Ministry of Health

THE MALAWI NATIONAL HEALTH ACCOUNTS REPORT 2012/2013–2014/2015

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BoD	Burden of Disease
CHAM	Christian Health Association of Malawi
DHO	District Health Office
EHP	Essential Health Care Package
GDP	Gross Domestic Product
HC	Health Care Functions
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
MDG	Millennium Development Goals
MNH	Maternal and Neonatal Health
MoF	Ministry of Finance
MoH	Ministry of Health
MWK	Malawian Kwacha
NAC	National AIDS Commission
NCDs	Noncommunicable Diseases
NGOs	Nongovernmental Organizations
NHA	National Health Accounts
NHAPT	National Health Accounts Production Tool
NPISH	Not-for-Profit Institutions Serving Households
NSO	National Statistics Office
OOP	Out-of-Pocket [Payments]
SADC	Southern African Development Community
SHA 2011	System of Health Accounts 2011
SSDI-Systems	Support for Service Delivery Integration Systems Project
SWAp	Sector-Wide Approach
THE	Total Health Expenditure
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Background

This report presents the findings of Malawi's National Health Accounts (NHA) exercise for the 2012/13, 2013/14, and 2014/15 fiscal years. Malawi has conducted six rounds of NHA since these exercises began in 2001.

This report provides information to enable the Ministry of Health (MoH) to undertake a comprehensive review of the health financing situation during the implementation of the Health Sector Strategic Plan (HSSP) (2011–2016), to inform the development of the HSSP II (2017-2022). In addition, the MoH is refining health sector reforms aimed at strengthening domestic financing and efficiency mechanisms; these NHA results will provide evidence that can be used in the analysis, development, and implementation of these reforms.

The goal of this NHA estimation was to generate important information on financing of health in general, the flow and management of resources in the health sector, and the distribution of expenditures across disease areas. Specifically, the study aimed to do the following:

- Quantify total expenditure on health;
- Disaggregate total health expenditure by financing source, revenues of financing schemes financing schemes, and financing agent;
- Distribute health expenditures by health care providers and disease areas;
- Evaluate the effectiveness and efficiency of health financing functions in Malawi;
- Evaluate equity in allocation of health resources;
- Evaluate the sustainability of the health financing system;
- Draw policy implications arising from the overall analysis.

METHODOLOGY

The Malawi NHA 2015 analyzed data for the fiscal years 2012/13, 2013/14, and 2014/15 using the Systems of Health Accounts 2011 framework. Data were obtained from both primary and secondary sources. Public institutional data were collected from the Ministry of Finance (MoF), MoH, National AIDS Commission (NAC), district councils, and other government ministries and departments. Private institutional data were collected from donors, private firms, parastatals, insurance schemes, foundations, and local and international nongovernmental organizations (NGOs).

Data for both public and private institutions were collected through institutional surveys. Household health expenditure data were obtained from the Malawi Household Health Expenditure and Utilization Survey 2010 Database and extrapolated for 2012/13, 2013/14 and 2014/15.[1] This survey provided information on households' expenditures on health, in the form of health insurance premiums and direct out-of-pocket payments to health providers.

Data was processed and analyzed using the National Health Accounts Production Tool (NHAPT) version 3.5.1.3 to produce NHA tables.

[1] International best practice recommends that household health expenditure and utilization survey data be used for extrapolation up to five years (WHO, 2003).

Study Findings

Key Health Accounts Findings

Total Health Expenditure (THE) in Malawi in nominal terms rose from 235.2 billion Malawian kwacha (MWK) in 2012/13 to MWK253.0 billion in 2013/14, and then to MWK302.7 billion in 2014/15. In nominal terms there has been significant growth of THE at an average of 34 percent. However, in dollar terms, THE fell from $696.7 million in 2012/13 to $669.6 million in 2014/15, and in Malawi kwacha real terms, the average growth of THE represented 15 percent. The high nominal growth of THE could be attributed to an inflationary effect of prices of health goods and services. The per capita health spending levels, at an average U.S. dollar exchange rate, were $43.5, $37.6, and $39.2 in 2012/13, 2013/14, and 2014/15 respectively. This gives an average of $40.1—a marginal increase over the average per capita spending of $39.1 registered during the previous NHA study, which covered fiscal years 2009/10, 2010/11, and 2011/12. The THE represented 11.6 percent, 11.3 percent, and 11.1 percent of gross domestic product (GDP) in 2012/13, 2013/14, and 2014/15 respectively. The average for the period was 11.3 percent of GDP. This was the highest in the Southern African Development Community (SADC) region, which had an average of 7.2 percent in 2014. However, in per capita terms, Malawi average spending of $40.1 during the period was the lowest in the SADC region, which had average per capita spending of $228.8 in 2014. The per capita spending on health in Malawi also falls critically short of the $86 recommended by the WHO for an essential package of cost-effective interventions with health systems strengthening components in developing countries.

Total public health spending as a percentage of total government expenditure grew from an average of 6.5 percent in 2009/10–2011/12 to an average of 10.4 in 2012/13–2014/15 (excluding pool donors)—far from the Abuja target of allocating 15 percent of the government budget to health, and making Malawi one of the many countries in the WHO Africa region that had not achieved the target by 2015 (WHO, 2016).

Key Findings under Policy Areas

The study focused on resource mobilization, pooling, and purchasing, which constitute the main three functions of a health financing system.

Donors contributed the majority of health spending in Malawi for resource mobilization during the three fiscal years covered by this report. Donor contributions accounted for an average of 61.6 percent of THE during the three years. Public funds accounted for an average of 25 percent of THE, an improvement from the 20 percent recorded in the 2013 NHA study. Still, with such heavy donor reliance, the Malawi health financing system is unsustainable and unpredictable. The health financing contributions by households' out-of-pocket (OOP) payments relative to domestic resources averaged 23 percent during the three years, which is unacceptably high. The situation is not in line with health financing policy for Universal Health Coverage (UHC), which recommends that countries move towards predominantly prepaid funds.

With respect to pooling mechanisms, about 49.5 percent of funds were pooled through the public financing schemes, mainly comprising central government and local government. A significant proportion of the funds, about 50 percent, were pooled by numerous and fragmented schemes. This 50 percent comprised 40 percent of funds that were pooled in numerous and fragmented pools of donors and NGOs; 8 percent that were funds from households through direct OOP payments and thus not pooled; and 2.6 percent from a private

pool available to people only in formal employment. This is also out of line with the basic concept of UHC.

For purchasing, the findings show that HIV and AIDS received the largest allocation of funds; on average it received 33.1 percent of THE, followed by malaria at 17 percent and then by reproductive health at 10.4 percent. The comparison between spending and burden of disease (BoD) indicates that, on average, 61 percent of health spending was allocated to combat three areas (HIV and AIDS, malaria, Reproductive health) responsible for 58 percent of BoD, while 39 percent of health spending was allocated to 42 percent of BoD. Nutrition deficiencies and injuries consumed more resources relative to their BoD while diarrheal consumed fewer resources relative to its BoD. The MoH should investigate drivers behind higher levels of health expenditure in nutritional deficiencies and injuries to ascertain whether their consumption of more resources than their relative disease burden represents inefficient allocation of resources, or instead results from the high marginal cost of providing service.

Regarding expenditures on levels of health care, the study reveals that Malawi has been channeling the majority of its health resources towards higher levels of care—tertiary and secondary levels—rather than the primary health care level, where most health problems originate. For instance, public hospitals (including central, district, and mental hospitals) spent more than any other level of care, with average spending of 35.8 percent. Primary health care, comprising health centers and clinics, was responsible for only 7.4 percent of the total expenditures. The study results highlight the need for the MoH to focus on spending more on primary services relative to the combined secondary and tertiary services, given that primary health care services are generally considered to be more cost-effective and sustainable.

Most studies suggest that spending on preventive health interventions is more cost-effective and highly sustainable, particularly in resource-constrained countries like Malawi. Prevention expenditures averaged 28.2 percent of THE, while the share of curative expenditures averaged 46.8 percent during the three years covered by the study. Lower levels of expenditures on preventive health services imply that Malawi's health care policies have been focusing on curative care, and mostly at higher levels of health care service delivery (tertiary and secondary). This means that allocation to preventive activities did not manage to avert health problems; this in turn led to more cases being treated at health facility levels and then referred up to higher levels of care.

On capital formation, the study found that the capital investment rate had been very low, at only 5.4 percent of THE, and not in tandem with the increased level of health spending. Since capital formation measures the rate at which the health care system creates more investment and repairing itself, the low rate of investment means that the Malawi health system was not able to expand and maintain itself to support quality provision of health services. This observation partly explains the inadequate infrastructure and equipment in most of the country's health facilities. Investments in training and research are also critical in safeguarding the sustainability of the health care system; countries are encouraged to spend at least 2 percent of their recurrent budget provisions on research.

Sub analysis of allocation of resources (Ministry of Health and district councils) across levels of care and regions in Malawi shows that District Health Offices (DHOs)—comprising district hospitals, health centers, and rural hospitals—had the majority of allocation: 60 percent compared to central hospitals and MoH Headquarters. However, the study reveals that allocation at the district level between a district hospital and its peripheral health

facilities favors the district hospitals—i.e. the secondary health care level—rather than the primary-level health facilities, where the majority of cases originate.

Recommendations

Based on the study results we recommend that the MoH:

- Consider approval and implementation of the draft National Health Financing Strategy—very important for mobilizing additional resources and improving efficiency in the health sector;
- Reconfigure the health financing structure by creating one pool of all resources for health from public and external sources, to improve pooling capacity and thereby ensure risk protection for all;
- Reduce the burden of HIV/AIDs, malaria and reproductive health which constitute the majority of total health expenditures in order to increase savings;
- Investigate whether high spending in nutrition and injuries, and low spending in diarrheal than their BoD does represent inefficiencies or high marginal cost of providing the services;
- Focus health spending towards primary health care and preventive health services that are generally considered to be more cost-effective;
- Increase allocation and spending on capital items such as infrastructure, medical equipment, training, and research.

1. Context for This Study (Economic and Historical)

Malawi is a landlocked country with a land area of 118,484 square kilometers, sharing boundaries with Tanzania in the north, Zambia in the west, and Mozambique in the southeast and southwest. Malawi recorded a population of 13 million in 2008, according to the 2008 Population Census, and at an average growth rate of 3.16 percent, the population was projected to reach 16.3 million in 2016 (National Statistics Office [NSO, 2008]). During the period covered by the current NHA study, the population estimates grew from 16,035,384 in 2012 to 17,101,849 in 2015.

In 2012 Malawi's economy went through an economic downturn in which real GDP grew by only 1.8 percent, compared to 3.8 percent in 2011 (Malawi Government, 2013). The economy quickly got on a recovery path in 2014, with an estimated real GDP of 6.2 percent (Malawi Government, 2014). However, growth in 2015 slowed again to 3.1 percent following the late arrival of rains and the severe floods experienced in January 2015, which damaged crops and infrastructure. The growth momentum is expected to resume in 2016, with projected growth of 5.7%, assuming improved investor confidence, favourable weather conditions, higher agricultural exports, lower inflation and moderate interest rates (Malawi Government, 2015).

The performance of any economy depends on many factors, with health being one of the most crucial. The Government of Malawi has acknowledged the need to expand and strengthen the economy, and recognizes that a country's wealth and the health of its citizenry are inherently related. With a healthy workforce, the country can produce more, earn more, and spend more. A healthy population cannot be maintained without a responsive health system that meets the many needs of the population, in both the types and quality of services provided. Thus, in the wake of the above shocks in the performance of the economy and growth in population, it is important to ensure that adequate resources are made available and used in a way that leads to delivery of effective, efficient, safe, quality personal and nonpersonal health interventions to the steadily increasing population.

The Ministry of Health and its partners have been implementing the Health Sector Strategic Plan 2011–16. In order for the ministry to undertake a comprehensive review of the health financing situation during the implementation of HSSP 2011–2016, there is greater need to understand the financial functioning of the health system (track health expenditure) for the period 2012/13 through 2014/15 fiscal years. In addition, the MoH is developing health reforms aimed at strengthening domestic financing and efficiency mechanisms. This round of NHA will help gather evidence that can be used in the analysis, development, and implementation of policy reforms.

The World Health Organization recommends a standard methodology for tracking health sector resources spent, and member countries and stakeholders have become progressively aware of the value of tracking health resources under the universally agreed thinking that "countries cannot manage what they cannot measure." Health accounts reports deliver the means to learn retrospectively from past expenditure, thereby improving planning and allocation of resources and increasing systems accountability. This helps countries protect their people from catastrophic health bills, reduce inequities in health, and make definitive strides towards universal health coverage.[2]

[2] http://www.who.int/health-accounts/universal_health_coverage/en/

It is in this context that this new NHA study needed to be conducted to capture resource flows in the entire health sector in Malawi, in order for policymakers to be able to design and implement health policies and reforms that strengthen the health system in light of emerging issues and trends.

The current NHA study coincides with the review of the 2011–2016 Health Sector Strategic Plan and the development of the new HSSP, which is going to be implemented from 2017 through 2022. Thus, findings from the current NHA will be crucial in two broad respects. They will inform the evaluation of health financing strategies and resource allocation decisions implemented during the 2011–2016 HSSP; and they will act as a baseline for monitoring the impact and effectiveness of health financing strategies to be implemented during the life of the 2017–2022 HSSP. This monitoring will focus particularly on how the ongoing health financing reforms will have shaped the health financing landscape and the attendant health outcomes at the end of the HSSP II.

1.1 Goal and Objectives of the National Health Accounts

The goal of this NHA estimation was to generate important information on financing of health in general, the flow and management of resources in the health sector, and the distribution of expenditures across disease areas as classified by the International Classification of Diseases, 10th revision framework.

1.2 Specific Objectives

Specifically, this 2015 NHA study aimed to achieve the following:

1. Quantify total expenditure on health.
2. Disaggregate total health expenditure by financing source, revenues of financing schemes, financing schemes, and financing agent.
3. Distribute health expenditures by health care providers and disease areas.
4. Evaluate the effectiveness and efficiency of health financing functions in Malawi.
5. Evaluate equity in allocation of health resources.
6. Evaluate the sustainability of the health financing system.
7. Draw policy implications arising from the overall analysis.

1.3 Key Policy Questions Addressed By NHA

Specifically, the study addressed the following policy questions:

1.3.1 Source of funds/resource mobilization

1. How much was total health expenditure during the period under review?
2. Who funds the health spending in Malawi? And how are their roles changing over time?
3. How sustainable is the financing for the Malawi sector?
4. Is health spending sufficient to achieve international benchmarks?

a. Has Malawi achieved its EHP per capita spending target and achieved WHO's target for spending on a basic cost-effective package of essential health services?

b. Has Malawi reached the Abuja target?

5. How does Malawi fare in relation to other countries in terms of health spending and health outcomes?

1.3.2 Financing schemes/pooling

6. How are the funds pooled to ensure risk protection for all?
7. Who are the managers of resources for the health sector in Malawi?
8. What is the financial burden on households to pay for health care and what is the magnitude of OOP payments in relation to domestic financing?

1.3.3 Allocation/purchasing

9. How much of total health spending is allocated to conditions/services?
10. Is the financing or allocation of resources for health in line with national priorities?
11. What is the balance and efficiency of spending across the levels of health care?
12. What is the balance and efficiency of spending across health care functions?
13. Does spending respond to the disease of burden?
14. What is the current balance of spending between recurrent and capital health spending, including the trend for the last decade?

1.3.4 Allocation/purchasing at subsector level

15. How efficient were the allocations of MoH and Local Councils recurrent expenditures between levels of care?
16. How efficient were the allocations of MoH and Local Councils actual recurrent expenditures by regions?

1.4 Structure of the Report

This report is structured as follows:

Section 1 provides general background information on Malawi and the goals of the NHA estimation.

Section 2 presents an overview of Malawi's social structure, economy, and health system. This section reviews the macroeconomic environment and presents considerations of key socioeconomic indicators. It also reviews Malawi's health system, the health status of its people, and the providers of health services.

Section 3 examines the methodology used in quantifying the health expenditure.

Section 4 documents NHA findings on the health financing framework under resource mobilization, pooling, and purchasing. It evaluates the policy questions.

Section 5 presents a summary and policy recommendations.

Section 6 provides conclusions of the entire study.

2. Malawi's Health System

The performance of any health system depends on various contextual factors—the country's general epidemiological, social, economic, political, administrative, and policy profiles—that collectively form the working environment for the health system. An overview of the Malawian health system in the broader operating environment is therefore important.

This chapter presents the context in which to understand how the Malawian health system is operating, focusing on relevant aspects of the general operating environment, and overall progress, that put into perspective the health expenditure results being reported.

2.1 Epidemiological Profile

Despite some specific improvements over the past decade, Malawi's health indicators remain poor, reflecting weaknesses in the health system. The epidemiological profile for Malawi is similar to those in many developing countries where the greatest disease burden is caused by communicable diseases. However, recent trends show more noncommunicable than communicable cases at central hospitals, which could mean that the trend is reversing.

An analysis of the disease burden for Malawi in 2011 (Table 1) shows that the top four burdens of disease in Malawi are from HIV and AIDS (34.9 percent), lower respiratory infection (9.1 percent), malaria (7.7 percent), and diarrheal diseases (6.4 percent).

Table 1: Leading Causes of Disability Adjusted Life Years in Malawi In 2011

	Conditions	*% Total* Disability Adjusted Life Years
1	HIV and AIDS	34.9
2	Lower respiratory infections	9.1
3	Malaria	7.7
4	Diarrheal diseases	6.4
5	Conditions arising during the perinatal period	3.3
6	Tuberculosis	1.9
7	Protein-energy malnutrition	1.6
8	Road traffic accidents	1.5
9	Abortion	1.4
10	Hypertensive heart disease	1.2

Source: Bowie and Mwase 2011, Malawi Burden of Disease data sets.

2.2 Health Outcome Indicators

Malawi has made significant improvements in various health indicators. For example, there has been a significant reduction in child mortality, to the extent that Malawi is one of the few developing countries that achieved Millennium Development Goal number 4. However, little progress has been made towards achieving targets on other key indicators. Table 2 below provides a snapshot on the status of selected key indicators.

Table 2: Malawi Health Outcome Progress against Key Indicators

Indicator	Baseline 2011	Findings 2015	Target end of FY 2015/2016
Maternal mortality ratio	675/100,000*	574/100,000*	155/100,000*
Neonatal mortality rate	31/1,000*	29/1,000*	12/1,000*

Indicator	Baseline 2011	Findings 2015	Target end of FY 2015/2016
Infant mortality rate	66/1,000*	42/1,000*	45/1,000*
Under-5 mortality rate	112/1,000*	64/1,000*	78/1,000*
EHP coverage (% facilities able to deliver EHP services)	74%	52%	90%
% of pregnant women completing four antenatal care (ANC) visits	46%	44.7%	65%
% of births attended by skilled health personnel	58%	87.4%	80%
% of 1-year-old children immunized against measles	88%	85.1%	90%
% of 1-year-old children fully immunized	81%	71.5%	86%

Note * = live births.

Source: NSO (2014) Millennium Development Goals (MDG) Endline survey; MoH (2015) Malawi Malaria Indicator Survey 2014; MoH (2014) Malawi Service Provision Assessment Survey; MoH (2016) HSSP II Situational Report 2016 (draft).

2.3 Health Goal and Policy

The Constitution of the Republic of Malawi states that the state is obliged "to provide adequate health care, commensurate with the health needs of Malawian society and international standards of health care." The Constitution also guarantees equality to all people in access to health services. The Malawi Growth and Development Strategy II is an overall development plan for Malawi, and aims at creating wealth through sustainable economic growth and infrastructure development as a means of achieving poverty reduction (Malawi Government, 2016). The strategy recognizes that a healthy and educated population is necessary if the country is to achieve sustainable economic growth, and achieve the Sustainable Development Goals that have superseded the MDGs. The long-term goal of the strategy with regard to health is to improve the health of the people of Malawi regardless of their socioeconomic status, at all levels of care and in a sustainable manner, with increased focus on public health and health promotion.

The MoH policy is "to raise the level of health status of all Malawians through the development of a health delivery system capable of promoting health, preventing, reducing and curing disease, protecting life and fostering the general well-being and increased productivity and reducing the occurrence of premature deaths" (MoH, 1999). The vision of the MoH is "to improve the health status of all Malawians through the provision of effective, efficient and safe health care" (Government of Malawi, 1999). The MoH mission is "to stabilize and improve the health status of Malawians by improving access, quantity, cost-effectiveness and quality of EHP and related services so as to alleviate the suffering caused by illness, and promoting good health, thereby contributing to poverty reduction" (MoH, 2004).

The statements above entail economic objectives for health care, which are also the centerpiece of health sector reforms:

- Universal access to quality health services;
- Equity in delivery and financing of health services;
- Efficiency in resource allocation and utilization;

- Quality of health care goods and services; and
- Effectiveness of health care services and goods provided.

2.4 Health Delivery System and Structures

Nearly all formal health care services in Malawi are provided by three agencies: the MoH, Christian Health Association of Malawi (CHAM), and Ministry of Local Government. The MoH provides about 60 percent of services, CHAM provides 37 percent, and the Ministry of Local Government provides 1 percent. Other providers, namely private hospitals and practitioners, commercial companies, and the army and police, provide the remaining 2 percent.

CHAM is made up of independent church-related health facilities. The government assists CHAM by providing it with an annual grant that covers local staff salaries. CHAM facilities charge user fees for treatment, with the exception of growth monitoring, immunization, and community-based preventive health care services, including treatment of specific communicable diseases such as tuberculosis, sexually transmitted infections, and leprosy. Although CHAM provides services for a fee, the general perception is that the quality of care in these facilities is relatively better than that of public facilities.

The government also moved in to cover people for the user fees charged by CHAM through the introduction of service-level agreements. This arrangement aims to improve poor peoples' access to health services by removing financial barriers and by strengthening government's partnership with nongovernmental partners. Under this arrangement, district health officers contract CHAM health facilities to provide an agreed range of Essential Health Care Package services to the catchment population at no fee. The district health office pays the costs.

Health services are provided at three levels: primary, secondary, and tertiary. Primary-level services are delivered by rural hospitals, health centers, health posts, and outreach clinics. The secondary level, consisting of district hospitals[3] and CHAM hospitals, mainly supports the primary level by providing surgical backup services, mostly for obstetric emergencies, and general medical and pediatric inpatient care for common acute conditions. Some of these hospitals also provide specialized health care. Tertiary hospitals provide services similar to those at the secondary level, in addition to a small range of specialist surgical and medical interventions.

The MoH adopted the concept of the EHP in the mid-1990s and defined the package in 2001. The package covers cost-effective interventions that address the major causes of morbidity and mortality in the general population, and focuses on medical conditions and service gaps that disproportionately affect the rural poor.

[3] "District hospital" refers to secondary-level health care facilities at the district level that the government owns.

3. Study Methodology

3.1 Background

Malawi has been undertaking NHA in order to inform the development, implementation, and monitoring of health financing policies. To date a total of six NHA rounds have been implemented. The first NHA covered the period 1998/1999 and was completed in 2001. The second NHA captured expenditure data for the period of fiscal 2002/03 through 2004/05 and was finalized in 2007. The third NHA covered the year 2005/06 and was completed in 2008, while the fourth NHA covered fiscal years 2006/07 through 2008/09 and was finalized and disseminated in 2012. The fifth round covered 2009/10 through 2011/12, and was finalized and disseminated in 2014. This sixth round covers fiscal years 2012/13 through 2014/15.

The current Health Sector Strategic Plan 2011–2016 has ended and the Ministry of Health is developing the second Health Sector Strategic Plan (HSSP II) 2017–2022. In order for the ministry to undertake a comprehensive review of the health financing situation during the implementation of HSSP 2011–2016, there is greater need to track health expenditure for fiscal years 2012/13 through 2014/15. In addition the MoH is developing health reforms aimed at strengthening domestic financing and efficiency mechanisms. This NHA will gather evidence that can be used in the analysis and implementation of policy reform.

It is in this context that this new NHA study, which began in October 2015 and has been conducted by the MoH with technical and financial support from SSDI-Systems, needed to be conducted to capture resource flows in the entire health sector in Malawi, in order for policymakers to be able to design and implement health policies and reforms that strengthen the health system in light of emerging issues and trends.

3.2 The NHA Classification System

This study's methodological approach was guided by System of Health Accounts (SHA) 2011, which improves on the International Classifications for Health Accounts Classifications by providing clearer distinctions of classifications at the levels of source, health provider, and health care function. Our approach also provides clear distinctions among capital items (OECD, Eurostat, WHO, 2011). The following were the major classifications and their definitions that formed the core of analysis based on the SHA 2011 framework:

Table 3: SHA Classification and Definitions

Classifications	Definitions	Examples
Revenues of Financing Schemes (FS)	Revenues of financing schemes denoted as FS reflect the nature of the funds provided by the various institutional units acting as sources of funds.	Direct foreign financial transfers, internal transfers and grants, transfers distributed by government from foreign origin, voluntary prepayments from individuals/households, voluntary prepayments from employers
Revenue of Financing Schemes –Reporting Items (FSRI)	The institutional units that provide revenues for the various schemes denoted as FSRI.	Direct foreign financial transfers, internal transfers and grants, transfers distributed by government from foreign origin, voluntary prepayments from individuals/households, voluntary prepayments from

Classifications	Definitions	Examples
		employers
Financing Schemes (HF)	Financing schemes denoted as HF are components of a country's health financing system that raise revenue, manage funds, and purchase services and therefore reflect the financing arrangements on "how" the health care goods and services are financed or paid for.	Central government schemes; local government schemes; compulsory private insurance schemes; voluntary health insurance schemes; Not-for-Profit Institutions Serving Households (NPISH) financing schemes (excluding resident foreign development agencies' schemes); resident foreign development agencies schemes not part of NPISH; health care providers' financing schemes; and household out-of-pocket payment
Financing Agents (FA)	FA are the entities or institutions that receive funds through financing schemes and manage the funds that pay for health services.	MoH, the NAC, district councils, and local and international NGOs
Health Providers (HP)	HP are entities that receive money from a financing agent in order to provide services or perform health functions for consumers of health care goods and services.	Central hospitals, and district hospitals
Health Care Functions (HC)	HC are the goods or services that consumers purchase from health care providers.	In-patient curative care and outpatient curative care, prevention and public health programs, health administration
Health Care-Related (HCR)	HCR refers to an activity that may overlap with other fields of study, such as education, overall "social" expenditure, and research and development, and sometimes may be closely linked to health care in terms of operations, institutions, and personnel.	Nutrition, Water and Sanitation, Environmental Health
Capital formation (HK)	HK refers to the types of assets that health providers have acquired during the accounting period and that are used repeatedly or continuously for more than one year in the production of health services.	Medical equipment, transport equipment
Disease (DIS)	This is the condition/intervention area by which health expenditure is analyzed.	Infectious and parasitic diseases, reproductive health, nutritional deficiencies, noncommunicable diseases, injuries

The above classifications allow the NHA to accommodate expenditures in more-pluralistic health systems including those found in low-income countries such as Malawi, where providers may receive payments from multiple financing sources and where payments may be made to numerous providers.

