Republic of Botswana

NATIONAL HEALTH ACCOUNTS

BOTSWANA 2013/14 HEALTH ACCOUNTS: STATISTICAL REPORT

MINISTRY OF HEALTH AND WELLNESS
GABORONE

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ACRONYMS

BCWIS	Botswana Core Welfare Indicators Survey
CHE	Current Health Expenditure
HA	Health Accounts
HAPT	HA Production Tool
HFG	Health Finance and Governance
HIS	Health Information System
MoHW	Ministry of Health and Wellness
NGO	Nongovernmental organisation
OECD	Organisation for Economic Co-operation and Development
PEPFAR	President's Emergency Plan for AIDS Relief
SHA	System of Health Accounts
USAID	United States Agency for International Development
WHO	World Health Organization

1. PURPOSE AND CONTENT

This methodological note provides an overview of the System of Health Accounts 2011 framework used for the 2013/14 health accounts (HA) exercise. It provides a record of data collection approaches and results, analytical steps taken, and assumptions made. This note is intended for government HA practitioners and researchers.

2. HEALTH ACCOUNTS CONCEPTUAL FRAMEWORK AND METHODOLOGY

2.1 Conceptual Framework

2.1.1 Overview of Approach

The Botswana 2013/14 HA exercise was conducted between July 2015 and September 2016. The study covers the 2013/14 fiscal year (1 April 2013–31 March 2014). In mid-2015, the HA team, with representation from the Government of Botswana, the Health Finance and Governance (HFG) project, and the World Health Organization (WHO), began primary and secondary data collection. Collected data were then compiled, cleaned, triangulated, and reviewed. Data were imported into the HA Production Tool (HAPT) and mapped to each of the System of Health Accounts (SHA) 2011 classifications. The results of the analysis were verified with the Health Financing Technical Working Group on 9 October 2016 and the Ministry of Health and Wellness (MoHW) management on 10 October 10 2016. Participants involved in the production and validation of the results, and recommended for future HA workshops, are listed in Annex A.

In conducting the 2013/14 health accounts, Botswana's objective was to track the magnitude and flow of spending from all sources in the health system- including government, nongovernmental organisations (NGOs), employers, Medical Aid Schemes (MAS), donors, and households—down to how the funding was ultimately used to deliver health goods and services. The findings will help Botswana to gather evidence that supports the health financing strategy, and in identifying the existing health resource gaps, particularly for non-communicable diseases and HIV epidemic control. This work will also help the country to visualise the ways to realise its ambitious plans for achieving universal health coverage in a sustainable manner, by pointing out information gaps and shedding light on major decisions to be made.

For more information on the policy questions driving the estimation, as well as the compiled findings and their policy implications, please see the HA report (MoHW 2016).

2.1.2 Health Accounts Methodology

HA are part of an internationally recognised methodology used to track expenditures in a health system for a specified period of time. They follow the flow of funding for health from its origins to end use, answering questions such as: How are health care goods and services financed? Where are health care goods and services consumed by the population? What goods and services are financed? By breaking down health spending by different classifications, HA provide insight into issues such as whether resources are being allocated to national priorities, whether health spending is sufficient relative to need, the sustainability of health financing, and the extent to which households have financial risk protection. HA provide sound evidence for decision making and are a useful tool in informing health financing reforms.

The HA methodology is based on the SHA framework, which was developed and revised by key international stakeholders over the past two decades. First published in 2000 by the Organisation for Economic Co-operation and Development (OECD), Eurostat, and WHO, the framework was updated in 2011 (OECD et al. 2011). The SHA 2011 methodology improves on the original by strengthening the classifications, to support production of data for a more comprehensive look at health expenditure flows. The SHA 2011 is now the international standard for national-level health accounts estimations.

The SHA 2011 methodology was used to complete this health accounts estimation.

2.1.3 Boundary Definitions

The boundaries presented below define the HA estimation based on SHA 2011, and articulate which expenditures are included and excluded.

Health boundary: The boundary of "health" in the HA is "functional" in that it refers to activities whose primary purpose is disease prevention, health promotion, treatment, rehabilitation, and long-term care. Within this boundary are services provided directly to individual persons, and collective health care services covering traditional tasks of public health. Examples of personal health care services include facility-based care (curative, rehabilitative, and preventive treatments involving daytime or overnight visits to health care facilities); ancillary services to health care, such as laboratory tests and imaging services; and medical goods dispensed to patients. Examples of collective health care services include health promotion and disease prevention campaigns, as well as government and health insurance administration that targets large populations. National standards of accreditation and licensing delineate the boundary of health, to exclude SHA providers and services that are not licensed or accredited. For example, some traditional healers are not included within the boundary of health. Similarly, services for conditions that fall outside of the functional definition of health are not counted.

Health care-related and capital formation spending are tracked separately in SHA 2011. Health care-related activities are intended to improve the health status of the population, but their *primary purpose* lies elsewhere. Examples of health care-related activities include control of food, hygiene, and drinking water, and the social component of long-term care for the elderly. Capital formation of health care providers covers investment lasting more than a year, such as investment in infrastructure or machinery, as well as education and training of health staff, and research and development in health. Capital formation contrasts with "current health expenditure," which is completely consumed within the annual period of analysis.

Time boundary: The HA time boundary specifies that each analysis covers a one-year period and includes the value of the goods and services that were consumed during that period. HA include expenditure according to accrual accounting, by which expenditures are classified within the year they create economic value, rather than when the cash was received.

Space boundary: HA "focuses [sic] on the consumption of health care goods and services of the resident population irrespective of where this takes place" (OECD et al. 2011). This means that goods and services consumed by residents (citizens and non-citizens) are included, while goods and services consumed by non-residents in Botswana are excluded.

Disease boundary: HA according to SHA 2011 methodology focus on spending, on priority diseases, whose primary purpose is prevention, health promotion, treatment, rehabilitation, and long-term care. This boundary of disease spending does not include spending on other activities key to the priority disease responses, such as care for orphans and vulnerable children (e.g., education, community support, and institutional care); enabling environment programmes (e.g., advocacy, human rights programmes, and programmes focused on women and gender-based violence); and social protection and social

services (e.g., monetary benefits, social services, and income-generation projects). Although not within the core HA boundary, the spending data on HIV-related non-health services were tracked separately and provided in the 2013/2014 HA report (Botswana MoHW 2016).

Curative care boundary: Curative care starts with the onset of disease and encompasses health care during which the "principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function" (OECD et al. 2011). It includes inpatient, outpatient, home-based, and day curative care. Across each of these types, it also includes general and specialised curative care.

Inpatient vs. outpatient care boundary: Inpatient care involves a formal admission to a health care facility that involves an overnight stay after admission. Day care involves a formal admission to a health care facility where the patient is discharged the same day and does not require an overnight stay. Outpatient care is delivered from the health care providers' premises but does not involve a formal admission to a health care facility.

Prevention boundary: Prevention interventions start with an individual in a healthy condition and the aim is to "enhance health status and to maintain a condition of low risk of diseases, disorders or injuries—in other words, to prevent their occurrence, through vaccinations or an injury prevention programme, for example. Preventive interventions also cover individuals at specific risk and those who have either no symptoms of the disease or early signs and symptoms, where early case detection will assist in reducing the potential damage by enabling a more successful intervention. Take the examples of breast and prostate cancer, where age and sex affect the risk; certain lifestyle choices increase the risks, as smoking does for lung cancer" (OECD et al. 2011).

