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NATIONAL HEALTH ACCOUNTS: REPRODUCTIVE HEALTH SUB-ANALYSIS FOR GEORGIA 2001-2003

2005
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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Prepeared by:

George Gotsadze - Curatio International Foundation
Ketevan Chkhahatarshvili - Curatio International Foundation
Alexandr Turdziladze - Curatio International Foundation

Abt Associates Inc.

CARE International

Curatio International Foundation

Emerging Markets Group

NATIONAL HEALTH ACCOUNTS: REPRODUCTIVE HEALTH SUB-ANALYSIS FOR GEORGIA 2001-2003

ABBREVIATIONS AND ACRONYMS

BBP	Basic Benefit Package
GDP	Gross Domestic Product
GHSPIC	Georgia Health and Social Project Implementation Center
HPU	Health Policy Unit
MoLHSA	Ministry of Labor Health and Social Affairs
NHA	National Health Accounts
NHAWG	National NHA Working Group
NIH	National Institute for Health
OOP	Out-of-Pocket
PHD	Public Health Department
SDS	State Department of Statistics
SUSIF	Social Insurance State United Fund
SMIC	State Medical Insurance Company
THE	Total Health Expenditure
USAID	United States Agency for International development

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1. INTRODUCTION

National Health Accounts (**NHA**) is an internationally recognized methodology for monitoring financial resource flows into the health sector from various sources of funds to financial agents, and from financial agents to providers and functions. The NHA sub-analysis for reproductive health is presented to evaluate resources for reproductive health services within the overall NHA framework. The NHA reproductive health sub-analysis for Georgia was carried out by a team of experts from Curatio International Foundation, Abt. Associates Inc. and the National Institute of Health of Georgia (**NIH**), with funding provided by USAID Caucasus for the *CoReform* project under the Prime contract No. GHS-I-00-03-00039-00, Task Order No. 800—Georgia Health Care System Transformation (HCST) Activity.

The purpose of this paper is to present the estimates of reproductive health spending during 2001-2003 and derive policy relevant results, to inform the reproductive health policy development process that is taking place currently in the country.

1.1. METHODOLOGY AND DATA SOURCES

The authors used the methodology provided by the *Guide to Producing National Health Accounts*,[1] prepared by the World Health Organization (WHO) in collaboration with the World Bank and USAID. The methodology applied for the reproductive health sub-analysis was developed by the *PHRplus*[2] project.

While preparing preliminary RH-NHA tables for 2001-2003, the authors relied on existing data sources and, where absolutely essential, specific methods were developed to extrapolate and/or disaggregate the data. The following sources informed the report:

a. The State Department of Statistics (SDS), National Accounts (NA) Office – provided data about public revenues and expenditures;

b. The State Department of Statistics (SDS), Household Survey Department (HSD) – provided data on household-level health care expenditure;

c. The State budget law and annual programs of the Ministry of Labor, Health and Social Affairs (MoLHSA) were used to obtain details on public financing by functions and providers;

d. State United Social Insurance Fund (SUSIF) databases were consulted to collect information about amounts disbursed by this agency to different providers and for different services;

e. The Reproductive Health Survey from 1999/2000 was used to extrapolate some data not available elsewhere. Other surveys also provided cost data about various reproductive health services.

f. Data from Center for Medical Statistics and Information (CMSI) was used to derive service utilization figures.

CMSI and Reproductive Health Survey 1999/2000 reports were used to estimate volumes of service consumption by type, by provider, by geographical location and by age group. The costs or prices of various services were obtained from different reports produced in the country during the 1999-2004 period. National inflation figures were used to adjust cost/price elements to a given year.[3] For those services that were financed from public sources, prices established by the MoLHSA and SUSIF were used (see detailed description of the methodology in the Annex 1).

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[1] Guide to producing national health accounts: with special applications for low-income and middle-income countries. World Health Organization 2003.

[2] Partners for Health Reformplus (PHRplus) is funded by USAID under contract no. HRN-C-00-00-00019-00 and implemented by Abt Associates Inc. and partners Development Associates, Inc.; Emory University Rollins School of Public Health; Program for Appropriate Technology in Health; Social Sectors Development Strategies, Inc.; Training Resources Group; Tulane University School of Public Health and Tropical Medicine; and University Research Co., LLC.

[3] Due to lack of cost/price data and due to the need to extrapolate limited data for different years, only inflation was used to adjust the price for difference between different years.

1.2. STUDY LIMITATIONS

The study presented in this paper had the following limitations:

1. Utilization of various types of contraceptives was assumed to be constant throughout the three-year period and no increase/decrease in the demand was imputed in the cost estimations. The prices of the contraceptives were kept constant and were only adjusted for the overall inflation in the country, as no product specific prices were available for 2001-2003.
2. Utilization data reported by CMSI does not reflect actual utilization of services due to the weakness of the health management information system in the country, which has been well documented elsewhere. The quality of data varies significantly for the type of service utilized. For example, utilization of STD services, as well as abortion services, is significantly under reported in the official statistics, while figures for delivery service utilization are significantly more accurate. Where possible, official statistics were complemented with the RH Survey findings to account for these weaknesses but the poor quality of statistical data could still have influenced the findings of our analysis.
3. Private expenditure for some diseases/conditions and/or services were not readily available and by different localities and or age groups. Efforts were made to use different data sources and extrapolate and disaggregate the information to a lowest level possible. Thus, some of the desegregation is based on the set of assumptions developed by authors, which can be questioned by others.

All of these factors must be considered when interpreting the study findings.

FINDINGS

During 2001-2003, total spending on reproductive health services in Georgia ranged at around 11-12% of national health spending. In volume terms, however, reproductive health expenditure grew by 5% in 2002 and by 6% in 2003 and reached 67,7 Million Georgian lari (GEL) per annum (see Table 1).

