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THE CALCULATION OF FUNDS SPENT BY THE STATE AND DONORS ON TB TREATMENT AND PREVENTION

2007

This publication was produced for review by the United State Agency for International Development. It was prepared under the auspices of CoReform



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Abt Associates Inc.



CARE International



Curatio International Foundation

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The Calculation of Funds Spent by the State and Donors on TB Treatment and Prevention

Georgia 2001-2005

Introduction

The purpose of this document is to estimate the costs incurred by the government and donors on tuberculosis prevention and treatment in Georgia in 2001-2005. The document does not address private spending of the population on tuberculosis, since there is no reliable information (household surveys) presently available on private household expenditure on the treatment of the disease.

Expenditures of the Georgian government and donors on tuberculosis treatment and its prevention in Georgia for the period 2001-2005 were calculated by Curatio International Foundation for project, "Cooperation for the Transformation of Georgian Health Care System" (CoReform) funded by the USAID/Caucasus Mission (Framework Agreement # GHS-I-00-03-00039-00, Order Number 800).

Information Sources and Methodology

This report was prepared using the methodology described in the document, "A Guideline for Keeping National Health Accounts," developed by the World Health Organization in cooperation with the World Bank and USAID.¹ The transactions used in calculations are mutually exclusive and exhaustive, thus each transaction being within the scope of interests is placed under one and only one category. Further, to ensure the international compatibility of Georgian data, international standards, classifications, and agreements have been taken into account to the greatest extent possible.

The following sources were used while preparing the calculations of the government and donor spending on tuberculosis treatment and prevention in Georgia for the period 2001-2005:

- Ministry of Finance for information on the revenues and expenditures from state and territorial budgets.
- The law on the state budget and annual programs of the Ministry of Labor, Health and Social Affairs for detailed descriptions of the issue of the use of public financing responses to CIF information requests.
- International organizations active in the country.

¹ The guideline of WHO for keeping national health accounts edited in 2003 specifically for the use in low- and medium-income countries.



- a. The yearbooks of the State Department of Statistics to identify the foreign exchange rates for a certain year. The financial information presented by donor organizations in the foreign currency was converted into GEL for a given year using the average yearly exchange rate determined by the Department of Statistics.

The main sources of financing the treatment of tuberculosis in Georgia include: the state, international organizations, and households. **As noted above, household expenditures are not reflected in the document, since no survey conducted in Georgia has reliably estimated household expenditures on tuberculosis. Therefore, public funding in this document is used as a common term to characterize Government of Georgia budget and donor resources.**

The study excludes information about Ossetia and Abkhazia².

The National Health Accounts of 2001-2005 and the expenditures on TB treatment and prevention have been calculated using accrual basis accounting, since in 2006 when the interdepartmental working group of Social and Health National Institute and National Health Accounts substituted accrual basis accounting for cash basis accounting in the estimation of National Health Accounts.

National classifications, based on international classifications, though taking into consideration the specifics of the country, generated by the interdepartmental working group of National Health Accounts have been used for classifying funding agents, healthcare providers, and functions.

² The International Committee of Red Cross (ICRC) is actively involved in the treatment and prevention of TB cases and its primary business is the control of TB cases in the penitentiary system and provision of support to the National Laboratory. The role of this organization is significant, however, **despite numerous requests from both the Ministry of Health and the project, there has been no success by now in obtaining a detailed information about the spendings and the specific measures implemented by this organization.** Consequently, the expenditures of this organization have not been incorporated in the report.



Tuberculosis in Georgia in 2001-2005

Based on medical statistics, both the incidence and prevalence of tuberculosis increased in Georgia over the period 2001-2005.

Table 1 Overall registered cases of tuberculosis, Georgia 2001-2005

Region	2001 Year	2002 Year	2003 Year	2004 Year	2005 Year
Adjara	496	549	693	795	897
Tbilisi	1736	1889	1840	1871	1739
Kakheti	474	561	440	425	423
Imereti	630	623	748	824	876
Samegrelo	670	793	693	796	865
Shida Kartli	361	362	391	394	324
Kvemo Kartli	468	566	493	592	615
Guria	222	246	174	185	220
Samtskhe-Javakheti	108	181	190	140	179
MtskheTa-Mtianeti	105	142	137	147	162
Racha-Lechkhumi and Kvemo Svaneti	69	33	51	59	39
Entites ³			358	317	357
Georgia	5707	6346	6208	6543	6696

Table 2 New cases of tuberculosis, Georgia 2001-2005

Region	2001 Year	2002 Year	2003 Year	2004 Year	2005 Year
Adjara	364	419	524	569	614
Tbilisi	1184	1333	1230	1193	1100
Kakheti	314	328	296	288	277
Imereti	393	417	489	543	579
Samegrelo ⁴	419	506	423	493	519
Shida Kartli	277	263	261	264	214
Kvemo Kartli	277	375	288	311	370
Guria	174	196	139	140	159
Samtskhe-Javakheti	59	82	86	77	132
Mtskheta-Mtianeti	77	82	89	90	88
Racha-Lechkhumi and Kvemo Svaneti	49	24	35	40	23
Entites			135	139	215
Georgia	3801	4220	4018	4145	4290

Based on medical statistics for 2005, the number of TB beds in the country was 547. Occupancy rate (in days) was 300,4 and average length of stay was 57,5 days⁵.

