

UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL HEALTH ACCOUNTS

YEAR 2010

WITH SUB-ACCOUNTS FOR HIV AND AIDS, MALARIA,
REPRODUCTIVE AND CHILD HEALTH



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TANZANIA MAINLAND NATIONAL HEALTH ACCOUNTS 2009/10

**WITH SUB-ACCOUNTS FOR HIV AND AIDS,
MALARIA, REPRODUCTIVE AND CHILD HEALTH**

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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ACRONYMS

| | |
|-------------------------|--|
| CHF | Community Health Fund |
| CHW | Community Health Worker |
| FBO | Faith-Based Organization |
| GDP | Gross Domestic Product |
| GoT | Government of Tanzania |
| HBS | Household Budget Survey |
| IEC | Information, Education, and Communication |
| IMR | Infant Mortality Rate |
| IP | Inpatient |
| ITNs | Insecticide-Treated Mosquito Nets |
| MDGs | Millennium Development Goals |
| MMR | Maternal Mortality Rate |
| Mn | Million |
| MoF | Ministry of Finance |
| MoHSW | Ministry of Health and Social Welfare |
| NBS | National Bureau of Statistics |
| NGOs | Nongovernmental Organizations |
| NHA | National Health Accounts |
| NHIF | National Health Insurance Fund |
| HSSP III | Health Sector Strategic Plan III |
| NSGRP-MKUKUTA | National Strategy for Growth and Reduction of Poverty |
| OOP | Out-of-Pocket |
| OP | Outpatient |
| PHSDP-MMAM | Primary Health Services Development Program- <i>Mpango wa Maendeleo ya Afya ya Msingi</i> |
| PMTCT | Prevention of Mother-to-Child-Transmission |
| TACAIDS | Tanzania Commission for AIDS |
| TB | Tuberculosis |
| TDHS | Tanzania Demographic and Health Survey |
| TGE | Total Government Expenditure |
| THE | Total Health Expenditure |
| THE _{CH} | Total Health Expenditures for Child Health |
| THE _{HIV/AIDS} | Total Health Expenditures for HIV/AIDS |
| THE _{Malaria} | Total Health Expenditures for Malaria |
| THE _{RH} | Total Health Expenditures for Reproductive Health |
| Tshs | Tanzania Shillings |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| US\$ | US Dollars |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

FOREWORD

Health care financing is an increasingly important policy issue in Tanzania. Currently, efforts are in place to develop a health care financing strategy to inform the Ministry of Health and Social Welfare and other stakeholders of how the health sector is financed. Issues to be considered in the strategy include estimating the current level of total financing for health care, and mobilizing more funding to provide optimal health care services. In addition, it is necessary to understand how resources are allocated and spent within priority health programs and population groups. National Health Accounts (NHA) has been shown to be a useful tool to provide baseline expenditure data to inform health care financing strategy.

NHA provide policymakers and other stakeholders with essential financial information on a country's health system to facilitate equitable and efficient allocation of resources. The NHA framework has been recognized by the World Health Organization (WHO) Commission on Information and Accountability for Women's and Children's Health as an important tool for enhancing accountability. I am happy to note that Tanzania co-chairs the commission and I will follow closely how stakeholders in the health sector embrace the NHA framework.

Tanzania is committed to institutionalizing the NHA framework in order to produce health expenditure data on a regular basis. An Institutionalization Plan for NHA has already been developed.

I would like to thank the team that prepared and developed the 2009/10 NHA report for their tireless efforts that resulted in the production of this document. I would also like to thank USAID and WHO for financing this NHA estimation.

This NHA provides very useful information which will guide the prioritization of resource allocation in the health sector. I call upon political leaders, Government of Tanzania officials, development partners, and civil society to fully utilize the 2009/10 NHA findings to make appropriate decisions within the sector that will ensure that health resources are used efficiently and that all Tanzanians enjoy relatively better access to health services.

Thank you,

Dr. Hussein Ali Mwinyi (MP)
Minister for Health and Social Welfare

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Regina L. Kikuli
Ag. Permanent Secretary
Ministry for Health and Social Welfare

EXECUTIVE SUMMARY

The Ministry of Health and Social Welfare (MoHSW) is currently developing a health sector financing strategy. To inform this process, several resource tracking initiatives – namely, a Public Expenditure Review and a National Health Accounts (NHA), as well as a cost driver study and a costing of health services study – are being undertaken to provide baseline information necessary to model a health care financing framework. The primary objective of the 2009/10 NHA is to track resource flows in the health sector for general health and four health subsectors (HIV/AIDS, Reproductive Health, Malaria, and Child Health). Findings will inform the review of the current Health Sector Strategic Plan. The NHA will be used to monitor the performance of the health sector relative to the resources being put into it, and will provide stakeholders with information on the overall resource envelope which will be used as a basis for sector-wide investment.

The 2009/10 NHA provides comprehensive analysis on sources of health expenditures, financing agents, health care providers, and health functions in that fiscal year, and compares these expenditures with those reported in the NHA estimations done for 2002/03 and 2005/06. The Tshs/US\$ amounts for the 2002/03 and 2005/06 expenditure estimates have been adjusted for inflation and population growth to facilitate comparison with 2009/10 expenditure estimates; all expenditures reported here are in 2009/10 current Tshs/US\$. The 2009/10 NHA estimates are only for the Tanzania Mainland.

GENERAL HEALTH EXPENDITURE FINDINGS

Total health expenditure (THE) has increased from Tshs774 billion (US\$734 million) in 2002/03 to Tshs2,323 billion (US\$1,751 million) in 2009/10. THE per capita doubled from Tshs22,634 (US\$21) in 2002/03 to Tshs54,529 (US\$41) in 2009/10. However, THE per capita increased by only 7 percent in 2009/10 over 2005/06 estimates. Government health expenditure as a percent of total government expenditures has remained almost constant at about 7 percent since 2002/03, an indication that the government is far from reaching the Abuja target. THE as a percentage of Gross Domestic Product (GDP) increased from 5 percent in 2002/03 to 8 percent in 2009/10.

Donors were the major financiers of THE in 2009/10, although their share of health expenditure declined from 44 percent in 2005/06 to 40 percent in 2009/10. Although the public contribution to THE has declined slightly, from 28 percent in 2005/06 to 26 percent in 2009/10, in absolute values public contributions increased by 21 percent during the same period. The private sector contribution to THE, which showed a declining trend since 2002/03 reaching a low of 28 percent in 2005/06, increased to 34 percent in 2009/10.

The public sector continues to be the major financing agent of THE, although its role has decreased from managing 61 percent of THE in 2005/06 to 41 percent in 2009/10. The private sector managed 34 percent of THE in 2009/10 compared to 11 percent in 2005/06. Nongovernmental organizations (NGOs) and donors managed 25 percent of THE in 2009/10, down from 28 percent in 2005/06.

Public facilities used 47 percent of THE in 2009/10, compared to 24 percent in 2005/06. Providers of public health programs used the same amount of THE (23 percent) in 2005/06 and 2009/10. Private facilities' share of THE use has been declining, from 44 percent in 2002/03 to 8 percent in 2009/10.

The proportion of THE spent on purchasing outpatient curative care has more than doubled, from 18 percent in 2005/06 to 44 percent in 2009/10, while the percentage of THE used for prevention and public health services has decreased from 31 percent to 26 percent during the same period. The percentage of THE used to purchase pharmaceuticals at pharmacies has declined from 10 percent in 2005/06 to 2 percent in 2009/10.

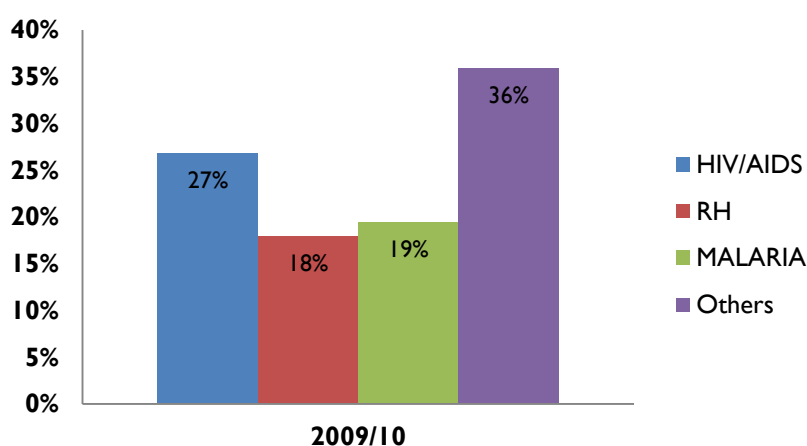
SUBACCOUNTS

Tanzania has been conducting subaccounts within the NHA framework, and in 2005/06 five subaccounts were done: TB, HIV/AIDS, Malaria, Reproductive Health, and Child Health. The 2009/10 NHA included four subaccounts (HIV/AIDS, Malaria, Reproductive Health, and Child Health). The information from these subaccounts will assist in further understanding how the health sector prioritizes these interventions and the role of various actors in financing the priority areas.

In 2009/10, the three priority areas of HIV/AIDS, reproductive health, and malaria consumed 64 percent of THE, with HIV/AIDS taking the largest portion (27 percent). Figure ES-1 shows THE by priority area. Note that although NHA estimates included child health, it is not included in this breakdown since it overlaps with other accounts.

Expenditures on child health services, which cut across the HIV/AIDS and malaria subaccounts and other general health spending, accounted for 9 percent of THE.

FIGURE ES-1: THE BY PRIORITY AREA



HIV/AIDS SUBACCOUNT FINDINGS

THE on HIV/AIDS (THE_{HIV}) increased significantly from Tshs56 billion (US\$53million) in 2002/03 to Tshs622 billion (US\$468 million) in 2009/10. THE_{HIV} as a percentage of THE was 27 percent in 2009/10 and has remained almost the same since 2005/06. About 2 percent of GDP was used for THE_{HIV} in 2009/10.

Donors continue to be the major financiers of THE_{HIV} , contributing over 70 percent in 2009/10, up from 62 percent in 2005/06. The private sector contribution to THE_{HIV} declined from 42 percent in 2002/03 to 18 percent in 2009/10, while the public sector contribution declined from 27 percent to 12 percent during the same period. In absolute values donor contributions to THE_{HIV} increased by 37 percent, while public sector contributions declined by 48 percent between 2005/06 and 2009/10.

NGOs and donors managed over half of THE_{HIV} in 2009/10 compared to 6 percent in 2005/06. Donors channeled 80 percent of their contributions to THE_{HIV} through NGOs in 2009/10. Public sector entities managed 26 percent of THE_{HIV} in 2009/10, down from 61 percent in 2005/06. The role of the private sector as managers of THE_{HIV} declined from 46 percent in 2002/03 to 18 percent in 2009/10.

The amount of THE_{HIV} that was spent on public facilities increased from 5 percent in 2005/06 to 36 percent in 2009/10. Providers of public health programs consumed 40 percent of THE_{HIV} in 2009/10, down from 53 percent in 2005/06. Community health workers who were not prominent in the previous two NHA estimates consumed 5 percent of THE_{HIV} in 2009/10.

There was a significant increase in the amount of THE_{HIV} used to purchase outpatient curative care, from 6 percent in 2005/06 to 44 percent in 2009/10. During the same period, the portion of THE_{HIV} used for prevention and public health services declined slightly, from 53 percent to 45 percent.

MALARIA SUBACCOUNT FINDINGS

THE on malaria (THE_{Malaria}) was Tshs451 billion (US\$340 million) in 2009/10, an increase of 10 percent over 2005/06 expenditures. THE_{Malaria} was equivalent to 19 percent of THE in 2009/10, down from 23 percent in 2005/06. THE_{Malaria} accounted for 2 percent of GDP in 2009/10, a decline from 3 percent in 2005/06.

The private sector continues to be a major source of THE_{Malaria}. However, the role of the private sector as a source of THE_{Malaria} has declined from 61 percent in 2005/06 to 41 percent in 2009/10. Donor contributions to THE_{Malaria} more than doubled, from 18 percent in 2005/06 to 40 percent in 2009/10. The public sector contribution to THE_{Malaria} has been declining since 2002/03, from 37 percent in that year to 19 percent in 2009/10.

NGOs and donors managed significantly more of THE_{Malaria} in 2009/10 (27 percent) compared to 2005/06 (1 percent). The private sector controlled 39 percent of THE_{Malaria} in 2009/10 compared to 60 percent in 2005/06. Public sector entities managed 34 percent of THE_{Malaria} in 2009/10, down from 38 percent in 2005/06.

Public facilities used 53 percent of THE_{Malaria} in 2009/10, up from 9 percent in 2005/06. Providers of public health programs used twice the amount of THE_{Malaria} in 2009/10 (26 percent) compared to 2005/06 (13 percent). The role of private facilities as a provider decreased from 67 percent in 2002/03 to 6 percent in 2009/10.

Outpatient curative care accounted for nearly half of THE_{Malaria} in 2009/10, compared to 26 percent in 2005/06. Prevention and public health services used 27 percent of THE_{Malaria} in 2009/10 up from 12 percent in 2005/06. THE_{Malaria} used for inpatient curative care increased from 11 percent in 2005/06 to 24 percent in 2009/10. There was a huge decline in the amount of THE_{Malaria} on pharmaceuticals at private pharmacies/chemists, from 46 percent in 2005/06 to almost zero in 2009/10. This apparent decline was due to limitations in the data for the estimation of household out-of-pocket (OOP) health expenditures.

REPRODUCTIVE HEALTH SUBACCOUNT FINDINGS

THE on reproductive health (THE_{RH}) services was Tshs416 billion (US\$313 million) in 2009/10, up from Tshs191 billion (US\$155 million) in 2005/06. THE_{RH} as a percentage of THE increased from 11 percent in 2005/06 to 18 percent in 2009/10. THE_{RH} was equivalent to 2 percent of GDP in 2009/10 compared to 1 percent in 2005/06.

Private sector contributions to THE_{RH} increased from 34 percent in 2005/06 to 48 percent in 2009/10, while donor contributions increased from 22 percent to 30 percent during the same period. There was a significant decline in public sector financing of THE_{RH}, from 44 percent in 2005/06 to 21 percent in 2009/10.

The role of the public sector as an agent declined from 61 percent in 2005/06 to 35 percent in 2009/10. The private sector managed the largest share of THE_{RH} in 2009/10 at 48 percent, up from 31 percent in 2005/06. NGOs and donors controlled 16 percent of THE_{RH} in 2009/10.

Public facilities used 69 percent of THE_{RH} in 2009/10, up from 14 percent in 2005/06. Faith-based organization (FBO) facilities were the second-largest user of THE_{RH} at 17 percent in 2009/10. Private facilities used only 6 percent of THE_{RH} in 2009/10 compared to 44 percent in 2005/06.

About 51 percent of THE_{RH} was spent on outpatient curative care and 37 percent on inpatient curative care in 2009/10, compared to 26 percent and 24 percent, respectively, in 2005/06. There was a significant decline in the amount of THE_{RH} used in prevention and public health programs, from 26 percent in 2005/06 to 8 percent in 2009/10.

CHILD HEALTH SUBACCOUNT FINDINGS

THE on child health services (THE_{CH}) was Tshs219 billion (US\$165million) in 2009/10. THE_{CH} was equivalent to 1 percent of the GDP or 9 percent of THE in 2009/10.

The private sector financed more than half (59 percent) of the THE_{CH} in 2009/10, followed by the public sector at 28 percent. Donors contributed only 13 percent of THE_{CH} in 2009/10. The private sector managed the largest amount of THE_{CH} at 58 percent in 2009/10, followed by the public entities at 38 percent.

Public facilities used the largest amount of THE_{CH} at 66 percent in 2009/10, while FBO facilities used 19 percent. About 57 percent of THE_{CH} was spent on outpatient curative care services, and 38 percent on inpatient curative care services, in 2009/10.

LIMITATIONS AND CONSIDERATIONS

There was a low rate of response to the data collection survey by private employer firms, causing a repeat of the exercise. There is a need to fully engage this sector in the future to avoid non-response.

The team acknowledges the limitations in the OOP estimation approach, considering that the Household Budget Survey (HBS) did not estimate household expenditures at pharmacies and shops. In future estimations, it will be important to base OOP estimates on more up-to-date and rigorous household health expenditure and utilization surveys. Therefore, it is necessary to consider piggybacking appropriate expenditure questions onto future HBS instruments and other household surveys such as Tanzania Demographic and Household Survey.

Expenditures by Ministry of Defence are not included in the 2009/10 NHA since these data were not readily available.

I. INTRODUCTION AND BACKGROUND

I.1 BACKGROUND

National Health Accounts (NHA) is a statistical system that comprises accounts that describe the totality of health expenditure flows in both the government and nongovernment sectors. It describes the sources of all funds utilized in the health sector and uses of these funds. Some of the policy uses of NHA include:

- Monitoring of trends over time. For instance, how much money is spent on reproductive and child health over time? Who is carrying the burden of funding health care? If it is households, then measures should be taken to improve the income of poor households, introduce social health insurance schemes, etc.
- Diagnosing financing problems. For example, there may be a health problem that seems to have a bigger disease burden but is not allocated adequate funds (mismatch between allocations and the burden of disease).
- International comparisons. NHA can be useful in international comparisons, especially when comparing countries based on agreed targets (e.g., meeting the Abuja Declaration target).

I.2 HISTORY OF NHA IN TANZANIA

Tanzania has undertaken three NHA studies since 2001. The first NHA estimates were for 1999/00 and focused on general NHA. The second and third NHAs covered 2005/06 and 2009/10 and included subaccounts on HIV/AIDS, Malaria, Reproductive Health, and Child Health. NHA findings have been used to inform policy, international comparisons, resource allocation, and review of policies. Discussions on how to institutionalize NHA are ongoing in order to make NHA data routinely available.

This round of NHA, undertaken in 2011 to measure 2009/10 expenditures, was funded by the Government of Tanzania (GoT), the United States Agency for International Development (USAID)-Tanzania Mission, and the World Health Organization (WHO). It is expected that the findings of this NHA will be used to shape the health care financing strategy currently under development.

I.3 POLICY OBJECTIVES OF THE 2009/10 NHA

The 2009/10 NHA had number of policy objectives, namely to:

- Estimate total health expenditure (THE) in Tanzania as well as show who carries the burden of financing the health sector (financing sources).
- Establish who makes decisions over and manages health resources (financing agents).
- Ascertain who the main providers of health services are, where they get money from, and what they spend their money on.
- Estimate expenditures for the four priority health areas: HIV/AIDS, Malaria, Reproductive Health, and Child Health.

1.4 DEMOGRAPHIC TRENDS

As shown in Table 1.1, projected population of Tanzania in 2009/10 was 42.6 million (National Bureau of Statistics [NBS] 2006). Unlike most of the countries in the region, Tanzania is still sparsely populated, with a low density of 39 persons per square kilometer. The population growth rate is high, about 2.9 percent per year. According to the 2002 census, life expectancy at birth is 51 years. The population of Tanzania has continued to be predominantly rural despite an increase in the proportion of urban residents over time, from 6 percent in 1967 to 26 percent in 2010 (NBS 2006).

**TABLE 1.1: POPULATION BY AGE AND SEX, TANZANIA MAINLAND, 2010
(THOUSANDS)**

| Age | Female | Male | Total |
|--------------|---------------|---------------|---------------|
| 0-14 | 8,918 | 8,972 | 17,890 |
| 15-64 | 11,873 | 11,594 | 23,467 |
| 60 and above | 707 | 536 | 1,243 |
| Total | 21,498 | 21,102 | 42,600 |

Source: NBS (2006)

1.5 HEALTH INDICATORS

Tanzania is facing the twin challenges of communicable and non-communicable diseases. Malaria remains the major cause of morbidity and mortality and ranks number one in both inpatient admissions and outpatient visits. Under-five child mortality is on a declining trend from 112 per 1,000 in 2005 to 81 per 1,000 in 2010, and the Infant Mortality Rate (IMR) has declined from 68 per 1,000 live births to 51 per 1,000 during the same period. The Maternal Mortality Rate (MMR) has remained high, at 454 per 100,000 live births in 2010. While most of Tanzania's health indicators are above the sub-Saharan regional averages, some of its health indicators are below those of its neighbors. Table 1.2 provides health indicators for selected countries in sub-Saharan Africa.

**TABLE 1.2: HEALTH INDICATORS FOR SELECTED COUNTRIES
IN SUB-SAHARAN AFRICA**

| Indicator | Tanzania | Zambia | Kenya | Zimbabwe | Malawi | Uganda | Average Value in SSA |
|----------------------------------|----------|--------|-------|----------|--------|--------|----------------------|
| Life Expectancy | 52.4 | 52.4 | 56.0 | 47.6 | 51.7 | 54.0 | 54.4 |
| IMR (per 1,000 live births) | 51.0 | 70.0 | 52.0 | 30.9 | 81.0 | 70.0 | 200.0 |
| MMR (per 100,000 live births) | 454 | 591 | 488 | 725 | 800 | 435 | 885 |
| HIV/AIDS Prevalence (15–49 yrs.) | 5.6% | 13.5% | 6.3% | 14.3% | 7.1% | 5.4% | 5.0% |

Source: WHO and UNAIDS database, various years http://www.who.int/gho/mortality_burden_disease/en/index.html; http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2009/jc1700_epi_update_2009_en.pdf
Note: SSA=sub-Saharan Africa

1.6 NATIONAL GOALS, POLICIES, AND STRATEGIES

The government has developed a number of enabling policies in an effort to strengthen the health sector. These policies are articulated in various government documents such as the National Vision 2025, the Five Year Development Plan (2011/12–2015/16), the National Strategy for Growth and Reduction of Poverty (NSGRP-MKUKUTA), the National Health Policy and the Health Sector Strategic Plan III 2009–2015 (HSSP III).

The HSSP III, which is the blueprint for the health sector, aims at enabling the Ministry of Health and Social Welfare (MoHSW) to critically examine and identify areas that are core to MoHSW as stipulated by its mandate, and strategically allocate the limited resources to priority areas where

they will have the most impact, in line with NSGRP-MKUKUTA and other national policy frameworks.

To achieve the NSGRP-MKUKUTA objectives and the Millennium Development Goals (MDGs), the health sector has been given the responsibility under Cluster 2 of the NSGRP-MKUKUTA to focus on the ultimate goal of improving the quality of life and social well-being of Tanzanians. To this end, the MoHSW is undertaking reforms in health sector to improve access and efficiency in service delivery. One of the major initiatives will be to expand health insurance in the country to reach 45 percent of the population by 2015.

Vision

To have a healthy community that will contribute effectively to individual development and to the country as a whole.

Mission

To facilitate the provision of basic health services which is proportional, equitable, quality, affordable, sustainable, and gender sensitive.

1.7 HEALTH FACILITIES IN TANZANIA

Health services in Tanzania are provided through three levels of facilities: hospitals, health centers, and dispensaries. There are 5,987 health facilities, with 71 percent of them owned by public sector. Table 1.3 provides a distribution of health facilities by ownership.

