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FINANCIAL PROJECTIONS
FOR
THE MINISTRY OF PUBLIC HEALTH
OF THE
GOVERNMENT OF AFGHANISTAN

A NON-PROFIT INSTITUTION

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FINANCIAL PROJECTIONS FOR THE MINISTRY OF PUBLIC HEALTH

A. INTRODUCTION

Existing plans for hospital and basic health center expansion, combined with inflation and restrictions on annual ordinary budget increases, will, by 1361, result in the virtual elimination of all Ministry of Public Health (MOPH) activities except those relating to hospitals, basic health centers and malaria⁽¹⁾. Alternative solutions are presented in this paper, and it is recommended that immediate steps be taken within the MOPH and Government to avoid a major crisis.

B. FINANCIAL TRENDS

While only 32.5 percent of the Government's (seven-year) development budget comes from domestic sources⁽²⁾, almost the entire ordinary budget is derived from domestic sources. Consequently, any plans for expansion of ordinary budget must take into consideration trends in the domestic economy and the Government's domestic revenue. Table I summarizes the key financial trends of the country which will affect the amount of money which may be available to the Government.

¹ The Malaria Program is not included in the MOPH ordinary budget therefore will not be affected by hospital and basic health center expansion.

² Government of the Republic of Afghanistan, First Seven-Year Economic and Social Development Plan, 1355-1361, Vol. II Annex, page 2.

Table 1
Key Financial Trends in Afghanistan⁽³⁾
(1347 - 54 actual, 1355 - 61 projected)

Factor	Time Period	Average Annual Increase
Gross National Product	1347 - 1354	2.4%
" " "	1355 - 1361	6.3%
Per Capita Income	1347 - 1354	0.01%
" " "	1355 - 1361	3.7%
Prices ⁽⁴⁾	1347 - 1354	5.2%
"	1355	6.5%
Government Domestic revenue	1347 - 1361	8.0%
Government Domestic revenue	1355 - 1361	9.9%

Although the Gross National Product increased 2.4 percent annually during 1347 through 1354, the population increase of 2.4 percent annually resulted in almost no increase in per capita income (less than 0.01 percent). The 8.0 percent annual increase in domestic revenue must be reduced by both the 5.2 percent annual increase in prices and the 2.4 percent increase in population, resulting in a real increase in per capita revenue of perhaps 0.4 percent annually.

One additional economic trend which must be considered is the percent of the Government's ordinary budget which is spent on health. The Ministry of Health's share of the Government's projected seven-year ordinary budget is 2.7 percent⁽⁵⁾. The projected annual increase

³Government of Afghanistan, First Seven - Year Economic and Social Development Plan 1355 - 1361 (March 1976 - March 1983), Vol. 1 pp. 2, 5, 16, 26, and 28.

⁴It is unclear if this is consumer or wholesale prices.

⁵Health, including MOPH and malaria budgets, is 3.3 percent of the total seven-year ordinary budget.

in the MOPH ordinary budget is 7.0 percent⁽⁶⁾. The projected 1361 budgets of selected Ministries is shown below as a percentage increase over their 1355 budgets:

Ministry of Education	-	+83.7%
Universities	-	+77.1%
Ministry of Public Health	-	+60.0%

C. FUTURE IMPLICATIONS OF CURRENT TRENDS⁽⁷⁾

Three key constraints on the future expansion of government health services are inflation, budgetary restrictions and planned construction of hospitals and basic health centers.

1. Inflation: the average annual price increase from 1347 through 1354 was 5.2 percent. During 1355 prices increased by 6.5 percent. In light of regional and world economic trends, inflation rates are unlikely to fall much below the 1347 - 1355 level before 1361.
2. Budget Increases: The Ministry of Planning projects an average annual MOPH budget increase of 7 percent during the Seven-Year Plan. Since it also projects a total Government average annual increase in domestic revenue of only 9.9 percent, the MOPH is unlikely to have its annual budgetary increase rise much above 7 percent, without major reallocation of budgetary priorities by the Government. In any case, whatever the annual percent of budget increase, it will be reduced in real terms by the projected continuation of a 5.2 percent inflation in prices and the 2.4 percent annual population increase.

