



WHO African Region Expenditure Atlas

November 2014



World Health
Organization

REGIONAL OFFICE FOR

Africa



Contents

■ Foreword	3
■ Policy highlights	4
■ Country profile 2012	11
■ Technical documentation	59

WHO/AFRO Library Cataloguing – in – Publication Data

WHO African Region Expenditure Atlas: November 2014

1. Health expenditures – statistics and numerical data – trends
2. Healthcare Financing
3. Health Care Economics and Organizations
4. Health care costs
5. Public health – economics
6. Atlases
7. Data collection

I. World Health Organization. Regional Office for Africa

ISBN: 978 929 023 273-5 (NLM Classification: W 74)

© WHO Regional Office for Africa, 2014

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved. Copies of this publication may be obtained from the Library, WHO Regional Office for Africa, P.O. Box 6, Brazzaville, Republic of Congo (Tel: +47 241 39100; +242 06 5081114; Fax: +47 241 39501; E-mail: afrobooks@who.int). Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentations of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Foreword

Health financing and social protection remains key elements of the health system in particular, and health development in general in the African region. Appropriate health financing and social protection mechanisms will improve access to services and enable countries to achieve the targets set out in both international and African member states commitments to the agreed objectives such as the Millennium Development Goals (MDG) and Universal Health Coverage (UHC).

For countries to define appropriate policies to finance health care it is imperative to know — the institutions or mechanisms that finance health care; — the institutions that obtain and administer resources to pay; — the entities that receive money in order to produce the required health care goods and services; and services and products purchased with health care funds.

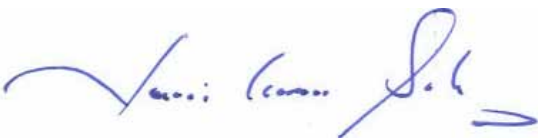
This Health Financing Atlas has used summarized data from countries' National Health Account reports to show the health financing profile for each country. The Atlas presents key indicators, such as general government health expenditure as a share of gross domestic product, total health expenditure per capita, out-of-pocket payments as a share of total health expenditure, the extent to which countries are meeting or falling short of the Abuja target, and how some of these are linked to life expectancy and the maternal mortality ratio. These indicators help to inform policy-making and guide priority setting when developing national health strategies and operational plans.

The publication shows that there has been progress made in the mobilisation of government resources over the past decade, but that households are still exposed to impoverishment as a result of catastrophic health expenditures. African countries should therefore start thinking critically about the alternative and innovative financing mechanisms needed in order to further increase the public funding for health and reduce financial barriers to accessing health services. This is critical for achieving MDGs and UHC.

I call upon Ministries of Health and Ministries of Financing to analyse the findings of their National Health Accounts and utilize those results to take appropriate decisions to ensure that health resources are used efficiently and to the benefit of the people who need them most.

I would appreciate your suggestions for improving future editions of the WHO African Region Health Expenditure Atlas.

I thank you.



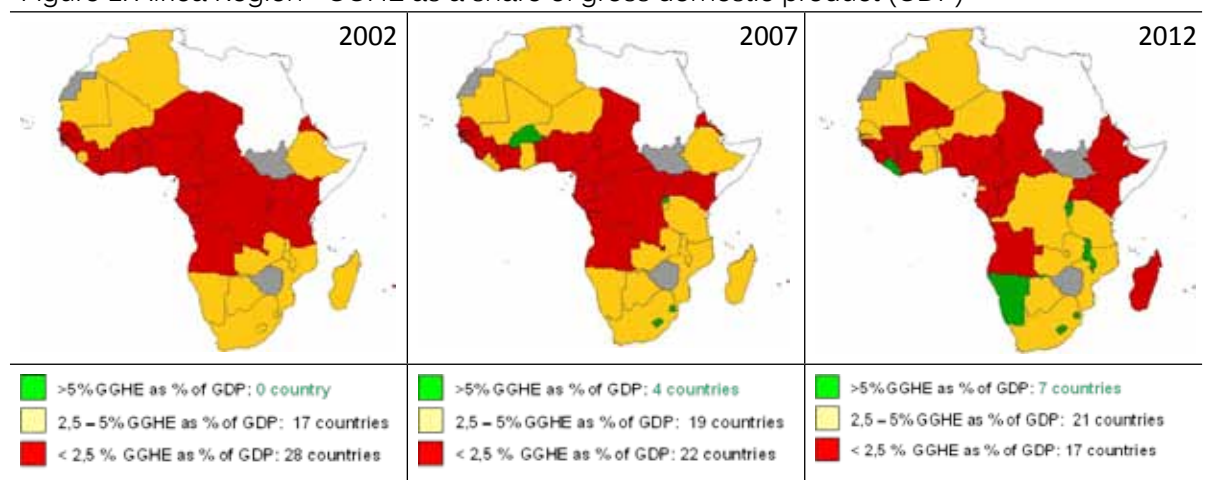
Dr Luis Gomes SAMBO
WHO Regional Director for Africa

Policy highlights

Policy Highlight 1: Mobilization of government resources

GGHE as a share of gross domestic product (GDP): A study of 185 countries showed that GGHE as a share of GDP increased with a country's income. Evidence further shows that when government expenditure on health is greater than 5–6% of GDP, fewer households have financial hardship in paying for the health services they need. We assessed the level of government health expenditure against the level of GDP in the African Region from 2002 to 2012.

Figure 1: Africa Region - GGHE as a share of gross domestic product (GDP)



The data shows that there is progress in mobilization of government resources over the past ten years. In 2002, no African country had GGHE as a share of gross domestic product (GDP) that was more than 5%, but by 2007, four countries had achieved this target and this number had increased to 7 by 2012 (See Figure 1). One of the challenges is that many African countries have limited capacities to raise public revenues including payroll tax collections for social health insurance mainly because of the large informal sector. The performance, accountability and administration of the tax system are often additional problems for many countries.

Efforts to restructure the informal sector should be increased in order to mobilize more public revenues from taxes, since better public sector funding will facilitate the increase of resources for health and more specifically, enable countries to meet the target of 5% of GGHE as a percent of GDP. In addition, the rising economic growth in Africa is an opportunity; Africa's economy grew by 4.8% in 2013 and is projected to grow by 5.3% in 2014. That provides an opportunity for increased government spending on health by African governments, spurred by the results achieved by African countries already engaged in mobilizing more money for health.

		Foreword
		Policy highlights
		WHO African country profile 2012
		Technical documentation

Policy Highlight 2: Availability and Efficient use of resources

Total health expenditure per capita: The High Level Taskforce on Innovative International Financing for Health Systems (HLTF) estimated that by 2009 a low income country needed to spend on average US\$ 44 per capita to strengthen its health system and to provide an essential package of health services. In the table below, we categorized countries in three groups based on spending: less than US\$ 20, US\$ 20–US\$ 44 and more than US\$ 44.

Figure 2: Africa Region - Total expenditure on health/capita at exchange rate in 2002, 2007 and 2012

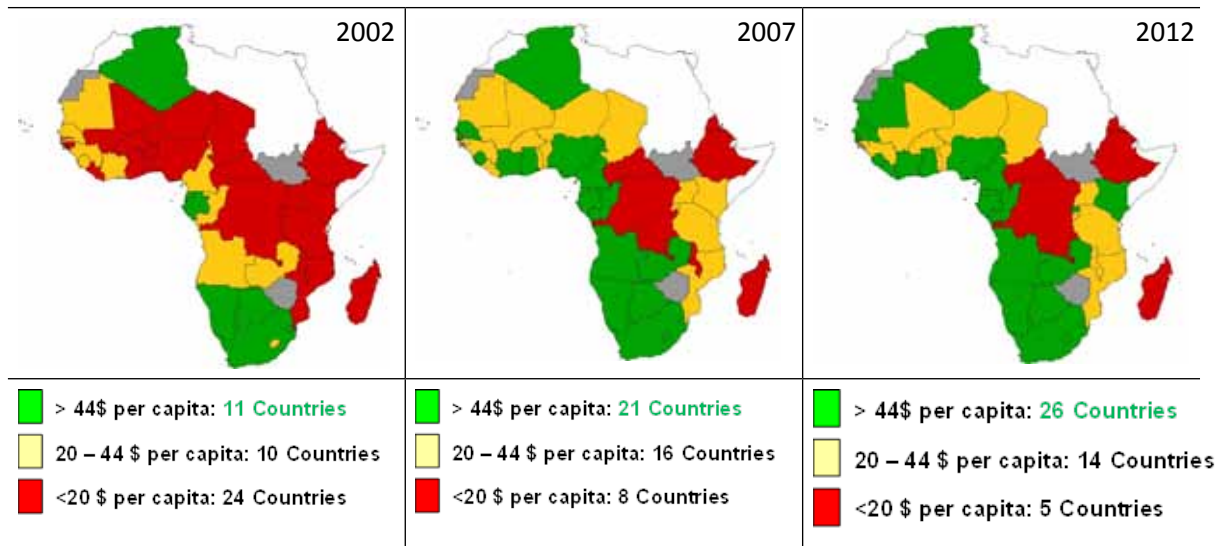


Figure 2 shows that countries in the African region have made good progress in increasing the per capita expenditure on health; whereas in 2002 only 11 countries were spending US\$44 on health per capita, the number rose to 21 and 26 respectively in 2007 and 2012.

However,, although several countries have an average expenditure of health of more than 44 \$US per capita, their health indicators are not showing improvement; this requires an analysis on how efficiently they are using the available resource in addition to the prioritization of high impact interventions. If resources are spent more on large investments and supply, the impact on health will be less. Furthermore, 17 out of 45 countries have three indicators that are below the target recommended such as THE per capita>US\$44; GGHE/GGE>15% and GGHE as % GDP>5% (see figure n°4); these countries should make a considerable effort to increase their budget for health.

Additional to the per capita expenditure mentioned above, there is scope for governments to allocate more money for health from domestic sources. In this regard, the 2001 Abuja Declaration urging African Union states to allocate “at least 15%” of national budgets to the health sector was a landmark. Unfortunately this target had been achieved by only six countries by 2012 as shown in Table 1. It is important to note, however, that allocations to the health sector as a percentage of total government budget ranged from



6% to 22% in 2012 in the African Region. It is logical to consider the Abuja Declaration target together with the recommendation of the HLTF of reaching US\$ 44 per capita THE. Over one third of the countries in the African Region have not managed to raise health spending to the level of US\$ 44. Only Liberia, Rwanda Swaziland and Zambia have managed to meet both the Abuja and the HLTF targets as shown in Table 1.

Table 1: THE against GGHE/GGE

THE per capita	GGHE/GGE >15%	GGHE/GGE <15%
>US\$44	Liberia, Rwanda, Swaziland, Zambia (4 countries)	Algeria, Angola, Botswana, Cameroon, Cape Verde, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Ghana, Kenya, Lesotho, Mali, Mauritania, Mauritius, Namibia, Nigeria, STP, Senegal, Seychelles, Sierra Leone, South Africa (22 countries)
<US\$44	Malawi, Togo (2 countries)	Benin, Burkina Faso, Burundi, Central Africa Republic, Chad, Comoros, DRC, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Madagascar, Mozambique, Niger, Uganda, Tanzania (17 countries)

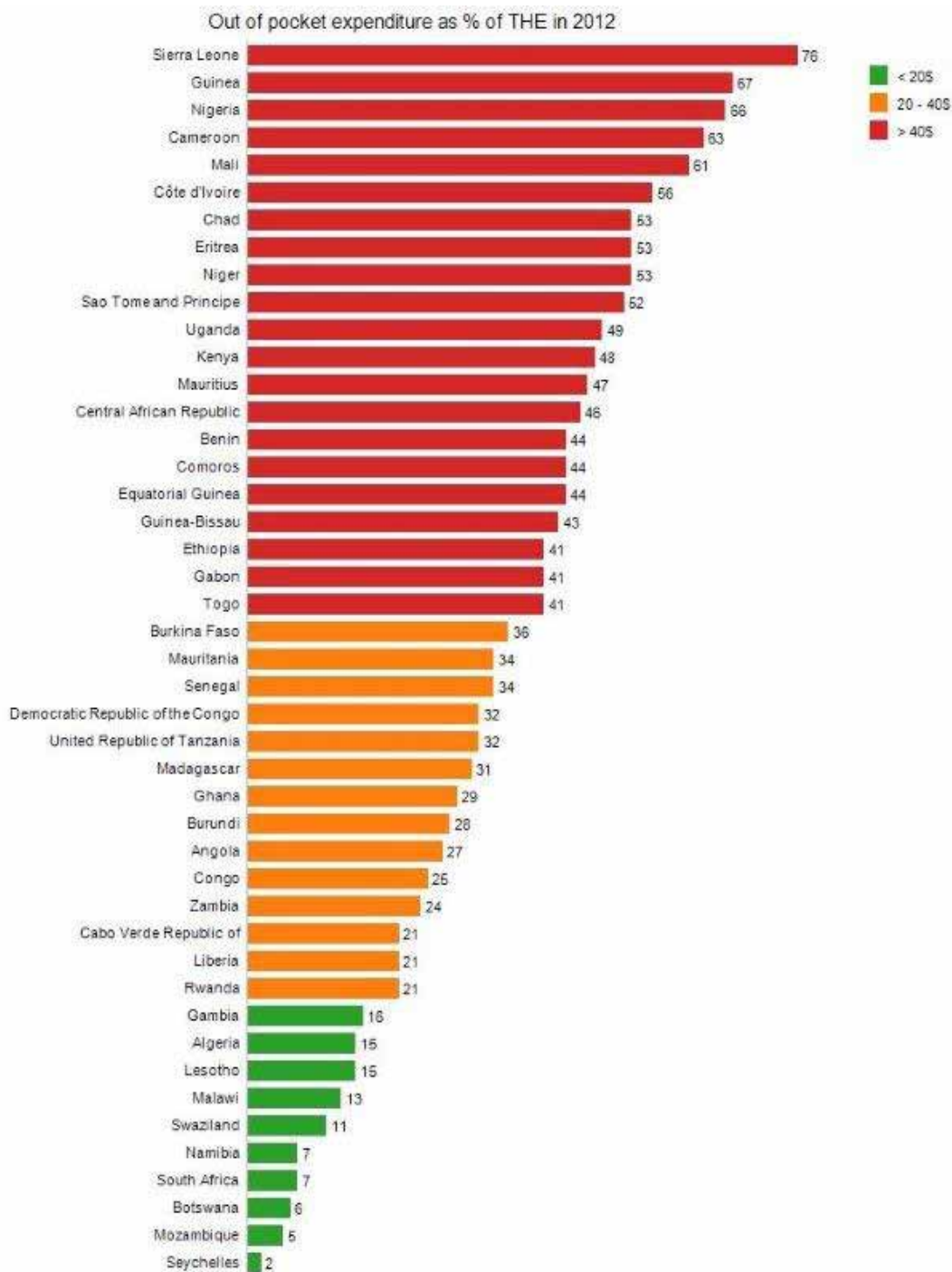
In the future, with Africa still on a projected path of rising economic growth, the focus should turn to how the economic expansion will affect availability of funds for health. Will health expenditure grow faster, slower or at the same pace as per capita income? The answer to this question will necessarily vary from country to country, but as there are most probably going to be “push” factors, such as the rise in non-communicable diseases or in the ageing population, and “pull” factors, such as investment growth in high technology that will be similar to high income countries elsewhere, it is probable that many African countries will follow the same pattern of “excess growth” (health spending outpacing economic growth) that has been observed in high income countries. Looking at the very low levels of per capita spending and of total health expenditure as a share of GDP in most African countries an increase in health expenditure would be a welcome outcome in most countries. However it should not turn away focus on strategic purchasing especially given the likelihood of the “push” and “pull” factors above.



Policy Highlight 3: Financial barriers to accessing health services

Out-of-pocket payments as a share of total health expenditure: Evidence shows that catastrophic health expenditure and impoverishment remain low in countries where out-of-pocket expenditure is less than 20% of the total health expenditure. In addition, few households are shown to be impoverished where out-of-pocket expenditure is less than 20% of the total health expenditure. In the African Region, only 10 countries out of 47 have an out-of-pocket (OOP) health expenditure as a percent of THE that was less than 20% in 2012.

Figure 3: Out of pocket expenditure as % of THE in 2012



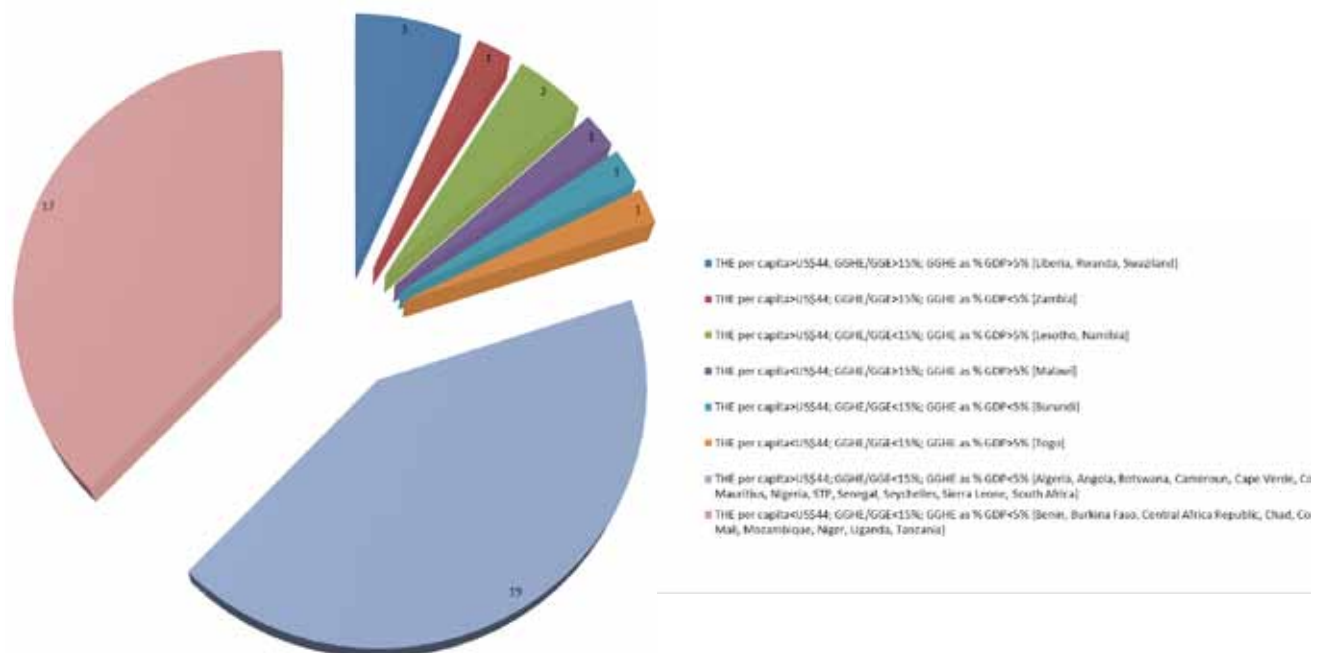


Twenty one (21) countries out of 47 have OOP that is more than 40% of THE, which presumes that households are exposed to impoverishment caused by catastrophic health expenditure. Reducing financial barriers to accessing health services when needed is one of the top goals of Universal Health Coverage. In order to improve financial risk protection and expand population coverage, WHO/AFRO and AUC have proposed to countries to:

- (a) Develop comprehensive /improve policies and strategies for health financing to realize aggregate increase in funds for health and to enhance the quality of services and efficient utilization of funds to reduce out-of-pocket payments, at least for vulnerable populations and priority services.
- (b) Promote prepayment mechanisms to cover the whole population and introduce prepayment and pooling arrangements that share financial risks across the whole population. This includes mobilization of more resources for health through government revenues, tax funding and/or mandatory (i.e. social or national) health insurance premiums and/or subsidies.
- (c) Implement public equity funds to cover the health costs of people who are not able to contribute.

GGHE as a percent of GDP, the THE per capita and Abuja target: Considering the three indicators such as GGHE as a percent of GDP > 5%, the THE per capita > 44 \$US and the Abuja target of at least 15% of the national budget allocated to health sector, only 3 countries (Liberia, Rwanda and Swaziland) out of 45 archived the three indicators in 2012. If we add the fourth indicator of out-of-pocket payments as a share of total health expenditure less than 20%, only Swaziland met these four indicators in 2012.

Figure 4: THE per capita>US\$44; GGHE/GGE>15% and GGHE as % GDP>5% in 2012





This WHO African Region Expenditure Atlas shows how the limited availability of financial resources does not enable the countries to provide the quantity and quality of services needed and to subsidize some categories of the population and or interventions. Continuous evidence-based dialogue and collaboration between ministries of health and finance in development of plans and health financing strategies, mobilization and allocation of resources for the health sector, accountability and financial management is crucial as recommended in the Tunis declaration.

