



NATIONAL HEALTH ACCOUNTS 2007/2008 : EGYPT REPORT

September 2010

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Mission

The Health Systems 20/20 **cooperative agreement**, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

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MESSAGE FROM HIS EXCELLENCY THE MINISTER OF HEALTH

It gives me great pleasure to release the Egypt National Health Accounts for fiscal year 2007/08. Egypt has pioneered the production of National Health Accounts in the region. This National Health Accounts report provides critical information that will be extremely useful as we continue our efforts to reform the health sector.

In addition to showing the sources and uses of health resources within the country, the report highlights some key findings including the need to increase public investments in health; reduce the burden of out-of-pocket spending; pass comprehensive social insurance reform to expand access to quality health services; address the continued high spending on pharmaceuticals; and control and rationalize spending under the government's scheme to provide care for the uninsured.

The report also highlights the need for the government to institutionalize National Health Accounts so that information on health spending is available on a regular basis and becomes a routine activity of the government. Equally important, we need to put a structure in place to systematically track the flow of resources by program to better understand the cost of services. This information will be used to improve budgeting, planning and policymaking.

I would like to commend General Ahmed Farag, Dr. Meirvat Taha, and the National Health Accounts team at the Ministry of Health for their excellent work. I would also like to thank the National Health Accounts Steering Committee for the guidance and support they have provided for this effort. I would especially like to acknowledge the continued support of our development partners at the United States Agency for International Development and the World Health Organization, which have long supported the development of National Health Accounts in the country. I look forward to future collaborations with key partners to institutionalize National Health Accounts in Egypt.

Dr. Hatem El Gabaly
His Excellency, The Minister of Health

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ACRONYMS

CCO	Curative Care Organization
EMRO	Eastern Mediterranean Region Office
FP	Family Planning
GDP	Gross Domestic Product
GOE	Government of Egypt
HIO	Health Insurance Organization
HS 20/20	Health Systems 20/20
HQ	Headquarters
LE	Egyptian Pound
MOD	Ministry of Defense
MOF	Ministry of Finance
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MOI	Ministry of Interior
MOT	Ministry of Transport
NGO	Nongovernmental Organization
NHA	National Health Accounts
OOP	Out-of-Pocket
PTES	Discretionary Spending Account
SIO	Social Insurance Organization
THE	Total Health Expenditures
THIO	Teaching Hospitals and Institutes Organization
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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We would like to especially acknowledge the guidance and support provided by General Ahmed Farag, the Minister of Health's Assistant for Administration and Finance. The NHA team met regularly with General Farag and he was always willing to review their work and provide extremely useful feedback. He has been a strong advocate for the NHA activity.

The NHA Steering Committee, constituted by His Excellency the Minister of Health, was made up of the following members:

- G. Ahmed Farag, Minister's Assistant for Admin and Finance, MOH
- Dr. Said Rateb, Minister's Assistant for the Health Insurance Organization, MOH
- Dr. Nasr El Sayed, Minister's Assistant for Primary Health Care, Preventive Care, and Family Planning, MOH
- Dr. Nasr Rasmy, Minister's Assistant for Curative Care and Ambulatory Services, MOH
- Dr. Kamal Sabra, Minister's Assistant for the Pharmaceuticals, MOH
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- G. Ahmed Al Twancy, Prime Minister, Data for Decision Making office

The Steering Committee played an important role in reviewing and coordinating the NHA activity, assisted in building support for NHA study, and supported the NHA team in the collection of data and the interpretation of findings.

While a number of persons assisted with making information available, we would like to explicitly acknowledge the assistance provided by Mr. Mahdy Samy, Director of Budgeting at the MOH.

The United States Agency for International Development (USAID) has been a strong supporter of the NHA activity in Egypt since the first round of NHA in the mid-1990s. We want to acknowledge with sincere gratitude the continued cooperation between USAID and the MOH on the NHA and hope that this partnership will continue in the future. Technical assistance for this activity was provided by the USAID-funded Health Systems 20/20 project.

Over the years, the World Health Organization-Eastern Mediterranean Regional Office (WHO-EMRO) has been another institutional partner and supporter of NHA in Egypt. We wish to acknowledge with gratitude their continuing championship of this activity and thank them for making available Dr. Zine Eddin Drissi to provide technical assistance for this effort.

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EXECUTIVE SUMMARY

This executive summary presents the key findings of Egypt's most recent round of National Health Accounts (NHA), for fiscal year 2007/08.

NHA is a powerful tool to inform health financing policy as well as monitor the impact of policy interventions. It is a globally accepted approach to collecting, cataloging, and estimating flows of funds in the health system. It is a rigorous classification of the types and purposes of expenditures and of the actors in the health system, and it provides an integrated picture of mobilization, management, and use of health funds in the health system.

Egypt was one of the first low- and middle-income countries in the world to conduct NHA. The first round of NHA was conducted in 1994/95, and the second one in 2001/02. Over the years, the United States Agency for International Development (USAID) and the World Health Organization (WHO) have supported this effort globally and in Egypt. The lack of institutionalization in Egypt has meant that NHA has been conducted sporadically.

Egypt has used findings from the previous NHA studies to inform health policy. For example, both country policymakers and donors used results from the first round to shape the health sector reform strategy. Similarly, the second round of NHA led to a focus on primary health care with a specific emphasis on establishing the Family Health Model.

KEY FINDINGS

Egypt has a pluralistic and fragmented health system with multiple sources of financing, financing agents, and providers. The financing sources include government spending that comes from direct tax revenues, out-of-pocket spending by households as premium payments for insurance as well as direct spending on health, employers' spending on the health of their employees, a dedicated cigarette tax, and donor assistance. These resources flow through a large number of entities including the Ministry of Health (MOH), the Ministry of Higher Education, the Health Insurance Organization (HIO), other ministries, public sector entities, and nongovernmental organizations (NGOs). The provider market is equally fragmented; the MOH owns and operates a large network of hospitals and outpatient facilities. Other public sector entities, such as the HIO, the Curative Care Organization, and the Universities and Teaching Hospitals and Institutes Organization, all run their own facilities. There is a growing private market composed of hospitals, outpatient clinics, pharmacies, and traditional healers. An important characteristic of health financing in Egypt is the fact that the flow of funds from sources to financing agents and then on to providers occurs along almost mutually exclusive tracts (silos). This makes it difficult to effectively coordinate and manage across ministries, sectors (public and private), and entities.

In 2007/08, Egypt spent 42.5 billion Egyptian pounds (LE) on health, representing 4.75 percent of the country's gross domestic product (GDP). This translates to a per capita spending of 566.4 LE. Household spending financed 60 percent of total health spending, followed by Ministry of Finance spending (35 percent); the rest is accounted for by public and private firms and external assistance. Spending on pharmaceuticals remains high, 26 percent of total health spending in the country.

1. OVERALL HEALTH SPENDING

- Egypt's health investments are declining and, compared with most other middle-income countries in the region, Egypt invests a smaller proportion of its GDP on health care.
 - In 2007/08, Egypt spent 4.75 percent of GDP on health.
 - The percentage of GDP spent on health is declining: between 1994/95 and 2001/02, spending as a percentage of GDP rose from 3.70 percent to almost 6 percent. However, between 2001/02 and 2007/08, the percentage declined, to 4.75 percent.
 - Only Algeria (4.49 percent), Libya (2.80 percent), and Syria (3.23 percent) spend less on health as a percentage of GDP, making Egypt one of the lowest spenders on health in the region.
 - Among middle-income countries in the region, only Syria spends less on a per capita basis than Egypt.

2. COMPOSITION OF HEALTH SPENDING

- Of the total health spending in 2007/08, 35.5 percent came from the Ministry of Finance (MOF), 1.7 percent from public firms, 2.2 percent from private firms, 60 percent from households, and 0.6 percent from external sources.
- The MOH is funded primarily by the MOF (93 percent), followed by self-funding (4 percent) and donor funding (3 percent).
- The MOH increased its central expenditures from 20 percent in 1994/95 to 52 percent in 2007/08, while it decreased its regional expenditures from 80 percent to 48 percent within the same time period.
- Public spending remains a small proportion of total health spending.
 - Public spending comprises only one-third of total health spending and has remained at practically the same level between 1994/95 and 2007/08. Typically, as the income of a country increases, so does the share of public spending on health, but this has not been the case in Egypt.
- As was found in earlier rounds of NHA, the MOH is not the major player in health spending.
 - Between 1994/95 and 2007/08, the share of the MOH spending to total health spending increased by only two percentage points (from 22 percent to 24 percent.)
 - Between 1994/95 and 2007/08, spending by the MOH increased from 1.2 billion LE to 10.27 billion LE, an increase of over 530 percent. While this appears significant, it is important to place this within the overall macroeconomic situation in Egypt. The fact remains that, between 2001/02 and 2007/08, the share of MOH expenditures to government of Egypt (GOE) expenditures has actually declined, from 3.87 percent to 3.53 percent.
 - Compared with other middle-income countries in the region, Egypt invests the lowest percentage of the government budget in health. Algeria (10.7 percent), Lebanon (12.4 percent), Iran (11.4 percent), and Jordan (11.4 percent) all spend a significantly higher proportion of the government's budget on health.
- The burden of household out-of-pocket spending remains high.
 - Out-of-pocket spending remains the single largest source of health care financing, accounting for 60 percent of total health spending.
 - Over the past 15 years, the share of out-of-pocket spending to total health spending has increased from 51 percent to 60 percent.
 - Of all the middle-income countries in the region, Egypt has the highest out-of-pocket spending on health.

3. RISK POOLING AND INSURANCE COVERAGE

- Between 1994/95 and 2007/08, the percentage of the population insured by the HIO increased from 35 percent to 55 percent. However, it is important to note that in the same period the role of the HIO as a financing agent declined from 12 percent to 8 percent, while the share of out-of-pocket spending to total health spending rose from 51 percent to 60 percent.
- The last major expansion of health insurance in Egypt was the introduction of the School Health Insurance Program in the mid-1990s.
- Between 1994/95 and 2007/08, HIO expenditures rose 317 percent, from 870 million LE to 2,760 million LE. This increase is associated with an increase in the number of beneficiaries and a 60 percent increase in the expenditure per beneficiary. Expenditures for pensioners and widows increased by more than six times in the same period.
- The HIO continues to have gaps between revenues and expenditures, for several reasons: the HIO administers a fragmented set of social health insurance programs established under different laws covering different population groups with separate rules for payment of premiums and management of benefits, leading to inefficiencies; benefits packages are broad and generous and include inpatient care, plastic surgery, and treatment abroad, while contribution and copayment rates are low, employers are able to opt out, and beneficiaries in low-income regions bear a larger cost burden than those in high-income regions.
- Tunisia (99 percent), Iran (98 percent), and Jordan (83 percent) all have achieved near universal coverage through social health insurance. Egypt was a pioneer in the early 1960s but now lags behind its peers in extending risk pooling to its population.

4. USES OF FUNDS

- In 2007/08, spending on pharmaceuticals and private clinics accounted for half of all health spending in Egypt (25.9 percent and 23.8 percent, respectively).
- In 2007/08, MOH facilities accounted for only 21 percent of total spending in Egypt, a decline from 25 percent of total spending in 2001/02.
- Between 2001/02 and 2007/08, the share of expenditures at public facilities has remained constant.
- Between 2001/02 and 2007/08, the GOE significantly increased investments in tertiary care. In 2001/02, expenditure on MOH hospitals was 3.8 billion LE and on university hospitals 1.5 billion LE. In 2007/08, expenditures at university hospitals had increased to 3.5 billion LE and those at MOH hospitals had dropped to 2.9 billion LE. This shows an increased focus on private sector provision of outpatient curative care.
- Between 2001/02 and 2007/08, the MOH more than tripled its spending on primary health care. Spending went from 1.1 billion LE in 2001/02 to 3.66 billion LE in 2007/08. A surprising finding is that increased outlays in primary health care have been accompanied by increased out-of-pocket spending.
- Since 1994/95, when the first NHA was conducted, the private sector has remained the major provider of outpatient services in Egypt.

5. DISCRETIONARY SPENDING ACCOUNT

Ever since the 1990s, the government has had a special discretionary fund (the PTES) to pay for treatment abroad and for certain services within the country for people who cannot afford such services. Starting in 2001, the GOE significantly increased the nature and scope of this scheme. Today, over 1.75 million Egyptians, nearly 2.6 percent of the total population, benefit from the scheme. While there are policies and procedures for how these benefits can and should be accessed, recent developments indicate a possibility that this scheme is being misused.¹ The rapid increase in PTES spending coincides with the rapid expansion of Specialized Centers under the MOH. According to the World Bank, these two factors have contributed to the “rapid increase in health spending among the government authorities.”²

Obtaining information on spending under PTES is extremely difficult due to a lack of transparency. However, it is estimated that PTES spending amounted to over 1.4 billion LE. Only 8.5 percent of the expenditures were incurred at private hospitals and another 2 percent on treatment abroad. The remaining expenditures were channeled to public facilities.