TABLE 1.3: DISTRIBUTION OF HEALTH FACILITIES IN TANZANIA BY OWNERSHIP, 2010

| Facility Type | Public | Parastatal | FBOs* | Private | Total |
|----------------------|---------------|-------------------|--------------|----------------|--------------|
| Hospitals | 95 | 6 | 96 | 35 | 232 |
| Health Centers | 398 | 6 | 103 | 56 | 563 |
| Dispensaries | 3,526 | 189 | 635 | 842 | 5,192 |
| Total | 4,019 | 201 | 834 | 933 | 5,987 |

Source: MoHSW (2010)

Note: FBO=faith-based organization

1.8 OVERVIEW OF HEALTH CARE FINANCING IN TANZANIA

The Tanzanian health care system is financed from various sources, including taxation, donor funding, out-of-pocket (OOP) payments, and prepayment schemes. Since the introduction of a cost sharing policy in 1993, households, in the absence of insurance, are required to make OOP payments at public health facilities. Payments are also made by patients at faith-based organization (FBO) and private facilities. Generally, all over the world, OOPs are a serious equity concern as they limit access to care for the poorest population groups. This is the reason for the introduction of a policy on exemptions and waivers, to protect vulnerable groups from paying for health care. In recent years the MoHSW has made numerous commitments to the expansion of health insurance in the country. This is evidenced first by the introduction of the Community Health Fund (CHF) in early 2000, and the initiation of the National Health Insurance Fund (NHIF) in 2001.

The NHIF, which is the largest medical insurance scheme in Tanzania, covers civil servants and is compulsory to those in the formal sector. The CHF, on the other hand, targets the informal rural sector. A second health insurance scheme targeting the formal sector, the Social Health Insurance Benefit Scheme, was formed in 2005 as an independent body within the National Social Security Fund, and covers primarily the formal private and parastatal sectors. Currently, all these insurance schemes cover slightly above 1 percent of the total population. Private health insurance is growing in Tanzania, but coverage remains limited.

The health financing system in Tanzania is still fragmented, with many different financiers and modes of financing. Therefore, the government, through the MoHSW, is in the process of reforming the health financing system and is currently working on a mid- to long-term health financing strategy.

The strategy aims to provide the necessary framework for comprehensive and mutually reinforcing reforms in all areas of health financing, such that an increasing number of Tanzanians will have access to quality health services without facing financial risks related to accessing care. This NHA report will inform the development of the strategy

I.9 ORGANIZATION OF THE REPORT

This report is organized into eight chapters. This first chapter provides general background information on the NHA history, socioeconomic conditions, and health services structure in the country. Chapter 2 provides information on the methodology that went into the production of the 2009/10 NHA process. Chapter 3 is the heart of the report: it summarizes the findings of the general NHAs for the years 2002/03, 2005/06, and 2009/10. Chapter 4 provides findings from HIV/AIDS Subaccounts. In Chapter 5, Reproductive Health Subaccounts findings are presented; Chapter 6 presents the findings of the Malaria Subaccounts, and Chapter 7 presents details of the Child Health Subaccounts. Chapter 8 provides policy recommendations and concluding thoughts, including strategic thinking on the policy relevance and implication of the NHA findings as a whole.

2. NHA METHODOLOGY

The 2009/10 NHA was carried out in accordance with the Guide to Producing National Health Accounts (WHO et al. 2003), using the NHA framework to estimate THE. The framework is based on International Classification of Health Accounts, which defines classifications for health care expenditures and presents health expenditures in the form of matrices linking sources of funding, financing agents, providers, and of the uses of health services. In estimating health expenditures, primary and secondary data were collected. The primary data collection entailed the administration of questionnaires by enumerators to the MoHSW, employers, medical insurance schemes, nongovernmental organizations (NGOs), and development partners in the health sector.

2.1 DATA SOURCES

The data collection process for this NHA estimation relied extensively on primary data collected from employer firms, medical insurance firms, nongovernmental organizations, and development partners. Secondary data were obtained from MoHSW appropriation accounts, various MoHSW departments' annual reports, and the Household Budget Survey. Utilization data from health information systems and cost data obtained from programs' strategic plans in the MoHSW were used for determining health expenditure ratios for inpatients and outpatients.

2.1.1 INSTITUTIONAL SURVEYS

Private Employer Survey

Employers primarily finance health care services for their employees. In order to estimate the employer's contributions to health, a listing of firms with more than 100 employees was generated from the 2010 NBS master employer list. A total of 588 private firms were listed.

A multi-level sampling was used to obtain the sample. The firms were first organized by six regions, stratified by market segment (Agriculture, Transport, Industry, Wholesale, Financial Institutions, Retail, Education, Tourism, Hospitality, Communications, or other segments). Based on the regional and market segment weights, a 20 percent sample was drawn.

A total sample of 121 private firms was drawn and 56 of the firms responded to the survey questionnaire. The information from the responding firms was weighted within each sector and extrapolated to estimate the THE by employer firms.

Government Ministries/Departments Survey

The information on government health expenditures was collected from the MoHSW plus various departments maintaining separate expenditure accounts. The main sources of the MoHSW data were:

- GoT 2009/10 Estimates of Recurrent and Capital Expenditures (issued by Ministry of Finance [MoF])
- Annual 2009/10 Appropriation Accounts for the period ended 30th June, 2010 (Recurrent and Capital)
- Basket and non-basket funding expenditure information
- Public Expenditure Review reports (MoHSW multiple years)

Local Government Authorities and Regional Authorities

The 21 major regional authorities and all 133 local government authorities were surveyed. These data were obtained from secondary data maintained by the MoF and the Prime Minister's Officer-Regional Administration and Local Government.

State Corporations (Parastatals)

Parastatals allocate funds to provide in-house care or purchase medical insurance for their employees. A listing of 196 parastatals was obtained from the NBS and collaborated by the MoF. A sample of 42 public firms was drawn and 38 firms responded to the survey questionnaire. Expenditures of firms that responded were weighted to obtain THE by state corporations (parastatals).

Health Insurance

The survey was administered to the eight firms offering medical insurance and all of them responded to the survey.

NGO Survey

A list of all NGOs in Tanzania was obtained from the Ministry of Children, Gender, Women, and Community Development. A total of 76 NGOs were identified for the survey. From that list, 50 NGOs responded to the survey.

Given that the principal source of funds for NGOs is donors, the study utilized the information obtained from the donors to estimate the relative contribution and services provided to the health sector by those NGOs that did not respond.

Donor Survey

The full list of donors was obtained from the MoF and questionnaires were sent to all donors who finance health activities. All except one responded. This information was primarily used to cross-check the accuracy of information obtained from the NGOs.

2.1.2 HOUSEHOLD HEALTH EXPENDITURE ESTIMATES

OOP spending refers to expenditures made directly to the provider by a household member. The 2009/10 NHA relied upon estimates from the 2005/06 National Accounts, the 2007 Household Budget Survey (HBS), the SHIELD report of 2009, and the 2010 Economic Survey to estimate household spending on health in 2009/10. The 2009/10 National Accounts provided the overall level of Gross Domestic Product (GDP) used for private consumption. The HBS gave an estimate of how much of the private consumption was spent on health, while the SHIELD Report provided information on OOP expenditures by provider and functions.

2.2 LIMITATIONS AND CONSIDERATIONS

There was a low rate of response by private employer firms, causing a repeat of the exercise. There is a need to fully engage this sector in the future to avoid non-response.

The team acknowledges the limitations in the OOP estimation approach, considering that the HBS did not estimate household expenditures at pharmacies and shops. In future estimations, it will be important to base OOP estimates on more up-to-date and rigorous household health expenditure and utilization surveys. Therefore, it is necessary to consider piggybacking appropriate expenditure questions onto future HBS instruments and other household surveys such as Tanzania Demographic and Household Survey (TDHS).

Expenditures by the Ministry of Defence are not included in the 2009/10 NHA because these data were not readily available.

3. GENERAL NHA FINDINGS

3.1 INTRODUCTION

Tanzania has embarked on the process of institutionalization of the NHA to respond to stakeholders' requests for more data on health expenditures. To this end, the country has conducted four rounds of NHA, for 1999/00, 2002/03, 2005/06, and 2009/10. The 2009/10 findings, along with other resource tracking studies, will inform the health sector financing strategy. The findings can also be used as an advocacy tool for mobilizing additional resources to the health sector. This chapter provides an overview of the health sector's financing for 2002/03, 2005/06, and 2009/10.

3.2 SUMMARY STATISTICS FOR THE GENERAL NHA EXPENDITURES

THE for Tanzania has been increasing in absolute amounts from Tshs774 billion (US\$734 million) in 2002/03 to Tshs2,323 billion (US\$1,751 million) in 2009/10. The per capita expenditure increased from Tshs22,634 (US\$21) in 2005/06 to Tshs54,529 (US\$41) in 2009/10. Between 2005/06 and 2009/10, THE increased by 31 percent. Government health expenditure as a percent of total government expenditure (TGE) has remained constant at about 7 percent since 2002/03. However in absolute values, TGE increased by 21 percent between 2005/06 and 2009/10, indicating the government commitment to the health sector is in line with Vision 2025. THE as a percentage of GDP increased from 5 percent in 2002/03 to 8 percent in 2009/10. Table 3.1 shows the summary statistics for the general NHA for the period 2002/03, 2005/06, and 2009/10.

TABLE 3.1: SUMMARY STATISTICS FOR THE GENERAL NHA

| Indicators | 2002/03 | 2005/06 | 2009/10 |
|--|------------|------------|------------|
| Total Population, 2009 (NBS) | 34,200,000 | 37,500,000 | 42,600,000 |
| Exchange Rate (NBS) | 1,055 | 1,234 | 1,327 |
| Total GDP at Current Prices (Mn Tshs) (Economic Survey 2010) | 15,411,621 | 23,542,538 | 28,213,000 |
| Total GDP at Current Prices (Mn US\$) (Economic Survey 2010) | 14,608 | 19,078 | 21,261 |
| TGE (Mn Tshs) (Economic Survey 2010) | 3,123,575 | 7,517,940 | 9,239,000 |
| TGE (Mn US\$) (Economic Survey 2010) | 2,961 | 6,092 | 6,962 |
| THE (Mn Tshs) | 774,098 | 1,780,011 | 2,322,927 |
| THE (Mn US\$) | 734 | 1,442 | 1,751 |
| Government Health Expenditure (Mn Tshs) | 190,116 | 500,244 | 603,922 |
| THE per Capita (Tshs) | 22,634 | 47,467 | 54,529 |
| THE per Capita (US\$) | 21 | 38 | 41 |
| THE as a % of Nominal GDP | 5.0% | 7.6% | 8.2% |
| Government Health Expenditure as a % of TGE | 6.1% | 6.7% | 6.5% |
| Financing Sources as a % of THE | | | |
| Public | 25.4% | 28.1% | 26.0% |
| Private | 47.1% | 27.8% | 34.4% |
| Donors | 27.4% | 44.1% | 39.6% |
| Financing Agents Distribution as a % of THE | | | |
| Public | 46.6% | 61.0% | 41.1% |
| NGOs and Donors | 8.9% | 28.0% | 25.0% |
| Private | 44.5% | 11.0% | 33.9% |

| Indicators | 2002/03 | 2005/06 | 2009/10 |
|---|---------|---------|---------|
| Providers Distribution as a % of THE | | | |
| Public Facilities | 17.3% | 23.8% | 46.6% |
| Private Facilities | 44.4% | 30.1% | 7.6% |
| - Private Hospitals and Clinics | 24.3% | 17.2% | 5.4% |
| - Pharmacies | 17.8% | 11.5% | 2.2% |
| - Traditional Healers | 2.3% | 1.4% | 0.0% |
| FBO Facilities | n/a | n/a | 13.5% |
| Community Health Workers | n/a | n/a | 1.9% |
| Providers of Public Health Programs | 16.5% | 22.6% | 23.8% |
| Health Administration | 11.7% | 4.7% | 5.9% |
| Others | 10.1% | 18.8% | 0.7% |
| Functions Distribution as a % of THE | | | |
| Inpatient Care | 26.3% | 18.7% | 19.8% |
| Outpatient Care | 17.3% | 17.7% | 44.3% |
| Pharmaceuticals (private pharmacies/chemists) | 18.0% | 10.4% | 2.2% |
| Prevention and Public Health Programs | 16.5% | 30.5% | 25.7% |
| Health Administration | 11.7% | 4.3% | 5.9% |
| Capital Formation | 2.4% | 5.7% | 2.2% |
| Other | 7.8% | 12.7% | 0.1% |

3.3 FINANCING SOURCES: WHO PAYS FOR HEALTH CARE?

Donors were the main financiers of health expenditures in 2009/10, contributing 40 percent of THE, although this share fell from 44 percent in 2005/06. The share of household contribution to THE increased from 25 percent in 2005/06 to 32 percent in 2009/10. In 2009/10, the government contributed 26 percent of THE, a decline from 28 percent in 2005/06. Figure 3.1 shows the distribution of financing sources for the years 2002/03, 2005/06, and 2009/10.

FIGURE 3.1: FINANCING SOURCES OF THE

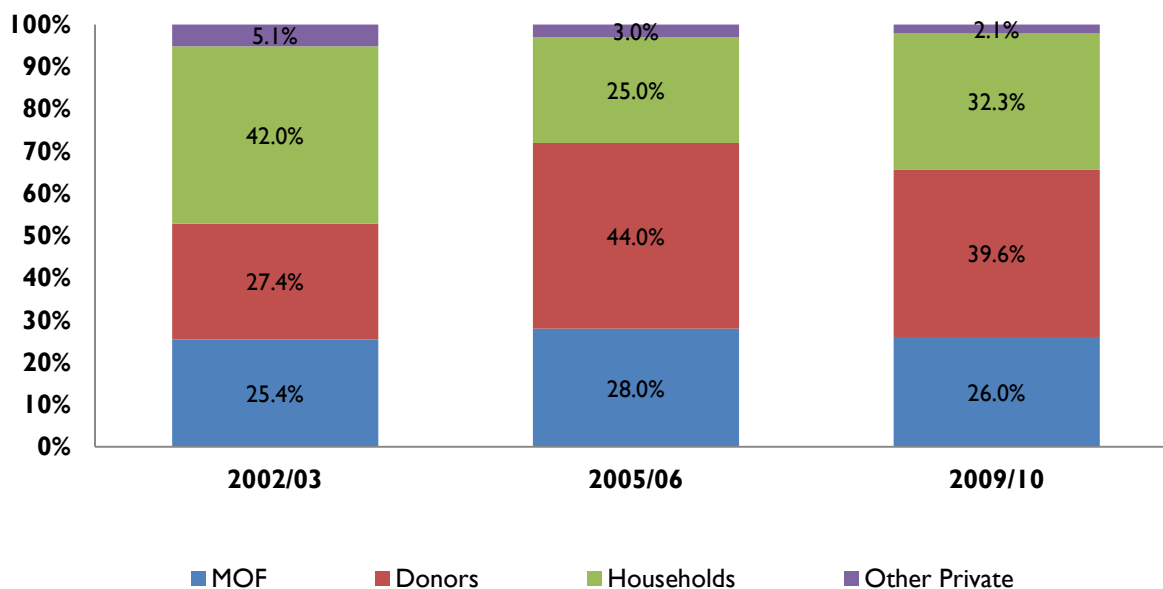


Table 3.2 shows the contribution of each financing source in absolute values. Overall there was a 31 percent increase in THE in absolute values between 2005/06 and 2009/10. Household and MoF contributions to THE, in absolute values, increased by 69 percent and 21 percent respectively between 2005/06 and 2009/10.

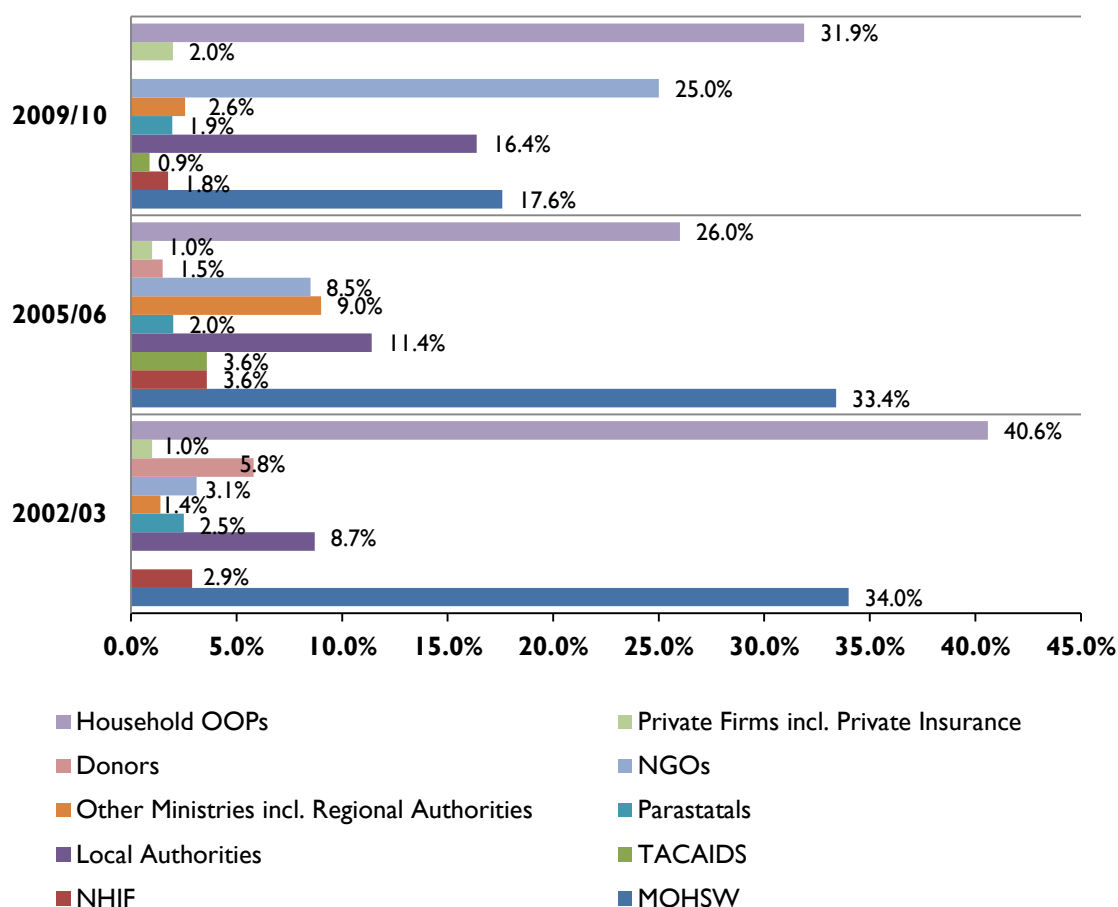
TABLE 3.2: ABSOLUTE VALUE OF THE BY FINANCING SOURCE (MN TSHS)

| Financing Source | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|------------------|----------------|------------------|------------------|---------------------------------|
| MoF | 196,853 | 498,403 | 603,922 | 21.2% |
| Donors | 212,412 | 783,205 | 919,362 | 17.4% |
| Households | 325,353 | 445,003 | 750,298 | 68.6% |
| Other Private | 39,479 | 53,400 | 49,345 | -7.6% |
| Total | 774,098 | 1,780,011 | 2,322,927 | 30.5% |

3.4 FINANCING AGENTS: WHO MANAGES HEALTH FINANCES?

The MoHSW controlled 18 percent of THE in 2009/10, down from 33 percent in 2005/06. The role of households as managers of THE increased from 26 percent in 2005/06 to 32 percent in 2009/10. NGOs controlled a greater proportion of THE (25 percent) in 2009/10 than in 2005/06 (9 percent). The NHIF managed 2 percent of THE, down from 4 percent in 2005/06. Local authorities controlled 16 percent of THE in 2009/10, compared to 11 percent in 2005/06. Figure 3.2 shows the distribution of financing agents of THE in 2002/03, 2005/06, and 2009/10.

FIGURE 3.2: FINANCING AGENTS OF TOTAL HEALTH EXPENDITURES



As shown in Table 3.3, the resources managed by NGOs increased in absolute value by 284 percent between 2005/06 and 2009/10. In absolute values, the MoHSW and Tanzania Commission for AIDS (TACAIDS) controlled 68 percent and 31 percent fewer resources, respectively, in 2009/10 compared to 2005/06. The amount of resources in absolute values managed by local authorities increased by 88 percent between 2005/06 and 2009/10.

TABLE 3.3: ABSOLUTE VALUE OF THE BY FINANCING AGENT (MN TSHS)

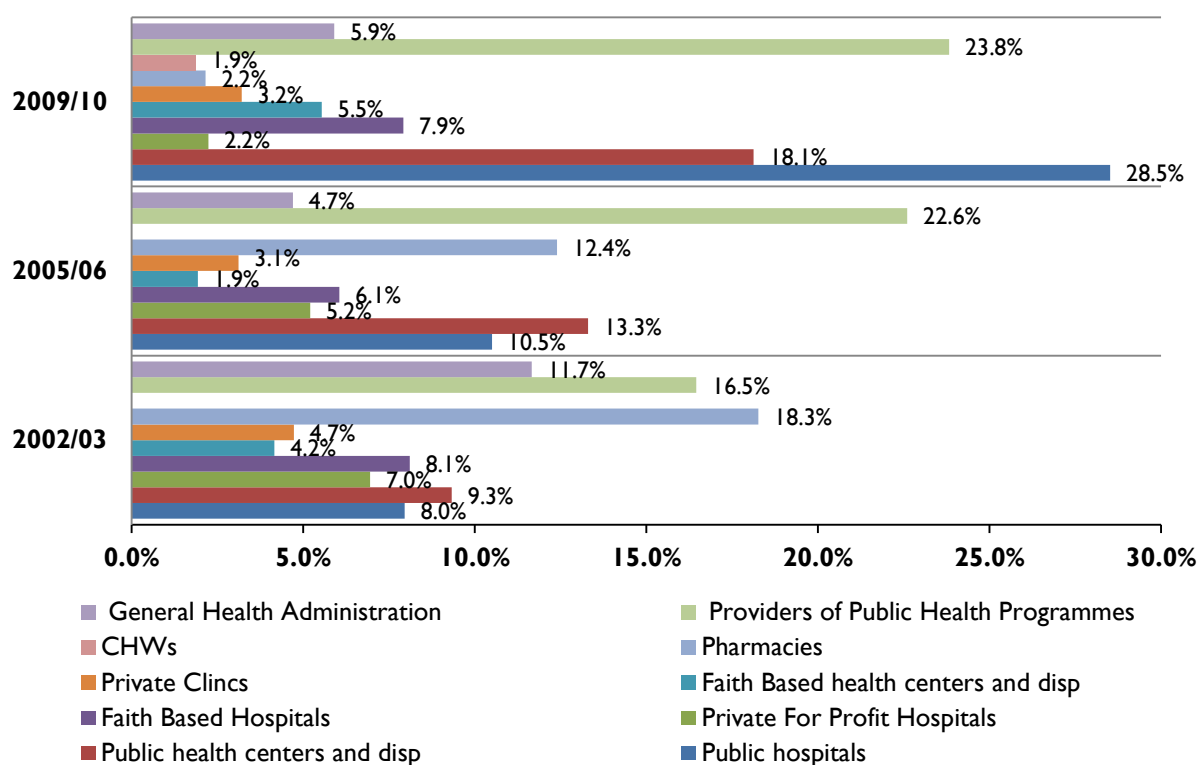
| Financing Agent | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|----------------------|----------------|------------------|------------------|---------------------------------|
| MoHSW | 263,193 | 594,524 | 408,513 | -31.3% |
| TACAIDS | - | 64,080 | 20,330 | -68.3% |
| Other Ministries | 10,837 | 160,201 | - | N/A |
| Regional Authorities | - | - | 59,625 | N/A |
| Local Authorities | 67,347 | 202,921 | 380,425 | 87.5% |
| NHIF | 22,449 | 64,080 | 40,841 | -36.3%* |
| Household OOPs | 314,284 | 462,803 | 740,875 | 60.1% |
| Private Insurance | - | - | 21,613 | N/A |
| Parastatals | 19,352 | 35,600 | 45,272 | 27.2% |
| Private Firms | 7,741 | 17,800 | 24,517 | 37.7% |
| NGOs | 23,997 | 151,301 | 580,915 | 283.9% |
| Donors | 44,898 | 26,700 | - | -100.0% |
| Total | 774,098 | 1,780,011 | 2,322,927 | 30.5% |

*In the previous NHA, NHIF was lumped with CHF and private insurance together. In this NHA they have been separated. This accounts for the decline in 2009/10.

