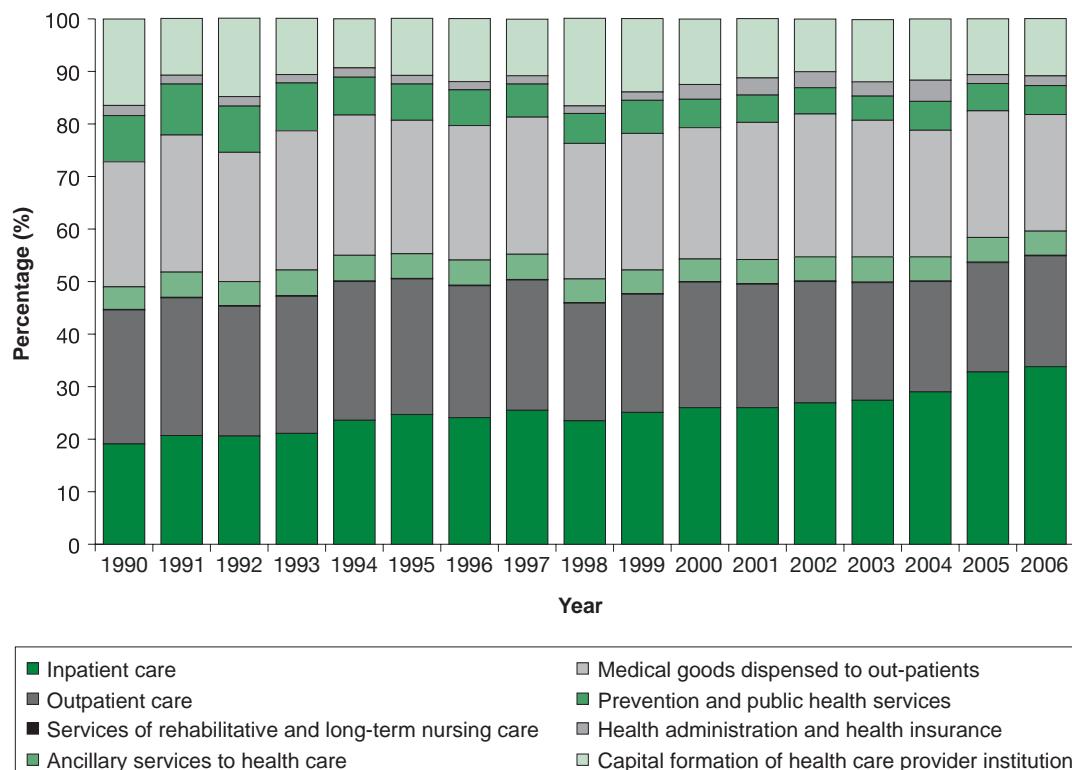
a decline of more than 80% in malaria control expenditures, and a more modest reduction in Family Health Bureau (FHB) expenditures. The decline in malaria control expenditures was due to adoption by the health ministry of a more efficient vector-control strategy in accordance with WHO recommendations, and thus represents a productivity improvement. Overall performance of the malaria control programme was maintained, reflected in declining caseloads throughout the decade. The reasons for the decline in FHB spending are unclear, but again available data on outcomes does not indicate that this resulted in deteriorations in performance. Despite the declining share, it must be noted that overall expenditures in rupee terms did not fall.

Preventive care is mainly financed by the public sector, but its share showed a decrease from 91% to 86% from 1990 to 2006.

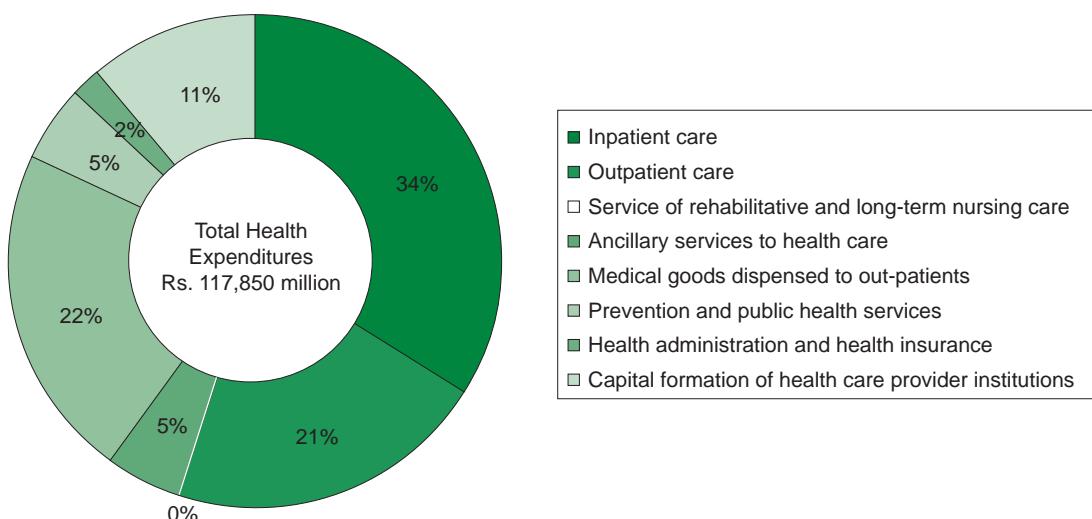
4.2 Capital expenditures

Expenditures for capital formation go largely to building and improving hospitals, and purchasing plant and equipment. Its overall level has fluctuated, but has typically been in the range of 10-14% of THE (Table 9).

Most capital expenditures in the health sector are by the government, and a significant part of this is financed by donor funding that is channelled through the treasury on infrastructure projects in the health sector. However, a notable trend has been a growing level of spending on private hospitals, with overall private spending on capital investments in the health sector growing faster in recent years than public spending. As a result of this, the private sector share of capital expenditures between 2000 and 2005 increased to 15–31%, accounted mainly by a number of large, new private hospital investments, and extensions of existing private hospitals (Table 10).

Figure 11: Functional breakdown of spending (%), 1990 to 2006

Source: Table 9.

Figure 12: Total health expenditure by function (%), 2006

Source: Table 9.

Table 8: Total health expenditure by function (Rs. million), 1990 to 2006

Year	Inpatient care	Outpatient care	Services of rehabilitative and long-term nursing care ^(a)	Ancillary services to health care ^(b)	Medical goods dispensed to out-patients	Prevention and public health services	Health administration and health insurance	Capital formation of health care provider institutions	Total
1990	2,199	2,936	10	491	2,743	1,014	222	1893	11,509
1991	2,585	3,274	11	595	3,257	1,208	210	1351	12,491
1992	3,099	3,714	11	688	3,702	1,320	274	2247	15,054
1993	3,421	4,240	13	789	4,312	1,475	261	1740	16,250
1994	4,519	5,073	20	934	5,130	1,373	341	1792	19,181
1995	5,743	5,993	19	1,091	5,896	1,593	382	2524	23,241
1996	6,486	6,733	25	1,293	6,867	1,815	419	3223	26,861
1997	7,800	7,569	25	1,469	7,974	1,924	483	3287	30,532
1998	8,664	8,256	24	1,652	9,496	2,098	530	6150	36,870
1999	10,194	9,106	32	1,821	10,522	2,550	642	5668	40,534
2000	12,063	11,090	31	2,002	11,596	2,492	1,305	5774	46,353
2001	13,674	12,337	41	2,410	13,690	2,736	1,715	5932	52,535
2002	16,112	13,889	50	2,751	16,350	3,006	1,830	6012	60,002
2003	18,664	15,262	60	3,276	17,722	3,163	1,850	8057	68,053
2004	24,448	17,694	51	3,894	20,344	4,596	3,393	9828	84,248
2005	31,674	20,085	73	4,492	23,205	5,056	1,635	10251	96,471
2006	39,864	24,869	89	5,376	26,139	6,476	2,188	12848	117,849

(a) Zero expenditures are reported for long-term nursing care, as insufficient data exists to make estimations.

(b) Ancillary services to health care include provision of laboratory and imaging services, as well as patient transport.

Source: IHP Sri Lanka Health Accounts Database.

Table 9 : Share of health expenditure by function (%), 1990 to 2006

Year	Inpatient care	Outpatient care	Services of rehabilitative and long-term nursing care ^(a)	Ancillary services to health care ^(b)	Medical goods dispensed to out-patients	Prevention and public health services	Health administration and health insurance	Capital formation of health care provider institutions	Total
1990	19.1	25.5	0.1	4.3	23.8	8.8	1.9	16.5	100
1991	20.7	26.2	0.1	4.8	26.1	9.7	1.7	10.8	100
1992	20.6	24.7	0.1	4.6	24.6	8.8	1.8	14.9	100
1993	21.1	26.1	0.1	4.9	26.5	9.1	1.6	10.7	100
1994	23.6	26.4	0.1	4.9	26.7	7.2	1.8	9.3	100
1995	24.7	25.8	0.1	4.7	25.4	6.9	1.6	10.9	100
1996	24.1	25.1	0.1	4.8	25.6	6.8	1.6	12.0	100
1997	25.5	24.8	0.1	4.8	26.1	6.3	1.6	10.8	100
1998	23.5	22.4	0.1	4.5	25.8	5.7	1.4	16.7	100
1999	25.1	22.5	0.1	4.5	26.0	6.3	1.6	14.0	100
2000	26.0	23.9	0.1	4.3	25.0	5.4	2.8	12.5	100
2001	26.0	23.5	0.1	4.6	26.1	5.2	3.3	11.3	100
2002	26.9	23.1	0.1	4.6	27.2	5.0	3.0	10.0	100
2003	27.4	22.4	0.1	4.8	26.0	4.6	2.7	11.8	100
2004	29.0	21.0	0.1	4.6	24.1	5.5	4.0	11.7	100
2005	32.8	20.8	0.1	4.7	24.1	5.2	1.7	10.6	100
2006	33.8	21.1	0.1	4.6	22.2	5.5	1.9	10.9	100

(a) Zero expenditures are reported for long-term nursing care, as insufficient data exists to make estimations.

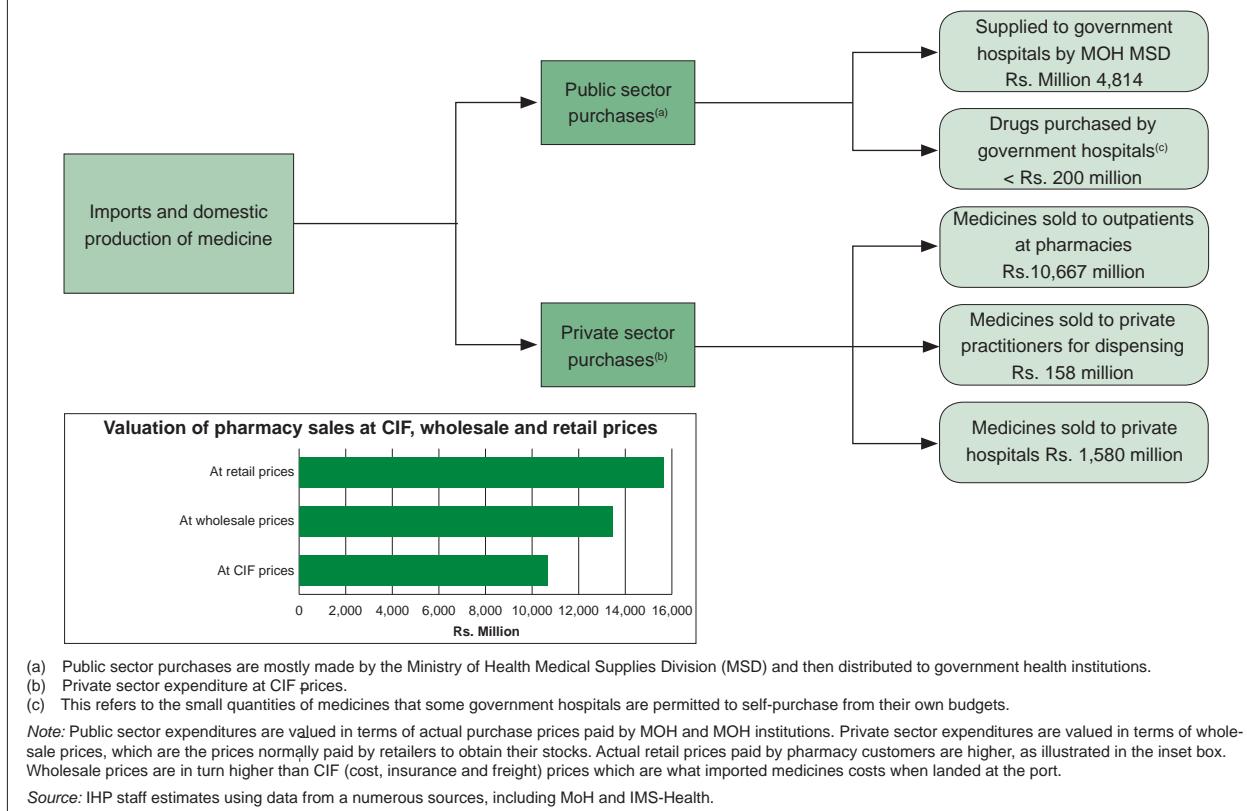
(b) Ancillary services to health care include provision of laboratory and imaging services, as well as patient transport.

Source: IHP Sri Lanka Health Accounts Database.

Table 10: Shares of health expenditure for each function by source of finance (%), 1990 to 2006

Year	Inpatient care		Outpatient care		Medical goods dispensed to outpatients		Prevention and public health services		Capital formation of health care provider institutions		All other functions of health care	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
1990	80	20	23	77	8	92	91	9	95	5	33	67
1991	79	21	23	77	8	92	91	9	89	11	27	73
1992	78	22	25	75	10	90	91	9	94	6	27	73
1993	77	23	24	76	9	91	90	10	90	10	22	78
1994	79	21	27	73	10	90	88	12	88	12	24	76
1995	80	20	29	71	12	88	88	12	90	10	23	77
1996	79	21	28	72	11	89	88	12	92	8	23	77
1997	79	21	30	70	12	88	87	13	91	9	22	78
1998	77	23	29	71	12	88	85	15	95	5	22	78
1999	76	24	30	70	12	88	86	14	94	6	21	79
2000	76	24	34	66	11	89	84	16	88	12	39	61
2001	74	26	34	66	8	92	84	16	83	17	41	59
2002	75	25	33	67	7	93	84	16	69	31	38	62
2003	68	32	30	70	6	94	83	17	72	28	34	66
2004	67	33	33	67	6	94	86	14	86	14	43	57
2005	69	31	33	67	9	91	85	15	86	14	22	78
2006	72	28	35	65	10	90	86	14	87	13	24	76

Source: IHP Sri Lanka Health Accounts Database.

Figure 13: Flow of expenditures on medicines in the health sector, 2006

4.3 Pharmaceutical expenditures

The category of expenditures reported by the SLHA as “Medical goods dispensed to outpatients” includes expenditures on providing medicines to outpatients, as well as expenditures on providing other medical goods, such as eye-glasses or wheelchairs to patients. Most of these reported expenditures involve purchases by households at pharmacies and other retail outlets. In the government sector, they include mostly spending on providing medicines distributed at outpatient dispensaries, and some other medical goods and supplies distributed from outpatient facilities. They should not be interpreted as being equivalent only to expenditures for medicines.

Furthermore, it is important to note that the expenditure on medicines included in this category only accounts for a portion of overall expenditures on medicines in Sri Lanka’s health sector. Following international reporting standards, the SLHA does not separate out expenditures on medicines and medical supplies used for inpatient care in public and private hospitals, and these expenditures are included in the category of inpatient expenditures.

This is illustrated in Figure 13, which provides an

overview of the overall expenditures on medicines in Sri Lanka’s health sector in 2006. As can be seen, other than the supply of medicines to outpatients by pharmacies and government outpatient departments, the use of medicines by public and private hospitals and by dispensing doctors is substantial. Public financing dominates the financing of medicines used in inpatient care. The expenditure by government on supplying medicines to inpatients is far greater than the amount it spends on outpatient medicines, and also greater than the amount spent on inpatients in the private sector.

In considering expenditures on medicines in the private sector, it is worth noting that the flow of medicines in the private sector can be valued in different ways, depending on whether the cost is taken at the point of importation, or at the wholesalers, or at the point of sale to patients (see inset chart in Figure 13). The latter price in the case of pharmacies also includes the mark-up on medicines which is used to cover the operating costs of running pharmacies. When making comparisons between public sector and private sector purchases, it is probably better to use the value of expenditures at wholesale prices in the private sector. The SLHA itself reports pharmacy sales at retail price.

5. Health expenditure by providers

5.1 Recurrent expenditures

The SLHA systematically classifies all expenditures by the institutions or providers where they are incurred (Figure 14). Three major categories of providers accounted for most recurrent expenditures in 2006: hospitals (47%), providers of ambulatory health care (26%), and retailers involved in sale and distribution of medical goods (20%). Ambulatory care providers are mainly the clinics of private physicians and dentists, and government outpatient facilities, such as MOOH units and dispensaries. Retail distributors are predominantly private pharmacies.

Expenditures at hospitals have become the largest spending component, with its share increasing from 32% in 1990 to 47% in 2006 (Figure 15 and Table 11). This was largely at the expense of spending at ambulatory care providers, whose share decreased from 34% to 26%. There were also declines in the share of spending at pharmacies from 24% to 20%.

5.2 Hospital spending

Hospital spending by source of financing

Hospital expenditures are mostly financed by public sources, but public sector financing fell from 85% in 1990 to 78% of the total by 2006 (Table 12 and Figure 16). At the same time, private sector financing increased from 15% to 22%, largely owing to increases in the turnover at private hospitals, which are exclusively financed by private expenditures.

Government expenditures at hospitals are almost exclusively by MOH and PDOHs, and are spent at hospitals operated by them. Over time, an increasing proportion of this has been by MOH (Tables 13 - 14). The reasons include transfers of hospitals from PDOH to MOH control, and faster rates of increase in spending at higher-level government hospitals that are more likely to be MOH-controlled.

5.3 Non-hospital spending

Most non-hospital spending occurs at ambulatory providers, such as physician clinics and pharmacies. Both of these have shown some decline in share, as spending on curative services has shifted to hospitals (Table 11). Of the remaining non-hospital spending, the largest components are spending by agencies involved in providing and administering public health services, which are almost exclusively MOH programmes and units (3% in 2006), and those involved in health administration (2%). Spending by agencies providing public health services has more than halved as a share of total recurrent spending (from 7% in 1990 to 3% in 2006), in line with the overall slow increase in spending on public and preventive health services by the government. Government departments account for the large part of those agencies providing health administration, but this category also includes a significant amount of expenditures by private health insurance companies to administer private health insurance firms.

Figure 14: Recurrent expenditure by provider (%), 2006

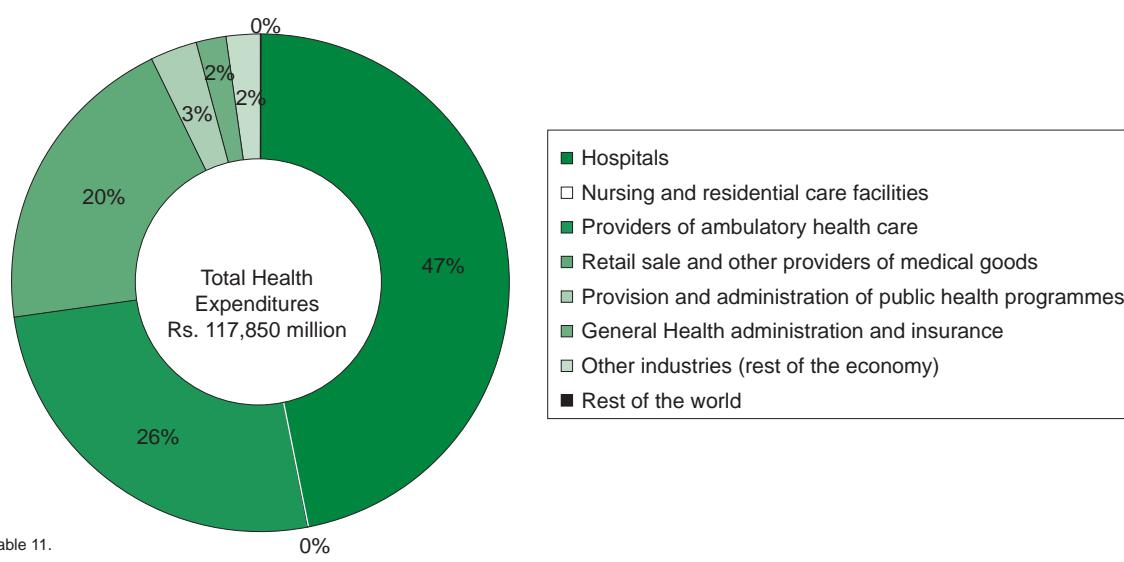
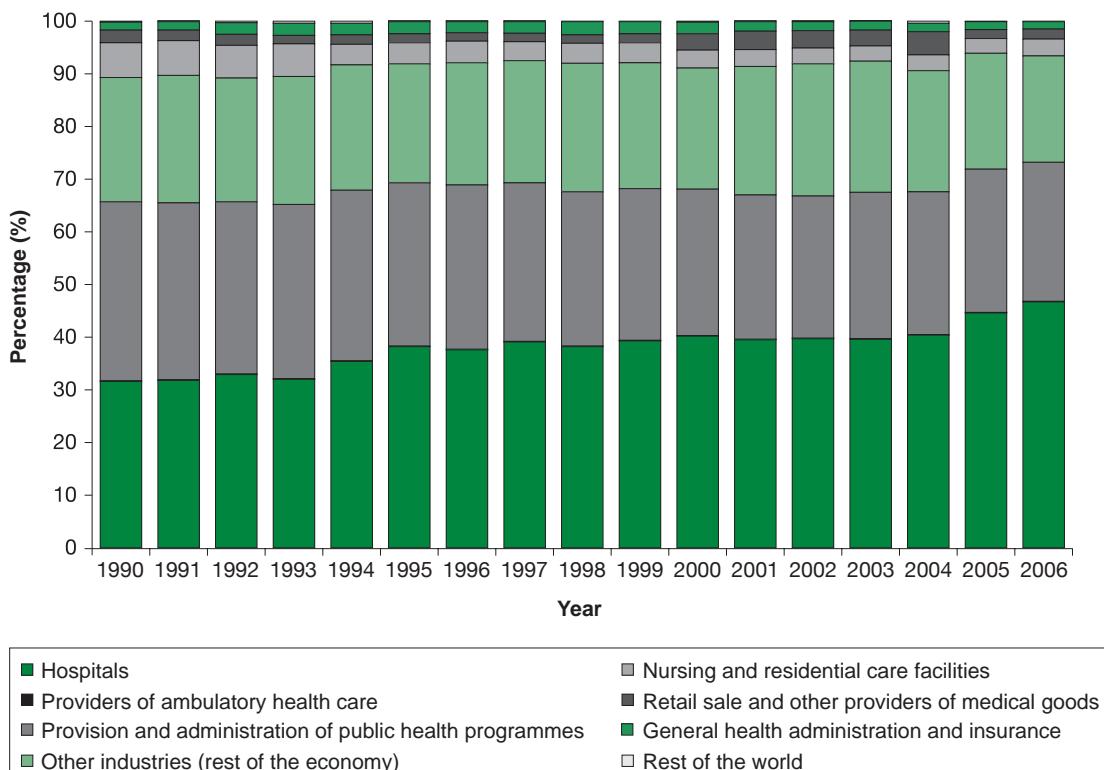
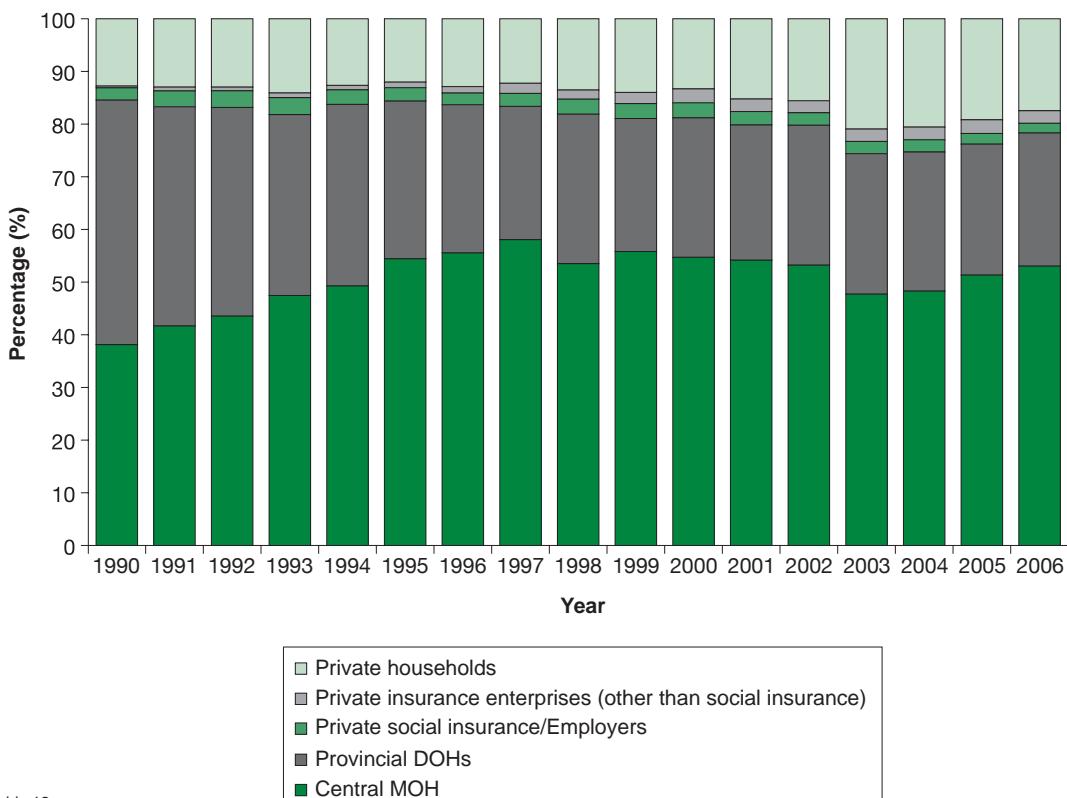


