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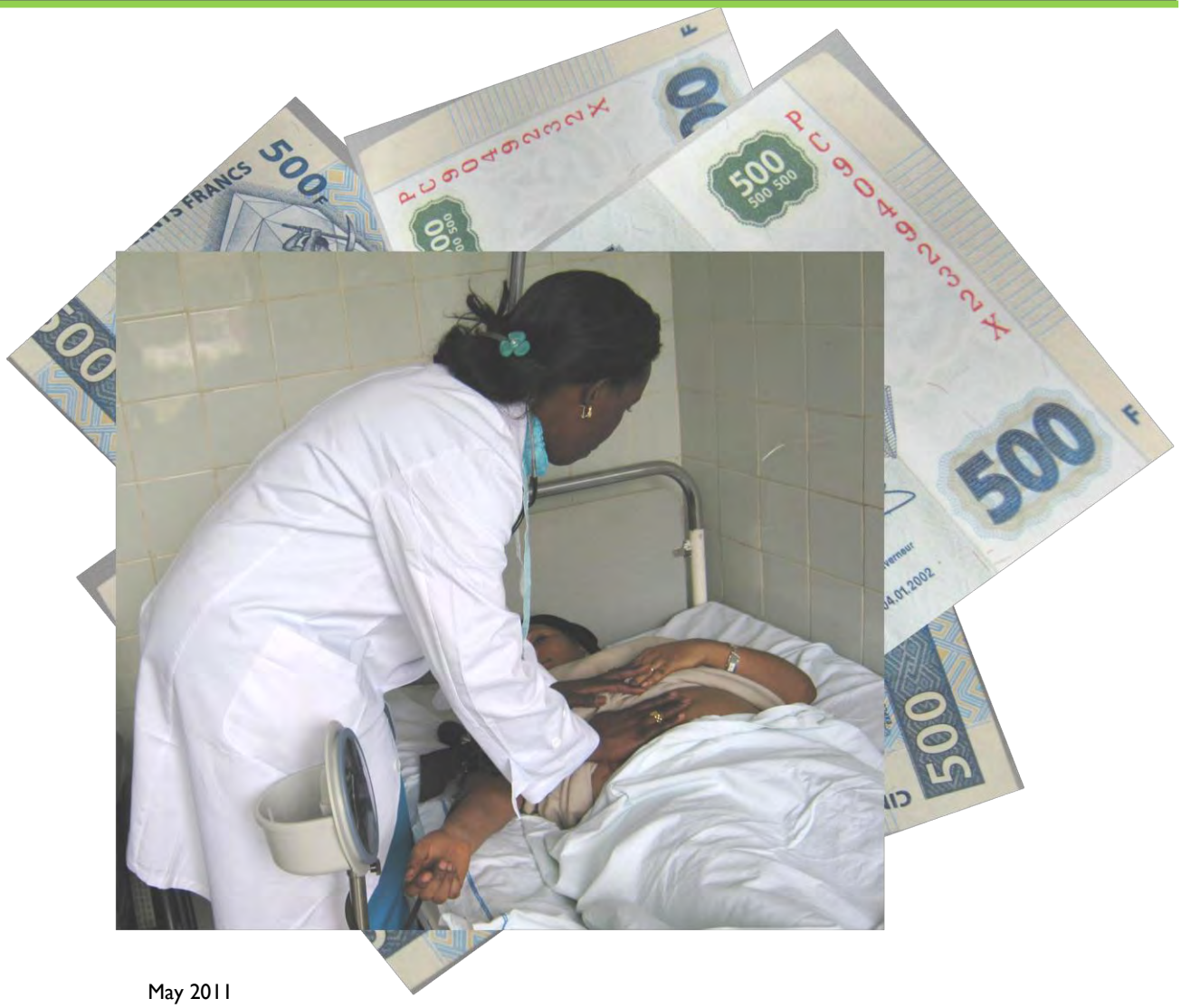
MINISTRY OF PUBLIC HEALTH
GENERAL SECRETARIAT

NATIONAL HEALTH ACCOUNTS 2008-2009
EXECUTIVE SUMMARY



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HEALTH SYSTEMS 20/20

Mission

The Health Systems 20/20 cooperative agreement, funded by the U.S. Agency for International Development (USAID) for the period 2006-2011, helps USAID-supported countries address health system barriers to the use of life-saving priority health services. Health Systems 20/20 works to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions.

May 2011

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NATIONAL HEALTH ACCOUNTS 2008-2009 EXECUTIVE SUMMARY

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ACRONYMS

DRC	Democratic Republic of the Congo
GDP	Gross Domestic Product
NGO	Nongovernmental Organization
NHA	National Health Accounts
PCA	Comprehensive Activities Package
PMA	Minimal Activity Package
THE	Total Health Expenditure
USAID	United States Agency for International Development
WHO	World Health Organization

PREFACE

Technological advances, demographic transitions, the rapid changes of trends in morbidity and mortality, and the emergence of public health problems such HIV/AIDS call for efficiency in the use of resources, and, in most cases, for additional resources. In the Democratic Republic of the Congo (DRC), health care is provided through a complex and dynamic public and private sector (for-profit and nonprofit) system. In this environment, policymakers need reliable information on financing sources and use of funds dedicated to the health sector (preferably comparable information across countries) to improve the national health system performance.

Because it describes the current use of resources within the health system, National Health Accounts (NHA) information is helpful to decision makers. When conducted on a regular basis, NHA is a systematic, consistent, and comprehensive methodology for monitoring financial flows within the health sector. Indeed, the NHA tool was developed specifically to inform the health policy process: policy dialogue, design, and implementation, as well as monitoring and evaluation of ensuing health interventions. NHA findings are evidence that help policymakers, nongovernmental stakeholders, and health leaders and managers make better decisions in their efforts to improve health system performance.

Thus, a year ago, with technical and financial support from the U.S. Agency for International Development (USAID) through the Health Systems 20/20 project, DRC undertook the tracking of resources and expenditures for health in order to help to align actions to priority activities.

It is therefore important to encourage and bring all stakeholders, including donors, to support this resource tracking effort, proof of effective and evidence-based management of resources allocated to health.

