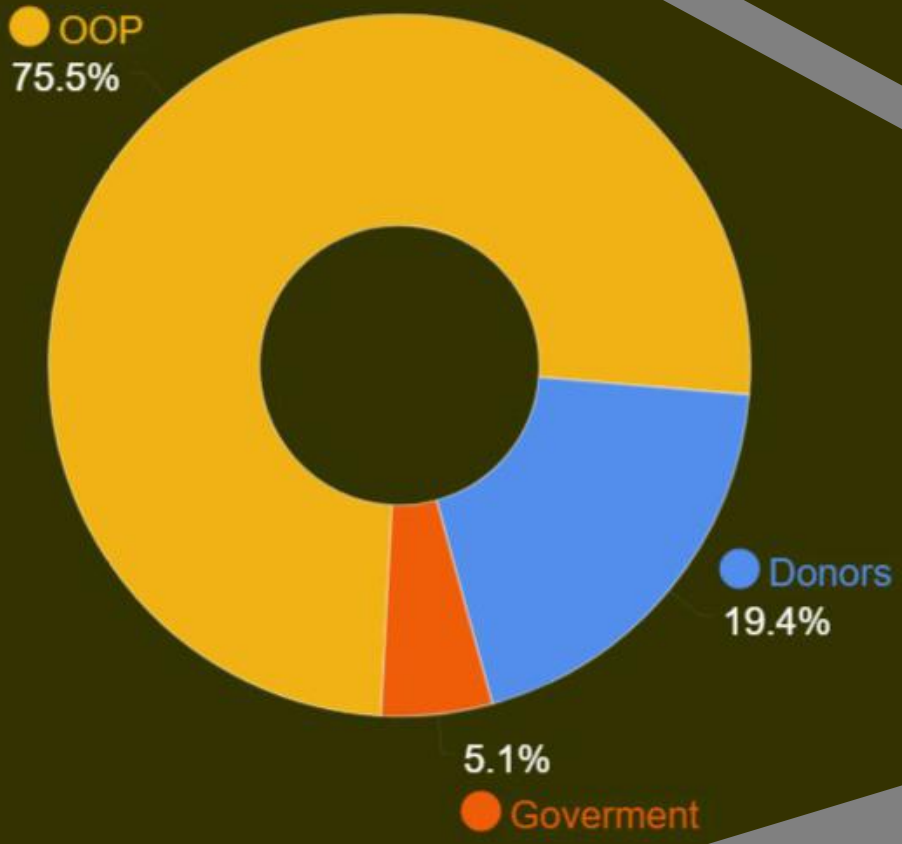
Islamic Republic of Afghanistan
Ministry of Public Health

Afghanistan National Health Accounts with Disease Accounts, 2017

June 2019

THE

$2.59bn



SHA. 2011

Afghanistan National Health Accounts 2017

Developed using the SHA 2011 Methodology

August 2019

Table of Contents

Table of Contents I
List of Figures: III
Acronyms IV
Key Findings VI
Summary VII
1. Background 1
1.1. Demographic and health status indicators in Afghanistan 1
1.2. Socioeconomic status 2
1.3. Afghanistan healthcare system 2
.1.4 The NHA concept and application 3
1.5. Policy objective of the fourth round of NHA and policy objective of disease and services-accounts 4
2. Methodologies and Data Collection 5
2.1. Overview of approach 5
2.1.1. System of Health Accounts (SHA 2011) 5
Financing schemes (HF): 6
Financing sources (FS): 6
Financing agents (FA): 6
Health providers (HP): 6
Health functions (HC): 6
Health beneficiaries (HB): 6
Factors of Provision (FP): 6
Capital formation (HK): 6
2.2. Data collections 7
2.2.1. Development partner surveys 7
2.2.2. NGOs surveys 7
2.2.3. Ministry surveys 7
2.2.4. Household survey 7
2.3. Strategy and assumptions 8
3. General NHA findings 9
3.1. Total health expenditure 9

3.1.1. Trends in health expenditure 9
3.1.2. Summary of Health Expenditure Across Four Rounds of NHA 9
3.1.3. Trend of health financing schemes across four rounds of NHA 11
3.1.4. International comparison of total health expenditure 12
3.2. Financing Schemes 12
3.2.1. Household Out-of-Pocket Health Expenditure 13
3.2.2. Public Health Expenditure (Government and Donor Expenditure on Health channeled by the government) 14
3.2.3. Public Expenditure on Health from Government Domestic Revenue and Revenue from Foreign Origin 15
3.2.4. Government Domestic Revenue Scheme 15
3.2.5. Donor Health Expenditure 16
3.3. Healthcare Providers 16
3.4. Health Expenditure by Functions 17
3.5. Health Expenditure by Disease 19
3.6. Health Expenditure by Beneficiary 19
3.6.1. Expenditure by Age Group 19
3.6.2. Expenditure by Gender 20
3.7. Health Expenditure by Factor of Provision 21
3.8. Catastrophic Health Expenditure and Impoverishment 21
4. Recommendations 23
5. Annexure 26
5.1. Financing Schemes by Revenues of Health Care Financing Schemes at (HF X FS) US Dollars, 2017 26
5.2. Health Care Providers by Financing Schemes (HP X HF) US Dollars, 2017 29
5.3. Financing Scheme by Financing Agent (HF X FA), 2017 33
5.4. Financing Scheme by Health Care Functions (HF X HC), 2017 35
5.5. Health Expenditure by Disease, 2017 40
5.6. Expenditure Classification by Financing Agent (FA X Dis) 43
5.7. Major Contribution to Afghanistan's Health Sector 48
6. References 49

List of Tables:

Table 1: Summary of Health Expenditure Across Four Rounds of NHA in Afghanistan 10
Table 2. Breakdown of expenditure by revenue of financing schemes 12
Table 3. Household out-of-pocket expenditure on health 13
Table 4. Health expenditure abroad 14
Table 5. Health expenditure by government financing source 15
Table 6. Government and donors financing scheme for health 15
Table 7. Government domestic financing schemes 16
Table 8. Health expenditure by health care providers, 2017 16
Table 9. Breakdown of Health Expenditure by Function 17
Table 10 Breakdown of Household Expenditure by functions 18
Table 11. Health expenditure by disease category 19
Table 12. Health expenditure by age group 19
Table 13. Health expenditure by gender (Male and Female) 20
Table 14. Public health expenditure by factor of provision 21

List of Figures:

Figure 1 Population by Sex and Age Groups in 2017-2018 1
Figure 2. GDP Comparison over years 2
Figure 3. System of Health Accounts (SHA 2011) Framework 6
Figure 4. Trend of health expenditure across four rounds of NHA report 9
Figure 5. Trend of health expenditure by financing scheme 11
Figure 6. Health expenditure across LMIC as percentage of GDP in 2016 12
Figure 7. Health expenditure by financing scheme 13
Figure 8. Household Out of Pocket Expenditure on Health 14
Figure 9. Health Care Providers at the National Level 17
Figure 10. Health Expendtiure by Function 18
Figure 11. Percentage Expenditure By Age Category 20
Figure 12. Detailed Expenditure by Gender 21

Acronyms

AFN	Afghanis
AHS	Afghanistan Health Survey
AFMIS	Afghanistan Financial Management Information System
ARI	Acute Respiratory Infection
ARCS	Afghan Red Crescent Society
ATM	HIV/AIDS, Tuberculosis, and Malaria
BPHS	Basic Package of Health Services
CH	Child Health
CHE	Current Health Expenditure
CIDA	Canadian International Development Agency
CSO	Central Statistics Organization
EMIS	Expenditure Management Information System
EPHS	Essential Package of Hospital Services
EU	European Union
FA	Financing Agent
GAVI	The Global Alliance for Vaccines and Immunization
GCMU	Grants and Contracts Management Unit
GDP	Gross Domestic Product
GIRoA	Gross Domestic Product
HEFD	Health Economics and Financing Directorate
HH	Household
ICD	International Classification of Diseases
ICRC	International Committee of the Red Cross
IEC	Information, Education, and Communication
IPD	Inpatient Department
ISAF	International Security Assistance Force
JICA	Japan International Cooperation Agency
MoD	Ministry of Defense
MoE	Ministry of Education
MoF	Ministry of Finance

MoHE	Ministry of Higher Education
MoI	Ministry of the Interior
MoPH	Ministry of Public Health
NGO	Nongovernmental Organization
NHA	National Health Accounts
NPISH	Non-Profit Institutions Serving Households
ALCS	Afghanistan Living Condition Survey
OECD	Organization for Economic Cooperation and Development
OOP	Out-of-Pocket
OPD	Outpatient Department
RH	Reproductive Health
SBA	Skilled Birth Attendant
SHA	System of Health Accounts
TB	Tuberculosis
THE	Total Health Expenditure
TIKA	Turkish International Cooperation and Development Agency
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USD	U.S. Dollar
WFP	World Food Programme
WHO	World Health Organization

Acknowledgements

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We would like to express our appreciation to Shuhrat Munir, the NHA Team Lead for his tireless effort in producing this report. Our appreciation also goes to Dr Said Mohammad Karim Alawi, Head of Resource Tracking Unit at HEFD, Sadia Seddiqi, Yasamin Mehrahin and Najeebullah Abed for their contribution to the production of this round of NHA.

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Sincerely,

Ferozuddin Feroz, MD, MSc

Minister of Public Health, Afghanistan

August, 2019

Key Findings

- Total Health Expenditure (THE) and Current Health Expenditure (CHE), which excludes the capital expenditure from THE, in Afghanistan in 2017 are estimated to be USD 2,588,057,923 and 2,421,426,142, respectively.
- Per capita total health expenditure on health in Afghanistan in 2017 is estimated at USD 87 and current health expenditure per capita is USD 81.
- CHE as percentage of Gross Domestic Products (GDP) is estimated at 11.9% while THE as percentage of GDP is 12.7%.
- The Government budget allocated to health is USD 123,391,485 (5.1%).
- Transfers distributed by government from foreign origin is estimated at USD 141,979,313 (5.9%).
- Donors' expenditure on health as off-budget is estimated at USD 328,300,460 (13.5%).
- Household out of pocket expenditure is estimated at USD 1,827,754,884 (75.5%).
- Household expenditure on pharmaceuticals is estimated at USD 872,621,305 (36%).
- Expenditure at hospitals providing services is estimated at USD 190,689,812 (7.9%).
- Expenditure at ambulatory health care centers is estimated at USD 353,092,605 (14.6%).

Summary

Health expenditure in Afghanistan in 2017, comparing to the previous round of national health accounts (NHA) 2014, has increased by 19%, and the incremental increases have significantly affected all components of health expenditures. The current health expenditure (CHE) in 2017 is approximately USD 2.4 billion, accounting for 11.9% of gross domestic product (GDP). The highest proportion of the health expenditure comes from household out of pocket (OOP) expenditures, accounting for 75.5% of CHE, amounting to an estimated USD 1.8 billion. The second largest health expenditure is from donors, which amounts to USD 470,279,773 and represents 19.4% of CHE. The donor funding is spent on two different schemes, namely direct foreign finance transfer and transfer distributed by government. The expenditure on health from government domestic revenue is estimated at USD 123,391,485, accounting for 5.1% of CHE. The production of disease specific health expenditure that compares to previous rounds of NHA is another significant contribution of this round of the NHA. The disease-specific findings are provided in the annex.

Additionally, the survey shows that 24.7% and 44.1% of households incur catastrophic health expenditure, using the cutoffs of 25% and 10% of total expenditure for health, respectively. It also shows that the health expenditure pushes 13.93% of households into poverty, with an overall poverty rate of 54% in the country.

This report has four sections. The first section includes background that introduces the organization of the current health system, health financing and the macroeconomic situation of the country; the second section describes the methodology used in this study; the third section presents the findings in both text and tables/graphs; and the last section discusses the findings and presents conclusion. Additionally, the annexes include the detailed tables of NHA results. All monetary values represent the current USD value with the exchange rate of 67 Afghanis for 1 USD.

1. Background

1.1. Demographic and health status indicators in Afghanistan

Afghanistan's total population in 1396 (2017-2018) is estimated at 29.7 million, of which 15.2 million are men and 14.5 million are women. Afghanistan's population is very young; almost half of the population, approximately 48%, consists of children under age 15, and this figure places Afghanistan among the top four countries in the world with the highest proportion of persons under age 15 (Figure 1). The fertility rate in Afghanistan is very high, along with the high dependency ratio considering the high proportion of young population in the country. The average household size was 7.7 in 2016-2017[i], and the life expectancy at birth is 64 years for men and 67 for women in 2017/18[ii].