3.3 Definition of Health Expenditures

In this study health expenditures were defined as expenditures for all activities whose primary purpose was to restore, improve, and maintain health during the period 2012/13 through 2014/15. This means that the study considered all health expenditures regardless of the type of institution or entity providing or paying for the health activity. In addition, consideration of health expenditures was not restricted to the geographical borders of Malawi but rather focused on the health care transactions of the country's citizens and residents, and therefore included citizens' expenditures while temporarily abroad, and excluded spending on health care by foreign nationals within Malawi. Health expenditure was defined as spending on the following groups of health care activities:

- Health promotion and prevention;
- Diagnosis, treatment, cure, and rehabilitation of illness;
- Caring for persons affected by chronic illness;
- Caring for persons with health-related impairment and disability;
- Palliative care;
- Providing community health programs;
- Governance and administration of the health system.

However, the main criteria for determining whether an activity should be included or not were as follows:

- The primary purpose of the activity—it must be is to improve, maintain, or prevent the deterioration of health status of individuals, groups of the population, or the population as a whole, as well as to mitigate the consequences of ill health.
- The consumption is for the final use of health care goods and services of residents.
- There is a transaction involving health care services and goods.

3.4 Preparing For Data Collection

3.4.1 The NHA Technical Team

The NHA technical team was composed of members from the public and private not-for-profit sectors, and donors. These included the MoH, MoF, NAC, CHAM, Ministry of Economic Planning and Development, Abt Associates, and WHO Malawi.

Overall technical support was provided by the SSDI-Systems project, led by Abt Associates.

3.4.2 Sample Design

The 2015 NHA sample was obtained from different sources. The donor list was obtained from the Health Donor Group and MoF Debt and Aid Department. Employers and insurance companies were obtained from the Employers Association of Malawi and Malawi Chambers of Commerce and Industries. International and local NGOs were obtained from the Council for Non-Governmental Organizations; government Ministries, Departments and Agencies were obtained from the MoF. The sample comprised 22 donors, 94 NGOs, 130 employers, 11 Ministries, Departments and Agencies, 6 health insurance companies, and CHAM. In total, 264 institutions were surveyed.

3.4.3 Customization of NHA Classifications

The NHA production tool provides for the generic classification of codes and general information, e.g. calendar year. In order to align the NHA with the Malawi health system, the NHA technical team customized the generic classifications to the Malawi NHA classifications. The customization was done by creating subcodes within the existing generic codes—e.g., creating a subcategory of NAC under the generic category of central government on Financing Agents. This process was followed for each classification where such subcategory codes were needed; but caution was taken not to over-customize, to avoid making the Malawi NHA not comparable with those of other countries. The technical team also entered the general information in the NHAPT: the fiscal years being reported on, the currency being used in the reporting, and the exchange rate for that currency and other major currencies (U.S. dollar, euro, and pound sterling).

3.4.4 Data Sources

This step involved creation of data sources in the NHA Production Tool by importing the sampled list of donors, NGOs, employers, insurance companies, government, CHAM, and household. The data source lists under each category were also validated to ensure that they had the correct names and were correctly categorized.

3.4.5 Survey Questionnaires

This step involved exporting donor, employer, NGO and insurance questionnaire templates from the data sources in the NHAPT. The questionnaires were reviewed for correctness in the institution naming, and for question errors and fiscal years. The technical team then reviewed and cleaned the templates. The electronic copies were saved in appropriate folders and printed as hard copies. The institutions were to fill out either electronic or hard copy questionnaires depending on their preferences.

3.4.6 Training

The NHA technical team was first oriented on NHAPT and the SHA 2011 framework during a technical meeting held in October 2015. The members were from the MoH, MoF, National Aids Commission, Ministry of Economic Planning and Development, SSDI-Systems project, and WHO Malawi. The orientation involved explaining the NHA methodology for estimating health expenditure; SHA (2011) classifications; and data sources for donors, government, NGOs, employers, insurance, and household and NHA implementation plans.

The NHA data collector training was conducted in March 2016. The data collectors were trained on the NHA methodology and on questionnaire administration. The last part involved explaining to data collectors the meaning of each question.

3.5 Data Collection

3.5.1 Secondary Data

The secondary data for government Ministries, Departments and Agencies, some donors, and NGOs was collected by NHA technical members from the MoH, SSDI-Systems Project, MoF, and NAC between October 2016 and March 2016. The secondary information comprised audited and exported financial statements from the government's Integrated Financial Management Systems, MoF Debt and Aid database, and donor and NGO financial statements. Donor and NGO secondary data was collected in the event that institutions preferred to submit secondary information and in their own format; or, when data gaps were

observed in the primary data, in which case an effort were made to obtain data from various secondary sources. The technical team also obtained household data from the MoH database.

3.5.2 Primary Data

After the training of data collectors (15 in total), primary data collection was conducted between April and May of 2016; data collectors visited all the selected institutions. The data collectors were divided into six groups. Of these, two groups were assigned to collect data from the southern region, operating from the city of Blantyre; two were assigned the central region, and operated from the capital city, Lilongwe; one group was assigned the eastern region, and operated from Zomba City; and the last group was assigned the northern region, and operated from Mzuzu City. Each group was assigned supervisors, most of whom were NHA technical team members from the MoH and SSDI-Systems Project. Completed questionnaires were submitted to the NHA technical team members who were directly supervising the data collection exercise, for them to check the completeness and where necessary to do additional follow-up.

Purely primary data were collected from most of the donor, NGO, insurance, and employer institutions, while NAC, CHAM, and Government Ministries and Departments provided purely secondary data from their Financial Monitoring Reports. Secondary data provided by CHAM and by Government Ministries and Departments such as the Ministry of Health and Ministry of Finance was meant to triangulate data collected during primary data collection.

Donors

The target of the Donor Survey was to collect data from all donors. All donors were sent questionnaires, accompanied by an official letter from the MoH requesting the entity's participation and explaining how the information would be used. A data collector and a technical team member were responsible for following up with specific donors to ensure that surveys were completed and returned. The team identified 22 donors based on records from the MoH and MoF. Questionnaires were sent to all donors. Of the 22 donor questionnaires sent, 18 were completed and returned, representing an 82 percent response rate. Expenditures for the other 4 donors that did not return questionnaires were obtained from the Debt and Aid Management Division database at MoF and MoH headquarters, thus adequately addressing the response gap.

NGOS

The NGO category was subdivided into two broad subcategories of local and international NGOs; 45 international NGOs and local NGOs each were sampled. Among international NGOs, 37 questionnaires were completed and submitted, an 82 percent response rate. Of the local NGOs, 33 completed and submitted NGO questionnaires, a 73 percent response rate. The nonresponse was partly offset by data from the Debt and Aid Management Division database, which contains details of funds disbursed to beneficiaries, including NGOs. Health expenditures by the CHAM secretariat and CHAM facilities were obtained from the CHAM secretariat.

Employers

Many private firms and corporations in Malawi finance and provide health care for their employees and the employees' dependents. Employers with on-site facilities sometimes provide care for the communities in their catchment areas. Employers and employees contribute to health expenditures in the following ways:

- Provision and financing of health care in on-site health care facilities;

- Reimbursements to employees;
- Employer/employee contribution to an outside health insurance scheme;
- In-house health insurance scheme.

In order to capture such expenditures from employers of varying sizes, employers, like NGOs, were categorized into the two broad subcategories of macro and medium enterprises; 94 macro enterprises were sampled. For these, 66 employer questionnaires were completed and submitted, representing a 70 percent response rate. For medium enterprises, 36 enterprises were sampled, of which 28 completed employer questionnaires, a response rate of 78 percent.

This sample of employers was based on the list of firms and corporations provided by the Employers Consultative Association of Malawi and Malawi Chambers of Commerce and Industry.

Public Institutions

No sampling was conducted for public institutions; all public institutions were included. As indicated above, some of these institutions provided primary data, while other provided secondary data. Data for the MoH was obtained from the MoH Finance Department, and data for other Ministries—agriculture irrigation, water development, defense, home affairs (police), education, and local government—was obtained from the Ministry of Finance Accountant General Department.

Health Insurance Organizations

The health insurance market in Malawi is composed of one major firm, the Medical Aid Society of Malawi, and a few other emerging ones. Data collectors were sent to the following Medical Schemes: Medical Aid Society of Malawi, Unimed, Momentum Health, Liberty, and Horizon Health. Four health insurance organizations completed and submitted the survey and one did not.

Household Health Expenditure Data

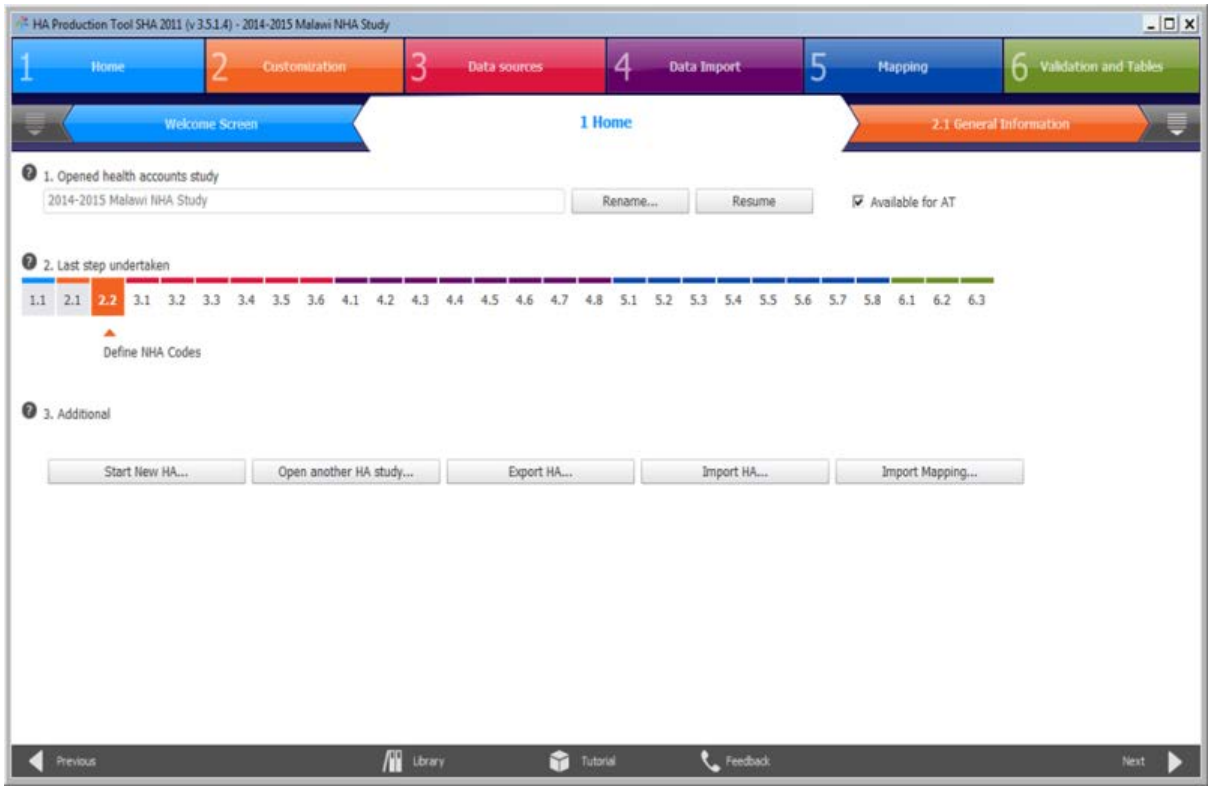
Household health expenditure data were obtained from the Malawi Household Health Expenditure and Utilization Survey 2010 Database and extrapolated to fiscal years 2012/13 through 2014/15.

3.6 Data Entry, Processing, Analysis, and Report Writing

3.6.1 NHA Production Tool

The NHA technical team used NHAPT to analyze the data. Previous NHA rounds had been analyzed using Excel. NHAPT streamlines the NHA production process by eliminating mundane administrative tasks so that the NHA team can focus on the technical aspects of the NHA. NHAPT has features for storing previous health accounts estimations, customizing of NHA codes, streamlining of data collection and data importing, data mapping, double-counting, application of consistent weights to data, and validation and automatic generation of graphs and tables (Figure 1).

Figure 1: NHA Production Tool Features

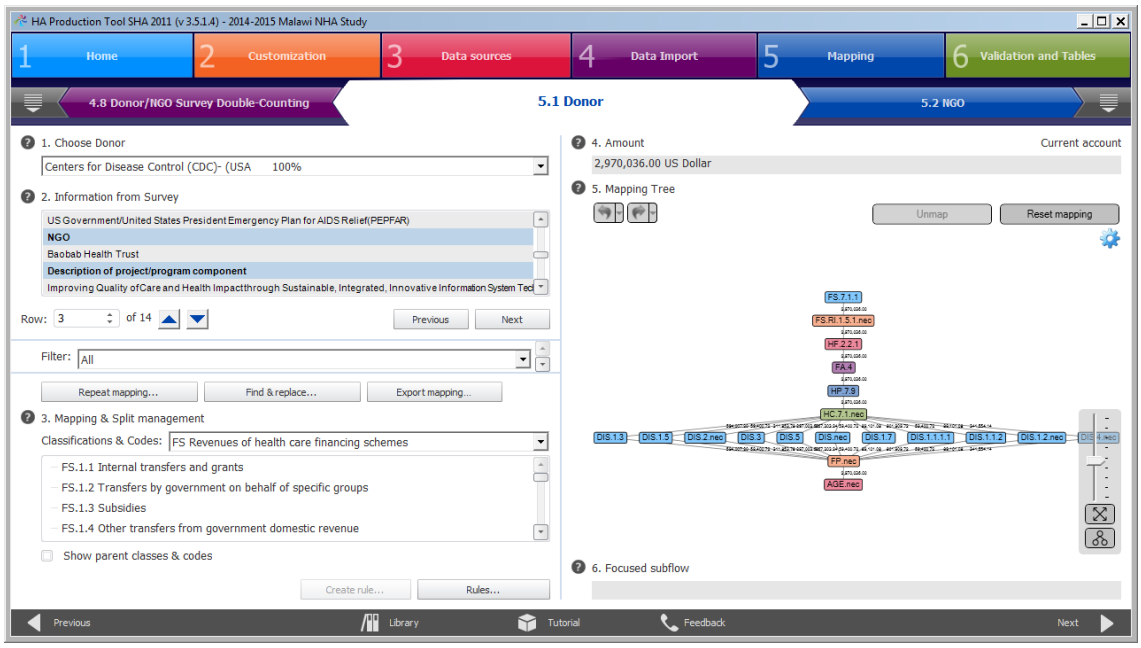


3.6.2 Data Mapping

This step involved assigning expenditures to their respective classifications within the SHA 2011 framework. The expenditures were assigned to institutions providing revenue of financing schemes (FSRI), Revenue of Financing Schemes (FS), Financing Schemes (HF), Capital (HK), Financing Agents (FA), Health Providers (HP), Health Care Functions (HC), Health Care Related (HCR), Factor of Provision (FP) and diseases (DIS) codes (Figure 2). The 2015 NHA used full disease distribution as opposed to subaccounts for specific diseases. The NHAPT categorizes diseases into infectious and parasitic diseases, reproductive category (defined more clearly below—it includes family planning, so is not strictly a "disease"), nutritional deficiencies, noncommunicable diseases, injuries, and unspecified diseases/conditions. The infectious and parasitic subcategory comprises HIV and AIDS, malaria, TB, diarrheal diseases, neglected tropical diseases, respiratory infections, and vaccine preventable diseases. The reproductive health subcategory includes maternal conditions, perinatal conditions, and family planning; and noncommunicable diseases includes diabetes; hypertension; mental illnesses; diseases of the sensory organs; and respiratory, digestive, and oral diseases.

For the institutions that managed to specify what they had spent for particular classifications of disease, the NHA team reviewed the classification before mapping. For institutions that did not manage to specify expenditure by diseases/conditions, the section below describes the methodology.

Figure 2: NHA Mapping Process



Dealing With Nontargeted Health Expenditure Data for Each Disease

For the institutions that did not disaggregate expenditure data by disease/condition and service type, the NHA team used utilization data from the Health Management Information System provided by the Central Monitoring and Evaluation Department under the MoH, and health care costing studies that had just been conducted, to update the allocation ratios that had been used in the previous NHA to split the aggregated expenditures.

The ideal practice is to obtain costing data to weigh against utilization rates in order to obtain the allocation factors for various diseases. In Malawi, however, it was difficult to obtain costing data and billing records for the diseases/conditions. Therefore, total utilization data of sampled facilities by level of care were used in the following manner, on the assumption that unit costs are the same for different diseases at each provider level, to obtain nontargeted spending:

Outpatient		
Number of outpatient visits for diseases/conditions at given provider	=	Y percent of overall outpatient expenditures that are used for diseases/conditions at given provider
Number of outpatient visits overall at a given provider		
Inpatient		
Number of inpatient days for diseases at a given provider	=	Z percent of overall Inpatient expenditures that are used for diseases at given provider
Number of inpatient days overall at a given provider		

Note: Assumes that unit costs are the same at each provider level for treatment of different diseases.

Dealing with Donor-Pooled Funding

Few donors channeled their resources through government systems at the MoF level. This meant that the recurrent expenditure for the MoH, though considered government resources, had an external resources element that needed to be split. The NHA used the follow ratios:

- 2012/13=MoF 70 percent and donors 30 percent
- 2013/14=MoF 75 percent and donors 25 percent
- 2014/15=MoF 79 percent and donors 21 percent

Dealing with Capital Expenditure

The SHA 2011 proposes that capital formation of health care providers not be included when computing THE for a particular year. It separates THE from current health expenditure: current health expenditure equals THE minus capital formation. However, due to the priority the MoH attached to capital formation in any given period, and to ease comparison between the 2015 NHA and previous NHAs, the capital expenditure was included in the computation of THE. The expenditures included under capital formation were only those whose principal activity was provision of health services. The capital expenditure items that were captured included infrastructure, equipment and intellectual property (computer software, databases), and memorandum items such as education and research. The expenditures were aggregated to find the total capital expenditure for a particular year.

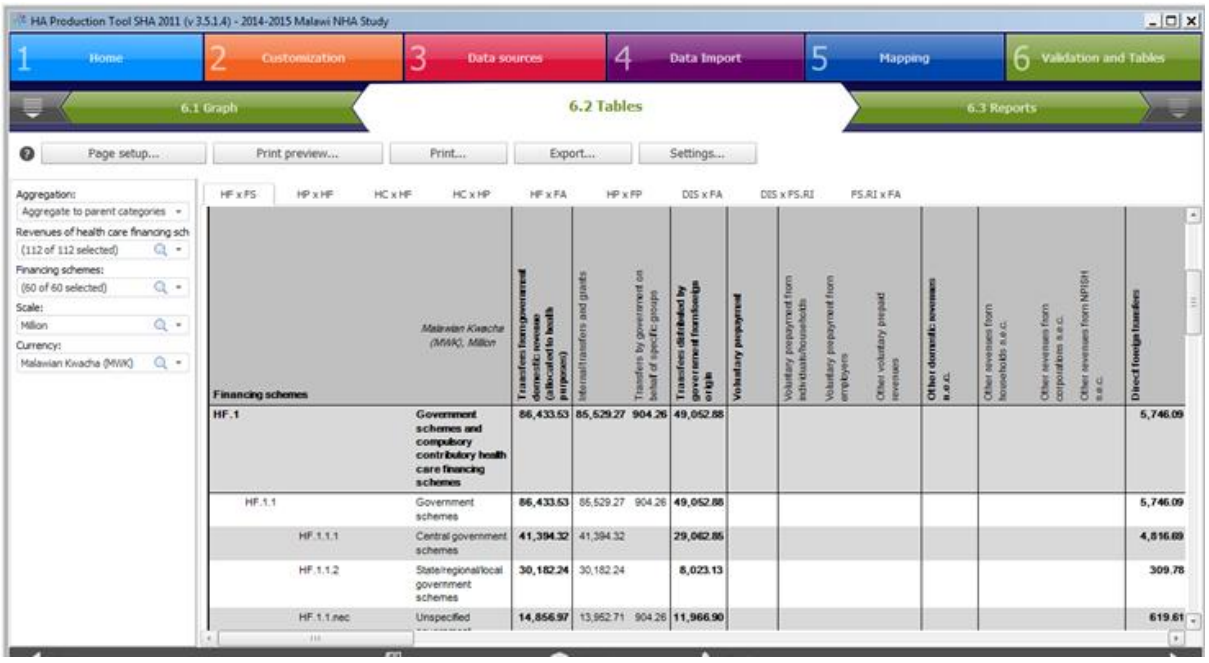
Household Data Analysis

The NHA team reviewed the Malawi Health Expenditure and Utilization Survey 2010 Database and re-analyzed it in STATA and Excel. Extrapolations were then done to 2012/13 and 2014/15, with 2010/11 as base year. WHO (2003) provides that household data can be used for a maximum of five years before a new household survey must be done. For Malawi, 2015 is the last year for which 2010 household data can be used.

Creation of Tables for the Years from 2012/13 through 2014/15

After completing mapping of all data, the NHA team performed double-count checks between donors and NGOs, and also between employers and insurance, to remove any health expenditures that were reported by both institutions. The tables for all three years were generated for the NHAPT and exported to excel after validation (Figure 3).

Figure 3: NHA Production Tool Tables



3.7 Study Funding

USAID/Malawi funded the whole NHA exercise, from the training of the NHA team members, enumerators, and research assistants, through data collection, entry, cleaning, and analysis, to final report-writing. Technical support was provided by USAID through SSDI-Systems.

3.8 Study Limitations

These are some limitations of the study:

- The NHA team used 2010 household survey data to extrapolate the expenditure for the 2012/13, 2013/14, and 2014/15 fiscal years. Economic variables of the Consumer Price Index and population were used to adjust the values to reflect the effect of inflation and other macro-economic changes. However, the trend of household OOP payments may have been disrupted owing to the rebasing of the Consumer Price Index in 2012 to 100 after it had an upward movement from 2002 to 2012 (from 100 to 436). Ideally, new household survey data would have been collected and used, but there was no money in the budget to do this.
- The flow of data in some of the completed surveys was not clear and not aligned according to the SHA framework. The NHA team involved in data analysis often found itself following up with the institutions that had provided the data, to get clarification, and most of the individuals who had responded to these surveys were not available to give it.
- Some of the responding institutions found the tools used for data collection cumbersome, and opted to provide their expenditure records in their own format. The analysis team had the burden of re-packaging these expenditure datasets into SHA 2011-usable format.

4. Findings

4.1 Introduction

This chapter presents the findings of the 2015 NHA study. In addition to presenting key health accounts findings, the chapter presents the findings on specific health financing policy issues falling under the main three health financing functions—resource mobilization, risk pooling, and purchasing. In certain instances, results for Malawi are compared with those of other countries in the SADC region.

4.2 Key Health Accounts Findings

Total Health Expenditure in Malawi, in nominal terms, rose from MWK235.2 billion in 2012/13 to MWK253.0 billion in 2013/14, and then to MWK302.7 billion in 2014/15. In U.S. dollar terms, however, there was a fall from $696.7 million in 2012/13 to $669.6 million in 2014/15. The per capita health spending levels, at the average U.S. dollar exchange rate, were $43.5, $37.6 and $39.2 in 2012/13, 2013/14, and 2014/15 respectively, giving an average of $40.1 (Table 4). This is only a marginal increase from the per capita spending of $39.1 registered during the previous NHA study that covered fiscal years 2009/10, 2010/11, and 2011/12.

Table 4: Key Health Accounts Findings

Indicators	2012/13	2013/14	2014/15	Average
Population	16,035,384	16,559,038	17,101,849	16,565,423
Total expenditure on health (MWK)	235,154,771,697	253,006,837,243	302,735,281,609	263,632,296,849
Total expenditure on health (U.S. dollars)	696,739,642	623,340,756	669,582,323	663,220,906
Total government expenditure on health (MWK)	21,468,739,480	29,878,278,270	52,276,759,990	4,541,259,246
Total government expenditure on health (U.S. dollars)	63,609,689	73,612,037	115,624,430	84,282,051
Per capita total expenditure on health (at average U.S. dollar exchange rate)	43.5	37.6	39.2	40.1
Total expenditure on health as a percentage of GDP	11.6%	11.3%	11.1%	11.3%
Government expenditure on health as a % of total expenditure on health	22.3%	24.6%	28.6%	25.2%
Government per capita total health expenditure (at average U.S. dollar exchange rate)	9.7	9.3	11.2	10.1
Government total expenditure on health as a % of total government expenditure	10.9%	9.5%	10.8%	10.4
National expenditure on	239,131,211,722	260,073,999,566	307,988,975,852	369,064,729,046

Indicators	2012/13	2013/14	2014/15	Average
health (MWK)				
Per capita national expenditure on health (at average U.S. dollar exchange rate)	44.2	38.7	39.8	40.9
Total private expenditure as a percentage of THE	9.1%	11.8%	17.3%	12.7%
Household expenditure on health as a percentage of THE	6.8%	8.3%	10.9%	8.7%
Out-of-pocket expenditure on health as a percentage of domestic financing	21.5%	22.7%	23.8%	22.7%
Out-of-pocket expenditure on health as a percentage of THE	6.64%	8.07%	10.83%	8.5%
Out-of-pocket expenditure on health as a percentage of private expenditure on health	72.7%	68.4%	62.7%	67.9%
Out-of-pocket per capita expenditure on health (at average U.S. dollar exchange rate)	2.9	3.0	4.6	3.5
Who funds health? Key financing sources (% THE)				
Public	22.5%	25.0%	29.0%	25.5%
Private	9.2%	12.0%	17.5%	12.9%
Donors	68.3%	63.1%	53.5%	61.6%
Who manages health resources? Key financing agents (% THE)				
General government	47.8%	41.8%	41.0%	43.5%
insurance corporations	1.9%	2.6%	3.2%	2.5%
Corporations (other than insurance corporations)	<1%	<1%	<1%	<1%
Donors and NGOs	43.5%	47.4%	44.7%	45.2%
Households out-of-pocket payments	6.7%	8.2%	11.0%	8.6%
Where are health funds spent? Key health care providers (% THE)				
Public hospitals	37.5%	32.0%	38.0%	35.8%
Private hospitals	1.0%	3.1%	5.4%	3.1%
Health centers/clinics	7.5%	6.8%	7.8%	7.4%
Providers of preventive care	25.2%	26.6%	26.9%	26.2%
Providers of health care system administration and financing	28.0%	31.0%	19.8%	26.3%
Others	<1%	<1%	2.1%	1.2%
What types of health care are consumed? Key health functions (% THE)				
Inpatient curative and rehabilitative care	27.9%	23.7%	30.8%	27.5%
Outpatient curative and rehabilitative care	17.9%	18.0%	16.8%	17.6%

Indicators	2012/13	2013/14	2014/15	Average
Preventive care	24.2%	24.0%	27.1%	25.1%
Governance, and health system and financing administration	23.8%	27.5%	20.1%	23.8%
Capital formation	5.3%	6.3%	4.5%	5.4%
Others	<1%	<1%	<1%	<1%
Which diseases and health conditions does Malawi spend on? (% THE)				
Infectious and parasitic diseases[4]	61.9%	58.2%	60.2%	60.1%
Reproductive health[5]	10.2%	10.5%	10.6%	10.4%
Nutritional deficiencies	9.2%	11.2%	8.0%	9.5%
Noncommunicable diseases[6]	8.7%	8.8%	9.1%	8.9%
Injuries	6.8%	6.9%	6.7%	6.8%
Others (not elsewhere classified)[7]	3.2%	4.5%	5.4%	4.4%

Source: NHA Tables 2015 in Annex.