POLICY IMPLICATIONS OF NHA FINDINGS

The following observations represent actions that could be taken as a result of these findings.

- Increase public investments in health: There is an urgent need for Egypt to increase public investments in health overall and significantly increase its investments in the MOH.
- Address the issue of out-of-pocket spending: The continued high burden of out-of-pocket spending is a matter of serious concern. There is a need to understand why increased spending on primary health care as well as increase in insurance coverage has not led to a decrease in out-of-pocket spending.
- Fast-track comprehensive insurance reforms: There is a need to fast-track MOH efforts for comprehensive reforms of the health insurance systems. The increase in out-of-pocket spending, even as insurance coverage has expanded, signals the need to make social health insurance both responsive to consumer needs and sustainable in Egypt. The lack of efficiency in the current system that is due to fragmentation must be remedied by consolidating strategy and procedures into one system designed to cover the various population groups.
- Link investments to disease burden and demographic trends: Geographic or programmatic investments in health follow historical patterns and are tied to inputs (personnel, number of beds, etc.). Investments do not reflect the geographic distribution of disease burden (increased chronic diseases) or demographic trends (increased percentage of elderly). While such a change will continue to emphasize primary health care, it will lead to moving resources to high disease burden governorates, increased focus on prevention, and a focus on developing and implementing programs for the new population groups such as the elderly.
- Comprehensive pharmaceutical reforms: The MOH has undertaken various steps to streamline the procurement and distribution of pharmaceuticals. However, expenditures on pharmaceuticals remain high, with most spending incurred directly by households. Any attempt at reducing out-of-pocket spending and improving equity and efficiency of health spending has to include a continued emphasis on a comprehensive reform of the pharmaceutical sector.

¹ In March, a series of articles was published in local newspapers criticizing the implementation of the scheme. This led to a stand-off between the Minister of Health, who wanted to reform the program, and the People’s Assembly, which did not want any restriction put on their ability to provide care for their constituents.

² World Bank. January 2006. *Egypt Health Policy Note: Egypt Health Expenditure Review*. http://www-wds.worldbank.org/external/default/WDSCContentServer/WDSP/IB/2008/12/22/000333038_20081222033756/Rendered/INDEX/469380ESW0whit10Policy0Note010Final.txt

- Make the private sector a true partner: The private sector remains the single largest provider of outpatient care. Similarly, there has been an expansion in the number and types of private hospitals in the country. However, the government has not effectively leveraged the private sector to meet the health needs of the population by increasing access to quality health care services. On the contrary, some government actions, such as channeling government and HIO funds primarily to public facilities, stifle the growth of private markets.
- Control and rationalize spending under PTES: The government initiated PTES as a safety net for those who did not have insurance coverage. However, as the analysis has shown, expenditures under this scheme have grown exponentially and there is very little transparency in how resources are being spent. There is a clear need to control and rationalize spending under PTES.

SUGGESTED IMPROVEMENTS TO THE HEALTH FINANCING SYSTEM WITHIN THE MOH

The following observations represent actions that could be taken as a result of these findings.

- Improve capacity in health policy and health economics at the MOH: The lack of technical capacity in health economics at the MOH Department of Planning is an obstacle to conducting health financing analyses (NHA, costing and efficiency studies, resource tracking, etc.). These analyses are needed to support the MOH's effort to reform Egypt's health system, including the major expansion of health insurance. While the Department of Planning has a Health Economics Unit, it is not operational. It lacks staff with necessary skills in health economics, health policy, statistics, management, and epidemiology.
- Institutionalize a structure to systematically collect and analyze information on financing and costs at the facility and program levels. Every round of NHA has highlighted the fact that the MOH cannot tell on a monthly basis what it spends by governorate, by hospital, by primary health care facility, or by program. This means that managers do not have the information to monitor and efficiently run their facilities and programs. Similarly, hospitals and primary health care centers do not have information on the cost and efficiency of services they produce. The MOH has undertaken an innovative expenditure tracking exercise to understand how family planning, maternal-child health, and infection control program expenditures are made by level (national, governorate, districts, and facilities), activity, and function. Similarly, costing exercises have been undertaken at a number of hospitals and primary health care centers. It is important to put a system in place whereby NHA, expenditure tracking, and costing become routine activities of the MOH and to ensure that this information is used for planning, budgeting, and policy formulation.

I. NATIONAL HEALTH ACCOUNTS: MAIN FINDINGS

I.1 OVERVIEW

Egypt has a pluralistic and fragmented health system with multiple sources of financing (see Annex A), financing agents (see Annex B), and providers (see Annex C). The multiple financing sources include government spending that comes from direct tax revenues, out-of-pocket spending by households as premium payments for insurance and direct spending on health, employers' spending on the health of their employees, a dedicated cigarette tax, and donor assistance. There are a large number of entities through which these resources flow, including the Ministry of Health (MOH), the Ministry of Higher Education (MOHE), the Health Insurance Organization (HIO), other ministries, public sector entities, and nongovernmental organizations (NGOs). The provider market is equally fragmented; the MOH owns and operates a large network of hospitals and outpatient facilities. Other public sector entities, such as the HIO, the Curative Care Organization (CCO), and Universities and Teaching Hospitals and Institutes Organization (THIO), all run their own facilities. There is a growing private market composed of hospitals, outpatient clinics, pharmacies, and traditional healers. An important characteristic of health financing in Egypt is the fact that the flow of funds from sources to financing agents and then on to providers occurs along almost mutually exclusive tracts (silos). This makes it difficult to effectively coordinate and manage across ministries, sectors (public and private), and entities.

Table 1 provides a summary of the main findings of the National Health Accounts (NHA) for fiscal 2007/08. In that year, Egypt spent 42.5 billion Egyptian pounds (LE) on health care, representing 4.75 percent of the country's gross domestic product (GDP). This translates to a per capita health spending of 566.4 LE. Household spending finances 60 percent of total health spending, followed by Ministry of Finance (MOF) spending at 35 percent, with the rest accounted for by public and private firms and external assistance. Spending on pharmaceuticals remains high, 26 percent of total health spending.

Between 1994/95 and 2001/02, total health spending rose from 7.5 billion LE to 42.5 billion LE. Public spending increased from 2.5 billion LE to 13.9 billion LE; of this, MOH expenditures rose from 1.6 billion LE to 10.2 billion LE. Prima-facie, these increases appear spectacular. However, a much more sobering picture emerges when these expenditures are viewed in the context of the country's overall macroeconomic situation.

Between 1994/95 and 2001/02, the percentage of the country's GDP going to health increased from 3.70 percent to 5.99 percent but has subsequently declined to 4.75 percent. Public spending on health as a percentage of total health spending has remained at 1994/95 levels, and government spending on health as a percentage of its budget has remained static at 5 percent. Between 1994/95 and 2007/08, MOH spending as a percentage of total health spending increased from 22 percent to 24 percent, representing an increase of just two percentage points.

The global experience has been that as a country's per capita income rises, so does the share of public spending on health. At the same time, the burden of private spending on health declines. This is not the case with Egypt – out-of-pocket spending as a percentage of total health spending has increased. Given the continued high burden of infectious diseases, the emergence of chronic health conditions as a public health concern, and the aging of the population, there is a need for the country to increase its investments in health.

TABLE I: SUMMARY OF THE MAIN NHA FINDINGS, 1994/95, 2001/02, 2007/08

	1994/95	2001/02	2007/08
Total Population (Million)	59.2	66.7	75.1
GDP Estimates (LE Billion)	203.135	385.020	896.500
Total Health Expenditure (THE) (LE Billion)	7.516	23.081	42.539
Public Health Expenditures (LE Billion)	2.490	6.835	13.866
MOH Expenditures (LE Billion)	1.620	5.199	10.226
Household Expenditures (LE Billion)	3.819	14.294	25.507
Pharmaceuticals (LE Billion)	2.716	8.585	11.012
THE per Capita (LE)	126.959	346.042	566.431
Percent GDP Spent on Health	3.70%	5.99%	4.75%
Public Health Expenditures Percent of THE	33%	30%	33%
MOH Expenditures Percent of THE	22%	23%	24%
Out-of-Pocket Expenditures as Percent of THE	51%	62%	60%
Pharmaceuticals as Percent of THE	36%	37%	26%
Public Expenditures as Percent of Government of Egypt Expenditures		5%	5%
MOH Expenditures as Percent of Government of Egypt Expenditures		4%	3%

1.2 EGYPT IN COMPARISON WITH OTHER MIDDLE-INCOME COUNTRIES IN THE REGION

Table 2 presents information comparing Egypt with other middle-income countries in the Middle East and North Africa region. Egypt spends less of its GDP on health than most other countries in the region. Only Algeria, Libya, and Syria spend less on health as a percentage of GDP. Government spending as a percentage of total health spending is the lowest in Egypt, as is health spending by the government of Egypt (GOE) as a percentage of its total budget. Out-of-pocket spending as a percentage of total health spending is the highest in Egypt. In terms of per capita spending on health, only Syria and Djibouti spend less than Egypt. Therefore, in terms of health spending, Egypt does not compare favorably with other middle-income countries in the region. There is a need to increase both the percentage of GDP going to health as well as public investments in health.

TABLE 2: EGYPT IN COMPARISON WITH OTHER MIDDLE-INCOME COUNTRIES IN THE REGION, 2008

	PERCENT GDP SPENT ON HEALTH	GOVERNMENT SPENDING AS THE PERCENTAGE	HEALTH SPENDING AS PERCENTAGE OF TOTAL GOVERNMENT BUDGET	OUT-OF-POCKET EXPENDITURE AS THE PERCENTAGE	PER CAPITA HEALTH SPENDING (CONSTANT 2005 US\$)
Algeria	4.49%	83.85%	10.65%	15.30%	205
Djibouti	8.54%	76.07%	14.15%	23.60%	81
Egypt	4.75%	33.00%	5.00%	60.00%	111
Iran	6.30%	45.72%	11.40%	51.68%	294
Jordan	9.10%	62.20%	11.35%	33.40%	273
Lebanon	8.76%	48.99%	12.39%	39.95%	551
Libya	2.80%	75.88%	5.38%	24.12%	383
Morocco	5.33%	34.97%	6.17%	56.13%	133
Syria	3.23%	45.13%	6.01%	54.87%	76
Tunisia	5.95%	49.57%	8.90%	42.52%	213

Sources: World Health Organization (WHO) NHA data, Egypt NHA results, Jordan NHA report

2. FLOW OF FUNDS

2.1 FINANCING SOURCES: WHO PAYS FOR HEALTH CARE?

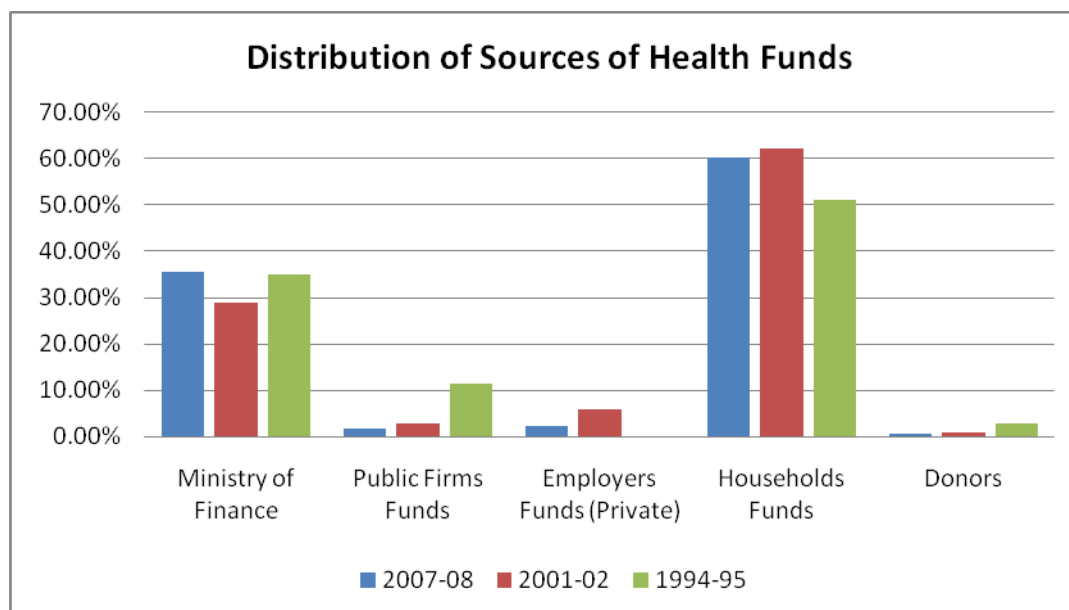
As shown in Table 3 and Figure 1, in 2007/08, the greatest contributor to health financing in Egypt is household out-of-pocket spending, at 60 percent of total health spending. The MOF contributes only 35.3 percent, which translates to 201 LE per capita.

