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SURINAME 2016 HEALTH ACCOUNTS: STATISTICAL REPORT

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SURINAME 2016 HEALTH ACCOUNTS: STATISTICAL REPORT



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ACRONYMS

AZP	<i>Academisch Ziekenhuis</i> (Academic Hospital Paramaribo)
BGVS	<i>Bedrijf Geneesmiddelen Voorziening Suriname</i> (Government Pharmaceutical Procurement Center)
CHE	Current Health Expenditure
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
HAPT	Health Accounts Production Tool
HFG	Health Finance and Governance
IPD	Inpatient Day
MOH	Ministry of Health
NGO	Nongovernmental organization
OECD	Organization for Economic Cooperation and Development
OOP	Out-of-Pocket
PEPFAR	President's Emergency Plan for AIDS Relief
RGD	<i>Regionale Gezondheidsdienst</i> (Regional Health Services)
SHA	System of Health Accounts
SZF	<i>Stichting Staatsziekenfonds</i> (State Health Foundation)
THE	Total Health Expenditure
USAID	United States Agency for International Development
WHO	World Health Organization

I. METHODOLOGY OVERVIEW

The results of the 2016 Health Accounts exercise for Suriname are presented in the 2016 Health Accounts report. This methodological note serves as supplementary information to the report and provides the detailed approach used for the 2016 Health Accounts estimation. The 2016 Health Accounts were performed using the System of Health Accounts (SHA) 2011 framework. This methodological note further provides a record of data collection approaches and results, analytical steps taken, and assumptions made. This note is intended for government Health Accounts practitioners and researchers.

1.1 Health Accounts Methodology

Health Accounts is an internationally recognized methodology used to track expenditures in a health system for a specified period of time. It follows the flow of funding for health from its origins to end use, answering questions such as: How are health care goods and services financed? Where does the population consume them? What goods and services are financed? By breaking health spending down by different classifications, Health Accounts provide insight into issues such as: whether resources are being allocated to national priorities; whether health spending is sufficient relative to need; the sustainability of health financing; and the extent to which households are protected from financial risk. Health Accounts provide robust evidence for decision-making and are a useful tool in informing health financing reforms.

Health Accounts uses the SHA framework, which was first published in 2000 by the Organization for Economic Cooperation and Development (OECD), EUROSTAT, and the World Health Organization (WHO). The framework was updated in 2011 (OECD, et al., 2011). The SHA 2011 methodology improves the original by strengthening the classifications to support production and provide a more comprehensive look at health expenditure flows. SHA 2011 is now the international standard for national-level health accounts estimations.

The 2016 Suriname Health Accounts has been conducted between November 2017 and August 2018 to complete this estimation for 2016 in Suriname. The Health Accounts team, with representation from the Government of Suriname and the Health Finance and Governance (HFG) project, began primary and secondary data collection in February 2018. Collected data were then compiled, cleaned, triangulated, and reviewed. The final data set was imported into the Health Accounts Production Tool (HAPT) and mapped to each of the SHA 2011 classifications. The results of the analysis were verified with Ministry of Health (MOH) and other members of the Health Accounts Steering Committee at a validation meeting on 17th August 2018.

The specific objectives of the Health Accounts exercise were to estimate the amount and flow of health spending in the Suriname health system. In addition to estimating general health expenditures, this analysis also looked closely at spending on priority diseases such as HIV and non-communicable diseases, and the sustainability of financing in light of the National Basic Health Insurance Law passed in 2014. For more information on the policy questions driving the estimation, as well as a report compiling findings and their policy implications, please see the main Health Accounts report (Ministry of Health, 2018).



1.2 Estimation Boundaries

Estimation boundaries are presented below. These define the Health Accounts estimation based on SHA 2011 and articulate which expenditures are included and excluded. This section was adapted from the SHA 2011 manual (OECD, et al., 2011).

Health boundary: The boundary of “health” in the Health Accounts is defined in “functional” terms, referring to activities whose primary purpose is disease prevention, health promotion, treatment, rehabilitation, and long-term care. This boundary includes services provided directly to individual persons, and collective health care services covering traditional tasks of public health. Examples of personal health care services include facility-based care (curative, rehabilitative, and preventive treatments involving day-time or overnight visits to health care facilities); ancillary services to health care such as laboratory tests and imaging services; and medical goods dispensed to patients. Examples of collective health care services include health promotion and disease prevention campaigns, as well as government and insurance health administration that target large populations. National standards of accreditation and licensing delineate the boundary of health within SHA: providers and services that are not licensed or accredited – for example, traditional healers who are recognized to use health knowledge are included, while those more related with beliefs are not included within the boundary of health. Similarly, services that fall outside of the functional definition of health are not counted.

SHA 2011 separately tracks health care-related and capital formation spending. Health care related activities can improve the health status of the population, but their primary purpose lies elsewhere. Examples of health-care related activities include food, hygiene, and drinking water control, and the social component of long-term care for older persons.

Capital formation of health care providers covers investment lasting more than a year, such as infrastructure or machinery investment, as well as education and training of health personnel, and research and development in health – not immediately applied to health care. Capital formation contrasts with “current health expenditure,” which is completely consumed within the annual period of analysis.

Time boundary: The Health Accounts time boundary specifies that each analysis covers a one year period and includes the value of the goods and services that were consumed during that period. Health Accounts include expenditure according to accrual accounting, by which expenditures are classified within the year they create economic value rather than when the cash was received.

Space boundary: The Health Accounts methodology “focuses on the consumption of health care goods and services of the resident population irrespective of where this takes place” (OECD, et al., 2011). This means that goods and services consumed by residents (citizens and non-citizens) are included, whether in Suriname or outside it, while non-residents who are in Suriname are excluded.

Disease boundary: Health Accounts according to the SHA 2011 methodology focus on spending on diseases where the primary purpose is prevention, health promotion, treatment, rehabilitation, or long-term care. This boundary of disease spending does not include spending on activities out of the health function, even when these are key to the priority disease responses. This may include care for orphans and vulnerable children (e.g., education, community support, and institutional care), advocacy on human rights programs, and programs focused on gender equality, social protection, and social services (e.g., monetary benefits, social services, and income-generation projects). Although such spending data can be tracked out of the framework, the current Suriname Health Accounts report does not include them.

Curative care boundary: Curative care starts with the onset of disease and encompasses health care during which the “principal intent is to relieve 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”. It includes inpatient, outpatient, home-based, and day curative care. Across each of these types, it also includes general and specialized curative care.

Prevention boundary: Prevention interventions start with an individual in a healthy condition, and the aim is 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 program, for example. Preventive interventions also cover individuals at specific risk and those who have either no symptoms of a disease, or early signs and symptoms, where early case detection will assist in reducing the potential damage by enabling a more 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”.

Inpatient vs. outpatient care boundary: Inpatient care involves a formal admission to a health care facility involving an overnight stay after admission. Day care involves a formal admission to a health care facility where the patient is discharged the same day and does not require an overnight stay. Outpatient care is delivered from the health care providers’ premises but does not involve a formal admission to a health care facility.

1.3 Classification Definitions

The Health Accounts exercise involves analyzing data on health expenditure according to a set of classifications, defined below. This section is adapted from a SHA 2011 brief produced in 2016. For additional details on SHA 2011, please refer to the SHA 2011 Brief or the SHA 2011 manual (Cogswell, et al., 2016; OECD, et al., 2011).

Financing schemes (HF): These are the main funding mechanisms by which people obtain health services, and answers the question “how are resources organized to pay for health care of the population?” Financing schemes categorize spending according to criteria such as: the mode of participation in the scheme (compulsory vs. voluntary), the basis for entitlements (contributory vs. non-contributory), the method for fund-raising (taxes/compulsory pre-payments vs. voluntary payments), and the extent of risk pooling. Examples include government programs, voluntary private insurance, and direct (i.e., out-of-pocket [OOP]) payments by households for goods and services.

Revenue of financing schemes (FS): Revenues are the types of transactions through which funding schemes mobilize their income. Examples include transfers from the Ministry of Finance to governmental agencies; direct foreign financial transfers (e.g., external donors providing funds to nongovernmental organizations [NGOs]); and voluntary prepayment from employers.

Financing agents (FA): These are the institutional units that manage one or more health financing schemes. Examples include the Ministry of Health, commercial insurance companies, NGOs, and international organizations.

Health care providers (HP): Providers are organizations and actors who provide medical goods and services as their main activity, as well as those for whom the provision of health care is only one activity among many others. Examples include hospitals, clinics, health centers, and pharmacies.

Health care functions (HC): This covers the goods and services consumed by health end-users. Examples include: curative care; information, education, and counselling programs; medical goods such as supplies and pharmaceuticals; and governance and health system administration.

Factors of provision (FP): These are the inputs used in the production of health care goods and services by health care providers. Examples include: compensation for employees, health care goods and services (e.g., pharmaceuticals, syringes, or laboratory tests used as part of a curative or preventive contact with the health system), and non-health care goods and services (e.g., electricity and training).

Beneficiary characteristics: The groups that consume or benefit from health care goods and services. Several classifications can group beneficiaries, including disease, gender, and age.

1.4 Aggregates and Indicators

The aggregates and indicators defined below are among those estimated as part of the Suriname 2016 Health Accounts. Some of the aggregates and indicators rely exclusively on Health Accounts estimates, while others require additional information from other sources. Some are used as part of other indicators – for example, total out-of-pocket spending on health as a percentage of total current health expenditure (CHE).

Total current health expenditure (CHE): Quantifies the economic resources spent on health functions. This represents final consumption of health goods and services by residents of the country within the year of estimation.

Gross capital formation: Measured as the total value of assets that providers have acquired during the estimation year (less the value of sales of similar assets), and that are used for longer than one year in the provision of health services.

Total health expenditure (THE): The sum of CHE and gross capital formation.

Government spending on health as percentage of general government expenditure: The estimate of general government expenditure for 2016 came from the Ministry of Finance Government Finance Statistics Tables 2016 (Ministry of Finance, 2017).

Total health expenditure as percentage of gross domestic product (GDP): The estimate of GDP for 2016 came from the Central Bank of Suriname Statistics.

Total health expenditure per capita: THE divided by the population. The population estimate for 2016 came from the World Bank Databank.

2. DATA SOURCES

2.1 Primary Institutional Data Sources

During this round of Suriname Health Accounts, the team adopted a more exploratory approach to primary data collection, aiming to establish the health system universe of organizations contributing to health expenditures in the country. The Health Accounts team collected primary data from donors, NGOs, employers, and private insurance companies, as detailed below.

- **Donors** (both bilateral and multilateral donors) and their data are used to estimate the level of external funding for health programs in Suriname. A list of all donors involved in the health system was compiled through consultation with MOH and other key stakeholders, and a survey was sent to each of them. Thirteen donors were identified; six of them completed the Health Accounts survey. In the consultation that followed with the Ministry and partners, it was determined that the six that responded to the survey are the key players in financing the health sector.
- **NGOs** involved in health and their data are used to estimate flows of health resources through NGOs managing health programs. A complete list of NGOs involved in the health system was compiled through consultation with MOH and other key stakeholders. All 27 NGOs identified were sent a survey; 20 responded to the questionnaire, including those known to be the largest NGOs.
- **Employers** – to estimate the amount spent by employers on their own health facilities, to run workplace programs, or for reimbursements. A complete list of formal sector employers was provided by the Bureau of Statistics, from which the Health Accounts Technical Team identified the subset of employers (the sample frame) who were likely to provide health benefits to their employees. From this sample frame, the largest employers were surveyed, and a systematic sampling was performed to choose one-third of the remaining ‘large’ enterprises. Out of 65 employers in the sample frame, 39 were surveyed, and 13 provided complete responses to the questionnaire.
- **Private insurance companies** – three were identified with health coverage, and the two with the largest health expenditures provided responses to the questionnaire.

Annex B lists the organizations contacted. The Health Accounts team provided each institution with a Health Accounts survey specific to the type of respondent, covering health spending.

2.2 Secondary Data Sources

The Health Accounts team also gathered secondary data. This included spending on health, as well as service utilization and unit cost data. Service utilization and unit cost data were used to calculate distribution keys (see below for more detail), which seek to break down spending aggregates to the level of detail required by the SHA 2011 framework. A list of secondary data sources used in this estimation is as follows:

Expenditure Data

- Government health budgetary records were obtained from Ministry of Finance for MOH and other ministries. MOH spending was detailed by factors of provision with additional detail on provider, function and disease for certain expenditures. Data from some ministries included aggregates by out-patient, inpatient, pharmaceuticals and medical goods, and preventive and

dental care. Data from ministries also reflected the expenditures related to the major schemes funded by the Ministry of Social Affairs (premiums on behalf of low-income populations) as well as from the Ministry of Home Affairs (premiums on behalf of populations below 16 years and above 60 years).

