Ministry of Public Health

GUYANA 2016 HEALTH ACCOUNTS – STATISTICAL REPORT

September 2018

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CONTENTS

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ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
BOS	Bureau of Statistics
CHE	Current health expenditure
DHS	Demographic and Health Survey
FA	Financing agents [SHA 2011 classification]
FP	Factors of provision [SHA 2011 classification]
FS.RI	Institutions providing revenues to schemes [SHA 2011 classification]
FS	Revenues of financing schemes [SHA 2011 classification]
GPHC	Georgetown Public Hospital Corporation
GDP	Gross Domestic Product
HBS	Household Budget Survey
HF	Financing schemes [SHA 2011 classification]
HAPT	Health Accounts Production Tool
HC	Health care functions [SHA 2011 classification]
HIV	Human immunodeficiency virus
HP	Health care provider [SHA 2011 classification]
IEC	Information, education, and counseling
MOF	Ministry of Finance
MOPH	Ministry of Public Health
NCD	Non-communicable disease
n.e.c.	Not elsewhere classified
NGO	Non-governmental organization
NIS	National Insurance Scheme
NPISH	Non-profit institutions serving households
OOP	Out-of-pocket
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
SHA	System of Health Accounts
THE	Total health expenditure
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing

1. OVERVIEW OF THE HEALTH ACCOUNTS METHODOLOGY

Guyana's 2016 Health Accounts Main Report summarizes the results of the Health Accounts study and discusses the policy implications of the findings. This Statistical Report supplements the Main Report provides more detailed information on the methodology, the System of Health Accounts (SHA) 2011 theoretical framework, assumptions, and limitations to the Health Accounts exercise. The primary audience of this report is government health financing technicians and researchers. The report provides critical information that will inform future Health Accounts studies in Guyana.[1]

1.1 The Health Accounts Methodology

Health Accounts is an internationally recognized methodology that tracks a country's health expenditures. Studies that use the Health Accounts methodology produce data on the financial flows related to the consumption of health care goods and services. The methodology collects health spending information from the government, households, non-governmental organizations (NGOs), employers, insurance companies, and donors for a defined period of time (typically one year). The results provide information on key information on a health system's financing and answers questions such as: Who pays for health care goods and services? Who manages health financing flows? How are health financing flows managed? What health care goods and services are provided? Which diseases and health conditions do health funds address?

Guyana's 2016 Health Accounts exercise used the SHA 2011 framework, which was created in 2011 and built on the work of previous international guidelines and manuals for tracking health expenditures, including SHA 1.0 (which was primarily used in high-income countries) and the *Guide to Producing National Health Accounts* (which adapted SHA 1.0 to low- and middle-income country contexts).[2,3] SHA 2011 provides a standardized and internationally recognized framework that allows countries' Health Accounts results to be compared to one another and with different years. Therefore, as Guyana completes future Health Accounts exercises, it will be able to track its progress and compare the various studies' results.

The Health Accounts exercise began in June 2017 with the formation and training of the Health Accounts Technical Team. The Technical Team was led by the Guyana Ministry of Public Health (MOPH) and comprised representatives from the MOPH, the National Insurance Scheme (NIS), the Ministry of Finance (MOF), the Pan American Health Organization (PAHO), and Georgetown Public Hospital Corporation (GPHC); see Annex A for a complete list of members of the Technical Team. USAID's Health Finance and Governance Project provided support to the Technical Team. A

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[1] Guyana Ministry of Public Health. September 2018. *Guyana 2016 Health Accounts Main Report.* Georgetown, Guyana.

[2] OECD, EUROSTAT, WHO. 2017. A System of Health Accounts 2011. Revised edition. Paris: OECD Publishing. http://dx.doi.org/10.1787/9789264270985-en. Accessed April 26, 2018 from: http://www.oecd.org/publications/a-system-of-health-accounts-2011-9789264270985-en.htm.

[3] Cogswell, Health, Catherine Connor, Tesfaye Dereje, Avril Kaplan, and Sharon Nakhimovsky. 2013. *System of Health Accounts 2011: What Is SHA 2011 and How are SHA 2011 Data Produced and Used?* Bethesda, Maryland: Health Finance and Governance Project, Abt Associates. https://www.hfgproject.org/system-health-accounts-sha-2011-data-produced-used/.

Steering Committee was formed to provide strategic guidance to the Technical Team; the MOPH convened meetings every few months over the course of the Health Accounts exercise. Creating a list of key policy questions to be answered by the Health Accounts results was among the Steering Committee's responsibilities. See Annex A for a list of the Steering Committee members.

Five data collectors hired by the HFG project conducted primary data collection among NGOs, donors, employers, and insurance company. After being trained by the HFG project in July 2017, primary data collection lasted from July to September 2017. The Technical Team, with support from the HFG project, conducted secondary data collection and validation from October 2017 through February 2018, with some additional data collection happening after February. The HFG project led a data analysis workshop with the Technical Team in February 2018. At the analysis workshop, the Technical Team imported the final primary and secondary data into the Health Accounts Production Tool (HAPT) software and mapped the donor, NGO, insurance, employer, and MOPH data.

After the analysis workshop, the Technical Team finalized and applied the distribution keys, validated the household spending with the statistics agency, and refined the analysis of the National Insurance Scheme (NIS) spending. The analysis was completed and validated in July 2018. The results were disseminated to key stakeholders in Georgetown on August 3, 2018. The MOPIH distributed a brief that summarized the key Health Accounts results at the dissemination meeting; the Main Report and this Statistical Report present the same results as the brief, and provide additional detail about the policy implications and methodology.

The main objective of Guyana's 2016 exercise was to obtain a baseline understanding of what the country is spending on health. Specific policy questions that the Health Accounts results answer relate to the sustainability of health financing in Guyana, the role of households in financing health care, and the role of civil society organizations in managing resources. For more information on Guyana's key policy questions that guided the Health Accounts exercise, as well as detailed information on the results and their policy implications, please see the Health Accounts Main Report.[4]

1.2 Boundaries of the Estimation

The boundaries described below form the foundations of the SHA 2011 framework. These constructs determined the types of expenditures that were included in the Health Accounts exercise. The information in this section was summarized from the SHA 2011 manual and other sources, as cited in the footnotes.[5]

- **Health boundary:** The health boundary includes all activities with the primary purpose of improving and maintaining a person's health status, and preventing the deterioration of their health status through the application of qualified health knowledge; the SHA 2011 manual defines qualified health knowledge as "medical, paramedical and nursing knowledge, including technology, and traditional, complementary and alternative medicine".[6] Activities that further this purpose include health promotion, disease prevention, rehabilitation, diagnosis, treatment, and care provision. The health boundary includes any activity that meets this definition, regardless of the sector of the economy that it falls within.

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[4] Guyana Ministry of Public Health 2018.

[5] OECD, EUROSTAT, WHO. 2017. A System of Health Accounts 2011. Revised edition. Paris: OECD Publishing. http://dx.doi.org/10.1787/9789264270985-en. Accessed April 26, 2018 from: http://www.oecd.org/publications/a-system-of-health-accounts-2011-9789264270985-en.htm, p. 52.

[6] Ibid., p. 52.

The SHA 2011 framework tracks health care-related spending separately from current health spending. Similar to health spending, health care-related expenditures consume a similar set of health care goods and services, but with a non-health purpose. This includes consumption such as social support as part of long-term care and interventions that prevent the pollution of drinking water.

The SHA 2011 framework tracks capital formation, but it does so separately from current health spending. Capital formation includes expenditures that pay for assets with a lifespan of more than one year. Examples of capital formation include the purchase of machinery, equipment, and intellectual property products (e.g. computer software); additionally, capital formation includes the costs of research and development in health, and pre-service education and training of health personnel.

- **Time boundary:** Under the SHA 2011, Health Accounts cover a defined period of time during which the activities took place. Typically this is a calendar year or a fiscal year; Guyana chose to conduct its first Health Accounts exercise for January 2016 – December 2016, which is both the calendar year and the government's fiscal year. Additionally, the time boundary follows the accrual accounting principle whereby transactions are recorded when economic value is created, rather than when the payment is actually made.

- **Space boundary:** The space boundary of the SHA 2011 includes the consumption of health care goods and services by the country's resident population, regardless of where the consumption actually occurs. Therefore, health care obtained by a resident of Guyana while abroad would be included in the Health Accounts, while health care obtained by a foreigner while in Guyana would be excluded from the Health Accounts.

- **Disease boundary:** According to the SHA 2011 framework, Health Accounts assess the spending on priority disease spending whose primary purpose is health promotion, disease prevention, rehabilitation, diagnosis, treatment, and care provision. The disease boundary excludes activities that are important to the priority disease responses such as caring for orphans and vulnerable children (e.g. education), enabling environment programs (e.g. advocacy and programs that address gender-based violence), and social protection and social services (e.g. income-generation projects).[7]

- **Curative care boundary:** SHA 2011 defines curative care as having "the principal intent [of relieving] symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function".[8] The curative care boundary includes treatment of illness or injury, surgery, diagnostic and therapeutic care, and obstetric care.

- **Prevention boundary:** Activities included in the SHA 2011 boundary for prevention have the objective of reducing the incidence of injuries and diseases, and of their effects. Prevention interventions "aim to enhance health status and to maintain a condition of low risk of diseases, disorders or injuries – in other words, to prevent their occurrence, through vaccinations or an injury prevention programme, for example. Preventive interventions also cover individuals at specific risk and those who have either no symptoms of the disease or early signs and symptoms, where early case detection will assist in reducing the potential damage by enabling a more

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[7] Information about the disease boundary was adapted from Namibia's Statistical Report: Namibia Ministry of Health and Social Services. July 2017. *Namibia 2014/15 Health Accounts Report.* Windhoek, Namibia.

