UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL HEALTH ACCOUNTS

YEAR 2010

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

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TANZANIA MAINLAND NATIONAL HEALTH ACCOUNTS 2009/10

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

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

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ACRONYMS

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

FOREWORD

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

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

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

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

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

Thank you,

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

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

EXECUTIVE SUMMARY

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

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

GENERAL HEALTH EXPENDITURE FINDINGS

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

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

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

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

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

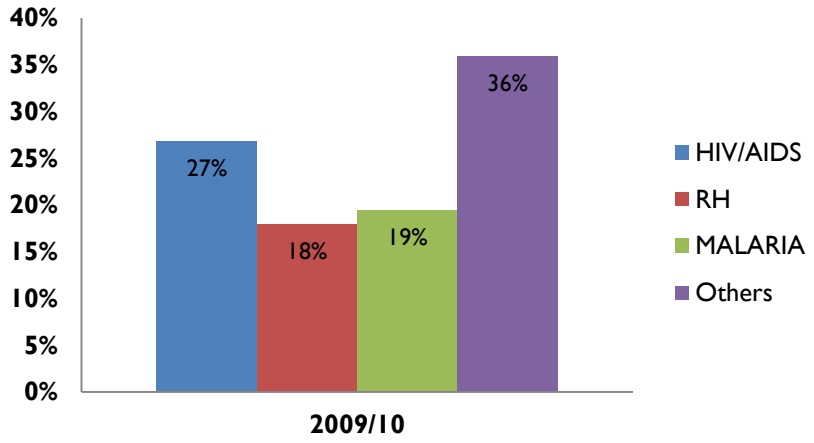
SUBACCOUNTS

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

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

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

FIGURE ES-1: THE BY PRIORITY AREA



HIV/AIDS SUBACCOUNT FINDINGS

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

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

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

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

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

MALARIA SUBACCOUNT FINDINGS

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

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

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

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

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

REPRODUCTIVE HEALTH SUBACCOUNT FINDINGS

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

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

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

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

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

CHILD HEALTH SUBACCOUNT FINDINGS

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

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

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

LIMITATIONS AND CONSIDERATIONS

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

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

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

1. INTRODUCTION AND BACKGROUND

1.1 BACKGROUND

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

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

1.2 HISTORY OF NHA IN TANZANIA

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

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

1.3 POLICY OBJECTIVES OF THE 2009/10 NHA

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

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

1.4 DEMOGRAPHIC TRENDS

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

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

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

Source: NBS (2006)

1.5 HEALTH INDICATORS

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

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

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

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

1.6 NATIONAL GOALS, POLICIES, AND STRATEGIES

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

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

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

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

Vision

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

Mission

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

1.7 HEALTH FACILITIES IN TANZANIA

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

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

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

Source: MoHSW (2010)
Note: FBO=faith-based organization

1.8 OVERVIEW OF HEALTH CARE FINANCING IN TANZANIA

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

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

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

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

1.9 ORGANIZATION OF THE REPORT

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

2. NHA METHODOLOGY

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

2.1 DATA SOURCES

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

2.1.1 INSTITUTIONAL SURVEYS

Private Employer Survey

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

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

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

Government Ministries/Departments Survey

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

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

Local Government Authorities and Regional Authorities

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

State Corporations (Parastatals)

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

Health Insurance

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

NGO Survey

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

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

Donor Survey

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

2.1.2 HOUSEHOLD HEALTH EXPENDITURE ESTIMATES

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

2.2 LIMITATIONS AND CONSIDERATIONS

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

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

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

3. GENERAL NHA FINDINGS

3.1 INTRODUCTION

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

3.2 SUMMARY STATISTICS FOR THE GENERAL NHA EXPENDITURES

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

TABLE 3.1: SUMMARY STATISTICS FOR THE GENERAL NHA

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

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

3.3 FINANCING SOURCES: WHO PAYS FOR HEALTH CARE?

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

FIGURE 3.1: FINANCING SOURCES OF THE

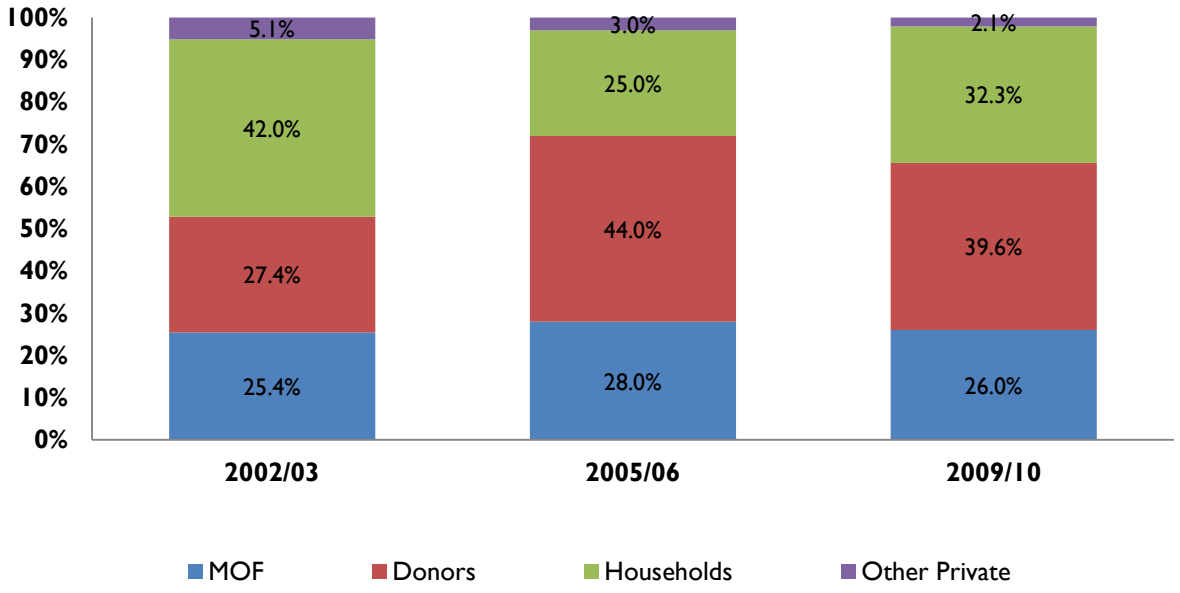


Table 3.2 shows the contribution of each financing source in absolute values. Overall there was a 31 percent increase in THE in absolute values between 2005/06 and 2009/10. Household and MoF contributions to THE, in absolute values, increased by 69 percent and 21 percent respectively between 2005/06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