2.1 SOURCES OF FUNDS

Private household expenditure is the major source of financing for reproductive services in the country -- out-of-pocket expenditures account for 88-89% of total payment for the range of RH services. These findings do not differ from the rest of the health sector, where 86% of funding is provided by households and public financing comprises little share in total health expenditures (THE).[4]

Table 1: Sources of Funds for Reproductive Health 2001-2003 (% and '000 Gel in current prices)

	Sources of Funds	2001	2002	2003
FS 1	**Total Public Funds**	**5,130 (8%)**	**6,044 (9%)**	**6,306 (9,3%)**
FS 1.1.1	Central Government	5,130	6,044	6,306
FS 1.1.2	Municipal Government	-	-	-
FS 1.1.3	Regional Government[5]	-	-	-
FS 2	**Total Private Funds**	**53,666 (89%)**	**55,826 (88%)**	**59,576 (88%)**
FS 2.1.1	Mandatory health taxes (3%)	445,5	479,0	484,0
FS 2.2.3	Out-of-pocket payments	53,120	55,348	59,092
FS 3	**The Rest of the World**	**1,827 (3%)**	**1,895 (3%)**	**1,853 (3%)**
	Total Reproductive Health Spending	**60,523 (100%)**	**63,765 (100%)**	**67,734 (100%)**
	Total Health Expenditure (THE)	**511,645**	**578,910**	**560,834**
	Reproductive Health Spending as a % of THE	**11,8%**	**11.0%**	**12,1%**

2.2 FUNCTIONS

Out of the total reproductive expenditure, 64-66 % is spent at the hospital level for peri-natal or curative services and only 28-31% for ambulatory care services. The amounts devoted to family planning services range from only 5.6% – 6.2%. The largest proportion of funds are spent for delivery services, which on average consume 41-43% of total reproductive health spending, followed by hospital treatment of gynecological conditions (21,5%). More is spent on abortions than for treatment of oncology diseases (5.0% and 1.6 % respectively; see Table 2). These findings are not surprising, as most reproductive health services, with the exception of antenatal and delivery care, are not paid for by the government and the population has to bear the cost when accessing these services on either an inpatient or an outpatient basis.

Financial access constitutes a significant barrier to service utilization among the large sectors of the population and, as a result, care is only sought when a condition deteriorates to the degree that emergency hospital

[4] Gotsadze G., Turdziladze A., Lebanidze S., Goginashvili K. 2005. National Health Accounts for Georgia 2001-2003. CoReform Project. Tbilisi, Georgia.
[5] Regional government includes Adjara and Abkhazia

treatment is required.[6] An additional reason for the high expenditures on abortion in comparison to contraception (see Table 2) is the much higher use of abortion than modern methods of family planning for regulation of fertility. According to the 1999/2000 Reproductive Health Survey,[7] there are two abortions for every live born child in the country, while modern contraceptives are only used by 12.1% of sexually active women of reproductive age.

Table 2 Reproductive health expenditure by function (2001-2003)

(Per Cent of Total)

	Function	2001	2002	2003
HC 1.1	**In - patient Curative care**	**64,6%**	**65,9%**	**64,1%**
HC 1.1.3.1	Obstetrics	41,7%	42,9%	41,5%
HC 1.1.3.2	Gynecology	21,3%	21,4%	21,1%
HC 1.1.4	Oncology	1.6%	1.6%	1.6%
HC 1.3	**Outpatient curative care**	**29,8%**	**28,6%**	**30,8%**
HC 1.3.3.3	Pregnancy consultations	6,9%	6,8%	7,4%
HC 1.3.3.4	Abortions	4,7%	4,6%	4.3%
HC 6.3.2	STDs	18.2%	17,2%	19,1%
HC 5	**Medical goods dispensed to outpatients**	**6.2%**	**6.0%**	**5.6%**
HC 5.3	Contraceptives	6.2%	6.0%	5.6%
	Total (Per Cent)	**100.0%**	**100.0%**	**100.0%**
	Total '000 Gel	**60,523**	**63,765**	**67,734**

As mentioned, public sources only contribute a limited share (≈10%) towards expenditure on RH services. However, when expenditures are analyzed by function, it becomes obvious that the share of public financing for antenatal care and delivery services is higher than the national average for services overall (20% and 16% respectively). Some services (e.g., abortion, gynecology, and diagnosis and treatment of STDs) are fully covered by the patients. State resources are allocated to cover the cost of four antenatal care visits and delivery services in full, however the analysis demonstrates that the population bears a significant financial burden to access these "free" services (for details, see NHA tables in the annexes). This situation is mainly the result of weak policies and financing rules employed by the Government of Georgia and the significant inadequacy of public resources for health care overall.

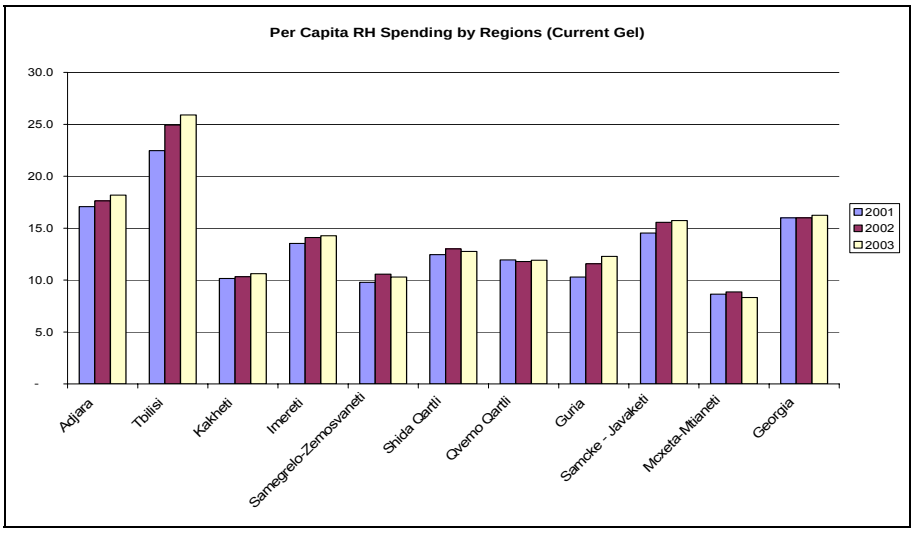
Lack of effective public financing for STD services also influences health outcomes. According to a 2002 Prevalence Study of Sexually Transmitted Infections,[8] 55.4% of surveyed sexually active reproductive age women had at least one STD or reproductive tract infection (RTI) at the time of survey.[9]. The high prevalence rate of STDs/RTIs points to the need to adjust policies and adequately finance services that could have significant public health impact and also improve RH outcomes for the Georgian population.

[6] Gotsadze G., Bennett S., Ranson K., Gzirishvili D. 2005. Health Care Seeking Behaviour and Out-of-pocket Payments in Tbilisi, Georgia: Household Survey Findings. Health Policy and Panning Vol. 20., No.4.
[7] Serbanescu F, Morris L, Nutsubidze N, Imnadze P & Shaknazarova M. (2001). Women's Reproductive Health Survey, Georgia 1999-2000.
[8] Gotua M., Abramidze T., Gotsadze G., Chkhatarashvili K., Sakvarelidze G., Sapirie S. 2002. A prevalence study of sexually transmitted infections and anemia among sexually active reproductive age women in two regions of Georgia. Curatio International Foundation. Tbilisi.
[9] Five sexually transmitted diseases were studied in this survey, while recognizing that Trichomoniasis and Bacterial Vaginosis are considered reproductive tract infections, which can be contracted through means other than sexual activity.