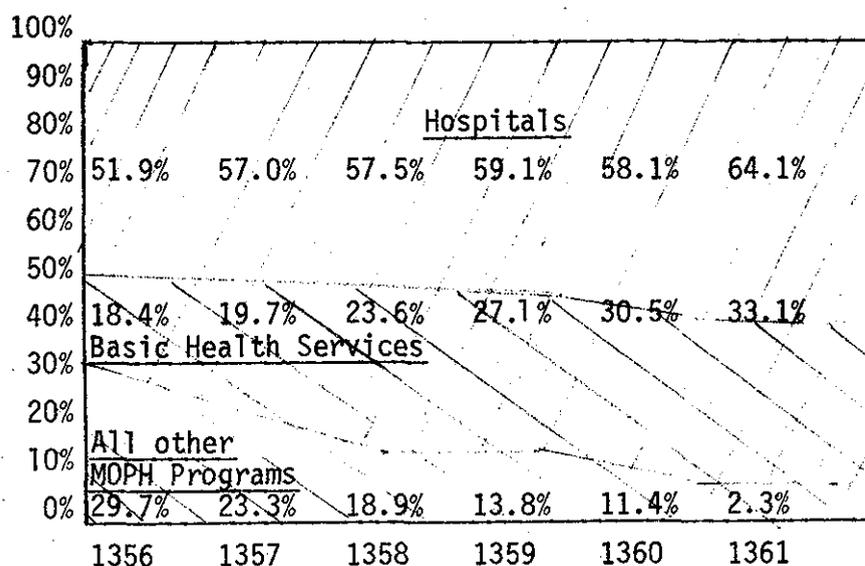
⁶The annual increase in the malaria budget is 4.7 percent.

⁷Except for details of the MOPH 1356 budget, which were obtained from the MOPH Budget Directorate, all MOPH financial data used in the text of this paper come from the Government of Afghanistan, First Seven-Year Economic and Social Development Plan 1355 - 1361 (March 1976 - March 1983). Appendix II contains financial projections based on MOPH plans, which were prepared after the Ministry of Planning prepared its Seven Year Plan.

3. Hospital and Basic Health Center Construction: Planned hospital and basic health center construction will result in necessary ordinary budget increases for new personnel, drugs, supplies and maintenance. Using the 1356 MOPH ordinary budget cost per hospital bed of Afs. 42, 165⁽⁸⁾, their combined share of the total MOPH budget will increase from 70.3 percent in 1356 to 97.2 percent in 1361. Assuming a 7 percent annual ordinary budget increase, the result would be a decrease of from Afs. 93.6 million in 1356 to Afs. 13.7 million in 1361 for all MOPH programs other than hospitals, basic health centers, and malaria. This means drastically reduced or eliminated budgets for planning, administration, inspection, Public Health Institute, Central Laboratories, Dental Clinic, Auxiliary Nurse Midwife School, Central Workshop, Central warehouse, nursing schools, and other programs. Table 2 shows this trend graphically.

Table 2

MOPH Programs as Percent of Total Ordinary Budget



⁸See Appendix I, Table 1 and Table 2, in which Ministry of Planning calculations produce per bed costs of Afs. 43,165 annually. Appendix II, Table 1 uses MOPH calculations which show a per bed cost of Afs. 73,223 annually.

Assumptions on which the graph is based:

- a) This table uses Ministry of Planning projections of the number of hospital beds and basic health centers. See Appendix II, Table for the graph based on MOPH projections.
- b) Annual budget increases will be limited to 7 percent.
- c) Annual price increases will average 5.2 percent (which was the 1347 - 1354 average).
- d) All planned hospital and basic health center expansion will occur and they will be staffed, supplied and equipped at the same budgetary level as in 1356.

It is apparent that hospital and basic health center expansion cannot both continue unabated and still have other health and support programs, unless Government priorities are altered. In order to achieve the planned expansion of hospitals and basic health centers, while maintaining 1356 level (in real Afghanis) for other Ministry of Public Health programs, the annual increase in ordinary budget must average 11.6 percent⁽⁹⁾. In order to maintain the 1356 ratio between hospitals, health centers and other MOPH programs, the annual increase in MOPH budget must average 14 percent⁽¹⁰⁾.