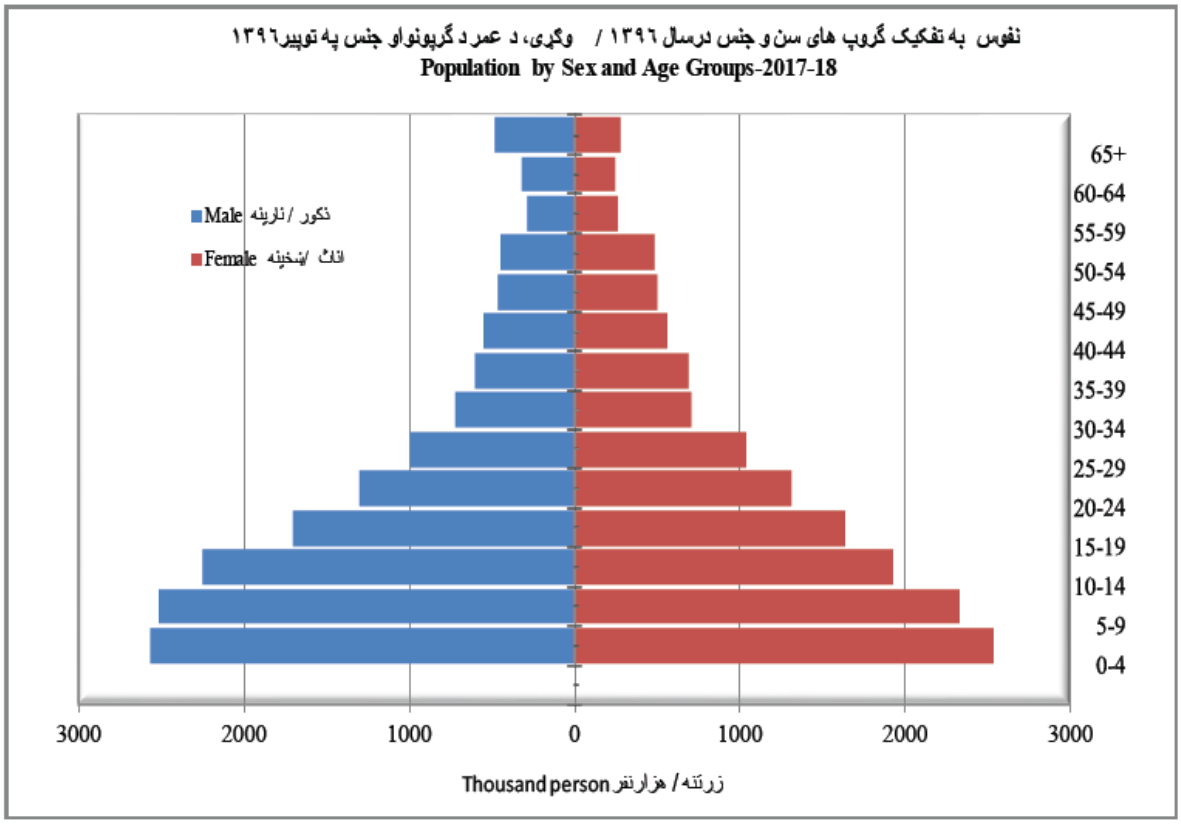

Figure 1 Population by Sex and Age Groups in 2017-2018

The health situation of the population is improving, as evidenced by the indicator trends. Overall, there has been significant improvement in the overall health status of the Afghan people. The maternal mortality rate in Afghanistan is 312 per 10,000 live births, and neonatal mortality rate is 22 and infant mortality rate is 45 per 1000 live births, respectively. The under 5 mortality rate is 55 per 1,000 live birth[iii] .

1.2. Socioeconomic status

Over recent decades, Afghanistan has made significant improvements in the economic situation The GDP in Afghanistan in 2017 was estimated at USD 20.3 billion with a GDP per capita of USD 719 (Figure 2), in comparison to a GDP of USD 10.8 billion in 2008/2009. However, the GDP in 2017 is slightly lower than that in 2014. The exchange rate of dollars against Afghanis seems to be the main factor in decreases in GDP in US dollars. The exchange rate is estimated to be 67 Afghanis against one US dollar in 2017, and GDP growth rate was estimated at 7.2%.

Figure 2. GDP Comparison over years

1.3. Afghanistan healthcare system

Along with the economic improvements, the health system and health service delivery in Afghanistan has improved significantly since the establishment of the new government in 2002. The Ministry of Public Health (MoPH) in Afghanistan has introduced various health policies and strategies to strengthen the health system. As an example, the Government of the Islamic Republic of Afghanistan (GIRoA), with financial and technical support from donors, introduced the Basic Package of Health Services (BPHS) in 2003 and Essential Package of Hospital Services (EPHS) in 2005. The main purpose of the BPHS is to deliver preventive and basic healthcare services that address prioritized health needs of Afghanistan's citizens, with a special focus on rural areas[iv]. The EPHS provides diagnostic and secondary treatment services through provincial and regional hospitals. Each provincial hospital works as a referral point for BPHS facilities. Thus, primary and secondary healthcare services are provided through BPHS and EPHS facilities; tertiary healthcare is provided in Kabul's national hospitals. Currently, the MoPH, with its support from international partners, is working to revise both packages, which are expected to be more comprehensive and include services of high priority package within the disease control priorities (DCP3).

Currently, the BPHS and EPHS are implemented by non-governmental organizations (NGOs) in 31 provinces and by the government in three remaining provinces. In the 31 provinces, the MoPH delivers these services through a contracting-out mechanism to NGOs, while a contracting-in mechanism, Strengthening Mechanism (SM), is used in the remaining three provinces. The tertiary hospitals are all managed by the MoPH.

The key priority of the MoPH is to improve the overall health status of the Afghan people, especially women and children. Both the National Health Policy 2015–2020 and National Health Strategy 2016–2020 (MoPH, 2015, 2016) clearly stated the government's interest in and commitment to increasing access to quality health services, improving health service delivery, and creating sustainable health financing for attaining universal health coverage (UHC).

Understanding the funds flow for health, particularly the management and use of funds, enables the MoPH to allocate and spend its budgeted funds efficiently and advocate for more financing to achieve UHC. In responding to the government's increasing need to use data for decision making, the Health Economic and Financing Directorate (HEFD) of the MoPH lead the development of the NHA to track the financial flow for health in Afghanistan.

1.4. The NHA concept and application

We used the method of System of Health Accounts 2011 (SHA 2011) to track fund flows for health in Afghanistan. SHA 2011 aims to standardize the process of production of health accounts in a country. By defining boundaries based on a functional classification of health care services and goods, SHA 2011 facilitates the production of comparable health accounts both across countries, regions and between different periods. Health Accounts Production Tool, a software program developed jointly by the WHO, the United States Agency for International Development (USAID), Health Finance & Governance (HFG) project, Abt Associates, and Prognoz, facilitates the tabulation and digitalizes health account details in a systematic manner.

In the SHA 2011 approach, diseases are also identified, and disease accounts based on the International Classification of Disease (ICD-10) are produced [v]. Such a disease-specific classification of health expenditures provides decision makers with data to inform potential policy implications to improve the financial flow in the health system.

NHA tools focus on the analysis of health financing and funding flows, considering the macroeconomic environment in the country and in the different sectors. In Afghanistan, four rounds of NHA have been produced so far, including this one. The first two rounds were produced with the SHA 1.0 method and the latter two rounds were produced with SHA 2011 which includes broad categories of diseases. This report is produced according to the standards of Organization for Economic Cooperation and Development (OECD) and WHO tools and frameworks. In this round of the NHA, more disease and service categorizations are incorporated, considering the list of the diseases available in the HMIS database and the most prevalent diseases in the country.

1.5. Policy objective of the fourth round of NHA and policy objective of disease and services-accounts

This round of NHA shares the same objectives of the previous rounds, which include:

- Identifying the revenues of financing schemes;
- Reviewing the CHE and allocation of resources to health services;
- Categorizing expenditure by disease, financing source, financing agent, and provider; and
- Comparing expenditure of this round with that in the previous rounds.

2. Methodologies and Data Collection

2.1. Overview of approach

2.1.1. System of Health Accounts (SHA 2011)

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

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

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

Figure 3 shows the framework for SHA 2011, illustrating the relationship among health financing, healthcare consumption and service provision. NHA estimation for Afghanistan are based on SHA 2011 framework and WHO guideline considering the country's context. The collected data were analyzed using Excel spread sheets and production tool (V.4006), based on the SHA 2011. The current round of NHA follows the dimensions listed belowvi:

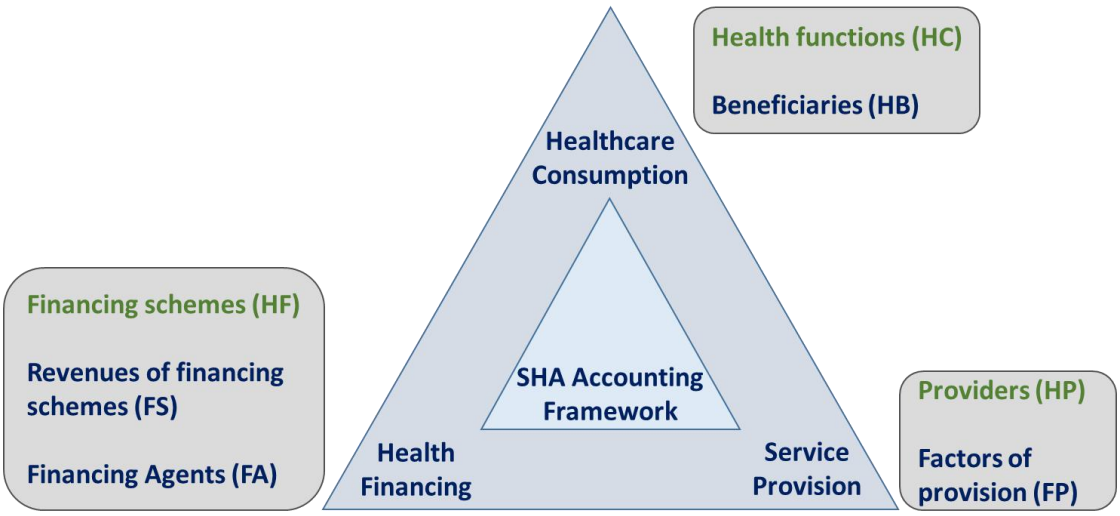

Figure 3. System of Health Accounts (SHA 2011) Framework

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

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

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

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

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

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

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

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

2.2. Data collections

In order to obtain quality health expenditure data and to ensure that the collected data are representative of the overall expenditure on health in the country, data for this round of NHA were collected from different sources, including development partners, non-profit organizations, the Ministry of Finance (MoF), other relevant ministries (i.e. Ministry of Higher Education, Ministry of Defense, Ministry of Interior, and Ministry of Education), non-profit institutions serving households, and household surveys.

The NHA team at MoPH used SHA 2011 guidance for the collection, analyses, and classification of the country's 2017 health expenditure. To estimate household expenditures on health, the health expenditure questions were included the Afghanistan Living Condition Survey (ALCS) 2017. It provided us with household expenditure information for both inpatient and outpatient care during 2017, as well as specific expenditures on pharmaceuticals, diagnostics, transportation, and food. The expenditure could also be broken down by selected disease as reported in this report and provided as an annex.

2.2.1. Development partner surveys

Data were collected from all development partners that are regarded as stakeholders of the MoPH in providing financial resources for health or delivering health services. These partners include United Nationals agencies, donors, embassies, international organizations, and charity organizations (i.e. USAID, EU, WHO, UNFPA, UNDP, and UNICEF). The NHA team sent them structured questionnaires to collect all expenditure information. The questionnaires were shared with 28 donors and international partners, of which 27 provided expenditure information.

2.2.2. NGOs surveys

The extensive contact list of the NGOs that were contracted to provide BPHS and EPHS health care services were obtained from the Grant Contract Management Unit (GCMU) and International Relation Directorate at the MoPH. The NHA team convened orientation workshops and presented the NHA questionnaires to representatives of all the NGOs in order to collect expenditure information.

2.2.3. Ministry surveys

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

2.2.4. Household survey

Household health expenditure information in Afghanistan was obtained from the household surveys. The specific questions related to household expenditure on health were integrated in ALCS 2017 conducted by the National Statistic Information Authority (NSIA). The questionnaire

or data collection form was developed in close collaboration between HEFD and NSIA. The questions on the form covered types of facilities where people had sought treatment most recently, the costs associated with their visits or admissions (e.g., diagnostics, pharmaceuticals, transportation, food, and consultation fees), and the number of admissions over the past 12 months (inpatient) or visits in past four weeks (outpatient).

2.3. Strategy and assumptions

One of the challenges was to allocate government and donor's expenditures to specific diseases to produce disease specific accounts. As a result, we used the results from a costing study that used a bottom up approach to estimate the costs for outpatient and inpatient conditions/services. This study was conducted by HEFD and considered the utilization data from HMIS for the reporting year. The list of diseases/conditions are attached as an annex.

Despite some challenges during the data collection, compared to previous rounds, the quality of data collected improved substantially. The improvements included a greater level of detail, and enhanced consistency of the data. During the data collection, the team observed some gaps in data quality, but was able to collect data from other sources to cross-verify and/or minimize the errors when producing the NHA report.

3. General NHA findings

The brief and general findings of the NHA are presented below as a summary of all rounds of NHA. Here the detailed findings are presented according to the financial flow in the health system, from the origin where the money comes from or the revenue of the financing source to the final beneficiaries who consume and benefit from the services by gender, age and disease.

3.1. Total health expenditure

3.1.1. Trends in health expenditure

Health expenditure across four rounds of NHA reports shows an increasing trend: in 2008/9, the THE in Afghanistan was USD 1.04 billion and it increased to USD 1.99 billion in 2014 (Figure 4). In the 2017 round of the report, the health expenditure in Afghanistan was estimated at USD 2.58 billion, representing a 30% increase compared with the annual growth rate of 9.1% in 2014. THE per capita in 2017 was estimated as USD 87, and CHE per capita after excluding capital expenditure is estimated as USD 81.