Figure 15: Recurrent expenditure by provider (%), 2006

Source: Table 11.

Figure 16: Recurrent health expenditure at hospitals by financing source (%), 1990 to 2006

Source: Table 12.

Table 11: Recurrent health expenditure by provider, 1990 to 2006

Year	Hospitals		Nursing and residential care facilities		Providers of ambulatory health care		Retail sale and other providers of medical goods		Administration of public health programmes		General health administration and insurance		Other industries (rest of the economy)		Provision and administration of public health programmes		Rest of the world	
	Amount (Rs.million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)	Amount (Rs. million)	Share (%)
1990	3,041	32	10	0	3,269	34	2,272	24	634	7	228	2	147	2	15	0	100	
1991	3,541	32	11	0	3,740	34	2,694	24	737	7	219	2	174	2	24	0	100	
1992	4,209	33	11	0	4,191	33	3,011	24	798	6	269	2	286	2	33	0	100	
1993	4,641	32	13	0	4,802	33	3,531	24	902	6	236	2	328	2	59	0	100	
1994	6,159	35	20	0	5,630	32	4,131	24	686	4	314	2	381	2	69	0	100	
1995	7,919	38	19	0	6,417	31	4,672	23	820	4	351	2	476	2	42	0	100	
1996	8,891	38	25	0	7,366	31	5,473	23	975	4	377	2	493	2	39	0	100	
1997	10,646	39	25	0	8,197	30	6,321	23	989	4	432	2	588	2	46	0	100	
1998	11,740	38	24	0	8,994	29	7,500	24	1,157	4	486	2	781	3	37	0	100	
1999	13,701	39	32	0	10,030	29	8,344	24	1,331	4	590	2	796	2	43	0	100	
2000	16,319	40	31	0	11,273	28	9,346	23	1,396	3	1,246	3	907	2	62	0	100	
2001	18,393	39	41	0	12,753	27	11,366	24	1,470	3	1,651	4	852	2	77	0	100	
2002	21,435	40	50	0	14,572	27	13,558	25	1,603	3	1,759	3	921	2	91	0	100	
2003	23,769	40	60	0	16,661	28	14,936	25	1,712	3	1,802	3	1,012	2	44	0	100	
2004	30,062	40	51	0	20,186	27	17,119	23	2,260	3	3,287	4	1,184	2	270	0	100	
2005	38,448	45	73	0	23,423	27	18,966	22	2,414	3	1,498	2	1,293	1	104	0	100	
2006	49,061	47	89	0	27,683	26	21,181	20	3,323	3	2,036	2	1,517	1	112	0	100	

Source: IHP Sri Lanka Health Accounts Database.

Table 12: Recurrent health expenditure at hospitals by financing source (%), 1990 to 2006

Year	Public		Private				Total
	Central MOH	Provincial DOHs	Employers	Insurance	Households		
1990	38	46	2	0	13	13	100
1991	42	42	3	1	13	13	100
1992	44	40	3	1	13	13	100
1993	47	34	3	1	14	14	100
1994	49	34	3	1	13	13	100
1995	54	30	3	1	12	12	100
1996	56	28	2	1	13	13	100
1997	58	25	2	2	12	12	100
1998	54	28	3	2	14	14	100
1999	56	25	3	2	14	14	100
2000	55	26	3	3	13	13	100
2001	54	26	3	2	15	15	100
2002	53	27	2	2	16	16	100
2003	48	27	2	2	21	21	100
2004	48	26	2	2	21	21	100
2005	51	25	2	3	19	19	100
2006	53	25	2	2	17	17	100

Source: IHP Sri Lanka Health Accounts Database.

Table 13: MOH and PDOH recurrent expenditures on institutions (Rs. million), 1990 to 2006

Year	MOH expenditures					PDOH expenditures				
	Teaching and special hospitals	Provincial and base hospitals	District hospitals	Peripheral units, rural hospitals, central dispensaries and maternity homes	MOOH units	Provincial and base hospitals	District hospitals	Peripheral units, rural hospitals, central dispensaries and maternity homes	MOOH units	
1990	1,079	76	-	4	98	578	472	363	183	
1991	1,332	139	-	5	138	602	493	380	191	
1992	1,647	174	6	6	146	681	558	430	216	
1993	2,009	178	8	7	181	649	535	411	207	
1994	2,776	230	11	8	199	868	707	543	287	
1995	3,332	556	255	141	234	958	792	606	305	
1996	3,706	737	293	168	253	1,012	833	640	338	
1997	4,569	1,053	330	192	293	1,102	884	691	361	
1998	4,230	1,377	374	232	156	1,367	1,087	841	438	
1999	5,562	1,463	325	203	401	1,417	1,132	870	455	
2000	6,114	1,840	507	287	160	1,658	1,462	1,115	529	
2001	6,771	2,158	509	289	197	1,724	1,696	1,192	612	
2002	7,467	2,801	542	302	182	2,107	2,054	1,385	707	
2003	7,091	3,049	563	338	123	2,373	2,315	1,483	771	
2004	10,256	2,890	578	335	601	2,980	2,909	1,799	1,049	
2005	12,509	5,780	562	287	630	4,372	2,778	2,121	1,225	
2006	14,176	8,785	1,580	901	707	5,696	3,686	2,744	1,508	

Note: Excludes all military health provider institutions.

Source: IHP Sri Lanka Health Accounts Database.

Table 14: MOH and PDOH recurrent expenditures on institutions (%), 1990 to 2006

Year	Total (Rs.million)	Teaching and special hospitals	Provincial and base hospitals	District hospitals	Peripheral units, rural hospitals, central dispensaries and maternity homes	MOOH units
1990	2,853	38	23	17	13	10
1991	3,281	41	23	15	12	10
1992	3,863	43	22	15	11	9
1993	4,185	48	20	13	10	9
1994	5,628	49	20	13	10	9
1995	7,180	46	21	15	10	8
1996	7,979	46	22	14	10	7
1997	9,475	48	23	13	9	7
1998	10,102	42	27	14	11	6
1999	11,828	47	24	12	9	7
2000	13,672	45	26	14	10	5
2001	15,148	45	26	15	10	5
2002	17,547	43	28	15	10	5
2003	18,106	39	30	16	10	5
2004	23,398	44	25	15	9	7
2005	30,265	41	34	11	8	6
2006	39,782	36	36	13	9	6

Note: Excludes all military health provider institutions.

Source: IHP Sri Lanka Health Accounts database.

6. Health expenditure by province and district

6.1 Trends in total and government provincial spending

The Sri Lanka health accounts disaggregate to the extent possible health expenditures by province, for all years since 1990. In addition, in this report, disaggregation of expenditures is given by district, although these are provisional estimates, and are released on an experimental basis. The basis on which expenditures are assigned to a province or a district are given in the box below, and users should apply appropriate caution when interpreting or using these statistics.

Excluding expenditures spent on national collective services and all-island wide personal medical services, 86% of total expenditures in 2006 can be located by province. Of these, the Western Province incurred the highest volume of expenditures, while the North-Central Province incurred the lowest (Table 15). Over time, this spending gap has widened between the Western Province and the North-Central Provinces (Figure 17). For years prior to 2005, the Eastern and Northern Provinces are treated as one unit for reporting purposes, but as indicated by the statistics for 2005 and 2006, spend-

ing in the Eastern Province was greater than in the Northern Province.

Much of these differences in the volume of spending by province can be explained by the differences in population of each province. Table 16 presents the trends in per capita government health expenditures by province. This shows that the public per capita health expenditures were higher in the Western, Central, North-Western and Uva Provinces than in the rest of the country. However, it should be noted much of the government expenditures in the Western Province are at teaching and specialized hospitals, where a significant, but unquantifiable percentage of patients are referred from other provinces.

Owing to deterioration in the availability and quality of data from conflict areas during previous years, the estimates of public per capita spending in the Northern and Eastern Provinces are subject to considerable uncertainty and lack of reliability. The major reason for this is the lack of reliable and accurate population estimates for most districts in these two provinces in the past two decades. These statistics should be used with caution.

Basis for geographical distribution of expenditures

In the SLHA framework, expenditures are allocated geographically according to the area in which the benefiting individuals reside. If a person receives healthcare treatment in a district outside the one where she normally lives, the expenditures should be allocated to the district where she originates. However, only for a few expenditures, do the available data readily identify the area of residence of those receiving the healthcare services. In practice, for most expenditures assumptions are necessary in order to estimate the relevant areas, and in many cases owing to the scarcity of data, the expenditures can only be allocated to the district in which the services are provided. The latter is particularly the case with expenditures at government health facilities, where the current SLHA estimates assume that those using the services at any facility reside in the same district. This is an approximation, since for example, many patients at government hospitals in Colombo come from other districts. Such limitations in the methods should be borne in mind when using these statistics.

Nevertheless, not all health expenditures can be directly or usefully assigned to a province or district. This is particularly the case for expenditures on public or collective health services, which benefit large numbers of people, and not specific individuals, and for expenditures to treat patients from certain populations, such as the military. Consequently, the SLHA geographical estimates are based on the following principles:

- (i). Expenditures that are for the benefit of individuals or the population residing in a specific province are classified as expenditures in that province.
- (ii). Expenditures for programmes with the specific purpose of providing personal medical services to individuals employed in the armed forces or police, or individuals resident in prison institutions are classified as national level expenditures, as these individuals cannot be regarded as part of the normal population of a province, and because it is not practical to make such disaggregation.
- (iii). Expenditures that are for the collective benefit of national or provincial populations are classified as national or provincial-level collective expenditures. Examples include the cost of maintaining the MOH headquarters and certain national or provincial-level public health programmes, such as health education for HIV/AIDS.

Table 15: Total health expenditure by province (Rs. million), 1990 to 2006

Year	Western	Central	Southern	Northern ^(a)	Eastern ^(a)	North-Western	North-Central	Uva	Sabaragamuwa
1990	3,794	1,021	1,128	332		868	566	428	727
1991	4,512	1,188	1,286	396		971	617	479	852
1992	5,284	1,347	1,449	439		1,093	667	530	907
1993	6,112	1,467	1,628	538		1,218	721	564	991
1994	7,410	1,854	1,989	683		1,450	903	730	1,213
1995	8,624	2,250	2,337	814		1,788	1,160	958	1,518
1996	9,869	2,550	2,757	898		2,015	1,313	987	1,849
1997	11,406	2,900	3,215	1086		2,340	1,102	1,411	2,089
1998	13,061	3,319	3,603	1153		2,761	1,986	1,451	2,364
1999	15,310	3,770	4,071	1413		3,234	1,968	1,592	2,661
2000	17,557	4,016	4,473	3072		3,547	2,016	1,513	2,744
2001	20,523	4,693	4,854	3466		4,086	2,273	1,981	3,044
2002	24,179	5,233	5,464	4034		5,055	2,385	2,334	3,498
2003	28,427	5,934	5,966	4427		5,597	2,633	2,565	3,775
2004	35,350	6,421	6,761	5165		6,555	2,904	2,730	3,888
2005	39,070	8,482	8,555	2,946	3,773	8,122	2,965	3,458	4,953
2006	46,152	11,023	10,096	4,009	5,022	10,582	3,815	4,351	5,762

(a) Prior to 2007, the Eastern and Northern Provinces were administered as one unit, with a single provincial council administration. Consequently, many administrative data sources only reported expenditures for the two provinces combined, and it is not currently feasible to estimate the distribution of spending between the two provinces for earlier years.

(b) The total of all the provincial spending reported in this table does not sum to THE, as spending on national collective services are not included.

Source: IHP Sri Lanka Health Accounts Database.

Table 16: Total public health expenditure per capita by province (Rs.), 1990 to 2006

Year	Western	Central	Southern	Northern ^(a)	Eastern ^(a)	North-Western	North-Central	Uva	Sabaragamuwa
1990	249	201	197	152		182	281	211	150
1991	289	235	214	168		189	281	224	177
1992	365	263	241	185		212	287	242	168
1993	408	259	252	194		214	276	229	155
1994	516	362	335	240		261	379	330	212
1995	610	466	408	344		362	529	486	319
1996	670	509	487	402		384	574	445	417
1997	773	574	588	467		462	571	469	462
1998	829	664	657	585		545	1,068	702	553
1999	987	787	789	629		666	1,003	774	686
2000	1,073	763	852	742		667	977	635	675
2001	1,120	929	844	771		712	1,103	931	750
2002	1,158	1,011	931	828		938	1,103	1,120	923
2003	1,181	1,155	973	769		949	1,234	1,195	1,012
2004	1,855	1,176	1,085	805		1,077	1,369	1,210	986
2005	1,876	1,803	1,586	1,512	1,137	1,528	1,255	1,624	1,414
2006	2,318	2,537	1,907	2,256	1,717	2,285	1,768	2,136	1,643

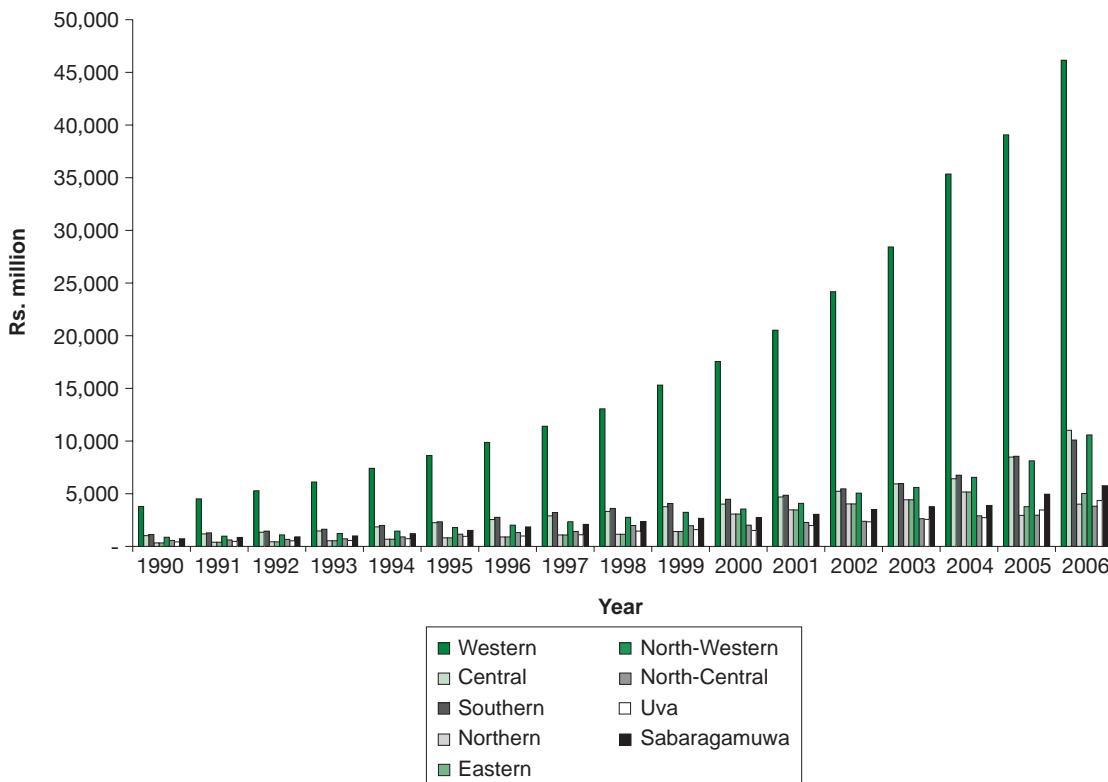
(a) Prior to 2007, the Eastern and Northern Provinces were administered as one unit, with a single provincial council administration. Consequently, many administrative data sources only reported expenditures for the two provinces combined, and it is not currently feasible to estimate the distribution of spending between the two provinces for earlier years. Consequently, the table displays the expenditure as estimated for both provinces combined for years prior to 2005.

(b) Population figures used for provincial calculations were derived as follows: 2001-2006 statistics for provincial populations are from the Central Bank of Sri Lanka Annual Report whose numbers are based on the 2001 National Population Census, and projected forwards using the natural increase in population and net migration statistics in 2002 for each district. The provincial population statistics for years prior to 2001 were estimated by simple linear interpolation between the 1981 and 2001 Census estimates.

(c) The total of all the provincial spending reported in this table does not sum to THe, as spending on national collective services are not included.

(d) Per capita estimates for the Eastern and Northern provinces are not reliable due to large uncertainties in the statistics for provincial populations.

Source: IHP Sri Lanka Health Accounts Database

Figure 17: Total health expenditure by province (Rs.million), 1990 to 2006

Note: Pre - 2005 the Northern and Eastern provinces are represented as a merged province in the figure, therefore the bar represented as the Northern Province pre - 2005 is in fact the merged province of North and East.

Source: Table 15.

6.2 Provincial expenditures by source

Private sources of financing account for the bulk of expenditures in the Western, Southern, North-Western and Sabaragamuwa Provinces (Table 17 and Figure 18). Most of this variation is explained by private spending for out-patient care, and medical goods dispensed to out-patients, and in the Western Province on capital formation. Spending in the Uva Province is mostly public, while in the Central and North-Central Provinces it was mostly private in the early 1990s, and became more public towards the end of the time period under review.

In the Western Province, the share of private spending has increased over time and reached 72% by 2006, while the share from private spending fell from 64% in 1990 in the Southern Province to 54%. A similar decline is observed in the North-Western Province, where the private share decreased from 60% to 51% in the same time.

It can be seen from Figure 19 that per capita spending by private sources is comparatively high in the

Western, North-Western and Southern Provinces. Other than in the Western, Central and Southern Provinces, spending by the provincial and local governments is higher than the central government for the remaining provinces. The highest total per capita private spending in 2005 was estimated at Rs. 5,117 in the Western Province. Figure 20 shows that public sector health expenditure on a per capita basis is highest in the Western and Central provinces, followed by the Uva province while the Eastern province displays the lowest level of spending.