2.1.4 Definitions of the Classifications

The HA exercise involves analysing data on health expenditure according to a set of classifications, defined below. For additional details on the SHA 2011, please refer to the SHA 2011 Brief or the SHA 2011 manual (Cogswell et al. 2013, OECD et al. 2011.)

Financing schemes: The main funding mechanisms by which people obtain health services, answering the question "how are health resources managed and organised?" Financing schemes categorise spending according to criteria such as: mode of participation in the scheme (compulsory vs. voluntary), the basis for entitlements (contributory vs. non-contributory), the method for fundraising (taxes/compulsory pre-payments vs. voluntary payments), and the extent of risk pooling. Examples include government programmes, voluntary private insurance, and direct (i.e., out-of-pocket) payments by households for goods and services.

Revenue of financing schemes: The types of transactions through which funding schemes mobilise their income. Examples include transfers from the ministry of finance to governmental agencies, direct foreign financial transfers (e.g., external donors providing funds to NGOs), and voluntary prepayment from employers.

Financing agents: The institutional units that manage one or more health financing schemes. Examples include the MoHW, commercial insurance companies, NGOs, and international organisations.

Health care providers: Organisations and actors who provide medical goods and services as their main activity, as well as those for whom the provision of health care is only one activity among many others. Examples include hospitals, clinics, health centres, and pharmacies.

Health care functions: The goods and services consumed by health end-users. Examples include curative care; information, education, and counseling programs; medical goods such as supplies and pharmaceuticals; and governance and health system administration.

Factors of provision: The inputs to the production of health care goods and services by health care providers. Examples include compensation of employees, health care goods and services (e.g., pharmaceuticals, syringes, or lab tests used up as part of a curative or preventive contact with the health system), and non-health care goods and services (e.g., electricity and training).

Beneficiary characteristics: The groups that consume, or benefit from, the health care goods and services. Beneficiaries can be grouped in several ways, including disease, gender, and age classifications.

2.1.5 Health Accounts Aggregates and Indicators

The aggregates and indicators defined below are among those estimated as part of these HA. Some of these aggregates and indicators rely exclusively on HA estimates, while others require additional information from other sources. Some are used as part of other indicators—for example, total out-of-pocket spending on health as a percentage of total current health expenditure.

Total current health expenditure (CHE): Total current expenditure on health quantifies the economic resources spent on health functions, and represents final consumption on health goods and services by residents of the country within the year of estimation.

Gross capital formation: Gross capital formation on health is measured as the total value of assets that providers have acquired during the estimation year (less the value of sales of similar assets), and that are used for longer than one year in the provision of health services.

Total health expenditure:[1] The sum of current health spending and gross capital formation.

National health expenditure:[2] The sum of current health spending, health care-related spending, and gross capital formation.

Government spending on health as percentage of general government expenditure: Health expenditure financed by government agencies as a percentage of total government expenditure.

Total current health expenditure as percentage of gross domestic product: CHE as a percentage of gross domestic product.

Total current health expenditure per capita (CHE per capita): CHE divided by the population.

1 This aggregate is comparable to NHA and SHA 1.0 estimations.
2 This aggregate is not an internationally standardised indicator as part of the SHA 2011 methodology, but can have relevance for national-level policy making in Botswana.

2.2 Data Sources

2.2.1 Government Data

Government data were collected from the Ministry of Health and Wellness; Ministry of Education; Ministry of Local Government and Rural Development; Ministry of Defence, Justice, and Security (including the Defence Force, Police Service, and Prison Service); and the National AIDS Coordinating Agency.

Government data were obtained from the 2013/14 Estimates of Recurrent and Development Expenditures issued by the Ministry of Finance and Development Planning through the Government Accounting and Budgeting System.

2.2.2 Household Data

Data on household expenditures from the 2009/10 Botswana Core Welfare Indicators Survey (BCWIS) informed the estimates for 2013/14 of household out-of-pocket spending in Botswana. The goal was to understand the direct health payments made by households; i.e., patterns of health care use such as use of inpatient and outpatient care, and pharmaceuticals; choice of health care providers whether public or private; expenditure associated with purchasing health services; and the extent of health insurance coverage. The 2009/10 BCWIS collected household health expenditure data on "type of provider," "reason for last visit to the provider," "amount paid for consultation," and "amount paid for medicine and drugs."

The 2009/10 BCWIS, is the latest available household expenditure survey that has captured household spending on health. The Botswana health accounts team used the figure with adjustments since there have been no major policy changes since the 2009/10 BCWIS was conducted, and since the burden of disease has not shifted significantly during that time. The team in collaboration with Statistics Botswana extrapolated the 2009/10 results to 2013/14 using population growth and the change in medical inflation i.e. the change in price of medical goods and services.

2.2.3 Institutional Data

The HA team conducted primary data collection from the institutions below. A list of these organisations is provided in Annex B. Table 1 shows the response rate of organisations sampled.

- **Donors (both bilateral and multilateral donors):** To estimate the level of external funding for health programmes in Botswana, a list of all donors involved in the health sector was compiled through consultation with the MoHW and a survey was sent to each of them. Eight donors were identified and eight of them submitted their expenditure data. Because President's Emergency Plan for AIDS Relief (PEPFAR) expenditures are tracked according to the U.S. Government fiscal year, PEPFAR expenditures included in these HA covered the 2014 US Government fiscal year (October 1, 2013–September 30, 2014).
- **Nongovernmental organisations involved in health:** To estimate flows of health resources through NGOs that manage health programmes, a complete list of NGOs involved in the health sector was compiled through consultation with the MoHW and other key stakeholders. Ninety-nine NGOs were identified and all were sent a survey; 57 percent of these NGOs responded to the questionnaire.

- **Employers (including private for-profit entities and parastatals):** To estimate the extent to which employers provide health insurance through the workplace and the amount spent by employers to manage their own health facilities or run workplace programmes the health accounts team sampled and surveyed the employers.
- **Private for-profit entities:** A register from Statistics Botswana listing all companies in Botswana was used to select a sample of private companies. All companies employing 50 or more employees and registered, were eligible for selection. Stratified Probability Proportion to Size random sampling was used and the companies were stratified in accordance with their respective business activity/mandate (i.e., Mining; Financial; Hotels; Wholesale; Agriculture; Hunting and Forestry; Fishing; Manufacturing; Electricity, Gas and Water; Construction; Transport; Real Estate; Public Administration; Education; Health; Private Households; Foreign Missions; Other). A sample size was determined using the EPIInfo statistics calculator. With a total of 839 companies eligible for this survey (using the above criteria), a 95 percent confidence level, acceptable margin of error of 5 percent and an expected proportion of companies having an expenditure on health of 50, the calculated sample size was 264 companies. This was adjusted to 300 to allow for nonresponse. Systematic random sampling was further used to select individual companies. Due to inaccurate contact and address information for some of the employers in the sample, the team was able to contact only 287 employers. Of these, 30 percent responded to the survey.
- **Parastatals:** A list of parastatals was compiled through consultation with the MoHW and a survey was sent to each of them. 89 percent of the targeted parastatals responded.
- **Private medical aid schemes:** To estimate total expenditures on health by medical aid schemes and other health expenditure funds, a list of medical aid schemes providing medical and health coverage through risk-pooling mechanisms was compiled through consultation with the MoHW and other key stakeholders. All nine medical aid schemes identified were sent a survey and data were received from seven.