Victor Makwenge Kaput
Minister of Health
Democratic Republic of Congo

ACKNOWLEDGEMENTS

Dozens of actors within and outside the Democratic Republic of the Congo (DRC) health system have contributed to the country's first-ever National Health Accounts (NHA) estimation, by sharing information on the health spending of their respective institutions as well as their knowledge and expertise in the production of financial statistics.

The authors also commend the excellent collaboration among various ministries and institutions of the DRC, and with bilateral and multilateral organizations.

We are particularly proud that data on household health spending have been successfully collected by integrating a health expenditure module in the Multi Indicators Cluster Survey (MICS-DR Congo). This collaboration was a first for any country, and it opens the door to collecting specific information on household health spending through routine surveys as a way to use limited health system resources efficiently.

The Government of DRC, through the Ministry of Health, is grateful to all those near and far who helped to produce this first-ever NHA, particularly the United States Agency for International Development (USAID), which provided financial and technical support through the Health System 20/20 project. Without this assistance, the DRC NHA 2008 and 2009 would never have been completed.

I want to express our gratitude to all DRC NHA technical team members, who joined forces to get this work done.

We also want to express in advance our gratitude to all readers of this report. Your criticisms and suggestions will improve the next DRC NHA.

Dr Pierre Lokadi Otete Opetha
General Secretary
Ministry of Health, Democratic Republic of Congo

1. INTRODUCTION

Health systems worldwide are currently expanding their capacity to improve their population's welfare, but this generates additional costs. Controlling these costs requires having better information on the financing of the health system, a critical element of health policy.

National Health Accounts (NHA) is an internationally recognized tool used to summarize, describe, and analyze the financing of health systems. To date, NHA has been conducted in over 100 middle- and low-income countries, and has contributed to the discussion on how to improve health financing.

NHA summarizes in table form different aspects of countries' health expenditure. It captures spending by the public sector, private sector including households, nongovernmental organizations (NGOs), and donors.

NHA findings can answer the following questions:

- Who pays for health care?
- How much does each actor in the system spend, and on what kind of service?
- How are these funds distributed among the various health services providers?
- Who benefits from health spending?

This document is the English language executive summary of the Democratic Republic of the Congo's (DRC's) first NHA report,[1] produced by the Ministry of Health's National Program of National Health Accounts (PNCNS) with technical and financial support from the United States Agency for International Development (USAID) through the Health Systems 20/20 project.

It presents the findings of the general NHA estimation as well as those of the child health, reproductive health, and HIV/AIDS subaccounts.

[1] DRC. 2010. Comptes Nationaux de la Santé 2008-2009.

2. FINDINGS

2.1 GENERAL HEALTH ACCOUNTS

The DRC is among the countries with a very low standing in the Human Development Index.[2] Life expectancy at birth is 48 years. The main causes of mortality and morbidity are malaria, HIV/AIDS, tuberculosis, parasitic infections, respiratory infections, malnutrition, and reproductive health issues.

Since 2001, with the launch of the Reinforced Interim Program, appreciable efforts have been made to help the country's economic recovery. Reforms and macroeconomic policies have helped boost growth and significantly reduce inflation.

From 2002 to 2008, the economy grew by 6.0 percent per year and inflation decreased, to 15.9 percent per yearHowever, since July 2008, economic growth has slowed, due mainly to the international financial crisis, which has led to the collapse of the mining sector in DRC In 2009, growth dropped to 2.7 percent and inflation rose to 45 percent. Gross domestic product (GDP) per capita fell from US$174.5 in 2008 to US$156.8 in 2009. This trend of stagnant or shrinking resources has reduced financial allocations to health sector and had adverse effects on health system development.

In 2006, the Government of the DRC committed, through its Strategy Paper for Growth and Poverty Reduction 2006–2008, to develop a new generation of economic and social reforms to fight against extreme poverty.

In 2008, total health expenditure (THE) for the DRC was 7.4 percent of GDP and government expenditures on health were 4.7 percent of all government expenditures. Despite government contributions, health system financing in 2008 and 2009 came mainly from households (43 percent in 2008, 42 percent in 2009) and the "Rest of the World," that is, donors and international NGOs (34 percent in 2008, 36 percent in 2009).[3] The government contribution was 15 percent in 2008 and 12 percent in 2009. Private sector corporations contributed around 8 percent in 2008 and 10 percent in 2009.

However, THE increased by 2 percent between 2008 and 2009, from US$860,341,852 in 2008 to US$875,542,748 in 2009.

THE per capita was essentially the same in 2008 and 2009, US$13 per capita per year. As Figures 1 and 2 show, nearly half (43 percent), or US$6, came from households, US$4 (34 percent) from the Rest the World, US$2 (15 percent) from government, and US$1 (8 percent) from corporations.

[2] The DRC was 168 out of 169 in the UNDP Human Development Index 2010.
[3] Rest of the World comprises The Global Fund, GAVI Alliance, Bill & Melinda Gates Foundation, and others.