³ Railway Department and other enforcement structures data

⁴ The cases of Poti and Zemo-svaneTi are included in the data for Samegrelo.

⁵ This information includes data for pulmonary and non-pulmonary cases. Note, the occupancy rate is calculated as the total number of days during which patients occupied hospital beds divided by the total number of bed days available.



Pulmonary tuberculosis accounts for 73% of the total number of new TB cases. In 2004 Georgia held third place among the former USSR countries after Kazakhstan and Kyrgyzstan in TB incidence per 100 000 of population⁶. Tuberculosis is clearly an important problem for the country. These results serve to estimate the spending level of the state and donor countries' financial resources used for fighting this priority disease.

Findings of the Analysis

A. Main Sources of Funding

The Government of Georgia, donor countries, and various international organizations are involved in the implementation of TB treatment and prevention measures. Table 3 summarizes the scope of their activity.

Table 3 Involvement of the state and international organizations in TB treatment and prevention

Actor	scope of activity
Government of Georgia	Tuberculosis treatment and prevention
The Assistance of the German Government KfW (GOPA/EPOS)	Financial (drugs and equipment) and technical assistance in strenghtening of TB control program
World Health Organization (WHO)	Technical assistance for the development of policy documents and guidelines
International Committee of Red Cross (ICRC)	Control of tuberculosis in the penitentiary system and provision of support to the National Laboratory
Medical Service Corporation International (MSCI/USAID)	TB treatment and control program in Georgia (Target: Tbilisi, Poti, and Achara).
Merlin	Introduction of DOTS strategy in the regions of Shida Kartli and Kakheti
Global Fund	Improvement of the implementation of DOTS strategy in Georgia

The Assistance of the German Government KfW (GOPA/EPOS)

The assistance of the German government includes financial and technical assistance implemented with the support of the Bank of Germany's Development Fund **KfW (GOPA/EPOS)** within the scope of tuberculosis and leukaemia program for strengthening the tuberculosis program. Until 2004 the German government supported techncial assistance. Starting from 2005 they also expanded their support to include equipment and drug support.

Costs are incurred for all age and social groups affected by tuberculosis and are equally distributed across all the regions based on necessity (The program doesn't cover the territories of Samachablo and Abkhazia).

⁶ 2004 year, health for all data base, WHO.



Global Fund

The tuberculosis project of Global Fund “Improvement of the implementation of DOTS strategy in Georgia” was signed on January 20, 2005. The project is being executed by the joint stock company National Center of Tuberculosis and Pulmonary Diseases. The project was launched on March 1, 2005. This program spent almost 1.5 million GEL on tuberculosis in 2005.

World Health Organization

The World Health Organization is mainly focused on providing technical assistance for the development of policy documents and guidelines in the field of tuberculosis in Georgia.

Over the period 2001-2005 the World Health Organization provided the following support:

- Further Development of the National Program of Tuberculosis (2000-2001)
- Coordination of the partners participating in the implementation of the tuberculosis program in Georgia (2002-2003)
- Monitoring of DOTS strategy status (2004-2005)
- Working out the design of the system of TB laboratories for conducting internal and external quality control (2004-2005)
- Support to drug resistance survey

Tuberculosis Treatment and Control Program in Georgia (MSCI/USAID)

The MSCI Tuberculosis Treatment and Control Program works in Tbilisi, Poti, and Adjara. The scope of activity of this organization includes both provision of technical assistance and implementation of public awareness campaigns concerning TB and its prevention. The program was launched in 2003 and is still being implemented. It focuses on:

- ◆ Strengthening management capacity within MoLHSA and the National Tuberculosis Program (NTP);
- ◆ Training and coaching specialized TB staff (physicians, nurses and lab workers) and Primary Health Care (PHC) staff in three target regions of Georgia (Tbilisi, Poti and Adjara);
- ◆ Improving TB recording and reporting capacity at the facility level;
- ◆ Public education campaign targeting the general population, medical staff and TB patients and their family members.

Merlin

Merlin and the NTP began their cooperation in late 2002. The program is financed by Merlin and Jersey Overseas Aid.

The following activities have been carried out within the scope of the program:



- Refurbishing and equipping TB medical

offices and dispensaries.