[8] OECD et al. 2017, p. 84.

successful intervention. Take the examples of breast and prostate cancer, where age and sex affect the risk; certain lifestyle choices increase the risks, as smoking does for lung cancer".[9]

- **Inpatient vs. outpatient care boundary:** Inpatient care involves formal admission to a health care facility. Conversely, outpatient care does not involve admission to a facility, but outpatient services are delivered from a health care providers premises.

1.3 Definitions of the SHA 2011 Classifications

The SHA 2011 framework describes financing flows based on standardized classifications, as described below. These definitions are adapted from the SHA 2011 manual and the SHA 2011 brief; see these documents for additional details.[10,11]

- **Financing schemes (HF):** the financing arrangements through which people receive health care. These schemes channel revenues to pay for activities that fall within the Health Accounts boundaries. This classification answers questions such as "how are resources managed and organized? Are resources pooled and if so, to what extent?" Examples of financing schemes in Guyana include NIS, household out-of-pocket (OOP) payments, MOPH programs, and voluntary health insurance.

- **Revenue of financing schemes (FS):** the types of transactions through which financing schemes mobilize their revenue. This classification answers questions such as "how was revenue collected?" Examples of the FS classification include transfers from foreign donors, transfers from the MOF to the MOPH, and voluntary prepayment by employers.

- **Financing agents (FA):** the institutions that manage financing schemes. The FS classification answers questions such as "who manages the arrangement that mobilizes revenue, pools and manages resources, and ultimately purchases services?" Examples of financing agents include the MOPH, NGOs, insurance companies, and households.

- **Health care providers (HP):** entities that receive payments to deliver health care. The HP classification answers questions such as "who provides health care goods and services to consumers?" Examples of health care providers include hospitals, pharmacies, and health centers.

- **Health care functions (HC):** types of goods and services provided and the activities that are provided. The HC classification answers questions such as "what types of health care goods and services were consumed?" Examples include curative care, rehabilitative care, pharmaceuticals, health system administration, and prevention programs.

- **Beneficiary characteristics:** the groups that consume or benefit from a particular expenditure. The SHA 2011 can track a number of beneficiary characteristics if the data provides sufficient detail; examples include age, gender, socioeconomic group, and disease/health condition. In the case of Guyana's 2016 Health Accounts, the study only tracked the type of disease or health condition that benefited from the expenditure. The disease classification answers questions such as "what percent of total health spending went towards HIV and AIDS?"

- **Capital formation (HK):** the asses that health providers acquire during the Health Accounts study period and are used for more than one year. The HK classification answers questions such

[9] Ibid., p. 76.

[10] Ibid.

[11] Cogswell, Heather, Catherine Connor, Tesfaye Dereje, Avril Kaplan, and Sharon Nakhimovsky. September 2013. System of Health Accounts 2011: What is SHA 2011 and How Are SHA 2011 Data Produced and Used? Bethesda, MD: Health Finance and Governance project, Abt Associates.

as "what types of assets were acquired by health care providers?" Examples include infrastructure, medical equipment, and computer software.

1.4 Health Accounts Aggregates and Indicators

The Health Accounts study estimated the aggregates and indicators described below. These measures rely on the Health Accounts results and/or economic and demographic data from other sources to discuss the policy implications of data from the Health Accounts exercise. Guyana's summary indicators and aggregates are provided in Guyana's 2016 Health Accounts Main Report.[12] The definitions below are summarized from the SHA 2011 manual.[13]

- **Current health expenditure (CHE):** The CHE quantifies the economic value of resources spent during the Health Accounts study's reporting period. This measure equals the final expenditure by residents on health care goods and services. The CHE is calculated using Health Accounts data.

- **Gross capital formation:** Gross capital formation for health calculates the value of the assets that health care providers acquired during the accounting period and that are used to provide health services for more than one year. This indicator relies on data collected during the Health Accounts study.

- **Total health expenditure (THE):** THE equals the sum of CHE and gross capital formation.

- **Government spending on health as percentage of general government expenditure:** This indicator was calculated using Health Accounts data on total government health expenditure (capital and current) as a percentage of the total government expenditure (capital and current). The data on total government expenditure was obtained from Guyana's 2018 Budget Estimates for the Public Sector; data from 2016 were used.[14]

- **THE per capita:** This measure divides THE (as calculated using the Health Accounts data) by the 2016 mid-year population figure. The population data was obtained from the Bureau of Statistic's Statistical Bulletin.[15]

- **THE as a proportion of gross domestic product (GDP):** This indicator divides THE (as calculated using the Health Accounts data) by the 2016 GDP, as calculated by the Guyana Bureau of Statistics.[16]

- **Health care-related spending (current and capital):** The health care-related spending was calculated for the 2016 Health Accounts exercise using the SHA 2011 boundaries, as described previously in this report.

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[12] Guyana Ministry of Public Health. 2018. *Guyana 2016 Health Accounts Main Report*. Georgetown, Guyana.

[13] OECD et al. 2017.

[14] Guyana Ministry of Finance. 2018. *Estimates of the Public Sector: Current and Capital Revenue and Expenditure (Volume 1)*. Georgetown, Guyana. Accessed July 17, 2018 from: https://finance.gov.gy/wp-content/uploads/2017/11/Budget-Estimates-2018-Volume-1.pdf.

[15] Guyana Bureau of Statistics. January – December 2017. *Statistical Bulletin, Table 2.1: Estimated End of Year Population*. Georgetown, Guyana. Accessed April 25, 2018 from: http://www.statisticsguyana.gov.gy/pubs.html#statsbull.

[16] Guyana Bureau of Statistics. 2016. Current Gross Domestic Product - Revised and Rebased Series (2006 - 2017). Accessed July 6, 2018 from: http://www.statisticsguyana.gov.gy/nataccts.html.

2. DATA SOURCES

The Technical Team collected several types of data for Guyana's 2016 Health Accounts exercise. The team first collected primary institutional data from July 2017 through September 2017; secondary data collection of health expenditure data and supplementary data that were used in distribution keys were collected through February 2018.

2.1 Primary Institutional Data Sources

The Technical Team led primary data collection among donors, NGOs, employers, and insurance companies; the Technical Team tailored surveys that collected information on the entities' health spending during 2016. The MOPH and PAHO interviewed candidates and selected five data collectors who were responsible for distributing the surveys and obtaining responses from the surveyed institutions. The HFG project trained the data collectors in the basic principles of the SHA 2011 framework and its application to the surveys. The Technical Team imported health spending data into the HAPT for mapping and analysis. Additional details on the purpose, methodology, and challenges of each type of data collection are described below.

- **Donors, to estimate the level and nature of external funding for health programs in Guyana.** The Technical Team, with input from the Steering Committee, compiled a list of donors that contribute funds to Guyana's health system. The sample consisted of 16 donors; nine of the donors completed the survey. Review of the data collected indicates all the key donors with a significant role in the health sector have responded.

- **NGOs involved in health, to assess the funds that flow through and are managed by NGOs.** The Technical Team, in consultation from the Steering Committee, compiled a list of NGOs working in the health system. The data collectors distributed 40 surveys to NGOS and received responses from 28.

- **Employers, to estimate the health benefits that employers provided to employees in 2016.** Benefits tracked by the Health Accounts include contributions to health insurance (employer and employee contributions to NIS and private insurance, as applicable), provision of health services at employer-owned facilities or through contracts with providers, reimbursement of medical expenses, treatment abroad, workplace programs, and corporate social responsibility initiatives. The sample frame was compiled by identifying employers using information from the Guyana Manufacturing & Services Association, the Georgetown Chamber of Commerce & Industry, and the Guyana Yellow Pages. Industries were assigned to each employer based on the Industry Group in the Global Industry Classification Standard; two industry types were added to this list: Distribution and Construction. A random sample was taken to create a list of 100 employers; of those 100, 15 were not included because they were no longer in business. Therefore, the final sample size was 85 employers, 50 of which responded to the survey.

- **Insurance companies, to estimate the health benefits paid by insurers in 2016.** The Technical Team developed the sample of 13 insurance companies, in consultation with the Steering Committee. The sample was validated to ensure that the five insurance companies registered with the Bank of Guyana to sell health insurance policies were included in the sample;

the data collectors prioritized obtaining responses from these five insurers.[17] Additionally, NIS was included in the sample of insurance companies; however, the survey that NIS submitted did not provide the necessary level of detail. Therefore, the Technical Team followed up with NIS to obtain secondary data from NIS that was used in the Health Accounts analysis; this data was on NIS's total income and expenditure and detailed sickness benefit medical care. Of the 13 insurers that received a survey, 11 responded.

2.2 Household Data

The Health Accounts methodology uses data on household spending on health to estimate households' contribution to health financing. The Technical Team identified Guyana's 2006 Household Budget Survey (HBS) as the most recent available data source available on households' health spending. The Bureau of Statistics provided the Technical Team with data from the 2006 survey. The Technical Team updated the 2006 data to 2016 using the methodology described below. This methodology is similar to the methodology that was used during a 2012 estimation:

- **Step 1:** Extracted monthly health expenditures from the 2006 HBS on:
    - o   Medical care and health services
    - o   Hospital and related care

- **Step 2:** Removed all expenditures on "Health Services [insurance] Contributions" from the dataset because these expenditures were reflected in the data that the Technical Team collected from insurance companies.