FIGURE 1: HEALTH FINANCING SOURCES IN DRC, 2008

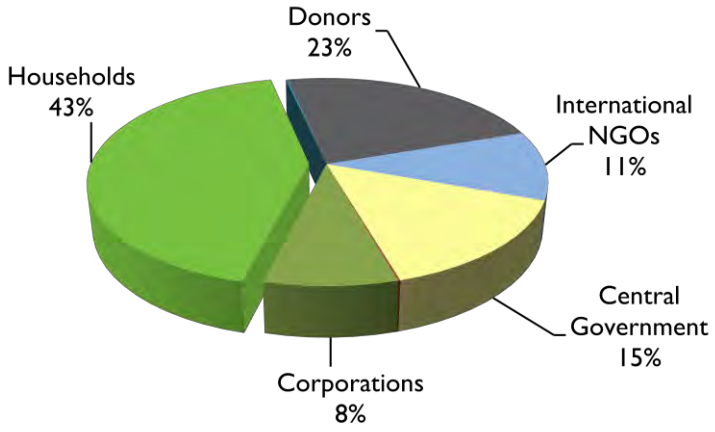
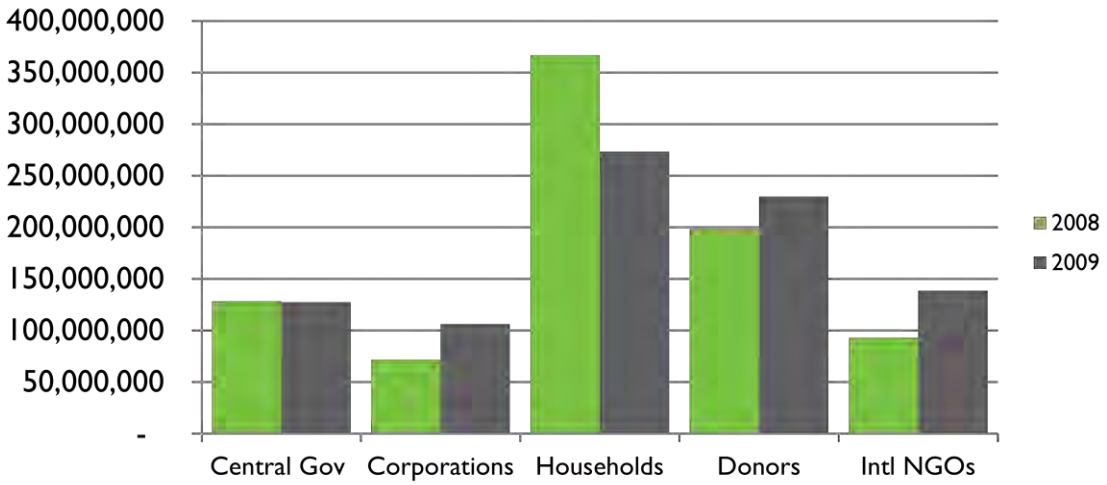


FIGURE 2: VARIATION IN HEALTH FINANCING SOURCES' CONTRIBUTION, 2008 AND 2009 (US$)

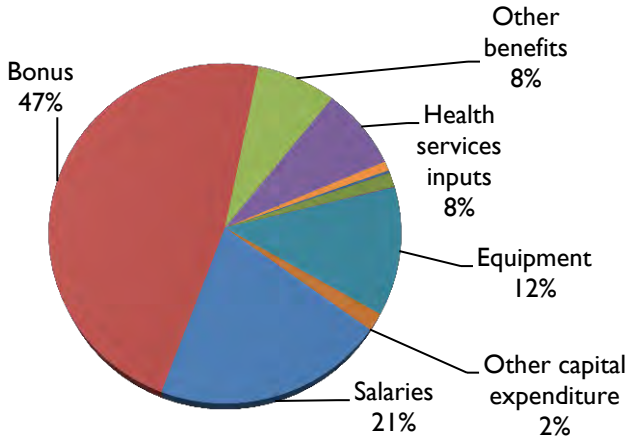


This THE per capita is still far from the US$20 per capita per year required for the Minimal Activity Package (PMA) and Complementary Activities Package (PCA)[4] at the operational level (health zone) and especially the US$34 per capita per year that the World Health Organization (WHO) recommends for a functional health system.[5]

[4] Per costing done by the Ministry of Health, 2008.
[5] WHO National Commission on Macroeconomics and Health, 2001.

As noted above, government spending on health was approximately $2 per capita in 2008 and 2009. Government financing goes primarily (75 percent) to pay for civil servants employed in health; more specifically, as seen in Figure 3, 47 percent of the government contribution is allocated to the payment of bonuses, 21 percent to salaries, and 8 percent to other benefits. Given the DRC's high numbers of civil servants, each worker's share of payroll is small.

FIGURE 3: GOVERNMENT EXPENDITURE BY BUDGET CATEGORY, 2008



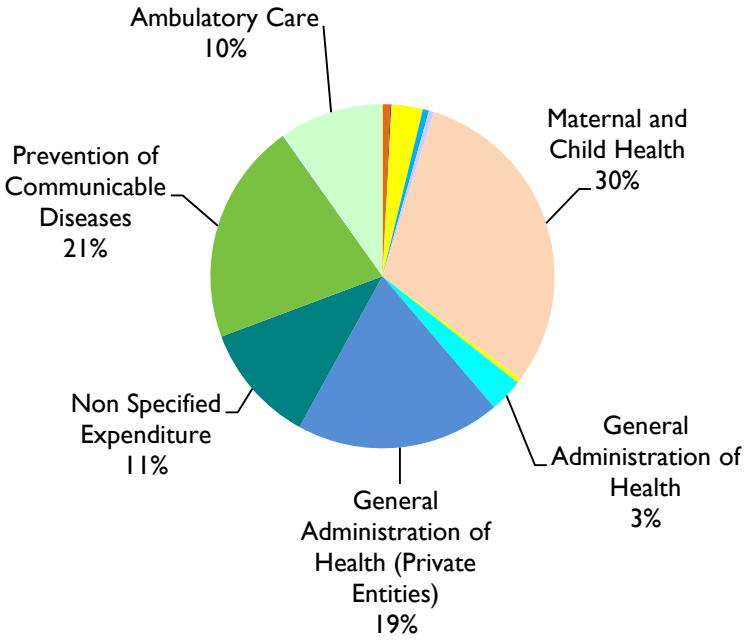
The government allocates few resources (8 percent of its health spending) to the operational costs of health services including the supply of inputs to health facilities.

The low salaries of government employees and the near absence of public resources invested in the operation of health facilities and government health administration results in health care providers charging households in order to increase their compensation and cover the costs of operating health facilities and health administration offices though the practice of sharing upwards.

Rest of the World contributions were US$291 million and US$368 million in 2008 and 2009, respectively; of these amounts, approximately 65 percent came from donors and 35 percent from international NGOs and foundations.

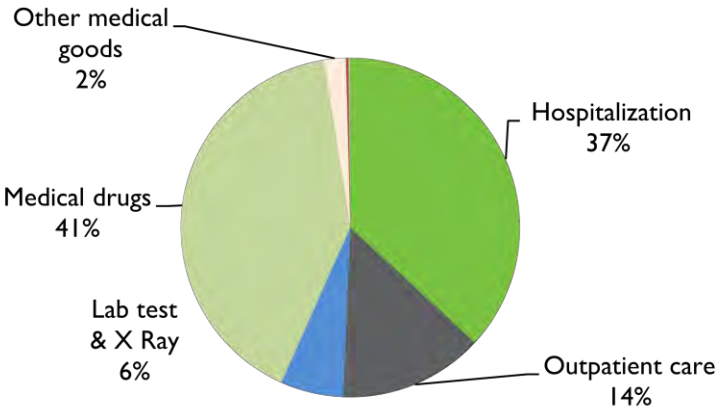
The largest shares of donor and international NGO funds go mainly to maternal and child health care (30 percent) and prevention of communicable diseases (21 percent) such as HIV/AIDS, tuberculosis, and malaria (Figure 4).