- Purchasing medical supplies, laboratory tools and equipment.
- Re-training medical staff, laboratory personnel, doctors, nurses, and general medical workers.
- Supporting case management for identifying, monitoring, and following-up of TB patients.
- Elaborating training materials.
- Working out social mechanisms to support TB patients and continue the process of treatment.

The expenditures of the Government of Georgia, donors, and various international organizations on tuberculosis treatment and prevention in 2001-2005 appear in Table 4:

Table 4 Expenditures of the state and international organizations on tuberculosis treatment and prevention (% and GEL in current prices)

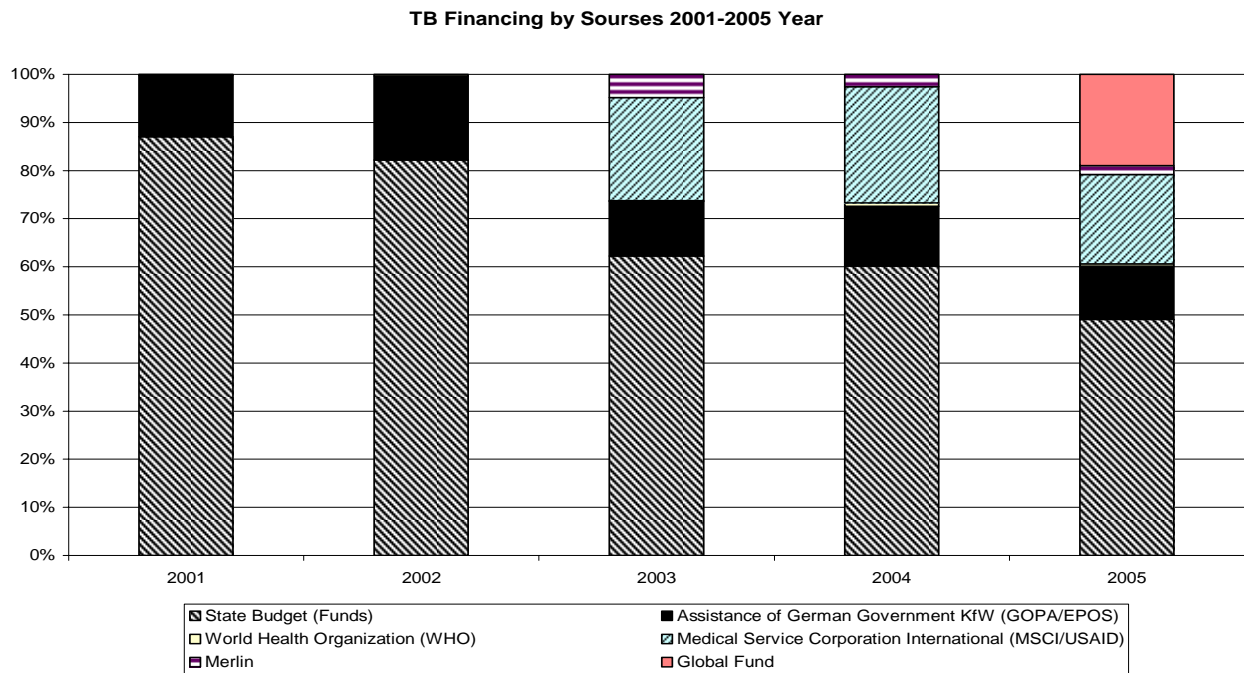
Source of Funding	2001	2002	2003	2004	2005
State Budget (funds)	87.1%	82.2%	62.2%	60.2%	48.9%
The Assistance of the German government KfW (GOPA/EPOS)	12.8%	17.5%	11.3%	12.4%	11.1%
World Health Organization (WHO)	0.2%	0.3%	0.2%	0.7%	0.5%
Medical Service Corporation International (MSCI/USAID)			21.4%	24.1%	18.5%
Merlin			4.8%	2.6%	1.8%
Global Fund					18.9%
Total Sum (GEL current prices)	3,416,201	3,892,485	5,108,170	5,315,210	7,700,564
Total %	100%	100%	100%	100%	100%

Figure 1 shows that the share of the state funding has gradually diminished from 87% to 49% as a result of the increase in donors' assistance, although absolute contributions by the state increased.⁷

⁷ The share of Government of Georgia funding is actually overestimated as donor data excludes the significant contributions of the ICRC.



Figure 1 Various Sources of funding for Tuberculosis in 2001-2005



Over the same period from 3 million GEL to 3.8 million GEL USAID assistance to fight against tuberculosis became significant in 2003 and accounted for 20% of public resources over the period 2003-2005.⁸ Since 2005 the grant of Global Fund has also become an important source for financing anti-TB activities. Thus, over the period 2001-2005 the TB program became considerably dependent on donor finances, the share of which exceeded 50% of the total public funds used to support anti-TB programs in 2005. This kind of dependence on the resources of donor countries poses a potential risk for the Georgian government, notably **in that of an eventual decrease in donor financing. Therefore, the Government of Georgia should develop an alternative plan for financing functions now supported with donor funds.** To develop such an alternative plan, it becomes necessary to make an analysis of how donors' funds are spent today.

