GAMBIA HEALTH ACCOUNTS (NHA)

HEALTH EXPENDITURES BY SOURCES, PROVIDERS AND HEALTH CARE FUNCTIONS

NATIONAL HEALTH EXPENDITURES FOR FINANCIAL YEAR 2015: BY NHA CORE TEAM

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STATEMENT FROM THE HON. MINISTER

Dr. Isatou Touray, Hon. Minister of Health

Health financing is a major global concern for all health systems in the world and Ministry of Health (MoH) is committed to making evidence-based policy decisions that not only increase volumes of healthcare expenditure but also better equity, efficiency and effectiveness. To achieve this, health system questions related to how much is allocated to what, from who and who benefits have to be answered and National Health Accounts (NHA) is the methodology that answers these questions.

MoH and development partners have jointly supported the NHA round for FY2015 and efforts are ongoing to ensure institutionalization of the NHA process. Based on this, it is gratifying to note that information obtained from the first and second NHA studies (NHA, 2007 and NHA, 2013) were largely used to develop the first ever National Health Financing Policy which is currently been implemented by the ministry. In addition, I wish to state that the findings and/or results of this current survey (NHA, 2015) will inform the formulation of the National Health Financing Strategy and other subsequent health sector policies.

In recognition of the growing need for information on health expenditure for evidence-based policy making, Government with support from partners will continue to champion the development and preparation of NHA reports on annual basis. I would, therefore, like to convey

our sincere appreciation and gratitude to Global Fund, WHO and other Health Development Partners for the continued support extended to the ministry in preparation of 2015 financial year NHA report and in our efforts to institutionalize NHA in the Gambia.

It is my sincere hope that the health sector stakeholders will use the FY2015 NHA findings to re-focus their resources to cost-effective interventions that will accelerate our pace towards achieving the SDGs as well as the Universal Health Coverage (UHC).

……

HON. DR. ISATOU TOURAY

Minister of Health

ACKNOWLEDGEMENT

The Gambia National Health Accounts (NHA) study for the Financial Year (FY) 2015 is based on the internationally standardized Systems of Health Accounts (SHA 2011). The exercise was made possible through the financial support of Global Fund Health System Strengthening (HSS) grant and the technical support was provided by World Health Organization (WHO) Country office.

Special gratitude is extended to the Gambia Bureau of Statistics (GBoS) for enabling us to use Integrated Household Survey report (IHS, 2015/2016) that gives us statistical data on household expenditures on health.

Special gratitude goes to the entire National Health Accounts (NHA) Core Team members for all their efforts in data collection, analysis and interpretation of the results. The Gambia NHA Core Team comprises the following:

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The technical support and guidance by Mr. Ezrah Rwakinanga Trevor, NHA Consultant from WHO, during the process of data analysis and report writing is appreciated.

Finally, the Ministry of Health and the NHA Core Team in particular, would like to appreciate the efforts of institutions/entities for providing us with necessary health expenditure data for the financial year 2015. We acknowledge the fact that without their cooperation this report would not have been produced.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BEN	Beneficiary
CHE	Current Health Expenditure
CMH	Commission for Macroeconomics and Health
DIS	Disease
FA	Financing Agent
FP	Factors of Provision
FS	Financing Source/Revenues of financing schemes
FS. RI	Institutional units providing revenues to financing Schemes
FY	Fiscal Year
GBoS	Gambia Bureau of Statistics
GCF	Gross Capital Formation
GDP	Gross Domestic Product
GGE	General Government Expenditure
GHE	Government Health Expenditure
HC	Health Care functions
HF	Health Care Financing Scheme
HFP	Health Financing Policy
IHS	Integrated Household Survey
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Care Providers
HSS	Health System Strengthening
ICT	Information Communication Technology
MoH	Ministry of Health
n.e.c	Not Elsewhere Classified
NCD	Non – Communicable Disease
NGO	Non - Governmental Organization
NHA	National Health Account
NAPT	National Account Production Tool
NPISH	Non-Profit Institutions Serving Households
OOP	Out – Of – Pocket
PCU	Project Coordination Unit
PPP	Public-private Partnership
SDGs	Sustainable Development Goals
SHA	Systems of Health Accounts
SHIS	Social Health Insurance Scheme
TA	Technical Assistant
TB	Tuberculosis
THE	Total Health Expenditure
UHC	Universal Health Coverage
WHO	World Health Organization

EXECUTIVE SUMMARY

The Ministry of Health (MoH) is mandated with improving healthcare service delivery in the country and this requires management to make key policy decisions that are evidence-based. National Health Accounts methodology is a reliable way of achieving this evidence because it is a systematic, comprehensive, and consistent tool for monitoring and tracking of resource flows into a country's health system. It is, therefore, a tool specifically designed to inform the health policy process, including policy design, implementation and policy dialogue.

The Ministry of Health and development partners have jointly supported the NHA round of FY2015 and efforts are ongoing to ensure institutionalization of the NHA process which is also seen as a top global agenda in health care financing. Based on this, it is gratifying to note that information obtained from the first and second NHA studies (NHA, 2007 and NHA, 2013) were largely used to develop the first ever National Health Financing Policy which is currently been implemented by the ministry. In addition, the findings and/or results of this current survey (NHA, 2015) will inform the formulation of the National Health Financing Strategy and other subsequent health sector policies.

The purpose of this report is to provide a narrative explanation of the Gambia National Health Accounts (NHA) study for the FY2015 as analyzed using System of Health Accounts (SHA 11) by the NHA Core Team.

What are the Key Health Expenditure Estimates for The Gambia?

- Total Health Expenditure (THE) for The Gambia is estimated at D**1, 783,968,384.10** (4.68%. of GDP and D904.50 or $22.67 per capita) for the year 2015. THE constitutes current and capital expenditures incurred by Government, Private employers, insurance, NGOs, donors, and household.

- Current Health Expenditure (CHE) is at **D1, 698,014,464.10** (95.18% of THE) and capital expenditures is **D85, 953,920.00** (4.82% of THE).

Who Contributes to Total Health Expenditures?

- Government Health Expenditure (GHE) including capital expenditure is at **D584, 809,446.50** (32.78% of THE, 1.53% GDP per capita) for the financial year 2015.
- Out of Pocket Expenditure (OOPE) on health by households is at **D435, 672,343.30** (24.42% of THE) for the FY2015.
- Private insurance expenditure is **D56, 402,579.90** (3.16% of THE) for the fiscal year 2015.
- Contribution by private employers is at **D56, 774,097.60** (3.18% of THE).
- NGOs expenditure is at **D76, 639,859.00** (4.30% of THE).
- External/donor funding contributes to about **D573, 670,057.80** (32.16% of THE). Expenditure incurred by Rest of the world (donor and NGO combined) stands at **D650, 309,916.80** representing **36.45%** of the total health expenditure.

Who Provides funds and for which Diseases?

- Total Health Expenditure attributed to Government on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiratory Infection, Diarrhoea, Vaccine preventable and others) for FY2015 is at **D294,227,250.00** (61.49% of THE); Reproductive Health is **D89,764,620.00** (5.03% of THE); Non Communicable Diseases is **D207,459,600.00** (11.63% of THE); Injuries is **D70,000.00**; Non Disease Specific is **D41,338,150.00** (2.32%); and Other Unspecified Disease Conditions is **D6,127,550.00** (0.34%).
- Total expenditure incurred by households (OOPE) on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhoea, Vaccine preventable and others) is at **D67,464,430.00** (3.78% of THE); Non Communicable Diseases is **D151,517,150.00** (8.49% 0f THE); Injuries is **D45,212,020.00** (2.53% of THE); Non Disease Specific is **D1,286,430.00** (0.07% of THE); and Nutrition Deficit is **D2,705,460.00** (0.15% of THE).

- Total Health Expenditure attributed to Rest of the world (donor) on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhoea, Vaccine preventable and others) for FY2015 is at **D18, 269,780.00** (1.02% of THE); Non Communicable Diseases is **D 1,959,230.00** (0.11% of THE); Non Disease Specific is **D76, 878,080.00** (4.31% of THE); Nutrition Deficit is **D4, 494,640.00** (0.25% of THE).

What Services are consumed?

- Total Health Expenditure attributed to in and out patient Curative Care is at **D973,474,910.00** (35.46% of THE), Rehabilitative care is **D 65,038,260.00** (2.37%), Long term care (Health) is at **D 2,188,460.00** (0.08%), Ancillary Services (non-specified by functions) is **D7,680,730.00** (0.28%), Medical Goods (non-specified by functions) **is D52,583,360.00** (1.92%), Preventive Care is **D 555,244,340.00** (20.23%), Governance and Health System and Financing Administration is **D 49,024,410.00** (1.79%), and Other Health Care Services (not classified elsewhere n.e.c) is at **D1,241,080.00** (0.05%)

1.0 BACKGROUND

1.1 Introduction

The Gambia National Health Accounts (NHA) study for the financial year 2015 is the second in a series using System of Health Accounts 2011 (SHA 11). The first NHA study in the Gambia was conducted in 2007 covering the financial years 2002, 2003 and 2004 and it was done traditionally using normal excel files to establish NHA codes. The second NHA study (NHA, 2013) was the first study conducted using SHA 11.

NHA is a systematic, comprehensive and consistent method for tracking and monitoring resource flows in a country's health system. It is a tool for health sector management and policy development that measures total public and private (including household) healthcare expenditures. It tracks all expenditure flows within a healthcare system, linking the sources of funds to service providers and to the ultimate use of the funds. Thus, NHA answers questions such as:

- ✓ Who pays for healthcare services?
- ✓ How much does each entity pay?
- ✓ What exactly do these funds purchase?
- ✓ Who benefits from these services purchased?
- ✓ Revenue Generation: How much is available? Who is paying? What are the modes of payment?
- ✓ Pooling and Allocation: Extent of risk pooling and cross-subsidization
- ✓ Strategic Purchasing: What services are purchased? Who provides? Who is benefitting from these services?
- ✓ Expenditure distribution by diseases: What types of services were consumed? What types of inputs have been used for the production of health care services?