FIGURE 4: DONORS AND INTERNATIONAL NGOS HEALTH SPENDING BY FUNCTIONS, 2008



Household spending on health care consists mainly of direct out-of-pocket payments (Figure 5). The expenditures are primarily on medicine (41 percent)[6] followed by hospitalizations (37 percent), outpatient curative care (14 percent), laboratory tests and X-ray (6 percent), and acquisition of other medical goods (2 percent).

FIGURE 5: HOUSEHOLD EXPENDITURE BY FUNCTION, 2008



[6] This underestimates expenditures for medicines because it does not take into account the drugs purchased by households in hospitals during a hospitalization. In accordance with the NHA methodology, these are accounted for as hospital expenditures.

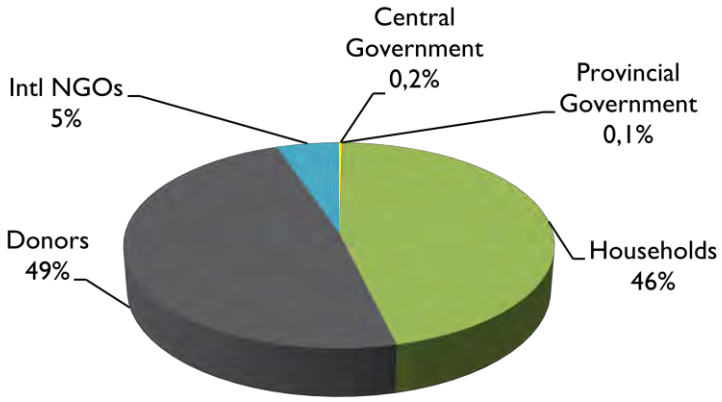
Although the number of community-based health insurance schemes (*mutuelles de santé*) in DRC has grown to an estimated 44 in 2011, their contribution to DRC health financing is still very low, around 0.08 percent of THE.

The traditional system of risk sharing – insurance – emerged in DRC only in 2009. It is provided by the National Insurance Corporation (SONAS) and contributes less than 0.01 percent to THE; 90 percent of health expenditures benefit formal private sector employees and their dependents.

2.2 CHILD HEALTH SUBACCOUNTS

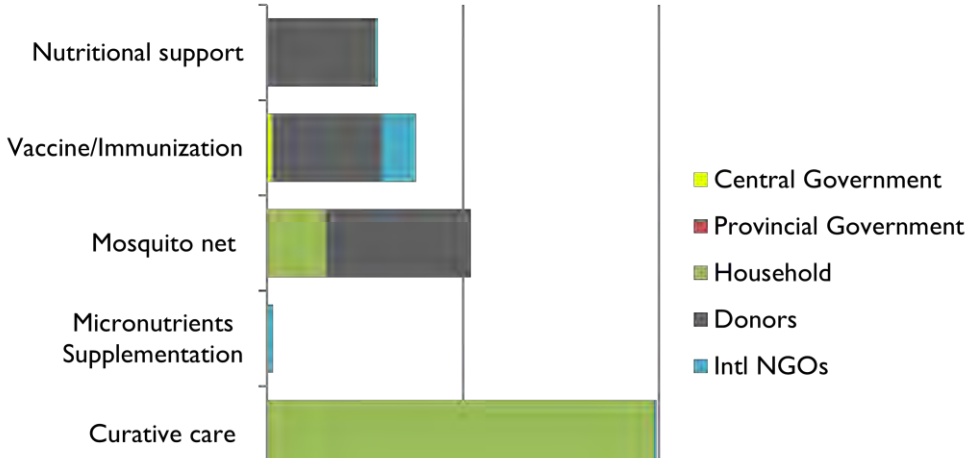
As Figure 6 shows, funding for child health is highly dependent on the Rest of the World (54 percent of THE_{CH}) and households (46 percent of THE_{CH}). The government's contribution remains extremely low (0.2 percent of THE_{CH}). This dependency on funding from the Rest of the World, which could cease, and households, 70 percent of which live below the poverty line, raises questions about the sustainability of child health activities.

FIGURE 6: CHILD HEALTH FINANCING SOURCES, 2008



Household expenditures on child health are primarily for hospitalization of newborns and the acquisition of medicines (Figure 7). Thus, it could be useful to consider the adequacy of household expenditure.

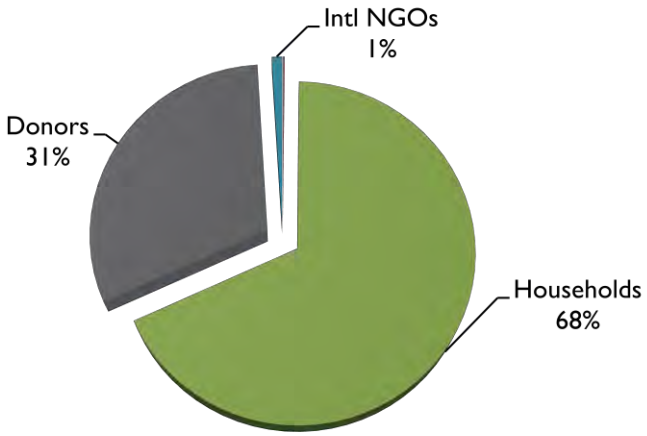
FIGURE 7: SOURCE OF FINANCING FOR KEY CHILD HEALTH ACTIVITIES, 2008 (US$)