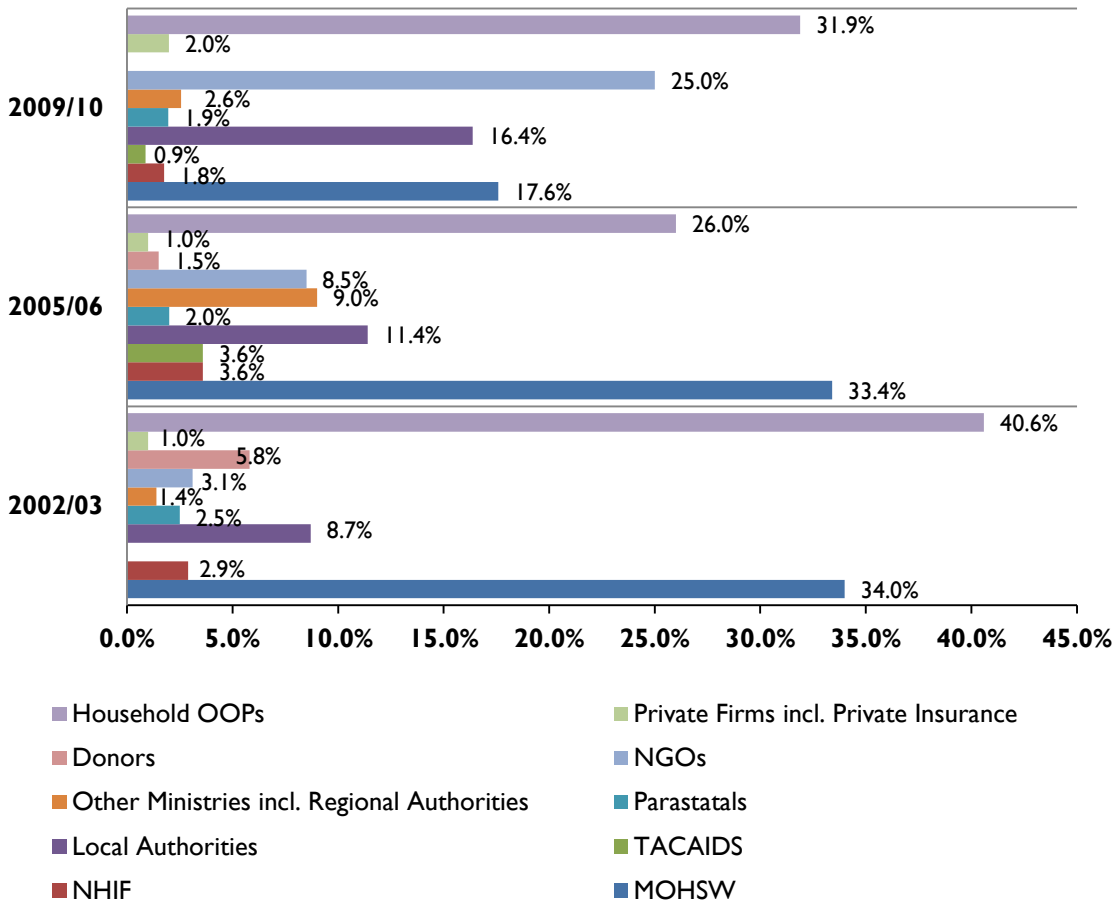
TABLE 3.2: ABSOLUTE VALUE OF THE BY FINANCING SOURCE (MN TSHS)

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

3.4 FINANCING AGENTS: WHO MANAGES HEALTH FINANCES?

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

FIGURE 3.2: FINANCING AGENTS OF TOTAL HEALTH EXPENDITURES



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

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

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

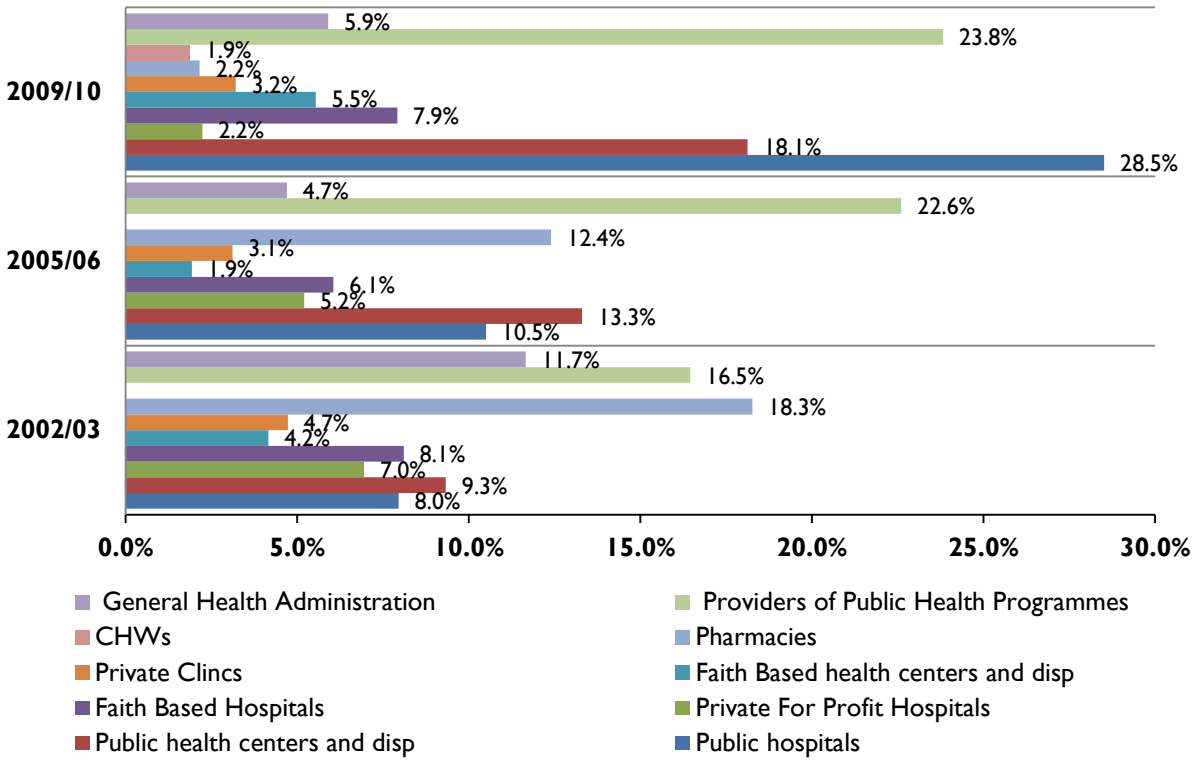
*In the previous NHA, NHIF was lumped with CHF and private insurance together. In this NHA they have been separated. This accounts for the decline in 2009/10.

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

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

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

FIGURE 3.3: DISTRIBUTION OF THE BY PROVIDER



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

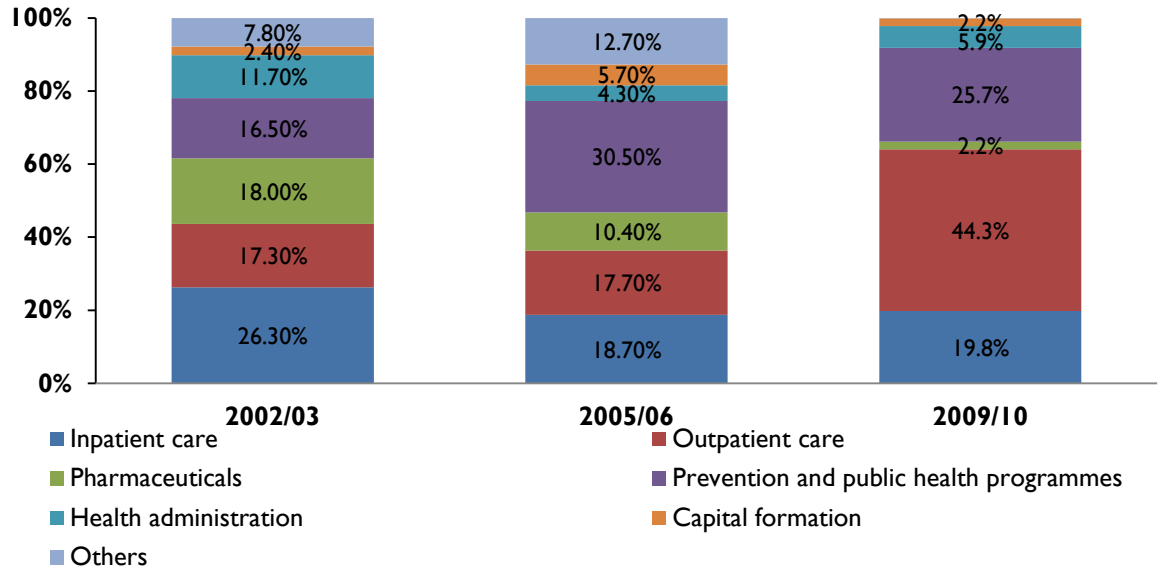
TABLE 3.4: ABSOLUTE VALUE OF THE BY PROVIDER (MN TSHS)