Table 1. Response Rate of Organisations Sampled

Target Group	Number of Organisations Targeted	Number of Respondents	Response Rate
NGOs	99	56	57%
Employers: private for-profit	287	88	31%
Employers: parastatals	36	32	89%
Donors	8	8	100%
Medical aid schemes	9	7	78%

2.2.4 Other Data

The HA team also gathered secondary data. These data included spending on health as well as use of services and unit cost data. Data on use of services and unit costs were used in order to calculate distribution keys (see below for more detail), which seek to break down spending aggregates to the level of detail required by the SHA 2011 framework. A list of secondary data sources used in this estimation is as follows:

- **Spending Data**
  - Government spending data came from the Ministry of Health and Wellness, Ministry of Education, Ministry of Local Government and Rural Development, Ministry of Defence, Justice, and Security (including the Defence Force, Police Service, and Prison Service), and the National AIDS Coordinating Agency.
  - The 2013/14 Estimates of Recurrent and Development Expenditures were issued by the Ministry of Finance and Development Planning.
  - The estimate of general government expenditure for 2013/14 came from the Statistics Botswana 2013/14 Annual Report (Statistics Botswana, 2013/14).
  - The estimate of gross domestic product for 2013/14 came from the Statistics Botswana 2013/14 Annual Report (Statistics Botswana, 2013/14).
  - The estimation of population for 2013/14 came from the Statistics Botswana 2013/14 Annual Report (Statistics Botswana, 2013/14).
  - Household expenditure data came from the 2010 Botswana Core Welfare Indicator Survey (Statistics Botswana 2013).
- **Utilisation Data**
  - 2010 utilisation data were from Botswana's Health Information System.
- **Unit Cost Data**
  - The WHO CHOICE database was used to identify the unit cost of inpatient bed-days and outpatient visits by level of care (e.g., hospitals vs. clinics vs. health posts) (WHO, n.d.).

2.3 Data Analysis

2.3.1 Weighting

Weights are used in the HA to extrapolate the survey responses to account for entities that were either not surveyed or did not return a survey.

Employer data were weighted back to the population following the sampling process used to select those that were surveyed.

The team did not apply any weights to NGOs. Given the variability in NGO spending and the limited knowledge about health-related NGO spending in Botswana, the team decided to err on the side of underestimating NGO spending. Furthermore, given that the majority of NGOs in Botswana receive funding predominantly from government and donors/development partners, nonresponse from the NGOs would largely be offset by the high response rates of the government and donors/development partners.

Due to the 100 percent response rate from donors, donor spending was not weighted, and the team did not weight the data from medical aid schemes either, because of their high response rate (78 percent).

2.3.2 Double-Counting

Double-counting occurs when two entities both report the same spending item: for example, spending on donor-funded health programmes administered by NGOs was reported both in donor surveys and in NGO surveys. In this example, both entities reported spending on the same programme, and if we did not adjust for double-counting the estimate of total spending would be too high. The HA analysis includes careful compilation from all data sources, and identification and management of instances when two data sources cover the same spending.

In the current health accounts analysis, data triangulation has been conducted and double-counting was removed between the following entities:

- Donor and donor
- Donor and government
- Donor and NGO
- Government and NGO
- NGO and NGO
- Employers and Medical Aid Schemes

2.3.3 Estimation and Application of Distribution Keys

Category	Keys
Age	• An overall age distribution was developed. • An age distribution for inpatient stays was developed. • An age distribution for outpatient visits was developed.

Disease	• An overall disease distribution was developed for inpatient stays.
	  • A disease distribution was developed specifically for inpatient stays at hospitals or clinics.
	• An overall disease distribution was developed for outpatient visits.
	  • A disease distribution was developed specifically for outpatient visits at health posts.
	  • A disease distribution was developed specifically for outpatient visits at clinics.
	  • A disease distribution was developed specifically for outpatient visits at primary hospitals.
	  • A disease distribution was developed specifically for outpatient visits at general and referral hospitals.

Health care function	• A distribution of spending by health care function was developed specifically for health posts. • A distribution of spending by health care function was developed specifically for clinics. • A distribution of spending by health care function was developed specifically for primary hospitals. • A distribution of spending by health care function was developed specifically for general and referral hospitals.

Some of the data collected as part of this HA exercise did not contain the level of detail required by the SHA 2011 methodology. In order to estimate this level of spending breakdown, "distribution keys" were developed to break down spending for the function, disease, and age classifications.

The following distribution keys were developed:

How they were calculated, data sources and assumptions:

1. Compiled use of services by level by function

   Use of health services by the level where these services were provided (i.e., health posts, clinics, primary hospitals, and general/referral hospitals) was captured from the Health Information System (HIS).

   In addition, HIS data provided a breakdown of use across function. The functional classifications included general inpatient curative care, general outpatient curative care, and prevention (including family planning, perinatal conditions, health condition monitoring, and immunisations). One item to note is that the HIS utilisation data excluded distribution of condoms; therefore, condom distribution was not included as part of the prevention activities in the function distribution key. As a result, the prevention function may be slightly underestimated in the distribution key.

   The inpatient data compiled was in terms of total length of days, while the outpatient data was in terms of visits.

2. Assigned unit costs to services used

   Unit costs were assigned to each type of service used, based on the WHO CHOICE cost estimations for 2008. Different unit costs were used for outpatient versus inpatient services across general/referral hospitals, primary hospitals and clinics, and health posts. This computation assumed that the cost of one inpatient bed-day at a general/referral hospital corresponded to the average unit cost of the same stay at a secondary and tertiary hospital from WHO CHOICE. It also assumed similar inpatient bed-day unit costs for primary hospitals and clinics in Botswana.

3. Calculated the price x quantity

   The total cost of health services provided at the different health facility levels was calculated using the price information derived in step 2 and the quantity of services determined in step 1.

4. Calculated functional distribution

   The information calculated in step 3 was then summarised according to the functional classifications at the different levels of care by adding the total cost per functional classification category. The functional classifications included general inpatient curative care, general outpatient curative care, and prevention (including family planning, perinatal conditions, health condition monitoring, and immunisations). The proportional share of the total costs by level of service provision was calculated for each functional classification category.

5. Compiled utilisation data by level by disease, and generated distribution key for inpatient and outpatient care

   These health accounts mark the first attempt to distribute the government's un-earmarked spending by disease category. The results should be interpreted in the light of the caveats and assumptions used in constructing the study. Because recent and comprehensive disease-specific unit cost data were lacking, the disease distribution keys were calculated based solely on utilisation (as opposed to the rest of the keys, which are based on the product of utilisation and unit cost).

Data on the use of health services were obtained from the MoHW Health Information System and categorised into the standard diseases and conditions as per the SHA 2011 methodology. Furthermore, the data captured the level in the system at which these services were provided (i.e., the inpatient or outpatient department at the general/referral hospital, primary hospital, clinic, and the outpatient department at the health post).

As the HIS admission information by disease did not provide the breakdown by facility, the team has developed a single disease distribution for admissions and used it across the different facilities' admissions.

6. Compiled utilisation data by age and generated distribution key for <5 and ≥5

   The age distribution was calculated based on information on use of services in outpatient and inpatient departments by age category as obtained from the MoHW Health Information System. It was assumed that the same ratio applies across facility level (i.e., hospitals, clinics, and health posts).

2.4 Use of the Health Accounts Production Tool

Throughout the HA process, the technical team used the HAPT, a software developed by WHO. The HAPT facilitates the planning and production of health accounts. It automates several previously time-consuming procedures—e.g., repeat mapping— and incorporates automatic quality checks. Its advantage also lies in providing a repository for HA data and HA tables that can be easily accessed by team members years after the production of health accounts. In addition, distribution keys and mapping decisions from previous years can be used to facilitate data analysis in subsequent years.

A list of all institutions to be surveyed was entered into the HAPT. All data collected was imported into the HAPT and was mapped to the SHA 2011's key classifications. The team used the Data Validation module in the HAPT to verify the final data and check for any errors, before generating the HA tables.