The initiative is also aimed at reducing health inequalities affecting the poorest population in the country by focusing on supply and demand-side interventions, particularly changes in policy, new interventions, the expansion of proven and cost-effective healthcare packages, and the delivery of incentives for effective health services.

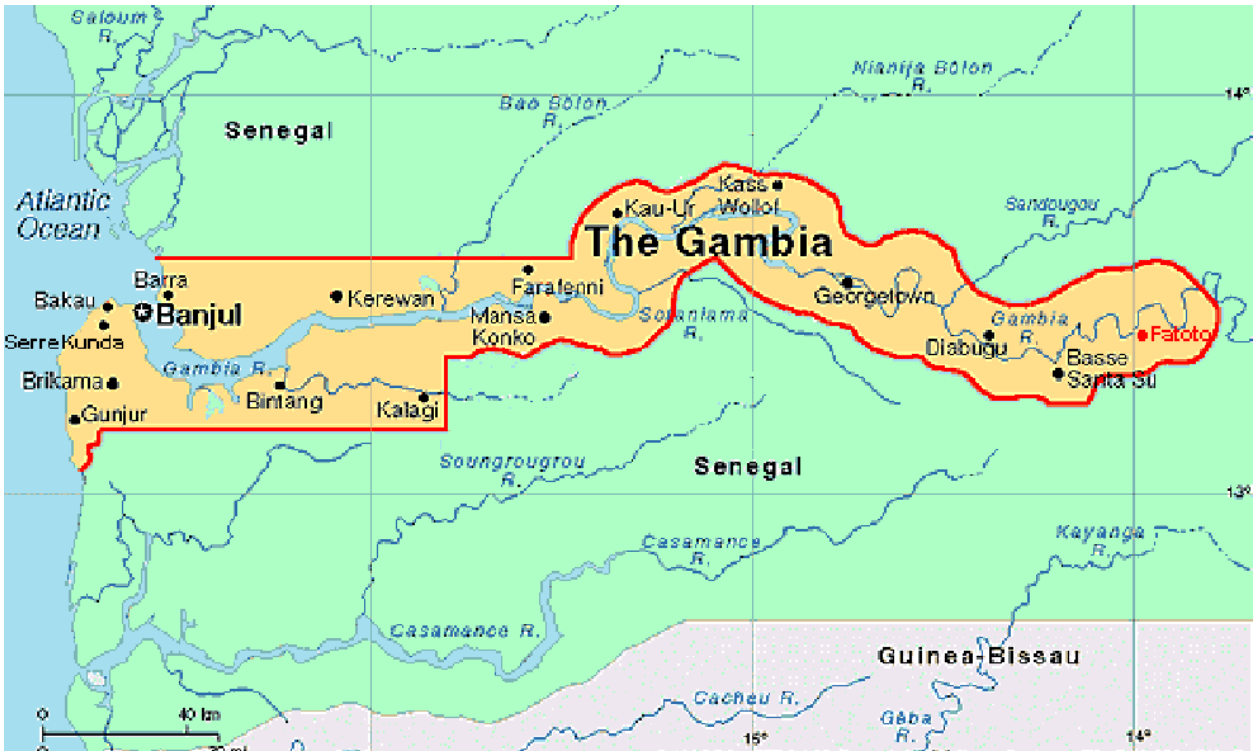
NHA, thus, is able to assess the country's healthcare system in the following areas of policy concern; Revenue Generation, Pooling and Allocation, Strategic Purchasing, and Expenditure distribution by disease conditions in the country.

1.2 Geographic, Demographic and Economic Overview

Geography

The Gambia is a small country in West Africa on 13°N 16°W that shares borders with the Republic of Senegal and a coastline with the Atlantic Ocean. The capital Banjul is located on the south river bank on the coastline. The country is divided into eight different Local Government Areas that were known as divisions until 2007. These Local Government Areas are Banjul, Basse, Brikama, Janjanbureh, Kanifing, Kerewan, Kuntaur and Mansakonko that are further divided into 43 smaller districts (GBoS, 2013). The climate in the country is tropical, with rainy season usually between June and October and dry season between November and the end of May.

Figure 1: Map of The Gambia



Demography

According to 2013 Population and Housing Census (GBoS, 2013), the population of The Gambia was at 1,857,181.00 people. With an average population growth rate of 3.1%, the 2015 population of the Gambia as a reference year for this study is estimated to be 1,972,326.22 inhabitants.

The Gambian population is young as the majority is reported to be under 30 years old. According to the 2013 Housing Census 49.4% of the population are under 18 years of age. Youths from the age 13-30 years old comprised 37.2% of the population and the elderly, that is people over 64 years old, represent only 3.7% of the population. Most households were male headed households (79.1%).

Economy

The Gambia is one of the poorest countries in the world. In the Human Development Index 2016 it ranks 173 out of 188 countries and territories worldwide (United Nations Development Programme, 2016). The nation's gross domestic product (GDP) growth in 2016 was 2.2%

compared to 4.3% the year before, this drop was mainly due to the impact of the political situation on tourism and weak agricultural output because of erratic weather conditions which saw many crops fail in 2015. The inflation in 2016 rose to 7.9%, driven by high food prices and depreciation of the local currency.

According to the integrated household survey (GBoS, 2015/2016) 48.6% of the nation live on less than 1.25US$ per day and 37% under 1US$. The poverty is higher in the rural areas.

As The Gambia is considered a low-income country with a low per capita income, agriculture is the most important industry and employs about 75% of the workforce (Central Intelligence Agency, 2017). The largest export product of the country is peanuts, but other products are cotton, rice and cattle.

2.0 METHODOLOGY

2.1 Data Collection and Customization

The Gambia NHA study for FY2015 relied on primary and secondary data. Primary data was mainly sourced from institutions where questionnaires were dispatched either electronically or using hard copy for institutions to complete and return. Secondary data was use for government and households, the household data was sourced from the Integrated Household Survey (HIS, 2015/2016). Data was collected from the following sources:

- ✓ Government
- ✓ Donor
- ✓ NGOs
- ✓ Employers
- ✓ Insurance
- ✓ Household

To facilitate the data collection process, a policy dialogue workshop was held in 2016 which was facilitated by the Directorate of Health Promotion and Education at the Ministry of Health with a view to introducing or sharing NHA concepts with potential stakeholders.

Data Customization

NHA codes that are to be applied by the Gambia for the purpose of analysis was customized using Health Accounts Production Tool (HAPT). During the customization, sub categories for General Hospitals were added. This includes the country's main referral and teaching hospital (Edward Francis Small Teaching Hospital), Brikama Major Health Centre, Faji Kunda Major Health Centre, Basse Major Health Centre, Essau Major Health Centre, and Kuntaur Major Health Centre.

The currency section of the tool was also reviewed and adjusted with the addition of two more currencies i.e. Euro and Pound Sterling to the existing one which is the US Dollar. The customization exercise produced the following results:

- ✓ The Gambia has been selected as a country in which the NHA 2015 was done
- ✓ The boundary for the survey was set at 1st January 2015 to 31st December, 2015
- ✓ Indicated all the SHA 2011 classifications that have been applied in the Gambia 2015 NHA analysis which include Diseases, Age and Beneficiaries.

2.2 Data Sources

The data source section of the tool captured all the institutions/entities that have been identified or selected by the NHA Core Team during data collection and questionnaires were dispatched for completion. All the institutions names were entered whether the entity responded or not. This was done on excel file and imported into the tool. During the importation of data source, all the questionnaires were in one folder and each data source was properly named: e.g. **donor (WHO), insurance (royal insurance), and employer (trust bank)**. At the end of the exercise all data source from the following institutions: donor, NGO, employer, insurance, government and household were successfully imported.

Government data disaggregated based on different budget codes which were later assigned to each and every expenditure line of government. Government budget codes were classified based on **FS. RI, FS, HF, FA, HP, HC and FP**.

Recurrent and capital expenditure lines of the government data were segregated to ensure that recurrent and capital expenditures are mapped differently.

The household expenditure on health was extracted from the Integrated Household Survey **(IHS, 2015/2016)** report conducted by the Gambia Bureau of Statistics (GboS). Data on household expenditures was prepared on an excel file with each row in the excel file representing a single expenditure while each column represents a different piece of information about that expenditure.

From the IHS Report, average household expenditures on health was multiplied by the total number of households in the country as updated by the bureau of statistics to get the household data. Total expenditure by households was distributed using HP of the production tool.

2.3 Data Import and Mapping

Survey data returned from all the category of institutions were accordingly imported into the tool and validated. Mapping of the imported data was shared among the team members and the process was guided by the consultant with every step adequately explained and noted. Consequently, all the expenditure lines were given four separate codes: one indicating the Financing Source (FS), Financing Agent (HF), Health care Provider (HP), and health care function (HC).

Figure 2: Health Accounts Production Tool (HAPT)

2.4 Definition of some key Health Financing indicators

Key health financing indicators enable comparison of health expenditures with other countries and across various rounds of National Health Accounts estimates within the country. Health financing indicators commonly used and the relevant description are presented here:

Total Health Expenditure (THE) as percentage of GDP and Per Capita:

THE constitutes current and capital expenditures incurred by Government and Private Sources including External funds. THE as a percentage of GDP indicates health spending relative to the country's economic development. THE per capita indicates health expenditure per person in the country.