2.3 REGIONAL DISTRIBUTION OF FUNDS

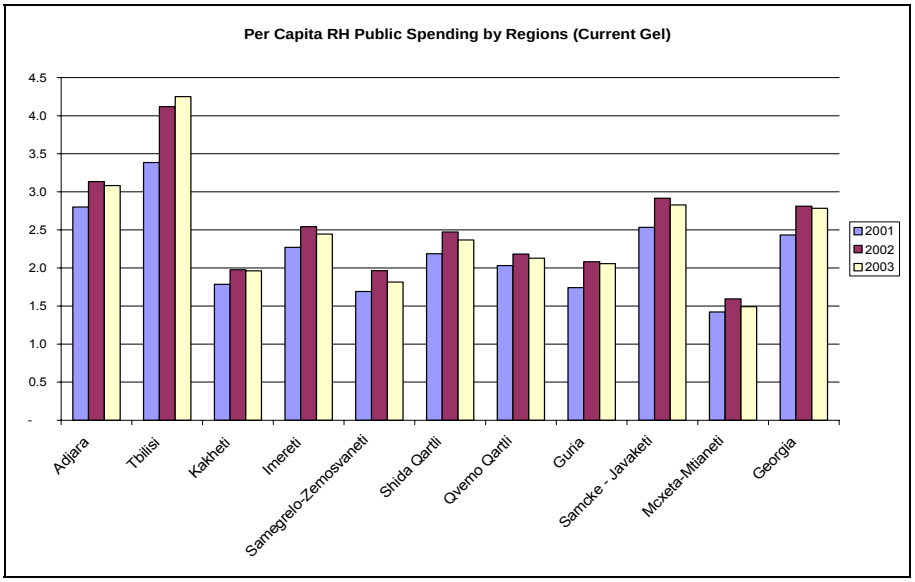
Estimates obtained for RH expenditure allowed desegregation of data on a sub-national level. Details of regional level spending are provided in Annex 2. Comparison of total per capita RH expenditure by regions revealed that the highest per capita amounts are spent at medical facilities in Tbilisi, followed by Adjara (See Figure 1). However, these findings require cautious interpretation because spending levels are determined for a given geographical market and do not necessarily reflect expenditure per resident in a given geographical area. Also, since the country's highest levels of care are rendered in Tbilisi, this could mean that more patients are attracted to these services, resulting in higher spending. For the rest of Georgia's regions, per capita spending for reproductive health services is comparable and averages around 10 Gel per person.

Figure 1: Total Reproductive Health Expenditure by Region 2001-2003 in Per Capita Terms



Analysis of public spending by region is presented in the Figure 2. Levels of public spending repeat the trend observed in total expenditures. The highest amounts are allocated in Tbilisi and Adjara medical facilities and lowest in Mtskheta-Mtianeti. Public allocations for different regions are comparable and do not undermine equity issues.

Figure 2 Public Expenditure on Reproductive Health by Region 2001-2003 in Per Capita Terms



2.4 INTERNATIONAL COMPARISONS

The authors carried out a comparison of expenditure on RH services in Georgia to countries in which similar exercises have been undertaken, to benchmark Georgia's levels of spending for these services. Results of this international comparison are provided in Table 3. In per capita terms and as a share of THE, significant resources are devoted to RH services in Georgia, when compared to countries with similar GDP per capita (Sri Lanka, Egypt and Morocco). However, when distribution of RH financing between the public and private sectors is analyzed, the share of public spending in Georgia falls behind other countries (10% for Georgia vs. 60% in Egypt, 65% in Sri Lanka).

Table 3 International Comparison for RH Expenditure

Country	GDP Per Capita Int. $ 2002	(THE[10]) Percent of GDP	RH Percent of (THE)	RH PPP per capita (15-49 women) [11]	Public Spending	Private Spending	Donors
Georgia	779	6.5%	11.0%	$ 74.9	9,5%	87,6%	3.0%
Egypt[12]	920	3.7%	14.1%	$ 49.9	60.0%	40.00%	
Sri Lanka	684	3.4%	11.2%	$ 45.0	65.0%	35.00%	
Marroco	1,069	4.5%	3.5%	$ 27.6	Unknown	Unknown	17.5%
Rajasthan (India)	206	5.98%	21.4%	$ 72.3	28.9%	71.10%	
Rwanda	873	3.9%	15.6%	$ 42.6	7.7%	12.5%	79.8%
Mexico[13]	5,920	6%	6%	$122,4	59,2%	40,8%	
Jordan[14]	1,760	9,6%	15.3%	$236,88	44,4%	54,3%	1,3%

Information available in international publications[15] on allocation of resources to reproductive health service delivery also allowed comparing Georgia's spending by functions/programs. Table 4 highlights the fact that a very low share of funds is spent on family planning services in Georgia, when compared to global estimates. This can be explained by the low use of family planning services in Georgia, which is related to the fact that little or no public resources are allocated to this sub-sector of reproductive health.

Table 4 Functional Distribution of RH Spending

Program	Georgia 3-year Average	Global
The reproductive health component (not including delivery system for FP)	70.9%	60.0%
The family-planning component	10.9%	29.4%
The sexually transmitted diseases/HIV/AIDS prevention programme	18.2%	7.6%
The basic research, data and population and development policy analysis programme	n/a	2.9%
Total (Per Cent)	**100.0%**	**100.0%**

[10] THE is calculated on at FS level
[11] To provide international comparability between the countries, used 2003 year PPP$ (purchase power parity) deflator. Total RH expenditures of National Currency Units were converted in PPP $ by countries using deflator coefficients
[12] Egypt, Sri Lanka & Rajastan analysis include neonaltal care expenditures
[13] Mexico analysis included expenditures on neonatal care, including complications, though this represents <0.0001 of total RH so the conclusions hold
[14] Jordan Reproductive sub-analysis
[15] Programme Of Action Of The International Conference On Population And Development. http://www.unfpa.org/icpd/icpd_poa.htm (Accessed on October 15, 2005)

3. POLICY IMPLICATIONS

As a signatory to both the ICPD Programme of Action (Cairo 1994) and the Millennium Declaration, Georgia has a responsibility to work towards attaining the health care targets outlines in each of these internationally binding documents. Achievement of the Millennium Development Goals – in particular, improvements in maternal health, decreases in child mortality and reversing the spread of HIV – will required significant commitments to improvements in reproductive health service delivery. Among other interventions it will be necessary to:

- Reduce unplanned pregnancies and poorly timed pregnancies;
- Improve prenatal, delivery and newborn care, including management of obstetric emergencies; and
- Reduce the risk of STIs, including HIV/AIDS

Our analysis identifies weaknesses in allocation of resources to delivery of quality RH services in Georgia and offers the following policy implications:

The share of public financing in the total resource envelope for reproductive health services in Georgia is quite low, when compared to other countries with similar economies. Thus, a significant burden in paying for these services is placed on the population, which has limited purchasing power and competing priorities for survival.[16] Reliance on private financing results in very low utilization of certain reproductive health services, which is related to unfavourable health outcomes. An obvious policy option for the government is to increase funding for these services and/or devote a higher share of public funds towards making RH services available and accessible for the population, particularly those who are currently not able to pay for services at all.