- The State Health Foundation (SZF) provided information on total expenditure and on aggregates by provider. Expenditures were also disaggregated by insurance scheme: 'regular' health insurance (various groups), *Basiszorgverzekering* (Basic Health Care Insurance), and *Basiszorgverzekering Ministerie van Sociale Zaken en Volkshuisvesting* (SOZAVO). The *Basiszorgverzekering* insurance scheme was managed by the private insurance company, Self-Reliance, in the beginning of 2016 but the management was transferred to SZF in the middle of the year.

Expenditure for treatment abroad was also included in SZF data, with details on hospital care, pharmaceuticals, prostheses, and travel spending.

- Data on household expenditure from Suriname's 2013 Household Budget Survey (HBS) provided the estimates of OOP spending in Suriname. The reported household spending included the main categories of inpatient days (IPD), outpatient visits, and pharmaceuticals, and some additional detail by certain specialists and type of services (notably ophthalmology, gynecology, dental, internist, other specialists, general practitioners, laboratory and imaging, as well as pharmaceutical over-the-counter spending).

The 2013 value for OOP from the budget survey, together with total private consumption in 2013 (extracted from WHO Global Health Expenditure Database), were used to estimate the percentage of private final consumption spent on health in 2013. This percentage was then applied to private consumption in 2016 to obtain a total value for OOP for health in 2016. Since a value for private final consumption in 2016 was unavailable, the GDP growth from 2015 to 2016 (published by the Bureau of Statistics) was used on the 2015 value to estimate the value for 2016.

Household spending should be considered with a caveat. In 2014, the Basic Health Care Insurance Act was passed *after* the completion of the 2013 household budget survey. This Act mandates that health insurance coverage is compulsory for the Surinamese population. With this Act, insurance coverage would have increased starting in 2014, while OOP spending could possibly have decreased.

Utilization Data

- In the absence of a national health information system, utilization data were obtained from the main providers in the country (the Regional Health Services or *Regionale Gezondheidsdienst* [RGD], the Medical Mission, 's Lands Hospital, Academic Hospital or AZP, St. Vincentius Hospital, Mungra Medical Center, the Psychiatric Hospital, and Diakonessen Hospital). A facility questionnaire on services provided included number of IPDs with average length of stay, outpatient visits, and some preventive activities. The completeness of data and level of detail varied by hospital and determined whether the data could be used.
- The Government Pharmaceutical Procurement Center (BGVS) provided a list of medicines and spending for 2016.

Unit Cost Data

- The WHO CHOICE revised database (WHO, 2016) includes unit cost by inpatient and outpatient visits, by provider level. These data were used in the development of distribution keys to disaggregate inpatient and outpatient care by disease at various providers.

Other Secondary Sources

- Population data from the World Bank was used for per capita expenditure calculations.

3. DATA ANALYSIS

3.1 Weighting

Weights are typically used in Health Accounts to account for entities that either were not surveyed or did not return a survey. In the absence of a 100% response rate, weighting the expenditure data gathered through institutional surveys can minimize underestimation of health spending.

Weights were used to extrapolate the total health expenditure of the sampled employers to all employers in the sample frame. The employers in the sample frame were stratified into two groups: the 'largest' employers and the 'remaining' employers. These were weighted separately. The key assumption was that employers who provided information on health expenditures had similar levels of spending to those in the same strata that did not respond or were not surveyed. Since most employer expenditure was captured through the insurance company data, only non-insurance spending from employers (e.g., workplace programs, contracts with providers, and reimbursements) were analyzed and weighted.

In this exercise, the Health Accounts team did not apply any weights to data from NGOs. Given the variability in NGO spending in Suriname, the limited knowledge about their health spending, and because the NGOs with the largest spending completed a questionnaire, weighting was not used. However, this may have resulted in a slight underestimation of health spending by NGOs.

For insurance companies, the two major agencies handling health insurance coverage provided their data for the Health Accounts exercise. The third company providing health insurance was assumed to have comparatively low levels of health expenditure and therefore weighting was not used. The absence of data from the third company might result in a small underestimation of spending by insurance companies.

3.2 Double-Counting

The Health Accounts analysis includes careful compilation of data from sources with identification and management of instances of two data sources covering the same spending. For example, spending on donor-funded health programs administered by NGOs was reported both in donor and NGO surveys. In these cases, the Health Accounts team, when possible, selected the spending reported by NGOs. NGOs as agents are closer to actual consumption of health care services than donors, and therefore are likely to have more precise information about spending on actual (not just planned) consumption. In the case of the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), spending data from the donor instead of NGOs was retained. This was because the GFATM data were complete, and the level of detail in the GFATM survey was more than in the surveys reported by the NGOs.

Double-counting also happens in the case of employers and insurance companies, since employers pay insurance premiums for their employees. Most of the reported spending for employers in Suriname contained insurance premiums as primary benefits to employees. Therefore the spending data from insurance companies was retained and the premium spending data from employers was removed to avoid double-counting. However, spending by employers not captured by insurance companies (e.g., workplace programs, and spending on employer's own health facilities or providers) was retained in the estimate.

Double-counting was also examined in transfers from government to various agencies, such as to NGOs and the State Health Foundation. Expenditure data which were deemed more accurate were retained on a case-by-case basis.

3.3 Estimation and Application of Distribution Keys

Some data reported required additional analysis to breakdown health spending according to all the classifications in the SHA framework. For example, private insurance companies provided expenditure data by type of provider with little information on function and often no information on spending by disease. Part of the Health Accounts process therefore involved estimating percent distributions, or “distribution keys”, to distribute (or breakdown) spending for the functional (HC) and disease (DIS) classifications.

The following steps were used to derive the distribution keys, both for function and subsequently for the related disease distributions:

Step 1: Compile utilization breakdown by disease classification

Data on use of health services (outpatient visits and inpatient admissions) was obtained from most of the main providers: four hospitals (‘s Lands Hospital, Academic Hospital or AZP, Mungra Medical Center, and Diakonessen Hospital) and the two main ambulatory providers covering the country (RGD and the Medical Mission). Although not all data were complete and standardized, analysis and triangulation of the data allowed for distribution of the services by type of provider and by disease.

Step 2: Convert inpatient admissions to bed days

The number of inpatient admissions was converted to bed days using average length of stay data for the health center/clinic level and hospital level respectively. This calculation was made directly using the average length of stay by disease obtained from selected providers.

Step 3: Assign unit costs to different services

Unit costs were assigned to each type of service used based on the specific disease classification and using the WHO CHOICE cost estimations. This computation assumed that unit cost per outpatient visit or IPD was equal across diseases. One inpatient day, according to WHO CHOICE data, is equivalent to six outpatient visits. There was an exception for the unit cost of immunization visits, where it was assumed that the level of effort spent on this service vis-à-vis other services dictated that these visits represent, on average, a third of the average unit cost per general outpatient visit. Early case detection was estimated to represent twice the average cost per outpatient visit.

Step 4: Calculate the price x quantity

The total cost (or resource use in terms of visits) of health services provided for the different disease classifications at the different health facility levels was calculated using the price information derived in Step 3, and using the quantity of services determined in Steps 1 and 2.

Step 5: Calculate functional distribution

The information calculated in Step 4 was summarized according to the functional classifications at the different levels of care by adding the total cost per functional classification category or by adding the shares of spending by category. The functional classifications included general inpatient curative care, general outpatient curative care, and prevention (including immunization programs, healthy condition monitoring, early case detection, antenatal and postnatal care, healthy children monitoring, and other preventive care).

The proportional share of the total costs by level of service provision was calculated for each functional classification category. The steps in this calculation are as follows:

- Total number of visits = the total number of IPDs multiplied by six (to obtain the total number equivalent to visits) + the total number of outpatient visits + the total number of vaccinations divided by three + the total of early case detections multiplied by two.
- The share of the total number of visits was calculated for prevention, inpatient, and outpatient care. This share was obtained by dividing the number of visits for each category by the total number of visits. The percent distribution of these three categories is the functional distribution key for a provider.

When spending data were available for a specific service at a provider, this spending was excluded from the estimation of the distribution keys. The key was only applied to aggregate spending not classified by function or disease and thus required to be split.

Step 6: Calculate disease distribution for ambulatory care

In Suriname, ambulatory care is provided mostly by the Medical Mission and RGD. Utilization data from these providers was mostly for outpatient visits by disease, plus a limited number of inpatient visits. The steps in calculating distribution keys were as follows:

- For each disease: total number of outpatient visits added to inpatient days for each disease (as before, IPD was multiplied by six to make it equivalent to an outpatient visit).
- The total visits for each disease were divided by the total visits for all diseases to yield the proportional share for each disease.

Step 7: Calculate disease distribution for hospitals

At hospital level, the disease distribution was calculated for inpatient and outpatient services by calculating the proportional share of costs of each disease category of the total costs incurred for inpatient and outpatient services at this level. The disease distribution was calculated for inpatient and outpatient services for Mungra Medical Center, and for only outpatient services for 's Lands Hospital and Academic Hospital.

Step 8: Calculate disease distribution for OOP spending

Information on household expenditure was obtained from health spending-specific questions that were included in the 2013 Household Budget Survey. The disease distribution key was developed based on the specific distribution of diseases reported in the survey.

4. USE OF HEALTH ACCOUNTS PRODUCTION TOOL

Throughout the Health Accounts process, the technical team used the HAPT, a software tool developed by WHO with partners. The HAPT facilitates the planning and production of Health Accounts. It automates several previously time-consuming procedures (e.g., repeat mapping), and incorporates automatic quality checks. Its advantage also lies in an automatic internal consistency between classifications, as well as providing a repository for Health Accounts data and Health Accounts tables that can be accessed easily by team members, years after the production of Health Accounts. In addition, distribution keys and mapping decisions from previous years can be used to facilitate data analysis in subsequent years.

A list of all institutions surveyed was entered into the HAPT. All data collected was imported into the HAPT and was mapped to the SHA 2011 key classifications. The team performed some quality control verifications (e.g., review of mapping to ensure consistency among codes).



ANNEX A: RECOMMENDED DISSEMINATION WORKSHOP PARTICIPANTS

These representatives were invited to the dissemination of the Health Accounts estimation. At the dissemination event, they responded to the findings and discussed their policy implications. These stakeholders are recommended as participants for the dissemination of Health Accounts results (others could also participate).

- Ministry of Health (Director of Health; Deputy Director of Health, Head of Planning Department; and other relevant staff)
- Ministry of Finance
- Ministry of Social Affairs
- Ministry of Home Affairs
- National Assembly
- State Health Insurance Foundation (SZF)
- Associations of Suriname Manufacturers
- Basic Health Regulatory Agency (*Uitvoeringsorgaan Basiszorg*)
- Bureau of Statistics (ABS)
- Chamber of Commerce
- Association of Medics
- Association of Pharmacists
- Association of Dentists
- PEPFAR, WHO, UNAIDS, USAID, and other donor representatives
- Large NGOs active in health
- Large employers that provide health care benefits to employees

ANNEX B: LIST OF ORGANIZATIONS SURVEYED

Name	Type
Alembo	Employer
Alki Bouw and Constructie	Employer
Cirkel Group	Employer
CKC Corporate Office	Employer
CMA CGM Suriname NV (Nieuwe Haven Business Center)	Employer
Digicel	Employer
De Surinaamsche Bank	Employer
Energie Bedrijven Suriname	Employer
Fernandes Group	Employer
Finabank NV	Employer
Godo Coöperatieve Spaar- en Kredietbank	Employer
NV Grascalco Mining	Employer
Haukes NV	Employer
Intragra Marine and Freight Services NV	Employer
Kirpalani Ltd	Employer
Kuldipsingh Corporate Office	Employer
Manglie's Rijsbedrijf	Employer
McDonald's	Employer
Melk Centrale Paramaribo	Employer
New Mount	Employer
NV Consolidated Industries Corporation	Employer
Republic Bank Suriname	Employer
Rosebel Gold Mines	Employer

Name	Type
Rosebel Gold Mines-Brokopondo	Employer
Rudisa Corporate Office	Employer
SEMC Hardware	Employer
Staatsolie	Employer
Subema	Employer
Surair Catering Services	Employer
Surair Ground Services NV	Employer
Suraircargo	Employer
Surinaamse Brouwerij NV	Employer
Surinaamse Dok-en Scheepsbouw Maatschappij NV	Employer
Surinaamse Luchtvaart Maatschappij	Employer
Surinaamse Waterleiding Maatschappij	Employer
Telesur	Employer
Tjongalanga NV	Employer
Vabi	Employer
VSH Corporate Office	Employer
Bond van Leraren	NGO
Country Coordinating Mechanism	NGO
Cultureel Centrum Suriname	NGO
COCON	NGO
EFS College C.O.V.A.B	NGO
Linkages Project	NGO
New Beginnings Consultancy and Services	NGO
One-Stop Shop	NGO
Pro-Health Foundation	NGO
Stichting Claudia A (Claudia A Foundation)	NGO