- **Step 3:** Multiplied each monthly expenditure line item by 12 to obtain the annual expenditure for 2006.

- **Step 4:** Applied year-on-year inflation rates to each expenditure line item to get the inflation-adjusted expenditure for 2016. Guyana's medical and health services inflation rates were used in these calculations.[18]

- **Step 5:** Adjusted the 2016 annual household expenditure on health for population growth. This adjustment was done by calculating the 2016/2006 growth ratio using national population figures from the Statistical Bulletin on the Bureau of Statistics website.[19]

2.3 Secondary Data Sources

The Technical Team collected secondary data. These data included health expenditures and supplementary secondary data on utilization and cost that were used to disaggregate spending by provider, function, and disease. The sources of secondary data are as follows:

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[17] This list was provided by the Steering Committee and comprised Assuria, Frandec & Company, the Guyana & Trinidad Mutual Life Insurance Company, Hand in Hand Mutual Life Assurance Company, and North American Life Insurance Company.

[18] The medical and health services inflation was calculated using data on the urban consumer price index that Technical Team obtained.

[19] Guyana Bureau of Statistics. January – December 2017. *Statistical Bulletin, Table 2.1: Estimated End of Year Population*. Georgetown, Guyana. Accessed April 25, 2018 from: http://www.statisticsguyana.gov.gy/pubs.html#statsbull.

- **Health spending data:**
  - The Technical Team obtained estimates of the MOPH and the regional health spending for 2016. The MOPH dataset included spending by GPHC. These datasets were obtained from the Ministry of Finance's financial information system.[20]

- **Utilization data**:
  - Health services utilization data was primarily provided by the MOPH's 2009 Statistical Bulletin.[21]
  - Data on voluntary counseling and testing (VCT) services and the number of people on antiretroviral therapy (ART) were obtained from the 2009 Guyana AIDS Response Report.[22]
  - Guyana's 2009 Demographic and Health Survey (DHS) provided data on contraceptive use and immunizations among children aged 0-4 years. [23, 24]

- **Unit cost data:**
  - Unit cost data for health services were not available for Guyana. Therefore, data from St. Lucia's costing study of 2013 were used in the Health Accounts exercise.[25]

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[20] Health spending data obtained from the Ministry of Finance, Government of the Cooperative Republic of Guyana Estimates of Revenues and Expenditures 2016 (Republic of Guyana n.d.).

[21] Guyana Ministry of Health Statistics Unit. April 2009. *2009 Statistical Bulletin*. Georgetown, Guyana.

[22] Republic of Guyana. January – December 2014 reporting period. *Guyana AIDS Response Progress Report*. Accessed July 18, 2018 from: http://www.unaids.org/sites/default/files/country/documents/GUY_narrative_report_2015.pdf. VCT data were obtained from Table 13 and ART data were obtained from Table 17.

[23] Guyana Ministry of Health. October 2010. *Guyana Demographic and Health Survey 2009*. Accessed June 14, 2018 from: https://www.dhsprogram.com/pubs/pdf/FR232/FR232.pdf. Public sector contraceptive use data was obtained from Table 5.5 and vaccination data was obtained from Table 10.3.

[24] The DHS provided data on the % of children (18-29 months) who had obtained "all basic vaccines" (BCG, measles, and three doses each of Pentavalent and polio vaccines). This data was combined with an estimate of the number of children in Guyana aged 0-4 years in 2009 from https://www.populationpyramid.net/guyana/2009/ to calculate the number of immunizations among children aged 0-4 years in Guyana in 2009.

[25] Musau, Stephen, Josef Tayag, and Abigail Vogus. May 2013. *Saint Lucia: Health Service Delivery Costing and Other Economic Analyses*. Bethesda, MD: Health Systems 20/20 Caribbean project, Abt Associates Inc.

3. DATA ANALYSIS

3.1 Double-Counting

The Health Accounts exercise carefully considered the collected data and assessed whether multiple data sources reported the same health expenditures. The Technical Team reviewed the data for the following types of double-counting:

- **Employer – Insurer**
- **Household – Insurer**
- **NGO – Government**
- **NGO – Donor**

3.2 Estimation and Application of Distribution Keys

Some of the expenditure data collected by the Health Accounts Technical Team were aggregated and did not provide sufficient detail to allocate data based on the SHA 2011 classifications. Therefore, distribution keys were applied to non-earmarked government, household, and insurance data to estimate the allocation among providers, function, and disease/health condition.

3.2.1 Estimating Distribution Keys

The following steps were used to develop the distribution keys:

Step 1: Compiled utilization data by disease classification and function

As discussed in Section 2 of this report, data on the health services utilization and disease distribution were primarily obtained from the 2009 MOPH Statistical Bulletin; select data that were not available in the Statistical Bulletin were obtained from other sources. Data on VCT and ART were obtained from the 2009 Guyana AIDS Response Report and data on contraceptive use and childhood immunizations were obtained from Guyana's 2009 DHS. Each data point was assigned to its corresponding disease and functional classification according to the SHA 2011 framework. The functional classifications assigned were curative outpatient visit, inpatient hospital admission, and preventive episode of care; prevention was further disaggregated by antenatal care, immunization, contraception, and VCT, according to the SHA 2011 framework. For example, data on malaria cases were assigned the SHA 2011 disease classification for malaria and categorized as outpatient curative care visits.

Ideally, the data in the Statistical Bulletin would have been disaggregated based on where the care was received (e.g. hospital versus health center); however, because this level of disaggregation was not available, the utilization pattern was assumed to be similar at all levels of facilities (e.g. that outpatient care at a hospital has similar utilization rates as outpatient care at health centers). Future Health Accounts exercises will benefit from utilization data that is disaggregated by provider level of care.

Step 2: Assigned unit costs to services used

Unit costs were assigned to each type of service used and the general disease/health condition, as available. Therefore, costs were assigned to outpatient, inpatient, and prevention; however, because unit costs for preventive care were not available, it was assumed that the unit cost for outpatient

care and all types of preventive care were the same. The costs were allocated to four general types of diseases/health conditions: infectious diseases, reproductive health, non-communicable diseases (NCDs), and accidents and injury.

Step 3: Calculate the price x quantity (indicative expenditures)

The unit costs from step 2 were multiplied by their associated utilization to generate indicative expenditures by function and disease.

Step 4: Calculate the functional and disease distribution keys

Ratios were calculated out of the indicative expenditures to help unpack the non-earmarked health spending by function and disease/priority health area. The functional key helped estimate how government funds are allocated among functions for inpatient care, outpatient care, prevention (antenatal care), prevention (immunization), prevention (contraception), and prevention (VCT). The disease key helped to distribute the spending between HIV and AIDS, tuberculosis, malaria, infectious diseases (not including HIV and AIDS, tuberculosis, and malaria), reproductive health conditions, nutritional deficiencies, NCDs, and injuries.

3.2.2 Applying Distribution Keys

After the distribution keys were developed, they were applied to non-earmarked government, household, and insurance data to estimate the proportion of an expenditure that funded the various types of care (e.g. outpatient, inpatient, or preventive care) and various diseases/health conditions. By applying these keys to non-government data (households and insurance data), the team assumed that the function and disease profiles and the care paid for by households and insurers are similar to the care at government facilities in Guyana.

3.2.3 Other Distribution Keys

In addition to the distribution keys developed using the process described above, there were several other keys that were used to estimate the distribution of resources during the Health Accounts data analysis; these are described below.

- **Employer versus employee contributions to NIS:** While the NIS data specified that a source of revenue was employed contribution income, the data did not distinguish between employee and employer contributions to NIS. Therefore, a distribution key was developed using the law that 14 percent of an employee's wage must go towards NIS; 5.6% of this comprises contributions from the employee while 8.4 percent is paid by the employer on behalf of the employee.[26] Based on this information, it was assumed that for expenditures for which the revenue source was employed contributions, 60 percent came from employers while 40 percent came from employees.

- **Regional health center versus hospital:** Some government data did not indicate the provider of health care for a particular expenditure, such as the Regional and Clinical Services program funded by the MOPH. In such cases the shares of expenditures by provider for the expenditures that were earmarked were used to unpack non-earmarked spending by provider.

- **Health services funded by insurance companies:** Several insurance companies provided details on the types of services that they funded at various providers. Therefore, data from the detailed surveys were used to create distribution keys for the type of care provided; these keys

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[26] Guyana National Insurance Scheme. 2015. "Information on N.I.S Contributions". Accessed July 2018 from: https://www.nis.org.gy/information_on_contributions.

were used to disaggregate the type of care that was funded by households and insurance companies with missing disaggregation.

3.3 Use of the Health Accounts Production Tool (HAPT)

The Technical Team used the HAPT throughout the Health Accounts exercise to collect, manage, and analyze the expenditure data.. The HFG project trained the Technical Team to use the HAPT during the June 2017 training. Key functions that the HAPT facilitates include managing sample lists, importing data from surveys and structured datasets, mapping financing flows to the SHA 2011 classifications, applying distribution keys, conducting quality assessments, and reviewing the data for double counting.

After the Technical Team completed the mapping and validation, the HAPT generated a set of tables that summarize the data according to the nature of the financing flows. The key tables for Guyana's Health Accounts exercise are provided in Annex C of this report.