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

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

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

FIGURE 3.4: DISTRIBUTION OF THE BY HEALTH FUNCTION



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

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

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

4. HIV/AIDS SUBACCOUNT FINDINGS

4.1 INTRODUCTION

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

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

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

4.2 SUMMARY STATISTICS FOR HIV/AIDS SUBACCOUNT EXPENDITURES

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

TABLE 4.1: HIV/AIDS SUBACCOUNT SUMMARY STATISTICS

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

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

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

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

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

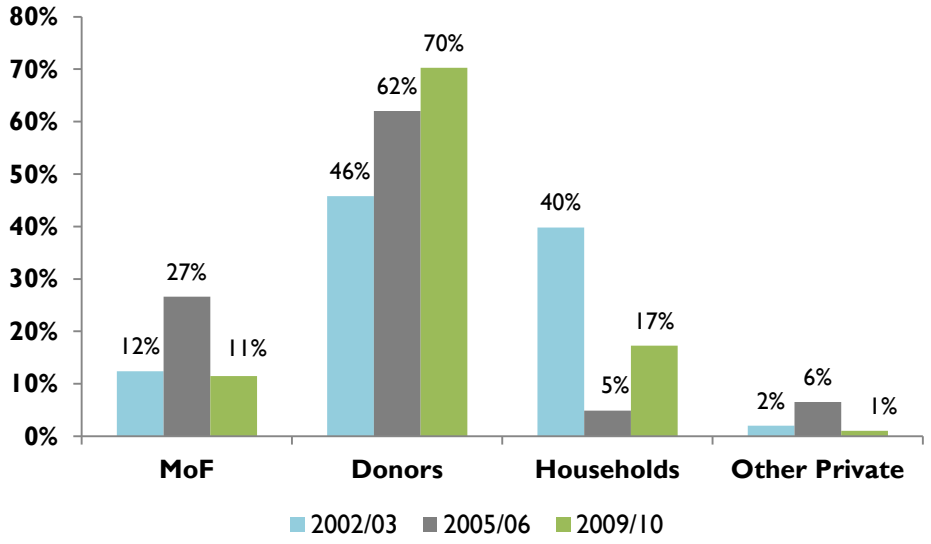


Table 4.2 shows financing sources of $THE_{HIV/AIDS}$ in absolute values. $THE_{HIV/AIDS}$ in absolute terms increased by 20 percent between 2005/06 and 2009/10.Household and donor contributions to $THE_{HIV/AIDS}$ in absolute values increased by 324 percent and 37 percent respectively between 2005/06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

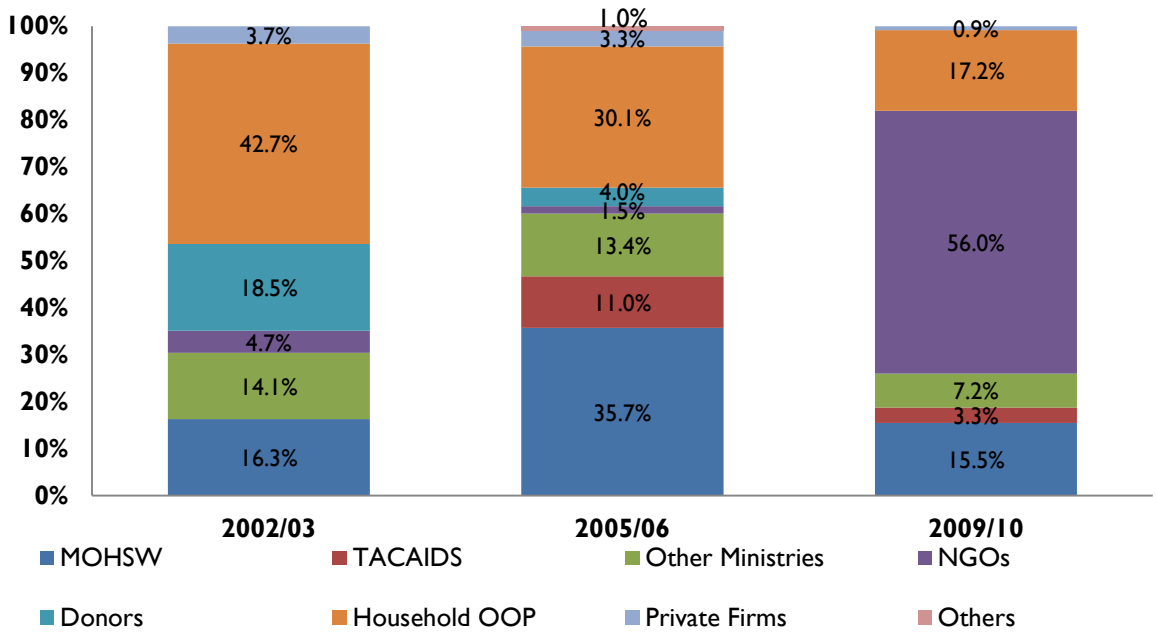
TABLE 4.2: ABSOLUTE VALUE OF $THE_{HIV/AIDS}$ BY FINANCING SOURCE (MN TSHS)

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

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

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

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



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

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

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

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

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

FIGURE 4.3: DISTRIBUTION OF THE$_{HIV/AIDS}$ BY PROVIDER

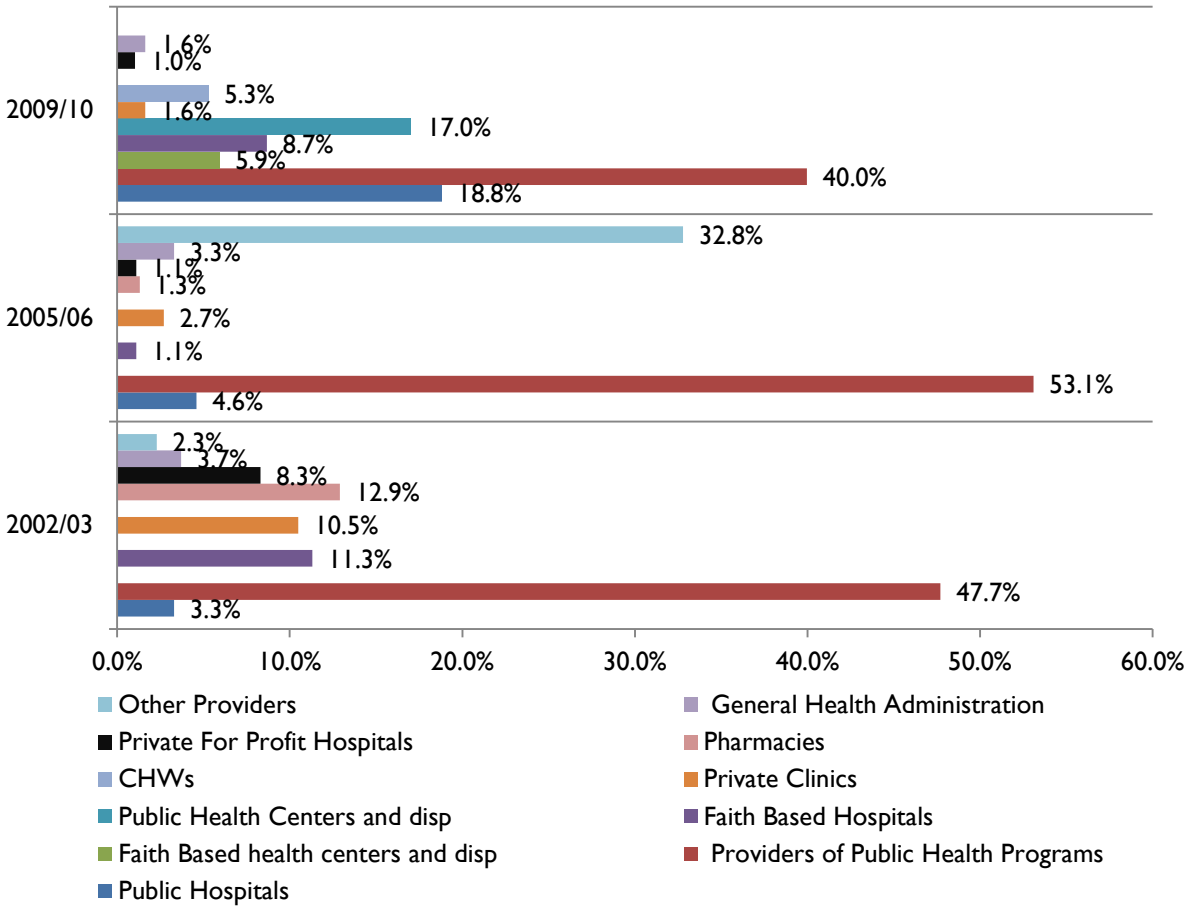


Table 4.4 shows the absolute value of $THE_{HIV/AIDS}$ by provider in 2002/03, 2005/06, and 2009/10. The amount of $THE_{HIV/AIDS}$ in absolute values utilized by FBO and public hospitals increased by 849 percent and 393 percent respectively between 2005/06 and 2009/10. There was a 99 percent and 27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