Table 2: Spending on health and keys indicators of economic strength in the African Region (2002, 2007 and 2012)

Countries	GGHE as % of General government expenditure			Out of pocket expenditure as % of THE			Total expenditure on health / capita at exchange rate			General government expenditure on health as % of GDP		
	2002	2007	2012	2002	2007	2012	2002	2007	2012	2002	2007	2012
Algeria	8	8	10	23	22	15	65	135	279	3	3	4
Angola	4	6	6	46	27	27	33	115	190	2	2	2
Benin	10	10	10	56	46	44	16	29	33	2	2	2
Botswana	11	9	8	9	5	6	193	269	384	4	3	3
Burkina Faso	12	16	12	53	37	36	13	32	38	2	5	3
Burundi	7	14	14	51	38	28	6	16	20	2	4	5
Cameroon	8	7	9	69	73	63	31	50	59	1	1	2
Cabo Verde	11	11	9	24	20	21	70	135	144	4	3	3
Central African	13	17	11	46	43	46	11	18	18	2	2	2
Chad	12	5	6	66	74	53	18	27	31	2	1	2
Comoros	7	12	10	52	43	44	15	36	38	2	3	3
Congo	4	5	6	47	38	25	23	57	100	1	2	2
Côte d'Ivoire	8	8	8	50	63	56	33	72	88	2	1	2
DRC	2	10	13	68	50	32	5	10	15	1	2	3
Equatorial Guinea	9	6	7	44	27	44	71	380	1,138	1	2	3
Eritrea	3	4	4	56	55	53	6	8	15	2	1	1
Ethiopia	10	13	11	37	35	41	5	11	18	3	3	2
Gabon	5	6	7	55	49	41	142	262	397	1	1	2
Gambia	9	11	11	34	25	16	17	21	26	1	2	3
Ghana	9	16	10	32	25	29	15	66	83	2	4	3
Guinea	6	8	7	78	81	67	20	26	32	1	1	2
Guinea-Bissau	8	6	8	44	45	43	17	29	30	1	1	1
Kenya	8	7	6	45	44	48	18	32	45	2	2	2
Lesotho	7	10	14	31	23	15	24	69	138	4	6	9
Liberia	6	17	19	40	38	21	9	21	65	1	3	5
Madagascar	13	15	13	38	36	31	14	19	18	3	3	2
Malawi	11	12	18	17	16	13	11	18	25	3	4	7



Countries	GGHE as % of General government expenditure			Out of pocket expenditure as % of THE			Total expenditure on health / capita at exchange rate			General government expenditure on health as % of GDP		
	2002	2007	2012	2002	2007	2012	2002	2007	2012	2002	2007	2012
Mali	10	14	13	60	51	61	19	39	42	3	3	2
Mauritania	11	9	10	32	40	34	24	37	52	4	3	4
Mauritius	9	9	10	36	57	47	168	316	444	2	2	2
Mozambique	16	13	9	11	8	5	14	22	37	4	4	3
Namibia	12	15	14	4	9	7	106	294	473	4	4	5
Niger	10	12	10	65	59	53	12	22	25	2	3	3
Nigeria	3	9	7	67	64	66	18	81	94	1	2	2
Rwanda	10	22	22	25	22	21	8	38	66	2	5	6
Sao Tome	9	6	6	37	55	52	59	66	109	4	2	2
Senegal	10	9	10	56	40	34	26	45	51	2	2	3
Seychelles	7	8	11	13	6	2	371	393	521	4	3	4
Sierra Leone	14	12	12	78	85	76	44	56	96	3	2	2
South Africa	13	12	13	12	9	7	205	449	645	3	3	4
Swaziland	10	12	18	17	13	11	58	190	259	3	5	6
Togo	7	11	15	69	57	41	14	28	41	1	2	4
Uganda	10	9	10	37	53	49	18	37	44	2	2	2
Tanzania	10	16	10	48	15	32	10	23	41	2	4	3
Zambia	14	13	16	27	32	24	24	57	96	4	3	4

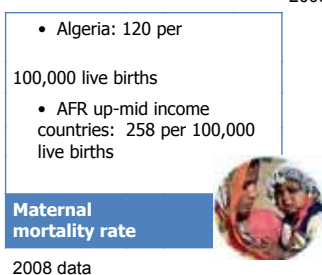
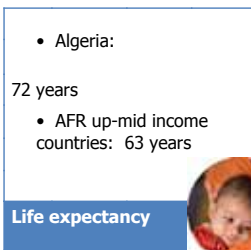
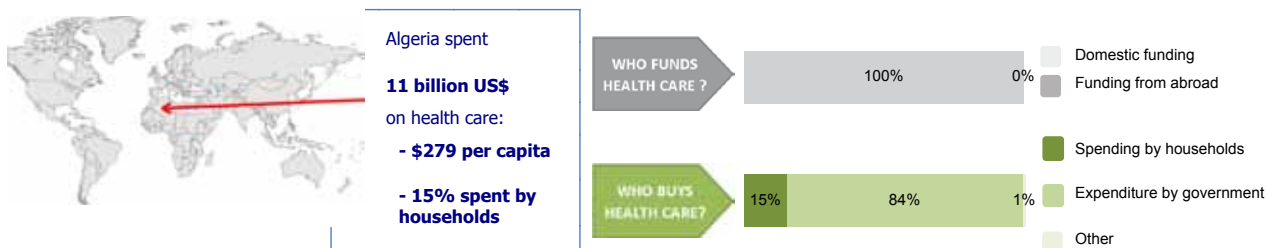
Country profiles 2012

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

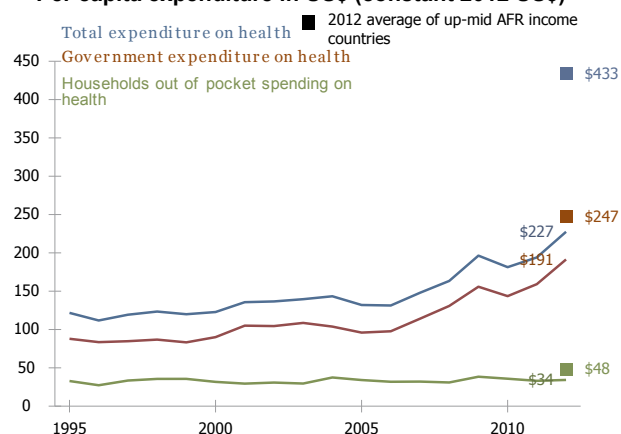
Algeria	Lesotho
Angola	Liberia
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cape Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Democratic Republic of Congo	Rwanda
Congo	Sao Tome and Principe
Côte d'Ivoire (Ivory Coast)	Senegal
Equatorial Guinea	Seychelles
Eritrea	Sierra Leone
Ethiopia	South Africa
Gabon	Swaziland
Gambia	Togo
Ghana	Uganda
Guinea	United Republic of Tanzania
Guinea-Bissau	Zambia
Kenya	Zimbabwe

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

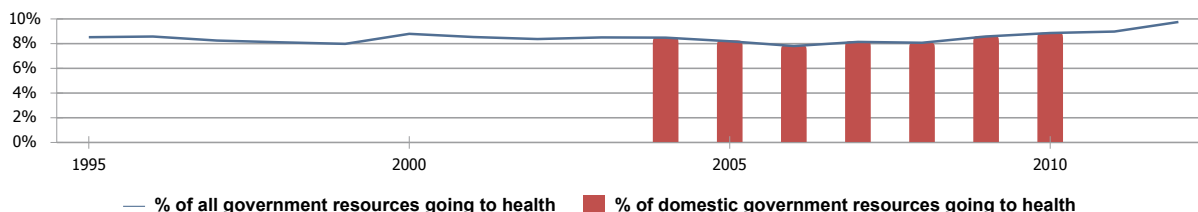
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Algeria, 2012



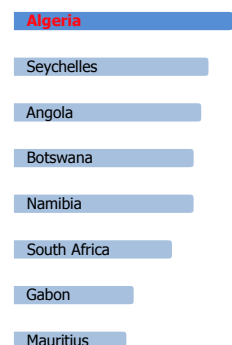
Per capita expenditure in US\$ (constant 2012 US\$)



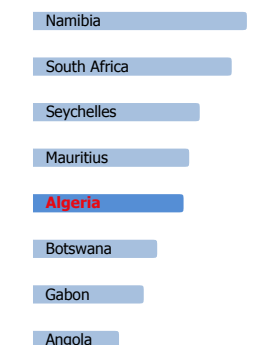
Government resources allocated to health



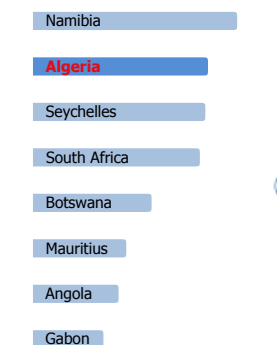
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:

Total government expenditure is high as a % of GDP ((45%))

Share of government spending allocated to health is in the median range ((10%))

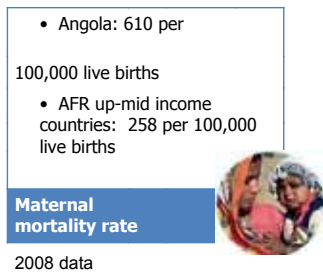
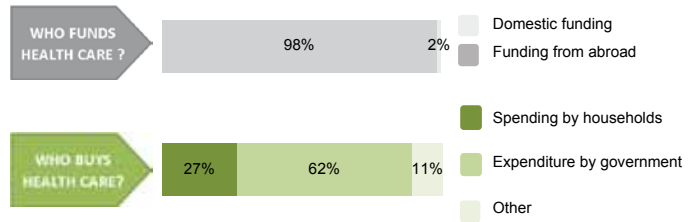
Government expenditure on health as a % of GDP is high ((4%))



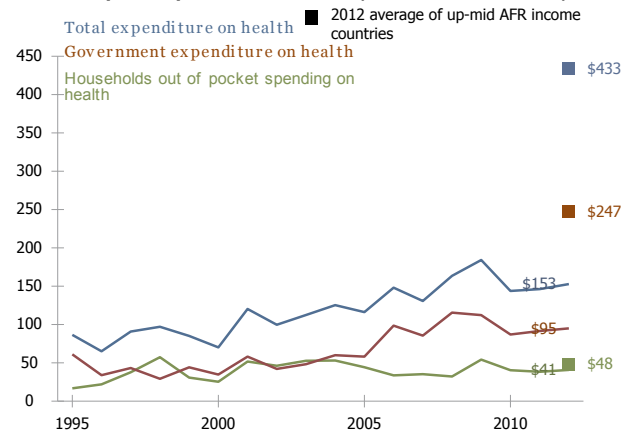
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

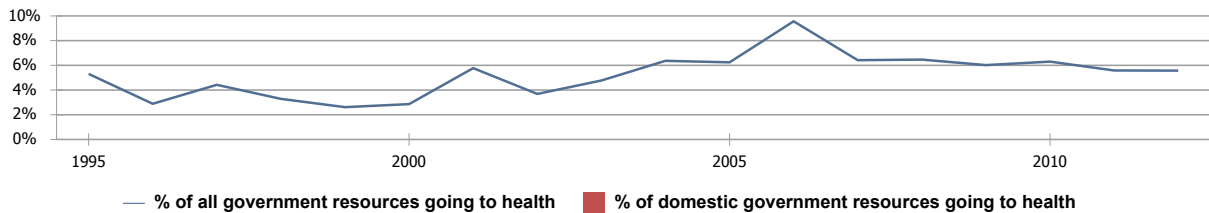
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Angola, 2012



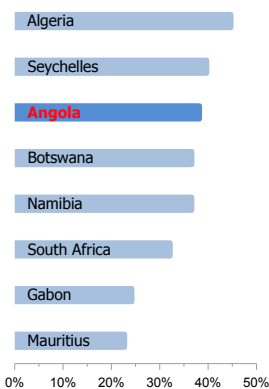
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:
Total government expenditure is high as a % of GDP ((39%))
Share of government spending allocated to health is low ((6%))
Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Benin, 2012



Benin spent
332 million US\$
on health care:
- **\$33 per capita**
- **44% spent by households**

WHO FUNDS HEALTH CARE?

68%

32%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

44%

51%

4%

Spending by households
Expenditure by government
Other

Benin:
\$737/capita
AFR low income countries: \$527/capita

GDP per capita

Benin:
57 years
AFR low income countries: 54 years

Life expectancy

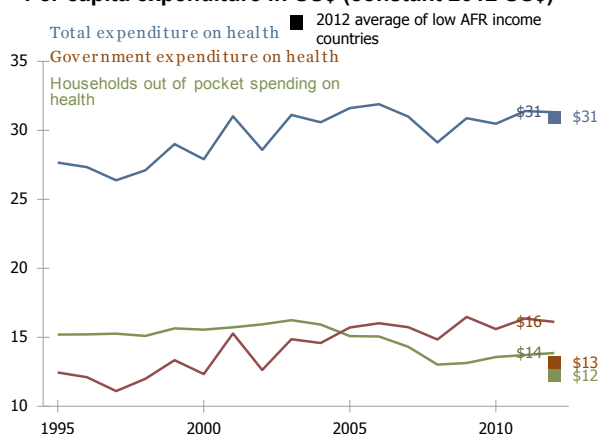
2009 data

Benin: 410 per
100,000 live births
AFR low income countries:
655 per 100,000 live births

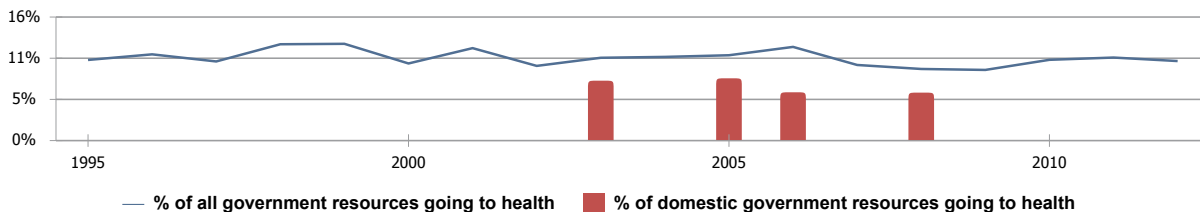
Maternal mortality rate

2008 data

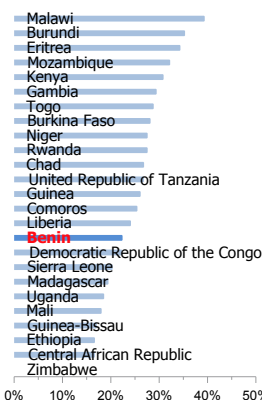
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((22%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is in the median range ((2%))



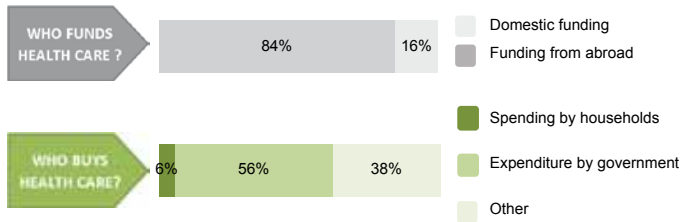
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Botswana, 2012



Botswana spent **770 million US\$** on health care: **- \$384 per capita**
- 6% spent by households



GDP per capita

- Botswana: \$7,238/capita
- AFR up-mid income countries: \$6,402/capita

Life expectancy

- Botswana: 61 years
- AFR up-mid income countries: 63 years

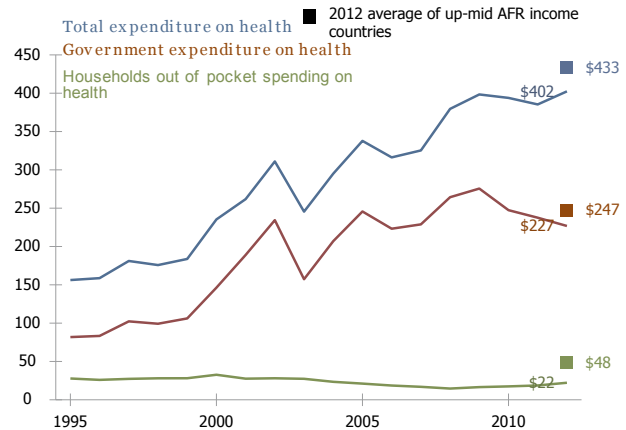
2009 data

Maternal mortality rate

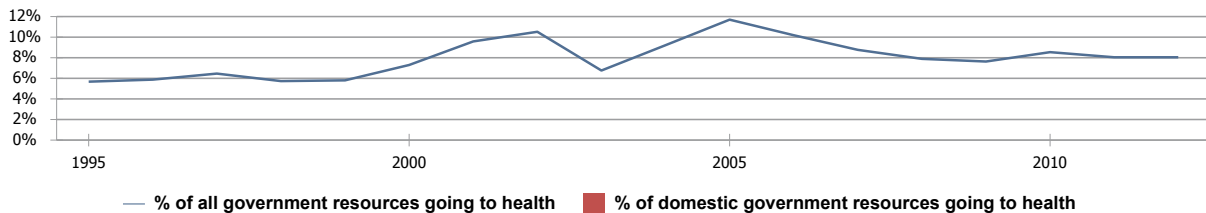
- Botswana: 190 per 100,000 live births
- AFR up-mid income countries: 258 per 100,000 live births

2008 data

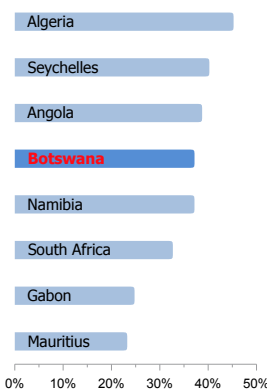
Per capita expenditure in US\$ (constant 2012 US\$)



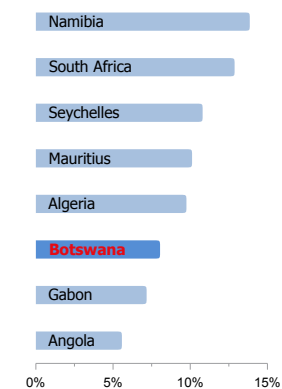
Government resources allocated to health



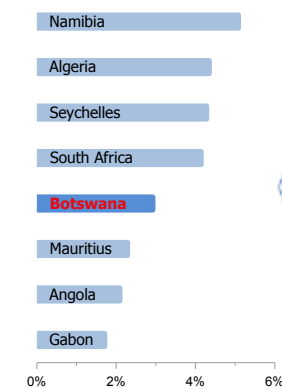
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((37%))

Share of government spending allocated to health is low ((8%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Burkina Faso, 2012



Burkina Faso spent

622 million US\$
on health care:
- \$38 per capita
- 36% spent by households

WHO FUNDS HEALTH CARE?

69%

31%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

36%

54%

9%

Spending by households
Expenditure by government
Other

- Burkina Faso: \$612/capita
- AFR low income countries: \$527/capita

GDP per capita

- Burkina Faso: 52 years
- AFR low income countries: 54 years

Life expectancy

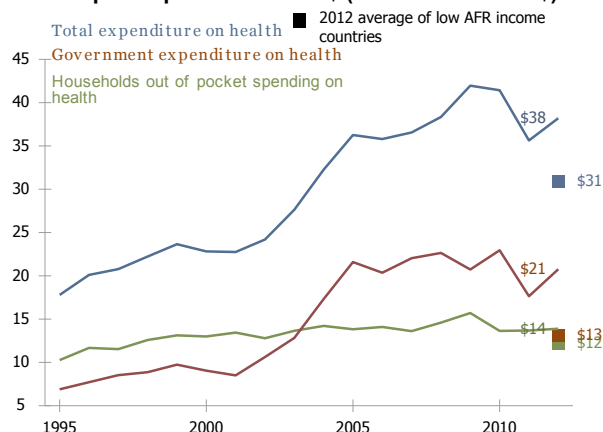
2009 data

- Burkina Faso: 560 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

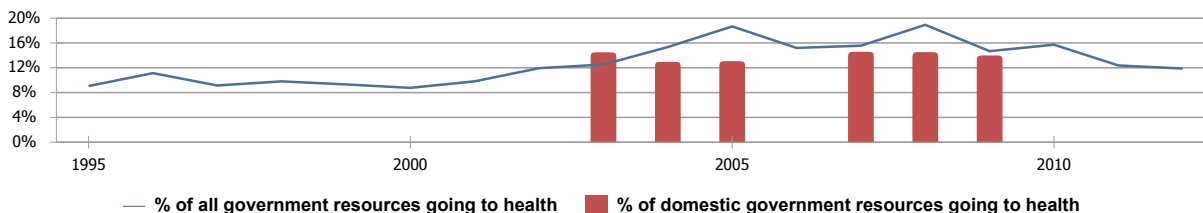
Maternal mortality rate

2008 data

Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((28%))

Share of government spending allocated to health is in the median range ((12%))

Government expenditure on health as a % of GDP is high ((3%))



Source : global health expenditure database

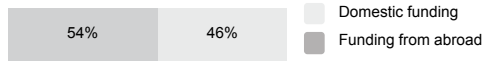
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Burundi, 2012

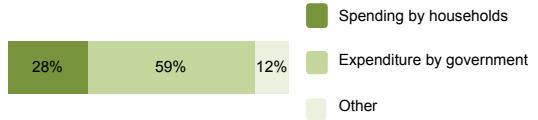


Burundi spent **197 million US\$** on health care: **- \$20 per capita**
- 28% spent by households

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



GDP per capita

- Burundi: \$246/capita
- AFR low income countries: \$527/capita

Life expectancy

- Burundi: 50 years
- AFR low income countries: 54 years

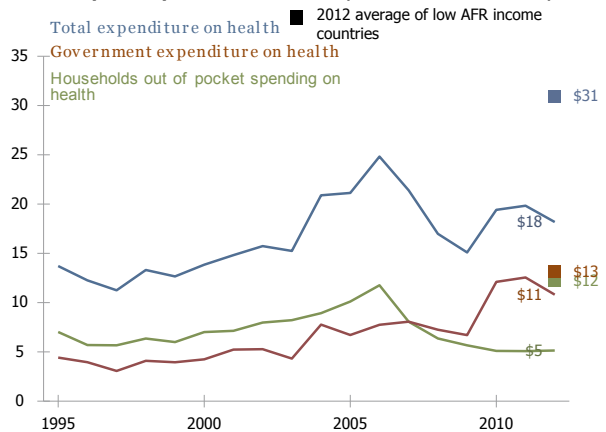
2009 data

Maternal mortality rate

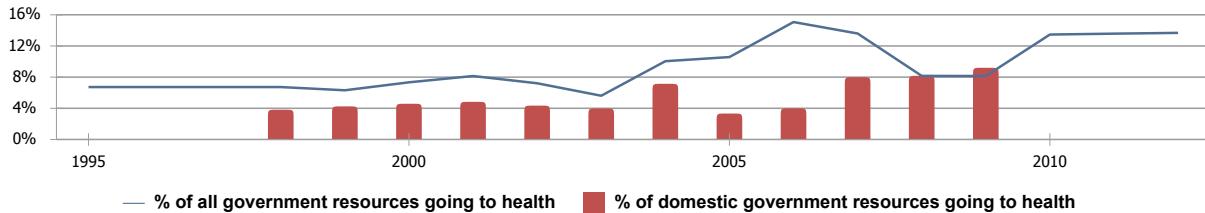
- Burundi: 970 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

2008 data

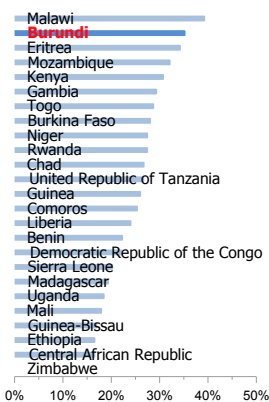
Per capita expenditure in US\$ (constant 2012 US\$)



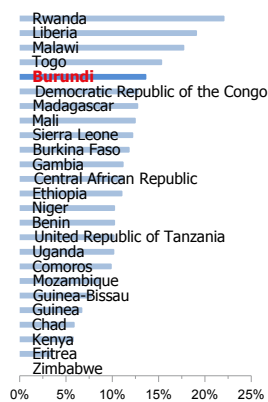
Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

- Total government expenditure is high as a % of GDP ((35%))
- Share of government spending allocated to health is high ((14%))
- Government expenditure on health as a % of GDP is high ((5%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cabo Verde Republic of, 2012



Cabo Verde Republic of spent

71 million US\$
on health care:
- \$144 per capita
- 21% spent by households

WHO FUNDS HEALTH CARE?

72% 28%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

21% 77% 1%

Spending by households
Expenditure by government
Other

Cabo Verde Republic of:
\$3,700/capita
• AFR low-mid income countries: \$1,482/capita

GDP per capita



Cabo Verde Republic of:
71 years
• AFR low-mid income countries: 56 years

Life expectancy



2009 data

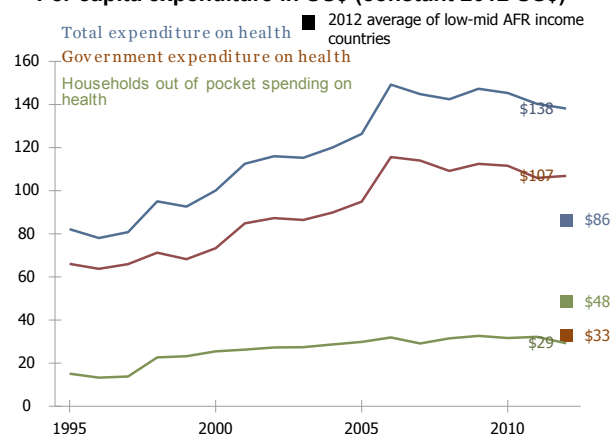
Cabo Verde Republic of:
94 per 100,000 live births
• AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

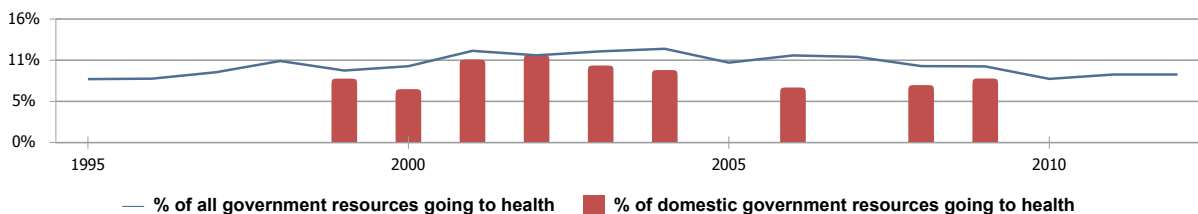
2008 data



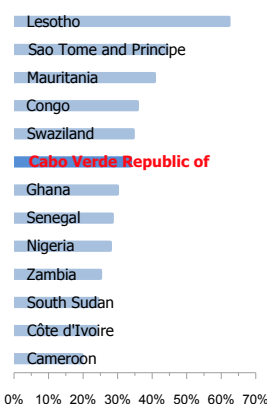
Per capita expenditure in US\$ (constant 2012 US\$)



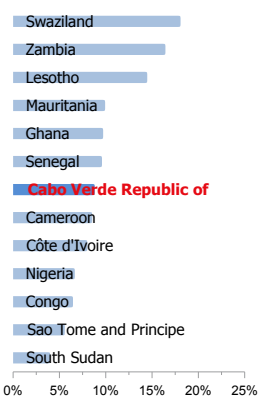
Government resources allocated to health



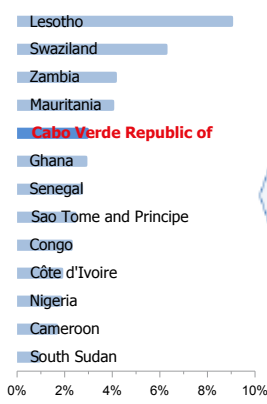
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((34%))

Share of government spending allocated to health is in the median range ((9%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms: visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Cameroon, 2012



Cameroon spent
1.3 billion US\$
on health care:
- \$59 per capita
- 63% spent by households

WHO FUNDS HEALTH CARE?