4. DATA LIMITATIONS AND RECOMMENDATIONS

Guyana's 2016 Health Accounts exercise was its first completed exercise to generate data on health financing. This is an impressive accomplishment and the data will provide useful information on which to base policy in the future. The limitations described below are provided to guide future Health Accounts exercises on improvements that can be made to health information systems that would decrease the time and resources required to conduct future Health Accounts exercises.

- **Household data:** As discussed above, the Health Accounts used estimates for 2016 household health spending that were based on data from the 2006 HBS. In order to obtain more recent estimates of household expenditures on health, the Technical Team and Steering Committee should work with the Bureau of Statistics to incorporate health spending questions into the next Household Budget Survey or other household survey. Annex B contains recommended questions that could be incorporated into an existing household survey to provide data on household health spending for future Health Accounts exercises.

- **Government health spending data:** The sources of government health spending data were the MOPH and the Ministry of Finance's financial information system. The Technical Team spent considerable amounts of time obtaining the 2016 spending estimates and transferring the dataset to an Excel spreadsheet that could be imported into the HAPT. Furthermore, the MOPH data was not disaggregated by where the care was provided (e.g. for the Regional and Clinical Services program, as described above). Therefore, by decreasing the time it takes to finalize government spending estimates, increasing the detail about government agencies' spending, and producing formatted datasets of government expenditures on health, Guyana can decrease the time and resources require to conduct future Health Accounts exercises.

- **NIS data:** The NIS data did not specify where health benefits were provided (e.g. hospitals or clinics). Therefore, the Technical Team assumed that all non-earmarked NIS expenditures paid for health care received at private facilities based on the policy that health services at public facilities are financed by the government. As the data didn't allow further disaggregation by level the team has reported a combined spending for "private hospitals and clinics". Future Health Accounts exercises would benefit from additional detail in NIS data, such as by specifying the type of facility at which care was received.

- **Utilization data:** Guyana's most recent health information system data on health services utilization is from 2009. Additionally, while the data provide information on the type of health services used and the disease profile of Guyana, future Statistical Bulletins should provide additional detail on the utilization, such as the level of facility where services were used and the type of care provided. This increased detail will provide additional context to future Health Accounts exercises.

- **Costing data:** The Health Accounts exercise used costing data from St. Lucia to create distribution keys and allocated non-earmarked data. Updated costing data on health services in Guyana would benefit future Health Accounts exercises and other policy- and decision-making processes in Guyana.

ANNEX A: HEALTH ACCOUNTS TECHNICAL TEAM AND STEERING COMMITTEE

Table A.1 lists members of the Technical Team who attended the June 2017 training in the Health Accounts methodology and the SHA 2011 framework. Table A.2 lists members of the Steering Committee.

Table A.1: Members of the Health Accounts Technical Team

Name	Organization
Maria Alleyne	GPHC
Tesfaye Ashagari	HFG
Niccollette Boatswain	National AIDS Program Secretariat (NAPS), MOPH
Tanzia Bollers	MOPH
Garfield Bryan	NIS
Sharon Carmichael	MOPH
Rene Chan	MOF
Curtis Charles	MOPH
Ryan Dos Santos	PAHO
Ulex Fung	PAHO
Malkia Idal	MOPH
Sarah Insanally	HFG
Juliana Latchman	MOF
Jamiyla Morian	MOPH
Premchand Persaud	MOPH
Sonia Roberts	Health Sector Development Unit (HSDU), MOPH
Rachel Rosen	HFG
Rovin Sukhrat	MOPH
Daven Vancooten	Bureau of Statistics
Karen Yaw	MOPH

Table A.2: Members of the Health Accounts Steering Committee

Name	Organization
Rene Chan	MOF
Arlene Chaturia	Guyana Responsible Parenthood Association
Glendon Fogenay	MOPH
Tracy Gibson	Bank of Guyana
Marguerite Hoyte	NIS
Karley McLennon	Bureau of Statistics
Rhonda Moore	NAPS, MOPH
Mark Oviatt	USAID
Sonia Roberts	HSDU, MOPH
Simone Sills	Chair Civil Society
Prithi Singh	PAHO
Karen Yaw	MOPH

ANNEX B: POTENTIAL HEALTH QUESTIONS FOR FUTURE HOUSEHOLD SURVEYS IN GUYANA

The questions below are recommendations to be added to future household surveys conducted by the Bureau of Statistics. The HFG project developed these recommendations based on the household expenditure module for the DHS. The categories for the health facilities and diagnosis can be revised while being mindful of what will be understandable by the average household. For example, the average household may not be aware of the different levels of government hospitals; therefore, it may be sufficient to understand the spending on hospitals by ownership (e.g. public versus private).

Line No.	Health Service Consultation and Admissions- Screening Questions						
	Note : To be added to the Household roster Questionnaire (for each individual members of the household)						
	In the last six months was (NAME) admitted to stay overnight in a healthcare facility?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR INPATIENT MODULE	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR OUTPATIENT MODULE	In the last 4 weeks how many visits did (NAME) make without staying overnight?	Is (NAME) covered by any health insurance?	What is (NAME)'s main type of health insurance?
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Y N DK 1 2 8	1	Y N DK 1 2 8	1		Y N DK 1 2 8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
2	Y N DK 1 2 8	2	Y N DK 1 2 8	2		Y N DK 1 2 8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
3	Y N DK 1 2 8	3	Y N DK 1 2 8	3		Y N DK 1 2 8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
4	Y N DK 1 2 8	4	Y N DK 1 2 8	4		Y N DK 1 2 8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know

#	Y	N	DK		#	Y	N	DK		#		Y	N	DK	
5	1	2	8	5		1	2	8	5			1	2	8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
6	1	2	8	6		1	2	8	6			1	2	8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
7	1	2	8	7		1	2	8	7			1	2	8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
8	1	2	8	8		1	2	8	8			1	2	8	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
9	Y	N	DK	9		Y	N	DK	9			Y	N	DK	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know
10	Y	N	DK	10		Y	N	DK	10			Y	N	DK	1. National Insurance Scheme /Insurance through employer 2. Privately purchased Health Insurance 3. Other 4. Don't Know

	Inpatient Health Expenditures			
201	check column 2 in household schedule	One or more inpatients	No inpatients → 301	
202	Check column 2 in household schedule. Enter the line number of the persons with the 3 most recent inpatient visits IF THERE ARE MORE THAN 3, RECORD ONLY THE 3 MOST RECENT.			
203		Which person had the most recent admission with an overnight stay? {_____}	Which person had the second most recent overnight stay? (NOTE: THIS MIGHT BE THE SAME PERSON) {_____}	Which person had the third most recent overnight stay? {_____}
204	Name from Household Schedule			
205	Where did (NAME) stay overnight for health care?	1. Government Hospital 2. Government Health Center 3. Private Hospital 4. Private Clinic 5. Other 6. Don't know	1. Government Hospital 2. Government Health Center 3. Private Hospital 4. Private Clinic 5. Other 6. Don't know	1. Government Hospital 2. Government Health Center 3. Private Hospital 4. Private Clinic 5. Other 6. Don't know
206	What was the main reason for (NAME) to seek care on this visit?	1. Fever 2. Accident/injury 3. Delivery 4. Other	1. Fever 2. Accident/injury 3. Delivery 4. Other	1. Fever 2. Accident/injury 3. Delivery 4. Other
207	How much money did (NAME) spend on treatment and services received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999

	Outpatient Health Expenditures			
301	check column 4 in household schedule	One or more outpatients	No outpatients → 308	
302	Check column 4 in household schedule. Enter the line number of the persons with the 3 most recent outpatient visits. IF THERE ARE MORE THAN 3, RECORD ONLY THE 3 MOST RECENT.			
303		Which person had the most recent outpatient visit? {_____}	Which person had the second most recent outpatient visit? (NOTE: THIS MIGHT BE THE SAME PERSON) {_____}	Which person had the third most recent outpatient visit? (NOTE: THIS MIGHT BE THE SAME PERSON) {_____}
304	Name from Household Schedule			
305	From what type of health provider did (NAME) get care [most recently] without staying overnight?	1. Government Hospital 2. Government Health Center 3. Government Clinic 4. Private Hospital 5. Private clinic 6. Pharmacy	1. Government Hospital 2. Government Health Center 3. Government Clinic 4. Private Hospital 5. Private clinic 6. Pharmacy	1. Government Hospital 2. Government Health Center 3. Government Clinic 4. Private Hospital 5. Private clinic 6. Pharmacy

		7. Private Doctor 8. Mobile Clinic 9. Shop 10. Traditional Healer/ drug peddler 11. Other 12. Don't Know	7. Private Doctor 8. Mobile Clinic 9. Shop 10. Traditional Healer/ drug peddler 11. Other 12. Don't Know	7. Private Doctor 8. Mobile Clinic 9. Shop 10. Traditional Healer/ drug peddler 11. Other 12. Don't Know
306	What was the main reason for (NAME) to seek care on this visit?	1. Family planning 2. Antenatal/postnatal care 3. Malaria/fever 4. HIV/AIDS 5. Other illness 6. Accident/injury 7. Checkup/other preventative care 8. Other	1. Family planning 2. Antenatal/postnatal care 3. Malaria/fever 4. HIV/AIDS 5. Other illness 6. Accident/injury 7. Checkup/other preventative care 8. Other	1. Family planning 2. Antenatal/postnatal care 3. Malaria/fever 4. HIV/AIDS 5. Other illness 6. Accident/injury 7. Checkup/other preventative care 8. Other
307	How much money did (NAME) spend on treatment and services received during the [most recent] consultation? Please include the consulting fee and any expenses for other items including drugs or tests.	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999

308	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for all the members of your household?	_____ No Cost or Free 00000 In kind 99995 Don't Know 99999

ANNEX C: HEALTH ACCOUNTS STATISTICAL TABLES

The statistical tables provided in Annex C summarize the Health Accounts data in two-dimensional tables that were generated with the HAPT. Each table cross-tabulates expenditures for two of the SHA 2011 classifications. Unless otherwise noted, the tables summarize current health spending only. The currency of the amounts in the tables is in Guyana Dollars (millions).