Out of total RH spending, Georgia spends very little for family planning services (see Table 4). Public financing for these services is marginal and the country relies heavily on donor financing for supplies and service delivery. According to the Reproductive Health Survey (1999-2000), abortion is the predominant method of fertility regulation used by women in Georgia. The high rate of abortions can be partially attributed to economic motivation for providers to offer abortion instead of modern family planning methods. Abortions generate significant income for providers, comparable to the revenues generated from antenatal care (see Table 2 for details). Thus, although there are no public funds used to support provision of abortion, there is a significant private market for the procedure, since very few women are using contraception. Abortion services from skilled providers are much more widely available than family planning services, and as noted, providers have very little economic incentive to counsel clients on methods to avoid unplanned or unwanted pregnancies. Hence, unless public resources are devoted both to educating women about their contraceptive options – thereby increasing demand for contraceptive services – and compensating providers for provision of counselling and services, it will be very difficult to reduce reliance on abortion in Georgia. Reforms in health care policies must address these economic incentives and disincentives, as well as development and monitoring of clinical protocols and provider regulations that facilitate provision of modern family planning methods. The Government of Georgia (GoG) should prioritize reproductive and sexual health services as part of the essential package that will be developed under health-sector financing reforms.

It is obvious that public financing will be limited in Georgia for years to come. Thus, significant growth in public outlays for RH services cannot be expected. The GoG has two complementary options to consider: a) advocate donors for continued resources in support of sexual and reproductive health services, particularly for the poor; and b) consider mobilizing private expenditures on a pre-paid or insurance basis to be used for RH services. Policies must facilitate involvement of the private sector in both financing for and provision of RH services for those who can pay, to allow for utilization of scarce GoG and donor resources in support of both access to quality services for those who fall below the poverty line, and creation of an informed population of reproductive health consumers through health promotion and public education. The challenge will be to ensure that these initiatives and other financing mechanisms foster good quality, comprehensive reproductive and sexual health services, and progress towards universal access.

[16] Poverty levels in Georgia ranged around 50%

ANNEX 1 – DETAILED METHODOLOGY

Abortions
Abortion rates were derived from the Reproductive Health Survey 1999-2000, using the estimate of two abortions per live birth. With the help of number of deliveries for 2001-2003, obtained from CMSI reports, the rate of abortions was estimated for these years. The cost of abortions was also calculated using data from the Reproductive Health Survey, taking regional differences into account, and estimating the total cost of abortion for each region. Abortion rates for different age groups were also obtained through extrapolation of the CMSI and the Reproductive Health Survey data along with the cost of abortions for various age groups.

Perinatal Care
The total cost of services offered by Women's Consultation Centers was obtained from NHA 2001-2003, and the cost of abortions provided in these facilities was subtracted, to calculate the overall cost of ante and post-natal care provision (assuming that costs of services offered by women consultations are largely represented by the costs of abortions and antenatal care). According to the Reproductive Health Survey, 90.8% of pregnant woman seek antenatal care and the average number of antenatal visits per pregnant amounts to 6.6. These figures allowed the authors to calculate the total number of antenatal visits in the country and per region, as well as per age group and helped to calculate average cost of antenatal visit per pregnancy. Total public expenditures for antenatal care was available from government documents; information on private expenditures was taken from 2001-2003 NHA. These expenditures were disaggregated by region and by age group, using the calculated number of antenatal visits described above.

Delivery and Gynecology Services
NHA 2001-2003 provided cumulative expenditure (public and private) for delivery and gynecology services. Thus, it was necessary to separate cost of delivery services from gynecology services. CMSI reports were used to estimate total bed days separately for gynecology and for hospital-based delivery. State pricing documents were used to derive the ratio between the cost of gynecology bed-days and cost of delivery service bed-days. Knowing the total number of bed-days per each condition, as well as the bed-day cost ratio, we were able to calculate total expenditures for each type of service. CMSI reports were used to disaggregate these expenditures per age group and geographical region.

Cost of Contraceptives
The Reproductive Health Survey provided data on contraceptive use rates for reproductive age women (see Table 5). The size of the sexually active, reproductive age population was available from official statistics, and this allowed calculation of the total number of the **modern** contraceptive users by type of the contraceptive method.

Table 5 Use of contraception (percent distribution) Reproductive Health Survey: Georgia, 1999/2000

Type of Contraceptive	Per cent out of Total	Per cent out of those Using Modern Methods
Currently Using	**24.7%**	
Modern Methods	**12.1%**	100.0%
IUD	5.9%	48.8%
Condom	3.9%	32.2%
Female Sterilization	1.0%	8.3%
Pill	0.6%	5.0%
Emergency Contraception	0.6%	5.0%
Other Modern Methods	0.1%	0.8%
Traditional Methods	**12.6%**	
Withdrawal	6.4%	
Calendar (Rhythm Met.)	6.2%	
Not Currently Using	**75.2%**	
Total	**99.9%**	

For each type of contraceptive the average annual use was estimated per user, using the literature available from Georgia and internationally, the cost data for each type of contraceptive was obtained from the JSI report on contraceptive availability[17] and from the Reproductive Health Survey 1999-2000. The total annual consumption of contraceptives and their cost was estimated by age group and by region, using the data from CMSI and the Reproductive Health Survey.

The Reproductive Health Survey also helped to determine source of contraceptives (see **Table 6**). This information allowed distributing total expenditure into private and public spending on contraceptives.[18]

Table 6 Source of contraceptives in Georgia: Reproductive Health Survey: Georgia, 1999/2000

Source of Contraceptive	Share (%)
Public Sector Medical Facilities	53.9%
Private Clinic/Office	1.1%
Commercial Sales	37.1%
Other	7.9%
Total	**100.0%**

Expenditure on HIV & AIDS and STD

CMSI reports provided the total number of individuals tested for STDs and diagnosed with infections. The costs for both testing and treatment were derived from reports from the Centre for Infection Pathologies, AIDS and Clinical Immunology in Tbilisi. Total expenditure on HIV & AIDS was estimated for the public sector only, because the data for private expenditure was not available.