91% Domestic funding
9% Funding from abroad

WHO BUYS HEALTH CARE?

63% Spending by households
34% Expenditure by government
4% Other

Cameroon:
\$1,151/capita
AFR low-mid income countries: \$1,482/capita

GDP per capita



Cameroon:
51 years
AFR low-mid income countries: 56 years

Life expectancy



2009 data

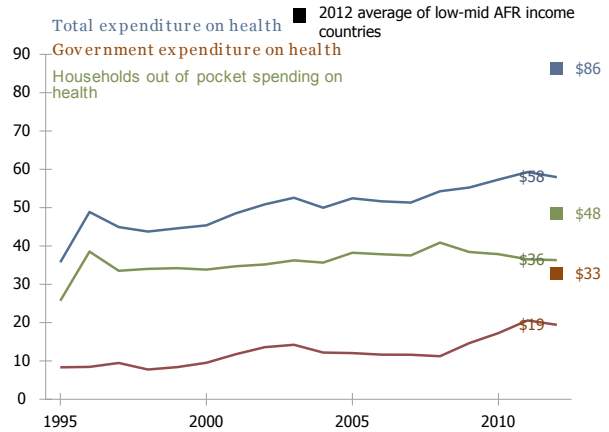
Cameroon: 600 per
100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

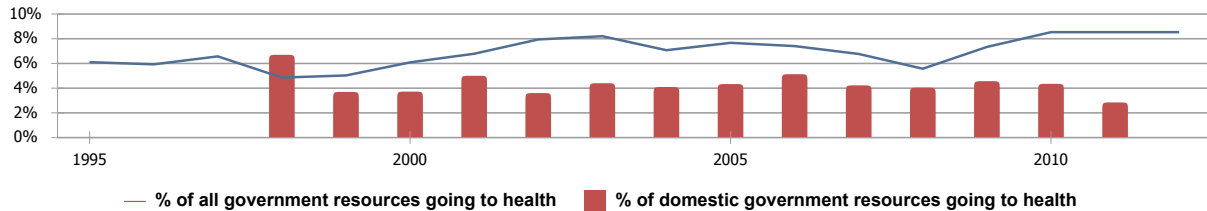


2008 data

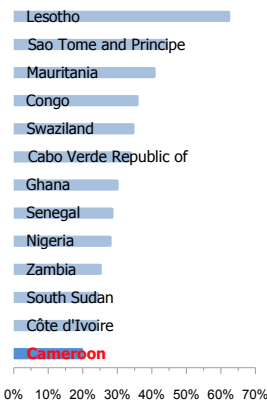
Per capita expenditure in US\$ (constant 2012 US\$)



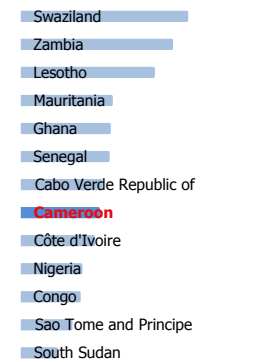
Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is low as a % of GDP ((20%))

Share of government spending allocated to health is in the median range ((9%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

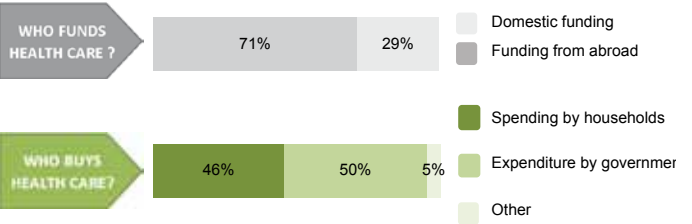
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Central African Republic, 2012



Central African Republic spent **80 million US\$** on health care: **-\$18 per capita** **- 46% spent by households**



Central African Republic: **\$473/capita**

AFR low income countries: **\$527/capita**

GDP per capita



Central African Republic: **48 years**

AFR low income countries: **54 years**

Life expectancy



2009 data

Central African Republic: **850 per 100,000 live births**

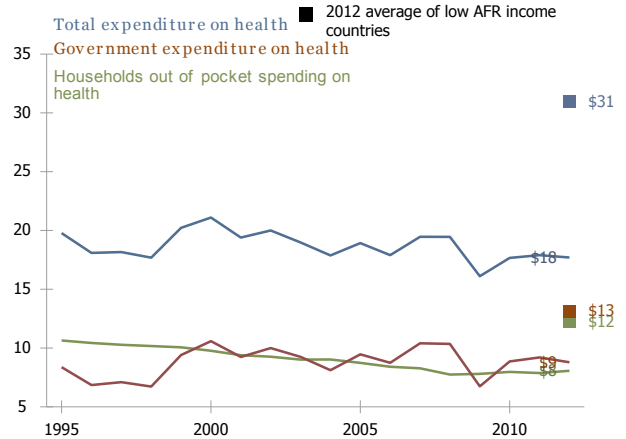
AFR low income countries: **655 per 100,000 live births**

Maternal mortality rate

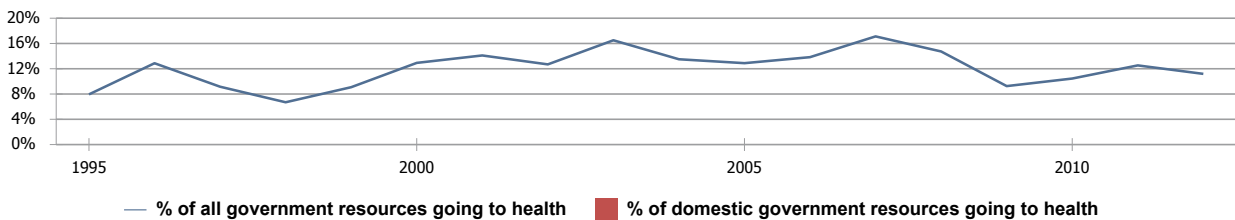


2008 data

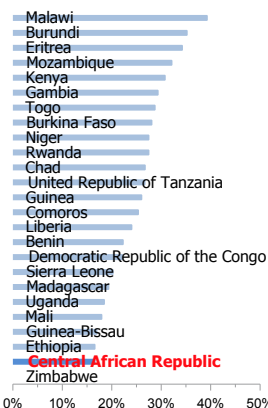
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



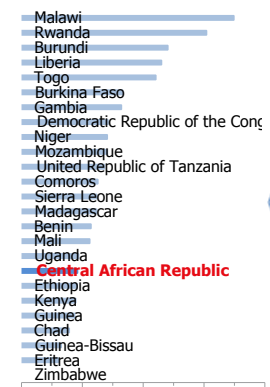
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is low as a % of GDP ((17%))

Share of government spending allocated to health is in the median range ((11%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors. In some cases years to account for the delay between disbursement

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Chad, 2012

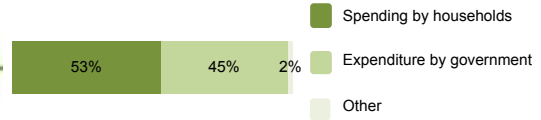


Chad spent
388 million US\$
on health care:
- \$31 per capita
- 53% spent by households

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Chad:
\$885/capita
• AFR low income countries: \$527/capita

GDP per capita



Chad:
48 years
• AFR low income countries: 54 years

Life expectancy



2009 data

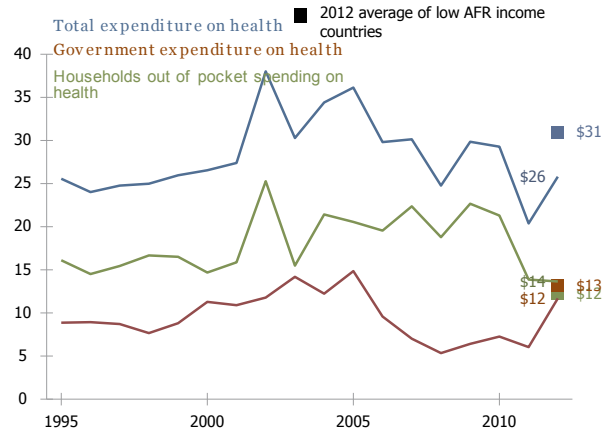
Chad: 1,200 per
100,000 live births
• AFR low income countries:
655 per 100,000 live births

Maternal mortality rate

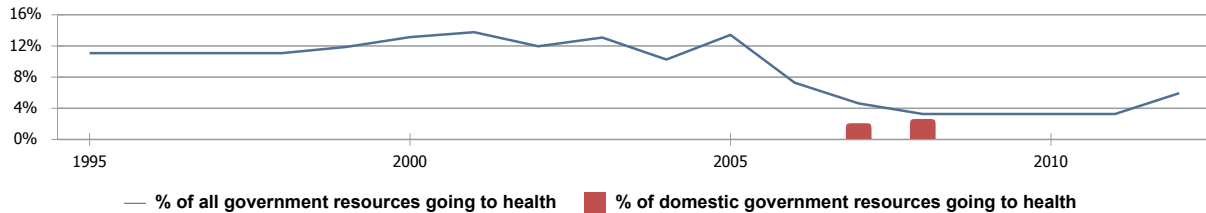


2008 data

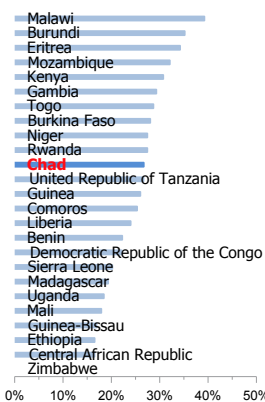
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((27%))

Share of government spending allocated to health is low ((6%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Comoros, 2012



Comoros spent
27 million US\$
on health care:
- **\$38 per capita**
- **44% spent by households**

WHO FUNDS HEALTH CARE ?

73% 27%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE ?

44% 56%

Spending by households
Expenditure by government
Other

Comoros:
\$831/capita
• AFR low income countries: \$527/capita

GDP per capita

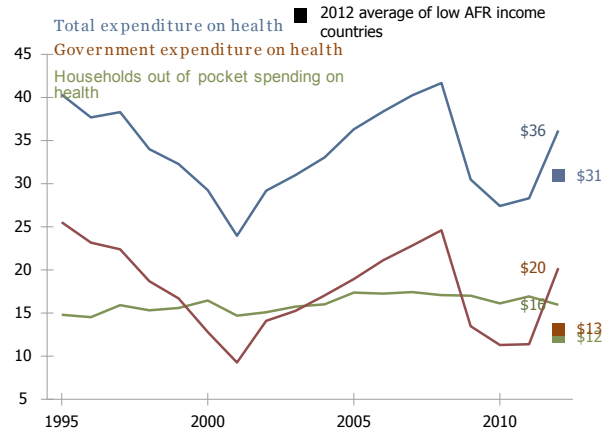


Comoros:
60 years
• AFR low income countries: 54 years

Life expectancy



Per capita expenditure in US\$ (constant 2012 US\$)

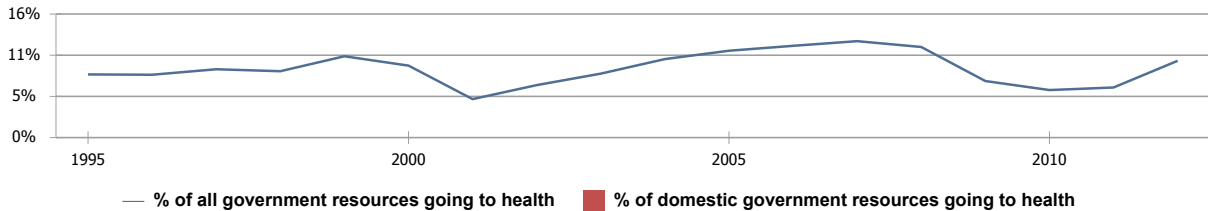


Comoros: 340 per
100,000 live births
• AFR low income countries:
655 per 100,000 live births

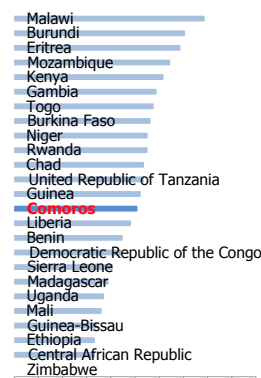
Maternal mortality rate



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((26%))

Share of government spending allocated to health is low ((10%))

Government expenditure on health as a % of GDP is in the median range ((3%))



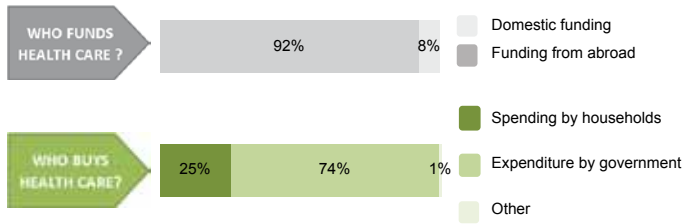
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Congo, 2012



Congo spent
433 million US\$
on health care:
- \$100 per capita
- 25% spent by households



GDP per capita

- Congo: \$3,154/capita
- AFR low-mid income countries: \$1,482/capita

Life expectancy

- Congo: 55 years
- AFR low-mid income countries: 56 years

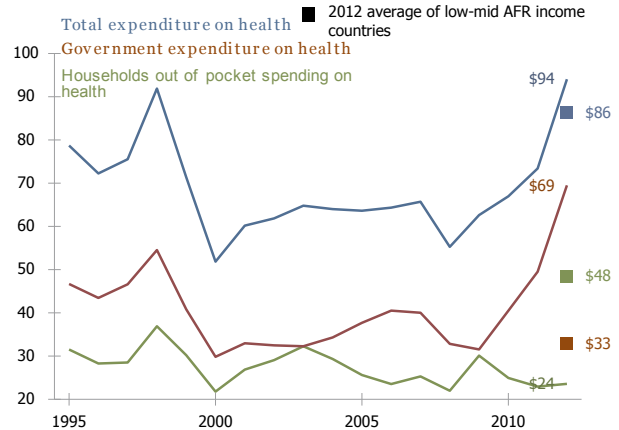
2009 data

Maternal mortality rate

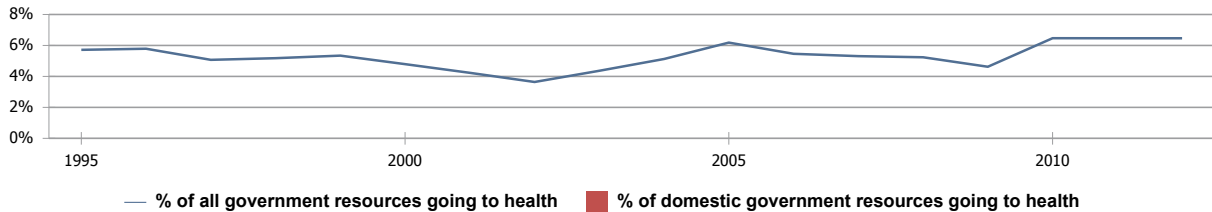
- Congo: 580 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

2008 data

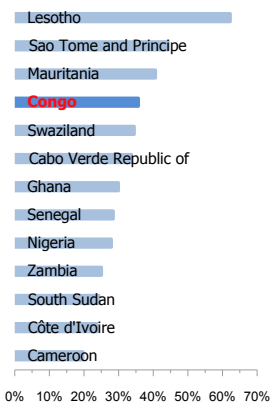
Per capita expenditure in US\$ (constant 2012 US\$)



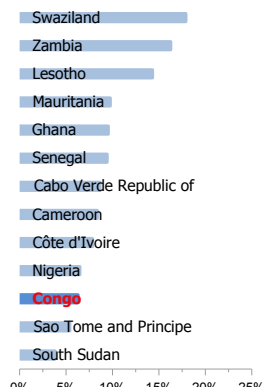
Government resources allocated to health



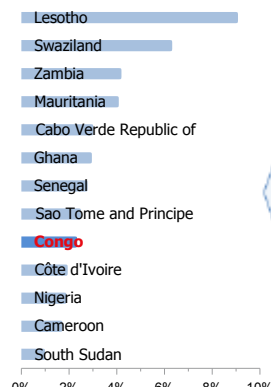
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

- Total government expenditure is high as a % of GDP ((36%))
- Share of government spending allocated to health is low ((6%))
- Government expenditure on health as a % of GDP is in the median range ((2%))



Source : global health expenditure database

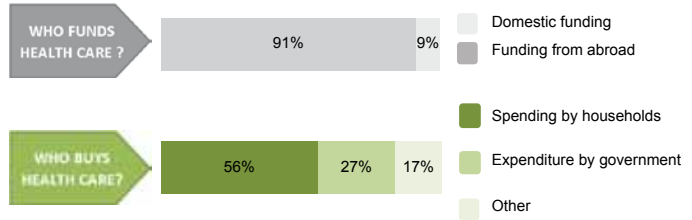
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Côte d'Ivoire, 2012



Côte d'Ivoire spent
1.7 billion US\$
on health care:
- \$88 per capita
- 56% spent by households



• Côte d'Ivoire:
\$1,244/capita

• AFR low-mid income countries: \$1,482/capita

GDP per capita

• Côte d'Ivoire:
50 years

• AFR low-mid income countries: 56 years

Life expectancy

2009 data

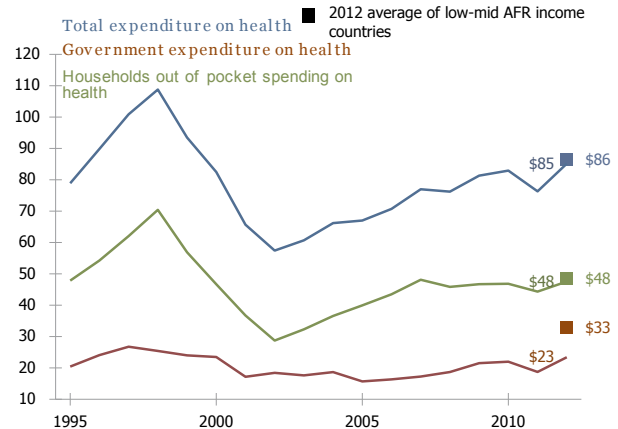
• Côte d'Ivoire: 470 per 100,000 live births

• AFR low-mid income countries: 483 per 100,000 live births

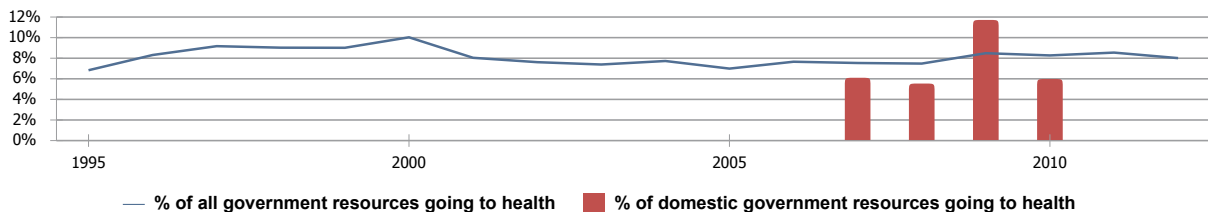
Maternal mortality rate

2008 data

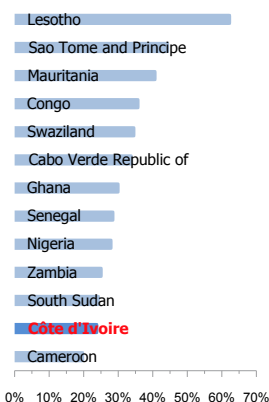
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is low as a % of GDP ((24%))

Share of government spending allocated to health is in the median range ((8%))

Government expenditure on health as a % of GDP is low ((2%))



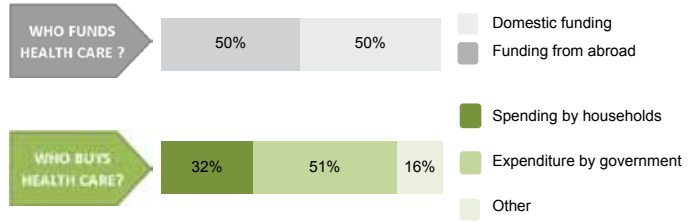
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Democratic Republic of the Congo, 2012



Democratic Republic of the Congo spent **998 million US\$** on health care:
- \$15 per capita
- 32% spent by households



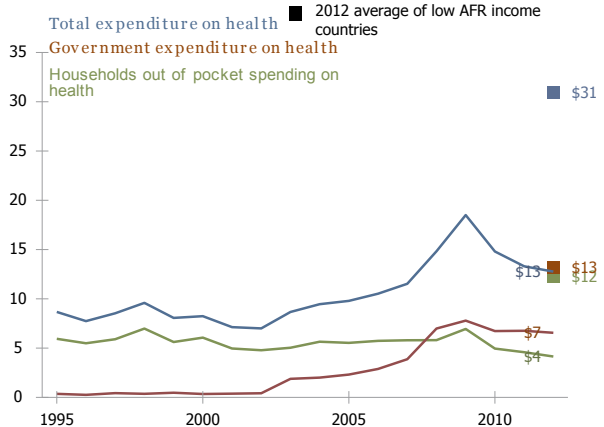
Democratic Republic of the Congo:
 \$272/capita
 • AFR low income countries: \$527/capita

GDP per capita

Democratic Republic of the Congo:
 49 years
 • AFR low income countries: 54 years