D. ESTIMATION OF TOTAL HEALTH EXPENDITURE

Based on the Government's 1355 population estimate of 17 million, increasing annually at a rate of 2.4 percent, the 1356 MOPH ordinary budget provides Afs. 18.1 per person. In 1355 the MOPH surveyed rural areas in three provinces (Baglan, Ghazni, and Helmand) and found that the reported annual per capita expenditure on health services⁽¹¹⁾ to be Afs. 402. Thus, the personal health expenditure of the population is over 20 times that spent by the Government through its ordinary budget. Stated another way, while the 1356 MOPH ordinary budget was Afs. 315 million, the private expenditure on health would be Afs. 7,378.3 million.

⁹Appendix I, Table 3

¹⁰Ibid.

¹¹Private expenditures for health include traditional providers (hakims, mullahs, dais, etc.), pharmacies, and private physicians, as well as for the transportation to hospitals and BHC's. See Appendix I, Table 4.

The implication of these calculations is obvious: future health planning must consider ways to improve health through utilization of private resources. That is to say, ways must be found to improve the quality of the health services people are purchasing privately. This is important regardless of the extent to which the Government health expenditures can be increased, but is critically important when Government resources are unlikely to increase significantly in the near future.

E. POLICY ALTERNATIVES TO DEAL WITH PROJECTED BUDGET LIMITATIONS

A large number of alternatives exist for dealing with the potential financial limitations facing the MOPH during the next few years. Some of these are outlined in Table 3. Essentially, there are four distinct approaches, each with possible variations:

- (1) Do nothing until specific crises occur, then try to find individual solutions.
- (2) Obtain a larger share of the Government budget. This may be possible, but it will require a reordering of national priorities.
- (3) Reorder MOPH priorities. This could mean a slowdown in constructing new facilities, an improvement in existing facilities, more balanced improvement in all services and greater efficiency throughout MOPH.
- (4) Place an increased emphasis on utilizing and improving private health resources. This could include fee-for-service, payment for drugs, charges for hospital beds, registration fees, pharmacies, village health workers, training for traditional health practitioners, and improved opportunities for private practice by physicians, nurse midwives and other trained personnel.

Table 3

Alternative Approaches to Deal with Projected Budget Limitations

<u>Alternatives</u>	<u>Implications</u>	<u>Feasibility</u>
1. <u>Do Nothing</u>	-Within 6 years the only MOPH programs will be hospitals and BHC's	This is feasible and will happen unless alternative steps are taken.
a) Continue construction as planned.	-All other activities will cease, including administration, planning, World Food, Central Workshop, Dental Institute, Public Health Institute, Central laboratories, etc.	
b) Staff and supply all hospitals and BHC's at 1356 real level.		
c) Accept a 7% annual budget increase.		
2. <u>Obtain Increased Annual Budget Allocations of 12%.</u>	-Hospitals and basic health centers will increase in number. -Other MOPH programs will remain at the 1355 level. There will be no national immunization program, no national village health program and no increase in the World Food Program.	This is dependent upon decisions of the Cabinet, Ministry of Planning, and Ministry of Finance. It would increase the MOPH share of the National Budget from 2.4% in 1355 to 3.5% in 1361.
a) Continue construction as planned.		
b) Staff and supply all hospitals and BHC's.		

(Table 3 continued)

<u>Alternatives</u>	<u>Implications</u>	<u>Feasibility</u>
<p>3. <u>Obtain Increased Annual Budget Allocation of 14%</u></p> <p>a) Continue construction as planned</p> <p>b) Staff and supply all hospitals and BHC's</p>	<p>-Hospitals and Basic Health Centers will increase.</p> <p>-Other MOPH programs will have approximately a 2% annual increase in real budget.</p> <p>-There will be only minimum expansion of other health services.</p>	<p>This would increase the MOPH share of the National Budget of from 2.4% in 1355 to 3.8% in 1361. It is dependent upon Cabinet Ministry of Planning and Ministry of Finance.</p>
<p>4. <u>Increase Foreign Assistance for ordinary Budget Increases</u></p>	<p>-Continued expansion of hospital, BHC and other programs might be possible.</p>	<p>Generally, foreign agencies do not contribute significantly to ordinary budget support.</p>
<p>5. <u>Adjust development Plans to Coincide with expected Ordinary Budget Increases</u></p>	<p>-Rate of hospital and Basic Health Center construction would be reduced (construction time extended from 6 to 12 years).</p> <p>-Reduced demand for increases in ordinary budget would result.</p> <p>-Increased construction costs due to inflation.</p>	<p>This is possible but might be resisted by Ministry of Planning and Finance because of loss of foreign exchange.</p>