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

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

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

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

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

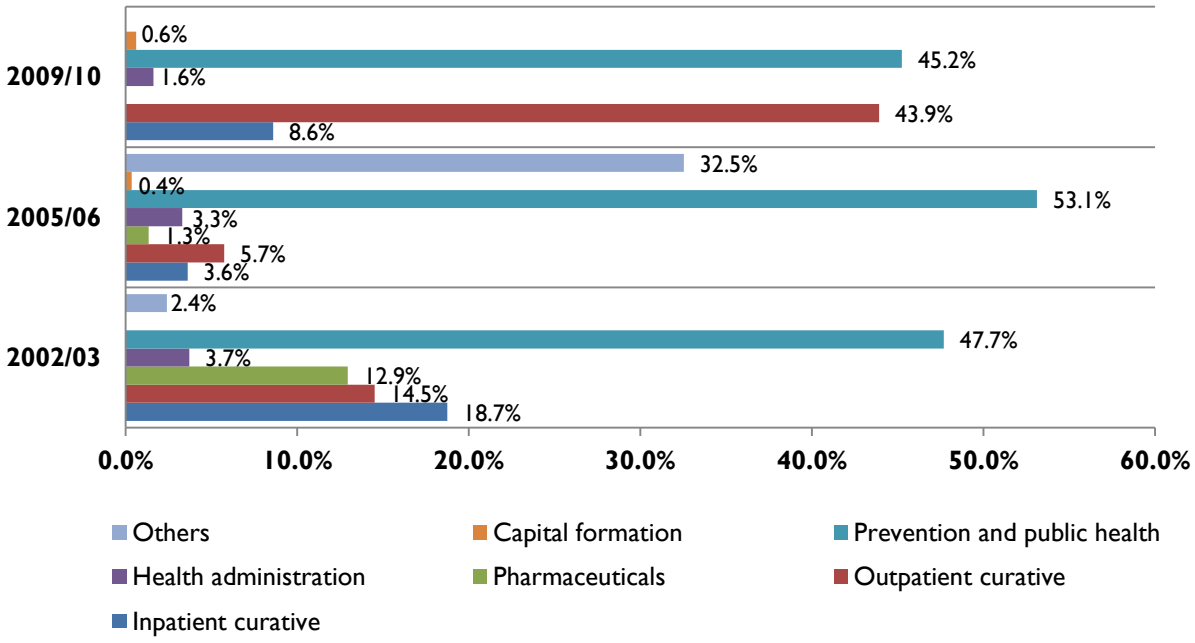


Table 4.5 shows the breakdown of $THE_{HIV/AIDS}$ by health function in absolute values. The amount of $THE_{HIV/AIDS}$ in absolute values used on outpatient and inpatient curative care increased by 821 percent and 187 percent respectively between 2005/06 and 2009/10.

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

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

5. REPRODUCTIVE HEALTH SUBACCOUNT FINDINGS

5.1 INTRODUCTION

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

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

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

5.2 SUMMARY STATISTICS FOR REPRODUCTIVE HEALTH SUBACCOUNT EXPENDITURES

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

TABLE 5.1: REPRODUCTIVE HEALTH SUBACCOUNT SUMMARY STATISTICS

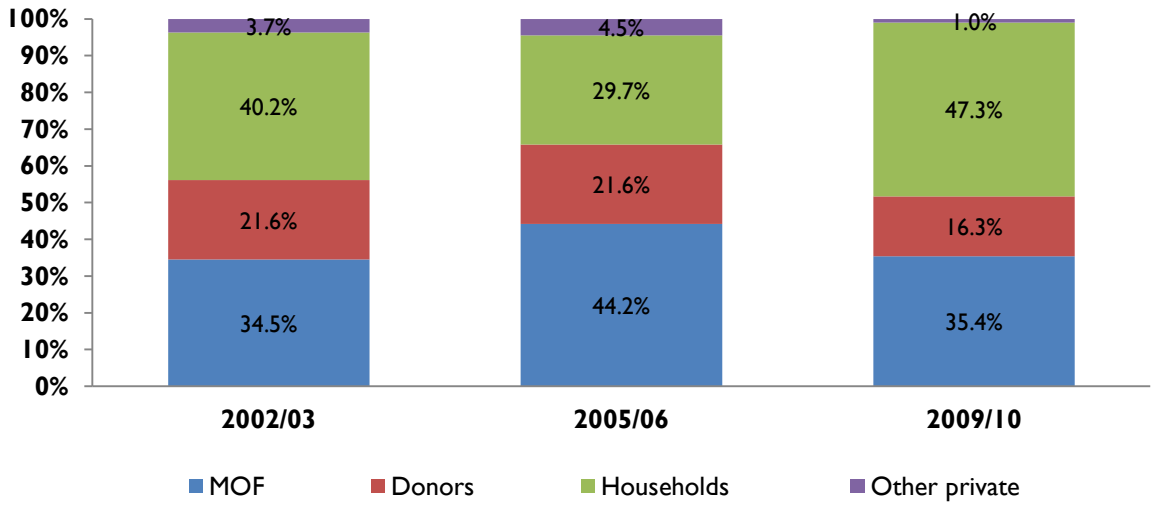
Indicators	2002/03	2005/06	2009/10
THE_{RH} (Mn Tshs)	105,802	191,236	415,874
THE_{RH} (Mn US$)	100	155	313
THE_{RH} as % of GDP	0.7%	0.8%	1.5%
THE_{RH} % of THE	13.7%	10.7%	17.9%
Financing Sources as a % of THE_{RH}			
Public (including Parastatals)	34.5%	44.2%	21.2%
Private	43.9%	34.2%	48.4%
Donor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

Indicators	2002/03	2005/06	2009/10
- Pharmacies	18.0%	13.2%	0.0%
- Traditional Healers	2.3%	1.4%	0.0%
FBO Facilities	9.2%	7.7%	17.3%
Providers of Public Health Programs	19.8%	25.4%	6.3%
Health Administration	11.3%	4.1%	0.2%
Others	7.2%	5.1%	0.0%
Functions Distribution as a % of THE_{RH}			
Inpatient Curative Care	21.2%	24.2%	36.6%
Outpatient Curative Care	20.6%	25.9%	51.1%
Pharmaceuticals	18.3%	13.4%	0.0%
Prevention and Public Health Services	20.1%	25.5%	7.5%
Health Administration and Health Insurance	11.6%	4.2%	0.2%
Capital Formation	0.0%	5.1%	4.6%
Others	8.2%	1.7%	0.0%