Prevalence data for various sexually transmitted infections among different age groups were extrapolated from the prevalence study conducted by Curatio International Foundation[19] to the rest of Georgia, using the sexually active population of the reproductive age as a proxy. The report also provided the rate of service utilization for each disease. The costs per treatment were obtained from state standards and the total cost of treatment, by geographical and age group distribution was estimated. Diagnosis and treatment of all STDs other than HIV were counted as private expenditure, as the public sector does not provide financing.

Oncology Services

Due to data limitations, the cost of oncology services[20] was estimated with the help of only official data available from CMSI and cost data from state financing standards.

All costs estimates and results of calculations are presented in the respective NHA tables provided in the Annex 2.

[17] JSI Research and Training Institute Inc. Health Women in Georigia (HWC) Programm. Republic of Georgia, Contraceptive Availability Assessment. Final Report. November, 2004

[18] Contraceptive supplies were mainly financed by donors but channelled through the government, thus in the tables these estimates are recorded under donor financing.

[19] Curatio International Foundation. A Prevalence Study of Sexually Transmitted Infections and Anemia Among Sexually Active Reproductive Age Women in Two Regions of Georgia.

[20] Gynecologic cancer cases

ANNEX 2 - RH SUB-ANALYSIS TABLES 2001-2003

2001 RH EXPENDITURES BY TYPE OF FINANCING SOURCE AND TYPE OF FINANCING AGENT

'000 GEL

Financing agents	Financing sources						Total
	FS1 Public funds		FS 2 Private funds			FS 3 Rest of the world	
	FS1.1.1.1 Government revenue	Total - Public funds	FS 2.1.1 3% Health taxes	FS 2.2.3 Houshold Funds Used for out of pocket payments	Total - Private funds		
HF 1.1.1 Central government	**145,0**	**145,0**					**145,0**
HF 1.1.1.3 Public Health department	145,0	145,0					145,0
HF 1.2 SMIC/SUSIF	**4 985,0**	**4 985,0**	**445,5**		**445,5**		**5 430,4**
HF 2.3 Private households, out-of pocket exp				**53 120,2**	**53 120,2**		**53 120,2**
HF 3 Rest of the world						**1 826,9**	**1 827,0**
Total	**5 130,0**	**5 130,0**	**445,5**	**53 120,2**	**53 565,6**	**1 826,9**	**60 522,5**

2001 RH expenditure by type of financing agent and type of provider

'000 GEL

Providers		Financing agent							Total
		HF.1 General government				HF2 Private Sector	Total Private	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	Total General Government	HF 2.3 Private households, out-of pocket exp			
HP1	**Hospitals**			**5 253,4**	**5 253,4**	**36 798,2**	**36 798,2**		**42 051,6**
HP1.3.1	Maternity houses			4 772,9	4 772,9	36 317,7	36 317,7		41 090,5
HP1.3.3	Oncology hospitals			480,5	480,5	480,5	480,5		961,0
HP3	**Providers of ambulatory Health care**	**145,0**	**145,0**	**177,0**	**322,0**	**14 376,4**	**14 376,4**		**14 698,5**
HP3.4.5	All other out-patient multi-specialty and cooperative service centers	145,0	145,0			11 097,768	11 097,768		11 242,8
HP3.4.8	Women consultations			177,0	177,0	3 278,7	3 278,7		3 455,7
HP4	**Retail sale and other providers of medical goods**					**1 562,6**	**1 562,6**		**1 562,6**
HP 9	**Rest of the world**							**1 826,9**	**1 826,9**
Unknown Expenditure (No detailed information)						**383,0**	**383,0**		**383,0**
TOTAL		**145,0**	**145,0**	**5 430,4**	**5 575,4**	**53 120,2**	**53 120,2**	**1 826,9**	**60 522,5**

2001 RH expenditure by type of financing agent and by function

'000 GEL

Functions		Financing agent					Total
		HF.1 General government			HF.2 Private sector	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF 1.2 SMIC/SUSIF	HF 2.3 Private households, out-of pocket exp		
HC 1.1	**In - patient Curative care**			**4 585,3**	**34 492,6**		**39 007,9**
HC 1.1.3	OB/GYN			4 104,8	34 012,1		38 116,9
HC 1.1.3.1	Obstetrics			4 104,8	21 107,9		25 212,7
HC 1.1.3.2	Gynecology				12 904,2		12 904,2
HC 1.1.4	Oncology			480,5	480,5		961,0
HC 1.3	**Out-patient curative care**			**845,1**	**6 177,9**		**7 023,0**
HC 1.3.3.3[21]	Pregnancy consultations			845,1	3 344,0		4 189,2
HC 1.3.3.4	Abortion				2 833,8		2 833,8
HC 5	**Medical goods dispensed to outpatients**				**1 562,6**	**1 826,9**	**3 389,5**
HC 5.3	Contraception				1 562,6	1 826,9	3 389,5
HC 6	**Prevention and public health services**	**145,0**	**145,0**		**10 887,0**		**11 032,1**
HC 6.3.2	STDs	145,0	145,0		10 887,0		11 032,1
	TOTAL	**145,0**	**145,0**	**5 430,4**	**53 120,2**	**1 826,9**	**60 522, 5**

[21] Functional Codes HC 1.3.3.3 & HC 1.3.3.4 is Sub-category of HC 1.3.3 All other specialized health care

2001 RH health expenditure by type of provider and function

'000 GEL

	Functions	HP1.3.1 Maternity houses	HP1.3.3 Oncology hospitals	HP3.4.5 All other out - patient multi-specialty and cooperative service centers	HP3.4.8 Women consultations	HP4 Retail sale and other providers of medical goods	HP 9 Rest of the world	Unknown Expenditure (No detailed information)	Total
HC 1.1	**In -patient Curative care**	**38 116,9**	**961,0**						**39 007,9**
HC 1.1.3	OB/GYN	38 116,9							38 116,9
HC 1.1.3.1	Obstetrics	25 212,7							25 212,7
HC 1.1.3.2	Gynecology	12 904,2							12 904,2
HC 1.1.4	Oncology		961,0						961,0
HC 1.3	**Out-patient curative care**	**2 973,6**		**210,7**	**3 455,7**			**383,0**	**7 023,0**
HC 1.3.3.3	Pregnancy consultations	1 142,7		210,7	2 628,2			207,3	4 189,2
HC 1.3.3.4	Abortion	1 830,7			827,5			175,7	2 833,8
HC 5	**Medical goods dispensed to outpatients**					**1 562,6**	**1 826,9**		**3 389,5**
HC 5.3	Contraception					1 562,6	1 826,9		3 389,5
HC 6	**Prevention and public health services**			**11 032,1**					**11 032,1**
HC 6.3.2	STDs			11 032,1					11 032,1
	TOTAL	**41 090,5**	**961,0**	**11,242,8**	**3 455,7**	**1 562,6**	**1 826,9**	**383,0**	**60 522,5**