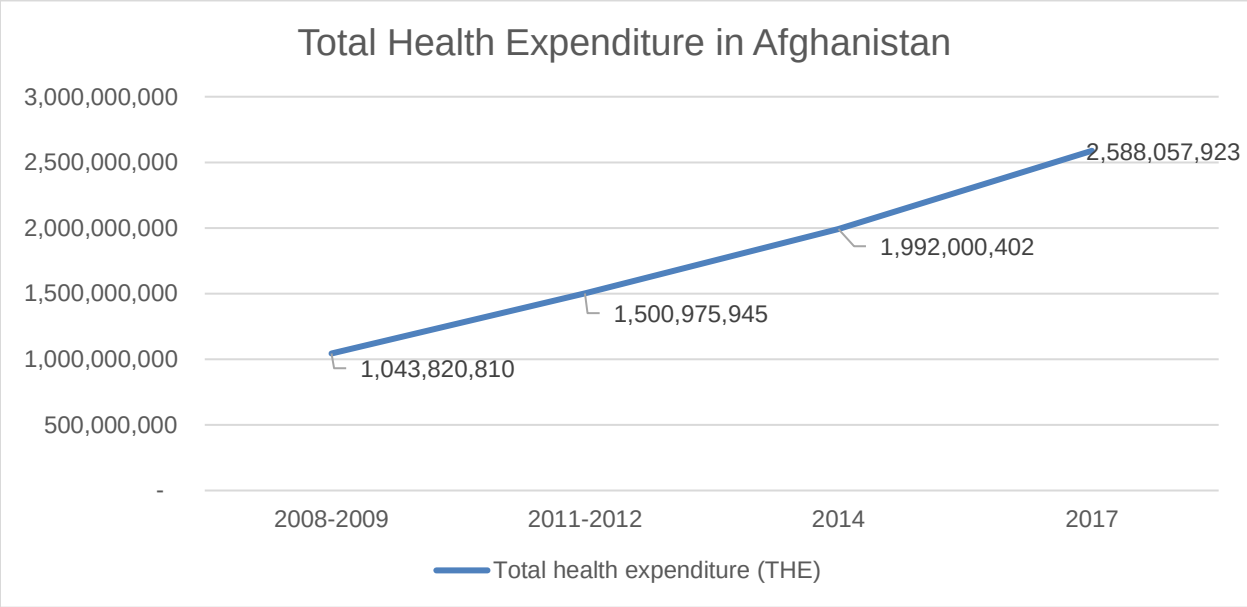

Figure 4. Trend of health expenditure across four rounds of NHA report

3.1.2. Summary of Health Expenditure Across Four Rounds of NHA

Below tables shows the key findings of National Health Accounts across four rounds; in the first two rounds SHA.1 were used and in the last two rounds 2014 and 2017 SHA2011 were used, therefore, cautions need to be taken while comparing across years.

Table 1: Summary of Health Expenditure Across Four Rounds of NHA in Afghanistan

General NHA Indicators	2008-2009	2011-2012	2,014	2,017
Total population	25,011,400	27,000,000	28,100,000	29,724,323
Total real GDP (USD)	10,843,340,000	8,952,000,000	21,010,912,250	20,300,000,000
Average exchange rate (USD: Afs)	1:50	1:47	1:57	1:67
Total government health expenditure (USD)	63,892,239	84,148,093	97,128,992	123,391,485
Current Health Expenditure (CHE)			1,958,143,950	2,421,426,142
CHE as percentage of GDP			9.3%	11.9%
Total health expenditure (THE)	1,043,820,810	1,500,975,945	1,992,000,402	2,588,057,923
THE per capita (USD)	42	56	71	87
THE as % of real GDP	10.0%	8.0%	9.5%	12.7%
Government health expenditure as % total government expenditure	4.0%	4.2%	4.3%	5.1
Financing Source as a % of THE 2008-9 / 2011-12 and CHE in 2014 and 2017				
Central government	6%	5.6%	5%	5.1%
Private	76%	73.6%	72%	75.5%
Rest of the World	18%	20.8%	23%	19.4%
Household (HH) Spending				
Total HH (OOP) spending as % of THE	75%	73%	72%	75.5%
Total HH (OOP) spending per capita (USD)	31	41	51	61
Financing Agent Distribution as a % of THE 2008-9 / 2011-12 and CHE in 2014 and 2017				
Central government	11%	12%	12%	10.2%
Household	75%	73%	72%	75.5%
Non-governmental organizations	6%	0%	0%	0%
Rest of the World	8%	15%	16%	14.3%
Provider Distribution as a % of THE 2008-9 / 2011-12 and CHE in 2014 and 2017				
Hospitals	29%	24%	40%	7.9%
Outpatient care centers	32%	25%	26%	14.6%
Retail sale and other providers of medical goods	28%	26%	24%	41%
Providers of Ancillary Services				26.2%
Other	11%	25%	10%	10.3%
Function Distribution as a % of THE in 2008-9 / 2011-12 and CHE in 2014 and 2017				
Curative care	59%	37%	32.9	21%
Pharmaceuticals	28%	26%	41.6	41%
Prevention and public health programs	5%	5%	6.7	8%
Health administration	5%	6%	4.3	3%
Capital formation	2%	1%	1.7	
Ancillary Services	-	24%	12.6	26%

Other	1%	1%	0.2	1%

3.1.3. Trend of health financing schemes across four rounds of NHA

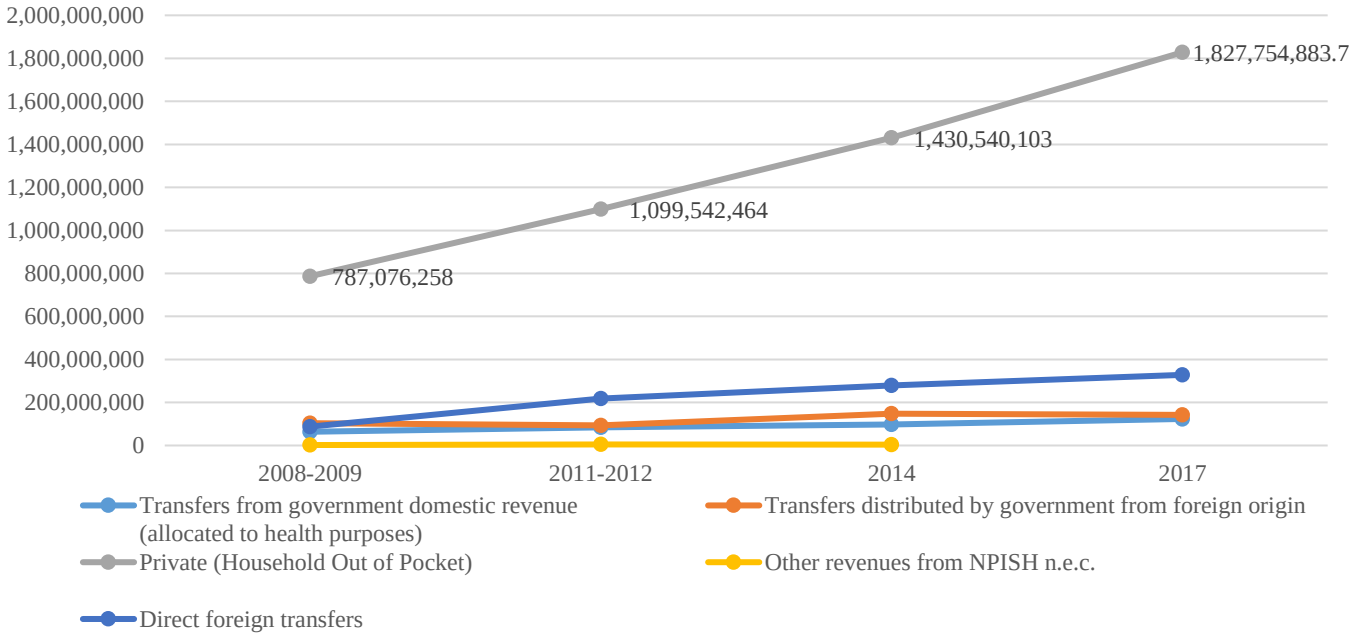

Figure 5. Trend of health expenditure by financing scheme

The trends across four rounds of NHA shows how much was financed by each financier in the health sector of Afghanistan. Figure 5 shows the trend of health expenditure by health scheme, which includes the household OOP expenditure, government contribution from domestic revenue, transfer distributed by government from foreign origin, and direct foreign transfer. In all financing schemes, the increase is visible. The highest increase was in household OOP expenditure, increasing from USD 787 million in 2008/2009 to USD 1.8 billion in 2017, while transfers from government domestic revenue shows little increase, from less than USD 100 million in 2008/2009 to USD 123 million in 2017. Direct foreign transfer and transfer distributed by government from foreign origin increased from USD 51,064,454 in 2008/2009 to USD 141,979,313 in 2017. Direct foreign transfer in year 2008/2009 was USD 87,694,612 while it increased significantly to USD 328,300,460 in 2017. Overall health expenditure has increased, and the proportion of the increase occurred in almost all components of financing schemes except for the government and donors' expenditure on health. The highest increase occurred in the household OOP expenditure.

3.1.4. International comparison of total health expenditure

Figure 6 presents a comparison of health expenditure as a percentage of the total GDP in 10 low-income countries. Afghanistan spent more than 10% of its GDP on health, the highest among the listed countries, while Bangladesh had the lowest share at 2%.

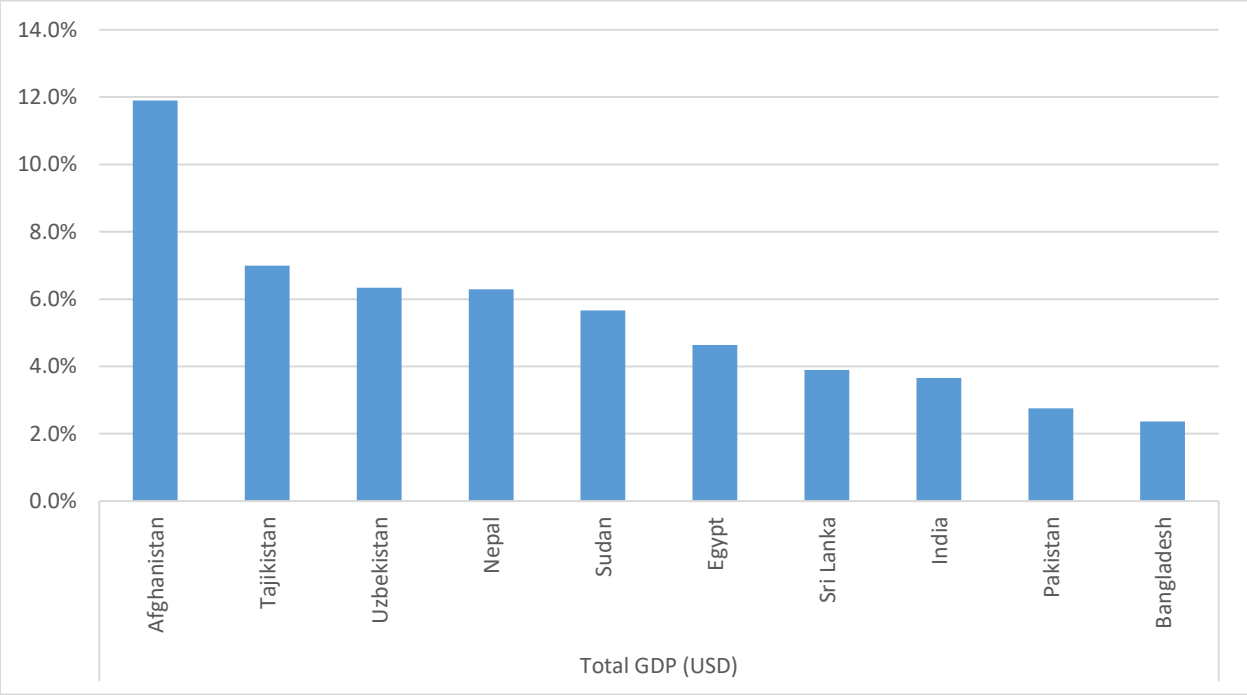

Figure 6. Health expenditure across LMIC as percentage of GDP in 2016

3.2. Financing Schemes

The breakdown of health expenditure by financing schemes works to identify the main health schemes and how much financing is provided by each of them compared to the total. The most common health schemes are general government domestic revenue, international development partners funding channeled through government, direct foreign finance, and household OOP expenditure.

As noted in previous years' NHA reports, there have been no significant structural changes in health financing schemes in Afghanistan. The 2017 results show that Afghanistan's health system is primarily financed by the household OOP expenditure of USD 1,827,754,884, accounting for 75.5% of CHE (Table 2 and Figure 7). The second largest scheme is the foreign direct transfers, with USD 328,300,460 in funds, representing 13.5% of CHE. Transfers distributed by government from foreign origin amount to USD 141,979,313 and transfers from government domestic revenue are USD 123,391,485, accounting for 5.9% and 5.1% of CHE, respectively.

Table 2. Breakdown of expenditure by revenue of financing schemes

Revenues of health care financing schemes	Amount (USD)	Percentage (%)

Transfers from government domestic revenue	123,391,485	5.10%
Transfers distributed by government from foreign origin	141,979,313	5.9%
Private (Household OOP expenditure)	1,827,754,884	75.5%
Other revenues from NPISH n.e.c.	0	0.00%
Direct foreign transfers	328,300,460	13.5%
Total	2,421,426,142	100.00%

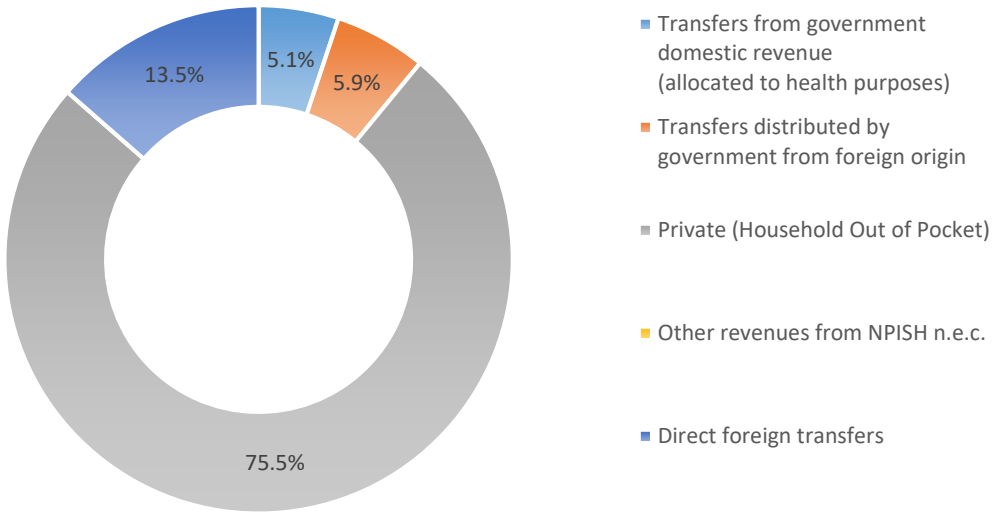

Figure 7. Health expenditure by financing scheme

3.2.1. Household Out-of-Pocket Health Expenditure

In this round of NHA, approximately three-quarters of CHE was financed by households directly at the point of service delivery, with USD 1,827,754,884. Table 3 and Figure 8 show the details of household OOP expenditures, which consist of expenditures on inpatient and outpatient services, medical goods and medicines, and diagnostics. The largest health expenditures by households were for retail sales of medical goods and medicines (54.3%), followed by the expenditure on diagnostics (34.6%). Only 10.0% and 1.1% of household OOP expenditure was for outpatient and inpatient care, respectively.