Name	Type
Stichting De Stem	NGO
Stichting Diabetes Educatie Suriname (Suriname Diabetes Education Foundation)	NGO
Stichting Double Positive (Double Positive Foundation)	NGO
Stichting Een Parel in Gods Oog (Parelhuis) (Pearl House)	NGO
Stichting Liefdevolle Handen (Foundation Loving Hands)	NGO
Stichting Lobi	NGO
Stichting Mijn Zorg	NGO
Stichting Plus. SR (Foundation Plus. SR, formerly HE+HIV)	NGO
Stichting Post Academisch Onderwijs en Geneeskunde Suriname	NGO
Stichting Re-Integratie Kansarmen	NGO
Stichting Swarnapath (Swarnapath Foundation)	NGO
Surinaamse Rode Kruis (Suriname Red Cross)	NGO
Suriname Men United	NGO
Transgender in Action	NGO
Vereniging Parea (Parea Association)	NGO
Victory Outreach	NGO
Women's Way	NGO
Parsasco	Insurance
Assuria	Insurance
Self-Reliance	Insurance
French Development Agency (AFD)	Donor
Caribbean Public Health Agency	Donor
Embassy of Brazil	Donor
Embassy of the Kingdom of the Netherlands	Donor
GFATM	Donor
Government of China	Donor

Name	Type
Pan-American Health Organization/WHO	Donor
Republic of Korea Consulate	Donor
UNAIDS	Donor
UNFPA	Donor
UNICEF	Donor
United States Embassy	Donor
USAID/PEPFAR	Donor

ANNEX C: GENERAL HEALTH ACCOUNTS

STATISTICAL TABLES

- C.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)
- C.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)
- C.3 Institutional Units providing revenues to financing schemes (FS.RI) x Financing agent (FA)
- C.4 Institutional Units providing revenues to financing schemes (FS.RI) x Function (HC)
- C.5 Financing scheme (HF) x Health care function (HC)
- C.6 Health care provider (HP) x Health care function (HC)
- C.7 Health care function (HC) x Classification of diseases / conditions (DIS)
- C.8 Institutional unit providing revenues to financing scheme (FS.RI) x Gross fixed capital formation (HK)
- C.9 Health care provider (HP) x Gross fixed capital formation (HK)
- C.10 Financing scheme (HF) x Health care provider (HP)
- C.11 Health care provider (HP) x Factors of Provision (FP)

C.I. Revenues of health care financing schemes (FS) x Financing scheme (HF)

Revenues of health care financing schemes		FS.1	FS.1.1	FS.1.2	FS.1.4	FS.2	FS.3	FS.3.1	FS.3.2	FS.4	FS.4.1	FS.4.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.6.nec	FS.7	All FS	
		Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Transfers by government on behalf of specific groups	Other transfers from government domestic revenue	Transfers distributed by government from foreign origin	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Compulsory prepayment (Other, and unspecified, than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPDR n.e.c.	Unspecified other domestic revenues (n.e.c.)	Direct foreign transfers		
Financing schemes																							
HF.1	Government schemes and compulsory contributory health care financing schemes	480.4	125.7	354.7		9.4	284.0	93.7	190.3	92.4	37.3	55.1				3.6		3.6				869.7	
HF.1.1	Government schemes	233.4	125.7	107.8		9.4																242.9	
HF.1.2	Compulsory contributory health insurance schemes	246.9		246.9			284.0	93.7	190.3	92.4	37.3	55.1				3.6		3.6				626.8	
HF.2	Voluntary health care payment schemes	2.2	0.5		1.7								66.0	8.8	57.1	22.6	0.2	8.7	0.7	12.9	7.7	98.4	
HF.2.1	Voluntary health insurance schemes												66.0	8.8	57.1	15.9		2.9		12.9		81.8	
HF.2.2	NPISH financing schemes (including development agencies)	2.2	0.5		1.7											1.9	0.2	1.0	0.7		7.7	11.8	
HF.2.3	Enterprise financing schemes															4.8		4.8				4.8	
HF.3	Household out-of-pocket payment															270.2	270.2					270.2	
All HF		482.5	126.2	354.7	1.7	9.4	284.0	93.7	190.3	92.4	37.3	55.1	66.0	8.8	57.1	296.3	270.4	12.3	0.7	12.9	7.7	1,238.3	

C.2. Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Financing schemes	Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.nec	All FS.RI
	<i>Surinamese Dollars (SRD), Million</i>	Government	Corporations	Households	NPISH	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
HF.1	Government schemes and compulsory contributory health care financing schemes	670.6	58.7	131.0		9.4		869.7
HF.1.1	Government schemes	233.4				9.4		242.9
HF.1.2	Compulsory contributory health insurance schemes	437.2	58.7	131.0				626.8
HF.2	Voluntary health care payment schemes	2.2	65.9	9.1	0.7	7.7	12.9	98.4
HF.2.1	Voluntary health insurance schemes		60.1	8.8			12.9	81.8
HF.2.2	NPISH financing schemes (including development agencies)	2.2	1.0	0.2	0.7	7.7		11.8
HF.2.3	Enterprise financing schemes		4.8					4.8
HF.3	Household out-of-pocket payment			270.2				270.2
All HF		672.8	124.5	410.2	0.7	17.1	12.9	1,238.3

C.3. Institutional Units providing revenues to financing schemes (FS.RI) x Financing agent (FA)

Institutional units providing revenues to financing schemes			FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.nec	All FS.RI
<i>Surinamese Dollars (SRD), Million</i>			Government	Corporations	Households	NPISH	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
Financing agents									
FA.1		General government	562.7	8.2	97.7		9.4		678.0
	FA.1.1	Central government	207.0				9.4		216.5
		FA.1.1.1 Ministry of Health	80.5				9.4		90.0
		FA.1.1.2 Other ministries and public units (belonging to central government)	126.5						126.5
	FA.1.3	Social security agency	355.7	8.2	97.7				461.6
FA.2		Insurance corporations	107.9	110.6	42.1			12.9	273.5
FA.3		Corporations (Other than insurance corporations) (part of HF.RI.1.2)		3.0					3.0
FA.4		Non-profit institutions serving households (NPISH)	2.2	2.8	0.2	0.7	7.7		13.6
FA.5		Households			270.2				270.2
All FA			672.8	124.5	410.2	0.7	17.1	12.9	1,238.3

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

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.nec	All FS.RI
<i>Surinamese Dollars (SRD), Million</i>		Government	Corporations	Households	NPISH	rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
Health care functions								
HC.1	Curative care	483.9	85.6	267.7			8.3	845.6
	HC.1.1 Inpatient curative care	276.2	43.0	83.4			4.3	406.9
	HC.1.3 Outpatient curative care	205.4	42.5	184.4			3.7	436.0
	HC.1.nec Unspecified curative care (n.e.c.)	2.3	0.0				0.3	2.6
HC.2	Rehabilitative care					0.6		0.6
HC.4	Ancillary services (non-specified by function)	28.7	15.7	44.9			0.3	89.6
	HC.4.1 Laboratory services	16.7	0.4	15.8			0.2	33.1
	HC.4.2 Imaging services	12.0	0.3	17.3			0.1	29.7
	HC.4.3 Patient transportation	0.0		5.7				5.7
	HC.4.nec Unspecified ancillary services (n.e.c.)		15.0	6.0				21.1
HC.5	Medical goods (non-specified by function)	55.5	15.7	88.6			1.8	161.6
	HC.5.1 Pharmaceuticals and Other medical non-durable goods	40.9	14.9	88.4			0.2	144.4
	HC.5.2 Therapeutic appliances and Other medical goods	0.5	0.0	0.2				0.7
	HC.5.nec Unspecified medical goods (n.e.c.)	14.1	0.9				1.7	16.6
HC.6	Preventive care	49.8	3.0	0.7	0.7	15.4	2.4	72.0
	HC.6.1 Information, education and counseling (IEC) programmes	33.1	0.4	0.0	0.1	1.2	1.8	36.6
	HC.6.2 Immunisation programmes	2.9						2.9
	HC.6.3 Early disease detection programmes	9.3	0.0		0.4	1.3	0.4	11.5
	HC.6.4 Healthy condition monitoring programmes	2.3	0.0			0.1	0.1	2.5
	HC.6.5 Epidemiological surveillance and risk and disease control programmes	0.7				2.8		3.6
	HC.6.6 Preparing for disaster and emergency response programmes	0.0				1.0		1.1
	HC.6.nec Unspecified preventive care (n.e.c.)	1.5	2.6	0.6	0.2	9.0	0.1	13.9
HC.7	Governance, and health system and financing administration	52.5	4.4	8.4		1.2		66.4
HC.9	Other health care services not elsewhere classified (n.e.c.)	2.4	0.2					2.6
All HC		672.8	124.5	410.2	0.7	17.1	12.9	1,238.3

C.5. Financing scheme (HF) x Health care function (HC)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPOH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	
Health care functions		Surinamese Dollars (SRD), Million											
HC.1	Curative care	618.8	169.4	169.4	43.2	126.2	449.4	59.3	56.2	0.6	2.5	167.4	845.6
	HC.1.1 Inpatient curative care	351.2	90.9	90.9	20.1	70.7	260.4	29.0	29.0			26.7	406.9
	HC.1.3 Outpatient curative care	265.3	78.6	78.6	23.1	55.5	186.7	30.0	26.9	0.6	2.5	140.7	436.0
	HC.1.nec Unspecified curative care (n.e.c.)	2.3					2.3	0.3	0.3		0.0		2.6
HC.2	Rehabilitative care							0.6		0.6			0.6
HC.4	Ancillary services (non-specified by function)	48.6	0.7	0.7	0.7		48.0	9.9	9.8		0.1	31.0	89.6
	HC.4.1 Laboratory services	21.4	0.7	0.7	0.7		20.7	0.2	0.2			11.5	33.1
	HC.4.2 Imaging services	15.7					15.7	0.1	0.1			13.8	29.7
	HC.4.3 Patient transportation	0.0	0.0	0.0	0.0							5.7	5.7
HC.5	Medical goods (non-specified by function)	79.3	2.6	2.6	2.4	0.2	76.7	11.1	11.1			71.3	161.6
	HC.5.1 Pharmaceuticals and Other medical non-durable goods	64.1	2.4	2.4	2.4		61.7	9.0	9.0			71.3	144.4
	HC.5.2 Therapeutic appliances and Other medical goods	0.7					0.7						0.7
	HC.5.nec Unspecified medical goods (n.e.c.)	14.5	0.2	0.2		0.2	14.3	2.0	2.0				16.6

C.5. Financing scheme (HF) x Health care function (HC) cont.