Current Health Expenditures (CHE) as percentage of THE:

CHE constitutes only recurrent expenditures for healthcare purposes net all capital expenditures. CHE as percentage of THE indicates the operational expenditures on healthcare

that impact the health outcomes of the population in that particular year. System of Health Accounts 2011 (SHA 2011) Framework disaggregates capital and current expenditures.

Government Health Expenditure (GHE) as percentage of THE:

GHE constitutes spending under all schemes funded and managed by central government including quasi-governmental organizations and donors in case funds are channeled through government organizations.

GHE as % of General Government Expenditure (GGE): This is a proportion of share of government expenditures towards healthcare in the general government expenditures and indicates Government's priority towards healthcare.

It has an important bearing on the health system as low government health expenditures may mean high dependence on household out of pocket expenditures.

Out of Pocket Expenditures (OOPE) as percentage of THE:

Out of Pocket Expenditures are expenditures directly made by households at the point of receiving health care. This indicates extent of financial protection available for households towards healthcare payments.

Private Insurance Expenditures as percentage of THE:

Private health insurance expenditures constitute spending through health insurance companies where in households or employers pay premium to be covered under a specific health plan. This indicates the extent to which there are voluntary prepayments plans to provide financial protection.

External/Donor Funding for health as percentage of THE:

This constitutes all funding available to the country by assistance from donors.

Current Health Expenditure (CHE):

Current Health Expenditure (CHE) measures the economic resources spent by a country on healthcare services and goods, including administration and insurance. In order word, CHE is the total health expenditures incurred in a country excluding capital expenditures.

3.0 TOTAL HEALTH EXPENDITURE (THE)

3.1 Total Health Expenditure as a percentage of GDP

Total Health Expenditure **(THE)** constitutes current and capital expenditures incurred by Government, donors, NGOs, insurance, households and Private employers. THE as a percentage of GDP indicates health spending relative to the country's economic development, while THE per capita indicates health expenditure per person in the country.

Total Health Expenditure in the Gambia from all sources in FY2015 NHA study was at **D1, 783,968,384.10** (one billion, seven hundred and eighty-three million, nine hundred and sixty-eight thousand, three hundred and eighty-four dalasi) and this is equivalent to **$44, 857, 138.1** at the 2015 official exchange rate of $39.9 whilst in 2013 THE stood at **D1, 907,394,917.70** representing 5.6% of GDP.

The gross domestic product (GDP) is one of the primary indicators used to gauge the health of a country's economy. It represents the total dollar value of all goods and services produced over a specific time period. THE as a percentage of GDP indicates total health spending (current and capital) relative to the country's economic development. For FY2015 Gambia NHA study, THE as a percentage of GDP stands at 4.68%.

3.2 Trends of Total Health Expenditure (THE)

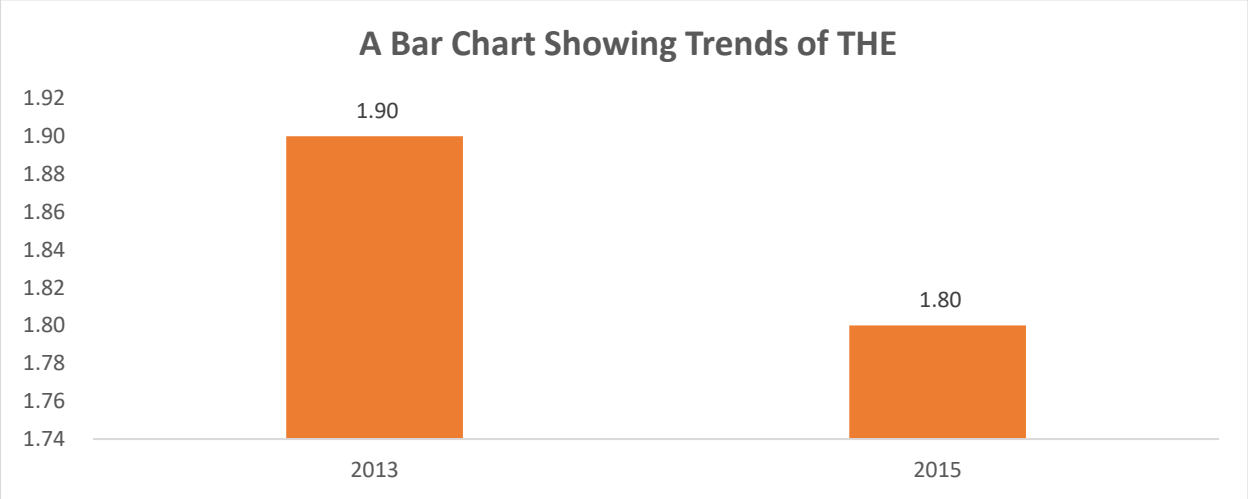
THE in the Gambia for FY2015 was at D1, 783 billion and this translates to a per capita spending of D904.50 ($22.67). Total Health Expenditure decreased from D1, 907 billion in 2013 NHA study to D1, 783 billion in 2015, representing a drop of 6.92%. Similarly, per capita health spending decreased from D1013.25 ($28.08) in 2013 NHA to D904.50 ($22.67) and this represents a drop of D108.75 in nominal terms.

Table 1: Trends of Total Health Expenditure for FY2013 and FY2015

Financial Year	THE
2013	1,907,394,917.70
2015	1,783,968,384.10

Total Health expenditure faced a drop from 1.91 billion GMD to 1.78 billion GMD between Financial Years of 2013 and 2015 as shown in Table 1. The drop in THE in 2015 for Gambia could be attributed to low funding from health development partners.

Figure 3: Trends of Total Health Expenditure for FY2013 and FY2015



The THE for both financial years (2013 and 2015) is much lower than the minimum $34-40 or $84 per capita recommended by Commission for Macroeconomic and Health (CMH, 2000x) and Chatham House respectively.

THE as a percentage of GDP in FY2015 is at 4.68% which is slightly below the global recommended 5% of GDP. Globally it has been noted that Universal Health Coverage is difficult to achieve if public health financing is less than 5% of GDP. Higher government spending generally provides adequate public infrastructure and health service delivery at subsidized cost.

4.0 CURRENT HEALTH EXPENDITURE (CHE)

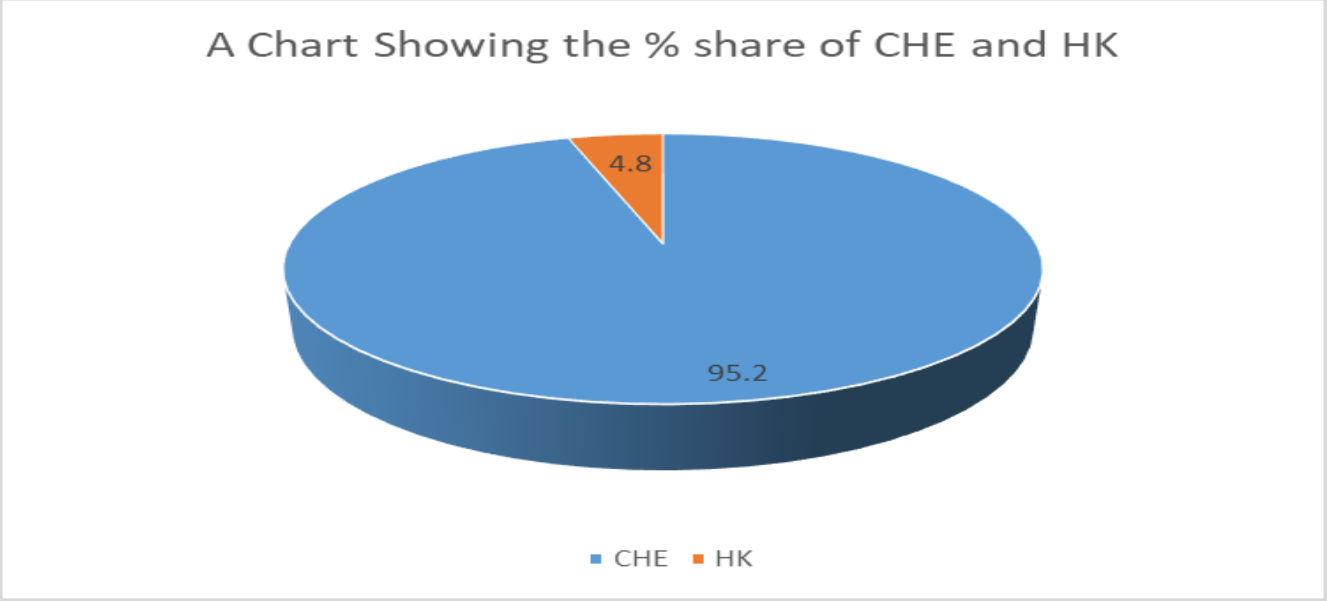
4.1 Current Health Expenditure as a percentage of GDP

Current Health Expenditure (CHE) measures the economic resources spent by a country on healthcare services and goods, including administration and insurance. Current Health Expenditure includes, for example expenditure on; utilities in health facilities, medicines and health supplies, salaries of health workers, expenditure on vaccination and immunization programme and payments for health facility operational and administrative costs. In order word, CHE is the total health expenditures incurred in a country excluding capital expenditures.

According to System of Health Accounts (SHA) 2011, CHE is the aggregate/ or combines, in a single figure, the monetary value of the final consumption of all health care goods and services. CHE, thus, equals final consumption of expenditure on health care goods and services by residents of a given country during a given period.