Figure 4 depicts the growth of THE, both in real and nominal terms, and also per capita spending from 2002/03 to 2014/15. In nominal terms there has been significant growth of THE at an average of 34 percent. However, in real terms, the average growth was 15 percent. The high nominal growth of THE could be attributed to an inflationary effect of prices of health goods and services.

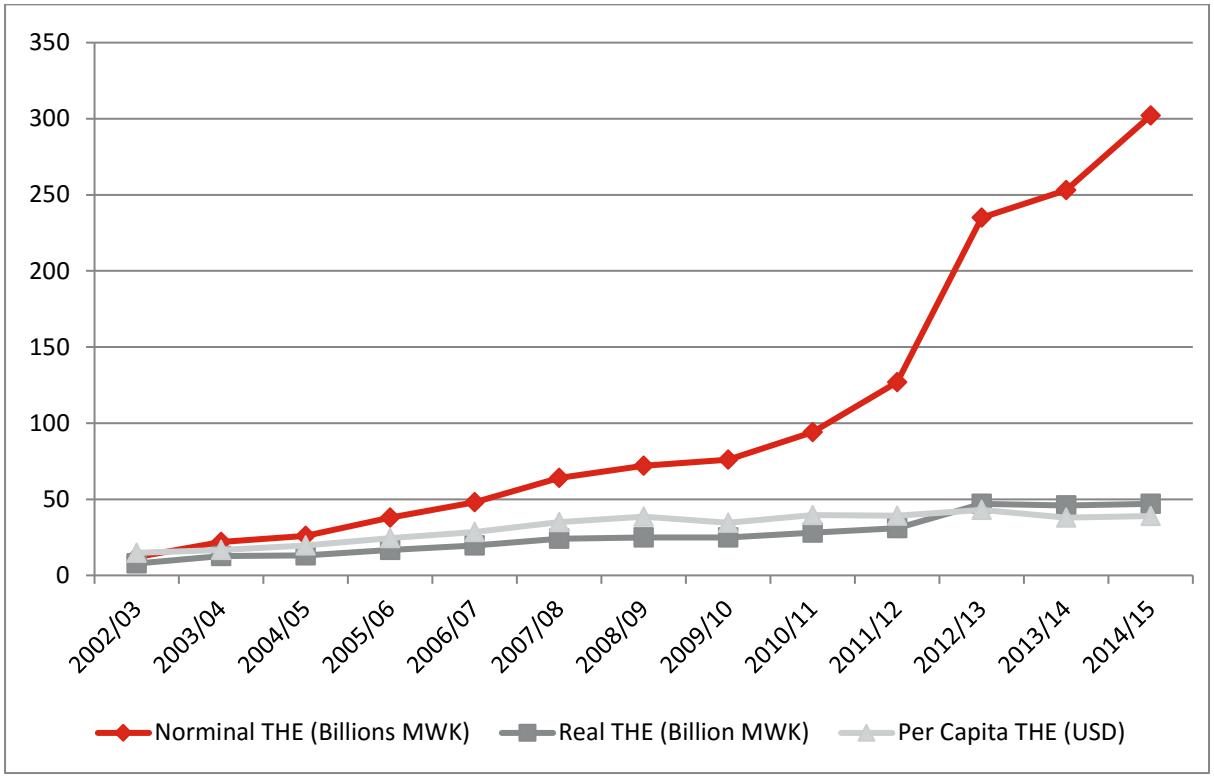
[4] Infectious and parasitic diseases include HIV and AIDS, malaria, TB, diarrheal diseases, neglected tropical diseases, respiratory Infections, and vaccine-preventable diseases.

[5] Reproductive health includes maternal conditions, perinatal conditions, and family planning.

[6] Non-communicable diseases include diabetes; hypertension; mental illnesses; diseases of the sensory organs; and respiratory, digestive, and oral diseases.

[7] Others (not elsewhere classified.) include symptoms, signs, and abnormal clinical and laboratory findings not elsewhere classified.

Figure 4: The (Real and Nominal) and Per Capita Trendline Growth, 2002/2003 through 2014/2015



Source: NSO 2015, World Bank 2015, Government of Malawi 2015, NHA Tables 2015 in Annex.

4.3 Key Health Account Policy Findings

4.3.1 Resource Mobilization

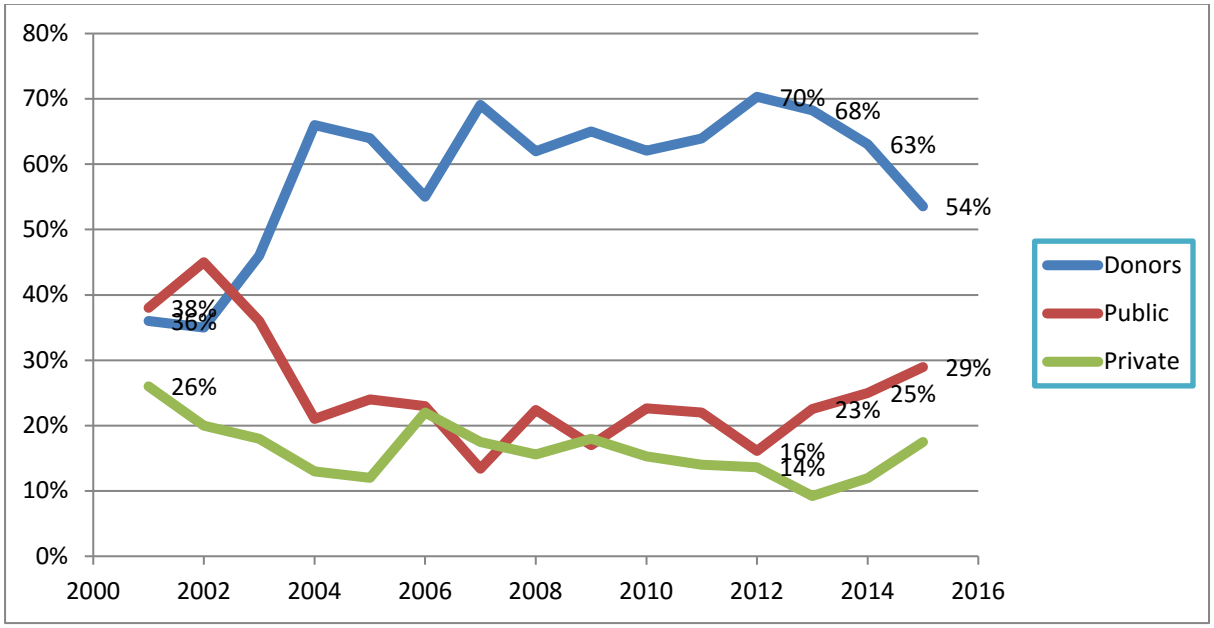
- Who funds the health spending in Malawi? And how are their roles changing over time?
- How sustainable is the financing for Malawi sector?

During the period under review, the donors contributed the majority of health spending in Malawi. Donor contributions accounted for an average of 61.6 percent of THE during the three years (Table 4). Public funds accounted for an average of 25 percent of THE. Although the latter percentage has increased since the last NHA period (2009/10–2011/12), in which the average was 20 percent, the public funds are still small compared to external resources. There is general concurrence now within development circles that domestic financing is the most sustainable way to propel countries towards UHC. For instance, the health sector experienced external shocks after the "Cashgate" scandal,[8] when major traditional development partners pulled out from the pooled budget or reduced their funding. The impact of the scandal is shown in Figure 5 below. Because Malawi's health financing is not sustainable, alternative financing mechanisms need to be implemented in order to mobilize additional resources for the health system.

[8] Cashgate was a financial scandal involving looting, theft, and corruption at Capitol Hill, the seat of government of Malawi, which was revealed in early 2014 when government officers were found with huge amounts of money out of line with their monthly incomes.

The majority of donor funds in Malawi during the period under review were earmarked and managed by local and international NGOs, foundations, and donors themselves. The MoH exercised little control over the use of the resources (apart from those left in the Sector-Wide Approach (SWAp) pool fund after it had been disbanded) (MoH, 2004). This raises the issue of whether aid is effective in strengthening an entire health system based on the recipient country's priorities when the flow of financing is controlled by actors other than the government.

Figure 5: Major Financing Sources of Health Funds: 2001/02 to 2014/15



Source: MoH, 2007, MoH 2008, MoH 2012, MoH 2014, NHA 2015 in Annex.

- Is health spending sufficient to achieve international benchmarks?
- Has Malawi achieved its EHP per capita spending targets and WHO's estimated cost of basic cost-effective package targets?
- Has Malawi reached the Abuja target?

Malawi spent an average of $40.1 per capita per year on health from 2012/13 through 2014/15. It is also clear that spending on health fell below the $44.4 per capita per year for the Malawi EHP that was estimated in 2011. The ministry is currently working towards revising the EHP, and, due to worsening inflation since 2011, the new estimate is expected to be much higher than for the 2011 EHP. The resources were also inadequate to fund the basic cost-effective interventions recently re-estimated by WHO at $86 per capita per year for countries like Malawi.

Total public health spending as a percentage of total government expenditure grew from 6.5 percent (2009/10 through 2011/12 fiscal years) to an average of 10.4 percent of total government expenditure (excluding pool donors) during the 2012/13–2014/15 fiscal years. Although this represents a significant increase, of 4 percentage points, that average was still below the 15 percent Abuja target, making Malawi one of the many countries in the WHO Africa region that had not achieved the target by 2015.[9]

[9] Global Health Expenditure Database, WHO, 2016.

The above findings indicate that the Malawi health system still experiences serious under-investment to finance a minimum package of cost-effective health care interventions. Therefore, alternative health care financing mechanisms that could mobilize additional domestic resources for health need to be finalized and implemented.

Malawi's low per capita spending, which is typical of many developing countries, has small meaningful impact to improve health outcomes—especially with respect to maternal mortality, HIV and AIDS, and malaria.

- How does Malawi compare with other countries in terms of health investments?
- How does Malawi fare in relation to other countries in terms of health spending and health outcomes?

Malawi health investment was the lowest in the SADC region: it invested only $39.2 per capita in 2014/15, whereas the SADC region average per capita spending was $228.8 in 2014. At the same time, Malawi had the highest THE as a percentage of GDP in the SADC Region (Table 5). Malawi's economy is small compared with those of other countries in the SADC, and the country is densely populated, meaning that the available resources for health are spread too thinly over the large population.

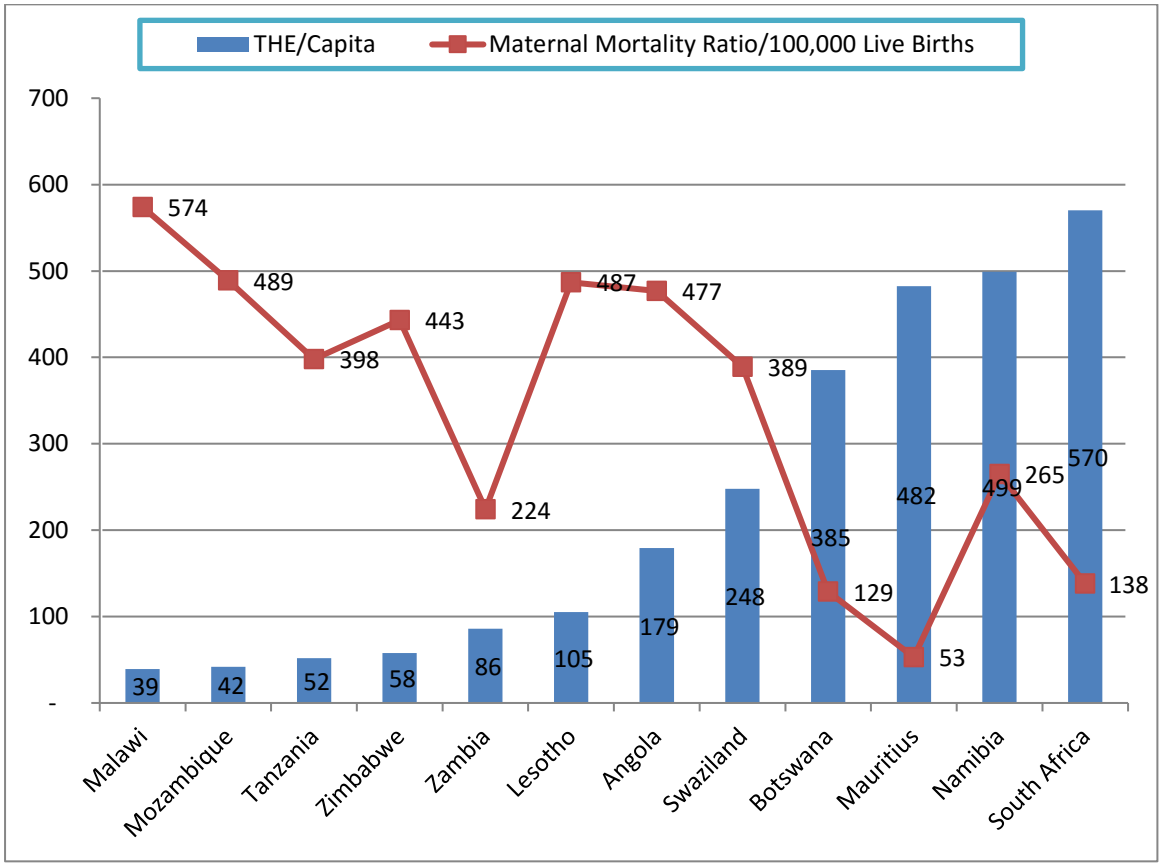
Malawi had the worst maternal mortality in the SADC region: 574 per 100,000 live births, partly reflecting the low health investment per capita (see Figure 6). However, with respect to the infant mortality rate, Malawi outperformed Mozambique, a country with comparable per capita spending, in terms of how per capita expenditures were reflected in the rate (Table 5).

Table 5: Comparison of Health Spending and Health Outcomes among SADC Countries, 2014

Country	THE as % of GDP	THE/Capita	Government Expenditure on Health/Capita	General Government Spending on Health as % of Total Government Expenditure	Infant Mortality Rate (%)
Angola	3.3	179.4	115.2	5.0	96
Botswana	5.4	385.3	227.4	8.8	34
Lesotho	10.6	105.1	80.0	13.1	69
Malawi	**11.1**	**39.2**	**11.2**	**10.8**	**42**
Mauritius	4.8	482.5	237.2	10.0	11
Mozambique	7.0	42.0	23.7	8.8	56
Namibia	8.9	499.0	299.4	13.9	32
South Africa	8.8	570.2	275.0	14.2	33
Swaziland	9.3	247.9	187.7	16.6	44
Tanzania	5.6	51.7	24.0	12.3	35
Zambia	5.0	85.9	47.5	11.3	43
Zimbabwe	6.4	57.7	22.1	8.5	46
Average	**7.2**	**228.8**	**129.2**	**11.1**	**45**

Source: NHA Tables 2015 in Annex, 2016 WHO Global Health Expenditure Database, 2016 WHO Global Health Statistics.

Figure 6: Relationship Between Health Spending and Maternal Mortality Ratio among SADC Countries, 2014



Source: NHA Tables 2015 in Annex, 2016 WHO Global Health Expenditure Database, 2016 WHO Global Health Statistics.

4.3.2 Pooling

Pooling, which is the second health financing function, refers to the accumulation of prepaid revenues for health on behalf of a population for eventual transfer to providers, in order to achieve equity in resource distribution or contribution, and financial protection for defined beneficiaries.[10] Effective pooling in the context of the health financing policy framework for UHC is biased towards public funding of health services, given that health risks in most countries tend to be concentrated in population segments with limited ability to pay for services. The intent is to ensure that access to quality services is not based on one's ability to pay but rather on need.[11]

In the NHA analysis framework, a country's capacity to effectively pool resources is reflected mainly on two dimensions of health care expenditure tracking: (i) financing schemes and (ii) financing agents. The two dimensions provide a picture of the management of funds before actual services are purchased by providers; they directly link the pooling function to the third health financing function, which is purchasing.

[10] Equity in resource contribution and in financial protection are two of the three UHC final goals.

[11] Access to and use of services based on need, and not ability to pay, is the third UHC goal.

Again, the nature of financing at the point of service use—who pays for the services provided, and the types of funding involved—reflect the pooling mechanisms in a given health system. These pooling mechanisms can be presented in a continuum from where there is no risk pooling, such as OOP expenditure, to where there is strong pooling, such as public funding through the Ministries of Health. Policy questions to be addressed by the findings of this NHA study relate to this continuum of pooling mechanisms.

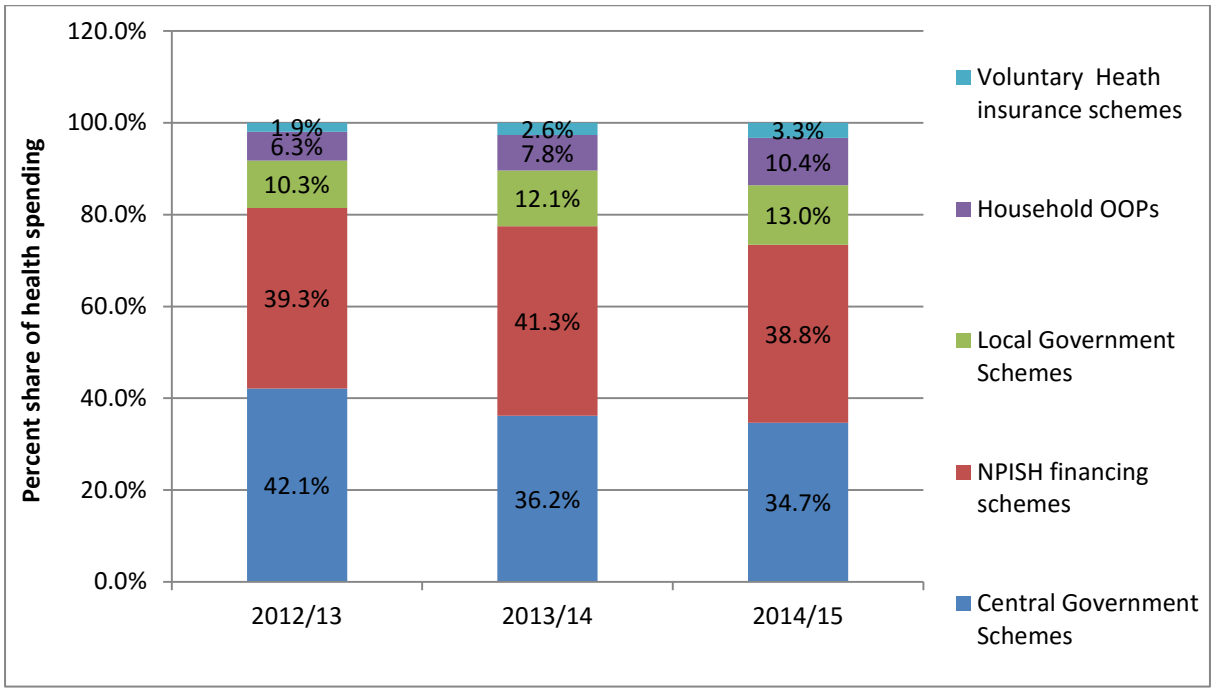
- How are the funds pooled to ensure risk protection for all?

Based on the finding of this NHA study, two government schemes (central government and local government) pooled together an average of 49.5 percent (MWK127.5 billion) of the total resources for health. Voluntary health insurance schemes pooled together an average of 2.6 percent (MWK6.9 billion), while the shares of NPISH/NGO financing schemes and household OOP spending averaged 39.8 percent (MWK102.9 billion) and 8.1 percent (MWK22.9 billion) respectively during the three years under study.

These findings suggest that about half of Malawi's funds were not effectively pooled, considering the general recommendation that countries should move towards predominantly public health funding if they are to achieve all UHC goals. More specifically, 39.8 percent of funds were in numerous fragmented pools involving NPISH and NGOs; 8 percent of funds had no risk pooling, being OOP expenditure; and 2.6 percent was devoted to a private pool for a small, selected population that was better off financially than most Malawians. (Voluntary health insurance schemes also can create inequities in access and utilization, if the insurers choose not to include some potential clients, or to exclude some of the insured members from having certain benefits that are available to other members.) Furthermore, the same public share (49.5 percent) includes significant amounts of funds earmarked for specific programs such as HIV and AIDS and malaria. This represents more fragmentation, and that further lowers the pooling capacity through public funding in Malawi.

Figure 7 below shows the actual shares of the total health resources during the years covered under the study that were pooled under each of the pooling and financing arrangements in Malawi.

Figure 7: Distribution of Health Spending By Pooling Mechanisms in Malawi



Source: NHA Tables 2015 in Annex.

- Who manages the resources for the health sector in Malawi?

As stated above, the extent to which funds are left to be managed by different players or institutions in health systems, known as financing agents under the NHA framework, has a bearing on the pooling capacities involved, through the fragmentation effect. Again, having many managers other than main public health institutions, or having a private entity manage a large pool of public funds that covers virtually everyone, defeats the core function of pooling mechanisms. In many low- and middle- income countries, donors are moving away from funding through government to direct funding of numerous nongovernment entities that collectively manage a significant share of health resources. This has reduced the redistributive function of pooling towards national priority areas.

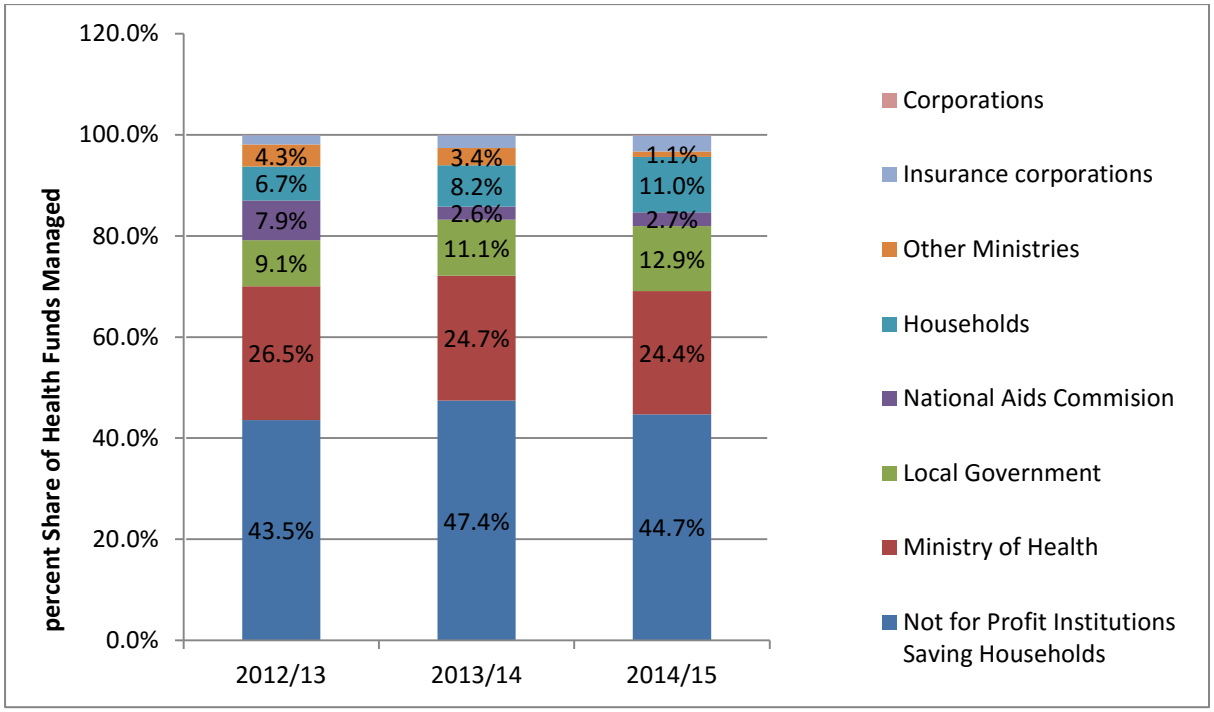
Findings of the 2015 NHA study show that four public entities—the MoH, other government ministries, the NAC, and local governments—collectively managed an average of 47.8 percent (MWK 112.7 billion) of total health resources during the three years covered under the NHA study, with the MoH having the greatest share, 26.5 percent (MWK 65.4 billion). Nonpublic entities, which include insurance corporations, corporations other than insurance, NPISH/NGOs, and households, collectively managed the remaining 52.2 percent (MWK147.6 billion) of health resources. NPISH/NGOs collectively managed an average of 43.5 percent (MWK117.9 billion) of the total health resources, while the share of funds managed by households averaged 8.6 percent (MWK22.9 billion).

The above findings on who manages health funds in Malawi show that risk pooling is very fragmented, with no redistributive mechanism that ensures that everyone can access services they need. The fact that a greater share of health funds are managed by nonstate actors also shows that there is little alignment of health funding to national health priorities or areas where there is greater need.

This situation therefore calls for revitalization and strengthening of the health SWAp pool, or for considering implementation of innovative financing mechanisms, such as the health fund, that would pool health resources from various domestic and international sources to pay for health services.

Figure 8 below shows the distribution of funds among managers of health resources in Malawi during the period covered under the NHA study.