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	All HF
Surinamese Dollars (SRD), Million		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPSH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	
Health care functions													
HC.6	Preventive care	57.6	37.3	37.3	37.3	0.0	20.3	13.9	2.4	9.5	2.0	0.5	72.0
	HC.6.1 Information, education and counseling (IEC) programmes	32.8	17.7	17.7	17.7		15.1	3.8	1.8	1.6	0.4	0.0	36.6
	HC.6.2 Immunisation programmes	2.9	2.9	2.9	2.9								2.9
	HC.6.3 Early disease detection programmes	8.3	4.5	4.5	4.5		3.7	3.2	0.4	2.7	0.0		11.5
	HC.6.4 Healthy condition monitoring programmes	2.3	1.2	1.2	1.2		1.0	0.2	0.1	0.1	0.0		2.5
	HC.6.5 Epidemiological surveillance and risk and disease control programmes	3.5	3.5	3.5	3.5			0.1		0.1			3.6
	HC.6.6 Preparing for disaster and emergency response programmes	0.0	0.0	0.0	0.0			1.0		1.0			1.1
	HC.6.nec Unspecified preventive care (n.e.c.)	7.9	7.5	7.5	7.5	0.0	0.5	5.6	0.1	3.9	1.6	0.4	13.9
HC.7	Governance, and health system and financing administration	62.9	30.4	30.4	30.4		32.5	3.5	2.4	1.1			66.4
HC.9	Other health care services not elsewhere classified (n.e.c.)	2.4	2.4	2.4	2.4			0.2			0.2		2.6
All HC		869.7	242.9	242.9	116.4	126.5	626.8	98.4	81.8	11.8	4.8	270.2	1,238.3

C.6. Health care provider (HP) x Health care function (HC)

Health care functions	Health care providers <i>Surinamese Dollars (SRD), Million</i>	HP.1	HP.1.1	HP.1.2	HP.1.nec	HP.2
		Hospitals	General hospitals	Mental health hospitals	Unspecified hospitals (n.e.c.)	Residential long-term care facilities
HC.1	Curative care	470.7	407.2	15.8	47.7	
HC.1.1	Inpatient curative care	366.9	304.0	15.8	47.1	
HC.1.3	Outpatient curative care	103.8	103.2		0.6	
HC.1.nec	Unspecified curative care (n.e.c.)					
HC.2	Rehabilitative care					
HC.4	Ancillary services (non-specified by function)					
HC.4.1	Laboratory services					
HC.4.2	Imaging services					
HC.4.3	Patient transportation					
HC.4.nec	Unspecified ancillary services (n.e.c.)					
HC.5	Medical goods (non-specified by function)					
HC.5.1	Pharmaceuticals and Other medical non-durable goods					
HC.5.2	Therapeutic appliances and Other medical goods					
HC.5.nec	Unspecified medical goods (n.e.c.)					
HC.6	Preventive care	0.5	0.5		0.0	0.0
HC.6.1	Information, education and counseling (IEC) programmes	0.0	0.0			0.0
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	0.0	0.0			
HC.6.6	Preparing for disaster and emergency response programmes					
HC.6.nec	Unspecified preventive care (n.e.c.)	0.5	0.5		0.0	
HC.7	Governance, and health system and financing administration					
HC.9	Other health care services not elsewhere classified (n.e.c.)					
All HC		471.2	407.7	15.8	47.7	0.0

C.6. Health care provider (HP) x Health care function (HC) cont.

Health care functions	Health care providers <i>Surinamese Dollars (SRD), Million</i>	HP.3	HP.3.1	HP.3.2	HP.3.4	HP.3.4.1	HP.3.4.2
		Providers of ambulatory health care	Medical practices	Dental practice	Ambulatory health care centres	Family planning centres	Ambulatory mental health and substance abuse centres
HC.1	Curative care	367.0	114.0	3.8	57.4		0.1
HC.1.1	Inpatient curative care	33.4	0.2		6.4		
HC.1.3	Outpatient curative care	331.0	113.8	3.8	48.3		0.1
HC.1.nec	Unspecified curative care (n.e.c.)	2.6			2.6		
HC.2	Rehabilitative care						
HC.4	Ancillary services (non-specified by function)	3.4			3.4		
HC.4.1	Laboratory services	2.4			2.4		
HC.4.2	Imaging services	0.9			0.9		
HC.4.3	Patient transportation	0.0			0.0		
HC.4.nec	Unspecified ancillary services (n.e.c.)						
HC.5	Medical goods (non-specified by function)	3.1			3.1		
HC.5.1	Pharmaceuticals and Other medical non-durable goods	3.1			3.1		
HC.5.2	Therapeutic appliances and Other medical goods						
HC.5.nec	Unspecified medical goods (n.e.c.)						
HC.6	Preventive care	52.6	22.2		30.3		3.5
HC.6.1	Information, education and counseling (IEC) programmes	35.3	16.9		18.3		0.2
HC.6.2	Immunisation programmes	2.9			2.9		
HC.6.3	Early disease detection programmes	8.7	4.1		4.5		
HC.6.4	Healthy condition monitoring programmes	2.4	1.2		1.2		
HC.6.5	Epidemiological surveillance and risk and disease control programmes						
HC.6.6	Preparing for disaster and emergency response programmes						
HC.6.nec	Unspecified preventive care (n.e.c.)	3.3			3.3		3.3
HC.7	Governance, and health system and financing administration						
HC.9	Other health care services not elsewhere classified (n.e.c.)						
All HC		426.1	136.2	3.8	94.2	3.5	0.1

C.6. Health care provider (HP) x Health care function (HC) cont.

Health care functions	Health care providers	Surinamese Dollars (SRD), Million						
		HP.3.4.4 Dialysis care centres	HP.3.4.5 General ambulatory health centers	HP.3.4.9 All Other ambulatory centres	HP.3.nec Unspecified providers of ambulatory health care (n.e.c)	HP.4 Providers of ancillary services	HP.4.1 Providers of patient transportation and emergency rescue	HP.4.2 Medical and diagnostic laboratories
HC.1	Curative care	17.5	38.2	1.6	191.8			
HC.1.1	Inpatient curative care		6.4		26.7			
HC.1.3	Outpatient curative care	17.5	29.1	1.6	165.1			
HC.1.nec	Unspecified curative care (n.e.c)		2.6					
HC.2	Rehabilitative care							
HC.4	Ancillary services (non-specified by function)		3.4			86.2	5.7	80.5
HC.4.1	Laboratory services		2.4			30.7		30.7
HC.4.2	Imaging services		0.9			28.7		28.7
HC.4.3	Patient transportation		0.0			5.7	5.7	
HC.4.nec	Unspecified ancillary services (n.e.c)					21.1		21.1
HC.5	Medical goods (non-specified by function)		3.1					
HC.5.1	Pharmaceuticals and Other medical non-durable goods		3.1					
HC.5.2	Therapeutic appliances and Other medical goods							
HC.5.nec	Unspecified medical goods (n.e.c)							
HC.6	Preventive care		26.8		0.2	0.5		0.5
HC.6.1	Information, education and counseling (IEC) programmes		18.1		0.1			
HC.6.2	Immunisation programmes		2.9					
HC.6.3	Early disease detection programmes		4.5		0.0			
HC.6.4	Healthy condition monitoring programmes		1.2		0.0			
HC.6.5	Epidemiological surveillance and risk and disease control programmes					0.5		0.5
HC.6.6	Preparing for disaster and emergency response programmes							
HC.6.nec	Unspecified preventive care (n.e.c)		0.1					
HC.7	Governance, and health system and financing administration							
HC.9	Other health care services not elsewhere classified (n.e.c.)							
All HC		17.5	71.4	1.6	192.0	86.7	5.7	80.9

C.6. Health care provider (HP) x Health care function (HC) cont.

Health care functions	Health care providers	HP.5	HP.6	HP.7	HP.8	HP.9	HP.nec	All HP
		Retailers and Other providers of medical goods	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Rest of the world	Unspecified health care providers (n.e.c.)	
<i>Surinamese Dollars (SRD), Million</i>								
HC.1	Curative care				0.3	6.7	0.9	845.6
HC.1.1	Inpatient curative care					6.7		406.9
HC.1.3	Outpatient curative care				0.3		0.9	436.0
HC.1.nec	Unspecified curative care (n.e.c.)						0.0	2.6
HC.2	Rehabilitative care		0.6					0.6
HC.4	Ancillary services (non-specified by function)							89.6
HC.4.1	Laboratory services							33.1
HC.4.2	Imaging services							29.7
HC.4.3	Patient transportation							5.7
HC.4.nec	Unspecified ancillary services (n.e.c.)							21.1
HC.5	Medical goods (non-specified by function)	156.7				0.8	1.0	161.6
HC.5.1	Pharmaceuticals and Other medical non-durable goods	140.1				0.1	1.0	144.4
HC.5.2	Therapeutic appliances and Other medical goods					0.7		0.7
HC.5.nec	Unspecified medical goods (n.e.c.)	16.6						16.6
HC.6	Preventive care		14.0	1.1	0.3		2.9	72.0
HC.6.1	Information, education and counseling (IEC) programmes		1.0		0.3		0.0	36.6
HC.6.2	Immunisation programmes							2.9
HC.6.3	Early disease detection programmes		2.6				0.1	11.5
HC.6.4	Healthy condition monitoring programmes		0.1					2.5
HC.6.5	Epidemiological surveillance and risk and disease control programmes		2.6	0.0			0.5	3.6
HC.6.6	Preparing for disaster and emergency response programmes			1.1				1.1
HC.6.nec	Unspecified preventive care (n.e.c.)		7.7		0.0		2.3	13.9
HC.7	Governance, and health system and financing administration			65.0			1.5	66.4
HC.9	Other health care services not elsewhere classified (n.e.c.)			2.2			0.4	2.6
All HC		156.7	14.6	68.2	0.5	7.5	6.8	1,238.3

C.7. Health care function (HC) x Classification of diseases /conditions (DIS)

Classification of diseases / conditions	Health care functions	Surinamese Dollars (SRD), Million							
		HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.3 Outpatient curative care	HC.1.3.1 General outpatient curative care	HC.1.3.2 Dental outpatient curative care	HC.1.3.3 Specialised outpatient curative care	HC.1.3.nec Unspecified outpatient curative care (n.e.c.)	HC.1.nec Unspecified curative care (n.e.c.)
DIS.1	Infectious and parasitic diseases	170.0	52.9	117.1	50.2		29.9	36.9	
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	13.6	4.4	9.2	6.2		0.7	2.3	
DIS.1.2	Tuberculosis (TB)	13.2	12.3	0.9	0.1			0.7	
DIS.1.3	Malaria	0.1	0.1	0.0	0.0			0.0	
DIS.1.4	Respiratory infections	32.5	2.2	30.3	14.8		12.2	3.3	
DIS.1.5	Diarrheal diseases	14.0	7.8	6.2	3.0		2.5	0.7	
DIS.1.6	Neglected tropical diseases	0.1	0.1	0.0	0.0			0.0	
DIS.1.7	Vaccine preventable diseases	35.5	0.1	35.4	17.5		14.4	3.4	
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	61.1	25.9	35.2	8.6		0.1	26.5	
DIS.2	Reproductive health	73.4	24.4	48.9	23.4		8.4	17.2	
DIS.2.1	Maternal conditions	7.7	1.6	6.1	2.2		1.6	2.4	
DIS.2.3	Contraceptive management (family planning)								
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	65.6	22.8	42.9	21.2		6.9	14.8	
DIS.3	Nutritional deficiencies	4.5	2.0	2.5	1.1		0.7	0.7	
DIS.4	Noncommunicable diseases	349.9	192.2	155.1	29.9	22.0	67.9	35.3	2.6
DIS.4.1	Neoplasms	16.8	8.5	8.3	0.2		6.9	1.3	
DIS.4.2	Endocrine and metabolic disorders	48.3	29.8	16.0	5.6		3.5	6.8	2.6
DIS.4.3	Cardiovascular diseases	63.2	36.3	26.9	10.1		7.6	9.2	
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	22.0	21.5	0.5	0.0		0.4	0.2	
DIS.4.5	Respiratory diseases	15.1	13.2	2.0	1.0		0.8	0.2	
DIS.4.6	Diseases of the digestive	20.9	20.9	0.0	0.0			0.0	
DIS.4.7	Diseases of the genito-urinary system	48.4	26.6	21.8	0.0		21.8	0.0	
DIS.4.8	Sense organ disorders	23.4	3.1	20.3	0.0		20.3	0.0	
DIS.4.9	Oral diseases	26.6	2.4	24.2	1.0	22.0	0.0	1.2	
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	65.1	30.1	35.0	12.1		6.5	16.4	
DIS.5	Injuries	104.7	52.6	52.1	27.7		0.2	24.2	
DIS.6	Non-disease specific								
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	143.1	82.9	60.3	13.2		5.7	41.3	0.0
All DIS		845.6	406.9	436.0	145.5	22.0	112.9	155.6	2.6

C.7. Health care function (HC) x Classification of diseases /conditions (DIS) cont...

