

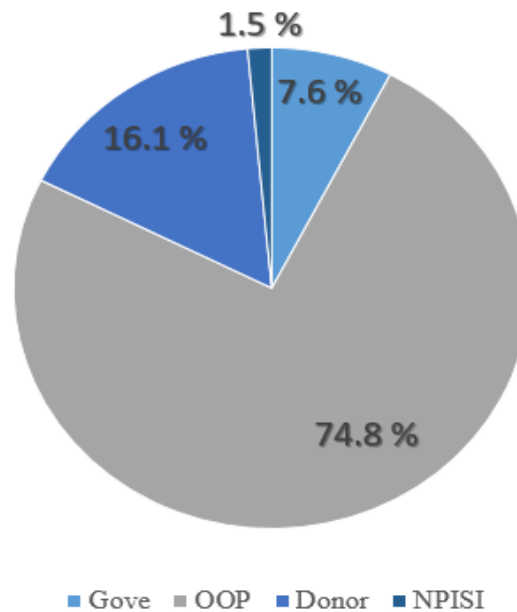
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Ministry of Public Health

# Afghanistan National Health Accounts, 2020

Feb, 2023





Ministry of Public Health

# **Afghanistan National Health Accounts (NHA) - 2020**

*Developed using the SHA 2011 Methodology*

Feb, 2023

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## Acronyms

AFN	Afghanis
ARI	Acute Respiratory Infection
ARCS	Afghan Red Crescent Society
BPHS	Basic Package of Health Services
CHE	Current Health Expenditure
CIDA	Canadian International Development Agency
EPHS	Essential Package of Hospital Services
EU	European Union
GAVI	The Global Alliance for Vaccines and Immunization
GF	Global Funds
GDP	Gross Domestic Product
GoIRA	Government of Islamic Republic of Afghanistan
HEFD	Health Economics and Financing Directorate
HH	Household
ICRC	International Committee of the Red Cross
IEC	Information, Education, and Communication
IPD	Inpatient Department
MoD	Ministry of Defense
MoE	Ministry of Education
MoF	Ministry of Finance
MoHE	Ministry of Higher Education
MoI	Ministry of the Interior
MoPH	Ministry of Public Health
MoLSA	Ministry of Labor and Social Affairs
NGO	Nongovernmental Organization
NHA	National Health Accounts

NSIA	National Statistic and Information Authority
OECD	Organization for Economic Cooperation and Development
OOP	Out-of-Pocket
NPISI	Nonprofit Institution serving individuals
RH	Reproductive Health
SBA	Skilled Birth Attendant
SHA	System of Health Accounts
TB	Tuberculosis
THE	Total Health Expenditure
TIKA	Turkish International Cooperation and Development Agency
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	U.S. Dollar
UHC	Universal Health Coverage
WFP	World Food Program
WHO	World Health Organization

## Acknowledgments

Completion of the seventh round of Afghanistan National Health Accounts (NHA) for the financial year 2020 could not have been accomplished without the support of numerous individuals and agencies. This round of NHA is based on the System of Health Accounts (SHA 2011) and includes a comprehensive list of diseases. We express our sincere gratitude to those who have made significant contributions toward accomplishing this important endeavor.

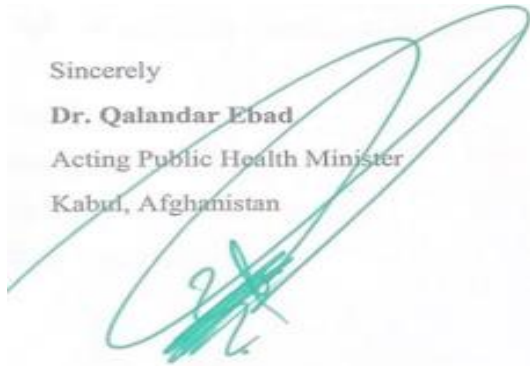
We would like to express our appreciation to Dr. Mir Najmuddin Hashimi, National Technical Officer for Health Financing, in WHO Country Office for his impressive and tireless effort in producing the seventh round of Afghanistan NHA. Our appreciation also goes to Ms. Sadia Seddiqi, Ms. Yasamin Mahrahine and Mr. Najeebullah Abed for their hard work.

We are grateful to Dr. Sayeed Rasoul Mangal, Director of Health Economics and Financing Directorate (HEFD) for overseeing the entire NHA process overall support and feedback he offered.

This work would not have been possible without the financial and technical support of World Health Organization.

Sincerely

**Dr. Qalandar Ebad**  
Acting Public Health Minister  
Kabul, Afghanistan

A large, stylized handwritten signature in green ink, written over the typed name and title of Dr. Qalandar Ebad.A handwritten signature in blue ink, written in a cursive style, located at the bottom right of the page.

## Key findings of NHA-2020

- Total Health Expenditure (THE) during the year 2020 is estimated USD 3,205,823,018.4 and Current Health Expenditure (CHE) which excludes the capital expenditure from THE is estimated USD 3,121,427,266.7
- Per capita total health expenditure on health is estimated at USD 97.5 USD and current health expenditure per capita is 94.9 USD
- THE as percentage of GDP is 19.1% while CHE as percentage of GDP is estimated at 18.6%.
- The government budget allocated to health in 2020 is USD 238,365,389.85 (7.6 % of CHE).
- The donor's expenditure on health in 2020 is estimated at USD 503,549,920.4 (16.1% of CHE).
- Household out-of-pocket expenditure in 2020 is estimated at USD 2,335,263,379.88 (74.8 % of CHE).
- Expenditure on retail sales and other providers of medical goods is estimated at USD 1,277,260,580 (40.9 % of CHE).
- Expenditure on hospitals is estimated at USD 310,486,342 (9.9 % of CHE).
- Expenditure on providers of ambulatory health services is estimated at USD 394,817,326 (12.6 % of CHE).
- Expenditure on curative both inpatient and outpatient are estimated at USD 211,668,428.7 (6.8 % of CHE) and USD 419,704,828.9 (13.4 % of CHE), respectively.
- Expenditure on prevention and public health services is estimated at USD 262,103,727.1 (8.4 % of CHE).
- Expenditure on COVID-19 in 2020 is estimated at USD 123,415,703.7 (4 % of CHE)



## Summary

Health expenditure in Afghanistan in 2020, comparing to the year 2019, has increased by 10.7 % and the incremental have significantly affected all components of health expenditures. The current health expenditure in 2020 is around USD 3 billion. The highest proportion of expenditure comes from the household out of pocket expenditure, accounting for 74.8 % of current health expenditure (CHE), with an estimate of USD 2.3 billion. The second largest health expenditure is from donors, which amounts to USD 503,549,920.4 and represents 16.1% of CHE. The donor funding is spent on two different schemes, namely direct foreign finance transfer and transfer distributed by government. The expenditure on health from government domestic revenue is estimated at USD 238,365,389.85 accounting for 7.6 % of CHE. The production of disease specific health expenditure that compares to previous rounds of NHA is another significant contribution of this round of the NHA.