⁸ USAID assistance flows through its implementing partner, MSCI.



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Financing Sources, Conclusion:

- Over the period 2001-2005 the Government of Georgia (GoG) funding for tuberculosis (absolute value) increased. However, national financing grew more slowly than donor funding resulting in an important decline in the share of public financing provided by the government.
- The TB Program of Georgia became significantly dependent on donors' financing over the period 2001-2005. The funds raised from donors accounted for 51% of the public financing for tuberculosis in 2005.
- The Global Fund – GFATM and the US Agency of International Development – USAID are the two largest TB donors.
- TB policy develop must take into account available and forthcoming resources, from both GoG and donor sources and prepare for the eventual decrease in donor financing for TB activities.



B. Main Financing Agents

Table 5 describes the distribution of funds raised from the financial sources among the state and nongovernmental financing agents.

Table 5 Expenditures on tuberculosis in 2005, by financial source in percent: public sources only (current GEL)⁹

Financial Source by Financing Agent	Codes	Total	FS 1. Public Resources Allocated for Health Care	FS1.1.1 Funds Allocated for Health Care in the Budget	FS1.1.1.2 Grants received for the Health Sector from abroad ¹⁰	FS 3. Rest of the world ¹¹
Public Sector	HF 1	67.8%	85,5%	100,0%	62,1%	0,0%
Center for Implementation of Health and Social Projects	HF 1.1.1.5	18.9%	23.8%	-	62.1%	-
SUSIF	HF 1.2	48.9%	61.7%	100.0%	-	-
Rest of the world	HF 3	32.3%	14.5%	0.0%	37.9%	100.0%
Total (GEL in the current prices)		7,700,564	6,101,442	3,764,874	2,336,568	1,599,122
Total %		100%	79%	49%	30%	21%

Table 5 includes only 2005 data when the financing of tuberculosis programs peaked and when the number of donor countries and organizations also increased (similar tables for 2001-2004 are presented in the Appendices).

As shown on the table, the state agents spent 67.8% of the 7.7 million GEL provided from public sources to address tuberculosis in 2005. Nongovernmental organizations spent the remaining 32.2%. The Center for the Implementation of Health and Social Projects, a government agency, expended 1.45 million GEL from a GFATM grant.

⁹ In the accounts shown in Table 5 the funds of Global Fund, GTZ, and other donors described as grants in the central budget are registered on the level of financial source under the code FS.1 – *public resources allocated for health care*. In this part Georgian National Health Accounts differ significantly from the internationally accepted practice where **funds received as grants (not loans) from abroad are registered under the code FS.3**. This issue was under discussion for a long time by the working group of National Health Accounts. Consequently, Table 5 has been compiled based on the decision of this group. The decision of the group has been conditioned by the fact that the government of Georgia reflects the investment projects carried out by grants in the state budget and if these amounts had not been placed under the state funds in the National Health Accounts, there would have been no conformity with the state budget. On account of this decision, according to the table 5, the share of state sources in financing of tuberculosis equaled 79% in 2005 and that of donors equaled 21%, which is an artefact and is caused by the erroneous method of registering grants of donors. Hopefully the working group of National Health Accounts will correct this methodical inaccuracy in the future.

¹⁰ Includes grants from GFATM

¹¹ Any kind of funds appropriated by different international organizations, nonresident institutions, legal entities and individuals for health care of Georgia or citizens of Georgia, not described in Paragraph FS 1.1.1.2, Humanitarian Aid and Assistance



Conclusion:

- Georgian public organizations (financing agents) manage most public resources for TB program (67.8%), hence, the country has considerable financial levers to determine, coordinate and finance national TB program priorities.
- The volume of financial resources managed by donor financing agents is also significant. Consequently, donors may have a considerable impact on establishing and financing the priorities of TB program.

C. Funded Functions

Financing of different functions by financing agents is presented in Table 6. This table shows clearly that in 2005 the SUSIF was spending 99% of its funds on curative activities (approximately 80% on inpatient and 20% on outpatient assistance) and less than one percent of its funds 26,400 GEL on preventive activities.