TABLE 3: FINANCING SOURCES OF THE EGYPTIAN HEALTH CARE SYSTEM, 2007/08

SOURCES	AMOUNT (LE)	PERCENT	PER CAPITA
Ministry of Finance	15,102,740,752	35.5%	201.11
Public Firms Funds	718,253,286	1.7%	9.56
Employer Funds (Private)	944,218,992	2.2%	12.57
Household Funds	25,507,964,370	60.0%	339.67
Donors	266,133,922	0.6%	3.54
Total	42,539,311,323	100%	566.46

Figure 1 also shows that, between 1994/95 and 2007/08, the donors' share of total health spending declined from 2.9 percent to 0.6 percent, out-of-pocket spending increased from 51.0 percent to 60.0 percent, and the contribution of public firms declined from 11.4 percent to 1.7 percent.

FIGURE 1: FINANCING SOURCES OF THE EGYPTIAN HEALTH CARE SYSTEM, 1994/95, 2001/02, 2007/08



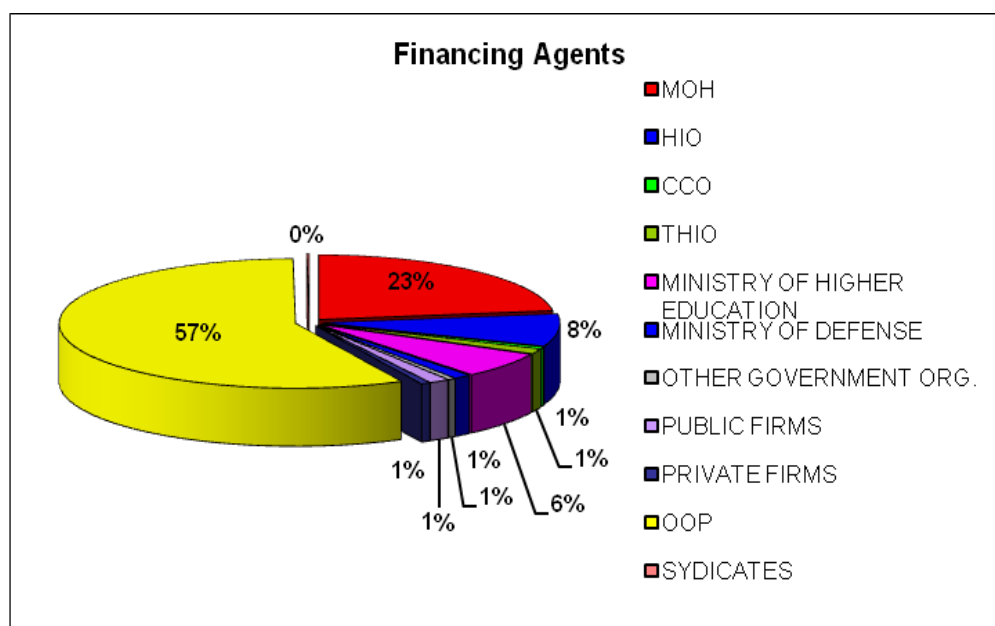
2.2 FINANCING AGENTS: WHO MANAGES HEALTH FUNDS?

Financing agents are the institutions or entities that channel the funds received from financing sources and use these funds to pay for or purchase health services and activities. Table 4 and Figure 2 show that 57 percent of the funds in the Egyptian health system are managed through households' out-of-pocket expenditures. The second major manager is the MOH, at 23 percent. The Ministry of Defense (MOD) and MOHE also play a significant role in the Egyptian health system, together managing almost 8 percent of funds. There are also minor financing agents, managing less than 6 percent (CCO, THIO, firms, and syndicates).

TABLE 4: FINANCING AGENTS OF THE EGYPTIAN HEALTH SYSTEM, 2007/08

FINANCING AGENT	VALUE (LE)	PERCENT	PER CAPITA (LE)
MOH	9,696,512,715	22.79	129.12
HIO	3,427,461,731	8.06%	45.64
CCO	206,522,627	0.49%	2.75
THIO	529,957,479	1.25%	7.06
MOHE	2,715,019,644	6.38%	36.15
MOD	500,000,000	1.18%	6.66
Other Govt. Orgs	218,079,931	0.51%	2.90
Public Firms	580,746,930	1.37%	7.73
Private Firms	262,514,457	0.62%	3.50
Household Out-of-Pocket	24,329,113,741	57.19%	323.97
Syndicates	73,382,068	0.17%	0.98
Total	42,539,311,323	100.00%	566.46

FIGURE 2: FINANCING AGENTS OF THE EGYPTIAN HEALTH SYSTEM, 2007/08



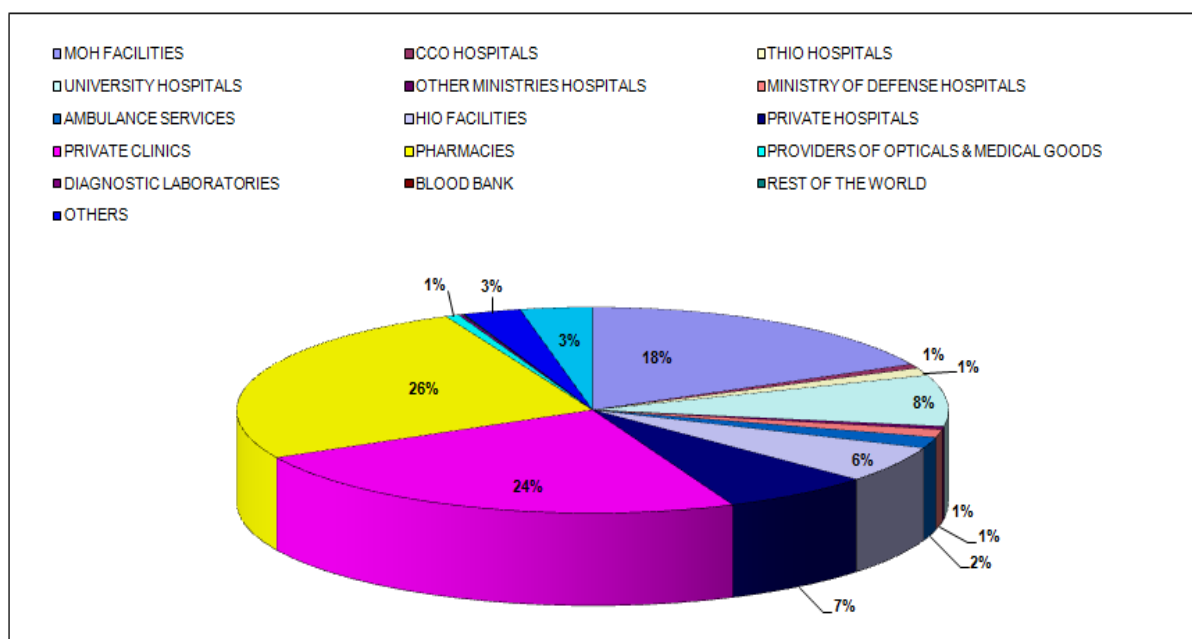
2.3 PROVIDERS OF HEALTH CARE

As shown in Table 5 and Figure 3, expenditures at private facilities (hospitals and clinics) and pharmacies, 31 percent and 26 percent respectively, account for half of all health spending in Egypt. MOH facilities represent 18 percent, followed by university hospitals at 8 percent and HIO facilities at about 6 percent.

TABLE 5: EXPENDITURE BY TYPE OF PROVIDER AND OWNERSHIP, 2007/08

PROVIDERS	AMOUNT (LE)	PERCENT	PER CAPITA
MOH Facilities	7,513,250,114	17.7%	100.05
CCO Hospitals	283,292,347	0.7%	3.77
THIO Hospitals	505,562,558	1.2%	6.73
University Hospitals	3,417,477,947	8.0%	45.51
Other Ministries' Hospitals	220,117,840	0.5%	2.93
MOD Hospitals	522,630,000	1.2%	6.96
Ambulance Services	732,835,000	1.7%	9.76
HIO Facilities	2,441,294,977	5.7%	32.51
Private Hospitals	2,900,397,771	6.8%	38.62
Private Clinics	10,107,977,487	23.8%	134.60
Pharmacies	11,012,310,074	25.9%	146.64
Providers of Optical & Medical Goods	264,018,296	0.6%	3.52
Diagnostic Laboratories	78,530,505	0.2%	1.05
Blood Bank	5,525,000	0.0%	0.07
Rest of the World	33,134,621	0.1%	0.44
Others	1,109,109,250	2.6%	14.77
Govt Administration of Health	1,391,847,535	3.3%	18.53
Total	42,539,311,323	100.0%	566.46

FIGURE 3: EXPENDITURE BY TYPE OF PROVIDER AND OWNERSHIP, 2007/08



2.4 EXPENDITURES AT A SUB-SYSTEM LEVEL

2.4.1 MINISTRY OF HEALTH

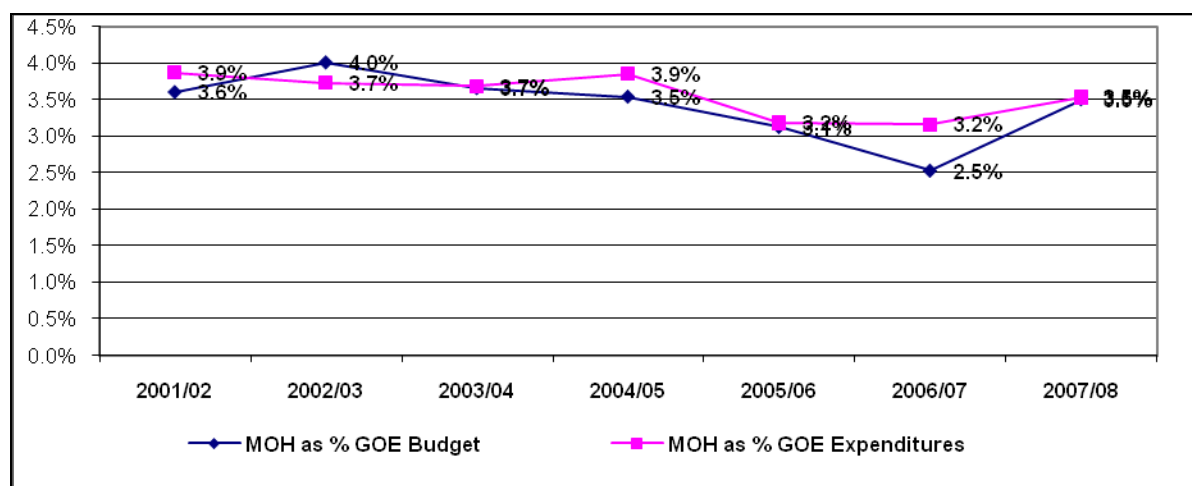
2.4.1.1. MOH EXPENDITURE FROM 2001 TO 2007

Table 6 and Figure 4 show that the MOH share of both the GOE budget and GOE expenditures has remained low, between about 3 percent and 4 percent, from 2001/02 to 2007/08.