Life expectancy

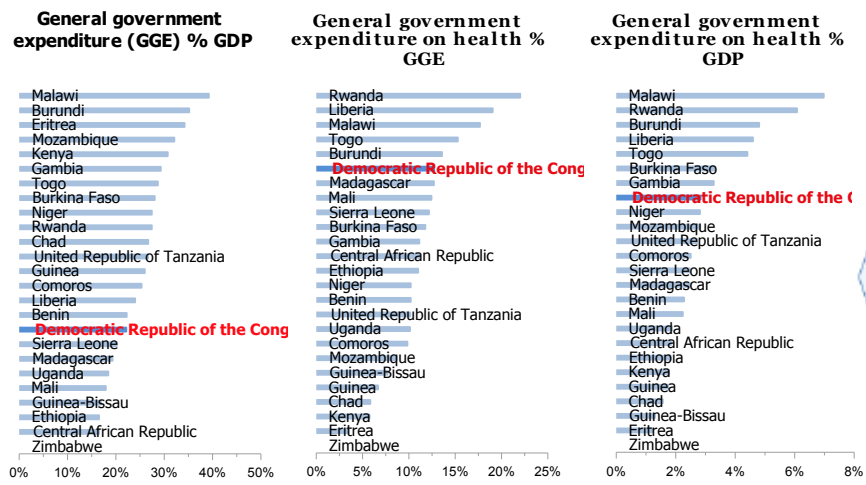
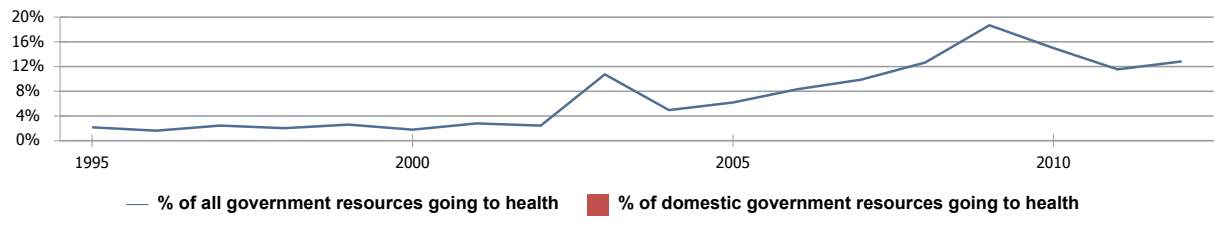
Per capita expenditure in US\$ (constant 2012 US\$)



Democratic Republic of the Congo: 670 per 100,000 live births
 • AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

Government resources allocated to health



Government's health spending as compared to other countries of the region

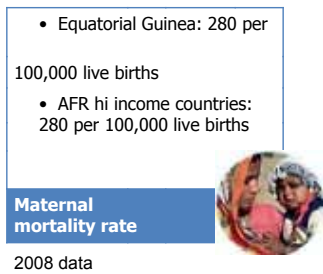
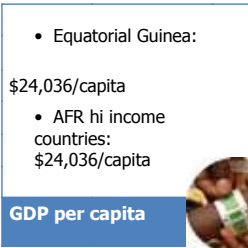
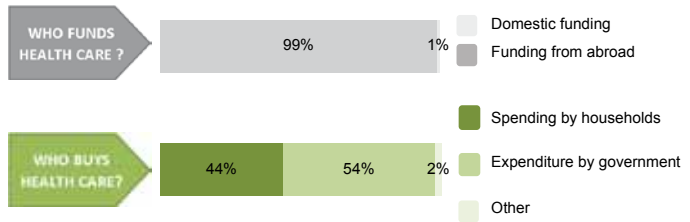
Among low AFR countries:
 Total government expenditure is in the median range as a % of GDP ((22%))
 Share of government spending allocated to health is high ((13%))
 Government expenditure on health as a % of GDP is high ((3%))

Source : global health expenditure database

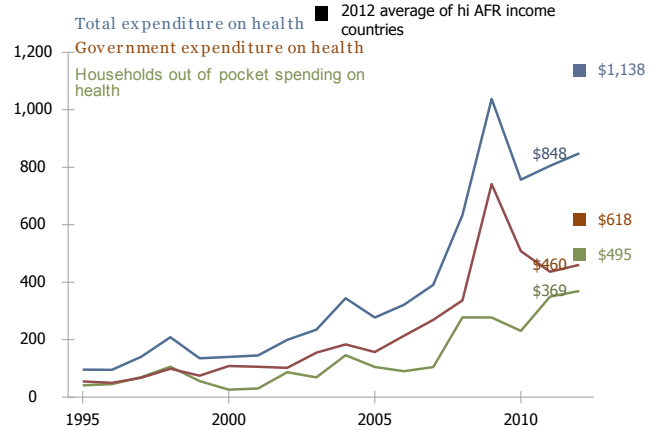
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

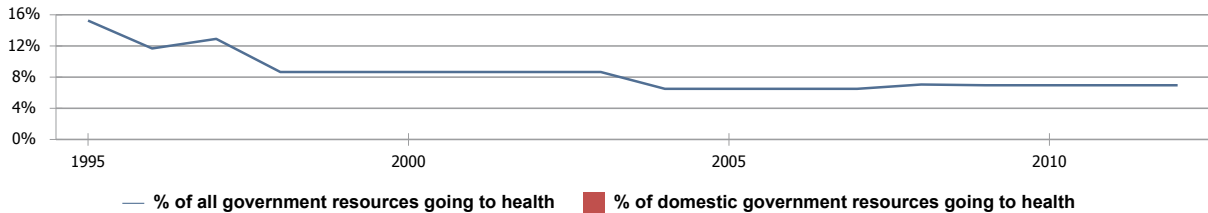
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Equatorial Guinea, 2012



Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among hi AFR countries:

Total government expenditure is in the median range as a % of GDP ((37%))

Share of government spending allocated to health is in the median range ((7%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Eritrea, 2012



Eritrea spent
90 million US\$
on health care:
- \$15 per capita
- 53% spent by households

WHO FUNDS HEALTH CARE?

75%

25%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

53%

47%

Spending by households
Expenditure by government
Other

Eritrea:
\$564/capita
AFR low income countries: \$527/capita

GDP per capita



Eritrea:
66 years
AFR low income countries: 54 years

Life expectancy



2009 data

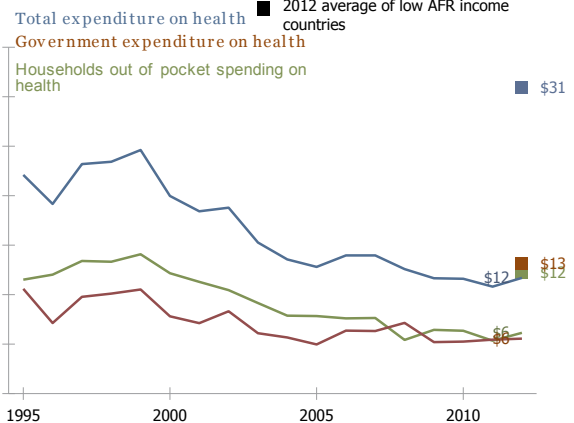
Eritrea: 280 per
100,000 live births
AFR low income countries:
655 per 100,000 live births

Maternal mortality rate

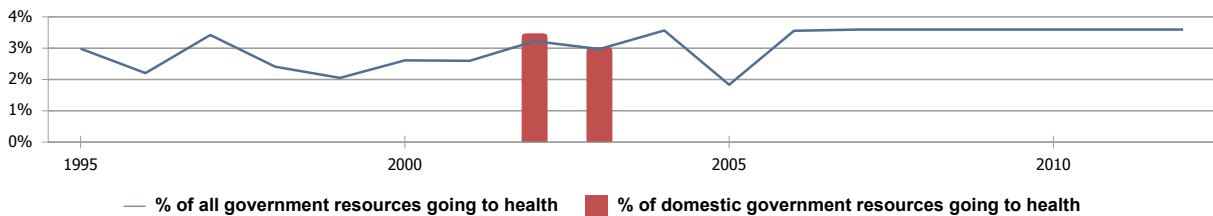


2008 data

Per capita expenditure in US\$ (constant 2012 US\$)



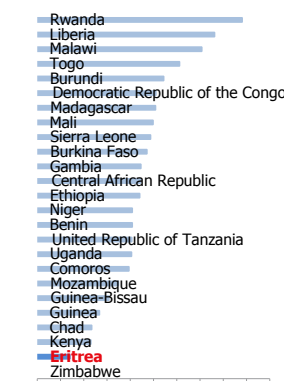
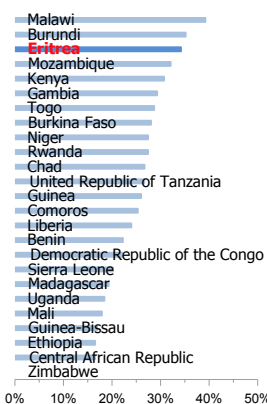
Government resources allocated to health



General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((34%))

Share of government spending allocated to health is low ((4%))

Government expenditure on health as a % of GDP is low ((1%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ethiopia, 2012



Ethiopia spent
1.6 billion US\$
on health care:
- \$18 per capita
- 41% spent by households

WHO FUNDS HEALTH CARE ?



Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE ?



Spending by households
Expenditure by government
Other

Ethiopia:
\$458/capita
AFR low income countries: \$527/capita



GDP per capita

Ethiopia:
54 years
AFR low income countries: 54 years



Life expectancy

2009 data

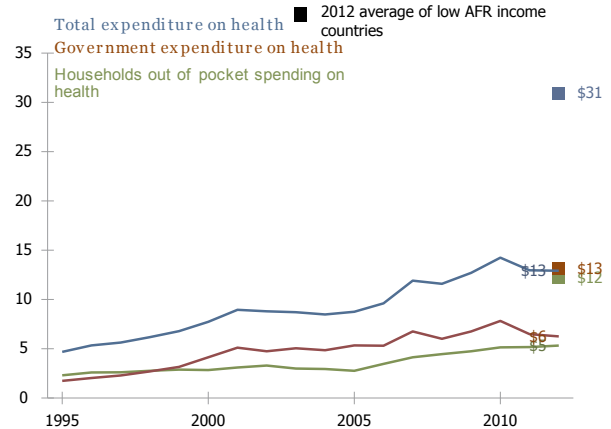
Ethiopia: 470 per
100,000 live births
AFR low income countries:
655 per 100,000 live births



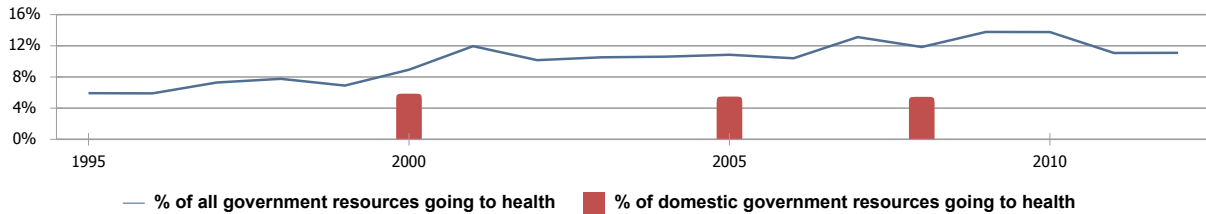
Maternal mortality rate

2008 data

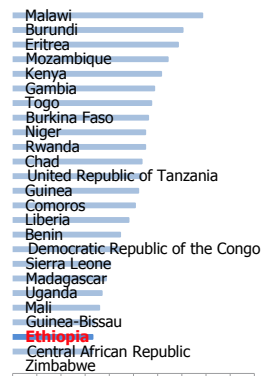
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is low as a % of GDP ((17%))

Share of government spending allocated to health is in the median range ((11%))

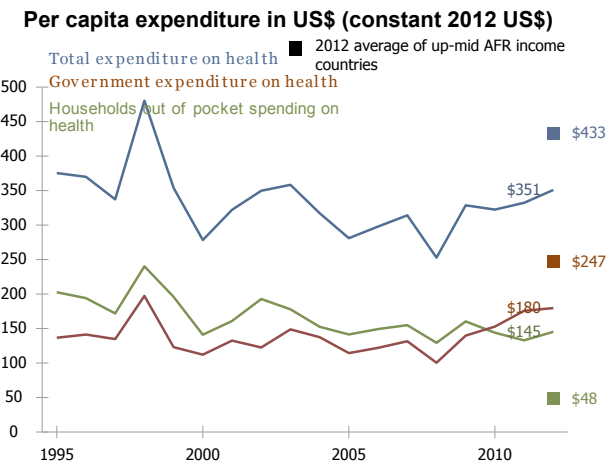
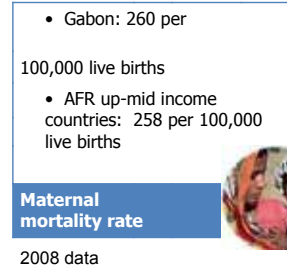
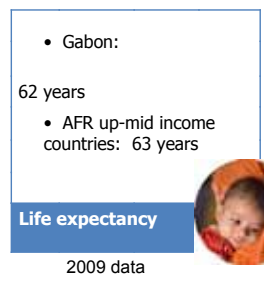
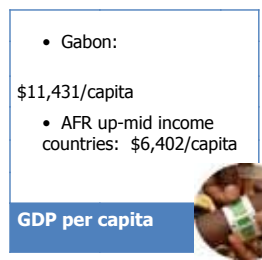
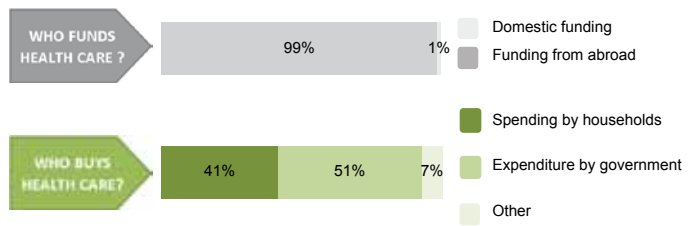
Government expenditure on health as a % of GDP is low ((2%))



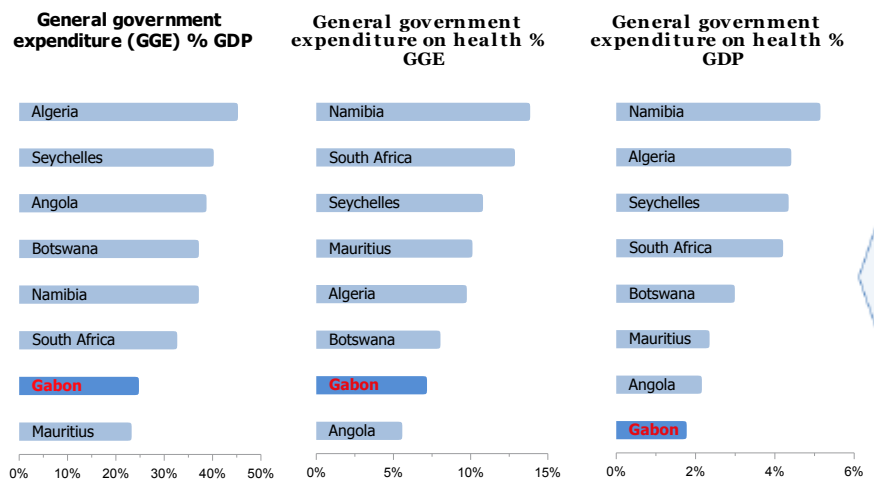
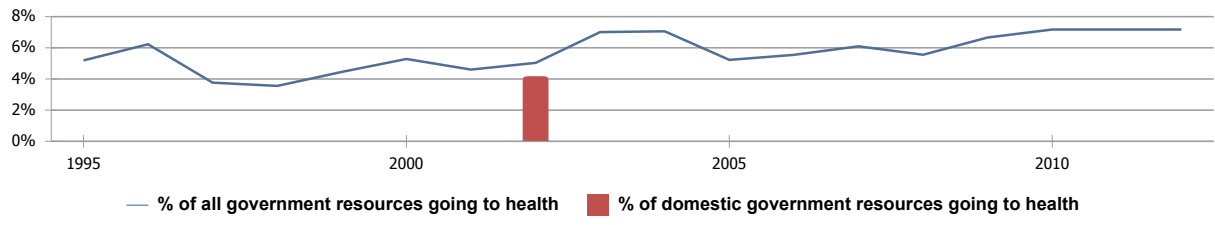
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Gabon, 2012



Government resources allocated to health



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:
Total government expenditure is low as a % of GDP ((25%))

Share of government spending allocated to health is low ((7%))

Government expenditure on health as a % of GDP is low ((2%))

Source : global health expenditure database

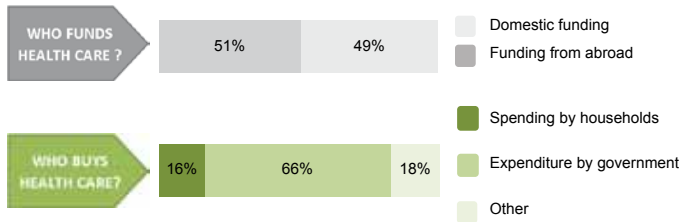
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Gambia, 2012



Gambia spent
46 million US\$
on health care:
- \$26 per capita
- 16% spent by households



Gambia:
\$512/capita
• AFR low income countries: \$527/capita

GDP per capita

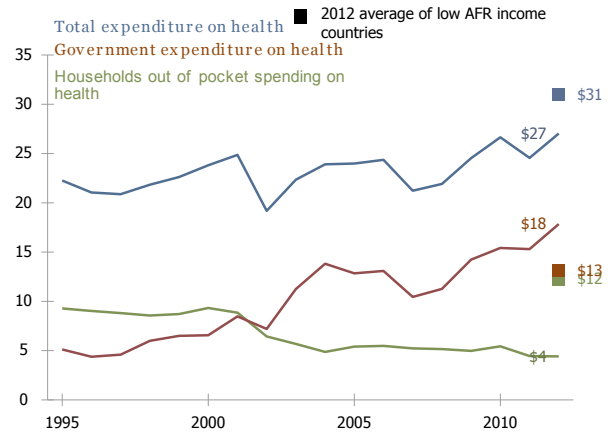
Gambia:
60 years
• AFR low income countries: 54 years

Life expectancy

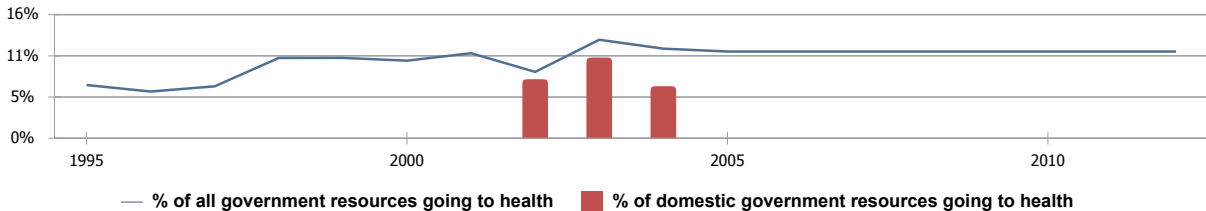
Gambia: 400 per
100,000 live births
• AFR low income countries:
655 per 100,000 live births

Maternal mortality rate

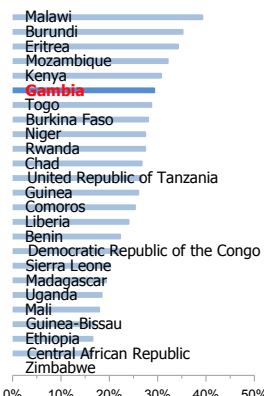
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((29%))

Share of government spending allocated to health is in the median range ((11%))

Government expenditure on health as a % of GDP is high ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Ghana, 2012

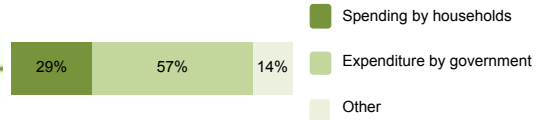


Ghana spent
2.1 billion US\$
on health care:
- \$83 per capita
- 29% spent by households

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



Ghana:
\$1,605/capita
AFR low-mid income countries: \$1,482/capita

GDP per capita



Ghana:
60 years
AFR low-mid income countries: 56 years

Life expectancy



2009 data

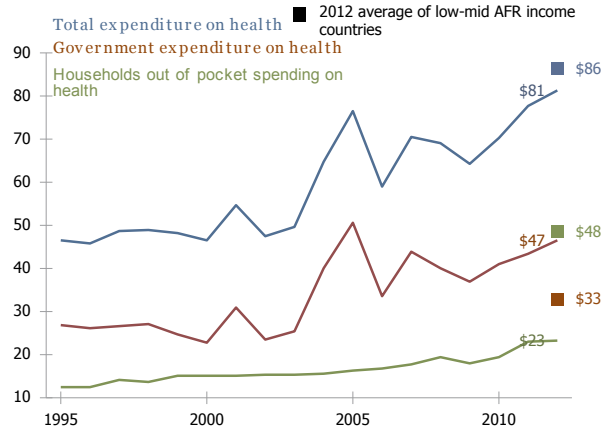
Ghana: 350 per 100,000 live births
AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

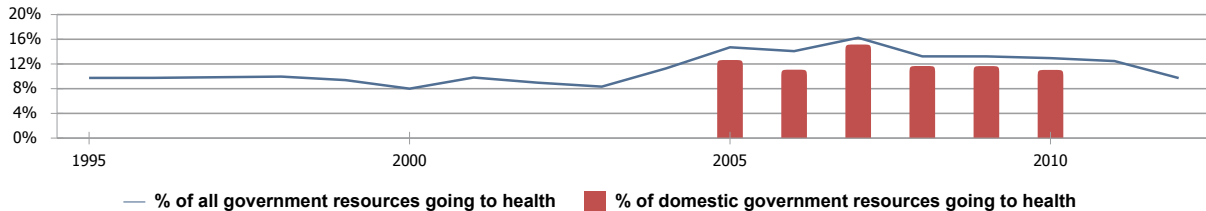


2008 data

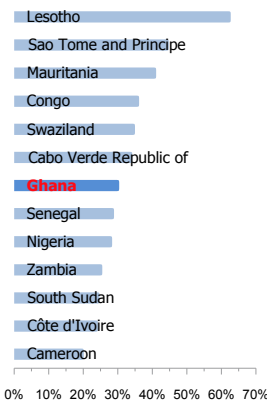
Per capita expenditure in US\$ (constant 2012 US\$)



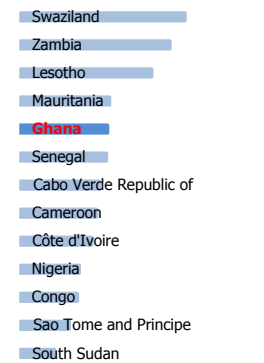
Government resources allocated to health



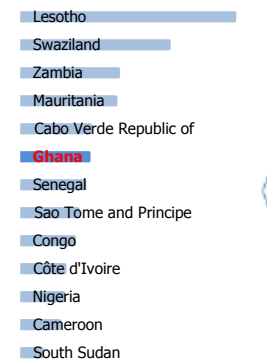
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((30%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guinea, 2012



Guinea spent
367 million US\$
on health care:
- \$32 per capita
- 67% spent by households

WHO FUNDS HEALTH CARE?