Table 6 Expenditures on Tuberculosis in 2005, Financing Agent by Function (current GEL)

Financing Agent by Function	Code	Total	HF 1 Public Sector	HF 1.1.5 Center for Implementation of Health and Social Projects	HF 1.2 SUSIF	HF 3 Rest of the world
Implementation of Medical Service	HC 1	48,7%	71.7%		99.3%	
Hospital Service	HC 1.1	38,8%	57.3%		79.5%	
Tuberculosis (inpatient)	HC 1.1.5	38,8%	57.3%		79.5%	
Outpatient Treatment Service	HC 1.3	9,7%	14.4%		19.9%	
Tuberculosis (outpatient)	HC 1.3.3.2	9.7%	14.4%		19.9%	
Additional Medical Service	HC 4	0,4%				1.3%
Diagnostic Service	HC 4.2	0.4%				1.3%
Medical Goods and Equipment	HC 5	20,3%	17.5%	62.9%		26.1%
Medications	HC 5.1.1	20.1%	17.5%	62.9%		25.6%
Expendable Items	HC 5.1.2	0.2%				0.5%
Prevention and Public Health	HC 6	0,8%	0.7%	0.8%	0.7%	0.9%
Prevention of Infectious Diseases	HC 6.3	0.4%	0.2%	0.8%		0.9%
Immunization	HC 6.3.1	0.3%	0.5%		0.7%	
Health Care Administration and Insurance	HC 7	0,9%	0.1%	0.2%		2.8%
Health Care Administration	HC 7.2.2	0.9%	0.1%	0.2%		2.8%
Health Care Expenditures not Described by Types	HC.nsk	18,5%	0.6%	2.1%		56.2%



Health care facility Capital	HC R.1	4,9%	3.4%	12.2%		7,9%
Educating and Training of Medical Staff	HC R.2	2.9%	2.3%	8.2%		4.1%
Health Care-Associated Expenditures not Described by Types	HC R. nsk	2.8%	3.8%	13.5%		0.7%
Total (in the current prices)		7,700,564	5,216,676	1,451,802	3,764,874	2,483,888
Total %		100%	68%	19%	49%	32%

The Center for Implementation of Health and Social Projects spent 63% of its funds on acquisition of medications and expendables, 12% on health care facility capital improvements, e.g. purchase of medical equipment, construction and rehabilitation of facilities and 8% on the training of medical staff.

More than half (56%) of donor funds, which made up 32% of aggregate public funds in 2005 and totalled 2.5 million GEL, were used for current operational expenditures for these facilities. The largest share of donor funds, 26%, was used to purchase medications and expendable goods. Eight percent was spent on capital investments and on training of medical staff. Two percent was spent on reinforcing the administration of the tuberculosis program in the health care sector.

As [Figure 2](#) presented below shows, the largest share - 40% of public resources from both national budget and donor sources is spent on hospital treatment. Only 10% is spent on outpatient treatment. Less than one percent is spent on laboratory and diagnostic services, which are essential for identifying the sick and starting treatment on a timely manner. **The total amount spent on prevention and public health measures, 62,000 GEL¹² is less than one percent of the total.** These data indicate that the spending of public funds on preventive and laboratory/diagnostic activities for the timely and adequate prevention of TB epidemic is very low and requires further assessment.

