List of tables

THE GAMBIA HEALTH ACCOUNTS STUDY FY2016 & FY2017

HEALTH FINANCING UNIT: DIRECTORATE OF PLANNING & INFORMATION, MoH

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

STATEMENT FROM THE HON. MINISTER

Data on health care financing of the health sector is essential for informed decision making to improve service delivery. An analysis of health care financing data always begins with sound estimates of national health expenditures. National Health Accounts is therefore an important tool to demonstrate how health resources from all sources are spent on what services and who pays for them. It provides a holistic picture of our health sector, showing the actual emphasis of spending and the shares of different payers.

NHA provides a consistent framework for modeling health care financing reforms and for monitoring the effect of changes in financing and provision of health care services.

I am indeed glad that this fourth round of NHA estimates is our final step towards institutionalization of NHA in The Gambia, as envisage while establishing the National Health Accounts Core Team.

These regular NHA round will help us in monitoring health expenditure patterns in our country, to enable us reorient our existing expenditure policies.

I appreciate the effort of the NHA Core Team for consistently improving the NHA estimates and meticulously updating the estimates of previous rounds for maintaining comparability between different rounds of NHA and also for global comparisons.

Dr. Ahmad Lamin Samateh
Minister of Health

ACKNOWLEDGEMENT

Members of the National Health Accounts (NHA) Core Team extend their deep appreciation to the Global Fund Health System Strengthening (HSS) grant for providing financial support to the successful realization of another NHA round – The Gambia NHA FY2016 & FY2017 study.

A special word of thanks also goes to the World Health Organization (WHO) Country Office for all the technical support given to promote and sustain the development of NHA in the Gambia.

This Report was the product of the collective effort of the NHA Core Team and NHA Technical Working Group led by the Health Financing Unit at the Directorate of Planning and information - Ministry of Health.

The Ministry of Health is particularly indebted to all other Ministries, Departments and Agencies (MDAs) as well as other institutions including all private stakeholders for their support in the successful development of the current health accounts.

The Gambia National Health Accounts (NHA) study for the Financial Year (FY) 2016 and 2017 is based on the internationally standardized Systems of Health Accounts (SHA 2011).

Special gratitude is extended to the Gambia Bureau of Statistics (GBoS) for enabling us to use Integrated Household Survey report (IHS, 2015/2016) that gives us statistical data on household expenditures on health. The data was projected using Consumer Price Index (CPI) for 2016 & 2017 fiscal years.

On a final note, the Ministry of Health and the NHA Secretariat in particular, wish to profoundly thank and acknowledge the efforts of institutions/entities for providing us with necessary health expenditure data for the financial year 2016 and 2017. We appreciate the fact that without their cooperation this report would not have been produced.

The Ministry of Health wishes to thank, in advance, all readers of this Report.

The Gambia NHA Core Team constitute the following personnel:

Mr. Gibril Jarjue	•Director of Planning and Information •Ministry of Health
Mrs. Haddy Badjie	•Deputy Director of Planning and Information •Ministry of Health
Mr. Yaya Barjo	•Principal Health Economist & Head of Health Financing •Ministry of Health
Mrs. Famata Colley	•Senior Health Economist •Health Financing Unit, DPI
Mr. Momodou Ceesay	•Health Economist, WHO Country Office •The Gambia
Mrs. Haddy Camara	•Health Economist •Health Financing Unit, DPI
Mrs Sarata Ngack	•Health Economist •Health Financing Unit, DPI
Mr. Modou Njie	•ICT Officer •Health Management Information System Unit
Elizabeth Barrai	•Health Economist •Health Financing Unit, DPI

NHA Technical Working Group Members – Data Analysis Team

NAME	INSTITUTION	DESIGNATION
Gibril Jarju	Directorate of Planning & Information - MoH	Director
Haddy Badjie	Directorate of Planning & Information - MoH	Deputy Director
Sainey Sanneh	Directorate of Health Research - MoH	Director
Momodou Ceesay	World Health Organization Country Office	NPO - Health Economist
Fatou Sagarr Jagne	Directorate of Planning & Information - MoH	Principal M&E Officer
Yaya Barjo	Directorate of Planning & Information - MoH	Principal Health Economist
Sarata Ngack	Directorate of Planning & Information - MoH	Senior Health Economist
Haddy Camara	Directorate of Planning & Information - MoH	Health Economist
Elizabeth Barrai	Directorate of Planning & Information - MoH	Health Economist
Fatoumatta Jallow	Directorate of Planning & Information - MoH	Senior Health Statistician
Awa G. Jallow	Directorate of Planning & Information - MoH	Senior Quality Assurance Officer
Modou Njie	Directorate of Planning & Information - MoH	ICT Officer
Fatou Saidy	Directorate of Planning & Information - MoH	Senior Planner

ABBREVIATIONS

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

TB	Tuberculosis
THE	Total Health Expenditure
UHC	Universal Health Coverage
WHO	World Health Organisation

EXECUTIVE SUMMARY

The National Health Policy 2012 -2020 and the National Health Financing Policy 2017 – 2030 both mandated Ministry of Health (MoH) to work towards improving healthcare service delivery in the country and this requires management to make key policy decisions that are evidence-based.

National Health Accounts methodology is therefore a reliable way of achieving this evidence because it is a systematic, comprehensive, and consistent tool for monitoring and tracking of resource flows into a country's health system. It is, therefore, a tool specifically designed to inform the health policy process, including policy design, implementation and policy dialogue.

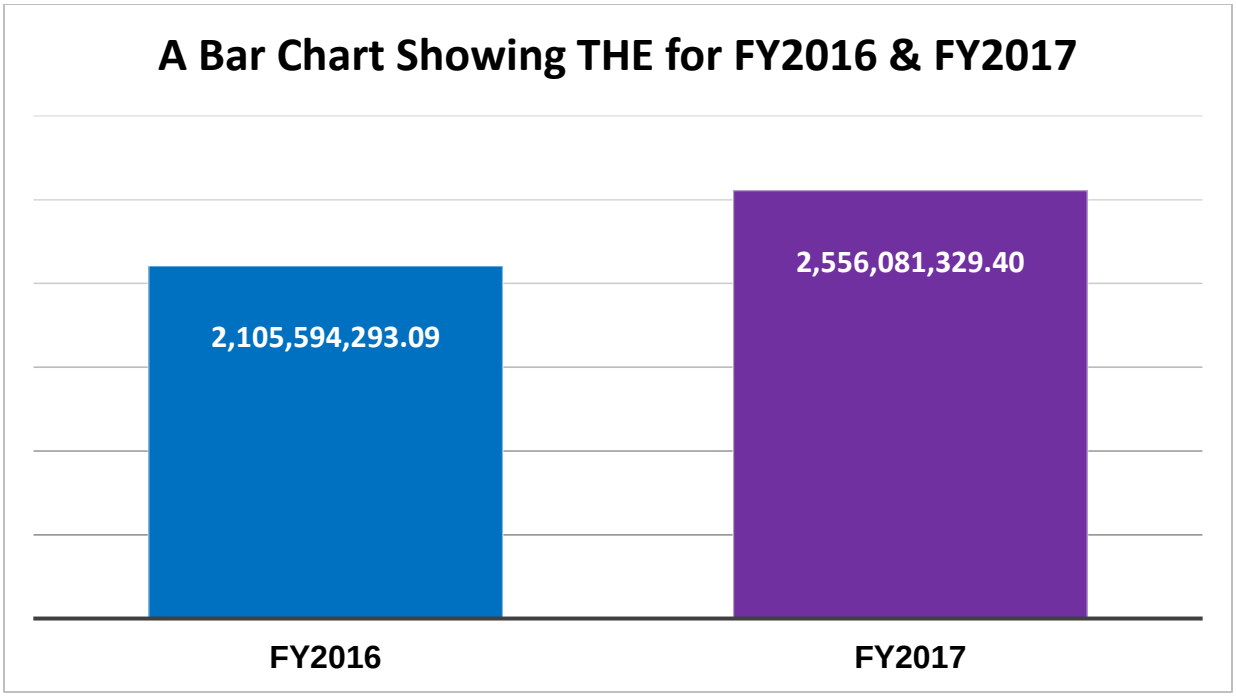
In view of this, the Ministry of Health in partnership with development partners such as Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM) have jointly supported the NHA rounds of FY2016 and FY2017 and efforts are ongoing to ensure institutionalization of the NHA process which is also seen as a top global agenda in health care financing. Based on this, it is gratifying to note that information obtained from the first, second and third NHA studies (NHA, 2007, NHA, 2013 & NHA, 2015) were largely used to develop the first ever National Health Financing Policy (2017 – 2030) which is currently been implemented by the ministry.

In addition, the findings and/or results of this current survey (NHA, 2016 & NHA, 2017) will inform the formulation of the National Health Financing Strategy and the new National Health Policy and Strategy as well as other subsequent health sector policies and strategies.

This report therefore provides narrative explanation of the Gambia National Health Accounts (NHA) study for financial years (FY2016 and FY2017) as analyzed using System of Health Accounts (SHA 11) by The Gambia NHA Core Team.

1. The Key Health Expenditure Estimates for The Gambia for FY2016 & FY2017:

Total Health Expenditure (THE) for The Gambia for the FY2016 and FY2017 are estimated at **D2,105,594,293.09** (4.97% of GDP and D1,026.23 or $23.38 per capita) and **D2,556,081,329.40** (5.42% of GDP and D1,204.28 or $25.84 per capita) respectively. Total Health Expenditure constitutes current and capital expenditures incurred by Government, Private employers, insurance, NGOs, donors, and household.



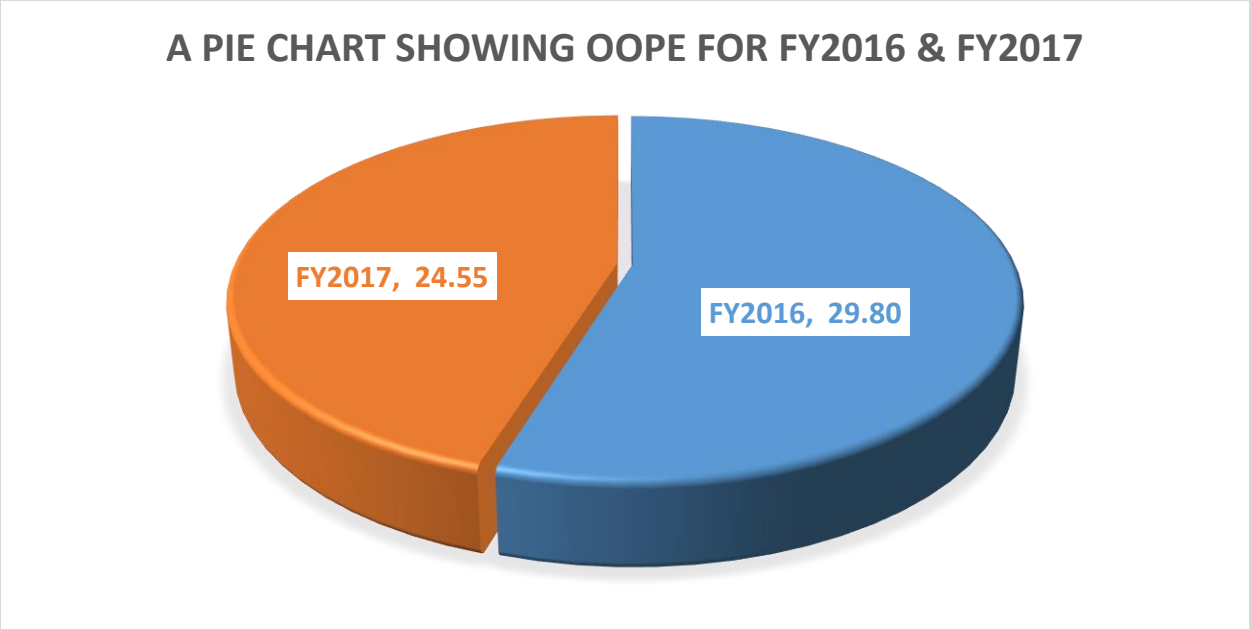
Current Health Expenditure (CHE) for FY2016 and FY2017 are at **D2, 061,133,017.49** (97.89% of THE) and **D2, 327,767,856.35** (91.07% of THE) respectively.

Capital expenditures for FY2016 and FY2017 are respectively at **D44, 461,275.60** (2.11% of THE) and **D228, 313,473.05** (8.93% of THE).

Government Health Expenditure (GHE) for FY2016 and FY2017 including capital expenditure are at **D812, 724,001.52** (38.60% of THE, 1.92% GDP) and **D783, 434,053.76** (30.65% of THE, 1.66% of GDP) respectively.

2. Total Health Expenditures by financing sources:

Out of Pocket Expenditure (OOPE) on health by households for FY2016 & FY2017 stand at **D627, 497,392.20** (29.80% of THE) and D**627, 497,392.20** (24.55% of THE) respectively.

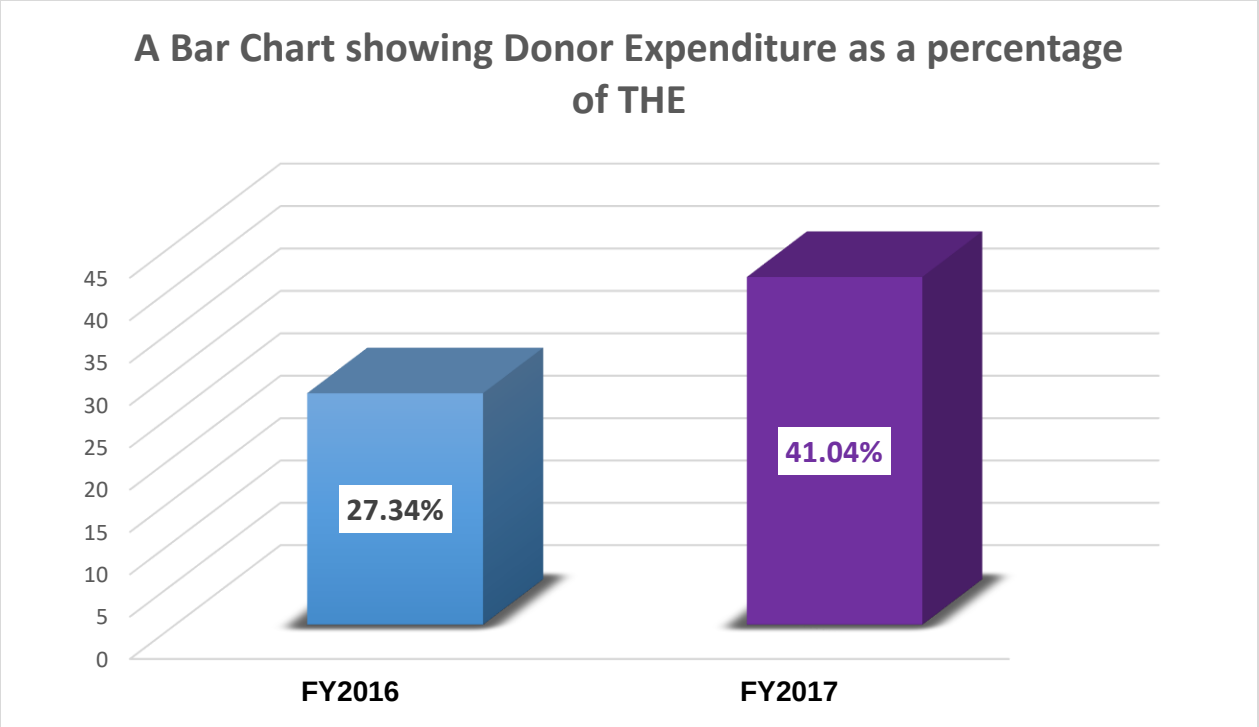


Private insurance expenditure for FY2016 & FY2017 are respectively at **D15, 601,347** (0.74% of THE) and **D26, 758,816.17** (1.05% of THE).

Contribution by private employers for FY2016 & FY2017 are respectively estimated at **D55, 618,600.50** (2.64% of THE) and **D59, 558,674.08** (2.33% of THE).

NGOs expenditure for FY2016 & FY2017 stand at **D18, 579,043.10** (0.88% of THE) and **D9, 715,320.59** (0.38% of THE) respectively.

External/donor funding for FY2016 & FY2017 respectively contributes to about **D575, 573.899.77** (27.34% of THE) and **D1, 049,117,072.60** (41.04% of THE). ***Expenditure incurred by Rest of the world (donor and NGO combined)*** for FY2016 & FY2017 stand at **D594, 152,942.87** (28.22% of the total health expenditure) and **D1, 058,832,393.19** (41.42% of the total health expenditure). In addition, Rest of the world contributed **D40, 410** (0.01% of CHE) for FY2016.



3. Expenditure on Diseases by Providers:

Current Health Expenditure attributed to Government on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiratory Infection, Diarrhoea, Vaccine preventable and others) for FY2016 and FY2017 respectively recorded **D73,317,440** (9.36% of CHE) and **D130,801,920** (17.58% CHE); Reproductive Health - **D22,460,240** (2.87% of CHE) and **D6,328,290** (0.85% of CHE); Non Communicable Diseases - **D63,732,440** (8.13% of CHE) and **D18,984,870** (2.55% of CHE); Injuries - **D11,115,210** (1.42% of CHE) and **D6,328,290** (0.85% of CHE); Non Disease Specific - **D611,561,150** (78.06 % of CHE) and **D581,748,410** (78.17% of CHE).

Current expenditure incurred by households (OOPE) for FY2016 and FY2017 on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhoea, Vaccine preventable and others) are respectively at **D353,832,370** (56.39% of CHE) and **D276,292,780** (44.03% of CHE); Non Communicable Diseases

- **D174,544,290** (27.82% of CHE) and **D268,151,970** (42.73% of CHE); Injuries are at **D42,024,720** (6.70% of CHE) and **D53,762,670** (8.57% of CHE).

Current Health Expenditure attributed to Rest of the world (donor & NGO combined) for FY2016 and FY2017 on Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhoea, Vaccine preventable and others) are respectively at **D390,071,520** (65.65% of CHE) and **D629,480,260** (72.30% of CHE); Non Communicable Diseases - **D8,648,990** (1.88% of CHE) and **D13,467,740** (1.55% of CHE); Non Disease Specific - **D6,919,190** (1.16% of CHE) and **D27,811,530** (3.19% of CHE); Nutrition Deficit - **D87,497,380** (14.73% of CHE) and **D56,825,450** (6.53% of CHE).

4. **The Services are consumed are:**

Current Health Expenditure attributed to in and out patient Curative Care for FY2016 and FY2017 recorded **D827, 439,490** (40.14% of CHE) and **D823, 084,080** (35.36% of THE) respectively; Rehabilitative care for FY2016 stands at **D 1,301,320** (0.06% of CHE), Long term care (Health) for FY2016 and FY2017 are at **D 38,620,420** (1.87% of CHE) and **D2, 974,160** (0.13% of CHE) respectively. Ancillary Services (non-specified by functions) for FY2016 is **D238, 027,850** (11.55% of CHE) and **D190, 801,270** (8.20% of CHE) for FY2017. Medical Goods (non-specified by functions) for FY2016 is at **D133, 901,400** (6.50% of CHE) and **D118, 127,950** (5.07% of CHE) for FY2017. Preventive Care for FY2016 is at **D 639,412,830** (31.02% of CHE) and **D1, 184,204,900** (50.87% of CHE) for the financial year 2017.

Governance and Health System and Financing Administration for FY2016 is estimated at **D 113,076,950** (5.49% of CHE). Other Health Care Services (not elsewhere classified n.e.c) for FY2016 is at **D69, 352,700** (3.36% of CHE), while the figure for FY2017 stands at D8, 575,410 (0.37% of CHE).

METHODOLOGY

1. Data Collection

The Gambia NHA study for FY2016 and FY2017 relied on both primary and secondary data. Primary data was mainly sourced from institutions (donor, NGOs, employer and insurance) where questionnaires were dispatched either electronically or using hard copy for them to complete and return.

Secondary data for government expenditure was sourced from government Integrated Financial Management Information System (IFMIS). The Ministry of Health (MoH) historical itemized as at 31st December for both FY2016 and 2017 were used to calculate for government actual expenditure.

On the other hand, household data was sourced from the **Integrated Household Survey (IHS, 2015/2016)** conducted by the Gambia Bureau of Statistics (GBoS). The Household expenditure on health from the 2015/2016 IHS Report was then projected for 2016 and 2017 financial years using Consumer Price Index (CPI) as published in GBoS metadata website.

2. Data Customization

NHA codes that are to be applied by the Gambia for the purpose of analysis was customized using Health Accounts Production Tool (HAPT). During the customization, sub categories for General Hospitals, Teaching Hospital, District Hospitals, Major and Minor Health facilities were added.

The currency section of the tool was also reviewed and adjusted with the addition of other major currencies i.e. Euro, Dollar and Pound Sterling. The customization exercise produced the following results:

- ✓ The Gambia has been selected as a country in which both NHA for FY2016 and FY2017 were carried out;
- ✓ The boundary for the survey for both years were set at 1st January to 31st December;
- ✓ Indicated all the SHA2011 classifications that have been applied in the Gambia 2016 and 2017 NHA analysis which include Diseases, Age and Beneficiaries.