2.3 REPRODUCTIVE HEALTH SUBACCOUNTS

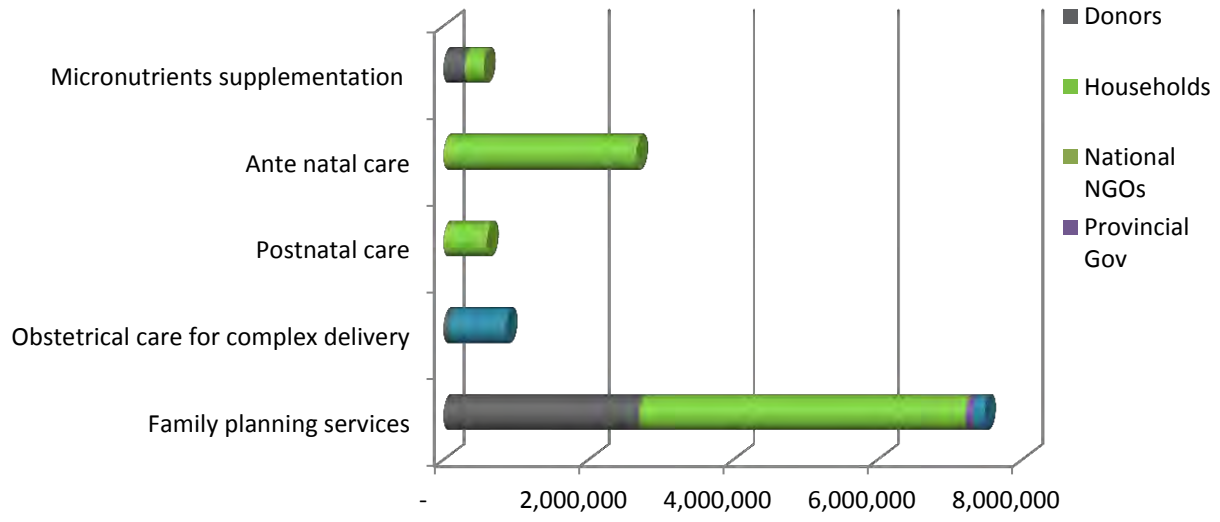
Similar to child health services/activities, funding for reproductive health is highly dependent on households (68 percent of THE_{RH}) and donors (31 percent of THE_{RH}) (Figure 8). The government's contribution is 0.2 percent. Again, as with funding for child health, this financial dependency on households and donors is worrisome.

FIGURE 8: REPRODUCTIVE HEALTH FINANCING SOURCES, 2008



Household spending on reproductive health is mainly for deliveries (82 percent). In DRC, women and their newborns remain in health facilities for observation for about a week following delivery. In most African countries, the observation period varies from six hours to one day. The DRC's lengthy period contributes to the financial burden on households.

FIGURE 9: FINANCING SOURCES FOR KEY REPRODUCTIVE HEALTH SERVICES, 2008 (US$)



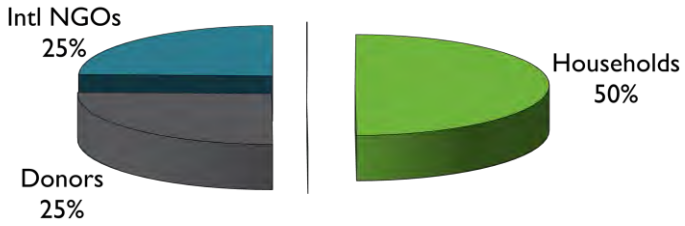
It is worth considering how DRC could deliver reproductive health services more effectively and efficiently. It is critical that the government invest more in reproductive health services/activities.

2.4 HIV/AIDS SUBACCOUNTS

HIV/AIDS subaccounts reveal that 96 percent of resources mobilized for HIV/AIDS is spent for the provision of health services and for health-related activities and that 4 percent is allocated to non-health activities (e.g., orphan and vulnerable children care, income generation).

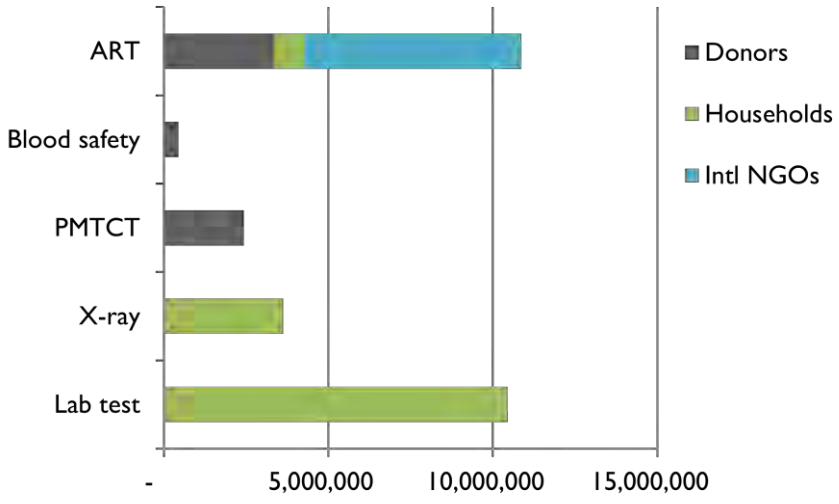
Health care and health-related services/activities specific to HIV were financed entirely and essentially equally in 2008 by the Rest of the World (50.1 percent) and households (49.8 percent) (Figure 10). The government's contribution is extremely small, less than 0.01 percent, and is limited to salaries paid to government employees who support HIV program and services.

FIGURE 10: FINANCING SOURCES FOR HIV/AIDS ACTIVITIES, 2008



The resources mobilized from the Rest of the World and households flow to four main functions: ambulatory care[7] (25.3 percent), HIV program management (18.3 percent), hospitalization (11.4 percent), and HIV prevention (12.9 percent). Investment and research is poorly funded, at 0.17 percent and 0.68 percent of THE_{HIV}, respectively.

FIGURE 11: FINANCING SOURCES FOR KEY HIV/AIDS (HEALTH AND HEALTH-RELATED) ACTIVITIES, 2008



[7] This includes antiretroviral treatment (ART), palliative care, outpatient nutritional support, psychosocial support, treatment of opportunistic infections, and curative care of people living with HIV/AIDS.

3. STRATEGIC RECOMMENDATIONS

Financial resources mobilized for the DRC health sector are insufficient. They are much below the minimal amount of US$20 per capita per year required for the PMA and the PCA at the operational level and even farther from the WHO estimate of US$34 per year needed to support a minimally functional health system.