TABLE 6: MOH BUDGET AND EXPENDITURE IN RELATION TO GOE BUDGET AND EXPENDITURE, 2001/02-2007/08

	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
GOE Budget	126,853	141,000	159,600	177,427	214,672	274,169	269,618
GOE Exp.	134,403	149,315	164,884	179,813	236,280	251,060	293,708
MOH Budget	4,572	5,654	5,838	6,283	6,709	6,929	9,449
MOH Exp.	5,199	5,570	6,075	6,931	7,535	7,946	10,367
MOH as % GOE Budget	3.6%	4.0%	3.7%	3.5%	3.1%	2.5%	3.5%
MOH as % GOE Exp	3.9%	3.7%	3.7%	3.9%	3.2%	3.2%	3.5%
GDP Value	385,020	417,500	485,000	538,500	617,700	744,800	896,500
GOE Exp. as % GDP	34.9%	35.8%	34%	33.4%	38.3%	33.7%	32.8%
MOH Exp. as % GDP	1.4%	1.3%	1.3%	1.3%	1.2%	1.1%	1.2%

FIGURE 4: MOH BUDGET AND EXPENDITURE SHARE OF THE GOE BUDGET AND EXPENDITURE, 2001/02–2007/08

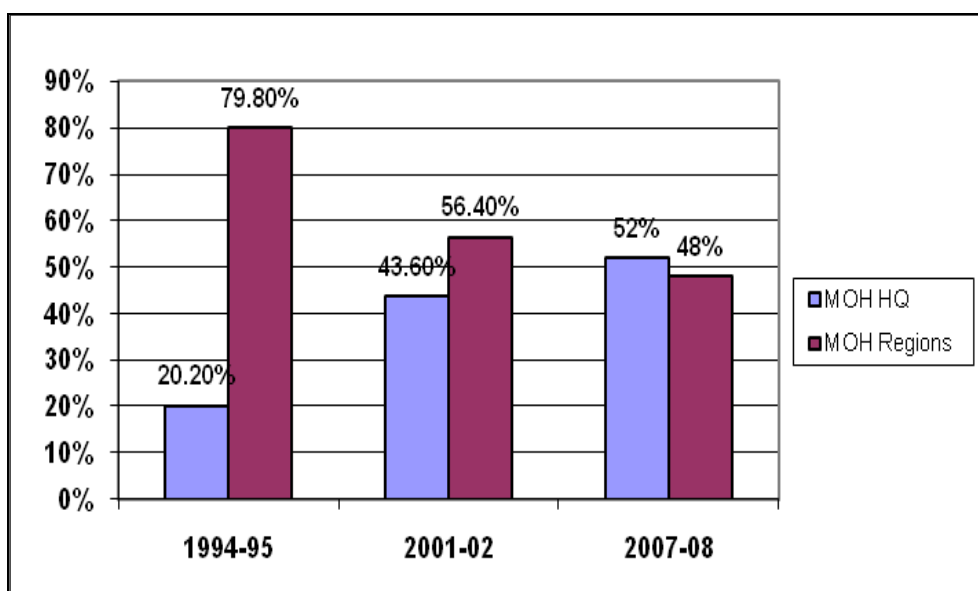


As was seen above in Table 2, among all middle-income countries in the region, Egypt spends the lowest proportion of its budget on health. In addition, the MOH expenditure on average represents only 1 percent of the total GDP and one-fifth of the Egypt's total health spending.

2.4.1.2 TRENDS IN MOH EXPENDITURE

The MOH has moved toward increasing its central expenditures; as Figure 5 illustrates, expenditures by the MOH headquarters (HQ) have risen from 20 percent in 1994/95 to 52 percent in 2007/08. During the same time period, regional expenditures decreased from 80 percent to 48 percent.

FIGURE 5: MOH TRENDS OF EXPENDITURE, 1994/95, 2001/01, 2007/08



2.4.1.3 MOH SOURCES OF FUNDS

Table 7 shows that 93 percent of MOH activity is funded by the MOF, followed by self-funding at 4 percent. Funding from donors represents only 3 percent of MOH sources of funding.

TABLE 7: MOH SOURCES OF FUNDS, 2007/08

SOURCE	HQ	REGIONS	TOTAL	PERCENT
MOF	4,245,867,166	4,167,275,490	8,413,142,656	93%
Self Funds	192,945,029	144,760,523	337,705,552	4%
Donors	250,803,050		250,803,050	3%
TOTAL	4,689,615,245	4,312,036,013	9,001,651,258	100%

2.4.1.4 USES OF MOH FUNDS

As shown in Table 8, 20.2 percent of MOH funds go to MOH hospitals, followed by Family Planning Centers (17.5 percent) and MOH Health Centers (14.6 percent). The MOH spends 11.5 percent on pharmacies and 15.4 percent on health care system administration.

TABLE 8: USES OF MOH FUNDS, 2007/08

USE	HQ	REGIONS	TOTAL	PERCENT
MOH Hospitals	490,766,711	1,331,230,243	1,821,996,954	20.2%
HIO Hospitals	25,707,537	--	25,707,537	0.3%
University Hospitals	225,355,326	--	225,355,326	2.5%
THIO Hospitals	94,444,079	--	94,444,079	1.0%
CCO Hospitals	43,080,102	--	43,080,102	0.5%
MOD Hospitals	20,000,000		20,000,000	0.2%
MOH Specialized Hospitals	459,603,802		459,603,802	5.1%
Private Hospitals	126,736,530		126,736,530	1.4%
Family Planning Centers	14,191,000	1,561,827,661	1,576,018,661	17.5%
Ambulance Services	732,835,000		732,835,000	8.1%
Blood and Organ Banks	5,525,000		5,525,000	0.1%
Pharmacies	453,866,325	583,099,758	1,036,966,083	11.5%
Other Providers of Medical Goods	104,773,142		104,773,142	1.2%
Gov. Administration of Health	1,099,741,691	287,128,092	1,386,869,783	15.4%
Rest of the World	28,060,000		28,060,000	0.3%
Total	4,689,615,245	4,312,036,013	9,001,651,258	100%

2.4.2 SPECIALIZED CENTERS OF EXCELLENCE

As illustrated in Figure 6, the MOF is the main source of funding for the Specialized Centers of Excellence, at 88.2 percent. This is followed by self-funding, at 11.4 percent. Donors, at only 0.4 percent, are a minor source of funding.

FIGURE 6: SPECIALIZED CENTERS OF EXCELLENCE SOURCES OF FUNDS, 2007/08

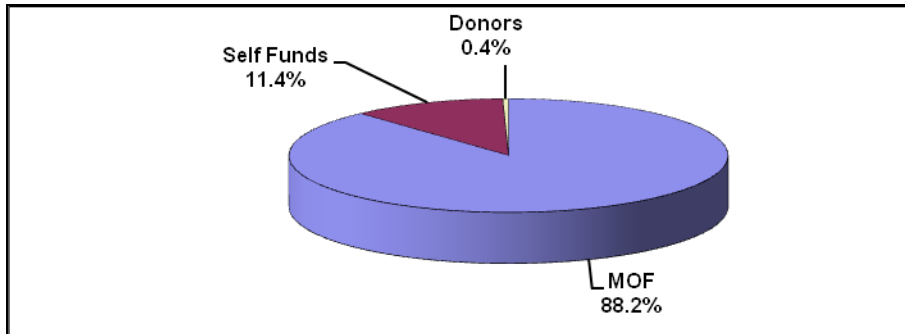


Table 9 shows that 64 percent of funds for Specialized Centers of Excellence is used for MOH Specialized Hospitals and 36 percent is used for pharmaceuticals.

TABLE 9: USES OF SPECIALIZED CENTERS OF EXCELLENCE FUNDS, 2007/08

USE	VALUE IN LE	PERCENT
MOH Specialized Hospitals	441,856,469	64%
Pharmacies	253,004,988	36%
Total	694,861,457	100%

2.4.3 HEALTH INSURANCE ORGANIZATION

Students, who are covered by Law 99, represent the highest percentage (43 percent) of HIO beneficiaries (see Figure 7). The next largest group is infants, covered by Decree 380; they represent 30 percent of HIO beneficiaries. Twenty-one percent of HIO beneficiaries are workers covered by both Laws 32 and 79. Pensioners and widows (included in Laws 32 and 79) comprise 6 percent of HIO beneficiaries.

FIGURE 7: HIO BENEFICIARIES, BY INSURANCE LAW, 2007/08

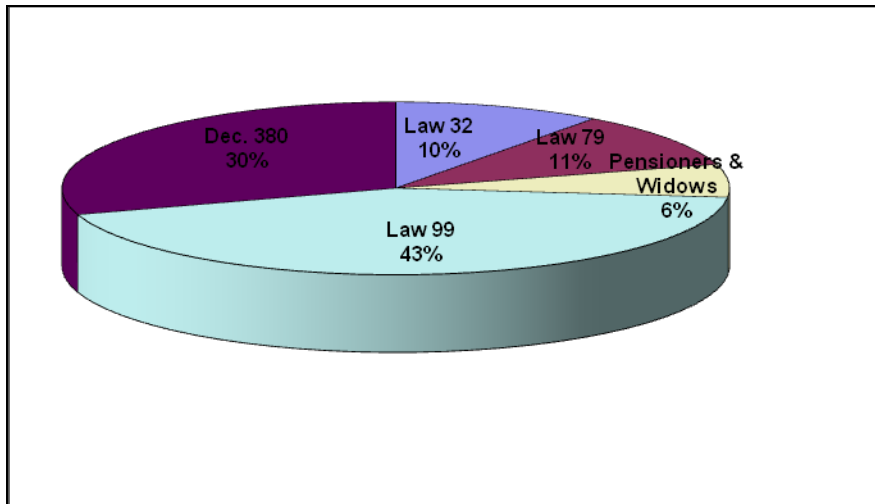
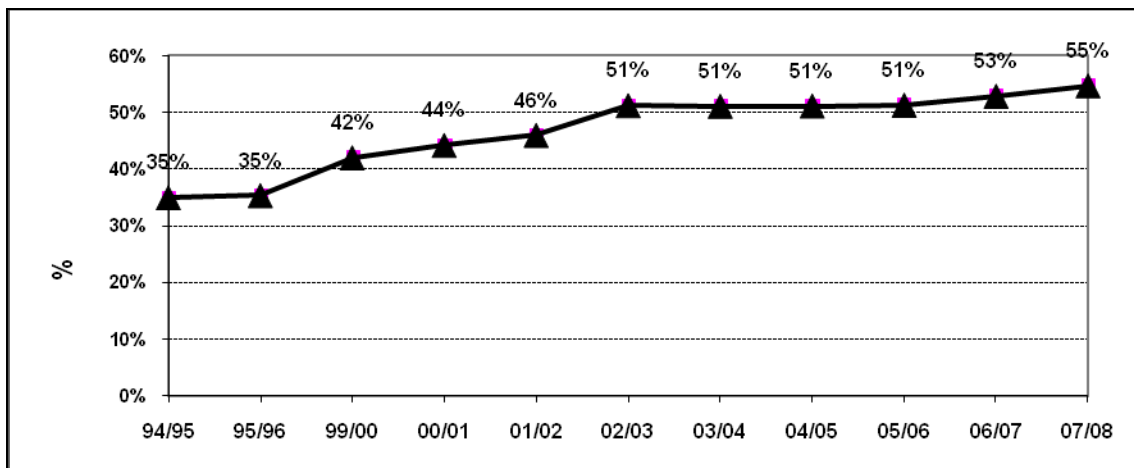


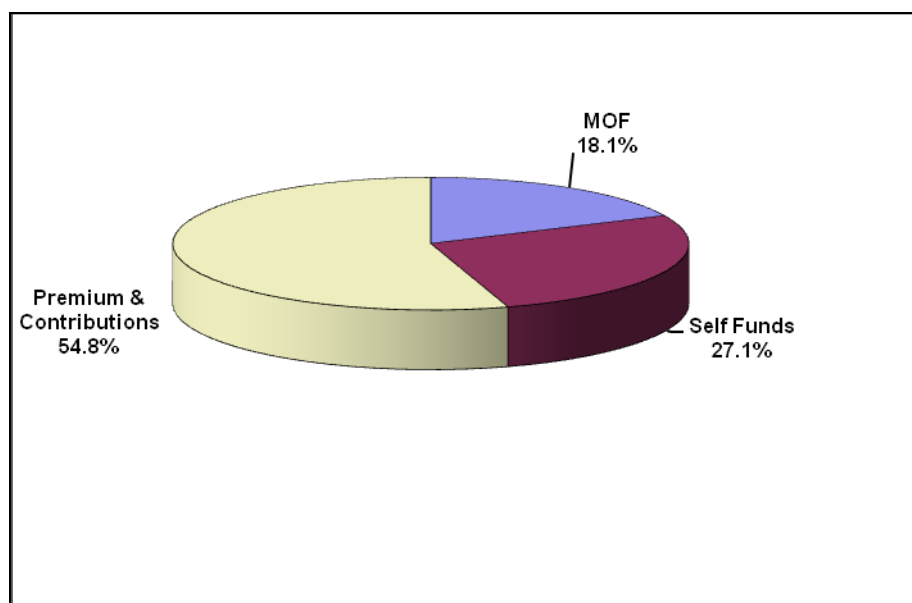
Figure 8 shows how the percentage of the population insured by the HIO has grown, from 35 percent in 1994/95 to 55 percent in 2007/08.

FIGURE 8: PERCENTAGE OF POPULATION INSURED BY HIO, 1994/95-2007/08



The HIO depends on premiums and insured copayments as its main source of finance. Figure 9 illustrates that these sources together represent 55 percent of the HIO's total revenue. Earnings from the HIO as a provider for other organizations represent 27 percent of revenue and MOH allocations to the HIO represent 18 percent of its funds.