(Table 3 continued)

Alternatives	Implications	Feasibility
<p>6. <u>Shift Some Development Budget to Improvement of Existing Facilities</u></p>	<p>-Rate of new construction reduced. -Reduced demand for increases in ordinary budget.</p>	<p>Donor agencies might resist this approach regarding their contributions to the development budget.</p>
<p>7. <u>Increase Income for Ordinary budget Through Fee-for-Services</u></p>	<p>-Patients in hospitals and BHC's would pay for some or all services and drugs. -If annual income of Afs. 50 million achieved from fees, small expansion of services would be possible.</p>	<p>-This may be contrary to Government policy regarding free health services. -May be difficulty using this income to increase MOPH budget. Finance Ministry may oppose.</p>
<p>8. <u>Encourage Increased commercial or semi-private involvement in health activities:</u> a) New programs such as village drug dispensers, b) Village health worker programs, c) Dai training program</p>	<p>-New or expansion of existing programs could be partially supported by commercial activities. -Although helpful, there would be an increase in demand of ordinary budget for training and supervision.</p>	<p>-Highly feasible based on experiments in India, Kenya, Bangladesh, and other countries. -Donors likely to be favorable in supporting training program.</p>

(Table 3 continued)

Alternatives	Implications	Feasibility
<p>9. <u>Improve efficiency of existing programs.</u></p> <p>a) reduce duplication of services</p> <p>b) coordinate activities:</p> <p>c) Reduce number of single-purpose programs and personnel;</p> <p>d) Improve Management of all MOPH activities</p>	<p>-Non-functional staff would be eliminated.</p> <p>-Management, supervision and service cost could be reduced.</p> <p>-Increases in ordinary budget requirements might be reduced.</p>	<p>This is feasible but will be slow and will encounter resistance from personnel with vested interests in existing programs.</p>
<p>10. <u>Reorder MOPH priorities</u></p> <p>a) Emphasize low cost high benefit programs such as immunizations, VHW's and others.</p> <p>b) Reduce increases in high overhead, low benefit programs such as hospitals, basic research, etc.</p>	<p>-Preventive and primary medicine programs would be emphasized.</p> <p>-Small marginally effective hospitals would be closed or converted to BHC's while functional medium-sized hospitals would be improved.</p>	<p>-This is feasible but will meet resistance from personnel with vested interests in existing programs.</p> <p>-There may be political resistance from provinces to closing small hospitals if curative services are decreased.</p>

F. RECOMMENDATIONS

The following recommendations combine aspects of several of the alternatives. The situation is complex and there are too many uncertainties to know exactly what is the best course of action at this time. Therefore, several approaches should be initiated.

1. Appoint a Planning-budgeting Task Group Which Will

- 1.1 Make more precise assessments of the impact of development plans on the ordinary budget over the next five years;
- 1.2 Recommend adjustments in the construction program so that increases in the ordinary budget are more in line with the Seven-Year plan;
- 1.3 Recommend improvements in existing facilities rather than expansion;
- 1.4 Prepare a realistic estimate of annual ordinary budget increase requirements which can be presented to the Ministries of Planning and Finance, or to Cabinet.

2. Inform Each MOPH Department of its Probable Maximum Budget for Each of the Next Five Years, Under 3 Different Circumstances:

- a) If the MOPH received only 7 percent annual increases;
- b) If 12 percent annual increases;
- c) If 15 percent annual increases;

In this way the technical program people will be required to identify programs or activities which can be cut or expanded.