Figure 8: Distribution of Health Funds among Financing Agents in Malawi



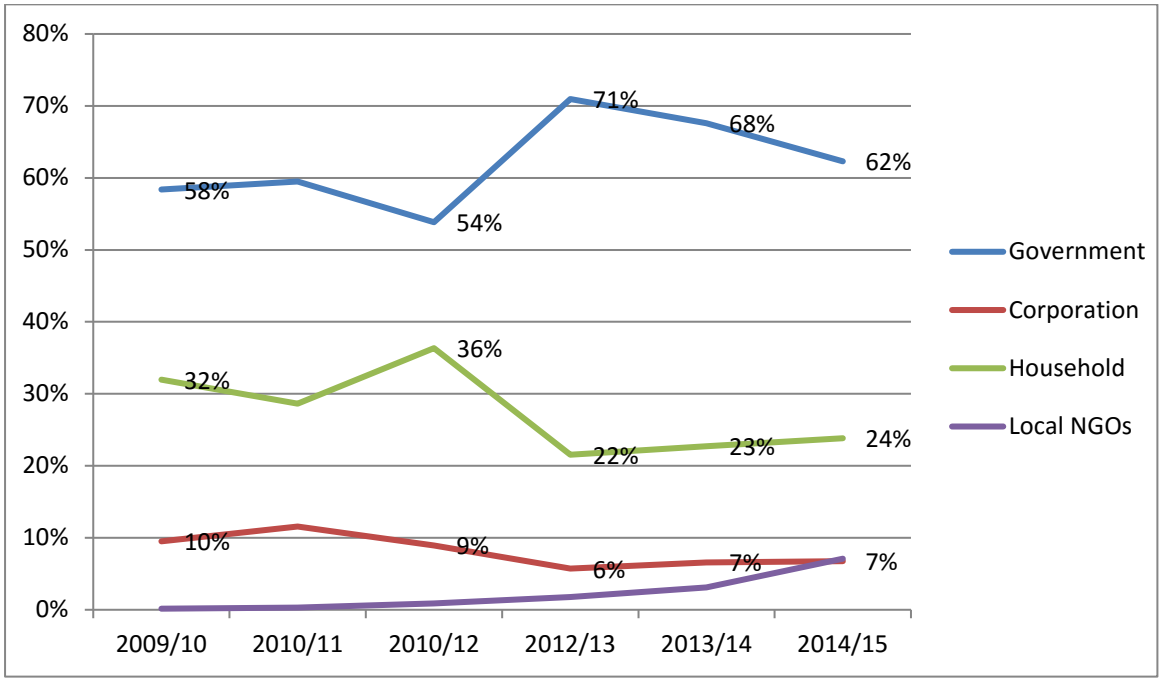
Source: NHA Tables 2015 in Annex.

- What is the financial burden on households to pay for health care and what is the magnitude of OOP spending in relation to domestic financing?

As indicated above, household OOP expenditures represented an average of 8.6 percent of total funds managed by all financing agents. Presenting OOP payments in terms of THE, which includes external funds, may not give the true picture of the burden of health financing borne by households given local economic realities. Expressing OOP payments in relation to domestic resources may give a better picture.

Figure 9 shows that government was the major contributor of domestic funds for health, at an average of 67 percent in the 2012/13 through 2014/15 fiscal years. Household funds were the second highest contributor to domestic funding for health, at an average of 23 percent.

Figure 9: Percentage Share of Household Funds Devoted to Health against Total Domestic Resources



Source: NHA Tables 2015 in Annex.

Also note that the percentage share of health funding from households was still high, despite having decreased from an average of 32 percent in the last NHA period. The level of household direct OOP payment was below the average for WHO Africa region, which was 34 percent in 2014.

4.3.3 Purchasing

Health accounts tracks flow of funds to providers who use or purchase the goods and services. "Purchasing" refers to the allocation of pooled funds to providers that deliver health care goods and services.[12] The way health funds are allocated to providers that deliver health care goods and services has great implications for whether:

- services that are delivered are priority ones, based on a health needs assessment of the population; and
- the price, quantity, and quality of services being delivered are appropriate.

The 2015 NHA attempted to answer policy questions that had bearing on attributes of active or strategic purchasing in the health financing system, i.e., questions that considered issues of priority, efficiency, and equitable access of health services. This issue is detailed below.

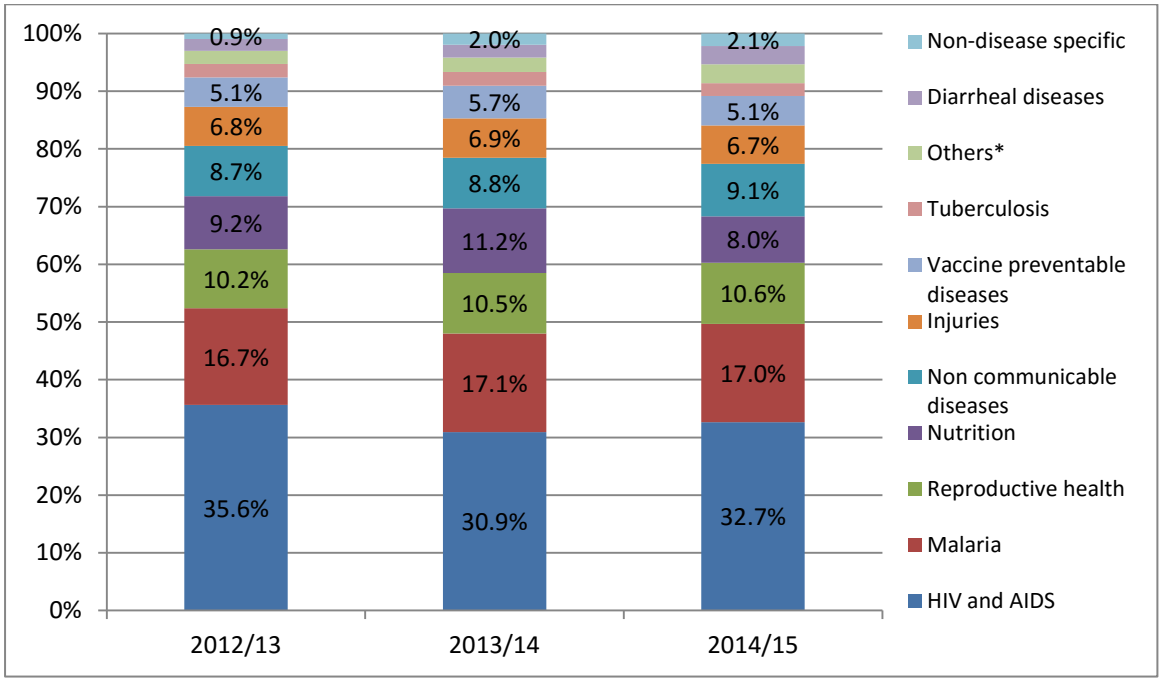
- How much of total health spending is allocated to conditions/services?

The findings show that HIV and AIDS and other sexually transmitted diseases received the highest allocation of funds—on average, 33.1 percent of THE (MWK85.9 billion), followed by malaria at 17 percent (MWK44.2 billion), and then by reproductive health services at 10.4 percent (MWK 27.2 billion). Almost 61 percent of THE was allocated to the three top

[12] http://www.who.int/health_financing

diseases/services (HIV and AIDS, malaria, and reproductive health), leaving the remaining 39 percent of expenditures for all other diseases, conditions, and services (Figure 10). The MoH should work towards reducing the burdens of HIV and AIDS, malaria, and reproductive health expenditure, which constitute the majority of total health expenditures, in order to increase savings.

Figure 10: Allocation of Resources across Diseases



Source: NHA Tables 2015 in Annex.

*= Other and unspecified diseases/conditions

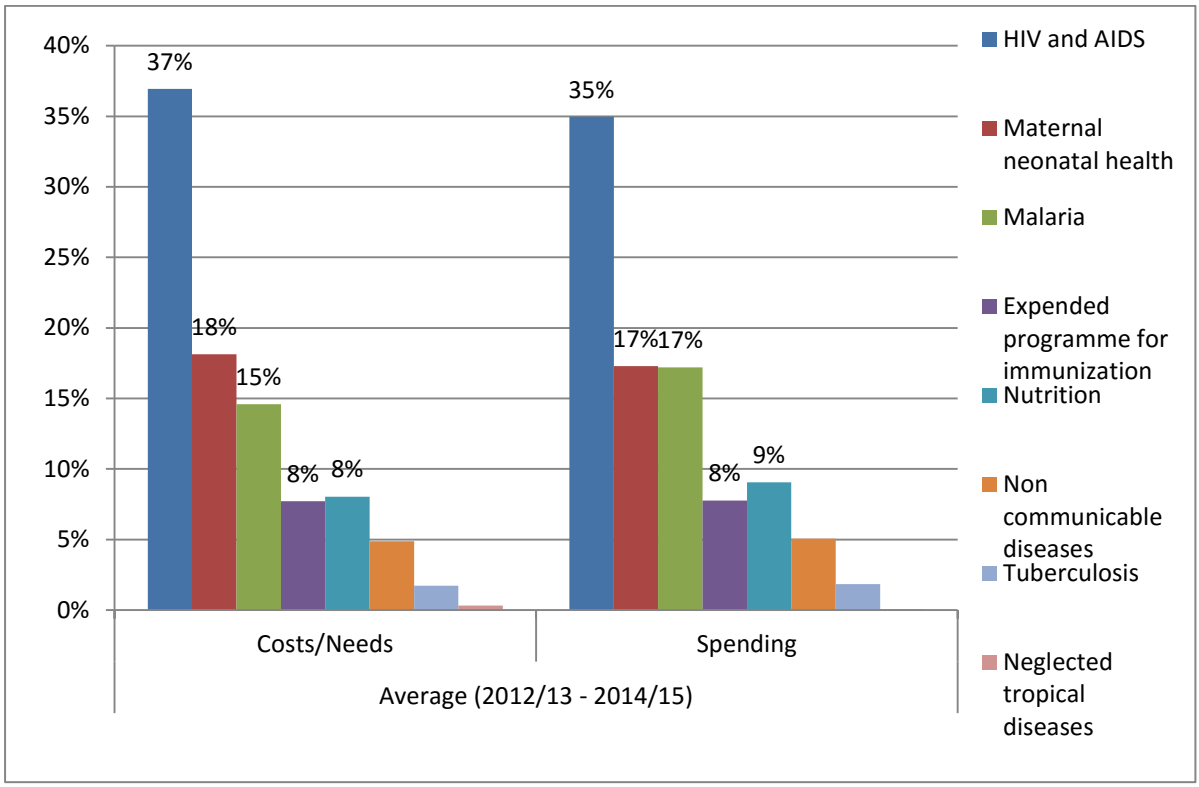
- Is the financing or allocation of resources for health in line with national priorities?

The HSSP 2011–2016 under review was developed in 2010. The MoH in collaboration with development partners developed it to set priorities for the country, and to determine the actual resource needs for those priority inventions. During a mid-year review, the plan under development was recosted to help choose the most cost-effective interventions, and to help the health sector make an investment case when negotiating for more money for health from the partners and the MoF. The HSSP re-costing identified serious gaps between what was budgeted and what was needed. These amounted to $0.5 billion in 2013–2014 and $0.6 billion in 2014–2015; projections for 2015-16 were nearing $1.0 billion. The exercise also identified serious gaps in specific disease programs involving noncommunicable diseases (NCDs), neglected tropical diseases (NCDs), Maternal and Neonatal Health (MNH), vaccines, and HIV and AIDS.

The analysis of the 2012/13 through 2014/15 NHA suggests that the ministry should spend according to the prioritized allocation of HSSP interventions. There were disparities between allocation and the expenditure on interventions. For instance, MNH was the second greatest priority after HIV andAIDS. However, the actual spending suggests MNH was given third priority, as shown in Figure 10. The Expanded Programme for Immunization (EPI) was ranked fourth in need/priority, but in actual spending it came sixth. Similarly, other diseases/conditions that had lower priority spent disproportionately more resources. Malaria, NCDs and nutrition are examples. This scenario can be explained by the fact that disease

programs like the ones devoted to combatting malaria get earmarked funds from partners, whose funding pool is separate from the government pool.

Figure 11: Allocation of Resources to Some National Priorities

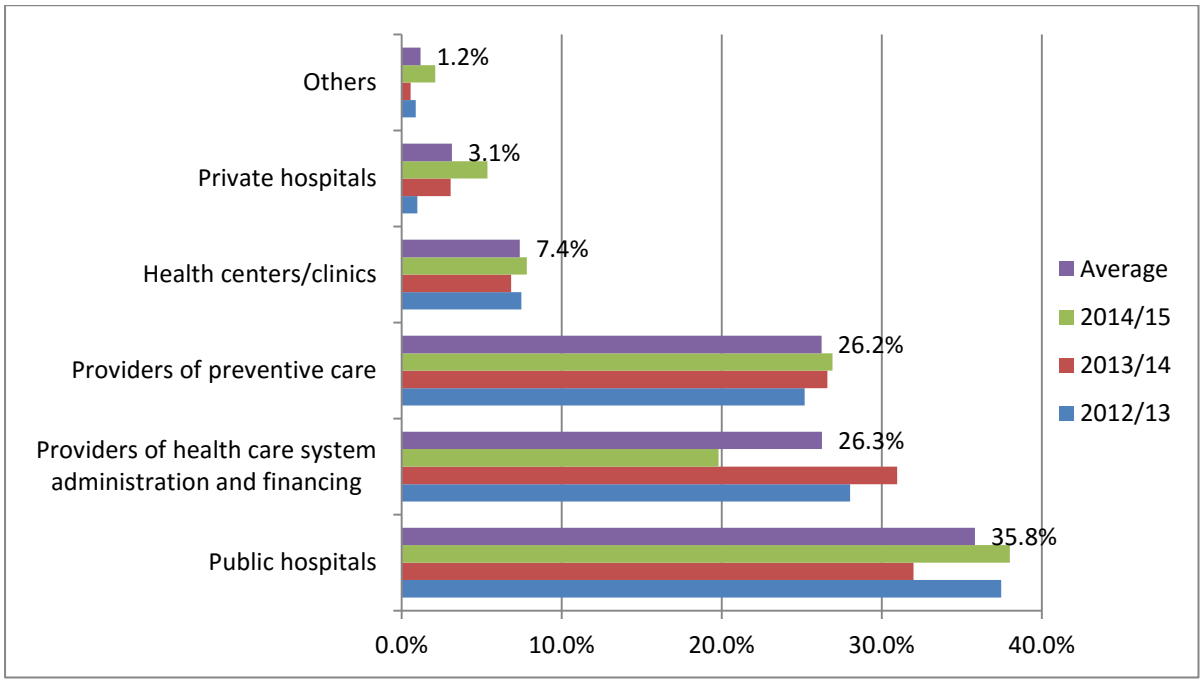


Source: NHA Tables 2015 in Annex.

- What is the balance and efficiency of spending across the health care providers?

As evidenced by Figure 12, Malawi's network of health providers is quite varied, but generally in the three-year period, public hospitals (including central, district, and mental) spent more than any other facilities. Their average spending was 35.8 percent (MWK 93.5 billion). In contrast, health centers and clinics, which provide primary care, were responsible for only 7.4 percent of spending (MWK 19.3 billion). This suggests that resources were allocated inefficiently: primary health care services are generally highly cost-effective, and paying relatively high rates for them (relative to the combined secondary and tertiary services) might encourage their provision. One reason for this disparity might be that health centers are not cost centers—they do not control and manage their own financial resources; they simply order their requirements from the DHO. The DHO is housed at the district hospital and shares administrative staff with it. Other studies suggest a conflict of interest in the way that resources are allocated between the district hospital and its peripheral facilities. DHOs use resources beyond those that they had been allocated to spend on their hospitals—and this depletes resources meant for the health centers, rural facilities, and prevention and public health activities. This suggests an opportunity to give control of financial resources to rural hospitals and health centers. Early lessons from the pilot MoH/SSDI Performance-Based Incentives, which have been implemented in 17 health facilities (3 district hospitals, 2 rural hospitals and 12 health centers), suggest that access to services can be improved if the rural hospitals and health centers are given control and resources in delivering health services.

Figure 12: Allocation of Resources across Health Care Providers



Source: NHA Tables 2015 in Annex.

- What is the balance and efficiency of spending across health care functions?

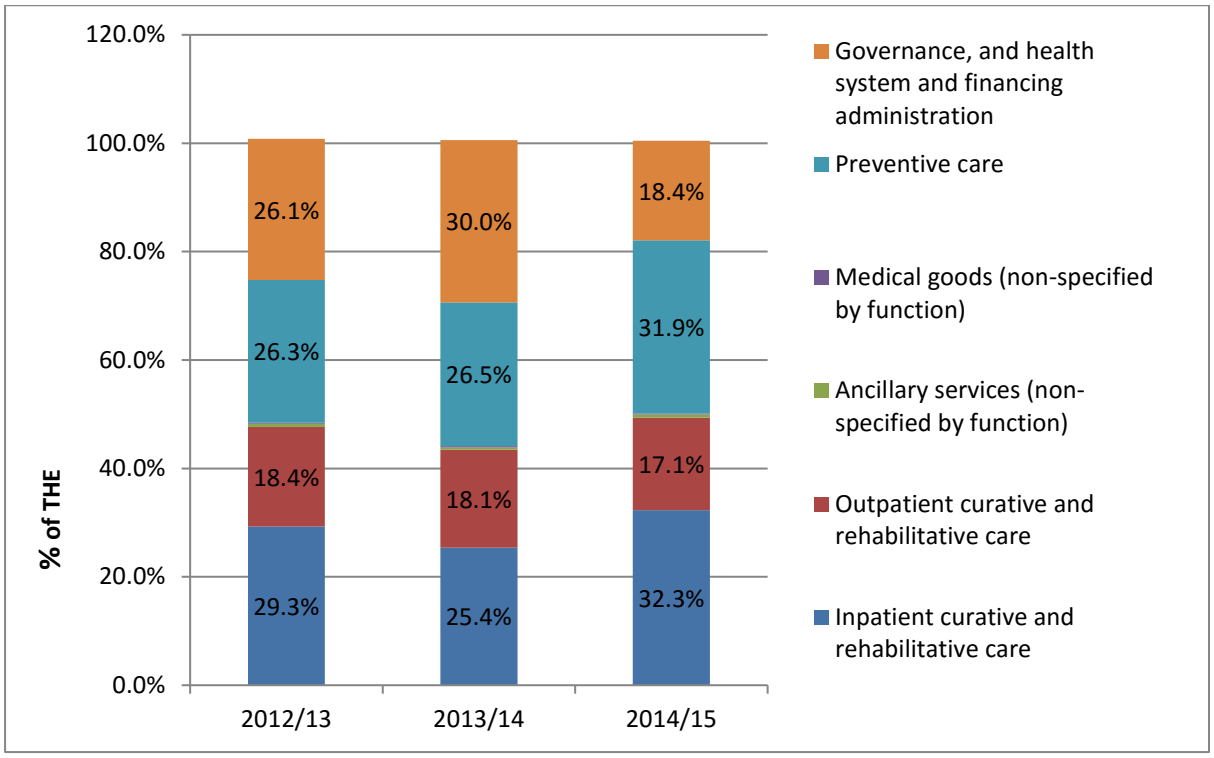
Efficiency levels in spending across health functions are determined by looking at the relative shares of prevention and curative expenditures in THE. Spending is considered efficient if the percentage share of it that goes to prevention activities is greater than the curative share, given evidence that investment in prevention is a more cost-effective approach to the management of health problems.

According to the 2015 NHA study, prevention expenditures averaged 28.2 percent (MWK66.5 billion) of THE, while the share of curative expenditures averaged 46.8 percent (MWK121 billion) during the three years covered by the study. This means that allocation to prevention activities did not manage to avert health problems, for which patients then had to seek clinical or medical interventions, which, relatively, are usually very expensive.

Another expenditure pattern worth noting concerned the average of 24.8 percent (MWK62.2 billion) spent on governance and health system and financing administration. This is too high, considering that Malawi is a resource-constrained country where the EHP should not be surpassed in priority by non-core health functions.

Figure 13 details how expenditures were allocated among health functions during the three years covered under the NHA study.

Figure 13: Allocation of Resources among Functions



Source: NHA Tables 2015 in Annex.

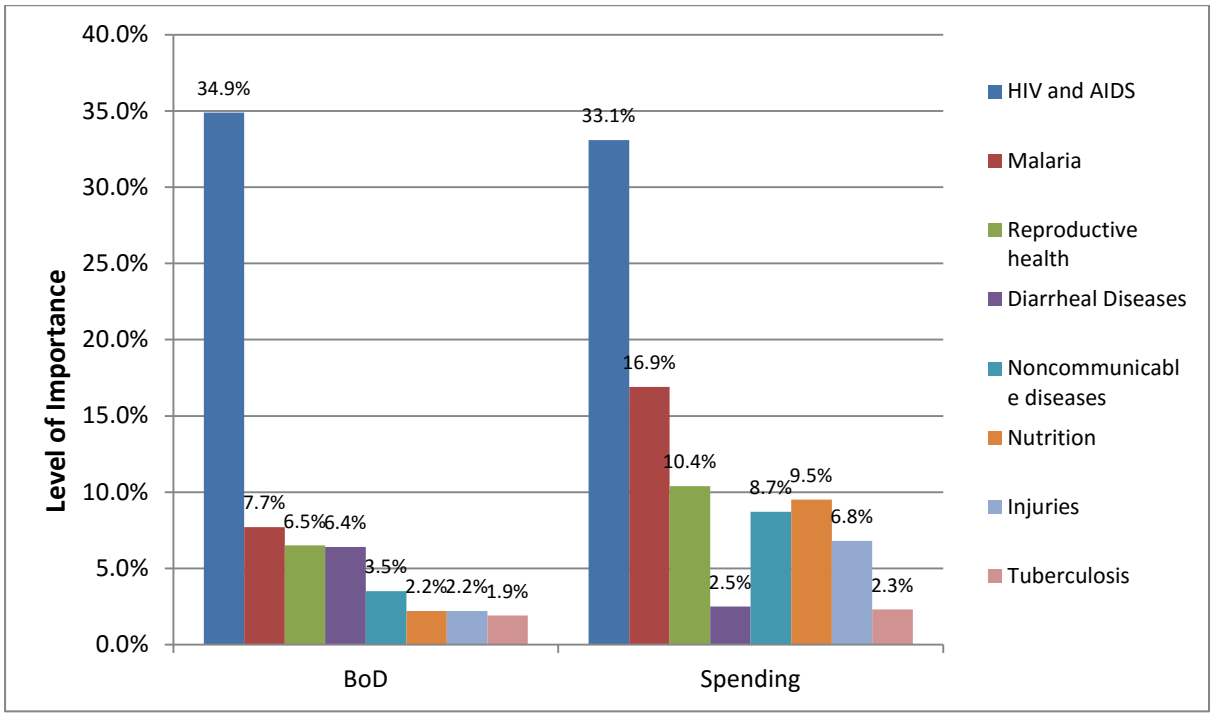
- Does spending respond to the burden of disease?

Understanding health expenditure at the disease level makes it possible to identify disconnects between disease burden and spending, and thereby identify areas where little is being done to combat major causes of mortality and morbidity.[13] To do this, decisions on the allocation of resources to final uses need to be made based on full use of data from Burden of Disease and Costing Studies, to establish priorities and allocate resources based on data or evidence.

Figure 14 compares the level of eight leading burdens of disease against the average level of health spending during the NHA study period.

[13] Institute of Health Metrics and Evaluation.

Figure 14: Allocation of Resources to Burden of Diseases: 2012/13 to 2014/15



Source: Bowie and Mwase 2011, NHA Tables 2015.

From Figure 14, it can be seen that, on average, 61 percent of health spending was allocated to three areas (HIV and AIDS, malaria, reproductive health) responsible for 58 percent of BoD, while 39 percent of health spending was allocated to 42 percent of BoD. The comparison of burden of diseases and health spending patterns is an important opportunity for the ministry to investigate drivers behind health expenditure in each disease in order to identify areas for policy change or increased investment in technology, treatment, and care. For instance, further analytical work could be done to find out whether higher spending to nutrition deficiencies and injuries than their relative disease burden represents allocation inefficiencies or results from the high marginal cost of providing such services.

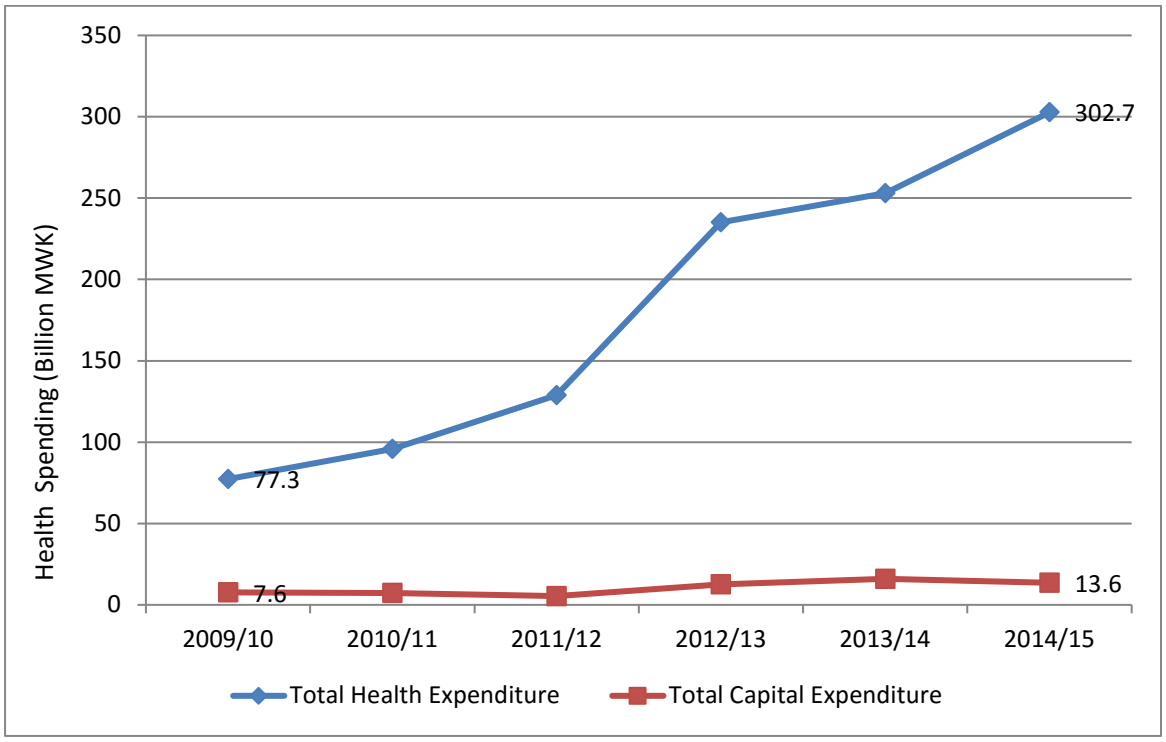
- What is the current balance of spending between recurrent and capital health spending including the trend for the last decade?

Capital investment decisions are among the most important decisions that have to be made in health care. Capital formation measures the rate at which the health care system invests and repairs itself. While there are variations in capital needs estimation and budgeting, the apparent underinvestment in the various forms of health care capital has been acknowledged by governments through costing studies. However, many of these costing studies have focused on particular forms of capital or capital needs for a particular program, and not on the overall capital needs of a given health care system.

This NHA study found that Malawi's capital investment rate has long been flat and not in tandem with the increased level of health spending depicted by Figure 15. The general recommendation is that improvements and reorganization in the operational part of service delivery have to be balanced by corresponding improvements in the level of capital spending on such items as infrastructure, equipment, human resources, and research.

Figure 15 presents capital spending trends against total health spending based on expenditure from the previous NHA study, which covered fiscal years 2009/10 through 2011/12, as well as health spending data from the NHA captured by this report, in nominal terms.

Figure 15: Trend Analysis of Capital Health Spending against Total Health Expenditure: 2009/10 through 2014/15



Source: MoH 2014 and Malawi NHA 2015 Database.