Table 3. Household out-of-pocket expenditure on health

Household OOP expenditures	Amount (USD)	Percentage (%)
Outpatient	183,294,028	10.03%
Inpatient	19,375,911	1.06%
Medical goods and medicines	992,162,822	54.28%
Vision products	7,070,164	0.39%

Hearing products	5,112,731	0.28%
Medicines	863,022,124	47.22%
Diagnostics	632,922,123	34.63%
Total HH expenditure	1,827,754,884	100.00%

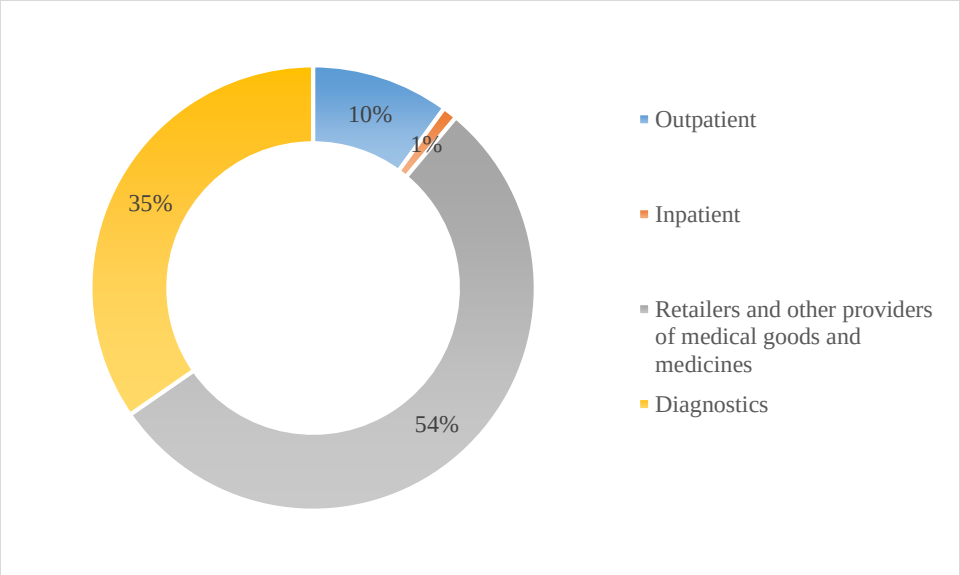

Figure 8. Household Out of Pocket Expenditure on Health

Given the low quality of care in Afghanistan, a substantial amount of OOP expenditure occurs when seeking health care services outside the country. Table 4 shows that the OOP expenditure in oversees health facilities in 2017 amounted to USD 241,338,665, consisting of 10% of CHE and 13.2% of total OOP health expenditure.

Table 4. Health expenditure abroad

Health Expenditure	Amount (USD)	Percentage
OOP Health expenditure abroad	241,338,665	9.97%
Health expenditure in country	2,180,087,477	90.03%
Current Health Expenditure	2,421,426,142	100.00%

3.2.2. Public Health Expenditure (Government and Donor Expenditure on Health channeled by the government)

Public expenditure on health refers to the expenditure for all services provided to people free of charge at both hospitals and ambulatory health centers across the country. Public services in Afghanistan are provided by both the government and non-profit organizations. The public health services include BPHS, EPHS, and services provided by regional hospitals and national tertiary hospitals. For NHA 2017, all services provided by these facilities are free of charge. Table 4 and

Figure 9 shows that public expenditure on health is USD 593,671,258, representing 25% of CHE in the country. Among the public expenditure, 41.7% comes from the central government, while the remaining 58.3% comes from donors. The funding from the MoPH constitutes the majority of the central government funding for health.

Table 5. Health expenditure by government financing source

Public expenditure on health	Amount (USD)	Percentage (%)
Central government schemes	247,628,793	41.71%
Ministry of Public Health	231,600,506	39.01%
Ministry of Defense	6,254,050	1.05%
Ministry of Interior Affairs	3,209,594	0.54%
Ministry of Higher Education	6,443,877	1.09%
Ministry of Education	120,766	0.02%
Direct foreign finance	346,042,465	58.29%
Total public expenditure on health	593,671,258	100.00%

3.2.3. Public Expenditure on Health from Government Domestic Revenue and Revenue from Foreign Origin

Public expenditure on health comes from government domestic revenue and fund transferred by government from the foreign origin. Table 6 shows that the government expenditure on health from government domestic revenue is about 20.8% of public health expenditure; about 23.9% of total public expenditure is transferred by government for health from donors while 55.3% of public spending on health is financed by international partners and managed by them to provide health services to people for free on behalf of the government of Afghanistan.

Table 6. Government and donors financing scheme for health

Public financing for health schemes	Amount (USD)	Percentage (%)
Transfers from government domestic revenue	123,391,485	20.78%
Transfers distributed by government from foreign origin	141,979,313	23.92%
Direct foreign transfers	328,300,460	55.30%
Total Public Finance for Health	593,671,258	100.00%

3.2.4. Government Domestic Revenue Scheme

Table 7 shows the government expenditure from government domestic revenue. From government domestic revenue, the MoPH has the highest share of expenditure on health with 87%. The Ministry of Higher Education (MoHE) and Ministry of Defense (MoD) share 5.2% and 5.1% of

government health expenditure. The Ministry of Interior (MoI) and Ministry of Education (MoE) provide 2.6% and 0.1% of total government domestic health expenditure, respectively.

Table 7. Government domestic financing schemes

Central government schemes	Amount (USD)	Percentage (%)
Ministry of Public Health	107,398,775	87.0%
Ministry of Defense	6,254,050	5.1%
Ministry of Interior Affairs	3,209,594	2.6%
Ministry of Higher Education	6,408,300	5.2%
Ministry of Education	120,766	0.1%
Total Government Domestic Revenue	123,391,485	100.00%

3.2.5. Donor Health Expenditure

Donors' support for health can be conceptualized in terms of on- and off-budget expenditure. In total, the health expenditure from donor's support is USD 470,279,773, of which USD 141 million (30.2%) is through on-budget support channeled through the government, while USD 328 million (69.8%) is through off-budget support where donors manage and provide services to people of Afghanistan themselves.

3.3. Healthcare Providers

Like other countries, health care in Afghanistan' are provided by different providers, including hospitals, ambulatory health centers, retail sellers and pharmacies, providers of administration of public health programs, providers of ancillary services, and providers of preventions care. Table 8 and Figure 9 show that retail sales and other providers of medical goods incur the highest health expenditure of 41.0% of CHE. The second largest providers are providers of ancillary services with 26.2% of CHE. Providers of ambulatory health care consume 14.6% of the CHE, providers of hospital care 7.9% of CHE, and providers of managing public health programs and preventive care 6.0% and 3.9% of CHE, respectively.

Table 8. Health expenditure by health care providers, 2017

Health Providers	Amount (USD)	Percentage (%)
Hospitals	190,689,812	7.9%
Providers of ambulatory health care	353,092,605	14.6%
Retail sale and other providers of medical goods	992,162,822	41.0%
Provision and administration of public health programs	144,609,392	6.0%
Providers of ancillary services	634,097,008	26.2%
Providers of preventive care	93,243,263	3.9%
All others	13,531,240	0.6%

Total	2,421,426,142	100%

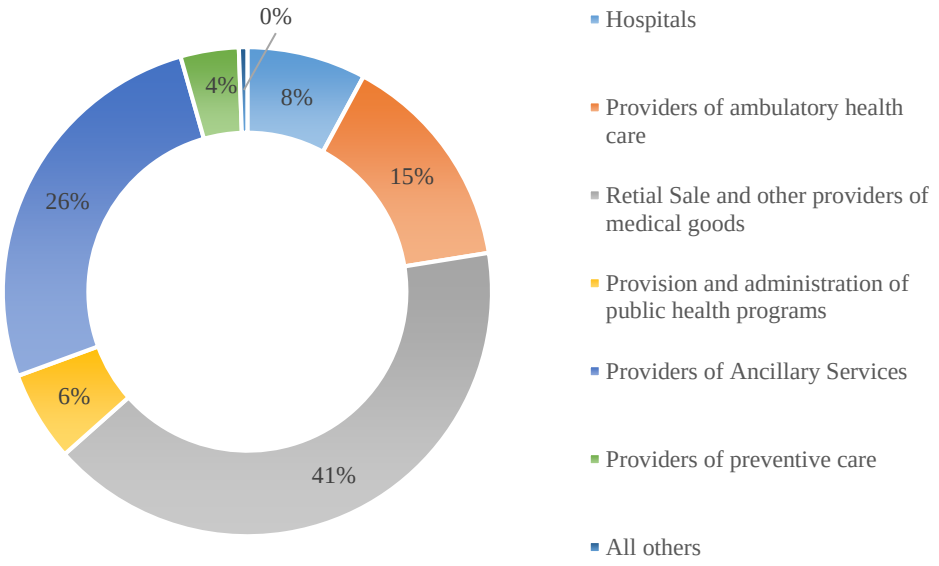

Figure 9. Health Care Providers at the National Level

3.4. Health Expenditure by Functions

As per SHA 2011 classifications, Table 9 and Figure 10 show that the expenditure for curative care including both inpatient and outpatient curative care accounted for 20.65% of CHE; out of this percentage, 31.7% was spent on inpatient care and 68.3% on outpatient care. The highest percentage of CHE was for medicine and medical goods, accounting for 41.08%, followed by 26.43% on ancillary services, 7.73% on prevention and public health programs, and 3.02% on health system administration and public health programs.

Table 9. Breakdown of Health Expenditure by Function

Health functions	**Amount (USD)**	**Percentage (%)**
Curative	499,929,889	20.65%
Inpatient curative care	*158,614,363*	*6.55%*
Outpatient curative care	*341,315,526*	*14.10%*
Ancillary services	640,093,677	26.43%
Medical goods dispensed to outpatients	994,691,838	41.08%
Prevention and public health services	187,202,167	7.73%

Health administration of public health programs	73,131,191	3.02%
Long-term care (health)	1,560,750	0.06%
All others	24,816,630	1.02%
Total	**2,421,426,142**	**100.00%**

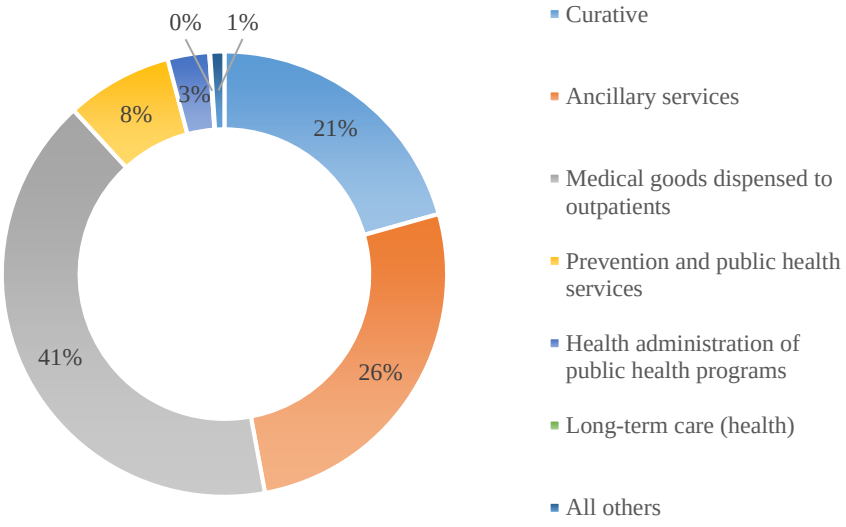

Figure 10. Health Expendtiure by Function

In Afghanistan, there is no prepayment mechanism or insurance scheme available. Although public health facilities provide health services free of change, due to the low quality of care (i.e. stock out of medication and lack of essential lab tests and imaging services), patients incur OOP health expenditure when seeking care outside of public health facilities. Table 10 shows where households spent the most money seeking health care. Medical goods, particularly prescribed medicines, account for the largest share of OOP expenditure with USD 870,092,289 (47.6%). Curative care, which consists of both outpatient and inpatient care, made up 17.8% of the OOP expenditure with USD 324,740,472 in expenditure. Spending on ancillary services represents 34.6% of OOP expenditure with USD 632,922,123.

Table 10 Breakdown of Household Expenditure by functions

Household Expenditure by Functions	**Amount (USD)**	**Percentage (%)**
Curative care	**324,740,472**	**17.77%**
General inpatient curative care	*141,446,444*	*7.74%*
General outpatient curative care	*183,294,028*	*10.03%*
Ancillary services (non-specified by function)	**632,922,123**	**34.63%**
Medical goods (non-specified by function)	**870,092,289**	**47.60%**

Prescribed medicines	*863,022,124*	*47.22%*
Glasses and Other vision products	*5,112,731*	*0.28%*
Hearing aids	*1,957,433*	*0.11%*
Total household expenditure on health	**1,827,754,884**	**100%**

3.5. Health Expenditure by Disease

Categorizing expenditure based on diseases is one of the new additions and strengths of implementing SHA2011. Therefore, in this round of NHA, a broader list of diseases has been included: infectious and parasitic diseases, vaccine preventable diseases, reproductive health, nutritional deficiencies, non-communicable diseases, injuries, and non-specific diseases. The complete list of the diseases is attached in the annexes. Approximately 31.87% of CHE is spent on infectious and parasitic diseases; about 28.7% on reproductive health services and diseases; 5.4% on nutrition programs, 4.9% on vaccine preventable diseases which includes immunization programs; 20.2% on non-communicable diseases; 2.4% on injuries; and 11.44% on non-specified diseases (Table 11).