FIGURE 9: HIO SOURCES OF FUNDS, 2007/08



As shown in Table 10, the HIO uses its funds primarily to finance its hospitals (56.1 percent of HIO funding) followed by pharmaceuticals, at 19.1 percent. The HIO also purchases health care services on behalf of its beneficiaries from non-HIO facilities: MOH hospitals (4.8 percent), dialysis centers (3.4 percent), university hospitals (3.1 percent), and private hospitals (2.0 percent).

TABLE 10: HIO USES OF FUNDS, 2007/08

USE	AMOUNT (LE)	PERCENT
MOH Hospitals	166,000,000	4.8%
HIO Hospitals	1,923,967,351	56.1%
University Hospitals	107,440,000	3.1%
THIO Hospitals	42,080,000	1.2%
CCO Hospitals	43,140,000	1.3%
MOD Hospitals	2,630,000	0.1%
Private Hospitals	67,960,000	2.0%
Dialysis Centers	117,630,000	3.4%
MOH Health Centers	1,510,000	0.0%
Other Health Centers	94,800,000	2.8%
Medical and Diagnostic Laboratories	47,610,000	1.4%
Pharmacies	655,979,468	19.1%
Other Providers of Medical Goods	156,714,912	4.6%
Total	3,427,461,731	--

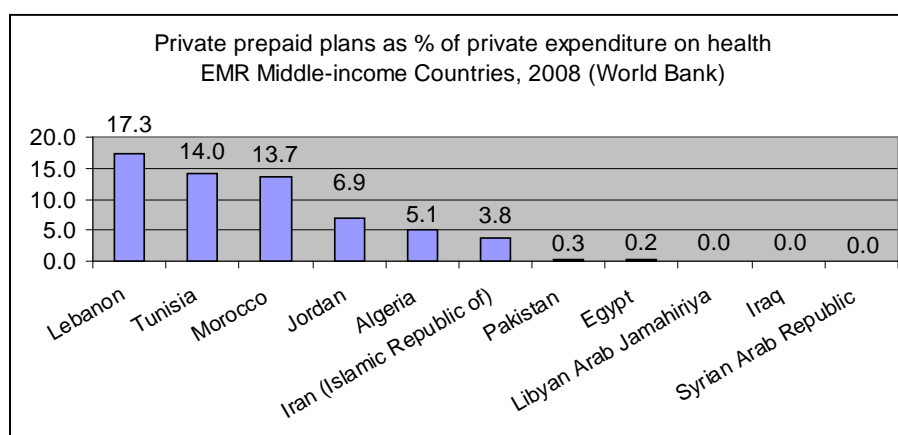
As shown in Table 11, total HIO expenditure doubled between 1994/95 and 2001/02, going from 870 million LE to 1,715 million LE. It grew by another 60 percent by 2007/08, reaching 2,760 million LE. This increase is associated with an increase in the number of beneficiaries and a 60 percent increase in the expenditure per beneficiary from 1994 to 2007. It is remarkable that the expenditure covering pensioners and widows has increased by more than six times in the same period, going from 121 million LE in 1994/95 to 775 million LE in 2007/08.

TABLE 11: HIO EXPENDITURE BY LAW, 1994/95, 2001/02, 2007/08 (MILLION LE)

	EXPENDITURE, BY LAW					TOTAL EXPENDITURE	NO. OF BENEFICIARIES	EXPENDITURE / BENEFICIARY
	LAW 79	PENSIONERS/ WIDOWS	LAW 32	LAW 99	DECR-EE 380			
1994/95	240	121	219	290	--	870	20,670	4,209
2001/02	391	334	304	598	88	1,715	30,633	5,599
2007/08	583	775	501	752	149	2,760	41,073	6,720

Of the 11 middle-income countries in WHO's Eastern Mediterranean region (EMR), eight have less than 10 percent of the private expenditure on health covered by private prepaid plans. Egypt is at the low end of that group, at 0.2 percent, as shown in Figure 10.

FIGURE 10: PRIVATE PREPAID PLANS AS A PERCENT OF PRIVATE EXPENDITURE ON HEALTH, 2007/08

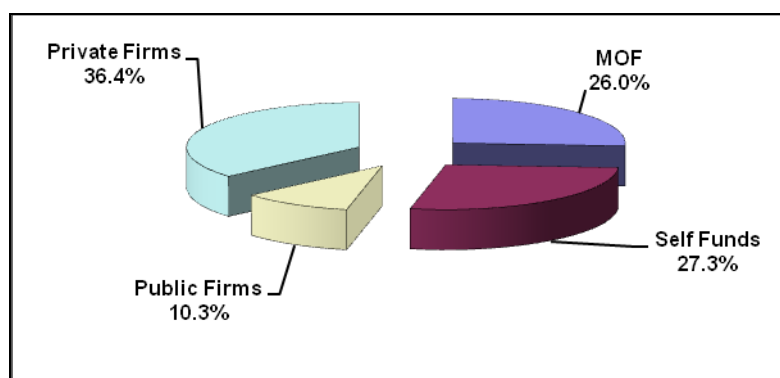


Source: World Bank

2.4.4 CURATIVE CARE ORGANIZATION

Figure 11 shows that an appreciable share – nearly one half – of CCO revenue is from private firms (36.4 percent) and public firms (10.3 percent). Revenues from other institutes and individuals in the form of self funds is at 27.3 percent. MOH allocations to the CCO represent 26.0 percent of its funds.

FIGURE 11: CCO SOURCES OF FUNDS, 2007/08



As shown in Table 12, the CCO uses most of its funds (95 percent) to finance its hospitals, followed by funding for pharmaceuticals (3 percent). The CCO uses only 2 percent of its sources for its administration.

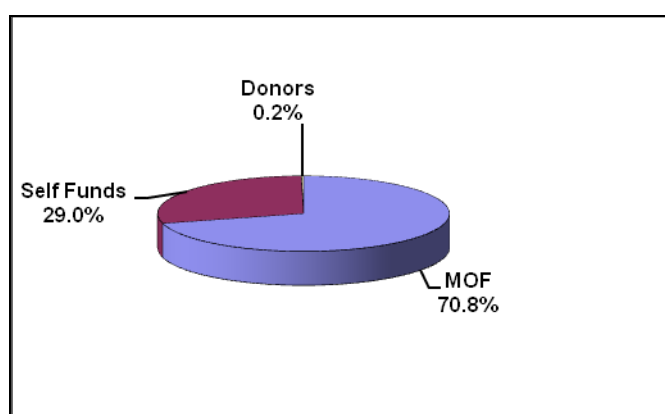
TABLE 12: CCO USES OF FUNDS, 2007/08

Use	Value (LE)	Percent
CCO Hospitals	195,699,043	95%
Pharmacies	5,845,832	3%
Administration	4,977,752	2%
Total	206,522,627	--

2.4.5 TEACHING HOSPITALS AND INSTITUTES ORGANIZATION

As illustrated in Figure 12, the THIO depends mainly on MOH fund allocations for the largest share of its resources (70.8 percent). Its second source of funding (29.0 percent) comes from providing health care services to institutes and individuals. The donors' share is very minor, 0.2 percent.

FIGURE 12: THIO SOURCES OF FUNDS, 2007/08



The THIO uses 69 percent of its funds to finance its hospitals and the remaining 31 percent for pharmaceuticals, as shown in Table 13.

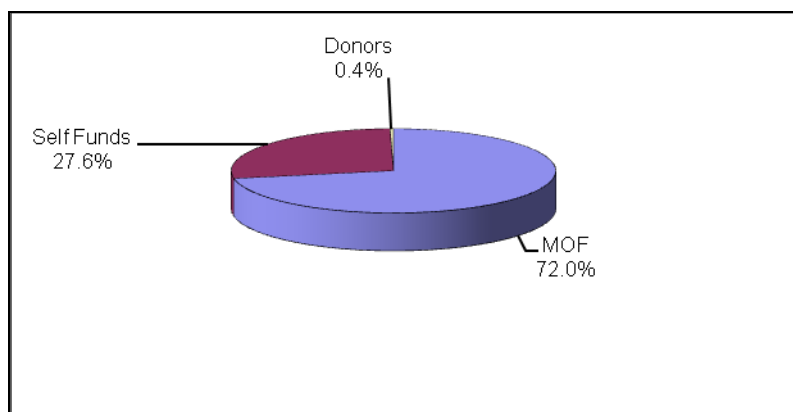
TABLE 13: THIO USES OF FUNDS, 2007/08

Use	Value (LE)	Percent
THIO Hospitals	367,738,479	69%
Pharmacies	162,219,000	31%
Total	529,957,479	100%

2.4.6 MINISTRY OF HIGHER EDUCATION HOSPITALS

As illustrated in Figure 13, MOF allocations are the main source of funding for MOHE hospitals (72 percent). The second source of funding (27.6 percent) is revenues from providing health care services to institutes and individuals. The donors' contribution to funding of MOHE hospitals is 0.4 percent.

FIGURE 13: MOHE HOSPITALS SOURCES OF FUNDS, 2007/08



The MOHE uses 87 percent of its funds to finance its university hospitals. Thirteen percent is used for pharmaceuticals, as indicated in Table 14.

TABLE 14: MOHE HOSPITALS USES OF FUNDS, 2007/08

USE	VALUE (LE)	PERCENT
University Hospitals	2,364,176,644	87%
Pharmacies	350,843,000	13%
Total	2,715,019,644	--

2.4.7 PUBLIC AND PRIVATE FIRMS

This section covers the sources and uses of funds by public and private firms. The data used in this section are not comprehensive due to the time constraints for data collection. This section is supplementary and not the main focus of NHA 2007/08.

2.4.7.1 PUBLIC FIRMS

As illustrated in Table 15, public firms depend mainly on self-funding, which represents 97 percent of their total funding, followed by premiums and contributions, which represent only 3 percent. Sixty-six percent of public firms participate in an insurance program for their employees while 34 percent contract directly with health care providers. Sixty-eight percent of public firm funds go to private hospitals, followed by 10 percent going to pharmacies and 7 percent going to other health centers. The MOH and medical diagnostic labs each represent 4 percent of the public firms' uses of funds.

TABLE 15: PUBLIC FIRMS SOURCES AND USES OF FUNDS, 2007/08

PUBLIC FIRMS SOURCE OF FUNDS (LE)				
	OFFERING INSURANCE PROGRAM	NOT OFFERING INSURANCE	TOTAL	PERCENT
Firm	364,321,612	197,327,818	561,649,430	97%
Premiums & Contributions	19,097,500		19,097,500	3%
Total	383,419,112	197,327,818	580,746,930	100%
Percentage	66%	34%	100%	
USES OF PUBLIC FIRMS FUNDS (LE)				
	OFFERING INSURANCE PROGRAM	NOT OFFERING INSURANCE	TOTAL	PERCENT
MOH Hospitals	3,844,774	20,833,831	24,678,605	4.2%
HIO Hospitals	--	13,518,856	13,518,856	2.3%
University Hospitals	--	--	--	0.0%
THIO Hospitals	--	--	--	0.0%
CCO Hospitals	--	935,000	935,000	0.2%
Other Ministries' Hospitals	--	950,000	950,000	0.2%
Private Hospitals	286,382,863	108,600,634	394,983,497	68.0%
Offices of Physicians	1,845,285	8,974,498	10,819,783	1.9%
Offices of Dentists	341,199	32,000	373,199	0.1%
MOH Health Centers	--	105,600	105,600	0.0%
Other Health Centers	41,000,000		41,000,000	7.1%
Medical and Diagnostic Laboratories	13,911,555	10,064,435	23,975,990	4.1%
Pharmacies	27,432,006	28,746,146	56,178,152	9.7%
Providers of Optical Glasses	--	--	--	0.0%
Other providers of Medical Goods	--	839,356	839,356	0.1%
Rest of the World	1,591,211	1,900,000	3,491,211	0.6%
Others	7,070,219	1,827,462	8,897,681	1.5%
	383,419,112	197,327,818	580,746,930	100.0%

2.4.7.2 PRIVATE FIRMS

As Table 16 illustrates, private firms depend solely (100 percent) on self-funding. Fifty-seven percent of public firms participate in an insurance program for their employees. The remaining 43 percent either provide services directly or through contracting with health care providers. Fifty-four percent of the private firms' funds go to private hospitals, 14 percent to private clinics/physicians' offices, and 8 percent to pharmacies.