According to the FY2015 Gambia NHA study, CHE stands at **D1, 698,014,464.10** (one billion, six hundred and ninety-eight million, fourteen thousand and four hundred and sixty-four dalasi ten bututs) and this is equivalent to **$42,556,753.49** at 2015 official exchange rate of $39.9.

Figure 4: Share of Current and Capital Health Expenditure FY2015



The gross domestic product (GDP) is one of the primary indicators used to gauge the health of a country's economy. It represents the total dollar value of all goods and services produced over a specific time period. CHE as a percentage of GDP indicates current health spending relative to the country's economic development. For the FY2015 NHA study, CHE as a percentage of GDP is at 4.46%.

4.2 Current Health Expenditures (CHE) as percentage of THE

CHE as a percentage of Total Health Expenditure indicate the operational expenditures on healthcare that impact the health outcomes of the population in that particular year. Accordingly, FY2015 NHA study for the Gambia showed that CHE as a percentage of THE is at **95.18%.** This means health financing in the Gambia is skewed towards recurrent health spending instead of capital investment.

4.3 Current Health Expenditures (CHE) per capita

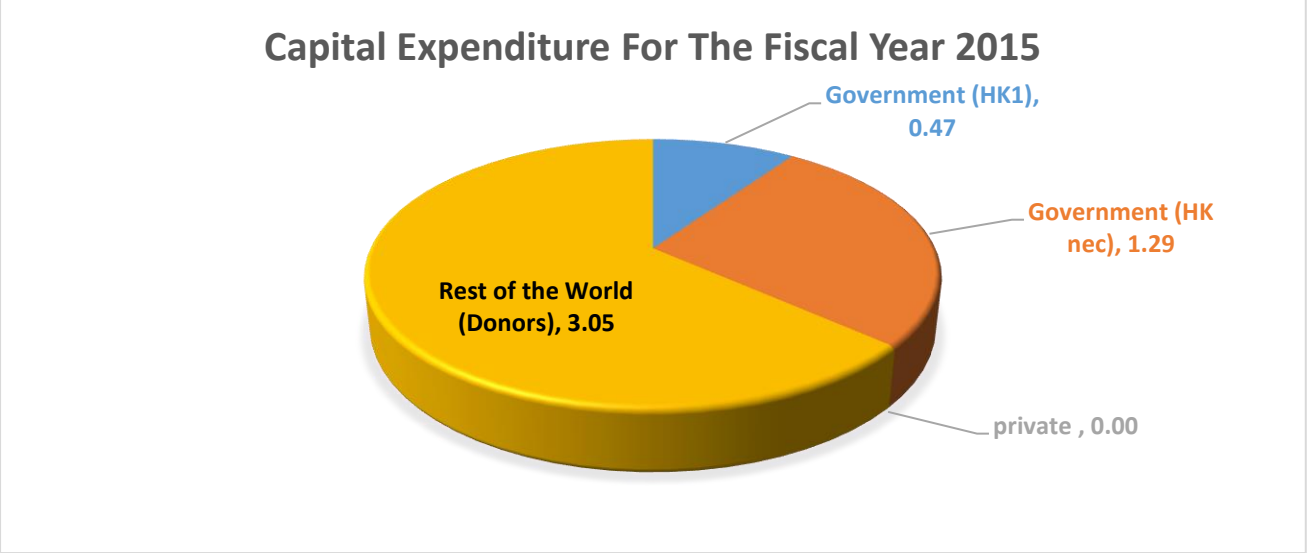
Current Health Expenditure (CHE) per capita in FY2015 recorded **D860.92** which is equivalent to **$21.58,** using the 2015 official exchange rate of **$39.9**. This analysis indicate that **860.92** Gambian Dalasi or **22.91** US Dollar is spent on per head from the recurrent health expenditure in 2015 financial year.

5.0 CAPITAL EXPENDITURE (HK)

Capital expenditures are investments made in a country over a period of more than one year. The total amount of capital investments for the financial year 2015 is reported to be D85, 953,920.00 (4.8% of THE) which is equivalent to US$2,154,233.58. Capital investment in the health system varies from the various types of assets in the production of health services. For example, investing in infrastructure, machinery and equipment is very relevant for policy making and analysis.

The usage of fixed capital in the production of health services is becoming increasing important due to the growing demands of diagnostic services, expansion of information and telecommunication technology in health care delivery system. The breakdown of capital by sectors is illustrated in the chart below.

Figure 5: Percentage Share of Capital Expenditure by Financing Source (FY2015)

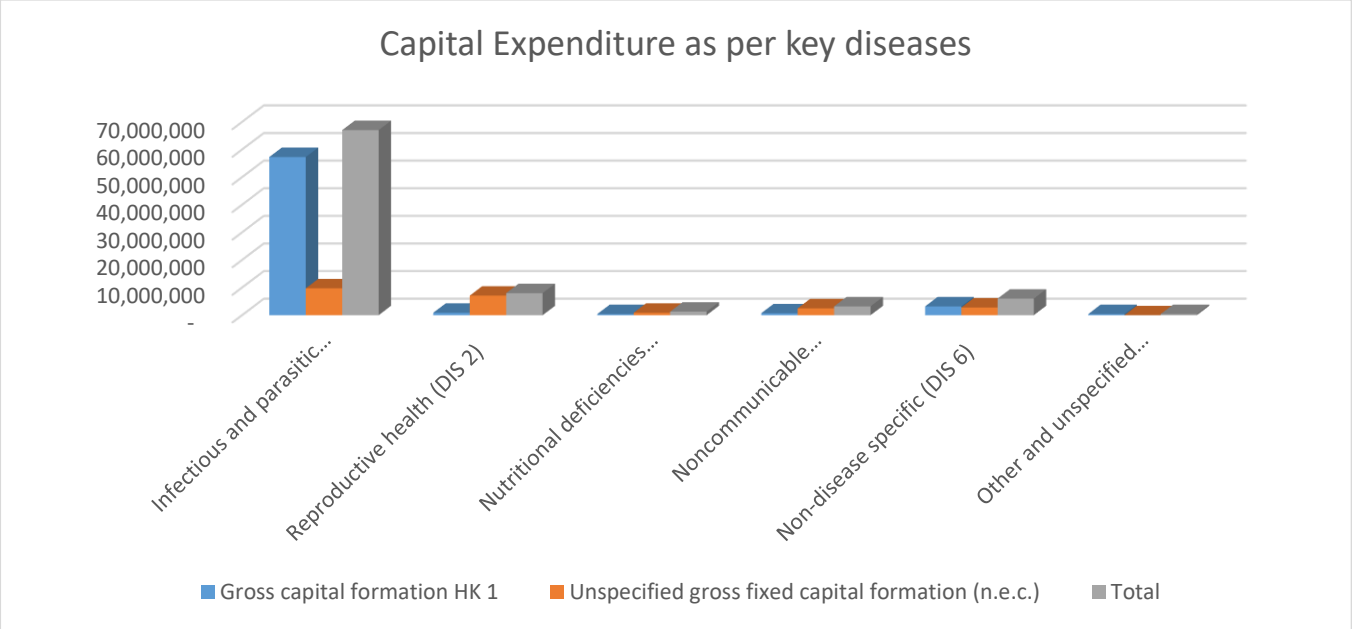


From the figure above, government capital expenditure is divided into two parts i.e. gross capital formation (HK.1) with 0.47% and capital expenditures that are not classified (HK. nec) with 1.29%. The unclassified capital expenditures occurs probably due to the respondents not giving adequate information on the survey questionnaires on the types of equipment purchased.

The survey results shows that there was no private capital expenditure while rest of the world's capital expenditure is 3.05% of THE. This percentage (3.05%) is composed of 2.75%, 0.08% and 0.22% contribution by UNDP, Global fund and GAVI respectively.

Private capital expenditure is nil. This means that there was no private capital expenditure in the year 2015. This could happen due to inadequate data been collected from the private institutions for example the private health facilities like Afrimed Clinic, Bafrow Medical Centre, ASB Clinic, etc. in terms of capital expenditures.

Figure 6: Capital Expenditure on Healthcare by Major Disease conditions (FY2015)



The figure above shows the gross capital formation and unspecified gross capital formation (n.e.c) which are composed of Infrastructure, machinery and equipment, medical equipment, transport, ICT equipment, machinery and equipment n.e.c, intellectual property products, computer software and databases and unspecified gross capital formation (n.e.c).

Capital expenditure towards infectious and parasitic diseases is higher followed by reproductive health conditions, non-disease specific, non-communicable diseases, nutrition deficiencies and other unspecified diseases. This could be as a result of heavy investment by international partners in the three diseases – malaria, tuberculosis and HIV/AIDS including the maternal and child health through the support of World Bank.