3. Data Sources

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

4. Government Data

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

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

5. Household Data

The household expenditure on health was extracted from the Integrated Household Survey **(IHS, 2015/2016)** Report by the Gambia Bureau of Statistics (GBoS).

From the IHS Report, average household expenditures on health was multiplied by the total number of households in the country as reported by the survey findings. The amount was then projected for 2016 and 2017 financial years using the Consumer Price Index (CPI) for each year as published in GBoS metadata website.

The result (expenditure amount) was prepared on an excel file with each row in the excel file representing a single expenditure while each column represents a different piece of information about that expenditure. Total expenditure by households was finally distributed using HP of the NHA production tool.

6. Data Import and Mapping

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

DEFINITION OF SOME KEY HEALTH FINANCING INDICATORS

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

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

Current Health Expenditures (CHE) as percentage of THE		
CHE constitutes only recurrent expenditures for healthcare purposes net all capital expenditures.	CHE as percent of **THE** indicates the operational expenditures on healthcare that impact the health outcomes of the population in that particular year.	System of Health Accounts 2011 (SHA 2011) Framework disaggregates capital and current expenditures.

Government Health Expenditure (GHE) as percentage of THE		
GHE constitutes spending under all schemes funded and managed by central government including quasi-governmental organizations and donors in case funds are channeled through government organizations.	GHE as % of General Government Expenditure (GGE): This is a proportion of share of government expenditures towards healthcare in the general government expenditures and indicates Government's priority towards healthcare.	It has an important bearing on the health system as low government health expenditures may mean high dependence on household out of pocket expenditures.

Out of Pocket Expenditures (OOPE) as percentage of THE

Out of Pocket Expenditures are expenditures directly made by households at the point of receiving health care.

This indicates extent of financial protection available for households towards healthcare payments

Private Insurance Expenditures as percentage of THE

Private health insurance expenditures constitute spending through health insurance companies where in households or employers pay premium to be covered under a specific health plan.

This indicates the extent to which there are voluntary prepayments plans to provide financial protection.

External/Donor Funding for health as percentage of THE

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

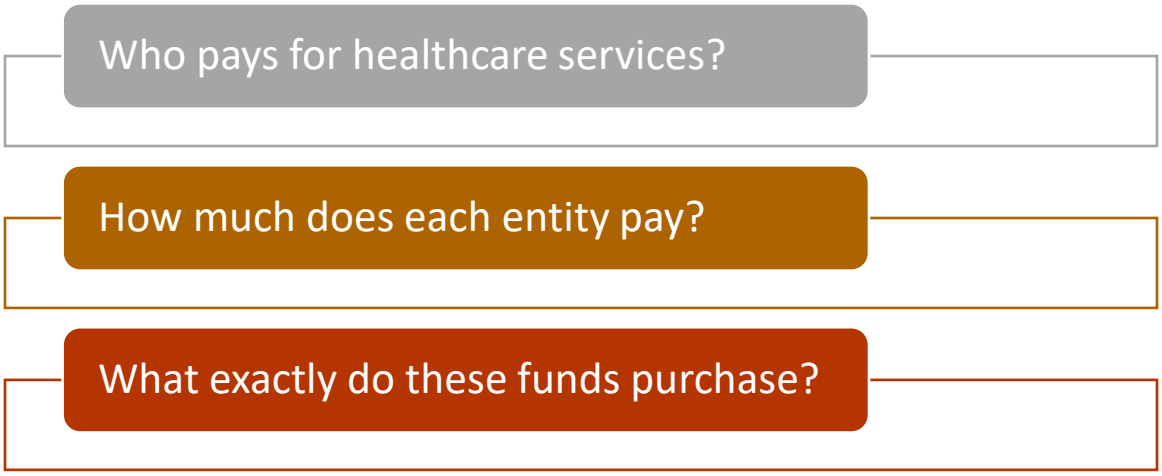
Current Health Expenditure (CHE):

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

1.0 INTRODUCTION

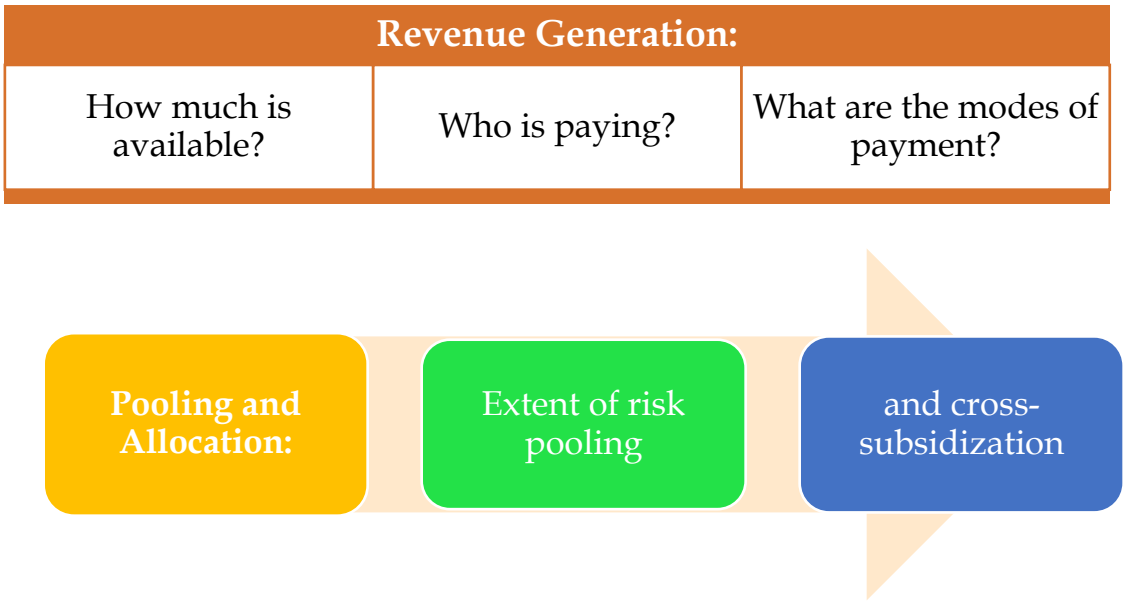
The Gambia National Health Accounts (NHA) study for the financial years 2016 and 2017 is the third in a series using System of Health Accounts 2011 (SHA 11) with the exception of the first NHA study which was conducted in 2007 using normal excel files to establish NHA codes.

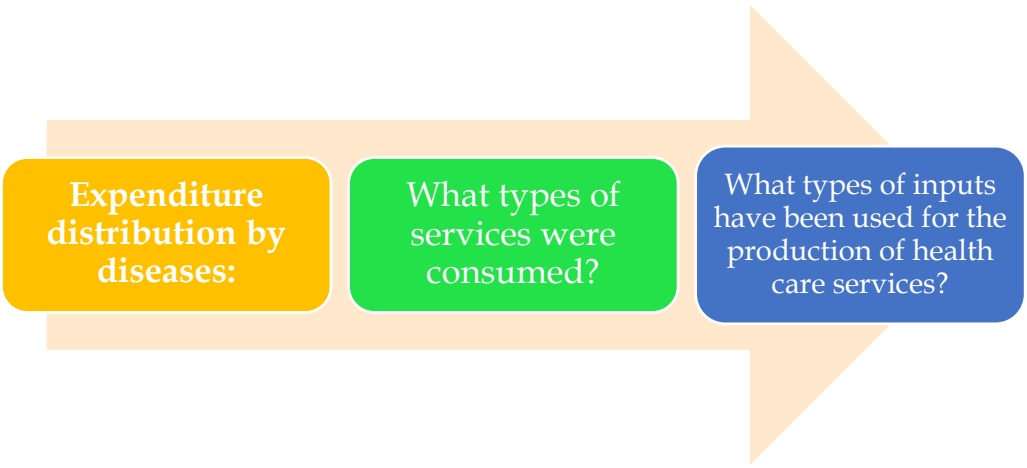
NHA is a systematic, comprehensive and consistent method for tracking and monitoring resource flows in a country's health system. It is a tool for health sector management and policy development that measures total public and private (including household) healthcare expenditures. It tracks all expenditure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



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

1.1 POLICY ISSUES FROM NATIONAL HEALTH ACCOUNTS



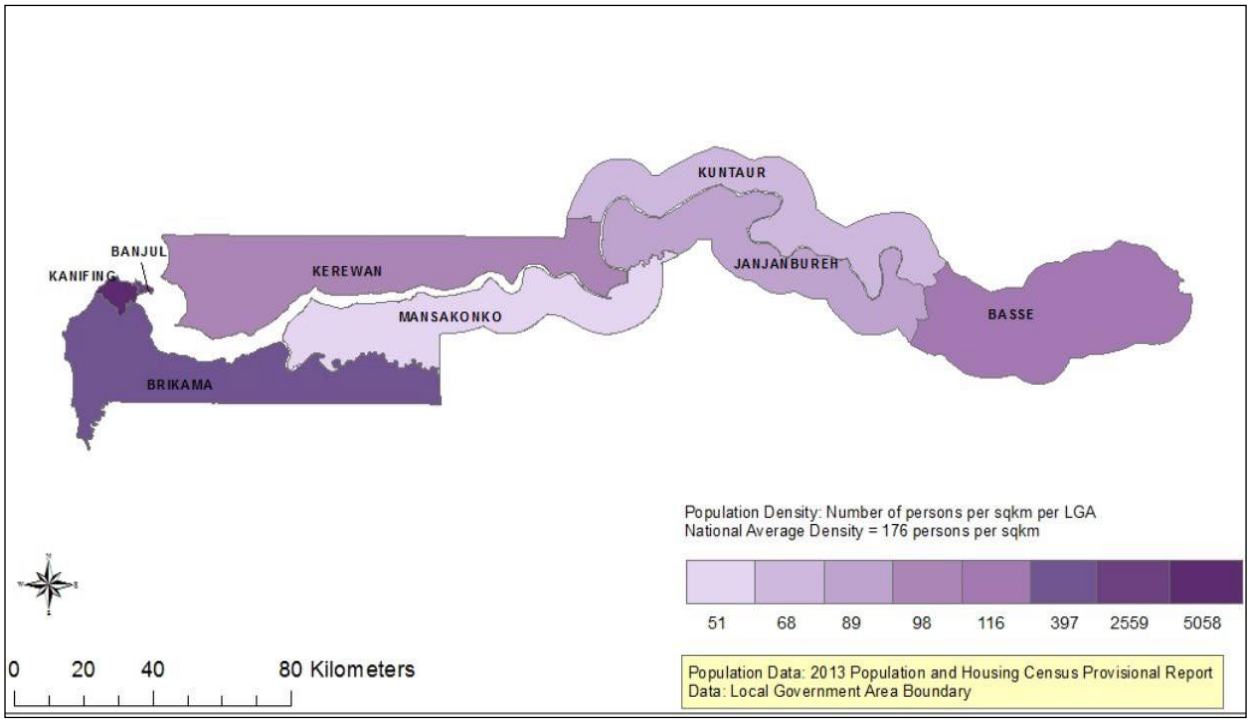


1.2 DEMOGRAPHIC AND POPULATION OVERVIEW

The Gambia is comprising of 10,689 square kilometers of land and is home to an estimated 2.3 million people (UN, 2019). It has a density of 176 people per square kilometer (The Gambia, 2013 Census). About 60% of the population lives in urban areas which are located in West Coast Regions (WCR) WCR 1 and WCR 2.

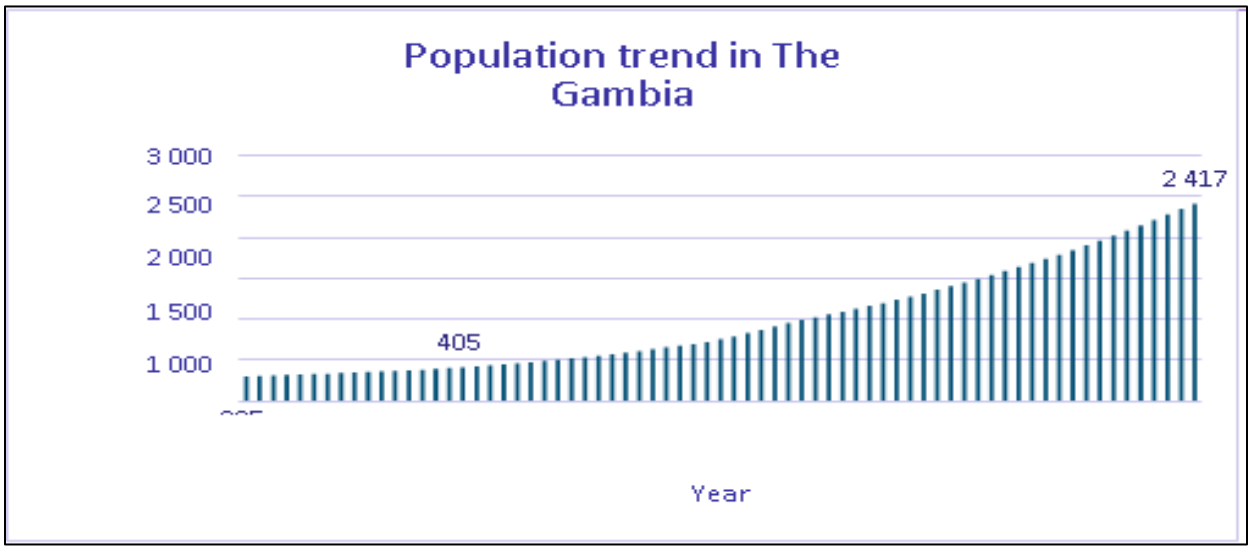
Figure 1 Gambia Population Density by Local Government Area

Source: The Gambia Health Systems Assessment April, 2020.



With a total fertility rate of 5.8, a national modern contraceptive prevalence rate of just 13 percent of married couples of reproductive age (The Gambia Bureau of Statistics and ICF International, 2013) and a population growth rate at just over 3 percent per year, the country's population is expected to double in the 25 years. In addition, the population is rapidly urbanizing with nearly 60 percent of the population living in urban areas. The literacy rate in the country has risen from 36.8% in 2000 to 50.8% in 2015. However, the number of children out of school is high.

Figure 2 Population Trends in the Gambia



Source: www.population.un.org

The country faces significant migration challenges. Many well-educated Gambians migrated away from the country during the recent decades of political instability. By comparison, heavy in-migration from the southern region of Senegal into the southwest coastal region of Brikama has led to an annual population growth rate of 6 percent, more than double the national average.

Table 1 Population Indicators in The Gambia and Africa

Indicator	Gambia		Sub-Saharan Africa
	Number [i]	Retrospective 10- year % change	Number
Population (millions)	2.04	+32%	927.4 [iii]
Population growth rate	3.04%	-4.4%	2.6% [iii]
Percent rural	39.8%	-13.5%	62% [iii]
Percent urban	60.2%	+11.5%	38% [iii]
Percent of population 0-14	45.5%	-1.9%	42% [iii]
Percent of population 60+	3.7% [iii]	-7.9%	5.0% [iii]
Percent female	51%	-	-
Life expectancy at birth	61.9[vi]		
Life expectancy at birth - females	62.3 [ii]	+4.7%	61.8 [v]
Life expectancy at birth - males	59.6 [ii]	+4.4%	58.3 [v]
Total fertility rate	5.8 [iii] 4.4 (MICS2018)	-5.5%	4.9 [iii]
Urban	3.8	-	-
Rural	5.8	-	-
Crude birth rate	33	-	-
Urban	3.8	30.3	-
Rural	5.8	38.8	-
Contraceptive prevalence	13% [iii]	-31.9% [iv]	28% [iii]
Unmet need for family planning	22% [iii]	-30.4% [iv]	24% [iii]

Source: The Gambia Health Systems Assessment April, 2020

1.3 MACROECONOMIC ENVIRONMENT

Between 2005 and 2010, the Gross Domestic Product (GDP) growth rate averaged about 5 percent per year. Due to climate shocks, crop failures, poor fiscal management, and the political environment, GDP growth rates dropped sharply between 2010 and 2016. GDP growth for 2017 recovered to 6.6 percent. However, as a result of high population growth, per capita income growth will not be as strong as overall GDP growth. To achieve the country's ambitious plan to accelerate growth (see The Gambia National Development Plan - 2018-2021), it will need to overcome several constraints.

The country is mainly dependent on rain-dependent agriculture, tourism and remittances from outside. Challenges include undiversified economy, small internal market, limited access to resources, and lack of skills necessary to build effective institutions, high population growth rate, and lack of private sector job creation. Forty-six percent of the working population are engaged in agriculture as its primary means for economic activity, generating just 20 percent of GDP. In rural areas, the agriculture sector employs more than 80 percent of the workforce. Raising domestic and international investment to spur growth, in accordance with national plans, will be challenging given the difficult investment climate. Seventy-six percent of non-agricultural workers are engaged in informal sector economic activity, resulting in a low taxable income base.

While the percent of GDP captured by the national tax authority has increased considerably from a decade earlier, the rate fluctuates appreciably. The rate was 19.2 percent of GDP in 2017 and decreased to 14.8 percent in 2018. Though showing signs of decline, total public debt in 2017 stood at 83 percent of GDP which further erodes the resource pool available for social investment. Much of the national debt is owed to domestic financial institutions at high interest rates

and only an estimated 2 percent of this debt is available for restructuring (World Bank interview). Private lending interest rates currently stand at about 17 percent. While this rate is a sharp decline from the 30 percent or higher rates at the end of the previous government's tenure, they are not considered to be conducive to private investment.

Table 2 Macroeconomic Indicators in The Gambia

Indicator	Number [i]	10-year % change
GDP per capita (purchasing power parity: international $, 2011)	1,555	+3.1%
Real GDP growth	6.6% [ii]	Constant, 2012-15 [vi]
GDP per capita growth (annual %)	2.2%	-39.0%
Poverty rate	55%	
Income share held by highest 20%	52.8% [iii]	
Income share held by lowest 20%	4.8% [iii]	
Inflation	6.8% [iv]	+231%
GINI coefficient	35.9 [iv]	-2.4%
GDP value added from agriculture	17.8%	-19.5%
Informal employment (% of non-agricultural workforce)	76.5% [v]	NA
Government consumption (% of GDP)	11.6%	48.2%
% of population using internet	18.5%	+198%

Source: The Gambia Health Systems Assessment April, 2020

2.0 NHA FY2016 & FY2017: KEY FINDINGS ON TOTAL HEALTH EXPENDITURE (THE)

2.1 TOTAL HEALTH EXPENDITURE (THE) FOR FY2016 & FY2017

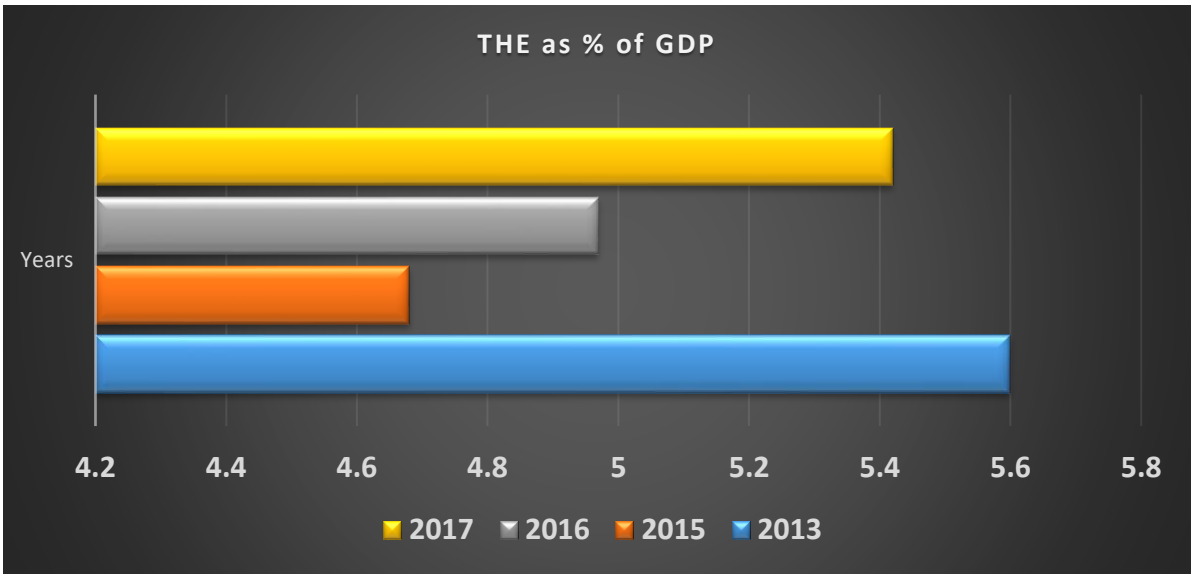
Total Health Expenditure **(THE)** constitutes current and capital expenditures incurred by Government, donors, NGOs, insurance, households and Private employers. THE as a percentage of GDP indicates health spending relative to the country's economic development, while THE per capita indicates health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

Total Health Expenditure in the Gambia from all sources in FY 2016 NHA study was at **D2, 105, 594, 293.09** (Two billion, one hundred and five million, five hundred and ninety-four thousand, two hundred and ninety-three dalasi) and this is equivalent to **$47, 974, 351.63** at the 2016 official exchange rate of $43.89 while in 2017, THE stood at **D2, 556, 081, 329.70** representing 5.42% of GDP.