In 2009/10, some expenditure data from donors, such as UNICEF, that act as both a financing source and financing agent were not obtainable, e.g. from, and this led to there being no expenditure reported in Table 3.3 above.

3.5 PROVIDERS OF HEALTH CARE: WHO USES HEALTH FUNDS TO DELIVER CARE?

Public hospitals utilized about 29 percent of THE in 2009/10, up from 11 percent in 2005/06. Community health workers (CHWs), whose role was not disaggregated in the previous NHAs, consumed 2 percent of THE in 2009/10. The role of private for-profit hospitals as providers of THE declined from 5 percent in 2005/06 to 2 percent in 2009/10. The amount of THE spent at pharmacies also declined, from 18 percent in 2002/03 to 2 percent in 2009/10. Figure 3.3 provides a breakdown of providers of THE in 2002/03, 2005/06, and 2009/10.

FIGURE 3.3: DISTRIBUTION OF THE BY PROVIDER

Public and FBO hospitals consumed over two-and-a-half times more health expenditures in absolute values in 2009/10 compared to 2005/06. Public health centers used 78 percent more health expenditures in absolute values in 2009/10 over 2005/06 levels. Health expenditures going to pharmacies as providers declined by 77 percent between 2005/06 and 2009/10. Table 3.4 shows providers of THE by absolute value in 2002/03, 2005/06, and 2009/10. The decline in health expenditures at pharmacies is likely due to the limitations noted earlier in the estimation of household expenditures through the use of the HBS, which does not provide that level of detail.

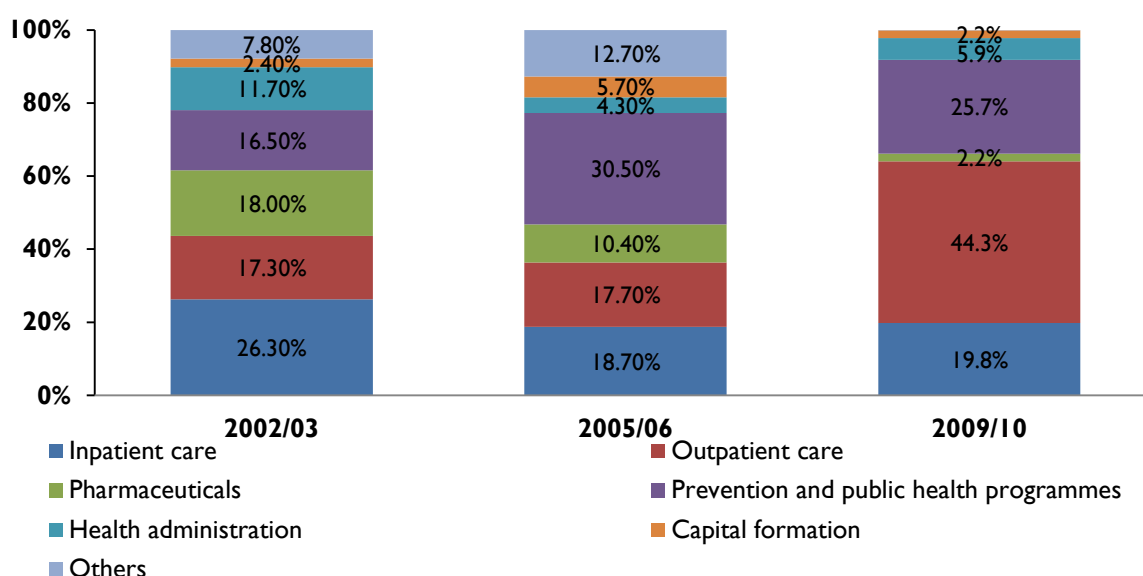
TABLE 3.4: ABSOLUTE VALUE OF THE BY PROVIDER (MN TSHS)

| Provider | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|---|----------------|------------------|------------------|---------------------------------|
| Public Hospitals | 61,618 | 186,901 | 662,362 | 254.4% |
| Public Health Centers and Dispensaries | 72,223 | 236,741 | 421,012 | 77.8% |
| Private For-Profit Hospitals | 53,800 | 92,561 | 51,909 | -43.9% |
| FBO Hospitals | 62,713 | 107,755 | 183,869 | 70.6% |
| FBO Health Centers and Dispensaries | 32,202 | 34,354 | 128,724 | 274.7% |
| Private Clinics | 36,599 | 55,417 | 74,564 | 34.6% |
| Rest of the World | - | - | 14,067 | N/A |
| Pharmacies | 141,350 | 220,721 | 50,094 | -77.3% |
| CHWs | - | - | 43,373 | N/A |
| Providers of Public Health Programs | 127,339 | 402,282 | 553,320 | 37.5% |
| General Health Administration and Insurance | 90,260 | 83,661 | 137,254 | 64.1% |
| Traditional Healers | 17,804 | 24,920 | 994 | -96.0% |
| Others | 78,184 | 334,642 | 1,384 | -99.6% |
| Total | 774,098 | 1,780,011 | 2,322,927 | 30.5% |

3.6 FUNCTIONS: WHAT SERVICES AND/OR PRODUCTS ARE PURCHASED WITH HEALTH FUNDS?

Outpatient curative care took the largest portion of THE at 44 percent in 2009/10, an increase from 18 percent in 2005/06. Due to the non-availability of data to disaggregate between outpatient care and prevention/public health programs at health facilities, some of these non-curative services may be counted as “outpatient curative care,” thus inflating this amount. The proportion of THE spent on inpatient curative services has also increased, albeit marginally, from 19 percent in 2005/06 to 20 percent in 2009/10. Prevention and public health services expenditures decreased from 31 percent of THE in 2005/06 to 26 percent in 2009/10. The proportion of THE spent on capital formation decreased from 6 percent in 2005/06 to 2 percent in 2009/10. Figure 3.4 shows the distribution of functions purchased by THE in 2002/03, 2005/06, and 2009/10.

FIGURE 3.4: DISTRIBUTION OF THE BY HEALTH FUNCTION



As shown in Table 3.5 the spending in absolute values on outpatient curative services increased by 226 percent in 2009/10 over the 2005/06 level. Expenditures in absolute values on pharmaceuticals, prevention and public health services, and capital formation declined by 73 percent, 10 percent, and 50 percent respectively between 2005/06 and 2009/10. The decline in pharmaceutical spending was due to lack of current household expenditure data on spending at pharmacies. It is important to note that the expenditure on “pharmaceuticals” measures only that portion that households spend at private chemists/pharmacies and shops: facility-based expenditure on pharmaceuticals is accounted for as part of inpatient or outpatient care.

TABLE 3.5: ABSOLUTE VALUE OF THE BY HEALTH FUNCTION (MN TSHS)

| Health Function | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|---------------------------------------|----------------|------------------|------------------|---------------------------------|
| Inpatient Care | 203,588 | 332,862 | 459,031 | 37.9% |
| Outpatient Care | 133,919 | 315,061 | 1,028,151 | 226.3% |
| Pharmaceuticals | 139,338 | 185,121 | 50,094 | -72.9% |
| Prevention and Public Health Services | 127,726 | 542,903 | 596,693 | 9.9% |
| Health Administration | 90,570 | 76,541 | 137,254 | 79.3% |
| Capital Formation | 18,578 | 101,461 | 50,321 | -50.4% |
| Other | 60,380 | 226,061 | 1,384 | -99.4% |
| Total | 774,098 | 1,780,011 | 2,322,927 | 30.5% |

4. HIV/AIDS SUBACCOUNT FINDINGS

4.1 INTRODUCTION

HIV/AIDS is one of the most serious public health and development challenges in Tanzania; it affects all sectors of the economy. According to the 2007/08 Tanzania HIV and Malaria Indicator Survey it is estimated that about 5.7 percent of Tanzanian adults aged 15–49 years (6.6 percent of women and 4.6 percent of men), and a total of about 1.5 million people, were HIV-infected.

The main mode of HIV/AIDS transmission in Tanzania is heterosexual. This accounts for 80 percent of infections. Vertical transmission from mother-to-child transmission (MTCT) accounts for 18 percent of infections, and the remaining 2 percent are a result of unscreened blood transfusions, unsafe injections, traditional practices such as group circumcisions, and through men having sex with men (MSM) (TACAIDS 2009).

The HIV/AIDS Subaccounts will guide stakeholders supporting interventions to treat and prevent HIV/AIDS in understanding the current financing arrangement with the aim of refocusing their attention to high-impact program areas.

4.2 SUMMARY STATISTICS FOR HIV/AIDS SUBACCOUNT EXPENDITURES

THE on HIV/AIDS ($THE_{HIV/AIDS}$) increased from Tshs56 billion (US\$53 million) in 2002/03 to Tshs622 billion (US\$468 million) in 2009/10. HIV/AIDS health expenditure as a percentage of THE has remained constant at about 30 percent since 2005/06. $THE_{HIV/AIDS}$ as a percentage of GDP increased from 0.4 percent in 2002/03 to 2 percent in 2009/10. $THE_{HIV/AIDS}$ increased by 20 percent between 2005/06 and 2009/10. Table 4.1 provides a summary of findings for 2002/03, 2005/06 and 2009/10 of HIV/AIDS Subaccount.

TABLE 4.1: HIV/AIDS SUBACCOUNT SUMMARY STATISTICS

| Indicators | 2002/03 | 2005/06 | 2009/10 |
|---|---------|---------|---------|
| $THE_{HIV/AIDS}$ (Mn Tshs) | 56,100 | 516,695 | 622,243 |
| $THE_{HIV/AIDS}$ (Mn US\$) | 53 | 419 | 469 |
| $THE_{HIV/AIDS}$ as % of GDP | 0.4% | 2.2% | 2.2% |
| $THE_{HIV/AIDS}$ as % of THE | 7% | 29% | 27% |
| Financing Sources as a % of THE_{HIV} | | | |
| Public | 12.4% | 26.6% | 11.5% |
| Private | 41.8% | 11.4% | 18.3% |
| Donors | 45.8% | 62.0% | 70.3% |
| Financing Agents Distribution as a % of THE_{HIV} | | | |
| Public | 30.4% | 61.1% | 26.0% |
| Private | 46.4% | 33.4% | 18.0% |
| NGOs and Donors | 23.2% | 5.5% | 56.0% |
| Providers Distribution as a % of THE_{HIV} | | | |
| Public Facilities | 3.3% | 4.6% | 35.9% |
| Private Facilities | 31.7% | 5.1% | 2.7% |
| -Private Hospitals and Clinics | 18.8% | 3.8% | 2.7% |
| -Pharmacies | 12.9% | 1.3% | 0.0% |
| -Traditional Healers | 0.0% | 0.0% | 0.0% |
| FBO Facilities | 11.3% | 1.1% | 14.6% |

| Indicators | 2002/03 | 2005/06 | 2009/10 |
|--|---------|---------|---------|
| General Health Administration and Insurance | 3.7% | 3.3% | 1.6% |
| Providers of Public Health Programs | 47.7% | 53.1% | 40.0% |
| CHWs | 0.0% | 0.0% | 5.3% |
| Others | 2.3% | 32.8% | 0.0% |
| Functions Distribution as a % of THE_{HIV} | | | |
| Inpatient Curative | 18.8% | 3.6% | 8.6% |
| Outpatient Curative | 14.5% | 5.7% | 43.9% |
| Prevention and Public Health | 47.7% | 53.1% | 45.3% |
| - Information, Education, and Communication (IEC) Programs | 0.0% | 0.0% | 4.2% |
| Health Administration | 3.7% | 3.3% | 1.6% |
| Pharmaceuticals | 12.9% | 1.3% | 0.0% |
| Capital Formation | 0.0% | 0.4% | 0.6% |
| Others | 2.4% | 32.5% | 0.0% |

4.3 FINANCING SOURCES OF HIV/AIDS HEALTH CARE: WHO PAYS FOR HIV/AIDS SERVICES?

As shown in Figure 4.1, about three-quarters of THE_{HIV/AIDS} was financed by external (donor) sources in 2009/10. The role of the households as a financier of THE_{HIV/AIDS} increased from 5 percent in 2005/06 to 17 percent in 2009/10. MoF contributions to THE_{HIV/AIDS} declined from 27 percent in 2005/06 to 12 percent in 2009/10.

FIGURE 4.1: SOURCES OF FINANCING OF THE_{HIV/AIDS}

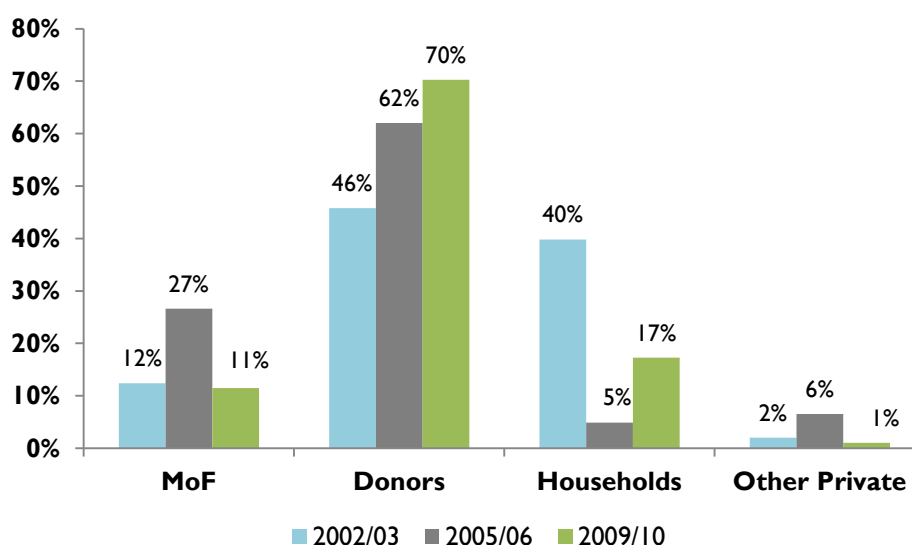


Table 4.2 shows financing sources of THE_{HIV/AIDS} in absolute values. THE_{HIV/AIDS} in absolute terms increased by 20 percent between 2005/06 and 2009/10. Household and donor contributions to THE_{HIV/AIDS} in absolute values increased by 324 percent and 37 percent respectively between 2005/06 and 2009/10. There was a 48 percent reduction in absolute values of MoF contribution to THE_{HIV/AIDS} between 2005/06 and 2009/10.

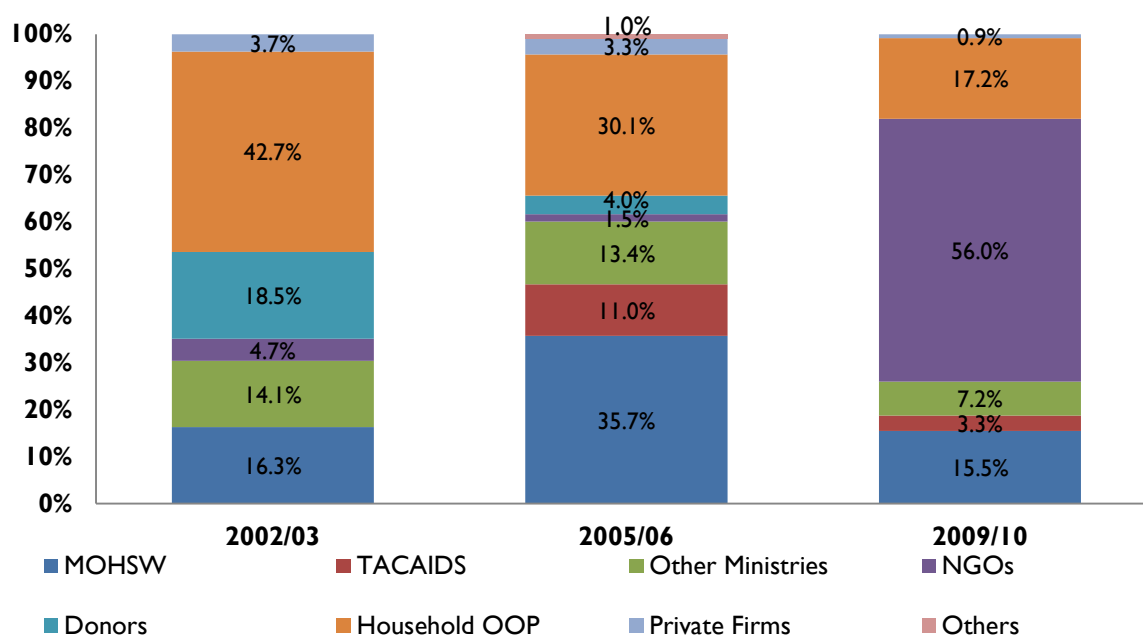
TABLE 4.2: ABSOLUTE VALUE OF THE_{HIV/AIDS} BY FINANCING SOURCE (MN TSHS)

| Financing Source | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|------------------|---------------|----------------|----------------|---------------------------------|
| MoF | 6,956 | 137,441 | 71,258 | -48.2% |
| Donors | 25,694 | 320,351 | 437,151 | 36.5% |
| Households | 22,328 | 25,318 | 107,410 | 324.2% |
| Other Private | 1,122 | 33,585 | 6,425 | -80.9% |
| Total | 56,100 | 516,695 | 622,243 | 20.4% |

4.4 FINANCING AGENTS: WHO MANAGES AND IMPLEMENTS HIV/AIDS FUNDS?

As shown in Figure 4.2, in 2009/10 NGOs managed 56 percent of all THE_{HIV/AIDS} compared to 2 percent in 2005/06. The MoHSW managed much less of THE_{HIV/AIDS} in 2009/10 (16 percent) compared to 2005/06 (36 percent). Households managed 17 percent of THE_{HIV/AIDS} in 2009/10, down from 30 percent in 2005/06.

FIGURE 4.2: FINANCING AGENTS OF THE_{HIV/AIDS}



Donor financing increased by more than a third in 2009/10, which resulted in an increase of over 4,000 percent in absolute amounts of THE_{HIV/AIDS} managed by NGOs between 2005/06 and 2009/10. THE_{HIV/AIDS} managed by private firms and TACAIDS declined by 69 percent and 64 percent respectively between 2005/06 and 2009/10. Table 4.3 provides a breakdown of managers of THE_{HIV/AIDS} in absolute values for 2002/03, 2005/06, and 2009/10.

TABLE 4.3: ABSOLUTE VALUE OF THE_{HIV/AIDS} BY FINANCING AGENT (MN TSHS)

| Financing Agent | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|------------------|---------------|----------------|----------------|---------------------------------|
| MoHSW | 9,144 | 184,460 | 96,355 | -47.8% |
| Other Ministries | 7,910 | 69,237 | 44,743 | -35.4% |
| NHIF | - | - | 43 | N/A |
| TACAIDS | - | 56,836 | 20,330 | -64.2% |
| Household OOP | 23,948 | 155,319 | 106,869 | -31.2% |
| Private Firms | 2,082 | 17,258 | 5,331 | -69.1% |
| Donors | 10,378 | 20,518 | - | -100.0% |
| NGOs | 2,637 | 7,900 | 348,572 | 4,312.2% |
| Others | - | 5,167 | - | -100.0% |
| Total | 56,100 | 516,695 | 622,243 | 20.4% |

4.5 PROVIDERS OF HIV/AIDS HEALTH CARE: WHO USES HIV/AIDS FUNDS TO DELIVER CARE?

As shown in Figure 4.3, public hospitals utilized 19 percent of THE_{HIV/AIDS} in 2009/10, up from 5 percent in 2005/06. Providers of public health programs used 40 percent of THE_{HIV/AIDS} in 2009/10 compared to 53 percent in 2005/06.