As can be seen from the chart above, total health spending has been increasing, but the share of capital expenditure in total expenditure has been relatively constant.

4.3.4 Subsector Analysis—MoH and Local Councils

The MoH and local councils are the major public health financing agents, except in the case of HIV and AIDS, for which funding is mainly managed by the NAC. The MoH manages financial resources for its own headquarters; these resources include all health subvented organizations, prevention and public health programs, central hospitals, and the Health Services Commission. The local councils manage district financial resources, which include district hospitals, health centers, rural hospitals, and prevention and public health services/programs. Since the MoH and local councils have a major role to play in managing health funds and also in purchasing, it is important that an in-depth analysis be done on how these resources were allocated to the MoH and local councils and managed during the period under review. The analysis was along two dimensions—efficiency and equity.

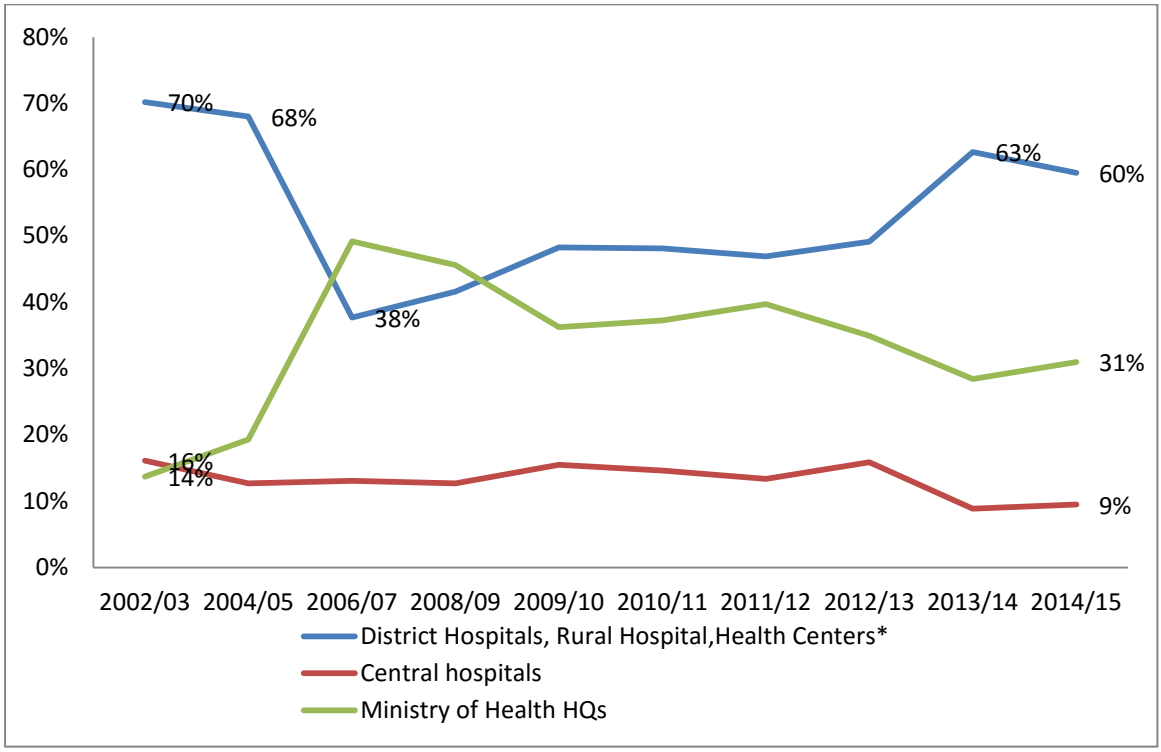
- How efficient was allocation of MoH and local councils' recurrent expenditures between levels of care?

Efficiency, which is concerned with how well resources are used to produce the desired outcomes, could be defined as the ability to obtain the best possible value for the resources used.

Figure 16 shows the trend analysis of allocation of the MoH and local councils' actual recurrent expenditure by cost centers. The figure shows that the government allocated 70.2 percent for this in 2002/03, and that this slowly declined to 60 percent in 2014/15. Although there was decline, the DHO, which comprised district hospitals, health centers, and rural hospitals, had the majority of allocation compared to that for central hospitals and the MoH Headquarters. One can argue that there was an efficient allocation of resources, since the majority of the population lives in rural areas. Expenditures were happening close to where people live, which led to an increased availability of goods and services and encouraged use of services. However, disparity exists when we compare the secondary level (district hospitals) and primary health care level (health centers, rural hospitals, health posts). Research shows inadequate availability and quality of services in most of the primary health facilities, and that the secondary level is relatively better off. A majority of the population of Malawi that has the greatest health care needs lives in rural areas that lack services. The 2014 Malawi Service Provision Assessment Survey revealed that a majority of primary health facilities do not have basic laboratory and other equipment, adequate human resources, essentials medicines, and functional utilities. Another study, which was commissioned by USAID Malawi in 2015 and conducted by SSDI-Systems in collaboration with the MoH, focused on human resources and infrastructure costing analysis related to antiretroviral therapy scale-up in Malawi. It found that human resources are in short supply, and that medical equipment and infrastructure are inadequate, especially in health centers. The recommendation was that the government should invest heavily in infrastructure and medical equipment and also recruit additional staff.

The inefficient allocation of resources is partly attributed to the way the purchasing function is arranged at the DHOs. First, the use of input-based line item budget payment systems does not lead to effective purchasing, because with this system it is impossible to prioritize the EHP. That is because the payment does not directly match the provider payment to EHP services; and, globally, the input-based payment system for health services provision has been found to provide little incentive to health providers to improve the quantity and quality of health care services (WHO, 2010). Secondary health centers and rural hospitals do not manage and control their own resources, which creates another challenge. Early results of the MoH's SSDI Performance-Based Incentives Program indicates that when facilities are given resources according to their needs and the resources are linked to performance, access to services tends to increase, as health workers are motivated to work harder to improve the status quo to earn more resources for their facilities. The MoH needs to implement performance-based financing, one of the strategic purchasing arrangements that enhance performance, as opposed to line budget and salary payments.

Figure 16: Allocation of MoH and Local Council Recurrent Expenditure by Cost Centers: 2002/03 to 2014/15



Note* District hospitals' expenditures include personal emoluments.

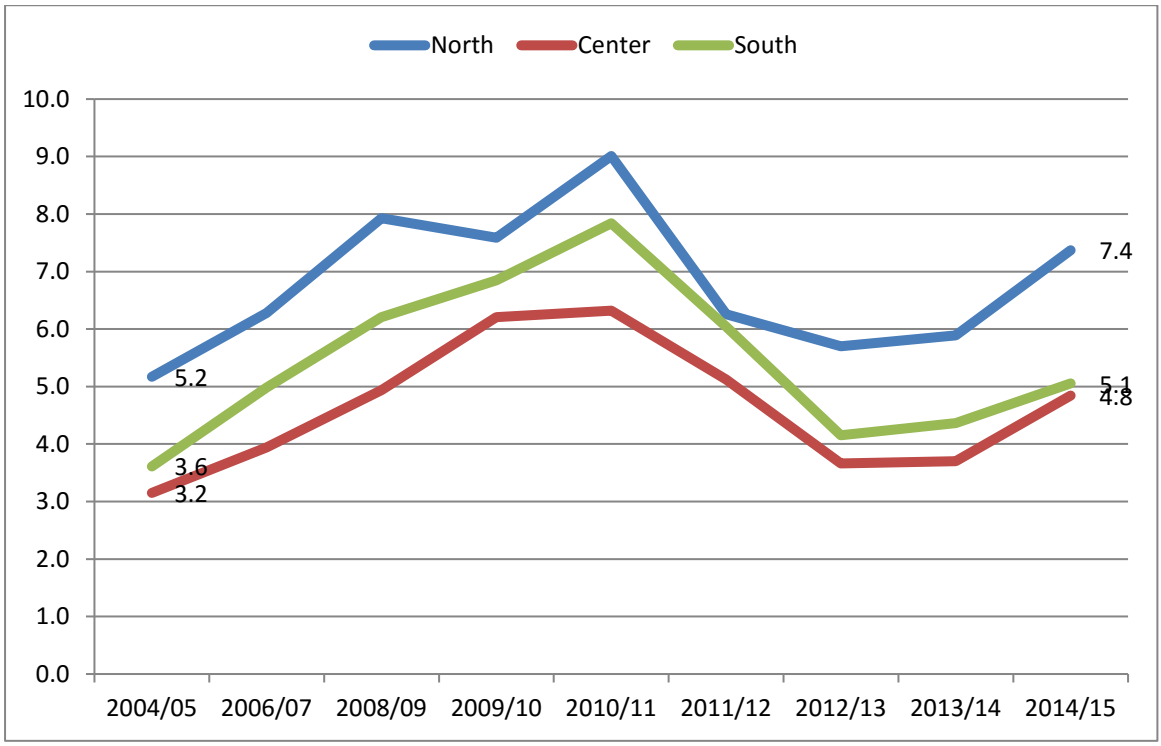
Source: MoH 2007, MoH 2008, MoH 2012, MoH 2014, and Malawi NHA 2015 Database.

- How was allocation of MoH and local councils' actual recurrent expenditure by regions?

Achieving an equity goal in health financing and health delivery requires that resources be allocated on the basis of need (i.e., equal resources for equal need for health care). One way of evaluating progress toward this goal is to examine the distribution of resources between regions in relation to health needs.

The per capita expenditures by region were consistently highest in the north in the 2004/05 through 2014/15 fiscal years (Figure 17). An important explanatory factor is that the north has the lowest population and the terrain is bad, which results in higher operational costs for health service delivery than in the other two regions.

Figure 17: Ministry of Health Expenditure (Votes 031 and 900) Per Capita by Region

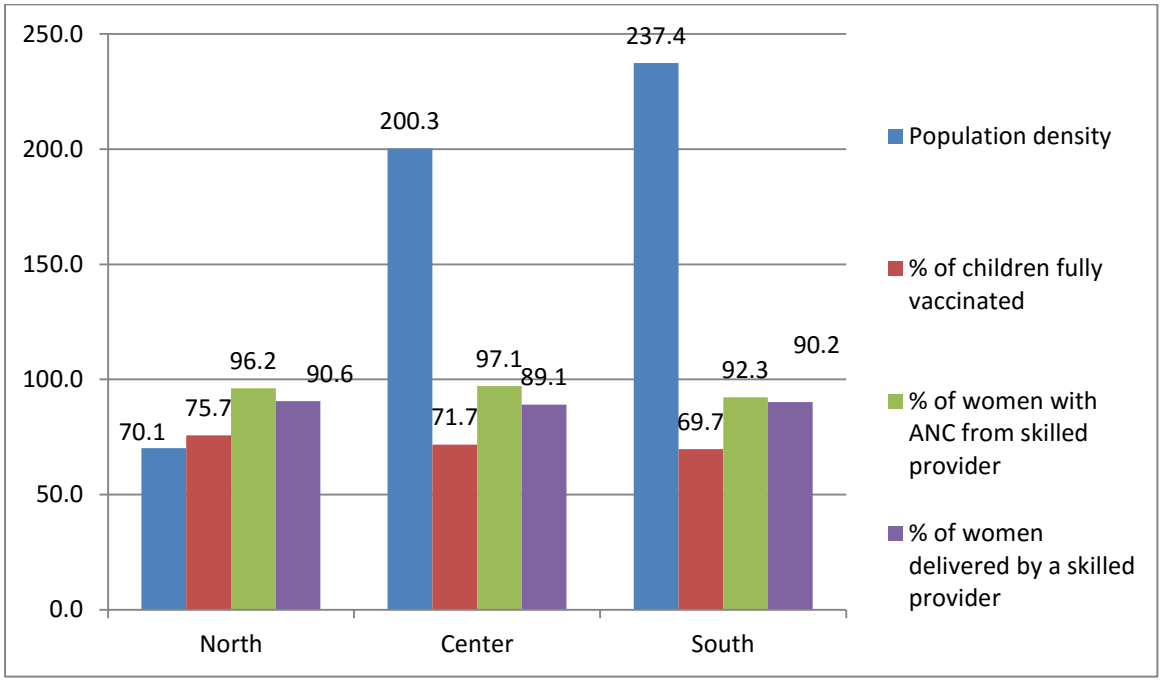


Source: MoH 2007, MoH 2008, MoH 2012, MoH 2014, Malawi NHA 2015 Database.

Figure 18 shows per capita expenditure for the MoH by region, against proxy indicators (a selection of indicators of child health and maternal health to measure coverage of health services).[14] Compared with the southern and central regions, the north had higher per capita expenditures, and had better coverage of health services in child vaccination, and for skilled providers in ANC and maternal delivery services. The ministry could conduct further analysis to find out whether higher levels of per capita spending in different regions correlate with the level of health service coverage, while recognizing that other social economic determinants may also have a bearing on individuals' health outcomes.

[14] The proxy indicators— percentage of children fully vaccinated, percentage of women with ANC from skilled provider, and percentage of women delivered by skilled provider—were gotten from the 2015–16 Demographic and Health Survey Key Indicator Report. Complete indicators such as maternal and child mortality were not available by region at that time in the NSO preliminary report.

Figure 18: Comparison of Ministry of Health and Local Councils' Health Recurrent Expenditure and Proxy Indicators of Need by Region, 2015



Sources: National Statistical Office 2008, Demographic and Health Survey 2015, Malawi NHA 2015 Database.

5. Summary and Policy Implications

5.1 Summary

Malawi's total spending on health rose from MWK235.2 billion ($696.7 million) in 2012/13 to MWK302.7 billion ($669.6 million) in 2014/15. This represented an average of 11.3 percent of GDP; this was the highest spending in terms of percentage of GDP in the SADC region.

However, in per capita terms, this represented $43.5, $37.6, and $39.2 in 2012/13, 2013/14, and 2014/15 respectively; and spending was actually the lowest in the SADC region, which had average per capita spending of $228.8 in 2014. The per capita spending on health in Malawi falls critically short of the $86 recommended by the WHO for an essential package of cost-effective interventions with health systems strengthening components in developing countries.

With respect to resource mobilization, the donors contributed the majority of health spending in Malawi. Donor contributions accounted for an average of 61.6 percent of THE during the three years. Public funds accounted for an average of 25 percent of THE, an improvement from the 20 percent recorded in the 2009/10 -20111/12 NHA study. Still, with such heavy donor reliance, Malawi's health financing system is unsustainable and unpredictable. The health financing contributions by households (OOP payments) relative to domestic resources averaged 23 percent during the three years. This is unacceptably high. The situation is not in line with health financing policy for UHC, which recommends that countries move towards predominantly publicly funded health services.

With respect to pooling mechanisms, about 49.5 percent of funds were pooled through the public financing schemes, and a significant proportion of the funds, about 50 percent, were pooled by numerous and fragmented schemes of donors, NGOs, and OOP payments—which effectively lowers risk pooling and depresses the redistributive mechanism that should ensure that everyone is able to access services relative to their needs. This 50 percent comprised 40 percent of funds that were pooled in numerous and fragmented pools of donors and NGOs; 8 percent that were funds from households through direct OOP payments and thus not pooled; and 2.6 percent from a private pool available to people only in formal employment.

With respect to purchasing, the findings show that HIV and AIDS received the highest allocation of funds; on average it received 33.1 percent of THE, followed by malaria at 17 percent and then by reproductive health at 10.4 percent. The comparison between spending and burden of diseases indicates that on average 61 percent of health spending was allocated to three areas (HIV/AIDS, malaria, and reproductive health) responsible for 58 percent of BoD, while 39 percent of health spending was allocated to 42 percent of BoD. Furthermore, the ministry ought to investigate drivers behind health expenditure in nutritional deficiencies and injuries to see whether their consumption of more resources relative to their disease burden represents inefficient allocation of resources or reflects the high marginal cost of providing service.

More was spent on public hospitals (including central, district, and mental hospitals) than on any other level of care; these hospitals had an average spending of 35.8 percent. Primary health care, comprising health centers and clinics, received only 7.4 percent of expenditure. A recommendable option is to pay relatively higher rates for these services compared to the

combined secondary and tertiary services, given that primary health care services are generally considered to be highly cost-effective.

Prevention expenditures averaged 28.2 percent of THE, while the share of curative expenditures averaged 46.8 percent during the three years covered by the study. This means that allocation to prevention activities did not manage to avert health problems, for which patients then had to seek clinical or medical interventions, which, relatively, are usually very expensive.

On capital formation, the study found that the capital investment rate had been very low, at only 5.4 percent of THE, and not in tandem with the increased level of health spending. Since capital formation measures the rate at which the health care system invest for expansion, repairing and sustaining itself. The low rate of investment means that the Malawi health system was not able to expand and maintain itself to support quality provision of health services. This observation partly explains the inadequate infrastructure and equipment in most of the country's health facilities. Investments in training and research are also critical in safeguarding the sustainability of the health care system; countries are encouraged to spend at least 2 percent of their recurrent budget provisions on research.

Subanalysis of allocation of resources (MoH and district councils) across levels of care and regions in Malawi shows that District Health Office s—comprising district hospitals, health centers, and rural hospitals—had the majority of allocation: 60 percent compared to central hospitals and MoH Headquarters. However, the study reveals that allocation at the district level between a district hospital and its peripheral health facilities favor the district hospitals—i.e., the secondary health care level—rather than the primary-level health facilities, where the majority of cases originate.

5.2 Policy Recommendations

Based on the study results we recommend that the MoH:

- Consider expediting the process of finalizing and implementing the National Health Financing Strategy, currently in draft form, which is aimed at mobilizing additional resources and improving efficiency in the health sector.
- Reconfigure the health financing structure by creating one pool of all resources for health from public and external sources, to improve pooling capacity and thereby ensure risk protection for all.
- Work towards reducing the burden of HIV/AIDS, malaria, and reproductive health care, which constitutes the majority of total health spending, in order to increase savings.
- Investigate whether high spending in nutrition and injuries, and low spending in diarrheal than their BoD does represent inefficiencies or high marginal cost of providing the services.
- Focus health spending towards primary health care and preventive health services that are generally considered to be more cost-effective.
- Increase allocation and spending on capital items such as infrastructure, medical equipment, training, and research.

6. Conclusion

The Malawi NHA 2015 results show that the health financing system was donor-dependent, and that public spending, although it grew, was still low. Although health spending grew sharply compared to spending in the last (2013) NHA study, the resources were still inadequate to provide the basic package of cost-effective interventions, the EHP; and to meet the Abuja target. This implies that the Malawi health system is highly unsustainable and may have difficulty recovering. Therefore, it is critical that Malawi implement alternative mechanisms for resource mobilization, allocation, and management as contained in the Malawi health financing strategy.

The majority of Malawi health funds were fragmented and not effectively pooled. There was inefficient allocation of health resources across areas, as three areas (HIV and AIDS, malaria, and reproductive health) are responsible for two-thirds of health spending. The study also showed misalignment in the allocation of resources based on national priorities (HSSP 2011–16). In addition, allocation of health resources was not in balance across levels of health care and functions; and spending in certain instances does not correlate to the BoD.

The study found low capital investment to support and sustain health care delivery systems. Subanalysis of allocation of resources (MoH and district councils) indicates that the health sector spends majority of resources on higher level of healthcare than primary health care..

The Ministry of Health needs to strengthen the resource mobilization efforts by approving and implementing the draft health financing strategy, strengthen the pooling mechanism, giving priority to primary healthcare and preventive health services and capital items.

7. References

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8. Annex—NHA Tables

2014/15 FS.RI x 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		All FS.RI
Financing agents	*Malawian Kwacha (MWK), Million*	Government	Corporations	Households	NPISH	Rest of the world	Capital Account	
FA.1	General government	72,480.83				48,152.95		122,507.23
FA.1.1	Central government	42,298.58				39,972.16		84,144.19
FA.1.1.1	Ministry of Health	38,321.87				32,674.45		72,869.77
FA.1.1.2	Other ministries and public units (belonging to central government)	3,072.45				162.51		3,234.96
FA.1.1.5	National Aids Commission	904.26				7,135.20		8,039.46
FA.1.2	State/Regional/Local government	30,182.24				8,180.80		38,363.04
FA.2	Insurance corporations		9,221.30	265.94				9,487.23
FA.2.1	Commercial insurance companies		544.83	67.28				612.10
FA.2.nec	Unspecified insurance corporations (n.e.c.)		8,676.47	198.66				8,875.13
FA.3	Corporations (Other than insurance corporations) (part of HF.RI.1.2)		161.13			169.45		330.58
FA.3.2	Corporations (Other than providers of health services)		161.13			169.45		330.58
FA.4	Non-profit institutions serving households (NPISH)	13,952.71			9,843.87	109,591.44		133,422.93
FA.5	Households			32,784.53				32,784.53
	Capital Account						13,584.22	13,584.22
All FA		86,433.53	9,382.43	33,050.46	9,843.87	157,913.84	13,584.22	307,988.98

2014/15 HF x FS

Revenues of health care financing schemes		FS.1			FS.2	FS.5				FS.6				FS.7							All FS
			FS.1.1	FS.1.2			FS.5.1	FS.5.2	FS.5.3		FS.6.1	FS.6.2	FS.6.3		FS.7.1			FS.7.2	FS.7.3		
															FS.7.1.1	FS.7.1.2	FS.7.1.3				
Financing schemes	*Malawian Kwacha (MWK), Million*	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	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other voluntary prepaid revenues	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.	Direct foreign transfers	Direct foreign financial transfers	Direct bilateral financial transfers	Direct multilateral financial transfers	Other direct foreign financial transfers	Other direct foreign transfers (n.e.c.)	Capital Account	
HF.1	Government schemes and compulsory contributory health care financing schemes	86,433.53	85,529.27	904.26	49,052.88									5,746.09	5,746.09	2,575.83	1,296.80	1,873.45			141,232.50
HF.1.1	Government schemes	86,433.53	85,529.27	904.26	49,052.88									5,746.09	5,746.09	2,575.83	1,296.80	1,873.45			141,232.50
HF.1.1.1	Central government schemes	41,394.32	41,394.32		29,062.85									4,816.69	4,816.69	1,821.48	1,121.76	1,873.45			75,273.86
HF.1.1.2	State/regional/local government schemes	30,182.24	30,182.24		8,023.13									309.78	309.78	134.74	175.04				38,515.15
HF.1.1.nec	Unspecified government schemes (n.e.c.)	14,856.97	13,952.71	904.26	11,966.90									619.61	619.61	619.61					27,443.48
HF.2	Voluntary health care payment schemes				0.81	9,570.27	265.94	8,249.20	1,055.14	10,025.37		76.89	9,948.48	103,897.53	103,246.36	95,090.05	7,696.46	459.86	651.17		123,493.98
HF.2.1	Voluntary health insurance schemes					8,881.20	198.66	7,670.29	1,012.25												8,881.20
HF.2.1.1	Primary/substitutory health insurance schemes					6,556.92		6,062.95	493.97												6,556.92
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)					6,556.92		6,062.95	493.97												6,556.92
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)					2,324.28	198.66	1,607.34	518.28												2,324.28
HF.2.2	NPISH financing schemes (including development agencies)				0.81					9,948.48			9,948.48	103,897.53	103,246.36	95,090.05	7,696.46	459.86	651.17		113,846.82
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)				0.81					9,948.48			9,948.48	31,563.26	30,912.08	28,302.84	2,298.02	311.22	651.17		41,512.54
HF.2.2.2	Resident foreign agencies schemes													72,331.65	72,331.65	66,784.58	5,398.44	148.64			72,331.65
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)													2.63	2.63	2.63					2.63
HF.2.nec	Unspecified voluntary health care payment schemes (n.e.c.)					689.08	67.28	578.91	42.89	76.89		76.89									765.96
HF.3	Household out-of-pocket payment									32,784.53	32,784.53										32,784.53
HF.3.1	Out-of-pocket excluding cost-sharing									32,784.53	32,784.53										32,784.53
HF.4	Rest of the world financing schemes (non-resident)					1.20		1.20						1,020.29	1,020.29	286.56	382.37	351.35			1,021.49
HF.4.2	Voluntary schemes (non-resident)					1.20		1.20						133.73	133.73		133.73				134.93
HF.4.2.1	Voluntary health insurance schemes (non-resident)					1.20		1.20													1.20
HF.4.2.2	Other schemes (non-resident)													133.73	133.73		133.73				133.73
HF.4.2.2.3	Schemes of enclaves (e.g. international organisations or embassies)													133.73	133.73		133.73				133.73
HF.4.nec	Unspecified rest of the world financing schemes (n.e.c.)													886.56	886.56	286.56	248.65	351.35			886.56
	Capital Account																			13,584.22	13,584.22
All HF		86,433.53	85,529.27	904.26	49,053.69	9,571.47	265.94	8,250.40	1,055.14	42,809.89	32,784.53	76.89	9,948.48	110,663.91	110,012.74	97,952.44	9,375.63	2,684.66	651.17	13,584.22	307,988.98