## Structure of the Report

This report has four sections starts from background that introduces the organization of current health system, health financing and the macroeconomic situation of the country; the second section is mostly about the methodology used in this study; the third section presents the findings in both text and tables/graphs. The last section is about discussion and conclusion. Additionally, the annexes shows the detail tables of NHA. All price are in the current USD price with the exchange rate of USD 1 equivalent to 77 Afghanistan (Da Afghanistan Bank , 2020)

## 2 Introduction

### 2.1 Demographic and health status indicators in Afghanistan

Figure 1 Afghanistan's total population in 1399 (2020-2021) is estimated 32.8 million, of which around 51 Million are men and 49 million are women. Afghanistan's population is very young; almost half of the population 47% consists of children under 15 ages, and this figure will place Afghanistan among the top four countries in the world with the higher proportion of persons under 15 years (Figure 1). This represents that the fertility rate in Afghanistan is very high in the world, meanwhile the dependency is very high considering the high proportion of young population. Life expectancy at birth is just about 64 years for men and 67 for women in 2020/21 (NSIA , 2020-2021).

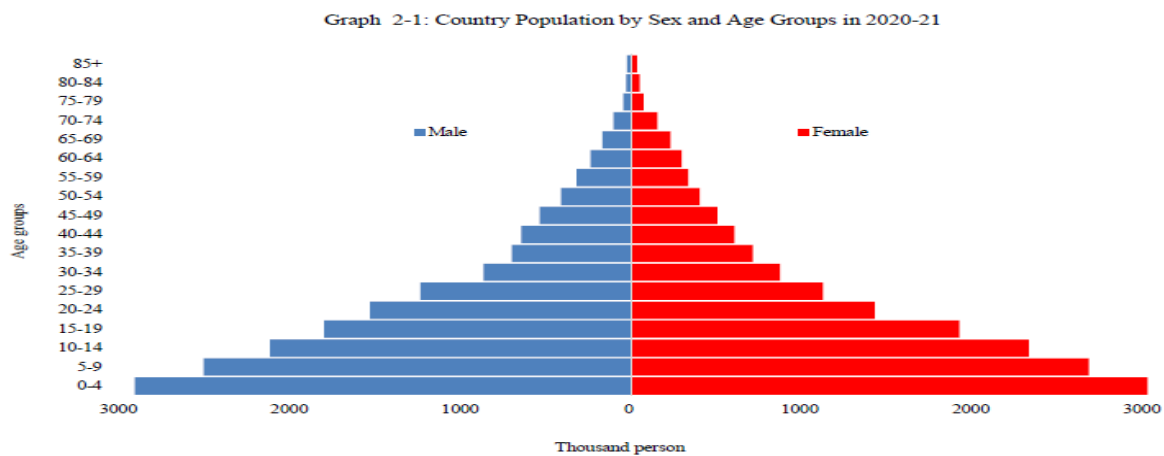


Figure1: Demographic and health status indicators in Afghanistan

As per Afghanistan Statistical Yearbook 2020-2021, the GDP was estimated USD16.8 billion with per capita of USD 511.

The Ministry of Public Health (MoPH) of Afghanistan is committed to regularly produce National Health Accounts (NHA) for tracking the flow of funds in the health sector. Over the last decade, MoPH has produced six rounds of NHA reports, providing key information on the status of health financing in the country. The MoPH has also developed health-financing policy and associated strategies; and initiated health care reforms, implementing user fees at hospitals and introducing laws for tobacco control (Health, National Health Strategy 2021-2025, p. 23).

Since 2002, along with the economic improvements, the health system and health service delivery in Afghanistan has improved significantly. The MoPH has introduced various health policies and strategies to strengthen the health system. In general, primary and secondary healthcare services provided through basic package of health services (BPHS) and essential package of hospital services (EPHS) facilities, while tertiary healthcare is provided in Kabul's national hospitals (2). The MoPH is committed to improve the health status of Afghans, especially women and children, and protect the population from a substantial financial burden to achieve the Universal Health

Coverage (UHC). To monitor the status of health financing and the progression in reducing financial burden of the population, the MoPH produced the seventh round of NHA in 2020.

### **3 Methodologies and data collection**

#### **3.1 Overview of approach**

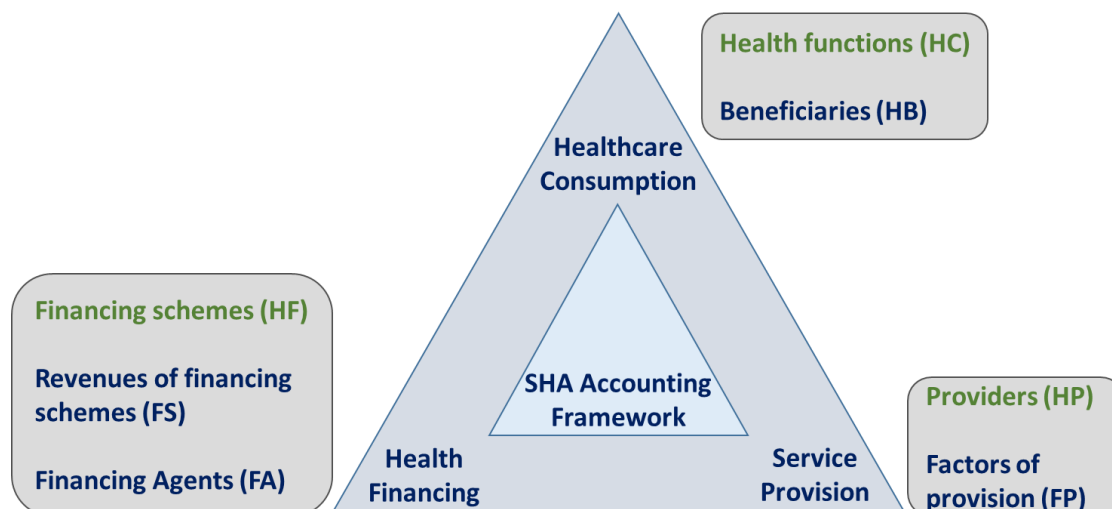
##### **System of Health Accounts (SHA 2011)**

Health systems in many countries are under reforms. The factors driving these reforms are innovations in healthcare interventions, pharmaceuticals, and medical technologies; increased demands for healthcare services; and the shift of disease burden. As a result, the cost of healthcare has increasingly become a pressing subject of interest for policymakers, analysts, and the general public. This interest in turn fosters increased expectations for more detailed and sophisticated information gained from the greater volume of health expenditure data now available.