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

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

FIGURE 5.1: FINANCING SOURCES OF THE_{RH}



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

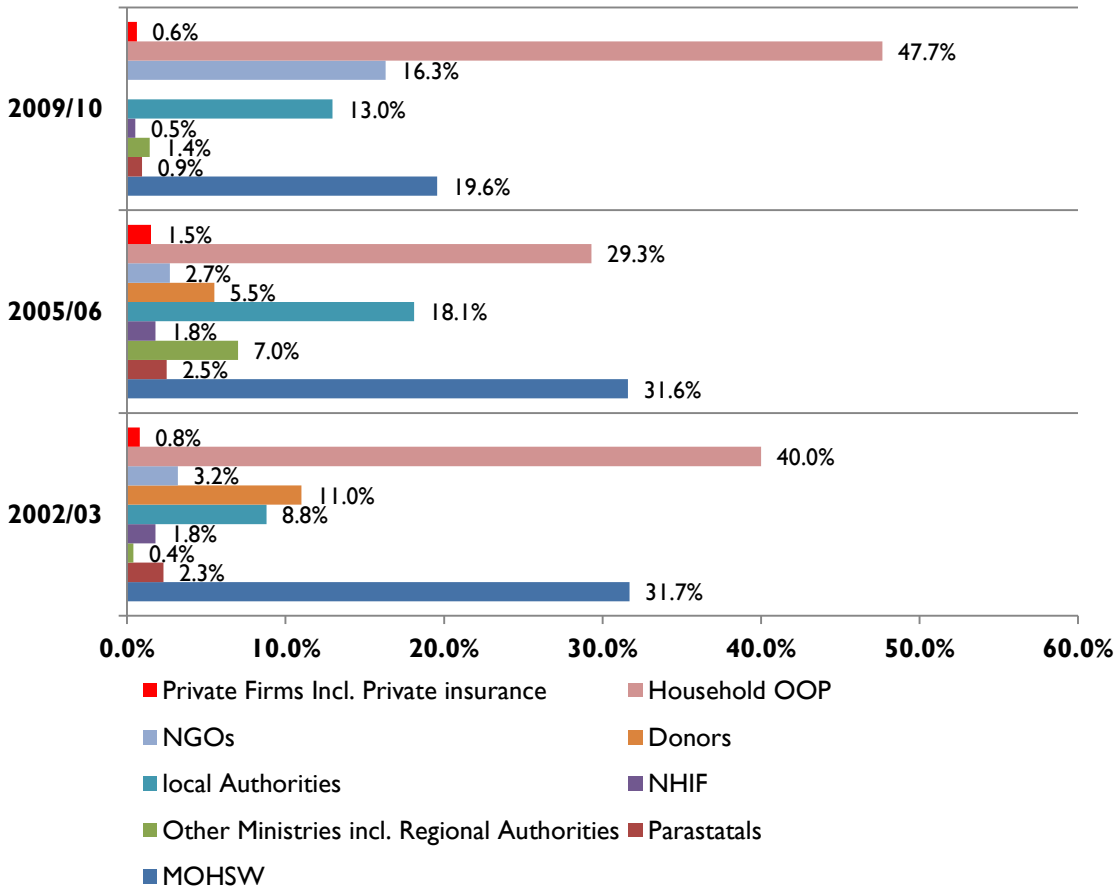
TABLE 5.2: ABSOLUTE VALUE OF THE_{RH} BY FINANCING SOURCE (MN TSHS)

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

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

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

FIGURE 5.2: FINANCING AGENTS OF THE_{RH}



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

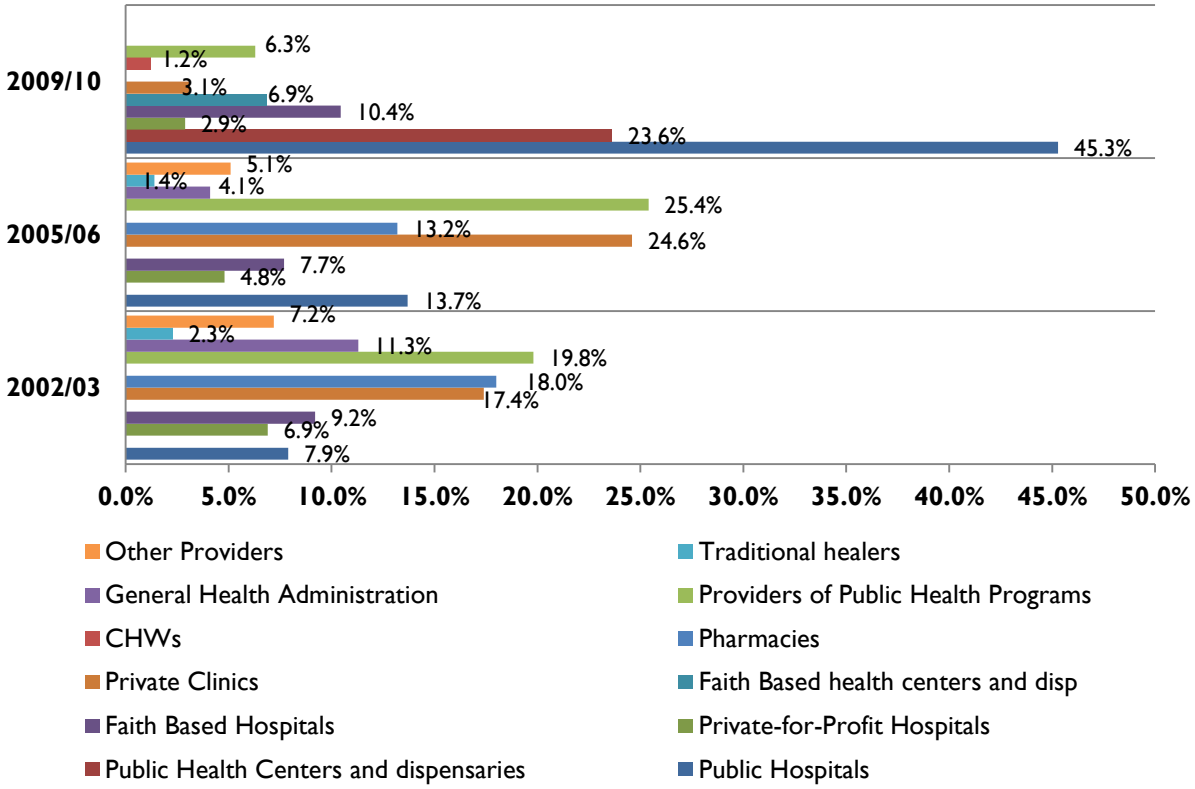
TABLE 5.3: ABSOLUTE VALUE OF THE_{RH} BY FINANCING AGENT (MN TSHS)