2001 RH expenditure by type of financing agent and by age and sex of the population

'000 GEL

Age and sex of population[22]		Financing agent					Total
		HF.1 General government			HF.2 Private sector	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	HF 2.3 Private households, out-of pocket exp		
till 14	F			0,3	0,5		**0,8**
15-19	F			601,9	4 073,1	80,1	**4 755,1**
20-24	F			1 932,8	11 138,5	237,5	**13 308,8**
25-29	F			1 186,5	7 802,0	344,1	**9 332,6**
30-34	F			744,9	5 444,3	400,2	**6 589,4**
35-39	F			402,3	3 464,6	441,5	**4 308,3**
40-44	F			149,2	1 816,7	323,7	**2 289,4**
45-49	F			88,4	707,3		**795,8**
50 and more	F			289,0	290,5		**579,6**
Unknown Expenditure (No detailed information)		**145,0**	**145,0**	**35,4**	**18 382,8**		**18 562,9**
TOTAL		**145,0**	**145,0**	**5 430,4**	**53 085,1**	**1 826,9**	**60 522,5**

[22] In this table expenditure on treatment of STDs among men is in the unknown expenditures, because it was impossible to disaggregate those expenditures by age group. On average the cost of the treatment accounts for 5-6 ml lari per year. As for the expenditures for the treatment of oncological disease, it is very small approximately 30-40 thousand laris and it was assumed that desegregation of this sum for policy purposes was not useful, so this sum is added to unknown expenditures as well.

2001 RH Expenditure by type of financing agent and by region

'000 GEL

Regions	Financing agent						Total
	HF.1 General government		HF.2 Private sector				
	HF 1.1.1.3 Public Health department	HF. 1.2 SMIC/SUSIF	Total General Government Financing	HF 2.3 Private households, out-of pocket exp	Total Private Financing	HF 3 Rest of the world	
Adjara		538,8	**538,8**	2 734,5	**2 734,5**		**3 272,4**
Tbilisi		1 878,2	**1 878,2**	10 540,8	**10 540,8**		**12 419,0**
Kakheti		372,2	**372,2**	1 734,7	**1 734,8**		**2 107,0**
Imereti		804,4	**804,4**	3 959,0	**3 959,0**		**4 763,4**
Samegrelo-Zemosvaneti		445,9	**445,9**	2 122,6	**2 122,6**		**2 568,5**
Shida Qartli		352,4	**352,4**	1 646,3	**1 646,3**		**1 998,7**
Qvemo Qartli		513,1	**513,1**	2 496,5	**2 496,5**		**3 009,6**
Guria		127,6	**127,6**	624,2	**624,2**		**751,8**
Samcke – Javaketi		266,5	**266,5**	1 259,3	**1 259,3**		**1 525,8**
Mcxeta-Mtianeti		92,7	**92,7**	464,1	**464,1**		**556,8**
Racha – Lechxumi		38,5	**38,5**	184,2	**184,2**		**222,7**
Unknown Expenditure (No detailed information)	145,0			25 353,9	**25 353,9**	1 826,9	**27 325,8**
Total	**145,0**	**5 430,4**	**5 430,4**	**53 120,2**	**53 120,2**	**1 826,9**	**60,522,5**

2002 RH expenditures by type of financing source and type of financing agent

'000 GEL

Financing agents	Financing sources						Total
	FS1 Public funds		FS 2 Private funds			FS 3 Rest of the world	
	FS1.1.1.1 Government revenue	Total Public Funds	FS 2.1.1 3% Health taxes	FS 2.2.3 Houshold Funds Used for out-of-pocket payments	Total Private Funds		
HF 1.1.1 Central government	**200,0**	**200,0**					**200,0**
HF 1.1.1.3 Public Health department	200,0	200,0					200,0
HF 1.2 SMIC/SUSIF	**5 844,3**	**5 844,3**	**478,8**		**478,8**		**6 284,5**
HF 2.3 Private households, out-of pocket exp.				**55 347,5**	**55 347,5**		**55 347,5**
HF 3 Rest of the world						**1 894,7**	**1 894,7**
Total	**6 044,3**	**6 044,3**	**478,0**	**55 347,5**	**55 826,3**	**1 894,7**	**63 765,2**

2002 RH expenditure by type of financing agent and type of provider

'000 GEL

Providers		Financing agent							Total
		HF.1 General government				HF2 Private Sector	HF2 Total Private	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF 1.2 SMIC/SUSIF	Total General Government	HF 2.3 Private households, out-of pocket exp.			
HP1	**Hospitals**			**6 133,8**	**6 133,8**	**38 833,3**	**38 833,3**		**44 967,1**
HP1.3.1	Maternity houses			5 616,4	5 616,4	38 316,0	38 316,0		43 932,4
HP1.3.3	Oncology hospitals			517,3	517,3	517,3	517,3		1 034,6
HP3	**Providers of ambulatory Health care**	**200,0**	**200,0**	**189,3**	**189,3**	**14 489,3**	**14 489,3**		**14 878,6**
HP3.4.5	All other out-patient multi-specialty and cooperative service centers	200,0	200,0			10 995,9	10 995,9		11 195,9
HP3.4.8	Women consultations			189,3	189,3	3 493,3	3 493,3		3 682,6
HP4	**Retail sale and other providers of medical goods**					**1 620,5**	**1 620,5**		**1 620,5**
HP 9	**Rest of the world**							**1 894,7**	**1 894,7**
Unknown Expenditure (No detailed information)						**404,5**	**404,5**		**404,5**
TOTAL		**200,0**	**200,0**	**6 323,1**	**6 323,1**	**55 347,5**	**55 347,5**	**1 894,7**	**63 765,2**

2002 RH expenditure by type of financing agent and by function

'000 GEL

Functions		Financing agent					Total
		HF.1 General government			HF.2 Private sector	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	HF 2.3 Private households, out-of pocket exp		
HC 1.1	**In-patient Curative care**			**5 604,6**	**36 434,1**		**42 036,7**
HC 1.1.3	OB/GYN			5 087,3	27 377,2		32 464,5
HC 1.1.3.1	Obstetrics			5 087,3	22 289,9		27 377,2
HC 1.1.3.2	Gynecology				13 626,9		13 626,9
HC 1.1.4	Oncology			517,3	517,3		1 034,6
HC 1.3	**Out-patient curative care**			**718,5**	**6 523,8**		**7 242,3**
HC 1.3.3.3	Pregnancy consultations			718,5	3 601,7		4 320,2
HC 1.3.3.4	Abortion				2 922,1		2 922,1
HC 5	**Medical goods dispensed to outpatients**				**1 620,5**	**1 894,7**	**3 515,2**
HC 5.3	Contraception				1 620,5	1 894,7	3 515,2
HC 6	**Prevention and public health services**	**200,0**	**200,0**		**10 769,0**		**10 969,0**
HC 6.3.2	STDs	200,0	200,0		10 769,0		10 969,0
	TOTAL	**200,0**	**200,0**	**6 323,1**	**55 347,5**	**1 894,7**	**63 765,2**