90%

10%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

67%

28%

5%

Spending by households
Expenditure by government
Other

Guinea:
\$508/capita
AFR low income countries: \$527/capita

GDP per capita



Guinea:
52 years
AFR low income countries: 54 years

Life expectancy



2009 data

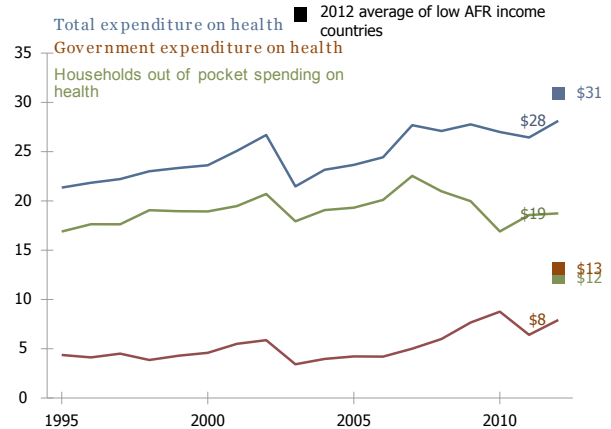
Guinea: 680 per
100,000 live births
AFR low income countries:
655 per 100,000 live births

Maternal mortality rate

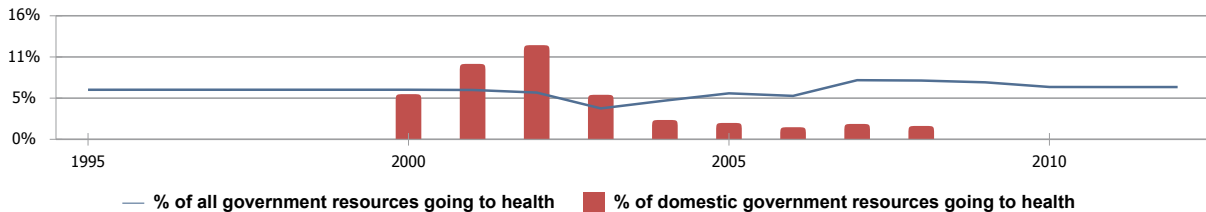
2008 data



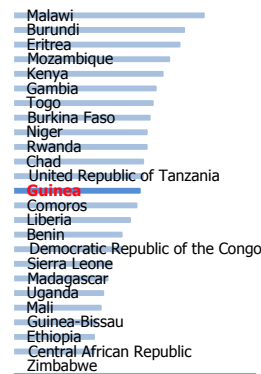
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((26%))

Share of government spending allocated to health is low ((7%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Guinea-Bissau, 2012



Guinea-Bissau spent
50 million US\$
on health care:
- \$30 per capita
- 43% spent by households

WHO FUNDS HEALTH CARE?

66%

34%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

43%

23%

34%

Spending by households
Expenditure by government
Other

Guinea-Bissau:
\$507/capita
AFR low income countries: \$527/capita
GDP per capita

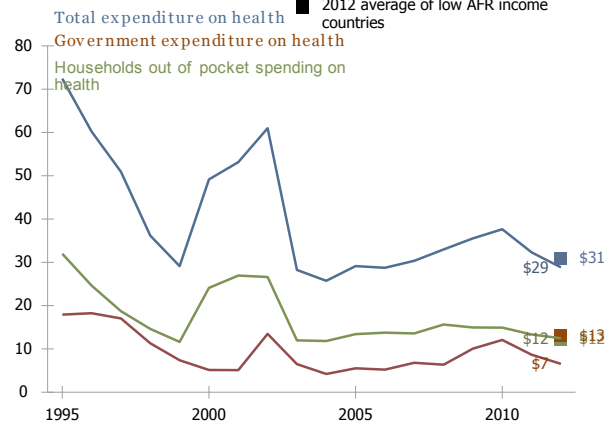
Guinea-Bissau:
49 years
AFR low income countries: 54 years
Life expectancy

2009 data

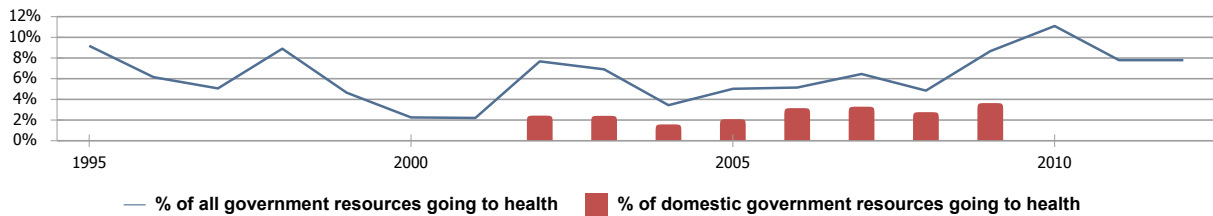
Guinea-Bissau: 1,000 per 100,000 live births
AFR low income countries: 655 per 100,000 live births
Maternal mortality rate

2008 data

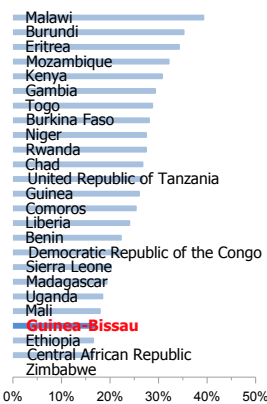
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:
Total government expenditure is low as a % of GDP ((17%))
Share of government spending allocated to health is low ((8%))
Government expenditure on health as a % of GDP is low ((1%))



Source : global health expenditure database

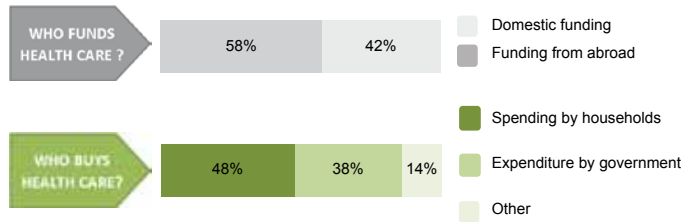
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Kenya, 2012



Kenya spent
1.9 billion US\$
on health care:
- \$45 per capita
- 48% spent by households



• Kenya:
\$940/capita

• AFR low income countries: \$527/capita

GDP per capita



• Kenya:
60 years

• AFR low income countries: 54 years

Life expectancy

2009 data



• Kenya: 530 per
100,000 live births

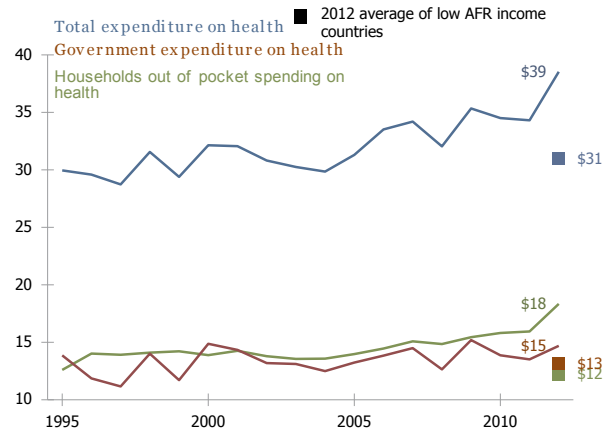
• AFR low income countries:
655 per 100,000 live births

Maternal mortality rate

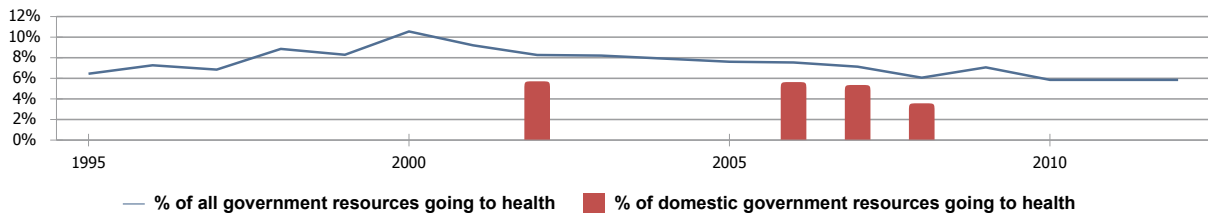
2008 data



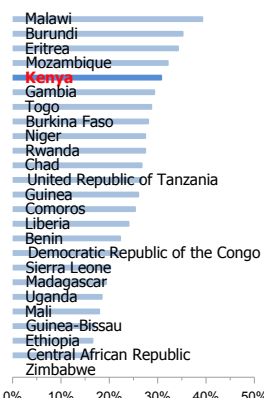
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((31%))

Share of government spending allocated to health is low ((6%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Lesotho, 2012

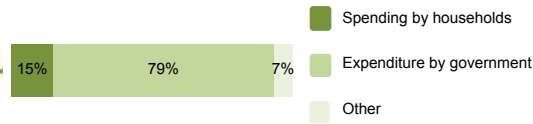


Lesotho spent
283 million US\$
on health care:
- \$138 per capita
- 15% spent by households

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Lesotho:
\$1,193/capita
• AFR low-mid income countries: \$1,482/capita

GDP per capita

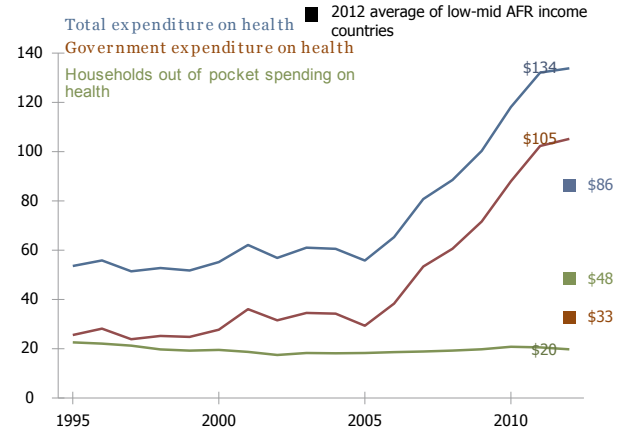
• Lesotho:
48 years
• AFR low-mid income countries: 56 years

Life expectancy

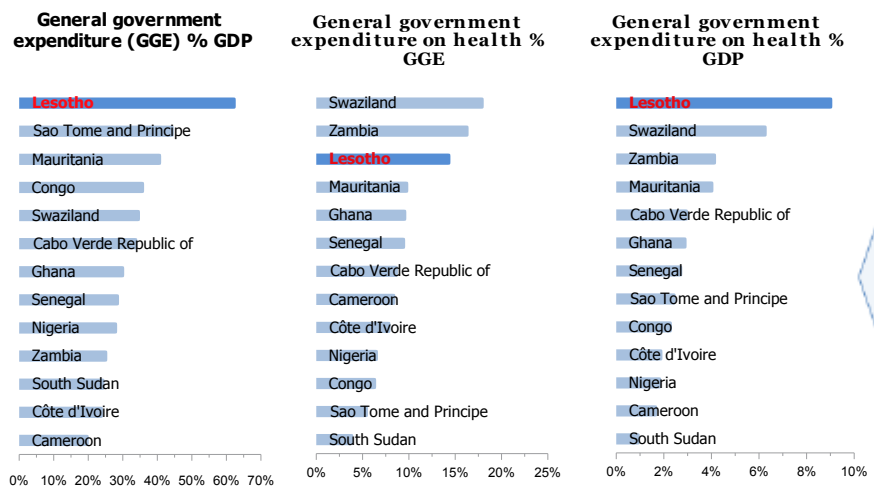
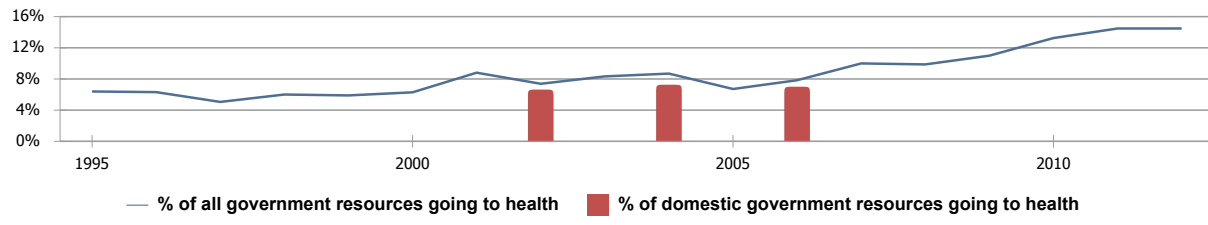
• Lesotho: 530 per 100,000 live births
• AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



Government's health spending as compared to other countries of the region

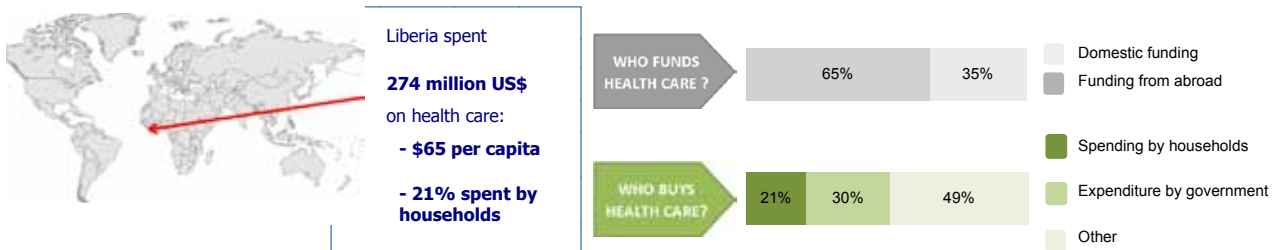
Among low-mid AFR countries:
Total government expenditure is high as a % of GDP ((63%))
Share of government spending allocated to health is high ((14%))
Government expenditure on health as a % of GDP is high ((9%))

Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Liberia, 2012



GDP per capita

- Liberia: \$422/capita
- AFR low income countries: \$527/capita

Life expectancy

- Liberia: 56 years
- AFR low income countries: 54 years

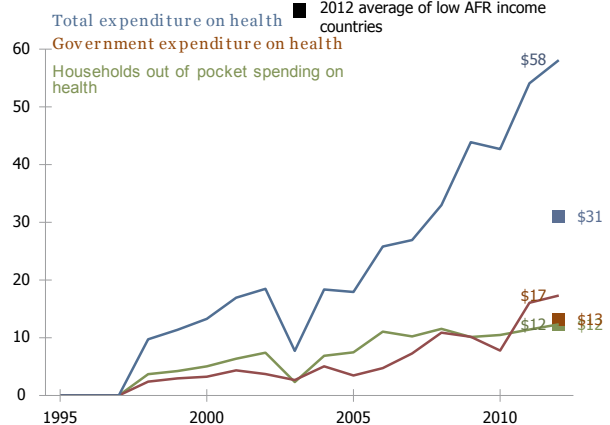
2009 data

Maternal mortality rate

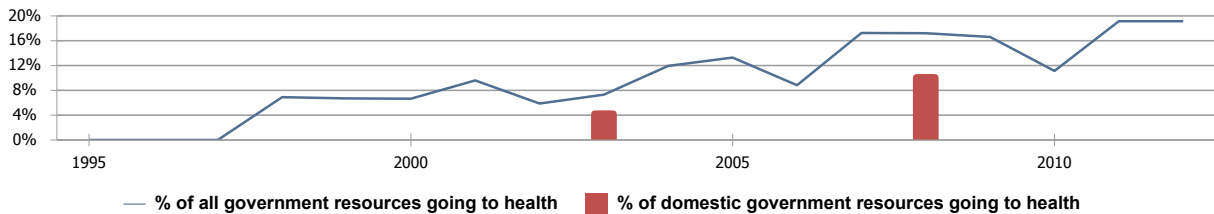
- Liberia: 990 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

2008 data

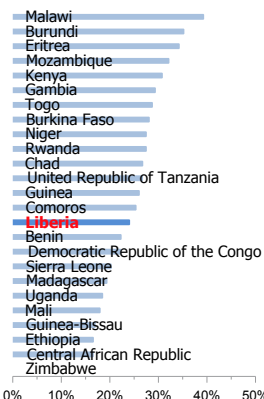
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((24%))

Share of government spending allocated to health is high ((19%))

Government expenditure on health as a % of GDP is high ((5%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Madagascar, 2012



Madagascar spent
406 million US\$
on health care:
- \$18 per capita
- 31% spent by households

WHO FUNDS HEALTH CARE?

79%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

31%

61%

8%

Spending by households
Expenditure by government
Other

• Madagascar:
\$443/capita
• AFR low income countries: \$527/capita

GDP per capita



• Madagascar:
65 years
• AFR low income countries: 54 years

Life expectancy



2009 data

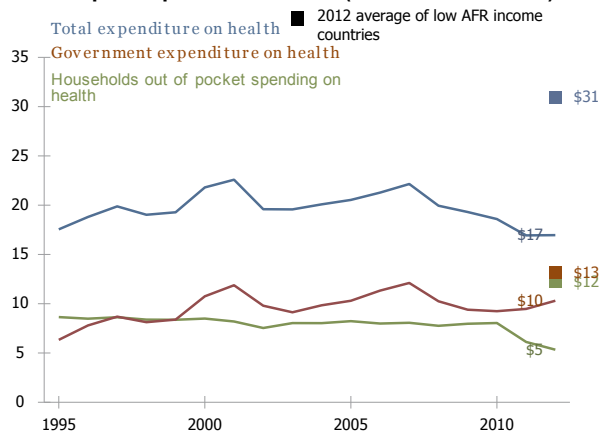
• Madagascar: 440 per 100,000 live births
• AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

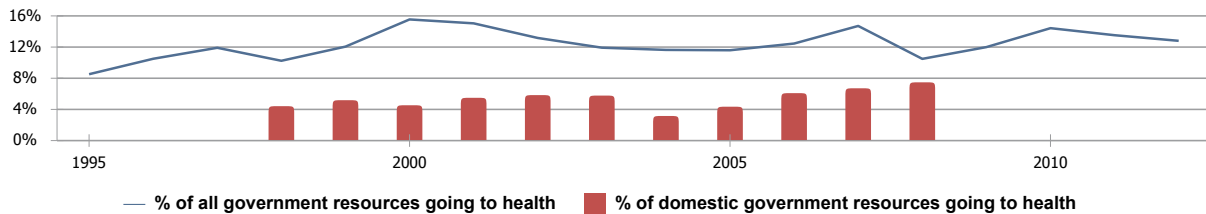
2008 data



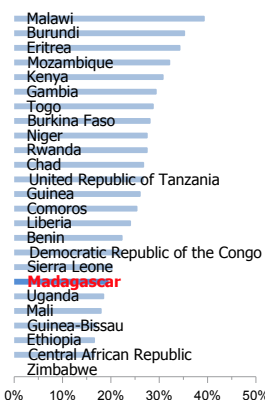
Per capita expenditure in US\$ (constant 2012 US\$)



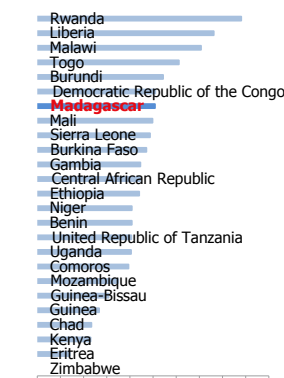
Government resources allocated to health



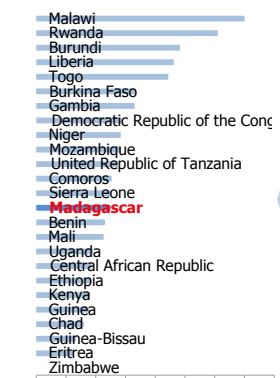
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is low as a % of GDP ((20%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is in the median range ((2%))



Source : global health expenditure database

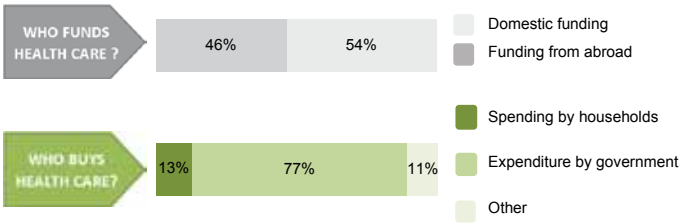
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Malawi, 2012



Malawi spent
390 million US\$
on health care:
- \$25 per capita
- 13% spent by households



• Malawi:
\$268/capita
• AFR low income countries: \$527/capita

GDP per capita

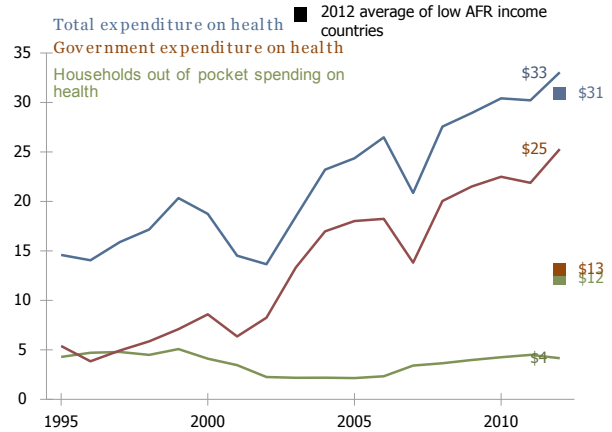


• Malawi:
47 years
• AFR low income countries: 54 years

Life expectancy



Per capita expenditure in US\$ (constant 2012 US\$)

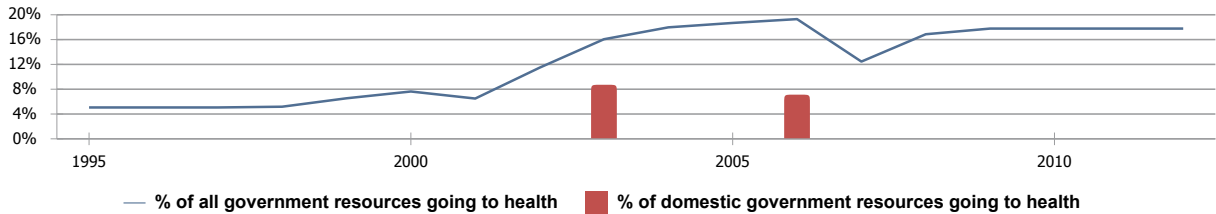


• Malawi: 510 per 100,000 live births
• AFR low income countries: 655 per 100,000 live births

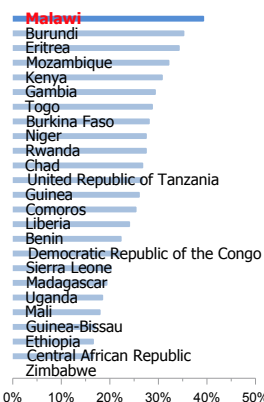
Maternal mortality rate



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((39%))

Share of government spending allocated to health is high ((18%))

Government expenditure on health as a % of GDP is high ((7%))



Source : global health expenditure database

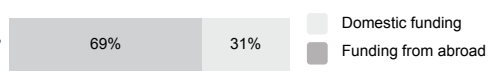
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mali, 2012

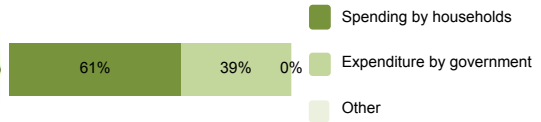


Mali spent
626 million US\$
on health care:
- \$42 per capita
- 61% spent by households

WHO FUNDS HEALTH CARE?



WHO BUYS HEALTH CARE?