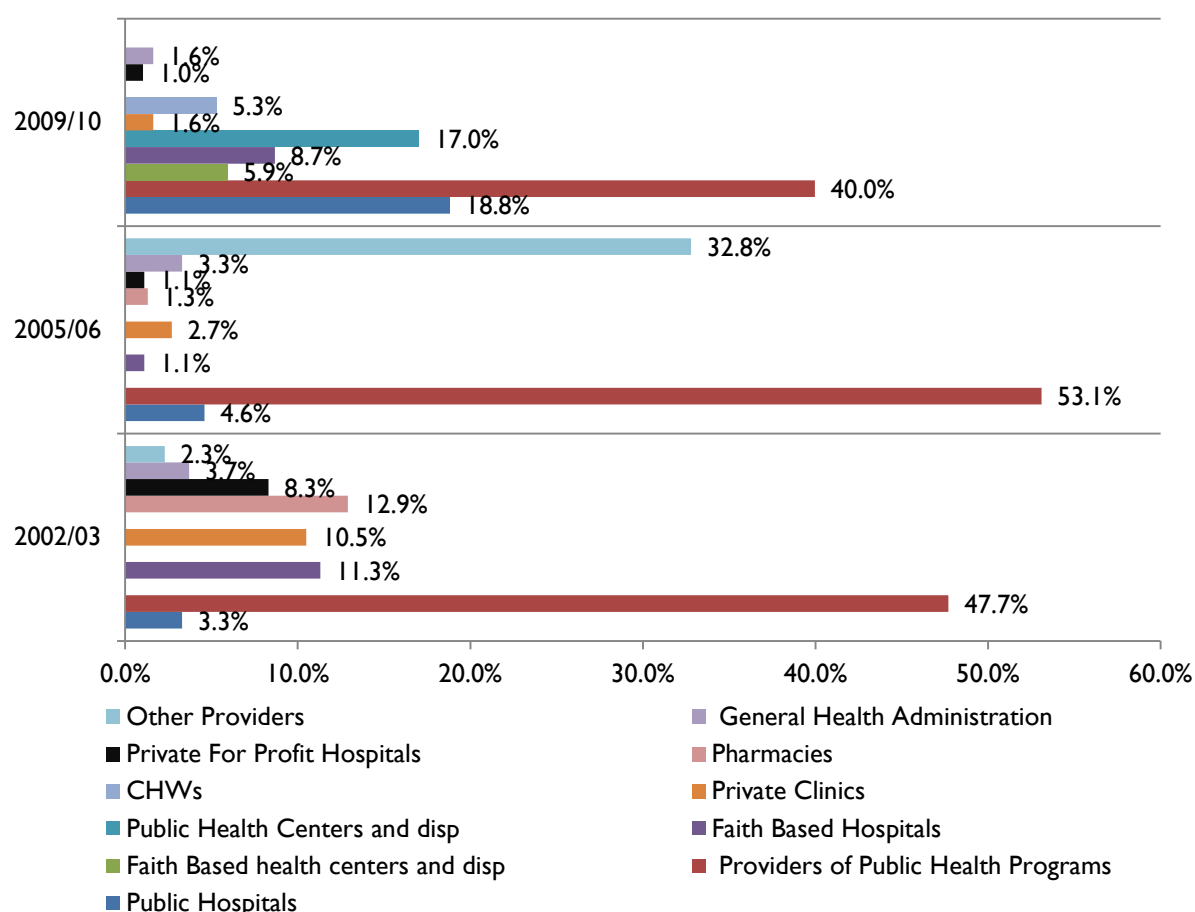
FIGURE 4.3: DISTRIBUTION OF THE_{HIV/AIDS} BY PROVIDER

Table 4.4 shows the absolute value of $THE_{HIV/AIDS}$ by provider in 2002/03, 2005/06, and 2009/10. The amount of $THE_{HIV/AIDS}$ in absolute values utilized by FBO and public hospitals increased by 849 percent and 393 percent respectively between 2005/06 and 2009/10. There was a 99 percent and 27 percent reduction in the amount of $THE_{HIV/AIDS}$ utilized by pharmacies and private clinics respectively between 2005/06 and 2009/10.

TABLE 4.4: ABSOLUTE VALUE OF $THE_{HIV/AIDS}$ BY PROVIDER (MN TSHS)

| Provider | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|---|---------------|----------------|----------------|---------------------------------|
| Public Hospitals | 1,851 | 23,768 | 117,104 | 392.7% |
| Public Health Centers and Dispensaries | - | - | 105,966 | N/A |
| Private For-Profit Hospitals | 4,656 | 5,684 | 6,451 | 13.5% |
| FBO Hospitals | 6,339 | 5,684 | 53,959 | 849.4% |
| Private Clinics | 5,890 | 13,951 | 10,159 | -27.2% |
| FBO Health Centers and Dispensaries | - | - | 36,812 | N/A |
| Traditional Healers | - | - | 50 | N/A |
| CHWs | - | - | 32,875 | N/A |
| Pharmacies | 7,237 | 6,717 | 65 | -99.0% |
| Providers of Public Health Programs | 26,759 | 274,365 | 248,675 | -9.4% |
| General Health Administration and Insurance | 2,076 | 17,051 | 10,128 | -40.6% |
| Provider Not Specified by Kind | 1,290 | 169,476 | - | -100.0% |
| Total | 56,100 | 516,695 | 622,243 | 20.4% |

4.6 FUNCTIONS OF HIV/AIDS HEALTH CARE: WHAT SERVICES AND PRODUCTS ARE PURCHASED WITH HIV/AIDS FUNDS?

About 44 percent of $THE_{HIV/AIDS}$ was used on outpatient curative services in 2009/10, compared to 6 percent in 2005/06. The percentage of $THE_{HIV/AIDS}$ spent on prevention and public health services decreased from 53 percent in 2005/06 to 45 percent in 2009/10. Figure 4.4 shows the HIV/AIDS services that were purchased in 2002/03, 2005/06, and 2009/10.

FIGURE 4.4: DISTRIBUTION OF $THE_{HIV/AIDS}$ BY HEALTH FUNCTION

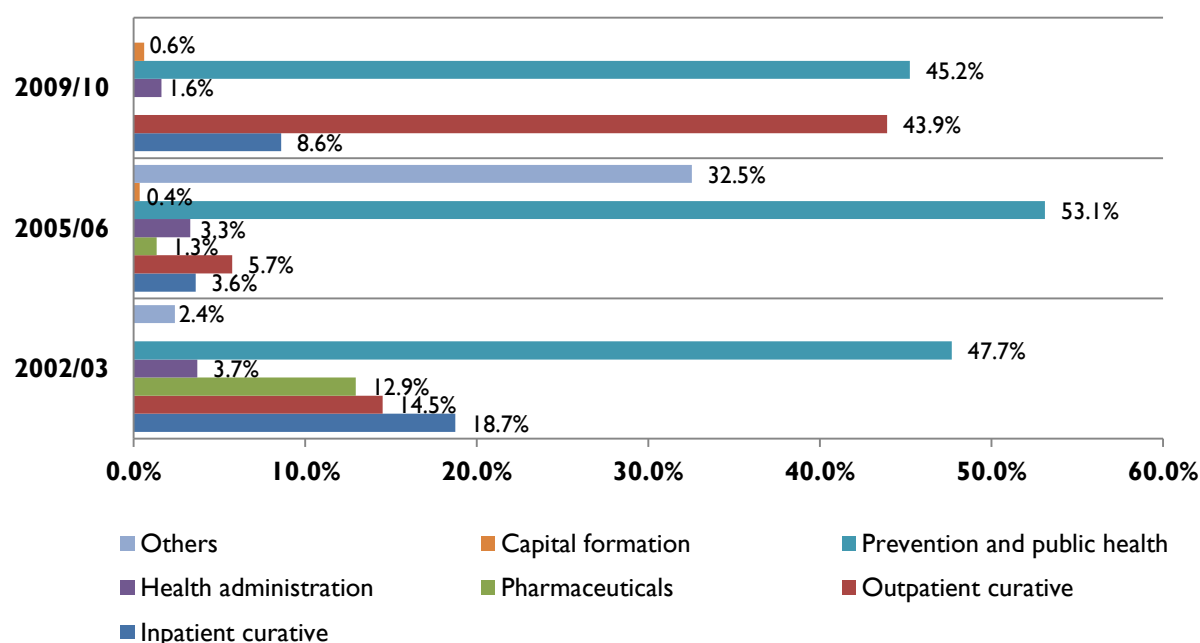


Table 4.5 shows the breakdown of $THE_{HIV/AIDS}$ by health function in absolute values. The amount of $THE_{HIV/AIDS}$ in absolute values used on outpatient and inpatient curative care increased by 821 percent and 187 percent respectively between 2005/06 and 2009/10.

TABLE 4.5: ABSOLUTE VALUE OF $THE_{HIV/AIDS}$ BY HEALTH FUNCTION (MN TSHS)

| Health Function | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|---------------------------------------|---------------|----------------|----------------|------------------------------------|
| Inpatient Curative | 10,517 | 18,657 | 53,457 | 186.5% |
| Outpatient Curative | 8,139 | 29,674 | 273,223 | 820.7% |
| Prevention and Public Health Services | 26,750 | 274,468 | 281,549 | 2.6% |
| Health Administration | 2,078 | 17,045 | 10,128 | -40.6% |
| Pharmaceuticals | 7,262 | 6,914 | 65 | -99.1% |
| Capital Formation | - | 1,875 | 3,822 | 103.8% |
| Others | 1,353 | 168,062 | - | -100.0% |
| Total | 56,100 | 516,695 | 622,243 | 20.4% |

5. REPRODUCTIVE HEALTH SUBACCOUNT FINDINGS

5.1 INTRODUCTION

The MoHSW and its partners have prioritized the expansion of reproductive health services in order to reduce the high MMR. The commitment to improve reproductive health services is articulated in various government documents, including Tanzania Vision 2025, NSGRP-MKUKUTA, the National Health Policy, and the Primary Health Services Development Program (PHSDP-MMAM). As a result of the efforts made by the government in collaboration with other stakeholders, MMR has declined to 454 deaths per 100,000 live births from 578 in 2004/05 (according to preliminary results from the TDHS 2010).

Family planning use has been increasing among married women in Tanzania since the early 1990s and has played an important role in declining fertility. But family planning use is still relatively low in the country, rising from 10 percent in the early 1990s to 34 percent in 2010. Family planning use is much higher among more-educated women. One-half of married women ages 15 to 49 with at least some secondary education are using a contraceptive method, compared with just 22 percent of similar women with no education. Similarly, contraceptive use is higher in urban areas (45 percent) than in rural areas (30 percent) (according to preliminary results from TDHS 2010).

Fertility rates vary substantially among different groups of women. Women living in rural areas have much larger families on average (6.1 children) than urban women (3.7 children). However, the 2010 TDHS recorded the lowest overall level yet (5.4 lifetime births per woman).

5.2 SUMMARY STATISTICS FOR REPRODUCTIVE HEALTH SUBACCOUNT EXPENDITURES

In 2009/10, THE on reproductive health (THE_{RH}) increased from Tshs106 billion (US\$100 million) in 2002/03 to Tshs416 billion (US\$313 million) in 2009/10. THE_{RH} was 2 percent of the GDP in 2009/10 up from 1 percent in 2005/06. As a percentage of THE, THE_{RH} increased from 11 percent in 2005/06 to 18 percent in 2009/10. Table 5.1 summarizes THE_{RH} in 2002/03, 2005/06, and 2009/10.

TABLE 5.1: REPRODUCTIVE HEALTH SUBACCOUNT SUMMARY STATISTICS

| Indicators | 2002/03 | 2005/06 | 2009/10 |
|--|---------|---------|---------|
| THE_{RH} (Mn Tshs) | 105,802 | 191,236 | 415,874 |
| THE_{RH} (Mn US\$) | 100 | 155 | 313 |
| THE_{RH} as % of GDP | 0.7% | 0.8% | 1.5% |
| THE_{RH} % of THE | 13.7% | 10.7% | 17.9% |
| Financing Sources as a % of THE_{RH} | | | |
| Public (including Parastatals) | 34.5% | 44.2% | 21.2% |
| Private | 43.9% | 34.2% | 48.4% |
| Donor | 21.6% | 21.6% | 30.4% |
| Financing Agents Distribution as a % of THE_{RH} | | | |
| Public | 45.0% | 61.0% | 35.4% |
| Private | 40.8% | 30.8% | 48.3% |
| NGOs and Donors | 14.2% | 8.2% | 16.3% |
| Providers Distribution as a % of THE_{RH} | | | |
| Public Facilities | 7.9% | 13.7% | 68.9% |
| CHWs | 0.0% | 0.0% | 1.2% |
| Private Facilities | 44.6% | 44.0% | 6.0% |
| - Private Hospitals and Clinics | 24.3% | 29.4% | 6.0% |

| Indicators | 2002/03 | 2005/06 | 2009/10 |
|-------------------------------------|---------|---------|---------|
| - Pharmacies | 18.0% | 13.2% | 0.0% |
| - Traditional Healers | 2.3% | 1.4% | 0.0% |
| FBO Facilities | 9.2% | 7.7% | 17.3% |
| Providers of Public Health Programs | 19.8% | 25.4% | 6.3% |
| Health Administration | 11.3% | 4.1% | 0.2% |
| Others | 7.2% | 5.1% | 0.0% |

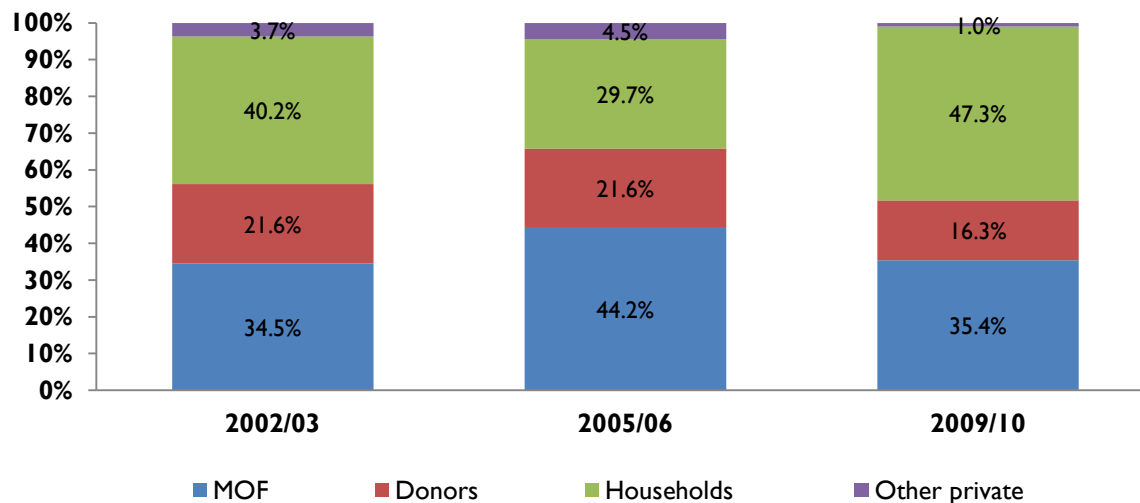
Functions Distribution as a % of THE_{RH}

| | | | |
|--|-------|-------|-------|
| Inpatient Curative Care | 21.2% | 24.2% | 36.6% |
| Outpatient Curative Care | 20.6% | 25.9% | 51.1% |
| Pharmaceuticals | 18.3% | 13.4% | 0.0% |
| Prevention and Public Health Services | 20.1% | 25.5% | 7.5% |
| Health Administration and Health Insurance | 11.6% | 4.2% | 0.2% |
| Capital Formation | 0.0% | 5.1% | 4.6% |
| Others | 8.2% | 1.7% | 0.0% |

5.3 FINANCING SOURCES OF REPRODUCTIVE HEALTH CARE: WHO PAYS FOR REPRODUCTIVE HEALTH SERVICES?

Figure 5.1 shows the breakdown of financing sources for THE_{RH} for 2002/03, 2005/06, and 2009/10. Households contributed about 47 percent of THE_{RH} in 2009/10, up from 30 percent in 2009/10. Donors' contribution to THE_{RH} decreased from 22 percent in 2002/03 to 16 percent in 2009/10. MoF financed 35 percent of THE_{RH} in 2009/10 compared to 44 percent in 2005/06.

FIGURE 5.1: FINANCING SOURCES OF THE_{RH}



In absolute values, THE_{RH} increased by 118 percent between 2005/06 and 2009/10. Household contribution to THE_{RH} in absolute values in 2009/10 was 246 percent higher than the 2005/06 levels. Donor and MoF contributions to THE_{RH} increased by 64 percent and 74 percent respectively between 2005/06 and 2009/10. Table 5.2 provides a breakdown of financing sources for THE_{RH} in absolute values for 2002/03, 2005/06, and 2009/10.

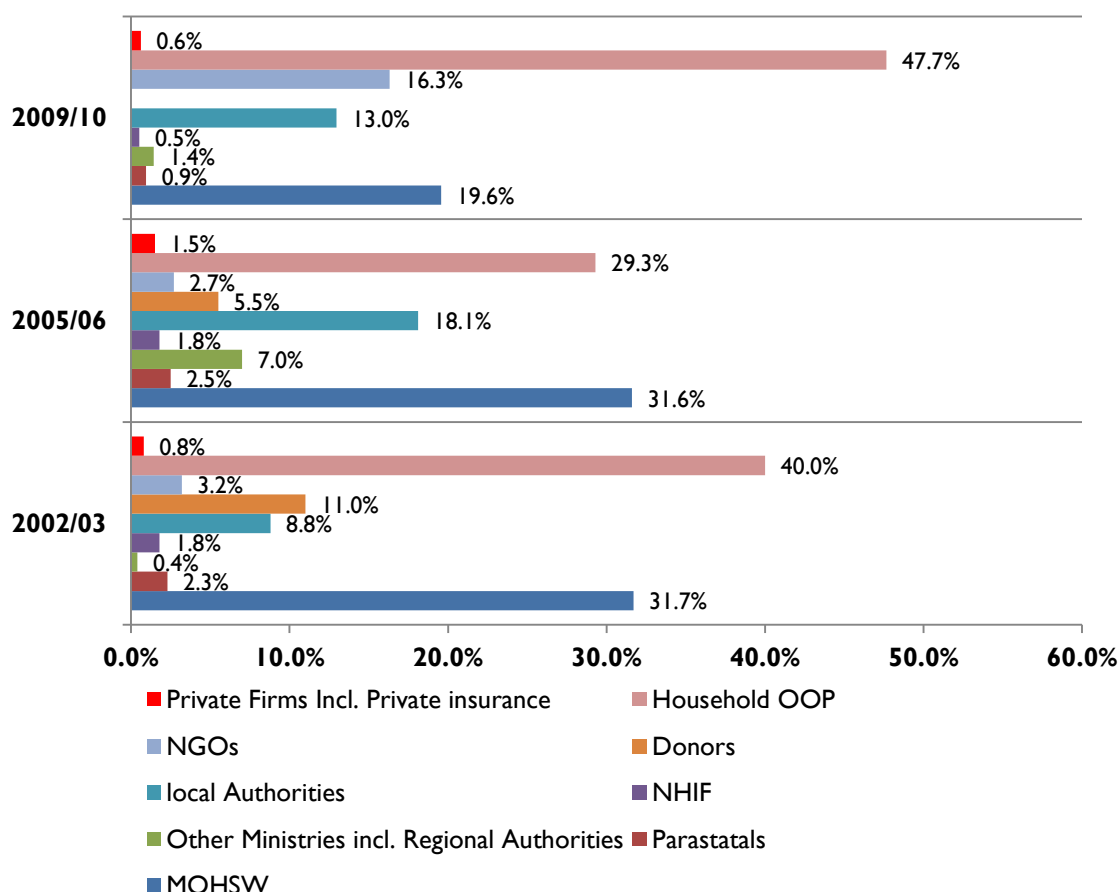
TABLE 5.2: ABSOLUTE VALUE OF THE_{RH} BY FINANCING SOURCE (MN TSHS)

| Financing Source | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|------------------|----------------|----------------|----------------|---------------------------------|
| MoF | 36,502 | 84,526 | 147,268 | 74.2% |
| Donors | 22,853 | 41,307 | 67,843 | 64.2% |
| Households | 42,532 | 56,797 | 196,708 | 246.3% |
| Other Private | 3,915 | 8,606 | 4,159 | -51.7% |
| Total | 105,802 | 191,236 | 415,874 | 117.5% |

5.4 FINANCING AGENTS OF REPRODUCTIVE HEALTH CARE: WHO MANAGES AND IMPLEMENTS REPRODUCTIVE HEALTH FUNDS?

Households managed about 48 percent of THE_{RH} in 2009/10, up from 29 percent in 2005/06. The role of the MoHSW as an agent for THE_{RH} declined from 32 percent in 2005/06 to 20 percent in 2009/10. NGOs managed 16 percent of THE_{RH} in 2009/10 compared to 3 percent in 2005/06. Local authorities managed less of THE_{RH} in 2009/10 (13 percent), down from 18 percent in 2005/06. Figure 5.2 shows the breakdown of THE_{RH} by financing agents.

FIGURE 5.2: FINANCING AGENTS OF THE_{RH}



NGOs and households managed in absolute values 1,214 percent and 254 percent more resources respectively in 2009/10 over 2005/06 levels. The amount of THE_{RH} in absolute values managed by MoHSW and local authorities increased by 35 percent and 57 percent between 2005/06 and 2009/10. Table 5.3 shows the trend in absolute values and percentage change of each financing agent for 2002/03, 2005/06, and 2009/10.

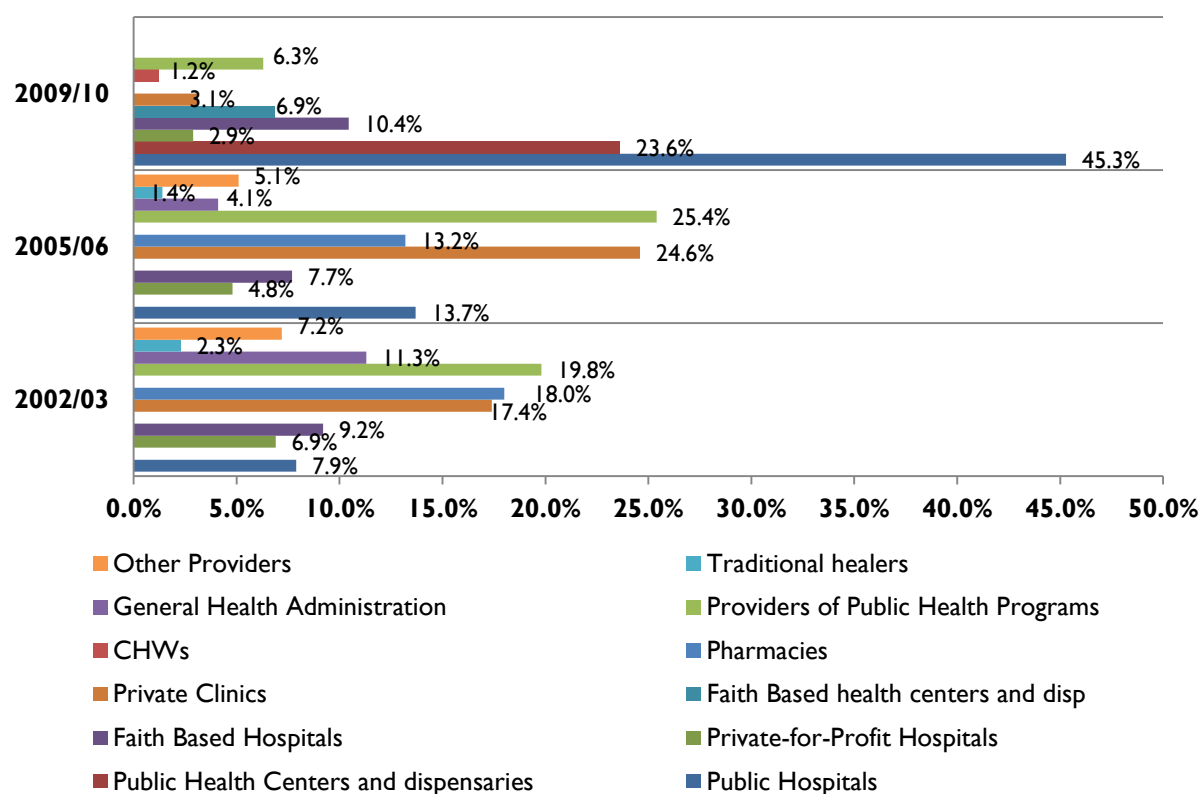
TABLE 5.3: ABSOLUTE VALUE OF THE_{RH} BY FINANCING AGENT (MN TSHS)

| Financing Agent | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|----------------------|----------------|----------------|----------------|---------------------------------|
| MoHSW | 33,539 | 60,431 | 81,321 | 34.6% |
| Other Ministries | 423 | 13,387 | - | -100.0% |
| Regional Authorities | - | - | 5,953 | N/A |
| Local Authorities | 9,311 | 34,614 | 53,866 | 55.6% |
| NHIF | 1,904 | 3,442 | 2,190 | -36.4% |
| Parastatals | 2,433 | 4,781 | 3,938 | -17.6% |
| Private Insurance | 846 | 2,869 | 1,907 | -33.5% |
| Private Firms | - | - | 691 | N/A |
| Household OOP | 42,321 | 56,032 | 198,165 | 253.7% |
| NGOs | 3,386 | 5,163 | 67,843 | 1,213.9% |
| Donors | 11,638 | 10,518 | - | -100.0% |
| Total | 105,802 | 191,236 | 415,874 | 117.5% |

5.5 PROVIDERS OF REPRODUCTIVE HEALTH CARE: WHO USES REPRODUCTIVE HEALTH FUNDS TO DELIVER CARE?

Public hospitals were the major provider of THE_{RH} using 45 percent of funds, followed by public health centers and dispensaries at 24 percent in 2009/10. Providers of public health programs used 6 percent of THE_{RH} in 2009/10 compared to 25 percent in 2005/06. Figure 5.3 shows the distribution of utilization of THE_{RH} by providers.