3. Appoint a planning task group on private health resources which will:

- a) Study ways of increasing the effectiveness of the private health services for which the public pays Afs. 7 billion annually,
- b) Study ways by which the MOPH can tap these private resources for improved public health services.
- c) Recommend to the Minister steps which should be taken in this area.

4. Direct each Department to make recommendations by which their ordinary budgets can be either reduced or used more effectively and efficiently.
5. Appoint a task group on organization to recommend how the organization of the MOPH can be made more functional and efficient.

APPENDIX I

Calculations in Appendix I are based primarily on projections contained in the Ministry of Planning publication: First Seven-Year Economic and Social Development Plan: 1355 - 1361 - See Appendix II for calculations based on later data prepared by the Ministry of Public Health.

Table 1

Projections of MOPH ordinary Budget for Current Seven-Year Plan (1355 - 1361, with Breakdown for Hospitals and Basic Health Centers. Calculations are based on Ministry of Planning Figures (in millions of Afghanis)

Year	Total MOPH Budget (a)	Total MOPH Budget (b)	Hospital Budget (c)	Basic Health Budget (d)	Percent of Total Budget	
	Official Plan (7% Annual Increase)	Adjusted for Actual 1356 Budget (+7%)	Based on Actual 1356 Budget (+5.2%)	Based on Actual 1356 Budget (+5.2%)	Hospitals	Basic Health Services
1355	273.0	273.0	-	-	-	-
1356	292.1	315.0	163.4	58.0	51.9%	18.4%
1357	312.4	337.1	192.2	66.5	57.0%	19.7%
1358	334.4	360.6	207.2	85.0	57.3%	23.6%
1359	357.8	385.9	228.1	104.7	59.1%	27.1%
1360	382.9	412.9	240.1	126.1	58.1%	30.5%
1361	409.7	441.8	283.3	142.2	64.1%	33.1%

Notes

- (a) Source: G.O.A., Ministry of Planning, First Seven Year Economic and Social Development Plan 1355 - 1361, Volume II, pp. 11 - 13. Figures are extrapolated from this source, using a projected 7% annual increase.
- (b) The 1356 budget was actually Afs. 315.0 million which is 15.4% increase over the original 1355 budget. However, for 1357 and following only 7% increase is projected.
- (c) and (d) The actual 1356 hospital and BHC budgets are used. For subsequent years, the budget projections are based on both the planned increase in hospital beds and BHC's and on a projected 5.2% annual increase in prices. See pages 99 - 110 of Vol. II and pages 4 and 5 of Vol. I, of First Seven-Year Plan. No projections of hospital and BHC growth are available for years after 1361.

Appendix I

Table 2

Projected Hospital and Basic Health Center Budgets and Costs per Hospital Bed and per Basic Health Center. (a)

Year	Planned Beds (b)	Cost per Bed (a)	Total Hospital Budget	% of Total Budget (c)
		Afs.	Afs.	
1356	3830	42,656	163,372,560	51.9%
1357	4280	44,874	192,060,720	57.0%
1358	4380	47,208	206,771,040	57.3%
1359	4590	49,662	227,948,580	59.1%
1360	4590	52,245	239,804,550	58.1%
1361	5150	54,962	283,054,300	64.1%

Year	Planned BHCs (b)	Cost per BHC (a)	Total BHC Budget	% of Total Budget (c)
		Afs.	Afs.	
1356	111	522,764.32	58,026,839.00	18.5%
1357	121	549,943.06	66,543,715.00	19.7%
1358	147	578,545.35	85,046,166.00	23.6%
1359	172	608,629.70	104,684,300.00	27.1%
1360	197	640,278.44	126,134,850.00	30.5%
1361	217	673,572.91	146,165,320.00	33.1%

Notes

- (a) 5.2 percent annual price increase is included in the estimates
- (b) Number of beds and Basic Health Centers are from First Seven-Year Economic and Social Development Plan, Vol. II Annex, page 171.
- (c) Percentages based on 1356 budget base of Afs. 315 million with projected 7% annual increase.

Table 3

MOPH Ordinary Budget Requirements and Annual Percent Increase Needed to Maintain Current Levels of Health Programs with Expanded Hospital and Basic Health Service Programs (In Millions of Afghanis) Based on Ministry of Planning Estimates.