• Mali:
\$724/capita
• AFR low income countries: \$527/capita

GDP per capita

• Mali:
53 years
• AFR low income countries: 54 years

Life expectancy

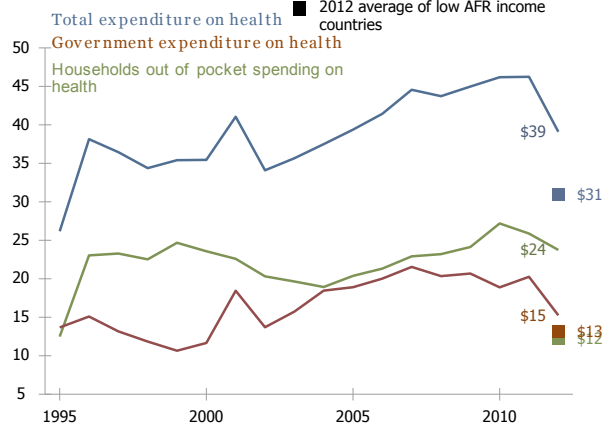
2009 data

• Mali: 830 per
100,000 live births
• AFR low income countries: 655 per 100,000 live births

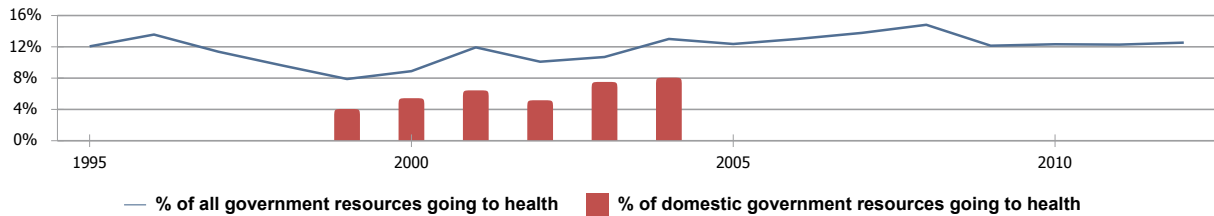
Maternal mortality rate

2008 data

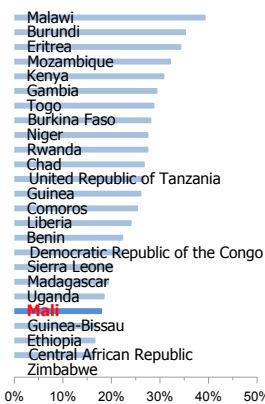
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is low as a % of GDP ((18%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is in the median range ((2%))

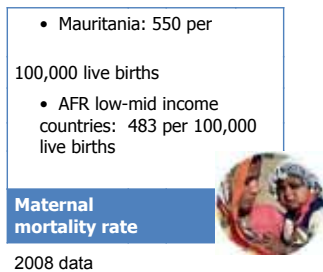
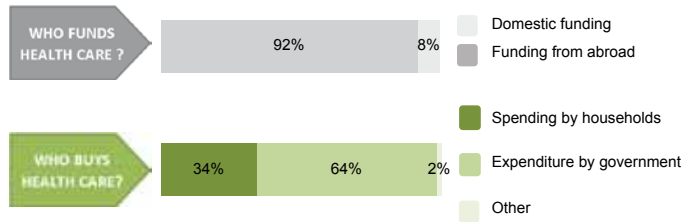


Source : global health expenditure database

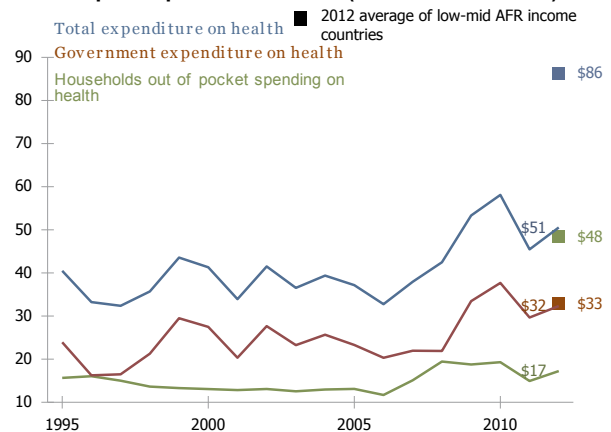
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

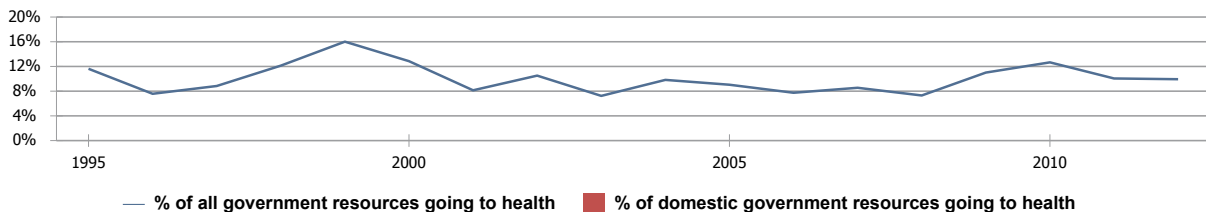
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mauritania, 2012



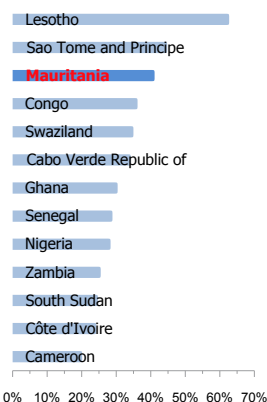
Per capita expenditure in US\$ (constant 2012 US\$)



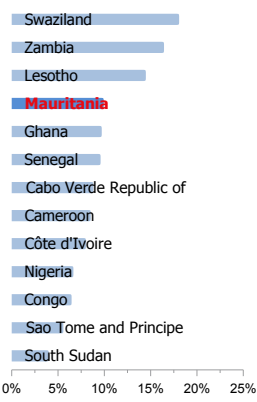
Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is high as a % of GDP ((41%))

Share of government spending allocated to health is high ((10%))

Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mauritius, 2012



Mauritius spent
551 million US\$
on health care:
- \$444 per capita
- 47% spent by households

WHO FUNDS HEALTH CARE?

100%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

47%

49%

4%

Spending by households
Expenditure by government
Other

• Mauritius:
\$9,238/capita
• AFR up-mid income countries: \$6,402/capita

GDP per capita



• Mauritius:
73 years
• AFR up-mid income countries: 63 years

Life expectancy



2009 data

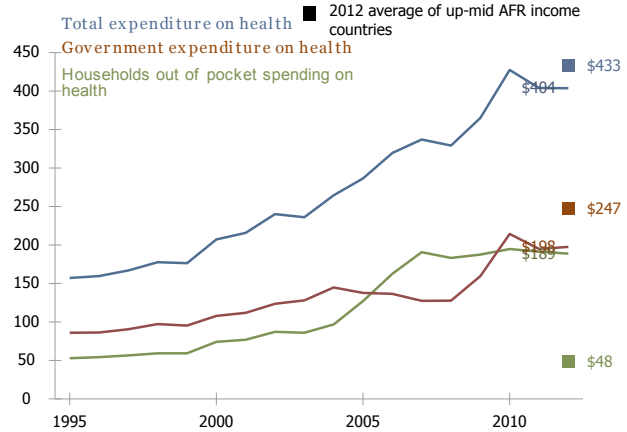
• Mauritius: 36 per
100,000 live births
• AFR up-mid income countries: 258 per 100,000 live births

Maternal mortality rate

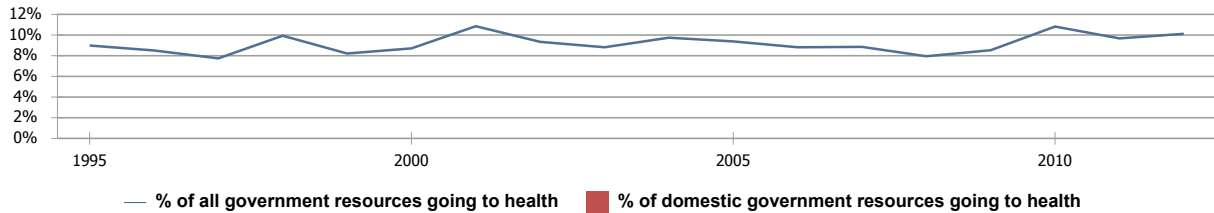


2008 data

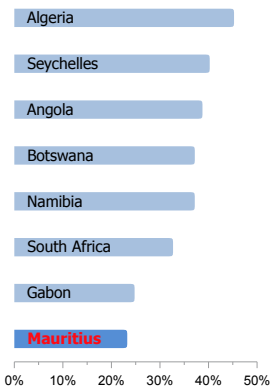
Per capita expenditure in US\$ (constant 2012 US\$)



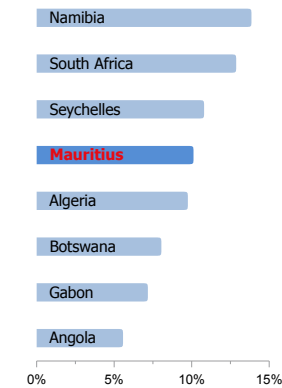
Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:

Total government expenditure is low as a % of GDP ((23%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

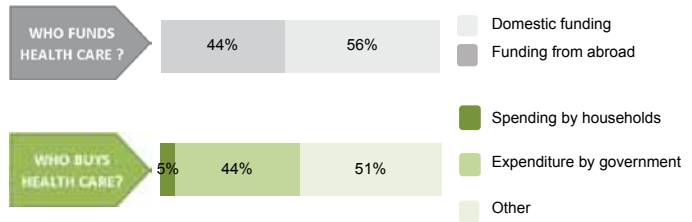
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Mozambique, 2012



Mozambique spent
937 million US\$
on health care:
- \$37 per capita
- 5% spent by households



• Mozambique:
\$579/capita

• AFR low income countries: \$527/capita

GDP per capita



• Mozambique:
49 years

• AFR low income countries: 54 years

Life expectancy



2009 data

• Mozambique: 550 per 100,000 live births

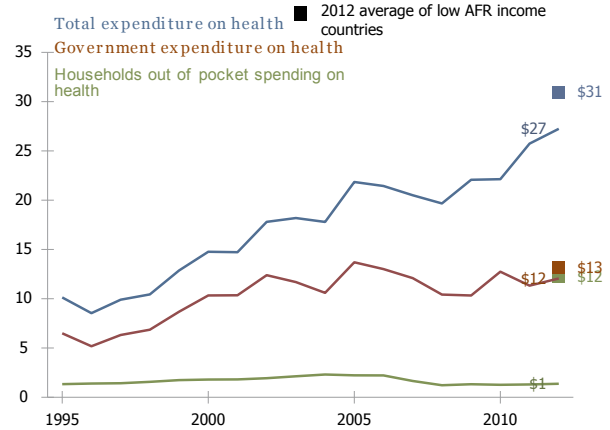
• AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

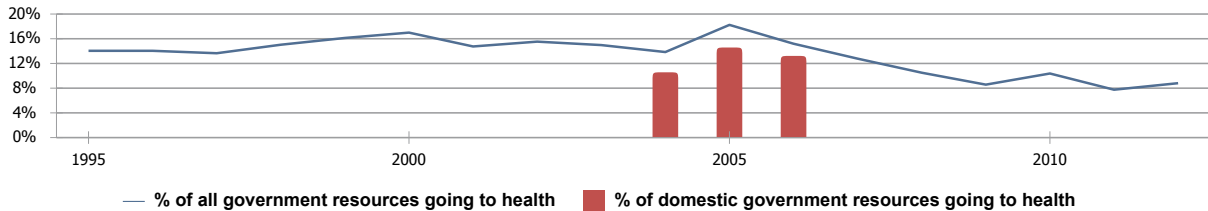


2008 data

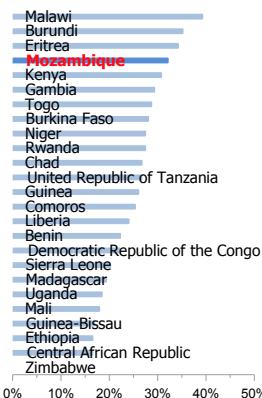
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((32%))

Share of government spending allocated to health is low ((9%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Namibia, 2012



Namibia spent
1.1 billion US\$
on health care:
- \$473 per capita
- 7% spent by households

WHO FUNDS HEALTH CARE?

92% Domestic funding
8% Funding from abroad

WHO BUYS HEALTH CARE?

7% Spending by households
62% Expenditure by government
31% Other

Namibia:
\$5,668/capita
• AFR up-mid income countries: \$6,402/capita

GDP per capita



Namibia:
57 years
• AFR up-mid income countries: 63 years

Life expectancy



2009 data

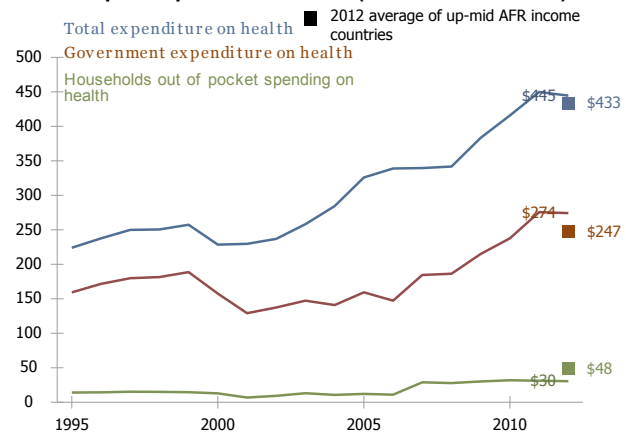
Namibia: 180 per 100,000 live births
• AFR up-mid income countries: 258 per 100,000 live births

Maternal mortality rate

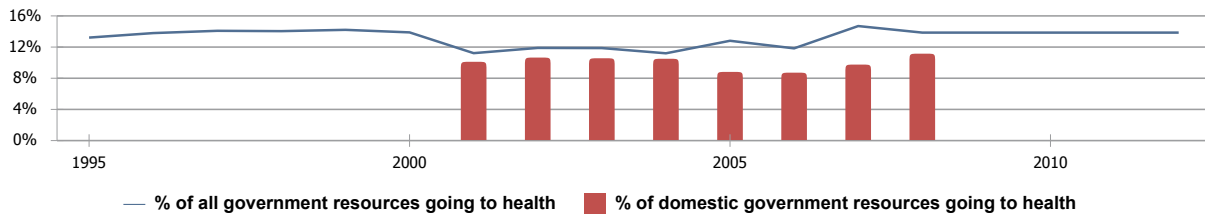


2008 data

Per capita expenditure in US\$ (constant 2012 US\$)



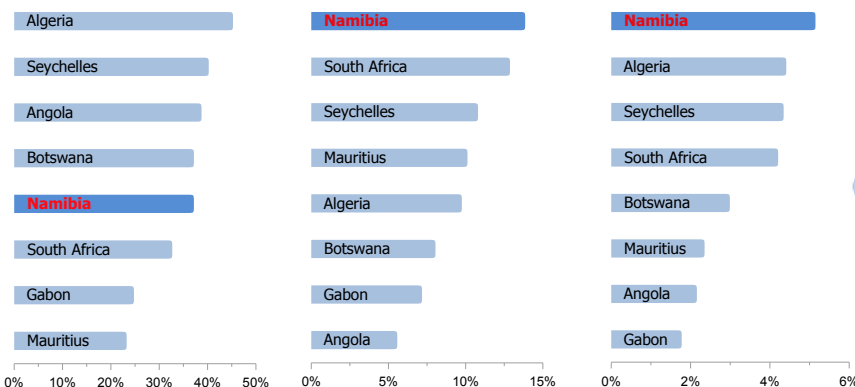
Government resources allocated to health



General government expenditure (GGE) % GDP

General government expenditure on health % GGE

General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((37%))

Share of government spending allocated to health is high ((14%))

Government expenditure on health as a % of GDP is high ((5%))

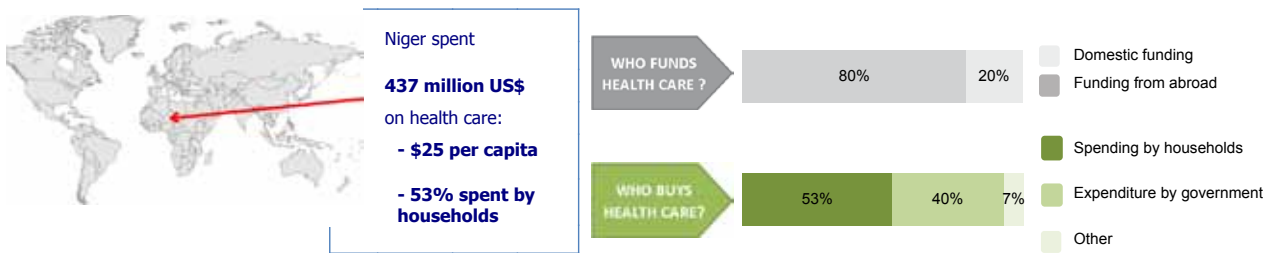


Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Niger, 2012



GDP per capita

- Niger: \$356/capita
- AFR low income countries: \$527/capita

Life expectancy

- Niger: 57 years
- AFR low income countries: 54 years

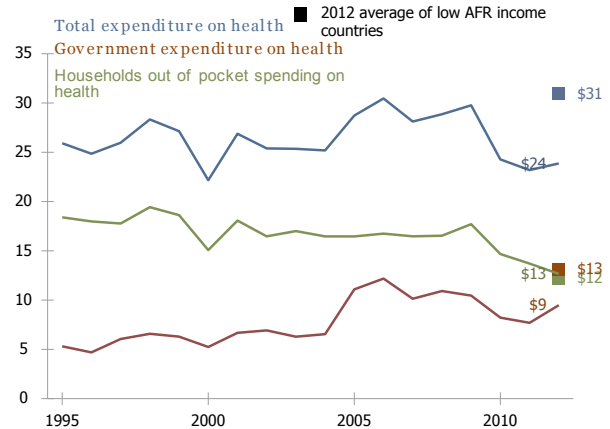
2009 data

Maternal mortality rate

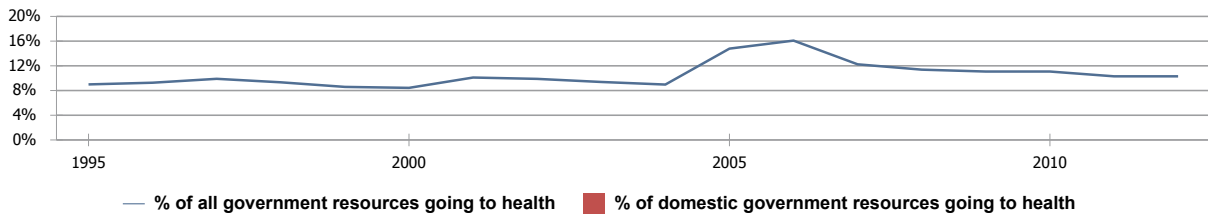
- Niger: 820 per 100,000 live births
- AFR low income countries: 655 per 100,000 live births

2008 data

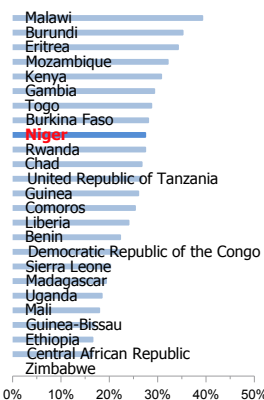
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((28%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Nigeria, 2012



Nigeria spent
16 billion US\$
on health care:
- \$94 per capita
- 66% spent by households

WHO FUNDS HEALTH CARE?

95% Domestic funding
5% Funding from abroad

WHO BUYS HEALTH CARE?

66% Spending by households
31% Expenditure by government
3% Other

- Nigeria: \$1,555/capita
- AFR low-mid income countries: \$1,482/capita

GDP per capita



- Nigeria: 54 years
- AFR low-mid income countries: 56 years

Life expectancy



2009 data

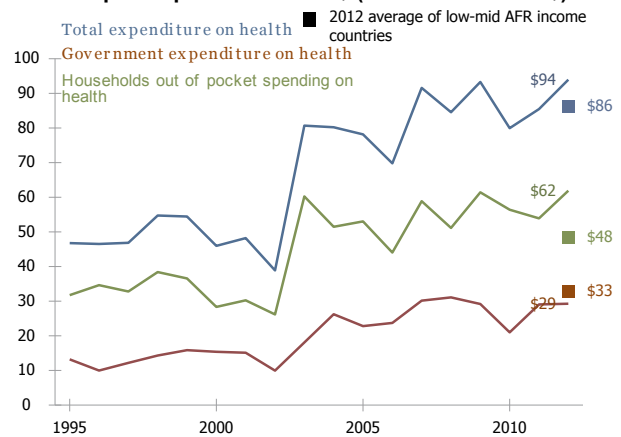
- Nigeria: 840 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

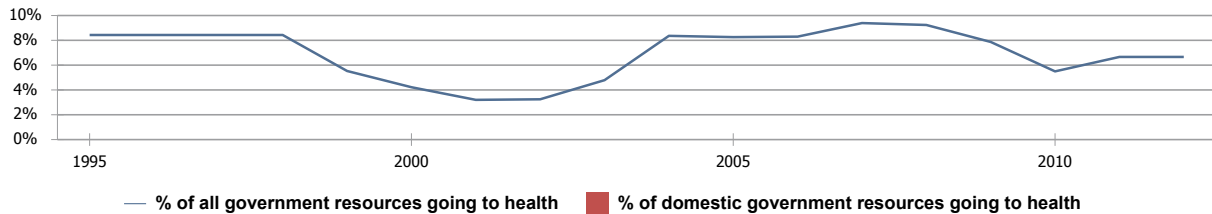


2008 data

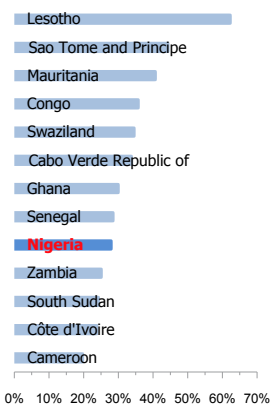
Per capita expenditure in US\$ (constant 2012 US\$)



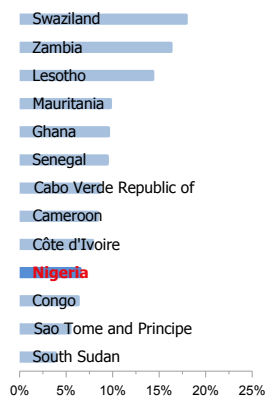
Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((28%))

Share of government spending allocated to health is low ((7%))

Government expenditure on health as a % of GDP is low ((2%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Rwanda, 2012



Rwanda spent
757 million US\$
on health care:
- \$66 per capita
- 21% spent by households

WHO FUNDS HEALTH CARE?