2.2 TOTAL HEALTH EXPENDITURE AS A PERCENTAGE OF GDP

Gross Domestic Product (GDP) is one of the primary indicators used to gauge the health of a country's economy. It represents the total dollar value of all goods and services produced over a specific time period. THE as a percentage of GDP indicates total health spending (current and capital) relative to the country's economic development. For FY 2016 and 2017, THE as a percentage of GDP stands at 4.97% and 5.42% respectively while in 2013 and 2015 Gambia NHA study, THE as a percentage of GDP was at 5.6% and 4.68% respectively as illustrated in the diagram below.

Figure 3 Total Health Expenditure as Percentage of GDP (2013 – 2017)



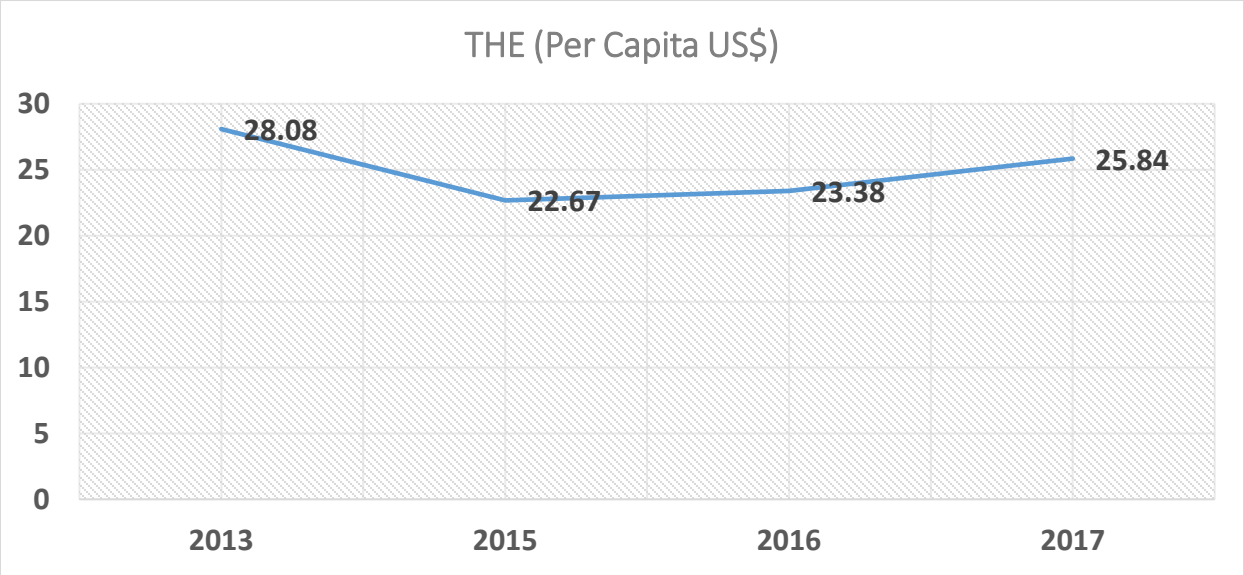
2.3 TRENDS OF TOTAL HEALTH EXPENDITURE (2013 -2017)

THE in the Gambia for FY 2015 was at D1, 783 billion and this translates to a per capita spending of D904.50 ($22.67). Total Health Expenditure decreased from D1, 907 billion in 2013 NHA study to D1, 783 billion in 2015, representing a drop of 6.92%. Similarly, per capita health spending decreased from D1013.25 ($28.08) in 2013 NHA to D904.50 ($22.67) and this represents 12.02% in nominal terms. The drop in Total Health Expenditure in 2015 NHA study as highlighted in the table below is largely due to low respond from key institutions/ respondents. In addition, the decrease in THE in 2015 could be attributed to low funding from health development partners.

On the other hand, THE in the Gambia for FY2016 and FY2017 recorded 2.1 billion and 2.5 billion which translate to a per capita spending of D1, 026.23 ($23.38) and 1, 204.28 ($25.84) respectively. Unlike 2013/2015 NHA findings, Total Health Expenditure increased from 2.1 billion in 2016 to 2.5 billion in 2017, representing

an increase of 21.39%. Similarly, per capita health spending increased from D1, 026.23 ($23.38) in 2016 to 1, 204.28 ($25.84) in 2017 as shown in the diagram below.

Figure 4 Trends in THE Per Capita

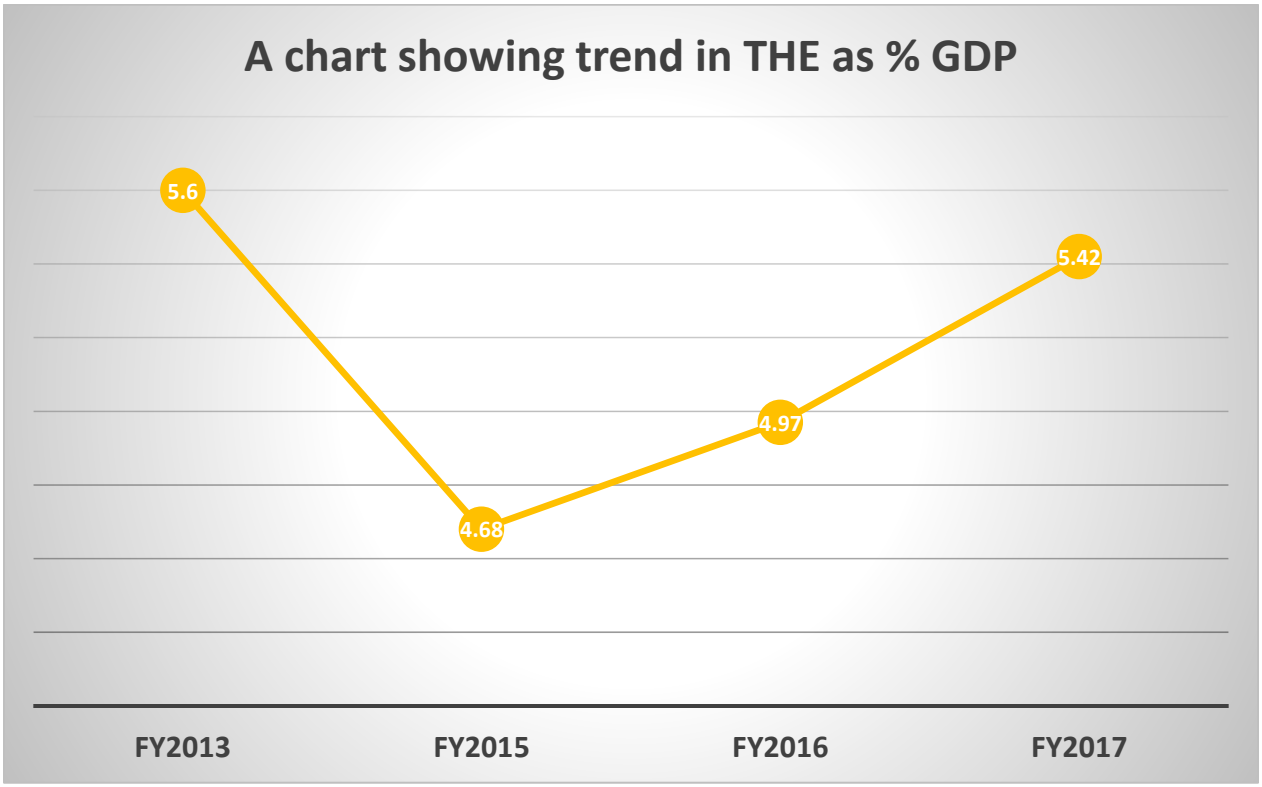


According to the analysis, the increased in Total Health Expenditure in 2017 NHA study as highlighted in the table below is largely due to high respond from key institutions/ respondents. In addition, the increase in THE by 78.21% in 2017 could be attributed to high funding from health development partners (total expenditure from external sources were D1,058, 832,393.19 and D594, 152, 942.87 in 2017 and 2016 respectively). Likewise the expenditure from Employer and Insurance has increased by 21.20% in 2017, i.e. (D86, 317, 490.25 in 2017 and D71, 219, 947.50 in 2016) respectively. This trend has changed as in the case of government expenditure which has dropped by 3.60% in 2017 (D 812, 724, 001.52 in 2016 and D 783, 434, 053.76 in 2017), but in general the overall Total Health Expenditure has increased in 2017 as indicated in the table below.

Table 3 Trends in Total Health Expenditure as % GDP for Financial Years 2013, 2015, 2016 & 2017

FY	THE (GMD)	% of GDP
2013	1, 907, 394, 917.70	**5.6%**
2015	1, 783, 968, 384.10	**4.68%**
2016	**2, 105, 594, 293.09**	**4.97%**
2017	**2, 556, 081, 329.70**	**5.42%**

Figure 5 Trend in THE as % of GDP



2.4 KEY OBSERVATION AND POLICY MESSAGES

The World Health Report 2010 put forward two central messages; first that countries need to ensure adequate spending on health to make progress on UHC and, secondly, that improving spending efficiency is central to the UHC agenda.

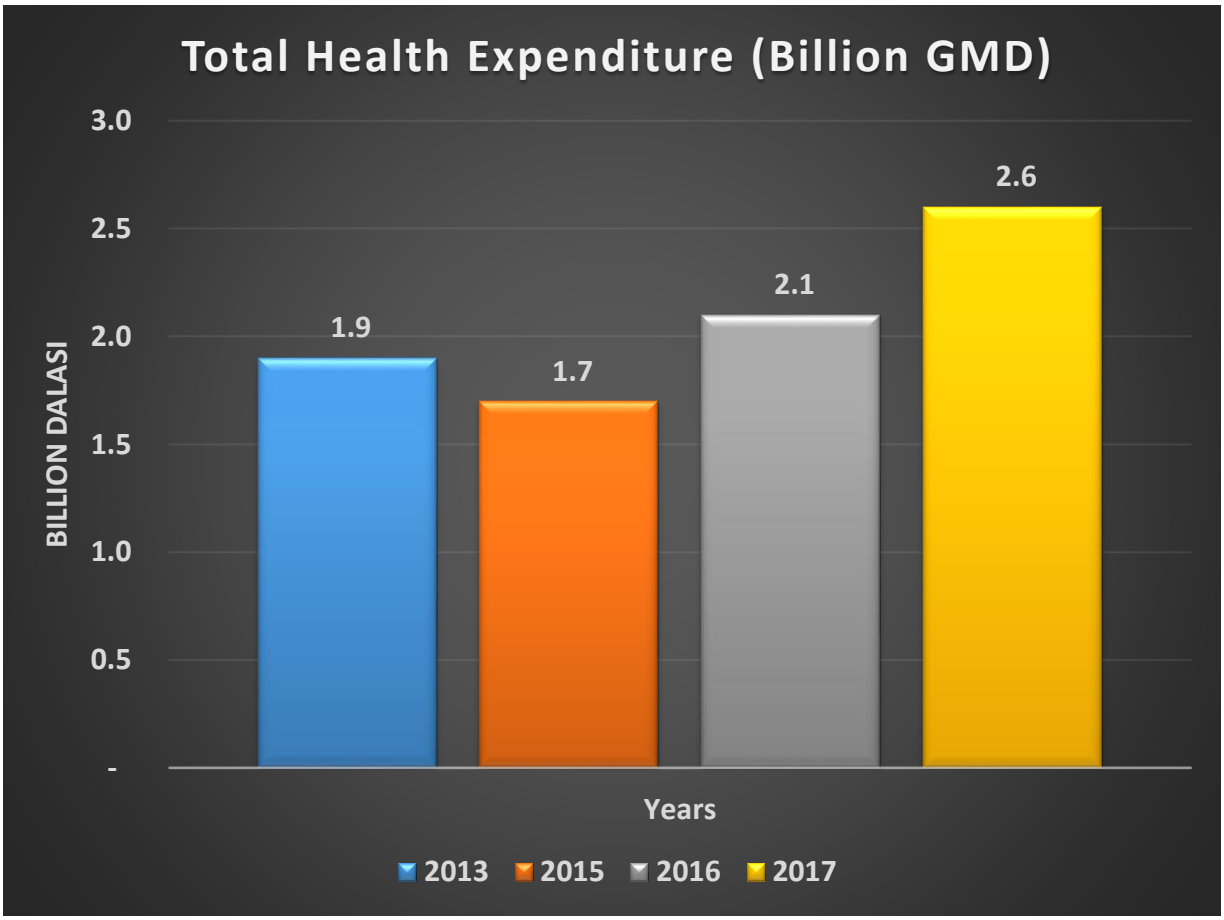
The report further observed that low-income countries would need to spend on average US$60 per capita in order to deliver a set of essential health interventions, with the caveat that for some countries the figure would be less than US$40 per capita, and in others more than US$80 per capita.

Analysis of the current NHA study suggest that per capita health expenditure for both financial years (2016 and 2017) is much lower than the minimum $34-40 or $84 per capita recommended by Commission for Macroeconomic and Health (CMH) and Chatham House respectively.

Per capita total expenditure on health for FY2016 & FY2017 respectively recorded $23.38 and $25.84. There is therefore need for more concerted effort in terms of advocacy at both domestic, bilateral and multilateral levels for increase investment in health.

THE as a percentage of GDP in FY 2016 is at 4.97% which is slightly below the global recommended 5% of GDP. Globally it has been noted that Universal Health Coverage is difficult to achieve if public health financing is less than 5% of GDP. But in FY 2017, THE as a percentage of GDP stands at 5.42% - a little bit higher than the recommended global target of 5% of GDP. This is a positive move if the trend is maintained or increase over time in future. Higher government spending generally provides adequate public infrastructure and health service delivery at subsidized cost. The four year trajectory of

Figure 6 Trends in Total Health Expenditures for Financial Years 2013, 2015, 2016 & 2017



1.1. 2.1. TOTAL HEALTH EXPENDITURE (THE) FOR FY2016 & FY2017

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

Total Health Expenditure in the Gambia from all sources in FY 2016 NHA study was at **D2, 105, 594, 293.09** (Two billion, one hundred and five million, five hundred and ninety-four thousand, two hundred and ninety-three dalasi) and this is equivalent to **$47, 974, 351.63** at the 2016 official exchange rate of $43.89 while in 2017, THE stood at **D2, 556, 081, 329.70** representing 5.42% of GDP.

2.1.1. TOTAL HEALTH EXPENDITURE AS A PERCENTAGE OF GDP

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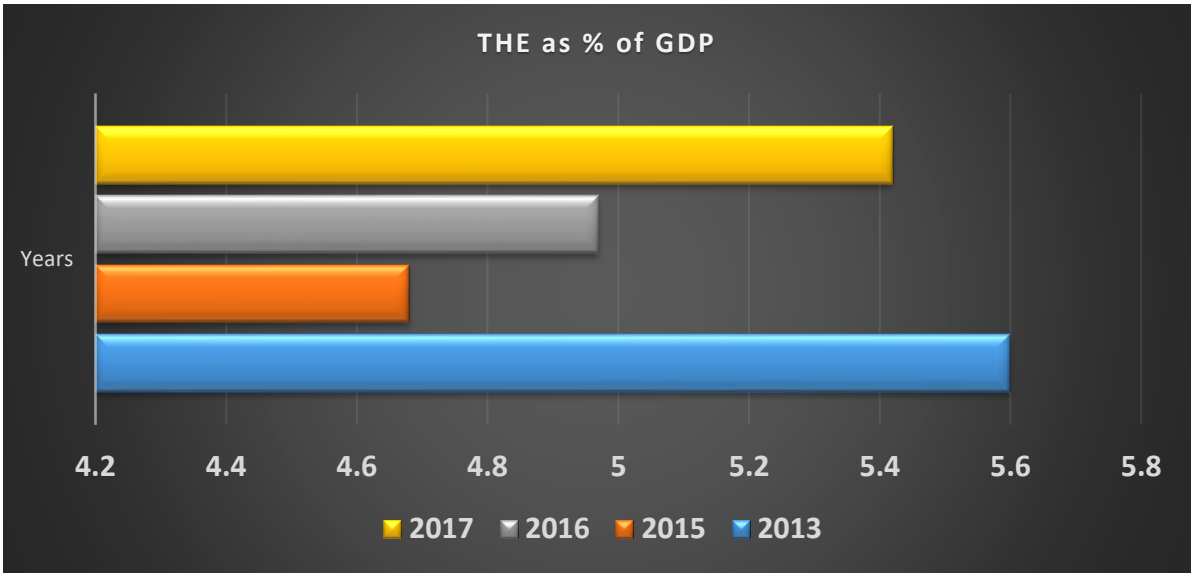
1.2. **Figure 4: Total Health Expenditure as Percentage of GDP (2013 – 2017)**



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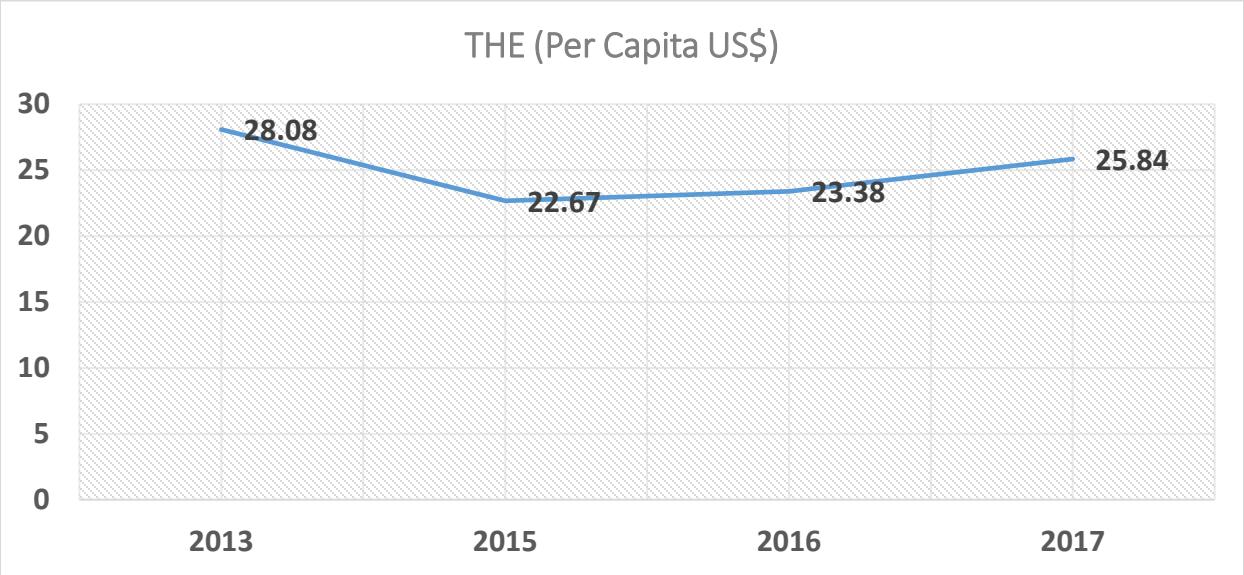
an increase of 21.39%. Similarly, per capita health spending increased from D1, 026.23 ($23.38) in 2016 to 1, 204.28 ($25.84) in 2017 as shown in the diagram below.