FIGURE 5.3: DISTRIBUTION OF THE_{RH} BY PROVIDER



The amount of THE_{RH} in absolute values utilized by public and FBO hospitals increased by 619 percent and 195 percent respectively between 2005/06 and 2009/10. Table 5.4 shows providers of THE_{RH} in absolute values for 2002/03, 2005/06, and 2009/10.

TABLE 5.4: ABSOLUTE VALUE OF THE_{RH} BY PROVIDER (MN TSHS)

| Provider | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|---|----------------|----------------|----------------|---------------------------------|
| Public Hospitals | 8,358 | 26,199 | 188,358 | 618.9% |
| Public Health Centers and Dispensaries | - | - | 98,285 | N/A |
| Private For-Profit Hospitals | 7,300 | 9,179 | 11,992 | 30.6% |
| FBO Hospitals | 9,734 | 14,725 | 43,421 | 194.9% |
| FBO Health Centers and Dispensaries | - | - | 28,513 | N/A |
| Private Clinics | 18,410 | 47,044 | 12,995 | -72.4% |
| Pharmacies | 19,044 | 25,243 | 38 | -99.8% |
| CHWs | - | - | 5,115 | N/A |
| Providers of Public Health Programs | 20,949 | 48,574 | 26,191 | -46.1% |
| General Health Administration and Insurance | 11,956 | 7,841 | 897 | -88.6% |
| Provider Not Specified by Kind | 5,819 | 8,032 | - | -100.0% |
| Traditional Healers | 2,433 | 2,677 | 69 | -97.4% |
| Institutions providing reproductive health-related services | 1,799 | 1,721 | - | -100.0% |
| Total | 105,802 | 191,236 | 415,874 | 117.5% |

5.6 FUNCTIONS OF REPRODUCTIVE HEALTH CARE: WHAT SERVICES AND PRODUCTS ARE PURCHASED WITH REPRODUCTIVE HEALTH FUNDS?

In 2009/10, outpatient curative services (including maternal health services, antenatal care, postnatal care follow up, family planning, infertility management, and other reproductive health services) accounted for 51 percent of THE_{RH} , up from 26 percent in 2005/06. Prevention and public health services expenditures as a percentage of THE_{RH} has decreased from 26 percent in 2005/06 to about 8 percent in 2009/10.

The amount of THE_{RH} in absolute values used to purchase inpatient and outpatient curative care increased by 229 percent and 329 percent respectively between 2005/06 and 2009/10. Table 5.5 shows the distribution of THE_{RH} by function for 2002/03, 2005/06, and 2009/10.

Figure 5.4 and Table 5.5 show for what functions THE_{RH} were utilized in 2002/03, 2005/06, and 2009/10.

FIGURE 5.4: DISTRIBUTION OF THE_{RH} BY HEALTH FUNCTION

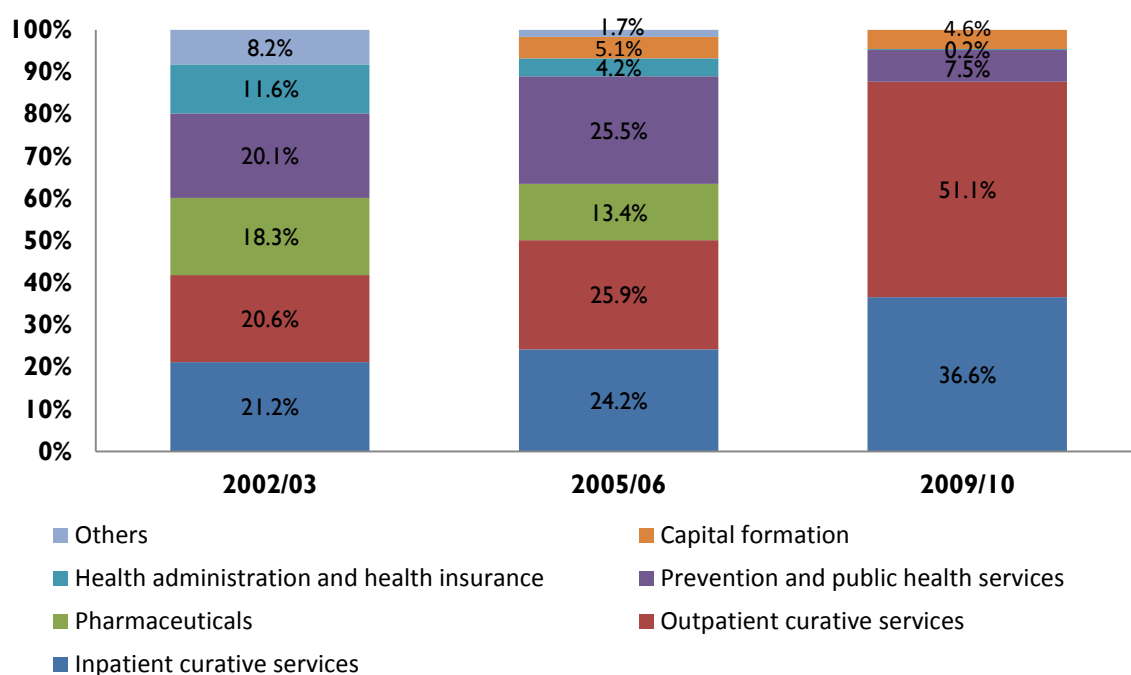


TABLE 5.5: ABSOLUTE VALUE OF THE_{RH} BY HEALTH FUNCTION (MN TSHS)

| Health Function | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|--|----------------|----------------|----------------|---------------------------------|
| Inpatient Curative Services | 22,430 | 46,279 | 152,235 | 229% |
| Outpatient Curative Services | 21,795 | 49,530 | 212,464 | 329% |
| Pharmaceuticals | 19,362 | 25,626 | 38 | -99.9% |
| Prevention and Public Health Services | 21,266 | 48,765 | 31,306 | -35.8% |
| Health Administration and Health Insurance | 12,273 | 8,032 | 897 | -88.8% |
| Capital Formation | - | 9,753 | 18,934 | 94.1% |
| Others | 8,676 | 3,251 | - | -100.0% |
| Total | 105,802 | 191,236 | 415,874 | 117.5% |

6. MALARIA SUBACCOUNT FINDINGS

6.1 INTRODUCTION

Malaria is a major public health concern for all Tanzanians, especially for pregnant women and children under age five. Malaria is a leading cause of morbidity and mortality among outpatient and inpatient admissions, and accounts for up to 41 percent of all outpatient visits (PMI 2012). Many parts of the country, including the uplands, report malaria transmission throughout the year, although it occurs most frequently during and after the raining season from April to May. The use of insecticide-treated mosquito nets is a primary health intervention designed to reduce malaria transmission in Tanzania. According to the 2010 TDHS, 75 percent of households in Mainland Tanzania and 89 percent in Zanzibar own at least one mosquito net. Awareness has been created among the Tanzanian population about the need for early treatment of malaria in order to obtain a positive outcome. As a result, according to the most recent TDHS, 65 percent of children who had a fever were taken to a health facility or provider, although disparities exist between rural and urban areas (TDHS 2010).

6.2 SUMMARY STATISTICS FOR MALARIA SUBACCOUNT EXPENDITURES

THE on malaria ($THE_{Malaria}$) was Tshs451 billion (US\$340 million) or 19 percent of THE in 2009/10. Between 2005/06 and 2009/10, $THE_{Malaria}$ increased by 10 percent. $THE_{Malaria}$ accounted for 2 percent of GDP in 2009/10, a decline from 3 percent in 2005/06. Table 6.1 summarizes malaria health expenditures in 2002/03, 2005/06, and 2009/10.

TABLE 6.0: MALARIA SUBACCOUNT SUMMARY STATISTICS

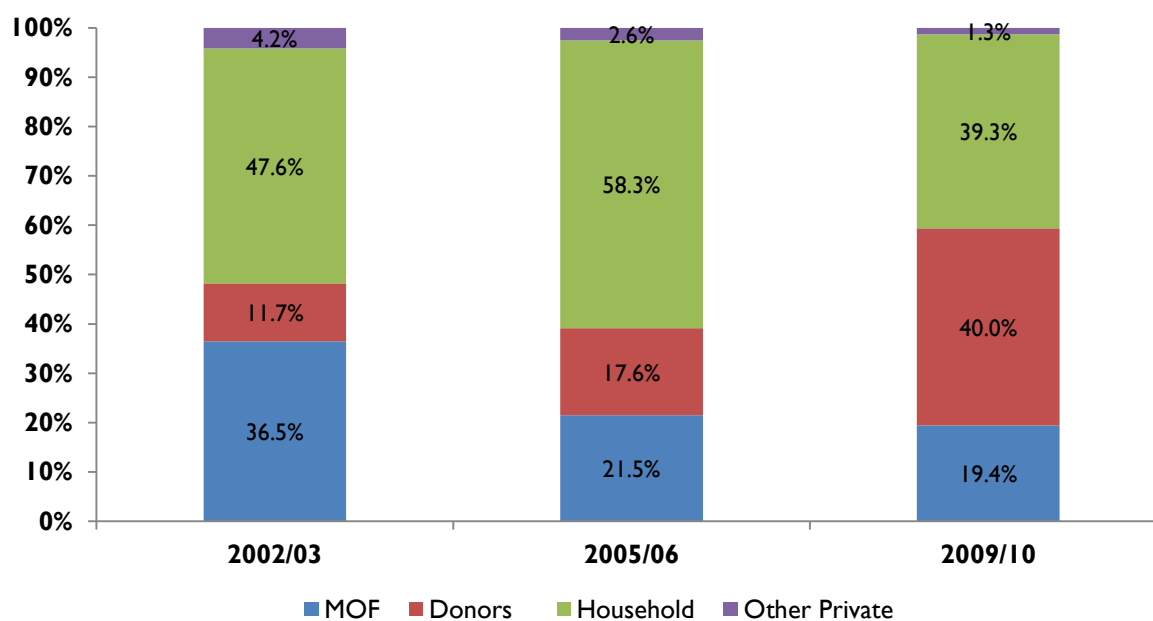
| | 2002/03 | 2005/06 | 2009/10 |
|--|---------|---------|---------|
| $THE_{Malaria}$ (Mn Tshs) | 153,607 | 410,407 | 451,334 |
| $THE_{Malaria}$ (Mn US\$) | 146 | 333 | 340 |
| $THE_{Malaria}$ as % of THE | 20.0% | 23.1% | 19.4% |
| $THE_{Malaria}$ % of GDP | 1.6% | 2.7% | 1.6% |
| Financing Sources as a % of $THE_{Malaria}$ | | | |
| Public | 36.5% | 21.5% | 19.4% |
| Private | 51.8% | 60.9% | 40.6% |
| Donors | 11.7% | 17.6% | 40.0% |
| Financing Agent distribution as a % of $THE_{Malaria}$ | | | |
| Public | 42.7% | 38.2% | 33.7% |
| Private | 52.9% | 60.4% | 39.2% |
| NGOs and Donors | 4.4% | 1.4% | 27.0% |
| Providers Distribution as a % of $THE_{Malaria}$ | | | |
| Public Facilities | 9.2% | 9.0% | 52.5% |
| FBO Facilities | 5.7% | 10.5% | 13.4% |
| Private Facilities | 67.1% | 45.9% | 5.9% |
| - Private Hospitals, Health Centers, and Dispensaries | 22.3% | 25.4% | 5.9% |
| - Traditional Healers | 0.0% | 0.0% | 0.0% |
| - Pharmacies | 44.8% | 20.5% | 0.0% |
| CHWs | 0.0% | 0.0% | 1.1% |
| Providers of Public Health Programs | 11.7% | 12.9% | 25.7% |
| Health Administration | 2.4% | 12.9% | 1.4% |
| Others | 3.9% | 8.8% | 0.0% |

| | 2002/03 | 2005/06 | 2009/10 |
|---|---------|---------|---------|
| Functions Distribution as a % of THE_{Malaria} | | | |
| Inpatient Curative Services | 15.4% | 10.9% | 24.0% |
| Outpatient Curative Services | 29.1% | 25.5% | 47.8% |
| Pharmaceuticals | 20.9% | 45.7% | 0.0% |
| Prevention and Public Health Services | 12.9% | 11.7% | 26.8% |
| Health Administration | 12.9% | 2.4% | 1.4% |
| Capital Formation | 0.0% | 0.6% | 0.0% |
| Others | 8.8% | 3.2% | 0.0% |

6.3 FINANCING SOURCES OF MALARIA: WHO PAYS FOR MALARIA HEALTH SERVICES?

The private sector, including households, continues to be a major a source of THE_{Malaria}. However, the role of households as a source of THE_{Malaria} has declined from 58 percent in 2005/06 to 39 percent in 2009/10. Donors' contribution to THE_{Malaria} increased from 18 percent in 2005/06 to 40 percent in 2009/10. There was a slight reduction in the government's contribution to THE_{Malaria}, from 22 percent in 2005/06 to 19 percent in 2009/10. Figure 6.1 shows the sources of THE_{Malaria} in 2002/03, 2005/06, and 2009/10.

FIGURE 6.1: FINANCING SOURCES OF THE_{MALARIA}



As Table 6.2 shows, THE_{Malaria} in absolute values has been increasing since 2002/03, although the pace of growth slowed between 2005/06 and 2009/10, with THE_{Malaria} increasing by only 10 percent. There was a 150 percent increase in THE_{Malaria} contributed by donors between 2005/06 and 2009/10. Household contributions to THE_{Malaria} in absolute values declined by 26 percent between 2005/06 and 2009/10.

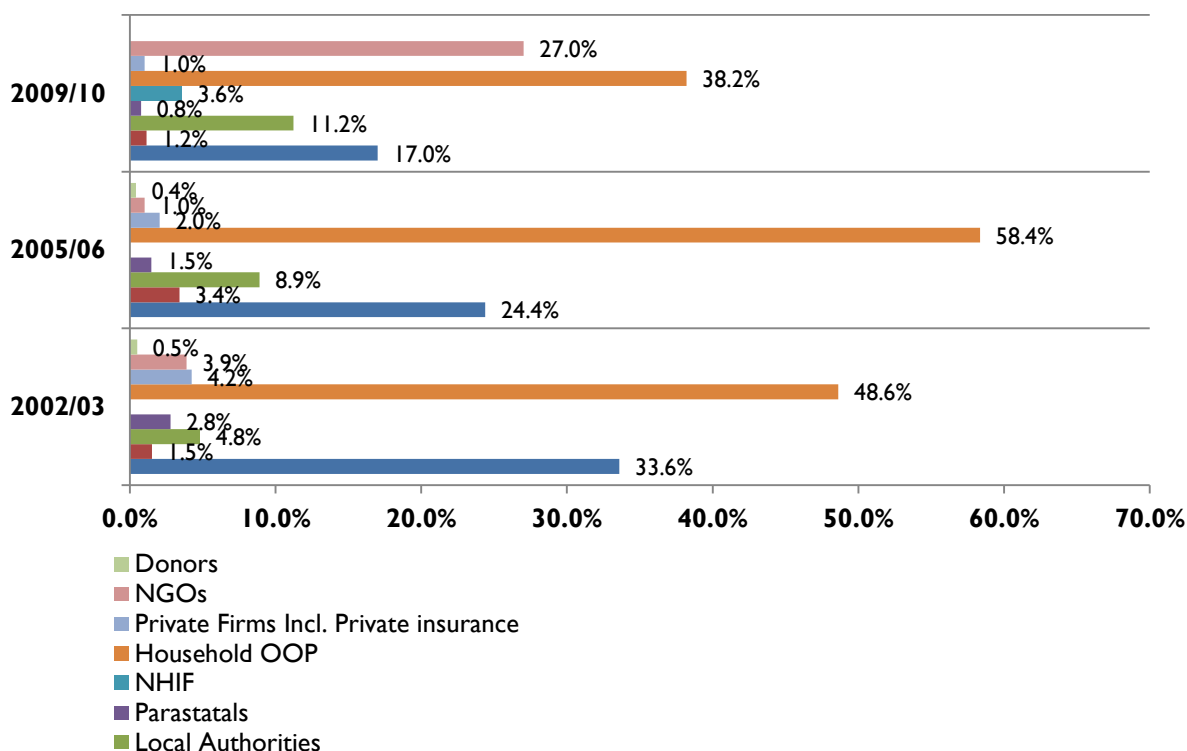
TABLE 6.2: ABSOLUTE VALUE OF THE_{MALARIA} BY FINANCING SOURCE

| Financing Source | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|------------------|----------------|----------------|----------------|---------------------------------|
| MoF | 56,067 | 88,238 | 87,653 | -0.7% |
| Donors | 17,972 | 72,232 | 180,349 | 149.7% |
| Household | 73,117 | 239,432 | 177,370 | -25.9% |
| Other Private | 6,452 | 10,506 | 5,963 | -43.2% |
| Total | 153,607 | 410,407 | 451,334 | 10.0% |

6.4 FINANCING AGENTS: WHO MANAGES MALARIA FINANCES?

The role of NGOs as managers of THE_{Malaria} increased from 1 percent in 2005/06 to 27 percent in 2009/10. Households controlled 38 percent of THE_{Malaria} in 2009/10, compared to 58 percent in 2005/06. The role of the MoHSW as a manager of THE_{Malaria} declined from 24 percent in 2005/06 to 17 percent in 2009/10. The NHIF managed 4 percent of THE_{Malaria} in 2009/10. Figure 6.2 shows the breakdown of THE_{Malaria} by financing agents.

FIGURE 6.2: FINANCING AGENTS FOR THE_{MALARIA}



As shown in the Table 6.3, there was a nearly 3,000 percent increase in absolute values in THE_{Malaria} managed by NGOs between 2005/06 and 2009/10. The role of the MoHSW and households as managers of THE_{Malaria} in absolute values declined by 23 percent and 28 percent respectively between 2005/06 and 2009/10.

TABLE 6.3: ABSOLUTE VALUE OF THE_{MALARIA} BY FINANCING AGENT

| Financing Agent | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|----------------------|----------------|----------------|----------------|---------------------------------|
| MoHSW | 51,612 | 100,139 | 76,734 | -23.4% |
| Other Ministries | 2,319 | 13,954 | - | -100.0% |
| Regional Authorities | - | - | 5,208 | N/A |
| Local Authorities | 7,404 | 36,526 | 50,681 | 38.8% |
| Parastatals | 4,301 | 6,033 | 3,446 | -42.9% |
| Private Insurance | 2,396 | 3,694 | 3,989 | 8.0% |
| NHIF | - | - | 16,214 | N/A |
| Household OOP | 74,699 | 239,473 | 172,435 | -28.0% |
| NGOs | 5,991 | 4,186 | 122,024 | 2814.9% |
| Private Firms | 4,117 | 4,679 | 605 | -87.1% |
| Donors | 768 | 1,724 | - | -100.0% |
| Total | 153,607 | 410,407 | 451,334 | 10.0% |

6.5 PROVIDERS OF MALARIA SERVICES: WHO USES FUNDS TO PROVIDE MALARIA CARE?

Public facilities utilized more than half of THE_{Malaria} in 2009/10. Public hospitals utilized 32 percent of THE_{Malaria} in 2009/10, up from 9 percent in 2005/06. Providers of public health programs doubled their usage of THE_{Malaria} in 2009/10 (13 percent) compared to 2005/06 (26 percent). Pharmacies continue to utilize less of THE_{Malaria}, from 45 percent in 2002/03 to almost zero in 2009/10. The amount of THE_{Malaria} utilized by private facilities decreased from 46 percent in 2005/06 to 13 percent in 2009/10. Figure 6.3 shows the distribution of providers using THE_{Malaria} in 2002/03, 2005/06, and 2009/10.

FIGURE 6.3: DISTRIBUTION OF THE_{MALARIA} BY PROVIDER

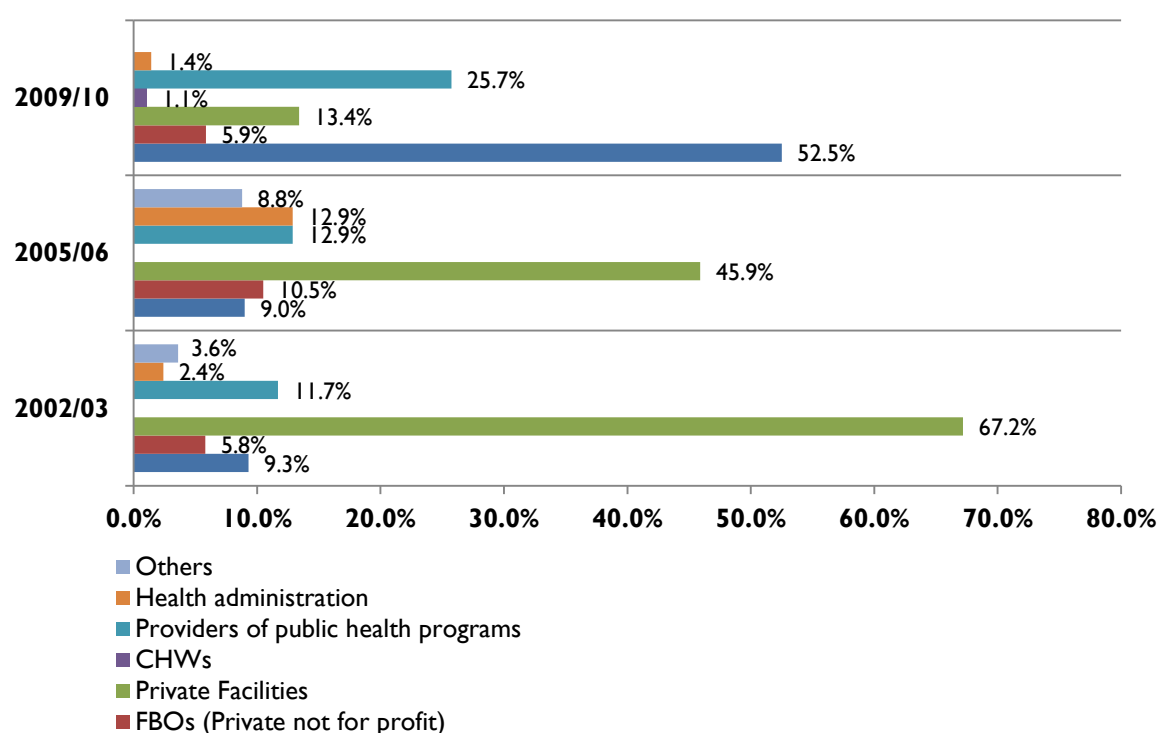


Table 6.4 shows the distribution of absolute values of THE_{Malaria} for 2002/03, 2005/06, and 2009/10. The amount of THE_{Malaria} in absolute values utilized at public hospitals increased by almost 300 percent between 2005/06 and 2009/10. Public health programs on malaria used 120 percent more THE_{Malaria} in 2009/10 over 2005/06 levels.