53%

47%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

21%

57%

22%

Spending by households
Expenditure by government
Other

Rwanda:
\$620/capita
AFR low income countries: \$527/capita

GDP per capita



Rwanda:
59 years
AFR low income countries: 54 years

Life expectancy



2009 data

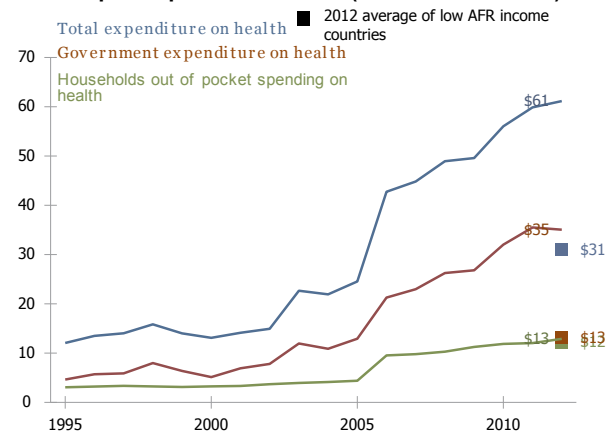
Rwanda: 540 per 100,000 live births
AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

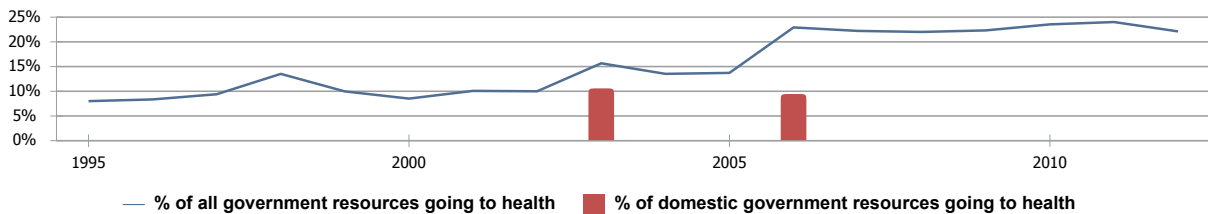


2008 data

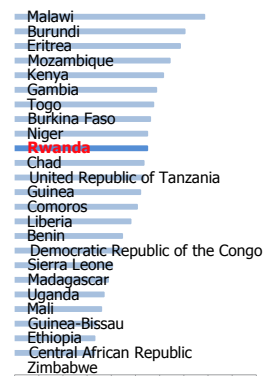
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((28%))

Share of government spending allocated to health is high ((22%))

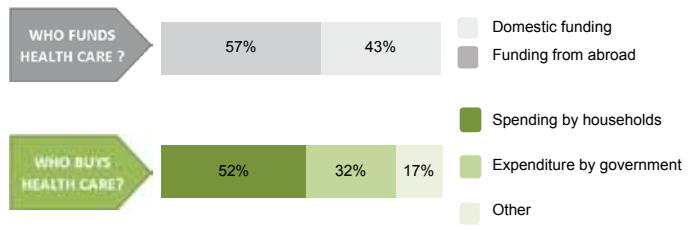
Government expenditure on health as a % of GDP is high ((6%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sao Tome and Principe, 2012



GDP per capita

- Sao Tome and Principe: \$1,386/capita
- AFR low-mid income countries: \$1,482/capita

Life expectancy

- Sao Tome and Principe: 68 years
- AFR low-mid income countries: 56 years

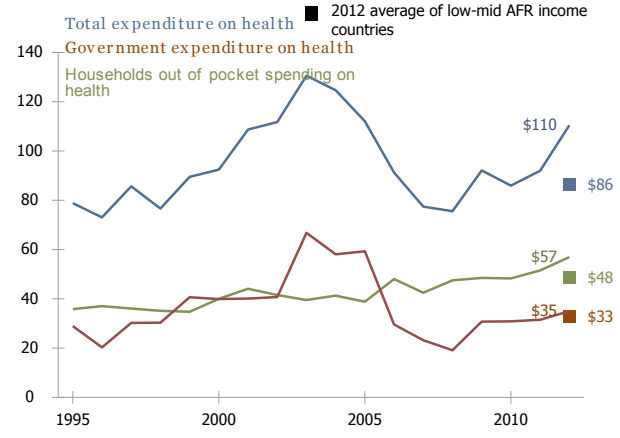
2009 data

Maternal mortality rate

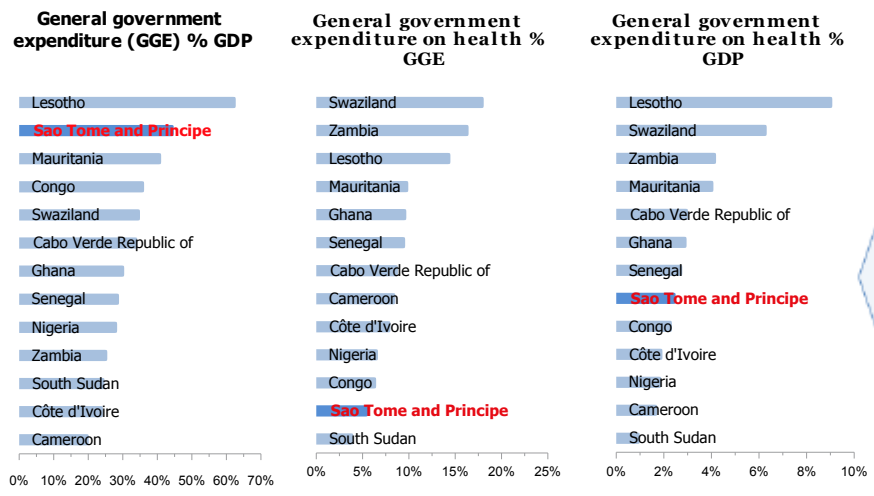
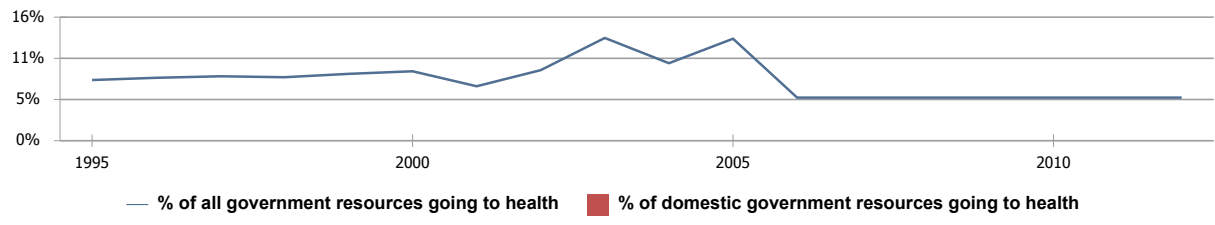
- Sao Tome and Principe: 0 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

2008 data

Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

- Total government expenditure is high as a % of GDP ((45%))
- Share of government spending allocated to health is low ((6%))
- Government expenditure on health as a % of GDP is in the median range ((2%))

Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Senegal, 2012



Senegal spent
703 million US\$
on health care:
- \$51 per capita
- 34% spent by households

WHO FUNDS HEALTH CARE?

81%

19%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

34%

56%

10%

Spending by households
Expenditure by government
Other

Senegal:
\$1,032/capita
• AFR low-mid income countries: \$1,482/capita

GDP per capita



Senegal:
62 years
• AFR low-mid income countries: 56 years

Life expectancy



2009 data

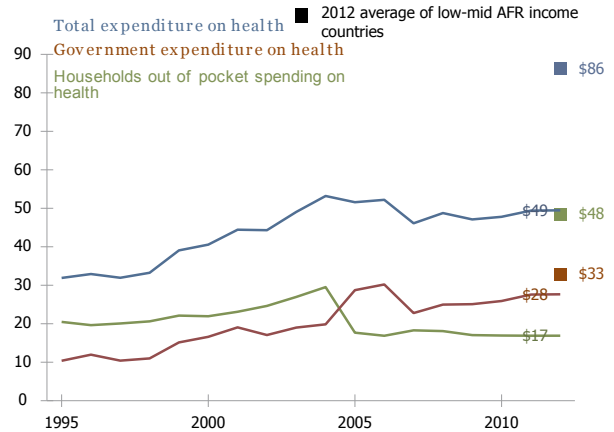
Senegal: 410 per 100,000 live births
• AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

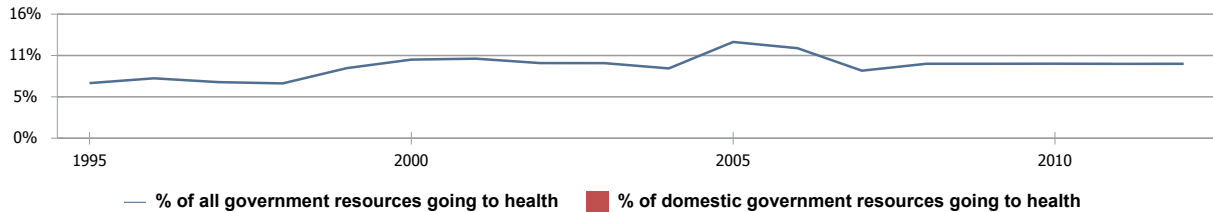


2008 data

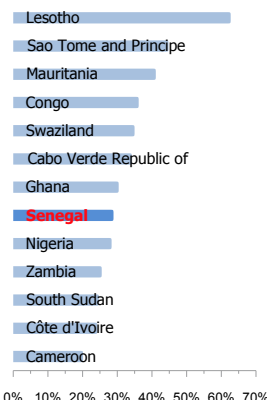
Per capita expenditure in US\$ (constant 2012 US\$)



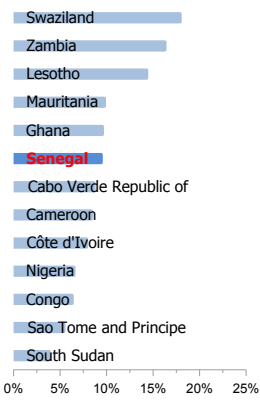
Government resources allocated to health



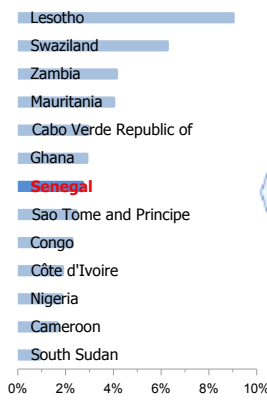
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is in the median range as a % of GDP ((29%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Seychelles, 2012



Seychelles spent **48 million US\$** on health care: **- \$521 per capita**
- 2% spent by households

WHO FUNDS HEALTH CARE?

92% Domestic funding
8% Funding from abroad

WHO BUYS HEALTH CARE?

2% Spending by households
93% Expenditure by government
4% Other

Seychelles: \$11,178/capita
AFR up-mid income countries: \$6,402/capita

GDP per capita



Seychelles: 73 years
AFR up-mid income countries: 63 years

Life expectancy



2009 data

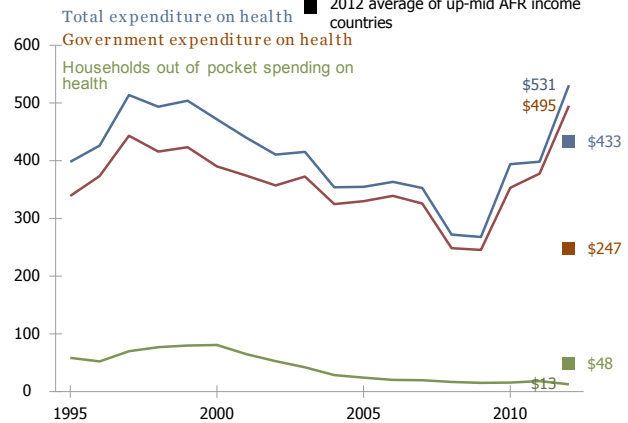
Seychelles: 0 per 100,000 live births
AFR up-mid income countries: 258 per 100,000 live births

Maternal mortality rate

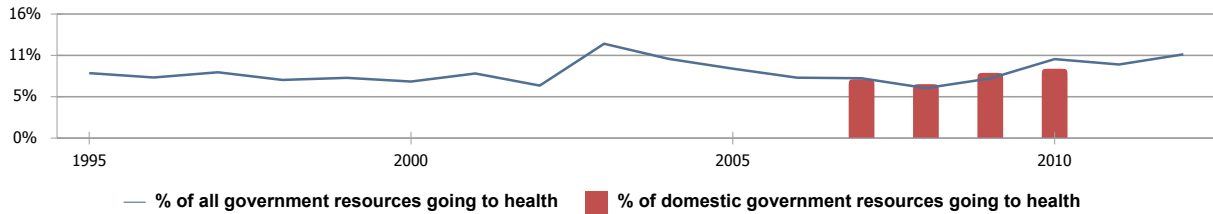


2008 data

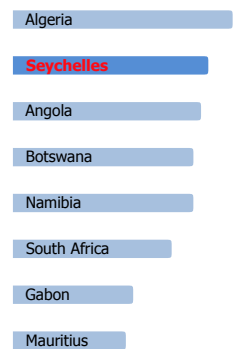
Per capita expenditure in US\$ (constant 2012 US\$)



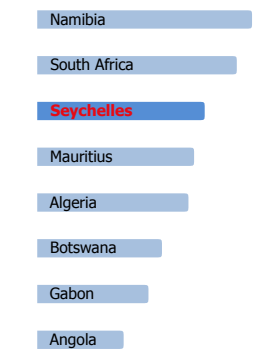
Government resources allocated to health



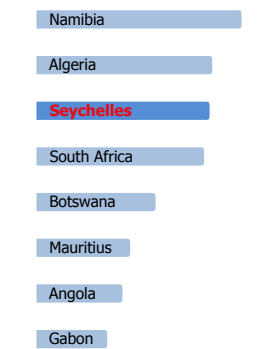
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:

Total government expenditure is high as a % of GDP ((40%))

Share of government spending allocated to health is high ((11%))

Government expenditure on health as a % of GDP is high ((4%))



Source : global health expenditure database

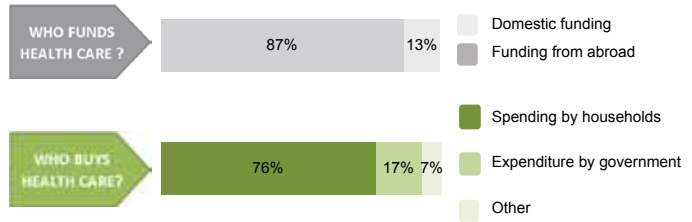
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Sierra Leone, 2012



Sierra Leone spent
572 million US\$
on health care:
- \$96 per capita
- 76% spent by households



• Sierra Leone:
\$635/capita

- AFR low income countries: \$527/capita

GDP per capita

• Sierra Leone:
49 years

- AFR low income countries: 54 years

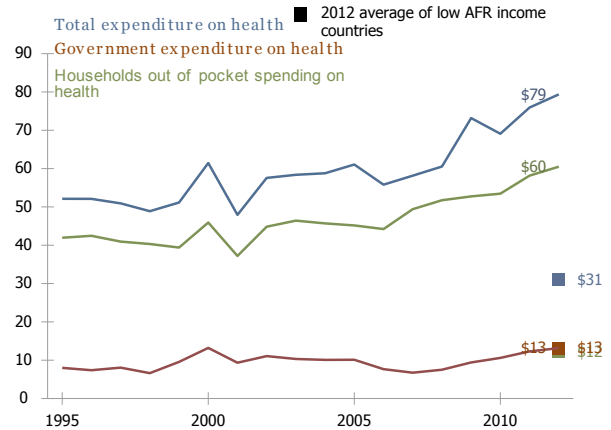
Life expectancy

• Sierra Leone: 970 per
100,000 live births

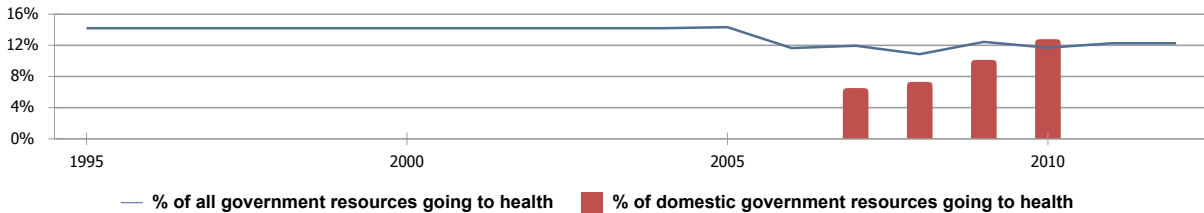
- AFR low income countries: 655 per 100,000 live births

Maternal mortality rate

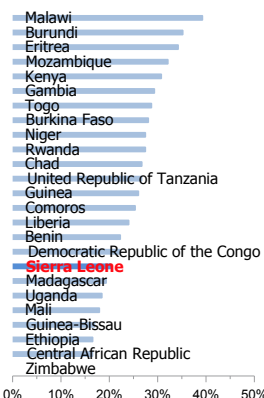
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:
Total government expenditure is low as a % of GDP ((20%))
Share of government spending allocated to health is in the median range ((12%))
Government expenditure on health as a % of GDP is in the median range ((2%))



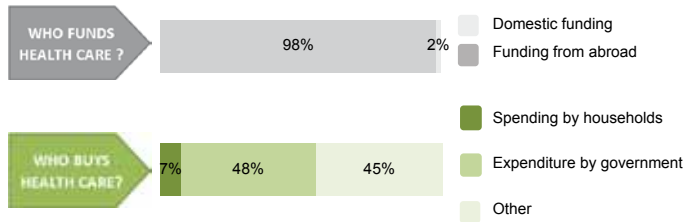
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

HEALTH SYSTEM FINANCING COUNTRY PROFILE: South Africa, 2012



South Africa spent **34 billion US\$** on health care: **- \$645 per capita** **- 7% spent by households**



• South Africa: \$7,336/capita

- AFR up-mid income countries: \$6,402/capita

GDP per capita

• South Africa: 54 years

- AFR up-mid income countries: 63 years

Life expectancy

2009 data

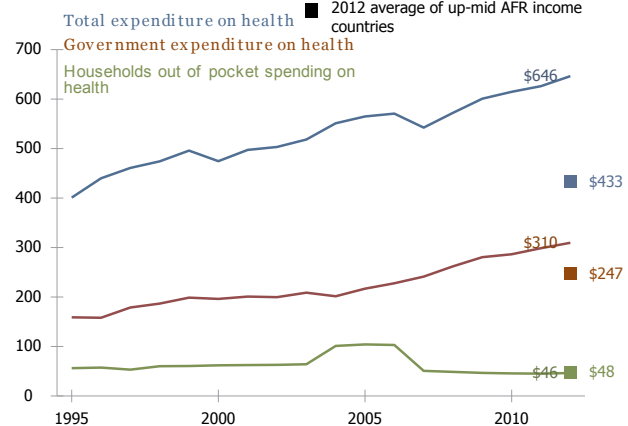
• South Africa: 410 per 100,000 live births

- AFR up-mid income countries: 258 per 100,000 live births

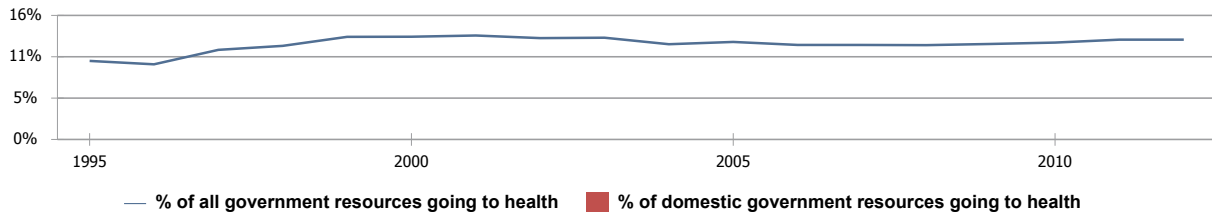
Maternal mortality rate

2008 data

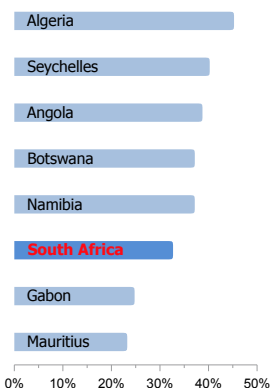
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among up-mid AFR countries:

Total government expenditure is low as a % of GDP ((33%))

Share of government spending allocated to health is high ((13%))

Government expenditure on health as a % of GDP is in the median range ((4%))



Source : global health expenditure database

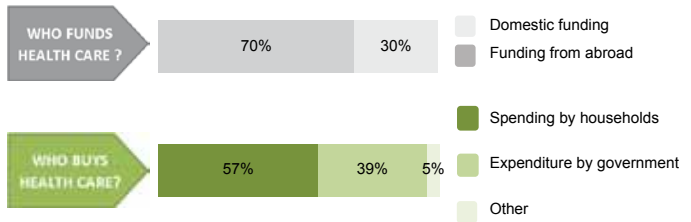
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: South Sudan, 2012



South Sudan spent
297 million US\$
on health care:
- \$27 per capita
- 57% spent by households



• South Sudan:
\$1,074/capita

• AFR low-mid income countries: \$1,482/capita

GDP per capita



• South Sudan:
0 years

• AFR low-mid income countries: 56 years

Life expectancy



2009 data

• South Sudan: 0 per 100,000 live births

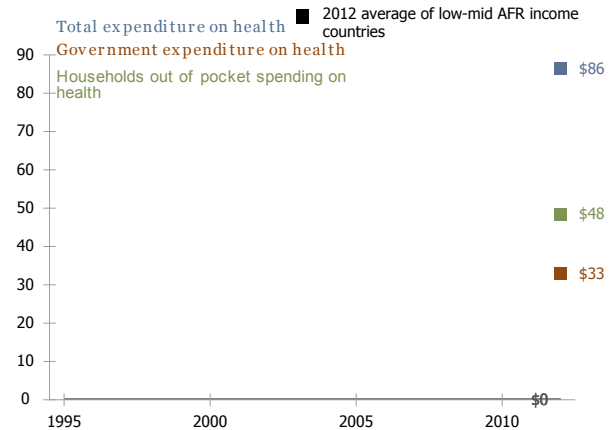
• AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

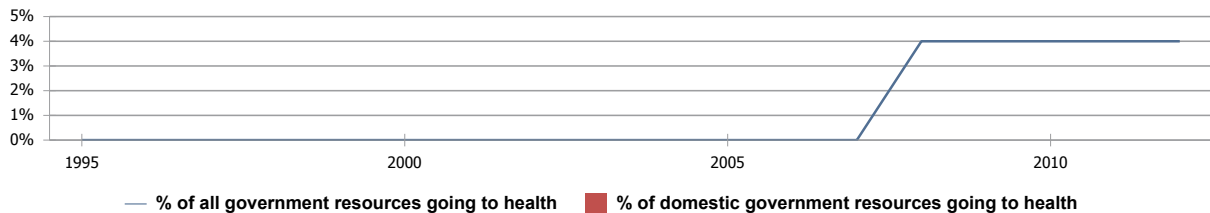


2008 data

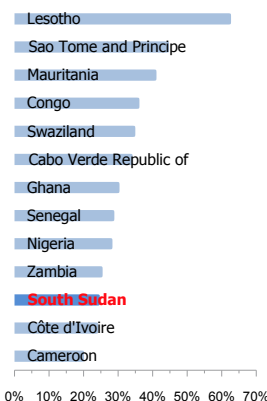
Per capita expenditure in US\$ (constant 2012 US\$)



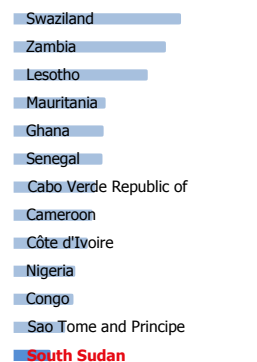
Government resources allocated to health



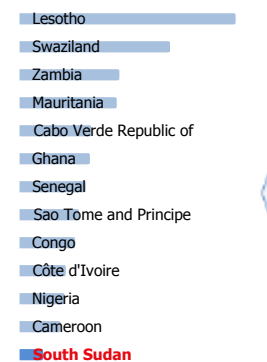
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

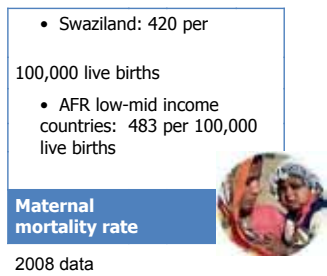
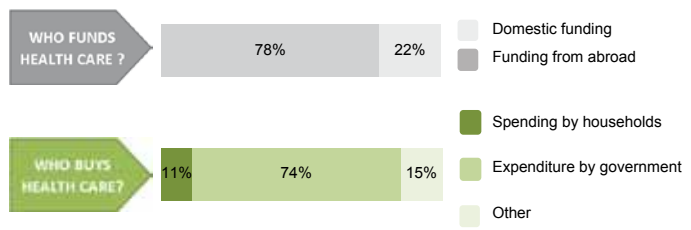
- Total government expenditure is low as a % of GDP ((25%))
- Share of government spending allocated to health is low ((4%))
- Government expenditure on health as a % of GDP is low ((1%))



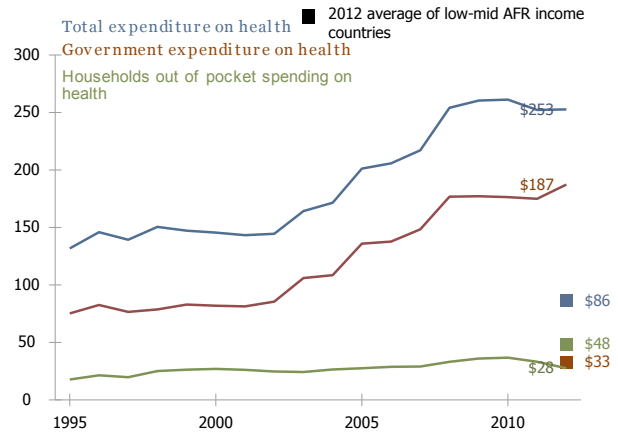
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