1.3. Figure 5: Trends in THE Per Capita



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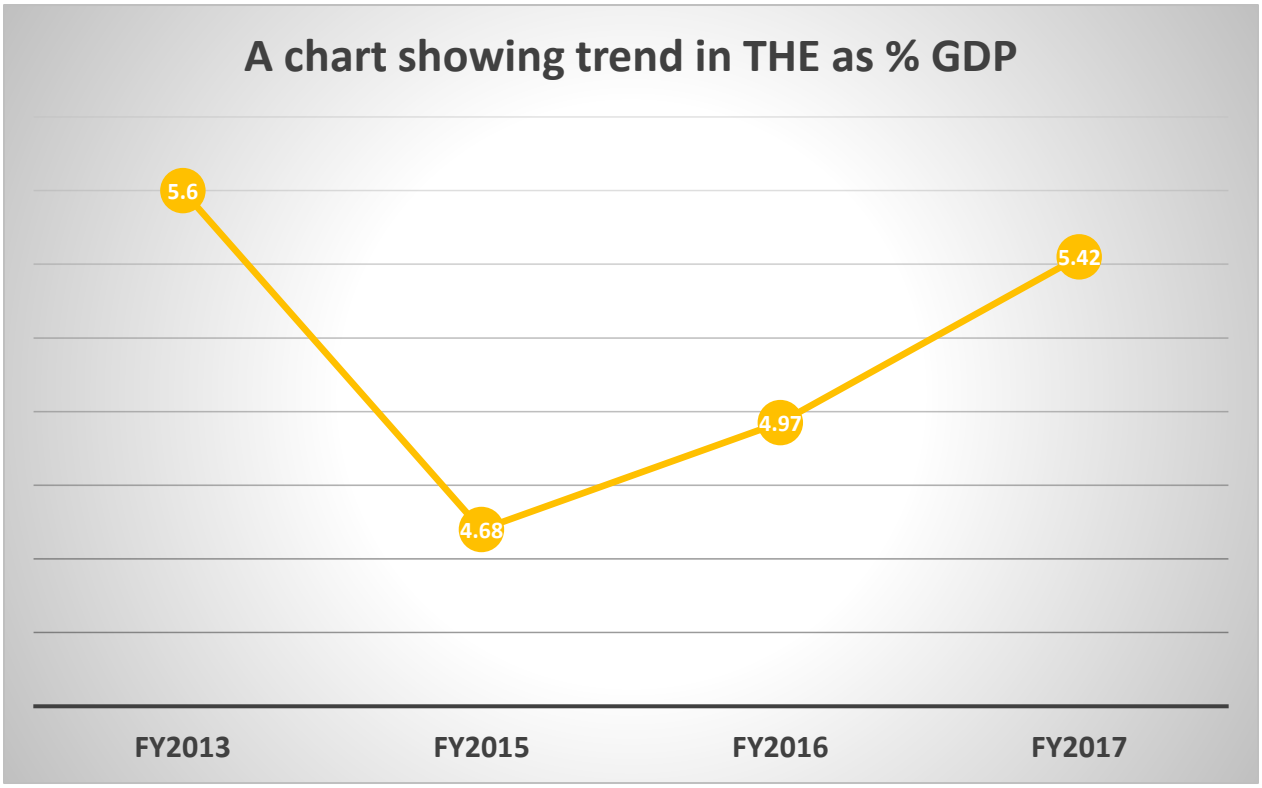
1.5. Figure 6. Trend in THE as % of GDP



2.1.3. KEY OBSERVATION AND POLICY MESSAGES

The World Health Report 2010 put forward two central messages; first that countries need to ensure adequate spending on health to make progress on UHC and, secondly, that improving spending efficiency is central to the UHC agenda.

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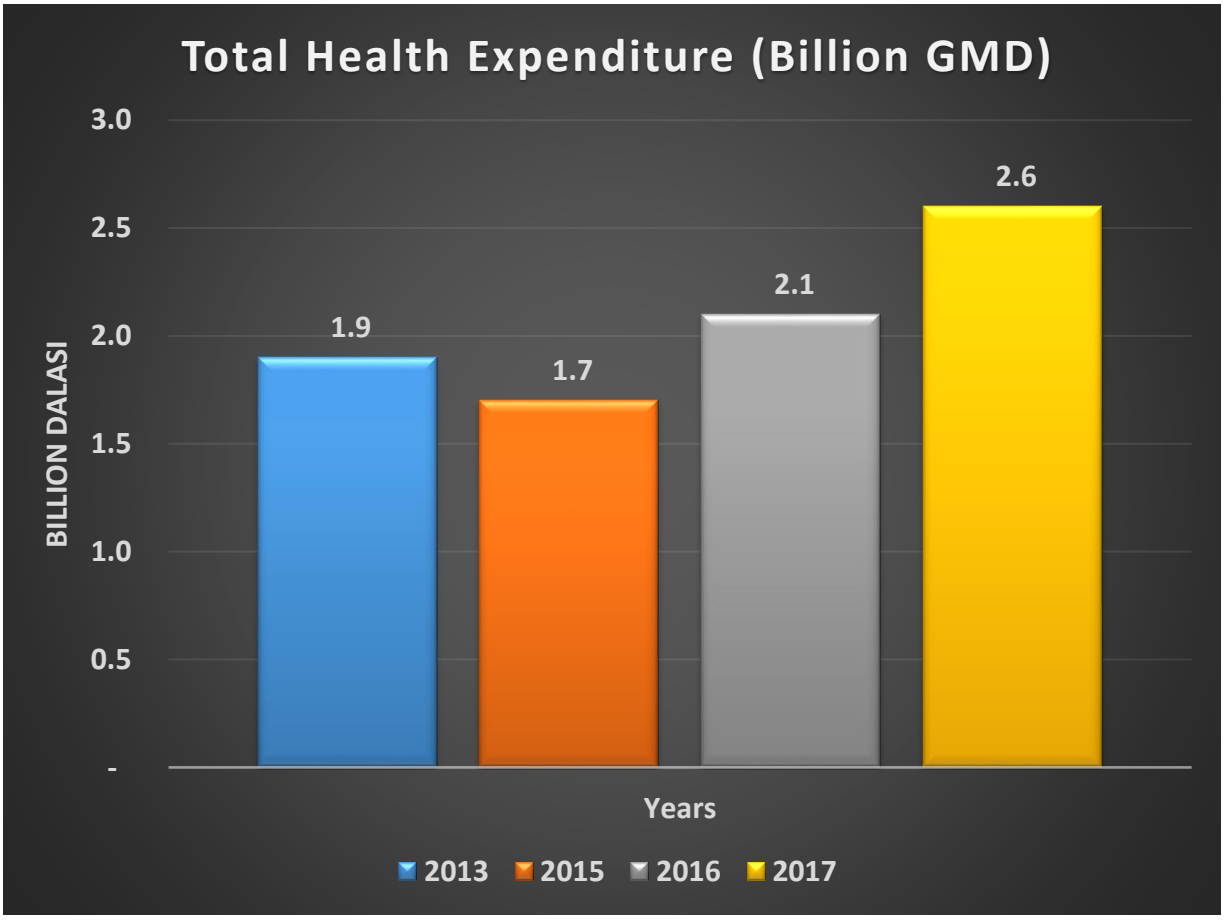
1.6. Figure 7: Trends in Total Health Expenditures for Financial Years 2013, 2015, 2016 & 2017



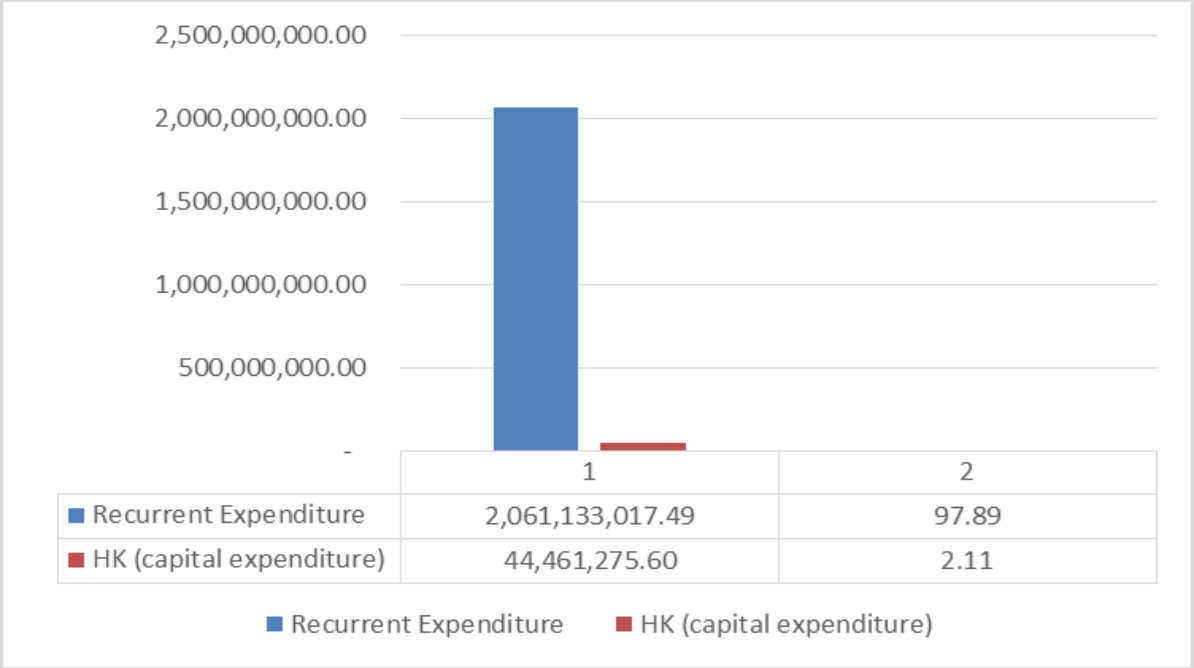
3.0 NHA FY2016 & FY2017: KEY FINDINGS ON CURRENT HEALTH EXPENDITURE (CHE)

3.1 CURRENT HEALTH EXPENDITURE (CHE) FOR FY2016 AND FY2017

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

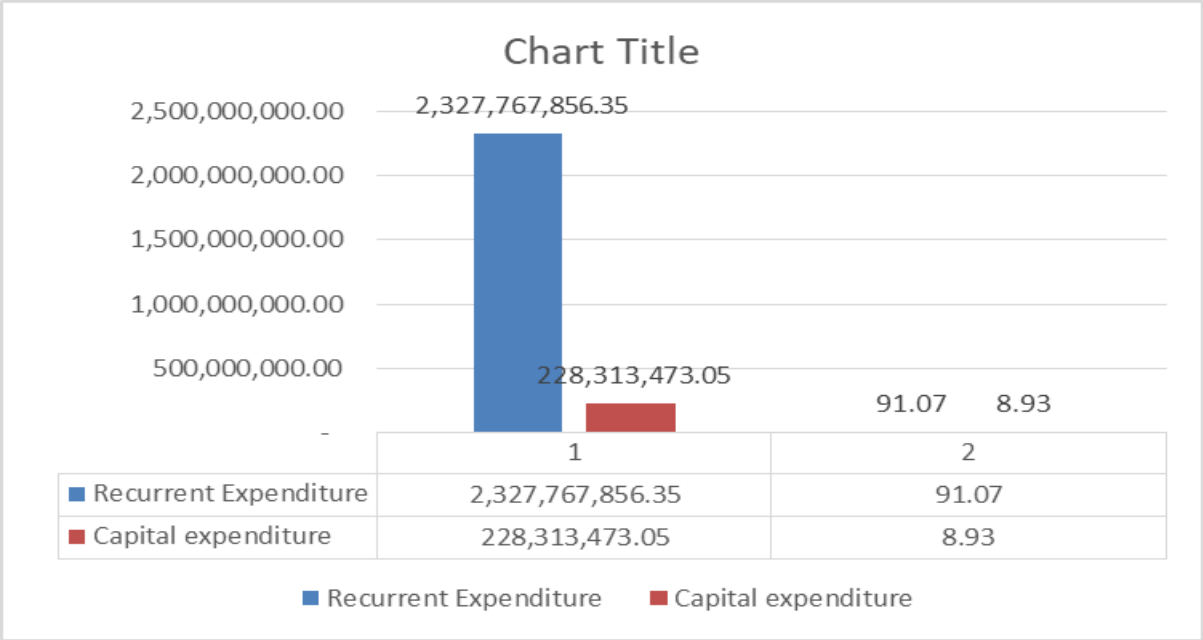
According to the FY 2016 Gambia NHA study, CHE stands at **D2,061,133,017.49** (two billion and sixty-one million, one hundred and thirty three thousand and seventeen dalasi and forty nine bututs) representing **97.89%** of the THE. This is equivalent to **$46,961,335.55** at 2016 official exchange rate of **$43.89**.

Figure 7 Share of current and capital health expenditure for FY2016



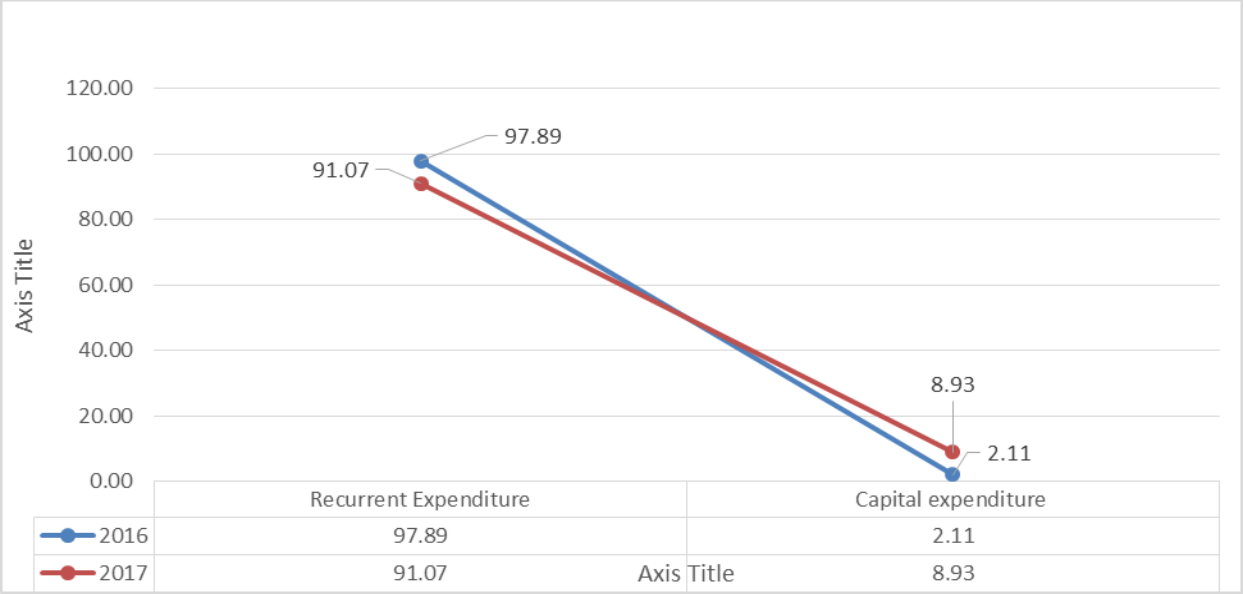
In the same vein, NHA 2017 study reveals that CHE is at **D2,327,767,856.35** (two billion, three hundred and twenty-seven million, seven hundred and sixty-seven thousand, eight hundred and fifty-six dalasi and thirty-five bututs) which translate into **91.07**% of THE. This is equivalent to **$49,933,883.7** using the 2017 FY rate of **$46.61**.

Figure 8 Share of current and capital health expenditure for FY2017



Analysis of the trend of CHE for FY2016 and FY2017 showed an increment in absolute term from D2, 061,133,017.49 to D2, 327, 767, 856.35 and this represent a rise of 12.94%. Similarly, investment in capital expenditure witnessed a surge in FY2017 due largely to increase investment on medical equipment by the development partners. In nominal term capital expenditure increased from 2.11% in FY2016 to 8.93% in 2017 fiscal year as shown in the figure below.

Figure 9 Share of current and capital health expenditure for FY2017



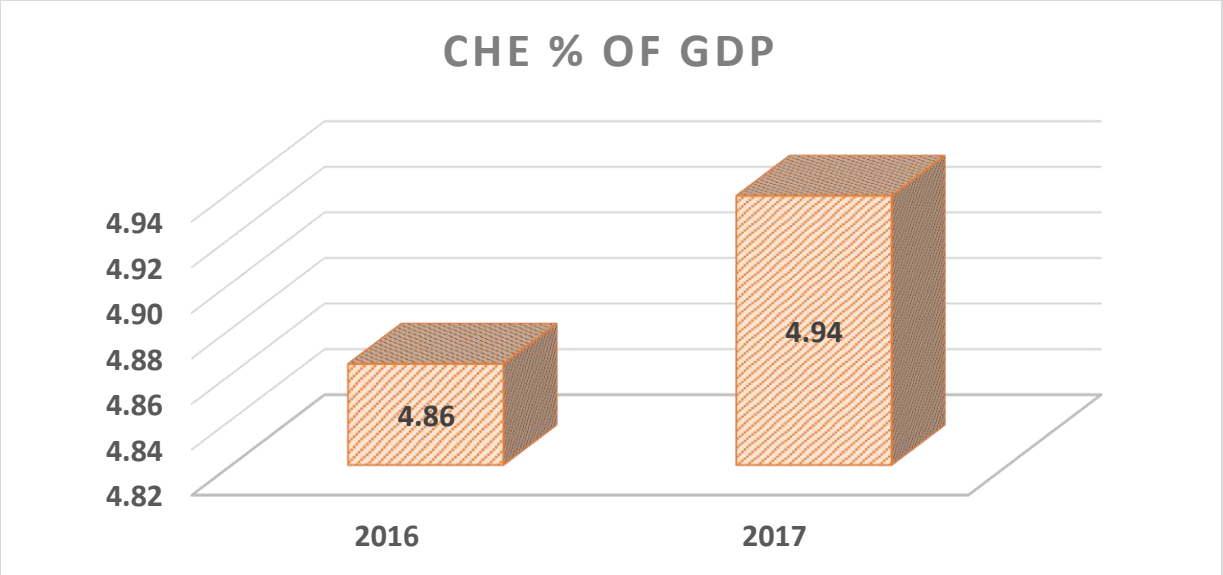
The graph above shows the trend between current expenditure and capital expenditure for FY 2016 and 2017 health accounts study. It shows the percentage of Current Health expenditure and Capital expenditure for 2016 and 2017. As the THE increases in 2017, capital expenditure also increases while there was a decrease in percentage in current health expenditure by comparing the 2016 and 2017 figures of current and capital health expenditures.

3.2 CURRENT HEALTH EXPENDITURE AS A PERCENTAGE OF GDP FOR FY 2016 & 2017

The gross domestic product (GDP) is one of the primary indicators used to gauge the health of a country's economy. It represents or measures the total dollar value of all goods and services produced over a specific time period. It shows the economic output relation to healthcare. CHE as a percentage of GDP indicates current health spending relative to the country's economic development. The

NHA Study for 2016 FY stands at **4.86**% while 2017 FY stands at **4.94**% as shown in figure 9.

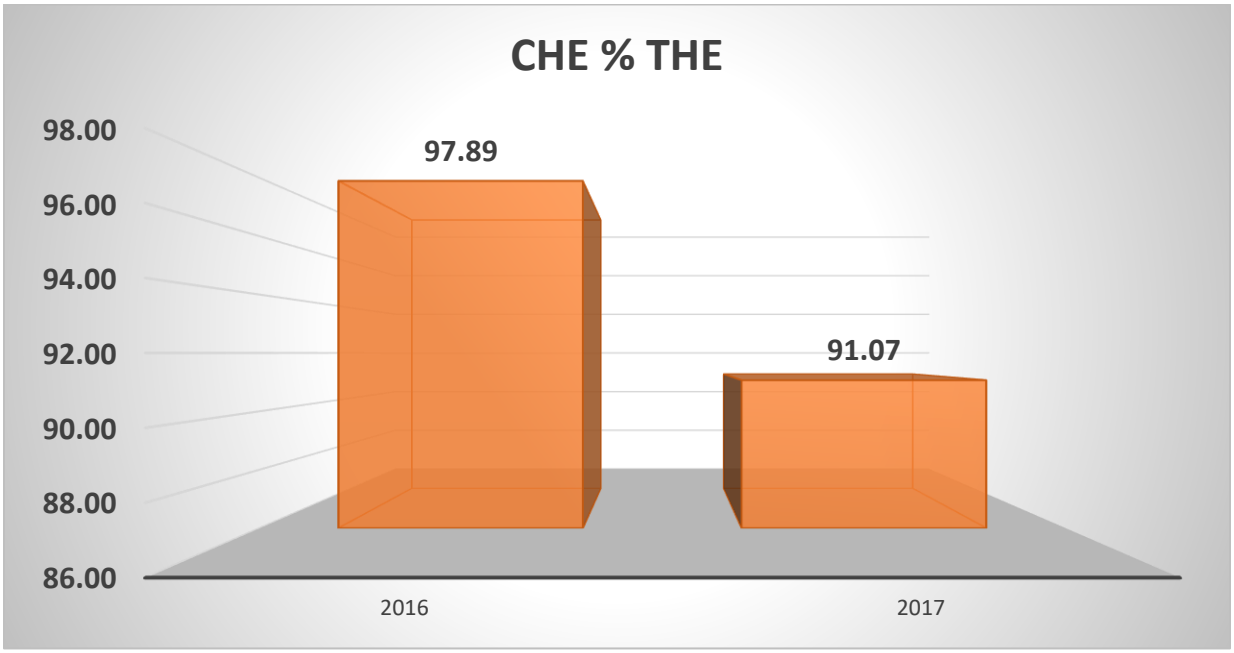
Figure 10 Current Health Expenditure as percentage of GDP



3.3 CURRENT HEALTH EXPENDITURES (CHE) AS PERCENTAGE OF THE

CHE as a percentage of Total Health Expenditure indicate the operational expenditures on healthcare that impact the health outcomes of the population in that particular year. The NHA study for 2016 FY, CHE records 97.89%and the 2017 FY records as 91.07%. From the analysis it shows that expenditures are higher in recurrent than capital expenditure. See figure 10.