Table 11. Health expenditure by disease category

Disease Category	Amount (USD)	Percentage (%)
Infectious and parasitic diseases	**771,590,208**	**31.87%**
Vaccine preventable diseases	117,873,743	15.28%
Reproductive health	**695,143,186**	**28.7%**
Nutritional deficiencies	**129,983,899**	**5.37%**
Non-communicable diseases	**489,060,622**	**20.20%**
Injuries	**58,559,561**	**2.42%**
Non-specified diseases	**277,088,666**	**11.44%**
Total	2,421,426,142	**100.00%**

3.6. Health Expenditure by Beneficiary

3.6.1. Expenditure by Age Group

Afghanistan has a large young population, with potential for economic development. Due to unavailability of expenditure and health utilization data by detailed age grouping, here we report the health expenditure for the population under and over five years of age.

Table 12 and Figure 11 show that USD 709,820,890 (29.3% of CHE) is spent on children under five, and USD 1,711,605,252, which is 70.7% of CHE, is spent on population over five years old.

Table 12. Health expenditure by age group

Population	Amount (USD)	Percentage (%)
Under 5 years of age	709,820,890	29.31%
Over 5 years of age	1,711,605,252	70.69%
Total	**2,421,426,142**	**100.00%**

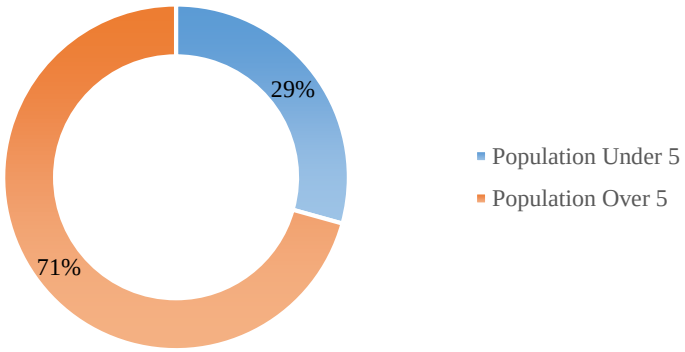

Figure 11. Percentage Expenditure By Age Category

3.6.2. Expenditure by Gender

In the 2017 NHA expenditure by gender was conducted for the first time in Afghanistan. It shows that USD 1,521,429,882 (62.8% of CHE) is expended on female populations, while approximately $899,996,260 (36.2% of CHE) is spent on male populations (Table 13 and Figure 12).

Table 13. Health expenditure by gender (Male and Female)

Gender	Amount (USD)	Percentage (%)
Female	1,521,429,882	62.83%
Male	899,996,260	37.17%
Total	**2,421,426,142**	**100.00%**

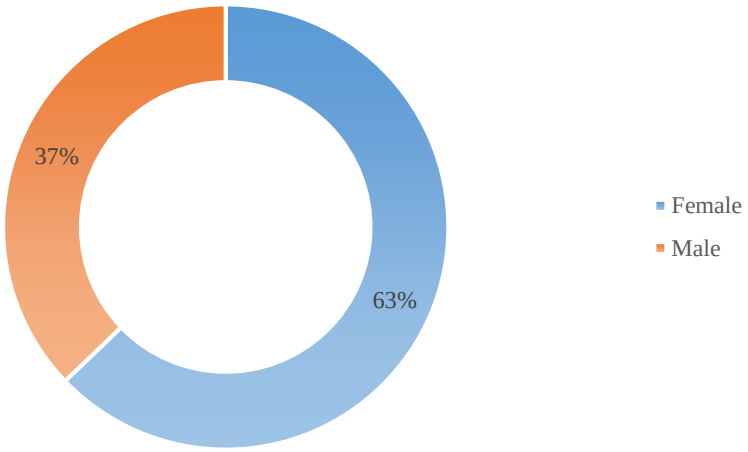

Figure 12. Detailed Expenditure by Gender

3.7. Health Expenditure by Factor of Provision

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

Table 14 provides the breakdown of public health expenditure by factor of provision, which shows that 23.8% of public health expenditure was spent on compensation of employees (salary) and 75.2% on material and services in 2017.

Table 14. Public health expenditure by factor of provision

Factor of Provision of public health expenditure	Amount (USD)	Percentage (%)
Compensation of employees	141,113,890	23.8%
Materials and services used	446,930,035	75.3%
All unspecified factors of health care provision	5,627,333	0.9%
Total	**593,671,258**	**100.0%**

3.8. Catastrophic Health Expenditure and Impoverishment

Catastrophic health expenditure: Using the cut-off of 10% and 25% of total expenditure for health, we estimate that 44.1% and 24.7% of households incur catastrophic health expenditure, respectively.

Impoverishment due to OOP expenditure: Based on the poverty line defined by Afghanistan, we estimate that health expenditure pushes 13.9% of households into poverty, with the incidence of poverty increasing from 45.8% to 59.8%. The high OOP health spending exacerbates the financial pressure on households in Afghanistan.

4. Recommendations

NHA has been used as a health financing diagnostic tool for evidence-based policy making in Afghanistan for the past 10 years. It has become an essential tool for health policy analyses and the policy making process. Thus, it is critical to update and sustain the series of NHA. Compared to the previous three rounds of the NHA, this round of NHA methodology provides health expenditure for more disease categories and breaks down the expenditure by age and gender. Additionally, expenditure by factor of provision is an added value in this round of NHA.

THE in 2017 increased as compared to the previous round of NHA. Over the three periods of NHA in Afghanistan, health expenditure has increased significantly to 11.9% of the GDP—equivalent to USD 86 per capita in 2017 from USD 42 in 2008/2009. Although health expenditure has increased substantially from the previous round, the composition of health expenditure follows almost the same pattern of previous rounds of NHA. Various factors including inflation, higher demand for health services and technology advancements may have contributed to higher health expenditure in this round.

The other significance of this round of NHA is that this round of NHA estimates the incidence of catastrophic health expenditure and the impact of OOP expenditure on impoverishment. The data demonstrates that 13.9% of households are pushed into poverty as a result of health care seeking.

Based on the findings from this round of NHA, the following recommendations are endorsed:

Increase government investment in health: The share of government domestic revenue allocated to health is significantly lower than the international standard. Despite the development of BPHS and EPHS for providing primary and hospital care for free in public and selected NGO facilities, the government contribution to health is limited. The financial resources for hospital care are constrained by limited resources with low quality of care, which discourages patients from seeking care in public facilities and thus resulting in OOP expenditure for private care seeking. Additionally, Afghanistan is facing a double disease burden of both communicable and non-communicable diseases. All these factors call for greater investment of public finance in health. To avoid high OOP and improve the population's access to essential health services, the government should consider allocating more resources to the health sector to strengthen health services in public facilities. The MoPH has developed a revenue generation strategic framework for health and proposed interventions to generate new revenues for health to supplement the current budget. It is critical for the MopH to engage key stakeholders to implement the strategies for identification of new financial resources and ensuring they are earmarked for health.

Design and implement financial risk protection mechanisms for households: As mentioned above, the GIRoA has been providing healthcare services free of charge in all public health facilities. Nevertheless, the share of OOP expenditure remains high (more than 70% of CHE), as seen in all rounds of the NHA. Current per capita direct expenditure by households in the form of OOP expenditure is USD 61, and there is no risk pooling and financial risk protection mechanism in place to reduce the OOP expenditure from ill health. As OOP spending is regressive in nature, it not only poses severe financial barriers to accessing healthcare for individual households but also exacerbates inequity of utilization of care. The OOP expenditure particularly affects the poor,

vulnerable populations, and those living in rural areas. Additionally, high OOP spending can lead to catastrophic health expenditure, which pushes households further into debt and forces them to sell assets or compromise their health by not seeking care.

Thus, the government should consider designing and implementing prepaid mechanisms, such as health insurance, to improve financial protection as a means of moving toward UHC. Such mechanisms, in addition to generating additional domestic resources for the health sector, would also help promote efficiency through strategic purchasing.

Promote rational use of medicines and cost containment measures: Pharmaceuticals and other medical non-durables make up the bulk of household health expenses, with a significant proportion dispensed through pharmacies and retail shops. In addition to genuine need, there are a number of reasons for the high level of spending on medicines, which are also highlighted in the newly endorsed *National Health Strategy 2016–2020*. Firstly, not only do doctors frequently overprescribe medicines, patients also often demand medicines that are not clinically indicated. Secondly, patients commonly overuse and may misuse medicines because they often ask private pharmacies to prescribe medicines, although a majority of pharmacies do not have qualified pharmacists. Thirdly, anecdotal evidence suggests that a significant number of pharmaceutical products are also purchased through illegitimate channels.

Thus, the MoPH may need to further assess the country's drug consumption pattern and promote rational use of drugs through awareness campaigns and effective regulations of private pharmacies as some potential examples.

Improve investments in preventive care: Expenditure on preventive care increased slightly in this round of NHA, compared to that in previous rounds; expenditure on immunization also increased. Under the BPHS and EPHS, physicians and other medical personnel conduct certain preventive activities, including general counseling, screening of tuberculosis patients, vaccinations, performing blood pressure monitoring, and conducting cholesterol and diabetes tests among targeted populations. However, the time and resources spent on these activities are limited and are considered as part of curative care under the NHA, suggesting that government expenditure on preventive health is likely underestimated. Despite this potential underestimation, the overall health spending on preventive care is low. Given the relatively high returns from preventive care, the government should consider prioritizing and promoting preventive interventions, particularly for non-communicable diseases, to avoid potential high treatment expenses if preventive measures are not taken.

Leverage and regulate the private sector through implementation of the MoPH Private Sector Strategy: With healthcare demands outpacing the supply of services and available resources, the BPHS and EPHS are not adequate to fulfill all the healthcare needs of the population. Given the low level of government resources allocated to health, the sustainability of the BPHS and EPHS depends heavily on donor funding. In such a situation, the MoPH should begin leveraging the private sector to expand the provision of essential health services to the population. Achieving public health goals will also require more effective use of private resources; thus, the MoPH Private Sector Strategy should be implemented to increase that sector's overall contribution

to health. Engaging and building partnerships with the private sector will enable improvements in quality of care and employment of best practices across providers nationwide. The government should provide a friendly environment that fosters competition within the private sector or between the public and private sector, and promotes the delivery of quality of services by both sectors. Furthermore, better engagement of the private health sector can help to alleviate the burden of financing in the public health system.

Continue efforts for institutionalizing the NHA: The MoPH has made significant efforts to strengthen the NHA production process, as demonstrated by successive improvements in the methodology and scope of the analysis of several rounds of NHA. The HEFD has also become increasingly capable of producing the NHA with a reduced level of external support—a key development in the institutionalization process. The HEFD should continue to advocate for producing the NHA on a regular basis, rely more on routine information systems, such as the Expenditure Management Information System (EMIS) and Afghanistan Financial Management Information System (AFMIS), and further build the capacity of the NHA team. Moreover, it is crucial to have NHA-related staff financed through the government's annual ordinary budget to ensure greater sustainability. The NHA technical team should continue to improve the methods and systems for collecting and analyzing data, expand to cover more diseases, and implement the ICD-10 in future rounds.