Year	Combined Hospital and BHC Projected Ordinary Budget	Annual Percent Increase	Alternative I		Alternative II	
			Total MOPH Ordinary Budget Required to Maintain Current Ratio of Hospital BHC to Other Programs (includes 5.2% Inflation)	Annual Percent Increase	Total MOPH Ordinary Budget Required to Maintain Current Level of Other Health Programs (includes 5.2% inflation) (b)	Annual Percent Increase
1356	219.5		315.0	(15.4) ^(a)	315.0	(15.4)
1357	256.3	16.8	367.8	16.8	356.8	13.3
1358	289.4	12.9	415.3	12.9	395.1	10.7
1359	330.0	14.0	473.6	14.0	441.2	11.7
1360	363.1	10.0	521.1	10.0	480.1	8.8
1361	422.0	16.2	605.5	16.2	545.1	13.5
	<u>Average</u>	<u>14.0</u>	<u>Average</u>	<u>14.0</u>	<u>Average</u>	<u>11.6</u>

Notes:

(a) Afs. 315.0 million is 15.4% increase over the original 1355 budget of Afs. 273.0 million.

(b) The 1356 budget for other than hospitals or basic health centers was Afs. 95.5 million.

Alternative I would allow for a small increase in other programs, while Alternative II would merely maintain present program levels.

Alternative I would increase the MOPH share of the projected National Budget from 2.4% in 1355 to 3.8% in 1361.

Alternative II would result in a 1361 share in the National Budget of 3.5%.

Table 4

Projected Population and Personal (private)
Expenditure on Health - Per Capita and Total

Year	Population (with 2.4% Annual Increase)	Per Capita Personal Expenditure on Health(1) (with 5.2% Annual Increase)	Total Annual Private Expenditure On Health
1355	17,050,000	Afs. 402.0	Afs. 6,854,000,000
1356	17,447,000	422.9	7,378,336,000
1357	17,855,000	444.9	7,943,690,000
1358	18,275,000	468.9	8,552,700,000
1359	18,706,000	492.4	9,210,834,000
1360	19,149,000	518.0	9,919,182,000
1361	19,610,000	544.9	10,685,489,000

Notes on Table 4:

- (1) The 1355 MOPH survey of 3 provinces revealed the following for rural populations:
- (a) 7.16 = Average household size
 - (b) Afs. 2,878 = Annual household average (mean) expenditure on health estimated by males interviewed.
 - (c) Afs. 3,873 = Annual mean household expenditure on health estimated by females interviewed.

Based on the above figures, the following can be calculated:

- (a) Afs. 402 = Annual per capita mean expenditure on health (male estimate)
- (b) Afs. 540 = Annual per capita mean expenditure on health (female estimate)

Table 4 uses the male estimated health expenditure assuming that males most frequently pay the actual expenditures. This assumption was not examined by the survey.

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APPENDIX II

Calculations in Appendix II are based on figures from the Ministry of Public Health files and revised Seven-Year Plans which Have not been published.

Table 1

Hospital Beds, Cost per Bed and Estimated Percent of
Total MOPH Budget, 1356-1361

Year	Number of Hospital Beds (in MOPH) (2)	Cost Per Bed (With 5.2% Annual Increase) (3)	Total Hospital Budget Required	Total MOPH Budget (1356 + 7% Annual Increase) (1)	Hospital Budget as % of Total Budget
1355	1976	--	--	--	--
1356	2231	73,228	163,372,560	315,000,000	51.9
1357	2571	77,036	198,059,550	337,050,000	58.8
1358	2906	81,042	235,508,050	360,643,500	65.3
1359	2921	85,256	249,032,770	385,888,540	64.5
1360	3136	89,689	281,264,700	412,900,730	68.1
1361	3136	94,353	295,891,000	441,803,780	67.0

Source:

- (1) Budget projecting based on the MOPH 1356 actual budget with 7% annual increase.
- (2) Hospital Beds are from the MOPH Seven-Year Hospital Plan.
- (3) Cost per bed is calculated 1356 MOPH hospital budget divided by the number of beds. Subsequent yearly cost per bed have 5.2% inflation added.