Classification of diseases / conditions	Health care functions Surinamese Dollars (SRD), Million	HC.2	HC.4	HC.4.1	HC.4.2	HC.4.3	HC.4.nec	HC.5	HC.5.1	HC.5.2	HC.5.nec
		Rehabilitative care	Andillary services (non-specified by function)	Laboratory services	Imaging services	Patient transportation	Unspecified andillary services (n.e.c)	Medical goods (non-specified by function)	Pharmaceuticals and Other medical non-durable goods	Therapeutic appliances and Other medical goods	Unspecified medical goods (n.e.c)
DIS.1	Infectious and parasitic diseases		23.8	11.2			12.6	26.2	23.6		2.7
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)		0.5	0.2			0.3	1.0	1.0		
DIS.1.2	Tuberculosis (TB)										
DIS.1.3	Malaria										
DIS.1.4	Respiratory infections										
DIS.1.5	Diarrheal diseases										
DIS.1.6	Neglected tropical diseases										
DIS.1.7	Vaccine preventable diseases										
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c)		23.3	11.0			12.3	25.2	22.6		2.7
DIS.2	Reproductive health		1.2	0.6			0.7	2.8	2.5		0.3
DIS.2.1	Maternal conditions		1.2	0.6			0.7				
DIS.2.3	Contraceptive management (family planning)										
DIS.2.nec	Unspecified reproductive health conditions (n.e.c)							2.8	2.5		0.3
DIS.3	Nutritional deficiencies		0.6	0.3			0.3				
DIS.4	Noncommunicable diseases	0.6	17.4	8.9	0.9		7.5	86.4	77.4		9.0
DIS.4.1	Neoplasms							3.0	2.7		0.3
DIS.4.2	Endocrine and metabolic disorders	0.6	6.0	3.6	0.9		1.5	16.7	15.1		1.6
DIS.4.3	Cardiovascular diseases		5.5	2.6			2.9	15.7	14.0		1.7
DIS.4.4	Mental & behavioural disorders, and Neurological conditions							16.3	14.6		1.7
DIS.4.5	Respiratory diseases										
DIS.4.6	Diseases of the digestive										
DIS.4.7	Diseases of the genito-urinary system										
DIS.4.8	Sense organ disorders										
DIS.4.9	Oral diseases										
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c)		5.8	2.8			3.1	34.8	31.1		3.7
DIS.5	Injuries										
DIS.6	Non-disease specific										
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)		46.6	12.1	28.7	5.7		46.2	40.8	0.7	4.7
All DIS		0.6	89.6	33.1	29.7	5.7	21.1	161.6	144.4	0.7	16.6

C.7. Health care function (HC) x Classification of diseases /conditions (DIS) cont...

Classification of diseases / conditions	Health care functions							
	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.6.6 Preparing for disaster and emergency response programmes	HC.6.nec Unspecified preventive care (n.e.c)
	Surinamese Dollars (SRD), Million							
DIS.1	Infectious and parasitic diseases	21.0	5.1	2.9	1.5	0.3	3.0	8.3
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	3.4	0.3		0.4		0.0	2.6
DIS.1.2	Tuberculosis (TB)	1.5						1.5
DIS.1.3	Malaria	5.9					2.5	3.4
DIS.1.4	Respiratory infections							
DIS.1.5	Diarrheal diseases							
DIS.1.6	Neglected tropical diseases	0.1					0.1	
DIS.1.7	Vaccine preventable diseases	2.9		2.9				
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c)	7.3	4.8		1.0	0.3	0.5	0.7
DIS.2	Reproductive health	9.3	4.7		1.0	0.3		3.3
DIS.2.1	Maternal conditions							
DIS.2.3	Contraceptive management (family planning)	0.2	0.2					
DIS.2.nec	Unspecified reproductive health conditions (n.e.c)	9.1	4.5		1.0	0.3		3.3
DIS.3	Nutritional deficiencies	0.1					0.1	0.0
DIS.4	Noncommunicable diseases	15.2	9.1		4.4	0.6		1.0
DIS.4.1	Neoplasms	0.0						0.0
DIS.4.2	Endocrine and metabolic disorders	8.6	4.9		3.3	0.3		0.0
DIS.4.3	Cardiovascular diseases	5.7	4.2		1.0	0.3		0.2
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	0.0	0.0					
DIS.4.5	Respiratory diseases							
DIS.4.6	Diseases of the digestive							
DIS.4.7	Diseases of the genito-urinary system							
DIS.4.8	Sense organ disorders							
DIS.4.9	Oral diseases							
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c)	0.9				0.1		0.8
DIS.5	Injuries	0.0						0.0
DIS.6	Non-disease specific	1.0	0.1					0.9
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	25.4	17.6		4.6	1.2	0.5	1.1
All DIS		72.0	36.6	2.9	11.5	2.5	3.6	1.1

C.7. Health care function (HC) x Classification of diseases /conditions (DIS) cont...

Classification of diseases / conditions	Health care functions	HC.7	HC.9	All HC
	Surinamese Dollars (SRD), Million	Governance, and health system and financing administration	Other health care services not elsewhere classified (n.e.c.)	
DIS.1	Infectious and parasitic diseases	1.7	0.3	243.0
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	1.7	0.3	20.5
DIS.1.2	Tuberculosis (TB)			14.7
DIS.1.3	Malaria			6.0
DIS.1.4	Respiratory infections			32.5
DIS.1.5	Diarrheal diseases			14.0
DIS.1.6	Neglected tropical diseases			0.2
DIS.1.7	Vaccine preventable diseases			38.4
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)			116.9
DIS.2	Reproductive health			86.7
DIS.2.1	Maternal conditions			9.0
DIS.2.3	Contraceptive management (family planning)			0.2
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)			77.5
DIS.3	Nutritional deficiencies			5.2
DIS.4	Noncommunicable diseases			469.4
DIS.4.1	Neoplasms			19.8
DIS.4.2	Endocrine and metabolic disorders			80.2
DIS.4.3	Cardiovascular diseases			90.1
DIS.4.4	Mental & behavioural disorders, and Neurological conditions			38.3
DIS.4.5	Respiratory diseases			15.1
DIS.4.6	Diseases of the digestive			20.9
DIS.4.7	Diseases of the genito-urinary system			48.4
DIS.4.8	Sense organ disorders			23.4
DIS.4.9	Oral diseases			26.6
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)			106.6
DIS.5	Injuries			104.7
DIS.6	Non-disease specific	64.3	2.2	67.5
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	0.4	0.2	261.8
All DIS		66.4	2.6	1,238.3

**C.8. Institutional unit providing revenues to
financing scheme (FS.RI) x Gross fixed capital formation (HK)**

Capital Account		Institutional units providing revenues to financing schemes <i>Surinamese Dollars (SRD), Million</i>	FS.RI.1.1 Governments	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.5 Rest of the world	All FS.RI
HK.1	Gross capital formation		0.7	0.5	0.1	2.6	3.9
HK.1.1	Gross fixed capital formation		0.7	0.5	0.1	1.3	2.6
	HK.1.1.1	Infrastructure		0.1	0.0	0.2	0.4
		HK.1.1.1.1		0.1	0.0	0.2	0.4
		Residential and non-residential buildings					
	HK.1.1.2	Machinery and equipment	0.7	0.3	0.1	1.1	2.2
		HK.1.1.2.1	0.6			0.2	0.9
		Medical equipment					
		HK.1.1.2.3	0.1			0.8	0.9
		ICT equipment					
		HK.1.1.2.4	0.0	0.3	0.1	0.0	0.5
		Machinery and equipment n.e.c.					
	HK.1.1.3	Intellectual property products	0.0		0.0		0.0
		HK.1.1.3.2	0.0		0.0		0.0
		Intellectual property products n.e.c.					
HK.1.nec	Unspecified gross capital formation (n.e.c.)					1.2	1.2
HK.nec	Unspecified gross fixed capital formation (n.e.c.)		2.3	2.8	1.8	0.8	7.7
All HK			3.0	3.3	2.0	3.3	11.5

C.9. Health care provider (HP) x Gross fixed capital formation (HK)

Capital Account		Health care providers	HP.3	HP.6	HP.7	HP.nec	All HP
		<i>Surinamese Dollars (SRD), Million</i>	Providers of ambulatory health care	Providers of preventive care	Providers of health care system administration and financing	Unspecified health care providers (n.e.c.)	
HK.I		Gross capital formation	0.0	0.8	0.1	2.9	3.9
	HK.I.1	Gross fixed capital formation	0.0	0.8	0.1	1.7	2.6
		HK.I.1.1 Infrastructure		0.4			0.4
		HK.I.1.1.1 Residential and non-residential buildings		0.4			0.4
		HK.I.1.2 Machinery and equipment	0.0	0.5	0.1	1.7	2.2
		HK.I.1.2.1 Medical equipment				0.9	0.9
		HK.I.1.2.3 ICT equipment			0.1	0.8	0.9
		HK.I.1.2.4 Machinery and equipment n.e.c.	0.0	0.5			0.5
		HK.I.1.3 Intellectual property products	0.0				0.0
		HK.I.1.3.2 Intellectual property products n.e.c.	0.0				0.0
	HK.I.nec	Unspecified gross capital formation (n.e.c.)				1.2	1.2
HK.nec		Unspecified gross fixed capital formation (n.e.c.)				7.7	7.7
All HK			0.0	0.8	0.1	10.6	11.5

C.10. Financing schemes (HF) X Health care provider (HP)

Health care providers	Financing schemes <i>Surinamese Dollars (SRD), Million</i>	HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPDSH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	
HP.1	Hospitals	420.5	152.8	152.8	26.5	126.2	267.7	39.5	39.5	0.0		11.3	471.2
HP.2	Residential long-term care facilities							0.0		0.0			0.0
HP.3	Providers of ambulatory health care	243.5	44.3	44.3	44.3		199.2	26.0	19.3	2.5	4.2	156.6	426.1
HP.3.1	Medical practices	133.4					133.4	2.8	2.8				136.2
HP.3.1.1	Offices of general medical practitioners	60.3					60.3						60.3
HP.3.1.2	Offices of mental medical specialists	49.8					49.8						49.8
HP.3.1.3	Offices of medical specialists (Other than mental medical specialists)	23.3					23.3	2.8	2.8				26.1
HP.3.2	Dental practice	3.8	3.8	3.8	3.8								3.8
HP.3.4	Ambulatory health care centres	79.3	40.5	40.5	40.5		38.8	14.4	8.5	2.5	3.4	0.5	94.2
HP.3.4.1	Family planning centres							3.0		1.2	1.8	0.5	3.5
HP.3.4.2	Ambulatory mental health and substance abuse centres							0.1		0.1	0.0	0.1	0.1
HP.3.4.4	Dialysis care centres	17.5					17.5						17.5
HP.3.4.5	General ambulatory health centers	61.8	40.5	40.5	40.5		21.3	9.7	8.5	1.2			71.4
HP.3.4.9	All Other ambulatory centres							1.6			1.6		1.6
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	27.1					27.1	8.8	8.0		0.8	156.1	192.0
HP.4	Providers of ancillary services	46.1	1.0	1.0	1.0		45.1	9.6	9.4	0.1		31.0	86.7
HP.4.1	Providers of patient transportation and emergency rescue												5.7
HP.4.2	Medical and diagnostic laboratories	46.1	1.0	1.0	1.0		45.1	9.6	9.4	0.1		25.3	80.9
HP.5	Retailers and Other providers of medical goods	74.6	0.2	0.2		0.2	74.3	10.9	10.9			71.3	156.7
HP.6	Providers of preventive care	9.9	9.9	9.9	9.9			4.6		4.6			14.6
HP.7	Providers of health care system administration and financing	63.8	31.3	31.3	31.3		32.5	4.4	2.4	2.0			68.2
HP.8	Rest of economy	0.2	0.2	0.2	0.2			0.3			0.3		0.5
HP.9	Rest of the world	7.5					7.5						7.5
HP.nec	Unspecified health care providers (n.e.c.)	3.7	3.2	3.2	3.2		0.5	3.2	0.4	2.5	0.2		6.8
All HP		869.7	242.9	242.9	116.4	126.5	626.8	98.4	81.8	11.8	4.8	270.2	1,238.3

ANNEX D: HIV, TUBERCULOSIS AND MALARIA

STATISTICAL TABLES

HIV Statistical Tables

- D.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)
- D.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)
- D.3 Revenues of health care financing schemes (FS) x Health care function (HC)
- D.4 Financing scheme (HF) x Health care provider (HP)
- D.5 Financing scheme (HF) x Health care function (HC)
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Tuberculosis Statistical Tables

- D.7 Revenues of health care financing schemes (FS) x Financing scheme (HF)
- D.8 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)
- D.9 Revenues of health care financing schemes (FS) x Health care function (HC)
- D.10 Financing scheme (HF) x Health care provider (HP)
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Malaria Statistical Tables

- D.13 Revenues of health care financing schemes (FS) x Financing scheme (HF)
- D.14 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)
- D.15 Revenues of health care financing schemes (FS) x Health care function (HC)
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- D.17 Financing scheme (HF) x Health care function (HC)
- D.18 Health care provider (HP) x Function (HC)

HIV Statistical Tables

D.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)