TABLE 6.4: ABSOLUTE VALUE OF THE_{MALARIA} BY PROVIDER

| Provider | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06–2009/10 |
|---|----------------|----------------|----------------|---------------------------------|
| Public Hospitals | 14,193 | 36,814 | 145,978 | 296.5% |
| Public Health Centers and Dispensaries | - | - | 91,025 | N/A |
| FBO Hospitals | 8,786 | 43,093 | 37,755 | -12.4% |
| Private For-Profit Hospitals | 5,991 | 32,422 | 12,465 | -61.6% |
| Private Clinics | 28,264 | 71,657 | 13,973 | -80.5% |
| FBO Health Centers and Dispensaries | - | - | 22,533 | N/A |
| Traditional Healers | - | - | 71 | N/A |
| CHWs | - | - | 4,790 | N/A |
| Pharmacies | 68,877 | 84,134 | 94 | -99.9% |
| Providers of Public Health Programs | 17,972 | 52,819 | 116,197 | 120.0% |
| General Health Administration and Insurance | 3,687 | 52,943 | 6,453 | -87.8% |
| Provider Not Specified by Kind | 5,837 | 36,526 | - | -100.0% |
| Total | 153,607 | 410,407 | 451,334 | 10.0% |

6.6 FUNCTIONS OF MALARIA HEALTH CARE: WHAT SERVICES AND PRODUCTS ARE PURCHASED WITH MALARIA FUNDS?

Outpatient curative services accounted for nearly half of THE_{Malaria} in 2009/10. Prevention and public health services used 27 percent of THE_{Malaria} in 2009/10 up from 12 percent in 2005/06. Inpatient curatives used 24 percent of THE_{Malaria} in 2009/10 compared to 11 percent in 2005/06. Figure 6.4 shows the breakdown of THE_{Malaria} by health function for 2002/03, 2005/06, and 2009/10.

FIGURE 6.4: DISTRIBUTION OF THE_{MALARIA} BY HEALTH FUNCTION

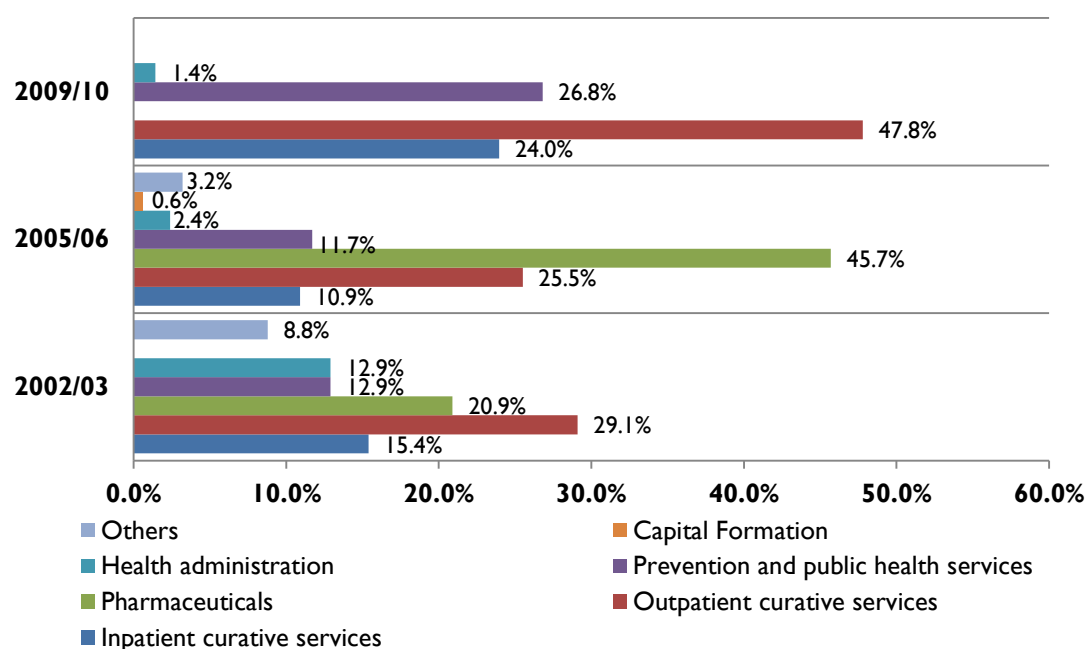


Table 6.5, which contains absolute values for $THE_{Malaria}$ by health function, shows that there was a 142 percent increase in $THE_{Malaria}$ used to purchase inpatient curative services in 2009/10 over 2005/06 levels. $THE_{Malaria}$ used on outpatient care increased by 106 percent between 2005/06 and 2009/10, while funds spent on pharmaceuticals by households decreased by 100 percent during the same period – see the data limitations explained earlier on this issue.

TABLE 6.5: ABSOLUTE VALUE OF THE_{MALARIA} BY HEALTH FUNCTION

| Functions | 2002/03 | 2005/06 | 2009/10 | Percent Change, 2005/06 & 2009/10 |
|---------------------------------------|----------------|----------------|----------------|---|
| Inpatient Curative Services | 23,656 | 44,734 | 108,118 | 141.7% |
| Outpatient Curative Services | 44,700 | 104,654 | 215,682 | 106.1% |
| Pharmaceuticals | 32,104 | 187,556 | 94 | -99.9% |
| Prevention and Public Health Services | 19,815 | 48,018 | 120,987 | 152.0% |
| Health Administration | 19,815 | 9,850 | 6,453 | -34.5% |
| Capital Formation | - | 2,462 | - | -100.0% |
| Others | 13,517 | 13,133 | - | -100.0% |
| Total | 153,607 | 410,407 | 451,334 | 10.0% |

7. CHILD HEALTH SUBACCOUNT FINDINGS

7.1 INTRODUCTION

Tanzania has made good progress towards reducing child mortality rates. In 2010, the overall under-five child mortality rate was 81 per 1,000 births. In the past decade, infant mortality has decreased by almost half, from 96 deaths per 1,000 births in 2000 to 51 deaths per 1,000 births in 2010 (TDHS 2010). Some of the major causes of mortality among children under five are malnutrition, neonatal disorders, pneumonia, and diarrhea. The government has accelerated health interventions to further improve maternal and child health indicators with the aim of achieving the MDG target on child mortality by 2015.

The Child Health Subaccount, which was conducted as part of the 2009/10 NHA, provides a detailed account of where and for what funds mobilized for child health activities are spent.

7.2 SUMMARY STATISTICS FOR CHILD HEALTH SUBACCOUNT EXPENDITURES

THE on child health (THE_{CH}) was Tshs219 billion (US\$165 million) in 2009/10 (Table 7.1). THE_{CH} as a percentage of THE was 9 percent in 2009/10. THE_{CH} accounted for about 1 percent of GDP in 2009/10. THE_{CH} per child under age five was Tshs29,416 (US\$22) in 2009/10.

TABLE 7.1: CHILD HEALTH SUBACCOUNT SUMMARY STATISTICS

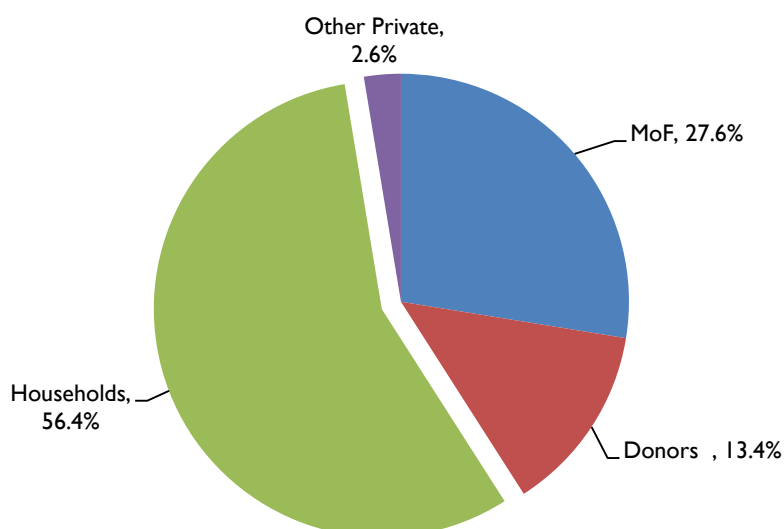
| Indicator | 2009/10 |
|---|-----------|
| THE_{CH} (Mn Tshs) | 218,741 |
| THE_{CH} (Mn US\$) | 164.8 |
| THE_{CH} per Child Under Age Five (US\$) | 22 |
| Number of Children Under Age Five | 7,127,600 |
| THE_{CH} as % of GDP | 0.8% |
| THE_{CH} as % of THE | 9.4% |
| Financing Sources as a % of THE_{CH} | |
| Public (Including Parastatals) | 27.6% |
| Private | 59.1% |
| Donors | 13.4% |
| Financing Agent Distribution as a % of THE_{CH} | |
| Public (Including Parastatals) | 37.6% |
| Private | 58.1% |
| NGOs and Donors | 4.3% |
| Provider Distribution as a % of THE_{CH} | |
| Public Facilities | 65.8% |
| Private Facilities | 8.7% |
| - Private Hospitals and Clinics | 8.7% |
| - Traditional Healers | 0.0% |
| - Pharmacies | 0.0% |
| FBO Facilities | 19.3% |
| CHWs | 0.1% |
| Providers of Public Health Programs | 3.8% |
| Health Administration and Health Insurance | 1.5% |
| Others | 0.8% |

| Indicator | 2009/10 |
|---|---------|
| Function Distribution as a % of THE_{CH} | |
| Inpatient Curative Care | 37.8% |
| Outpatient Curative Care | 56.8% |
| Pharmaceuticals | 0.0% |
| Prevention and Public Health Services | 3.9% |
| Health Administration | 1.5% |
| Capital Formation | 0.0% |
| Other | 0.0% |

7.3 FINANCING SOURCES OF CHILD HEALTH CARE: WHO PAYS FOR CHILD HEALTH SERVICES?

About Tshs219 billion (US\$165 million) was spent on THE_{CH} in 2009/10. The private sector financed more than half (56 percent household funds, 3 percent private employer funds) of THE_{CH} in 2009/10. The MoF was the second-largest financier of child health activities in 2009/10 at 28 percent. Figure 7.1 provides a breakdown of the financing sources of THE_{CH} in 2009/10.

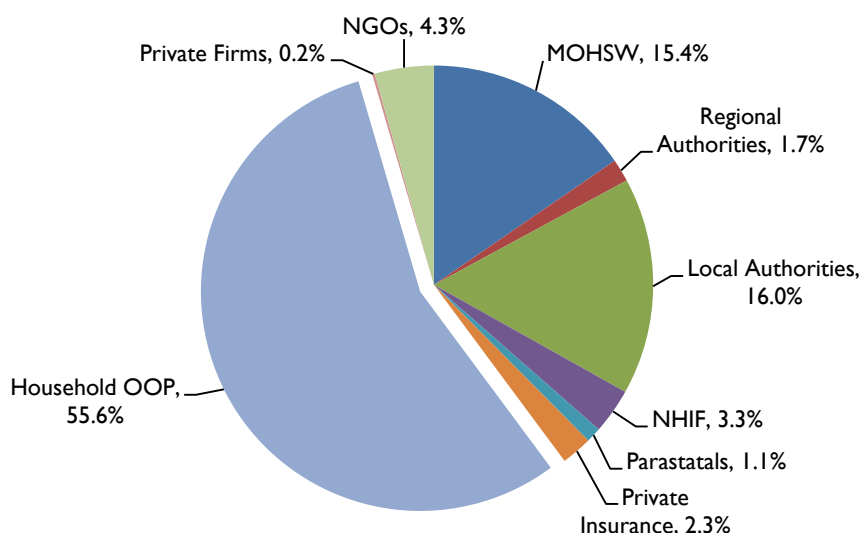
FIGURE 7.1: FINANCING SOURCES OF THE_{CH}, 2009/10



7.4 FINANCING AGENTS OF CHILD HEALTH CARE: WHO MANAGES AND IMPLEMENTS CHILD HEALTH FUNDS?

As shown in Figure 7.2, households managed about 56 percent of THE_{CH} in 2009/10. Public entities controlled 38 percent of THE_{CH} in 2009/10, with the MoHSW and local authorities managing almost equal amounts (about 16 percent).

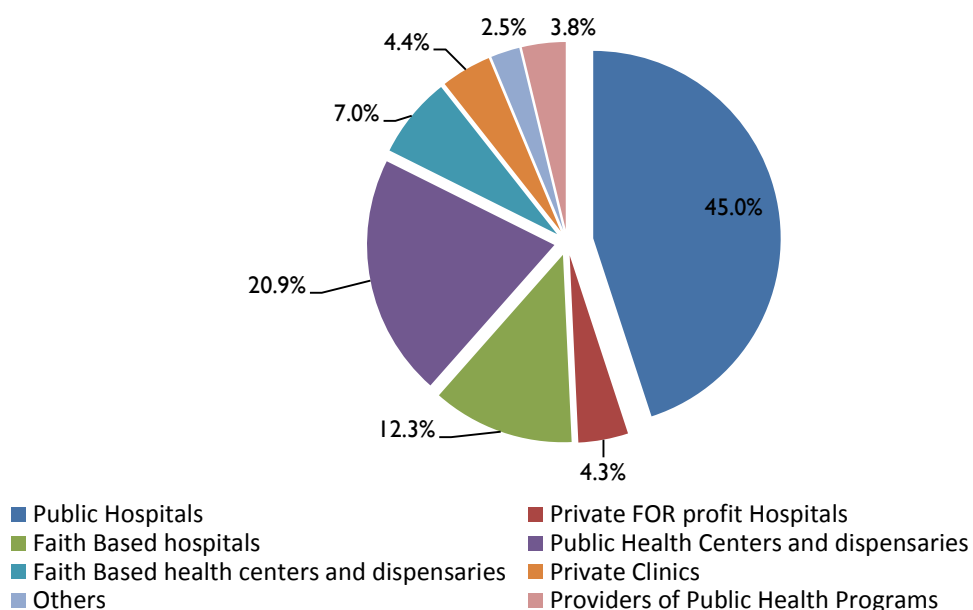
FIGURE 7.2: FINANCING AGENTS OF THE_{CH}, 2009/10



7.5 PROVIDERS OF CHILD HEALTH CARE: WHO USES CHILD HEALTH FUNDS TO DELIVER CARE?

Public hospital utilized the largest portion of THE_{CH} in 2009/10, 45 percent, followed by public health centers and dispensaries at 21 percent. FBO hospitals utilized 12 percent of THE_{CH} in 2009/10. Figure 7.3 shows the distribution of THE_{CH} by provider in 2009/10.

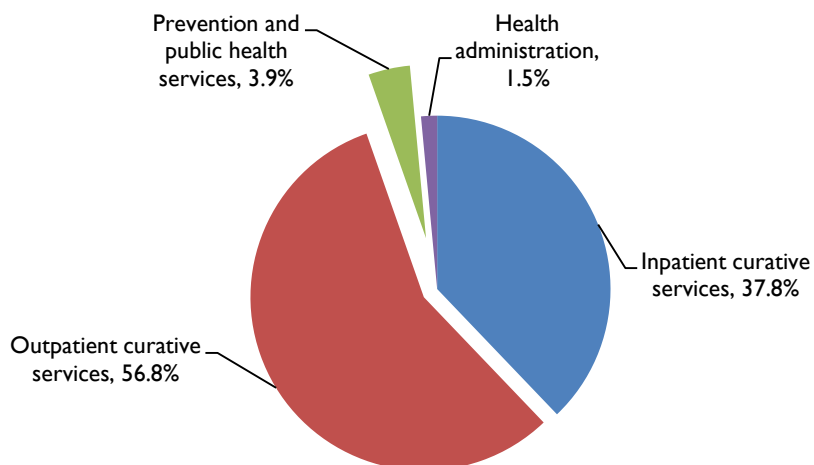
FIGURE 7.3: DISTRIBUTION OF THE_{CH} BY PROVIDER, 2009/10



7.6 FUNCTIONS OF CHILD HEALTH CARE: WHAT SERVICES AND PRODUCTS ARE PURCHASED WITH CHILD HEALTH FUNDS?

About 57 percent of THE_{CH} was used on outpatient curative care services. Inpatient curative care services used 38 percent of THE_{CH} . Figure 7.4 provides a breakdown of the health functions that THE_{CH} went to in 2009/10.

FIGURE 7.4: DISTRIBUTION OF THE_{CH} BY HEALTH FUNCTION, 2009/10



8. POLICY RECOMMENDATIONS

The 2009/10 NHA provides a comprehensive overview of health sector expenditures in Tanzania Mainland. This report uses the findings to provide expenditure trends since 2002/03. The MoHSW is currently developing a health sector financing strategy, and the 2009/10 NHA will provide valuable background information that can aid in modeling the health financing framework. The following are some of the policy issues which arise from this round of NHA.

- The MoF contribution to THE decreased from 28 percent in 2005/06 to 26 percent in 2009/10. Both expenditures are only 7 percent of TGE, which is below the Abuja targets. Therefore, there is a need to mobilize more funds for the health sector from the central government.
- Donors continue to be the major financiers of health services, contributing 40 percent of THE in 2009/10. These additional resources have enabled the health sector to scale up interventions in the key priority areas of HIV/AIDS and malaria. However, as donor support flattens or decreases, there will be a need to explore alternative financing arrangements for mobilizing domestic resources. This also highlights the issue of improving donor aid coordination. Despite existence of the Joint Assistant Strategy for Tanzania (JAST), which requires donors to align their spending priorities with those of the government, the report shows most donors funding is directed to projects.
- Household OOP expenditure on health increased from 25 percent of THE in 2005/06 to 32 percent in 2009/10. This high percentage signifies that OOP expenditure may prevent households from accessing health services when needed or may further impoverish them since they may have to sell valuable assets to offset medical bills. Hence the need to accelerate pre-payment initiatives to reduce payment at the point of service. To protect the population from catastrophic spending on health, the GoT needs to strengthen payment methods to involve the private sector more in the financing of health. This is a potential source of sustainable revenue to the health sector.
- THE per capita increased from US\$21 in 2002/03 to US\$41 in 2009/10. Nevertheless, this level of expenditure is below the WHO-recommended spending on health of US\$44 per capita (WHO Taskforce on Innovative International Financing for Health Systems 2010). There is a need not only to mobilize additional resources, but also to increase efficiency in order to maximize the productivity of available resources.
- About 64 percent of THE was spent on the three priority areas of HIV/AIDS, reproductive health, and malaria. It is important to investigate whether the amount of funds remaining is sufficient to address the challenges posed by the increase of non-communicable diseases.
- About three-quarters of THE_{HIV/AIDS} was financed by external sources in 2009/10. This points to the financial vulnerabilities of the HIV/AIDS interventions, especially as this time when the support from partners is not guaranteed due to the global financial crisis.
- In 2009/10, NGOs managed 56 percent of THE_{HIV/AIDS} compared to 2 percent in 2005/06. This calls for coordination to ensure that these expenditures are aligned to national health priorities through General Budget Support, SWAPs and Sector Basket Fund arrangements.
- The amount spent on capital formation decreased from 6 percent of THE in 2005/06 to 2 percent in 2009/10. This raises questions as to whether PHSDP-MMAM implementation is on track.