With this increased interest in healthcare financing, OECD, the European Union (EU), and WHO produced the SHA 2011, a standardized approach for developing NHA. Although built on the SHA1.0, the SHA 2011 addresses the following issues in more detail:

- SHA 2011 has developed a healthcare financing interface to allow for a systematic assessment of how finances are mobilized, managed, and used, including financing arrangements (financing schemes), institutional units (financing agents), and revenue-raising mechanisms (revenues for financing schemes).
- SHA 2011 has probed into the cost structures of healthcare provision and provided a separate treatment of capital formation to avoid some past ambiguity regarding the links between current health spending and capital expenditure in healthcare systems.
- SHA 2011 has improved the study and further analysis of the functional dimension of healthcare.
- SHA 2011 has improved the breakdown of healthcare expenditure by beneficiary characteristics, such as disease, age, gender, region, and socioeconomic status.

NHA estimation of Afghanistan are based on SHA 2011 framework and WHO guideline for production health accounts considering country's context. The collected data were analyzed using Excel spread sheets and Health Accounts Production Tool (HAPT V.4006), based on the SHA 2011. The current round of NHA follows the dimensions listed below (OECD, 2011):



*Figure2: System of Health Accounts (SHA2011) Framework*

**Financing schemes (HF):** Components of a country’s health financing system that channel revenues received and use them to pay directly for or purchase goods and services inside health account boundaries.

**Financing sources (FS):** Revenues for health financing schemes received or collected through specific contribution mechanisms.

**Financing agents (FA):** Institutional units that manage health financing schemes.

**Health providers (HP):** Entities that receive money in exchange for or in anticipation of producing activities inside health account boundaries.

**Health functions (HC):** Types of goods and services provided and activities performed within health accounts boundaries.

**Health beneficiaries (HB):** Expenditure information by age and gender characteristic and provides details on whom benefit from this service.

**Factors of Provision (FP):** Factor inputs used by providers to produce the goods and services consumed or the activities conducted in the system. The boundary for measuring factors of health care provision is derived from the outputs of health care providers. Usually this differs from the boundary of health care consumption of the core health expenditure account.

**Capital formation (HK):** Types of assets that health providers have acquired during the accounting period and used repeatedly or continuously for more than one year in the production of health services.

### 3.2 Data collections

In order to obtain quality health expenditure data and to ensure that the collected data are representative of the overall expenditure on health in the country, data for this round of NHA were

collected from different sources, including development partners, non-profit organizations, the Ministry of Finance (MoF), other relevant ministries (Ministry of Higher Education, Ministry of Defense, Ministry of Interior, and Ministry of Education), non-profit institutions serving households, and household surveys.

### 3.3 Development partner surveys

International partner's data were collected from all development partners that are regarded as stakeholders of the health system in providing financial resources to health or delivering health services. The NHA team collected all expenditure information by sending them the structured questionnaire.

### 3.4 NGOs surveys

NGOs are contracted by the government of Afghanistan to provide BPHS and EPHS services and supervised by the MoPH. The extensive contact list of the NGOs that were working in health care provision during 2020 were obtained from the sources. The NHA team shared the questionnaire for NGOs to collect expenditure information from them.

### 3.5 Ministry surveys

In addition to health services provided by the MoPH, other ministries (the Ministry of Defense, Ministry of Higher Education, Ministry of Interior and Ministry of Education) provided health care services to people. Therefore, expenditure data collection forms were sent to the relevant department of these ministries for sharing their health expenditures.

### 3.6 Household survey

Considering the unavailability of health expenditure data from household survey data for this year, to estimate the OOPS, we used a trend approach using historical OOPs in 2011, 2014, and 2017. We estimated the latest annual growth rate of OOPs to be 8.5% from 2014-2017, based on which we calculated the OOP expenditure on health for 2020.

Donors and development partners reported their expenditures in USD and Euro. The exchange rates used in this report was AFN 77 for one USD, and AFN 87 for one Euro, as per Da Afghanistan Bank average annual exchange rate (Da Afghanistan Bank , 2020).

### 3.7 Strategy and assumptions

One of the challenges for countries aimed to produce NHA based on SHA 2011 is allocation of expenditures to specific diseases. As a result, we used the results from a costing study that used a bottom-up approach to estimate the costs for outpatient and inpatient conditions/services. This study was conducted by Health Economics and Financing Directorate (HEFD) and also considered the utilization data from HMIS for the reporting year. Mended that readers exercise caution while using these estimates. The list of diseases/conditions are attached in the annex.

Despite some challenges during the data collection, compared to previous rounds, the quality of data improved substantially. The Improvements included a greater level of details, and enhanced

consistency of the data. During the data collection, the team observed some gaps in data quality, but was able to collect data from other sources to cross-verify and/or minimize the errors when producing the NHA report.

### 3.8 Limitations

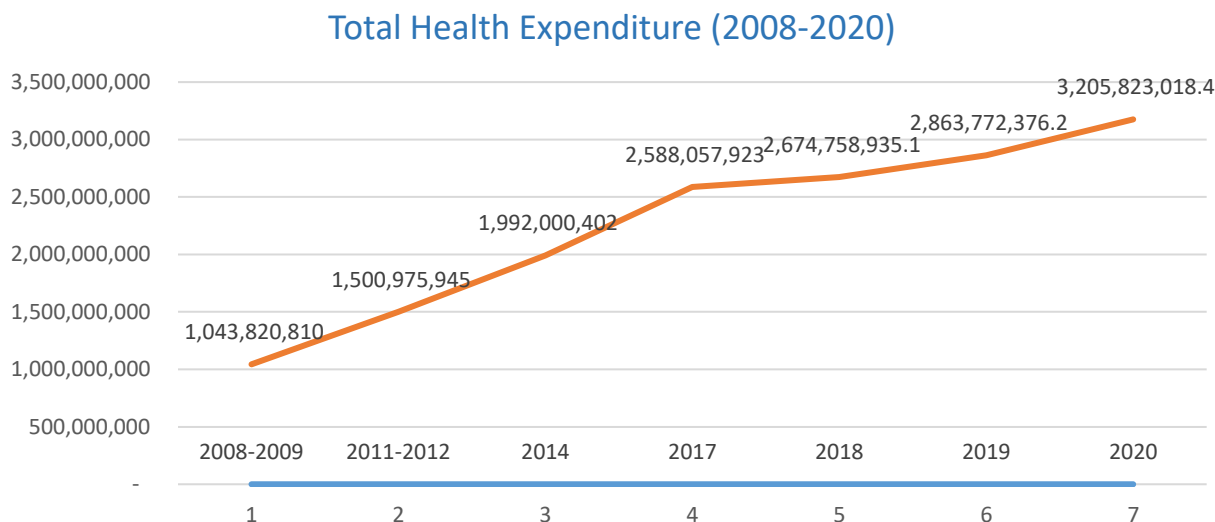
The quality of the data has increased significantly during the past years, considering the enhancements in methodology and recent improvements in the capacity of stakeholders involved with their production. Considering that the household expenditures are projected, it's recommended that readers exercise caution while using household expenditure estimates.