Figure 11 Current Health Expenditure as percentage of THE



3.4 CURRENT HEALTH EXPENDITURES (CHE) PER CAPITA

Current Health Expenditure (CHE) per capita in 2016 FY recorded **D1, 026.23** which is equivalent to **$23.38,** using the 2016 official exchange rate of **$43.89**. The CHE for 2017 FY records **D1204.28** which is equivalent to **$25.84**, using the 2016 official exchange rate of **$46.61**. This analysis indicate that **D1, 026.23** is spent on per person at a rate of **$43.89** for 2016 FY and **D1204.28** is spent on per person at a rate of **$46.61** as indicated in figure 11

Figure 12 Current Health Expenditure Per Capita

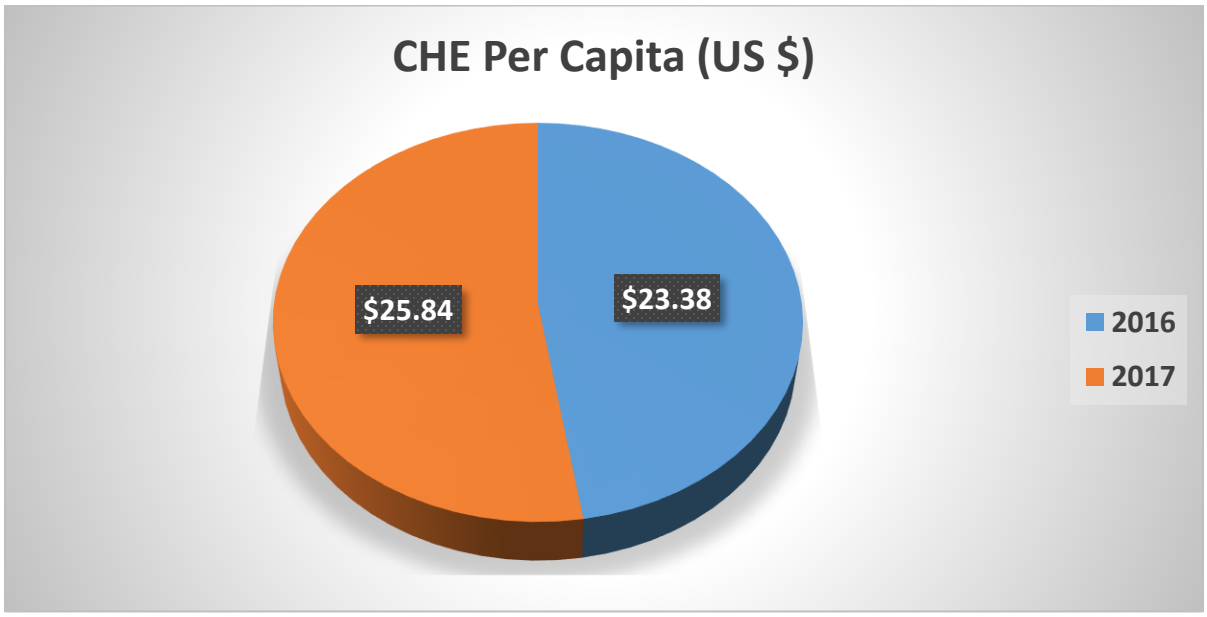


Table 4 Current Health Expenditure by disease and conditions (2016FY & FY2017)

Disease Name/SHA Category	FY2016		FY2017	
	Amount	Share	Amount	Share
Infectious and Parasitic Diseases (HIV, TB, Malaria, Respiration Infection, Diarrhoea, Vaccine preventable and others)	846,122,910.00	41.04%	1,086,481,070.00	46.67%
Reproductive Health	88,398,650.00	4.29%	182,214,780.00	7.83%
Non Communicable Diseases	275,699,780.00	13.37	320,618,330.00	13.77%
Injuries	59,665,030.00	2.89%	61,428,900.00	2.64%
Non Disease Specific	619,156,600.00	30.03	613,847,640.00	26.37
Other Unspecified Disease Conditions	83,664,220.00	4.06%	878,510.00	0.04%
Nutrition Deficit	88,789,480.00	4.31%	62,298,600.00	2.68%

Table 5 Current Health Expenditure by financing source on Disease and Conditions (FY2016)

Financing Source	Infectious and Parasitic Diseases	Reproductive Health	Non Communicable Diseases	Injuries	Non Disease Specific	Other Unspecified Disease Conditions	Nutrition Deficit
General Government	73,317,440	22,460,240	63,732,440	11,115,210	611,561,150	-	1,292,100
Insurance	4,058,180	-	2,756,860	2,602,630	-	3,903,950	2,858,820
Households	353,832,370	57,096,000	174,544,290	42,024,720	-	-	-
Rest of the world (Donor)	377,035,660	6,175,160	8,648,990	-	6,919,190	79,333,270	86,145,740
Employers	24,843,400	2,667,250	23,513,330	3,518,370	676,260	-	

Table 6 Current Health Expenditure by financing source on Disease and Conditions (FY2017)

Financing Source	**Infectious and Parasitic Diseases**	**Reproductive Health**	**Non Communicable Diseases**	**Injuries**	**Non Disease Specific**	**Other Unspecified Disease Conditions**	**Nutrition Deficit**
General Government	130,801,920	6,328,290	18,984,870	6,328,290	581,748,410	-	-
Insurance	14,717,340	5,351,760	5,351,760	1,337,940	2,858,820		
Households	276,292,780	21,509,410	268,151,970	53,762,670	4,287,700	878,510	2,614,330
Rest of the world (Donor)	621,944,880	143,086,950	13,467,740	-	27,811,530	-	56,825,450
Employers	35,188,770	5,938,370	14,661,990	-	-	-	2,858,820

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

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

3.5 DEVELOPMENT PARTNERS (REST OF THE WORLD) FY2016 & FY2017

The table below depicts share of individual donor contribution to health as analyzed in 2016 and 2017 NHA studies.

From the total health expenditure, Global Fund investment stands at 12.23% and 19.90% for financial year 2016 and 2017 respectively. This was followed by the World Bank who contributes 5.86% in FY2016 and 6.96% in FY2017. The Bank investment was generally on the Maternal and Child Nutrition and Health Results Project (MCNHRP) which was jointly implemented by National Nutrition Agency (NaNA) and the Ministry of Health. Gavi - Global Alliance for vaccine was the third largest contributor with a spending of 5.46% and 4.35% for financial year 2016 and 2017 respectively. Gavi expenditure was largely on vaccine preventable diseases

Table 7 Share of Individual Development Partners Funding

	FSRI	FY2016	FY2017
No.		% share of THE	% share of THE
1	GAVI	5.46	4.35
2	Global Fund	12.23	19.90
3	IDA + IBRD (WB)	5.86	6.96
4	UNAIDS	0.00	0.48
6	WFP	0.58	0.00
7	WHO	2.68	2.08

3.6 CONTRIBUTION ON INFECTIOUS AND PARASITIC DISEASES: GOVERNMENT VS. GLOBAL FUND

This section analyzed the expenditure on the national disease programs (HIV/AIDS, TB & Malaria) by the Government and the Global Fund.

The analysis revealed that over 80% of expenditures for both financial years (2016 & 2017) on the three diseases is attributed to Global Fund while Government contribution is limited to the provision of personnel emoluments to the work force and strengthening of health infrastructure through which HIV, TB and malaria services are delivered. Government also allocates some resources for surveillance/ strategic information on the three disease areas.

Base on the analysis above, it is imperative to note that Global Fund play a significant role in the Gambia's health sector financing. As in many Low-Income Countries, health spending in the country is heavily dependent on external partner resources. Nearly half of the total reported expenditures on health and more than two-thirds of government spending on health is donor-derived.

The Gambia received its first Global Fund grant in 2004 for HIV and 2005 for TB. Since then, the country continues to be eligible for Global Fund HIV and TB funding. Global Fund investments are mainly directed towards provision of ART; treatment, testing, care and support for PLHIV; prevention among SW and MSM; as well as TB care and treatment. The expenditure pattern by government and the Global Fund is depicted in the charts below:

Figure 13 Share of Government and GF contribution on infectious diseases (FY2016)

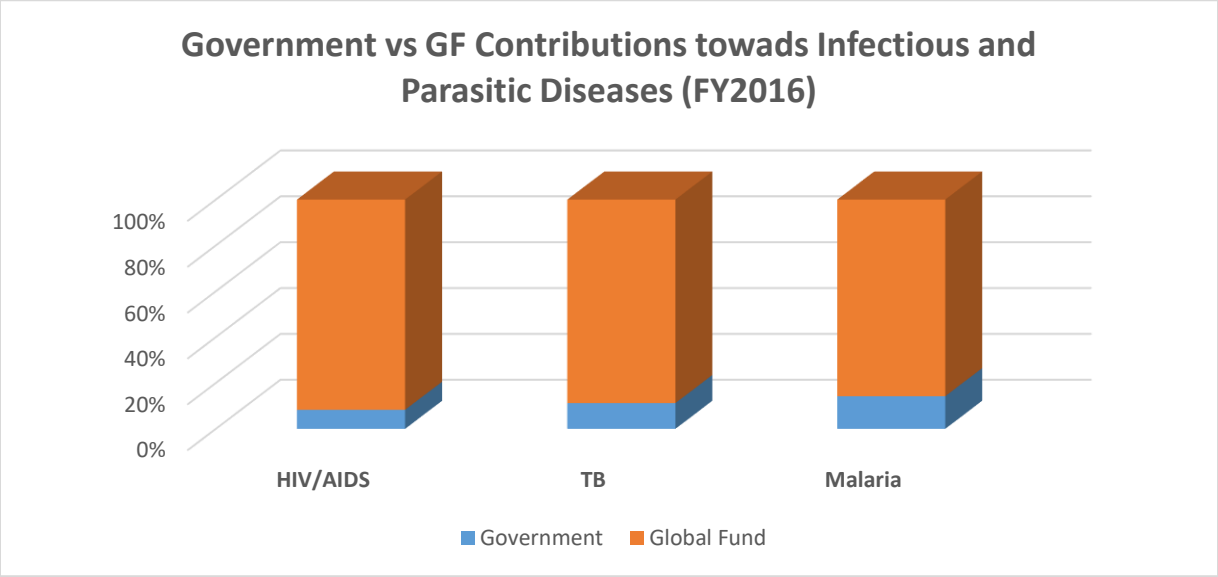
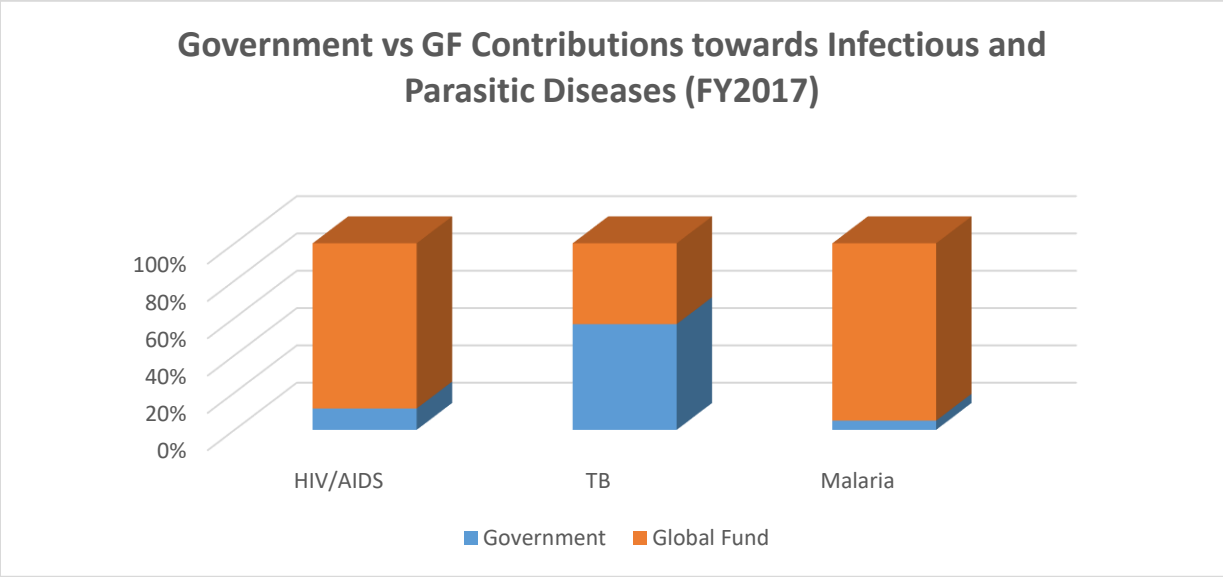


Figure 14 Share of Government and GF contribution on infectious diseases (FY2017)

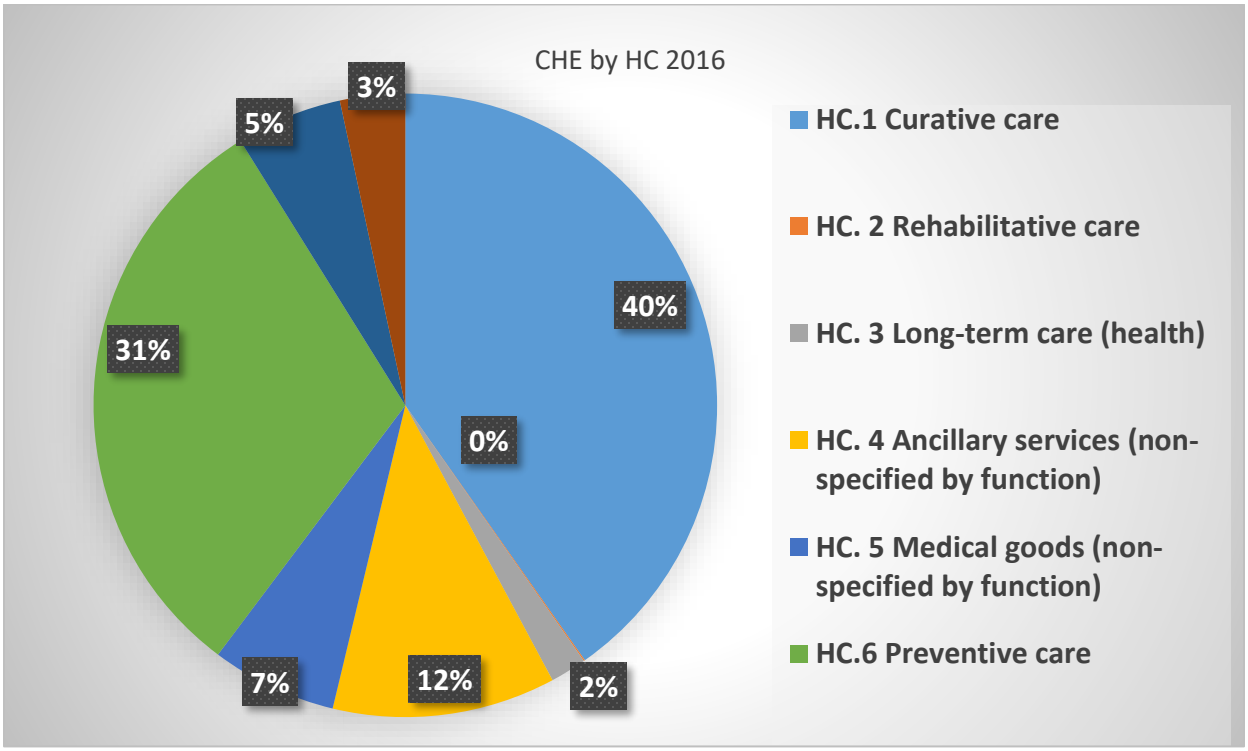


3.7 DISTRIBUTION OF CURRENT HEALTH EXPENDITURE BY HEALTH CARE FUNCTIONS (HC)

Health Care Functions are goods or services provided by Health Care Providers to the beneficiaries (clients and patients) who are in need. In Systems of Health Account (SHA 2011), the main Health Care Functions are Curative, Rehabilitative, Long-term and Preventive care, Ancillary services and Medical goods (non-specified by function), governance, and health system and financing and other health care services not elsewhere classified (n.e.c).

The analysis showed that a large chunk of current expenditure by health care functions (40%) was attributed to curative care, leaving only 31% to the preventive care services. This runs contrary to the objective of National Health Policy (2012-2020) which recommends for more investment at the primary level with the view to easing pressure on the tertiary levels of care. The segregation of expenditure on each care function is illustrated in the chart below:

Figure 15 Current Health Expenditure by Health Care Functions 2016



An in-depth analysis of the figure above shows that curative care consumed a greater portion of CHE (40%) than all the other health care functions in 2016 fiscal year and this was followed by preventive care (31%) which entails a greater contribution from GAVI and Government towards the prevention of vaccines preventable diseases. Other expenditures include Ancillary services (12%); Medical Goods (7%); governance (5%); other health services n.e.c (3%); long term care (2%) and zero percent for rehabilitative care.

However, this expenditure trend has changed in the 2017 NHA study where preventive care services consumed a greater portion of the CHE (38%); followed by curative and rehabilitative care (26%); ancillary services (6%); Medical Goods (4%) and the rest zero percent as illustrated in the figure below.

Figure 16 Current Health Expenditure by Health Care Functions 2016

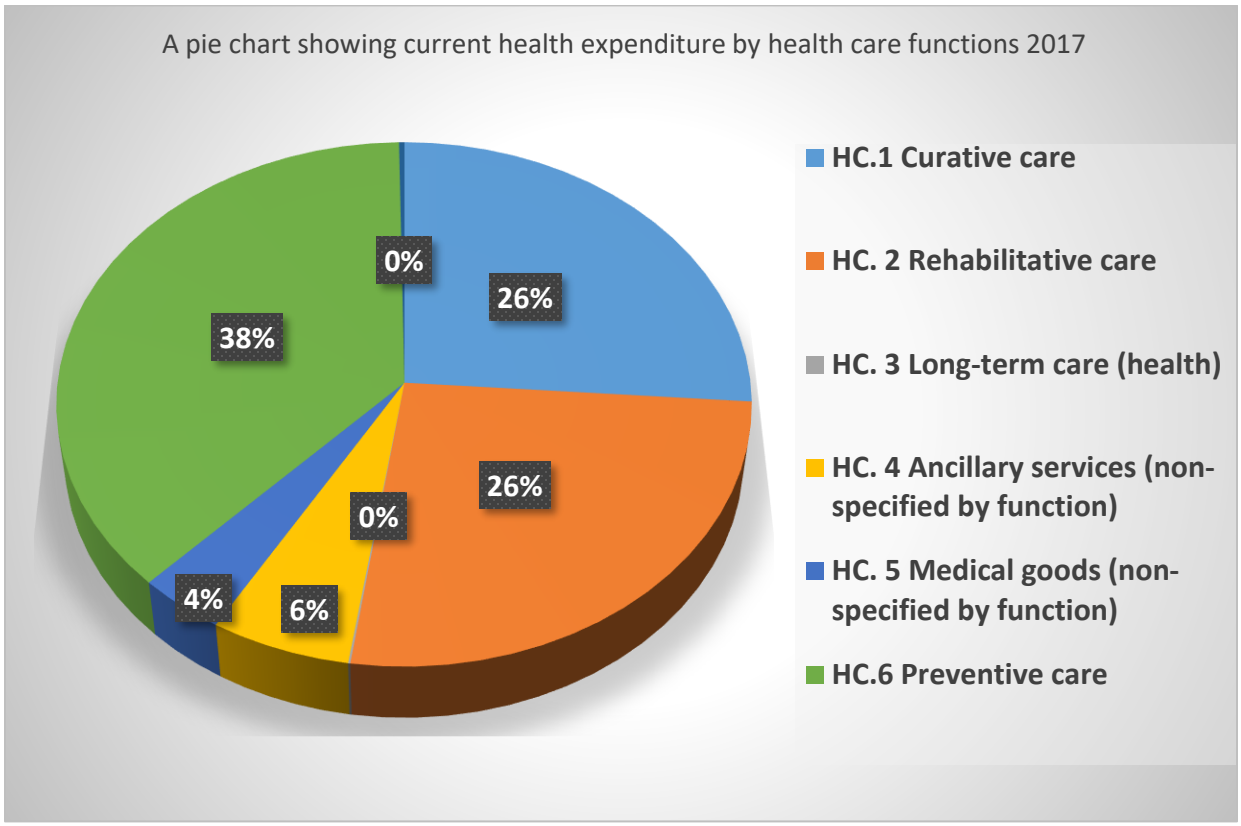
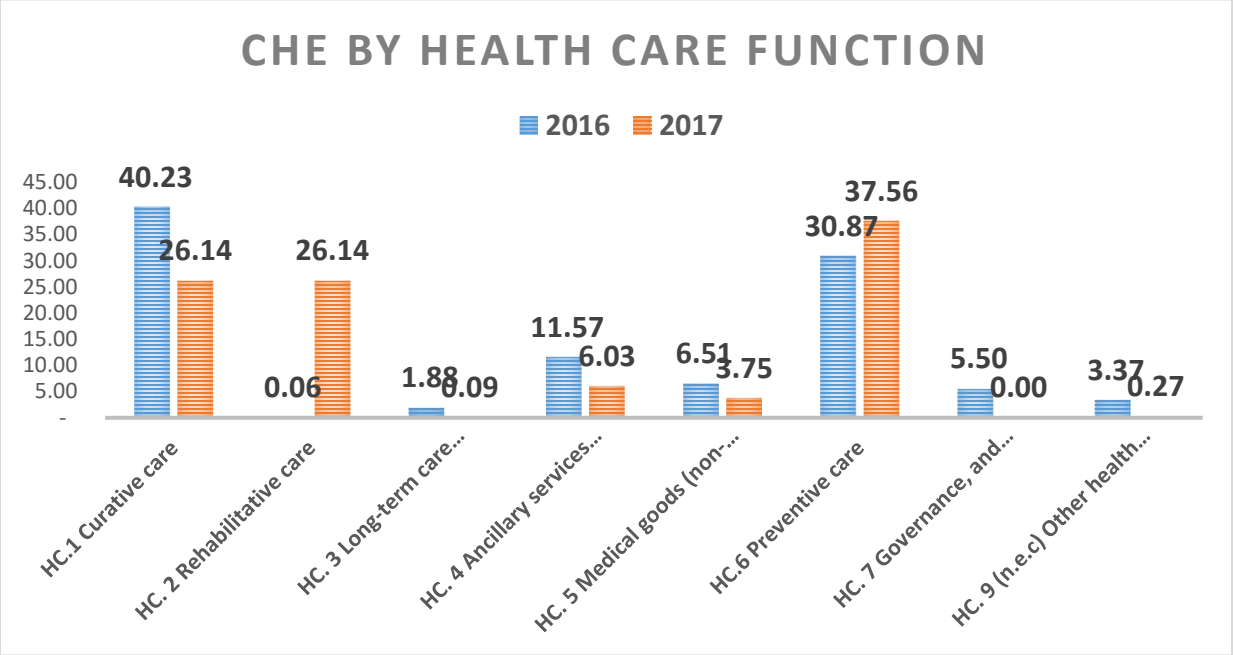


Figure 17 Current Health Expenditure by Health Care Functions FY2016 & FY2017



From the above analysis, it could be concluded that in 2017, the health system has allocated health resources efficiently between health care functions since preventive care consumed a greater share than that of curative care. In other words, investing in preventive care is more cost-effective than investing in curative with low cost of expenditures to ensure effectiveness and efficiencies in both the preventive and curative care systems. Unlike the scenario in 2016 where more expenditure was on curative care than in other health care functions which is not in line with the policy objectives of the Ministry of Health.