Government contribution to health care is extremely low, and virtually nonexistent for child health, reproductive health, and HIV/AIDS activities. Government expenditures go principally to salaries; there are little or no government resources available to support the functioning of the health system. Donors and external partners are also reluctant to fund recurrent costs. This leads to the current situation where the operational level of the health system relies on user fees and other charges for its functioning. In addition, the practice of sharing user fee income up the formal health system is still common.

In order to ensure an adequate level and use of financing for the health sector in DRC, the following strategic recommendations are made:

RECOMMENDATIONS TO GOVERNMENT

The excess of civil servants in the health sector results in inadequate salaries for staff. Thus, to increase their remuneration, providers depend on households through user fees. The rationalization of health sector workers could therefore significantly reduce the cost of care for users, result in more motivated staff, and increase the quality of care delivered. In addition, the Congolese government should increase its total contribution to the health system, specifically by allocating more resources to operational costs at health facilities and for administration.

To reduce households' direct contribution to health financing and protect them from catastrophic health expenditures, the government should promote and organize risk-sharing schemes. Subsidies and/or better regulation of health care provision might be a good starting point to alleviate the excessive burden of health expenditures at the household level.

Medications represent the largest object of household spending for health (41 percent of household health expenditure). The government should consider subsidizing drugs and/or promoting the use of generic drugs. However, this policy must first ensure: (i) rationalizing drug prescribing practices and strengthening the regulatory and control system; (ii) increasing awareness of households about the risks of self-medication; (iii) regulating and controlling profits made by public and private medical drug providers; and (iv) quality control of drugs.

This same approach in quality, regulation, and control should be applied to hospitalization, which for households is the second main health expenditure (37 percent of household health expenditure).

Moreover, to have evidence that supports the regulation and control, the Ministry of Health should conduct detailed studies and analysis to determine the efficiency and effectiveness of households spending for health.

To ensure the effectiveness and sustainability of child health services, the government should allocate adequate resources needed to implement key activities, such as immunization, micronutrient supplementation, nutritional support for malnourished children, and mosquito nets. Government should build a strict control and regulation system for pricing and prescribing of medical drugs to children under the age of five years.

The government also should invest in procurement of inputs needed to achieve key reproductive health results and make progress in the reduction of maternal mortality and use of modern contraceptive methods. Discrepancies that exist in fees charged for deliveries and Caesarean sections must be eliminated through control and regulation, with strict enforcement policies.

Given that continued donor funding for HIV/AIDS cannot be taken for granted, the government should take responsibility to gradually replace donor funding, in order to avoid a dramatic situation that will jeopardize HIV/AIDs prevention and treatment in DRC should donor funding cease.

In general, the government's commitment should be clearly reflected in the new Poverty Reduction Strategy Paper as well as in other budgetary tools such as the Medium Term Expenditure Framework.

RECOMMENDATIONS TO DONORS AND INTERNATIONAL NGOS

To achieve a real impact on the households that are the ultimate beneficiaries of international development assistance grants to support health services in DRC, donors should always consider that: (i) the Congolese government does not currently allocate adequate resources to support operational and administrative costs; and (ii) health care providers believe that compensation paid by the government is inadequate. Thus, to address this situation and meet their needs, the providers rely on health care users, 70 percent of whom live below the poverty line, to ensure their own acceptable level of income.

Taking this situation into account, it would be desirable for donors, while increasing their global contribution to health funding in DRC, to discuss with the government mechanisms that can guarantee better welfare for health workers while reducing the burden on households and promoting effective and pro-poor public health services. Performance-based/output-based financing is one of these mechanisms.

Concerning HIV/AIDS activities, it is recommended that (i) donors and international NGOs target more resources to prevention activities, voluntary testing and counseling, and provision of care rather than to program management and administration and that (ii) the government phases in a substantial increase in its share of the budget for the fight against HIV/AIDS.

ANNEX: NHA TABLES

FINANCING SOURCES BY FINANCING AGENTS, GENERAL NHA, DRC 2008

		FS.1.1.1	FS.1.1.2	FS.2.1	FS.2.2	FS.2.3	FS.3.1	FS.3.2	***Grand total***	
		Central Government	Provincial Government	Private firms and Corporations	Households	Local NGOs	Donors	International NGOs		
HF.1.1.1.1	Ministry of Health	116,846,707			30,448,339		10,463,873	7,013,839	***164,772,757***	**19%**
HF.1.1.1.2	Other Ministries and public entities	11,332,562			215,180		24,753,536	67,104,043	***103,405,320***	**12%**
HF.1.1.3	Provincial Government		1,084,153						***1,084,153***	**0%**
HF.1.2	Social Securty Institut (INSS)								-	**0%**
HF.2.5.1	Parastatals			37,452,882					***37,452,882***	**4%**
HF.2.1	Community Based Health Insurance schemes				722,902				***722,902***	**0.08%**
HF.2.2	Insurance companies								-	**0%**
HF.2.3	Households out-of-pocket				335,351,871				***335,351,871***	**39%**
HF.2.4	Local Ngos			75,220		1,394,502	17,634,282	3,153,501	***22,257,504***	**3%**
HF.2.5.2	Private firms and corporations			33,939,937					***33,939,937***	**4%**
HF.3.1	Donors						100,589,656		***100,589,656***	**12%**
HF.3.2	International NGOs						45,047,125	15,717,744	***60,764,870***	**7%**
Grand total		***128,179,269***	***1,084,153***	***71,468,039***	***366,738,291***	***1,394,502***	***198,488,472***	***92,989,127***	***860,341,852***	
		15%	**0.1%**	**8%**	**43%**	**0%**	**23%**	**11%**		