2014/15 HP x HF

Financing schemes		HF.1	HF.1.1				HF.2	HF.2.1			HF.2.2					HF.2.nec	HF.3		HF.4	HF.4.2	HF.4.2.1	HF.4.2.2	HF.4.2.2.3			HF.4.nec		All HF
			HF.1.1.1	HF.1.1.2	HF.1.1.nec			HF.2.1.1		HF.2.1.nec	HF.2.2.1	HF.2.2.2	HF.2.2.nec				HF.3.1											
								HF.2.1.1.1																				
Health care providers	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Rest of the world financing schemes (non-resident)	Voluntary schemes (non-resident)	Voluntary health insurance schemes (non-resident)	Other schemes (non-resident)	Schemes of enclaves (e.g. international organisations or embassies)	Unspecified rest of the world financing schemes (n.e.c.)	Capital Account	
HP.1	Hospitals	96,585.16	96,585.16	51,116.13	26,743.76	18,725.27	12,226.04	8,411.99	6,539.88	6,539.88	1,872.11	3,104.41	1,283.15	1,821.25		709.64	20,621.71	20,621.71										129,432.91
HP.1.1	General hospitals	89,303.24	89,303.24	49,451.80	26,743.76	13,107.69	1,863.67					1,863.67	1,204.13	659.54			20,621.71	20,621.71										111,788.62
HP.1.2	Mental health hospitals	1,664.34	1,664.34	1,664.34																								1,664.34
HP.1.nec	Unspecified hospitals (n.e.c.)	5,617.58	5,617.58			5,617.58	10,362.37	8,411.99	6,539.88	6,539.88	1,872.11	1,240.74	79.03	1,161.71		709.64												15,979.95
HP.3	Providers of ambulatory health care	14,752.04	14,752.04	3,290.43	11,461.61		922.30					922.30	647.27	275.02			7,692.70	7,692.70										23,367.04
HP.3.1	Medical practices																2,002.37	2,002.37										2,002.37
HP.3.1.1	Offices of general medical practitioners																2,002.37	2,002.37										2,002.37
HP.3.4	Ambulatory health care centres	14,752.04	14,752.04	3,290.43	11,461.61		787.39					787.39	512.37	275.02			5,690.33	5,690.33										21,229.77
HP.3.4.9	All Other ambulatory centres	14,752.04	14,752.04	3,290.43	11,461.61		787.39					787.39	512.37	275.02			5,690.33	5,690.33										21,229.77
HP.3.5	Providers of home health care services						134.91					134.91	134.91														134.91
HP.4	Providers of ancillary services						769.47					769.47	769.47				1,537.31	1,537.31										2,306.78
HP.4.1	Providers of patient transportation and emergency rescue						306.47					306.47	306.47														306.47
HP.4.9	Other providers of ancillary services						463.00					463.00	463.00				1,537.31	1,537.31										2,000.31
HP.5	Retailers and Other providers of medical goods																913.16	913.16										913.16
HP.5.1	Pharmacies																913.16	913.16										913.16
HP.6	Providers of preventive care	20,269.83	20,269.83	12,401.87	164.20	7,703.76	47,246.05	19.21	17.04	17.04	2.17	47,176.01	20,087.29	27,088.72		50.82	2,019.65	2,019.65	469.66	1.20	1.20			468.46				70,005.19
HP.7	Providers of health care system administration and financing	9,016.25	9,016.25	8,465.43	145.59	405.24	49,788.76	450.00			450.00	49,338.76	13,708.17	35,627.97	2.63				303.18	133.73		133.73	133.73	169.45				59,108.19
HP.7.1	Government health administration agencies	6,962.26	6,962.26	6,557.02		405.24																						6,962.26
HP.7.9	Other administration agencies	2,053.99	2,053.99	1,908.40	145.59		49,788.76	450.00			450.00	49,338.76	13,708.17	35,627.97	2.63				303.18	133.73		133.73	133.73	169.45				52,145.93
HP.9	Rest of the world						3,036.71					3,031.21		3,031.21		5.50												3,036.71
HP.nec	Unspecified health care providers (n.e.c.)	609.22	609.22			609.22	9,504.66					9,504.66	5,017.19	4,487.47					248.65					248.65				10,362.53
	Capital Account																									13,584.22		13,584.22
All HP		141,232.50	141,232.50	75,273.86	38,515.15	27,443.48	123,493.98	8,881.20	6,556.92	6,556.92	2,324.28	113,846.82	41,512.54	72,331.65	2.63	765.96	32,784.53	32,784.53	1,021.49	134.93	1.20	133.73	133.73	886.56	13,584.22			307,988.98

2014/15 HC x HF

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.1.nec	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.nec	HF.2.2	HF.2.2.1	HF.2.2.2	HF.2.2.nec	HF.2.nec	HF.3	HF.3.1	HF.4	HF.4.2	HF.4.2.1	HF.4.2.2	HF.4.2.2.3	HF.4.nec		All HF
Health care functions	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Rest of the world financing schemes (non-resident)	Voluntary schemes (non-resident)	Voluntary health insurance schemes (non-resident)	Other schemes (non-resident)	Schemes of enclaves (e.g. international organisations or embassies)	Unspecified rest of the world financing schemes (n.e.c.)	Capital account	
HC.1	Curative care	103,247.62	103,247.62	46,340.47	38,181.88	18,725.27	11,725.47	8,414.16	6,539.88	6,539.88	1,874.28	2,611.95	770.22	1,841.73		699.36	29,227.56	29,227.56								144,200.66
HC.1.1	Inpatient curative care	65,946.79	65,946.79	28,733.44	26,727.31	10,486.04	7,519.65	5,675.51	4,577.92	4,577.92	1,097.59	1,350.59	61.37	1,289.21		493.55	19,820.08	19,820.08								93,286.53
HC.1.1.1	General inpatient curative care	65,606.24	65,606.24	28,392.89	26,727.31	10,486.04	7,452.78	5,675.51	4,577.92	4,577.92	1,097.59	1,289.21		1,289.21		488.05	19,820.08	19,820.08								92,879.10
HC.1.1.2	Specialised inpatient curative care	340.55	340.55	340.55			5.50									5.50										346.05
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)						61.37					61.37	61.37													61.37
HC.1.2	Day curative care						23.77					23.77	23.77													23.77
HC.1.2.1	General day curative care						23.77					23.77	23.77													23.77
HC.1.3	Outpatient curative care	27,547.00	27,547.00	7,853.21	11,454.56	8,239.23	4,117.28	2,738.65	1,961.96	1,961.96	776.69	1,172.83	620.31	552.52		205.80	9,407.48	9,407.48								41,071.77
HC.1.3.1	General outpatient curative care	27,547.00	27,547.00	7,853.21	11,454.56	8,239.23	4,117.28	2,738.65	1,961.96	1,961.96	776.69	1,172.83	620.31	552.52		205.80	9,407.48	9,407.48								41,071.77
HC.1.4	Home-based curative care						64.77					64.77	64.77													64.77
HC.1.nec	Unspecified curative care (n.e.c.)	9,753.82	9,753.82	9,753.82																						9,753.82
HC.1+HC.2	Curative care and rehabilitative care	103,247.62	103,247.62	46,340.47	38,181.88	18,725.27	11,725.47	8,414.16	6,539.88	6,539.88	1,874.28	2,611.95	770.22	1,841.73		699.36	29,227.56	29,227.56								144,200.66
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	65,946.79	65,946.79	28,733.44	26,727.31	10,486.04	7,519.65	5,675.51	4,577.92	4,577.92	1,097.59	1,350.59	61.37	1,289.21		493.55	19,820.08	19,820.08								93,286.53
HC.1.2+HC.2.2	Day curative and rehabilitative care						23.77					23.77	23.77													23.77
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	27,547.00	27,547.00	7,853.21	11,454.56	8,239.23	4,117.28	2,738.65	1,961.96	1,961.96	776.69	1,172.83	620.31	552.52		205.80	9,407.48	9,407.48								41,071.77
HC.1.4+HC.2.4	Home-based curative and rehabilitative care						64.77					64.77	64.77													64.77
HC.1.nec + HC.2.nec	Other curative and rehabilitative care	9,753.82	9,753.82	9,753.82																						9,753.82
HC.3	Long-term care (health)						87.90					87.90	87.90													87.90
HC.3.1	Inpatient long-term care (health)						44.72					44.72	44.72													44.72
HC.3.2	Day long-term care (health)						43.18					43.18	43.18													43.18
HC.6	Preventive care	21,794.82	21,794.82	13,892.53	198.53	7,703.76	64,675.64	17.04	17.04	17.04		64,607.33	21,717.84	42,889.48		51.27	2,019.65	2,019.65	718.31	1.20	1.20			717.11		89,208.42
HC.6.1	Information, education and counseling (IEC) programmes						628.77					628.77	628.77													628.77
HC.6.1.2	Nutrition IEC programmes						334.75					334.75	334.75													334.75
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)						294.03					294.03	294.03													294.03
HC.6.2	Immunisation programmes	8,388.04	8,388.04	8,388.04			77.95					77.95	77.95													8,465.99
HC.6.3	Early disease detection programmes	10.84	10.84		10.84																					10.84
HC.6.5	Epidemiological surveillance and risk and						11,646.33					11,646.33	3,057.81	8,588.53												11,646.33

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.1.nec	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.nec	HF.2.2	HF.2.2.1	HF.2.2.2	HF.2.2.nec	HF.2.nec	HF.3	HF.3.1	HF.4	HF.4.2	HF.4.2.1	HF.4.2.2	HF.4.2.2.3	HF.4.nec		All HF
Health care functions	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Unspecified NPISH financing schemes (n.e.c.)	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Rest of the world financing schemes (non-resident)	Voluntary schemes (non-resident)	Voluntary health insurance schemes (non-resident)	Other schemes (non-resident)	Schemes of enclaves (e.g. international organisations or embassies)	Unspecified rest of the world financing schemes (n.e.c.)	Capital account	
	disease control programmes																									
HC.6.5.1	Planning & Management						4,327.40					4,327.40	125.74	4,201.66												4,327.40
HC.6.5.2	Monitoring & Evaluation (M&E)						71.61					71.61	71.61													71.61
HC.6.5.3	Procurement & supply management						6,488.00					6,488.00	2,104.61	4,383.39												6,488.00
HC.6.5.4	Interventions						759.33					759.33	755.85	3.48												759.33
HC.6.5.4.2	Condom promotion and distribution						326.04					326.04	326.04													326.04
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)						433.29					433.29	429.81	3.48												433.29
HC.6.nec	Unspecified preventive care (n.e.c.)	13,395.94	13,395.94	5,504.49	187.69	7,703.76	52,322.58	17.04	17.04	17.04		52,254.27	17,953.31	34,300.96		51.27	2,019.65	2,019.65	718.31	1.20	1.20			717.11		68,456.48
HC.7	Governance, and health system and financing administration	16,190.06	16,190.06	15,040.86	134.74	1,014.46	37,074.67	450.00			450.00	36,624.67	13,104.55	23,517.50	2.63				303.18	133.73		133.73	133.73	169.45		53,567.91
HC.7.1	Governance and Health system administration	13,572.64	13,572.64	13,167.41		405.24	27,026.78					27,026.78	11,136.23	15,887.92	2.63											40,599.42
HC.7.1.2	Monitoring & Evaluation (M&E)						594.25					594.25	569.67	24.58												594.25
HC.7.1.3	Procurement & supply management						6,277.05					6,277.05	4,170.70	2,106.35												6,277.05
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	13,572.64	13,572.64	13,167.41		405.24	20,155.48					20,155.48	6,395.87	13,756.99	2.63											33,728.13
HC.7.2	Administration of health financing						450.00	450.00			450.00															450.00
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)	2,617.41	2,617.41	1,873.45	134.74	609.22	9,597.89					9,597.89	1,968.31	7,629.58					303.18	133.73		133.73	133.73	169.45		12,518.48
HC.9	Other health care services not elsewhere classified (n.e.c.)						9,930.31					9,914.98	5,832.04	4,082.94		15.33	1,537.31	1,537.31								11,467.62
	Capital account																								13,584.22	13,584.22
All HC		141,232.50	141,232.50	75,273.86	38,515.15	27,443.48	123,493.98	8,881.20	6,556.92	6,556.92	2,324.28	113,846.82	41,512.54	72,331.65	2.63	765.96	32,784.53	32,784.53	1,021.49	134.93	1.20	133.73	133.73	886.56	13,584.22	307,988.98

2014/15 HC x HP

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.nec	HP.3	HP.3.1	HP.3.1.1	HP.3.4	HP.3.4.9	HP.3.5	HP.4	HP.4.1	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.9	HP.nec		All HP
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Ambulatory health care centres	All Other ambulatory centres	Providers of home health care services	Providers of ancillary services	Providers of patient transportation and emergency rescue	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of the world	Unspecified health care providers (n.e.c.)	Capital account	
HC.1	Curative care	119,387.34	102,280.31	1,160.52	15,946.51	22,543.59	2,002.37	2,002.37	20,541.22	20,541.22					913.16	913.16	1,297.10				5.50	53.97		144,200.66
HC.1.1	Inpatient curative care	79,595.21	68,396.96	1,014.31	10,183.94	13,624.61	1,401.66	1,401.66	12,222.96	12,222.96							61.21				5.50			93,286.53
HC.1.1.1	General inpatient curative care	79,193.28	68,056.41	1,014.31	10,122.57	13,624.61	1,401.66	1,401.66	12,222.96	12,222.96							61.21							92,879.10
HC.1.1.2	Specialised inpatient curative care	340.55	340.55																		5.50			346.05
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)	61.37			61.37																			61.37
HC.1.2	Day curative care																23.77							23.77
HC.1.2.1	General day curative care																23.77							23.77
HC.1.3	Outpatient curative care	32,964.46	27,055.68	146.22	5,762.57	5,992.83	600.71	600.71	5,392.12	5,392.12					913.16	913.16	1,147.35					53.97		41,071.77
HC.1.3.1	General outpatient curative care	32,964.46	27,055.68	146.22	5,762.57	5,992.83	600.71	600.71	5,392.12	5,392.12					913.16	913.16	1,147.35					53.97		41,071.77
HC.1.4	Home-based curative care																64.77							64.77
HC.1.nec	Unspecified curative care (n.e.c.)	6,827.67	6,827.67			2,926.15			2,926.15	2,926.15														9,753.82
HC.1+HC.2	Curative care and rehabilitative care	119,387.34	102,280.31	1,160.52	15,946.51	22,543.59	2,002.37	2,002.37	20,541.22	20,541.22					913.16	913.16	1,297.10				5.50	53.97		144,200.66
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	79,595.21	68,396.96	1,014.31	10,183.94	13,624.61	1,401.66	1,401.66	12,222.96	12,222.96							61.21				5.50			93,286.53
HC.1.2+HC.2.2	Day curative and rehabilitative care																23.77							23.77
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	32,964.46	27,055.68	146.22	5,762.57	5,992.83	600.71	600.71	5,392.12	5,392.12					913.16	913.16	1,147.35					53.97		41,071.77
HC.1.4+HC.2.4	Home-based curative and rehabilitative care																64.77							64.77
HC.1.nec + HC.2.nec	Other curative and rehabilitative care	6,827.67	6,827.67			2,926.15			2,926.15	2,926.15														9,753.82
HC.3	Long-term care (health)																87.90							87.90
HC.3.1	Inpatient long-term care (health)																44.72							44.72
HC.3.2	Day long-term care (health)																43.18							43.18
HC.6	Preventive care	1,389.49	1,375.83		13.66	720.86			585.95	585.95	134.91	769.47	306.47	463.00			67,706.96	14,737.11	1,821.48	12,915.63		3,884.54		89,208.42
HC.6.1	Information, education and counseling (IEC) programmes	11.20			11.20	131.71					131.71						485.86							628.77
HC.6.1.2	Nutrition IEC programmes																334.75							334.75
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	11.20			11.20	131.71					131.71						151.12							294.03
HC.6.2	Immunisation programmes																8,465.99							8,465.99
HC.6.3	Early disease detection programmes																	10.84		10.84				10.84
HC.6.5	Epidemiological surveillance and risk and disease control programmes	8.61	8.61			3.20					3.20	632.51	306.47	326.04			2,416.98	8,585.05		8,585.05				11,646.33
HC.6.5.1	Planning & Management																125.74	4,201.66		4,201.66				4,327.40
HC.6.5.2	Monitoring & Evaluation (M&E)	8.61	8.61			3.20					3.20						59.80							71.61
HC.6.5.3	Procurement & supply management																2,104.61	4,383.39		4,383.39				6,488.00
HC.6.5.4	Interventions											632.51	306.47	326.04			126.82							759.33
HC.6.5.4.2	Condom promotion and distribution											326.04		326.04										326.04
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)											306.47	306.47				126.82							433.29
HC.6.nec	Unspecified preventive care (n.e.c.)	1,369.68	1,367.22		2.46	585.95			585.95	585.95		136.96		136.96			56,338.12	6,141.22	1,821.48	4,319.74		3,884.54		68,456.48
HC.7	Governance, and health system and financing administration	8,396.91	7,893.10	503.81														43,016.95	5,140.78	37,876.16		2,154.05		53,567.91
HC.7.1	Governance and Health system administration	8,396.91	7,893.10	503.81														30,657.68	5,140.78	25,516.90		1,544.83		40,599.42

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.nec	HP.3	HP.3.1	HP.3.1.1	HP.3.4	HP.3.4.9	HP.3.5	HP.4	HP.4.1	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.9	HP.nec		All HP
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Ambulatory health care centres	All Other ambulatory centres	Providers of home health care services	Providers of ancillary services	Providers of patient transportation and emergency rescue	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of the world	Unspecified health care providers (n.e.c.)	Capital account	
HC.7.1.2	Monitoring & Evaluation (M&E)																	24.58		24.58		569.67		594.25
HC.7.1.3	Procurement & supply management																	6,277.05		6,277.05				6,277.05
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	8,396.91	7,893.10	503.81														24,356.06	5,140.78	19,215.27		975.16		33,728.13
HC.7.2	Administration of health financing																	450.00		450.00				450.00
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)																	11,909.26		11,909.26		609.22		12,518.48
HC.9	Other health care services not elsewhere classified (n.e.c.)	259.17	239.39		19.78	102.60			102.60	102.60		1,537.31		1,537.31			913.23	1,354.14		1,354.14	3,031.21	4,269.96		11,467.62
	Capital account																						13,584.22	13,584.22
All HC		129,432.91	111,788.62	1,664.34	15,979.95	23,367.04	2,002.37	2,002.37	21,229.77	21,229.77	134.91	2,306.78	306.47	2,000.31	913.16	913.16	70,005.19	59,108.19	6,962.26	52,145.93	3,036.71	10,362.53	13,584.22	307,988.98

2014/15 HF x FA

Financing agents		FA.1	FA.1.1				FA.1.2	FA.2	FA.2.1	FA.2.nec	FA.3	FA.3.2	FA.4	FA.5		All FA
				FA.1.1.1	FA.1.1.2	FA.1.1.5										
Financing schemes	*Malawian Kwacha (MWK), Million*	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	National Aids Commission	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Unspecified insurance corporations (n.e.c.)	Corporations (Other than insurance corporations) (part of HF.R1.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	Capital account	
HF.1	Government schemes and compulsory contributory health care financing schemes	122,507.23	84,144.19	72,869.77	3,234.96	8,039.46	38,363.04						18,725.27			141,232.50
HF.1.1	Government schemes	122,507.23	84,144.19	72,869.77	3,234.96	8,039.46	38,363.04						18,725.27			141,232.50
HF.1.1.1	Central government schemes	75,273.86	75,273.86	72,201.41	3,072.45											75,273.86
HF.1.1.2	State/regional/local government schemes	38,515.15	152.11		152.11		38,363.04									38,515.15
HF.1.1.nec	Unspecified government schemes (n.e.c.)	8,718.21	8,718.21	668.36	10.39	8,039.46							18,725.27			27,443.48
HF.2	Voluntary health care payment schemes							9,487.23	612.10	8,875.13	159.93	159.93	113,846.82			123,493.98
HF.2.1	Voluntary health insurance schemes							8,861.99	0.50	8,861.49	19.21	19.21				8,881.20
HF.2.1.1	Primary/substitutory health insurance schemes							6,539.88	0.50	6,539.38	17.04	17.04				6,556.92
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)							6,539.88	0.50	6,539.38	17.04	17.04				6,556.92
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)							2,322.11		2,322.11	2.17	2.17				2,324.28
HF.2.2	NPISH financing schemes (including development agencies)												113,846.82			113,846.82
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)												41,512.54			41,512.54
HF.2.2.2	Resident foreign agencies schemes												72,331.65			72,331.65
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)												2.63			2.63
HF.2.nec	Unspecified voluntary health care payment schemes (n.e.c.)							625.24	611.60	13.64	140.72	140.72				765.96
HF.3	Household out-of-pocket payment													32,784.53		32,784.53
HF.3.1	Out-of-pocket excluding cost-sharing													32,784.53		32,784.53
HF.4	Rest of the world financing schemes (non-resident)										170.65	170.65	850.84			1,021.49
HF.4.2	Voluntary schemes (non-resident)										1.20	1.20	133.73			134.93
HF.4.2.1	Voluntary health insurance schemes (non-resident)										1.20	1.20				1.20
HF.4.2.2	Other schemes (non-resident)												133.73			133.73
HF.4.2.2.3	Schemes of enclaves (e.g. international organisations or embassies)												133.73			133.73
HF.4.nec	Unspecified rest of the world financing schemes (n.e.c.)										169.45	169.45	717.11			886.56
	Capital account														13,584.22	13,584.22
All HF		122,507.23	84,144.19	72,869.77	3,234.96	8,039.46	38,363.04	9,487.23	612.10	8,875.13	330.58	330.58	133,422.93	32,784.53	13,584.22	307,988.98

2014/15 DIS x FA

Classification of diseases / conditions	Financing agents	FA.1	FA.1.1				FA.1.2	FA.2	FA.2.1	FA.2.nec	FA.3	FA.3.2	FA.4	FA.5	All FA
				FA.1.1.1	FA.1.1.2	FA.1.1.5									
	Malawian Kwacha (MWK), Million	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	National Aids Commission	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Unspecified insurance corporations (n.e.c.)	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	
DIS.1	Infectious and parasitic diseases	75,997.66	54,134.93	45,925.86	169.60	8,039.46	21,862.73	5,407.72	348.90	5,058.83	122.30	122.30	80,957.90	18,687.18	181,172.76
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	39,241.84	28,118.70	19,992.95	86.29	8,039.46	11,123.14	2,751.30	177.51	2,573.79	98.19	98.19	45,918.77	9,507.51	97,517.61
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	37,215.58	26,859.55	18,739.74	80.34	8,039.46	10,356.03	2,561.55	165.27	2,396.29	96.46	96.46	43,683.59	8,851.82	92,409.01
DIS.1.1.1.1	HIV/AIDS	37,215.58	26,859.55	18,739.74	80.34	8,039.46	10,356.03	2,561.55	165.27	2,396.29	96.46	96.46	42,633.92	8,851.82	91,359.33
DIS.1.1.1.2	TB/HIV												313.66		313.66
DIS.1.1.1.nec	Unspecified HIV/AIDS and OIs (n.e.c.)												736.02		736.02
DIS.1.1.2	STDs Other than HIV/AIDS	2,026.27	1,259.16	1,253.20	5.95		767.11	189.74	12.24	177.50	1.72	1.72	1,554.49	655.69	4,427.91
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)												680.69		680.69
DIS.1.2	Tuberculosis (TB)	3,039.40	1,888.73	1,879.81	8.93		1,150.67	284.62	18.36	266.25	2.58	2.58	2,370.96	983.54	6,681.10
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	3,039.40	1,888.73	1,879.81	8.93		1,150.67	284.62	18.36	266.25	2.58	2.58	2,370.96	983.54	6,681.10
DIS.1.3	Malaria	20,262.69	12,591.56	12,532.05	59.51		7,671.13	1,897.45	122.42	1,775.03	17.22	17.22	22,126.27	6,556.91	50,860.54
DIS.1.5	Diarrheal diseases	2,026.27	1,259.16	1,253.20	5.95		767.11	189.74	12.24	177.50	1.72	1.72	6,603.22	655.69	9,476.64
DIS.1.6	Neglected tropical diseases												1,490.59		1,490.59
DIS.1.7	Vaccine preventable diseases	11,427.45	10,276.78	10,267.85	8.93		1,150.67	284.62	18.36	266.25	2.58	2.58	2,448.09	983.54	15,146.28
DIS.2	Reproductive health	10,645.29	6,610.57	6,579.33	31.24		4,034.72	996.16	64.27	931.89	9.04	9.04	16,487.11	3,442.38	31,579.98
DIS.2.1	Maternal conditions	7.38					7.38						1,564.36		1,571.74
DIS.2.2	Perinatal conditions												3.48		3.48
DIS.2.3	Contraceptive management (family planning)												5,934.99		5,934.99
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	10,637.91	6,610.57	6,579.33	31.24		4,027.34	996.16	64.27	931.89	9.04	9.04	8,984.28	3,442.38	24,069.77
DIS.3	Nutritional deficiencies	10,141.74	6,306.17	6,266.02	40.15		3,835.57	948.72	61.21	887.51	178.06	178.06	9,477.51	3,278.45	24,024.49
DIS.4	Noncommunicable diseases	11,651.05	7,240.15	7,205.93	34.22		4,410.90	1,091.03	70.39	1,020.64	9.90	9.90	9,077.19	3,770.22	25,599.40
DIS.4.8	Sense organ disorders												103.95		103.95
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	11,651.05	7,240.15	7,205.93	34.22		4,410.90	1,091.03	70.39	1,020.64	9.90	9.90	8,973.24	3,770.22	25,495.45
DIS.5	Injuries	9,118.21	5,666.20	5,639.42	26.78		3,452.01	853.85	55.09	798.76	7.75	7.75	7,019.86	2,950.61	19,950.28
DIS.6	Non-disease specific	2,927.02	2,927.02		2,927.02								3,472.05		6,399.07
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	2,026.27	1,259.16	1,253.20	5.95		767.11	189.74	12.24	177.50	3.52	3.52	6,931.31	655.69	9,806.54
All DIS		122,507.23	84,144.19	72,869.77	3,234.96	8,039.46	38,363.04	9,487.23	612.10	8,875.13	330.58	330.58	133,422.93	32,784.53	298,532.50

2014/15 DIS x FS.RI

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	All FS.RI
Classification of diseases / conditions	*Malawian Kwacha (MWK), Million*	Government	Corporations	Households	NPISH	Rest of the world	
DIS.1	Infectious and parasitic diseases	47,987.55	5,378.44	18,838.77	4,917.94	102,947.29	181,172.76
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	24,858.91	2,772.36	9,584.63	4,684.25	55,039.24	97,517.61
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	23,206.87	2,586.21	8,923.63	4,653.49	52,498.07	92,409.01
DIS.1.1.1.1	HIV/AIDS	23,206.87	2,586.21	8,923.63	4,600.21	51,512.87	91,359.33
DIS.1.1.1.2	TB/HIV				53.28	249.18	313.66
DIS.1.1.1.nec	Unspecified HIV/AIDS and OIs (n.e.c.)					736.02	736.02
DIS.1.1.2	STDs Other than HIV/AIDS	1,652.05	186.15	661.01		1,891.24	4,427.91
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)				30.76	649.93	680.69
DIS.1.2	Tuberculosis (TB)	2,478.07	279.22	991.51	0.37	2,875.72	6,681.10
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	2,478.07	279.22	991.51	0.37	2,875.72	6,681.10
DIS.1.3	Malaria	16,520.45	1,861.48	6,610.09	112.64	25,381.18	50,860.54
DIS.1.5	Diarrheal diseases	1,652.05	186.15	661.01	85.43	6,854.55	9,476.64
DIS.1.6	Neglected tropical diseases					1,490.59	1,490.59
DIS.1.7	Vaccine preventable diseases	2,478.07	279.22	991.51	35.26	11,306.01	15,146.28
DIS.2	Reproductive health	8,673.24	977.28	3,470.30	601.12	17,661.34	31,579.98
DIS.2.1	Maternal conditions				145.33	1,426.40	1,571.74
DIS.2.2	Perinatal conditions					3.48	3.48
DIS.2.3	Contraceptive management (family planning)				13.46	5,921.52	5,934.99
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	8,673.24	977.28	3,470.30	442.32	10,309.93	24,069.77
DIS.3	Nutritional deficiencies	8,260.23	930.74	3,305.05	74.05	11,267.08	24,024.49
DIS.4	Noncommunicable diseases	9,499.26	1,070.35	3,800.80		11,013.53	25,599.40
DIS.4.8	Sense organ disorders					103.95	103.95
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	9,499.26	1,070.35	3,800.80		10,909.58	25,495.45
DIS.5	Injuries	7,434.20	837.67	2,974.54		8,535.25	19,950.28
DIS.6	Non-disease specific	2,927.02			140.65	3,331.40	6,399.07
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	1,652.05	187.95	661.01	4,110.12	3,157.95	9,806.54
All DIS		86,433.53	9,382.43	33,050.46	9,843.87	157,913.84	298,532.50