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NHA TABLES

FINANCING SOURCES (FS)

| FS X HF | | FINANCING SOURCES (FS) | | | | | | Grand Total |
|-----------------------|--|------------------------|----------------------|---------------------------|------------------------|------------------------|----------------------------------|--------------------------|
| | | MOF | Other Public Funds | Parastatal Employer Funds | Private Employer Funds | Household Funds | Rest of the World Funds (donors) | |
| FINANCING AGENTS (HF) | MOHSW | 212,094,289,594 | | | | | 196,418,834,645 | 408,513,124,239 |
| | TACAIDS | 10,922,891,273 | | | | | 9,406,900,702 | 20,329,791,975 |
| | Regional Authorities | 49,759,000,000 | | | | | 9,866,000,000 | 59,625,000,000 |
| | Local Government Authorities | 258,270,966,055 | | | | | 122,154,394,490 | 380,425,360,545 |
| | NHIF | 16,462,600,544 | | 388,460,304 | 670,377,820 | | 601,139,269 | 40,840,878,457 |
| | Private Insurance Enterprises | 150,056,306 | 6,255,699,976 | 2,826,753,816 | 16,217,686,441 | 16,462,600,544 | 1,293,272,698 | 21,613,191,556 |
| | Households OOP | | 1,125,422,295 | 354,750,000 | 7,978,809,852 | | | 740,875,489,134 |
| | Non-profit institutions serving individuals (NGOs) | | | | | 732,541,929,281 | | 580,915,323,544 |
| | Parastatal Companies | | | 45,272,115,307 | | | | 45,272,115,307 |
| | Private Firms | | | 39,169,081 | 24,477,998,348 | | | 24,517,167,429 |
| | Grand Total | 547,659,803,772 | 7,381,122,271 | 48,881,248,508 | 49,344,872,461 | 750,297,802,523 | 919,362,592,650 | 2,322,927,442,184 |

GENERAL NHA - FINANCING AGENTS BY PROVIDERS (HF X HP)

| HF X HP | | FINANCING AGENTS (HF) | | | | | | | | | | |
|----------------|--|-----------------------|----------------|----------------------|------------------------------|----------------|-------------------------------|-----------------|--|----------------------|------------------------------|-------------------|
| | | MOHSW | TACAIDS | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Non-Parastatal Firms | Grand Total |
| PROVIDERS (HP) | Public Hospitals | 198,783,168,153 | | 27,146,400,000 | 59,002,030,554 | 8,266,195,404 | 1,748,507,890 | 331,322,569,851 | 36,092,941,924 | | | 662,361,813,775 |
| | Private FOR profit Hospitals | | | | | 4,339,346,458 | 9,508,914,006 | 19,955,662,269 | | 14,593,566,040 | 3,511,994,746 | 51,909,483,519 |
| | Faith Based Hospitals | | | | | 9,785,080,654 | 3,327,091,423 | 136,286,926,241 | 34,469,860,842 | | | 183,868,959,159 |
| | Private Clinics | | | | | 1,084,563,332 | 2,893,471,562 | 55,640,419,476 | 358,977,038 | 4,143,498,890 | 10,443,924,330 | 74,564,854,629 |
| | CHWs | | 11,915,713,107 | | | | | | 31,457,381,878 | | | 43,373,094,985 |
| | Traditional Healers | | | | | | | 303,155,733 | 691,236,920 | | | 994,392,653 |
| | Public Health Centers and dispensaries | 124,141,302,740 | | 8,127,000,000 | 155,481,303,450 | 992,137,428 | 433,314,314 | 81,047,757,058 | 50,789,468,396 | | | 421,012,283,385 |
| | Faith Based health centers and dispensaries | | | | | 1,320,112,447 | 928,092,405 | 94,040,145,594 | 32,435,658,138 | | | 128,724,008,584 |
| | Pharmacies | 79,999,999 | | | | 139,866,576 | 235,519,622 | 22,066,437,672 | | 21,255,761,757 | 6,316,837,345 | 50,094,422,971 |
| | Provision and administration of public health programs | 35,783,009,771 | | 9,866,000,000 | 108,878,026,541 | | | | 394,619,798,408 | 978,653,336 | 3,194,452,504 | 553,319,940,561 |
| | General health administration and insurance | 39,892,508,203 | 8,414,078,868 | 14,485,600,000 | 57,064,000,000 | 14,859,345,390 | 2,538,280,335 | | | | | 137,253,812,796 |
| | Rest of the World | 9,833,135,371 | | | | | | | | 4,118,611,631 | 114,950,462 | 14,066,697,464 |
| | Provider expenditure not specified by kind | | | | | 54,230,769 | | 212,415,241 | | 182,023,653 | 935,008,042 | 1,383,677,705 |
| | Grand Total | 408,513,124,239 | 20,329,791,975 | 59,625,000,000 | 380,425,360,545 | 40,840,878,457 | 21,613,191,556 | 740,875,489,134 | 580,915,323,544 | 45,272,115,307 | 24,517,167,429 | 2,322,927,442,184 |

GENERAL NHA - PROVIDERS BY FUNCTIONS (HP X HC)

| HP X HC | | PROVIDERS (HP) | | | | | | | | | | | | Grand Total | |
|---------------------|--|-----------------------|------------------------------|-----------------------|-----------------------|--------------------|------------------------|--|---|------------------------|--|---|----------------------|--------------------------|--|
| | | Public Hospitals | Private FOR profit Hospitals | Faith Based hospitals | Private Clinics | CHWs | Traditional Healers | Public Health Centers and dispensaries | Faith Based health centers and dispensaries | Pharmacies | Provision and administration of public health programs | General health administration and insurance | Rest of the World | | Provider expenditure not specified by kind |
| FUNCTIONS (HC) | Inpatient Curative Care | 288,970,040,101 | 26,298,431,532 | 101,102,846,012 | 5,050,330,413 | | | 21,757,251,062 | 1,785,011,823 | | | | 14,066,697,464 | | 459,030,608,407 |
| | Outpatient curative care | 338,745,421,382 | 25,611,051,986 | 82,680,445,328 | 69,193,540,547 | | 994,392,653 | 388,551,828,143 | 122,374,567,300 | | | | | | 1,028,151,247,340 |
| | Pharmaceuticals and other Medical non-Durables | | | | | | | | | 50,094,422,971 | | | | | 50,094,422,971 |
| | Maternal and child health; family planning and counseling | | | | | | | | | | 2,123,115,838 | | | | 2,123,115,838 |
| | School health services | | | | | | | | | | 56,620,523 | | | | 56,620,523 |
| | Prevention of communicable diseases (e.g. HIV/AIDS, malaria) | | | | | 43,357,518,985 | | | | | 466,592,935,227 | | | | 509,950,454,212 |
| | Prevention of non-communicable diseases | | | | | 15,576,000 | | | | | 689,334,053 | | | | 704,910,053 |
| | Occupational Health care | | | | | | | | | | 34,110,000 | | | | 34,110,000 |
| | Monitoring and Evaluation | | | | | | | | | | 61,126,260,526 | | | | 61,126,260,526 |
| | Technical Assistance | | | | | | | | | | 18,720,359,352 | | | | 18,720,359,352 |
| | All other miscellaneous public health services | | | | | | | | | | 3,977,205,041 | | | | 3,977,205,041 |
| | Health Administration and Health Insurance | | | | | | | | | | | 137,253,812,796 | | | 137,253,812,796 |
| | HC expenditure not specified by any kind | | | | | | | | | | | | | 1,383,677,705 | 1,383,677,705 |
| | Capital formation for health care provider institutions | 34,646,352,292 | | 85,667,818 | 320,983,669 | | | 10,703,204,180 | 4,564,429,461 | | | | | | 50,320,637,420 |
| GRAND TOTALS | 662,361,813,775 | 51,909,483,519 | 183,868,959,159 | 74,564,854,629 | 43,373,094,985 | 994,392,653 | 421,012,283,385 | 128,724,008,584 | 50,094,422,971 | 553,319,940,561 | 137,253,812,796 | 14,066,697,464 | 1,383,677,705 | 2,322,927,442,184 | |

GENERAL NHA - FINANCING AGENTS BY FUNCTIONS (HF X HC)

| HF X HC | FINANCING AGENTS (HF) | | | | | | | | | | |
|--|------------------------|-----------------------|-----------------------|------------------------------|-----------------------|-------------------------------|------------------------|--|-----------------------|------------------------------|--------------------------|
| | MOHWS | TACAIDS | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Non-Parastatal Firms | Grand Totals |
| Inpatient Curative Care | 70,306,797,628 | | 8,621,613,747 | 42,672,270,822 | 8,399,330,936 | 7,574,970,216 | 296,350,195,653 | 10,164,323,399 | 10,090,018,695 | 4,851,087,310 | 459,030,608,407 |
| Outpatient curative care | 237,957,299,192 | | 13,106,786,253 | 171,811,063,182 | 17,388,104,786 | 11,264,421,383 | 422,246,440,567 | 132,391,691,884 | 12,765,657,866 | 9,219,782,227 | 1,028,151,247,340 |
| Pharmaceuticals and other Medical non-Durables | 79,999,999 | | | | 139,866,576 | 235,519,622 | 22,066,437,672 | | 21,255,761,757 | 6,316,837,345 | 50,094,422,971 |
| Maternal and child health; family planning and counseling | | | | | | | | 2,123,115,838 | | | 2,123,115,838 |
| School health services | 21,964,799 | | | | | | | 34,655,724 | | | 56,620,523 |
| Prevention of communicable diseases (e.g. HIV/AIDS, malaria) | 31,364,944,049 | 11,915,713,107 | 5,609,000,000 | 108,878,026,541 | | | | 348,649,298,890 | 467,461,058 | 3,066,010,568 | 509,950,454,212 |
| Prevention of non-communicable diseases | 66,880,000 | | | | | | | 638,030,053 | | | 704,910,053 |
| Occupational Health care | 34,110,000 | | | | | | | | | | 34,110,000 |
| Monitoring and Evaluation | 924,868,849 | | 4,257,000,000 | | | | | 55,944,391,677 | | | 61,126,260,526 |
| Technical Assistance | 32,671,248 | | | | | | | 18,687,688,104 | | | 18,720,359,352 |
| All other miscellaneous public health services | 3,337,570,827 | | | | | | | | 511,192,278 | 128,441,936 | 3,977,205,041 |
| Health Administration and Health Insurance | 39,892,508,203 | 8,414,078,868 | 14,485,600,000 | 57,064,000,000 | 14,859,345,390 | 2,538,280,335 | | | | | 137,253,812,796 |
| HC expenditure not specified by any kind | | | | | 54,230,769 | | 212,415,241 | | 182,023,653 | 935,008,042 | 1,383,677,705 |
| Capital formation for health care provider institutions | 24,493,509,445 | | 13,545,000,000 | | | | | 12,282,127,974 | | | 50,320,637,420 |
| GRAND TOTAL | 408,513,124,239 | 20,329,791,975 | 59,625,000,000 | 380,425,360,545 | 40,840,878,457 | 21,613,191,556 | 740,875,489,134 | 580,915,323,544 | 45,272,115,307 | 24,517,167,429 | 2,322,927,442,184 |

FUNCTIONS (HC)

HIV/AIDS SUBACCOUNT - FINANCING SOURCES BY FINANCING AGENTS (FS X HF)

| FS X HF | | FINANCING SOURCES (FS) | | | | | | |
|-----------------------|--|------------------------|--------------------|---------------------------|------------------------|------------------|----------------------------------|-----------------|
| | | MOF | Other Public Funds | Parastatal Employer Funds | Private Employer Funds | Households Funds | Rest of the World Funds (donors) | Grand Total |
| FINANCING AGENTS (HF) | MOHSW | 27,936,665,390 | | | | | 68,418,026,710 | 96,354,692,100 |
| | TACAIDS | 10,922,891,273 | | | | | 9,406,900,702 | 20,329,791,975 |
| | Regional Authorities | 3,245,611,065 | | | | | | 3,245,611,065 |
| | Local Government Authorities | 23,117,003,444 | | | | | 10,693,613,015 | 33,810,616,458 |
| | NHIF | 1,646,260,054 | 625,569,998 | 135,961,106 | 214,943,068 | 1,646,260,054 | 60,113,927 | 4,329,108,207 |
| | Private Insurance Enterprises | | | 175,083,260 | 1,150,283,551 | 96,509,124 | | 1,421,875,935 |
| | Household OOP | | | 51,171,784 | 1,150,923,000 | 105,667,307,559 | | 106,869,402,343 |
| | Non-profit institutions serving individuals (NGOs) | | | | | | 348,571,880,377 | 348,571,880,377 |
| | Parastatal Companies | | | 3,401,439,095 | | | | 3,401,439,095 |
| | Private Firms | | | | 3,909,025,847 | | | 3,909,025,847 |
| | Grand Total | 66,868,431,226 | 625,569,998 | 3,763,655,246 | 6,425,175,466 | 107,410,076,737 | 437,150,534,730 | 622,243,443,403 |

HIV/AIDS - FINANCING AGENTS BY PROVIDERS (HF X HP)

| HF X HP | FINANCING AGENTS (HF) | | | | | | | | | | |
|--|-----------------------|-----------------------|----------------------|------------------------------|----------------------|-------------------------------|------------------------|--|----------------------|----------------------|------------------------|
| | MOHSW | TACAIDS | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| Public Hospitals | 39,569,829,249 | | 3,245,611,065 | 8,573,234,148 | 830,766,284 | 112,286,968 | 47,231,886,350 | 17,540,127,731 | | | 117,103,741,794 |
| Private FOR profit Hospitals | | | | | 588,131,750 | 643,950,639 | 2,695,015,903 | | 2,147,315,295 | 376,857,077 | 6,451,270,663 |
| Faith Based Hospitals | | | | | 978,508,065 | 193,205,457 | 18,602,861,296 | 34,184,462,702 | | | 53,959,037,521 |
| CHWs | | 11,915,713,107 | | | | | | 20,958,970,092 | | | 32,874,683,199 |
| Traditional Healers | | | | | | | 50,308,648 | | | | 50,308,648 |
| Public Health Centers and dispensaries | 46,415,629,295 | | | 25,237,382,310 | 99,213,743 | 33,069,015 | 13,449,863,021 | 20,731,348,881 | | | 105,966,506,265 |
| Faith Based health centers and dispensaries | | | | | 132,011,245 | 48,978,342 | 15,605,947,933 | 21,024,584,486 | | | 36,811,522,006 |
| Private Clinics | | | | | 108,456,333 | 204,219,145 | 9,233,519,194 | | 275,470,464 | 337,716,266 | 10,159,381,401 |
| Pharmacies | | | | | 48,244,901 | 16,362,164 | | | | | 64,607,066 |
| Provision and administration of public health programs | 10,369,233,556 | | | | | | | 234,132,386,485 | 978,653,336 | 3,194,452,504 | 248,674,725,882 |
| General health administration and insurance | | 8,414,078,868 | | | 1,543,775,886 | 169,804,206 | | | | | 10,127,658,960 |
| Grand Total | 96,354,692,100 | 20,329,791,975 | 3,245,611,065 | 33,810,616,458 | 4,329,108,207 | 1,421,875,935 | 106,869,402,343 | 348,571,880,377 | 3,401,439,095 | 3,909,025,847 | 622,243,443,403 |

PROVIDERS (HP)

HIV/AIDS - PROVIDERS BY FUNCTIONS (HP X HC)

| HP X HC | PROVIDERS (HP) | | | | | | | | | | | |
|---|------------------|------------------------------|-----------------------|----------------|---------------------|--|---|-----------------|------------|--|---|-----------------|
| | Public Hospitals | Private FOR profit Hospitals | Faith Based Hospitals | CHWs | Traditional Healers | Public Health Centers and dispensaries | Faith Based health centers and dispensaries | Private Clinics | Pharmacies | Provision and administration of public health programs | General health administration and insurance | Grand Total |
| Inpatient curative care | 35,750,991,681 | 2,961,689,945 | 12,320,260,532 | | | 2,146,646,937 | 148,284,276 | 129,492,775 | | | | 53,457,366,146 |
| Outpatient curative care | 75,994,764,462 | 3,489,580,718 | 41,553,109,170 | | 50,308,648 | 90,197,057,860 | 36,663,237,730 | 9,416,701,896 | | | | 257,364,760,484 |
| ART | | | | | | 8,566,657,819 | | 488,984,625 | | | | 9,055,642,444 |
| VCT | | | | | | | | 124,202,105 | | | | 124,202,105 |
| PMTCT (service itself) | 1,317,918,357 | | | | | 4,822,503,648 | | | | | | 6,140,422,005 |
| Other (not specified outpatient visit) | 537,621,247 | | | | | | | | | | | 537,621,247 |
| Pharmaceuticals and other Medical non-Durables | | | | | | | | | 64,607,066 | | | 64,607,066 |
| Prevention of Communicable Diseases | | | | 29,578,061,398 | | | | | | 186,681,125,276 | | 216,259,186,674 |
| VCT | | | | | | | | | | 248,496,185 | | 248,496,185 |
| Info. Educ. Communic. Prog. | | | | 1,995,397,260 | | | | | | 24,080,937,066 | | 26,076,334,326 |
| STI Prevention Program | | | | | | | | | | 174,795,689 | | 174,795,689 |
| Condom Distribution programs | | | | 320,138,928 | | | | | | 1,476,591,393 | | 1,796,730,321 |
| Other prevention programs (incl. TB) and prevention that cannot be disaggregated. | | | | 981,085,613 | | | | | | 1,502,726,900 | | 2,483,812,513 |
| Monitoring and Evaluation | | | | | | | | | | 21,967,001,717 | | 21,967,001,717 |
| Technical assistance | | | | | | | | | | 11,895,406,336 | | 11,895,406,336 |
| Other prevention and public health services | | | | | | | | | | 647,645,319 | | 647,645,319 |
| Health admin. & health insurance | | | | | | | | | | | 10,127,658,960 | 10,127,658,960 |
| Capital formation for health care provider institutions | 3,502,446,047 | | 85,667,818 | | | 233,640,000 | | | | | | 3,821,753,865 |
| Grand Total | 117,103,741,794 | 6,451,270,663 | 53,959,037,521 | 32,874,683,199 | 50,308,648 | 105,966,506,265 | 36,811,522,006 | 10,159,381,401 | 64,607,066 | 248,674,725,882 | 10,127,658,960 | 622,243,443,403 |

FUNCTIONS (HC)

HIV/AIDS – FINANCING AGENTS BY FUNCTIONS (HF X HC)

| HF X HC | FINANCING AGENTS (HF) | | | | | | | | | | |
|---|-----------------------|----------------|----------------------|------------------------------|---------------|-------------------------------|-----------------|--|----------------------|---------------|-----------------|
| | MOHSW | TACAIDS | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| Inpatient curative care | 8,034,610,684 | | 1,070,541,870 | 5,298,596,519 | 847,266,366 | 451,580,674 | 36,797,669,418 | 124,520,200 | 708,276,773 | 124,303,643 | 53,457,366,146 |
| Outpatient curative care | 77,950,847,860 | | 2,175,069,196 | 28,512,019,939 | 1,889,821,053 | 784,128,892 | 70,071,732,925 | 74,289,548,664 | 1,439,038,522 | 252,553,434 | 257,364,760,484 |
| ART | | | | | | | | 8,566,657,819 | 151,268,359 | 337,716,266 | 9,055,642,444 |
| VCT | | | | | | | | | 124,202,105 | | 124,202,105 |
| PMTCT (service itself) | | | | | | | | 6,140,422,005 | | | 6,140,422,005 |
| Other (not specified outpatient visit) | | | | | | | | 537,621,247 | | | 537,621,247 |
| Pharmaceuticals and other Medical non-Durables | | | | | 48,244,901 | 16,362,164 | | | | | 64,607,066 |
| Prevention of Communicable Diseases | 10,131,405,399 | 11,915,713,107 | | | | | | 191,953,877,728 | | 2,258,190,439 | 216,259,186,674 |
| VCT | | | | | | | | 248,496,185 | | | 248,496,185 |
| Info. Educ. Communic. Prog. | | | | | | | | 24,801,053,140 | 467,461,058 | 807,820,129 | 26,076,334,326 |
| STI Prevention Program | | | | | | | | 174,795,689 | | | 174,795,689 |
| Condom Distribution programs | | | | | | | | 1,796,730,321 | | | 1,796,730,321 |
| Other prevention programs (incl. TB) and prevention that cannot be disaggregated. | | | | | | | | 2,483,812,513 | | | 2,483,812,513 |
| Monitoring and Evaluation | 227,603,287 | | | | | | | 21,739,398,430 | | | 21,967,001,717 |
| Technical assistance | 2,213,766 | | | | | | | 11,893,192,570 | | | 11,895,406,336 |
| Other prevention and public health services | 8,011,105 | | | | | | | | 511,192,278 | 128,441,936 | 647,645,319 |
| Health admin. & health insurance | | 8,414,078,868 | | | 1,543,775,886 | 169,804,206 | | | | | 10,127,658,960 |
| Capital formation for health care provider institutions | | | | | | | | 3,821,753,865 | | | 3,821,753,865 |
| Grand Total | 96,354,692,100 | 20,329,791,975 | 3,245,611,065 | 33,810,616,458 | 4,329,108,207 | 1,421,875,935 | 106,869,402,343 | 348,571,880,377 | 3,401,439,095 | 3,909,025,847 | 622,243,443,403 |

RH - FINANCING SOURCES BY FINANCING AGENTS (FS X HF)

| FS X HF | | FINANCING SOURCES (FS) | | | | | | Grand Total |
|-----------------------|--|------------------------|--------------------|---------------------------|------------------------|-----------------|----------------------------------|-----------------|
| | | MOF | Other Public Funds | Parastatal Employer Funds | Private Employer Funds | Households | Rest of the World Funds (donors) | |
| FINANCING AGENTS (HF) | MOHSW | 40,445,092,466 | | | | | 40,875,558,329 | 81,320,650,795 |
| | Regional Authorities | 5,952,851,124 | | | | | | 5,952,851,124 |
| | Local Government Authorities | 36,119,943,524 | | | | | 17,746,262,736 | 53,866,206,260 |
| | NHIF | 823,130,027 | 312,784,999 | 77,692,061 | 122,824,610 | 823,130,027 | 30,056,963 | 2,189,618,688 |
| | Private Insurance Enterprises | | | 487,222,589 | 1,347,560,427 | 72,394,887 | | 1,907,177,903 |
| | Household OOP | | | 94,886,649 | 2,134,129,746 | 195,936,430,416 | | 198,165,446,811 |
| | Non-profit institutions serving individuals (NGOs) | | | | | | 67,842,545,221 | 67,842,545,221 |
| | Parastatal Companies | | | 3,938,441,178 | | | | 3,938,441,178 |
| | Private Firms | | | | 691,202,374 | | | 691,202,374 |
| | Grand Total | 83,341,017,142 | 312,784,999 | 4,598,242,477 | 4,295,717,157 | 196,831,955,330 | 126,494,423,249 | 415,874,140,354 |

RH- FINANCING AGENTS BY PROVIDERS (HF X HP)

| HF X HP | FINANCING AGENTS (HF) | | | | | | | | | |
|--|-----------------------|----------------------|------------------------------|----------------------|-------------------------------|------------------------|--|----------------------|--------------------|------------------------|
| | MOHSW | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| Public Hospitals | 53,269,077,709 | 5,952,851,124 | 16,827,259,356 | 415,797,816 | 112,139,207 | 97,006,858,506 | 14,773,923,674 | | | 188,357,907,391 |
| Private FOR profit Hospitals | | | | 309,485,585 | 796,767,180 | 6,256,299,296 | | 3,938,441,178 | 691,202,374 | 11,992,195,614 |
| Faith Based hospitals | | | | 489,254,033 | 463,525,300 | 42,182,582,603 | 285,398,139 | | | 43,420,760,075 |
| CHWs | | | | | | | 5,115,501,387 | | | 5,115,501,387 |
| Traditional Healers | | | | | | 69,177,938 | | | | 69,177,938 |
| Public Health Centers and dispensaries | 20,125,293,155 | | 37,038,946,905 | 49,606,871 | 35,296,917 | 18,494,509,911 | 22,541,229,520 | | | 98,284,883,279 |
| Faith Based health centers and dispensaries | | | | 66,005,622 | 140,851,339 | 21,459,278,675 | 6,846,644,191 | | | 28,512,779,828 |
| Private Clinics | | | | 54,228,167 | 228,522,957 | 12,696,739,883 | 15,555,232 | | | 12,995,046,238 |
| Pharmacies | | | | 27,568,515 | 10,851,162 | | | | | 38,419,677 |
| Provision and administration of public health programs | 7,926,279,931 | | | | | | 18,264,293,078 | | | 26,190,573,010 |
| General health administration and insurance | | | | 777,672,078 | 119,223,841 | | | | | 896,895,919 |
| Grand Total | 81,320,650,795 | 5,952,851,124 | 53,866,206,260 | 2,189,618,688 | 1,907,177,903 | 198,165,446,811 | 67,842,545,221 | 3,938,441,178 | 691,202,374 | 415,874,140,354 |

PROVIDERS (HP)