5. Annexure

5.1. Financing Schemes by Revenues of Health Care Financing Schemes at (HF X FS) US Dollars, 2017

Currency: US Dollar (USD)

Financing schemes	Revenues of health care financing schemes	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.1.1 Internal transfers and grants	FS.2 Transfers distributed by government from foreign origin	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.7 Direct foreign transfers	FS.7.1 Direct foreign financial transfers	FS.7.3 Other direct foreign transfers (n.e.c.)	FS.nec Unspecified revenues of health care financing schemes (n.e.c.)	All FS
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**123,391,485**	**123,391,485**	**124,201,731**						**35,577**	**247,628,793**
HF.1.1	Government schemes	**123,391,485**	123,391,485	**124,201,731**						**35,577**	**247,628,793**
HF.1.1.1	Central government schemes	**123,391,485**	123,391,485	**124,201,731**						**35,577**	**247,628,793**
HF.1.1.1.1	Ministry of Public Health	**107,398,775**	107,398,775	**124,201,731**							**231,600,506**
HF.1.1.1.2	Ministry of Defense	**6,254,050**	6,254,050								**6,254,050**
HF.1.1.1.3	Ministry of Interior Affairs	**3,209,594**	3,209,594								**3,209,594**
HF.1.1.1.4	Ministry of Higher Education	**6,408,300**	6,408,300							**35,577**	**6,443,877**
HF.1.1.1.5	Ministry of Education	**120,766**	120,766								**120,766**

HF.2	**Voluntary health care payment schemes**			**17,777,582**			**258,226,890**	**257,626,720**	**600,170**		**276,004,472**
HF.2.2	NPISH financing schemes (including development agencies)			**17,777,582**			**258,226,890**	257,626,720	600,170		**276,004,472**
HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)			**17,777,582**			**230,684,074**	230,083,904	600,170		**248,461,655**
HF.2.2.2	Resident foreign agencies schemes						**27,275,682**	27,275,682			**27,275,682**
HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)						**267,135**	267,135			**267,135**
HF.3	**Household out-of-pocket payment**				**1,827,754,884**	**1,827,754,884**					**1,827,754,884**
HF.3.1	Out-of-pocket excluding cost-sharing				**1,827,754,884**	1,827,754,884					**1,827,754,884**
HF.4	**Rest of the world financing schemes (non-resident)**						**70,037,993**	**70,037,993**			**70,037,993**
HF.4.2	Voluntary schemes (non-resident)						**68,997,765**	68,997,765			**68,997,765**
HF.4.2.2	Other schemes (non-resident)						**68,997,765**	68,997,765			**68,997,765**
HF.4.2.2.2	Foreign development agencies schemes						**68,844,277**	68,844,277			**68,844,277**
HF.4.2.2.3	Schemes of enclaves (e.g. international organizations or embassies)						**153,488**	153,488			**153,488**
HF.4.3	Rest of the world financing schemes						**1,040,228**	1,040,228			**1,040,228**
All HF		**123,391,485**	**123,391,485**	**141,979,313**	**1,827,754,884**	**1,827,754,884**	**328,264,884**	**327,664,714**	**600,170**	**35,577**	**2,421,426,142**

Used data sources:

Donors	JICA, USAID, European Union, UNFPA, WHO, UNICEF, WFP, UNODC, Emergency, CIDA, TIKA, GAVIHSS, CIDA1, SOZO Int, Italian cooperation , Medair, GIZ, Islamic Relief , GIZ1, UNOPS, UNDP, KFW, Save The Children
NGOs	SCA, BDN, PU-AMI, CHA, MOVE, SAF, CAF, Cordaid, IMC, HN-TPO, OHPM, BRAC, AADA1, AFGA, SM, ORCD, SHRO, MSI, Opereation Mercy, ARCS, TDH, HEWAD, AADA2, AADA3, BARAN, AKHS1, AKHS2, MMRCA, MSF, HN-TPO1, ARCS1, RHDO, IAM
Government sources	MoD, MoE, MoHE, MoI, MoPH
Households	Household

5.2. Health Care Providers by Financing Schemes (HP X HF) US Dollars, 2017

Currency: US Dollar (USD)

Health care providers	Financing schemes	**HF.1** Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1.1 Ministry of Public Health	HF.1.1.1.2 Ministry of Defence	HF.1.1.1.3 Ministry of Interior Affairs	HF.1.1.1.4 Ministry of Higher Education	HF.1.1.1.5 Ministry of Education	**HF.2** Voluntary health care payment schemes	HF.2.2 NPISH financing schemes (including development agencies)	**HF.3** Household out-of-pocket payment	HF.3.1 Out-of-pocket excluding cost-sharing	**HF.4** Rest of the world financing schemes (non-resident)	**All HF**
HP.1	**Hospitals**	**75,932,481**	**75,932,481**	**61,163,603**	**6,023,453**	**3,209,594**	**5,535,831**		**60,127,932**	**60,127,932**	**19,375,911**	**19,375,911**	**35,253,488**	**190,689,812**
HP.1.1	General hospitals	**74,338,041**	74,338,041	60,154,899	6,023,453	3,209,594	4,950,095		**60,127,932**	60,127,932	**19,375,911**	19,375,911	**35,253,488**	**189,095,372**
HP.1.1.1	Public Hospital	**70,797,896**	70,797,896	56,614,755	6,023,453	3,209,594	4,950,095		**59,534,030**	59,534,030			**35,253,488**	**165,585,414**
HP.1.1.nec	Other General hospitals										**19,375,911**	19,375,911		**19,375,911**
HP.1.2	Mental health hospitals	**1,008,704**	1,008,704	1,008,704										**1,008,704**
HP.1.3	Specialised hospitals (Other than mental health hospitals)	**585,737**	585,737				585,737							**585,737**
HP.2	**Residential long-term care facilities**								**1,560,750**	**1,560,750**				**1,560,750**

HP.3	**Providers of ambulatory health care**	**106,584,414**	**106,584,414**	**106,584,414**			**58,460,661**	**58,460,661**	**183,294,028**	**183,294,028**	**4,753,501**	**353,092,605**
HP.3.1	Medical practices	**256,577**	256,577	256,577								**256,577**
HP.3.1.nec	Unspecified medical practices (n.e.c.)	**256,577**	256,577	256,577								**256,577**
HP.3.4	Ambulatory health care centres	**106,327,837**	106,327,837	106,327,837			**58,392,575**	58,392,575	**183,294,028**	183,294,028	**4,753,501**	**352,767,941**
HP.3.4.1	Family planning centres						**9,144,794**	9,144,794				**9,144,794**
HP.3.4.3	Free-standing ambulatory surgery centres						**245,930**	245,930				**245,930**
HP.3.4.5	Non-specialised ambulatory health care centres										**750,603**	**750,603**
HP.3.4.9	All Other ambulatory centers	**106,327,837**	106,327,837	106,327,837			**49,001,850**	49,001,850	**183,294,028**	183,294,028	**4,002,898**	**342,626,613**
HP.3.5	Providers of home health care services						**68,087**	68,087				**68,087**
HP.4	**Providers of ancillary services**	**1,154,884**	**1,154,884**	**923,906**	**230,597**	**381**	**20,000**	**20,000**	**632,922,123**	**632,922,123**		**634,097,008**
HP.4.1	Providers of patient transportation								**256,969,633**	256,969,633		**256,969,633**

	and emergency rescue												
HP.4.2	Medical and diagnostic laboratories							**20,000**	20,000	**280,420,375**	280,420,375		**280,440,375**
HP.4.9	Other providers of ancillary services	**1,154,884**	1,154,884	923,906	230,597	381				**95,532,115**	95,532,115		**96,686,999**
HP.5	**Retailers and Other providers of medical goods**									**992,162,822**	**992,162,822**		**992,162,822**
HP.5.1	Pharmacies									**985,092,658**	985,092,658		**985,092,658**
HP.5.2	Retail sellers and Other suppliers of durable medical goods and medical appliances									**7,070,164**	7,070,164		**7,070,164**
HP.6	**Providers of preventive care**	**1,907,715**	**1,907,715**	**1,907,715**				**85,903,463**	**85,903,463**			**5,432,085**	**93,243,263**
HP.7	**Providers of health care system administration and financing**	**61,383,298**	**61,383,298**	**60,354,867**		**907,664**	**120,766**	**59,556,587**	**59,556,587**			**23,669,508**	**144,609,392**
HP.7.1	Government health administration agencies	**55,882,292**	55,882,292	55,719,867		41,659	120,766	**59,556,587**	59,556,587			**342,406**	**115,781,285**
HP.7.9	Other administration agencies	**5,501,005**	5,501,005	4,635,000		866,005						**23,327,102**	**28,828,107**

HP.8	**Rest of economy**	**666,000**	**666,000**	**666,000**					**2,509,939**	**2,509,939**			**929,411**	**4,105,350**
HP.8.2	All Other industries as secondary providers of health care	**647,000**	647,000	647,000					**683,227**	683,227			**929,411**	**2,259,638**
HP.8.3	Community health workers (or village health worker, community health aide, etc.)	**19,000**	19,000	19,000					**1,826,712**	1,826,712				**1,845,712**
HP.9	**Rest of the world**								**231,450**	**231,450**				**231,450**
HP.nec	**Unspecified health care providers (n.e.c.)**								**7,633,689**	**7,633,689**				**7,633,689**
All HP		**247,628,793**	**247,628,793**	**231,600,506**	**6,254,050**	**3,209,594**	**6,443,877**	**120,766**	**276,004,472**	**276,004,472**	**1,827,754,884**	**1,827,754,884**	**70,037,993**	**2,421,426,142**

Used data sources:

Donors	JICA, USAID, European Union, UNFPA, WHO, UNICEF, WFP, UNODC, Emergency, CIDA, TIKA, GAVIHSS, CIDA1, SOZO Int, Italian cooperation , Medair, GIZ, Islamic Relief , GIZ1, UNOPS, UNDP, KFW, Save The Children
NGOs	SCA, BDN, PU-AMI, CHA, MOVE, SAF, CAF, Cordaid, IMC, HN-TPO, OHPM, BRAC, AADA1, AFGA, SM, ORCD, SHRO, MSI, Opereation Mercy, ARCS, TDH, HEWAD, AADA2, AADA3, BARAN, AKHS1, AKHS2, MMRCA, MSF, HN-TPO1, ARCS1, RHDO, IAM
Government sources	MoD, MoE, MoHE, MoI, MoPH
Households	Household

5.3. Financing Scheme by Financing Agent (HF X FA), 2017

Currency: US Dollar (USD)

Financing schemes	Financing agents	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health	FA.1.1.5 Ministry of Defense	FA.1.1.6 Ministry of Education	FA.1.1.7 Ministry of Higher Education	FA.1.1.8 Ministry of Interior	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	FA.6.1 International organizations	FA.nec Unspecified financing agents (n.e.c.)	All FA
HF.1	**Government schemes and compulsory contributory health care financing schemes**	**247,628,793**	**247,628,793**	**231,600,506**	**6,254,050**	**120,766**	**6,443,877**	**3,209,594**						247,628,793
HF.1.1	Government schemes	**247,628,793**	247,628,793	231,600,506	6,254,050	120,766	6,443,877	3,209,594						247,628,793
HF.1.1.1	Central government schemes	**247,628,793**	247,628,793	231,600,506	6,254,050	120,766	6,443,877	3,209,594						247,628,793
HF.1.1.1.1	Ministry of Public Health	**231,600,506**	231,600,506	231,600,506										231,600,506
HF.1.1.1.2	Ministry of Defence	**6,254,050**	6,254,050		6,254,050									6,254,050
HF.1.1.1.3	Ministry of Interior Affairs	**3,209,594**	3,209,594					3,209,594						3,209,594
HF.1.1.1.4	Ministry of Higher Education	**6,443,877**	6,443,877				6,443,877							6,443,877
HF.1.1.1.5	Ministry of Education	**120,766**	120,766			120,766								120,766
HF.2	**Voluntary health care payment schemes**								**270,803,286**				**5,201,186**	276,004,472

HF.2.2	NPISH financing schemes (including development agencies)			**270,803,286**				**5,201,186**	276,004,472
HF.3	**Household out-of-pocket payment**				**1,827,754,884**				1,827,754,884
HF.3.1	Out-of-pocket excluding cost-sharing				**1,827,754,884**				1,827,754,884
HF.4	**Rest of the world financing schemes (non-resident)**			**69,881,968**		**156,026**	**156,026**		70,037,993
All HF		**247,628,793**	**247,628,793 231,600,506 6,254,050 120,766 6,443,877 3,209,594**	**340,685,254**	**1,827,754,884**	**156,026**	**156,026**	**5,201,186**	2,421,426,142

Used data sources:

Donors	JICA, USAID, European Union, UNFPA, WHO, UNICEF, WFP, UNODC, Emergency, CIDA, TIKA, GAVIHSS, CIDA1, SOZO Int, Italian cooperation , Medair, GIZ, Islamic Releif , GIZ1, UNOPS, UNDP, KFW, Save The Children
NGOs	SCA, BDN, PU-AMI, CHA, MOVE, SAF, CAF, Cordaid, IMC, HN-TPO, OHPM, BRAC, AADA1, AFGA, SM, ORCD, SHRO, MSI, Opereation Mercy, ARCS, TDH, HEWAD, AADA2, AADA3, BARAN, AKHS1, AKHS2, MMRCA, MSF, HN-TPO1, ARCS1, RHDO, IAM
Government sources	MoD, MoE, MoHE, MoI, MoPH
Households	Household

5.4. Financing Scheme by Health Care Functions (HF X HC), 2017

Currency: US Dollar (USD)

Health care functions	Financing schemes	HF.1 Government schemes and compulsory contributory health care financing schemes	HF.1.1 Government schemes	HF.1.1.1.1 Ministry of Public Health	HF.1.1.1.2 Ministry of Defense	HF.1.1.1.3 Ministry of Interior Affairs	HF.1.1.1.4 Ministry of Higher Education	HF.1.1.1.5 Ministry of Education	HF.2 Voluntary health care payment schemes	HF.2.2 NPISH financing schemes (including development agencies)	HF.3 Household out-of-pocket payment	HF.4 Rest of the world financing schemes (non-resident)	All HF
HC.1	**Curative care**	**170,666,779**	**170,666,779**	**155,897,901**	**6,023,453**	**3,209,594**	**5,535,831**		**87,492,227**	**87,492,227**	**202,669,938**	**39,100,944**	**499,929,888**
HC.1.1	Inpatient curative care	**64,571,716**	64,571,716	52,508,485	5,154,345	2,535,579	4,373,307		**46,713,945**	46,713,945	**19,375,911**	**27,850,256**	158,511,827
HC.1.1.1	General inpatient curative care	**63,319,320**	63,319,320	51,256,089	5,154,345	2,535,579	4,373,307		**46,696,971**	46,696,971	**19,375,911**	**27,850,256**	157,242,458
HC.1.1.2	Specialised inpatient curative care	**1,252,396**	1,252,396	1,252,396					**16,973**	16,973			1,269,369
HC.1.2	Day curative care								**102,535**	102,535			102,535
HC.1.2.1	General day curative care								**5,090**	5,090			5,090
HC.1.2.2	Specialised day curative care								**97,112**	97,112			97,112
HC.1.2.nec	Unspecified day curative care (n.e.c.)								**334**	334			334
HC.1.3	Outpatient curative care	**106,095,063**	106,095,063	103,389,416	869,108	674,015	1,162,525		**40,612,522**	40,612,522	**183,294,028**	**11,250,689**	341,252,301