## 4 General NHA Findings

In this section the detailed findings are presented according to the financial flow of the health financing system from the origin where the money come from or the revenue of the financing source to the final beneficiaries who consume and benefit from the services by gender, age and diseases.

### 4.1 Trends in health expenditure

Total Health Expenditure (THE) across seven rounds of NHA shows an increasing trend (Figure 3). THE in 2020 has increased to 3.2 billion compared to 1.04 in 2008-2009. Representing a 10.7 % increase compared with the previous round of NHA (2019). THE per capita in 2020 estimated as USD 97.5, and CHE per capita after excluding capital expenditure estimated as USD 94.9.

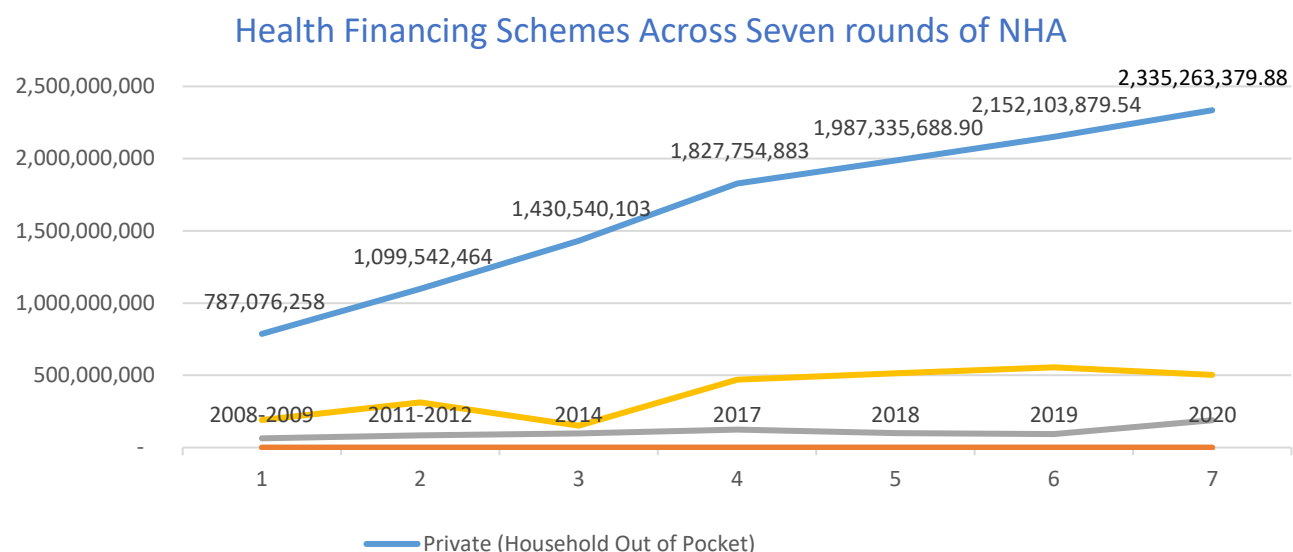


*Figure3: Trend of the total health expenditure from 2008 -2020*

### 4.2 Trend of health financing schemes across seven rounds of NHA

The trends across seven rounds of NHA shows how much was financed by each financier in the health sector of Afghanistan. Figure 4 shows the trend of health expenditure by financing scheme, which includes household out of pocket expenditure, government contribution from domestic revenue, transfer distributed by government from foreign origin, and direct foreign transfer. In all financing schemes, the increase is visible. The highest increase was in household out of pocket expenditure, increasing from USD 787 million in 2008/2009 to USD 2.3 billion in 2020, while transfers from government domestic revenue changed, from less than USD 63 million in 2008/2009

To USD 189 million in 2020. The rest of the world financing scheme shows an increase, from USD 190,710,857 in 2008/2009 to USD 503,549,920.45 in 2020.



*Figure 4: Trend of health expenditures by source of financing scheme across seven rounds of NHA*

Table 1 shows the percentage of sources of funds across seven rounds of NHA. The first two rounds used the method of SHA 1.0 and in the last five rounds from 2014, 2017, 2018, 2019 and 2020 the approach of SHA 2011 was used. The overall pattern on the source of health financing does not change. Household OOP spending accounted for the largest share of the CHE, 74.8 %. The government spending on health is relatively small and Afghanistan remains dependent on donor’s financial support for its health in 2020 as well.

*Table 1. Summary of percentage of sources of funds across seven Rounds of NHA in Afghanistan*

Financing Source as a % of CHE	2008-2009	2011-2012	2014	2017	2018	2019	2020
<b>Household</b>	75%	73%	72%	75.5%	76.4%	77%	74.8 %
<b>Rest of the World</b>	18%	21%	23%	19.4%	19.7%	19.6%	16.1 %
<b>Central government</b>	6%	6%	5%	5.1%	3.9%	3.4%	7.6 %



### 4.3 Financing Schemes

Health expenditure by financing schemes identifies the main health schemes and how much financing provided by each of them compared to the total. Main health schemes are general government domestic revenue, international development partners funding channeled through government, direct foreign finance, and household OOP health expenditure.

Findings shows that financing schemes for health in Afghanistan are: (1) transferred from the government domestic revenue, (2) donors [including transferred distributed by government from foreign origin and director foreign transfers], (3) nonprofit institution serving individuals and (4) private households' OOP health expenditure.

Government domestic revenue made up 7.6% of CHE, and government spending funded by donors counted for 5 % of CHE. International donors' spending on health accounted for 16.1 % of the CHE. Households' OOP expenditures accounted for the highest share of CHE (74.8%), which was slightly reduced in 2020 than that in 2019 (77%) (Table 2 and Figure 5).