Financing schemes	Revenues of health care financing schemes <i>Surinamese Dollars (SRD), Million</i>	FS.1	FS.1.1	FS.1.2	FS.2	FS.3	FS.3.1	FS.3.2	FS.4	FS.4.1	FS.4.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.2	FS.6.nec	FS.7	All FS
		Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Transfers by government on behalf of specific groups	Transfers distributed by government from foreign origin	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Compulsory prepayment (Other, and unspecified, than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from corporations n.e.c.	Unspecified other domestic revenues (n.e.c.)	Direct foreign transfers	
HF.1	Government schemes and compulsory contributory health care financing schemes	12.8	8.7	4.2	2.2	1.7	0.5	1.1	1.3	0.5	0.8				0.1	0.1			18.0
HF.1.1	Government schemes	10.6	8.7	1.9	2.2														12.8
HF.1.1.1	Central government schemes	10.6	8.7	1.9	2.2														12.8
HF.1.1.1.1	MOH	8.4	8.4		2.2														10.6
HF.1.1.1.nec	Other Central government schemes	2.2	0.2	1.9															2.2
HF.1.2	Compulsory contributory health insurance schemes	2.2		2.2		1.7	0.5	1.1	1.3	0.5	0.8				0.1	0.1			5.3
HF.2	Voluntary health care payment schemes	0.0	0.0									1.0	0.1	0.9	0.3	0.1	0.2	1.1	2.5
HF.2.1	Voluntary health insurance schemes											1.0	0.1	0.9	0.2	0.0	0.2		1.3
HF.2.2	NPI/SH financing schemes (including development agencies)	0.0	0.0															1.1	1.1
HF.2.3	Enterprise financing schemes														0.1	0.1			0.1
All HF		12.8	8.7	4.2	2.2	1.7	0.5	1.1	1.3	0.5	0.8	1.0	0.1	0.9	0.4	0.2	0.2	1.1	20.5

D.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	FS.RI.1.nec	All FS.RI
Financing schemes	<i>Surinamese Dollars (SRD), Million</i>	Government	Corporations	Households	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
HF.1	Government schemes and compulsory contributory health care financing schemes	13.9	0.8	1.1	2.2		18.0
HF.1.1	Government schemes	10.6			2.2		12.8
HF.1.1.1	Central government schemes	10.6			2.2		12.8
HF.1.1.1.1	MOH	8.4			2.2		10.6
HF.1.1.1.nec	Other Central government schemes	2.2					2.2
HF.1.2	Compulsory contributory health insurance schemes	3.3	0.8	1.1			5.3
HF.2	Voluntary health care payment schemes	0.0	1.0	0.1	1.1	0.2	2.5
HF.2.1	Voluntary health insurance schemes		0.9	0.1		0.2	1.3
HF.2.2	NPISH financing schemes (including development agencies)	0.0			1.1		1.1
HF.2.3	Enterprise financing schemes		0.1				0.1
All HF		13.9	1.9	1.2	3.3	0.2	20.5

D.3 Revenues of health care financing schemes (FS) x Health care function (HC)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	FS.RI.1.nec	All FS.RI
Health care functions	<i>Surinamese Dollars (SRD), Million</i>	Government	Corporations	Households	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
HC.1	Curative care	10.7	1.6	1.1		0.2	13.6
HC.1.1	Inpatient curative care	2.5	1.1	0.6		0.1	4.4
HC.1.3	Outpatient curative care	8.2	0.5	0.5		0.1	9.2
HC.4	Ancillary services (non-specified by function)	0.2	0.2	0.1			0.5
HC.4.1	Laboratory services	0.2	0.0	0.1			0.2
HC.4.nec	Unspecified ancillary services (n.e.c.)		0.2	0.1			0.3
HC.5	Medical goods (non-specified by function)	1.0					1.0
HC.5.1	Pharmaceuticals and Other medical non-durable goods	1.0					1.0
HC.6	Preventive care	0.4	0.0		2.9	0.0	3.4
HC.7	Governance, and health system and financing administration	1.4			0.4		1.7
HC.9	Other health care services not elsewhere classified (n.e.c.)	0.3					0.3
All HC		13.9	1.9	1.2	3.3	0.2	20.5

D.4 Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)

Health care providers	Financing schemes <i>Surinamese Dollars (SRD), Million</i>	HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	
HP.1	Hospitals	5.0	2.2	2.2	0.0	2.2	2.8	0.9	0.9	0.0		5.9
HP.2	Residential long-term care facilities							0.0		0.0		0.0
HP.3	Providers of ambulatory health care	7.4	5.3	5.3	5.3		2.1	0.5	0.2	0.2	0.0	7.9
HP.3.1	Medical practices	1.5					1.5	0.0	0.0			1.5
HP.3.4	Ambulatory health care centres	5.6	5.3	5.3	5.3		0.3	0.3	0.1	0.2	0.0	5.9
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	0.4					0.4	0.1	0.1		0.0	0.5
HP.4	Providers of ancillary services	0.4					0.4	0.1	0.1		0.0	0.5
HP.6	Providers of preventive care	2.6	2.6	2.6	2.6			0.4		0.4		3.0
HP.7	Providers of health care system administration and financing	0.0	0.0	0.0	0.0			0.3		0.3		0.3
HP.8	Rest of economy							0.0			0.0	0.0
HP.nec	Unspecified health care providers (n.e.c.)	2.7	2.6	2.6	2.6		0.0	0.2	0.0	0.2		2.9
All HP		18.0	12.8	12.8	10.6	2.2	5.3	2.5	1.3	1.1	0.1	20.5

D.5 Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)

Financing schemes			HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	All HF
			Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	
Health care functions			<i>Surinamese Dollars (SRD), Million</i>										
HC.1	Curative care	12.4	7.5	7.5	5.4	2.2	4.9	1.2	1.1	0.0	0.0	13.6	
	HC.1.1 Inpatient curative care	3.5	0.9	0.9	0.0	0.9	2.6	0.8	0.8			4.4	
	HC.1.3 Outpatient curative care	8.8	6.6	6.6	5.3	1.3	2.2	0.4	0.3	0.0	0.0	9.2	
HC.4	Ancillary services (non-specified by function)	0.4					0.4	0.1	0.1		0.0	0.5	
HC.5	Medical goods (non-specified by function)	1.0	1.0	1.0	1.0							1.0	
HC.6	Preventive care	2.6	2.6	2.6	2.6		0.0	0.8	0.0	0.7	0.0	3.4	
HC.7	Governance, and health system and financing administration	1.4	1.4	1.4	1.4			0.4		0.4		1.7	
HC.9	Other health care services not elsewhere classified (n.e.c.)	0.3	0.3	0.3	0.3							0.3	
All HC		18.0	12.8	12.8	10.6	2.2	5.3	2.5	1.3	1.1	0.1	20.5	

D.6 Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.1.1 HIV/AIDS and Other Sexually Transmitted Diseases (STDs)

Health care providers		HP.1	HP.2	HP.3	HP.3.1	HP.3.4	HP.3.nec	HP.4	HP.6	HP.7	HP.8	HP.nec	All HP
Health care functions		Hospitals	Residential long-term care facilities	Providers of ambulatory health care	Medical practices	Ambulatory health care centres	Unspecified providers of ambulatory health care (n.e.c.)	Providers of ancillary services	Providers of preventive care	Providers of health care system administration and financing	Rest of economy	Unspecified health care providers (n.e.c.)	
Surinamese Dollars (SRD), Million													
HC.1	Curative care	5.9		7.6	1.5	5.7	0.5				0.0	0.0	13.6
	HC.1.1 Inpatient curative care	4.2		0.2	0.0	0.2							4.4
	HC.1.3 Outpatient curative care	1.7		7.5	1.5	5.5	0.5				0.0	0.0	9.2
HC.4	Ancillary services (non-specified by function)							0.5					0.5
HC.5	Medical goods (non-specified by function)											1.0	1.0
HC.6	Preventive care	0.0	0.0	0.2		0.2			3.0	0.0	0.0	0.1	3.4
HC.7	Governance, and health system and financing administration									0.3		1.5	1.7
HC.9	Other health care services not elsewhere classified (n.e.c.)											0.3	0.3
All HC		5.9	0.0	7.9	1.5	5.9	0.5	0.5	3.0	0.3	0.0	2.9	20.5

Tuberculosis Statistical Tables

D.7 Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.2 Tuberculosis (TB)

Financing schemes		Revenues of health care financing schemes		FS.1	FS.1	FS.1.2	FS.2	FS.3	FS.3.1	FS.3.2	FS.4	FS.4.1	FS.4.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.2	FS.6.nec	FS.7	All HP	
		Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Transfers by government on behalf of specific groups	Transfers distributed by government from foreign origin	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Compulsory prepayment (Other, and unspecified, than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from corporations n.e.c.	Unspecified other domestic revenues (n.e.c)	Direct foreign transfers				
HF.1	Government schemes and compulsory contributory health care financing schemes	5.0	0.4	4.6	1.2	7.2	2.4	4.8	0.8	0.3	0.5						0.0	0.0			14.1	
HF.1.1	Government schemes	1.2	0.4	0.7	1.2																	2.3
HF.1.1.1	Central government schemes	1.2	0.4	0.7	1.2																	2.3
HF.1.1.1.1	MOH	0.3	0.3		1.2																	1.5
HF.1.1.1.nec	Other Central government schemes	0.8	0.1	0.7																		0.8
HF.1.2	Compulsory contributory health insurance schemes	3.8		3.8		7.2	2.4	4.8	0.8	0.3	0.5						0.0	0.0				11.8
HF.2	Voluntary health care payment schemes													0.4	0.1	0.3	0.1	0.0	0.1	0.0		0.5
HF.2.1	Voluntary health insurance schemes													0.4	0.1	0.3	0.1	0.0	0.1			0.5
HF.2.2	NPISH financing schemes (including development agencies)																			0.0		0.0
HF.2.3	Enterprise financing schemes																0.0	0.0				0.0
All HC		5.0	0.4	4.6	1.2	7.2	2.4	4.8	0.8	0.3	0.5	0.4	0.1	0.3	0.1	0.0	0.1	0.0	0.1	0.0		14.7

D.8 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.2 Tuberculosis (TB)

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	FS.RI.1.nec	All FS.RI
Financing schemes	<i>Surinamese Dollars (SRD), Million</i>	Government	Corporations	Households	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
HF.1	Government schemes and compulsory contributory health care financing schemes	9.8	0.5	2.7	1.2		14.1
HF.1.1	Government schemes	1.2			1.2		2.3
HF.1.1.1	Central government schemes	1.2			1.2		2.3
HF.1.1.1.1	MOH	0.3			1.2		1.5
HF.1.1.1.nec	Other Central government schemes	0.8					0.8
HF.1.2	Compulsory contributory health insurance schemes	8.6	0.5	2.7			11.8
HF.2	Voluntary health care payment schemes		0.4	0.1	0.0	0.1	0.5
HF.2.1	Voluntary health insurance schemes		0.4	0.1		0.1	0.5
HF.2.2	NPISH financing schemes (including development agencies)				0.0		0.0
HF.2.3	Enterprise financing schemes		0.0				0.0
All HF		9.8	0.9	2.7	1.2	0.1	14.7

D.9 Revenues of health care financing schemes (FS) x Health care function (HC)

Classification of diseases / conditions: DIS.1.2 Tuberculosis (TB)

Health care functions	Institutional units providing revenues to financing schemes <i>Surinamese Dollars (SRD), Million</i>	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	FS.RI.1.nec	All FS.RI
		Government	Corporations	Households	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
HC.1	Curative care	9.5	0.9	2.7		0.1	13.2
	HC.1.1 Inpatient curative care	8.6	0.9	2.7		0.1	12.3
	HC.1.3 Outpatient curative care	0.8	0.0			0.0	0.9
HC.6	Preventive care	0.3			1.2	0.0	1.5
All HC		9.8	0.9	2.7	1.2	0.1	14.7

D.10 Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.1.2 Tuberculosis (TB)

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPIH financing schemes (including development agencies)	Enterprise financing schemes	
Health care providers	<i>Surinamese Dollars (SRD), Million</i>											
HP.1	Hospitals	12.6	0.8	0.8		0.8	11.7	0.5	0.5			13.1
HP.3	Providers of ambulatory health care	0.1					0.1	0.0	0.0		0.0	0.1
HP.3.1	Medical practices	0.0					0.0	0.0	0.0			0.0
HP.3.4	Ambulatory health care centres	0.1					0.1	0.0	0.0			0.1
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)							0.0			0.0	0.0
HP.6	Providers of preventive care	1.5	1.5	1.5	1.5			0.0		0.0		1.5
HP.8	Rest of economy							0.0			0.0	0.0
All HP		14.1	2.3	2.3	1.5	0.8	11.8	0.5	0.5	0.0	0.0	14.7

D.11 Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.1.2 Tuberculosis (TB)

Health care functions	Financing schemes	HF.1						HF.2		All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Of Which, Voluntary health insurance schemes	
HC.1	Curative care	12.6	0.8	0.8		0.8	11.8	0.5	0.5	13.2
	HC.1.1 Inpatient curative care	11.8	0.1	0.1		0.1	11.7	0.5	0.5	12.3
	HC.1.3 Outpatient curative care	0.8	0.7	0.7		0.7	0.1	0.0	0.0	0.9
HC.6	Preventive care	1.5	1.5	1.5	1.5		0.0	0.0	0.0	1.5
All HC		14.1	2.3	2.3	1.5	0.8	11.8	0.5	0.5	14.7