6.0 HEALTH EXPENDITURE BY FINANCING SOURCES

6.1 Health Expenditure for all sources

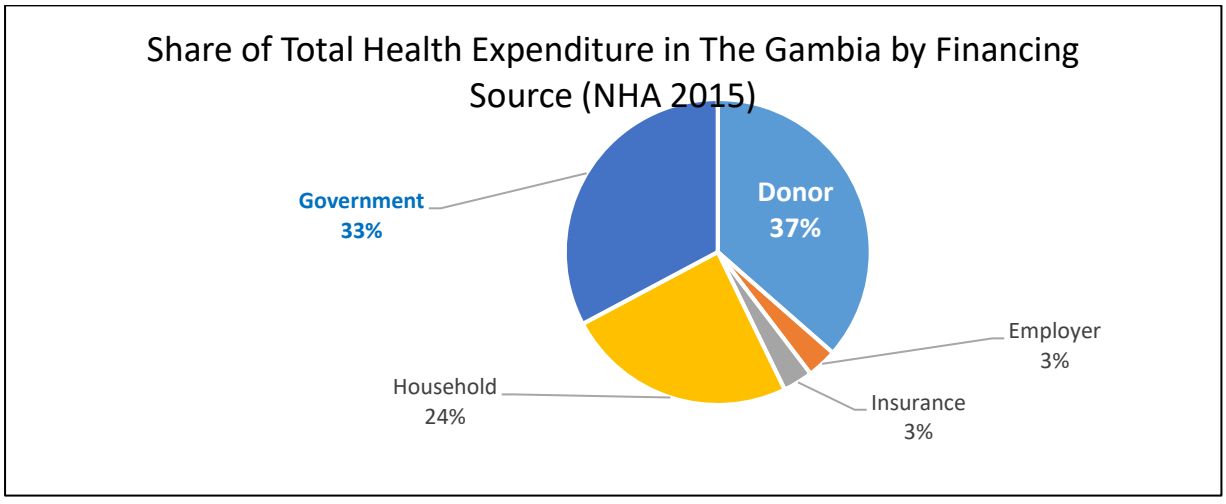
Financing of healthcare in Gambia is done by different sources which include government, private employers, households and other health development partners.

Table 2: Contribution of Total Health Expenditure by Financing Source (FY2015)

FINANCING SOURCE	TOTAL EXPENDITURE	PERCENTAGE
Donor	650,309,916.80	36.45
Employer	56,774,097.60	3.18
Insurance	56,402,579.90	3.16
Household (Out-of-pocket)	435,672,343.30	24.42
Government	584,809,446.50	32.78

Form the analysis above, the allocation between government, private and development partners for total health expenditure (THE) for FY2015 is as follows: The contribution of government funds amounts to D584,809,446.50 which represents 32.78% of the total health expenditure.

Figure 7: Share of THE by Financing Source (FY2015)



In the same vein, expenditure by the Rest of the world (Donors and NGOs) is at D650, 309,916.80 or 36.45% of the entire health expenditure. Employer and Insurance almost contributed neck and neck at D56, 774,097.60 (3.18%) and D56, 402,579.90 (3.16%)

respectively. Household (out-of-pocket) contributed a staggering D435, 672,343.30, corresponding to 24.42% of the total health expenditure.

In comparison, the 2015 government health expenditure was at 32.78% which has steadily increased from 28.1% in 2013. On the other hand, donor contribution has decreased from 46.70% in 2013 NHA to 36.45% in 2015. This has some policy implications that the government needs to take note of. Furthermore, household expenditure worryingly increased from 21.21% in 2013 to 24.42% in 2015. This increment may lead to financial catastrophic on the poor and vulnerable. Therefore, government needs to devise prepayment mechanisms such as social health insurance schemes to address this huge financial burden in accessing health care services.

Table 3: Trends of Total Health Expenditure by Financing Source (2013-2015)

FINANCING SOURCE	FY 2013	%	FY 2015	%
Donor	890,793,512.00	46.70	650,309,916.80	36.45
Employer	33,792,441.68	1.77	56,774,097.60	3.18
Insurance	42,126,838.28	2.21	56,402,579.90	3.16
Household (Out-of-pocket)	404,608,500.00	21.21	435,672,343.30	24.42
Government	536,073,625.74	28.11	584,809,446.50	32.78

6.2 Total Household Out - Of - Pocket (OOP) Expenditure on Healthcare

The household expenditure on health was extracted from the report on the Integrated Household Survey **(IHS, 2015/2016)** conducted by the Gambia Bureau of Statistics GBoS). With the help of the consultant, information on household expenditures was prepared on an excel file with each row in the excel file representing a single expenditure while each column represents a different piece of information about that expenditure.

From the IHS Report, average household expenditures on health (D1, 597) was multiplied by the total number of households in the country as updated by the bureau of statistics to get the household expenditure of D435, 672, 343.30.

6.3 Provider Analysis

One of the key features of NHA analysis about household data is to get the total expenditure of households and distribute it to the Health Care Providers (HP).

In order to split the household's out – of – pocket health expenditure into different types of health Care Providers, the data set on services providers from the Gambia Integrated Household Survey **(HIS, 2015/2016) and 2015 HIS Service Statistics Report** were used to determine the OOP for each of the providers as shown in the table below:

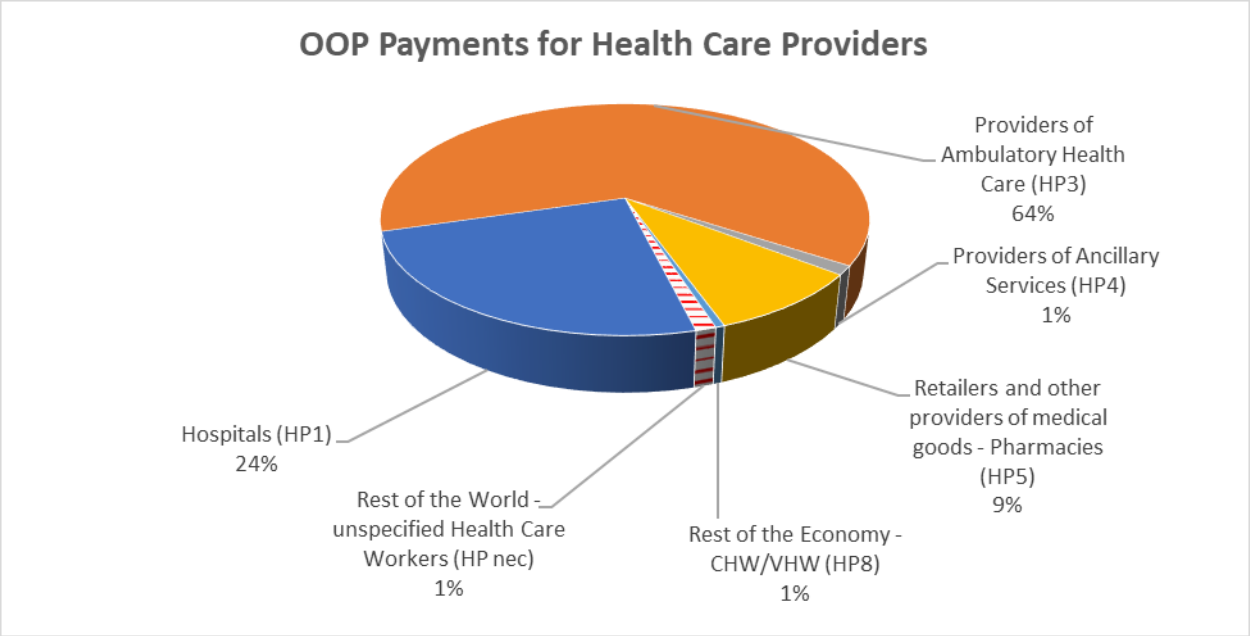
Table 4: Out of Pocket payments to healthcare providers (FY2015)

HOUSEHOLD - OUT - OF POCKET PAYMENTS (HF3)			
Health Care Providers	**Amount (GMD)**	**THE**	**Percentage (%)**
Hospitals (HP1)	104,875,260	1,783,968,420	5.88
Providers of Ambulatory Health Care (HP3)	274,800,000	1,783,968,420	15.40
Providers of Ancillary Services (HP4)	5,400,000	1,783,968,420	0.30
Retailers and other providers of medical goods - Pharmacies (HP5)	39,000,000	1,783,968,420	2.19
Rest of the Economy -CHW/VHW (HP8)	2,200,000	1,783,968,420	0.12
Rest of the World - unspecified Health Care Workers (HP n.e.c)	4,900,000	1,783,968,420	0.27

The OOP expenditure on the providers of ambulatory health care (major and minor health centers) is greater with a share of 15.40%, followed by the hospitals (5%), retailers and other providers of medical goods – pharmacies (2.19%) and others such as unspecified health care workers, Community Health worker with percentages of 0.27 and 0.12 respectively as shown in the table above. This could be due to easy access to some of the health facilities in the country since a greater number of major and minor health centers are evenly distributed across the country. Also according to the integrated household survey 2015/16, the proportion of people

seeking health care from the above service providers has increased in 2015 as compared to the proportions in 2010.

Figure 8: Out-Of-Pocket Payments to healthcare providers (FY2015)



Additionally, household expenditure increased in absolute terms from D404 million (21.21%) in 2013 to D435 million (24.42%) in 2015 NHA study. Similarly, government expenditure increased from 28.11% in FY2013 to 32.78% in FY2015 NHA study. Development partner's funds decreased from 46.70% in 2013 financial year to 36.45% in 2015 financial year and this was attributed mainly to low respond from key development partners during the survey period.

Health care providers that accounted for most of the health expenditure in 2015 fiscal year were providers of preventive care 51.3%, providers of ambulatory health care services 18.1%, and hospitals 15.1% of the total health expenditure.