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

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

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

FIGURE 5.3: DISTRIBUTION OF THE_{RH} BY PROVIDER



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

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

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

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

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

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

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

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

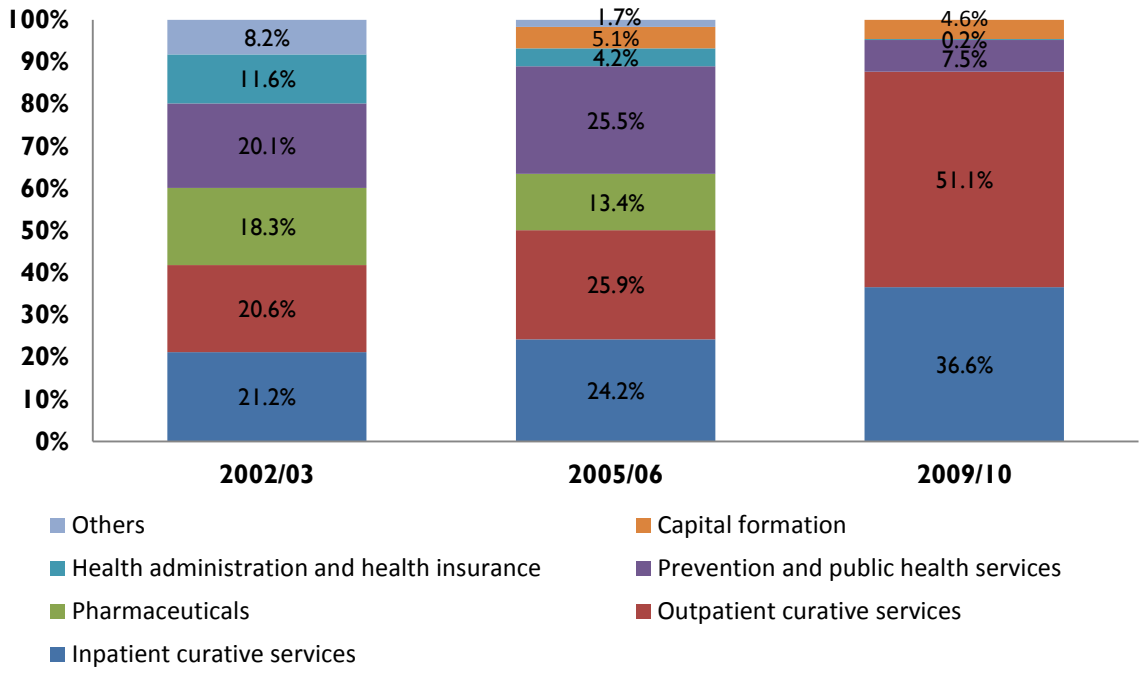


TABLE 5.5: ABSOLUTE VALUE OF THE_{RH} BY HEALTH FUNCTION (MN TSHS)

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

6. MALARIA SUBACCOUNT FINDINGS

6.1 INTRODUCTION

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

6.2 SUMMARY STATISTICS FOR MALARIA SUBACCOUNT EXPENDITURES

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

TABLE 6.0: MALARIA SUBACCOUNT SUMMARY STATISTICS

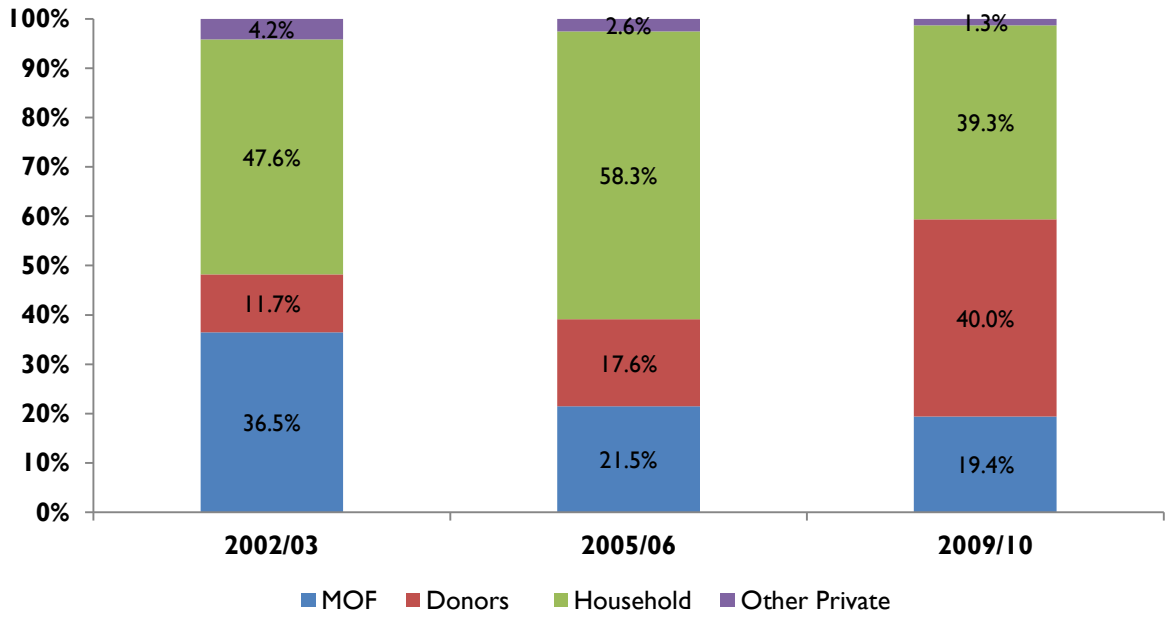
	2002/03	2005/06	2009/10
$THE_{Malaria}$ (Mn Tshs)	153,607	410,407	451,334
$THE_{Malaria}$ (Mn US$)	146	333	340
$THE_{Malaria}$ as % of THE	20.0%	23.1%	19.4%
$THE_{Malaria}$ % of GDP	1.6%	2.7%	1.6%
Financing Sources as a % of $THE_{Malaria}$			
Public	36.5%	21.5%	19.4%
Private	51.8%	60.9%	40.6%
Donors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