FINANCING AGENTS BY PROVIDERS, GENERAL NHA, DRC 2008

		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.3	HF.1.2	HF.2.5.1	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5.2	HF.3.1	HF.3.2	Total général	
		Ministry of Health	Other Ministries and public entities	Provincial Government	Social Securty Institut (INSS)	Parastatals	Community Based Health Insurance	Insurance companies	Households out-of-pocket	Local Ngos	Private firms and corporations	Donors	International NGOs		
HP.1.1	Hospitals	64,662,331	7,698,742	238,157		37,445,422			114,535,567	436,124	30,542,581	12,436,498	9,154,627	277,150,050	**32%**
HP.3.1	Office of physicians								352,227		2,036,172			2,388,399	**0%**
HP.3.2	Office of dentists										678,724			678,724	**0%**
HP.3.3	Office of other health praticionners								1,353,257					1,353,257	**0%**
HP.3.4.1	Health centers	22,738,730	11,847,586	315,439		5,760	722,902		156,717,525	597,486		30,598,727	5,378,859	228,923,012	**27%**
HP.3.5	Medical and diagnostic laboratories		3,004						72,000		678,724			753,728	**0%**
HP.3.9.3.1	Traditional healers								9,337,480					9,337,480	**1%**
HP.3.9.3.2	Office of chinese traditional practice								776,759					776,759	**0%**
HP.3.9.3.9	All other alternative and traditional practioner								426,520					426,520	**0%**
HP.3.9.9	All other ambulatory health services								3,268,519					3,268,519	**0%**
HP.4.1	Dispensing chemist								23,014,469					23,014,469	**3%**
HP.4.9.1	Other suppliers of pharmaceuticals and medical goods_ black bags								3,653,439					3,653,439	**0%**
HP.4.9.2	Other suppliers of pharmaceuticals and medical goods_ store								165,131					165,131	**0%**
HP.4.9.9	All other suppliers of pharmaceuticals and medical goods								4,037,875					4,037,875	**0%**
HP.5	Provision and administration of public health programmes	14,231,638	49,191,991	1,820		1,700			209,353	2,275,811	3,735	30,891,553	25,234,891	122,042,492	**14%**
HP.6.1	Government administration of health	48,274,375	6,832,357	341,325					16,714			485,660	250,043	56,200,473	**7%**
HP.6.9	All other providers of health administration		21,655,901							18,912,383		11,376,614	3,217,079	55,161,976	**6%**
HP.7.2	Private households as providers of home care		39,559						1,078,033				454,388	1,571,980	**0%**
HP.8.1	Reaserch institutions	14,701	64,985							9,050		1,613,604	131,901	1,834,241	**0%**
HP.8.2	Education and training institutions											325,000	18,000	343,000	**0%**
HP.8.3	Other institutions providing health related services	342,384	2,082,428							15,500			562,826	3,003,138	**0%**
HP.9	Rest of the World	1,817,707	3,181,292											4,998,999	**1%**
HP.nsk	Provider not specified by kind	12,690,891	807,476	187,412					16,337,005	11,150		12,862,002	16,362,255	59,258,191	**7%**
Total général		164,772,757	103,405,320	1,084,153	-	37,452,882	722,902	-	335,351,871	22,257,504	33,939,937	100,589,656	60,764,870	860,341,852	
		19%	**12%**	**0%**	**0%**	**4%**	**0%**	**0%**	**39%**	**3%**	**4%**	**12%**	**7%**		

FINANCING AGENTS BY FUNCTIONS, GENERAL NHA, DRC 2008

		HF.1.1.1.1	HF.1.1.1.2	HF.1.1.3	HF.1.2	HF.2.5.1	HF.2.1	HF.2.2	HF.2.3	HF.2.4	HF.2.5.2	HF.3.1	HF.3.2	Grand total	
		Ministry of Health	Other Ministries and public entities	Provincial Government	Social Securty Institut (INSS)	Parastatals	Community Based Health Insurance	Insurance companies	Households out-of-pocket	Local Ngos	Private firms and corporations	Donors	International NGOs		
HC.1.1	Inpatient curative care	23,464,531	5,657,281	238,157		18,713,591			123,602,506	120,196	25,112,789	753,585	848,411	198,511,047	**23%**
HC.1.3	Outpatient curative care	50,535,674	10,307,833	102,142		18,737,591	722,902		46,335,356	489,931	8,144,688	9,430,203	8,552,142	153,358,462	**18%**
HC.1.4	Home care		39,559							15,954			454,388	509,900	**0%**
HC.2	Rehabilitative care									5,000		1,283,382	2,700	1,291,082	**0%**
HC.4	Ancillary services		3,004						20,091,306		678,724			20,773,034	**2%**
HC.5.1	Pharmaceut. and other medical non-durables								136,889,918					136,889,918	**16%**
HC.5.2	Therap. appliances and other med. durables								7,049,079					7,049,079	**1%**
HC.6.1	Maternal and child care	7,337,486	7,418,195						683,604	929,009		53,009,712	20,687,315	90,065,320	**10%**
HC.6.3	Prevention of communicable diseases	4,970,901	43,170,913	20					126,737	1,153,691		2,952,772	12,132,108	64,507,141	**7%**
HC.6.4	Prevention of non communicable diseases	200	14,606							203				15,009	**0%**
HC.6.9	Other public health services	2,678,645		1,800					17,780	200			1,700	2,700,125	**0%**
HC.7.1.1	General government administration of Health (MoH)	48,150,649	6,635,467	341,325					16,714			305,888	11,556	55,461,599	**6%**
HC.7.1.2	General government administration of Health (other Min.)	5,091												5,091	**0%**
HC.7.2.2	General administration of Health (non gov entities)		23,250,126			1,700				19,409,143		11,379,089	2,761,190	56,801,247	**7%**
HC.nsk	Expenditure not specified by kind	12,909,296	2,349,265	275,307					538,870	27,950	3,735	13,639,856	14,324,904	44,069,185	**5%**
HC.R1	Capital formation	14,363,199	2,411,660	125,401						81,677		6,337,743	838,554	24,158,235	**3%**
HC.R2	Education and training of health workers											325,000	18,000	343,000	**0%**
HC.R3	Research and development in health	14,701	64,985							9,050		1,172,428	131,901	1,393,065	**0%**
HC.R4	Food, hygiene and water control	342,384	2,082,428							15,500				2,440,312	**0%**
Grand total		164,772,757	103,405,320	1,084,153	-	37,452,882	722,902	-	335,351,871	22,257,504	33,939,937	100,589,656	60,764,870	860,341,852	
		19%	**12%**	**0%**	**0%**	**4%**	**0%**	**0%**	**39%**	**3%**	**4%**	**12%**	**7%**		