D.12 Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.1.2 Tuberculosis (TB)

Health care providers		HP.1	HP.3	HP.3.1	HP.3.4	HP.3.nec	HP.6	HP.8	All HP
		Hospitals	Providers of ambulatory health care	Medical practices	Ambulatory health care centres	Unspecified providers of ambulatory health care (n.e.c.)	Providers of preventive care	Rest of economy	
Health care functions		<i>Surinamese Dollars (SRD), Million</i>							
HC.1	Curative care	13.0	0.1	0.0	0.1	0.0		0.0	13.2
	HC.1.1 Inpatient curative care	12.2	0.1	0.0	0.1				12.3
	HC.1.3 Outpatient curative care	0.9	0.0			0.0		0.0	0.9
HC.6	Preventive care	0.0					1.5		1.5
All HC		13.1	0.1	0.0	0.1	0.0	1.5	0.0	14.7

Malaria Statistical Tables

D.13 Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.3 Malaria

Revenues of health care financing schemes			FS.1			FS.2	All FS
Financing schemes	<i>Surinamese Dollars (SRD), Million</i>		Transfers from government domestic revenue (allocated to health purposes)	FS.1.1	FS.1.2	Transfers distributed by government from foreign origin	
				Internal transfers and grants	Transfers by government on behalf of specific groups		
HF.1	Government schemes and compulsory contributory health care financing schemes		0.4	0.3	0.0	5.6	6.0
HF.1.1	Government schemes		0.3	0.3		5.6	5.9
	HF.1.1.1	Central government schemes	0.3	0.3		5.6	5.9
		HF.1.1.1.1 MOH	0.3	0.3		5.6	5.9
HF.1.2	Compulsory contributory health insurance schemes		0.0		0.0		0.1
All HF			0.4	0.3	0.0	5.6	6.0

D.14 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.1.3 Malaria

Financing schemes	Institutional units providing revenues to financing schemes <i>Surinamese Dollars (SRD), Million</i>	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.5	All FS.RI
		Government	Corporations	Households	Rest of the world	
HF.1	Government schemes and compulsory contributory health care financing schemes	0.4	0.0	0.0	5.6	6.0
HF.1.1	Government schemes	0.3			5.6	5.9
HF.1.1.1	Central government schemes	0.3			5.6	5.9
HF.1.2	Compulsory contributory health insurance schemes	0.0	0.0	0.0		0.1
All HF		0.4	0.0	0.0	5.6	6.0

D.15 Revenues of health care financing schemes (FS) x Health care function (HC)

Classification of diseases / conditions: DIS.1.3 Malaria

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.5	All FS.RI
<i>Surinamese Dollars (SRD) (, Million</i>		Government	Rest of the world	
Health care functions				
HC.1	Curative care	0.1		0.1
	HC.1.1 Inpatient curative care	0.1		0.1
	HC.1.3 Outpatient curative care	0.0		0.0
HC.6	Preventive care	0.3	5.6	5.9
All HC		0.4	5.6	6.0

D.16 Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.1.3 Malaria

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.2	All HF
Health care providers	<i>Surinamese Dollars (SRD), Million</i>	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Compulsory contributory health insurance schemes	
		HP.1	Hospitals	0.1	0.0	0.0	
HP.3	Providers of ambulatory health care						0.0
HP.6	Providers of preventive care	5.9	5.9	5.9	5.9		5.9
All HP		6.0	5.9	5.9	5.9	0.1	6.0

D.17 Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.1.3 Malaria

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.2	All HF
<i>Surinamese Dollars (SRD), Million</i>		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Compulsory contributory health insurance schemes	
Health care functions							
HC.1	Curative care	0.1	0.0	0.0		0.1	0.1
HC.1.1	Inpatient curative care	0.1	0.0	0.0		0.1	0.1
HC.6	Preventive care	5.9	5.9	5.9	5.9		5.9
All HC		6.0	5.9	5.9	5.9	0.1	6.0

D.18 Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.1.3 Malaria

Health care providers		HP.1	HP.6	All HP
<i>Surinamese Dollars (SRD), Million</i>		Hospitals	Providers of preventive care	
Health care functions				
HC.1	Curative care	0.1		0.1
	HC.1.1 Inpatient curative care	0.1		0.1
HC.6	Preventive care		5.9	5.9
All HC		0.1	5.9	6.0

ANNEX E: REPRODUCTIVE HEALTH STATISTICAL TABLES

- E.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)
- E.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)
- E.3 Revenues of health care financing schemes (FS) x Health care function (HC)
- E.4 Financing scheme (HF) x Health care provider (HP)
- E.5 Financing scheme (HF) x Health care function (HC)
- E.6 Health care provider (HP) x Function (HC)

E.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.2 Reproductive health

Financing schemes	Revenues of health care financing schemes		Surinamese Dollars (SRD), Million																		
	FS.1	FS.1.1	FS.1.2	FS.3	FS.3.1	FS.3.2	FS.4	FS.4.1	FS.4.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.nec	FS.7	All FS			
	Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Transfers by government on behalf of specific groups	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Compulsory prepayment (Other, and unspecified, than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Unspecified other domestic revenues (n.e.c.)	Direct foreign transfers				
HF.1	Government schemes and compulsory contributory health care financing schemes	33.2	5.1	28.1	3.3	1.1	2.2	7.0	2.9	4.1			0.4		0.4			44.0			
HF.1.1	Government schemes	24.9	5.1	19.8														24.9			
	HF.1.1.1 Central government schemes	24.9	5.1	19.8														24.9			
HF.1.2	Compulsory contributory health insurance schemes	8.3		8.3	3.3	1.1	2.2	7.0	2.9	4.1			0.4		0.4			19.1			
HF.2	Voluntary health care payment schemes	0.2	0.2								5.7	0.8	4.9	4.3	0.2	3.3	0.8	0.3	10.4		
HF.2.1	Voluntary health insurance schemes										5.7	0.8	4.9	1.2		0.4	0.8		6.9		
HF.2.2	NPISH financing schemes (including development agencies)	0.2	0.2										1.2	0.2	0.9		0.3		1.6		
HF.2.3	Enterprise financing schemes												2.0		2.0				2.0		
HF.3	Household out-of-pocket payment												32.2	32.2					32.2		
All HF		33.4	5.3	28.1	3.3	1.1	2.2	7.0	2.9	4.1	5.7	0.8	4.9	37.0	32.4	3.7	0.8	0.3	86.7		

E.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.2 Reproductive health

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.nec	All FS.RI
<i>Surinamese Dollars (SRD), Million</i>		Government	Corporations	Households	NPISH	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
Financing schemes								
HF.1	Government schemes and compulsory contributory health care financing schemes	35.5	4.6	4.0				44.0
HF.1.1	Government schemes	24.9						24.9
HF.1.1.1	Central government schemes	24.9						24.9
HF.1.1.1.1	MOH	3.1						3.1
HF.1.1.1.nec	Other Central government schemes	21.8						21.8
HF.1.2	Compulsory contributory health insurance schemes	10.5	4.6	4.0				19.1
HF.2	Voluntary health care payment schemes	0.2	8.2	1.0	0.0	0.3	0.8	10.4
HF.2.1	Voluntary health insurance schemes		5.3	0.8			0.8	6.9
HF.2.2	NPISH financing schemes (including development agencies)	0.2	0.9	0.2	0.0	0.3		1.6
HF.2.3	Enterprise financing schemes		2.0					2.0
HF.3	Household out-of-pocket payment			32.2				32.2
All HF		35.6	12.7	37.2	0.0	0.3	0.8	86.7

E.3 Revenues of health care financing schemes (FS) x Health care function (HC)

Classification of diseases / conditions: DIS.2 Reproductive health

Institutional units providing revenues to financing schemes		FS.RI. I.1	FS.RI. I.2	FS.RI. I.3	FS.RI. I.4	FS.RI. I.5	FS.RI. I.nec	All FS.RI
<i>Surinamese Dollars (SRD), Million</i>		Government	Corporations	Households	NPISH	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
Health care functions								
HC.1	Curative care	29.3	9.2	34.6			0.2	73.4
	HC.1.1 Inpatient curative care	21.7		2.7				24.4
	HC.1.3 Outpatient curative care	7.6	9.2	31.9			0.2	48.9
HC.4	Ancillary services (non-specified by function)	0.4	0.5	0.3				1.2
HC.5	Medical goods (non-specified by function)	0.9	0.3	1.6			0.0	2.8
HC.6	Preventive care	5.0	2.8	0.7	0.0	0.3	0.6	9.3
All HC		35.6	12.7	37.2	0.0	0.3	0.8	86.7

E.4 Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.2 Reproductive health

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	All HF
		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	HOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPIBH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	
<i>Surinamese Dollars (SRD), Million</i>													
Health care providers													
HP.1	Hospitals	27.2	23.4	23.4	1.6	21.8	3.8	3.2	3.2			1.4	31.8
HP.3	Providers of ambulatory health care	14.4	1.6	1.6	1.6		12.8	6.4	3.1	1.4	1.9	29.5	50.3
HP.3.1	Medical practices	9.3					9.3	0.7	0.7				10.0
HP.3.4	Ambulatory health care centres	4.3	1.6	1.6	1.6		2.7	5.4	2.1	1.4	1.9	0.5	10.1
HP.3.4.1	Family planning centres							3.0		1.2	1.8	0.5	3.5
HP.3.4.5	General ambulatory health centers	4.3	1.6	1.6	1.6		2.7	2.3	2.1	0.2			6.6
HP.3.4.9	All Other ambulatory centres							0.0			0.0		0.0
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	0.8					0.8	0.3	0.2		0.0	29.0	30.1
HP.4	Providers of ancillary services	0.9					0.9	0.3	0.3		0.0		1.2
HP.5	Retailers and Other providers of medical goods	1.3	0.0	0.0		0.0	1.3	0.2	0.2			1.3	2.8
HP.6	Providers of preventive care							0.2		0.2			0.2
HP.8	Rest of economy							0.1			0.1		0.1
HP.nec	Unspecified health care providers (n.e.c.)	0.2					0.2	0.1	0.1				0.3
All HP		44.0	24.9	24.9	3.1	21.8	19.1	10.4	6.9	1.6	2.0	32.2	86.7

E.5 Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.2 Reproductive health

Financing schemes			HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	All HF
<i>Surinamese Dollars (SRD), Million</i>			Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	
Health care functions														
HC.1	Curative care		36.8	24.9	24.9	3.1	21.8	11.9	6.1	5.8	0.2	0.1	30.5	73.4
	HC.1.1 Inpatient curative care		21.7	21.7	21.7	1.8	19.9						2.7	24.4
	HC.1.3 Outpatient curative care		15.1	3.2	3.2	1.3	1.9	11.9	6.1	5.8	0.2	0.1	27.8	48.9
HC.4	Ancillary services (non-specified by function)		0.9					0.9	0.3	0.3		0.0		1.2
	HC.4.1 Laboratory services		0.6					0.6						0.6
	HC.4.nec Unspecified ancillary services (n.e.c.)		0.4					0.4	0.3	0.3		0.0		0.7
HC.5	Medical goods (non-specified by function)		1.3	0.0	0.0		0.0	1.3	0.2	0.2			1.3	2.8
HC.6	Preventive care		5.0					5.0	3.9	0.6	1.5	1.8	0.5	9.3
All HC			44.0	24.9	24.9	3.1	21.8	19.1	10.4	6.9	1.6	2.0	32.2	86.7

E.6 Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.2 Reproductive health

Health care providers		HP.1	HP.3	HP.3.1	HP.3.4	HP.3.4.1	HP.3.4.5	HP.3.4.9	HP.3.nec	HP.4	HP.5	HP.6	HP.8	HP.nec	All HP
		Hospitals	Providers of ambulatory health care	Medical practices	Ambulatory health care centres	Family planning centres	General ambulatory health centers	All Other ambulatory centres	Unspecified providers of ambulatory health care (n.e.c.)	Providers of ancillary services	Retailers and Other providers of medical goods	Providers of preventive care	Rest of economy	Unspecified health care providers (n.e.c.)	
Health care functions		Surinamese Dollars (SRD), Million													
HC.1	Curative care	31.8	41.2	4.4	6.6		6.6	0.0	30.1				0.1	0.3	73.4
	HC.1.1 Inpatient curative care	21.5	2.9		0.2		0.2		2.7						24.4
	HC.1.3 Outpatient curative care	10.3	38.3	4.4	6.4		6.4	0.0	27.4				0.1	0.3	48.9
HC.4	Ancillary services (non-specified by function)									1.2					1.2
HC.5	Medical goods (non-specified by function)										2.8				2.8
HC.6	Preventive care		9.0	5.5	3.5	3.5						0.2			9.3
All HC		31.8	50.3	10.0	10.1	3.5	6.6	0.0	30.1	1.2	2.8	0.2	0.1	0.3	86.7