HAPT version 3.4.0.3 was used to complete this current health accounts exercise.

3. LIMITATIONS

Several challenges were encountered during the estimation process, and should be taken into consideration during future resource tracking exercises.

Low employer response rate and limitations of the sample: The response rate for private employers was low (31 percent), for reasons including some employers' reluctance to provide health expenditure data. The sample itself was less than fully representative, as originally envisaged as well. The list of employers used for the sample frame was not updated to clear-up the companies that have closed-down, companies with outdated contact information that could not be reached and a list that did not clearly organize enable distinguishing branches (subsidiaries) of companies with centralised financial/expenditure management services but registered under different names. Given the responses from the employers that responded revealed that medical aid as the main type of health benefit offered by employees and given that response rate from the medical aid is at 80 percent, the underestimation of employers is not expected to be big limitation.

This estimation took into account population growth and inflation rates; compared with 2009/10, the population figures were stable, and the economy saw deflation rather than inflation, and a decrease in household spending in both absolute and relative terms.

Data received did not contain detailed and disaggregated information needed for disease, provider, and function allocations. A significant portion of health expenditure data could not be allocated to any provider, function, or disease category, primarily because comprehensive information was not available. This resulted in expenditures being classified as "unspecified or other" categories.

Outdated health utilisation data were used. The data collection process revealed that Health Information Management Systems and expenditure recordkeeping systems in Botswana are fragmented and duplicative across the health sector. Health utilisation data for 2013/2014 were not readily available from the national Health Management Information System, so health utilisation data for 2010 were used.

The HIS utilisation data excluded distribution of condoms, so condom distribution was not included as part of the prevention activities in the function distribution key. As a result, the prevention function may be slightly underestimated in the distribution key.

Costing data by disease breakdown was not available; a split key was developed based on utilisation alone. Due to the lack of recent and comprehensive disease-specific unit cost data, the disease distribution keys were calculated based solely on utilisation (as opposed to the rest of the keys, which are based on the product of utilisation and unit cost).

4. HEALTH ACCOUNTS TABLES

Table 2: Recurrent Source by Agent

Currency: Botswana Pula (BWP)							
	Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	All FS.RI
Financing agents	Botswana Pula (BWP), Million	Government	Corporations	Households	NPISH	Rest of the world	Total
FA.1	**General government**	4,831.13				112.97	4,944.09
FA.1.1	Central government	4,831.13				108.44	4,939.57
FA.1.1.1	Ministry of Health and Wellness	4,191.15				98.24	4,289.39
FA.1.1.2	Other ministries and public units (belonging to central government)	639.98				10.20	650.18
FA.1.1.2.1	National AIDS Coordinating Agency	108.49				10.19	118.68
FA.1.1.2.2	Ministry of Local Government and Rural Development	430.25					430.25
FA.1.1.2.3	Ministry of Defence Justice and Security	99.73					99.73
FA.1.1.2.nec	Other ministries and public units (belonging to central government)	1.52				0.01	1.53
FA.1.9	All other general government units	0.00				4.53	4.53
FA.2	**Insurance corporations**		604.38	572.42			1,176.80
FA.3	**Corporations (Other than insurance corporations) (part of HF.RI.1.2)**		659.64				659.64
FA.3.2.1	Public Corporations (Other than providers of health services)		44.77				44.77
FA.3.2.2	Private Corporations (Other than providers of health services)		614.57				614.57
FA.3.2.nec	Other Corporations (Other than providers of health services)		0.30				0.30
FA.4	**Non-profit institutions serving households (NPISH)**	78.57	0.23		1.55	114.59	194.94
FA.5	**Households**			328.02			328.02
FA.6	**Rest of the world**					285.99	285.99
All FA	**Total**	4,909.70	1,264.25	900.44	1.55	513.54	7,589.48

Table 3: Capital Source by Agent

Financing agents	Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.4	FS.RI.1.5	All FS.RI
	Botswana Pula (BWP), Million	Government	Corporations	NPISH	Rest of the world	
FA.1	**General government**	192.30				192.30
FA.1.1.1	Ministry of Health and Wellness	156.86				156.86
FA.1.1.2	Other ministries and public units (belonging to central government)	35.44				35.44
FA.3	**Corporations (Other than insurance corporations) (part of HF.RI.1.2)**		9.17			9.17
FA.3.2	Corporations (Other than providers of health services)		9.17			9.17
FA.3.2.1	Public Corporations (Other than providers of health services)		0.02			0.02
FA.3.2.2	Private Corporations (Other than providers of health services)		9.15			9.15
FA.4	**Non-profit institutions serving households (NPISH)**	1.43		0.05	0.33	1.81
FA.6	**Rest of the world**				8.76	8.76
All FA		193.73	9.17	0.05	9.09	212.04

Table 4: Recurrent Agent by Provider

Health care providers	*Botswana Pula (BWP), Million*	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health and Wellness	FA.1.1.2 Other ministries and public units (belonging to central government)	FA.1.9 All other general government units	FA.2 Insurance corporations	FA.3 Corporations (Other than insurance corporations) (part of HF.R1.1.2)	FA.3.2 Corporations (Other than providers of health services)	FA.3.2.1 Public Corporations (Other than providers of health services)	FA.3.2.2 Private Corporations (Other than providers of health services)	FA.3.2.nec Other Corporations (Other than providers of health services)	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	All FA
HP.1	**Hospitals**	**2,245.84**	**2,245.84**	**2,245.72**	**0.12**		**568.98**	**442.08**	**442.08**	**0.03**	**442.05**		**70.30**	**20.25**		**3,347.45**
HP.1.1	General hospitals	**2,160.33**	2,160.33	2,160.21	0.12		**568.73**	**442.08**	442.08	0.03	442.05		**70.30**	**20.25**		**3,261.70**
HP.1.1.1	Public hospitals	**2,048.47**	2,048.47	2,048.47			**265.75**	**442.08**	442.08	0.03	442.05		**70.30**	**5.70**		**2,832.31**
HP.1.1.1.1	Referral hospitals	**656.99**	656.99	656.99				**0.03**	0.03	0.03			**10.08**			**667.10**
HP.1.1.1.2	District hospitals	**654.14**	654.14	654.14				**442.05**	442.05		442.05		**10.05**			**1,106.23**
HP.1.1.1.3	Primary hospitals	**455.20**	455.20	455.20									**10.05**			**465.25**
HP.1.1.1.nec	Other Public hospitals	**282.16**	282.16	282.16			**265.75**						**40.12**	**5.70**		**593.73**
HP.1.1.2	Private hospitals	**111.73**	111.73	111.73			**302.98**							**5.69**		**420.41**
HP.1.1.2.1	Private-for-profit hospitals						**152.58**							**5.57**		**158.15**
HP.1.1.2.2	Private-not-for-profit hospitals	**111.73**	111.73	111.73										**0.12**		**111.85**
HP.1.1.2.nec	Other Private hospitals						**150.40**									**150.40**
HP.1.1.nec	Other General hospitals	**0.12**	0.12		0.12									**8.86**		**8.98**
HP.1.2	Mental health hospitals	**83.13**	83.13	83.13												**83.13**
HP.1.3	Specialised hospitals (Other than mental health hospitals)	**2.33**	2.33	2.33			**0.24**									**2.58**
HP.1.nec	Unspecified hospitals (n.e.c.)	**0.04**	0.04	0.04												**0.04**
HP.2	**Residential long-term care facilities**	**13.18**	**13.18**		**13.18**								**8.03**			**21.20**
	Other residential long-term care facilities	**13.18**	13.18		13.18								**8.03**			**21.20**