2013/14 FS.RI x FA

Financing agents	Institutional units providing revenues to financing schemes *Malawian Kwacha (MWK), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	Capital account	All FS.RI
FA.1	General government	50,315				53,977		104,293
FA.1.1	Central government	30,823				45,822		76,646
FA.1.1.1	Ministry of Health	27,090				34,549		61,640
FA.1.1.2	Other ministries and public units (belonging to central government)	2,923				5,539		8,462
FA.1.1.5	National Aids Commission	810				5,734		6,544
FA.1.2	State/Regional/Local government	19,492				8,155		27,647
FA.2	Insurance corporations		5,892	527				6,419
FA.2.1	Commercial insurance companies		262	32				294
FA.2.nec	Unspecified insurance corporations (n.e.c.)		5,630	495				6,125
FA.3	Corporations (Other than insurance corporations) (part of HF.RI.1.2)		109					109
FA.3.2	Corporations (Other than providers of health services)		87					87
FA.3.nec	Unspecified corporations (n.e.c.)		22					22
FA.4	Non-profit institutions serving households (NPISH)	11,997	66	0	2,862	103,383		118,327
FA.5	Households			20,422				20,422
	Capital account						16,014	16,014
All FA		62,312	6,067	20,949	2,862	157,361	16,014	260,074

2013/14 HF x FS

Revenues of health care financing schemes		FS.1	FS.1.1	FS.1.2	FS.2	FS.5	FS.5.1	FS.5.2	FS.5.3	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.7.1	FS.7.1.1	FS.7.1.2	FS.7.1.3	FS.7.2	FS.7.2.1	FS.7.2.1.2	FS.7.3		All FS
Financing schemes	*Malawian Kwacha (MWK), Million*	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	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other voluntary prepaid revenues	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.	Direct foreign transfers	Direct foreign financial transfers	Direct bilateral financial transfers	Direct multilateral financial transfers	Other direct foreign financial transfers	Direct foreign aid in kind	Direct foreign aid in goods	Direct multilateral aid in goods	Other direct foreign transfers (n.e.c.)	Capital account	
HF.1	Government schemes and compulsory contributory health care financing schemes	62,162	56,567	5,594	57,549									265								265		119,976
HF.1.1	Government schemes	62,162	56,567	5,594	57,549									265								265		119,976
HF.1.1.1	Central government schemes	30,071	30,070	1	37,266																			67,337
HF.1.1.2	State/regional/local government schemes	19,492	19,492		10,530																			30,022
HF.1.1.nec	Unspecified government schemes (n.e.c.)	12,599	7,005	5,594	9,753									265								265		22,617
HF.2	Voluntary health care payment schemes	168	168		5,930	6,418	527	5,673	218	3,080		176	2,904	93,575	64,036	56,203	501	7,332	131	131	131	29,408		109,172
HF.2.1	Voluntary health insurance schemes					6,418	527	5,673	218															6,418
HF.2.1.1	Primary/substitutory health insurance schemes					1,335		1,117	218															1,335
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)					1,335		1,117	218															1,335
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)					5,083	527	4,556																5,083
HF.2.2	NPISH financing schemes (including development agencies)	168	168		5,930					2,970		66	2,904	93,575	64,036	56,203	501	7,332	131	131	131	29,408		102,644
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)	168	168		5,930					2,970		66	2,904	93,569	64,030	56,197	501	7,332	131	131	131	29,408		102,637
HF.2.2.2	Resident foreign agencies schemes													6	6	6								6
HF.2.3	Enterprise financing schemes									88		88												88
HF.2.3.1	Enterprises (except health care providers) financing schemes									88		88												88
HF.2.nec	Unspecified voluntary health care payment schemes (n.e.c.)									22		22												22
HF.3	Household out-of-pocket payment									20,422	20,422													20,422
HF.3.1	Out-of-pocket excluding cost-sharing									20,422	20,422													20,422
	Capital account																						16,014	16,014
All HF		62,330	56,735	5,594	63,478	6,418	527	5,673	218	23,502	20,422	176	2,904	93,840	64,036	56,203	501	7,332	131	131	131	29,673	16,014	260,074

2013/14 HP x HF

Financing schemes		HF.1	HF.1.1				HF.2	HF.2.1				HF.2.2			HF.2.3			HF.2.nec	HF.3	HF.3.1		All HF
				HF.1.1.1	HF.1.1.2	HF.1.1.nec		HF.2.1.1			HF.2.1.nec		HF.2.2.1	HF.2.2.2		HF.2.3.1						
								HF.2.1.1.1														
Health care providers	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Capital account	
HP.1	Hospitals	62,336	62,336	27,398	19,351	15,586	12,105	5,776	693	693	5,083	6,278	6,278		40	40	12	12,994	12,994		87,435
HP.1.1	General hospitals	56,770	56,770	26,813	19,351	10,605	9,487	3,609			3,609	5,878	5,878					12,994	12,994		79,251
HP.1.2	Mental health hospitals	552	552	552																	552
HP.1.3	Specialised hospitals (Other than mental health hospitals)						0								0	0					0
HP.1.nec	Unspecified hospitals (n.e.c.)	5,014	5,014	33		4,981	2,618	2,167	693	693	1,474	400	400		40	40	12	0	0		7,632
HP.3	Providers of ambulatory health care	9,750	9,750	1,689	8,062		2,486					2,486	2,486					4,847	4,847		17,083
HP.3.1	Medical practices																	1,262	1,262		1,262
HP.3.1.1	Offices of general medical practitioners																	1,262	1,262		1,262
HP.3.3	Other health care practitioners						0					0	0								0
HP.3.4	Ambulatory health care centres	9,750	9,750	1,689	8,062		2,486					2,486	2,486					3,586	3,586		15,821
HP.3.4.9	All Other ambulatory centres	9,750	9,750	1,689	8,062		2,486					2,486	2,486					3,586	3,586		15,821
HP.4	Providers of ancillary services						51					51	51					732	732		783
HP.4.9	Other providers of ancillary services						51					51	51					732	732		783
HP.5	Retailers and Other providers of medical goods																	575	575		575
HP.5.1	Pharmacies																	575	575		575
HP.6	Providers of preventive care	17,842	17,842	13,886		3,956	46,573					46,573	46,573		1	1		1,273	1,273		65,688
HP.7	Providers of health care system administration and financing	30,048	30,048	24,364	2,609	3,075	47,230					47,230	47,224	6							77,278
HP.7.1	Government health administration agencies	26,907	26,907	23,835	906	2,166	710					710	710								27,618
HP.7.9	Other administration agencies	3,141	3,141	529	1,703	909	46,520					46,520	46,514	6							49,661
HP.8	Rest of economy						27					27	27								27
HP.8.1	Households as providers of home health care						27					27	27								27
HP.nec	Unspecified health care providers (n.e.c.)						700	642	642	642					47	47	11				700
	Capital account																			16,014	16,014
All HP		119,976	119,976	67,337	30,022	22,617	109,172	6,418	1,335	1,335	5,083	102,644	102,637	6	88	88	22	20,422	20,422	16,014	260,074

2013/14 HC x HF

Financing schemes		HF.1	HF.1.1				HF.2	HF.2.1				HF.2.2			HF.2.3		HF.2.nec	HF.3			All HF
				HF.1.1.1	HF.1.1.2	HF.1.1.nec		HF.2.1.1		HF.2.1.nec		HF.2.2.1	HF.2.2.2		HF.2.3.1				HF.3.1		
								HF.2.1.1.1													
Health care functions	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Capital account	
HC.1	Curative care	72,209	72,209	29,102	27,521	15,586	15,314	6,418	1,335	1,335	5,083	8,792	8,792		83	83	22	17,842	17,842		105,365
HC.1.1	Inpatient curative care	49,674	49,674	21,983	19,265	8,427	6,950	3,602	1,188	1,188	2,415	3,307	3,307		34	34	7	3,249	3,249		59,873
HC.1.1.1	General inpatient curative care	41,580	41,580	13,888	19,265	8,427	6,947	3,602	1,188	1,188	2,415	3,307	3,307		30	30	7	3,249	3,249		51,776
HC.1.1.2	Specialised inpatient curative care	8,095	8,095	8,095																	8,095
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)						3								3	3					3
HC.1.2	Day curative care						1	0	0	0					1	1					1
HC.1.2.1	General day curative care						0	0	0	0											0
HC.1.2.nec	Unspecified day curative care (n.e.c.)						1								1	1					1
HC.1.3	Outpatient curative care	22,534	22,534	7,119	8,256	7,159	8,272	2,816	147	147	2,669	5,394	5,394		48	48	14	14,593	14,593		45,400
HC.1.3.1	General outpatient curative care	21,430	21,430	6,015	8,256	7,159	7,494	2,816	147	147	2,669	4,634	4,634		31	31	14	14,593	14,593		43,517
HC.1.3.2	Dental outpatient curative care						761					761	761								761
HC.1.3.3	Specialised outpatient curative care	1,104	1,104	1,104																	1,104
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)						18								18	18					18
HC.1.nec	Unspecified curative care (n.e.c.)						91					91	91		0	0					91
HC.1+HC.2	Curative care and rehabilitative care	72,209	72,209	29,102	27,521	15,586	15,314	6,418	1,335	1,335	5,083	8,792	8,792		83	83	22	17,842	17,842		105,365
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	49,674	49,674	21,983	19,265	8,427	6,950	3,602	1,188	1,188	2,415	3,307	3,307		34	34	7	3,249	3,249		59,873
HC.1.2+HC.2.2	Day curative and rehabilitative care						1	0	0	0					1	1					1
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	22,534	22,534	7,119	8,256	7,159	8,272	2,816	147	147	2,669	5,394	5,394		48	48	14	14,593	14,593		45,400
HC.1.nec + HC.2.nec	Other curative and rehabilitative care						91					91	91		0	0					91
HC.3	Long-term care (health)						0					0	0								0
HC.3.3	Outpatient long-term care (health)						0					0	0								0
HC.4	Ancillary services (non-specified by function)						51					51	51					732	732		783
HC.4.nec	Unspecified ancillary services (n.e.c.)						51					51	51					732	732		783
HC.5	Medical goods (non-specified by function)																	575	575		575
HC.5.1	Pharmaceuticals and Other medical non-durable goods																	575	575		575
HC.5.1.1	Prescribed medicines																	575	575		575
HC.6	Preventive care	17,834	17,834	13,878		3,956	50,608	0	0	0		50,606	50,606		1	1	1	1,273	1,273		69,715

Financing schemes		HF.1	HF.1.1				HF.2	HF.2.1				HF.2.2				HF.2.3			HF.2.nec	HF.3	HF.3.1		All HF
			HF.1.1.1	HF.1.1.2	HF.1.1.nec			HF.2.1.1		HF.2.1.nec		HF.2.2.1	HF.2.2.2			HF.2.3.1							
								HF.2.1.1.1															
Health care functions	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Enterprise financing schemes	Enterprises (except health care providers) financing schemes	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Capital account	
HC.6.1	Information, education and counseling (IEC) programmes	50	50	50			3,382					3,382	3,382					3,432					3,432
HC.6.1.2	Nutrition IEC programmes	11	11	11			3,357					3,357	3,357					3,368					3,368
HC.6.1.3	Safe sex IEC programmes	4	4	4			22					22	22					26					26
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	35	35	35			3					3	3					38					38
HC.6.2	Immunisation programmes	8,433	8,433	8,433														8,433					8,433
HC.6.3	Early disease detection programmes						1					1	1					1					1
HC.6.4	Healthy condition monitoring programmes						229					229	229					229					229
HC.6.5	Epidemiological surveillance and risk and disease control programmes	659	659	659			2,670	0	0	0		2,670	2,670					1,273	1,273				4,601
HC.6.5.1	Planning & Management	3	3	3			139					139	139					142					142
HC.6.5.2	Monitoring & Evaluation (M&E)	281	281	281			612					612	612					892					892
HC.6.5.3	Procurement & supply management						887					887	887					887					887
HC.6.5.4	Interventions	375	375	375			1,032	0	0	0		1,032	1,032					1,273	1,273				2,679
HC.6.5.4.1	Male circumcision						110					110	110					110					110
HC.6.5.4.2	Condom promotion and distribution						352					352	352					352					352
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)	375	375	375			571	0	0	0		571	571					1,273	1,273				2,218
HC.6.nec	Unspecified preventive care (n.e.c.)	8,693	8,693	4,736		3,956	44,326					44,324	44,324		1	1	1						53,019
HC.7	Governance, and health system and financing administration	29,925	29,925	24,349	2,501	3,075	42,444					42,444	42,437	6									72,369
HC.7.1	Governance and Health system administration	14,333	14,333	12,717		1,616	11,287					11,287	11,281	6									25,620
HC.7.1.1	Planning & Management						151					151	151										151
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	14,333	14,333	12,717		1,616	11,136					11,136	11,130	6									25,469
HC.7.2	Administration of health financing	73	73	73																			73
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)	15,519	15,519	11,559	2,501	1,459	31,156					31,156	31,156										46,675
HC.9	Other health care services not elsewhere classified (n.e.c.)	8	8	8			755					751	751		3	3							763
	Capital account																			16,014			16,014
All HC		119,976	119,976	67,337	30,022	22,617	109,172	6,418	1,335	1,335	5,083	102,644	102,637	6	88	88	22	20,422	20,422	16,014			260,074

2013/14 HC x HP

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.3	HP.1.nec	HP.3	HP.3.1		HP.3.3	HP.3.4		HP.4	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.8	HP.8.1	HP.nec		All HP
									HP.3.1.1			HP.3.4.9													
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Other health care practitioners	Ambulatory health care centres	All Other ambulatory centres	Providers of ancillary services	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of economy	Households as providers of home health care	Unspecified health care providers (n.e.c.)	Capital account	
HC.1	Curative care	87,435	79,251	552		7,632	17,083	1,262	1,262		15,821	15,821					29	123	108	15			695		105,365
HC.1.1	Inpatient curative care	52,389	47,754	486		4,149	6,804				6,804	6,804					20	86	75	10			575		59,873
HC.1.1.1	General inpatient curative care	44,294	40,145			4,149	6,804				6,804	6,804					20	86	75	10			572		51,776
HC.1.1.2	Specialised inpatient curative care	8,095	7,609	486																					8,095
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)																						3		3
HC.1.2	Day curative care	0				0																	1		1
HC.1.2.1	General day curative care	0				0																			0
HC.1.2.nec	Unspecified day curative care (n.e.c.)																						1		1
HC.1.3	Outpatient curative care	34,955	31,406	66		3,483	10,279	1,262	1,262		9,017	9,017					9	37	32	4			120		45,400
HC.1.3.1	General outpatient curative care	33,850	30,369			3,481	9,518	1,262	1,262		8,256	8,256					9	37	32	4			104		43,517
HC.1.3.2	Dental outpatient curative care						761				761	761													761
HC.1.3.3	Specialised outpatient curative care	1,104	1,038	66																					1,104
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	2				2																	16		18
HC.1.nec	Unspecified curative care (n.e.c.)	91	91			0																			91
HC.1+HC.2	Curative care and rehabilitative care	87,435	79,251	552		7,632	17,083	1,262	1,262		15,821	15,821					29	123	108	15			695		105,365
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	52,389	47,754	486		4,149	6,804				6,804	6,804					20	86	75	10			575		59,873
HC.1.2+HC.2.2	Day curative and rehabilitative care	0				0																	1		1
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	34,955	31,406	66		3,483	10,279	1,262	1,262		9,017	9,017					9	37	32	4			120		45,400
HC.1.nec + HC.2.nec	Other curative and rehabilitative care	91	91			0																			91
HC.3	Long-term care (health)						0			0															0
HC.3.3	Outpatient long-term care (health)						0			0															0
HC.4	Ancillary services (non-												783	783											783

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.3	HP.1.nec	HP.3	HP.3.1	HP.3.1.1	HP.3.3	HP.3.4	HP.3.4.9	HP.4	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.8	HP.8.1	HP.nec		All HP
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Other health care practitioners	Ambulatory health care centres	All Other ambulatory centres	Providers of ancillary services	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of economy	Households as providers of home health care	Unspecified health care providers (n.e.c.)	Capital account	
	specified by function)																								
HC.4.nec	Unspecified ancillary services (n.e.c.)												783	783											783
HC.5	Medical goods (non-specified by function)														575	575									575
HC.5.1	Pharmaceuticals and Other medical non-durable goods														575	575									575
HC.5.1.1	Prescribed medicines														575	575									575
HC.6	Preventive care	1			0	1											64,936	4,778		4,778			1		69,715
HC.6.1	Information, education and counseling (IEC) programmes																1,753	1,679		1,679					3,432
HC.6.1.2	Nutrition IEC programmes																1,689	1,679		1,679					3,368
HC.6.1.3	Safe sex IEC programmes																26								26
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)																38								38
HC.6.2	Immunisation programmes																8,433								8,433
HC.6.3	Early disease detection programmes																1								1
HC.6.4	Healthy condition monitoring programmes																229								229
HC.6.5	Epidemiological surveillance and risk and disease control programmes	0				0											4,031	571		571					4,601
HC.6.5.1	Planning & Management																142								142
HC.6.5.2	Monitoring & Evaluation (M&E)																892								892
HC.6.5.3	Procurement & supply management																887								887
HC.6.5.4	Interventions	0				0											2,109	571		571					2,679
HC.6.5.4.1	Male circumcision																110								110
HC.6.5.4.2	Condom promotion and distribution																352								352
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)	0				0											1,647	571		571					2,218
HC.6.nec	Unspecified preventive care (n.e.c.)	0			0	0											50,489	2,529		2,529			1		53,019
HC.7	Governance, and health																	72,369	27,500	44,868					72,369

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.3	HP.1.nec	HP.3	HP.3.1	HP.3.1.1	HP.3.3	HP.3.4	HP.3.4.9	HP.4	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.8	HP.8.1	HP.nec		All HP
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Other health care practitioners	Ambulatory health care centres	All Other ambulatory centres	Providers of ancillary services	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of economy	Households as providers of home health care	Unspecified health care providers (n.e.c.)	Capital account	
	system and financing administration																								
HC.7.1	Governance and Health system administration																	25,620	12,950	12,670					25,620
HC.7.1.1	Planning & Management																	151		151					151
HC.7.1.nec	Other governance and Health system administration (n.e.c.)																	25,469	12,950	12,519					25,469
HC.7.2	Administration of health financing																	73	73						73
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)																	46,675	14,477	32,198					46,675
HC.9	Other health care services not elsewhere classified (n.e.c.)																723	10	10		27	27	3		763
	Capital account																							16,014	16,014
All HC		87,435	79,251	552	0	7,632	17,083	1,262	1,262	0	15,821	15,821	783	783	575	575	65,688	77,278	27,618	49,661	27	27	700	16,014	260,074

2013/14 HF x FA

Financing agents		FA.1	FA.1.1				FA.1.2	FA.2	FA.2.1	FA.2.nec	FA.3	FA.3.2	FA.3.nec	FA.4	FA.5		All FA
			FA.1.1.1	FA.1.1.2	FA.1.1.5												
Financing schemes	*Malawian Kwacha (MWK), Million*	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	National Aids Commission	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Unspecified insurance corporations (n.e.c.)	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Corporations (Other than providers of health services)	Unspecified corporations (n.e.c.)	Non-profit institutions serving households (NPISH)	Households	Capital account	
HF.1	Government schemes and compulsory contributory health care financing schemes	104,293	76,646	61,640	8,462	6,544	27,647							15,683			119,976
HF.1.1	Government schemes	104,293	76,646	61,640	8,462	6,544	27,647							15,683			119,976
HF.1.1.1	Central government schemes	67,279	67,279	61,640	2,961	2,678								57			67,337
HF.1.1.2	State/regional/local government schemes	30,022	2,375		2,375		27,647										30,022
HF.1.1.nec	Unspecified government schemes (n.e.c.)	6,992	6,992		3,126	3,866								15,626			22,617
HF.2	Voluntary health care payment schemes							6,419	294	6,125	109	87	22	102,644			109,172
HF.2.1	Voluntary health insurance schemes							6,418	293	6,125							6,418
HF.2.1.1	Primary/substitutory health insurance schemes							1,335	0	1,335							1,335
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)							1,335	0	1,335							1,335
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)							5,083	293	4,791							5,083
HF.2.2	NPISH financing schemes (including development agencies)													102,644			102,644
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)													102,637			102,637
HF.2.2.2	Resident foreign agencies schemes													6			6
HF.2.3	Enterprise financing schemes							1	1		87	87					88
HF.2.3.1	Enterprises (except health care providers) financing schemes							1	1		87	87					88
HF.2.nec	Unspecified voluntary health care payment schemes (n.e.c.)										22		22				22
HF.3	Household out-of-pocket payment													0	20,422		20,422
HF.3.1	Out-of-pocket excluding cost-sharing													0	20,422		20,422
	Capital account															16,014	16,014
All HF		104,293	76,646	61,640	8,462	6,544	27,647	6,419	294	6,125	109	87	22	118,327	20,422	16,014	260,074

2013/14 DIS x FA

Classification of diseases / conditions	Institutional units providing revenues to financing schemes *Malawian Kwacha (MWK), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	All FS.RI
DIS.1	Infectious and parasitic diseases	35,493	3,490	11,941	2,847	91,538	145,327
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	17,526	1,812	6,075	2,836	48,846	77,114
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	16,419	1,692	5,656	2,836	46,685	73,307
DIS.1.1.1.1	HIV/AIDS	16,419	1,692	5,656	2,836	46,681	73,302
DIS.1.1.1.2	TB/HIV					4	4
DIS.1.1.2	STDs Other than HIV/AIDS	1,102	120	419	1	2,161	3,802
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	5					5
DIS.1.2	Tuberculosis (TB)	1,653	180	628	1	3,403	5,866
DIS.1.2.1	Pulmunoray TB					162	162
DIS.1.2.1.1	Drug-Sensitive Tuberculosis (DS-TB)					162	162
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	1,653	180	628	1	3,241	5,704
DIS.1.3	Malaria	11,023	1,199	4,190	7	26,285	42,704
DIS.1.5	Diarrheal diseases	1,102	120	419	1	3,865	5,507
DIS.1.7	Vaccine preventable diseases	4,189	180	628	1	9,139	14,137
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)					0	0
DIS.2	Reproductive health	5,786	629	2,200	4	17,546	26,164
DIS.2.1	Maternal conditions					2,943	2,943
DIS.2.3	Contraceptive management (family planning)					3,259	3,259
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	5,786	629	2,200	4	11,344	19,963
DIS.3	Nutritional deficiencies	5,534	599	2,095	4	19,694	27,926
DIS.4	Noncommunicable diseases	6,337	689	2,409	4	12,469	21,909
DIS.4.8	Sense organ disorders					45	45
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	6,337	689	2,409	4	12,424	21,864
DIS.5	Injuries	4,960	539	1,885	3	9,723	17,111
DIS.6	Non-disease specific	839				4,071	4,910
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	3,362	120	419	1	2,320	6,222
All DIS		62,312	6,067	20,949	2,862	157,361	249,569

2013/14 DIS x FA

Financing agents		FA.1	FA.1.1				FA.1.2	FA.2	FA.2.1	FA.2.nec	FA.3	FA.3.2	FA.3.nec	FA.4	FA.5	All FA
				FA.1.1.1	FA.1.1.2	FA.1.1.5										
Classification of diseases / conditions	*Malawian Kwacha (MWK), Million*	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	National Aids Commission	State/Regional/Local government	Insurance corporations	Commercial insurance companies	Unspecified insurance corporations (n.e.c.)	Corporations (Other than insurance corporations) (part of HF.R1.1.2)	Corporations (Other than providers of health services)	Unspecified corporations (n.e.c.)	Non-profit institutions serving households (NPISH)	Households	
DIS.1	Infectious and parasitic diseases	62,564	46,673	39,102	3,705	3,866	15,891	3,659	168	3,491	65	52	13	67,398	11,640	145,327
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	31,110	22,874	16,559	2,449	3,866	8,237	1,862	86	1,776	37	30	7	38,183	5,922	77,114
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	29,473	21,783	15,563	2,354	3,866	7,690	1,734	80	1,654	35	28	7	36,552	5,514	73,307
DIS.1.1.1.1	HIV/AIDS	29,473	21,783	15,563	2,354	3,866	7,690	1,734	80	1,654	35	28	7	36,547	5,514	73,302
DIS.1.1.1.2	TB/HIV													4		4
DIS.1.1.2	STDs Other than HIV/AIDS	1,633	1,086	996	90		547	128	6	123	2	2	0	1,631	408	3,802
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	5	5		5											5
DIS.1.2	Tuberculosis (TB)	2,611	1,791	1,657	134		820	193	9	184	3	2	1	2,447	613	5,866
DIS.1.2.1	Pulmunoray TB	162	162	162												162
DIS.1.2.1.1	Drug-Sensitive Tuberculosis (DS-TB)	162	162	162												162
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	2,449	1,629	1,494	134		820	193	9	184	3	2	1	2,447	613	5,704
DIS.1.3	Malaria	16,328	10,860	9,962	898		5,468	1,284	59	1,225	20	16	4	20,987	4,084	42,704
DIS.1.5	Diarrheal diseases	1,633	1,086	996	90		547	128	6	123	2	2	0	3,335	408	5,507
DIS.1.7	Vaccine preventable diseases	10,882	10,062	9,927	134		820	193	9	184	3	2	1	2,447	613	14,137
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)													0		0
DIS.2	Reproductive health	9,320	6,450	5,979	470		2,871	674	31	643	11	8	2	14,015	2,144	26,164
DIS.2.1	Maternal conditions	749	749	749										2,194		2,943
DIS.2.3	Contraceptive management (family planning)													3,259		3,259
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	8,571	5,700	5,230	470		2,871	674	31	643	11	8	2	8,563	2,144	19,963
DIS.3	Nutritional deficiencies	10,865	8,131	4,981	471	2,678	2,734	642	29	613	10	8	2	14,367	2,042	27,926
DIS.4	Noncommunicable diseases	9,387	6,243	5,728	515		3,144	738	34	704	12	9	2	9,423	2,348	21,909
DIS.4.8	Sense organ disorders													45		45
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	9,387	6,243	5,728	515		3,144	738	34	704	12	9	2	9,378	2,348	21,864
DIS.5	Injuries	7,347	4,886	4,483	403		2,460	578	26	551	9	7	2	7,340	1,838	17,111
DIS.6	Non-disease specific	839	839		839									4,071		4,910
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	3,970	3,424	1,366	2,058		547	128	6	123	2	2	0	1,712	408	6,222
All DIS		104,293	76,646	61,640	8,462	6,544	27,647	6,419	294	6,125	109	87	22	118,327	20,422	249,569