ANNEX F: NON-COMMUNICABLE DISEASE STATISTICAL TABLES

- F.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)
- F.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)
- F.3 Revenues of health care financing schemes (FS) x Health care function (HC)
- F.4 Financing scheme (HF) x Health care provider (HP)
- F.5 Financing scheme (HF) x Health care function (HC)
- F.6 Health care provider (HP) x Function (HC)

F.1 Revenues of health care financing schemes (FS) x Financing scheme (HF)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases

Revenues of health care financing schemes		FS.1	FS.1.1	FS.1.2	FS.1.4	FS.3	FS.3.1	FS.3.2	FS.4	FS.4.1	FS.4.2	FS.5	FS.5.1	FS.5.2	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.6.nec	FS.7	All FS
		Transfers from government domestic revenue (allocated to health purposes)	Internal transfers and grants	Transfers by government on behalf of specific groups	Other transfers from government domestic revenue	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Compulsory prepayment (Other, and unspecified, than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c.	Unspecified other domestic revenues (n.e.c.)	Direct foreign transfers	
HF.1	Government schemes and compulsory contributory health care financing schemes	166.8	36.8	129.9		140.9	46.5	94.4	30.5	12.1	18.3				0.9		0.9				339.0
HF.1.1	Government schemes	56.0	36.8	19.1																	56.0
HF.1.2	Compulsory contributory health insurance schemes	110.8		110.8		140.9	46.5	94.4	30.5	12.1	18.3				0.9		0.9				283.0
HF.2	Voluntary health care payment schemes	1.7	0.0		1.7							20.1	2.7	17.4	8.7	0.0	2.1	0.7	5.9	2.2	32.7
HF.2.1	Voluntary health insurance schemes											20.1	2.7	17.4	6.7		0.8		5.9		26.8
HF.2.2	NPISH financing schemes (including development agencies)	1.7	0.0		1.7										0.7	0.0	0.0	0.7		2.2	4.5
HF.2.3	Enterprise financing schemes														1.4		1.4				1.4
HF.3	Household out-of-pocket payment														97.7	97.7					97.7
All HF		168.5	36.9	129.9	1.7	140.9	46.5	94.4	30.5	12.1	18.3	20.1	2.7	17.4	107.4	97.7	3.0	0.7	5.9	2.2	469.4

F.2 Institutional Units providing revenues to financing schemes (FS.RI) x Financing scheme (HF)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases

Institutional units providing revenues to financing schemes			FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.nec	All FS.RI
<i>Surinamese Dollars (SRD), Million</i>			Government	Corporations	Households	NPISH	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
Financing schemes									
HF.1	Government schemes and compulsory contributory health care financing schemes		261.2	19.3	58.6				339.0
HF.1.1	Government schemes		56.0						56.0
	HF.1.1.1	Central government schemes	56.0						56.0
		HF.1.1.1.1 MOH	31.8						31.8
		HF.1.1.1.nec Other Central government schemes	24.2						24.2
HF.1.2	Compulsory contributory health insurance schemes		205.2	19.3	58.6				283.0
HF.2	Voluntary health care payment schemes		1.7	19.5	2.7	0.7	2.2	5.9	32.7
HF.2.1	Voluntary health insurance schemes			18.1	2.7			5.9	26.8
HF.2.2	NPISH financing schemes (including development agencies)		1.7	0.0	0.0	0.7	2.2		4.5
HF.2.3	Enterprise financing schemes			1.4					1.4
HF.3	Household out-of-pocket payment				97.7				97.7
All HF			262.8	38.8	159.0	0.7	2.2	5.9	469.4

F.3 Revenues of health care financing schemes (FS) x Health care function (HC)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases

Institutional units providing revenues to financing schemes		FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	FS.RI.1.nec	All FS.RI
<i>Surinamese Dollars (SRD), Million</i>		Government	Corporations	Households	NPISH	Rest of the world	Unspecified institutional units providing revenues to financing schemes (n.e.c.)	
Health care functions								
HC.1	Curative care	214.2	24.8	107.6			3.3	349.9
HC.1.1	Inpatient curative care	124.7	18.5	47.2			1.8	192.2
HC.1.3	Outpatient curative care	87.2	6.2	60.4			1.2	155.1
HC.1.nec	Unspecified curative care (n.e.c.)	2.3					0.3	2.6
HC.2	Rehabilitative care					0.6		0.6
HC.4	Ancillary services (non-specified by function)	7.9	5.5	3.7			0.3	17.4
HC.4.1	Laboratory services	7.0	0.1	1.6			0.2	8.9
HC.4.2	Imaging services	0.8					0.1	0.9
HC.4.nec	Unspecified ancillary services (n.e.c.)		5.4	2.1				7.5
HC.5	Medical goods (non-specified by function)	29.1	8.5	47.7			1.1	86.4
HC.6	Preventive care	11.7	0.0		0.7	1.6	1.2	15.2
HC.6.1	Information, education and counseling (IEC) programmes	8.1			0.1	0.0	0.9	9.1
HC.6.3	Early disease detection programmes	2.9			0.4	0.9	0.2	4.4
HC.6.4	Healthy condition monitoring programmes	0.5				0.1	0.1	0.6
HC.6.nec	Unspecified preventive care (n.e.c.)	0.2	0.0		0.2	0.7	0.0	1.0
All HC		262.8	38.8	159.0	0.7	2.2	5.9	469.4

F.4 Financing scheme (HF) x Health care provider (HP)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.1.1	HF.1.1.1.nec	HF.1.2	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	All HF
<i>Surinamese Dollars (SRD), Million</i>		Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	MOH	Other Central government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPSH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment	
Health care providers													
HP.1	Hospitals	194.6	48.4	48.4	24.3	24.1	146.2	12.2	12.2			4.2	211.1
HP.3	Providers of ambulatory health care	93.4	7.4	7.4	7.4		86.0	6.7	5.3	0.1	1.3	55.0	155.0
HP.3.1	Medical practices	49.6					49.6	1.2	1.2				50.8
HP.3.2	Dental practice	3.8	3.8	3.8	3.8								3.8
HP.3.4	Ambulatory health care centres	30.4	3.6	3.6	3.6		26.8	2.4	1.2	0.1	1.1	0.1	32.8
HP.3.4.2	Ambulatory mental health and substance abuse centres							0.1		0.1	0.0	0.1	0.1
HP.3.4.4	Dialysis care centres	17.5					17.5						17.5
HP.3.4.5	General ambulatory health centers	12.9	3.6	3.6	3.6		9.3	1.3	1.2	0.0			14.1
HP.3.4.9	All Other ambulatory centres							1.1			1.1		1.1
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	9.6					9.6	3.1	2.9		0.2	54.9	67.6
HP.4	Providers of ancillary services	10.8					10.8	3.4	3.4		0.1		14.2
HP.5	Retailers and Other providers of medical goods	40.3	0.1	0.1		0.1	40.1	5.9	5.9			38.5	84.6
HP.6	Providers of preventive care							3.8		3.8			3.8
HP.8	Rest of economy							0.0			0.0		0.0
HP.nec	Unspecified health care providers (n.e.c.)	0.0					0.0	0.7	0.0	0.7			0.7
All HP		339.0	56.0	56.0	31.8	24.2	283.0	32.7	26.8	4.5	1.4	97.7	469.4

F.5 Financing scheme (HF) x Health care function (HC)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases

Financing schemes			HF.1	HF.1.1		HF.1.2	HF.2	HF.2.1		HF.2.2	HF.2.3	HF.3	All HF
			Government schemes and compulsory contributory health care financing schemes	Government schemes	Compulsory contributory health insurance schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Enterprise financing schemes	Household out-of-pocket payment			
Health care functions													
HC.1	Curative care		273.5	55.9	217.6	17.2	15.8	0.1	1.3	59.2	349.9		
HC.1.1	Inpatient curative care		166.8	21.5	145.3	11.9	11.9			13.5	192.2		
HC.1.3	Outpatient curative care		104.3	34.4	70.0	5.0	3.6	0.1	1.3	45.7	155.1		
	HC.1.3.2 Of which Dental outpatient curative care		4.5	4.2	0.3	0.0	0.0		0.0	17.4	22.0		
HC.1.nec	Unspecified curative care (n.e.c.)		2.3		2.3	0.3	0.3				2.6		
HC.2	Rehabilitative care					0.6		0.6			0.6		
HC.4	Ancillary services (non-specified by function)		13.6		13.6	3.8	3.7		0.1		17.4		
HC.4.1	Laboratory services		8.7		8.7	0.2	0.2				8.9		
HC.4.2	Imaging services		0.8		0.8	0.1	0.1				0.9		
HC.4.nec	Unspecified ancillary services (n.e.c.)		4.1		4.1	3.4	3.4		0.1		7.5		
HC.5	Medical goods (non-specified by function)		41.8	0.1	41.7	6.1	6.1			38.5	86.4		
HC.5.1	Pharmaceuticals and Other medical non-durable goods		34.0		34.0	4.9	4.9			38.5	77.4		
	HC.5.1.1 Prescribed medicines		32.4		32.4	4.8	4.8			28.0	65.1		
	HC.5.1.2 Over-the-counter medicines				1.6	0.2	0.2			10.5	10.5		
	HC.5.1.3 Other medical non-durable goods		1.6		1.6	0.2	0.2				1.8		
HC.5.nec	Unspecified medical goods (n.e.c.)		7.8	0.1	7.7	1.1	1.1				9.0		
HC.6	Preventive care		10.1		10.1	5.1	1.2	3.9	0.0		15.2		
HC.6.1	Information, education and counseling (IEC) programmes		7.5		7.5	1.6	0.9	0.7			9.1		
HC.6.3	Early disease detection programmes		1.9		1.9	2.5	0.2	2.3			4.4		
HC.6.4	Healthy condition monitoring programmes		0.5		0.5	0.1	0.1	0.1			0.6		
HC.6.nec	Unspecified preventive care (n.e.c.)		0.2		0.2	0.9	0.0	0.8	0.0		1.0		
All HC			339.0	56.0	283.0	32.7	26.8	4.5	1.4	97.7	469.4		

F.6 Health care provider (HP) x Function (HC)

Classification of diseases / conditions: DIS.4 Noncommunicable diseases

Health care providers		HP.1	HP.3	HP.3.1	HP.3.1.2	HP.3.2	HP.3.4	HP.3.4.2	HP.3.4.4	HP.3.nec	HP.4	HP.5	HP.6	HP.8	HP.nec	All HP
Health care functions		Hospitals	Providers of ambulatory health care	Medical practices	Offices of mental medical specialists	Dental practice	Ambulatory health care centres	Ambulatory mental health and substance abuse centres	Dialysis care centres	Unspecified providers of ambulatory health care (n.e.c.)	Providers of ancillary services	Retailers and Other providers of medical goods	Providers of preventive care	Rest of economy	Unspecified health care providers (n.e.c.)	
		<i>Surinamese Dollars (SRD), Million</i>														
HC.1	Curative care	210.9	139.0	39.7	17.7	3.8	27.8	0.1	17.5	67.6				0.0	0.0	349.9
	HC.1.1 Inpatient curative care	176.1	16.1	0.1			2.5			13.5						192.2
	HC.1.3 Outpatient curative care	34.8	120.2	39.6	17.7	3.8	22.7	0.1	17.5	54.1				0.0	0.0	155.1
	HC.1.3.2 Of which Dental outpatient curative care		22.0	0.4		3.8	0.4			17.5						22.0
	HC.1.nec Unspecified curative care (n.e.c.)		2.6				2.6									2.6
HC.2	Rehabilitative care												0.6			0.6
HC.4	Ancillary services (non-specified by function)		3.2				3.2				14.2					17.4
HC.5	Medical goods (non-specified by function)		1.8				1.8					84.6				86.4
HC.6	Preventive care	0.2	11.1	11.1									3.2	0.0	0.7	15.2
	HC.6.1 Information, education and counseling (IEC) programmes		8.4	8.4									0.7			9.1
	HC.6.3 Early disease detection programmes		2.1	2.1									2.3			4.4
	HC.6.4 Healthy condition monitoring programmes		0.6	0.6									0.1			0.6
	HC.6.nec Unspecified preventive care (n.e.c.)	0.2											0.2	0.0	0.7	1.0
All HC		211.1	155.0	50.8	17.7	3.8	32.8	0.1	17.5	67.6	14.2	84.6	3.8	0.0	0.7	469.4

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