TABLE 16: PRIVATE FIRMS SOURCES AND USES OF FUNDS, 2007/08

PRIVATE FIRMS SOURCE OF FUNDS (LE)				
	OFFERING INSURANCE PROGRAM	NOT OFFERING INSURANCE	TOTAL	PERCENT
Firm	149,522,947	112,991,510	262,514,457	100%
Premiums & Contributions	--	--	-	--
Total	149,522,947	112,991,510	262,514,457	100%
Percentage	57%	43%	100%	

USES OF PRIVATE FIRMS FUNDS (LE)				
	OFFERING INSURANCE PROGRAM	NOT OFFERING INSURANCE	TOTAL	PERCENT
MOH Hospitals	850,000	2,406,120	3,256,120	1.2%
HIO Hospitals	--	--	--	0.0%
University Hospitals	--	1,150,000	1,150,000	0.4%
THIO Hospitals	--	1,300,000	1,300,000	0.5%
CCO Hospitals	--	438,202	438,202	0.2%
Other Ministries' Hospitals	200,000	--	200,000	0.1%
Private Hospitals	77,047,799	64,466,320	141,514,119	53.9%
Offices of Physicians	31,675,171	5,697,174	37,372,345	14.2%
Dentists' Offices	867,044	200,000	1,067,044	0.4%
MOH Health Centers	--	--	--	0.0%
Other Health Centers	--	95,489	95,489	0.0%
Medical and Diagnostic Laboratories	722,582	6,221,933	6,944,515	2.6%
Pharmacies	4,401,942	17,295,594	21,697,536	8.3%
Providers of Optical Glasses	60,000	--	60,000	0.0%
Other Providers of Medical Goods	12,000	1,618,886	1,630,886	0.6%
Rest of the World	--	1,583,410	1,583,410	0.6%
Others	33,686,409	10,518,382	44,204,791	16.8%
	149,522,947	112,991,510	262,514,457	100.0%

2.4.7.3 TOTAL FIRMS

As shown in Table 17, firms depend mainly (98 percent) on self-funding, followed by premiums and contributions, which represent only 2 percent. Sixty-three percent of firms participate in an insurance program for their employees, while 43 percent either directly provide health care services or contract directly with other providers.

Firms spend 64 percent of their resources on private hospitals, whether through insurance programs or direct contracts. This is followed by pharmacies, which receive 9 percent of firm funding through insurance programs (3.8 million LE) or directly purchased (46 million LE). Physicians' clinics consume 6 percent of funds, through insurance programs (33.5 million LE) or direct contracts (14.7 million LE).

TABLE 17: PUBLIC AND PRIVATE FIRMS SOURCES AND USES OF FUNDS, 2007/08

PUBLIC AND PRIVATE FIRMS SOURCE OF FUNDS (LE)				
	OFFERING INSURANCE PROGRAM	NOT OFFERING INSURANCE PROGRAM	TOTAL	PERCENT
Firm	513,844,559	112,991,510	824,163,887	98%
Premiums & Contributions	19,097,500	--	19,097,500	2%
Total	532,942,059	112,991,510	843,261,387	100%
Percentage	63%	43%		

USES OF PUBLIC AND PRIVATE FIRMS FUNDS (LE)				
	OFFERING INSURANCE PROGRAM	NOT OFFERING INSURANCE	TOTAL	PERCENT
MOH Hospitals	4,694,774	23,239,951	27,934,725	3%
HIO Hospitals	-	13,518,856	13,518,856	2%
University Hospitals	-	1,150,000	1,150,000	0%
THIO Hospitals	-	1,300,000	1,300,000	0%
CCO Hospitals	-	1,373,202	1,373,202	0%
Other Ministries' Hospitals	200,000	950,000	1,150,000	0%
Private Hospitals	363,430,662	173,066,954	536,497,616	64%
Offices of Physicians	33,520,456	14,671,672	48,192,128	6%
Offices of Dentists	1,208,243	232,000	1,440,243	0%
MOH Health Centers	--	105,600	105,600	0%
Other Health Centers	41,000,000	95,489	41,095,489	5%
Medical and Diagnostic Laboratories	14,634,137	16,286,368	30,920,505	4%
Pharmacies	31,833,948	46,041,740	77,875,688	9%
Providers of Optical Glasses	60,000	--	60,000	0%
Other Providers of Medical Goods	12,000	2,458,242	2,470,242	0%
Rest of the World	1,591,211	3,483,410	5,074,621	1%
Others	40,756,628	12,345,844	53,102,472	6%
	532,942,059	310,319,328	843,261,387	100%

2.5 SPECIAL TREATMENT FUND

Since the 1990s, the GOE has had a special discretionary fund (PTES) to pay for treatment abroad and for certain services delivered within the country for those who could not otherwise afford to access the services. Starting in 2001, the government significantly increased the nature and scope of this scheme. Today, over 1.75 million Egyptians, 2.6 percent of the total population, benefit from this scheme. While there are policies and procedures in place on how these benefits can and should be accessed, recent developments indicate a possibility that this scheme is being misused.³ The rapid increase in PTES spending coincides with the rapid expansion of Specialized Centers under the

³ In March, a series of articles was published in local newspapers criticizing the implementation of the scheme. This led to a stand-off between the Minister of Health, who wanted to reform the program, and the People's Assembly, which did not want any restriction put on their ability to provide care for their constituents.

MOH. According to the World Bank, these two factors have contributed to the “rapid increase in health spending among the government authorities.”⁴

Obtaining information on spending under PTES is extremely difficult due to a lack of transparency. However, it is estimated that spending amounted to over 1.4 billion LE. Only 8.5 percent of the expenditures were incurred at private hospitals and another 2 percent on treatment abroad. The remaining expenditures were channeled to public facilities.

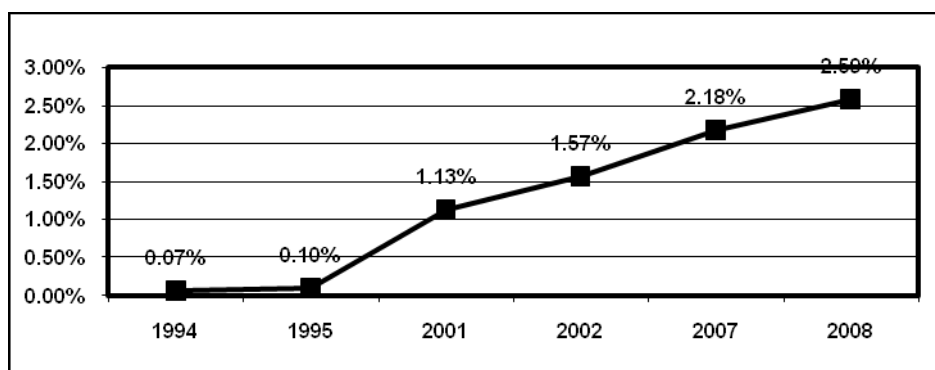
Table 18 demonstrates that the number of beneficiaries of the special treatment decrees increased steadily and significantly – by 4,565 percent – between 1994 and 2008. This demonstrates an increasing need for the special treatment decrees for accessing the health care services.

TABLE 18: NUMBER OF BENEFICIARIES OF THE SPECIAL TREATMENT DECREES, 2007/08

YEAR	LOCAL	ABROAD	TOTAL	PERCENT INCREASE
1994	38,547	312	38,859	--
1995	62,121	392	62,513	61%
2001	751,949	175	752,124	1,103%
2002	1,069,459	50	1,069,509	42%
2007	1,601,613	83	1,601,696	50%
2008	1,759,815	79	1,759,894	10%

Figure 14 shows the increase in the percentage of special treatment beneficiaries in the population, which grew from .07 percent in 1994 to 2.59 percent in 2008.

FIGURE 14: SPECIAL TREATMENT BENEFICIARIES AS A PERCENTAGE OF THE POPULATION, 2007/08



As shown in Table 19, 63 percent of the PTES fund was used to finance MOH hospitals. University hospitals received 15 percent, private hospitals received 9 percent, and CCO hospitals received 3 percent.

⁴ World Bank. January 2006. *Egypt Health Policy Note: Egypt Health Expenditure Review*. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2008/12/22/000333038_20081222033756/Rendered/INDEX/469380ESW0whit10Policy0Note010Final.txt

TABLE 19: USES PTES OF FUNDS, 2007/08

TREATMENT EXPENDITURES	AMOUNT (LE)	PERCENT
MOH Hospitals	937,150,592	62.77%
University Hospitals	225,355,326	15.09%
Private Hospitals	126,736,530	8.49%
CCO Hospitals	43,080,102	2.89%
HIO Hospitals	25,707,537	1.72%
Military Hospitals	20,000,000	1.34%
Abroad	28,060,000	1.88%
Vacsera (vaccine producer and blood bank)	6,626,292	0.44%
Liver (intervention)	62,950,243	4.22%
Prosthesis	17,393,378	1.16%
Total	1,493,060,000	

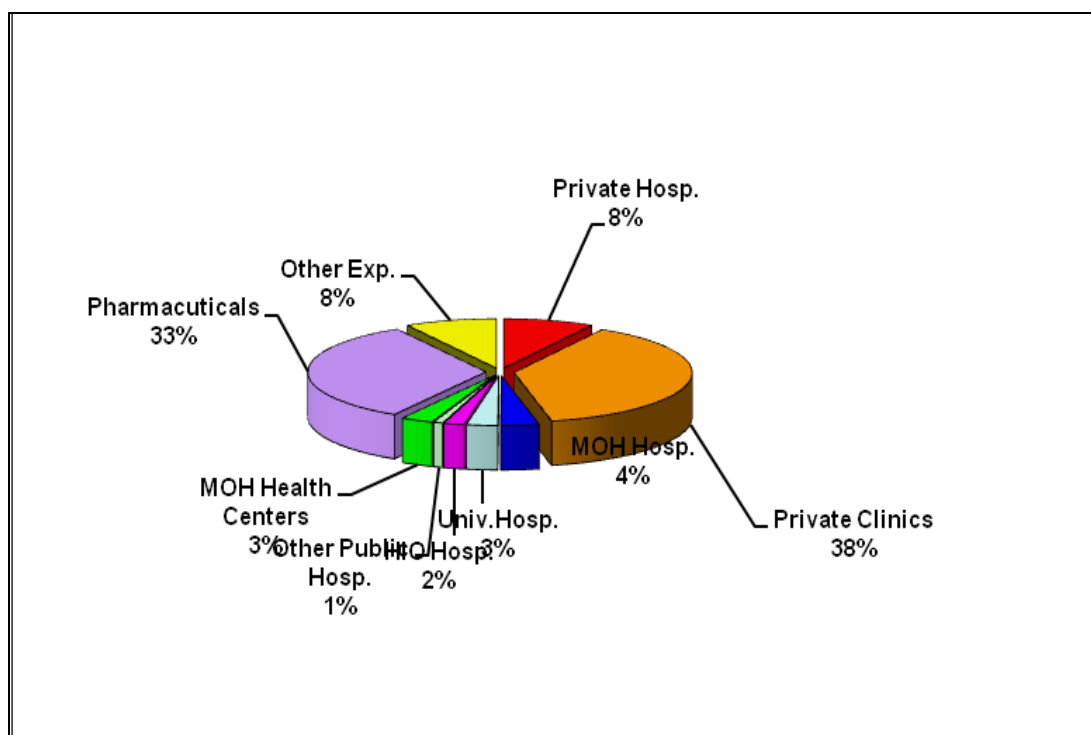
2.6 HOUSEHOLDS

Out-of-pocket spending represents 60 percent of total health spending in Egypt and accounts for the management of approximately 57 percent of the funds. As shown in Table 22 and Figure 15, private clinics consume the greatest share (38.4 percent) of household out-of-pocket expenditures on health, followed by pharmacies, at 33.1 percent. For hospitalization services, private hospitals receive the chief share, 8.2 percent, followed by MOH hospitals at 3.5 percent.

TABLE 20: OUT-OF-POCKET EXPENDITURE BY PROVIDER, 2007/08

OUT-OF-POCKET EXPENDITURES	VALUE IN L.E	PERCENT	PER CAPITA
Private Hospitals	2,095,869,057	8.2%	27.91
Private Clinics	9,796,647,822	38.4%	130.45
MOH Hospitals	882,804,930	3.5%	11.76
University Hospitals	719,355,977	2.8%	9.58
HIO Hospitals	478,101,233	1.9%	6.37
Other Public Hospitals	218,967,840	0.9%	2.92
MOH Health Centers	749,217,191	2.9%	9.98
Pharmaceuticals	8,445,711,515	33.1%	112.46
Other Exp.	2,121,288,804	8.3%	28.25
Total	25,507,964,370	100%	339.67

FIGURE 15: HEALTH CARE PROVIDERS' SHARE OF OUT-OF-POCKET EXPENDITURE, 2007/08



2.7 HEALTH SPENDING SILOS

Table 21 demonstrates the parallel streams (silos) of revenue flows from financing agents to providers. This is an important characteristic of the Egyptian health system. Public spending goes primarily to public providers and private spending to private providers. The MOH spends very little on other public providers including the HIO and university facilities. The HIO in turn spends largely on its own facilities. What this means is that the government does not view the private sector as a true partner in increasing access to health services. Public spending, whether at the MOH, HIO, or university hospitals, is not linked to performance but rather based on historical budgets, the number of personnel employed, and the infrastructure (number of beds). If the government desires to exploit the potential of the entire health care system to improve access, reduce inequities, and improve efficiency, there is a need to reconfigure the payer-provider relationship.