Table C.1: Revenues of Financing Schemes (FS) x Financing Scheme (HF)

Revenues of health care financing schemes — Guyana Dollar (GYD), Million — Financing schemes			FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.2 Transfers distributed by government from foreign origin	FS.3 Social insurance contributions	FS.3.1 Social insurance contributions from employees	FS.3.2 Social insurance contributions from employers	FS.3.3 Social insurance contributions from self-employed	FS.3. Other social insurance contributions	FS.5 Voluntary prepayment	FS.5. Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.5.3 Other voluntary prepaid revenues	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.6. Other revenues from NPISH n.e.c.	FS.7 Direct foreign transfers	All FS
HF.1		Government schemes and compulsory contributory health care financing schemes	22,818.53	206.68	618.83	220.55	330.82	24.42	43.04									250.05	23,894.09
	HF.1.1.1	Central government schemes	16,067.06	206.68														250.05	16,523.80
	HF.1.1.2	State/regional/local government schemes	6,751.47																6,751.47
	HF.1.2.1	National Insurance Scheme			618.83	220.55	330.82	24.42	43.04										618.83
HF.2		Voluntary health care payment schemes		19.63						546.51	8.50	392.61	145.40	422.10		393.69	28.41	234.67	1,222.91
	HF.2.1	Voluntary health insurance schemes								546.51	8.50	392.61	145.40						546.51
	HF.2.2	NPISH financing schemes (including development agencies)		19.63										28.41			28.41	234.47	282.52
	HF.2.3	Enterprise financing schemes												393.69		393.69		0.19	393.88
HF.3		Household out-of-pocket payment												2,359.84	2,359.84				2,359.84
HF.4		Rest of the world financing schemes (non-resident)																627.76	627.76
HF.nec		Unspecified financing schemes (n.e.c.)																317.57	317.57
All HF			22,818.53	226.31	618.83	220.55	330.82	24.42	43.04	546.51	8.50	392.61	145.40	2,781.94	2,359.84	393.69	28.41	1,430.04	28,422.16

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Table C.2: Institutional units providing revenues to financing schemes (FS.RI) x Financing agent (FA)

Financing agents			Institutional units providing revenues to financing *Guyana Dollar (GYD), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1 NPISH	FS.RI.1.5 Rest of the world	All FS.RI
FA.1			General government	22,861.57	330.82	244.97		456.73	23,894.09
	FA.1.1		Central government	16,110.11	330.82	244.97		456.73	17,142.63
		FA.1.1.1	Ministry of Health	16,067.06				337.43	16,404.50
		FA.1.1.2	Other ministries and public units (belonging to central government)					119.30	119.30
		FA.1.1.4	National Insurance Scheme	43.04	330.82	244.97			618.83
	FA.1.2		Regional/Local Government	6,751.47					6,751.47
FA.2			Insurance corporations	54.54	483.47	8.50			546.51
FA.3			Corporations (Other than insurance corporations) (part of HF.RI.1.2)		393.69				393.69
FA.4			Non-profit institutions serving households (NPISH)				27.49	271.37	298.86
FA.5			Households			2,359.84			2,359.84
FA.6			Rest of the world					929.17	929.17
All FA				22,916.11	1,207.98	2,613.31	27.49	1,657.27	28,422.16

Table C.3: Health care provider (HP) x Institutional units providing revenues to financing schemes (FS.RI)

	Health care providers / Guyana Dollar (GYD), Million	HP.1 Hospitals	HP.1.1 General hospitals	HP.1.1.1 Public Hospital	HP.1.1.2 Private Hospital (including private clinics)	HP.2 Residential long-term care facilities	HP.3 Providers of ambulatory health care	HP.3.4 Ambulatory health care centres	HP.3.4.5 Health Centers and Health Posts	HP.3. Providers of home health care services	HP.4 Providers of ancillary services	HP.4.1 Providers of patient transportation and emergency rescue	HP.4.2 Medical and diagnostic laboratories	HP.4.9 Other providers of ancillary services	HP.5 Retailers and Other providers of medical goods	HP.5.1 Pharmacies	HP.5.9 All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing	HP.8 Rest of economy	HP.9 Rest of the world	HP.nec Unspecified health care providers (n.e.c.)	All HP
FS.RI.1.1	Government	11,254.86	11,254.86	11,176.60	78.26	187.12	8,983.22	8,983.22	8,983.22		498.22	42.21	339.47	116.54	10.77	10.77		506.25	1,126.60	21.66	129.00	198.40	22,916.11
FS.RI.1.2	Corporations	620.56	620.56		620.56						1.43		1.43		72.26	72.26			202.65	306.96	4.12	0.00	1,207.98
FS.RI.1.3	Households	1,129.61	1,129.61		1,129.61						0.01		0.01		1,439.64	107.87	1,331.77		44.06				2,613.31
FS.RI.1.4	NPISH	0.07	0.07	0.07		0.03	12.33	8.69	8.69	3.65	4.22	4.22						8.71	2.12				27.49
FS.RI.1.5	Rest of the world	257.51	257.51	146.51	111.01	0.30	19.94	5.84	5.84	14.10	6.55	1.94	3.86	0.75	0.95		0.95	292.79	1,078.87	0.18		0.19	1,657.27
All FS.RI		13,262.62	13,262.62	11,323.18	1,939.44	187.45	9,015.49	8,997.74	8,997.74	17.74	510.43	48.37	344.77	117.29	1,523.62	190.91	1,332.71	807.76	2,452.18	330.92	133.12	198.59	28,422.16

Table C.4: Function (HC) x Institutional units providing revenues to financing schemes (FS.RI)

Institutional units providing revenues to financing schemes	Guyana Dollar (GYD), Million	HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.3 Outpatient curative care	HC.1.nec Unspecified curative care (n.e.c.)	HC.2 Rehabilitative care	HC.3 Long-term care (health)	HC.4 Ancillary services (non-specified by function)	HC.4.1 Laboratory services	HC.4. Patient transportation	HC.4.ne Unspecified ancillary services (n.e.c.)	HC.5 Medical goods (non-specified by function)	HC.6 Preventive care	HC.6.1 Information, education and counseling (IEC) programmes	HC.6.2 Immunisation programmes	HC.6.3 Early disease detection programmes	HC.6.4 Healthy condition monitoring programmes	HC.6.5 Epidemiological surveillance and risk and disease control programmes	HC.6.ne Unspecified preventive care (n.e.c.)	HC.7 Governance, and health system and financing	HC.9 Other health care services not elsewhere classified	All HC
FS.RI.1.1	Government	16,250.58	4,103.69	11,894.39	252.50	208.78		498.22	339.47	42.21	116.54	10.77	4,821.15	4.03	730.77	985.53	2,138.51	543.33	418.99	1,126.60		22,916.11
FS.RI.1.2	Corporations	887.13	204.38	670.66	12.09			1.43	1.43		0.00	72.26	36.07	0.77		0.19	0.40		34.72	202.65	8.43	1,207.98
FS.RI.1.3	Households	1,038.29	400.49	637.80				0.01	0.01			1,439.64	91.32			0.00			91.32	44.06		2,613.31
FS.RI.1.4	NPISH	5.83		5.83		0.03		4.22		4.22			17.40	6.93		10.47						27.49
FS.RI.1.5	Rest of the world	155.27		155.27			6.53	6.55	3.86	1.94	0.75	0.95	408.71	86.40		175.71		145.15	1.45	1,078.87	0.40	1,657.27
All FS.RI		18,337.11	4,708.56	13,363.96	264.59	208.81	6.53	510.43	344.77	48.37	117.29	1,523.62	5,374.66	98.13	730.77	1,171.89	2,138.90	688.48	546.48	2,452.18	8.83	28,422.16

Table C.5: Financing Scheme (HF) x Function (HC)