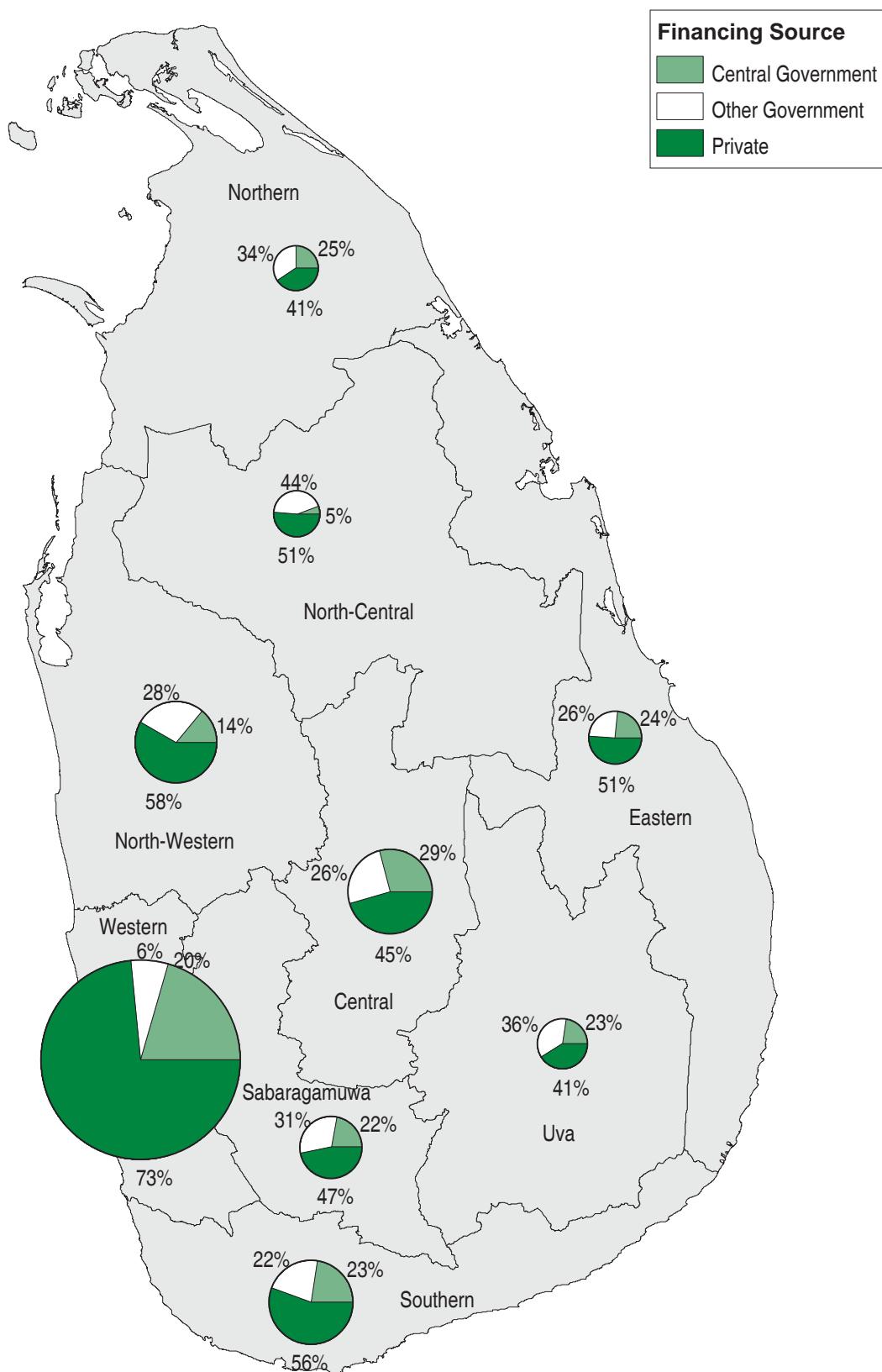
Table 17: Shares of total health expenditure by province and financing source (%), 1990 to 2006

Year	Western		Central		Southern		Northern ^(a)		Eastern ^(a)		North-Western		North-Central		Uva		Sabaragamuwa	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
1990	29	71	43	57	36	64	15	85	40	60	48	52	53	47	33	67		
1991	30	70	43	57	34	66	17	83	38	62	45	55	49	51	34	66		
1992	32	68	44	56	35	65	16	84	38	62	43	57	48	52	33	67		
1993	31	69	40	60	33	67	21	79	35	65	38	62	43	57	26	74		
1994	34	66	45	55	36	64	27	73	36	64	43	57	49	51	29	71		
1995	34	66	48	52	38	62	29	71	41	59	47	53	55	45	36	64		
1996	34	66	46	54	38	62	26	74	39	61	46	54	52	48	39	61		
1997	34	66	47	53	40	60	30	70	41	59	44	56	48	52	38	62		
1998	32	68	48	52	41	59	21	79	41	59	57	43	55	45	41	59		
1999	34	66	50	50	43	57	25	75	44	56	55	45	56	44	46	54		
2000	32	68	46	54	43	57	59	41	40	60	55	45	49	51	44	56		
2001	29	71	48	52	39	61	55	45	38	62	54	46	55	45	45	55		
2002	26	74	48	52	40	60	53	47	40	60	53	47	57	43	48	52		
2003	22	78	49	51	38	62	47	53	37	63	54	46	56	44	49	51		
2004	29	71	46	54	39	61	44	56	36	64	54	46	54	46	47	53		
2005	26	74	55	45	44	56	59	41	49	51	42	58	49	51	59	41	47	
2006	28	72	59	41	46	54	68	32	55	45	49	51	54	46	62	38	53	

(a) Prior to 2007, the Eastern and Northern Provinces were administered as one unit, with a single provincial council administration. Consequently, many administrative data sources only reported expenditures for the two provinces combined, and it is not currently feasible to estimate the distribution of spending between the two provinces for earlier years. Consequently, the table displays the expenditure as estimated for both provinces combined for years prior to 2005.

(b) Shares computed excluding donor spending.
Source: IHP Sri Lanka Health Accounts Database.

Figure 18: Total health expenditure by financing source by province (% of total), 2005



Note: (a) Excludes expenditure on all-island wide personal medical services and national collective services. See text: Section 6.1
 (b) The size of the pies are representative of the value of THE.

6.3 Hospital expenditures by province

Figure 21 presents expenditures on hospitals in public and private sectors for each province. Expenditures at private hospitals are highest in the Western Province (as would be expected due to the high concentration of hospitals in Colombo), followed by the Central, Southern and North-Western Provinces.

Estimates of public expenditures by district are presented in total in Table 18 and on a per capita basis in Figure 22. On a per capita basis, the highest levels of government spending are in Colombo and Kandy. The next highest levels of spending are in Kurunegala, Badulla, Hambantota and Galle, with the lowest levels in Trincomalee.

6.4 District expenditures

On an experimental basis, district-level expenditure estimates have been prepared for 2005, and are published in this report for the first time. At the current time, these are only partial and limited mostly to public expenditures, given significant data limitations.

Table 18: Total public health expenditure per capita by district (Rs.), 2005

District	Per capita health expenditure	District	Per capita health expenditure
Colombo	2,829	Killinochchi	1512 (d)
Gampaha	894	Batticaloa	1,389
Kalutara	1,230	Amara	804
Kandy	2,514	Trincomalee	412
Matale	1,439	Kurunegala	1,670
Nuwara Eliya	725	Puttalam	1,239
Galle	1,814	Anuradhapura	1,285
Matara	1,235	Polonnaruwa	1,192
Hambantota	1,665	Badulla	1,699
Jaffna	1512 (d)	Moneragala	1,476
Mannar	1512 (d)	Ratnapura	1,457
Vavuniya	1512 (d)	Kegalle	1,368
Mullaitivu	1512 (d)		

(a) Population figures used for district calculations were derived as follows: 2005 numbers are from the Central Bank of Sri Lanka Annual Report, with adjustments and extrapolations as required.

(b) The total of all the district spending reported in this table does not sum to THE, as spending on national collective services are not included.

(c) Per capita numbers for districts in the Eastern and Northern Provinces are not reliable due to unreliable population estimates. These limitations mean that it is not possible to provide per capita expenditure estimates for individual districts in the Northern Province.

Source: IHP Sri Lanka Health Accounts Database

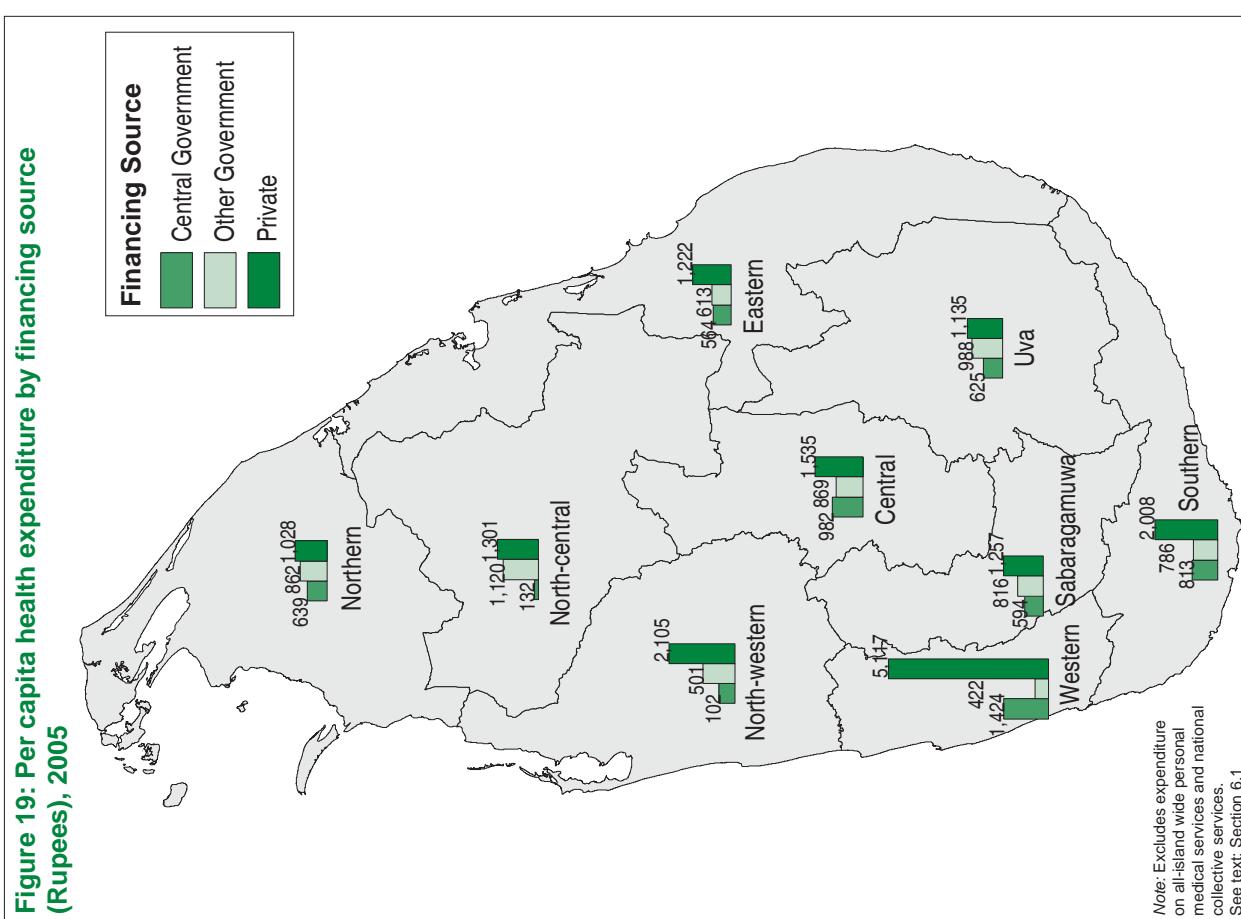
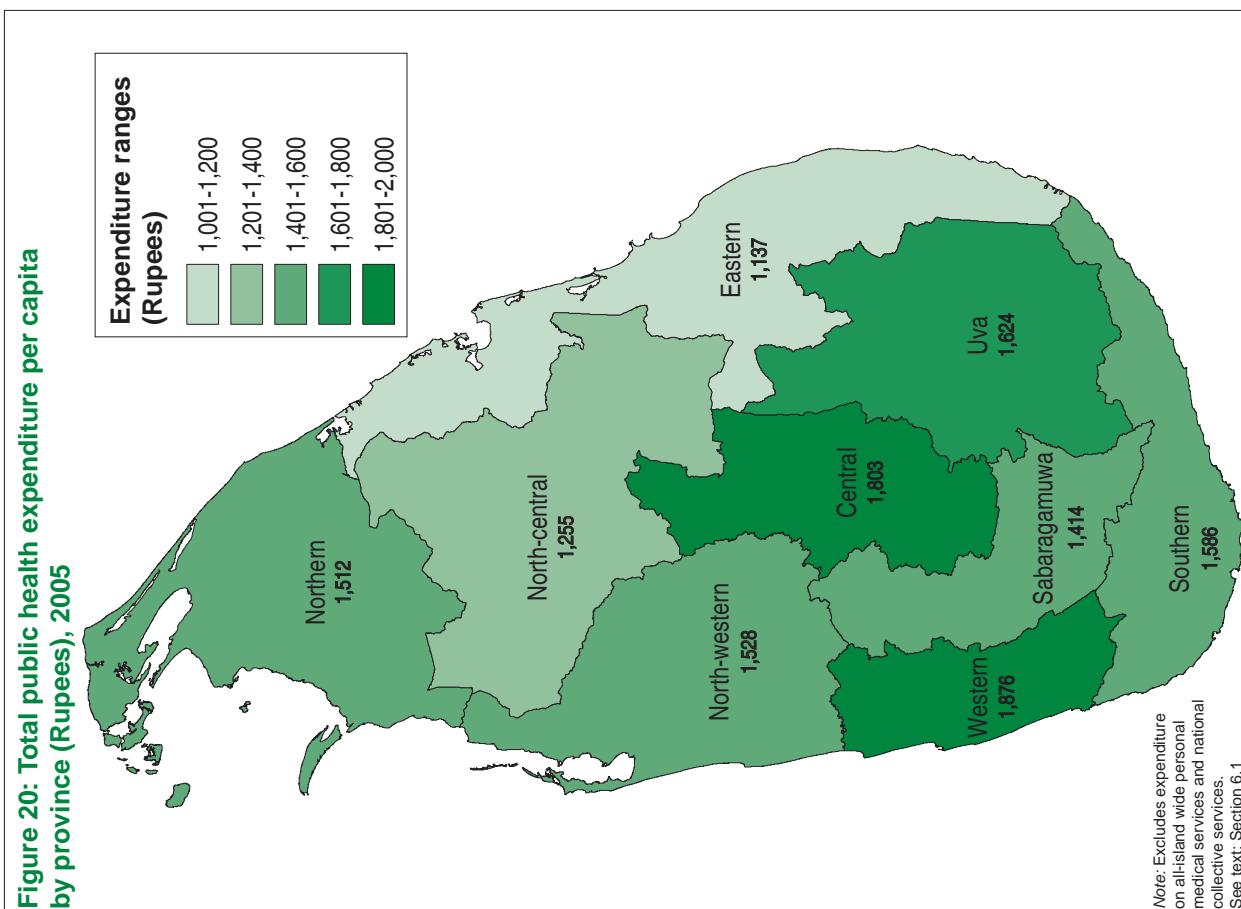


Figure 22: Total public health expenditure per capita by district (Rupees), 2005

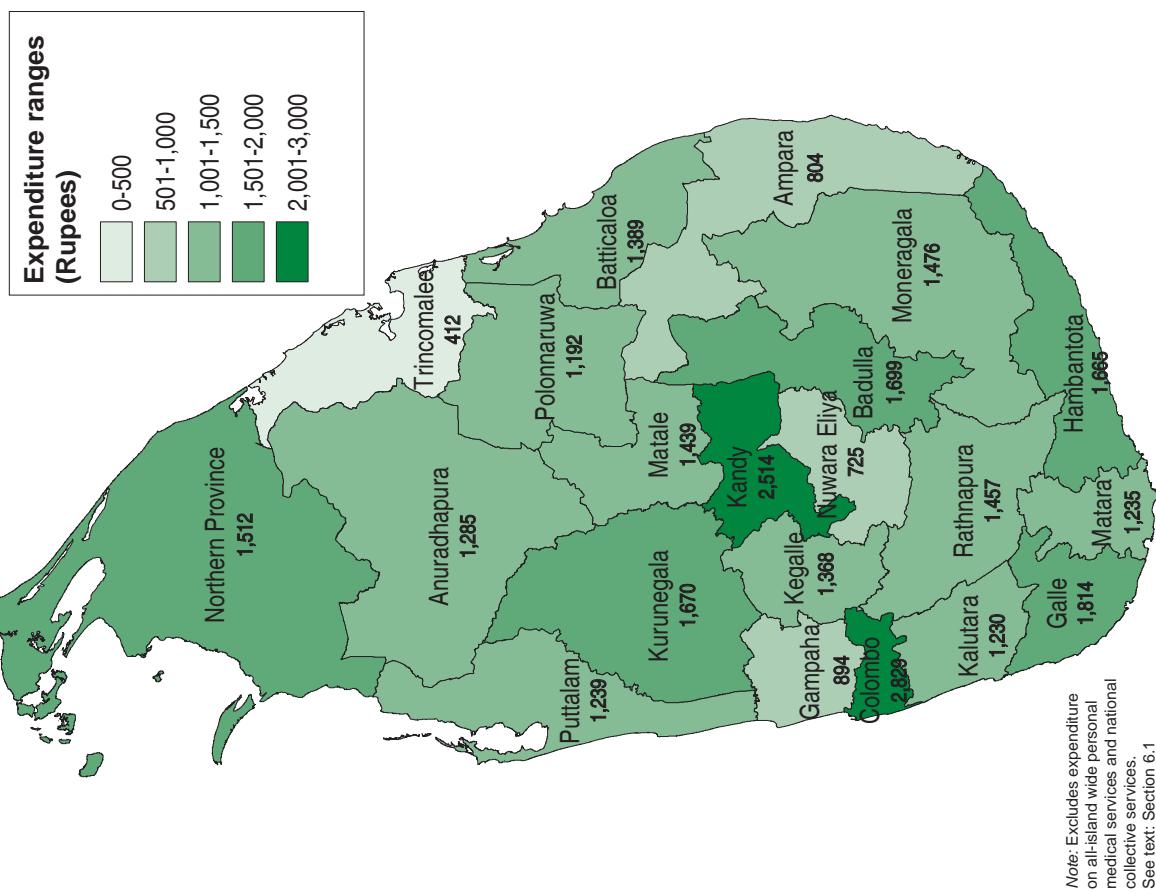
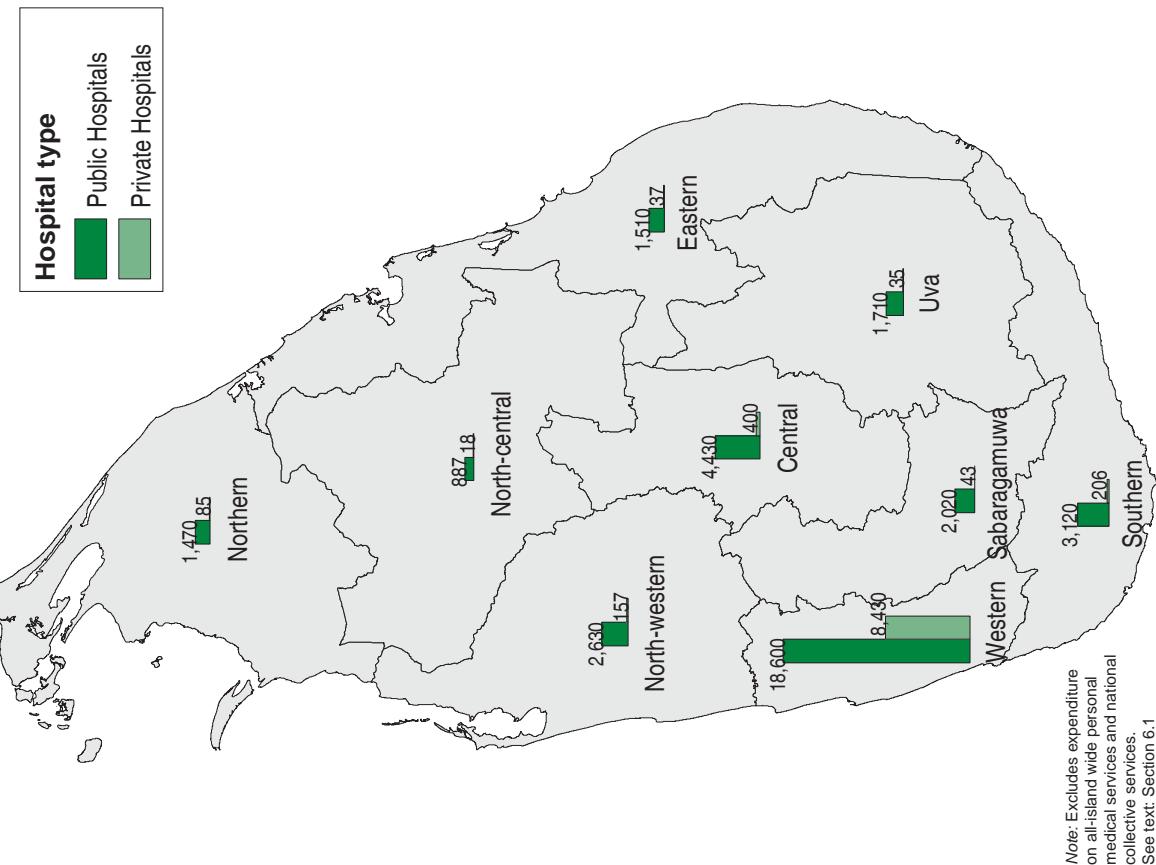


Figure 21: Expenditure at public and private hospitals (Rupees million) 2005



7. International comparisons

7.1 Comparability of Sri Lanka health accounts estimates

The Sri Lanka health accounts framework is designed to be consistent with the OECD SHA standards, and so the SLHA expenditure estimates are directly comparable with other SHA-based estimates of spending in other countries. The Institute for Health Policy is a member of the Asia-Pacific NHA Network (APNHN), and through that network, IHP collaborates with OECD, WHO and other similar agencies in other regional countries to compile comparable data on health spending in regional countries and territories. This section uses such data to compare health spending in Sri Lanka with other countries. In all the tables and figures, Sri Lanka and other territories are arranged in order of increasing per capita GDP so as to further aid comparisons.

7.2 Total spending and sources of healthcare financing

Total expenditure on health in Sri Lanka at 4.2% of GDP in 2006 is comparable to spending levels in other lower-middle income economies in the region (Table 19). It is higher than in the Philippines

(3.3%), but lower than in China (4.7%). In general, levels of aggregate health spending in countries are closely related to income levels, with spending per capita increasing with income levels. Figure 23 shows how the relationship between spending per capita and per capita GDP is quite consistent and linear between countries at different income levels in Asia. The figure also indicates that spending in Sri Lanka is actually slightly less than might be predicted for its income level.

In general, the share of public financing in total financing increases with increasing income (Table 20). The 49% share in Sri Lanka is much higher than in poorer Asian countries, such as Bangladesh (26%), but at the same time much less than in more developed economies, such as Thailand (64%), Japan (79%) and Australia (68%). However, the sources of public financing differ between countries, with some countries such as China and Korea relying significantly on social insurance in addition to general government financing, which is essentially from taxation. It is worth noting that the overall pattern of financing in Sri Lanka, with its predominant reliance on general government financing with no social insurance, and a mix of out-of-pocket and employer spending most resembles that in Malaysia and Hong Kong (Figure 24).