2012/13 FS.RI x FA

Financing agents	Institutional units providing revenues to financing schemes *Malawian Kwacha (MWK), Million*	FS.RI.1.1 Government	FS.RI.1.2 Corporations	FS.RI.1.3 Households	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	Capital account	All FS.RI
FA.1	General government	42,277				69,065		111,342
FA.1.1	Central government	26,817				62,845		89,662
FA.1.1.1	Ministry of Health	24,009				37,688		61,696
FA.1.1.2	Other ministries and public units (belonging to central government)	2,134				3,850		5,984
FA.1.1.5	National Aids Commission	674				17,631		18,305
FA.1.1.nec	Unspecified central government agents (n.e.c.)					3,677		3,677
FA.1.2	State/Regional/Local government	15,460				5,831		21,291
FA.1.9	All other general government units					389		389
FA.2	Insurance corporations		4,102	308				4,411
FA.2.1	Commercial insurance companies		300	31				331
FA.2.nec	Unspecified insurance corporations (n.e.c.)		3,802	277				4,079
FA.3	Corporations (Other than insurance corporations) (part of HF.RI.1.2)		93					93
FA.3.2	Corporations (Other than providers of health services)		93					93
FA.4	Non-profit institutions serving households (NPISH)	10,177	36		1,293	89,893		101,408
FA.5	Households			15,616				15,616
	Capital account						12,523	12,523
All FA		52,454	4,232	15,924	1,293	158,958	12,523	239,131

2012/13 HF x FS

Revenues of health care financing schemes		FS.1	FS.1.1		FS.1.2	FS.2	FS.5	FS.5.1	FS.5.2	FS.5.3	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.7.1	FS.7.1.1	FS.7.1.2	FS.7.1.3	FS.7.2	FS.7.2.1	FS.7.2.1.	FS.7.2.1.2	FS.7.3		All FS
Financing schemes	*Malawian Kwacha (MWK), Million*	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	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other voluntary prepaid revenues	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.	Direct foreign transfers	Direct foreign financial transfers	Direct bilateral financial transfers	Direct multilateral financial transfers	Other direct foreign financial transfers	Direct foreign aid in kind	Direct foreign aid in goods	Direct bilateral aid in goods	Direct multilateral aid in goods	Other direct foreign transfers (n.e.c.)	Capital account	
HF.1	Government schemes and compulsory contributory health care financing schemes	52,367	41,870	10,497	68,722										337	72	72							265		121,425
HF.1.1	Government schemes	52,367	41,870	10,497	68,722										337	72	72							265		121,425
HF.1.1.1	Central government schemes	26,174	26,174	0	37,603										72	72	72									63,849
HF.1.1.2	State/regional/local government schemes	15,460	15,460		8,206																					23,666
HF.1.1.nec	Unspecified government schemes (n.e.c.)	10,732	236	10,496	22,913										265									265		33,911
HF.2	Voluntary health care payment schemes	97	97		11,037	4,477	308	3,913	256	1,375		63	1,313		78,842	52,668	34,609	962	17,097	379	379	169	210	25,795		95,828
HF.2.1	Voluntary health insurance schemes					4,423	308	3,885	229	12		12														4,435
HF.2.1.1	Primary/substitutory health insurance schemes					1,620		1,391	229	12		12														1,632
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)					1,618		1,389	229	12		12														1,630
HF.2.1.1.2	Government-based voluntary insurance					2		2																		2
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)					2,803	308	2,494																		2,803
HF.2.2	NPISH financing schemes (including development agencies)	97	97		11,037					1,349		36	1,313		78,842	52,668	34,609	962	17,097	379	379	169	210	25,795		91,325
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)	97	97		11,037					1,349		36	1,313		68,810	42,636	34,609	962	7,065	379	379	169	210	25,795		81,292
HF.2.2.2	Resident foreign agencies schemes														10,032	10,032			10,032							10,032
HF.2.nec	Unspecified voluntary health care payment schemes (n.e.c.)					54		27	27	14		14														68
HF.3	Household out-of-pocket payment									15,616	15,616															15,616
HF.3.1	Out-of-pocket excluding cost-sharing									15,616	15,616															15,616
	Capital account																								12,523	12,523
All HF		52,463	41,967	10,497	79,759	4,477	308	3,913	256	16,991	15,616	63	1,313		79,179	52,740	34,681	962	17,097	379	379	169	210	26,060	12,523	239,131

2012/13 HP x HF

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.1.nec	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.2	HF.2.1.nec	HF.2.2	HF.2.2.1	HF.2.2.2	HF.2.nec	HF.3	HF.3.1		All HF
Health care providers	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Capital account	
HP.1	Hospitals	66,375	66,375	44,545	14,717	7,112	13,327	3,767	965	963	2	2,803	9,524	9,524		36	9,822	9,822		89,523
HP.1.1	General hospitals	65,749	65,749	44,202	14,671	6,876	11,362	2,172	182	182		1,990	9,190	9,190			9,822	9,822		86,932
HP.1.2	Mental health hospitals	289	289	289																289
HP.1.3	Specialised hospitals (Other than mental health hospitals)						0									0				0
HP.1.nec	Unspecified hospitals (n.e.c.)	337	337	54	46	236	1,965	1,596	783	781	2	813	334	334		36				2,302
HP.3	Providers of ambulatory health care	9,581	9,581	347	6,288	2,947	4,173						4,173	4,173			3,664	3,664		17,418
HP.3.1	Medical practices																954	954		954
HP.3.1.1	Offices of general medical practitioners																954	954		954
HP.3.3	Other health care practitioners						0						0	0						0
HP.3.4	Ambulatory health care centres	9,581	9,581	347	6,288	2,947	4,173						4,173	4,173			2,710	2,710		16,464
HP.3.4.5	Non-specialised ambulatory health care centres						199						199	199						199
HP.3.4.9	All Other ambulatory centres	9,581	9,581	347	6,288	2,947	3,973						3,973	3,973			2,710	2,710		16,265
HP.4	Providers of ancillary services	578	578	189		389	268						268	268			732	732		1,579
HP.4.2	Medical and diagnostic laboratories	8	8	8																8
HP.4.9	Other providers of ancillary services	570	570	181		389	268						268	268			732	732		1,570
HP.5	Retailers and Other providers of medical goods																435	435		435
HP.5.1	Pharmacies																435	435		435
HP.6	Providers of preventive care	27,666	27,666	7,776	108	19,782	29,300						29,299	29,299		1				56,966
HP.7	Providers of health care system administration and financing	17,225	17,225	10,992	2,553	3,681	48,047						48,047	38,014	10,032					65,272
HP.7.1	Government health administration agencies	15,289	15,289	10,977	850	3,462	2,457						2,457	2,457						17,745
HP.7.9	Other administration agencies	1,937	1,937	15	1,703	219	45,590						45,590	35,557	10,032					47,526
HP.8	Rest of economy						14						14	14						14
HP.8.1	Households as providers of home health care						14						14	14						14
HP.nec	Unspecified health care providers (n.e.c.)						700	668	668	668						32	963	963		1,663
	Capital account																		12,523	12,523
All HP		121,425	121,425	63,849	23,666	33,911	95,828	4,435	1,632	1,630	2	2,803	91,325	81,292	10,032	68	15,616	15,616	12,523	239,131

2012/13 HC x HF

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.1.nec	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.2	HF.2.1.nec	HF.2.2	HF.2.2.1	HF.2.2.2	HF.2.nec	HF.3	HF.3.1		All HF
Health care functions	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Capital account	
HC.1	Curative care	75,956	75,956	44,893	21,005	10,058	17,419	4,433	1,630	1,628	2	2,803	12,921	12,921		65	13,495	13,495		106,871
HC.1.1	Inpatient curative care	52,468	52,468	32,265	14,703	5,499	9,355	2,655	1,324	1,322	2	1,331	6,673	6,673		27	2,891	2,891		64,713
HC.1.1.1	General inpatient curative care	48,225	48,225	28,022	14,703	5,499	9,351	2,655	1,324	1,322	2	1,331	6,673	6,673		24	2,891	2,891		60,467
HC.1.1.2	Specialised inpatient curative care	4,243	4,243	4,243																4,243
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)						3									3				3
HC.1.2	Day curative care	17	17	17			1									1				18
HC.1.2.1	General day curative care						0									0				0
HC.1.2.nec	Unspecified day curative care (n.e.c.)	17	17	17			1									1				18
HC.1.3	Outpatient curative care	23,472	23,472	12,611	6,301	4,559	8,015	1,778	306	306	0	1,471	6,199	6,199		38	10,604	10,604		42,091
HC.1.3.1	General outpatient curative care	22,888	22,888	12,027	6,301	4,559	6,714	1,778	306	306	0	1,471	4,916	4,916		20	10,604	10,604		40,206
HC.1.3.3	Specialised outpatient curative care	579	579	579																579
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	5	5	5			1,301						1,283	1,283		18				1,306
HC.1.nec	Unspecified curative care (n.e.c.)						49						49	49		0				49
HC.1+HC.2	Curative care and rehabilitative care	75,956	75,956	44,893	21,005	10,058	17,419	4,433	1,630	1,628	2	2,803	12,921	12,921		65	13,495	13,495		106,871
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	52,468	52,468	32,265	14,703	5,499	9,355	2,655	1,324	1,322	2	1,331	6,673	6,673		27	2,891	2,891		64,713
HC.1.2+HC.2.2	Day curative and rehabilitative care	17	17	17			1									1				18
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	23,472	23,472	12,611	6,301	4,559	8,015	1,778	306	306	0	1,471	6,199	6,199		38	10,604	10,604		42,091
HC.1.nec + HC.2.nec	Other curative and rehabilitative care						49						49	49		0				49
HC.3	Long-term care (health)						0						0	0			954	954		954
HC.3.2	Day long-term care (health)																954	954		954
HC.3.3	Outpatient long-term care (health)						0						0	0						0
HC.4	Ancillary services (non-specified by function)	389	389			389	268						268	268			732	732		1,390
HC.4.nec	Unspecified ancillary services (n.e.c.)	389	389			389	268						268	268			732	732		1,390
HC.5	Medical goods (non-specified by function)																435	435		435
HC.5.1	Pharmaceuticals and Other medical non-durable goods																435	435		435
HC.5.1.2	Over-the-counter medicines																435	435		435

Financing schemes		HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.1.1.nec	HF.2	HF.2.1	HF.2.1.1	HF.2.1.1.1	HF.2.1.1.2	HF.2.1.nec	HF.2.2	HF.2.2.1	HF.2.2.2	HF.2.nec	HF.3	HF.3.1		All HF
Health care functions	*Malawian Kwacha (MWK), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Unspecified government schemes (n.e.c.)	Voluntary health care payment schemes	Voluntary health insurance schemes	Primary/substitutory health insurance schemes	Employer-based insurance (Other than enterprises schemes)	Government-based voluntary insurance	Unspecified voluntary health insurance schemes (n.e.c.)	NPISH financing schemes (including development agencies)	NPISH financing schemes (excluding HF.2.2.2)	Resident foreign agencies schemes	Unspecified voluntary health care payment schemes (n.e.c.)	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Capital account	
HC.6	Preventive care	28,423	28,423	8,533	108	19,783	34,303						34,301	34,301		2				62,726
HC.6.1	Information, education and counseling (IEC) programmes	33	33	33			2,805						2,805	2,805						2,838
HC.6.1.2	Nutrition IEC programmes	9	9	9			2,791						2,791	2,791						2,800
HC.6.1.3	Safe sex IEC programmes	2	2	2			12						12	12						14
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	22	22	22			2						2	2						24
HC.6.2	Immunisation programmes	6,514	6,514	6,514																6,514
HC.6.3	Early disease detection programmes						1						1	1						1
HC.6.4	Healthy condition monitoring programmes						283						283	283						283
HC.6.5	Epidemiological surveillance and risk and disease control programmes	996	996	483		513	1,606						1,606	1,606		0				2,603
HC.6.5.1	Planning & Management	2	2	2			180						180	180						183
HC.6.5.2	Monitoring & Evaluation (M&E)	207	207	207			619						619	619						827
HC.6.5.4	Interventions	787	787	274		513	807						806	806		0				1,594
HC.6.5.4.1	Male circumcision						91						91	91						91
HC.6.5.4.2	Condom promotion and distribution	513	513			513	241						241	241						754
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)	274	274	274			475						474	474		0				748
HC.6.nec	Unspecified preventive care (n.e.c.)	20,880	20,880	1,503	108	19,269	29,608						29,606	29,606		2				50,488
HC.7	Governance, and health system and financing administration	16,651	16,651	10,418	2,553	3,680	42,562						42,562	32,529	10,032					59,213
HC.7.1	Governance and Health system administration	8,742	8,742	5,841		2,901	12,695						12,695	2,663	10,032					21,437
HC.7.1.1	Planning & Management	2,823	2,823			2,823	126						126	126						2,949
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	5,918	5,918	5,841		77	12,570						12,570	2,537	10,032					18,488
HC.7.2	Administration of health financing	61	61	61																61
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)	7,849	7,849	4,516	2,553	780	29,866						29,866	29,866						37,715
HC.9	Other health care services not elsewhere classified (n.e.c.)	6	6	6			1,276	2	2	2		2,803	1,272	1,272		1				1,282
	Capital account																		12,523	12,523
All HC		121,425	121,425	63,849	23,666	33,911	95,828	4,435	1,632	1,630	2	2,803	91,325	81,292	10,032	68	15,616	15,616	12,523	239,131

2012/13 HC x HP

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.3	HP.1.nec	HP.3	HP.3.1		HP.3.3	HP.3.4			HP.4	HP.4.2	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.8	HP.8.1	HP.nec		All HP
									HP.3.1.1				HP.3.4.5	HP.3.4.9													
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Other health care practitioners	Ambulatory health care centres	Non-specialised ambulatory health care centres	All Other ambulatory centres	Providers of ancillary services	Medical and diagnostic laboratories	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of economy	Households as providers of home health care	Unspecified health care providers (n.e.c.)	Capital account	
HC.1	Curative care	89,452	86,862	289		2,301	15,735				15,735	199	15,536						25						1,659		106,871
HC.1.1	Inpatient curative care	56,160	54,546	255		1,360	7,932				7,932		7,932						17						604		64,713
HC.1.1.1	General inpatient curative care	51,917	50,557			1,360	7,932				7,932		7,932						17						600		60,467
HC.1.1.2	Specialised inpatient curative care	4,243	3,989	255																							4,243
HC.1.1.nec	Unspecified inpatient curative care (n.e.c.)																								3		3
HC.1.2	Day curative care	0				0	17				17		17												1		18
HC.1.2.1	General day curative care	0				0																					0
HC.1.2.nec	Unspecified day curative care (n.e.c.)						17				17		17												1		18
HC.1.3	Outpatient curative care	33,243	32,267	35		941	7,786				7,786	199	7,587						8						1,054		42,091
HC.1.3.1	General outpatient curative care	32,662	31,723			939	6,498				6,498	199	6,299						8						1,038		40,206
HC.1.3.3	Specialised outpatient curative care	579	544	35																							579
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	2				2	1,288				1,288		1,288												16		1,306
HC.1.nec	Unspecified curative care (n.e.c.)	49	49			0																					49
HC.1+HC.2	Curative care and rehabilitative care	89,452	86,862	289		2,301	15,735				15,735	199	15,536						25						1,659		106,871
HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	56,160	54,546	255		1,360	7,932				7,932		7,932						17						604		64,713
HC.1.2+HC.2.2	Day curative and rehabilitative care	0				0	17				17		17												1		18
HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	33,243	32,267	35		941	7,786				7,786	199	7,587						8						1,054		42,091
HC.1.nec + HC.2.nec	Other curative and rehabilitative care	49	49			0																					49
HC.3	Long-term care (health)						954	954	954	0																	954
HC.3.2	Day long-term care (health)						954	954	954																		954
HC.3.3	Outpatient long-term care (health)						0			0																	0
HC.4	Ancillary services (non-specified by function)													1,390		1,390											1,390
HC.4.nec	Unspecified ancillary services (n.e.c.)													1,390		1,390											1,390
HC.5	Medical goods (non-specified by function)																435	435									435
HC.5.1	Pharmaceuticals and Other medical non-durable goods																435	435									435
HC.5.1.2	Over-the-counter medicines																435	435									435
HC.6	Preventive care	71	70		0	1	729				729		729	189	8	181			56,341	5,396	574	4,822			1		62,726
HC.6.1	Information, education and counseling (IEC) programmes																		685	2,154		2,154					2,838
HC.6.1.2	Nutrition IEC programmes																		647	2,154		2,154					2,800
HC.6.1.3	Safe sex IEC programmes																		14								14

Health care providers		HP.1	HP.1.1	HP.1.2	HP.1.3	HP.1.nec	HP.3	HP.3.1	HP.3.1.1	HP.3.3	HP.3.4	HP.3.4.5	HP.3.4.9	HP.4	HP.4.2	HP.4.9	HP.5	HP.5.1	HP.6	HP.7	HP.7.1	HP.7.9	HP.8	HP.8.1	HP.nec		All HP
Health care functions	*Malawian Kwacha (MWK), Million*	Hospitals	General hospitals	Mental health hospitals	Specialised hospitals (Other than mental health hospitals)	Unspecified hospitals (n.e.c.)	Providers of ambulatory health care	Medical practices	Offices of general medical practitioners	Other health care practitioners	Ambulatory health care centres	Non-specialised ambulatory health care centres	All Other ambulatory centres	Providers of ancillary services	Medical and diagnostic laboratories	Other providers of ancillary services	Retailers and Other providers of medical goods	Pharmacies	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Other administration agencies	Rest of economy	Households as providers of home health care	Unspecified health care providers (n.e.c.)	Capital account	
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)																		24								24
HC.6.2	Immunisation programmes																		5,942	571	571						6,514
HC.6.3	Early disease detection programmes																		1								1
HC.6.4	Healthy condition monitoring programmes																		283								283
HC.6.5	Epidemiological surveillance and risk and disease control programmes	67	67			0								189	8	181			1,779	568	2	566					2,603
HC.6.5.1	Planning & Management																		180	2	2						183
HC.6.5.2	Monitoring & Evaluation (M&E)	67	67											189	8	181			571								827
HC.6.5.4	Interventions	0				0													1,028	566		566					1,594
HC.6.5.4.1	Male circumcision																			91		91					91
HC.6.5.4.2	Condom promotion and distribution																		754								754
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)	0				0													274	474		474					748
HC.6.nec	Unspecified preventive care (n.e.c.)	4	3		0	0	729				729		729						47,651	2,103		2,103			1		50,488
HC.7	Governance, and health system and financing administration																			59,213	16,508	42,704					59,213
HC.7.1	Governance and Health system administration																			21,437	8,780	12,657					21,437
HC.7.1.1	Planning & Management																			2,949	2,823	126					2,949
HC.7.1.nec	Other governance and Health system administration (n.e.c.)																			18,488	5,957	12,531					18,488
HC.7.2	Administration of health financing																			61	61						61
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)																			37,715	7,667	30,048					37,715
HC.9	Other health care services not elsewhere classified (n.e.c.)																		600	663	663		14	14	3		1,282
	Capital account																									12,523	12,523
All HC		89,523	86,932	289	0	2,302	17,418	954	954	0	16,464	199	16,265	1,579	8	1,570	435	435	56,966	65,272	17,745	47,526	14	14	1,663	12,523	239,131

2012/13 HF x FA

Financing agents		FA.1	FA.1.1							FA.2	FA.2.1	FA.2.nec	FA.3	FA.3.2	FA.4	FA.5		All FA
				FA.1.1.1	FA.1.1.2	FA.1.1.5	FA.1.1.nec		FA.1.2	FA.1.9									
Financing schemes	*Malawian Kwacha (MWK), Million*	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	National Aids Commission	Unspecified central government agents (n.e.c.)	State/Regional/Local government	All other general government units	Insurance corporations	Commercial insurance companies	Unspecified insurance corporations (n.e.c.)	Corporations (Other than insurance corporations) (part of HF.R1.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	Capital account	
HF.1	Government schemes and compulsory contributory health care financing schemes	111,296	89,616	61,651	5,984	18,305	3,677	21,291	389						10,129			121,425
HF.1.1	Government schemes	111,296	89,616	61,651	5,984	18,305	3,677	21,291	389						10,129			121,425
HF.1.1.1	Central government schemes	63,818	63,818	61,651	2,167										31			63,849
HF.1.1.2	State/regional/local government schemes	23,666	2,375		2,375			21,291										23,666
HF.1.1.nec	Unspecified government schemes (n.e.c.)	23,813	23,423		1,442	18,305	3,677		389						10,098			33,911
HF.2	Voluntary health care payment schemes	45	45	45						4,411	331	4,079	93	93	91,279			95,828
HF.2.1	Voluntary health insurance schemes									4,410	331	4,079	26	26				4,435
HF.2.1.1	Primary/substitutory health insurance schemes									1,607	49	1,558	26	26				1,632
HF.2.1.1.1	Employer-based insurance (Other than enterprises schemes)									1,605	47	1,558	26	26				1,630
HF.2.1.1.2	Government-based voluntary insurance									2	2							2
HF.2.1.nec	Unspecified voluntary health insurance schemes (n.e.c.)									2,803	282	2,521						2,803
HF.2.2	NPISH financing schemes (including development agencies)	45	45	45											91,279			91,325
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)	45	45	45											81,247			81,292
HF.2.2.2	Resident foreign agencies schemes														10,032			10,032
HF.2.nec	Unspecified voluntary health care payment schemes (n.e.c.)									1		1	68	68				68
HF.3	Household out-of-pocket payment															15,616		15,616
HF.3.1	Out-of-pocket excluding cost-sharing															15,616		15,616
	Capital account																12,523	12,523
All HF		111,342	89,662	61,696	5,984	18,305	3,677	21,291	389	4,411	331	4,079	93	93	101,408	15,616	12,523	239,131

2012/13 DIS x FS.RI

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	All FS.RI
Classification of diseases / conditions	*Malawian Kwacha (MWK), Million*	Government	Corporations	Households	NPISH	Rest of the world	
DIS.1	Infectious and parasitic diseases	29,309	2,431	9,077	1,284	102,023	144,135
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	15,186	1,259	4,618	1,279	60,648	82,999
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	14,211	1,175	4,300	1,279	58,510	79,484
DIS.1.1.1.1	HIV/AIDS	14,211	1,175	4,300	1,279	58,508	79,481
DIS.1.1.1.2	TB/HIV					2	2
DIS.1.1.2	STDs Other than HIV/AIDS	971	84	318	0	2,137	3,511
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	4					4
DIS.1.2	Tuberculosis (TB)	1,457	126	478	1	3,341	5,402
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	1,457	126	478	1	3,341	5,402
DIS.1.3	Malaria	9,713	837	3,185	4	25,261	39,000
DIS.1.5	Diarrheal diseases	971	84	318	0	3,485	4,859
DIS.1.7	Vaccine preventable diseases	1,983	126	478	1	9,288	11,875
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)					0	0
DIS.2	Reproductive health	5,099	440	1,672	2	16,543	23,755
DIS.2.1	Maternal conditions					1,962	1,962
DIS.2.3	Contraceptive management (family planning)					3,359	3,359
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	5,099	440	1,672	2	11,222	18,434
DIS.3	Nutritional deficiencies	4,873	419	1,592	2	14,565	21,451
DIS.4	Noncommunicable diseases	5,584	482	1,831	2	12,425	20,324
DIS.4.8	Sense organ disorders					135	135
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	5,584	482	1,831	2	12,290	20,190
DIS.5	Injuries	4,370	377	1,433	2	9,619	15,801
DIS.6	Non-disease specific	613				1,525	2,138
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	2,606	84	318	0	2,258	5,266
All DIS		52,454	4,232	15,924	1,293	158,958	232,870

2012/13 DIS x FA

Financing agents		FA.1	FA.1.1					FA.1.2	FA.1.9	FA.2	FA.2.1	FA.2.nec	FA.3	FA.3.2	FA.4	FA.5	All FA
				FA.1.1.1	FA.1.1.2	FA.1.1.5	FA.1.1.nec										
Classification of diseases / conditions	*Malawian Kwacha (MWK), Million*	General government	Central government	Ministry of Health	Other ministries and public units (belonging to central government)	National Aids Commission	Unspecified central government agents (n.e.c.)	State/Regional/Local government	All other general government units	Insurance corporations	Commercial insurance companies	Unspecified insurance corporations (n.e.c.)	Corporations (Other than insurance corporations) (part of HF.RI.1.2)	Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	
DIS.1	Infectious and parasitic diseases	75,438	63,067	38,490	2,595	18,305	3,677	12,149	222	2,514	189	2,326	56	56	57,225	8,901	144,135
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	46,875	40,565	16,845	1,739	18,305	3,677	6,197	113	1,280	96	1,184	32	32	30,283	4,529	82,999
DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	45,313	39,436	15,781	1,674	18,305	3,677	5,772	105	1,191	89	1,102	30	30	28,732	4,216	79,484
DIS.1.1.1.1	HIV/AIDS	45,313	39,436	15,781	1,674	18,305	3,677	5,772	105	1,191	89	1,102	30	30	28,730	4,216	79,481
DIS.1.1.1.2	TB/HIV														2		2
DIS.1.1.2	STDs Other than HIV/AIDS	1,558	1,125	1,064	61			425	8	88	7	82	2	2	1,551	312	3,511
DIS.1.1.nec	Unspecified HIV/AIDS and Other STDs (n.e.c.)	4	4		4												4
DIS.1.2	Tuberculosis (TB)	2,473	1,823	1,732	92			638	12	132	10	122	3	3	2,326	468	5,402
DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	2,473	1,823	1,732	92			638	12	132	10	122	3	3	2,326	468	5,402
DIS.1.3	Malaria	15,586	11,256	10,644	612			4,252	78	882	66	816	17	17	19,392	3,123	39,000
DIS.1.5	Diarrheal diseases	1,558	1,125	1,064	61			425	8	88	7	82	2	2	2,898	312	4,859
DIS.1.7	Vaccine preventable diseases	8,946	8,296	8,205	92			638	12	132	10	122	3	3	2,326	468	11,875
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)														0		0
DIS.2	Reproductive health	8,253	5,980	5,660	321			2,232	41	463	35	428	9	9	13,390	1,640	23,755
DIS.2.1	Maternal conditions														1,962		1,962
DIS.2.3	Contraceptive management (family planning)	72	72	72											3,287		3,359
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	8,182	5,909	5,588	321			2,232	41	463	35	428	9	9	8,141	1,640	18,434
DIS.3	Nutritional deficiencies	7,818	5,654	5,322	331			2,126	39	441	33	408	9	9	11,622	1,562	21,451
DIS.4	Noncommunicable diseases	8,961	6,471	6,120	351			2,445	45	507	38	469	10	10	9,050	1,796	20,324
DIS.4.8	Sense organ disorders														135		135
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	8,961	6,471	6,120	351			2,445	45	507	38	469	10	10	8,916	1,796	20,190
DIS.5	Injuries	7,013	5,065	4,790	275			1,913	35	397	30	367	8	8	6,978	1,405	15,801
DIS.6	Non-disease specific	613	613		613										1,525		2,138
DIS.nec	Other and unspecified diseases/conditions (n.e.c.)	3,246	2,813	1,314	1,498			425	8	88	7	82	2	2	1,618	312	5,266
All DIS		111,342	89,662	61,696	5,984	18,305	3,677	21,291	389	4,411	331	4,079	93	93	101,408	15,616	232,870