Guyana Dollar (GYD), Million		HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1.1 Central government schemes	HF.1.1.2 State/regional/local government schemes	HF.1.2.1 National Insurance Scheme	HF.2 Voluntary health care payment schemes	HF.2.1 Voluntary health insurance schemes	HF.2.2 NPISH financing schemes (including development agencies)	HF.2.3 Enterprise financing schemes	HF.3 Household out-of-pocket payment	HF.4 Rest of the world financing schemes (non-resident)	HF.nec Unspecified financing schemes (n.e.c.)	All HF
HC.1	**Curative care**	**16,566.59**	**10,981.38**	**5,192.34**	**392.88**	**895.39**	369.62	**161.11**	**364.67**	**875.13**			**18,337.11**
	HC.1.1 Inpatient curative care	**4,167.76**	2,675.91	1,402.88	88.96	**178.93**	147.55		31.38	**361.88**			**4,708.56**
	HC.1.3 Outpatient curative care	**12,146.34**	8,052.97	3,789.46	303.91	**704.37**	222.07	161.11	321.20	**513.25**			**13,363.96**
	HC.1.nec Unspecified curative care (n.e.c.)	**252.50**	252.50			**12.09**			12.09				**264.59**
HC.2	**Rehabilitative care**	**208.78**	**208.78**			**0.03**		**0.03**					**208.81**
HC.3	**Long-term care (health)**	**6.23**	**6.23**			**0.30**		**0.30**					**6.53**
HC.4	**Ancillary services (non-specified by function)**	**501.28**	**501.28**			**9.15**	2.24	**6.91**	**0.00**				**510.43**
	HC.4.1 Laboratory services	**342.53**	342.53			**2.24**	2.24						**344.77**
	HC.4.3 Patient transportation	**42.21**	42.21			**6.16**		6.16					**48.37**
	HC.4.nec Unspecified ancillary services (n.e.c.)	**116.54**	116.54			**0.75**		0.75	0.00				**117.29**
HC.5	**Medical goods (non-specified by function)**	**114.65**			**114.65**	**14.72**	11.78	**0.95**	**2.00**	**1,394.24**			**1,523.62**
HC.6	**Preventive care**	**5,104.75**	**3,545.63**	**1,559.13**		**117.39**	19.72	**79.07**	**18.59**	**90.47**	**62.05**		**5,374.66**
	HC.6.1 Information, education and counseling (IEC) programmes	**60.07**	60.07			**38.06**		37.29	0.77				**98.13**
	HC.6.2 Immunisation programmes	**730.77**	551.27	179.50									**730.77**
	HC.6.3 Early disease detection programmes	**1,126.82**	774.46	352.36		**28.91**		28.73	0.19		**16.15**		**1,171.89**
	HC.6.4 Healthy condition monitoring programmes	**2,138.42**	1,373.86	764.56		**0.48**	0.48						**2,138.90**
	HC.6.5 Epidemiological surveillance and risk and disease control programmes	**630.99**	471.43	159.56		**11.60**		11.60			**45.90**		**688.48**
	HC.6.nec Unspecified preventive care (n.e.c.)	**417.68**	314.54	103.14		**38.33**	19.24	1.45	17.64	**90.47**			**546.48**
HC.7	**Governance, and health system and financing administration**	**1,391.78**	**1,280.48**		**111.30**	**177.12**	143.15	**33.97**			**565.71**	**317.57**	**2,452.18**
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**0.03**	**0.03**			**8.80**		**0.18**	**8.62**				**8.83**
All HC		**23,894.09**	**16,523.80**	**6,751.47**	**618.83**	**1,222.91**	**546.51**	**282.52**	**393.88**	**2,359.84**	**627.76**	**317.57**	**28,422.16**

Table C.6: Function (HC) x Health care provider (HP)

Guyana Dollar (GYD), Million

Health care providers		HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.3 Outpatient curative care	HC.1.nec Unspecified curative care (n.e.c.)	HC.2 Rehabilitative care	HC.3 Long-term care (health)	HC.4 Ancillary services (non-specified by function)	HC.4.1 Laboratory services	HC.4. Patient transportation	HC.4.ne Unspecified ancillary services (n.e.c.)	HC.5 Medical goods (non-specified by function)	HC.6 Preventive care	HC.6.1 Information, education and counseling (IEC) programmes	HC.6.2 Immunisation programmes	HC.6.3 Early disease detection programmes	HC.6.4 Healthy condition monitoring programmes	HC.6.5 Epidemiological surveillance and risk and disease control programmes	HC.6.nec Unspecified preventive care (n.e.c.)	HC.7 Governance, and health system and financing administration	HC.9 Other health care services not elsewhere classified (n.e.c.)	All HC
HP.1 Hospitals		10,712.24	4,576.55	5,875.22	260.48		6.23						2,542.89	50.45	285.96	606.02	1,218.44	272.31	109.71		1.26	13,262.62
HP.1.1	General hospitals	10,712.24	4,576.55	5,875.22	260.48		6.23						2,542.89	50.45	285.96	606.02	1,218.44	272.31	109.71		1.26	13,262.62
HP.1.1.1	Public Hospital	8,899.13	3,949.79	4,696.84	252.50		6.23						2,417.79	50.45	285.96	591.12	1,217.96	272.31			0.03	11,323.18
HP.1.1.2	Private Hospital (including private clinics)	1,813.11	626.76	1,178.38	7.98								125.09			14.90	0.48		109.71		1.23	1,939.44
HP.2 Residential long-term care facilities						187.15	0.30															187.45
HP.3 Providers of ambulatory health care		7,208.47		7,208.47									1,807.02		216.11	435.54	920.46	192.10	42.82			9,015.49
HP.3.4	Ambulatory health care centres	7,190.72		7,190.72									1,807.02		216.11	435.54	920.46	192.10	42.82			8,997.74
HP.3.4.5	Health Centers and Health Posts	7,190.72		7,190.72									1,807.02		216.11	435.54	920.46	192.10	42.82			8,997.74
HP.3.5	Providers of home health care services	17.74		17.74																		17.74
HP.4 Providers of ancillary services								510.43	344.77	48.37	117.29											510.43
HP.4.1	Providers of patient transportation and emergency							48.37		48.37												48.37
HP.4.2	Medical and diagnostic							344.77	344.77													344.77
HP.4.9	Other providers of ancillary							117.29			117.29											117.29
HP.5 Retailers and Other providers of medical goods												1,523.62										1,523.62
HP.6 Providers of preventive													807.76	46.91	30.31	130.15		224.07	376.32			807.76
HP.7 Providers of health care system administration and financing																				2,452.18		2,452.18
HP.8 Rest of economy		283.29	3.01	280.27		21.66		0.00			0.00		18.59	0.77		0.19			17.64		7.38	330.92
HP.9 Rest of the world		133.12	129.00		4.12																	133.12
HP.nec Unspecified health care providers (n.e.c.)													198.40		198.40						0.19	198.59
All HP		18,337.11	4,708.56	13,363.96	264.59	208.81	6.53	510.43	344.77	48.37	117.29	1,523.62	5,374.66	98.13	730.77	1,171.89	2,138.90	688.48	546.48	2,452.18	8.83	28,422.16

Table C.7: Function (HC) x Classification of diseases/health conditions (DIS)

Classification of diseases / conditions		HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.3 Outpatient curative care	HC.1.ne Unspecified curative care (n.e.c.)	HC.2 Rehabilitative care	HC. Long-term care (health)	HC.4 Ancillary services (non-specified by function)	HC.4.1 Laboratory services	HC.4. Patient transportation	HC.4.ne Unspecified ancillary services (n.e.c.)	HC.5 Medical goods (non-specified by function)	HC.6 Preventive care	HC.6.1 Information, education and counseling (IEC) programmes	HC.6.2 Immunisation programmes	HC.6.3 Early disease detection programmes	HC.6.4 Healthy condition monitoring programmes	HC.6.5 Epidemiological surveillance and risk and disease control programmes	HC.6.ne Unspecified preventive care (n.e.c.)	HC.7 Governance, and health system and financing administration	HC.9 Other health care services not elsewhere classified (n.e.c.)	All HC
DIS.1	Infectious and parasitic diseases	4,592.28	4.45	4,583.83	4.00		6.23	343.95	342.53	0.68	0.75	451.19	2,200.29	12.13	730.77	1,141.44		102.54	213.41	867.85	3.77	8,465.56
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	455.64	0.04	451.61	4.00		6.23	4.54	3.86	0.68		8.65	1,112.80	11.78		1,039.53		34.21	27.28	536.60	3.67	2,128.13
DIS.1.2	Tuberculosis (TB)	130.46	3.59	126.87								1.51	6.92					6.87	0.06	15.56	0.05	154.50
DIS.1.3	Malaria	337.05		337.05								28.42	49.53	0.35				2.55	46.63	8.58	0.05	423.64
DIS.1.6	Neglected tropical diseases	30.22		30.22									101.91			101.91				0.65		132.78
DIS.1.7	Vaccine preventable diseases												730.77		730.77							730.77
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	3,638.91	0.83	3,638.09				339.41	338.67		0.75	412.61	198.36					58.91	139.45	306.45		4,895.74
DIS.2	Reproductive health	408.12	391.11	17.01									2,888.92	54.48			2,138.90	446.28	249.26	7.61		3,304.65
DIS.2.1	Maternal conditions												2,139.27				2,138.90		0.37			2,139.27
DIS.2.3	Contraceptive management (family planning)												578.52	50.45				446.28	81.80			578.52
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	408.12	391.11	17.01									171.12	4.03					167.10	7.61		586.85
DIS.3	Nutritional deficiencies	23.97		23.97								2.88	48.39					4.01	44.38			75.25
DIS.4	Noncommunicable diseases	8,549.42	561.56	7,987.85		10.00	0.30					1,054.82	116.28	25.52		30.45		34.13	26.17	10.28	0.75	9,741.84
DIS.4.1	Neoplasms												1.58	0.93		0.65				10.28	0.25	12.12
DIS.4.2	Endocrine and metabolic disorders (including diabetes)												29.80			29.80						29.80
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	3.07		3.07		10.00							49.37	24.17					25.19			62.44
DIS.4.8	Sense organ disorders	4.41		4.41			0.30					135.82									0.25	140.77
DIS.4.9	Oral diseases	308.14		308.14																	0.25	308.39
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	8,233.80	561.56	7,672.23								919.00	35.53	0.42				34.13	0.98			9,188.33
DIS.5	Injuries	3,738.64	3,591.06	147.58				0.02	0.02			0.96	0.49						0.49			3,740.11
DIS.6	Non-disease specific	219.84	129.00	90.84				1.27		1.27			43.50	6.00				37.50		1,562.18	0.03	1,826.81
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	804.85	31.38	512.88	260.59	198.81		165.20	2.22	46.43	116.54	13.76	76.79	0.00				64.03	12.76	4.26	4.28	1,267.95
All DIS		18,337.11	4,708.56	13,363.96	264.59	208.81	6.53	510.43	344.77	48.37	117.29	1,523.62	5,374.66	98.13	730.77	1,171.89	2,138.90	688.48	546.48	2,452.18	8.83	28,422.16