HC.1.3.1	General outpatient curative care	**105,940,635**	105,940,635	103,234,988	869,108	674,015	1,162,525	**39,040,345**	39,040,345	**183,294,028**	**11,250,689**	339,525,696
HC.1.3.2	Dental outpatient curative care	**154,428**	154,428	154,428				**1,018,797**	1,018,797			1,173,225
HC.1.3.3	Specialised outpatient curative care							**553,380**	553,380			553,380
HC.1.4	Home-based curative care							**63,225**	63,225			63,225
HC.3	**Long-term care (health)**							**1,560,750**	**1,560,750**			**1,560,750**
HC.4	**Ancillary services (non-specified by function)**	**7,151,554**	**7,151,554**	**6,920,576**	**230,597**		**381**	**20,000**	**20,000**	**632,922,123**		**640,093,677**
HC.4.1	Laboratory services							**10,000**	10,000			10,000
HC.4.2	Imaging services	**381**	381				381	**10,000**	10,000			10,381
HC.4.3	Patient transportation	**300,000**	300,000	300,000						**256,969,633**		257,269,633
HC.4.nec	Unspecified ancillary services (n.e.c.)	**6,851,173**	6,851,173	6,620,576	230,597					**375,952,490**		382,803,663
HC.5	**Medical goods (non-specified by function)**	**2,464,380**	**2,464,380**	**2,464,380**				**64,637**	**64,637**	**992,162,822**		**994,691,838**
HC.5.1	Pharmaceuticals and Other medical non-durable goods	**2,236,275**	2,236,275	2,236,275				**62,425**	62,425	**985,092,658**		987,391,357
HC.5.1.1	Prescribed medicines									**863,022,124**		863,022,124
HC.5.1.2	Over-the-counter medicines									**122,070,533**		122,070,533
HC.5.1.3	Other medical non-durable goods	**2,236,275**	2,236,275	2,236,275				**62,425**	62,425			2,298,700

HC.5.2	Therapeutic appliances and Other medical goods						**7,070,164**		7,070,164
HC.5.2.1	Glasses and Other vision products						**5,112,731**		5,112,731
HC.5.2.2	Hearing aids						**1,957,433**		1,957,433
HC.5.nec	Unspecified medical goods (n.e.c.)	**228,105**	228,105	228,105	**2,212**	2,212			230,317
HC.6	**Preventive care**	**10,249,089**	**10,249,089**	**10,249,089**	**170,614,948**	**170,614,948**		**6,338,130**	**187,202,167**
HC.6.1	Information, education and counseling (IEC) programmes	**10,541**	10,541	10,541	**452,099**	452,099		**1,209,581**	1,672,222
HC.6.1.1	Addictive substances IEC programmes	**8,235**	8,235	8,235	**376,616**	376,616			384,851
HC.6.1.1.3	Drugs IEC programmes				**4,576**	4,576			4,576
HC.6.1.1.nec	Other and unspecified addictive substances IEC programmes (n.e.c.)	**8,235**	8,235	8,235	**372,040**	372,040			380,275
HC.6.1.2	Nutrition IEC programmes							**612,905**	612,905
HC.6.1.nec	Other and unspecified IEC programmes (n.e.c.)	**2,306**	2,306	2,306	**75,483**	75,483		**596,676**	674,465
HC.6.2	Immunisation programmes	**6,910,000**	6,910,000	6,910,000	**3,694,305**	3,694,305			10,604,305
HC.6.3	Early disease detection programmes				**717,686**	717,686			717,686

HC.6.5	Epidemiological surveillance and risk and disease control programmes	**844,774**	844,774	844,774			**58,602,459**	58,602,459			59,447,233
HC.6.5.2	Monitoring & Evaluation (M&E)	**1,884**	1,884	1,884			**252,801**	252,801			254,685
HC.6.5.3	Procurement & supply management	**508,890**	508,890	508,890			**1,245,027**	1,245,027			1,753,918
HC.6.5.4	Interventions						**5,954,564**	5,954,564			5,954,564
HC.6.5.4.2	Condom promotion and distribution						**5,775,978**	5,775,978			5,775,978
HC.6.5.4.nec	Other and unspecified interventions (n.e.c.)						**178,586**	178,586			178,586
HC.6.5.nec	Unspecified epidemiological surveillance and risk and disease control programmes (n.e.c.)	**334,000**	334,000	334,000			**51,150,067**	51,150,067			51,484,067
HC.6.6	Preparing for disaster and emergency response programmes	**346,760**	346,760	346,760			**6,629,221**	6,629,221			6,975,980
HC.6.nec	Unspecified preventive care (n.e.c.)	**2,137,014**	2,137,014	2,137,014			**100,519,178**	100,519,178		**5,128,549**	107,784,741
HC.7	**Governance, and health system and financing administration**	**56,748,298**	**56,748,298**	**55,719,867**	**907,664**	**120,766**	**13,406,520**	**13,406,520**		**2,976,374**	**73,131,191**
HC.7.1	Governance and Health system administration	**1,024,272**	1,024,272		903,506	120,766	**9,764,805**	9,764,805		**2,976,374**	13,765,451

HC.7.1.1	Planning & Management								**811,910**	811,910		**2,976,374**	3,788,284
HC.7.1.3	Procurement & supply management								**3,952,894**	3,952,894			3,952,894
HC.7.1.nec	Other governance and Health system administration (n.e.c.)	**1,024,272**	1,024,272				903,506	120,766	**5,000,000**	5,000,000			6,024,272
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)	**55,724,025**	55,724,025	55,719,867			4,158		**3,641,715**	3,641,715			59,365,740
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**348,694**	**348,694**	**348,694**					**2,845,391**	**2,845,391**		**21,622,545**	**24,816,629**
All HC		**247,628,793**	**247,628,793**	**231,600,506**	**6,254,050**	**3,209,594**	**6,443,877**	**120,766**	**276,004,472**	**276,004,472**	**1,827,754,884**	**70,037,993**	**2,421,426,142**

5.5. Health Expenditure by Disease, 2017

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

Classification of diseases / conditions			Financing agents	All FA
DIS.1			**Infectious and parasitic diseases**	771,590,208
	DIS.1.1		HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	11,853,990
	DIS.1.2		Tuberculosis (TB)	45,546,682
	DIS.1.3		Malaria	30,921,373
	DIS.1.4		Respiratory infections	278,179,740
		DIS.1.4.1	Pneumonia	75,301,525
		DIS.1.4.2	Upper Respiratory	130,122,842
		DIS.1.4.nec	Other Respiratory infections	**72,755,373**
	DIS.1.5		Diarrheal diseases	81,991,988
	DIS.1.6		Neglected tropical diseases	167,584
	DIS.1.7		Vaccine preventable diseases	117,873,743
		DIS.1.7.1	Immunizations	63,974,523
		DIS.1.7.2	Measles	43,707,624
		DIS.1.7.6	TT Immunization	6,547,959
		DIS.1.7.nec	Other Vaccine preventable diseases	2,112,843
	DIS.1.8		Hepatitis	654,796
	DIS.1.9		Urinary Tract Infections	105,851,696
	DIS.1.nec		Other and unspecified infectious and parasitic diseases (n.e.c.)	98,548,618
				695,143,186
DIS.2			**Reproductive health**	695,143,186
	DIS.2.1		Maternal conditions	**292,935,284**
		DIS.2.1.1	First Postnatal Care	**128,879,989**
		DIS.2.1.2	Other Postnatal Care	**15,551,402**
		DIS.2.1.3	Normal Delivery- Facility	**118,238,417**
		DIS.2.1.4	Normal Delivery- Home	**13,095,917**
		DIS.2.1.5	Cesarean Section	**17,169,559**

	DIS.2.2		Perinatal conditions	**307,440,764**
		DIS.2.2.1	First Antenatal Care	**246,872,146**
		DIS.2.2.2	Other Antenatal Care	**60,568,618**
	DIS.2.3		Contraceptive management (family planning)	**19,040,740**
		DIS.2.3.1	Oral Contraceptive	**2,100,225**
		DIS.2.3.2	Injectible	**3,664,075**
		DIS.2.3.3	IUD	**4,364,150**
		DIS.2.3.4	Condom	**1,936,526**
		DIS.2.3.5	Permanent	**1,727,548**
	DIS.2.6		Pelvic Inflammatory Diseases	**20,227,604**
	DIS.2.nec		Unspecified reproductive health conditions (n.e.c.)	**55,498,794**
DIS.3			**Nutritional deficiencies**	129,983,899
DIS.4			**Noncommunicable diseases**	489,060,622
	DIS.4.2		Endocrine and metabolic disorders	11,211,299
		DIS.4.2.1	Diabetes	11,211,299
	DIS.4.3		Cardiovascular diseases	19,847,224
		DIS.4.3.1	Hypertensive diseases	6,547,959
		DIS.4.3.2	Ischemic Heart Disease	6,975,517
		DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	6,323,749
	DIS.4.4		Mental & behavioural disorders, and Neurological conditions	40,662,987
		DIS.4.4.1	Mental (psychiatric) disorders	17,001,308
		DIS.4.4.3	Neurological conditions	53,829
		DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	23,607,850
	DIS.4.5		Respiratory diseases	50,484,609
	DIS.4.6		Diseases of the digestive	10,409,842
	DIS.4.7		Diseases of the genito-urinary system	1,018,226
	DIS.4.8		Sense organ disorders	**26,105,546**
	DIS.4.9		Oro-Dental conditions	22,578,317

	DIS.4.10	Skin diseases	24,554,845
	DIS.4.11	Rehabilitation Care	1,221,275
	DIS.4.13	Musculo-skeletal fractions/diseases and problems	53,120,976
	DIS.4.14	Peptic Disorder	91,671,421
	DIS.4.15	Anemia	134,233,153
	DIS.4.16	Burns, Scalds and frost-bits	1,656,281
	DIS.4.nec	Other and unspecified non-communicable diseases (n.e.c.)	284,622
DIS.5		**Injuries**	58,559,561
DIS.6		**Non-disease specific**	183,351,518
DIS.nec		**Other and unspecified diseases/conditions (n.e.c.)**	93,737,149
All DIS			2,421,426,142

Used data sources:

Donors	JICA, USAID, European Union, UNFPA, WHO, UNICEF, WFP, UNODC, Emergency, CIDA, TIKA, GAVIHSS, CIDA1, SOZO Int, Italian coopreation , Medair, GIZ, Islamic Releif , GIZ1, UNOPS, UNDP, KFW, Save The Children
NGOs	SCA, BDN, PU-AMI, CHA, MOVE, SAF, CAF, Cordaid, IMC, HN-TPO, OHPM, BRAC, AADA1, AFGA, SM, ORCD, SHRO, MSI, Opereation Mercy, ARCS, TDH, HEWAD, AADA2, AADA3, BARAN, AKHS1, AKHS2, MMRCA, MSF, HN-TPO1, ARCS1, RHDO, IAM
Government sources	MoD, MoE, MoHE, MoI, MoPH
Households	Household

5.6. Expenditure Classification by Financing Agent (FA X Dis)

Classification of diseases / conditions	Financing agents	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health	FA.1.1.5 Ministry of Defense	FA.1.1.6 Ministry of Education	FA.1.1.7 Ministry of Higher Education	FA.1.1.8 Ministry of Interior	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	FA.6.1 International organizations	FA.nec Unspecified financing agents (n.e.c.)	All FA
DIS.1	**Infectious and parasitic diseases**	**60,919,264**	**60,919,264**	**53,625,190**	**3,126,172**		**2,502,123**	**1,665,779**	**150,680,121**	**554,990,823**			**5,000,000**	771,590,208
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	**720,027**	720,027	720,022			5		**6,567,880**	**4,566,082**				11,853,990
DIS.1.2	Tuberculosis (TB)	**3,083,090**	3,083,090	3,083,057			33		**14,793,137**	**27,670,455**				45,546,682
DIS.1.3	Malaria	**1,420,197**	1,420,197	1,307,754	48,188		38,579	25,677	**11,803,172**	**17,698,004**				30,921,373
DIS.1.4	Respiratory infections	**24,904,212**	24,904,212	19,957,288	2,120,255		1,696,891	1,129,777	**1,691,921**	**251,583,607**				278,179,740
DIS.1.4.1	Pneumonia	**4,850,119**	4,850,119	4,850,036			83		**438,153**	**70,013,253**				75,301,525
DIS.1.4.2	Upper Respiratory	**8,560,812**	8,560,812	8,462,301	42,164		33,880	22,467	**872,766**	**120,689,264**				130,122,842
DIS.1.4.nec	**Other Respiratory infections**	**11,493,281**	**11,493,281**	**6,644,951**	**2,078,091**	**0**	**1,662,928**	**1,107,310**	**381,002**	**60,881,090**	**0**	**0**	**0**	**72,755,373**
DIS.1.5	Diarrheal diseases	**5,382,594**	5,382,594	5,101,453	120,469		96,480	64,192	**526,722**	**71,082,672**			**5,000,000**	81,991,988
DIS.1.6	Neglected tropical diseases								**167,584**					167,584