RH - PROVIDERS BY FUNCTIONS (HP X HC)

| HP X HC | PROVIDERS (HP) | | | | | | | | | | | |
|---|------------------------|------------------------------|-----------------------|----------------------|---------------------|--|---|-----------------------|-------------------|--|---|------------------------|
| | Public Hospitals | Private FOR profit Hospitals | Faith Based hospitals | CHWs | Traditional Healers | Public Health Centers and dispensaries | Faith Based health centers and dispensaries | Private Clinics | Pharmacies | Provision and administration of public health programs | General health administration and insurance | Grand Total |
| Inpatient curative care | 96,460,483,733 | 7,712,414,443 | 33,461,716,635 | | | 5,728,192,976 | 146,238,932 | 119,233,065 | | | | 143,628,279,784 |
| Deliveries | 1,421,492,360 | | | | | 4,264,477,080 | | 15,555,232 | | | | 5,701,524,672 |
| Other RH services (IP)- biopsy, Lab. Investigations other minor surgeries | 2,619,489,047 | | 285,398,139 | | | | | | | | | 2,904,887,186 |
| Outpatient curative care | 67,180,076,173 | 4,279,781,171 | 9,673,645,300 | | 69,177,938 | 70,138,176,542 | 21,519,896,705 | 12,860,257,941 | | | | 185,721,011,770 |
| Antenatal care (OP) | 1,308,612,191 | | | | | 1,845,455,615 | | | | | | 3,154,067,806 |
| Postnatal care follow up (OP) | 113,513,083 | | | | | 340,539,248 | | | | | | 454,052,331 |
| Family planning services (OP) | 7,202,303,032 | | | | | 13,274,920,555 | | | | | | 20,477,223,586 |
| Family planning (IEC including counseling) | | | | | | 340,539,248 | | | | | | 340,539,248 |
| Reproductive health services (OP, Other) | 24,674,454 | | | | | 10,017,834 | 2,282,214,730 | | | | | 2,316,907,019 |
| Pharmaceuticals and other medical nondurables | | | | | | | | | 38,419,677 | | | 38,419,677 |
| MCH; FP and counseling (incl. IEC, public awareness campaigns etc.) | | | | | | | | | | 2,123,115,838 | | 2,123,115,838 |
| Maternal health preventive programs | | | | 5,115,501,387 | | | | | | 23,665,022,060 | | 28,780,523,447 |
| Monitoring & evaluation (e.g. including surveys and studies) | | | | | | | | | | 222,595,394 | | 222,595,394 |
| Sentinel surveillance (fixed research stations) | | | | | | | | | | 9,164,269 | | 9,164,269 |
| Technical assistance | | | | | | | | | | 170,675,448 | | 170,675,448 |
| Health administration and health insurance (for public RH programs) | | | | | | | | | | | 896,895,919 | 896,895,919 |
| Capital formation for health care provider institutions | 12,027,263,319 | | | | | 2,342,564,180 | 4,564,429,461 | | | | | 18,934,256,960 |
| Grand Total | 188,357,907,391 | 11,992,195,614 | 43,420,760,075 | 5,115,501,387 | 69,177,938 | 98,284,883,279 | 28,512,779,828 | 12,995,046,238 | 38,419,677 | 26,190,573,010 | 896,895,919 | 415,874,140,354 |

RH - FINANCING AGENTS BY FUNCTIONS (HF X HC)

| HF X HC | | FINANCING AGENTS (HF) | | | | | | | | | |
|--------------------|--|-----------------------|-----------------------|------------------------------|----------------------|-------------------------------|-----------------------|--|----------------------|------------------------|-----------------|
| | | MOHSW | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| FUNCTIONS (HC) | Inpatient curative care | 20,319,697,599 | 2,961,977,631 | 14,660,168,658 | 424,366,510 | 826,272,745 | 101,811,873,766 | 320,337,524 | 1,959,661,753 | 343,923,597 | 143,628,279,784 |
| | Deliveries | | | | | | | 5,701,524,672 | | | 5,701,524,672 |
| | Other RH services (IP)-biopsy, Lab. Investigations other minor surgeries | | | | | | | 2,904,887,186 | | | 2,904,887,186 |
| | Outpatient curative care | 42,251,815,220 | 2,990,873,493 | 39,206,037,602 | 960,011,584 | 950,830,156 | 96,353,573,045 | 681,812,468 | 1,978,779,425 | 347,278,777 | 185,721,011,770 |
| | Antenatal care (OP) | | | | | | | 3,154,067,806 | | | 3,154,067,806 |
| | Postnatal care follow up (OP) | | | | | | | 454,052,331 | | | 454,052,331 |
| | Family planning services (OP) | | | | | | | 20,477,223,586 | | | 20,477,223,586 |
| | Family planning (IEC including counseling) | | | | | | | 340,539,248 | | | 340,539,248 |
| | Reproductive health services (OP, Other) | | | | | | | 2,316,907,019 | | | 2,316,907,019 |
| | Pharmaceuticals and other medical nondurables | | | | 27,568,515 | 10,851,162 | | | | | 38,419,677 |
| | MCH; FP and counseling (incl. IEC, public awareness campaigns etc.) | | | | | | | 2,123,115,838 | | | 2,123,115,838 |
| | Maternal health preventive programs | 7,890,421,996 | | | | | | 20,890,101,451 | | | 28,780,523,447 |
| | Monitoring & evaluation (e.g. including surveys and studies) | 35,857,935 | | | | | | 186,737,459 | | | 222,595,394 |
| | Sentinel surveillance (fixed research stations) | | | | | | | 9,164,269 | | | 9,164,269 |
| | Technical assistance | | | | | | | 170,675,448 | | | 170,675,448 |
| | Health administration and health insurance (for public RH programs) | | | | 777,672,078 | 119,223,841 | | | | | 896,895,919 |
| | Capital formation for health care provider institutions | 10,822,858,045 | | | | | | 8,111,398,915 | | | 18,934,256,960 |
| Grand Total | 81,320,650,795 | 5,952,851,124 | 53,866,206,260 | 2,189,618,688 | 1,907,177,903 | 198,165,446,811 | 67,842,545,221 | 3,938,441,178 | 691,202,374 | 415,874,140,354 | |

MALARIA - FINANCING SOURCES BY FINANCING AGENTS (FS X HF)

| FS X HF | | FINANCING SOURCES (FS) | | | | | | Grand Total |
|-----------------------|--|------------------------|--------------------|---------------------------|------------------------|-----------------|----------------------------------|-----------------|
| | | MOF | Other Public Funds | Parastatal Employer Funds | Private Employer Funds | Households | Rest of the World Funds (donors) | |
| FINANCING AGENTS (HF) | MOHSW | 34,989,757,754 | | | | | 41,743,957,283 | 76,733,715,037 |
| | Regional Authorities | 5,208,127,785 | | | | | | 5,208,127,785 |
| | Local Government Authorities | 34,340,116,926 | | | | | 16,340,527,447 | 50,680,644,373 |
| | NHIF | 6,585,040,217 | 2,502,279,991 | 116,538,091 | 184,236,915 | 6,585,040,217 | 240,455,708 | 16,213,591,139 |
| | Private Insurance Enterprises | | | 383,109,508 | 3,316,538,284 | 289,579,548 | | 3,989,227,340 |
| | Household OOP | | | 82,566,171 | 1,857,025,460 | 170,495,229,054 | | 172,434,820,686 |
| | Non-profit institutions serving individuals (NGOs) | | | | | | 122,023,579,744 | 122,023,579,744 |
| | Parastatal Companies | | | 3,445,727,854 | | | | 3,445,727,854 |
| | Private Firms | | | | 604,730,442 | | | 604,730,442 |
| | Grand Total | 81,123,042,681 | 2,502,279,991 | 4,027,941,624 | 5,962,531,101 | 177,369,848,819 | 180,348,520,182 | 451,334,164,400 |

MALARIA- FINANCING AGENTS BY PROVIDERS (HF X HP)

| HF X HP | FINANCING AGENTS (HF) | | | | | | | | | |
|--|-----------------------|----------------------|------------------------------|-----------------------|-------------------------------|------------------------|--|----------------------|--------------------|------------------------|
| | MOHSW | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| Public Hospitals | 40,933,255,135 | 5,208,127,785 | 14,241,063,274 | 3,304,819,464 | 328,607,122 | 80,344,511,006 | 1,617,764,286 | | | 145,978,148,071 |
| Private FOR profit Hospitals | | | | 1,674,059,742 | 1,840,105,447 | 4,900,791,573 | | 3,445,727,854 | 604,730,442 | 12,465,415,058 |
| Faith Based hospitals | | | | 3,914,032,262 | 452,242,394 | 33,388,727,731 | | | | 37,755,002,386 |
| CHWs | | | | | | | 4,790,345,530 | | | 4,790,345,530 |
| Traditional Healers | | | | | | 70,596,519 | | | | 70,596,519 |
| Public Health Centers and dispensaries | 33,373,864,984 | | 36,439,581,099 | 396,854,971 | 95,350,371 | 18,873,763,127 | 1,845,455,615 | | | 91,024,870,166 |
| Faith Based health centers and dispensaries | | | | 528,044,979 | 105,542,327 | 21,899,328,208 | | | | 22,532,915,514 |
| Private Clinics | | | | 433,825,333 | 582,462,643 | 12,957,102,523 | | | | 13,973,390,499 |
| Pharmacies | | | | 41,352,773 | 52,814,350 | | | | | 94,167,123 |
| Provision and administration of public health programs | 2,426,594,918 | | | | | | 1,13,770,014,314 | | | 1,16,196,609,231 |
| General health administration and insurance | | | | 5,920,601,617 | 532,102,686 | | | | | 6,452,704,303 |
| Grand Total | 76,733,715,037 | 5,208,127,785 | 50,680,644,373 | 16,213,591,139 | 3,989,227,340 | 172,434,820,686 | 122,023,579,744 | 3,445,727,854 | 604,730,442 | 451,334,164,400 |

PROVIDERS (HP)

MALARIA - PROVIDERS BY FUNCTIONS (HP X HC)

| HP X HC | | PROVIDERS (HP) | | | | | | | | | | Grand Total | |
|----------------|---|------------------------|------------------------------|-----------------------|----------------------|---------------------|--|---|-----------------------|-------------------|--|----------------------|---|
| | | Public Hospitals | Private FOR profit Hospitals | Faith Based hospitals | CHWs | Traditional Healers | Public Health Centers and dispensaries | Faith Based health centers and dispensaries | Private Clinics | Pharmacies | Provision and administration of public health programs | | General health administration and insurance |
| FUNCTIONS (HC) | Inpatient curative care (incl. for severe malaria) | 70,953,761,050 | 6,265,607,483 | 25,380,933,196 | | | 4,507,409,512 | 540,550,541 | 469,695,485 | | | | 108,117,957,267 |
| | Outpatient curative care (incl. consultation and prescription of drugs) | 75,024,387,021 | 6,199,807,575 | 12,374,069,189 | | 70,596,519 | 86,517,460,654 | 21,992,364,973 | 13,503,695,013 | | | | 215,682,380,945 |
| | Pharmaceuticals and other medical nondurables | | | | | | | | | 94,167,123 | | | 94,167,123 |
| | Prevention of communicable diseases (malaria) | | | | 1,016,929,159 | | | | | | 84,506,462,612 | | 85,523,391,771 |
| | Vector management programs (e.g. community spraying, larviciding, elimination of standing water areas etc.) | | | | 399,696,619 | | | | | | 7,005,559,695 | | 7,405,256,314 |
| | IEC (Malaria awareness) | | | | 3,373,719,752 | | | | | | 6,759,984,000 | | 10,133,703,752 |
| | Monitoring and Evaluation | | | | | | | | | | 17,625,594,682 | | 17,625,594,682 |
| | Technical support | | | | | | | | | | 299,008,242 | | 299,008,242 |
| | Health administration of malaria related activities (central and subnational level) | | | | | | | | | | | 6,452,704,303 | 6,452,704,303 |
| | Grand Total | 145,978,148,071 | 12,465,415,058 | 37,755,002,386 | 4,790,345,530 | 70,596,519 | 91,024,870,166 | 22,532,915,514 | 13,973,390,499 | 94,167,123 | 116,196,609,231 | 6,452,704,303 | 451,334,164,400 |

MALARIA - FINANCING AGENTS BY FUNCTIONS (HF X HC)

| HF X HC | | FINANCING AGENTS (HF) | | | | | | | | | |
|----------------|---|-----------------------|----------------------|------------------------------|-----------------------|-------------------------------|------------------------|--|----------------------|--------------------|------------------------|
| | | MOHSW | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| FUNCTIONS (HC) | Inpatient curative care (incl. for severe malaria) | 14,763,512,562 | 2,155,922,664 | 10,670,637,597 | 3,356,799,065 | 1,182,216,330 | 74,105,396,287 | 206,771,420 | 1,426,371,065 | 250,330,276 | 108,117,957,267 |
| | Outpatient curative care (incl. consultation and prescription of drugs) | 59,543,607,557 | 3,052,205,120 | 40,010,006,775 | 6,894,837,685 | 2,222,093,973 | 98,329,424,399 | 3,256,448,480 | 2,019,356,789 | 354,400,166 | 215,682,380,945 |
| | Pharmaceuticals and other medical nondurables | | | | 41,352,773 | 52,814,350 | | | | | 94,167,123 |
| | Prevention of communicable diseases (malaria) | 2,366,055,577 | | | | | | 83,157,336,194 | | | 85,523,391,771 |
| | Vector management programs (e.g. community spraying, larviciding, elimination of standing water areas etc.) | | | | | | | 7,405,256,314 | | | 7,405,256,314 |
| | IEC (Malaria awareness) | | | | | | | 10,133,703,752 | | | 10,133,703,752 |
| | Monitoring and Evaluation | 60,539,341 | | | | | | 17,565,055,342 | | | 17,625,594,682 |
| | Technical support | | | | | | | 299,008,242 | | | 299,008,242 |
| | Health administration of malaria related activities (central and subnational level) | | | | 5,920,601,617 | 532,102,686 | | | | | 6,452,704,303 |
| | Grand Total | 76,733,715,037 | 5,208,127,785 | 50,680,644,373 | 16,213,591,139 | 3,989,227,340 | 172,434,820,686 | 122,023,579,744 | 3,445,727,854 | 604,730,442 | 451,334,164,400 |

CH - FINANCING SOURCES BY FINANCING AGENTS (FS X HF)

| FS X HF | | FINANCING SOURCES (FS) | | | | | | Grand Total |
|-----------------------|--|------------------------|----------------------|---------------------------|------------------------|------------------------|----------------------------------|------------------------|
| | | MOF | Other Public Funds | Parastatal Employer Funds | Private Employer Funds | Households | Rest of the World Funds (donors) | |
| FINANCING AGENTS (HF) | MOHSW | 25,436,895,794 | | | | | 8,307,149,388 | 33,744,045,182 |
| | Regional Authorities | 3,669,146,001 | | | | | | 3,669,146,001 |
| | Local Government Authorities | 23,676,500,222 | | | | | 11,358,464,438 | 35,034,964,659 |
| | NHIF | 2,963,268,098 | 1,126,025,996 | 58,269,046 | 92,118,458 | 2,963,268,098 | 108,205,068 | 7,311,154,763 |
| | Private Insurance Enterprises | | | 861,104,255 | 3,877,417,852 | 217,359,607 | | 4,955,881,714 |
| | Household OOP | | | 58,252,967 | 1,310,188,443 | 120,289,615,549 | | 121,658,056,959 |
| | Non-profit institutions serving individuals (NGOs) | | | | | | 9,513,939,666 | 9,513,939,666 |
| | Parastatal Companies | | | 2,427,528,490 | | | | 2,427,528,490 |
| | Private Firms | | | | 426,034,916 | | | 426,034,916 |
| | Grand Total | 55,745,810,115 | 1,126,025,996 | 3,405,154,757 | 5,705,759,669 | 123,470,243,254 | 29,287,758,560 | 218,740,752,350 |

CH- FINANCING AGENTS BY PROVIDERS (HF X HP)

| HF X HP | | FINANCING AGENTS (HF) | | | | | | | | | |
|--------------------|--|-----------------------|-----------------------|------------------------------|----------------------|-------------------------------|----------------------|--|----------------------|------------------------|----------------|
| | | MOHSW | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| PROVIDERS (HP) | Public Hospitals | 24,512,824,515 | 3,669,146,001 | 10,123,553,490 | 1,487,417,563 | 322,087,079 | 57,456,182,309 | 775,673,521 | | | 98,346,884,478 |
| | Private FOR profit Hospitals | | | | 762,578,710 | 2,231,948,167 | 3,560,594,895 | | 2,427,528,490 | 426,034,916 | 9,408,685,177 |
| | Faith Based hospitals | | | | 1,761,314,518 | 852,885,553 | 24,185,325,052 | | | | 26,799,525,123 |
| | CHWs | | | | | | | 241,476,026 | | | 241,476,026 |
| | Traditional Healers | | | | | | 47,836,908 | | | | 47,836,908 |
| | Public Health Centers and dispensaries | 6,901,585,702 | | 24,911,411,169 | 178,584,737 | 88,309,613 | 12,789,051,031 | 749,402,967 | | | 45,618,345,219 |
| | Faith Based health centers and dispensaries | | | | 237,620,240 | 246,938,235 | 14,839,204,249 | | | | 15,323,762,725 |
| | Private Clinics | | | | 195,221,400 | 558,370,745 | 8,779,862,514 | | | | 9,533,454,659 |
| | Pharmacies | | | | 20,676,386 | 66,298,222 | | | | | 86,974,609 |
| | Provision and administration of public health programs | 503,727,167 | | | | | | 7,747,387,152 | | | 8,251,114,319 |
| | General health administration and insurance | | | | 2,667,741,208 | 589,044,099 | | | | | 3,256,785,308 |
| | Rest of the World | 1,825,907,799 | | | | | | | | | 1,825,907,799 |
| Grand Total | 33,744,045,182 | 3,669,146,001 | 35,034,964,659 | 7,311,154,763 | 4,955,881,714 | 121,658,056,959 | 9,513,939,666 | 2,427,528,490 | 426,034,916 | 218,740,752,350 | |

CH - PROVIDERS BY FUNCTIONS (HP X HC)

| FUNCTIONS (HC) | HP X HC | PROVIDERS (HP) | | | | | | | | | | | Grand Total | |
|----------------|---|-----------------------|------------------------------|-----------------------|--------------------|---------------------|--|---|----------------------|-------------------|--|---|----------------------|------------------------|
| | | Public Hospitals | Private FOR profit Hospitals | Faith Based hospitals | CHWs | Traditional Healers | Public Health Centers and dispensaries | Faith Based health centers and dispensaries | Private Clinics | Pharmacies | Provision and administration of public health programs | General health administration and insurance | | Rest of the World |
| | Inpatient curative care | 52,343,521,838 | 5,013,482,438 | 18,898,857,389 | - | - | 3,246,924,276 | 364,769,221 | 308,163,297 | - | - | - | 1,825,907,799 | 82,001,626,259 |
| | All other curative inpatient services provided to children 0-5 (e.g. injuries) | 775,673,521 | | | | | | | | | | | | 775,673,521 |
| | Outpatient curative care | 45,227,689,119 | 4,395,202,738 | 7,900,667,734 | | 47,836,908 | 41,622,017,976 | 14,958,993,504 | 9,225,291,362 | | | | | 123,377,699,342 |
| | Management of childhood illness – for children aged 29 days - 59 months. (e.g. treatment of malaria, management of neonatal infections, malnutrition, pneumonia and diarrhea) | | | | | | 704,188 | | | | | | | 704,188 |
| | All other curative outpatient services provided to children 0-5 | | | | | | 748,698,779 | | | | | | | 748,698,779 |
| | Pharmaceuticals and other non-medical durables | | | | | | | | | 86,974,609 | | | | 86,974,609 |
| | School health services | | | | | | | | | | 34,655,724 | | | 34,655,724 |
| | Prevention of communicable disease | | | | | | | | | | 1,684,218,635 | | | 1,684,218,635 |
| | Water and sanitation activities targeted at eliminating water borne disease when delivered as part of a child survival program | | | | 241,476,026 | | | | | | | | | 241,476,026 |
| | Monitoring and Evaluation | | | | | | | | | | 6,532,219,944 | | | 6,532,219,944 |
| | Technical support | | | | | | | | | | 2,860 | | | 2,860 |
| | All other miscellaneous public health services | | | | | | | | | | 17,156 | | | 17,156 |
| | Health administration (stewardship) and health insurance | | | | | | | | | | | 3,256,785,308 | | 3,256,785,308 |
| | Grand Total | 98,346,884,478 | 9,408,685,177 | 26,799,525,123 | 241,476,026 | 47,836,908 | 45,618,345,219 | 15,323,762,725 | 9,533,454,659 | 86,974,609 | 8,251,114,319 | 3,256,785,308 | 1,825,907,799 | 218,740,752,350 |

CH - FINANCING AGENTS BY FUNCTIONS (HF X HC)

| HF X HC | | FINANCING AGENTS (HF) | | | | | | | | | |
|----------------|--|-----------------------|----------------------|------------------------------|---------------|-------------------------------|-----------------|--|----------------------|---------------|-----------------|
| | | MOHSW | Regional Authorities | Local Government Authorities | NHIF | Private Insurance Enterprises | Household OOP | Non-profit institutions serving individuals (NGOs) | Parastatal Companies | Private Firms | Grand Total |
| FUNCTIONS (HC) | Inpatient curative care | 12,790,477,641 | 1,600,941,225 | 7,923,783,124 | 1,510,999,576 | 1,901,289,173 | 55,029,053,616 | - | 1,059,192,093 | 185,889,812 | 82,001,626,259 |
| | All other curative inpatient services provided to children 0-5 (e.g. injuries) | | | | | | | 775,673,521 | | | 775,673,521 |
| | Outpatient curative care | 20,449,840,374 | 2,068,204,776 | 27,111,181,536 | 3,111,737,593 | 2,399,250,220 | 66,629,003,343 | | 1,368,336,396 | 240,145,104 | 123,377,699,342 |
| | Management of childhood illness – for children aged 29 days - 59 months. | | | | | | | 704,188 | | | 704,188 |
| | All other curative outpatient services provided to children 0-5 | | | | | | | 748,698,779 | | | 748,698,779 |
| | Pharmaceuticals and other non-medical durables | | | | 20,676,386 | 66,298,222 | | | | | 86,974,609 |
| | School health services | | | | | | | 34,655,724 | | | 34,655,724 |
| | Prevention of communicable disease | 292,154,133 | | | | | | 1,392,064,502 | | | 1,684,218,635 |
| | Water and sanitation activities targeted at eliminating water borne disease when delivered as part of a child survival program | | | | | | | 241,476,026 | | | 241,476,026 |
| | Monitoring and Evaluation | 211,553,018 | | | | | | 6,320,666,927 | | | 6,532,219,944 |
| | Technical support | 2,860 | | | | | | | | | 2,860 |
| | All other miscellaneous public health services | 17,156 | | | | | | | | | 17,156 |
| | Health administration (stewardship) and health insurance | | | | 2,667,741,208 | 589,044,099 | | | | | 3,256,785,308 |
| | Grand Total | 33,744,045,182 | 3,669,146,001 | 35,034,964,659 | 7,311,154,763 | 4,955,881,714 | 121,658,056,959 | 9,513,939,666 | 2,427,528,490 | 426,034,916 | 218,740,752,350 |