Guyana Dollar (GYD), Million

Table C.8: Financing scheme (HF) x Health care provider (HP)

Health care providers				HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1 Central government schemes	HF.1.1.2 State/regional/local government schemes	HF.1.2 Compulsory contributory health insurance schemes (NIS)	HF.2 Voluntary health care payment schemes	HF.2.1 Voluntary health insurance schemes	HF.2.2 NPISH financing schemes (including development agencies)	HF.2.3 Enterprise financing schemes	HF.3 Household out-of-pocket payment	HF.4 Rest of the world financing schemes (non-resident)	HF.nec Unspecified financing schemes (n.e.c.)	All HF
HP.1			Hospitals	11,674.12	11,281.24	7,499.88	3,781.36	392.88	622.91	389.34	152.95	80.62	965.60			13,262.62
	HP.1.1		General hospitals	11,674.12	11,281.24	7,499.88	3,781.36	392.88	622.91	389.34	152.95	80.62	965.60			13,262.62
		HP.1.1.1	Public Hospital	11,281.24	11,281.24	7,499.88	3,781.36		41.94		41.94					11,323.18
		HP.1.1.2	Private Hospital (including private clinics)	392.88				392.88	580.97	389.34	111.01	80.62	965.60			1,939.44
HP.2			Residential long-term care facilities	187.12	187.12	187.12			0.33		0.33					187.45
HP.3			Providers of ambulatory health care	8,983.22	8,983.22	6,116.26	2,866.96		32.27		32.27					9,015.49
	HP.3.4		Ambulatory health care centres	8,983.22	8,983.22	6,116.26	2,866.96		14.52		14.52					8,997.74
		HP.3.4.5	Health Centers and Health Posts	8,983.22	8,983.22	6,116.26	2,866.96		14.52		14.52					8,997.74
	HP.3.5		Providers of home health care services						17.74		17.74					17.74
HP.4			Providers of ancillary services	501.28	501.28	501.28			9.15	2.24	6.91					510.43
	HP.4.1		Providers of patient transportation and emergency rescue	42.21	42.21	42.21			6.16		6.16					48.37
	HP.4.2		Medical and diagnostic laboratories	342.53	342.53	342.53			2.24	2.24						344.77
	HP.4.9		Other providers of ancillary services	116.54	116.54	116.54			0.75		0.75					117.29
HP.5			Retailers and Other providers of medical goods	114.65				114.65	14.72	11.78	0.95	2.00	1,394.24			1,523.62
HP.6			Providers of preventive care	692.87	692.87	589.72	103.14		52.85		52.85			62.05		807.76
HP.7			Providers of health care system administration and financing	1,391.78	1,280.48	1,280.48		111.30	177.12	143.15	33.97			565.71	317.57	2,452.18
HP.8			Rest of economy	21.66	21.66	21.66			309.25		2.29	306.96				330.92
HP.9			Rest of the world	129.00	129.00	129.00			4.12		4.12					133.12
HP.nec			Unspecified health care providers (n.e.c.)	198.40	198.40	198.40			0.19		0.19					198.59
All HP				23,894.09	23,275.26	16,523.80	6,751.47	618.83	1,222.91	546.51	282.52	393.88	2,359.84	627.76	317.57	28,422.16

Guyana Dollar (GYD), Million

Table C.9: Financing agent (FA) x Financing scheme (HF)

Financing schemes				Guyana Dollar (GYD), Million	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health	FA.1.1.2 Other ministries and public units (belonging to central government)	FA.1.1.4 National Health Insurance Agency (NIS)	FA.1.2 Regional/Local Government	FA.2 Insurance corporations	FA.3 Corporations (Other than insurance corporations) (part of HF.RI.1.2)	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	All FA
HF.1				Government schemes and compulsory contributory health care financing schemes	23,894.09	17,142.63	16,404.50	119.30	618.83	6,751.47						23,894.09
	HF.1.1			Government schemes	23,275.26	16,523.80	16,404.50	119.30		6,751.47						23,275.26
		HF.1.1.1		Central government schemes	16,523.80	16,523.80	16,404.50	119.30								16,523.80
		HF.1.1.2		State/regional/local government schemes	6,751.47					6,751.47						6,751.47
	HF.1.2			Compulsory contributory health insurance schemes	618.83	618.83			618.83							618.83
		HF.1.2.1		National Insurance Scheme	618.83	618.83			618.83							618.83
HF.2				Voluntary health care payment schemes							546.51	393.69	282.71			1,222.91
	HF.2.1			Voluntary health insurance schemes							546.51					546.51
	HF.2.2			NPISH financing schemes (including development agencies)									282.52			282.52
	HF.2.3			Enterprise financing schemes								393.69	0.19			393.88
HF.3				Household out-of-pocket payment										2,359.84		2,359.84
HF.4				Rest of the world financing schemes (non-resident)									16.15		611.60	627.76
HF.nec				Unspecified financing schemes (n.e.c.)											317.57	317.57
All HF					23,894.09	17,142.63	16,404.50	119.30	618.83	6,751.47	546.51	393.69	298.86	2,359.84	929.17	28,422.16

Table C.10: Institutional units providing revenues to financing schemes (FS.RI) x Classification of diseases/health conditions (DIS)

Institutional units providing revenues to financing schemes / *Guyana Dollar (GYD), Million* / **Classification of diseases / conditions**		FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	All FS.RI
DIS.1	**Infectious and parasitic diseases**	6,616.99	124.37	632.43	9.82	1,081.95	8,465.56
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	1,327.86	14.46	33.76	9.82	742.23	2,128.13
DIS.1.2	Tuberculosis (TB)	129.61	0.46	2.01		22.43	154.50
DIS.1.3	Malaria	364.92	10.53	37.73		10.45	423.64
DIS.1.6	Neglected tropical diseases	30.87				101.91	132.78
DIS.1.7	Vaccine preventable diseases	730.77					730.77
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	4,032.96	98.91	558.94		204.93	4,895.74
DIS.2	**Reproductive health**	3,137.67	25.49	91.04		50.45	3,304.65
DIS.2.1	Maternal conditions	2,138.88	0.40	0.00			2,139.27
DIS.2.3	Contraceptive management (family planning)	528.08				50.45	578.52
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	470.72	25.10	91.04			586.85
DIS.3	**Nutritional deficiencies**	70.74	0.68	3.83			75.25
DIS.4	**Noncommunicable diseases**	7,969.38	247.33	1,466.40	1.66	57.08	9,741.84
DIS.4.1	Neoplasms	10.28	0.25		1.58		12.12
DIS.4.2	Endocrine and metabolic disorders					29.80	29.80
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	35.37	0.09			26.98	62.44
DIS.4.8	Sense organ disorders	0.79	3.79	135.82	0.07	0.30	140.77
DIS.4.9	Oral diseases	241.72	5.76	60.90			308.39
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	7,681.22	237.43	1,269.68			9,188.33
DIS.5	**Injuries**	3,146.24	217.39	375.54		0.95	3,740.11
DIS.6	**Non-disease specific**	1,170.98	202.65	44.06	11.76	397.36	1,826.81
DIS.nec	**Other and unspecified diseases/conditions (n.e.c.)**	804.11	390.08	0.02	4.26	69.48	1,267.95
All DIS		22,916.11	1,207.98	2,613.31	27.49	1,657.27	28,422.16

Table C.11: Financing agent (FA) x Classification of diseases/health conditions (DIS)

Classification of diseases / conditions		FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health	FA.1.1.2 Other ministries and public units (belonging to central government)	FA.1.1.4 National Health Insurance Agency (NIS)	FA.1.2 Regional/Local Government	FA.2 Insurance corporations	FA.3 Corporations (Other than insurance corporations) (part of	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	All FA
DIS.1	Infectious and parasitic diseases	7,006.87	5,126.64	4,923.03	114.14	89.47	1,880.22	75.95	12.24	209.49	595.31	565.71	8,465.56
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	1,510.74	1,134.50	1,120.55	12.24	1.72	376.23	6.01	8.27	207.29	32.84	362.97	2,128.13
DIS.1.2	Tuberculosis (TB)	152.28	148.11	147.81		0.30	4.17	0.23	0.11		1.88		154.50
DIS.1.3	Malaria	380.03	301.59	295.95		5.64	78.44	4.34	3.86		35.41		423.64
DIS.1.6	Neglected tropical diseases	132.78	132.78	30.87	101.91								132.78
DIS.1.7	Vaccine preventable diseases	730.77	551.27	551.27			179.50						730.77
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	4,100.27	2,858.40	2,776.58		81.82	1,241.88	65.37		2.20	525.17	202.73	4,895.74
DIS.2	Reproductive health	3,192.51	2,152.16	2,144.79		7.37	1,040.35	24.84	0.00		87.30		3,304.65
DIS.2.1	Maternal conditions	2,138.79	1,374.23	1,374.23			764.56	0.48	0.00				2,139.27
DIS.2.3	Contraceptive management (family planning)	578.52	418.96	418.96			159.56						578.52
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	475.19	358.97	351.60		7.37	116.23	24.35			87.30		586.85
DIS.3	Nutritional deficiencies	71.21	63.25	62.68		0.57	7.96	0.44			3.59		75.25
DIS.4	Noncommunicable diseases	8,155.39	5,445.09	5,251.82		193.27	2,710.30	169.64	1.26	28.94	1,386.63		9,741.84
DIS.4.1	Neoplasms	10.28	10.28	10.28					0.25	1.58			12.12
DIS.4.2	Endocrine and metabolic disorders	29.80	29.80	29.80									29.80
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	35.37	35.37	35.37					0.09	26.98			62.44
DIS.4.8	Sense organ disorders							4.34	0.25	0.37	135.82		140.77
DIS.4.9	Oral diseases	240.48	240.48	240.48				6.75	0.25		60.90		308.39
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	7,839.45	5,129.16	4,935.88		193.27	2,710.30	158.55	0.42		1,189.91		9,188.33
DIS.5	Injuries	3,333.16	2,220.52	2,003.67		216.84	1,112.64	118.51	0.49	0.95	287.01		3,740.11
DIS.6	Non-disease specific	1,312.06	1,312.06	1,195.61	5.15	111.30		143.15		54.03		317.57	1,826.81
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	822.90	822.90	822.90				13.99	379.71	5.46		45.90	1,267.95
All DIS		23,894.09	17,142.63	16,404.50	119.30	618.83	6,751.47	546.51	393.69	298.86	2,359.84	929.17	28,422.16