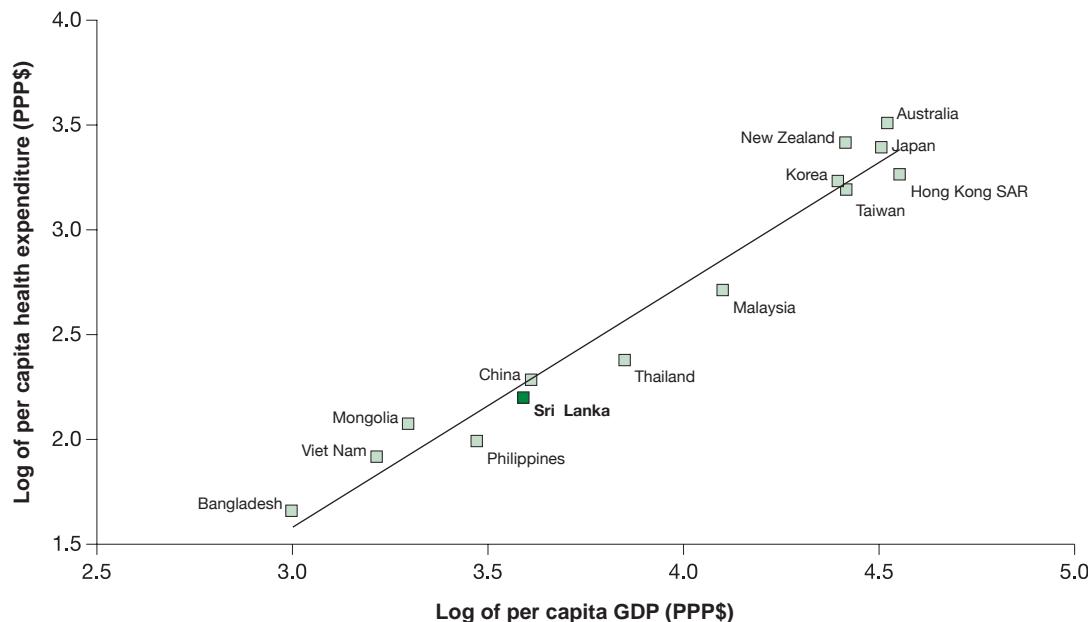
Table 19: General economic indicators and health expenditure for selected countries in the Asia-Pacific region

Territory	Year	GDP per capita (US\$)	GDP per capita (PPP\$)	THE (US\$ million)	Per cap health expenditure (US\$)	Per cap health expenditure (PPP\$)	Health expenditure (% GDP)
Bangladesh	2004	376	994	2,598	17	46	4.6
Viet Nam	2002	440	1,641	1,768	22	83	5.0
Mongolia	2002	520	1,976	74	30	119	6.6
Philippines	2005	1,169	2,959	3,282	39	98	3.3
Sri Lanka	2006	1,422	3,895	1,134	57	158	4.2
China	2005	1,715	4,076	105,682	81	193	4.7
Thailand	2005	2,800	7,069	6,168	98	239	3.5
Malaysia	2006	5,989	12,589	6,495	249	516	4.2
Taiwan	2005	15,714	26,068	21,260	939	1,557	6.0
Korea	2007	20,014	24,801	66,015	1,362	1,710	6.8
New Zealand	2006	25,898	25,945	10,644	2,544	2,608	9.9
Hong Kong SAR	2005	26,092	35,678	9,202	1,351	1,840	5.2
Japan	2006	34,253	32,040	352,505	2,759	2,477	8.2
Australia	2006	34,997	33,196	68,845	3,326	3,234	9.4

Note: Data for all subsequent tables in section 7 refer to the year mentioned in the above table for each country.

Source: OECD Korea Policy Centre-APNHN regional health accounts data collection 2006-2009 and World Bank Development Indicators 2008.

Figure 23: Per capita health expenditure (PPP\$) vs per capita GDP (PPP\$) for selected Asia-Pacific countries and territories



Source: Table 19.

Table 20: Total health expenditure by financing agent for selected countries in the Asia-Pacific region (%)

Territory	Total health expenditure (US\$ million)	HF.1.1	HF.1.2	HF.2.1 + HF.2.2	HF.2.3	Other	Total health expenditure
		General government (excl. social insurance)	Social Insurance	Private insurance	Private household out-of-pocket payments		
Bangladesh	2,598	25.6	-	-	65.0	9.5	100.0
Viet Nam	1,768	20.1	4.4	1.6	57.6	16.1	100.0
Mongolia	74	45.0	26.1	-	15.3	13.6	100.0
Philippines	3,282	28.7	11.0	6.3	48.4	5.5	100.0
Sri Lanka	1,134	48.9	0.1	4.9	43.0	3.1	100.0
China	105,682	15.0	26.9	3.7	53.9	0.5	100.0
Taiwan	21,260	5.5	56.7	-	34.5	3.2	100.0
Malaysia	6,495	43.4	0.4	26.2	23.2	6.7	100.0
Thailand	6,168	55.7	8.0	5.6	27.6	3.1	100.0
Korea	66,015	12.3	42.7	4.1	35.7	5.2	100.0
New Zealand	10,644	68.2	11.9	5.0	14.0	1.0	100.0
Hong Kong SAR	9,202	47.7	-	16.5	34.5	0.5	99.2
Japan	352,505	15.4	64.0	2.6	15.1	1.0	98.1
Australia	68,845	67.7	-	7.5	18.2	6.6	100.0

Source: OECD Korea Policy Centre-APNAN regional health accounts data collection 2006-2009 and World Bank Development Indicators 2008.

7.3 Composition of spending by function and providers

Figure 25 and Table 21 provide details of the distribution of spending by functions in Sri Lanka compared with other regional economies. The share of spending that is for inpatient care in Sri Lanka is higher than in Bangladesh and Viet Nam, but otherwise similar to the proportions seen in wealthier economies such as Thailand and Hong Kong. The share of spending accounted for by sales of medicines by pharmacies is significantly less than in Bangladesh and Viet Nam, but comparable to the levels seen in countries such as Japan and Australia. However, it must be noted that in economies such as Hong Kong and Taiwan, a much larger volume of medicines are distributed by dispensing physicians than is the case in Sri Lanka. In the case of preventive health spending, the share in Sri Lanka of 6.2% is again somewhere in between the poorer countries such as Bangladesh where it is 16%, and more developed economies such as Korea and Australia where it is less than 4% of total spending.

Figure 26 and Table 22 provide details of the distribution of spending by providers in Sri Lanka compared with other regional economies. Again here, the spending patterns in Sri Lanka resemble more the more developed economies in the region, such as Korea, New Zealand and Hong Kong, with comparable proportions of spending taking place in hospitals, outpatient and ambulatory care providers, and retailers of medical goods.

Figure 24: Total health expenditure by financing agent for selected Asia-Pacific countries and territories (%)

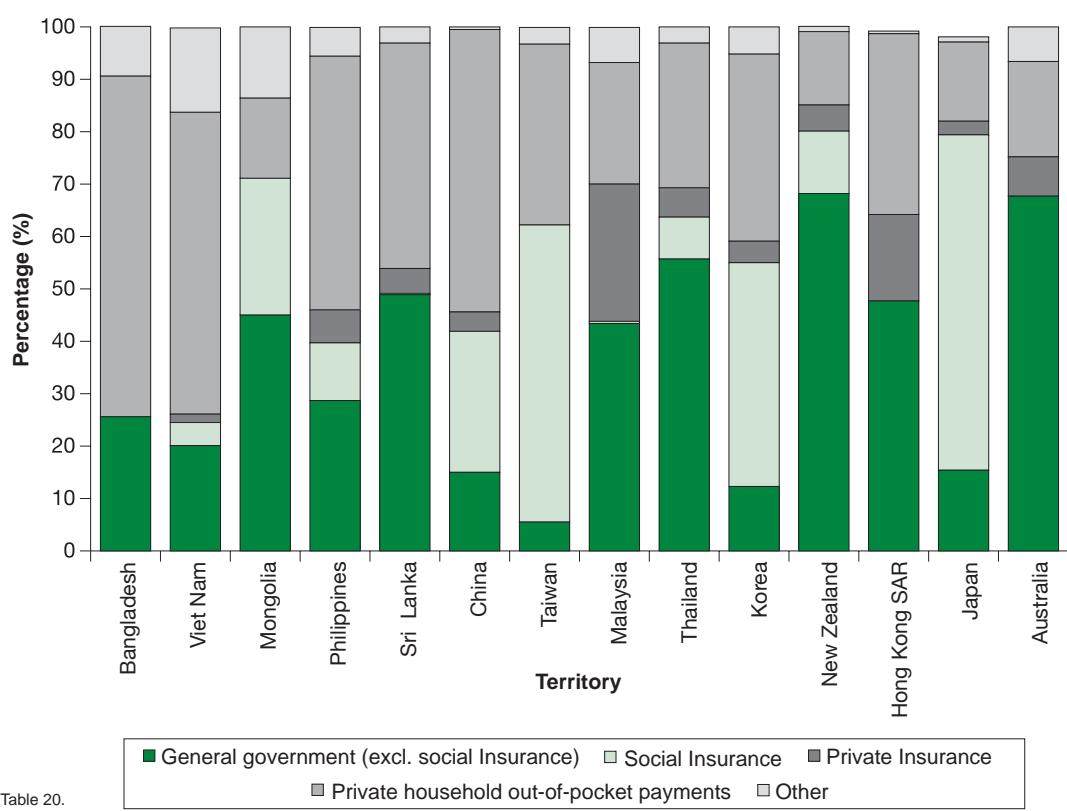
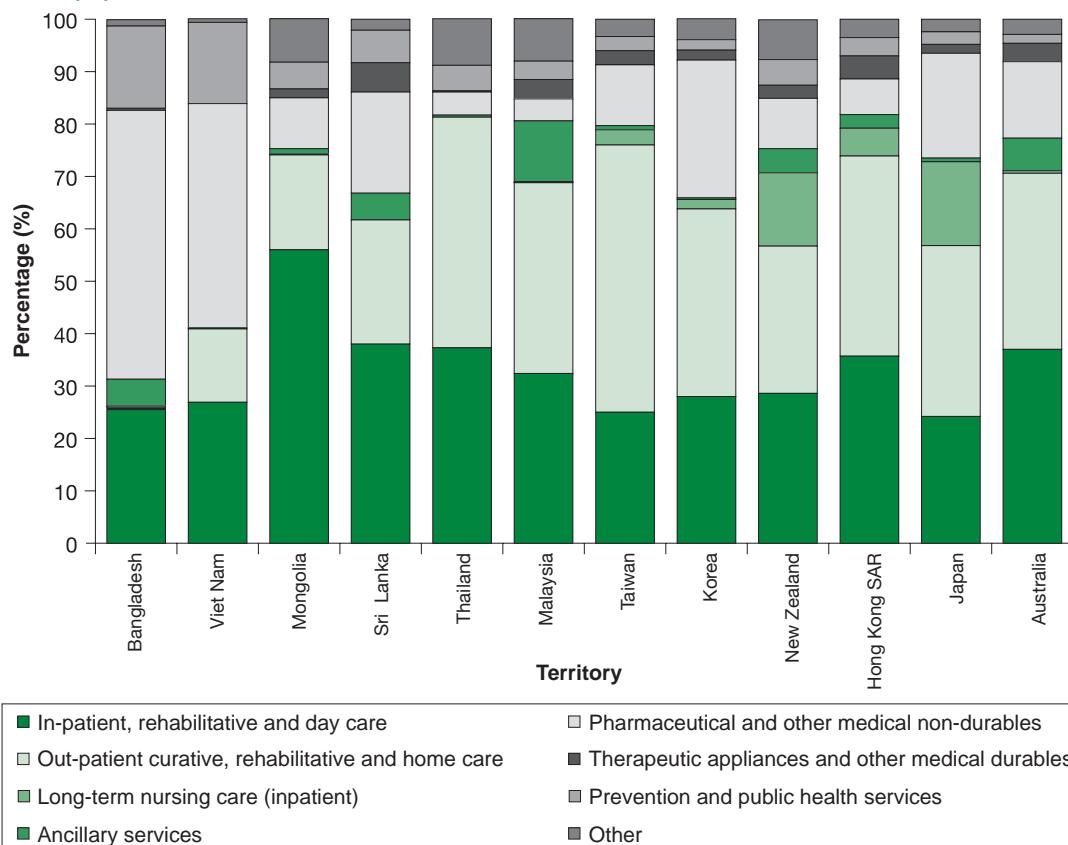
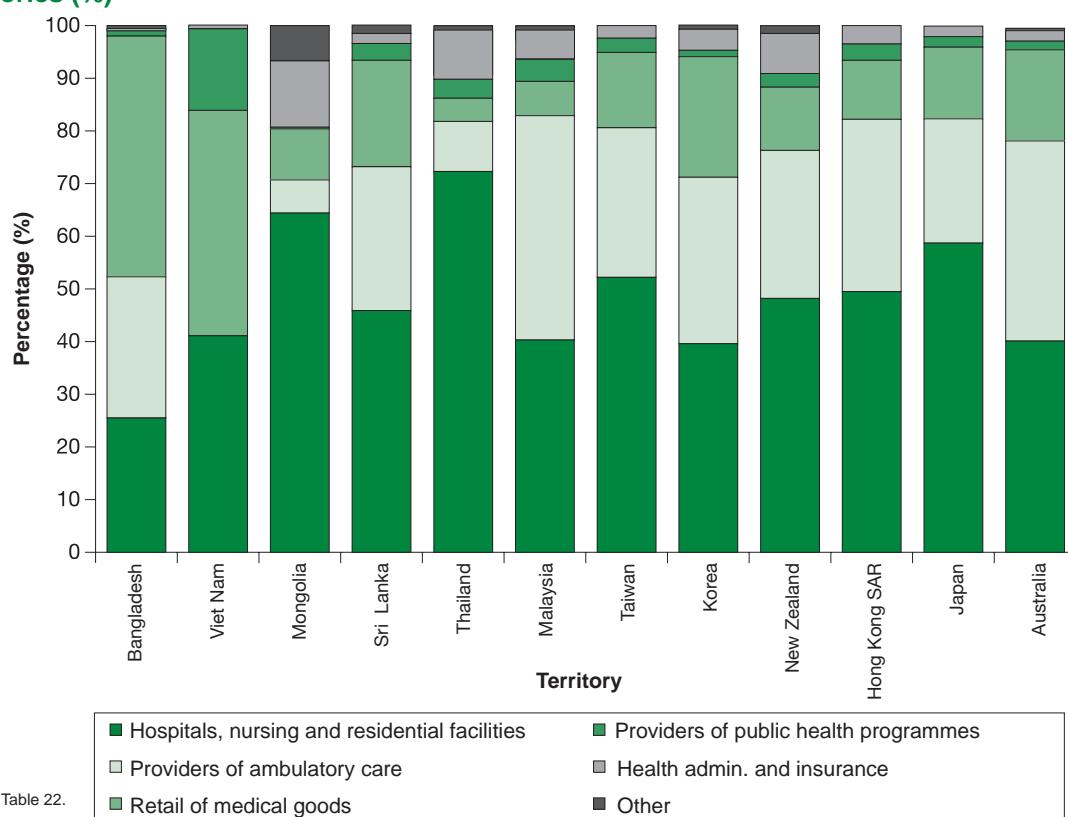


Figure 25: Current health expenditure by function for selected Asia-Pacific countries and territories (%)



Source: Table 21.

Figure 26: Current health expenditure by provider for selected Asia-Pacific countries and territories (%)



Source: Table 22.

Table 21: Current health expenditure by function (mode of production) for selected countries in the Asia-Pacific region (%)

Territory	Current expenditure on health care (US\$ million)	HC.1.1;2.1+ HC.1.2;2.2	HC.1.3;2.3+ HC.1.4;2.4	HC.3	HC.4	HC.5.1	HC.5.2	HC.6	Other	Total
		In-patient, rehabilitative and day care	Out-patient, curative, rehabilitative and home care	Long-term nursing care (inpatient)	Ancillary services	Pharmaceutical and other medical non-durables	Therapeutic appliances and other medical durables	Prevention and public health services		
Bangladesh	2,234	25.5	0.0	-	5.8	51.3	0.4	15.7	1.2	99.9
Viet Nam	1,768	26.9	14.0	0.2	-	42.8	-	15.5	0.7	100.0
Mongolia	70	56.0	18.1	0.2	1.0	9.7	1.7	5.1	8.3	100.0
Sri Lanka	1,010	38.0	23.7	-	5.1	19.3	5.6	6.2	2.1	100.0
Thailand	5,926	37.3	44.0	-	0.4	4.4	0.1	5.0	8.9	100.0
Malaysia	6,178	32.4	36.4	0.1	11.7	4.2	3.7	3.5	8.1	100.0
Taiwan	20,427	25.0	51.0	2.9	0.8	11.6	2.7	2.7	3.3	100.0
Korea	61,932	28.0	35.8	1.8	0.3	26.3	1.9	2.0	4.0	100.0
New Zealand	10,644	28.6	28.1	14.0	4.6	9.6	2.5	4.9	7.6	100.0
Hong Kong SAR	8,848	35.7	38.2	5.3	2.6	6.8	4.4	3.5	3.5	100.0
Japan	345,822	24.2	32.6	16.0	0.7	20.0	1.7	2.4	2.4	100.0
Australia	64,862	37.0	33.6	0.5	6.2	14.6	3.5	1.7	2.9	100.0

Source: OECD Korea Policy Centre-APNHN regional health accounts data collection 2006-2009 and World Bank Development Indicators 2008.

Table 22: Current health expenditure by provider for selected countries in the Asia-Pacific region (%)

Territory	Current expenditure on health care (US\$ million)	HP.1+ HP.2	HP.3	HP.4	HP.5	HP.6	HP.7+HP.9	Other	Total
		Hospitals, nursing and residential facilities	Providers of ambulatory care	Retail of medical goods	Providers of public health programmes	Health admin. and insurance			
Bangladesh	2,234	25.5	26.8	45.7	1.0	0.8	0.2	100.0	
Viet Nam	1,768	41.1	-	42.8	15.5	0.7	-	100.0	
Mongolia	70	64.4	6.3	9.7	0.3	12.6	6.7	100.0	
Sri Lanka	1,010	45.9	27.3	20.2	3.2	1.9	1.6	100.0	
Thailand	5,926	72.3	9.5	4.4	3.6	10.1	0.1	100.0	
Malaysia	6,178	40.3	42.6	6.5	4.2	6.4	0.0	100.0	
Taiwan	20,427	52.2	28.4	14.3	2.7	2.4	-	100.0	
Korea	61,932	39.6	31.6	22.9	1.2	4.0	0.8	100.0	
New Zealand	10,644	48.2	28.1	12.0	2.6	7.6	1.5	100.0	
Hong Kong SAR	8,848	49.5	32.7	11.2	3.1	3.5	-	100.0	
Japan	345,822	58.7	23.6	13.6	2.0	2.0	-	100.0	
Australia	64,862	40.1	38.0	17.3	1.7	2.9	0.0	100.0	

Source: OECD Korea Policy Centre-APNHN regional health accounts data collection 2006-2009 and World Bank Development Indicators 2008.

8. Technical notes

8.1 General

The Institute for Health Policy reports health expenditures domestically using the Sri Lanka Health Accounts (SLHA) framework. The first version of this framework was originally developed during 1998-99 for the Ministry of Health by a team lead by Rannan-Eliya and Somanathan, and it was designed to be compliant with pre-publication versions of the OECD System of Health Accounts (SHA). The SHA was later published in 2000, and since then the health accounts team at IHP has continuously revised and updated the framework to ensure compliance with the SHA standards, which is the approach endorsed by WHO for international reporting of health expenditure statistics.

The SLHA framework in consistency with the SHA approach classifies all health spending according to three dimensions: sources of financing, providers and functions. The most recent version of the SLHA framework also classifies expenditures geographically, both by province and by district. For the three core dimensions, SLHA categorizes all spending according to classification systems, which are based on the relevant SHA classifications, with appropriate modification to ensure relevance and applicability to Sri Lanka. For example, the classification of providers explicitly categorizes the distinctive types of provider in Sri Lanka, such as Ayurvedic physicians, and takes into account the hospital classifications used by the Ministry of Health. When revisions to the SLHA framework are made, IHP always seeks to revise earlier estimates to be compliant with the revised framework, so as to ensure consistency in reporting of expenditures for different years.

A key design element of the SLHA framework and its classifications is that they correspond in a defined way to the parallel elements of the SHA framework. This means that IHP is able to report health expenditures in Sri Lanka simultaneously using both the national SLHA framework and according to the OECD SHA framework. In the main part of this report, expenditures have been reported according to the SLHA framework and classifications. However, to aid international comparison, the statistics used in Section 7 for Sri Lanka are based on the SHA definitions so as to ensure overall compatibility, and in Appendix this report provides a full set of tables showing health expenditures in Sri Lanka using the SHA format for all years between 1990 and 2006.

8.2 Definitions

Total health expenditure (THE)

The term ‘health expenditure’ refers to expenditure on health goods and services and health-related investment. Health goods and services expenditure includes expenditure on health services (medical treatments and diagnosis), health goods (medications, aids and appliances), and other health services such as expenditure on public health, research and administration. These expenditures are collectively termed recurrent expenditure. Health-related investment is also referred to as capital formation or capital expenditure. The SLHA definition of health expenditure is fully consistent and comparable with that in the OECD SHA standard.

Total health expenditure (THE), as reported in the SLHA estimates, is equivalent to THE as defined by the SHA, and is only a subset of all health and health-related expenditures. THE consists of current health expenditures and capital expenditure. Current health expenditure includes only direct health expenditures, and excludes health-related expenditures such as research and training.

Total health expenditures as currently estimated and reported in the SLHA estimates are slightly underestimated, as certain categories of spending are not currently measured in full. These principally consist of expenditures by non-profit institutions, for which there are no comprehensive data sources, and expenditures by households on long-term care. These expenditures, which are not included, may represent 1-2% of total health spending.

The SLHA framework requires that health expenditures be measured on an accrual basis, consistent with the recommendations of the SHA. However, data limitations mean that several elements of spending are measured and reported on a cash base. These include all government expenditures, and some parts of household out-of-pocket expenditures.

Financing sources

Institutions that pool health resources collected from different sources, as well as entities (such as households and firms), that pay directly for health care using these resources. Financing sources are classified in the SLHA into public and private financing sources, and those which are outside the

country. The major financing source categories are:

- Government, comprising central government, provincial councils, local governments and social security institutions, such as ETF
- Employers, who directly finance or reimburse healthcare services for their employees
- Insurance schemes that pay for healthcare
- Households that pay directly out-of-pocket for healthcare goods and services
- Non-profit institutions
- Providers who use their own resources to finance healthcare activities.

Functions

Functions are the purposes for which healthcare expenditures are used. The SLHA classifies expenditures according to function, distinguishing between direct health expenditures, and health-related expenditures. Health-related expenditures include capital expenditure, as well as expenditures on training, environmental health and research. Only direct health expenditures and capital expenditures are included in the definition of THE.

The major functional categories of direct health expenditures consist of:

- Inpatient and day care
- Outpatient curative care
- Rehabilitative and long-term nursing care
- Ancillary services to health care, comprising laboratory and other diagnostic services and patient transport
- Medical goods dispensed to outpatients, comprising medicines and other goods and supplies
- Prevention and public health services, which are services which are intended to improve or promote the health of the population or groups within the population, including maternal and child health programmes, immunization programmes and health education activities
- Health administration and insurance administration.

Providers

Providers are the entities that produce and deliver healthcare goods, services and activities.