Table 2

Basic Health Center Costs Per Year and Estimated Percent of
Total MOPH Budget, 1356-1361. (Budget figures in thousand Afghanis.)

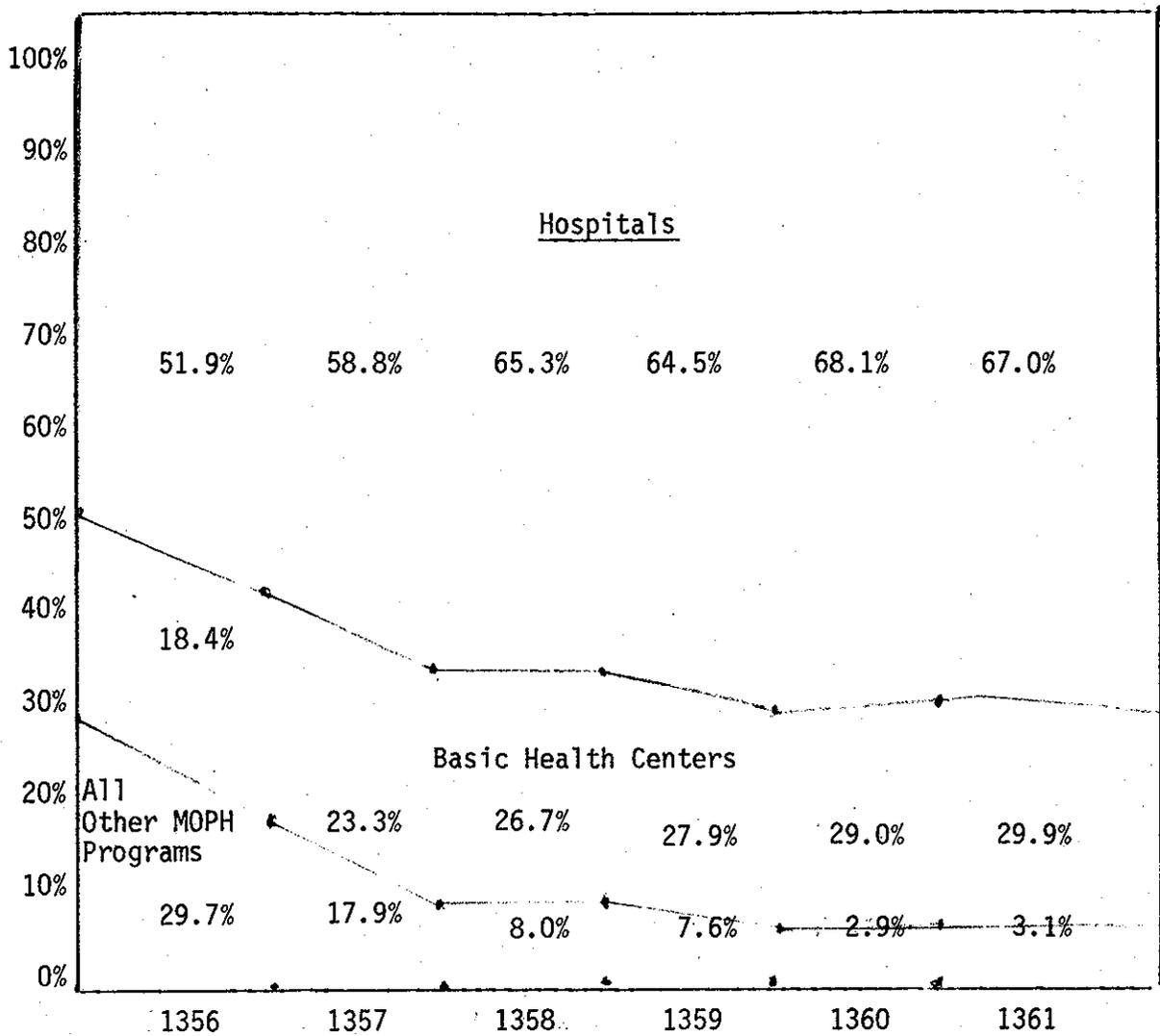
Year	Planned BHC's (a)	Cost Per BHC (c)	Total BHC Budget	BHC Budget as % of MOPH Budget
1356	123 (b)	Afs. 472	Afs. 58,027	18.4%
1357	158	497	78,526	23.3%
1358	184	523	96,232	26.7%
1359	196	550	107,800	27.9%
1360	207	579	119,853	29.0%
1361	217	609	132,153	29.9%

Source:

- (a) BHS Seven-Year Plan.
- (b) 1356 BHC's total is actual in budget. Remaining yearly totals are as planned.
- (c) Cost per BHC is based on 1356 cost per BHC, with an annual 5.2% increase due to inflation.