Health care providers	*Botswana Pula (BWP), Million*	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health and Wellness	FA.1.1.2 Other ministries and public units (belonging to central government)	FA.1.9 All other general government units	FA.2 Insurance corporations	FA.3 Corporations (Other than insurance corporations) (part of HF.RI.1.2)	FA.3.2 Corporations (Other than providers of health services)	FA.3.2.1 Public Corporations (Other than providers of health services)	FA.3.2.2 Private Corporations (Other than providers of health services)	FA.3.2.nec Other Corporations (Other than providers of health services)	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	All FA
HP.3	**Providers of ambulatory health care**	**1,528.25**	**1,528.25**	**1,099.93**	**428.32**		**212.06**	**14.05**	**14.05**		**14.05**		**16.16**	**296.01**	**97.84**	**2,164.36**
HP.3.1	Medical practices	**9.58**	9.58	9.58				**0.13**	0.13		0.13			**243.82**		**253.53**
HP.3.3	Other health care practitioners	**10.18**	10.18	10.18										**37.47**		**47.65**
HP.3.4	Ambulatory health care centres	**1,094.22**	1,094.22	1,076.73	17.48		**212.06**	**13.92**	13.92		13.92		**0.35**	**14.72**		**1,335.26**
HP.3.4.1	Family planning centres	**2.27**	2.27	2.27												**2.27**
HP.3.4.5	Clinics	**1,045.78**	1,045.78	1,028.30	17.48		**30.39**	**13.92**	13.92		13.92		**0.30**	**13.95**		**1,104.35**
HP.3.4.5.1	Public clinics	**1,045.78**	1,045.78	1,028.30	17.48									**11.01**		**1,056.79**
HP.3.4.5.2	Private clinics							**13.92**	13.92		13.92			**2.87**		**16.79**
HP.3.4.5.nec	Other Clinics						**30.39**						**0.30**	**0.07**		**30.77**
HP.3.4.6	Health posts													**0.77**		**0.77**
HP.3.4.9	All Other ambulatory centres	**46.17**	46.17	46.17			**181.66**						**0.04**			**227.87**
HP.3.5	Providers of home health care services	**374.28**	374.28	3.44	370.84								**0.99**			**375.27**
HP.3.nec	Unspecified providers of ambulatory health care (n.e.c.)	**40.00**	40.00		40.00								**14.83**		**97.84**	**152.66**
HP.4	**Providers of ancillary services**	**44.35**	**44.35**	**44.35**									**1.44**		**28.80**	**74.58**
HP.4.1	Providers of patient transportation and emergency rescue	**0.18**	0.18	0.18												**0.18**
HP.4.2	Medical and diagnostic laboratories	**40.05**	40.05	40.05											**27.83**	**67.88**
HP.4.9	Other providers of ancillary services	**4.11**	4.11	4.11									**1.44**		**0.97**	**6.52**

Health care providers	*Botswana Pula (BWP), Million*	FA.1 General government	FA.1.1 Central government	FA.1.1.1 Ministry of Health and Wellness	FA.1.1.2 Other ministries and public units (belonging to central government)	FA.1.9 All other general government units	FA.2 Insurance corporations	FA.3 Corporations (Other than insurance corporations) (part of HF.RI.1.2)	FA.3.2 Corporations (Other than providers of health services)	FA.3.2.1 Public Corporations (Other than providers of health services)	FA.3.2.2 Private Corporations (Other than providers of health services)	FA.3.2.nec Other Corporations (Other than providers of health services)	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	FA.6 Rest of the world	All FA
HP.5	**Retailers and Other providers of medical goods**	**31.41**	**31.41**	**31.41**			**240.01**	**0.33**	**0.33**	**0.27**	**0.06**			**11.75**		**283.49**
HP.5.1	Pharmacies						**240.01**	**0.33**	0.33	0.27	0.06			**11.75**		**252.08**
HP.5.9	All Other miscellaneous sellers and Other suppliers of pharmaceuticals and medical goods	**31.41**	31.41	31.41												**31.41**
HP.6	**Providers of preventive care**	**290.02**	**285.50**	**170.49**	**115.00**	**4.53**		**1.75**	**1.75**	**1.66**	**0.10**		**37.84**		**108.43**	**438.05**
HP.7	**Providers of health care system administration and financing**	**650.10**	**650.10**	**640.18**	**9.92**		**149.06**						**16.77**		**47.23**	**863.15**
HP.7.1	Government health administration agencies	**650.10**	650.10	640.18	9.92											**650.10**
HP.7.3	Private health insurance administration agencies						**149.06**									**149.06**
HP.7.9	Other administration agencies												**16.77**		**47.23**	**63.99**
HP.8	**Rest of economy**	**3.25**	**3.25**	**3.25**	**0.00**			**14.94**	**14.94**	**9.55**	**5.37**	**0.03**	**28.74**	**0.01**		**46.94**
HP.8.1	Households as providers of home health care												**28.55**			**28.55**
HP.8.2	All Other industries as secondary providers of health care	**0.80**	0.80	0.80				**14.94**	14.94	9.55	5.37	0.03		**0.01**		**15.75**
HP.8.3	Community health workers (or village health worker, community health aide, etc.)	**2.45**	2.45	2.45	0.00								**0.19**			**2.64**
HP.9	**Rest of the world**														**3.71**	**3.71**
HP.nec	**Unspecified health care providers (n.e.c.)**	**137.70**	**137.70**	**54.07**	**83.63**		**6.70**	**186.48**	**186.48**	**33.26**	**152.95**	**0.27**	**15.66**			**346.54**
All HP		**4,944.09**	**4,939.57**	**4,289.39**	**650.18**	**4.53**	**1,176.80**	**659.64**	**659.64**	**44.77**	**614.57**	**0.30**	**194.94**	**328.02**	**285.99**	**7,589.48**

Table 5: Capital Agent by Provider

	Financing agents	FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.3	FA.3.2	FA.3.2.1	FA.3.2.2	FA.4	FA.6	All FA
Health care providers	*Botswana Pula (BWP), Million*	General government	Central government	Ministry of Health and Wellness	Other ministries and public units (belonging to central government)	Corporations (Other than insurance corporations) (part of HF.R1.2)	Corporations (Other than providers of health services)	Public Corporations (Other than providers of health services)	Private Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Rest of the world	
HP.1	Hospitals	52.45	52.45	52.45		9.08	9.08		9.08			61.53
HP.2	Residential long-term care facilities									0.32		0.32
HP.3	Providers of ambulatory health care	0.06	0.06		0.06						0.16	0.21
HP.4	Providers of ancillary services	67.60	67.60	67.60							7.48	75.08
HP.5	Retailers and Other providers of medical goods	0.83	0.83	0.83								0.83
HP.6	Providers of preventive care	0.19	0.19	0.19						1.06	1.12	2.38
HP.7	Providers of health care system administration and financing	35.79	35.79	35.79								35.79
HP.8	Rest of economy					0.02	0.02		0.02			0.02
HP.nec	Unspecified health care providers (n.e.c.)	35.38	35.38		35.38	0.07	0.07	0.02	0.05	0.44		35.89
All HP		192.30	192.30	156.86	35.44	9.17	9.17	0.02	9.15	1.81	8.76	212.04