2002 RH health expenditure by type of provider and function

'000 GEL

	Functions	HP1.3.1 Maternity houses	HP1.3.3 Oncology hospitals	HP3.4.5 All other out-patient multi-specialty and cooperative service centers	HP3.4.8 Women consultations	HP4 Retail sale and other providers of medical goods	HP 9 Rest of the world	Unknown Expenditure (No detailed information)	Total
HC 1.1	**In-patient Curative care**	**41 004,1**	**1 034,6**						**42 038,7**
HC 1.1.3	OB/GYN	41 004,1							41 004,1
HC 1.1.3.1	Obstetrics	27 377,2							27 377,2
HC 1.1.3.2	Gynecology	13 626,9							13 626,9
HC 1.1.4	Oncology		1 034,6						1 034,6
HC 1.3	**Out-patient curative care**	**2 928,3**		**226,9**	**3 682,6**			**404,5**	**7 242,3**
HC 1.3.3.3	Pregnancy consultations	1 040,6		226,9	2 829,3			223,3	4 320,2
HC 1.3.3.4	Abortion	1 887,7			853,3			181,2	2 922,1
HC 5	**Medical goods dispensed to outpatients**					**1 620,5**	**1 894,7**		**3 515,2**
HC 5.3	Contraception					1 620,5	1 894,7		3 515,2
HC 6	**Prevention and public health services**			**10 969,0**					**10,969,0**
HC 6.3.2	STDs			10 969,0					10,969,0
TOTAL		**43 932,4**	**1 034,6**	**11 195,9**	**3 682,6**	**1 620,5**	**1 894,7**	**404,5**	**63 765,2**

2002 RH health expenditure by type of financing agent and by age and sex of the population

'000 GEL

Age and sex of population		Financing agent					Total
		HF.1 General government			HF.2 Private sector	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	HF 2.3 Private households, out-of pocket exp.		
till 14	F				1 891,0		**1 891,0**
15-19	F			727,2	4 366,7	83,1	**5 177,0**
20-24	F			2 236,6	11 608,3	246,3	**14 091,2**
25-29	F			1 261,1	7 687,2	356,9	**9 305,2**
30-34	F			988,9	6 095,6	415,0	**7 499,6**
35-39	F			464,1	3 491,1	457,8	**4 413,0**
40-44	F			197,8	1 993,9	335,6	**2 527,3**
45-49	F			86,4	729,3		**815,7**
50 and more	F			322,4	323,5		**645,9**
Unknown Expenditure (No detailed information)		200,0	**200,0**	38,5	19,049,9		**19 288,4**
TOTAL		200,0	**200,0**	6 323,1	55 347,5	1 894,7	**63 765,2**

2002 RH Health Expenditure by type of financing agent and by region

'000 GEL

Regions	Financing agent						Total
	HF.1 General government		HF.2 Private sector				
	HF 1.1.1.3 Public Health department	HF. 1.2 SMIC/SUSIF	Total General Government Financing	HF 2.3 Private households, out-of pocket exp	Total Private Financing	HF 3 Rest of the world	
Adjara		608,4	**608,4**	2 798,7	**2 798,7**		**3 407,1**
Tbilisi		2 299,9	**2 299,9**	11 584,2	**11 584,2**		**13 884,1**
Kakheti		416,7	**416,7**	1 745,0	**1 745,0**		**2 161,7**
Imereti		906,9	**906,9**	4 095,6	**4 095,6**		**5 002,4**
Samegrelo-Zemosvaneti		520,9	**520,9**	2 270,9	**2 270,9**		**2 791,8**
Shida Qartli		401,7	**401,7**	1 702,0	**1 702,0**		**2 103,7**
Qvemo Qartli		556,3	**556,3**	2 438,0	**2 438,0**		**2 994,3**
Guria		154,2	**154,2**	697,7	**697,7**		**851,9**
Samcke - Javaketi		310,9	**310,9**	1 340,0	**1 340,0**		**1 650,8**
Mcxeta-Mtianeti		103,6	**103,6**	470,0	**470,0**		**573,7**
Racha -Lechxumi		43,8	**43,8**	189,0	**189,0**		**232,7**
Unknown Expenditure (No detailed information)	200,0		**200,0**	26 016,4	**26 016,4**	1 894,7	**28 111,1**
Total	**200,0**	**6 323,1**	**6 523,1**	**55 347,5**	**55 347,5**	**1 894,7**	**63 765,2**

2003 RH expenditures by type of financing source and type of financing agent

'000 GEL

Financing agents	Financing sources						Total
	FS1 Public funds		FS 2 Private funds			FS 3 Rest of the world	
	FS1.1.1.1 Government revenue	Total Public Funds	FS 2.1.1 3% Health taxes	FS 2.2.3 Houshold Funds Used for out-of-pocket payments	Total Private Funds		
HF 1.1.1 Central government	**400,0**	**400,0**					**400,0**
HF 1.1.1.3 Public Health department	400,0	400,0					400,0
HF 1.2 SMIC/SUSIF	**5 905,6**	**5 905,6**	**483,9**		**483,9**		**6 389,5**
HF 2.3 Private households, out-of pocket exp.				**59 092,3**	**59 092,3**		**59 092,3**
HF 3 Rest of the world						**1 852,7**	**1 852,7**
Total	**6 305,6**	**6 305,6**	**483,9**	**59 092,3**	**59 576,2**	**1 852,7**	**67 734,5**