4.0 NHA FY2016 & FY2017: KEY FINDINGS ON CAPITAL EXPENDITURE (HK)

4.1 CAPITAL EXPENDITURE (HK) FOR FY2016 AND FY2017

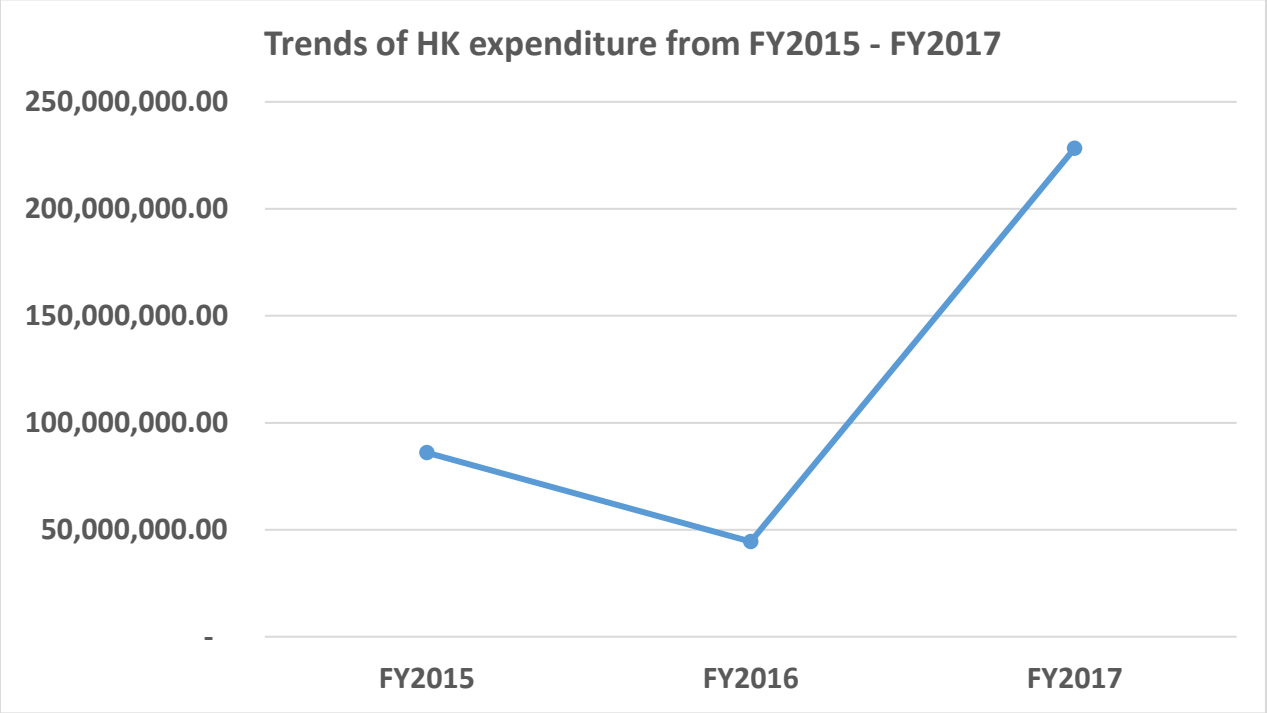
Capital expenditures are investments made in a country over a period of more than one year. The total amount of capital investments for FY2016 and FY2017 respectively are reported to be D44, 461,275.60 (2.18% of THE) and D228, 313,473.05 (8.93% of THE). Capital investment in the health system varies from the various types of assets in the production of health services. For example, investing in infrastructure, machinery and equipment is very relevant for policy making and analysis. The usage of fixed capital in the production of health services is becoming increasing important due to the growing demands of diagnostic services, expansion of information and telecommunication technology in health care delivery system.

Comparatively, total capital (HK) expenditure on health sharply decreased in absolute term from D85, 953,920.00 in FY2015 to a negligibly D44, 461,275.60 in FY2016, representing a drop of 48%. On the other hand, HK expenditure exponentially increased from D44, 461,275.60 in FY2016 to a whooping D228, 313,473.05 in FY2017. This significant outlay is attributed to increase in donor capital investment in health in 2017 financial year.

Government capital expenditure mostly includes the construction or maintenance/ upgrading of infrastructures and purchase of equipment.

The chart below depicts the trend of capital investment in health over the period under review.

Figure 18 Trends in HK Expenditure: FY2015 – FY2017

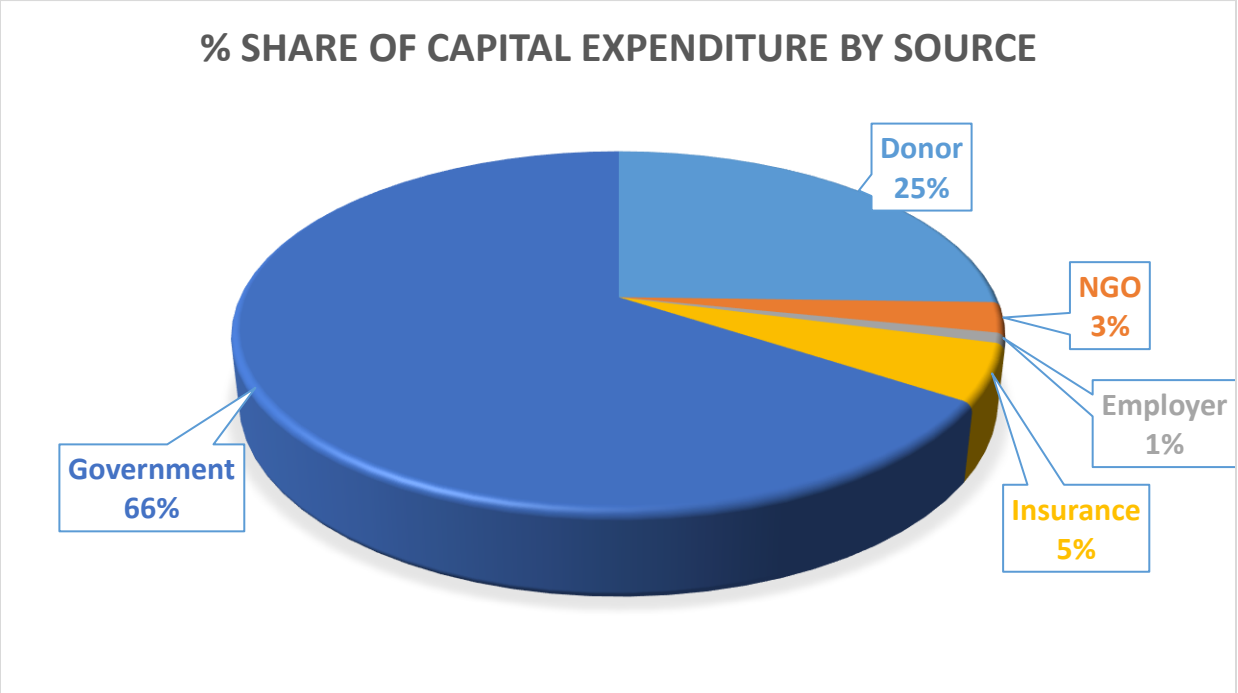


Since capital investment in health typically refers to large expenditures in construction of hospitals and other facilities, investment in diagnostic and treatment technologies, and information technology platforms, policy makers in the Gambia need to focus on it with a view to ensuring improved health system.

These investments are characterized by their longevity and they are critical to efforts to improve healthcare quality and efficiency. However, contrary to developed countries where there is heavy capital investment in the health sector, including use of public private partnerships for the investment; there is little evidence on capital investment in health from low and middle income countries including the Gambia as suggested by the results of this study.

The charts below provide breakdown of capital expenditure by sectors for FY2016 and FY2017 respectively:

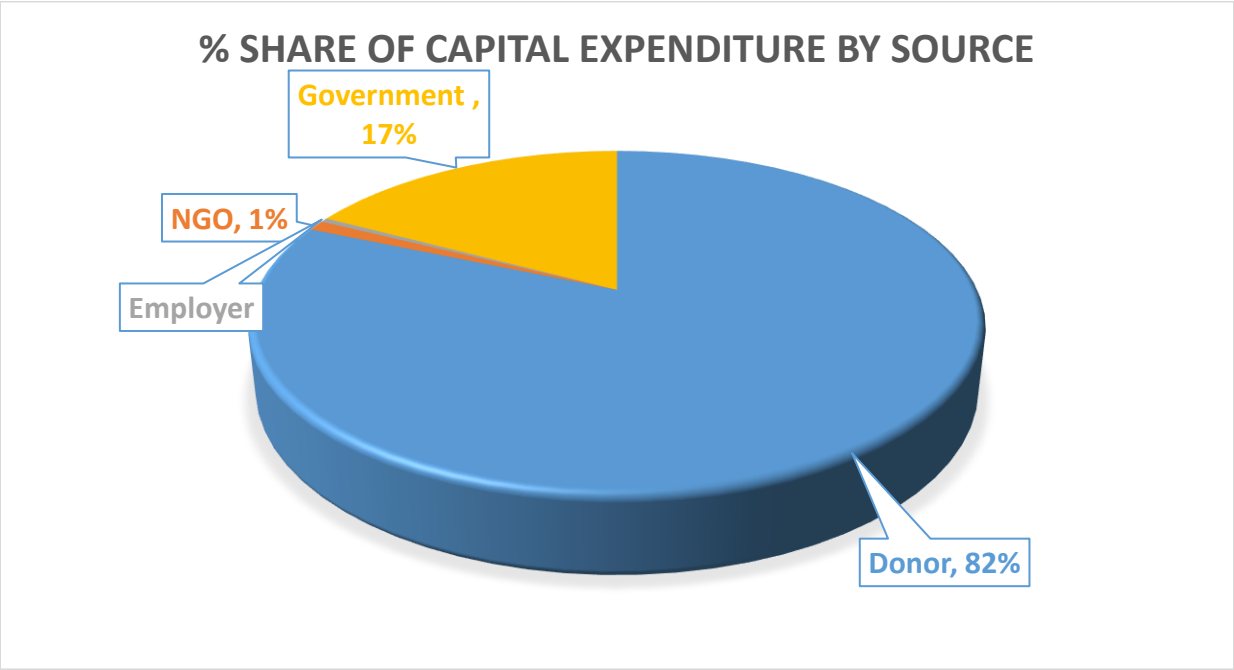
Figure 19 Percentage Share of capital expenditure by sources for FY2016



From the figure above, government capital expenditure is estimated at 66%, donor 25%, NGO 3%, Employer 1% and Insurance 5%.

The survey results show that there was no capital expenditure attributed to household. The 25% of capital expenditure attributed to donor are provided by Global Fund and GAVI, WFP, World Bank and WHO.

Figure 20 Percentage Share of capital expenditure by sources for FY2017



The figure above suggests that government capital expenditure drop from 66% in FY2016 to only 17% in FY2017. On the other hand, donor expenditure increased from 25% in FY2016 to a whopping 82% in FY2017. NGO contribution drop from 3% in FY2016 to 1% in FY2017 while Employer and Insurance contribute zero percent in FY2017.

5.0 HEALTH EXPENDITURE BY FINANCING SOURCES

The major source of revenue in FY2016 & FY2017 for the health sector in The Gambia comes from donor, NGO, employer, insurance, household and government as shown in table 2 below.

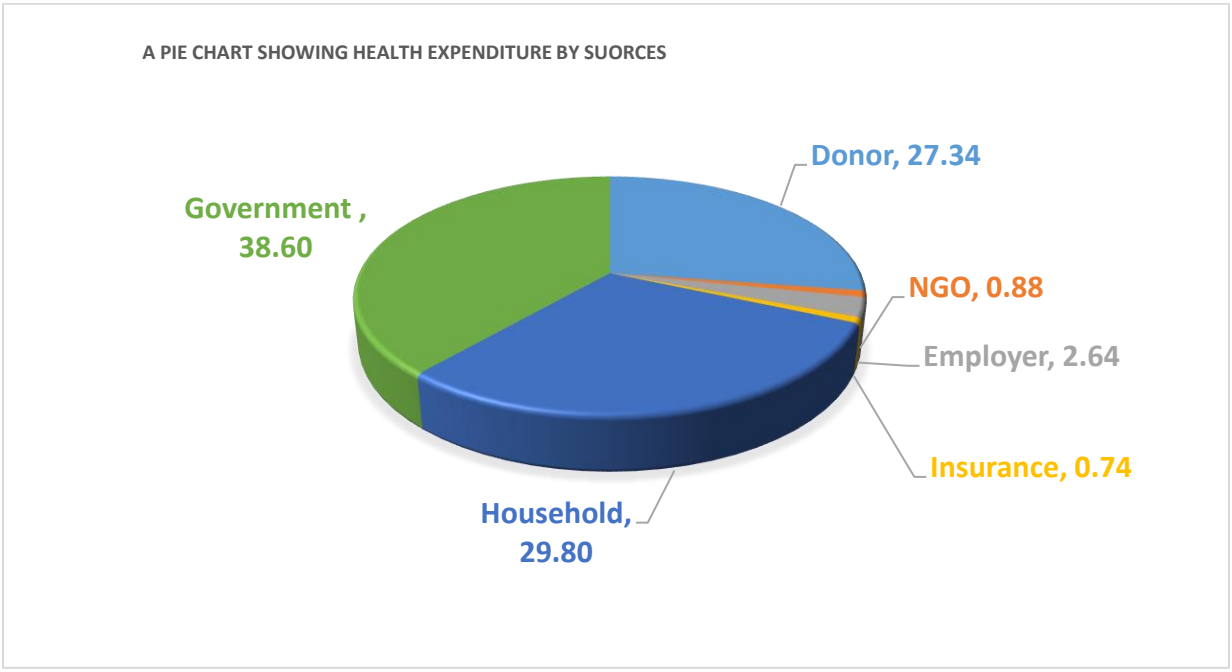
According to the analysis, major contributors for both financial years are donor, government and households. Donor expenditure increased in nominal term from 27.34% in FY2016 to 41.04% in FY2017. This change has impacted significantly on financing health care services in the country as evidenced by the mark improvement in service quality in most health facilities across the country.

On the contrary, household out-of-pocket expenditure decreased from 29.80% in FY2016 to 24.55% in the succeeding year (FY2017) though this figure is still high as it potentially push a large chunk of population into catastrophic and impoverishing health expenditure. The share of government expenditure has equally decreased in nominal term form 38.60% in FY2016 to 30.65% in the succeeding fiscal year. Contributions by other financing sources are highlighted in the table below.

Table 8 THE by financing source FY2016 and FY2017

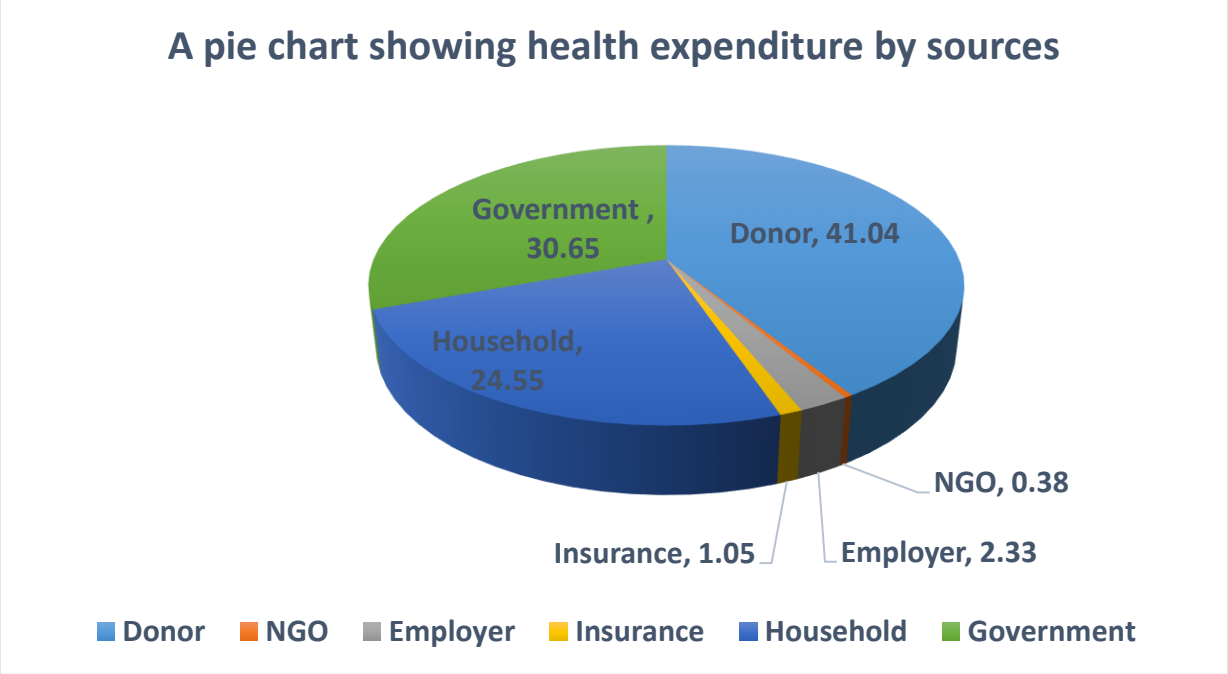
	FY2016		FY2017	
FINANCING SOURCE	EXPENDITURE	% of THE	EXPENDITURE	% of THE
Donor	575,573,899.77	27.34	1,049,117,072.60	41.04
NGO	18,579,043.10	0.88	9,715,320.59	0.38
Employer	18,579,043.10	0.88	59,558,674.08	2.33
Insurance	15,601,347.00	0.74	26,758,816.17	1.05
Household	627,497,392.20	29.80	627497392.2	24.55
Government	812,724,001.52	38.60	783,434,053.76	30.65

Figure 21 Share of THE by Financing Sources for FY2016



The analysis showed that expenditures by government, donor, NGO, private employer, insurance and household as a percentage of total health expenditure (THE) respectively stand at 38.60%, 27.34%, 0.88%, 2.64%, 0.74 and 29.80.

Figure 22 Share of THE by Financing Source for FY2017



For the 2017 financial year, the analysis showed that expenditures by government, donor, NGO, private employer, insurance and household as a percentage of total health expenditure (THE) respectively stand at 30.65%, 41.04%, 0.38%, 2.33%, 1.05 and 24.55%.

Table 9 Trends in Health Expenditure by Financing Source (2013, 2015, 2016 & 2017)

Financing Source	FY2013	%	FY2015	%	FY2016	%	FY2017	%
Donor	890,793,512.00	46.70	650,309,916.80	36.45	575,573,899.77	27.34	1,049,117,072.60	41.04
NGO	170,219,097.55	8.92	76,639,859.00	4.30	18,579,043.10	0.88	9,715,320.59	0.38
Employer	33,792,441.68	1.77	56,774,097.60	3.18	55,618,600.50	2.64	59,558,674.08	2.33
Insurance	42,126,838.28	2.21	56,402,579.90	3.16	15,601,347.00	0.74	26,758,816.17	1.05
Household	404,608,500.00	21.21	435,672,343.30	24.42	627,497,392.20	29.80	627497392.2	24.55
Government	536,073,625.74	28.11	584,809,446.50	32.78	812,724,001.52	38.60	783,434,053.76	30.65

5.1 PROVIDER ANALYSIS (HP)

Healthcare providers encompass all stakeholders that deliver healthcare goods and services as their primary activity as well as those for which healthcare provision is only one among a number of activities.