The major provider categories used in the SLHA framework consist of:

- Hospitals, which are institutions that treat inpatients
- Nursing and residential care facilities

- Providers of ambulatory care, comprising facilities of physicians, dentists and other health professionals which deliver care only on an outpatient basis
- Retail sale and other providers of medical goods, comprising retail pharmacies, shops and other providers who distribute medicines and other medical goods and supplies
- Provision and administration of public health programmes, comprising agencies involved in delivering public health functions and activities
- General health administration and insurance, comprising agencies responsible for health administration, and administration of health insurance schemes.

8.3 Data sources

General

IHP continuously collects information from a wide range of government and private sources to compile the SLHA estimates. IHP also conducts regular surveys of the health sector in order to augment these data sources. The information collected is then analyzed in order to develop the final estimates that are published. A variety of estimation methods are used to do this, with different methods being used to estimate different elements of spending.

Central government

Overall spending by central government ministries and departments is based on the audited actual accounts data of the Government of Sri Lanka, as reported by the government's Computer Integrated Government Accounting System (CIGAS). Data on expenditures by other central agencies, including the Employees Trust Fund (ETF), President's Fund, and the Plantation Trust Fund, are obtained directly by contact with the relevant authority.

Provincial and local governments

The spending of provincial councils is estimated from the Financial Statements of each provincial council and other data provided by the Finance Commission. These provide data on actual expenditures with a two year delay, so the relevant statistics reported in this publication for 2006 are based on provisional estimates of spending. Expenditures by local governments are based on data collected by an annual IHP survey of local governments.

Private sector spending

A variety of different data sources are used to estimate private spending, with different data sources being used for specific elements of spending. Major data sources include national surveys of household expenditures by the Department of Census and Statistics and by the Central Bank, surveys of private hospitals and other providers conducted on a regular basis by IHP, and data from industry sources.

8.4 Methods used

Government spending

Data on aggregate government spending is obtained from CIGAS and the financial statements of provincial councils. These differentiate spending by different departments and ministry programs. However, for the detailed analysis of expenditures by institutions and functions, a variety of other data sources and methods are necessary. These include:

- The details of spending on activities of central programmes is also based on data and information provided by the directors and staff of each programme, e.g., the Family Health Bureau.
- The allocation of hospital expenditures by type of hospital and by function is principally based on analysis of data from cost surveys of government hospitals, which were conducted in 1991, 1997 and 2006. The most recent was the IHP-MOH Public Health Facility Survey 2006, which collected data on costs and activities in a sample of over 70 government health facilities.
- The allocation of expenditures on medicines and supplies to different institutions and regions, and functions within hospitals, is based partly on data collected in hospitals by the IHP-MOH Public Health Facility Survey 2006, and partly on data provided by the Medical Supplies Division of MOH.

Fees paid to government healthcare institutions

Collections of official fees paid to government hospitals and facilities are reported in the CIGAS accounts and provincial council financial statements. In addition, the revenues of autonomous board-run hospitals are obtained from their annual reports.

Private hospital spending

The estimates of private hospital spending are based on data obtained in regular surveys of private hospital institutions conducted by IHP, supplemented with

information extracted from the published financial accounts of a number of hospitals.

Sales of medicines from pharmacies

Expenditures on the sale of medicines by retail outlets, primarily pharmacies, are based on the Sri Lanka Pharmaceutical Audit (SPLA) conducted by IMS-Health Sri Lanka. Adjustments are made to account for gaps in the survey coverage of SPLA.

Private dental practitioners

Estimates of spending at private dental practitioners are based on the national accounts estimates of the Department of Census and Statistics. These are considered to be under-estimates, but data are currently lacking to improve these estimates.

Employer medical benefits

These expenditures are estimated using data from occasional sample surveys of large employers in the country. The survey data used distinguishes between employer direct financing of medical benefits for their employees and payments to insurance companies to provide medical insurance. The latter is deducted in order to arrive at the final estimates.

Private health insurance expenditures

These expenditures are based on regular IHP surveys conducted of the activities of commercial health insurance schemes. These provide data on aggregate expenditures, as well as their allocation to different types of healthcare goods and services.

Private practitioners and other miscellaneous items of household expenditure

Payments to private practitioners are estimated from a variety of data sources. These include occasional surveys of private doctors, including the Sri Lanka Private Clinic Survey 2000, and household surveys of spending, including the Central Bank Consumer Finance Surveys, and the Department of Census and Statistics Household Income and Expenditure Surveys. Various adjustments are made to these data to derive estimates consistent with all available information.

Other items of household expenditure are estimated mainly from data from the various national household surveys. Such items include household expenditures at indigenous medical practitioners, for laboratory and diagnostic services, and purchases of optical glasses and other medical durables. These data are adjusted during estimation for known biases in survey reporting.

9. Appendix:

SHA standard tables showing health expenditures in Sri Lanka, by financing source, provider and function

1990-2006

Table A1. Current expenditure on health by function of care and provider industry (Rs. million), 1990

Health care by function	ICHA-HC code	Total current expenditure on health	Health care provider industry												Rest of the world										
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9	
Hospitals		Nursing and residential care facilities																							
In-patient care																									
Curative and rehabilitative care	HC.1.1; 2.1	2,208	2,021	9	170	170	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Services of day-care																									
Curative and rehabilitative care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient care																									
Out-patient curative and rehabilitative care	HC.1.3; 2.3	2,937	764	1	2,136	2,056	44	-	36	-	-	-	-	-	-	-	0	0	-	-	-	-	-	34	2
Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Home care																									
Curative and rehabilitative care	HC.1.4; 2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ancillary services to health care	HC.4	491	59	-	413	-	-	-	378	-	36	-	-	-	-	-	19	19	-	-	-	-	-	-	
Medical goods dispensed to out-patients	HC.5	2,743	192	-	268	237	-	-	-	-	31	2,272	1,676	469	-	-	-	-	-	-	-	-	11	-	
Pharmaceutical and other medical non-durables	HC.5.1	2,146	192	-	268	237	-	-	-	-	31	1,676	1,676	-	-	-	-	-	-	-	-	-	-	11	
Therapeutic appliances and other medical durables	HC.5.2	421	-	-	-	-	-	-	-	-	421	-	294	-	-	-	-	-	-	-	-	-	-	-	
Total expenditure on personal health care		8,380	3,035	10	2,987	2,463	44	-	36	378	-	67	2,272	1,676	469	3	19	19	-	-	-	-	-	45	8
Prevention and public health services	HC.6	1,014	6	-	282	-	-	-	282	-	-	-	-	-	-	631	-	-	-	-	-	-	-	93	3
Health administration and health insurance	HC.7	222	-	-	-	-	-	-	-	-	-	-	-	-	-	-	209	201	-	-	8	-	9	4	
Total current expenditure on health care		9,616	3,041	10	3,269	2,463	44	-	318	378	-	67	2,272	1,676	469	634	228	220	-	8	-	-	-	147	15

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A4. Current expenditure on health by function of care and provider industry (Rs. million), 1991

Notes

notes
1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP 4.0 column.

Table A7. Current expenditure on health by function of care and provider industry (Rs. million), 1992

		Health care provider industry																					
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
		ICHA-HC code																					
Health care by function																							
In-patient care																							
Curative and rehabilitative care		HC. 1.1 ; 2.1	3,109	2,790	10	289	289	-	-	-	-	-	-										
Long-term nursing care		HC.3.1	-	-	-	-	-	-	-	-	-	-	-										
Services of day-care		HC. 1.2 ; 2.2	-	-	-	-	-	-	-	-	-	-	-										
Curative and rehabilitative care		HC.3.2	-	-	-	-	-	-	-	-	-	-	-										
Long-term nursing care		HC.1.3 ; 2.3	3,715	1,056	1	2,600	2,487	58	-	55	-	-	-										
Out-patient care		HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-										
Out-patient curative and rehabilitative care		HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-										
Basic medical and diagnostic services		HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-										
Out-patient dental care		HC.1.4	-	-	-	-	-	-	-	-	-	-	-										
All other specialised health care		HC.1.5	-	-	-	-	-	-	-	-	-	-	-										
Home care		HC.1.6	-	-	-	-	-	-	-	-	-	-	-										
Curative and rehabilitative care		HC. 1. 4 ; 2.4	-	-	-	-	-	-	-	-	-	-	-										
Long-term nursing care		HC.3.3	-	-	-	-	-	-	-	-	-	-	-										
Ancillary services to health care		HC.4	688	91	-	576	-	-	-	516	61	-	-	22									
Medical goods dispensed to out-patients		HC.5	3,702	240	-	360	323	-	-	-	37	3,011	2,247	596	-								
Pharmaceut. and other medical non-durables		HC.5.1	2,938	240	-	360	323	-	-	-	37	2,247	2,247	-	-								
Therap. appliances and other med. durables		HC.5.2	553	-	-	-	-	-	-	-	553	385	-	-	-								
Total expenditure on personal health care		11,215	4,176	11	3,825	3,099	58	-	55	516	-	97	3,011	2,247	596	3	22	22	-	-	143	24	
Prevention and public health services		HC.6	1,320	32	-	365	-	-	365	-	-	-	-	-	796	-	-	-	-	-	123	4	
Health administration and health insurance		HC.7	274	-	-	-	-	-	-	-	-	-	-	-	248	217	-	-	30	-	20	6	
Total current expenditure		12,808	4,209	11	4,191	3,099	58	-	420	516	-	97	3,011	2,247	596	798	269	239	-	-	30	33	

Notes

Expenditures are assigned at HP:4.0 as well. Therefore the column components of HP:4 does not add up to the total HP 4.0 column.

Expenditures are assigned at HC-5.9 as well. Therefore the row components of HC-5.5 does not add up to the row total of HC-5.5.

Table A10. Current expenditure on health by function of care and provider industry (Rs. million), 1993

		Health care provider industry																							
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9		
Health care by function														Rest of the world											
ICHA-HC code		Total current expenditure on health																							
Hospitals		Providers of ambulatory facilities																							
Nursing and residential care		Offices of physicians																							
Hospitals		Health care providers of ambulatory facilities																							
In-patient care		Curative and rehabilitative care	HC.1.1; 2.1	3,432	3,071	11	313	313	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Services of day-care		Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Out-patient care		Curative and rehabilitative care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Out-patient care		Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Out-patient care		Out-patient curative and rehabilitative care	HC.1.3; 2.3	4,241	1,172	1	2,990	2,859	68	-	63	-	-	-	-	-	-	-	-	-	-	-	-		
Basic medical and diagnostic services		Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Out-patient dental care		Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
All other specialised health care		All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Home care		Curative and rehabilitative care	HC.1.4; 2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Ancillary services to health care		Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Medical goods dispensed to out-patients		Ancillary services to health care	HC.4	789	109	-	679	-	-	-	-	614	-	66	-	-	0	0	-	-	-	-	-	-	
Pharmaceut. and other medical non-durables		Medical goods dispensed to out-patients	HC.5	4,312	250	-	430	385	-	-	-	46	3,531	2,651	684	-	-	-	-	-	-	101	-	-	
Therap. appliances and other med. durables		Pharmaceut. and other medical non-durables	HC.5.1	3,432	250	-	430	385	-	-	-	46	2,651	2,651	-	-	-	-	-	-	-	100	-	-	
All other industries		Therap. appliances and other med. durables	HC.5.2	645	-	-	-	-	-	-	-	645	-	449	-	-	-	-	-	-	-	0	-	-	
Total expenditure on personal health care		Total expenditure on personal health care		12,774	4,603	13	4,413	3,557	68	-	63	614	-	111	3,531	2,651	684	2	0	0	-	-	167	46	
Prevention and public health services		Prevention and public health services	HC.6	1,475	38	-	389	-	-	389	-	-	-	-	-	-	899	-	-	-	-	-	144	5	
Health administration and health insurance		Health administration and health insurance	HC.7	261	-	-	-	-	-	-	-	-	-	-	-	-	-	236	203	-	33	-	17	8	
Total current expenditure on health		Total current expenditure on health		14,510	4,641	13	4,802	3,557	68	-	452	614	-	111	3,531	2,651	684	902	236	203	-	33	-	328	59

Notes

1. Expenditures are assigned at HP 4.0 as well. Therefore the column components of HP4 does not add up to the total HP 4.0 column.

Source: IHP Sri Lanka Health Accounts Database.

Table A13. Current expenditure on health by function of care and provider industry (Rs. million), 1994

	ICHA-HC code	Health care by function	Health care provider industry									Rest of the world												
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
		Hospitals																						
		Total current expenditure on health																						
		Nursing and residential care facilities																						
		Providers of ambulatory health care																						
		Offices of dentists																						
		Offices of other health practitioners																						
		Out-patient care centres																						
		Medical and diagnostic laboratories																						
		Dispensing chemists																						
		All other sales of medical goods																						
		Provision and administration of public health programmes																						
		General health administration and insurance																						
		Social security funds																						
		Other social insurance																						
		Other (private) insurance																						
		All other health administration																						
		All other industries																						
		Rest of the world																						

Notes
1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A16. Current expenditure on health by function of care and provider industry (Rs. million), 1995

	CHA-HC code	Health care by function	Health care provider industry										All other industries	Rest of the world									
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7
		Hospitals																					
		Total current expenditure on health																					
		Nursing and residential care facilities																					
		Providers of ambulatory																					
		Offices of dentists																					
		Offices of other health practitioners																					
		Out-patient care centres																					
		Medical and diagnostic laboratories																					
		Practitioners of home health care services																					
		All other providers of ambulatory																					
		Retail sale and other providers of medical goods																					
		Dispensing chemists																					
		Provision and administration of public health programmes																					
		General health administration and insurance																					
		Social security funds																					
		Other social insurance																					
		Other (private) insurance																					
		All other health administration																					
		All other industries																					
		Rest of the world																					
			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18

- Notes
1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
 2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.
- Source: IHP Sri Lanka Health Accounts Database.

Table A19. Current expenditure on health by function of care and provider industry (Rs. million), 1996

		Health care provider industry											Rest of the world										
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
Health care by function													All other industries										
ICHA-HC code		Nursing and residential care facilities	Providers of ambulatory care facilities	Providers of home health care services	All other providers of ambulatory services	Retail sale and other providers of medical goods	All other sales of chemists	Dispensing chemists	Provision and administration of public health programmes	General health administration and insurance	Social security funds	Other social insurance	Other (private) insurance	All other health administration	All other industries	Rest of the world							
Hospitals		In-patient care	Curative and rehabilitative care	HC.1.1; 2.1	6,508	5,931	22	537	537	-	-	0	-	-	-	-	-	-	-	-	-	-	13
		Long-term nursing care	-	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Services of day-care	Curative and rehabilitative care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care		Out-patient curative and rehabilitative care	Basic medical and diagnostic services	HC.1.3; 2.3	6,736	2,230	2	4,460	4,261	113	-	86	-	-	-	-	-	-	-	-	-	-	39
		Out-patient dental care	Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home care		Curative and rehabilitative care	HC.1.4; 2.4	0	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary services to health care		HC.4	1,293	187	-	1,106	-	-	-	-	993	-	113	-	-	-	0	0	-	-	-	-	-
Medical goods dispensed to out-patients		HC.5	6,867	519	-	672	622	-	-	-	-	50	5,473	4,184	991	-	-	-	-	-	-	203	
Pharmaceutical and other medical non-durables		HC.5.1	5,578	519	-	672	622	-	-	-	-	50	4,184	4,184	-	-	-	-	-	-	-	202	
Therapeutic appliances and other medical durables		HC.5.2	983	-	-	-	-	-	-	-	-	982	-	684	-	-	-	-	-	-	-	1	
Total expenditure on personal health care			21,404	8,867	25	6,775	5,420	113	-	86	993	-	163	5,473	4,184	991	5	0	0	-	-	241	
Prevention and public health services		HC.6	1,815	25	-	591	-	-	591	-	-	-	-	-	-	-	970	-	-	-	-	-	222
Health administration and health insurance		HC.7	419	-	-	-	-	-	-	-	-	-	-	-	-	-	377	348	-	-	29	13	
Total current expenditure on health care			23,638	8,891	25	7,366	5,420	113	-	677	993	-	163	5,473	4,184	991	975	377	348	-	29	493	39

Notes
 1. Expenditures are assigned at HP.4 as well. Therefore the column components of HP.4 does not add up to the total HP.4 column.
 2. Expenditures are assigned at HC.3.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A22. Current expenditure on health by function of care and provider industry (Rs. million), 1997

			Health care provider industry									HP.7	HP.9	
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9		
Health care by function													All other industries	Rest of the world
In-patient care													All other health administration	
Curative and rehabilitative care	HC . 1 . 1 ; 2.1	7,822	7,117	22	660	658	-	-	-	-	-	-	17	
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	
Services of day-care		-	-	-	-	-	-	-	-	-	-	-	-	
Curative and rehabilitative care	HC . 1 . 2 ; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient care		-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient curative and rehabilitative care	HC . 1 . 3 ; 2.3	7,572	2,664	2	4,851	4,618	140	-	93	-	-	-	-	48
Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	6
Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	
All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	
Home care		-	-	-	-	-	-	-	-	-	-	-	-	
Curative and rehabilitative care	HC . 1 . 4 ; 2.4	1	-	1	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	
Ancillary services to health care	HC.4	1,469	229	-	1,240	-	-	-	1,102	-	138	-	0	-
Medical goods dispensed to out-patients	HC.5	7,974	616	-	790	718	-	-	-	72	6,321	4,789	1,125	-
Pharmaceutical and other medical non-durables	HC.5.1	6,441	616	-	790	718	-	-	-	72	4,789	4,789	-	245
Therap. appliances and other med. durables	HC.5.2	1,206	-	-	-	-	-	-	-	-	1,205	797	-	1
Total expenditure on personal health care		24,838	10,627	25	7,541	5,994	140	-	93	1,102	-	212	6,321	4,789
Prevention and public health services	HC.6	1,924	19	-	656	-	-	-	656	-	-	-	983	-
Health administration and health insurance	HC.7	483	-	-	-	-	-	-	-	-	-	-	432	373
Total current expenditure on health care		27,245	10,646	25	8,197	5,994	140	-	749	1,102	-	212	6,321	4,789
													59	59
													588	46

Notes

1. Expenditures are assigned at HP.4 as well. Therefore the column components of HP.4 does not add up to the total HP.4 column.
2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A25. Current expenditure on health by function of care and provider industry (Rs. million), 1998

ICHA-HC code	Health care by function	Total current expenditure on health	Health care provider industry										Rest of the world												
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9	
Hospitals	In-patient care																								
	Curative and rehabilitative care	H.C.1.1; 2.1	8,686	7,841	22	802	802	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	
	Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Services of day-care																								
	Curative and rehabilitative care	H.C.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Out-patient care																								
	Out-patient curative and rehabilitative care	H.C.1.3; 2.3	8,259	2,879	2	5,307	5,028	169	-	109	-	-	-	-	-	-	-	-	-	-	-	-	-	70	
	Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Home care																								
	Curative and rehabilitative care	H.C.1.4; 2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Ancillary services to health care	HC.4	1,652	272	-	1,380	-	-	-	-	-	-	-	1,212	-	168	-	-	0	0	-	-	-	364	
	Medical goods dispensed to out-patients	HC.5	9,496	721	-	910	823	-	-	-	-	-	-	87	7,500	5,467	1,319	-	-	-	-	-	-	364	
	Pharmaceut. and other medical non-durables	HC.5.1	7,462	721	-	910	823	-	-	-	-	-	-	87	5,467	5,467	-	-	-	-	-	-	-	364	
	Therap. appliances and other med. durables	HC.5.2	1,697	-	-	-	-	-	-	-	-	-	-	1,697	-	983	-	-	-	-	-	-	-	-	
	Total expenditure on personal health care		28,092	11,714	24	8,400	6,654	169	-	109	1,212	-	255	7,500	5,467	1,319	6	0	0	-	-	-	-	434	
Prevention and public health services		HC.6	2,098	26	-	594	-	-	-	594	-	-	-	-	-	-	-	1,151	-	-	-	-	-	317	
Health administration and health insurance		HC.7	530	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	486	427	-	-	59	-	9
Total current expenditure on health care			30,720	11,740	24	8,994	6,654	169	-	703	1,212	-	255	7,500	5,467	1,319	1,157	486	427	-	-	59	-	781	
																								37	

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4 column.