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

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

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

FIGURE 6.1: FINANCING SOURCES OF $THE_{MALARIA}$



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

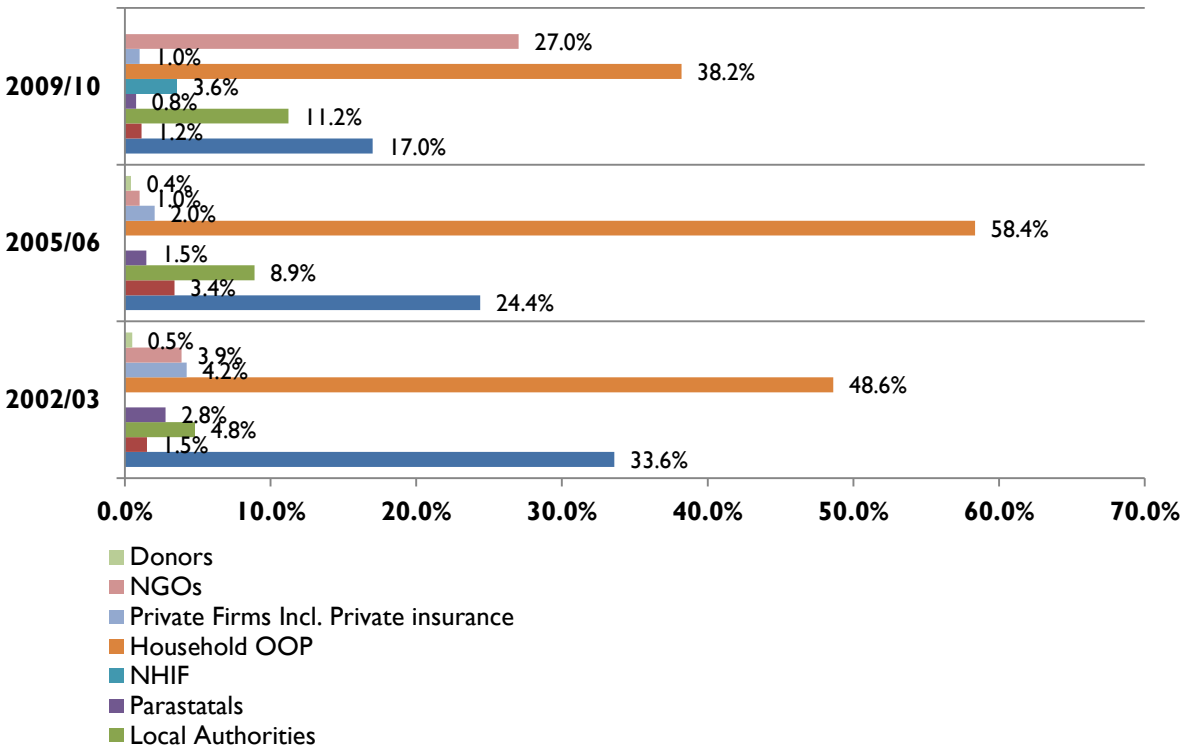
TABLE 6.2: ABSOLUTE VALUE OF $THE_{MALARIA}$ BY FINANCING SOURCE

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

6.4 FINANCING AGENTS: WHO MANAGES MALARIA FINANCES?

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

FIGURE 6.2: FINANCING AGENTS FOR $THE_{MALARIA}$



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

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

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

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

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

FIGURE 6.3: DISTRIBUTION OF $THE_{MALARIA}$ BY PROVIDER

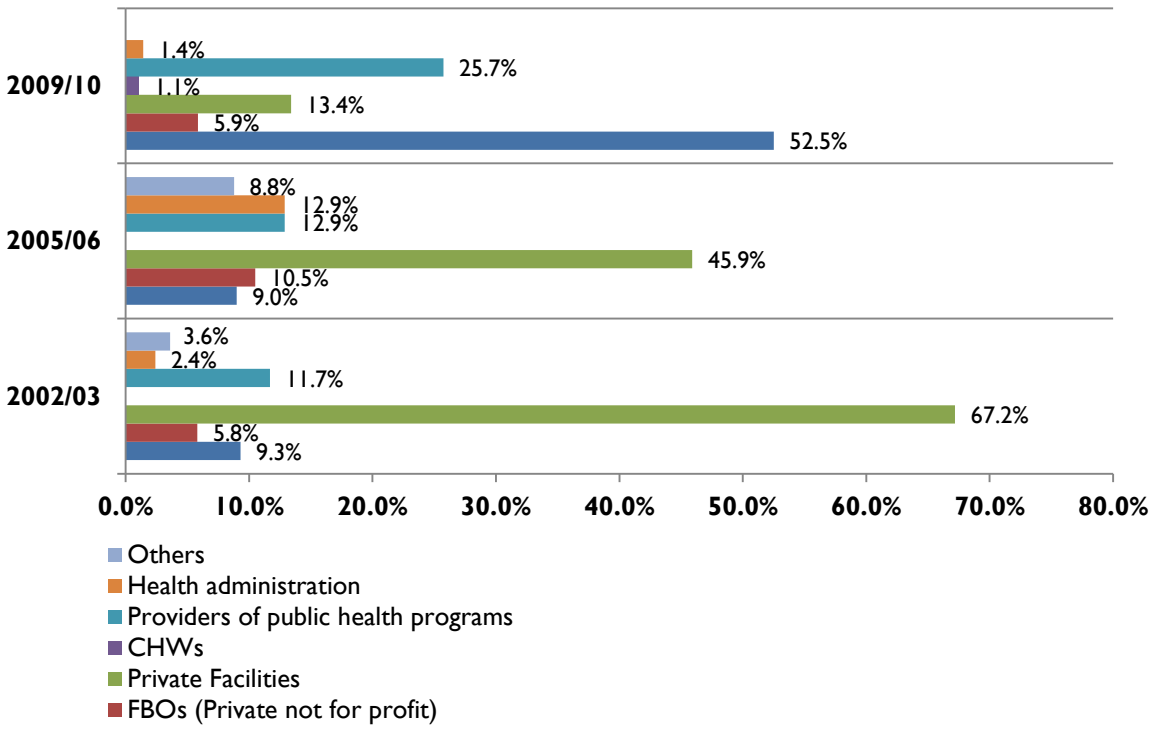


Table 6.4 shows the distribution of absolute values of $THE_{Malaria}$ for 2002/03, 2005/06, and 2009/10. The amount of $THE_{Malaria}$ in absolute values utilized at public hospitals increased by almost 300 percent between 2005/06 and 2009/10. Public health programs on malaria used 120 percent more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

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

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

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

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

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

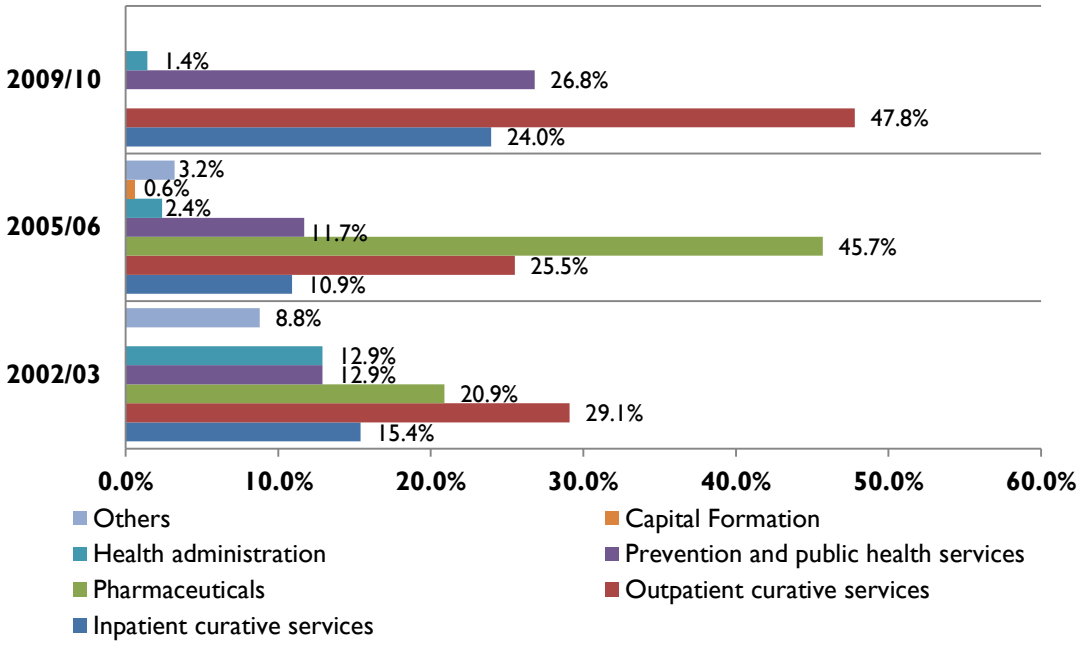


Table 6.5, which contains absolute values for $THE_{Malaria}$ by health function, shows that there was a 142 percent increase in $THE_{Malaria}$ used to purchase inpatient curative services in 2009/10 over 2005/06 levels. $THE_{Malaria}$ used on outpatient care increased by 106 percent between 2005/06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

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

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

7. CHILD HEALTH SUBACCOUNT FINDINGS

7.1 INTRODUCTION

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

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

7.2 SUMMARY STATISTICS FOR CHILD HEALTH SUBACCOUNT EXPENDITURES

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

TABLE 7.1: CHILD HEALTH SUBACCOUNT SUMMARY STATISTICS

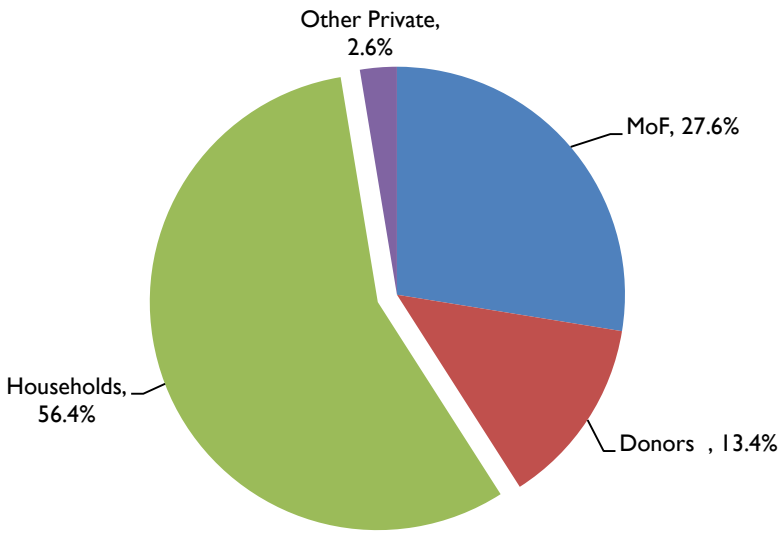
Indicator	2009/10
THE_{CH} (Mn Tshs)	218,741
THE_{CH} (Mn US$)	164.8
THE_{CH} per Child Under Age Five (US$)	22
Number of Children Under Age Five	7,127,600
THE_{CH} as % of GDP	0.8%
THE_{CH} as % of THE	9.4%
Financing Sources as a % of THE_{CH}	
Public (Including Parastatals)	27.6%
Private	59.1%
Donors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