Table 3

MOPH Programs as Percent of Total Ordinary Budget
From 1356 through 1361 (1)



(1) Assumptions

1. This table uses the MOPH Seven-Year Plan instead of the Ministry of Planning Seven-Year Plan as the source of projected hospital bed and basic health center increases.
2. Annual budget increases will be limited to 7 percent.
3. Annual price increases will average 5.2 percent.
4. All planned hospital and basic health center expansion will occur and they will be staffed, supplied and equiped at the 1356 level.

Table 4

Projected Ministry of Public Health Budgets with 7 Percent
and with 15 Percent Annual Increases in Totals
(Figures in millions of Afghanis) (a) (b)

Year	Budget Projections with 7% Annual Increase in MOPH Total Budget				Budget Projections with 15% Annual Increase in MOPH Total Budget			
	MOPH Total	Hospital Total	BHS Total	Other Programs	MOPH Total	Hospital Total	BHS Total	Other Programs
1356	315.0	163.4	58.0	93.6	315.0	163.4	58.0	93.6
1357	337.1	198.1	78.5	60.5	362.3	198.1	78.5	85.7
1358	360.6	235.5	96.2	28.9	416.6	235.5	96.2	84.9
1359	385.9	249.0	107.8	29.1	479.1	249.0	107.8	122.3
1360	412.9	281.3	119.9	11.7	550.9	281.3	119.9	149.7
1361	441.8	295.9	132.2	13.7	633.6	295.9	132.2	205.5

Notes:

- (a) Hospital and Basic Health Service budgets calculated on basis of costs per hospital bed and per basic health center in 1356, times planned annual totals, with 5.2 percent annual inflation in costs.
- (b) Hospital and Basic Health Services planned expansion based on totals presented in their respective MOPH Seven-Year Plans.

Table 5

Ministry of Public Health 1356 Ordinary Budget, Excluding
Hospitals and Basic Health Services,
Showing Percentage Each Program is of the Total (a)

Program	Percent of Total
Total Budget (excluding hospitals and BHC's)	100.00% (Afs. 93.6 million)
Minister's Office	1.58%
Administration Dept.	29.52%
Foreign Relations Dept.	0.41%
Inspection Dept.	1.01%
Planning Dept.	4.89%
Public Health Institute	15.55%
Central Workshop	6.46%
World Food Program	0.32%
Preventive Medicine (excluding BHS)	(11.18%)
Preventive Medicine Central Office	3.80%
Immunization	3.21%
T.B. Institute	4.17%
Curative Medicine (excluding hosp. and Curative Medicine Central Office)	(20.45%)
Chest Clinic	4.87%
X-Ray Institute	6.02%
Dental Clinic	4.75%
Central Laboratory	3.18%
Pathology Institute	1.63%
Nursing Dept.	(8.43%)
Nursing Dept. Central Office	1.06%
A.N.M. School	6.48%
Post Basic Nursing School	0.89%

Notes:

- (a) By combining the percentages shown above with the projected budgets for "Other Programs" shown in Table 4, one can calculate the possible budget for any MOPH program through 1361. For example, if current priorities remain unchanged, the inspection Department may expect to have a budget of from Afs. 291,890 (1.01% of Afs. 28.9 million) to Afs. 857,490 (1.01% of Afs. 84.9 million) in 1358.

Table 6

Hospitals and Basic Health Services Budgets Percent Annual Increase,
If Present Construction Plans are Completed.

Year	Hospitals	Basic Health Services
1356		
1357	21.2%	35.3
1358	18.9%	22.5
1359	5.7%	12.1
1360	13.0%	11.2
1361	5.2%	10.3
Average Annual Increase	12.8%	18.3%