2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A28. Current expenditure on health by function of care and provider industry (Rs. million), 1999

Health care by function	ICHA-HC code	Total current expenditure on health	Health care provider industry										Rest of the world											
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
In-patient care																								
Curative and rehabilitative care	HC.1.1; 2.1	10,223	9,214	29	956	956	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Services of day-care																								-
Curative and rehabilitative care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient care																								
Out-patient curative and rehabilitative care	HC.1.3; 2.3	9,109	3,329	3	5,703	5,388	198	-	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home care																								
Curative and rehabilitative care	HC.1.4; 2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary services to health care	HC.4	1,821	326	-	1,494	-	-	-	-	1,294	-	200	-	-	-	0	0	-	-	-	-	-	-	342
Medical goods dispensed to out-patients	HC.5	10,522	815	-	1,021	918	-	-	-	-	-	103	8,344	6,065	1,455	-	-	-	-	-	-	-	-	-
Pharmaceut. and other medical non-durables	HC.5.1	8,243	815	-	-	-	-	-	-	-	-	103	6,065	6,065	-	-	-	-	-	-	-	-	-	342
Therap. appliances and other med. durables	HC.5.2	1,945	-	-	-	-	-	-	-	-	-	-	1,945	-	1,121	-	-	-	-	-	-	-	-	0
Total expenditure on personal health care		31,675	13,683	32	9,175	7,261	198	-	118	1,294	-	303	8,344	6,065	1,455	7	0	0	-	-	-	-	-	415
Prevention and public health services	HC.6	2,550	18	-	855	-	-	-	855	-	-	-	-	-	-	-	-	-	-	-	-	-	-	344
Health administration and health insurance	HC.7	642	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37
Total current expenditure on health care		34,866	13,701	32	10,030	7,261	198	-	973	1,294	-	303	8,344	6,065	1,455	1,331	590	468	-	-	123	-	796	43

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A31. Current expenditure on health by function of care and provider industry (Rs. million), 2000

			Health care provider industry												HP.7	HP.9						
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9
			Total current expenditure on health																			
		ICHA-HC code																				
		Health care by function																				
	In-patient care																					
	Curative and rehabilitative care	HC . 1 . 1 ; 2.1	12,091	10,889	28	1,139	1,139	-	-	-	-	-	0	-	-	-	-	-	-	-	-	27
	Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Services of day-care	HC . 1 . 2 ; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Curative and rehabilitative care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Long-term nursing care																					
	Out-patient care																					
	Out-patient curative and rehabilitative care	HC . 1 . 3 ; 2.3	11,093	4,416	3	6,602	6,216	241	-	144	-	-	-	-	-	-	-	-	-	-	-	-
	Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Home care																					
	Curative and rehabilitative care	HC . 1 . 4 ; 2.4	0	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
	Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Ancillary services to health care	HC.4	2,002	390	-	1,612	-	-	-	1,374	-	239	-	-	-	-	-	-	-	-	-	-
	Medical goods dispensed to out-patients	HC.5	11,596	612	-	1,230	1,019	-	-	-	-	211	9,346	6,730	1,684	-	-	-	-	-	-	407
	Pharmaceutical and other medical non-durables	HC.5.1	8,979	612	-	1,230	1,019	-	-	-	-	211	6,730	6,730	-	-	-	-	-	-	-	407
	Therapeutic appliances and other medical durables	HC.5.2	2,271	-	-	-	-	-	-	-	-	-	2,270	-	1,338	-	-	-	-	-	-	1
	Total expenditure on personal health care		36,782	16,308	31	10,583	8,374	241	-	144	1,374	-	450	9,346	6,730	1,684	8	-	-	-	-	473
	Prevention and public health services	HC.6	2,492	-	-	689	-	-	689	-	-	-	-	-	-	-	1,388	-	-	-	-	403
	Health administration and health insurance	HC.7	1,305	11	-	-	-	-	-	-	-	-	-	-	-	-	-	1,246	1,224	-	22	-
	Total current expenditure on health care		40,579	16,319	31	11,273	8,374	241	-	834	1,374	-	450	9,346	6,730	1,684	1,396	1,246	1,224	-	22	907
																						62

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
2. Expenditures are assigned at HC.5 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A34. Current expenditure on health by function of care and provider industry (Rs. million), 2001

		Health care provider industry																						
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9	
Health care by function		ICHA-HC code												Rest of the world										
Total current expenditure on health																								
In-patient care		Curative and rehabilitative care	H.C. 1.1 ; 2.1	13,711	12,263	37	1,367	1,367	-	-	0	-	-	10	-	-	-	-	-	-	-	34	-	
		Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Services of day-care		Curative and rehabilitative care	H.C. 1.2 ; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient care		Out-patient curative and rehabilitative care	H.C. 1.3 ; 2.3	12,341	4,984	4	7,258	6,779	293	-	186	-	-	-	-	-	-	-	-	-	-	83	12	
		Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Home care		Curative and rehabilitative care	H.C. 1.4 ; 2.4	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ancillary services to health care		HC.4	2,410	471	-	1,939	-	-	-	-	1,653	-	286	-	-	-	-	-	-	-	-	-	-	
Medical goods dispensed to out-patients		HC.5	13,690	665	-	1,380	1,285	-	-	-	-	94	11,366	8,393	1,998	-	-	-	-	-	279	-	-	
Pharmaceut. and other medical non-durables		HC.5.1	10,716	665	-	1,380	1,285	-	-	-	-	94	8,393	8,393	-	-	-	-	-	-	278	-	-	
Therap. appliances and other med. durables		HC.5.2	2,616	-	-	-	-	-	-	-	-	2,616	-	1,641	-	-	-	-	-	-	0	-	-	
Total expenditure on personal health care		42,153	18,384	41	11,944	9,431	293	-	186	1,653	-	381	11,366	8,393	1,998	10	-	-	-	-	362	46	-	
Prevention and public health services		HC.6	2,736	-	-	809	-	-	-	-	809	-	-	-	-	1,459	-	-	-	-	-	454	13	-
Health administration and health insurance		HC.7	1,715	10	-	-	-	-	-	-	-	-	-	-	-	-	1,651	1,617	-	33	-	36	19	-
Total current expenditure		46,603	18,393	41	12,753	9,431	293	-	995	1,653	-	381	11,366	8,393	1,998	1,470	1,651	1,617	-	-	33	-	852	77

Notes
1. Expenditures are assigned at HP 4.0 as well. Therefore the column Components of HP 4 does not add up to the total HP 4.0 column.

Table A37. Current expenditure on health by function of care and provider industry (Rs. million), 2002

	ICHA-HC code	Health care by function	Total current expenditure on health	Health care provider industry										Rest of the world										
				HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7
		Hospitals																						
		Providers of ambulatory facilities																						
		Offices of physicians																						
		Offices of dentists																						
		Offices of other health practitioners																						
		Out-patient care centres																						
		Medical and diagnostic laboratories																						
		Providers of home health care services																						
		All other providers of ambulance services																						
		Provider of home health care services																						
		All other providers of ambulatory care services																						
		Out-patient care centres																						
		General and insurance programmes																						
		All other sales of medical goods																						
		Retail sale and other providers of medical goods																						
		Dispensing chemists																						
		Government and administration of health																						
		Other social security funds																						
		Other (private) insurance																						
		All other health administration																						
		All other industries																						
		Rest of the world																						

Notes
1. Expenditure are assigned at HP.4 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Databases.

Table A40. Current expenditure on health by function of care and provider industry (Rs. million), 2003

	ICHA-HC code	Total current expenditure on health	Health care provider industry										Rest of the world											
			HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
Health care by function			All other industries																					
In-patient care			All other health administration and social work																					40
Curative and rehabilitative care	HC.1.1; 2.1	18,717	16,213	54	2,400	2,400	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Services of day-care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Curative and rehabilitative care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.1.3; 2.3	15,268	5,953	6	9,193	8,575	419	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient care			Out-patient curative and rehabilitative care																					
Basic medical and diagnostic services	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All other specialised health care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Home care			Curative and rehabilitative care	HC.1.4; 2.4	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ancillary services to health care	HC.4	3,276	809	-	2,467	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Medical goods dispensed to outpatients	HC.5	17,722	780	-	1,707	1,690	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pharmaceuticals and other medical non-durables	HC.5.1	13,728	780	-	1,707	1,690	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Therap. appliances and other med. durables	HC.5.2	3,628	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total expenditure on personal health care		54,983	23,760	60	15,767	12,665	419	-	199	1,965	-	519	14,936	10,943	2,735	11	-	-	-	-	-	-	406	44
Prevention and public health services	HC.6	3,163	-	-	895	-	-	-	-	895	-	-	-	-	-	-	-	-	-	-	-	-	-	
Health administration and health insurance	HC.7	1,850	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	136	-	
Total current expenditure on health care		59,995	23,769	60	16,661	12,665	419	-	1,094	1,965	-	519	14,936	10,943	2,735	1,712	1,802	1,666	-	136	-	1,012	44	

Notes

1. Expenditures are assigned at HP.4 as well. Therefore the column components of HP.4 does not add up to the total HP.4.0 column.
 2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A43. Current expenditure on health by function of care and provider industry (Rs. million), 2004

		Health care provider industry																					
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
Health care by function														Rest of the world									
In-patient care																							
Curative and rehabilitative care	HC.1.1; 2.1	24,493	21,150	46	3,092	3,092	-	-	-	-	0	-	-										
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-										
Services of day-care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-	-	-										
Curative and rehabilitative care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-										
Long-term nursing care	HC.1.3; 2.3	17,699	7,057	5	10,501	9,786	481	-	-	-	235	-	-										
Out-patient care																							
Out-patient curative and rehabilitative care	HC.1.3.1	-	-	-	-	-	-	-	-	-	-	-	-										
Basic medical and diagnostic services	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-										
Out-patient dental care	HC.1.3.3	-	-	-	-	-	-	-	-	-	-	-	-										
All other specialised health care	HC.1.4; 2.4	-	-	-	-	-	-	-	-	-	-	-	-										
Home care																							
Curative and rehabilitative care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-										
Long-term nursing care	HC.4	3,894	1,006	-	2,888	-	-	-	-	-	2,241	-	647										
Ancillary services to health care	HC.5	20,344	822	-	2,053	1,928	-	-	-	-	125	17,119	12,439	3,235									
Medical goods dispensed to out-patients	HC.5.1	15,664	822	-	2,053	1,928	-	-	-	-	125	12,439	12,439	-									
Pharmaceut. and other medical non-durables	HC.5.2	4,308	-	-	-	-	-	-	-	-	4,308	2,864	-	-									
Total expenditure on personal health care		66,431	30,035	51	18,554	14,806	481	-	235	2,241	-	772	17,119	12,439	3,235	10	-	-	-	486	196		
Prevention and public health services	HC.6	4,596	-	-	1,652	-	-	-	-	-	-	-	2,250	13	13	-	-	-	-	651	30		
Health administration and health insurance	HC.7	3,393	28	-	-	-	-	-	-	-	-	-	3,274	3,008	-	-	266	-	48	44			
Total current expenditure on health care		74,420	30,062	51	20,186	14,806	481	-	1,887	2,241	-	772	17,119	12,439	3,235	2,260	3,287	3,022	-	266	1,184	270	

Notes

1. Expenditures are assigned at HP4.0 as well. Therefore the column components of HP.4 does not add up to the total HP.4 column.

2. Expenditures are assigned at HC.5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A46. Current expenditure on health by function of care and provider industry (Rs. million), 2005

		Health care provider industry																						
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9	
Health care by function		ICHA-HC code												Rest of the world										
Total current expenditure on health																								
Hospitals	Nursing and residential care facilities																							
In-patient care	Providers of ambulatory care																							
Curative and rehabilitative care	H.C.1.1.; 2.1	31,740	27,862	66	3,769	3,769	-	-	-	-	-	0	-	-	-	-	-	-	-	-	-	-	29	
Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Services of day-care																								
Curative and rehabilitative care	H.C.1.2.; 2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient care																								
Out-patient curative and rehabilitative care	H.C.1.3.; 2.3	20,093	8,081	7	11,875	11,044	5,49	-	-	-	-	283	-	-	-	-	-	-	-	-	-	-	-	
Basic medical and diagnostic services	HC.13.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient dental care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All other specialised health care	HC.13.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Home care																								
Curative and rehabilitative care	H.C.1.4.; 2.4	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Long-term nursing care	HC.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ancillary services to health care	HC.4	4,492	1,238	-	3,253	-	-	-	-	-	-	2,464	-	789	-	-	-	-	-	-	-	-	-	
Medical goods dispensed to out-patients	HC.5	23,205	1,219	-	2,669	2,121	-	-	-	-	-	548	18,966	13,651	3,665	-	-	-	-	-	-	350	-	
Pharmaceutical and other medical non-durables	HC.5.1	17,889	1,219	-	2,669	2,121	-	-	-	-	-	548	13,651	13,651	-	-	-	-	-	-	-	350	-	
Therap. appliances and other med. durables	HC.5.2	4,923	-	-	-	-	-	-	-	-	-	4,922	-	3,272	-	-	-	-	-	-	-	0	-	
Total expenditure on personal health care		79,529	38,401	73	21,567	18,934	549	-	283	2,464	-	1,337	18,966	13,651	3,665	13	-	-	-	-	-	477	31	
Prevention and public health services	HC.6	5,056	-	-	1,856	-	-	1,856	-	-	-	-	-	-	-	2,401	12	12	-	-	-	758	30	
Health administration and health insurance	HC.7	1,635	47	-	-	-	-	-	-	-	-	-	-	-	-	-	1,486	1,180	-	306	-	59	43	
Total current expenditure on health care		86,219	38,448	73	23,423	16,934	549	-	2,139	2,464	-	1,337	18,966	13,651	3,665	2,414	1,498	1,192	-	-	306	-	1,293	104

Notes

1. Expenditures are assigned at HP 4.0 as well. Therefore the column components of HP 4. does not add up to the total HP 4.0 column.
2. Expenditures are assigned at HC_5.0 as well. Therefore the row components of HC_5 does not add up to the total of HC_5.

Source: IHP Sri Lanka Health Accounts Database.

Table A49. Current expenditure on health by function of care and provider industry (Rs. million), 2006

		Health care provider industry																					
		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.6	HP.3.9	HP.4	HP.4.1	HP.4.2-4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.3	HP.6.4	HP.6.9	HP.7	HP.9
		ICHA-HC code												Rest of the world									
		Total current expenditure on health																					
		Hospitals	Providers of ambulatory facilities																				
		Nursing and residential care	Health care																				
		ICHA-HC code																					
		Health care by function																					
		In-patient care																					
		Curative and rehabilitative care	HC.1.1; 2.1	39,945	35,359	80	4,465	4,465	-	-	-	0	-										
		Long-term nursing care	HC.3.1	-	-	-	-	-	-	-	-	-	-										
		Services of day-care	HC.1.2; 2.2	-	-	-	-	-	-	-	-	-	-										
		Curative and rehabilitative care	HC.3.2	-	-	-	-	-	-	-	-	-	-										
		Long-term nursing care	HC.1.3; 2.3	24,878	10,466	9	14,232	13,294	650	-	287	-	-										
		Out-patient care	HC.1.3.1	-	-	-	-	-	-	-	-	-	-										
		Out-patient curative and rehabilitative care	HC.1.3.2	-	-	-	-	-	-	-	-	-	-										
		Basic medical and diagnostic services	HC.1.3.3	-	-	-	-	-	-	-	-	-	-										
		Out-patient dental care	HC.5.1	-	-	-	-	-	-	-	-	-	-										
		All other specialised health care	HC.5.2	-	-	-	-	-	-	-	-	-	-										
		Home care	HC.1.4; 2.4	0	0	-	-	-	-	-	-	-	-										
		Curative and rehabilitative care	HC.3.3	-	-	-	-	-	-	-	-	-	-										
		Long-term nursing care	HC.4	5,376	1,523	-	3,853	-	-	2,919	-	934	-										
		Ancillary services to health care	HC.5	26,139	1,659	-	2,919	2,298	-	-	-	620	21,181	14,885	4,341	-	381	-	381	-	381	-	
		Medical goods dispensed to out-patients	HC.5.1	19,844	1,659	-	2,919	2,298	-	-	-	620	14,885	14,885	-	-	-	-	-	-	0	-	
		Pharmaceut. and other medical non-durables	HC.5.2	5,830	-	-	-	-	-	-	-	5,830	-	3,876	-	-	-	-	-	-	-	-	
		Therap. appliances and other med. durables																					
		Total expenditure on personal health care		96,337	49,006	89	25,468	20,057	650	-	287	2,919	-	1,555	21,181	14,885	4,341	16	-	-	-	551	26
		Prevention and public health services	HC.6	6,477	-	-	2,215	-	-	-	2,215	-	-	-	-	3,307	20	20	-	-	-	899	35
		Health administration and health insurance	HC.7	2,188	55	-	-	-	-	-	-	-	-	-	-	2,016	1,653	-	-	363	-	67	51
		Total current expenditure on health care		105,002	49,061	89	27,683	20,057	650	-	2,502	2,919	-	1,555	21,181	14,885	4,341	3,323	2,036	1,673	-	363	-
		Total current expenditure																				1,517	112

Notes

1 Expenditures are assigned at HP 4.0 as well. Therefore the column components of HP 4.0 does not add up to the total HP 4.0 column.

Expenditures are assigned at HC-5.9 as well. Therefore the row components of HC-5 does not add up to the row total of HC-5.

Table A2. Current expenditure on health by provider industry and source of funding (Rs. million), 1990

	Health care goods and services by provider industry	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
General Government (exc.)										
Hospitals	HP.1	3,041	2,570	2,570	0	470	81	71	10	389
Nursing and residential care facilities	HP.2	10	10	10	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	3,269	349	349	-	2,920	361	357	4	2,559
Offices of physicians	HP.3.1	2,463	-	-	-	2,463	326	322	4	2,136
Offices of dentists	HP.3.2	44	-	-	-	44	-	-	-	44
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	318	318	318	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	378	-	-	-	378	35	35	-	343
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	67	31	31	-	36	-	-	-	36
Retail sale and other providers of medical goods	HP.4	2,272	0	-	0	2,272	52	52	0	2,220
Dispensing chemists	HP.4.1	1,676	0	-	0	1,676	52	52	0	1,624
All other sales of medical goods	HP.4.2-4.9	469	-	-	-	469	0	-	0	469
Provision and administration of public health programmes	HP.5	634	632	-	-	-	-	-	-	2
General health administration and insurance	HP.6	228	217	217	-	11	8	-	8	3
Government (excluding social insurance)	HP.6.1	220	217	217	-	3	-	-	-	3
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	8	-	-	-	8	8	-	8	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	147	38	38	-	109	-	-	-	109
Occupational health care	HP.7.1	0	0	0	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	147	37	37	-	109	-	-	-	109
Rest of the world	HP.9	15	8	8	-	-	-	-	-	7
Total current health expenditure		9,616	3,824	3,824	0	5,783	503	480	23	5,171
										9

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A5. Current expenditure on health by provider industry and source of funding (Rs.-million), 1991

	Source of funding	Health care goods and services by provider industry						Rest of the world			
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
Total current expenditure on health	General Government (excluding social security)	3,541	2,948	2,948	0	593	133	107	26	460	-
	Social security funds						-	-	-	-	-
	General Government (excl. social security)						3,336	366	10	2,969	-
	Private Sector						2,784	302	291	10	2,482
	Private insurance						-	-	-	-	-
	HF.2.1 Private social insurance						-	-	-	-	-
	Other private insurance						-	-	-	-	-
	HF.2.2 Other private insurance						-	-	-	-	-
	Private households out-of-pocket payments						-	-	-	-	-
	Non-profit organisations (other than health insurance)						-	-	-	-	-
	Corporate foundations (other than health insurance)						-	-	-	-	-
	Provider Own Resources						-	-	-	-	-
Total current health expenditure	11,140	4,361	4,361	1	1	6,788	613	53	50	126	(0)

Notes

11. Expenditures are assigned at HP:4.0 as well. Therefore the row components of HP:4 does not add up to the total HP:4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A8. Current expenditure on health by provider industry and source of funding (Rs. million), 1992

	Total current expenditure on health	Source of funding						HF.3		
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9
Health care goods and services by provider industry										
Hospitals	HP.1	4,209	3,499	3,498	1	709	163	133	30	547
Nursing and residential care facilities	HP.2	11	11	11	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	4,191	457	457	-	3,733	397	385	12	3,336
Offices of physicians	HP.3.1	3,099	-	-	-	3,099	313	301	12	2,787
Offices of dentists	HP.3.2	58	-	-	-	58	-	-	-	58
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	420	420	420	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	516	-	-	-	516	85	85	-	431
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	97	37	37	-	61	-	-	-	61
Retail sale and other providers of medical goods	HP.4	3,011	1	-	1	3,010	128	127	1	2,882
Dispensing chemists	HP.4.1	2,247	1	-	1	2,246	128	127	1	2,118
All other sales of medical goods	HP.4.2-4.9	596	-	-	-	596	0	-	0	596
Provision and administration of public health programmes	HP.5	798	796	796	-	-	-	-	-	-
General health administration and insurance	HP.6	269	234	234	-	35	30	-	30	5
Government (excluding social insurance)	HP.6.1	239	234	234	-	5	-	-	-	5
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	30	-	-	-	30	30	-	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	286	142	142	-	144	-	-	-	144
Occupational health care	HP.7.1	0	0	0	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	286	142	142	-	144	-	-	-	144
Rest of the world	HP.9	33	24	24	-	-	-	-	-	9
Total current health expenditure		12,808	5,164	5,162	2	7,632	718	645	73	6,770
										12

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A11. Current expenditure on health by provider industry and source of funding (Rs. million), 1993

	Source of funding							HF.3
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
Total current expenditure on health								
General Government								
General government (social security) excl.	4,641	3,796	3,796	1	845	191	150	41
Social security funds						-	-	654
Private Sector								
Private social insurance								
HF.2.1 Other private insurance								
Private household out-of-pocket payments								
Non-profit organisations (other than health insurance)								
Provider Own Resources								
Rest of the world								

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A14. Current expenditure on health by provider industry and source of funding (Rs. million), 1994

	Health care goods and services by provider industry	Total current expenditure on health	Source of funding						HF.3					
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4					
General Government (exc.)														
Hospitals	HP.1	6,159	5,140	5,137	3	1,019	222	170	52	777				
Nursing and residential care facilities	HP.2	20	20	20	-	-	-	-	-	-				
Providers of ambulatory health care	HP.3	5,630	616	616	-	5,014	518	497	21	4,496				
Offices of physicians	HP.3.1	4,130	-	-	-	4,130	415	394	21	3,715				
Offices of dentists	HP.3.2	79	-	-	-	79	-	-	-	79				
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-				
Out-patient care centres	HP.3.4	544	544	-	-	-	-	-	-	-				
Medical and diagnostic laboratories	HP.3.5	729	-	-	-	729	104	104	-	625				
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-				
Other providers of ambulatory health care	HP.3.9	149	72	72	-	77	-	-	-	77				
Retail sale and other providers of medical goods	HP.4	4,131	1	-	1	4,130	158	156	2	3,972				
Dispensing chemists	HP.4.1	3,121	1	-	1	3,120	158	156	2	2,962				
All other sales of medical goods	HP.4.2-4.9	783	-	-	-	783	0	-	0	783				
Provision and administration of public health programmes	HP.5	686	683	-	-	-	-	-	-	3				
General health administration and insurance	HP.6	314	263	263	-	51	45	-	45	6				
Government (excluding social insurance)	HP.6.1	269	263	263	-	6	-	-	-	6				
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-				
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-				
Other (private) insurance	HP.6.4	45	-	-	-	45	45	-	45	-				
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-				
Other industries (rest of the economy)	HP.7	381	185	185	-	196	-	-	-	196				
Occupational health care	HP.7.1	0	0	0	-	-	-	-	-	-				
Private households	HP.7.2	-	-	-	-	-	-	-	-	-				
All other secondary producers	HP.7.9	381	184	184	-	196	-	-	-	196				
Rest of the world	HP.9	69	56	56	-	-	-	-	-	13				
Total current health expenditure		17,389	6,963	6,959	4	10,410	943	822	120	9,251	196	-	20	16

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A17. Current expenditure on health by provider industry and source of funding (Rs. million), 1995

	Source of funding										HF.3
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9		
Health care goods and services by provider industry											
Hospitals	HP.1	7,919	6,684	6,677	7	1,235	283	200	83	948	-
Nursing and residential care facilities	HP.2	19	19	19	-	-	-	-	-	-	4
Providers of ambulatory health care	HP.3	6,417	671	671	-	5,745	666	633	33	5,079	-
Offices of physicians	HP.3.1	4,729	4	4	-	4,725	542	509	33	4,183	-
Offices of dentists	HP.3.2	88	-	-	-	88	-	-	88	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	619	619	619	-	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	836	-	-	-	-	836	124	124	-	712
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	144	48	48	-	96	-	-	-	-	96
Retail sale and other providers of medical goods	HP.4	4,672	3	-	3	4,670	190	187	3	4,480	-
Dispensing chemists	HP.4.1	3,551	3	-	3	3,548	190	187	3	3,358	-
All other sales of medical goods	HP.4.2-4.9	866	-	-	-	866	0	-	0	866	-
Provision and administration of public health programmes	HP.5	820	817	817	-	-	-	-	-	-	4
General health administration and insurance	HP.6	351	306	306	-	45	40	-	40	5	-
Government (excluding social insurance)	HP.6.1	311	306	306	-	5	-	-	-	5	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	40	-	-	-	40	40	-	40	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	476	250	250	-	226	-	-	-	226	-
Occupational health care	HP.7.1	1	1	1	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	475	249	249	-	226	-	-	-	226	-
Rest of the world	HP.9	42	27	27	-	-	-	-	-	-	15
Total current health expenditure		26,717	8,776	8,767	10	11,922	1,179	1,020	160	10,512	226
											4
											18