TABLE 21: THE PAYER-PROVIDER SILO, 2007/08

CATEGORIES	MOH	HIO	HOUSEHOLDS
MOH Hospitals	17.4%	4.8%	3.5%
HIO Hospitals	0.2%	56.1%	1.9%
University Hospitals	2.2%	3.1%	2.8%
THIO Hospitals	4.4%	1.2%	0.0%
CCO Hospitals	0.4%	1.3%	0.0%
MOD Hospitals	0.2%	0.1%	0.0%
MOH Specialized Hospitals	9.3%	0.1%	0.0%
Private Hospitals	1.2%	2.0%	8.2%
Family Planning Centers	15.1%	0.0%	0.0%
Dialysis Centers	0.0%	3.4%	0.0%
MOH Health Centers	12.6%	0.0%	2.9%
Other Health Centers	0.1%	2.8%	0.0%
Private Clinics	0.0%	0.0%	38.4%
Medical and Diagnostic Labs	0.0%	1.4%	0.0%
Ambulance Services	7.0%	0.0%	0.0%
Blood and Organ Banks	0.1%	0.0%	0.0%
Pharmacies	14.1%	19.1%	33.1%
Other Providers of Medical Goods	1.0%	4.6%	0.0%
Government Administration of Health	13.3%	0.0%	0.0%
Rest of the World	0.3%	0.0%	0.0%
Others	1.1%	0.0%	9.2%
Total	100.0%	100.0%	100.0%

Source: World Bank

2.8 STUDY LIMITATIONS

This third round of NHA in Egypt responds to the MOH's need to understand the status of the country's health spending. It uses available data. As such, this round did not cover all sectors (i.e. NGOs), and it used estimates for household spending. The lack of costing data means that it was not possible to estimate expenditures by types of service and functions. An extensive costing study is being undertaken and a Household Health Care Utilization and Expenditure survey is currently being conducted by the Central Agency for Public Mobilization and Statistics (CAPMAS). The next round of NHA (for fiscal 2008/09), to be completed by October 2010, will be more rigorous and comprehensive. However, even with these limitations, a number of key findings emerge that have policy implications.

3. POLICY IMPLICATIONS OF NHA FINDINGS

The following observations represent possible actions that could be taken as a result of these findings.

Increase public investments in health: There is an urgent need for Egypt to increase public investments in health overall and significantly increase its investments in the MOH.

The MOH has moved toward increasing its central expenditures, expenditures by the MOH headquarters (HQ) have risen from 20 percent in 1994/95 to 52 percent in 2007/08. During the same time period, regional expenditures decreased from 80 percent to 48 percent.

Address the issue of out-of-pocket spending: The continued high burden of out-of-pocket spending is a matter of serious concern. There is a need to understand why increased spending on primary health care as well as increase in insurance coverage has not led to a decrease in out-of-pocket spending.

Fast-track comprehensive insurance reforms: There is a need to fast-track MOH efforts for comprehensive reforms of the health insurance systems. The increase in out-of-pocket spending, even as insurance coverage has expanded, signals the need to make social health insurance both responsive to consumer needs and sustainable in Egypt. The lack of efficiency in the current system that is due to fragmentation must be remedied by consolidating strategy and procedures into one system designed to cover the various population groups.

Link investments to disease burden and demographic trends: Geographic or programmatic investments in health follow historical patterns and are tied to inputs (personnel, number of beds, etc.). Investments do not reflect the geographic distribution of disease burden (increased chronic diseases) or demographic trends (increased percentage of elderly). While such a change will continue to emphasize primary health care, it will lead to moving resources to high disease burden governorates, increased focus on prevention, and a focus on developing and implementing programs for the new population groups such as the elderly.

Implement comprehensive pharmaceutical reforms: The MOH has taken steps to streamline the procurement and distribution of pharmaceuticals. However, these expenditures remain high, with most spending incurred directly by households. Any attempt at reducing out-of-pocket spending and improving equity and efficiency of health spending has to include a continued emphasis on a comprehensive reform of the pharmaceutical sector.

Make the private sector a true partner: The private sector remains the single largest provider of outpatient care in Egypt. Similarly, there has been an expansion in the number and types of private hospitals in the country. However, the government has not effectively leveraged the private sector to meet the health needs of the population by increasing access to quality health care services. On the contrary, some government actions, such as channeling government and HIO funds primarily to public facilities, stifle the growth of private markets.

Control and rationalize spending under PTES: The government initiated PTES as a safety net for those who did not have insurance coverage. However, as the analysis has shown, expenditures

under this scheme have grown exponentially and there is very little transparency regarding how resources are being spent. There is a clear need to control and rationalize spending under PTES.

4. SUGGESTED IMPROVEMENTS TO THE HEALTH FINANCING SYSTEM WITHIN THE MINISTRY OF HEALTH

The following observations represent possible actions that could be taken as a result of these findings.

- Improve capacity in health policy and health economics at the MOH: The lack of technical capacity in health economics at the MOH Department of Planning is an obstacle to conducting the health financing analyses (NHA, costing and efficiency studies, resource tracking, etc.). These types of analyses are needed to support the MOH's effort to reform the health system in Egypt, including the major expansion of health insurance. While the Department of Planning has a Health Economics Unit, it is not operational. The unit lacks the staff with the necessary skills in health economics, health policy, statistics, management, and epidemiology.
- Institutionalize a structure to systematically collect and analyze information on financing and costs at the facility and program levels. Every round of NHA has highlighted the fact that the MOH cannot tell on a monthly basis what it spends by governorate, by hospital, by primary health care facility, or by program. This means managers do not have the information to monitor and efficiently run their facilities and programs. Similarly, hospitals and primary health care centers do not have information on the cost and efficiency of services they produce. The MOH has undertaken an innovative expenditure tracking exercise to understand how family planning, maternal-child health, and infection control program expenditures are made, by level (national, governorate, districts, and facilities), activities, and functions. Similarly, costing exercises have been undertaken at a number of hospitals and primary health care centers. It is important to put a system in place whereby NHA, expenditure tracking, and costing become routine activities of the MOH and to ensure that this information is used for planning, budgeting, and policy formulation.

ANNEX A: TABLE ES-I OVERVIEW OF EGYPTIAN HEALTH SECTOR

BENEFITS BY HEALTH SUBSYSTEMS	COVERAGE/ SPECIAL CATEGORIES	PRINCIPAL FINANCING SOURCES	PROVIDER-PAYER RELATIONSHIP	PERCENTAGE OF POPULATION COVERED OR ELIGIBLE	SIZE OF OPERATION
Describes types of services and benefits available	Describes coverage and eligibility criteria, special programs for specific population groups	Describes main sources of financing	Describes relationship between financing and service delivery functions	No. of people covered or eligible by health system nationwide	As indicated by staff, beds, or number of facilities
GOVERNMENT(PUBLIC) SECTOR					
MINISTRY OF HEALTH (MOH)					
MOH facilities provide comprehensive public health services and preventive and curative care services at the primary, secondary, and tertiary levels	Coverage: all citizens and residents Highly subsidized care services for the entire population	Ministry of Finance (MOF) (general tax revenues) Household spending (out-of-pocket [OOP]) Donors (through grants and loan for vertical programs)	MOH services financed through the budget, derived from general revenue (tax) and donations from donors; 80% of services provided by MOH; providers are free and 20% paid	All Egyptian citizens are eligible	Operates: 441 general and district hospitals (62,943 beds) incl. 80 hosp. in Cairo, Giza, Helwan, Qaliobia, and 6th of October governorates, 31 in urban gov's, 162 in delta gov's, 128 in Upper Egypt gov's, 40 in frontier gov's. Also: 342 urban health care centers: 55 in Cairo, 30 in Helwan, 13 in Alexandria, and 2 in both Matrouh gov. and New Valley (Al Wadi Al Jedid) gov.; 175 maternal-child health and 324 health offices; 3,893 rural health units
TEACHING HOSPITALS AND INSTITUTES ORGANIZATIONS (THIO)					
THIO is a separate body under the authority of the Minister of Health. Provides primary, secondary, and tertiary services	Coverage: MOH patients, HIO patients, patients from private firms, private patients	MOF MOH (through contract) HIO (through contract) Private firms (through contract) International donors (through grants and loans) Households (OOP spending)	50% of services provided by THIO providers are free and 50% paid	Serves only small percentage of the population	Runs 8 general teaching hospitals and 10 research institutes (5,347 beds): 8 in Cairo, 5 in Giza, and 5 in other governorates

HEALTH INSURANCE ORGANIZATION (HIO)					
HIO is an independent government organization under the authority of the Minister of Health	Provides compulsory insurance to workers in the formal sector. Covers 5 major groups: Law 32: Government employees; Law 79: Govt, public, and private employees and labor accident compensation; also widows and pensioners; Law 99: School children and students (under 18 yrs) Decree 380: Newborns	Principally funded through a system of premiums and copayments (by households) Premium collection through: Social Insurance Organization (SIO): mandated premium collected by the SIO Pensions and Insurance Organization (PIO): premium collected from pensioners MOF occasionally covers operating losses	Contracted providers include MOH, CCOs, and private providers	41 million registered in 2007/08 (approx 55% of total population). This excludes citizens over 65 years who did not register.	Organized into 19 regional branches supervised by headquarters in Cairo. Runs a nationwide network of hospitals, clinics, and pharmacies: 38 hospitals (9,699 beds): 14 in urban governorates, 17 in Lower Egypt, and 7 in Upper Egypt. 59 injury centers Clinics: 8,078 inside schools, 305 outside schools, 1,429 for employees 452 pharmacies in addition to contracted pharmacies Employs 6,748 full-time physicians, 1,482 dentists, 681 nurses, and 1,217 pharmacists
CURATIVE CARE ORGANIZATIONS (CCO)					
CCO comprises 3 independent autonomous organizations providing health care services under the authority of the Minister of Health	Coverage: HIO patients, MOH patients (agreed to give a number of beds for MOH, paid in a lump sum) Public and private firms' patients Households	MOF Self-financing for recurrent costs HIO (via contract to serve HIO beneficiaries) MOH (via contract) Public firms (via contract) Households (by providing services to household)	Contracts services to HIO, MOH, and companies. Provides services to private households. Free emergency services for poor under arrangement with govt. of Egypt (GOE) (via grants from MOH budget). 20% of services provided by THIO providers are free.	100% cost recovery, no subsidies from GOE Only urban patients	Runs 11 CCO hospitals (2,146 beds): 6 in Cairo, 4 in Alex. , and 1 in Qaliobia

BENEFITS BY HEALTH SUBSYSTEMS	COVERAGE/ SPECIAL CATEGORIES	PRINCIPAL FINANCING SOURCES	PROVIDER-PAYER RELATIONSHIP	PERCENTAGE OF POPULATION COVERED OR ELIGIBLE	SIZE OF OPERATION
UNIVERSITY HOSPITALS					
Facilities for teaching and research Autonomous facilities affiliated to individual universities and falling under the responsibility of the Ministry of Higher Education (MOHE)	Provides high-quality care mostly in Cairo area and generates significant resources through user fees. 70% of the coverage is for medical faculty and students; 30% for private households.	MOF through MOHE budget User fees paid directly by households	Primary, secondary, and tertiary treatment	Used predominately by the non-poor population	Operates: 76 hospitals (25,742 beds): 42 in Urban Governorates, 26 in Lower Egypt, and 8 in Upper Egypt
OTHER MINISTRIES					
Ministry of Interior (MOI) provides free health and medical care for police and prisoners. Ministry of Transport (MOT) provides services for railway employees. Ministry of Defense (MOD) provides services for the armed forces as well as for local civilians.	MOI: main insured must be a police or prisoner. MOT: main insured must be railway employees. MOD (separate scheme for the armed forces): all primary and secondary covered under this fund	GOE via MOF (general tax revenues) Households	Primary, secondary, and tertiary services (outpatient and inpatient, including medicines)	Interior security forces and their families Railway employees and their families Armed forces and their families	No data available for police hospital. 3 railway hospitals (351) beds. Not possible to ascertain number of hospitals, beds, or doctors employed in the armed forces, but more than 10% of Egyptian physicians are assumed to working in the armed forces. Others operate: 19 other hospitals (1,888 beds)
NONGOVERNMENTAL ORGANIZATIONS (NGOS)					
NGOs mostly provide health-related programs; in some cases they provide primary health care medicine and first aid kits to urban and rural organizations to raise public awareness and public health care	All citizens, provided that an application proposal has been lodged through a NGO; sometimes religious organization providing proof that they have the capacity to carry out such activities	Mainly from international NGOs, donors, and donations from large employers, corporations, and companies locally as well as fundraising organized by NGOs. All fundraising activities must be approved.	Primary health care activities and first aid kits mainly through grants and donations from international NGOs	Specific target audiences	The NGO sector as a whole is very tightly regulated by the GOE under law 32 – all NGOs required to have official Ministry of Social Affairs approval to operate. However, only small proportion are registered. Facilities accounted for a total of 401 NGOs.