Table 6: Recurrent Agent by Function

Health care functions	*Botswana Pula (BWP), Million*	FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.9	FA.2	FA.3	FA.3.2.1	FA.3.2.2	FA.3.2.nec	FA.4	FA.5	FA.6	All FA
		General government	Central government	Ministry of Health and Wellness	Other ministries and public units (belonging to central government)	All other general government units	Insurance corporations	Corporations (Other than insurance corporations) (part of HF.R1.1.2)	Public Corporations (Other than providers of health services)	Private Corporations (Other than providers of health services)	Other Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	Rest of the world	
HC.1	**Curative care**	**2,800.39**	**2,800.39**	**2,729.30**	**71.09**		**724.16**	**467.10**	**5.63**	**461.44**	**0.03**	**0.30**	**316.27**	**97.84**	**4,406.07**
HC.1.1	Inpatient curative care	**1,598.70**	1,598.70	1,598.50	0.20		**425.49**	**309.73**	0.03	309.69		**0.00**	**5.75**		**2,339.67**
HC.1.3	Outpatient curative care	**1,125.24**	1,125.24	1,107.92	17.32		**298.67**	**157.37**	5.60	151.74	0.03	**0.30**	**310.53**	**93.27**	**1,985.39**
HC.1.4	Home-based curative care	**55.80**	55.80	2.24	53.56										**55.80**
HC.1.nec	Unspecified curative care (n.e.c.)	**20.65**	20.65	20.65										**4.56**	**25.21**
HC.2	**Rehabilitative care**	**46.96**	**46.96**	**46.96**								**19.60**			**66.56**
HC.2.1	Inpatient rehabilitative care											**9.06**			**9.06**
HC.2.2	Day rehabilitative care											**8.17**			**8.17**
HC.2.nec	Unspecified rehabilitative care (n.e.c.)	**46.96**	46.96	46.96								**2.38**			**49.34**
HC.3	**Long-term care (health)**	**8.60**	**8.60**		**8.60**										**8.60**
HC.3.3	Outpatient long-term care (health)	**0.04**	0.04		0.04										**0.04**
HC.3.4	Home-based long-term care (health)	**8.55**	8.55		8.55										**8.55**
HC.4	**Ancillary services (non-specified by function)**	**41.01**	**41.01**	**40.98**	**0.03**							**0.88**		**28.80**	**70.69**
HC.4.1	Laboratory services	**36.68**	36.68	36.68								**0.88**		**28.80**	**66.36**
HC.4.3	Patient transportation	**0.21**	0.21	0.18	0.03										**0.21**
HC.4.nec	Unspecified ancillary services (n.e.c.)	**4.11**	4.11	4.11											**4.11**
HC.5	**Medical goods (non-specified by function)**	**33.60**	**33.60**	**31.41**	**2.19**		**240.01**	**0.06**		**0.06**			**11.75**		**285.41**
HC.5.1	Pharmaceuticals and Other medical non-durable goods	**0.04**	0.04		0.04		**240.01**	**0.06**		0.06					**240.11**
HC.5.2	Therapeutic appliances and Other medical goods	**0.03**	0.03	0.03											**0.03**
HC.5.nec	Unspecified medical goods (n.e.c.)	**33.52**	33.52	31.37	2.15								**11.75**		**45.27**
HC.6	**Preventive care**	**1,290.02**	**1,285.50**	**800.23**	**485.26**	**4.53**	**0.27**	**27.25**	**14.46**	**12.79**		**123.06**		**108.52**	**1,549.12**

		FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.1.9	FA.2	FA.3	FA.3.2.1	FA.3.2.2	FA.3.2.nec	FA.4	FA.5	FA.6	All FA
Health care functions	*Botswana Pula (BWP), Million*	General government	Central government	Ministry of Health and Wellness	Other ministries and public units (belonging to central government)	All other general government units	Insurance corporations	Corporations (Other than insurance corporations) (part of HF.R1.1.2)	Public Corporations (Other than providers of health services)	Private Corporations (Other than providers of health services)	Other Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Households	Rest of the world	
HC.6.1	Information, education and counseling (IEC) programmes	52.20	51.29	29.78	21.51	0.91		**9.68**	6.54	3.15		38.17			100.05
HC.6.2	Immunisation programmes	134.76	134.76	134.76			**0.01**					5.91			140.68
HC.6.3	Early disease detection programmes	0.34	0.34	0.34	0.00			**0.23**	0.16	0.06				37.22	37.79
HC.6.4	Healthy condition monitoring programmes	344.10	344.10	344.10			**0.21**	**1.56**	1.56			32.21			378.08
HC.6.5	Epidemiological surveillance and risk and disease control programmes	618.44	614.81	161.68	457.26	3.62		**8.64**		8.64		38.20		59.83	725.10
HC.6.5.1	Planning & Management	78.16	78.16	78.16								2.38		0.10	80.64
HC.6.5.2	Monitoring & Evaluation (M&E)	77.06	75.25	32.51	42.74	1.81						31.90			108.95
HC.6.5.3	Procurement & supply management	0.01	0.01	0.01				**8.64**		8.64		1.42			10.08
HC.6.5.4	HIV Realted Preventive Interventions	448.78	446.97	36.92	410.04	1.81						2.46		57.10	508.34
HC.6.nec	Unspecified preventive care (n.e.c.)	140.18	140.26	129.56	10.62		**0.05**	**7.14**	6.21	0.93		8.58		11.47	167.42
HC.7	**Governance, and health system and financing administration**	**638.52**	**638.52**	**636.68**	**1.85**		**149.06**					**16.68**		**47.23**	**851.49**
HC.7.1	Governance and Health system administration	638.52	638.52	636.68	1.85							**16.28**		**47.23**	**702.03**
HC.7.2	Administration of health financing						97.32								**97.32**
HC.7.nec	Unspecified governance, and health system and financing administration (n.e.c.)						51.74					**0.40**			**52.14**
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	**84.99**	**84.99**	**3.83**	**81.16**		**63.30**	**165.23**	**24.68**	**140.29**	**0.27**	**34.40**		**3.61**	**351.54**
All HC		**4,944.09**	**4,939.57**	**4,289.39**	**650.18**	**4.53**	**1,176.80**	**659.64**	**44.77**	**614.57**	**0.30**	**194.94**	**328.02**	**285.99**	**7,589.48**
Memorandum items: Health care functions related items (HIV)															**0.00**
HCR.2	Health promotion with multi-sectoral approach	**4.01**	4.01									**6.06**		**28.15**	**38.22**
HCR.3	Stigma reduction programme											**0.05**			**0.05**

Table 7: Capital Agent by Function

	Financing agents	FA.1	FA.1.1	FA.1.1.1	FA.1.1.2	FA.3	FA.3.2	FA.3.2.1	FA.3.2.2	FA.4	FA.6	FA.6.1	All FA
Capital Account	*Botswana Pula (BWP), Million*	General government	Central government	Ministry of Health and Wellness	Other ministries and public units (belonging to central government)	Corporations (Other than insurance c orporations) (part of HF.R1.2)	Corporations (Other than providers of health services)	Public Corporations (Other than providers of health services)	Private Corporations (Other than providers of health services)	Non-profit institutions serving households (NPISH)	Rest of the world	International organizations	
HK.1	**Gross capital formation**	**192.30**	**192.30**	**156.86**	**35.44**	**9.17**	**9.17**	**0.02**	**9.15**	**1.70**	**8.76**	**8.76**	211.93
HK.1.1.1	Infrastructure	**1.65**	1.65	1.65		**0.02**	0.02		0.02	**0.13**	**2.67**	2.67	4.46
HK.1.1.2	Machinery and equipment	**190.65**	190.65	155.22	35.44	**9.15**	9.15	0.02	9.13	**1.57**	**6.09**	6.09	207.47
HK.1.1.2.1	Medical equipment	**152.67**	152.67	117.67	35.00	**9.10**	9.10	0.02	9.08	**0.03**			161.79
HK.1.1.2.2	Transport equipment	**26.16**	26.16	26.16		**0.05**	0.05		0.05	**0.29**			26.50
HK.1.1.2.3	ICT equipment	**4.32**	4.32	4.12	0.20					**0.40**			4.72
HK.1.1.2.4	Machinery and equipment n.e.c.	**7.51**	7.51	7.28	0.23					**0.86**	**6.09**	6.09	14.46
HK.nec	**Unspecified gross fixed capital formation (n.e.c.)**									**0.11**	**0.00**	**0.00**	0.11
All HK		**192.30**	**192.30**	**156.86**	**35.44**	**9.17**	**9.17**	**0.02**	**9.15**	**1.81**	**8.76**	**8.76**	212.04
Memorandum items													
HKR.4	Research and development in health	**0.25**	0.25	0.25						**3.96**			4.20
HKR.5	Education and training of health personnel	**4.74**	4.74	4.05	0.70						**2.97**	2.97	7.72