Primary providers are those whose principal activity is to deliver healthcare goods and services, such as, general and specialized hospitals and primary healthcare institutions/ centers.

Secondary providers are those that deliver healthcare services in addition to their principal activities, which might be partially or not at all related to health.

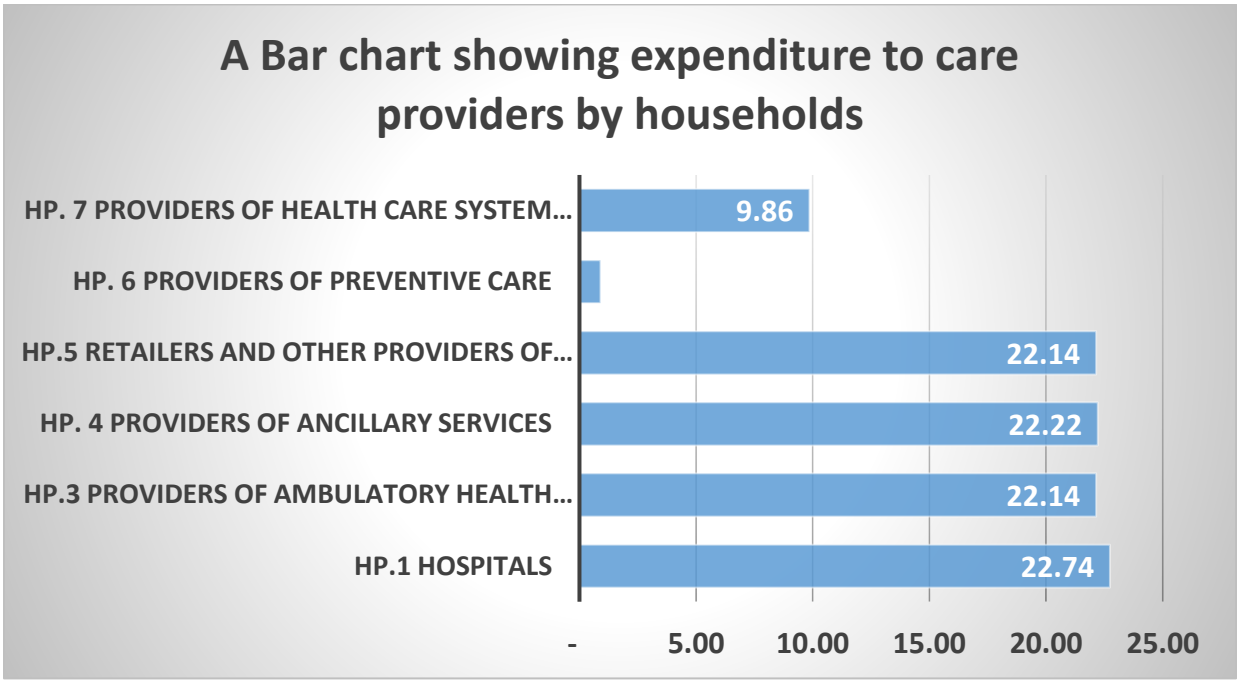
The distribution of household expenditures by Healthcare Providers (HP) for the year 2016 and 2017 are illustrated in table 10 below:

Table 10 OOP payment to Health care providers (2016 & 2017)

Health Care Providers (FY2016)	Amount (GMD)	Percentage (%)
Hospitals (HP1)	161,144,350.00	22.74
Providers of Ambulatory Health Care (HP3)	156,874,350.00	22.14
Providers of Ancillary Services (HP4)	157,450,440.00	22.22
Retailers and other providers of medical goods - Pharmacies (HP5)	156,874,350.00	22.14
Providers of preventive care	6,336,970.00	0.89

Providers of health care system administration and financing	69,863,690.00	9.86
Health Care Providers (FY2017)	**Amount (GMD)**	**Percentage (%)**
Hospitals (HP1)	380,239,800.00	36.30
Providers of Ambulatory Health Care (HP3)	357,293,660.00	34.11
Providers of Ancillary Services (HP4)	18,717,570.00	1.79
Retailers and other providers of medical goods - Pharmacies (HP5)	178,515,160.00	17.04
Providers of preventive care	99,965,180.00	9.54
Providers of health care system administration and financing	12,742,080.00	1.22

Figure 23 Percentage share of household expenditure to HP



5.2 PER CAPITA EXPENDITURE ON HEALTH (2016 & 2017)

The Total Health Expenditures per capita for government, donor, NGO and OOP in FY2016 is calculated using the 2013 population projection figures for 2016 by dividing the total expenditure for each of financing sources below by the population of 2016 projection. The analysis of the information is illustrated in the table below.

Table 11 Total Health Expenditure per capita by source (FY2016)

Financing Sources	Total Amount (GMD)	Per Capita (GMD)	Per Capita (UD$)
Government	812724001.5	396.11	9.04
Donors	575573899.8	280.52	6.40
NGOs	18579043.1	9.06	0.21
Private Employer	55618600.5	27.11	0.62
Insurance	15601347	7.60	0.17
Household	627497392.2	305.83	6.98

From the table above, the results showed that government spent US$ 9.04 on each person in the Gambia while donors' per capita expenditure stands at US$ 6.40. It is also imperative to highlight the household share of per capita expenditure which stands at D305.83 or US$ 6.98 for 2016 fiscal year. Expenditures per capita by other financing sources as indicated above is negligible.

Comparatively, the results have shown that expenditure per capita from household increased from US$6.97 to a marginal US$ 6.98 per person in the Gambia. This trend is discouraging and it can lead to catastrophic health spending on the population especially, the poor and the vulnerable.

Table 12 Total Health Expenditure per capita by source (FY2017)

Financing Sources	Total Amount (GMD)	Per Capita (GMD)	Per Capita (UD$)
Government	783,434,053.76	1.25	0.03
Donors	1,049,117,072.60	494.28	10.60
NGOs	9,715,320.59	0.01	0.00
Private Employer	59,558,674.08	6.13	0.13
Insurance	26,758,816.17	0.45	0.01
Household	627,497,392.20	23.45	0.50

Table 13 Key Health Financing Indicator for the Gambia FY 2013, 2015, 2016 & 2017

INDICATOR	SHA CODE	FY2013	FY2015	FY2016	FY2017
Total Health Expenditure (THE) as % of Gross Domestic Product (GDP)	THE%GDP_SHA2011	5.68%	4.68%	4.97%	5.42%
Current Health Expenditure (CHE) as % GDP	CHE%GDP_SHA2011	-		4.86%	4.94%
Total Health Expenditure (THE) per Capita in US$	THE_pc_US$_SHA2011	$28	$22.67	$23.38	$25.84
Current Health Expenditure (CHE) per Capita in US$	CHE_pc_US$_SHA2011	-	$21.58	$22.89	$23.53
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	DOM%CHE_SHA2011	-	66.76%	73.33%	64.32%
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	GGHE-D%CHE_SHA2011	-	34.44%	39.43%	33.66%
Domestic Private Health Expenditure (PVT-D) as %	PVT-D%CHE_SHA2011	-	32.32%	33.90%	30.67%

Current Health Expenditure (CHE)					
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	EXT%CHE_SHA2011	-	38.30%	28.83%	45.49%
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)	GGHE-D%GDP_SHA2011	1.60%	1.53%	1.92%	1.66%
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	GGHE-D_pc_US$_SHA2011	$7.8	$7.89	$9.03	$7.92
Domestic Private Health Expenditure (PVT-D) per Capita in US$	PVT-D_pc_US$_SHA2011	$7.07	$7.41	$7.76	$7.22
External Health Expenditure (EXT) per Capita in US$	EXT_pc_US$_SHA2011	$13.11	$8.78	$6.60	$10.70
Government Financing Arrangements (GFA) as % of Current Health Expenditure (CHE)	GFA%CHE_SHA2011	-	34.44%	39.43%	33.66%

Voluntary Health Insurance as % of Current Health Expenditure (CHE)	VHI%CHE_SHA2011	-	3.32%	0.76%	1.15%
Out-of-Pocket Expenditure (OOP) as % of Current Health Expenditure (CHE)	OOPS%CHE_SHA2011	-	25.66%	30.44%	26.96%
Out-of-Pocket Expenditure (OOP) per Capita in US$	OOP_pc_US$_SHA2011	$5.96	$5.88	$6.98	$6.34
Percentage of Out of Pockets Expenditure on Health		21.21%	24.42%	29.80%	24.55%

The major source of revenue in FY2016 & FY2017 for the health sector in The Gambia comes from donor, NGO, employer, insurance, household and government as shown in table 2 below.

According to the analysis, major contributors for both financial years are donor, government and households. Donor expenditure increased in nominal term from 27.34% in FY2016 to 41.04% in FY2017. This change has impacted significantly on financing health care services in the country as evidenced by the mark improvement in service quality in most health facilities across the country.

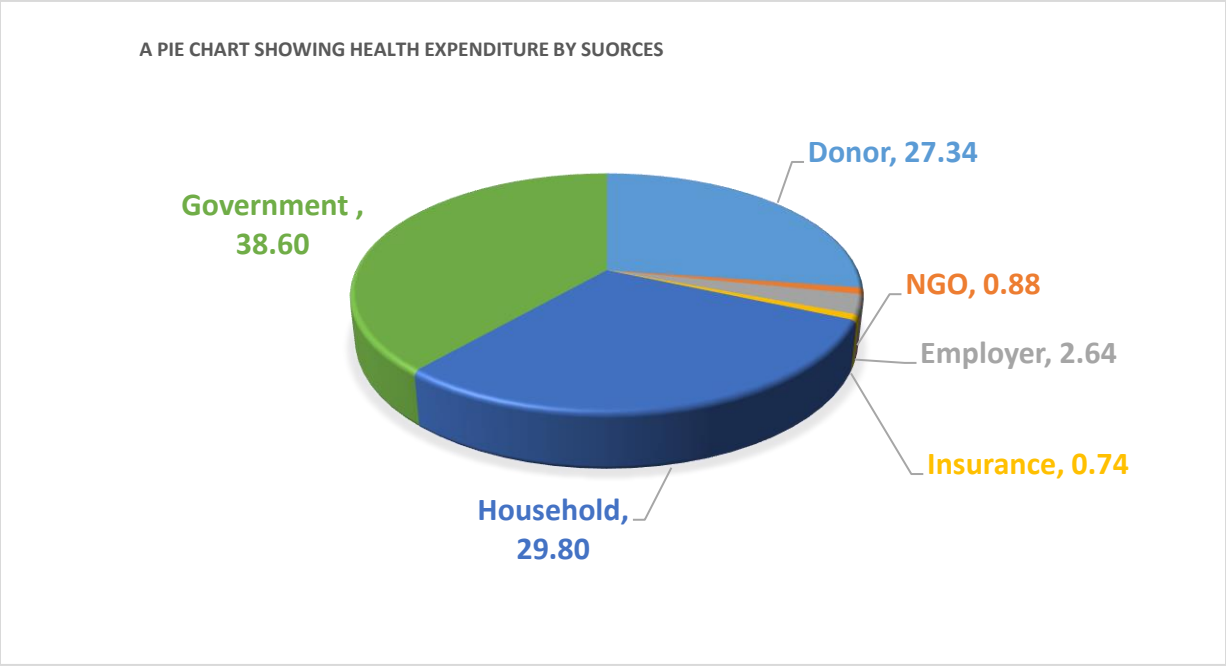
On the contrary, household out-of-pocket expenditure decreased from 29.80% in FY2016 to 24.55% in the succeeding year (FY2017) though this figure is still high as it potentially push a large chunk of population into catastrophic and impoverishing health expenditure. The share of government expenditure has

equally decreased in nominal term form 38.60% in FY2016 to 30.65% in the succeeding fiscal year. Contributions by other financing sources are highlighted in the table below.

1.7. Table 8: THE by financing source FY2016 and FY2017

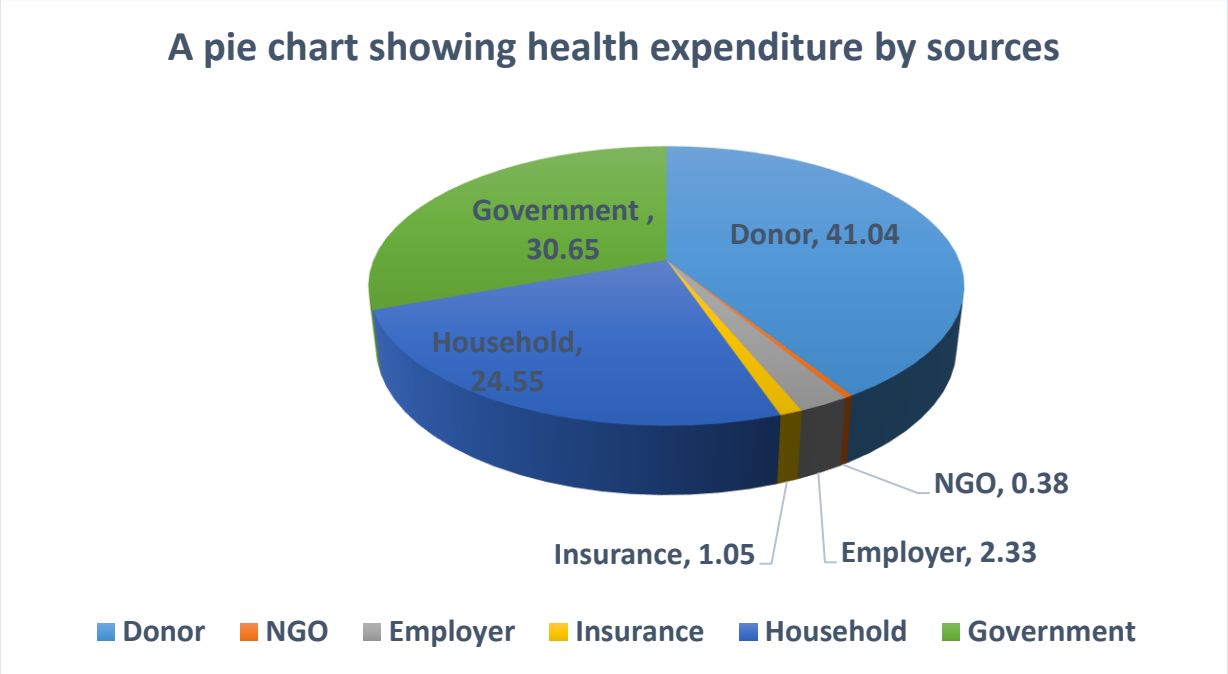
FY2016			FY2017	
FINANCING SOURCE	**EXPENDITURE**	**% of THE**	**EXPENDITURE**	**% of THE**
Donor	575,573,899.77	27.34	1,049,117,072.60	41.04
NGO	18,579,043.10	0.88	9,715,320.59	0.38
Employer	18,579,043.10	0.88	59,558,674.08	2.33
Insurance	15,601,347.00	0.74	26,758,816.17	1.05
Household	627,497,392.20	29.80	627497392.2	24.55
Government	812,724,001.52	38.60	783,434,053.76	30.65

1.8. Figure 22: Share of THE by Financing Sources for FY2016



The analysis showed that expenditures by government, donor, NGO, private employer, insurance and household as a percentage of total health expenditure (THE) respectively stand at 38.60%, 27.34%, 0.88%, 2.64%, 0.74 and 29.80.

1.9. **Figure 23: Share of THE by Financing Source for FY2017**



For the 2017 financial year, the analysis showed that expenditures by government, donor, NGO, private employer, insurance and household as a percentage of total health expenditure (THE) respectively stand at 30.65%, 41.04%, 0.38%, 2.33%, 1.05 and 24.55%.

1.10. Table 9: Trends in Health Expenditure by Financing Source (2013, 2015, 2016 & 2017)

Financing Source	FY2013	%	FY2015	%	FY2016	%	FY2017	%
Donor	890,793,512.00	46.70	650,309,916.80	36.45	575,573,899.77	27.34	1,049,117,072.60	41.04
NGO	170,219,097.55	8.92	76,639,859.00	4.30	18,579,043.10	0.88	9,715,320.59	0.38
Employer	33,792,441.68	1.77	56,774,097.60	3.18	55,618,600.50	2.64	59,558,674.08	2.33
Insurance	42,126,838.28	2.21	56,402,579.90	3.16	15,601,347.00	0.74	26,758,816.17	1.05
Household	404,608,500.00	21.21	435,672,343.30	24.42	627,497,392.20	29.80	627497392.2	24.55
Government	536,073,625.74	28.11	584,809,446.50	32.78	812,724,001.52	38.60	783,434,053.76	30.65

1.11. 5.1. PROVIDER ANALYSIS (HP)

Healthcare providers encompass all stakeholders that deliver healthcare goods and services as their primary activity as well as those for which healthcare provision is only one among a number of activities.

Primary providers are those whose principal activity is to deliver healthcare goods and services, such as, general and specialized hospitals and primary healthcare institutions/ centers.

Secondary providers are those that deliver healthcare services in addition to their principal activities, which might be partially or not at all related to health.

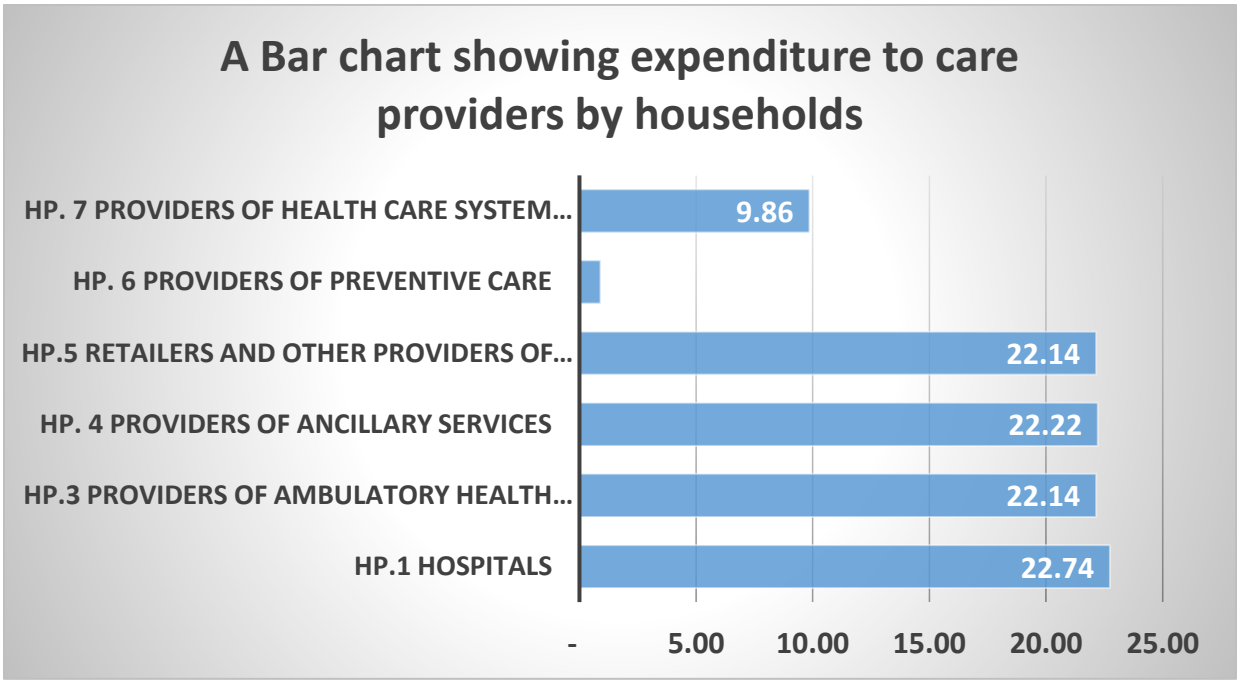
The distribution of household expenditures by Healthcare Providers (HP) for the year 2016 and 2017 are illustrated in table 10 below:

1.12. Table 10: OOP payment to Health care providers (2016 & 2017)

Health Care Providers (FY2016)	Amount (GMD)	Percentage (%)
Hospitals (HP1)	161,144,350.00	22.74
Providers of Ambulatory Health Care (HP3)	156,874,350.00	22.14
Providers of Ancillary Services (HP4)	157,450,440.00	22.22
Retailers and other providers of medical goods - Pharmacies (HP5)	156,874,350.00	22.14
Providers of preventive care	6,336,970.00	0.89

Providers of health care system administration and financing	69,863,690.00	9.86
Health Care Providers (FY2017)	**Amount (GMD)**	**Percentage (%)**
Hospitals (HP1)	380,239,800.00	36.30
Providers of Ambulatory Health Care (HP3)	357,293,660.00	34.11
Providers of Ancillary Services (HP4)	18,717,570.00	1.79
Retailers and other providers of medical goods - Pharmacies (HP5)	178,515,160.00	17.04
Providers of preventive care	99,965,180.00	9.54
Providers of health care system administration and financing	12,742,080.00	1.22

1.13. **Figure 24: % share of household expenditure to HP**



1.14. 5.3: PER CAPITA EXPENDITURE ON HEALTH (2016 & 2017)

The Total Health Expenditures per capita for government, donor, NGO and OOP in FY2016 is calculated using the 2013 population projection figures for 2016 by dividing the total expenditure for each of financing sources below by the population of 2016 projection. The analysis of the information is illustrated in the table below.