6.4 Per capita expenditure on health

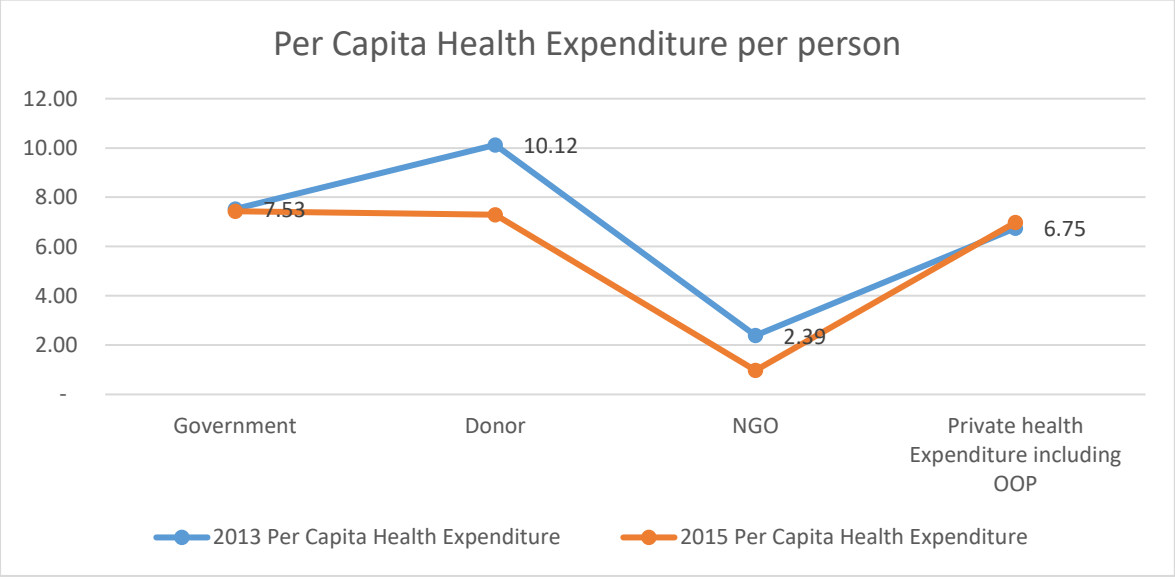
The Total Health Expenditures per capita for government, donor, NGO, insurance and OOP in 2015 is calculated using the 2013 population projection figures for 2015 by dividing the total expenditure for each of financing sources above by the population in 2015. This is illustrated in the Table 5 below.

Table 5: Total Health Expenditure per capita by Financing Source (FY2015)

Total Health Expenditure Per Capita 2015				
FINANCING SOURCES	**Total Amount (GMD)**	**Total Amount (US$)**	**Per Capita (GMD)**	**Per Capita (UD$)**
Government	584,809,446.50	14,656,878.36	296.51	7.43
Donors	573,670,057.80	14,377,695.68	290.86	7.29
NGOs	76,639,859.00	1,920,798.47	38.86	0.97
Private health Expenditure including OOP at HH level	548,849,020.80	13,755,614.56	278.28	6.97
Grand Total	**1,783,968,384.10**	**44,710,987.07**	**904.50**	**22.67**

From the table above, the results showed that government has spent US$ 7.34 per person in the Gambia, Donors spent US$ 7.29, NGOs spent US$ .97 and the rest US$ 6.97 came from OOP. Cumulatively total health expenditure per capita from all sources is at D904.50 or $22.67. According to WHO Commission for Macroeconomics and Health, the expenditure per capita should be between US$34 – 40, but this is not the case in the Gambian context because the total expenditure per capita as revealed by the study is US$22.67 with shortfall of US$11.33 per person.

Figure 9: Per capita Health Expenditure by Financing Source (FY2015)



Comparing the two studies (NHA 2013 and 2015), the results have shown that all expenditure per capita for government, donor and NGOs has reduced drastically while the expenditure per capita from private including OOP from the households has increased from US$6.75 to 6.97 per person in the Gambia. This trend is discouraging and it can lead to catastrophic health spending on the population especially, the poor and the vulnerable. Figure 6 Shows the contribution to THE in 2013 and 2015 in US$ per capita.

Table 6: Key Health Financing indicators for Gambia (FY2013 and FY2015)

INDICATOR	CODE	FY2013	FY2015
Total Health Expenditure (THE) as % of Gross Domestic Product (GDP)	THE%GDP_SHA2011	5.68%	4.68%
Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)	HK%THE_SHA2011	6%	4.46%
Total Health Expenditure (THE) per Capita in US$	THE_pc_US$_SHA2011	28USD	22.67USD
Current Health Expenditure (CHE) per Capita in US$	CHE_pc_US$_SHA2011	29.9USD	21.58USD
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	DOM%CHE_SHA2011	52%	66.76%
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	GGHE-D%CHE_SHA2011	26.4%	34.44%
Domestic Private Health Expenditure (PVT-D) as % Current Health Expenditure (CHE)	PVT-D%CHE_SHA2011	25.3%	32.32%
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	EXT%CHE_SHA2011	48%	38.30%
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)	GGHE-D%GDP_SHA2011	2%	1.53
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	GGHE-D_pc_US$_SHA2011	8USD	7.89USD
Domestic Private Health Expenditure (PVT-D) per Capita in US$	PVT-D_pc_US$_SHA2011	7.6USD	7.41USD
External Health Expenditure (EXT) per Capita in US$	EXT_pc_US$_SHA2011	14.4USD	8.78USD

Government Financing Arrangements (GFA) as % of Current Health Expenditure (CHE)	GFA%CHE_SHA2011	57.6%	34.44%
Voluntary Health Insurance as % of Current Health Expenditure (CHE)	VHI%CHE_SHA2011	3.0%	3.32%
Out-of-Pocket Expenditure (OOP) as % of Current Health Expenditure (CHE)	OOPS%CHE_SHA2011	20.3%	25.66%
Out-of-Pocket Expenditure (OOP) per Capita in US$	OOP_pc_US$_SHA2011	6.1%	5.88%
Percentage of Out of Pockets Expenditure on Health	OOP Exp. as a % of THE	21.2%	24.42%

A comparison of key Health Financing Indicators as shown in table 6 above for NHA 2013 and 2015 fiscal years indicated fluctuating results. Total Health Expenditure as percentage of GDP dropped by 1% indicating a decline in overall investment in health care delivery in the country. Globally it has been noted that Universal Health Coverage is difficult to achieve if public health financing is less than 5% of GDP. Higher government spending generally provides adequate public infrastructure and health service delivery at subsidized cost.

Another critical indicator that recorded a downward trend from FY2013 to FY2015 is the Current Health Expenditure (CHE). CHE as a percentage of GDP decreased from 6% in NHA 2013 to 4.46% in NHA 2015, representing a decline of 1.54%. This indicator describes the share of spending on health in each country relative to the size of its economy, for a specific year. It shows the importance of the health sector in the economy and indicates the societal priority, measured in monetary terms, given to health. Both Total and Current Health Expenditures per capita equally dropped from $28 in 2013 to $22.6 in 2015 and $29.9 in 2013 to $21.58 in 2015 respectively. The Gambia's per capita health expenditures for both 2013 and 2015 NHA fall short of the WHO's Commission for Macroeconomic and Health (CMH, 2000) which recommends that countries should spend at least **$34-$40** per capita in order to move towards achieving UHC, while Chatham House recommended for **$84** per capita expenditure on health.

Domestic Health Expenditure as a percentage of Current Health Expenditure has shown a modest increment from 52% in 2013 NHA to 66.67% in 2015 NHA, representing a rise of 14.67%. This indicator represents the share of resources for health in each country which is

funded from domestic sources, such as taxes and social contributions. It contributes to the understanding of the size of domestic resources used to fund healthcare expenditures relative to external sources for health facilitating international comparison. The increase in domestic financing for health is an indication that the country is on track in its quest to move towards achieving Universal Health Coverage. It has been recommended that to achieve UHC countries have to rely more on domestic sources of financing health care services instead of external sources which is not sustainable in the wake of the dwindling partner support as a result of donor fatigue.

On the other hand, External Health Expenditure as percentage of Current Health Expenditure dropped by 9.7% from an absolute term of 48% in 2013 NHA to 38.3% in 2015 NHA. This is a clear indication that external funding for health care delivery in The Gambia is declining due to varying factors chief among them is the syndrome of donor fatigue.

Table 7: Current Health Expenditure by Disease and conditions (FY2015)

DISEASE NAME/SHA CATEGORY	FY2015	
	Amount (GMD Millions)	Share (%)
Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhea, Vaccine preventable and others)	1,030,235,000.00	57.75
Reproductive Health	185,237,310.00	10.38
Non Communicable Diseases	382,066,650.00	21.42
Injuries	51,896,830.00	2.91
Non Disease Specific	120,407,260.00	6.75
Other Unspecified Disease Conditions	6,925,270.00	0.39
Nutrition Deficit	7,200,100.00	0.40

Table 8: Expenditure on Disease conditions by Financing Sources (FY2015)