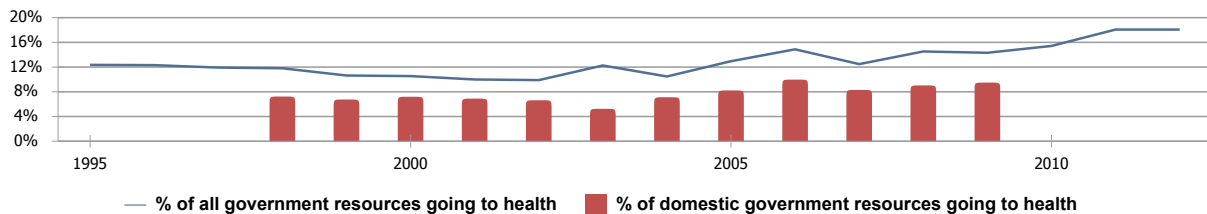
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Swaziland, 2012



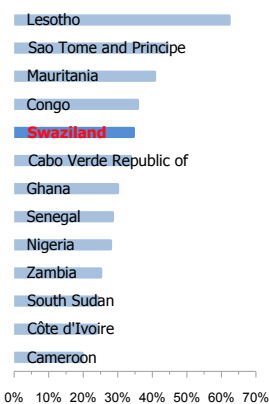
Per capita expenditure in US\$ (constant 2012 US\$)



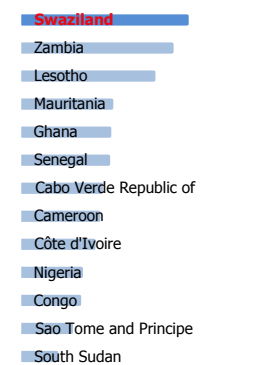
Government resources allocated to health



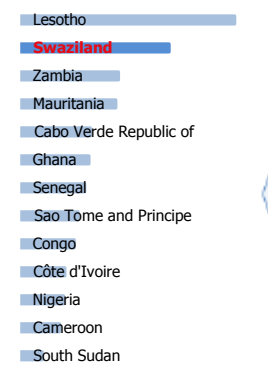
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:
Total government expenditure is in the median range as a % of GDP ((35%))
Share of government spending allocated to health is high ((18%))
Government expenditure on health as a % of GDP is high ((6%))



Source : global health expenditure database

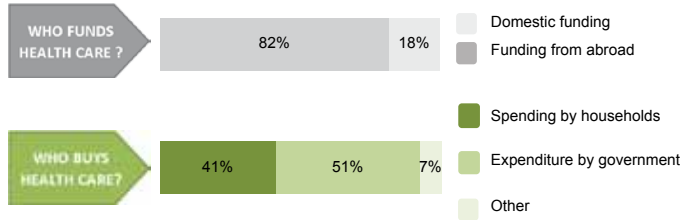
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Togo, 2012



Togo spent
271 million US\$
on health care:
- **\$41 per capita**
- **41% spent by households**



Togo:
\$472/capita
• AFR low income countries: \$527/capita

GDP per capita

Togo:
59 years
• AFR low income countries: 54 years

Life expectancy

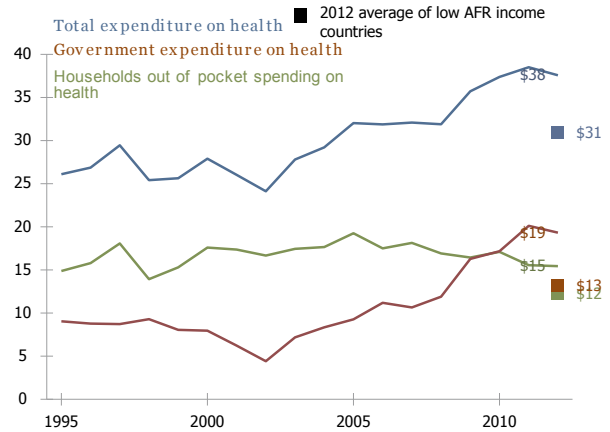
2009 data

Togo: 350 per
100,000 live births
• AFR low income countries:
655 per 100,000 live births

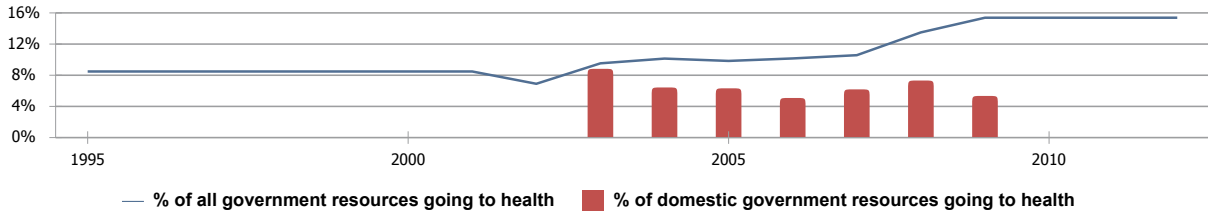
Maternal mortality rate

2008 data

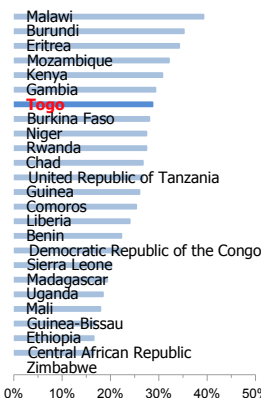
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is high as a % of GDP ((29%))

Share of government spending allocated to health is high ((15%))

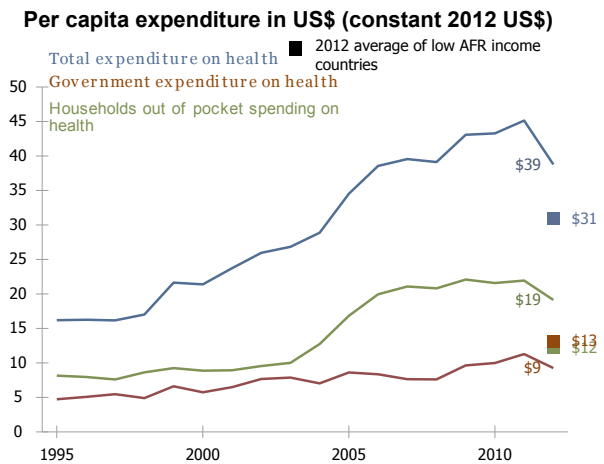
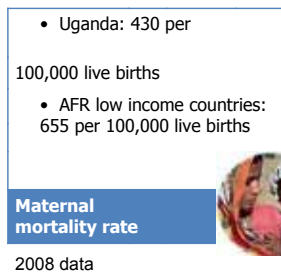
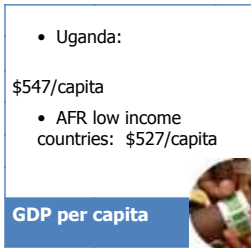
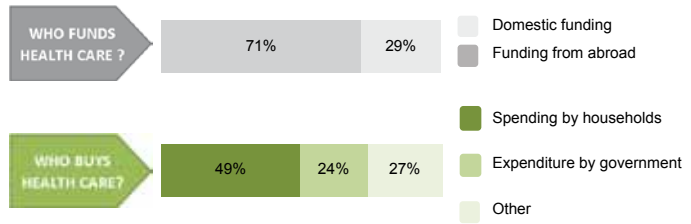
Government expenditure on health as a % of GDP is high ((4%))



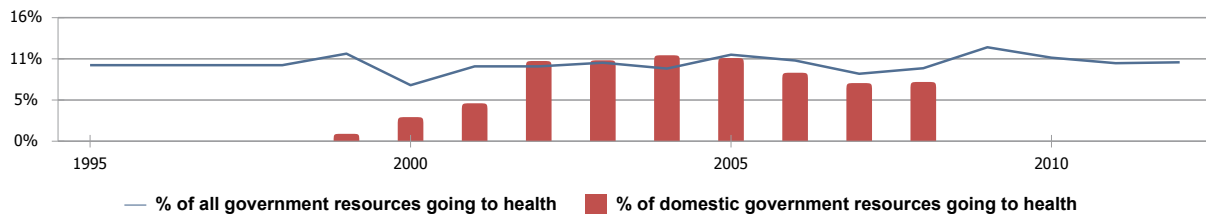
Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

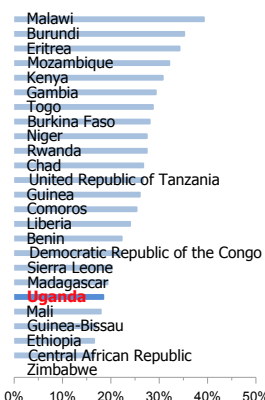
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Uganda, 2012



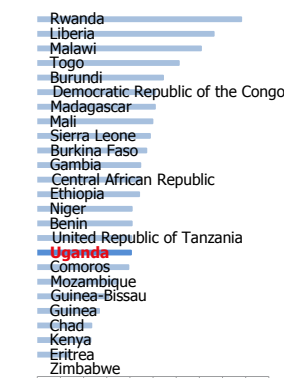
Government resources allocated to health



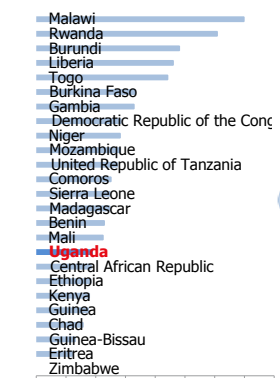
General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is low as a % of GDP ((19%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is in the median range ((2%))



Source : global health expenditure database

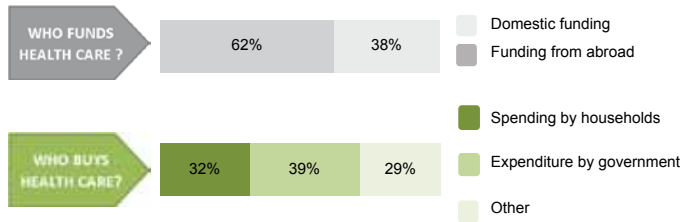
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

HEALTH SYSTEM FINANCING COUNTRY PROFILE: United Republic of Tanzania, 2012



United Republic of Tanzania spent **2.0 billion US\$** on health care: **- \$41 per capita** **- 32% spent by households**



United Republic of Tanzania: **\$591/capita**

- AFR low income countries: \$527/capita

GDP per capita

United Republic of Tanzania: **55 years**

- AFR low income countries: 54 years

Life expectancy

2009 data

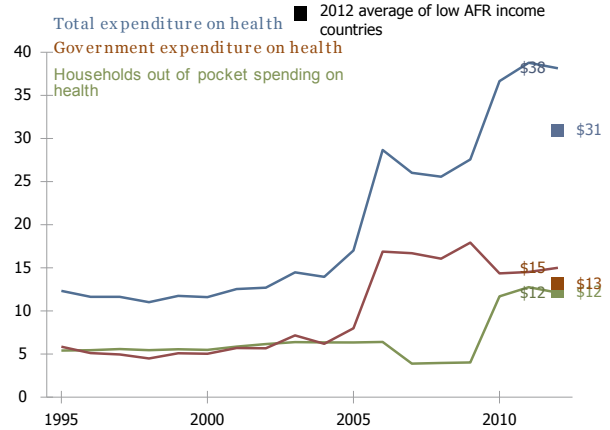
United Republic of Tanzania: **790 per 100,000 live births**

- AFR low income countries: 655 per 100,000 live births

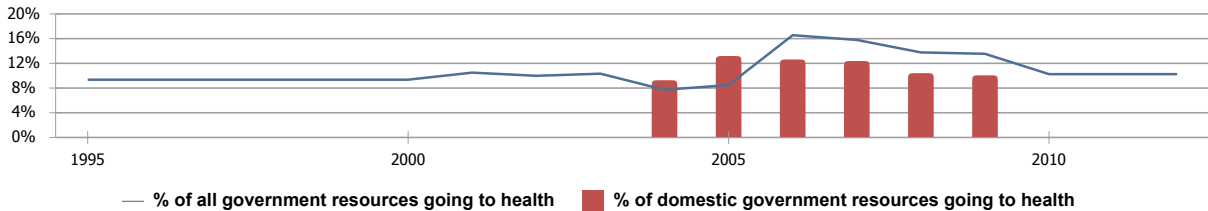
Maternal mortality rate

2008 data

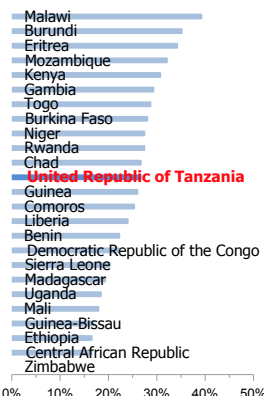
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is in the median range as a % of GDP ((27%))

Share of government spending allocated to health is in the median range ((10%))

Government expenditure on health as a % of GDP is in the median range ((3%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>)

HEALTH SYSTEM FINANCING COUNTRY PROFILE: Zambia, 2012



Zambia spent
1.4 billion US\$
on health care:
- \$96 per capita
- 24% spent by households

WHO FUNDS HEALTH CARE?

68%

32%

Domestic funding
Funding from abroad

WHO BUYS HEALTH CARE?

24%

64%

12%

Spending by households
Expenditure by government
Other

- Zambia: \$1,469/capita
- AFR low-mid income countries: \$1,482/capita

GDP per capita



- Zambia: 48 years
- AFR low-mid income countries: 56 years

Life expectancy



2009 data

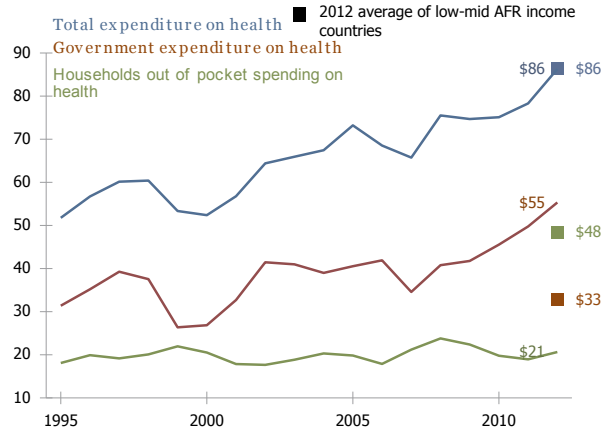
- Zambia: 470 per 100,000 live births
- AFR low-mid income countries: 483 per 100,000 live births

Maternal mortality rate

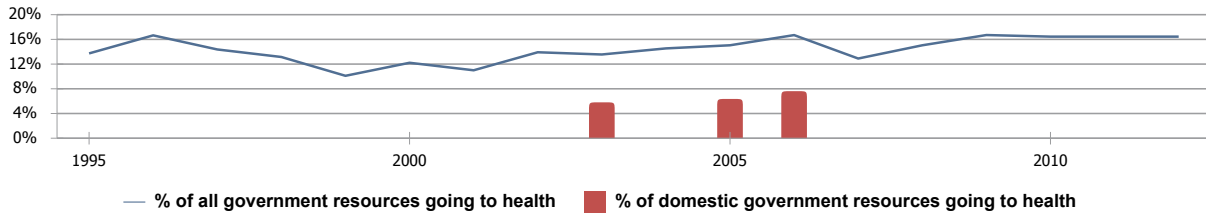


2008 data

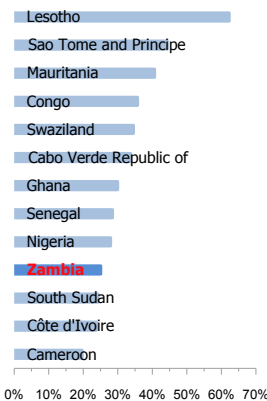
Per capita expenditure in US\$ (constant 2012 US\$)



Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low-mid AFR countries:

Total government expenditure is low as a % of GDP ((26%))

Share of government spending allocated to health is high ((16%))

Government expenditure on health as a % of GDP is high ((4%))

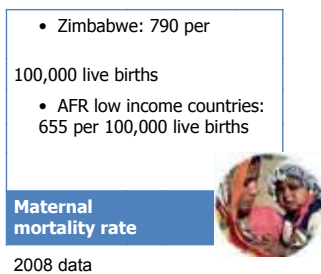
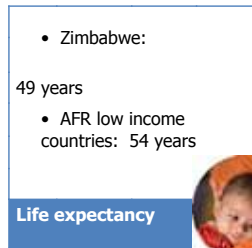
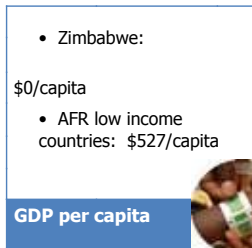
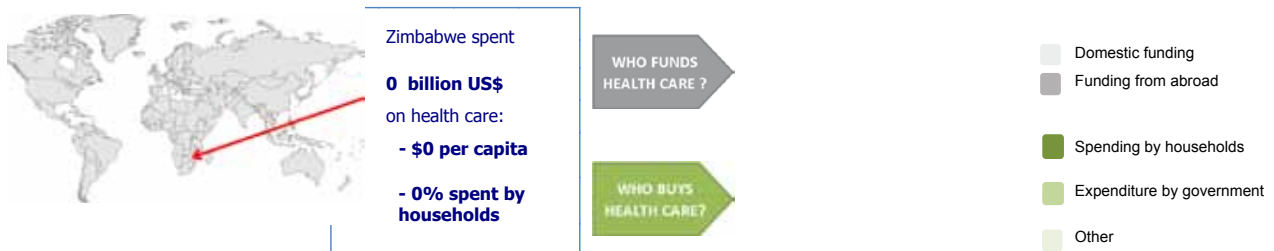


Source : global health expenditure database

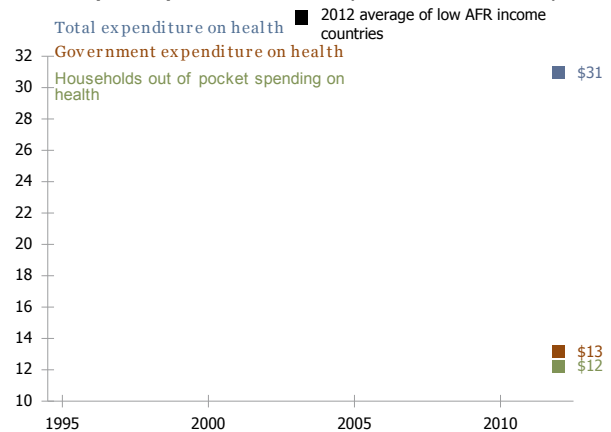
Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).

- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

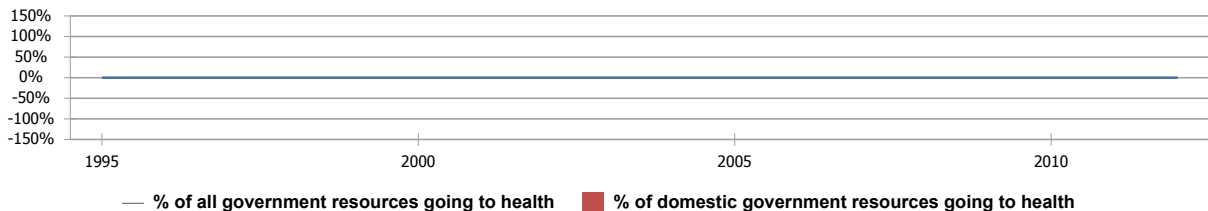
HEALTH SYSTEM FINANCING COUNTRY PROFILE: Zimbabwe, 2012



Per capita expenditure in US\$ (constant 2012 US\$)



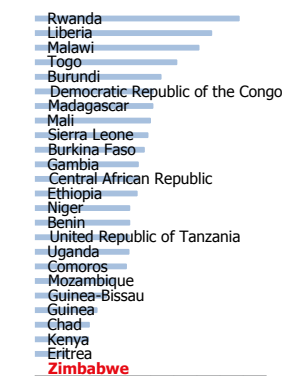
Government resources allocated to health



General government expenditure (GGE) % GDP



General government expenditure on health % GGE



General government expenditure on health % GDP



Government's health spending as compared to other countries of the region

Among low AFR countries:

Total government expenditure is low as a % of GDP ((0%))

Share of government spending allocated to health is low ((0%))

Government expenditure on health as a % of GDP is low ((0%))



Source : global health expenditure database

Footnote: For Glossary of Terms : visit the Documentation Center on GHED <http://who.int/nha/database/>. When the number is smaller than 0.05% the percentage may appear as zero. For per capita expenditure indicators, when the value is less than 0.5 it is represented as <1. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2000 data will cover the fiscal year 1999–2000). Care needs to be taken in interpreting external resource figures. Most are taken from the OECD DAC/CRS database except where a reliable full national health account study has been done. They are disbursements to recipient countries as reported by donors, lagged one year to account for the delay between disbursement and expenditure. Before 2002, disbursement data is not available and commitments are used. (latest updates are available on GHED <http://who.int/nha/database/>).



- Foreword
- Policy highlights
- WHO African country profile 2012
- Technical documentation

Technical documentation

Expenditure on health is about **WHO BUYS HEALTH CARE**. Households are the main private sector actor. Other private sector actors include non-profit institutions, private insurances, and enterprises.

Expenditures on health are financed by domestic resources (government funds and private sector funds), and by funding from abroad (external resources). This is about **WHO FUNDS HEALTH CARE**. Funding from abroad is the sum of resources made available by all non-resident institutional units, which are used for payments of health goods and services.

PER CAPITA EXPENDITURE IN US\$ (constant 2010 US\$) illustrates the trends on spending per person in constant US\$, since 1995, in total expenditure on health, and for two purchasers of health care, government¹ and households. The trends are adjusted to only show the real change in expenditure, and correct for fluctuations due to inflation (data is in constant 2010 US\$). The last year of the series can be compared to the average value, for that year, of expenditures on health by countries belonging to the same geographical² and income³ group as the selected country (square marks).

GOVERNMENT RESOURCES ALLOCATED TO HEALTH highlights efforts by government⁴ to allocate resources to health as compared to their total spending envelope. Two trends are shown: allocation of total expenditure going to health (blue line) and allocation of expenditure only funded out of domestic resources - before receiving aid – going to health (red bars).

GENERAL GOVERNMENT EXPENDITURE ON HEALTH AS SHARE (%) OF GDP is a set of 3 graphs that describes aspects of the fiscal context of countries and situates them within their geographical¹ and income² group. The first graph describes government's realized capacity to spend in any given year (General government expenditure % GDP); the second graph highlights the allocative decision by governments to spend on health (General government expenditure on health % General government expenditure); and the third graph is the product of the first two graphs and evaluates general government expenditure on health in terms of country's income (% GDP).

1 Government is the sum of outlays for health maintenance, restoration or enhancement paid for in cash or supplied in kind by government entities, such as the Ministry of Health, other ministries, parastatal organizations, social security agencies (without double-counting the government transfers to social security and to extra-budgetary funds). Includes transfer payments to households to offset medical care costs and extra-budgetary funds to finance health services and goods. The revenue base of these entities may comprise multiple sources, including external funds.

2 WHO regions link

3 World Bank income groups link

4 Government expenditures (total or for health) include expenditure by government entities, such as the Ministry of Health, other ministries, parastatal organizations, and social security agencies. It includes all compulsory health insurance (including private insurances that are publicly mandated and funded through compulsory contributions).



Department of Health Systems Financing
Health Systems Services
World Health Organization



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**