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A20. Current expenditure on health by provider industry and source of funding (Rs. million), 1996

	Total current expenditure on health	General Government (exc.)	Social security funds	Private Sector	Private social insurance	Other private insurance	Pocket household out-of-pocket payments	Non-profit organisations (other than health insurance)	Corporate foundations (other than health insurance)	Provider Own Resources	Rest of the world	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
												HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
Health care goods and services by provider industry																					
Hospitals	HP.1	8,891	7,438	7,431	6	1,454	304	196	108	1,137	-	-	-	-	-	-	-	-	12		
Nursing and residential care facilities	HP.2	25	25	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Providers of ambulatory health care	HP.3	7,366	732	732	-	6,634	629	586	44	6,005	-	-	-	-	-	-	-	-	-		
Offices of physicians	HP.3.1	5,420	5	5	-	5,415	521	477	44	4,894	-	-	-	-	-	-	-	-	-		
Offices of dentists	HP.3.2	113	-	-	-	113	-	-	-	-	-	-	-	-	-	-	-	-	-		
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Out-patient care centres	HP.3.4	677	677	677	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Medical and diagnostic laboratories	HP.3.5	993	-	-	-	993	109	109	-	-	-	-	-	-	-	-	-	-	-		
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other providers of ambulatory health care	HP.3.9	163	50	50	-	112	-	-	-	-	-	-	-	-	-	-	-	-	-		
Retail sale and other providers of medical goods	HP.4	5,473	2	-	2	5,471	165	163	2	5,306	-	-	-	-	-	-	-	-	-		
Dispensing chemists	HP.4.1	4,184	2	-	2	4,182	165	163	2	4,017	-	-	-	-	-	-	-	-	-		
All other sales of medical goods	HP.4.2-4.9	991	-	-	-	991	0	-	0	991	-	-	-	-	-	-	-	-	-		
Provision and administration of public health programmes	HP.5	975	971	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4		
General health administration and insurance	HP.6	377	343	343	-	34	29	-	29	5	-	-	-	-	-	-	-	-	-		
Government (excluding social insurance)	HP.6.1	348	343	343	-	5	-	-	-	5	-	-	-	-	-	-	-	-	-		
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other (private) insurance	HP.6.4	29	-	-	-	-	29	29	29	-	-	-	-	-	-	-	-	-	-		
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other industries (rest of the economy)	HP.7	493	232	232	-	260	-	-	-	-	-	-	-	-	-	-	-	-	260		
Occupational health care	HP.7.1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
All other secondary producers	HP.7.9	492	231	231	-	260	-	-	-	-	-	-	-	-	-	-	-	-	260		
Rest of the world	HP.9	39	21	21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17		
Total current health expenditure		23,638	9,764	9,755	8	13,853	1,127	945	182	12,433	260	-	-	-	-	-	-	-	21		

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A23. Current expenditure on health by provider industry and source of funding (Rs. million), 1997

	Source of funding							HF.3
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
Health care goods and services by provider industry								
Hospitals	HP.1	10,646	8,878	8,868	10	1,768	465	203
Nursing and residential care facilities	HP.2	25	25	25	-	-	-	-
Providers of ambulatory health care	HP.3	8,197	833	833	-	7,363	746	665
Offices of physicians	HP.3.1	5,994	10	10	-	5,984	586	82
Offices of dentists	HP.3.2	140	-	-	-	140	-	140
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	749	749	749	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	1,102	-	-	-	1,102	160	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	212	74	74	-	138	-	-
Retail sale and other providers of medical goods	HP.4	6,321	5	-	5	6,317	247	240
Dispensing chemists	HP.4.1	4,789	5	-	5	4,784	247	240
All other sales of medical goods	HP.4.2-4.9	1,125	-	-	1,125	0	-	1,125
Provision and administration of public health programmes	HP.5	989	985	985	-	-	-	-
General health administration and insurance	HP.6	432	366	366	-	66	77	18
Government (excluding social insurance)	HP.6.1	373	366	366	-	7	-	7
Social security funds	HP.6.2	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	59	-	-	-	59	77	18
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	588	286	286	-	302	-	-
Occupational health care	HP.7.1	4	4	4	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	584	282	282	-	302	-	-
Rest of the world	HP.9	46	26	26	-	-	-	-
Total current health expenditure		27,245	11,404	11,389	15	15,816	1,184	351
							13,972	302
							-	8
								25

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A26. Current expenditure on health by provider industry and source of funding (Rs. million), 1998

	Health care goods and services by provider industry	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
General Government (excluding social security)										
Hospitals	HP.1	11,740	9,635	9,619	16	2,105	534	332	202	1,571
Nursing and residential care facilities	HP.2	24	24	24	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	8,994	790	790	-	8,203	894	812	81	7,310
Offices of physicians	HP.3.1	6,654	1	1	-	6,654	678	596	81	5,976
Offices of dentists	HP.3.2	169	-	-	-	169	-	-	-	169
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	703	703	703	-	-	-	-	-	-
Medical and diagnostic laboratories	HP.3.5	1,212	-	-	-	1,212	216	216	-	996
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	255	87	87	-	168	-	-	-	168
Retail sale and other providers of medical goods	HP.4	7,500	14	-	14	7,486	327	324	3	7,160
Dispensing chemists	HP.4.1	5,467	14	-	14	5,453	327	324	3	5,126
All other sales of medical goods	HP.4.2-4.9	1,319	-	-	-	1,319	0	-	0	1,349
Provision and administration of public health programmes	HP.5	1,157	1,152	-	-	-	-	-	-	5
General health administration and insurance	HP.6	486	419	419	-	67	82	23	59	-15
Government (excluding social insurance)	HP.6.1	427	419	419	-	8	-	-	-	8
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	59	-	-	-	59	82	23	59	-23
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-
Other Industries (rest of the economy)	HP.7	781	408	408	-	373	-	-	-	373
Occupational health care	HP.7.1	7	7	7	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	774	401	401	-	373	-	-	-	373
Rest of the world	HP.9	37	15	15	-	-	-	-	-	23
Total current health expenditure		30,720	12,457	12,427	30	18,235	1,836	1,491	345	16,026
										373

Notes

- Expenditures are assigned at HP.4 as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A29. Current expenditure on health by provider industry and source of funding (Rs. million), 1999

	Source of funding							HF.3
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
Total current expenditure on health								
General Government								
General government social security (exc.)	13,701	11,138	11,107	30	2,563	670	382	1,893
Social security funds	32	32	32	-	-	-	-	-
General Government (exc.)	10,030	1,086	1,086	-	8,944	1,075	959	116
Health care goods and services by provider industry	7,261	10	10	-	7,251	818	702	116
Hospitals	198	-	-	-	198	-	-	6,433
Nursing and residential care facilities	32	32	32	-	-	-	-	198
Providers of ambulatory health care	1,294	-	-	-	-	-	-	-
Offices of physicians	973	973	973	-	-	-	-	-
Offices of dentists	-	-	-	-	-	-	-	-
Offices of other health practitioners	-	-	-	-	-	-	-	-
Out-patient care centres	1,294	-	-	-	-	-	-	-
Medical and diagnostic laboratories	-	-	-	-	-	-	-	-
Providers of home health care services	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	303	103	-	200	-	-	200
Retail sale and other providers of medical goods	8,344	16	-	16	8,328	389	385	4
Dispensing chemists	HP.4.1	6,065	16	-	16	6,049	389	4
All other sales of medical goods	HP.4.2-4.9	1,455	-	-	1,455	0	-	1,455
Provision and administration of public health programmes	HP.5	1,331	1,325	-	-	-	-	-
General health administration and insurance	HP.6	590	457	457	-	133	153	30
Government (excluding social insurance)	HP.6.1	468	457	457	-	11	-	11
Social security funds	HP.6.2	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	123	-	-	-	123	153	30
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	796	391	391	-	405	-	-
Occupational health care	HP.7.1	10	10	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	786	381	381	-	405	-	405
Rest of the world	HP.9	43	18	18	-	-	-	25
Total current health expenditure		34,866	14,463	14,416	46	20,373	2,287	1,757
						530	17,631	405
							-	31

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A32. Current expenditure on health by provider industry and source of funding (Rs. million), 2000

	Total current expenditure on health	General Government (exc.)	Social security funds	Private Sector	Private social insurance	Other private insurance	Pocket households out-of-pocket payments	Non-profit organisations (other than health insurance)	Corporate foundations (other than health insurance)	Provider Own Resources	Rest of the world	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
												HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
Health care goods and services by provider industry																					
Hospitals	HP.1	16,319	13,306	13,261	45	3,013	879	456	423	2,130	-	-	-	-	-	-	-	-	-	4	
Nursing and residential care facilities	HP.2	31	31	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Providers of ambulatory health care	HP.3	11,273	1,045	1,045	-	10,228	1,480	1,310	170	8,747	-	-	-	-	-	-	-	-	-	-	
Offices of physicians	HP.3.1	8,374	-	-	-	8,374	1,167	997	170	7,207	-	-	-	-	-	-	-	-	-	-	
Offices of dentists	HP.3.2	241	-	-	-	241	-	-	-	-	-	-	-	-	-	-	-	-	-	241	
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Out-patient care centres	HP.3.4	834	833	833	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
Medical and diagnostic laboratories	HP.3.5	1,374	-	-	-	1,374	313	313	-	-	-	-	-	-	-	-	-	-	-	1,060	
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other providers of ambulatory health care	HP.3.9	450	212	212	-	238	-	-	-	-	-	-	-	-	-	-	-	-	-	238	
Retail sale and other providers of medical goods	HP.4	9,346	20	-	20	9,326	476	470	470	6	8,850	-	-	-	-	-	-	-	-	-	
Dispensing chemists	HP.4.1	6,730	20	-	20	6,710	476	470	470	6	6,234	-	-	-	-	-	-	-	-	-	
All other sales of medical goods	HP.4.2-4.9	1,684	-	-	-	1,684	0	-	-	0	1,684	-	-	-	-	-	-	-	-	-	
Provision and administration of public health programmes	HP.5	1,396	1,389	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	
General health administration and insurance	HP.6	1,246	1,219	-	27	74	52	22	-47	-	-	-	-	-	-	-	-	-	-	-	
Government (excluding social insurance)	HP.6.1	1,224	1,219	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other (private) insurance	HP.6.4	22	-	-	-	22	74	52	22	-52	-	-	-	-	-	-	-	-	-	-	
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other Industries (rest of the economy)	HP.7	907	447	447	-	460	-	-	-	-	-	-	-	-	-	-	-	-	-	460	
Occupational health care	HP.7.1	20	20	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All other secondary producers	HP.7.9	888	427	427	-	460	-	-	-	-	-	-	-	-	-	-	-	-	-	460	
Rest of the world	HP.9	62	34	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	28	
Total current health expenditure		40,579	17,490	17,425	65	23,054	2,909	2,288	621	19,631	460	-	-	-	-	-	-	-	-	35	

Notes

- Expenditures are assigned at HP.4 as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A35. Current expenditure on health by provider industry and source of funding (Rs. million), 2001

	Source of funding							Rest of the world
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
Health care goods and services by provider industry								
Hospitals	HP.1	18,393	14,770	14,721	49	3,623	886	-
Nursing and residential care facilities	HP.2	41	41	41	-	-	-	-
Providers of ambulatory health care	HP.3	12,753	1,089	1,089	-	11,664	1,440	1,288
Offices of physicians	HP.3.1	9,431	-	-	-	9,431	1,142	970
Offices of dentists	HP.3.2	293	-	-	-	293	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	995	995	995	-	1	-	-
Medical and diagnostic laboratories	HP.3.5	1,653	-	-	-	1,653	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	381	95	95	-	286	-	-
Retail sale and other providers of medical goods	HP.4	11,366	56	56	56	11,311	454	448
Dispensing chemists	HP.4.1	8,393	56	56	56	8,337	454	448
All other sales of medical goods	HP.4.2-4.9	1,998	-	-	-	1,998	0	0
Provision and administration of public health programmes	HP.5	1,470	1,462	1,462	0	-	-	-
General health administration and insurance	HP.6	1,651	1,607	1,607	44	95	62	33
Government (excluding social insurance)	HP.6.1	1,617	1,607	1,607	11	-	-	11
Social security funds	HP.6.2	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	33	-	-	-	33	95	62
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	852	336	336	515	-	-	-
Occupational health care	HP.7.1	22	22	22	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	830	315	315	515	-	-	515
Rest of the world	HP.9	77	46	46	-	-	-	31
Total current health expenditure		46,603	19,407	19,302	105	27,157	2,875	2,237
						639	23,766	515
						-	-	0
							39	39

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A38. Current expenditure on health by provider industry and source of funding (Rs. million), 2002

	Health care goods and services by provider industry	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
General Government (exc.)										
Hospitals	HP.1	21,435	17,139	17,061	77	4,296	973	496	477	3,250
Nursing and residential care facilities	HP.2	50	50	50	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	14,572	1,337	1,337	-	13,235	1,669	1,477	1,92	11,566
Offices of physicians	HP.3.1	10,715	34	34	-	10,680	1,353	1,161	192	9,327
Offices of dentists	HP.3.2	360	-	-	-	360	-	-	-	360
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	1,083	1,083	-	-	1	-	-	-	1
Medical and diagnostic laboratories	HP.3.5	1,890	-	-	-	1,890	316	316	-	1,574
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	524	221	221	-	304	-	-	-	304
Retail sale and other providers of medical goods	HP.4	13,558	4	-	4	13,555	481	474	7	13,074
Dispensing chemists	HP.4.1	10,023	4	-	4	10,019	481	474	7	9,538
All other sales of medical goods	HP.4.2-4.9	2,398	-	-	-	2,398	0	-	0	2,398
Provision and administration of public health programmes	HP.5	1,603	1,595	-	0	-	-	-	-	0
General health administration and insurance	HP.6	1,759	1,658	-	100	139	59	80	-38	-
Government (excluding social insurance)	HP.6.1	1,679	1,658	-	21	-	-	-	21	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	80	-	-	-	80	139	59	80	-59
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	921	342	342	-	579	-	-	-	579
Occupational health care	HP.7.1	27	27	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	894	315	315	-	579	-	-	-	579
Rest of the world	HP.9	91	55	55	-	-	-	-	-	35
Total current health expenditure		53,989	22,180	22,099	81	31,765	3,262	2,507	755	27,851
										73
										44

Notes

- Expenditures are assigned at HP.4 as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A41. Current expenditure on health by provider industry and source of funding (Rs. million), 2003

	Source of funding										Rest of the world
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2		HF.2.3	HF.2.4	HF.2.5	HF.2.9	
Health care goods and services by provider industry											
Hospitals	HP.1	23,769	17,765	17,693	71	6,004	1,082	538	544	4,846	-
Nursing and residential care facilities	HP.2	60	60	60	-	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	16,661	11,154	1,154	-	15,507	1,671	1,452	219	13,836	-
Offices of physicians	HP.3.1	12,665	44	44	-	12,621	1,333	1,114	219	11,288	-
Offices of dentists	HP.3.2	419	-	-	-	419	-	-	-	419	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	1,094	1,093	1,093	-	1	-	-	-	1	-
Medical and diagnostic laboratories	HP.3.5	1,965	-	-	-	1,965	338	338	-	1,627	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	519	17	17	-	502	-	-	-	502	-
Retail sale and other providers of medical goods	HP.4	14,936	4	-	4	14,932	515	507	8	14,417	-
Dispensing chemists	HP.4.1	10,943	4	-	4	10,939	515	507	8	10,424	-
All other sales of medical goods	HP.4.2-4.9	2,735	-	-	-	2,735	0	-	0	2,735	-
Provision and administration of public health programmes	HP.5	1,712	1,712	1,712	-	0	-	-	-	0	-
General health administration and insurance	HP.6	1,802	1,654	1,654	-	148	187	51	136	-39	-
Government (excluding social insurance)	HP.6.1	1,666	1,654	1,654	-	12	-	-	-	12	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	136	-	-	-	-	136	187	51	136	-51
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1,012	367	367	-	645	-	-	-	-	645
Occupational health care	HP.7.1	26	26	26	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	986	341	341	-	645	-	-	-	645	-
Rest of the world	HP.9	44	44	44	-	-	-	-	-	-	-
Total current health expenditure		59,995	22,759	22,683	75	37,236	3,456	2,549	907	33,060	645
											76

Notes

1. Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A44. Current expenditure on health by provider industry and source of funding (Rs. million), 2004

	Health care goods and services by provider industry	General Government	Source of funding						Rest of the world			
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
Total current expenditure on health		30,062	22,578	22,491	51	-	7,485	1,377	678	700	5,989	-
Hospitals	HP.1	51	51	51	-	-	-	-	-	-	-	-
Nursing and residential care facilities	HP.2	20,186	2,061	2,061	-	-	18,126	1,979	1,697	282	16,146	-
Providers of ambulatory health care	HP.3	14,806	50	50	-	-	14,756	1,544	1,262	282	13,212	-
Offices of physicians	HP.3.1	481	-	-	-	-	481	-	-	-	481	-
Offices of dentists	HP.3.2	-	-	-	-	-	-	-	-	-	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	1,887	1,886	1,886	-	-	-	1	-	-	1	-
Medical and diagnostic laboratories	HP.3.5	2,241	-	-	-	-	2,241	435	435	-	1,805	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	772	125	125	-	-	647	-	-	-	647	-
Retail sale and other providers of medical goods	HP.4	17,119	4	-	4	17,115	663	653	10	16,452	-	-
Dispensing chemists	HP.4.1	12,439	4	-	4	12,436	663	653	10	11,773	-	-
All other sales of medical goods	HP.4.2-4.9	3,235	-	-	-	3,235	0	-	0	3,235	-	-
Provision and administration of public health programmes	HP.5	2,260	2,242	2,242	-	-	-	-	-	-	-	18
General health administration and insurance	HP.6	3,287	3,004	3,004	-	-	284	306	40	266	-22	-
Government (excluding social insurance)	HP.6.1	3,022	3,004	3,004	-	-	18	-	-	18	-	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	266	-	-	-	-	266	306	40	266	-40	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1,184	442	442	-	-	743	-	-	-	743	-
Occupational health care	HP.7.1	29	29	29	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	1,155	413	413	-	-	743	-	-	-	743	-
Rest of the world	HP.9	270	196	196	-	-	-	-	-	-	-	73
Total current health expenditure		74,420	30,577	30,487	90	43,752	4,325	3,068	1,257	38,566	743	119

A11

Notes

Source: HPS Sri Lanka Health Accounts Database

Table A47. Current expenditure on health by provider industry and source of funding (Rs. million), 2005

	Source of funding							HF.3
	HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	
Health care goods and services by provider industry								
Hospitals	HP.1	38,448	29,452	29,378	74	8,996	1,724	756
Nursing and residential care facilities	HP.2	73	73	73	-	-	-	-
Providers of ambulatory health care	HP.3	23,423	2,739	2,739	-	20,684	2,124	1,774
Offices of physicians	HP.3.1	16,934	54	54	-	16,881	1,625	390
Offices of dentists	HP.3.2	549	-	-	-	549	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	2,139	2,138	2,138	-	1	-	-
Medical and diagnostic laboratories	HP.3.5	2,464	-	-	-	2,464	499	499
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	1,337	548	548	-	789	-	-
Retail sale and other providers of medical goods	HP.4	18,966	6	6	6	18,960	762	748
Dispensing chemists	HP.4.1	13,651	6	-	6	13,645	762	748
All other sales of medical goods	HP.4.2-4.9	3,665	-	-	3,665	0	-	3,665
Provision and administration of public health programmes	HP.5	2,414	2,397	2,397	0	-	-	0
General health administration and insurance	HP.6	1,498	1,185	1,185	-	313	335	28
Government (excluding social insurance)	HP.6.1	1,192	1,185	1,185	-	7	-	7
Social security funds	HP.6.2	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	306	-	-	-	306	335	28
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1,293	427	427	-	866	-	-
Occupational health care	HP.7.1	38	38	38	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	1,255	389	389	-	866	-	866
Rest of the world	HP.9	104	31	31	-	-	-	-
Total current health expenditure		86,219	36,310	36,230	80	49,819	4,944	3,266
								119
								90

Notes

- Expenditures are assigned at HP.4.0 as well. Therefore the row components of HP.4 does not add up to the total HP.4.0 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A50. Current expenditure on health by provider industry and source of funding (Rs.million), 2006

	Health care goods and services by provider industry	Total current expenditure on health	Source of funding									
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
Hospitals	HP.1	49,061	38,514	38,485	29	10,547	2,028	882	1,146	8,378	-	141
Nursing and residential care facilities	HP.2	89	89	89	-	-	-	-	-	-	-	-
Providers of ambulatory health care	HP.3	27,683	3,185	3,185	-	24,498	2,482	2,020	462	22,016	-	-
Offices of physicians	HP.3.1	20,057	64	64	-	19,994	1,905	1,443	462	18,089	-	-
Offices of dentists	HP.3.2	650	-	-	-	650	-	-	-	650	-	-
Offices of other health practitioners	HP.3.3	-	-	-	-	-	-	-	-	-	-	-
Out-patient care centres	HP.3.4	2,502	2,501	-	-	1	-	-	-	1	-	-
Medical and diagnostic laboratories	HP.3.5	2,919	-	-	-	2,919	577	577	-	2,341	-	-
Providers of home health care services	HP.3.6	-	-	-	-	-	-	-	-	-	-	-
Other providers of ambulatory health care	HP.3.9	1,555	620	620	-	934	-	-	-	934	-	-
Retail sale and other providers of medical goods	HP.4	21,181	49	-	49	21,132	883	866	16	20,249	-	-
Dispensing chemists	HP.4.1	14,885	49	-	49	14,836	882	866	16	13,954	-	-
All other sales of medical goods	HP.4.2-4.9	4,341	-	-	-	4,341	0	-	0	4,341	-	-
Provision and administration of public health programmes	HP.5	3,323	3,303	-	0	-	-	-	-	0	-	21
General health administration and insurance	HP.6	2,036	1,646	-	390	380	17	363	10	-	-	-
Government (excluding social insurance)	HP.6.1	1,673	1,646	-	27	-	-	-	27	-	-	-
Social security funds	HP.6.2	-	-	-	-	-	-	-	-	-	-	-
Other social insurance	HP.6.3	-	-	-	-	-	-	-	-	-	-	-
Other (private) insurance	HP.6.4	363	-	-	-	363	380	17	363	-17	-	-
All other providers of health administration	HP.6.9	-	-	-	-	-	-	-	-	-	-	-
Other industries (rest of the economy)	HP.7	1,517	491	-	-	1,026	-	-	-	-	1,026	-
Occupational health care	HP.7.1	53	53	-	-	-	-	-	-	-	-	-
Private households	HP.7.2	-	-	-	-	-	-	-	-	-	-	-
All other secondary producers	HP.7.9	1,463	438	-	-	1,026	-	-	-	1,026	-	-
Rest of the world	HP.9	112	26	26	-	-	-	-	-	-	86	-
Total current expenditure on health		105,002	47,303	47,224	79	57,592	5,773	3,785	1,987	50,633	1,026	141
												107

Notes

- Expenditures are assigned at HP.4-as well. Therefore the row components of HP.4 does not add up to the total HP.4 row.