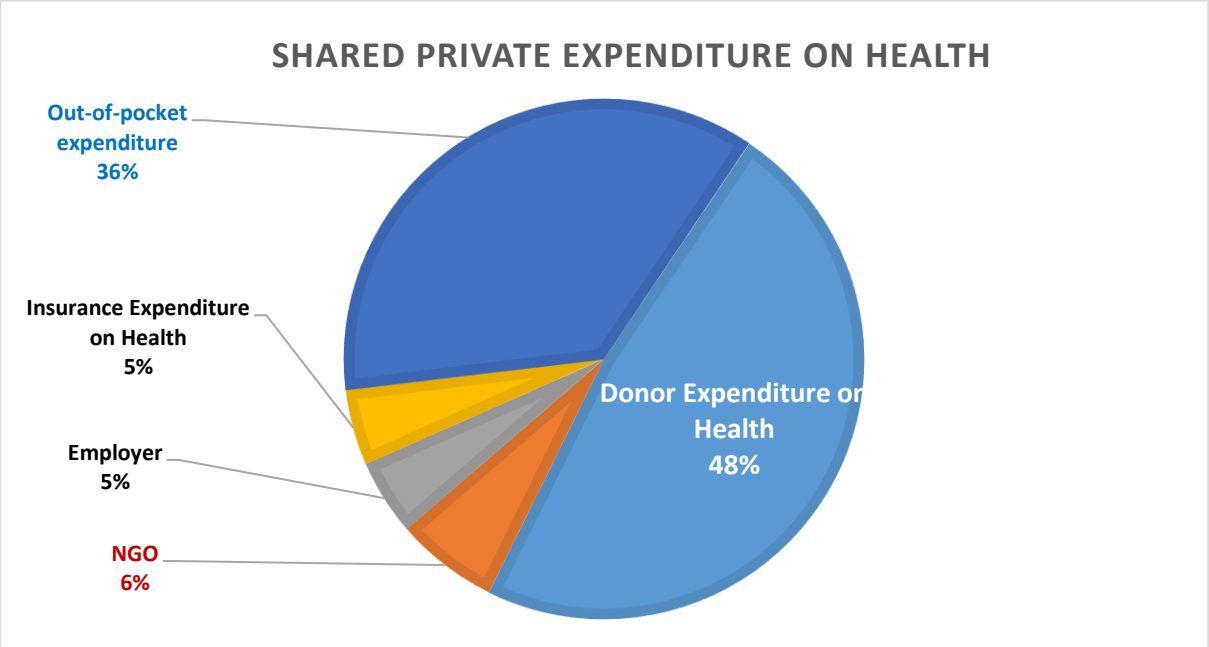
Financing Source	General Gov't	Insurance	Households	Rest of the world (Donor)	Employers
Infectious and Parasitic Diseases	16.49	1.33	9.31	30.59	0.04
Reproductive Health	5.03	0.53	3.78	1.02	0.02
Non Communicable Diseases	11.63	1.15	8.49	0.11	0.03
Injuries	0	0.36	2.53		0.01
Non Disease Specific	2.32		0.07	4.31	0.05
Other Unspecified Disease Conditions	0.34	0.04			
Nutrition Deficit			0.15	0.25	

The Government Expenditure on Health for the FY2015 stood at D584, 809, 446.50 accounting for 32.78% of the 2015 Total Health Expenditure (THE), there has been a steady increase in the government expenditure on Health from 2013 which stood at 28.10%. The Per Capita Government Expenditure for 2015 stood at USD 22.67

In 2015 a total of D1,783,968,384.10 was spend on Health, out of the total Government expenditure Infectious Diseases and NCDs accounted for 16.49% and 11.63% respectively. This show an increase in investment towards the control of NCD and Infectious diseases. The same trend is realized with the donor, insurance, employer and Households seeing a higher expenditure towards NCDs and infectious diseases. The table above shows a significant expenditure of household funds towards injuries accounting to 2.53% of 24.34%.

6.5 Private Current Health Expenditure

Figure 10: Shares of Private Expenditure on Healthcare (FY2015)



The chart on private expenditure on health clearly shows an increase in spending. The total donor contribution accounted for 48%, OOP 36%, NGO 6%, and Insurance 5% respectively. The chart above showed analysis of private sources only and it excludes the government contribution to health.

6.6 Development Partners (Rest of the World)

In 2015, 51.3% of the total external funding was spent on Provider of preventive care, signifying the importance of donor contribution toward the preventive care. The providers of ambulatory health care accounts for 18.1%, Hospitals 15.1%, Health care System Administration 11.9%, while the Rest of the Economy account for 2.2% of the total expenditure from external sources.

Similarly, the analysis for the Health Care Function shows a similar trend of expenditure with Preventive care accounting for 91.5% and Curative Care 7.1% of the total funding from External sources

Table 9: Expenditure on Infectious and Parasitic Diseases by Financing Source (FY2015)

FINANCING SOURCE	INFECTIOUS AND PARASITIC DISEASES (%)		
	HIV/AIDS	Tuberculosis	Malaria
Government	48.22	0	27.16
Global Fund	27.4	99.98	42.4
WHO	20.41	0	0.1
UNICEF	0	0	0
NGO	3.97	0	28.06
Private employer	0	0	0.11
Household	0	0	1.67
World Bank	0	0	0

The table above shows the expenditure on infectious and parasitic diseases (HIV/AIDs, Malaria and Tuberculosis) by financing source. The biggest contributor to the three key diseases is Global Fund (27.4%) for HIV/AIDs, (96.98%) for Tuberculosis and (42.4%) for Malaria. Other major multilateral financier is WHO with 20.41%, 0% and 0.1% expenditures on HIV/AIDs, Tuberculosis and Malaria respectively. Government expenditure on HIV/AIDs and Tuberculosis were mainly on salaries and allowances, while for Malaria in addition to salaries and allowances a large chunks of expenditure was attributed to counterpart funding. The analysis further showed that households spent a large portion of their income on malaria than HIV/AIDs and Tuberculosis.

It is therefore evident that Global Fund is one of the core external financing agents for the health sector as per their interventions in the three key disease areas.

7.0 HEALTH CONDITION ANALYSIS

During data analysis, the team had difficulties in using HMIS data because symptoms are used rather than diseases in the 2015 HMIS Service Statistics Report. So the team decided to use the Household Report that had Morbidity data set for some diseases as indicated in this table below. Also the same data set was used for those data points of expenditure which were not Disease Specific as reported in the survey report as "Don't know' and "others". But in a situation whereby the financing scheme is either government, NGO, or a donor for Malaria program/HIV/TB, then the disease became clear and the right distribution keys will be used as required. The table below shows the OOPE in some disease or conditions.

Table 10: Household payments by disease conditions (FY2015)

HOUSEHOLD PAYMENTS			
CONDITIONS	**AMOUNT**	**THE**	**PERCENT**
Infectious and Parasitic Diseases	166,023,960.00	1,783,968,420.00	9.31
Reproductive Health	67,464,430.00	1,783,968,420.00	3.78
Non Communicable Diseases	151,517,150.00	1,783,968,420.00	8.49
Injuries	45,212,020.00	1,783,968,420.00	2.53
Non Disease Specific	1,286,430.00	1,783,968,420.00	0.07
Other Unspecified Disease Conditions	-	1,783,968,420.00	-
Nutrition Deficit	2,705,460.00	1,783,968,420.00	0.15

8.0 Conclusion and Policy Recommendations

1. The Country needs to address high levels of Out-of-Pocket expenditure (24.42%) in order to protect households from catastrophic spending by devising pre-payment mechanisms such as National/Social Health Insurance scheme. The maximum recommended level of household out of pocket spending on health is 15% according to WHO. This is in line with World Health Assembly resolution of 2005 on Universal Health Coverage and sustainable health financing and as well as revisiting the Paris Declaration that calls for greater Investments in the Health Sector.

2. The Health Financing Policy (HFP) "Resourcing pathway to Universal Health Coverage" recommended that Government of the Gambia should finance at least 50% of the cost of Basic Health care Package. To achieve this, Government and health development partners (HDPs) need to increase investment in health towards meeting recommended per capita health expenditure of minimum $84 per capita (Chatham House) for low income countries, if the country is to increase access to health care and improve quality of services.

3. With the current epidemiological profile, relative to our desired level of health status, the per capita expenditure of D904.50 which is equivalent 22.67 US Dollar may not move the country towards achieving the Sustainable Development Goals (SDGs) and Universal Health Coverage in particular. More resources therefore, could be leveraged from within if efficiency measures are put in place and available resources are managed efficiently.

4. The CHE as a percentage of GDP is 4.46% yet the minimum recommended level is 5% of GDP for Low income countries. In view of this, the Ministry of Health and Social Welfare needs to strengthen its stewardship role in coordinating donors and ensuring alignment to country strategies to the Paris Declaration principles for more aid effectiveness.

5. The country needs to explore alternative ways of mobilizing domestic resources to improve financial sustainability including the improvement of efficiency in resource

use. Introduction of Social Health Insurance Scheme (SHIS) will enhance domestic resource mobilization efforts.

6. There is need for proper prioritization of interventions and continue the steady-shift of more financing towards preventive health care services rather than the curative care as dictated by the National Health Policy 2012-2020.

7. The private sector (Employer and insurance) is a major player in the provision of health services (6.34%) and Government needs to develop appropriate policies that build appropriate Public-Private Partnerships (PPP) with a view to increasing access to affordable health services for the entire population.

ANNEXES

Gambia - Health Expenditure Estimates SHA 2011 Framework (Gambian Dalasi, millions)										
Table A - Selected Indicators Derived from Values in Table B and C.										
Name - SHA 2011	**Code**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)	CHE%GDP_SHA2011	6	6	6	6	6	6	6	5	4
Health Capital Expenditure (HK) % Gross Domestic Product (GDP)	HK%GDP_SHA2011							0.3		0.2
Current Health Expenditure (CHE) per Capita in US$	CHE_pc_US$_SHA2011	29.7	36.0	31.8	32.3	32.1	31.0	29.9	23.0	21.6
Current Health Expenditure (CHE) per Capita in PPP Int$	CHE_pc_PPP_SHA2011	81	88	89	92	95	98	101	87	77
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	DOM%CHE_SHA2011	68	69	77	65	68	70	52	44	68
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	GGHE-D%CHE_SHA2011	35.6	32.9	41.2	32.1	34.3	37.8	26.4	14.5	34.4
Domestic Private Health Expenditure	PVT-D%CHE	32.9	36.3	36.2	33.3	34.0	31.8	25.3	29.9	32.3

(PVT-D) as % Current Health Expenditure (CHE)	_SHA2011									
Voluntary Health Insurance as % of Current Health Expenditure (CHE)	VHI%CHE_SHA2011	2.4	2.6	2.8	2.9	3.1	3.2	3.0	3.5	4.0
Out-of-Pocket Expenditure (OOP) as % of Current Health Expenditure (CHE)	OOPS%CHE_SHA2011	20.9	20.9	21.1	21.0	21.1	21.0	20.3	25.1	24.2
Other Private Health Expenditure (OTHER) as % Current Health Expenditure (CHE)	OTHER%CHE_SHA2011	10	13	12	9	10	8	2	1	4
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	EXT%CHE_SHA2011	32	31	23	35	32	30	48	56	38
Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE)	GGHE-D%GGE_SHA2011	11	10	10	8	8	8	6	3	7
Domestic General Government Health Expenditure (GGHE-D) as %	GGHE-D%GDP_SHA2011	2	2	2	2	2	2	2	1	2