Guyana Dollar (GYD), Million

Table C.12: Health care providers (HP) x Gross fixed capital formation (HK)

Capital Account			Health care providers	HP.1 Hospitals	HP.3 Providers of ambulatory health care	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing	HP.8 Rest of economy	All HP
			Guyana Dollar (GYD), Million						
HK.1			Gross capital formation	1.28	16.72	3.98	26.19	0.02	48.20
	HK.1.1		Gross fixed capital formation	1.28	16.72	3.98		0.02	22.00
		HK.1.1.2	Machinery and equipment	1.28	16.72	3.98		0.02	22.00
	HK.1.nec		Unspecified gross capital formation (n.e.c.)				26.19		26.19
HK.nec			Unspecified gross fixed capital formation (n.e.c.)				124.94		124.94
All HK				1.28	16.72	3.98	151.14	0.02	173.14

Table C.13: Financing agents (FA) x Gross fixed capital formation (HK)

Capital Account			Financing agents	FA.1 General government	FA.1.1 Central government	FA.1.1. Ministry of Health	FA.3 Corporations (Other than insurance corporations) (part of HF.RI.1.2)	FA.4 Non-profit institutions serving households (NPISH)	FA.6 Rest of the world	All FA
			Guyana Dollar (GYD), Million							
HK.1			**Gross capital formation**	**20.71**	**20.71**	**20.71**	**0.02**	**1.28**	**26.19**	**48.20**
	HK.1.1		Gross fixed capital formation	20.71	20.71	20.71	0.02	1.28		22.00
		HK.1.1.2	Machinery and equipment	20.71	20.71	20.71	0.02	1.28		22.00
	HK.1.nec		Unspecified gross capital formation (n.e.c.)						26.19	26.19
HK.nec			**Unspecified gross fixed capital formation (n.e.c.)**	**124.94**	**124.94**	**124.94**				**124.94**
All HK				**145.65**	**145.65**	**145.65**	**0.02**	**1.28**	**26.19**	**173.14**

Table C.14: Institutional units providing revenues to financing schemes (FS.RI) x Gross fixed capital formation (HK)

Institutional units providing revenues to financing schemes *Guyana Dollar (GYD), Million* Capital Account			FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.5 Rest of the world	All FS.RI
HK.1		**Gross capital formation**		1.28	46.92	48.20
	HK.1.1	Gross fixed capital formation		1.28	20.73	22.00
		HK.1.1 Machinery and equipment		1.28	20.73	22.00
	HK.1.nec	Unspecified gross capital formation (n.e.c.)			26.19	26.19
HK.nec		**Unspecified gross fixed capital formation (n.e.c.)**	124.94			124.94
All HK			124.94	1.28	46.92	173.14

Table C.15: Health care related (HCR) x Financing agent (FA)

Financing agents		Health care functions *Guyana Dollar (GYD), Million*	Memorandum items	Health care functions related items (HCR.)	Long-term care (social) (HCR.1.)	In-kind long-term social care (HCR.1.ne)	Unspecified long-term care (social) (n.e.c.)	Health promotion with multi-sectoral approach (HCR.2)	Other and unspecified health promotion with multi-sectoral approach (HCR.2.nec)
FA.1		General government	5.76	5.76	5.76		5.76		
	FA.1.1	Central government	5.76	5.76	5.76		5.76		
FA.3		Corporations (Other than insurance corporations) (part of HF.RI.1.2)	3.50	3.50				3.50	3.50
FA.4		Non-profit institutions serving households (NPISH)	0.77	0.77	0.77	0.77			
FA.6		Rest of the world	18.74	18.74	18.74		18.74		
All FA			28.77	28.77	25.27	0.77	24.50	3.50	3.50

Table C.16: Function (HC) x Health care provider (HP) for HIV and AIDS (DIS.1.1)

Health care providers			(Guyana Dollar (GYD), Million)	HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.3 Outpatient curative care	HC.1.nec Unspecified curative care (n.e.c.)	HC.3 Long-term care (health)	HC.4 Ancillary services (non-specified by function)	HC.4.1 Laboratory services	HC.4.3 Patient transportation	HC.5 Medical goods (non-specified by function)	HC.6 Preventive care	HC.6.1 Information, education and counseling (IEC) programmes	HC.6.3 Early disease detection programmes	HC.6.5 Epidemiological surveillance and risk and disease control programmes	HC.6.nec Unspecified preventive care (n.e.c.)	HC.7 Governance, and health system and financing administration	HC.9 Other health care services not elsewhere classified (n.e.c.)	All HC
HP.1			Hospitals	130.10	0.04	130.06		6.23					602.98		576.22		26.76			739.30
	HP.1.1		General hospitals	130.10	0.04	130.06		6.23					602.98		576.22		26.76			739.30
		HP.1.1.1	Public Hospital	28.83	0.04	28.79		6.23					561.32		561.32					596.37
		HP.1.1.2	Private Hospital (including private clinics)	101.27		101.27							41.66		14.90		26.76			142.93
HP.3			Providers of ambulatory health care	321.54		321.54							435.54		435.54					757.08
	HP.3.4		Ambulatory health care centres	308.64		308.64							435.54		435.54					744.18
		HP.3.4.5	Health Centers and Health Posts	308.64		308.64							435.54		435.54					744.18
	HP.3.5		Providers of home health care services	12.90		12.90														12.90
HP.4			Providers of ancillary services						4.54	3.86	0.68									4.54
	HP.4.1		Providers of patient transportation and emergency rescue						0.68		0.68									0.68
	HP.4.2		Medical and diagnostic laboratories						3.86	3.86										3.86
HP.5			Retailers and Other providers of medical goods									8.65								8.65
HP.6			Providers of preventive care										73.32	11.52	27.59	34.21				73.32
HP.7			Providers of health care system administration and financing															536.60		536.60
HP.8			Rest of economy										0.97	0.27	0.19		0.52		3.48	4.44
HP.9			Rest of the world	4.00		4.00														4.00
HP.nec			Unspecified health care providers (n.e.c.)																0.19	0.19
All HP				455.64	0.04	451.61	4.00	6.23	4.54	3.86	0.68	8.65	1,112.80	11.78	1,039.53	34.21	27.28	536.60	3.67	2,128.13

Table C.17: Financing agent (FA) x Institutional units providing revenues to financing schemes (FS.RI) for HIV and AIDS (DIS.1.1)

Institutional units providing revenues to financing schemes	Guyana Dollar (GYD), Million	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health	FA.1.1.2 Other ministries and public units (belonging to central government)	FA.1.1.4 National Health Insurance Agency (NIS)	FA.1.2 Regional/Local Government	FA.2 Insurance corporations	FA.3 Corporations (Other than insurance corporations) (part of HF.RI.1.2)	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	All FA
FS.RI.1.1	Government	1,327.36	951.13	951.01		0.12	376.23	0.50					1,327.86
FS.RI.1.2	Corporations	0.92	0.92			0.92		5.28	8.27				14.46
FS.RI.1.3	Households	0.68	0.68			0.68		0.23			32.84		33.76
FS.RI.1.4	NPISH									9.82			9.82
FS.RI.1.5	Rest of the world	181.78	181.78	169.54	12.24					197.47		362.97	742.23
All FS.RI		1,510.74	1,134.50	1,120.55	12.24	1.72	376.23	6.01	8.27	207.29	32.84	362.97	2,128.13

Table C.18: Health care providers (HP) x Gross capital formation (HK) for HIV and AIDS (DIS.1.1)

Capital Account				Guyana Dollar (GYD), Million	HP.1 Hospitals	HP.3 Providers of ambulatory health care	HP.6 Providers of preventive care	HP.7 Providers of health care system administration and financing
HK.1				Gross capital formation	0.02	15.93	3.98	0.38
	HK.1.1			Gross fixed capital formation	0.02	15.93	3.98	
		HK.1.1.2		Machinery and equipment	0.02	15.93	3.98	
			HK.1.1.2.1	Medical equipment		15.93	3.98	
			HK.1.1.2.4	Machinery and equipment n.e.c.	0.02			
	HK.1.nec			Unspecified gross capital formation (n.e.c.)				0.38