Source: IHP Sri Lanka Health Accounts Database.

Table A3: Current expenditure on health by function of care and source of funding (Rs.million), 1990

ICHA-HC CODE		Total current expenditure on health		General government		Social security funds		Private insurance		HF2.1 Private social insurance scheme		HF2.2 Other private insurance scheme	
Current expenditure on health care		HC-1+HC.3		5,146		2,453		2,453		401		387	
Personal health care services		In-patient services		2,208		1,779		0		2,692		56	
Day care services		-		-		-		0		430		43	
Out-patient services		2,937		675		675		-		2,263		345	
Home care services		-		-		-		-		-		-	
Ancillary services to health care		HC.4		491		19		0		472		35	
Medical goods dispensed to out-patients		HC.5		2,743		229		0		2,514		59	
Pharmaceuticals and other medical non-durables		HC.5.1		2,146		229		0		1,917		59	
Therapeutic appliances and other medical durables		HC.5.2		421		-		-		421		0	
Personal health care services and goods		HC.1 - HC.5		8,380		2,701		0		5,679		495	
Prevention and public health services		HC.6		1,014		917		917		93		-	
Health administration and health insurance		HC.7		222		207		207		11		8	
Total current health expenditure		9,616		3,824		0		5,783		503		480	
Source of funding		HF.1		HF.1.1		HF.1.2		HF.2		HF.2.1 + 2.2		HF.2.3	
Provider Own Resources		-		-		-		-		-		-	
Health insurance (other than non-profit institutions (other than social insurance))		-		-		-		-		-		-	
Non-profit institutions (other than social insurance)		-		-		-		-		-		-	
Other than social insurance		-		-		-		-		-		-	
Private sector		-		-		-		-		-		-	
Private household out-of-pocket payments		-		-		-		-		-		-	
Private social insurance scheme		-		-		-		-		-		-	
Other private insurance scheme		-		-		-		-		-		-	
Social security funds		-		-		-		-		-		-	
General government (excl. social security)		-		-		-		-		-		-	
General government		-		-		-		-		-		-	
Total current expenditure on health		-		-		-		-		-		-	
Source of funding		HF.3		HF.2.9		HF.2.5		HF.2.4		HF.2.3		HF.2.2	
Rest of the world		-		-		-		-		-		-	
Notes		1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.		Source: IHP Sri Lanka Health Accounts Database.		-		-		-		-	

Table A6: Current expenditure on health by function of care and source of funding (Rs.million), 1991

	ICHA-HC CODE	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	
Current expenditure on health care										
Personal health care services	HC. 1-HC.3	5,870	2,789	2,788	0	3,081	422	386	2,646	13
In-patient services		2,595	2,048	2,047	0	547	111	78	436	-
Day care services		-	-	-	-	-	-	-	-	-
Out-patient services		3,275	741	741	-	2,554	311	308	3	2,210
Home care services		-	-	-	-	-	-	-	0	0
Ancillary services to health care	HC.4	595	20	20	0	575	65	-	510	-
Medical goods dispensed to out-patients	HC.5	3,257	273	272	0	2,885	110	109	1	2,869
Pharmaceuticals and other medical non-durables	HC.5.1	2,562	273	272	0	2,289	110	109	1	2,174
Therapeutic appliances and other medical durables	HC.5.2	497	0	0	-	497	0	0	497	-
Personal health care services and goods	HC.1 - HC.5	9,722	3,081	3,081	1	6,641	597	560	37	6,025
Prevention and public health services	HC.6	1,208	1,095	1,095	-	107	-	-	-	107
Health administration and health insurance	HC.7	210	184	184	-	20	16	16	4	-
Total current health expenditure		11,140	4,361	4,361	1	6,768	613	560	53	6,029
										(0)
										10

Notes

1. Expenditures are assigned at HC. 5.8 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A9: Current expenditure on health by function of care and source of funding (Rs.million), 1992

Table A12: Current expenditure on health by function of care and source of funding (Rs.million), 1993

	ICHA-HC CODE	Total current expenditure on health	General government (excl. social security)	Source of funding								
				HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9
Current expenditure on health care												
Personal health care services	HC. 1-HC.3	7,674	3,681	3,680	1	3,993	525	467	58	3,450	18	-
In-patient services		3,432	2,648	2,648	1	784	166	113	53	618	-	-
Day care services		-	-	-	-	-	-	-	-	-	-	-
Out-patient services		4,241	1,032	1,032	-	3,209	359	354	5	2,833	18	-
Home care services		-	-	-	-	-	-	-	-	-	-	-
Ancillary services to health care	HC.4	789	0	0	0	789	93	-	-	-	-	-
Medical goods dispensed to out-patients	HC.5.1	4,312	389	389	0	3,923	159	158	2	3,756	7	-
Pharmaceuticals and other medical non-durables	HC.5.1	3,432	389	389	0	3,043	159	158	2	2,877	7	-
Therapeutic appliances and other medical durables	HC.5.2	645	0	0	-	645	0	-	0	645	-	-
Personal health care services and goods	HC.1 - HC.5	12,774	4,070	4,069	1	8,704	777	718	59	7,902	25	-
Prevention and public health services	HC.6	1,475	1,323	1,323	-	144	-	-	-	144	-	-
Health administration and health insurance	HC.7	261	216	216	-	39	33	33	6	-	-	7
Total current health expenditure		14,510	5,609	5,608	1	8,888	810	718	92	7,908	169	-
												14

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A15: Current expenditure on health by function of care and source of funding (Rs.million), 1994

		ICHA-HC CODE		Current expenditure on health care		Total current expenditure on health		Source of funding		Rest of the world	
								HF.1	HF.1.1	HF.1.2	HF.2
General government				General government (social security)							
General government (social security) excl.				General government (social security) excl.							
Social security funds				Social security funds							
Private insurance				Private insurance							
Health scheme				Health scheme							
HF.2.1 Private social insurance				HF.2.1 Private social insurance							
HF.2.2 Other private insurance				HF.2.2 Other private insurance							
Private household out-of-pocket payments				Private household out-of-pocket payments							
Non-profit institutions (other than corporations other than health insurance)				Non-profit institutions (other than corporations other than health insurance)							
Provider Own Resources				Provider Own Resources							

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A18: Current expenditure on health by function of care and source of funding (Rs.million), 1995

	ICHA-HC CODE	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	
Current expenditure on health care										
Personal health care services	HC. 1-HC.3	11,755	6,366	6,360	7	5,388	800	684	116	4,561
In-patient services		5,760	4,621	4,614	7	1,139	260	153	107	875
Day care services		-	-	-	-	-	-	-	-	-
Out-patient services		5,995	1,746	1,746	-	4,249	539	530	9	3,686
Home care services		-	-	-	-	-	-	-	-	0
Ancillary services to health care	HC.4	1,091	0	-	0	1,091	124	-	967	-
Medical goods dispensed to out-patients	HC.5	5,896	692	689	3	5,204	215	212	3	4,979
Pharmaceuticals and other medical non-durables	HC.5.1	4,773	691	689	3	4,082	215	212	3	3,858
Therapeutic appliances and other medical durables	HC.5.2	844	1	1	-	844	0	0	844	-
Personal health care services and goods	HC.1 - HC.5	18,742	7,059	7,049	10	11,683	1,139	1,020	119	10,507
Prevention and public health services	HC.6	1,592	1,390	-	-	193	-	-	-	193
Health administration and health insurance	HC.7	382	328	328	-	45	40	40	5	-
Total current health expenditure		20,717	8,776	8,767	10	11,922	1,179	1,020	60	10,512
Provider Own Resources										226
Rest of the world										4

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A21: Current expenditure on health by function of care and source of funding (Rs.million), 1996

Table A24: Current expenditure on health by function of care and source of funding (Rs.million), 1997

	ICHA-HC CODE	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	
Current expenditure on health care										
Personal health care services	HC.1-HC.3	15,394	8,417	8,408	9	6,977	1,017	732	285	5,921
In-patient services		7,822	6,177	6,168	9	1,646	466	201	265	1,174
Day care services		-	-	-	-	-	-	-	-	-
Out-patient services		7,572	2,241	2,241	-	5,331	551	20	4,747	32
Home care services		1	1	1	-	-	-	-	-	-
Ancillary services to health care										
Medical goods dispensed to out-patients	HC.4	1,469	2	0	1	1,467	160	-	-	-
Pharmaceuticals and other medical non-durables	HC.5.1	7,974	925	921	5	7,049	281	274	7	6,755
Therapeutic appliances and other medical durables	HC.5.2	6,441	924	920	5	5,516	281	274	7	5,222
Personal health care services and goods	HC.1 - HC.5	1,206	1	1	-	1,205	0	-	0	1,205
Prevention and public health services	HC.6	24,838	9,344	9,329	15	15,493	1,166	292	13,983	45
Health administration and health insurance	HC.7	1,924	1,654	1,654	-	257	-	-	-	257
Total current health expenditure		27,245	483	405	11,389	15	15,816	1,184	351	13,972
										302
										-
										8
										25

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IIP Sri Lanka Health Accounts Database.

Table A27: Current expenditure on health by function of care and source of funding (Rs.million), 1998

Table A30: Current expenditure on health by function of care and source of funding (Rs.million), 1999

	ICHA-HC CODE	Total current expenditure on health	Source of funding						HF.3		
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9
Current expenditure on health care											
Personal health care services	HC. 1-HC.3	19,332	10,521	10,491	30	8,811	1,432	1,028	404	7,335	44
In-patient services		10,223	7,767	7,737	30	2,455	716	327	388	1,740	-
Day care services		-	-	-	-	-	-	-	-	-	-
Out-patient services		9,109	2,754	2,754	-	6,356	716	701	15	5,596	44
Home care services		-	-	-	-	-	-	-	-	-	-
Ancillary services to health care	HC.4	1,821	0	0	-	1,820	257	257	-	1,564	-
Medical goods dispensed to out-patients	HC.5	10,522	1,257	1,241	16	9,265	446	441	4	8,802	17
Pharmaceuticals and other medical non-durables	HC.5.1	8,243	1,257	1,241	16	6,986	445	441	4	6,523	17
Therapeutic appliances and other medical durables	HC.5.2	1,945	0	0	-	1,945	0	-	0	1,945	-
Personal health care services and goods	HC.1 - HC.5	31,675	11,778	11,732	46	19,896	2,134	1,726	408	17,701	61
Prevention and public health services	HC.6	2,550	2,190	2,190	-	343	-	-	-	343	-
Health administration and health insurance	HC.7	642	494	494	-	133	153	30	123	-19	-
Total current health expenditure		34,866	14,463	14,416	46	20,373	2,287	1,757	530	17,681	405
											31

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A33: Current expenditure on health by function of care and source of funding (Rs.million), 2000

Table A36: Current expenditure on health by function of care and source of funding (Rs.million), 2001

	ICHA-HC CODE	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	
Current expenditure on health care										
Personal health care services	HC. 1-HC.3	26,052	14,406	14,357	49	11,646	1,957	1,368	599	9,633
In-patient services		13,711	10,209	10,159	49	3,502	965	389	577	2,537
Day care services		-	-	-	-	-	-	-	-	-
Out-patient services		12,341	4,198	4,198	-	8,144	991	969	23	7,096
Home care services		0	0	0	-	-	-	-	-	56
Ancillary services to health care	HC.4	2,410	0	0	-	2,410	299	299	-	2,112
Medical goods dispensed to out-patients	HC.5	13,690	1,071	1,015	56	12,619	525	519	6	12,072
Pharmaceuticals and other medical non-durables	HC.5.1	10,716	1,071	1,015	56	9,646	525	519	6	9,099
Therapeutic appliances and other medical durables	HC.5.2	2,616	0	0	-	2,616	0	0	2,616	-
Personal health care services and goods	HC.1 - HC.5	42,153	15,477	15,372	105	26,675	2,780	2,175	605	23,817
Prevention and public health services	HC.6	2,736	2,278	2,278	-	438	-	-	1	437
Health administration and health insurance	HC.7	1,715	1,652	1,652	-	44	95	62	33	-51
Total current health expenditure		46,603	19,407	19,302	105	27,157	2,875	2,237	639	23,766
Provider Own Resources										515
Rest of the world										0

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A39: Current expenditure on health by function of care and source of funding (Rs.million), 2002

Table A42: Current expenditure on health by function of care and source of funding (Rs.million), 2003

	ICHA-HC CODE	Total current expenditure on health	Source of funding						HF.3	
			HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	
Current expenditure on health care										
Personal health care services	HC. 1-HC.3	33,985	17,372	17,301	71	16,613	2,338	1,575	763	14,129
In-patient services		18,717	12,741	12,670	71	5,976	1,200	466	734	4,713
Day care services		-	-	-	-	-	-	-	-	-
Out-patient services		15,268	4,631	4,631	-	10,637	1,138	1,109	29	9,445
Home care services		0	0	0	-	-	-	-	-	-
Ancillary services to health care	HC.4	3,276	0	0	-	3,276	338	-	-	2,937
Medical goods dispensed to out-patients	HC.5	17,722	1,070	1,066	4	16,652	592	584	8	16,032
Pharmaceuticals and other medical non-durables	HC.5.1	13,728	1,070	1,066	4	12,658	592	584	8	12,039
Therapeutic appliances and other medical durables	HC.5.2	3,628	-	-	-	3,628	0	-	0	3,628
Personal health care services and goods	HC.1 - HC.5	54,983	18,442	18,367	75	36,540	3,268	2,498	771	33,098
Prevention and public health services	HC.6	3,163	2,615	2,615	-	548	-	-	-	1
Health administration and health insurance	HC.7	1,850	1,702	1,702	-	148	187	51	136	547
Total current health expenditure		59,995	22,759	22,683	75	37,236	3,456	2,549	907	33,060
										76
Rest of the world										-
Corporate institutions (other than health insurance)										-
Non-profit institutions (other than social insurance)										-
Private households out-of-pocket payments										-
Private sector scheme										-
HF.2.1 Private social insurance										-
HF.2.2 Other private insurance										-
Private insurance										-
General government (excluding social security)										-
Social security funds										-
General government										-
Total current expenditure on health										-
General government (excluding social security)										-
Private sector										-
HF.2.1 Private social insurance										-
HF.2.2 Other private insurance										-
Pocket households										-
Non-profit institutions (other than social insurance)										-
Corporate institutions (other than health insurance)										-
Provider Own Resources										-

Notes

- Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A45: Current expenditure on health by function of care and source of funding (Rs.million), 2004

ICHA-HC CODE		Source of funding		Source of funding		Source of funding		Source of funding		Source of funding		Source of funding											
Current expenditure on health care		HF.1		HF.1.1		HF.1.2		HF.2		HF.2.1 + 2.2		HF.2.3		HF.2.4		HF.2.5		HF.2.9		HF.3			
Total current expenditure on health		General government		Social security funds		Private insurance		HFs.2.1 Private social insurance scheme		HFs.2.2 Other private insurance scheme		Pocket household out-of-pocket payments		Non-profit institutions (other than social security)		Corporate foundations (other than health insurance)		Provider Own Resources		Rest of the world			
Personal health care services		HC.1-HC.3		42,193		22,326		86		19,887		2,826		1,844		981		16,841		81		119	
In-patient services		24,493		16,471		16,384		86		8,023		1,555		611		945		6,365		-		102	
Day care services		-		-		-		-		-		-		-		-		-		-			
Out-patient services		17,699		5,855		5,855		-		11,844		1,271		1,234		37		10,476		81		17	
Home care services		0		0		0		-		-		-		-		-		-		-			
Ancillary services to health care		HC.4		3,894		0		-		3,894		435		435		-		3,459		-		-	
Medical goods dispensed to out-patients		HC.5		20,344		1,267		1,264		4		19,077		758		748		10		18,287		32	
Pharmaceuticals and other medical non-durables		HC.5.1		15,664		1,267		1,264		4		14,397		758		748		10		13,607		32	
Therapeutic appliances and other medical durables		HC.5.2		4,308		-		-		4,308		0		-		0		4,308		-		-	
Personal health care services and goods		HC.1 - HC.5		66,431		23,593		23,503		90		42,537		4,019		3,028		991		38,587		113	
Prevention and public health services		HC.6		4,596		3,917		3,917		-		631		-		-		1		630		-	
Health administration and health insurance		HC.7		3,393		3,066		3,066		-		284		306		40		266		-22		-	
Total current health expenditure		74,420		30,577		30,487		90		43,752		4,325		3,068		1,257		38,566		743		-	

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A48: Current expenditure on health by function of care and source of funding (Rs.million), 2005

	ICHA-HC CODE	Total current expenditure on health	Source of funding		HF.2.1 + 2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
			HF.1	HF.1.1 HF.1.2	HF.2					
Current expenditure on health care										
Personal health care services	HC. 1-HC.3	51,832	28,672	28,598	74	23,160	3,246	1,888	1,358	94
In-patient services		31,740	22,037	21,963	74	9,703	2,010	703	1,307	7,590
Day care services		-	-	-	-	-	-	-	-	-
Out-patient services		20,093	6,635	6,635	-	13,457	1,236	1,185	51	12,111
Home care services		0	0	0	-	-	-	-	-	-
Ancillary services to health care	HC.4	4,492	0	0	-	4,492	499	499	-	3,993
Medical goods dispensed to out-patients	HC.5	23,205	2,086	2,080	6	21,119	865	851	14	20,217
Pharmaceuticals and other medical non-durables	HC.5.1	17,889	2,086	2,080	6	15,803	865	851	14	14,902
Therapeutic appliances and other medical durables	HC.5.2	4,923	0	0	-	4,922	0	0	4,922	-
Personal health care services and goods	HC.1 - HC.5	79,529	30,758	30,678	80	48,770	4,610	3,238	1,372	43,911
Prevention and public health services	HC.6	5,056	4,273	4,273	-	736	-	-	1	735
Health administration and health insurance	HC.7	1,635	1,279	1,279	-	313	335	28	306	-21
Total current health expenditure		86,219	36,310	36,230	80	49,819	4,944	3,266	1,678	43,890
										119
										90

Notes

1. Expenditures are assigned at HC. 5.8 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source: IHP Sri Lanka Health Accounts Database.

Table A51. Current expenditure on health by function of care and source of funding (Rs. million), 2006

		Source of funding									
		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + 2.2	HF.2.3	HF.2.4	HF.2.5	HF.2.9	HF.3
											Rest of the world
											Provider Own Resources
											Health insurance (other than Non-profit institutions (other er than social insurance)
											Corporate (other than private sector)
											Private paym ents out-of-pocket
											Other private insurance scheme
											Healthcare insurance scheme
											Other social insuranc e
											Non-governmental organi zation
											General government (excl. Social security)
											Total current expenditure on health
											ICHA-HC CODE
											HC.1+HC.3
											Personal health care services
											In-patient services
											Day care services
											Out-patient services
											Home care services
											Ancillary services to health care
											Medical goods dispensed to out-patients
											Pharmaceuticals and other medical non-durables
											Therapeutic appliances and other medical durables
											Personal health care services and goods
											Prevention and public health services
											Health administration and health insurance
											Total current expenditure on health
											105,002
											47,303
											47,224
											79
											5,773
											57,592
											3,785
											1,987
											50,653
											1,026
											-
											141
											107

Notes

1. Expenditures are assigned at HC. 5.9 as well. Therefore the row components of HC.5 does not add up to the row total of HC.5.

Source:IHP Sri Lanka Health Accounts Database.

10. Glossary

All-island wide personal medical services	Expenditures for programmes providing personal medical services benefiting individuals employed in the armed forces, police or resident in prison institutions. These individuals are not regarded as part of the normal population in each province, and because it is not practical to make such disaggregation.
Capital formation	The sum of expenditure on fixed assets (e.g., new buildings and equipment with a useful life extending over a number of years).
Employer medical benefits	Health expenditure paid for/reimbursed directly by the employer to the employee.
Employees Trust Fund (ETF)	A form of social security for persons in paid employment, where the employer pays 3% of the gross salary to the fund on behalf of the employee, which can be withdrawn by the beneficiaries at retirement or for specific reasons including some types of medical expense.
Gross domestic product	A statistic that refers to the total market value of goods and services produced within a given period after deducting the cost of goods and services used up in the process of production, but before deducting allowances for consumption of fixed capital.
Implicit price deflator	A GDP price deflator that is calculated by dividing its nominal GDP component by the chain volume measure of real GDP.
Inflation	The increase in the price level of goods and services in the economy
Inpatient	Care for a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care, and stays for a minimum of one night in the hospital or other institution providing in-patient care.
Outpatient	A patient who is not an inpatient (not hospitalized), but instead is cared for elsewhere – as in a doctor's office, clinic, or day surgery centre. Outpatient care is also called ambulatory care.
Public health	Services that are aimed at protecting and promoting the health of the whole population or specified population subgroups, and/or preventing illness, injury and disability in the whole population or specified population subgroups. Public health services do not include treatment services. In the SLHA, public health services include: maternal and child health programmes, family planning, preventive health programmes, school health services and nutritional activities with a primary health purpose.
Real expenditure	Expenditure expressed in terms, which have been adjusted for inflation. This enables comparisons to be made between expenditures in different years.
Recurrent expenditure	Expenditure incurred by organisations on a recurring basis, for the provision of health services, excluding capital expenditure but including indirect expenditure.
System of health accounts (SHA)	A standardized framework for reporting and classifying health expenditures developed by the OECD, and endorsed by WHO for the purposes of international reporting by countries.
Purchasing Power Parity (PPP)	A criterion for an appropriate exchange rate between currencies. It is a rate such that a representative basket of goods in country A costs the same as in country B if the currencies are exchanged at that rate.
Sri Lanka Health Accounts (SLHA)	The system for estimating and reporting health expenditures in Sri Lanka, with classification of all expenditures by source of finance, function of care, provider and geographical region.

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"Sri Lanka Health Accounts: National Health Expenditures 1990-2006" examines expenditure on health in Sri Lanka from 1990-2006. It presents the latest estimates of health spending from Sri Lanka's health accounts, which have been developed by IHP experts over many years to be fully compatible with international standards for reporting of health expenditures. Total health spending in 2006 was Rs 117.9 billion, which was equivalent to 4.2% of GDP, and Rs 5,926 per capita. Forty-nine percent of this was directly financed by government, whilst the remaining 50% was financed by private sources, and 1% by donor agencies.

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- on a per person basis
- by province and district
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- in comparison with selected other Asia-Pacific territories.



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