¹² 0.014 Tetri per annum in per capita terms



FIG 2 Expenditures of Public Funds for Tuberculosis on Different Functions

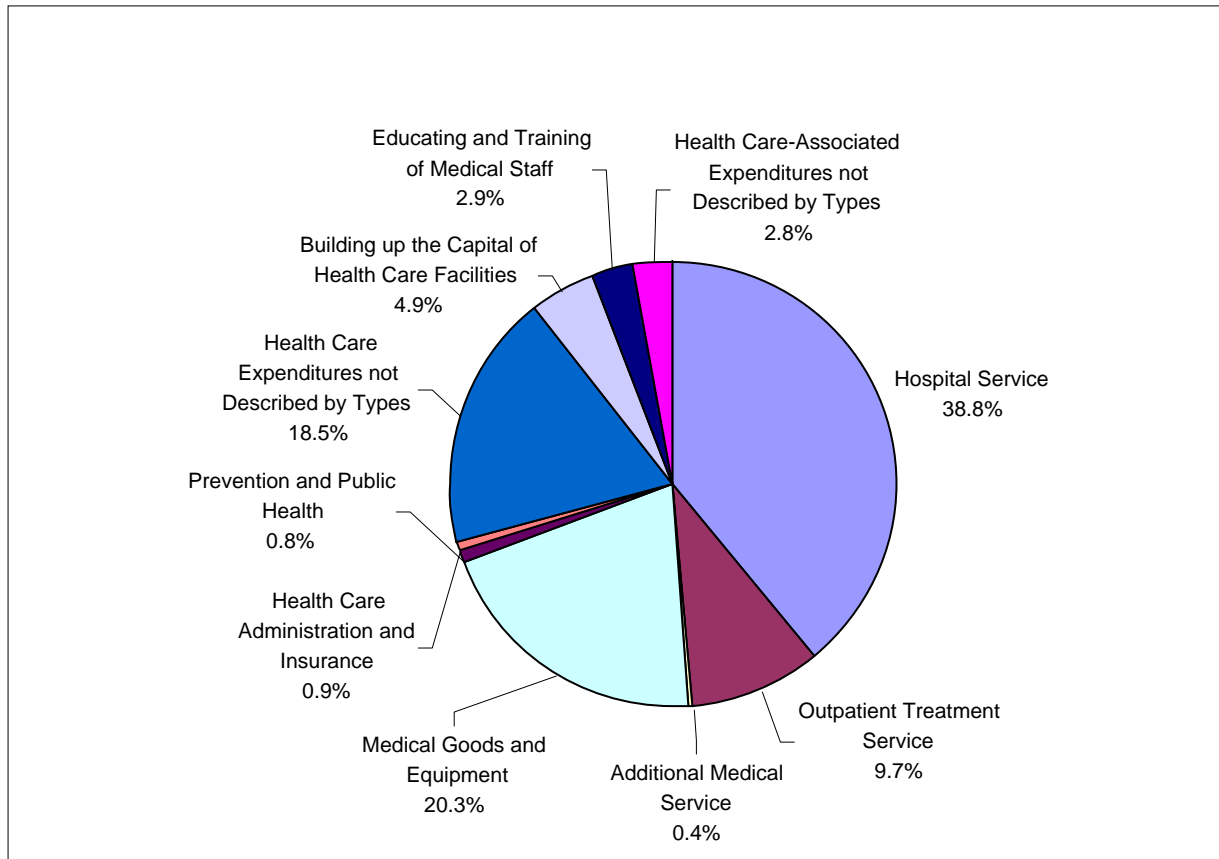


Figure 2 further shows that, in 2005 20 percent of public funds were spent on medical goods and equipment, 18 percent on recurrent expenses (e.g. rent, salaries) for implementing organizations (state programs, donor projects), five percent on new capital investments in health facilities, and three percent on training.



Conclusion:

- According to available data, both state and donor organizations spend few resources (0.7% and 0.9% respectively) on TB prevention activities.
- General funding for clinical laboratories and diagnostic activities is extremely low (7.23 Gel per each newly detected TB case). Laboratory and diagnosis expenses account for only 0.4 percent of public expenditures on TB, according to available data.
- More than a half of donors resources, 56%, is spent on the operation of donor-supported facilities. Total Project support activities consume large amounts of resources. The amount spent on project support is equal to expenditures on medical goods and equipment and is twice the amount spent on outpatient treatment.
- Both state and donor organizations should further address how funds are being spent to ensure they are aligned with priorities for TB control.

D. Dynamics of the State Expenditures on Different Functions in 2001-2005

State spending on TB treatment and prevention rose from 3.0 million GEL to 3.8 million GEL over the period 2001-2005. A significant part of the financing was spent on hospital treatment while the share of state financing on preventive and public health measures decreased over the period (See Table 7). The share of state expenditures used for outpatient treatment of tuberculosis also declined. Thus, the available data suggest that despite the fact that Georgia has an acknowledged DOTS strategy which it is actively implementing, state financing on outpatient care has been decreasing since 2001. Yet, the share and the amount spent on on the inpatient care has increased. Furthermore, the rise and fall in financing for key functions from year to year (for example, the share of outpatient expenditures increased by almost 10% from 2003 to 2004 and decreased by 13% in 2005) suggests instability in the financial environment for TB programming. **These data indicate that that the State should elaborate long-term financial calculations for the TB program for a period of next 3-5 years which should be appropriately reflected in country's medium-term budgeting.** While preparing these calculations, proper attention should also be given to the effective planning of preventive public health activities and to the budgeting of adequate financial resources necessary for their implementation.



Table 7 The State Expenditures on Tuberculosis Treatment and Prevention (GEL in the current prices) in 2001-2005

	2001	2002	2003	2004	2005
HC 1 Implementation of Medical Treatment	99.0%	98.4%	99.2%	99.2%	99.3%
HC 1.1.5 Tuberculosis (inpatient)	69.1%	70.5%	75.8%	66.2%	79.5%
HC 1.3.3.2 Tuberculosis (outpatient)	29.9%	27.9%	23.4%	32.9%	19.9%
HC 6 Prevention and Public Health	1.0%	1.6%	0.8%	0.8%	0.7%
Total (GEL in the current prices)	2,952,477	3,188,830	3,178,722	3,200,713	3,764,874
Yearly % Increment	-	8.0%	-0.3%	0.7%	17.6%

Conclusion:

- Available data on TB expenditures indicate that the National Tuberculosis Program in Georgia shows big shifts from year to year suggesting inconsistency in the program's priorities.
- The Georgian Government does not pay adequate attention to the prevention of tuberculosis in the population or to the implementation of necessary public health measures. The lion's share of the public financing is spent on hospital treatment (treatment of an already sick person); the cost of this kind of treatment increases from year to year.
- The expenditure data indicate that the disease is becoming a heavier burden for the country's economy. Inadequately selected and financed antiepidemic activities increase demand on additional financial resources every year, most part of which will still be spent on treatment of the sick instead of disease prevention. Without a shift in spending priorities the vicious circle cannot be broken.