Table 2. Breakdown of CHE by revenue of financing schemes in 2020

Revenues of health care financing schemes	Amount (USD)	Percentage (%)
Transfers from government domestic revenue	238,365,389.85	7.6 %
Transfers distributed by government from foreign origin	156,337,123.91	5 %
Private (Household OOP expenditure)	2,335,263,379.88	74.8 %
Non Profit Institution Serving individuals	44,248,576.55	1.5 %
Direct foreign transfers	347,212,796.54	11.1 %
<b>Total CHE</b>	<b>3,121,427,266.7</b>	<b>100%</b>

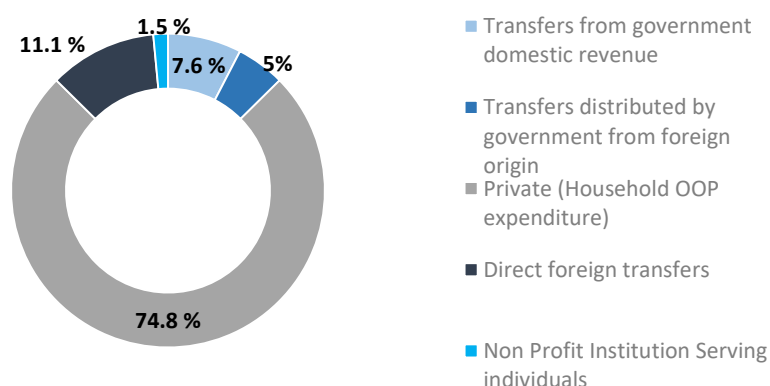


Figure5: Breakdown of expenditure by revenue of financing schemes in 2020

#### 4.4 Healthcare Providers

Like other countries, health care in Afghanistan is provided by different providers, including hospitals, ambulatory health centers, retail sellers and pharmacies, providers of administration of public health programs, providers of ancillary services, and providers of preventive care. The retail sales and other providers of medical goods incurred the highest health expenditure of 40.9 % of CHE in 2020. The second-largest providers were providers of ancillary services with 26.1 % of the CHE. Providers of hospital care, providers of ambulatory health care, providers of preventive care and providers of administration of public health programs incurred 9.9 %, 12.6 %, 6 % and 4.1%, of the CHE, respectively (Table 3).

Table 3: Health expenditure by health care providers in 2020

Health Providers	Amount (USD)	Percentage (%)
Hospitals	310,486,342	9.9 %
Providers of ambulatory health care	394,817,326	12.6 %
Retail sale and other providers of medical goods	1,277,260,580	40.9 %
Provision and administration of public health programs	129,301,121	4.1 %
Providers of ancillary services	813,751,004	26.1 %
Providers of preventive care	185,856,977	6 %
All others	9,953,918	0.3 %
<b>Total CHE</b>	<b>3,121,427,266.7</b>	<b>100%</b>

#### 4.5 Health Expenditure by Functions

The expenditure on curative care including both inpatient and outpatient curative care was estimated to be 20.2 % of the CHE in 2020. Out of this percentage, 6.8 % was spent on inpatient care and 13.4 % on outpatient care. The highest share of the CHE was on medicine and medical goods, accounting for 40.9 % followed by 26.1 % on ancillary services, 8.4 % on prevention and public health programs, and 4.1 % on health system administration and public health programs (Table 4).

Table 4. Breakdown of the CHE by health function in 2020

Health functions	Amount (USD)	Percentage (%)
<b>Curative</b>	<b>631,373,257.6</b>	<b>20.2 %</b>
Inpatient curative care	211,668,428.7	6.8 %
Outpatient curative care	419,704,828.9	13.4 %
<b>Ancillary services</b>	<b>813,751,003.9</b>	<b>26.1 %</b>
<b>Medical goods dispensed to outpatients</b>	<b>1,277,260,580.1</b>	<b>40.9 %</b>
<b>Prevention and public health services</b>	<b>262,103,727.1</b>	<b>8.4 %</b>
<b>Health administration of public health programs</b>	<b>128,578,774.3</b>	<b>4.1 %</b>
<b>Rehabilitative care</b>	<b>6,267,207.2</b>	<b>0.2 %</b>
<b>All others</b>	<b>2,092,716.5</b>	<b>0.1 %</b>
<b>Total CHE</b>	<b>3,121,427,266.7</b>	<b>100%</b>

#### 4.6 Health Expenditure by Diseases

In this round of NHA, the list of diseases has been included are: infectious and parasitic diseases, vaccine-preventable diseases, reproductive health, nutritional deficiencies, non-communicable diseases, injuries, and non-specific diseases. The complete list of the diseases are provided in the annex (D). Almost 36 % of the CHE was spent on infectious and parasitic diseases; 34.8 % on reproductive health; 9.7 % on non-communicable diseases; 5.8 % on vaccine preventable diseases, 4% CHE on COVID-19, 5.6% on nutrition deficiencies; 3 % on injuries; and 10.5 % on non-specified diseases (Table 5).

Table 5. Health expenditure by category of diseases in 2020

Disease Category	Amount (USD)	Percentage (%)
<b>Infectious and parasitic diseases</b>	<b>1,123,805,976.6</b>	<b>36 %</b>
Vaccine preventable diseases	181,606,395.7	5.8 %
Disease from coronavirus SARS (COVID-19)	123,415,703.7	4%
<b>Reproductive health</b>	<b>1,086,892,295.8</b>	<b>34.8 %</b>
<b>Nutritional deficiencies</b>	<b>173,577,213.5</b>	<b>5.6 %</b>
<b>Non-communicable diseases</b>	<b>302,016,563.4</b>	<b>9.7 %</b>
<b>Injuries</b>	<b>107,984,931.4</b>	<b>3.5 %</b>
<b>Non-specified diseases</b>	<b>327,150,286.0</b>	<b>10.5 %</b>
<b>Total CHE</b>	<b>3,121,427,266.7</b>	<b>100%</b>

#### 4.7 Expenditure by Age Groups

Afghanistan has a large young population with potential for economic development. Due to unavailability of expenditure and health utilization data by detailed age groups, here we report the health expenditure for the population under and over five years of age. Below table shows that in 2020, USD 2,311,482,979 (74 % of the CHE) was spent on population over five years old and USD 809,944,288 (26 %) was spent on children under five, (Table 6).

Table 6. Health expenditure by age groups in 2020

Population	Amount (USD)	Percentage (%)
<b>Under 5 years of age</b>	809,944,288	26 %
<b>Over 5 years of age</b>	2,311,482,979	74 %
<b>Total</b>	<b>3,121,427,266.7</b>	<b>100%</b>

#### 4.8 Expenditure by Gender

In 2020, the health expenditures by gender (male and female) shows that USD 1,868,126,944 (60 % of CHE) was spent on female and approximately USD 1,253,300,323 (40 % of CHE) was spent on male populations (Table 7).