Table 8: Recurrent Source by Disease

	Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.3	FS.RI.1.4	FS.RI.1.5	All FS.RI
Classific-tion of diseases / conditions	*Botswana Pula (BWP), Million*	Government	Corporations	Households	NPISH	Rest of the world	
DIS.1	**Infectious and parasitic diseases**	**1,785.65**	**132.02**	**163.27**	**0.17**	**493.91**	**2,645.57**
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	734.25	34.95	28.73	0.17	484.39	**1,353.04**
DIS.1.2	Tuberculosis (TB)	54.98	6.50	7.07		2.08	**70.63**
DIS.1.3	Malaria	12.81	1.92	1.74		0.25	**16.72**
DIS.1.4	Respiratory infections	450.12	47.75	79.28			**577.14**
DIS.1.5	Diarrheal diseases	101.01	12.33	13.06			**126.40**
DIS.1.6	Neglected tropical diseases	6.67	0.80	0.77			**8.24**
DIS.1.7	Vaccine preventable diseases	197.32	5.53	5.44		4.66	**212.95**
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	228.51	22.24	27.18		2.52	**280.45**
DIS.2	**Reproductive health**	**855.13**	**35.62**	**33.94**		**4.65**	**929.34**
DIS.2.1	Maternal conditions	653.83	34.74	33.39		0.99	**722.95**
DIS.2.2	Perinatal conditions	98.46	0.00	0.01			**98.47**
DIS.2.3	Contraceptive management (family planning)	97.46	0.00	0.00		2.52	**99.98**
DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	5.38	0.87	0.54		1.15	**7.94**
DIS.3	**Nutritional deficiencies**	**26.54**	**2.42**	**2.42**		**0.20**	**31.58**
DIS.4	**Noncommunicable diseases**	**853.19**	**107.40**	**111.53**		**3.21**	**1,075.33**
DIS.4.1	Neoplasms	62.36	7.48	7.20		0.50	**77.54**
DIS.4.2	Endocrine and metabolic disorders	85.17	13.66	11.34			**110.17**
DIS.4.3	Cardiovascular diseases	299.68	38.18	46.49			**384.35**
DIS.4.4	Mental & behavioural disorders, and Neurological conditions	107.26	12.10	11.90		2.13	**133.40**
DIS.4.5	Respiratory diseases	5.42	1.02	0.96			**7.39**
DIS.4.6	Diseases of the digestive	76.58	9.19	8.84			**94.61**
DIS.4.7	Diseases of the genito-urinary system	90.36	10.84	10.43			**111.63**
DIS.4.8	Sense organ disorders	47.57	5.48	5.28			**58.33**
DIS.4.9	Oral diseases	5.44	0.65	0.63			**6.72**
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	73.36	8.80	8.47		0.58	**91.20**
DIS.5	**Injuries**	**266.70**	**153.15**	**29.60**			**449.44**
DIS.6	**Non-disease specific**	**247.26**	**6.32**	**6.30**		**3.27**	**263.16**
DIS.nec	**Other and unspecified diseases/conditions (n.e.c.)**	**875.22**	**827.33**	**553.38**	**1.38**	**8.30**	**2,265.61**
All DIS		**4,909.70**	**1,264.25**	**900.44**	**1.55**	**513.54**	**7,589.48**

Table 9: Capital Source by Disease

	Institutional units providing revenues to financing schemes	FS.RI.1.1	FS.RI.1.2	FS.RI.1.4	FS.RI.1.5	All FS.RI
Classification of diseases / conditions	*Botswana Pula (BWP), Million*	Government	Corporations	NPISH	Rest of the world	
DIS.1	**Infectious and parasitic diseases**	**1.02**	**0.04**	**0.05**	**9.09**	10.21
DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	1.02	0.04	0.05	9.09	10.20
DIS.1.4	Respiratory infections		0.00			0.00
DIS.1.5	Diarrheal diseases		0.00			0.00
DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)		0.00			0.00
DIS.4	**Noncommunicable diseases**	**0.83**	**0.01**			0.83
DIS.4.4	Mental & behavioral disorders, and Neurological conditions	0.07				0.07
DIS.4.5	Respiratory diseases		0.00			0.00
DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	0.76	0.00			0.77
DIS.5	**Injuries**		**0.00**			0.00
DIS.6	**Non-disease specific**	**156.32**				156.32
DIS.nec	**Other and unspecified diseases/conditions (n.e.c.)**	**35.56**	**9.12**			44.68
All DIS		193.73	9.17	0.05	9.09	212.04

ANNEX A. RECOMMENDED WORKSHOP PARTICIPANTS

- Ministry of Health and Wellness: Deputy Minister; Director and Deputy Director of Department of Health Policy, Development, Monitoring and Evaluation; and other relevant staff
- Ministry of Finance
- Ministry of Education
- Botswana Defence Force
- National AIDS Coordinating Agency
- University of Botswana
- Statistics Botswana
- PEPFAR, WHO, UNAIDS, USAID, and other donor representatives
- Representatives of large nongovernmental organisations active in health
- Representatives of several large employers that provide health care benefits to employees

ANNEX B. LIST OF ORGANISATIONS RESPONDING

Name	Type
European Union	Donor
Global Fund	Donor
Japan International Cooperation Agency	Donor
PEPFAR including USAID, Centers for Disease Control, Department of Defence, Peace Corps, and State Department	Donor
Joint United Nations Programme on HIV/AIDS	Donor
United Nations Population Front	Donor
United Nations Children's Fund	Donor
WHO	Donor
Adilele Theatre Production House	NGO
Batlang Support Group	NGO
Bobonong Community Based Health Trust	NGO
Botswana Business Coalition on AIDS	NGO
Botswana Council of Churches	NGO
Botswana Family Welfare Association	NGO
Botswana Network of People Living with HIV/AIDS	NGO
Botswana Network on Ethics, Law and HIV/AIDS	NGO
Botswana Red Cross Society	NGO
Botswana-Harvard AIDS Institute Partnership	NGO
Central Association for the Blind & Disabled	NGO
Cheshire Foundation of Botswana	NGO
Children Women and HIV/AIDS	NGO
Cynthia Child Care Trust	NGO
Diphalana Counselling Centre	NGO
Evangelical Fellowship of Botswana	NGO
Francistown Centre for Deaf Education	NGO
Francistown Network of Support Groups	NGO
Ghetto Artists	NGO
Good Samaritan	NGO
Hope Worldwide	NGO
Humana	NGO
ITEC-Botswana	NGO
Kgalatau Drama and Traditional Club	NGO
Leeba Support Group	NGO
Legodimo	NGO