Appendices

Appendix 1 Expenditures on Tuberculosis, Financing Source by Financial Agent, 2001 (GEL in the current prices)

Financial Source by Financing Agent	Codes	Total	FS 1. Public Resources Allocated for Health Care	FS1.1.1.1 Funds Allocated for Health Care in the Budget	FS1.1.1.2 Grants received for the Health Sector from abroad	FS 3. Rest of the world
Public Sector	HF 1	87.1%	87.3%	100.0%	-	-
Department of Social Health Care	HF 1.1.1.2	0.7%	0.7%	0.8%	-	-
SUSIF	HF 1.2	86.4%	86.6%	99.2%	-	-
Rest of the world	HF 3	12.9%	12.7%	-	100.0%	100.0%
Total		3,416,201	3,407,921	2,975,259	432,662	8,280
%		100%	99.8%	87.1%	12.7%	0.2%

Appendix 2 Expenditures on Tuberculosis, Financing Source by Financial Agent, 2002(GEL in the current prices)

Financial Source by Financing Agent	Codes	Sum	FS 1. Public Resources Allocated for Health Care	FS1.1.1.1 Funds Allocated for Health Care in the Budget	FS1.1.1.2 Grants received for the Health Sector from abroad	FS 3 Rest of the world
Public Sector	HF 1	82.2%	82.4%	100.0%	-	-
Department of Social Health	HF 1.1.1.2	0.3%	0.3%	0.4%	-	-
SUSIF	HF 1.2	81.9%	82.1%	99.6%	-	-
Rest of the world	HF 3	17.8%	17.5%	0.0%	100.0%	100.0%
Total		3,892,485	3,881,535	3,200,540	680,995	10,950
%		100.0%	99.7%	82.2%	17.5%	0.3%



Appendix 3 Expenditures on Tuberculosis, Financing Source by Financial Agent, 2003 (GEL in the current prices)

Financial Source by Financing Agent	Codes	Sum	FS 1. Public Resources Allocated for Health Care	FS1.1.1.1 Funds Allocated for Health Care in the Budget	FS1.1.1.2 Grants received for the Health Sector from abroad	FS 3 Rest of the world
Public Sector	HF 1	62.2%	84.6%	100.0%	-	-
SUSIF	HF 1.2	62.2%	84.6%	100.0%	-	-
Rest of the world	HF 3	37.8%	15.4%	0.0%	100.0%	100.0%
Total		5,108,170	3,758,414	3,178,722	579,692	1,349,756
%		100.0%	73.6%	62.2%	11.3%	26.4%

Appendix 4 Expenditures on Tuberculosis, Financing Source by Financial Agent, 2004 (GEL in the current prices)

Financial Source X Financing Agent	Codes	Sum	FS 1. Public Resources Allocated for Health Care	FS1.1.1.1 Funds Allocated for Health Care in the Budget	FS1.1.1.2 Grants received for the Health Sector from abroad	FS 3 Rest of the world
Public Sector	HF 1	60.2%	82.9%	100.0%	0.0%	0.0%
SUSIF	HF 1.2	60.2%	82.9%	100.0%	0.0%	0.0%
Rest of the world	HF 3	39.8%	17.1%	0.0%	100.0%	100.0%
Sum		5,315,210	3,861,031	3,200,713	660,318	1,454,179
		100.0%	72.6%	60.2%	12.4%	27.4%



Appendix 5 Expenditures on Tuberculosis, Financing Agent by Function, 2001 (GEL in the current prices)

Financing Agent by Function	Code	Total	HF 1 Public Sector	HF 1.1.5 Department of Public Health	HF 1.2 SUSIF	HF 3 Rest of the world
Provision of Medical Service	HC 1	85.6%	98.3%		99.0%	
Hospital Service	HC 1.1	59.7%	68.6%		69.1%	
Tuberculosis (inpatient)	HC 1.1.5	59.7%	68.6%		69.1%	
Outpatient Curative Service	HC 1.3	25.8%	29.7%		29.9%	
Tuberculosis (outpatient)	HC 1.3.3.2	25.8%	29.7%		29.9%	
Medical Goods and Equipment	HC 5	12.1%				93.9%
Medications	HC 5.1.1	12.1%				93.9%
Prevention and Public Health	HC 6	1.5%	1.7%	100.0%	1.0%	
Immunization	HC 6.3.1	1.5%	1.7%	100.0%	1.0%	
Health Care Expenditures not Described by Types	HC.nsk	0.2%				1.9%
Building up the Capital of Health Care Providers	HC R.1	0.5%				4.2%
Total (GEL in the current prices)		3,416,201	2,975,259	22,782	2,952,477	440,942
Total %		100%	87%	1%	86%	13%