*Table 7 Health expenditure by gender (Male and Female) in 2020*

<b>Gender</b>	<b>Amount (USD)</b>	<b>Percentage (%)</b>
<b>Female</b>	1,868,126,944	60 %
<b>Male</b>	1,253,300,323	40 %
<b>Total</b>	<b>3,121,427,266.7</b>	<b>100%</b>

#### 4.9 Health Expenditure by Factor of Provision

Understanding how much is spent by health care providers as inputs into the system in order to produce health care services has many policy indications. Information on factors of provision is typically tracked at the national aggregated level to ensure efficient and appropriate allocation of resources to provide health care services.

Table 8 provides the breakdown of public health expenditure by factor of provision, which shows that 27% of public health expenditure was spent on compensation of employees (salary), 65% on material and services in 2020 and 7% was spent on all unspecified factors of health care provision.

*Table 8 Health Expenditure by Factor of Provision*

<b>Factor of Provision of public health expenditure</b>	<b>Amount (USD)</b>	<b>Percentage (%)</b>
<b>Compensation of employees</b>	215,600,283.88	27%
<b>Materials and services used</b>	514,274,990.57	65%
<b>All unspecified factors of health care provision</b>	56,288,612.39	7%
<b>Total</b>	<b>786,163,886.84</b>	<b>100%</b>

## 5 Recommendations

Based on detailed analysis and findings of this round of NHA, the following recommendations are made:

- ✓ Increase government investment in health. In order to improve sustainability of spending in health, government should increase its investment in health.
- ✓ Design and implement context customized financial risk protection mechanisms to reduce OOP spending of households on health.
- ✓ Since a significant portion of the OOP expenditure was spent on medicines, implementing a program to cover the costs of the pharmaceuticals with the government subsidies on medicines are highly recommended to reduce OOP.
- ✓ Improve investments in preventive care. In order to produce good value for money, investment on preventive health services should be examined and increased.
- ✓ Leverage and regulate the private sector through the implementation of the MoPH Private Sector Strategy
- ✓ Suggest building capacity of producing NHA for broader interested groups within the MOPH

## 6 Annex. National Health Accounts Tables, extracted from the NHA Production Tool

### 6.1 Financing Schemes by Revenues of Health Care Financing Schemes at (HF X FS) US Dollars, 2020

Revenues of health care financing schemes	FS.1	FS.2	FS.6	FS.6.1	FS.6.3	FS.7	All FS
	Transfers from government domestic revenue (allocated to health purposes)	Transfers distributed by government from foreign origin	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from NPISH n.e.c.	Direct foreign transfers	
<b>Financing schemes</b>							
<b>HF.1 Government schemes and compulsory contributory health care financing schemes</b>	<b>238,365,389.85</b>	<b>156,337,123.91</b>					<b>394,702,513.8</b>
HF.1.1 Government schemes	238,365,389.85	156,337,123.91					394,702,513.8
HF.1.1.1 Central government schemes	223,682,540.77	156,337,123.91					380,019,664.7
HF.1.1.1.1 MoPH	142,620,445.75	156,337,123.91					298,957,569.7
HF.1.1.1.2 MoD	63,089,358.08						63,089,358.1
HF.1.1.1.3 MoI	8,768,903.17						8,768,903.2
HF.1.1.1.4 MOH	8,915,050.92						8,915,050.9
HF.1.1.1.5 E							
HF.1.1.1.5 MOE	288,782.86						288,782.9
HF.1.1.nec Unspecified government schemes (n.e.c.)	14,682,849.07						14,682,849.1
<b>HF.2 Voluntary health care payment schemes</b>			<b>44,248,576.5</b>		<b>44,248,576.55</b>	<b>347,212,796.54</b>	<b>391,461,373.1</b>
HF.2.2 NPISH financing schemes (including development agencies)			44,248,576.5		44,248,576.55	347,212,796.54	391,461,373.1
HF.2.2.nec Unspecified NPISH financing schemes (n.e.c.)			44,248,576.5		44,248,576.55	347,212,796.54	391,461,373.1
<b>HF.3 Household out-of-pocket payment</b>			<b>2,335,263,379.9</b>	<b>2,335,263,379.88</b>			<b>2,335,263,379.9</b>
HF.3.nec Unspecified household out-of-pocket payment (n.e.c.)			2,335,263,379.9	2,335,263,379.88			2,335,263,379.9
<b>All HF</b>	<b>238,365,389.85</b>	<b>156,337,123.91</b>	<b>2,379,511,956.4</b>	<b>2,335,263,379.88</b>	<b>44,248,576.55</b>	<b>347,212,796.54</b>	<b>3,121,427,266.7</b>

## 6.2 Health Care Providers by Financing Schemes (HP X HF) US Dollars, 2020

Financing schemes		HF.1	HF.2	HF.3	All HF
		Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	Household out-of-pocket payment	
<b>Health care providers</b>					
<b>HP.1</b>	<b>Hospitals</b>	<b>192,145,091.03</b>	<b>93,587,458.92</b>	<b>24,753,791.83</b>	<b>310,486,341.78</b>
HP.1.1	General hospitals	181,959,256.12	79,437,256.04	24,753,791.83	286,150,303.98
	HP.1.1.1 Public Hospital	180,319,041.24	56,675,424.11	24,753,791.83	261,748,257.18
	HP.1.1.2 Private Hospital		998,961.04		998,961.04
	HP.1.1.2.nec Other Private Hospital		998,961.04		998,961.04
	HP.1.1.nec Other General hospitals	1,640,214.88	21,762,870.88		23,403,085.76
HP.1.2	Mental health hospitals		2,234,575.31		2,234,575.31
HP.1.3	Specialized hospitals (Other than mental health hospitals)		11,091,404.03		11,091,404.03
HP.1.nec	Unspecified hospitals (n.e.c.)	10,185,834.91	824,223.55		11,010,058.46
<b>HP.3</b>	<b>Providers of ambulatory health care</b>	<b>95,718,836.42</b>	<b>64,871,572.45</b>	<b>234,226,917.00</b>	<b>394,817,325.87</b>
HP.3.1	Medical practices		141,743.57		141,743.57
	HP.3.1.nec Unspecified medical practices (n.e.c.)		141,743.57		141,743.57
HP.3.4	Ambulatory health care centers	95,718,836.42	63,295,711.17	234,226,917.00	393,241,464.59
	HP.3.4.2 Ambulatory mental health and substance abuse centers		946.39		946.39