2003 RH expenditure by type of financing agent and type of provider

'000 GEL

Providers		Financing agent							Total
		HF.1 General government				HF2 Private Sector			
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	Total General Government	HF 2.3 Private households, out-of pocket-exp	HF2 Total Private	HF 3 Rest of the world	
HP1	**Hospitals**			**5 263,0**	**5 263,0**	**40 615,8**	**40 615,8**		**45 878,8**
HP1.3.1	Maternity houses			4 738,0	4 738,0	40 090,8	40 090,8		44 828,7
HP1.3.3	Oncology hospitals			525,0	525,0	525,0	525,0		1 050,0
HP3	**Providers of ambulatory Health care**	**400,0**	**400,0**	**1 126,6**	**1 126,6**	**16,468,0**	**16 468,0**		**17 994,6**
HP3.4.5	All other out-patient multi-specialty and cooperative service centers	400,0	400,0			12 750,7	12 750,7		13 150,7
HP3.4.8	Women consultations			1 126,6	1 126,6	3 717,3	3 717,3		4 843,9
HP4	**Retail sale and other providers of medical goods**					**1 584,6**	**1 584,6**		**1 584,6**
HP 9	**Rest of the world**							**1 852,7**	**1 852,7**
Unknown Expenditure (No detailed information)						**423,9**	**423,9**		**423,9**
TOTAL		**400,0**	**400,0**	**6 389,5**	**6 389,5**	**59 092,2**	**59 092,2**	**1 852,7**	**67 734,5**

2003 RH expenditure by type of financing agent and by function

'000 GEL

Functions		Financing agent					Total
		HF.1 General government			HF.2 Private sector	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	HF 2.3 Private households, out-of pocket exp.		
HC 1.1	**In-patient Curative care**			**5 263,0**	**38 165,8**		**43 428,8**
HC 1.1.3	OB/GYN			4 738,0	37 640,9		42 378,9
HC 1.1.3.1	Obstetrics			4 738,0	23 359,9		28 097,8
HC 1.1.3.2	Gynecology				14 281,0		14 281,0
HC 1.1.4	Oncology			525,0	525,0		1 050,0
HC 1.3	**Out-patient curative care**			**1 126,6**	**6 837,0**		**7 963,5**
HC 1.3.3.3	Pregnancy consultations			1 126,6	3 902,3		5 028,9
HC 1.3.3.4	Abortion				2 934,7		2 934,7
HC 5	**Medical goods dispensed to outpatients**				**1 584,6**	**1 852,7**	**3 437,2**
HC 5.3	Contraception				1 584,6	1 852,7	3 437,2
HC 6	**Prevention and public health services**	**400,0**	**400,0**		**12 504,9**		**12 904,9**
HC 6.3.2	STDs	400,0	400,0		12 504,9		12 904,9
TOTAL		**400,0**	**400,0**	**6 389,5**	**59 092,3**	**1 852,7**	**67 734,5**

2003 RH health expenditure by type of provider and function

'000 GEL

Functions		Providers							Total
		HP1.3.1 Maternity houses	HP1.3.3 Oncology hospitals	HP3.4.5 All other out-patient multi-specialty and cooperative service centers	HP3.4.8 Women consultations	**HP4 Retail sale and other providers of medical goods**	**HP 9 Rest of the world**	Unknown Expenditure (No detailed information)	
HC 1.1	**In - patient Curative care**	**42 378,8**	**1 050,0**						**43 428,9**
HC 1.1.3	OB/GYN	42 378,8							42 378,8
HC 1.1.3.1	Obstetrics	28 097, 8							28 097,8
HC 1.1.3.2	Gynecology	14 281,0							14 281,0
HC 1.1.4	Oncology		1 050,0						1 050,0
HC 1.3	**Out-patient curative care**	**2 449,9**		**245,8**	**4 843,9**			**423,9**	**7 963,5**
HC 1.3.3.3	Pregnancy consultations	554,1		245,8	3 986,9			241,9	5 028,9
HC 1.3.3.4	Abortion	1 895,8			856,9			182,0	2 934,7
HC 5	**Medical goods dispensed to outpatients**					**1 584,6**	**1 852,7**		**3 437,2**
HC 5.3	Contraception					1 584,6	1 852,7		3 437,2
HC 6	**Prevention and public health services**			**12 904,9**					**12 904,9**
HC 6.3.2	STDs			12 904,9					12 904,9
TOTAL		**44 828,7**	**1 050,0**	**13 150,7**	**4 843,9**	**1 584,6**	**1 852,7**	**423,9**	**67 734,5**

2003 RH health expenditure by type of financing agent and by age and sex of the population

'000 GEL

Age and sex of population		Financing agent					Total
		HF.1 General government			HF.2 Private sector	HF 3 Rest of the world	
		HF 1.1.1.3 Public Health department	Total - Central government	HF. 1.2 SMIC/SUSIF	HF 2.3 Private households, out-of pocket exp.		
till 14	F				1,0		**0,1**
15-19	F			683,8	4 489,6	81 236	**5 254,6**
20-24	F			2 122,0	11 667,6	240 844	**14 030,4**
25-29	F			1 609,5	9 639,9	348 920	**11 598,3**
30-34	F			949,7	6 127,5	405 821	**7 483,0**
35-39	F			417,5	3 441,5	447 691	**4 306,8**
40-44	F			172,0	2 039,5	328 164	**2 539,6**
45-49	F			67,6	774,7		**842,3**
50 and more	F			326,4	336,1		**662,5**
Unknown Expenditure (No detailed information)		400,0	**400,0**	41,1	20 574,8		**20 615,9**
TOTAL		**400,0**	**400,0**	**6 389,5**	**59 092,3**	**1 852,7**	**67 734,5**

2003 RH Health Expenditure by type of financing agent and by region

'000 GEL

Regions	Financing agent						Total
	HF.1 General government		HF.2 Private sector			HF 3 Rest of the world	
	HF 1.1.1.3 Public Health department	HF. 1.2 SMIC/SUSIF	Total General Government Financing	HF 2.3 Private households, out-of pocket exp.	Total Private Financing		
Adjara		609,3	**609,3**	2 973,2	**2 973,2**		3 582,5
Tbilisi		2 424,1	**2 424,1**	12 297,7	**12 297,7**		14 721,8
Kakheti		421,0	**421,0**	1 846,2	**1 846,2**		2 267,2
Imereti		890,3	**890,3**	4 273,1	**4 273,1**		5 163,4
Samegrelo-Zemosvaneti		492,8	**492,8**	2 286,4	**2 286,4**		2 779,1
Shida Qartli		394,2	**394,2**	1 715,4	**1 715,4**		2 109,6
Qvemo Qartli		553,0	**553,0**	2 534,5	**2 534,5**		3 087,5
Guria		156,4	**156,4**	768,9	**768,9**		925,3
Samcke - Javaketi		306,5	**306,5**	1 393,3	**1 393,3**		1 699,8
Mcxeta-Mtianeti		99,5	**99,5**	451,4	**451,4**		550,9
Racha -Lechxumi		42,6	**42,6**	181,8	**181,8**		224,4
Unknown Expenditure (No detailed information)	400,0		**400 000**	28,370,4	**28,370,4**	1 852,7	30 623,1
Total	**400,0**	**6 389,5**	**6 789,5**	**59 092,3**	**59 092,3**	**1 852,7**	**67 734,5**

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