Appendix 6 Expenditures on Tuberculosis, Financing Agent by Function, 2002 (GEL in the current prices)

Financing Agent by Function	Code	Total	HF 1 Public Sector	HF 1.1.1.5 Department of Public Health	HF 1.2 SUSIF	HF 3 Rest of the world
Provision of Medical Service	HC 1	80.6%	98.4%		98.8%	
Hospital Service	HC 1.1	57.8%	70.5%		70.8%	
Tuberculosis (inpatient)	HC 1.1.5	57.8%	70.5%		70.8%	
Outpatient Curative Service	HC 1.3	22.8%	27.9%		28.0%	
Tuberculosis (outpatient)	HC 1.3.3.2	22.8%	27.9%		28.0%	
Medical Goods and Equipment	HC 5	17.6%				97.5%
Medications	HC 5.1.1	17.6%				97.5%
Prevention and Public Health	HC 6	1.3%	1.6%	100.0%	1.2%	
Immunization	HC 6.3.1	1.3%	1.6%	100.0%	1.2%	
Health Care Expenditures not Described by Types	HC.nsk	0.3%				1.6%
Educating and Training of Medical Staff	HC R.2	0.2%				0.9%
Total (GEL in the current prices)		3,892,485	3,188,830	12,710	3,176,120	703,655
Total %		100%	82%	0%	82%	18%



Appendix 8 Expenditures on Tuberculosis, Financing Agent X Function, 2003 (GEL in the current prices)

Financing Agent by Function	Code	Sum	HF 1 Public Sector	HF 1.2 SUSIF	HF 3 Rest of the world
Provision of Medical Service	HC 1	61.7%	99.2%	99.2%	
Hospital Service	HC 1.1	47.2%	75.8%	75.8%	
Tuberculosis (inpatient)	HC 1.1.5	47.2%	75.8%	75.8%	
Outpatient Treatment Service	HC 1.3	14.5%	23.4%	23.4%	
Tuberculosis (outpatient)	HC 1.3.3.2	14.5%	23.4%	23.4%	
Additional Medical Service	HC 4	0.1%			0.2%
Clinical Laboratory	HC 4.1	0.1%			0.2%
Medical Goods and Equipment	HC 5	8.1%			21.6%
Medications	HC 5.1.1	7.9%			20.8%
Expendable Items	HC 5.1.2	0.3%			0.8%
Prevention and Public Health	HC 6	0.5%	0.8%	0.8%	
Immunization	HC 6.3.1	0.5%	0.8%	0.8%	
Healthcare Administration and Insurance	HC 7	2.2%			5.7%
Healthcare administration	HC 7.2.2	2.2%			5.7%
Health Care Expenditures not Described by Types	HC.nsk	24.0%			63.4%
Building up the Capital of Health Care Providers	HC R.1	2.5%			6.5%
Educating and Training of Medical Staff	HC R.2	1.0%			2.6%
Total (GEL in the current prices)		5,108,170	3,178,722	3,178,722	1,929,448
Total %		100%	62%	62%	38%



Appendix 9 Expenditures on Tuberculosis, Financing Agent X Function, 2004 (GEL in the current prices)

Financing Agent by Function	Code	Sum	HF 1 Public Sector	HF 1.2 SUSIF	HF 3 Rest of the world
Provision of Medical Services	HC 1	59.7%	99.2%	99.2%	
Hospital Service	HC 1.1	39.9%	66.2%	66.2%	
Tuberculosis (inpatient)	HC 1.1.5	39.9%	66.2%	66.2%	
Outpatient Treatment Service	HC 1.3	19.8%	32.9%	32.9%	
Tuberculosis (outpatient's department)	HC 1.3.3.2	19.8%	32.9%	32.9%	
Additional Medical service	HC 4	0.5%			1.1%
Diagnostic Service	HC 4.2	0.5%			1.1%
Medical Goods and Equipment	HC 5	6.5%			16.3%
Medications	HC 5.1.1	6.3%			15.8%
Expendable Items	HC 5.1.2	0.2%			0.6%
Prevention and Public Health	HC 6	1.0%	0.8%	0.8%	1.4%
Prevention of Infectious diseases	HC 6.3	0.5%			1.4%
Immunization	HC 6.3.1	0.5%	0.8%	0.8%	
Health Care Administration and Insurance	HC 7	0.2%			0.5%
Health Care Administration	HC 7.2.2	0.2%			0.5%
Health Care Expenditures not Described by Types	HC.nsk	25.8%			64.9%
Building up the Capital of Health Care Providers	HC R.1	4.6%			11.5%
Educating and Training of Medical Staff	HC R.2	0.8%			2.1%
Health Care-Associated Costs not Described by Types	HC R. nsk	0.9%			2.2%
Total GEL (in the current prices)		5,315,210	3,200,713	3,200,713	2,114,497
Total %		100%	60%	60%	40%



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