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

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

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

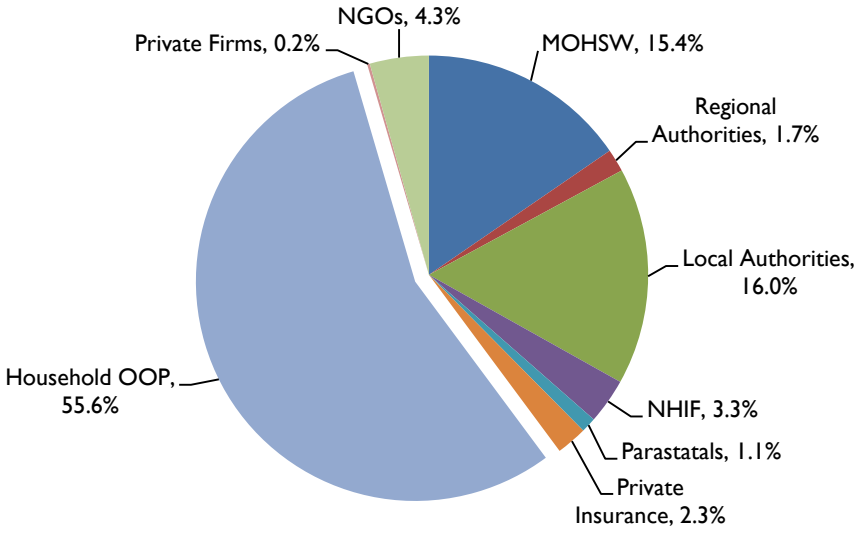
FIGURE 7.1: FINANCING SOURCES OF THE_{CH}, 2009/10



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

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

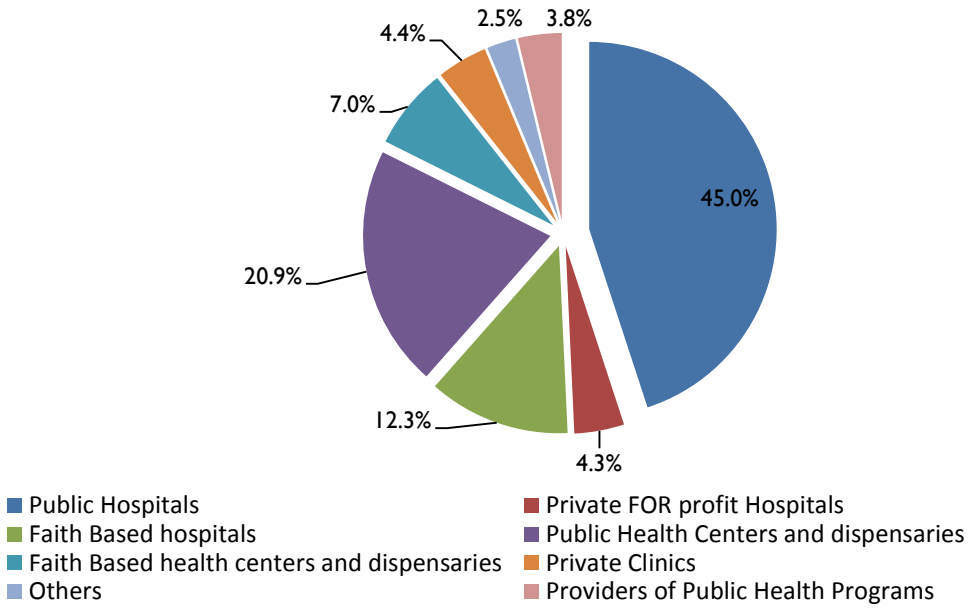
FIGURE 7.2: FINANCING AGENTS OF THE_{CH}, 2009/10



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

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

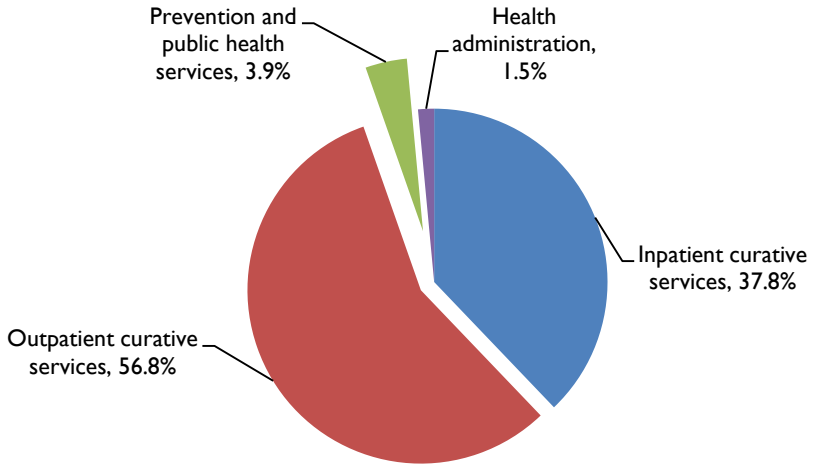
FIGURE 7.3: DISTRIBUTION OF THE_{CH} BY PROVIDER, 2009/10



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

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

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



8. POLICY RECOMMENDATIONS

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

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

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NHA TABLES

FINANCING SOURCES (FS)

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

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

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

GENERAL NHA - PROVIDERS BY FUNCTIONS (HP X HC)

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

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

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

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

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

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

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

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

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

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

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

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

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

RH- FINANCING AGENTS BY PROVIDERS (HF X HP)

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

RH - PROVIDERS BY FUNCTIONS (HP X HC)

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

RH - FINANCING AGENTS BY FUNCTIONS (HF X HC)

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

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

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

MALARIA- FINANCING AGENTS BY PROVIDERS (HF X HP)

HF X HP		FINANCING AGENTS (HF)									
		MOHSW	Regional Authorities	Local Government Authorities	NHIF	Private Insurance Enterprises	Household OOP	Non-profit institutions serving individuals (NGOs)	Parastatal Companies	Private Firms	Grand Total
PROVIDERS (HP)	Public Hospitals	40,933,255,135	5,208,127,785	14,241,063,274	3,304,819,464	328,607,122	80,344,511,006	1,617,764,286			145,978,148,071
	Private FOR profit Hospitals				1,674,059,742	1,840,105,447	4,900,791,573		3,445,727,854	604,730,442	12,465,415,058
	Faith Based hospitals				3,914,032,262	452,242,394	33,388,727,731				37,755,002,386
	CHWs							4,790,345,530			4,790,345,530
	Traditional Healers						70,596,519				70,596,519
	Public Health Centers and dispensaries	33,373,864,984		36,439,581,099	396,854,971	95,350,371	18,873,763,127	1,845,455,615			91,024,870,166
	Faith Based health centers and dispensaries				528,044,979	105,542,327	21,899,328,208				22,532,915,514
	Private Clinics				433,825,333	582,462,643	12,957,102,523				13,973,390,499
	Pharmacies				41,352,773	52,814,350					94,167,123
	Provision and administration of public health programs	2,426,594,918						113,770,014,314			116,196,609,231
	General health administration and insurance				5,920,601,617	532,102,686					6,452,704,303
	Grand Total	76,733,715,037	5,208,127,785	50,680,644,373	16,213,591,139	3,989,227,340	172,434,820,686	122,023,579,744	3,445,727,854	604,730,442	451,334,164,400

MALARIA - PROVIDERS BY FUNCTIONS (HP X HC)

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

MALARIA - FINANCING AGENTS BY FUNCTIONS (HF X HC)

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

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

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

CH- FINANCING AGENTS BY PROVIDERS (HF X HP)

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

CH - PROVIDERS BY FUNCTIONS (HP X HC)

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

CH - FINANCING AGENTS BY FUNCTIONS (HF X HC)

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