DIS.1.7	Vaccine preventable diseases	**10,215,084**	10,215,084	10,215,028			55		**60,932,423**	**46,726,236**				117,873,743
DIS.1.7.1	Immunizations	**6,978,157**	6,978,157	6,978,157					**56,996,367**					63,974,523
DIS.1.7.2	Measles	**2,815,178**	2,815,178	2,815,129			48		**254,319**	**40,638,127**				43,707,624
DIS.1.7.6	TT Immunization	**421,749**	421,749	421,742			7		**38,100**	**6,088,109**				6,547,959
DIS.1.7.nec	Other Vaccine preventable diseases								**2,112,843**					2,112,843
DIS.1.8	Hepatitis	**42,175**	42,175	42,174			1		**3,810**	**608,811**				654,796
DIS.1.9	Urinary Tract Infections	**7,832,348**	7,832,348	7,776,021	24,094		19,395	12,838	**609,604**	**97,409,743**				105,851,696
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	**7,319,538**	7,319,538	5,422,392	813,166		650,684	433,295	**53,583,868**	**37,645,212**				98,548,618
		43,883,542	**43,883,542**	**43,716,741**	**18,070**	**0**	**139,103**	**9,629**	**61,200,099**	**589,906,056**	**153,488**	**153,488**	**0**	**695,143,186**
DIS.2	**Reproductive health**	**43,883,542**	**43,883,542**	**43,716,741**	**18,070**		**139,103**	**9,629**	**61,200,099**	**589,906,056**	**153,488**	**153,488**		695,143,186
DIS.2.1	Maternal conditions	**18,218,050**	18,218,050	18,165,194	0	0	52,856	0	**26,627,934**	**248,024,220**	65,079	65,079	0	292,935,284
DIS.2.1.1	First Postnatal Care	**8,098,363**	8,098,363	8,077,026			21,337		**8,125,364**	**112,630,016**	**26,247**	26,247		**128,879,989**
DIS.2.1.2	Other Postnatal Care	**1,001,655**	1,001,655	1,001,638			17		**90,488**	**14,459,259**				**15,551,402**
DIS.2.1.3	Normal Delivery-Facility	**7,033,603**	7,033,603	7,013,028			20,575		**13,769,744**	**97,409,743**	**25,326**	25,326		**118,238,417**
DIS.2.1.4	Normal Delivery-Home	**843,499**	843,499	843,484			14		**76,200**	**12,176,218**				**13,095,917**
DIS.2.1.5	Cesarean Section	**1,240,930**	1,240,930	1,230,018			10,912		**4,566,138**	**11,348,984**	**13,507**	13,507		**17,169,559**
DIS.2.2	**Perinatal conditions**	**19,553,107**	**19,553,107**	**19,526,739**	**0**	**0**	**26,368**	**0**	**10,846,467**	**277,008,958**	**32,233**	**32,233**	**0**	**307,440,764**

DIS.2.2.1	First Antenatal Care	**15,651,924**	15,651,924	15,625,623			26,301		**10,494,040**	**220,693,950**	**32,233**	32,233		**246,872,146**
DIS.2.2.2	Other Antenatal Care	**3,901,182**	3,901,182	3,901,116			67		**352,427**	**56,315,008**				**60,568,618**
DIS.2.3	**Contraceptive management (family planning)**	**865,844**	**865,844**	**863,474**	**0**	**0**	**2,370**	**0**	**6,147,965**	**12,024,015**	**2,916**	**2,916**	**0**	**19,040,740**
DIS.2.3.1	Oral Contraceptive	**131,718**	131,718	131,344			374		**141,614**	**1,826,433**	**460**	460		**2,100,225**
DIS.2.3.2	Injectible	**230,073**	230,073	229,450			624		**236,977**	**3,196,257**	**767**	767		**3,664,075**
DIS.2.3.3	IUD	**273,979**	273,979	273,231			748		**284,181**	**3,805,068**	**921**	921		**4,364,150**
DIS.2.3.4	Condom	**121,174**	121,174	120,800			374		**140,662**	**1,674,230**	**460**	460		**1,936,526**
DIS.2.3.5	Permanent	**108,899**	108,899	108,650			250		**96,315**	**1,522,027**	**307**	307		**1,727,548**
DIS.2.6	Pelvic Inflammatory Diseases	**1,371,487**	1,371,487	1,329,307	18,070		14,481	9,629	**143,803**	**18,712,313**				**20,227,604**
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	**3,875,055**	3,875,055	3,832,027			43,027		**17,433,930**	**34,136,550**	**53,260**	53,260		**55,498,794**
DIS.3	**Nutritional deficiencies**	**5,283,538**	**5,283,538**	**5,283,464**			**74**		**62,096,058**	**62,403,117**			**201,186**	129,983,899
DIS.4	**Noncommunicable diseases**	**50,827,534**	**50,827,534**	**48,903,221**	**572,228**		**1,047,173**	**304,911**	**11,209,700**	**427,023,388**				489,060,622
DIS.4.2	Endocrine and metabolic disorders	**1,215,868**	1,215,868	1,005,075	90,352		72,298	48,144	**617,586**	**9,377,845**				11,211,299
DIS.4.2.1	Diabetes	**1,215,868**	1,215,868	1,005,075	90,352		72,298	48,144	**617,586**	**9,377,845**				11,211,299
DIS.4.3	Cardiovascular diseases	**1,751,964**	1,751,964	1,583,322	72,281		57,846	38,515	**777,629**	**17,317,630**				19,847,224
DIS.4.3.1	Hypertensive diseases	**421,749**	421,749	421,742			7		**38,100**	**6,088,109**				6,547,959
DIS.4.3.2	Ischemic Heart Disease	**672,666**	672,666	602,401	30,117		24,099	16,048	**389,433**	**5,913,418**				6,975,517

DIS.4.3.nec	Other and unspecified cardiovascular diseases (n.e.c.)	**657,549**	657,549	559,179	42,164		33,739	22,467	**350,096**	**5,316,103**				6,323,749
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	**15,151,475**	15,151,475	15,137,405	6,023		4,836	3,210	**2,345,251**	**23,166,262**				40,662,987
DIS.4.4.1	Mental (psychiatric) disorders	**1,957,640**	1,957,640	1,957,624			16		**1,345,423**	**13,698,245**				17,001,308
DIS.4.4.3	Neurological conditions	**23,198**	23,198	9,145	6,023		4,820	3,210	**191**	**30,441**				53,829
DIS.4.4.nec	Unspecified mental & behavioural disorders and neurological conditions (n.e.c.)	**13,170,636**	13,170,636	13,170,636					**999,637**	**9,437,576**				23,607,850
DIS.4.5	Respiratory diseases	**4,168,204**	4,168,204	4,168,204					**2,861,742**	**43,454,663**				50,484,609
DIS.4.6	Diseases of the digestive	**1,401,221**	1,401,221	1,007,740	168,657		134,956	89,869	**556,614**	**8,452,007**				10,409,842
DIS.4.7	Diseases of the genito-urinary system	**80,213**	80,213	80,213					**101,772**	**836,241**				1,018,226
DIS.4.8	Sense organ disorders	**1,456,157**	**1,456,157**	**1,442,198**	**3,012**	**0**	**9,342**	**1,605**	**150,013**	**24,499,376**	**0**	**0**	**0**	**26,105,546**
DIS.4.9	Oro-Dental conditions	**2,668,137**	2,668,137	2,086,107			582,030		**123,826**	**19,786,354**				22,578,317
DIS.4.10	Skin diseases	**1,581,560**	1,581,560	1,581,533			27		**142,876**	**22,830,409**				24,554,845
DIS.4.11	Rehabilitation Care	**1,221,275**	1,221,275	1,221,275										1,221,275

DIS.4.13	Musculo-skeletal fractions/diseases and problems	**5,357,288**	5,357,288	4,879,465	204,797		163,899	109,126	**1,844,805**	**45,918,883**				53,120,976
DIS.4.14	Peptic Disorder	**5,904,492**	5,904,492	5,904,391			101		**533,403**	**85,233,526**				91,671,421
DIS.4.15	Anemia	**8,645,864**	8,645,864	8,645,716			148		**781,055**	**124,806,234**				134,233,153
DIS.4.16	Burns, Scalds and frost-bits	**223,815**	223,815	160,577	27,106		21,689	14,443	**88,507**	**1,343,959**				1,656,281
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)								**284,622**					284,622
DIS.5	**Injuries**	**3,832,041**	**3,832,041**	**3,565,001**	**114,446**		**91,612**	**60,982**	**18,910,015**	**35,817,505**				58,559,561
DIS.6	**Non-disease specific**	**69,562,358**	**69,562,358**	**69,209,377**	**230,597**	**120,766**	**1,618**		**20,097,772**	**93,688,851**	**2,537**	**2,537**		183,351,518
DIS.nec	**Other and unspecified diseases/conditions (n.e.c.)**	**13,320,515**	**13,320,515**	**7,297,512**	**2,192,537**		**2,662,174**	**1,168,292**	**16,491,489**	**63,925,144**				93,737,149
All DIS		247,628,793	247,628,793	231,600,506	6,254,050	120,766	6,443,877	3,209,594	340,685,254	1,827,754,884	156,026	156,026	5,201,186	2,421,426,142

Used data sources:

Donors	JICA, USAID, European Union, UNFPA, WHO, UNICEF, WFP, UNODC, Emergency, CIDA, TIKA, GAVIHSS, CIDA1, SOZO Int, Italian coopreation , Medair, GIZ, Islamic Releif , GIZ1, UNOPS, UNDP, KFW, Save The Children
NGOs	SCA, BDN, PU-AMI, CHA, MOVE, SAF, CAF, Cordaid, IMC, HN-TPO, OHPM, BRAC, AADA1, AFGA, SM, ORCD, SHRO, MSI, Opereation Mercy, ARCS, TDH, HEWAD, AADA2, AADA3, BARAN, AKHS1, AKHS2, MMRCA, MSF, HN-TPO1, ARCS1, RHDO, IAM
EMP	
INS	
Government sources	MoD, MoE, MoHE, MoI, MoPH

5.7. Major Contribution to Afghanistan's Health Sector

Donor Name	Health Expenditure	
	Amount in USD	Percentage
Household	1,827,754,884	71.89%
USAID	161,209,915	6.34%
EU	127,481,119	5.01%
Government Expenditure (MoPH and Other Ministries)	123,391,485	4.85
UNICEF	82,743,022	3.25%
WHO	68,868,483	2.71%
WFP	35,920,572	1.41%
CIDA	30,336,900	1.19%
UNDP	26,534,084	1.04%
TIKA	11,553,820	0.45%
Emergency	10,129,320	0.40%
GIZ	9,929,139	0.39%
KFW	8,336,008	0.34%
UNFPA	6,754,538	0.27%
GAVI/HSS	4,486,990	0.18%
Save The Children	3,457,642	0.14%
UNOPS	1,387,853	0.05%
Medair	994,226	0.04%
UNODC	617,425	0.02%
Italian coopreation	498,954	0.02%
Islamic Releif	462,322	0.02%
JICA	342,406	0.01%
SOZO Int	61,675	0.002%

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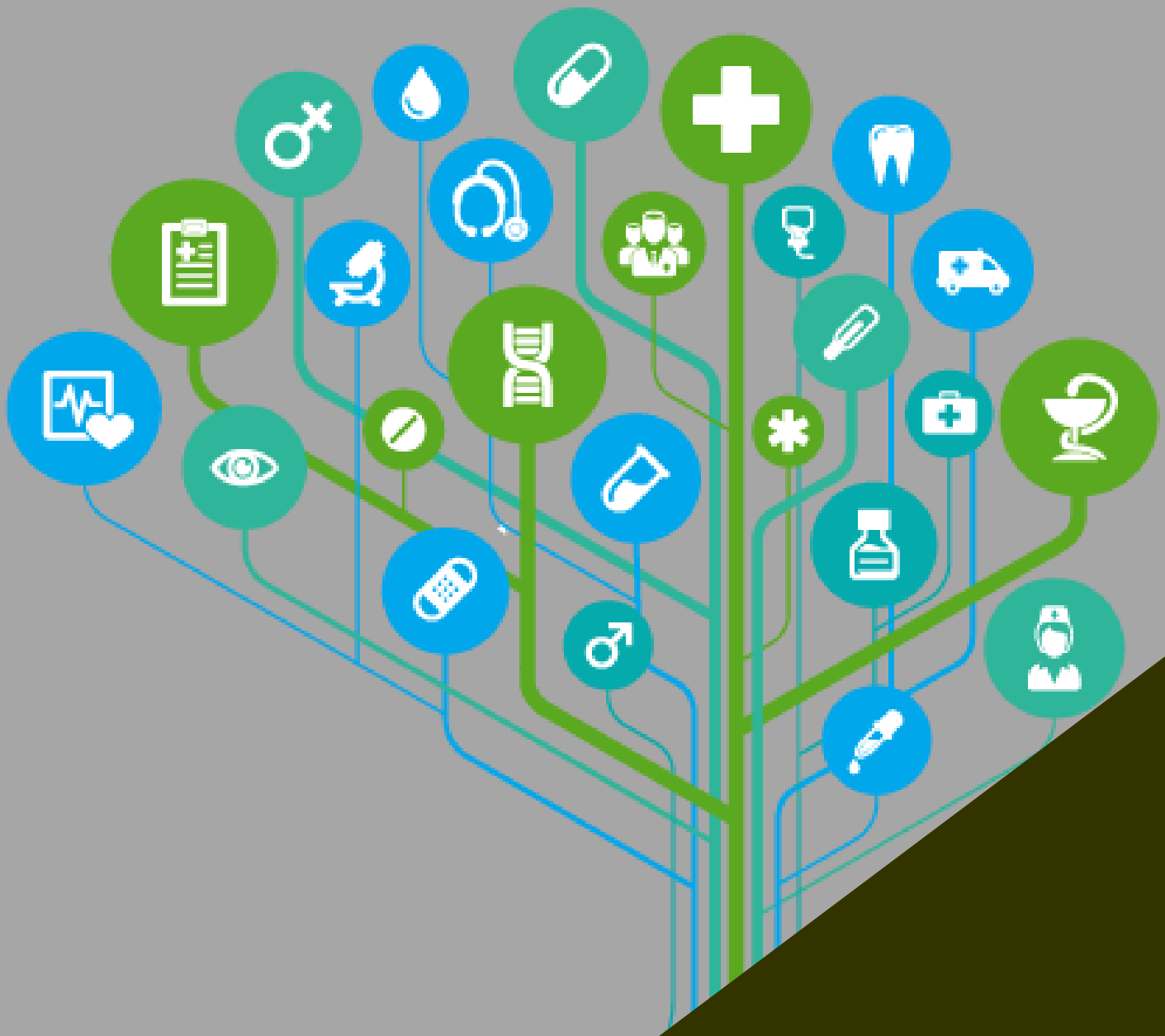

Afghanistan fourth round of National Health Accounts, including disease accounts, covers the estimates of health spending for the year 2017

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