BENEFITS BY HEALTH SUBSYSTEMS	COVERAGE/ SPECIAL CATEGORIES	PRINCIPAL FINANCING SOURCES	PROVIDER – PAYER RELATIONSHIP	PERCENTAGE OF POPULATION COVERED OR ELIGIBLE	SIZE OF OPERATION
FOREIGN DONORS					
International aid paid to government and govt employees as population and capital investments. Under authority of the Ministry of International Cooperation	Everyone covered through these programs. Egypt's health sector and donor-supported projects.	Mainly external governments and organizations	Funds primary health care programs and secondary health services. Much of the aid and vertical programs are in the form of non-economic assistance and are not transferred to the social sectors.	Specific target audiences	Difficulties in compiling information. Foreign donors believed to be insignificant. Multilateral donors: mainly WHO, World Bank, UNFPA, UNICEF, UNDP, African Development Bank, Social Fund for Development. Bilateral donors: mainly USAID, Finland, Holland, and European Union

PRIVATE SECTOR

PRIVATE INSURANCE					
Private or voluntary health insurance market is small – the 3 firms offering insurance are all govt-owned parastatals. Many companies make their own arrangements to provide medical care to their employees	All citizens are eligible to use this insurance provided they can afford the premiums	Mainly household OOP spending and employers	Primary and secondary treatment (drugs, outpatient, and inpatient)	All citizens (can choose to access services provided that they can meet the associated cost.	Private insurance companies contract services to public and private providers.

OCCUPATIONAL SYNDICATES

Several groups of professionals and workers organized into occupational association (syndicate). Major syndicates are: medical, commercial, agricultural, and engineering	All members of associations and families are eligible to use services provided by relevant syndicate. Membership is voluntary and is increasing very quickly.	Member of each syndicate and dependents.	Drugs, outpatient and inpatient care	All employees or professionals and their dependents who are syndicate members can access services.	All syndicates contract services to public and private providers.
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PRIVATE HOSPITALS AND PHARMACIES					
Owned by individuals and operate in the private sector	All citizens are eligible to use services. Cost of drugs is expensive compared to public pharmacies.	Mainly household OOP spending	Hospital care and drugs	All citizens can access these services offered provided they can pay.	Operates: 1,305 private hospitals (26,814 beds) including: 318 in Cairo, 64 in Helwan, 45 in 6th of October, 187 in Giza, 108 in Alex., 3 in Matrouh, 3 in Luxor, 1 in South Sinai
HOUSEHOLD (OOP)					
Spending by people on health services provided by health providers	All citizens	Mainly from disposable income	Primary, secondary, and tertiary care	All citizens	

ANNEX B: TABLE ES-2 SOURCES TO FINANCING AGENTS

FINANCING AGENTS		SOURCES OF FUNDS											TOTAL	
		FS.1 Public Funds					FS.2 Private Funds				FS.3 Rest of the World			
		FS.1.1 Territorial Government Funds		FS.2.1.1 Central government as employers' funds	FS.2.1.2 Ministry Of Defence as employers' funds	FS.2.1.3 Ministry of Interior as employers' funds	FS.2.1.4 Public Firms Funds	FS.2.1 Employers Funds	FS.2.2 Households Funds		FS.2.3 Non-profit Institutions	F.S.3.1 Donors Funds Grant		F.S.3.2 Other External Funds
		FS.1.1.1 Central	FS.1.1.2 Self					FS.2.1.5 Private Employers Funds	FS.2.2.1 Premiums and Contributions	FS.2.2.2 Out-Of-Pocket				
Codes	HF													
HF.1	Public Sector													
HF.1.1	Territorial Government													
HF.1.1.1	Central Government													
HF.1.1.1.1	MOH													
H.F.1.1.1.1.1	HQ	4245867166	192945029								250658261	144789	4689615245	
H.F.1.1.1.1.2	Governorates	4167275490	144760523										4312036013	
H.F.1.1.1.1.3	Center of Excellency & Specialized Institutions	612987775	78904598								2969084		694861457	
H.F.1.1.1.1.4	CCO	53680188.93	56367438.73			21334829.89	75140169.45						206522627	
H.F.1.1.1.1.5	THIO	375.032.507	153.623.576								1.301.396		529957479	
H.F.1.1.1.1.6	Other Government Org.	160698257	21938317				33997464				1445893		218079931	
HF.1.1.1.2	Ministry of Higher Education	1.955.320.561	750.084.584								9.614.499		2715019644	
HF.1.2	Social Security Funds												0	
HF.1.2.1	HIO	849286620.2		761.415.621.59		109303760.6	572566901.6	1134888827					3427461731	
HF.1.2.2	Ministry of Defence Health Insurance Schemes				500000000								500000000	
HF.1.2.3	Ministry of Interior Health Insurance Schemes												0	
HF.2	Privat Sector												0	
HF.2.1	Private Employers Insurance Programmes												0	
HF.2.1.1	Syndicates Insurance Programmes												0	
HF.2.1.1.1	Medical					39553766		1046532					40600298	
HF.2.1.1.2	Agriculture					1964000		1582000					3546000	
HF.2.1.1.3	Engineering					7000000		22235770					29235770	
HF.2.1.2	Firms Insurance Programmes												0	
HF.2.1.2.1	Company manages Insurance Programmes for Public firms			22552500		341769112		19097500					383419112	
HF.2.1.2.2	Company manages Insurance Programmes for Private Firms						149522947						149522947	
HF.2.2	Private Health Insurance xx												0	
HF.2.3	Household OOP								24.329.113.741				24329113741	
HF.2.4	Non profit institutions (NGOs) xx												0	
HF.2.5	Private Firms (other than insurance programmes)												0	
HF.2.5.1	Public Firms					197327818							197327818	
HF.2.5.2	Private Firms						112991510						112991510	
HF.3	Rest of the World												0	
TOTAL		12420148565	1398624066	783968121.6	500000000	0	718253286.4	944218992.1	1178850629	24329113741	0	265989133	144789	42539311322.979
%		29.2%	3.3%	1.8%	1.2%	0.0%	1.7%	2.2%	2.8%	57.2%	0.0%	0.6%	0.0%	100.0%

ANNEX C: TABLE ES-3 FINANCING AGENTS TO PROVIDERS

PROVIDERS		FINANCING AGENTS																							HF.3 Rest of the World	TOTAL				
		HF.1 Public Sector											HF.2 Non public Sector																	
		HF.1.1 Territorial Government						HF.1.2 Social Security Funds					HF.2.1 Private Employers Insurance Programmes				HF.2.2 Private Health Insurance	HF.2.3 Households OOP	HF.2.4 Non profit Institutions (NGOs)	HF.2.5.2 Private Firms										
		HF.1.1.1 Central Government						HF.1.2.1 HIO	HF.1.2.2 Ministry of Defence Health Insurance Schemes	HF.1.2.3 Ministry of Interior Health Insurance Schemes	HF.2.5.1 Public Firms	HF.2.1.1 Syndicates Insurance Programmes			HF.2.1.2 Firms Insurance Programmes															
		Codes	HP	HF.1.1.1.1 MOH								HF.1.1.2 Ministry of Higher Education	HF.1.1.3 Ministry of El Aokaf	HF.1.1.4 Other Ministries	HF.2.1.1 Medical	HF.2.1.1.2 Agriculture	HF.2.1.1.3 Engineering	HF.2.1.1.4 Other Syndicates	HF.2.1.2.1 Public Firms Insurance Programmes	HF.2.1.2.2 Private Firms Insurance Programmes	HF.2.2	HF.2.3	HF.2.4	HF.2.5.2						
HQ	RHA			Center of Excellency	CCO	THIO	.6 Other Governme nt Org.																							
HP.1	Hospitals																													
HP.1.1	General Hospitals																													
IIP.1.1.1	Public Hospitals																													
IIP.1.1.1.1	MOH Hospitals	490 766 711	1331230243								166000000			20833831			3844774	850000								882 804 930		2406120	2 898 736 600 700	
HP.1.1.1.2	HIO Hospitals	25 707 537									1923967351			13518856															2 441 294 977 196	
HP.1.1.1.3	University Hospitals	225 355 326							2 364 176 644		107440000																1150000	3 417 477 947 044		
HP.1.1.1.4	THIO Hospitals	94 444 079					367738479				42080000																1300000	505 562 558 000		
HP.1.1.1.5	CCO Hospitals	43 080 102					195699043				43140000																438202	283 292 347 000		
HP.1.1.1.6	Ministry of Defence Hospitals	20 000 000									26300000																	522 630 000 000		
HP.1.1.1.7	Other ministries Hospitals																											220 111 840 333		
HP.1.1.1.8	MOH Specialized Hospitals	459 603 802			441856469																					200000	2 189 678 403	973 982 794 000		
IIP.1.1.2	Private Hospitals	126 736 530																										64466320	2 900 397 771 279	
IIP.3	Providers of Ambulatory Health Care																													
HP.3.1	Offices of Physicians														8974498														9 844 839 949 602	
HP.3.2	Offices of Dentists													32000														200000	1 440 243 000	
HP.3.4	Outpatient Care Centres																													
HP.3.4.1	FP Centres	14191000	1561827661																										1 576 018 661 044	
HP.3.4.4	Dialysis Centres													117630000																117 630 000 000
HP.3.4.5	All other outpatient multi-specialty																													
HP.3.4.5.1	MOH Health Centres	764929000	548750259.3											1510000																2 064 512 050 592
IIP.3.4.5.2	HIO Health Centres													105600															0.000	
HP.3.4.5.3	Other Public Health Centres																												0.000	
HP.3.4.5.4	Other Health Centres							8171805																				95489	144 067 294 000	
HP.3.4.9	Other Centres (chemo Therapy ...)																												0.000	
HP.3.5	Medical and Diagnostic Laboratories													47610000															6221933	78 530 505 000
HP.3.9	Other Providers of Ambulatory Health Care																													
HP.3.9.1	Ambulance Services	732835000																												732 835 000 000
HP.3.9.2	Blood and Organ Banks	5525000																												5 525 000 000
IIP.3.9.3	Alternative or Traditional Practitioners																												0.000	
IIP.4	Retail sale & other providers of medical goods																													
HP.4.1	Pharmacies	453 866 325	583099758	253004988	5845632	162219000	23817000	350843000						655979468		47500														11 012 310 074 000
HP.4.2	Providers of Optical Glasses																													60 000 000
HP.4.9	Other providers of Medical Goods	104 773 142												156714912																263 998 296 000
HP.5	Provision & Adm. of Public Health Programmes													839356																0.000
HP.6	General Health Administration and Insurance																													
HP.6.1	Government Administration of Health	1099741691	287128091.6				4977152																							1 391 847 534 635
HP.6.2	Social Security Administration																													0.000
IIP.6.3	Other Social Insurance Administration																													0.000
IIP.6.4	Private Insurance Administration																													0.000
HP.8	Institutions Providing Health-Related Services																													0.000
HP.9	Rest of the World	28 060 000												1900000																33 134 621 000
HP. Nsk	Others													1827462																1 109 109 250 472
	TOTAL	4689615245	4312036013	694861457	206522627	529957479	218079931	2715019644	0	0	3427461731	500000000	0	197327818	40600298	3546000	29235770	0	383419112	149522947	0	24329113741	0	112991510	10518382	0	42 539 311 322 979	100.0%		
	%	11.0%	10.1%	1.6%	0.5%	1.2%	0.5%	6.4%	0.0%	0.0%	8.1%	1.2%	0.0%	0.5%	0.1%	0.0%	0.1%	0.0%	0.9%	0.4%	0.0%	57.2%	0.0%	0.3%	0.0%	0.0%				