Gross Domestic Product (GDP)										
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	GGHE-D_pc_US$_SHA2011	11	12	13	10	11	12	8	3	8
Domestic General Government Health Expenditure (GGHE-D) per Capita in PPP Int$	GGHE-D_pc_PPP_SHA2011	29	29	37	30	33	37	27	13	28
Domestic Private Health Expenditure (PVT-D) per Capita in US$	PVT-D_pc_US$_SHA2011	9.8	13.1	11.5	10.8	10.9	9.9	7.6	6.9	6.9
Domestic Private Health Expenditure (PVT-D) per Capita in PPP Int$	PVT-D_pc_PPP_SHA2011	26.7	31.9	32.2	30.8	32.4	31.0	25.7	25.9	25.1
External Health Expenditure (EXT) per Capita in US$	EXT_pc_US$_SHA2011	9.4	11.1	7.2	11.2	10.2	9.4	14.4	12.8	10.4
External Health Expenditure (EXT) per Capita in PPP Int$	EXT_pc_PPP_SHA2011	25.6	27.0	20.2	31.9	30.2	29.6	48.9	48.1	37.8
Out-of-Pocket Expenditure (OOP) per Capita in US$	OOP_pc_US$_SHA2011	6.2	7.5	6.7	6.8	6.8	6.5	6.1	5.8	5.1
Out-of-Pocket Expenditure	OOP_pc_PPP_SHA2011	17.0	18.4	18.8	19.4	20.1	20.5	20.5	21.7	18.7

(OOP) per Capita in PPP Int$										
Compulsory Financing Arrangements (CFA) as % of Current Health Expenditure (CHE)	CFA%CHE_SHA2011	58.6	59.0	58.9	59.4	59.9	59.8	57.6	48.3	34.4
Government Financing Arrangements (GFA) as % of Currrent Health Expenditure (CHE)	GFA%CHE_SHA2011	58.6	59.0	58.9	59.4	59.9	59.8	57.6	48.3	35.3
Compulsory Health Insurance (CHI) as % of Current Health Expenditure (CHE)	CHI%CHE_SHA2011	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Social Health Insurance (SHI) as % of Current Health Expenditure (CHE)	SHI%CHE_SHA2011	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Voluntary Financing Arrangements (VFA) as % of Current Health Expenditure (CHE)	VFA%CHE_SHA2011	41.4	41.0	41.1	40.6	40.1	40.2	42.4	51.7	64.7
General Government Expenditure (GGE) as % Gross Domestic Product (GDP)	GGE%GDP_SHA2011	17.9	19.2	23.1	23.6	26.0	29.8	27.0	28.0	29.7
Gross Domestic Product (GDP)	GDP_pc_US$_SHA2011	519.1	608.0	549.3	562.5	514.4	505.0	483.5	434.5	459.0

per Capita in US$										
Gross Domestic Product (GDP) per Capita in PPP Int$	GDP_pc_PPP_SHA2011	1,420.5	1,483.8	1,542.0	1,611.0	1,524.8	1,589.1	1,640.0	1,633.1	1,669.7
Table B - Underlying Health Expenditure Values										
Name - SHA 2011	**Code**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Current health expenditure by revenues of health care financing schemes	SHA 11.FS	1,136	1,268	1,387	1,530	1,653	1,791	1,998	1,843	1,783
Transfers from government domestic revenue (allocated to health purposes)	SHA 11.FS.1	404	417	571	492	567	677	528	266	639
Internal transfers and grants	SHA 11.FS.1.1	404	417	571	492	567	677	528	266	585
Transfers by government on behalf of specific groups	SHA 11.FS.1.2	0	0	0	0	0	0	0	0	0
Other transfers from government domestic revenue	SHA 11.FS.1.4									54
Transfers distributed by government from foreign origin	SHA 11.FS.2	262	330	246	418	424	395	624	624	299
Social insurance contributions	SHA 11.FS.3	0	0	0	0	0	0	0	0	0
Social insurance contributions from employees	SHA 11.FS.3.1	0	0	0	0	0	0	0	0	0

Social insurance contributions from employers	SHA 11.FS.3.2	0	0	0	0	0	0	0	0	0
Social insurance contributions from self-employed	SHA 11.FS.3.3	0	0	0	0	0	0	0	0	0
Other social insurance contributions	SHA 11.FS.3.4	0	0	0	0	0	0	0	0	0
Compulsory prepayment (Other, and unspecified, than FS.3)	SHA 11.FS.4	0	0	0	0	0	0	0	0	0
Compulsory prepayment from individuals/households	SHA 11.FS.4.1	0	0	0	0	0	0	0	0	0
Compulsory prepayment from employers	SHA 11.FS.4.2	0	0	0	0	0	0	0	0	0
Other compulsory prepaid revenues	SHA 11.FS.4.3	0	0	0	0	0	0	0	0	0
Voluntary prepayment	SHA 11.FS.5	28	33	39	45	51	57	60	65	71
Voluntary prepayment from individuals/households	SHA 11.FS.5.1									4
Voluntary prepayment from employers	SHA 11.FS.5.2									58
Other domestic revenues n.e.c.	SHA 11.FS.6	346	427	462	465	512	513	447	486	508
Other revenues from households n.e.c.	SHA 11.FS.6.1	238	265	293	321	349	377	405	462	431
Other revenues from	SHA 11.FS.6.2	16	17	17	17	18	18	13	7	0

corporations n.e.c.										
Other revenues from NPISH n.e.c.	SHA 11.FS.6.3	92	145	152	127	145	118	29	18	77
Unspecified other domestic revenues (n.e.c.)	SHA 11.FS.6.nec									
Direct foreign transfers	SHA 11.FS.7	96	60	69	111	100	150	340	400	574
Direct foreign financial transfers	SHA 11.FS.7.1							235		566
Direct foreign aid in kind	SHA 11.FS.7.2									8
Other direct foreign transfers (n.e.c.)	SHA 11.FS.7.3	96	60	59	110	350	349	1	978	
Current health expenditure by financing schemes	SHA 11.HF	1,136	1,268	1,387	1,530	1,653	1,791	1,998	1,843	1,783
Government schemes and compulsory contributory health care financing schemes	SHA 11.HF.1	666	747	817	910	991	1,072	1,151	891	630
Government schemes	SHA 11.HF.1.1	666	747	817	910	991	1,072	1,151	891	630
Central government schemes	SHA 11.HF.1.1.1							1,151		
Compulsory contributory health insurance schemes	SHA 11.HF.1.2	0	0	0	0	0	0	0	0	0

Social health insurance schemes	SHA 11.HF.1.2.1	0	0	0	0	0	0	0	0	0
Compulsory Medical Saving Accounts (CMSA)	SHA 11.HF.1.3	0	0	0	0	0	0	0	0	0
Voluntary health care payment schemes	SHA 11.HF.2	232	255	277	300	313	343	442	490	722
Voluntary health insurance schemes	SHA 11.HF.2.1	28	33	39	45	51	57	60	65	71
NPISH financing schemes (including development agencies)	SHA 11.HF.2.2	188	205	221	237	245	268	366	418	650
NPISH financing schemes (excluding HF.2.2.2)	SHA 11.HF.2.2.1							42		
Unspecified NPISH financing schemes (n.e.c.)	SHA 11.HF.2.2.nec							5		
Enterprise financing schemes	SHA 11.HF.2.3	16	17	17	17	18	18	13	7	0
Enterprises (except health care providers) financing schemes	SHA 11.HF.2.3.1							13		
Unspecified voluntary health care payment schemes (n.e.c.)	SHA 11.HF.2.nec							3		
Household out-of-pocket payment	SHA 11.HF.3	238	265	293	321	349	377	405	462	431

Out-of-pocket excluding cost-sharing	SHA 11.HF.3.1							405		431
Capital health expenditure	SHA 11.HK							82		86

Table C - Macro Values

Name - SHA 2011	Code	2007	2008	2009	2010	2011	2012	2013	2014	2015
CONSUMPTION	CONSUMPTION									
Gross Domestic Product	B.1g-GDP-WHS	19,871	21,433	23,997	26,662	26,465	29,191	32,324	34,774	38,581
Final consumption expenditure of Households and profit institutions serving households	PFC-WHS	17,140	19,501	21,031	23,550	22,863	22,572	26,772	30,560	36,119
Households final consumption	HHFC-WHS	17,694	18,363	19,194	22,611	20,717	23,568	25,463	30,922	35,047
profit institutions expenditure (NPI)	NPIFC-WHS	325	342	382	421	443	463	517	619	664
General government expenditure	GGE-WHS	3,563	4,106	5,546	6,292	6,871	8,686	8,742	9,740	11,469
Exchange Rate (NCU per US$)	X-R-WHS	24.87	22.19	26.64	28.01	29.46	32.08	35.96	41.73	42.51
Purchasing Power Parity (NCU per Int$)	Int$-WHS	9.09	9.09	9.49	9.78	9.94	10.19	10.60	11.10	11.68
Gross domestic product - Price index (2010 = 100)	GDPP-WHS	89.4	91.2	95.9	100.0	103.7	108.3	114.5	122.1	129.8
POPULATION (in thousands)	Pop-WHS	1,539	1,589	1,640	1,692	1,746	1,802	1,859	1,918	1,978