Name	Type
Lephoi Centre for the Blind	NGO
Lesea Bokamoso	NGO
Light and Courage	NGO
Mamarabopa	NGO
Men Sex and AIDS	NGO
Mmabana Trust	NGO
Motse Wa Badiri	NGO
Motswedi Rehabilitation Centre	NGO
National Youth Development Trust	NGO
Nkaikela Youth Group	NGO
Otse Home Based Care	NGO
Phikwe Theater	NGO
Ramotswa Centre for Deaf Education	NGO
Scripture Union	NGO
Sefhare Rehabilitation Centre	NGO
Sekolo Sa Anne Stine	NGO
Silence Kills Support Group	NGO
SOS Children's Village	NGO
South East District Youth Empowerment	NGO
Teen Club	NGO
Thuso Rehabilitation Centre	NGO
Thuto Boswa Rehabilitation Centre	NGO
Tlamelong Rehabilitation Centre	NGO
Tselakgopo Cultural Community	NGO
Tshidilo Rehabilitation Centre—Serowe	NGO
Tshidilo Stimulation CentreMaun	NGO
Tshimologo Stimulation Centre	NGO
Ultimate Youth with Destiny	NGO
Women Against Rape	NGO
Youth Health Organisation	NGO
Botswana Public Officers Medical Aid Scheme	Medical Aid Scheme
Pula Medical Aid Fund	Medical Aid Scheme
Botsogo Medical Aid	Medical Aid Scheme
Botswana Medical Aid	Medical Aid Scheme
Botlhe Medical Aid	Medical Aid Scheme
Doctor's Medical Aid	Medical Aid Scheme
Edudiant Medical Aid	Medical Aid Scheme
Air Botswana	Parastatal
Bank of Botswana—Central Bank	Parastatal
Botswana—Water Utilities Corporation	Parastatal

Name	Type
Botswana Accountancy College	Parastatal
Botswana Agricultural Marketing Board	Parastatal
Botswana Bureau of Standards	Parastatal
Botswana Citizen Entrepreneurial Development Agency	Parastatal
Botswana College of Agriculture	Parastatal
Botswana Development Corporation Limited	Parastatal
Botswana Examinations Council	Parastatal
Botswana Housing Corporation	Parastatal
Botswana Institute of Development Policy Analysis	Parastatal
Botswana National Productivity Centre	Parastatal
Botswana National Sports Council	Parastatal
Botswana Power Corporation	Parastatal
Botswana Savings Bank	Parastatal
Botswana Stock Exchange	Parastatal
Botswana Communication Regulatory Authority	Parastatal
Botswana Telecommunications Corporation	Parastatal
Botswana Tourism Organisation	Parastatal
Botswana Qualification Authority	Parastatal
Competition Authority	Parastatal
The Hospitality and Tourism Association of Botswana	Parastatal
Local Interprise Authority	Parastatal
Motor Vehicle Accidents Fund	Parastatal
Non-Bank Financial Institutions Regulatory Authority	Parastatal
Public Procurement and Asset Disposal Board	Parastatal
University of Botswana	Parastatal
Human Resource Development Council	Parastatal
Public Enterprises, Evaluation and Privatisation Agency	Parastatal
Botswana Investment and Trade Centre	Parastatal
Botswana Institute for Technology Research and Innovation	Parastatal
Afro Ventures Botswana (PTY) Ltd. T/A & Beyond	Employer
Alman Metals PTY Ltd.	Employer
Aon Botswana (PTY) Ltd.	Employer
Asphalt (Botswana) (PTY) Ltd.	Employer
Babic Holdings	Employer
Bamangwato Motors (PTY) Ltd.	Employer
Bank Gaborone—Gaborone	Employer
Baobao School	Employer
Bata Shoe Company	Employer
Bokamoso Engineering	Employer
Bophelo Bakery (PTY) Ltd.	Employer

Name	Type
Bosele Hotel	Employer
Boteti Unified Secondary School (PTY) Ltd.	Employer
Bothakga Burrow	Employer
Botswana Insurance Company	Employer
Brickforce Botswana (PTY) Ltd.	Employer
Broadhurst Motors	Employer
Broadway Toyota (PTY) Ltd.	Employer
Bull & Bush (PTY) Ltd.	Employer
Business Machine Services (PTY) Ltd.	Employer
Buy & Build	Employer
Capital Banking	Employer
Car World	Employer
Carnival Furnishers	Employer
Charlton Electrical (PTY) Ltd.	Employer
Chobe Design For Africa (PTY) Ltd.	Employer
Cresta Marang Hotel	Employer
Cresta Mowana Safari Lodge	Employer
Cresta Thapama Hotel	Employer
Crittal Hope (PTY) Ltd.	Employer
Crocodile Camp Safaris (PTY) Ltd.	Employer
Debswana Diamond Co.	Employer
Delta Water International School	Employer
Ebony (Botswana) (PTY) Ltd.	Employer
Express Cartage Botsw. (PTY) Ltd.	Employer
Fascinating Botswana (PTY) Ltd.	Employer
Flo-Tek Pipes	Employer
Foods Club (PTY) Ltd.	Employer
Francistown Quarries (PTY)Ltd.	Employer
Fu Qiang PTY Ltd.	Employer
Gaborone Auto World	Employer
Gaborone Mr Veg	Employer
Global Holdings (PTY)Ltd.	Employer
GUT And MAS (PTY)Ltd.	Employer
Idah Knitters Centre (PTY) Ltd.	Employer
Kalahari Floor Tiles (PTY) Ltd.	Employer
KRDA Trust	Employer
Legae Primary School	Employer
Lejala Electrical (PTY)Ltd.	Employer
Lobatse Canvas PTY Ltd.	Employer
M & N Coffin & Casket Manufacturers P/L	Employer

Name	Type
Mailing Services (PTY) Ltd.	Employer
Master Print	Employer
Maxisave Botswana (PTY) Ltd.	Employer
Mechanical Construction Botswan	Employer
Minetech	Employer
Motorvac (PTY)Ltd.	Employer
Nata Lodge	Employer
Ngami Toyota	Employer
Northern Textiles Mills	Employer
Okavango Wilderness Safaris PL	Employer
Orapa Enterprises (PTY) Ltd.	Employer
Panda Plant Hire (PTY) Ltd.	Employer
Phikwe Industrial Metal Pressings (PTY)	Employer
Power Serve T/A ALIBOATS	Employer
Printing & Publishing/Botswana Advertiser	Employer
Pyramid Holdings (PTY) Ltd.	Employer
R.A. Longstaff Botswana P/L	Employer
Rainbow Service Station	Employer
RBV Consultants PTY Ltd.	Employer
Rising Sun Enterprises (PTY) Ltd.	Employer
Royal Wholesalers PTY Ltd.	Employer
S.K.R. (PTY) Ltd.	Employer
Safety Supply Company (PTY) Ltd.	Employer
Security Systems (PTY)Ltd.	Employer
Sefalana Cash & Carry	Employer
Serowe Marketing Co-Op Society	Employer
Shrenuj Botswana (PTY) Ltd.	Employer
Spar Ghanzi	Employer
Syringa Lodge (PTY) Ltd.	Employer
The Hurvitz Group (PTY) Ltd.	Employer
The Learning Centre School	Employer
Timbercraft (PTY) Ltd.	Employer
Trans Africa	Employer
Tuwana Construction (PTY) Ltd.	Employer
Universal Builders (Botsw.)P/L	Employer
Wayguard Security	Employer
Worldwide Commodities (PTY) Ltd.	Employer

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