	HP.3.4.5	Non-specialized ambulatory health care centers	73,193.89			73,193.89
	HP.3.4.9	All Other ambulatory centers	95,645,642.53	63,294,764.78	234,226,917.00	393,167,324.31
	HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)		1,434,117.71		1,434,117.71
<b>HP.4</b>		<b>Providers of ancillary services</b>		<b>5,049,295.48</b>	<b>808,701,708.45</b>	<b>813,751,003.94</b>
	HP.4.2	Medical and diagnostic laboratories		5,049,295.48		5,049,295.48
	HP.4.9	Other providers of ancillary services			808,701,708.45	808,701,708.45
<b>HP.5</b>		<b>Retailers and Other providers of medical goods</b>	<b>130,065.05</b>	<b>9,549,552.48</b>	<b>1,267,580,962.60</b>	<b>1,277,260,580.13</b>
	HP.5.1	Pharmacies		6,623,915.53	1,267,580,962.60	1,274,204,878.13
	HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances	130,065.05	2,925,636.95		3,055,702.00



<b>HP.6</b>	<b>Providers of preventive care</b>	<b>19,462,083.02</b>	<b>166,394,893.83</b>		<b>185,856,976.85</b>
<b>HP.7</b>	<b>Providers of health care system administration and financing</b>	<b>87,246,438.23</b>	<b>42,054,682.31</b>		<b>129,301,120.54</b>
HP.7.1	Government health administration agencies	<b>87,246,438.23</b>	<b>40,694,335.59</b>		127,940,773.82
HP.7.9	Other administration agencies		<b>1,360,346.72</b>		1,360,346.72
<b>HP.8</b>	<b>Rest of economy</b>		<b>9,374,117.82</b>		<b>9,374,117.82</b>
HP.8.3	Community health workers (or village health worker, community health aide, etc.)		<b>9,374,117.82</b>		9,374,117.82
<b>HP.nec</b>	<b>Unspecified health care providers (n.e.c.)</b>		<b>579,799.79</b>		<b>579,799.79</b>
<b>All HP</b>		<b>394,702,513.76</b>	<b>391,461,373.08</b>	<b>2,335,263,379.88</b>	<b>3,121,427,266.72</b>

### 6.3 Financing Scheme by Health Care Functions (HF X HC), 2020

Financing schemes		HF.1	HF.2	HF.3	All HF
Health care functions		Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	Household out-of-pocket payment	
<b>HC.1</b>	<b>Curative care</b>	<b>283,180,307.09</b>	<b>89,212,241.65</b>	<b>258,980,708.83</b>	<b>631,373,257.57</b>
HC.1.1	Inpatient curative care	163,916,808.24	28,196,124.94	19,555,495.54	211,668,428.72
	HC.1.1.1    General inpatient curative care	159,687,094.65	19,253,986.12	19,555,495.54	198,496,576.31
	HC.1.1.nec    Unspecified inpatient curative care (n.e.c.)	4,229,713.59	8,942,138.82		13,171,852.41
HC.1.2	Day curative care	178,420.98	187,582.89		366,003.87
	HC.1.2.1    General day curative care	178,420.98			178,420.98
	HC.1.2.nec    Unspecified day curative care (n.e.c.)		187,582.89		187,582.89
HC.1.3	Outpatient curative care	119,085,077.87	60,828,533.82	239,425,213.29	419,338,824.98
	HC.1.3.1    General outpatient curative care	116,524,281.91	50,437,195.06	239,425,213.29	406,386,690.25
	HC.1.3.3    Specialized outpatient curative care	155,774.77			155,774.77

	HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	2,405,021.19	10,391,338.77		12,796,359.96
<b>HC.2</b>	<b>Rehabilitative care</b>		<b>204,434.77</b>	<b>6,062,772.39</b>		<b>6,267,207.16</b>
	HC.2.3	Outpatient rehabilitative care	204,434.77			204,434.77
	HC.2.nec	Unspecified rehabilitative care (n.e.c.)		6,062,772.39		6,062,772.39
<b>HC.1+HC.2</b>	<b>Curative care and rehabilitative care</b>		<b>283,384,741.86</b>	<b>95,275,014.04</b>	<b>258,980,708.83</b>	<b>637,640,464.73</b>
	HC.1.1+HC.2.1	Inpatient curative and rehabilitative care	163,916,808.24	28,196,124.94	19,555,495.54	211,668,428.72
	HC.1.2+HC.2.2	Day curative and rehabilitative care	178,420.98	187,582.89		366,003.87
	HC.1.3+HC.2.3	Outpatient curative and rehabilitative care	119,289,512.63	60,828,533.82	239,425,213.29	419,543,259.74
	HC.1.nec + HC.2.nec	Other curative and rehabilitative care		6,062,772.39		6,062,772.39
<b>HC.4</b>	<b>Ancillary services (non-specified by function)</b>			<b>5,049,295.48</b>	<b>808,701,708.45</b>	<b>813,751,003.94</b>
	HC.4.1	Laboratory services		5,049,295.48		5,049,295.48

HC.4.nec	Unspecified ancillary services (n.e.c.)			<b>808,701,708.45</b>	808,701,708.45
<b>HC.5</b>	<b>Medical goods (non-specified by function)</b>	<b>130,065.05</b>	<b>9,549,552.48</b>	<b>1,267,580,962.60</b>	<b>1,277,260,580.13</b>
HC.5.1	Pharmaceuticals and Other medical non-durable goods		<b>909,090.91</b>		909,090.91
	HC.5.1.3    Other medical non-durable goods		<b>909,090.91</b>		909,090.91
HC.5.nec	Unspecified medical goods (n.e.c.)	<b>130,065.05</b>	<b>8,640,461.57</b>	<b>1,267,580,962.60</b>	1,276,351,489.22
<b>HC.6</b>	<b>Preventive care</b>	<b>22,114,470.43</b>	<b>239,989,256.67</b>		<b>262,103,727.10</b>
HC.6.1	Information, education and counseling (IEC) programmes		<b>347,189.64</b>		347,189.64
	HC.6.1.2    Nutrition IEC programmes		<b>347,189.64</b>		347,189.64
HC.6.2	Immunization programmes		<b>5,997,636.63</b>		5,997,636.63
HC.6.5	Epidemiological surveillance and risk and disease control programmes		<b>1,577,875.65</b>		1,577,875.65
	HC.6.5.2    Monitoring & Evaluation (M&E)		<b>722,346.22</b>		722,346.22

	HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)		855,529.43		855,529.43
	HC.6.6	Preparing for disaster and emergency response programmes		2,410,080.00		2,410,080.00
	HC.6.nec	Unspecified preventive care (n.e.c.)	22,114,470.43	229,656,474.75		251,770,945.18
<b>HC.7</b>	<b>Governance, and health system and financing administration</b>		<b>87,246,438.23</b>	<b>41,332,336.09</b>		<b>128,578,774.32</b>
	HC.7.1	Governance and Health system administration	2,995,319.69	5,219,323.43		8,214,643.12
	HC.7.1.nec	Other governance and Health system administration (n.e.c.)	2,995,319.69	5,219,323.43		8,214,643.12
	HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)	84,251,118.55	36,113,012.66		120,364,131.20
<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c.)</b>		<b>1,826,798.19</b>	<b>265,918.33</b>		<b>2,092,716.51</b>
<b>All HC</b>			<b>394,702,513.76</b>	<b>391,461,373.08</b>	<b>2,335,263,379.88</b>	<b>3,121,427,266.72</b>

## 6.4 Health Expenditure by Disease, 2020

Non-disease specific expenditures reported: Separately; Currency: US Dollar (USD)

Financing agents			All FA
Classification of diseases / conditions			
<b>DIS.1</b>		<b>Infectious and parasitic diseases</b>	1,123,805,976.57
DIS.1.1		HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	38,407,539.37
	DIS.1.1.1	HIV/AIDS and Opportunistic Infections (OIs)	1,402,555.82
		DIS.1.1.1.1 HIV/AIDS	911,894.52
		DIS.1.1.1.2 TB/HIV	490,661.31
	DIS.1.1.2	STDs Other than HIV/AIDS	37,004,983.55
DIS.1.2		Tuberculosis (TB)	52,705,561.91
	DIS.1.2.nec	Unspecified tuberculosis (n.e.c.)	52,705,561.91
DIS.1.3		Malaria	28,358,536.77
DIS.1.4		Respiratory infections	403,578,422.85
	DIS.1.4.1	Pneumonia	113,008,150.82
	DIS.1.4.2	Upper Respiratory	192,302,314.79
	DIS.1.4.3	Cough and Cold	98,267,957.24
DIS.1.5		Diarrheal diseases	114,141,139.61
	DIS.1.5.1	Acute Bloody Diarrhea	41,763,881.83
	DIS.1.5.2	Acute Watery Diarrhea	63,874,172.21
	DIS.1.5.3	Diarrhea with dehydration	6,878,757.01
	DIS.1.5.nec	Other Diarrheal diseases	1,624,328.57
DIS.1.7		Vaccine preventable diseases	181,606,395.72
	DIS.1.7.1	Immunizations	51,274,088.29
	DIS.1.7.2	Measles	65,593,861.46
	DIS.1.7.3	TT Immunization	9,826,795.72
	DIS.1.7.nec	Other Vaccine preventable diseases	54,911,650.25
DIS.1.8		<b>Hepatitis</b>	982,679.57

DIS.1.9	Public Health Emergency of International Concern (PHEIC)	127,586,498.26
DIS.1.9.2	Disease from coronavirus SARS- CoV-2 (COVID- 19)	123,415,703.73
DIS.1.9.nec	Other Public Health Emergency of International Concern (PHEIC)	4,170,794.53
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	176,439,202.50
<b>DIS.2</b>	<b>Reproductive health</b>	1,086,892,295.85
DIS.2.1	Maternal conditions	588,082,500.81
DIS.2.1.1	First Postnatal Care	182,079,046.60
DIS.2.1.2	Other Postnatal Care	23,338,639.84
DIS.2.1.4	Normal Delivery Facility	181,215,502.02
DIS.2.1.4.1	normal facility deliveries	157,502,116.04
DIS.2.1.4.2	home deliveries	19,653,591.45
DIS.2.1.4.3	caesarean deliveries	4,059,794.53
DIS.2.1.7	New Anemia	201,449,312.34
DIS.2.2	Perinatal conditions	447,467,149.29
DIS.2.2.1	First Antenatal Care	356,569,288.85
DIS.2.2.2	Other Antenatal Care	90,897,860.45
DIS.2.3	Contraceptive management (family planning)	20,719,366.61
DIS.2.3.1	Oral Contraceptive	2,953,009.34
DIS.2.3.2	Injectable	5,167,352.13
DIS.2.3.3	IUD	6,151,688.58
DIS.2.3.4	Condom	2,707,339.45
DIS.2.3.5	Permanent	2,460,012.68
DIS.2.3.nec	Other Contraceptive management (family planning)	1,279,964.42
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	30,623,279.14

<b>DIS.3</b>		<b>Nutritional deficiencies</b>	173,577,213.49
	DIS.3.1	Micronutrient Disorder	24,566,989.31
	DIS.3.2	Moderate Acute Malnutrition	25,769,209.71
	DIS.3.3	Severe Acute Malnutrition	56,393,750.95
	DIS.3.nec	Other Nutritional deficiencies	66,847,263.52
<b>DIS.4</b>		<b>Noncommunicable diseases</b>	302,016,563.40
	DIS.4.1	Neoplasms	728,697.71
	DIS.4.2	Endocrine and metabolic disorders	3,234,191.31
	DIS.4.2.1	Diabetes	3,234,191.31
	DIS.4.3	Cardiovascular diseases	14,698,546.36
	DIS.4.3.1	Hypertensive diseases	9,826,795.72
	DIS.4.3.2	Ischemic Heart Disease	2,039,394.52
	DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	2,832,356.11
	DIS.4.4	Mental & behavioral disorders, and Neurological conditions	27,222,822.11
	DIS.4.4.1	Mental (psychiatric) disorders	22,920,359.46
	DIS.4.4.3	Neurological conditions	49,133.98
	DIS.4.4.nec	Unspecified mental & behavioral disorders and neurological conditions (n.e.c.)	4,253,328.67
	DIS.4.5	Respiratory diseases	14,986,459.75
	DIS.4.6	Diseases of the digestive	140,490,032.31
	DIS.4.6.5	peptic disorders	137,575,140.13
	DIS.4.6.nec	Other Diseases of the digestive	2,914,892.17
	DIS.4.7	Diseases of the genitor-urinary system	3,197,266.72



	DIS.4.8	Sense organ disorders	64,306,084.23
	DIS.4.9	Oral diseases	31,937,086.10
	DIS.4.11	Rehabilitation Care	306,285.88
	DIS.4.15	Anemia	909,090.91
<b>DIS.5</b>		<b>Injuries</b>	107,984,931.41
	DIS.5.2	Weapon Wounded	9,990,017.49
	DIS.5.nec	Other Injuries	97,994,913.91
<b>DIS.nec</b>		<b>Other and unspecified diseases/conditions (n.e.c.)</b>	327,150,286.01
<b>All DIS</b>			3,121,427,266.72

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