1.15. Table 11: Total Health Expenditure per capita by source (FY2016)

Financing Sources	Total Amount (GMD)	Per Capita (GMD)	Per Capita (UD$)
Government	**812724001.5**	**396.11**	**9.04**
Donors	**575573899.8**	**280.52**	**6.40**
NGOs	**18579043.1**	**9.06**	**0.21**
Private Employer	**55618600.5**	**27.11**	**0.62**
Insurance	**15601347**	**7.60**	**0.17**
Household	**627497392.2**	**305.83**	**6.98**

From the table above, the results showed that government spent US$ 9.04 on each person in the Gambia while donors' per capita expenditure stands at US$ 6.40. It is also imperative to highlight the household share of per capita expenditure which stands at D305.83 or US$ 6.98 for 2016 fiscal year. Expenditures per capita by other financing sources as indicated above is negligible.

Comparatively, the results have shown that expenditure per capita from household increased from US$6.97 to a marginal US$ 6.98 per person in the Gambia. This trend is discouraging and it can lead to catastrophic health spending on the population especially, the poor and the vulnerable.

1.16. Table 12: Total Health Expenditure per capita by source (FY2017)

Financing Sources	Total Amount (GMD)	Per Capita (GMD)	Per Capita (UD$)
Government	783,434,053.76	1.25	0.03
Donors	1,049,117,072.60	494.28	10.60
NGOs	9,715,320.59	0.01	0.00
Private Employer	59,558,674.08	6.13	0.13
Insurance	26,758,816.17	0.45	0.01
Household	627,497,392.20	23.45	0.50

1.17. Table 13: Key Health Financing Indicator for the Gambia FY 2013, 2015, 2016 & 2017

INDICATOR	SHA CODE	FY2013	FY2015	FY2016	FY2017
Total Health Expenditure (THE) as % of Gross Domestic Product (GDP)	THE%GDP_SHA2011	5.68%	4.68%	4.97%	5.42%
Current Health Expenditure (CHE) as % GDP	CHE%GDP_SHA2011	-		4.86%	4.94%
Total Health Expenditure (THE) per Capita in US$	THE_pc_US$_SHA2011	$28	$22.67	$23.38	$25.84
Current Health Expenditure (CHE) per Capita in US$	CHE_pc_US$_SHA2011	-	$21.58	$22.89	$23.53
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	DOM%CHE_SHA2011	-	66.76%	73.33%	64.32%
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	GGHE-D%CHE_SHA2011	-	34.44%	39.43%	33.66%
General government expenditure on health as % of total government expenditure				11.23%	9.52%
Domestic Private Health Expenditure (PVT-D) as %	PVT-D%CHE_SHA2011	-	32.32%	33.90%	30.67%

Current Health Expenditure (CHE)					
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	EXT%CHE_SHA2011	-	38.30%	28.83%	45.49%
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)	GGHE-D%GDP_SHA2011	1.60%	1.53%	1.92%	1.66%
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	GGHE-D_pc_US$_SHA2011	$7.8	$7.89	$9.03	$7.92
Domestic Private Health Expenditure (PVT-D) per Capita in US$	PVT-D_pc_US$_SHA2011	$7.07	$7.41	$7.76	$7.22
External Health Expenditure (EXT) per Capita in US$	EXT_pc_US$_SHA2011	$13.11	$8.78	$6.60	$10.70
Government Financing Arrangements (GFA) as % of Current Health Expenditure (CHE)	GFA%CHE_SHA2011	-	34.44%	39.43%	33.66%
Voluntary Health Insurance as % of Current Health Expenditure (CHE)	VHI%CHE_SHA2011	-	3.32%	0.76%	1.15%

Out-of-Pocket Expenditure (OOP) as % of Current Health Expenditure (CHE)	OOPS%CHE_SHA2011	-	25.66%	30.44%	26.96%
Out-of-Pocket Expenditure (OOP) per Capita in US$	OOP_pc_US$_SHA2011	$5.96	$5.88	$6.98	$6.34
Percentage of Out of Pockets Expenditure on Health		21.21%	24.42%	29.80%	24.55%

6.0: INTERNATIONAL COMPARISON

NHA 2016 and 2017 studies have been developed in line with SHA 2011 which provides the required standard framework for producing internationally comparable health accounts. Making cross-national comparisons provides a benchmark for judging the levels and structure of spending, the general health status of the population and progress made in attaining universal health coverage, in a country and for taking corrective measures to address weaknesses, if any.

NHA 2016 and 2017 findings substantiate the high correlation between per capita spending on health and life expectancy across countries, especially in Sub-Saharan Africa. For example, in countries, where per capita expenditure on health is high, life expectancy is high as well and the reverse is also substantiated.

In a country like The Gambia where per capita spending on health is between US$ 23.38 to US$25.84, life expectancy is in the range of 63.4 to 65 (GBoS, 2013 Census).

Tables 14 and 15 displays some selected countries in Sub-Saharan Africa with their respective life expectancy and current health expenditure per capita for the year 2018 and 2017 respectively as sourced from the World Health Organization Global Health Expenditure database:

Table 14 Life Expectancy in Sub-Saharan Africa

Country	Most Recent Years	Most Recent values of Life Expectancy
Gambia	2018	63.4
Ghana	2018	64
Guinea	2018	61
Guinea Bissau	2018	58
Liberia	2018	64
Mali	2018	59
Mauritania	2018	65
Nigeria	2018	54
Senegal	2018	68
Sierra Leone	2018	54

World Health Organization Global Health Expenditure database (apps.who.int/nha/database)

Table 15 Current Health Expenditure (% GDP) in selected countries of Sub-Saharan Africa

Country	Most Recent Years	Most Recent values (%)
Gambia	2017	4.94
Ghana	2017	3.26
Guinea	2017	4.12
Guinea Bissau	2017	7.24

Liberia	2017	8.16
Mali	2017	3.79
Mauritania	2017	4.40
Nigeria	2017	3.76
Senegal	2017	4.13
Sierra Leone	2017	13.42

World Health Organization Global Health Expenditure database (apps.who.int/nha/database

7.0 CONCLUSION AND KEY POLICY RECOMMENDATIONS

1. The Country needs to address high levels of Out-of-Pocket expenditure (FY2016 29.80% & FY2017 24.55%) in order to protect households from catastrophic spending by devising pre-payment mechanisms such as National Health Insurance scheme. The maximum recommended level of household out of pocket spending on health is 15% according to WHO. This is in line with World Health Assembly resolution of 2005 on Universal Health Coverage and sustainable health financing and as well as revisiting the Paris Declaration that calls for greater Investments in the Health Sector.
2. The Health Financing Policy (HFP) "Resourcing pathway to Universal Health Coverage" recommended that Government of the Gambia should finance at least 50% of the cost of Basic Health care Package. To achieve this, Government and health development partners (HDPs) need to increase investment in health towards meeting recommended per capita health expenditure of minimum $84 per capita (Chatham House) for low income countries, if the country is to increase access to health care and improve quality of services.
3. There is need for proper prioritization of interventions and continue the steady-shift of more financing towards preventive health care services rather than the curative care as dictated by the National Health Policy 2012-2020.
4. The private sector (Employer and insurance) is a major player in provision of health services, Government needs to develop appropriate policies that build appropriate Public-Private Partnerships (PPP) with a view to increasing access to affordable health services for the entire population.

5. The fiscal space of the Ministry of Health should gradually increase, so that, by 2030, the target of Government Expenditure on Health of 5% of GDP, as recommended by the WHO is attained,
6. Government needs invests more on health promotion programmes in order to contain increasing costs of NCDs in the long run and to attain Targets 3.4 and 3.6 of the health-related Sustainable Development Goals,
7. Government considers the possibility of regulating user fees in the private sector,
8. The proposed National Health Insurance Scheme (NHIS) should be implemented in order to strengthen financial risk protection for people seeking care in the private sector.
9. Taking into account increasing out of pocket spending on health in the country, it is recommended that, a national survey on the extent of catastrophic expenditure on health and its determinants, be undertaken in the country.

Annexes:

Table A - Selected Indicators Derived from Values in Table B and C.

Name - SHA 2011	Code	2000	2001	2002	2003	2004	2005
Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)	CHE%GDP_SHA2011	5	4	4	4	4	5
Health Capital Expenditure (HK) % Gross Domestic Product (GDP)	HK%GDP_SHA2011						
Current Health Expenditure (CHE) per Capita in US$	CHE_pc_US$_SHA2011	23.0	20.1	16.6	15.2	18.1	21.2
Current Health Expenditure (CHE) per Capita in PPP Int$	CHE_pc_PPP_SHA2011	44	48	46	55	60	67
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	DOM%CHE_SHA2011	81	82	78	77	82	76
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	GGHE-D%CHE_SHA2011	23.5	31.8	22.9	40.6	51.1	45.2
Domestic Private Health Expenditure (PVT-D) as % Current Health Expenditure (CHE)	PVT-D%CHE_SHA2011	57.4	50.3	55.1	36.9	30.5	31.0
Voluntary Health Insurance as % of Current Health Expenditure (CHE)	VHI%CHE_SHA2011	1.7	1.6	1.7	2.0	1.6	2.0
Out-of-Pocket Expenditure (OOP) as % of Current Health Expenditure (CHE)	OOPS%CHE_SHA2011	35.3	31.1	33.5	25.4	20.3	20.8
Other Private Health Expenditure (OTHER) as % Current Health Expenditure (CHE)	OTHER%CHE_SHA2011	20	18	20	9	9	8
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	EXT%CHE_SHA2011	19	18	22	23	18	24
Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE)	GGHE-D%GGE_SHA2011	7	8	5	10	10	10
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)	GGHE-D%GDP_SHA2011	1	1	1	2	2	2
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	GGHE-D_pc_US$_SHA2011	5	6	4	6	9	10
Domestic General Government Health Expenditure (GGHE-D) per Capita in PPP Int$	GGHE-D_pc_PPP_SHA2011	10	15	11	22	31	30
Domestic Private Health Expenditure (PVT-D) per Capita in US$	PVT-D_pc_US$_SHA2011	13.2	10.1	9.1	5.6	5.5	6.6
Domestic Private Health Expenditure (PVT-D) per Capita in PPP Int$	PVT-D_pc_PPP_SHA2011	25.5	24.1	25.4	20.2	18.3	20.8
External Health Expenditure (EXT) per Capita in US$	EXT_pc_US$_SHA2011	4.4	3.6	3.7	3.4	3.3	5.0
External Health Expenditure (EXT) per Capita in PPP Int$	EXT_pc_PPP_SHA2011	8.5	8.6	10.2	12.3	11.1	15.9
Out-of-Pocket Expenditure (OOP) per Capita in US$	OOP_pc_US$_SHA2011	8.1	6.2	5.6	3.9	3.7	4.4
Out-of-Pocket Expenditure (OOP) per Capita in PPP Int$	OOP_pc_PPP_SHA2011	15.7	14.9	15.4	13.9	12.2	13.9
Compulsory Financing Arrangements (CFA) as % of Current Health Expenditure (CHE)	CFA%CHE_SHA2011	34.1	41.8	35.1	48.7	56.3	57.6
Government Financing Arrangements (GFA) as % of Currrent Health Expenditure (CHE)	GFA%CHE_SHA2011	34.1	41.8	35.1	48.7	56.3	57.6
Compulsory Health Insurance (CHI) as % of Current Health Expenditure (CHE)	CHI%CHE_SHA2011	0.0	0.0	0.0	0.0	0.0	0.0
Social Health Insurance (SHI) as % of Current Health Expenditure (CHE)	SHI%CHE_SHA2011	0.0	0.0	0.0	0.0	0.0	0.0
Voluntary Financing Arrangements (VFA) as % of Current Health Expenditure (CHE)	VFA%CHE_SHA2011	65.9	58.2	64.9	51.3	43.7	42.4
Rest of the World (RoW) as % of Current Health Expenditure (CHE)	ROW%CHE_SHA2011						
Government Budget Transfers to Social Health Insurance (SHI-G) as % of Social Health Insurance (SHI)	SHI-G%SHI_SHA2011						
Self-Employed Contributions to Social Health Insurance (SHI-SE) as % of Social Health Insurance (SHI)	SHI-SE%SHI_SHA2011						
General Government Expenditure (GGE) as % Gross Domestic Product (GDP)	GGE%GDP_SHA2011	15.8	16.1	17.8	16.0	21.7	21.7
Gross Domestic Product (GDP) per Capita in US$	GDP_pc_US$_SHA2011	493.1	474.8	406.9	374.5	413.8	432.2

Gross Domestic Product (GDP) per Capita in PPP Int$	GDP_pc_PPP_SHA2011	953.0	1,130.7	1,131.9	1,348.1	1,378.8	1,365.2

Table B - Underlying Health Expenditure Values.

Name - SHA 2011	Code	2000	2001	2002	2003	2004	2005
Current health expenditure by revenues of health care financing schemes	sha11.FS	362	401	433	587	758	875
Transfers from government domestic revenue (allocated to health purposes)	sha11.FS.1	85	128	99	238	388	396
Internal transfers and grants	sha11.FS.1.1	85	128	99	238	388	396
Transfers by government on behalf of specific groups	sha11.FS.1.2	0	0	0	0	0	0
Subsidies	sha11.FS.1.3						
Other transfers from government domestic revenue	sha11.FS.1.4						
Transfers distributed by government from foreign origin	sha11.FS.2	38	40	53	48	39	108
Social insurance contributions	sha11.FS.3	0	0	0	0	0	0
Social insurance contributions from employees	sha11.FS.3.1	0	0	0	0	0	0
Social insurance contributions from employers	sha11.FS.3.2	0	0	0	0	0	0
Social insurance contributions from self-employed	sha11.FS.3.3	0	0	0	0	0	0
Other social insurance contributions	sha11.FS.3.4	0	0	0	0	0	0
Compulsory prepayment (Other, and unspecified, than FS.3)	sha11.FS.4	0	0	0	0	0	0
Compulsory prepayment from individuals/households	sha11.FS.4.1	0	0	0	0	0	0
Compulsory prepayment from employers	sha11.FS.4.2	0	0	0	0	0	0
Other compulsory prepaid revenues	sha11.FS.4.3	0	0	0	0	0	0
Voluntary prepayment	sha11.FS.5	6	6	7	12	12	17
Voluntary prepayment from individuals/households	sha11.FS.5.1						
Voluntary prepayment from employers	sha11.FS.5.2						
Other voluntary prepaid revenues	sha11.FS.5.3						
Other domestic revenues n.e.c.	sha11.FS.6	202	195	231	205	219	254
Other revenues from households n.e.c.	sha11.FS.6.1	128	125	145	149	154	182
Other revenues from corporations n.e.c.	sha11.FS.6.2	6	6	7	7	15	16
Other revenues from NPISH n.e.c.	sha11.FS.6.3	68	64	80	48	50	56
Unspecified other domestic revenues (n.e.c.)	sha11.FS.6.nec						
Direct foreign transfers	sha11.FS.7	31	32	42	85	100	100
Direct foreign financial transfers	sha11.FS.7.1						
Direct foreign aid in kind	sha11.FS.7.2						
Direct foreign aid in goods	sha11.FS.7.2.1						
Direct foreign aid in kind: services (including TA)	sha11.FS.7.2.2						
Unspecified direct foreign aid in kind (n.e.c.)	sha11.FS.7.2.nec						
Other direct foreign transfers (n.e.c.)	sha11.FS.7.3				85	183	315
Unspecified revenues of health care financing schemes (n.e.c.)	sha11.FS.nec						
Current health expenditure by financing schemes	sha11.HF	362	401	433	587	758	875
Government schemes and compulsory contributory health care financing schemes	sha11.HF.1	124	168	152	286	427	504
Government schemes and compulsory contributory health care financing schemes managed by general government agents	sha11.HF.1xFA.1						
Government schemes	sha11.HF.1.1	124	168	152	286	427	504
Central government schemes	sha11.HF.1.1.1						

State/regional/local government schemes	sha11.HF.1.1.2						
Unspecified government schemes (n.e.c.)	sha11.HF.1.1.nec						
Compulsory contributory health insurance schemes	sha11.HF.1.2	0	0	0	0	0	0
Social health insurance schemes	sha11.HF.1.2.1	0	0	0	0	0	0
Compulsory private insurance schemes	sha11.HF.1.2.2						
Unspecified compulsory contributory health insurance schemes (n.e.c.)	sha11.HF.1.2.nec						
Compulsory Medical Saving Accounts (CMSA)	sha11.HF.1.3	0	0	0	0	0	0
Unspecified government schemes and compulsory contributory schemes (n.e.c.)	sha11.HF.1.nec						
Voluntary health care payment schemes	sha11.HF.2	111	109	136	152	177	189
Voluntary health insurance schemes	sha11.HF.2.1	6	6	7	12	12	17
Primary/substitutory health insurance schemes	sha11.HF.2.1.1						
Employer-based insurance (Other than enterprises schemes)	sha11.HF.2.1.1.1						
Government-based voluntary insurance	sha11.HF.2.1.1.2						
Other primary coverage schemes	sha11.HF.2.1.1.3						
Complementary/supplementary insurance schemes	sha11.HF.2.1.2						
Community-based insurance	sha11.HF.2.1.2.1						
Other complementary/supplementary insurance	sha11.HF.2.1.2.2						
Unspecified voluntary health insurance schemes (n.e.c.)	sha11.HF.2.1.nec						
NPISH financing schemes (including development agencies)	sha11.HF.2.2	99	96	122	133	150	156
NPISH financing schemes (excluding HF.2.2.2)	sha11.HF.2.2.1						
Resident foreign agencies schemes	sha11.HF.2.2.2						
Unspecified NPISH financing schemes (n.e.c.)	sha11.HF.2.2.nec						
Enterprise financing schemes	sha11.HF.2.3	6	6	7	7	15	16
Enterprises (except health care providers) financing schemes	sha11.HF.2.3.1						
Health care providers financing schemes	sha11.HF.2.3.2						
Unspecified enterprise financing schemes (n.e.c.)	sha11.HF.2.3.nec						
Unspecified voluntary health care payment schemes (n.e.c.)	sha11.HF.2.nec						
Household out-of-pocket payment	sha11.HF.3	128	125	145	149	154	182
Out-of-pocket excluding cost-sharing	sha11.HF.3.1						
Cost sharing with third-party payers	sha11.HF.3.2						
Cost sharing with government schemes and compulsory contributory health insurance schemes	sha11.HF.3.2.1						
Cost sharing with voluntary insurance schemes	sha11.HF.3.2.2						
Unspecified cost sharing with third-party payers (n.e.c.)	sha11.HF.3.2.nec						
Unspecified household out-of-pocket payment (n.e.c.)	sha11.HF.3.nec						
Rest of the world financing schemes (non-resident)	sha11.HF.4						
Compulsory schemes (resident)	sha11.HF.4.1						
Compulsory health insurance schemes (resident)	sha11.HF.4.1.1						
Other compulsory schemes (resident)	sha11.HF.4.1.2						
Voluntary schemes (resident)	sha11.HF.4.2						
Voluntary health insurance schemes (resident)	sha11.HF.4.2.1						
Other schemes (resident)	sha11.HF.4.2.2						
Philanthropy/international NGOs schemes	sha11.HF.4.2.2.1						

Foreign development agencies schemes	sha11.HF.4.2.2.2						
Schemes of enclaves (e.g. international organisations or embassies)	sha11.HF.4.2.2.3						
Unspecified other resident voluntary schemes (n.e.c.)	sha11.HF.4.2.2.nec						
Unspecified rest of the world financing schemes (n.e.c.)	sha11.HF.4.nec						
Unspecified financing schemes (n.e.c.)	sha11.HF.nec						
Capital health expenditure	sha11.HK						

Table C - Macro Values

Name - SHA 2011	Code	2000	2001	2002	2003	2004	2005
CONSUMPTION	CONSUMPTION						
Gross Domestic Product	B.1g-GDP-WHS	7,768	9,462	10,629	14,470	17,381	17,836
Final consumption expenditure of Households and profit institutions serving households	PFC-WHS	6,982	7,684	9,409	12,637	14,463	15,536
Households final consumption	HHFC-WHS					13,587	16,177
profit institutions expenditure (NPI)	NPIFC-WHS					270	283
General government expenditure	GGE-WHS	1,231	1,522	1,887	2,315	3,769	3,870
Exchange Rate (NCU per US$)	X-R-WHS	12.79	15.69	19.92	28.53	30.03	28.58
Purchasing Power Parity (NCU per Int$)	Int$-WHS	6.62	6.59	7.16	7.93	9.01	9.05
PRICE INDEX	PRICE INDEX						
Gross domestic product - Price index (2010 = 100)	GDPP-WHS	54.7	55.7	61.5	69.4	81.1	84.1
POPULATION	POPULATION						
POPULATION (in thousands)	Pop-WHS	1,232	1,270	1,311	1,354	1,399	1,444