PROVIDERS BY FUNCTIONS, GENERAL NHA, DRC 2008

		HP.1.1	HP.3.1	HP.3.2	HP.3.3	HP.3.4.1	HP.3.5	HP.3.9.3.1	HP.3.9.3.2	HP.3.9.3.9	HP.3.9.9	HP.4.1	HP.4.9.1	HP.4.9.2	HP.4.9.9	HP.5	HP.6.1	HP.6.9	HP.7.2	HP.8.1	HP.8.2	HP.8.3	HP.9	HP.nsk	Grand total	
		Hospitals	Office of physicians	Office of dentists	Office of other health praticionners	Health centers	Medical and diagnostic laboratories	Traditional healers	Office of chinese traditional practice	All other alternative and traditional practioner	All other ambulatory health services	Dispensing chemist	Other suppliers of pharmaceuticals and medical goods_ black bags	Other suppliers of pharmaceuticals and medical goods_ store	All other suppliers of pharmaceuticals and medical goods	Provision and administration of public health programmes	Government administration of health	All other providers of health administration	Private households as providers of home care	Reaserch institutions	Education and training institutions	Other institutions providing health related services	Rest of the World	Provider not specified by kind		
HC.1.1	Inpatient curative care	124,463,134			175,002	59,150,829		615,649	187,944	77,179	2,014,608	####							110,403				4,998,999	6,671,247	198,511,047	**23%**
HC.1.3	Outpatient curative care	81,139,551	2,246,580	678,724	459,813	59,933,291		2,659,895	218,662	329,421	19,748	####	1,720	1,535		371,048			206,674					5,046,499	153,358,462	**18%**
HC.1.4	Home care	15,954																	493,947						509,900	**0%**
HC.2	Rehabilitative care					1,283,382										7,700									1,291,082	**0%**
HC.4	Ancillary services	9,092,215	17,418		52,216	9,465,034	681,728	410,838	48,034	-				2,345					21,487					981,718	20,773,034	**2%**
HC.5.1	Pharmaceut. and other medical non-durables	34,208,397	124,400		666,226	61,436,334		5,648,809	322,119	19,920	1,234,162	####	3,650,278	161,251	4,037,875				705,033					1,949,397	136,889,918	**16%**
HC.5.2	Therap. appliances and other med. durables	431,021	-		-	1,093,115		2,290	-	-		####	1,440	-		136,835			34,435					5,154,234	7,049,079	**1%**
HC.6.1	Maternal and child care	5,767,052			-	25,652,914		-	-	-	-	####	-	-		58,620,165	23,500								90,065,320	**10%**
HC.6.3	Prevention of communicable diseases					8,370,878	72,000									35,345,015	117,482	20,185,137						416,630	64,507,141	**7%**
HC.6.4	Prevention of non communicable diseases															15,009									15,009	**0%**
HC.6.9	Other public health services															2,699,472	653								2,700,125	**0%**
HC.7.1.1	General government administration of Health (MoH)															7,088	55,454,511								55,461,599	**6%**
HC.7.1.2	General government administration of Health (other Min.)																5,091								5,091	**0%**
HC.7.2.2	General administration of Health (non gov entities)	187														23,838,060		32,909,050						53,950	56,801,247	**7%**
HC.nsk	Expenditure not specified by kind	486,054				389,979										964,927	471,319	2,067,789		441,176		562,826		38,685,114	44,069,185	**5%**
HC.R1	Capital formation	21,546,487				2,147,255										37,173	127,918							299,401	24,158,235	**3%**
HC.R2	Education and training of health workers																				343,000				343,000	**0%**
HC.R3	Research and development in health																			1,393,065					1,393,065	**0%**
HC.R4	Food, hygiene and water control																					2,440,312			2,440,312	**0%**
Grand Total		277,150,050	2,388,399	678,724	1,353,257	228,923,012	753,728	9,337,480	776,759	426,520	3,268,519	####	3,653,439	165,131	4,037,875	122,042,492	56,200,473	55,161,976	1,571,980	1,834,241	343,000	3,003,138	4,998,999	59,258,191	860,341,852	
		32%	**0%**	**0%**	**0%**	**27%**	**0%**	**1%**	**0%**	**0%**	**0%**	**3%**	**0%**	**0%**	**0%**	**14%**	**7%**	**6%**	**0%**	**0%**	**0%**	**0%**	**1%**	**7%**		

FINANCING SOURCES BY FINANCING AGENTS, GENERAL NHA, DRC 2009

		FS.1.1.1	FS.1.1.2	FS.2.1	FS.2.2	FS.2.3	FS.2.4.1	FS.3.1	FS.3.2	Grand total	
		Gov central	Gov provincial	Households	Private firms and Corporations	Local NGOs	Private entities profit	Donors	International NGOs		
HF.1.1.1.1	Ministry of Health	122,998,078		27,253,500	1,700	140		55,449,031	41,112,822	246,815,271	28%
HF.1.1.1.2	Other Ministries and public entities	4,435,966						29,672,739	48,970,065	83,078,770	9%
HF.1.1.3	Provincial Government	-	371,861					-		371,861	0%
HF.1.2	Social Securty Institut (INSS)	-			1,628,666			-		1,628,666	0%
HF.2.1	Community Based Health Insurance schemes	-		684,761			57,245	31,773	176,676	950,455	0%
HF.2.2	Insurance companies	-		482	4,346			-		4,828	0%
HF.2.3	Households out-of-pocket	-		245,281,496				-		245,281,496	28%
HF.2.4	Local NGOs	-				13,390		5,343,938	9,089,046	14,446,374	2%
HF.2.5	Firms and corporations	-			104,509,769			-		104,509,769	12%
HF.3.1.1	Multilateral donors	-						74,841,006		74,841,006	9%
HF.3.1.2	Bilateral donors	-						14,378,275		14,378,275	2%
HF.3.2	International NGOs	-						49,986,372	39,249,605	89,235,977	10%
Grand total		127,434,044	371,861	273,220,239	106,144,481	13,530	57,245	229,703,134	138,598,214	875,542,748	

FINANCING SOURCES BY FINANCING AGENTS, CHILD HEALTH, DRC 2008

		FS.1.1.1	FS.1.1.2	FS.2.1	FS.2.2	FS.2.3	FS.3.1	FS.3.2	Grand total	
		Gov central	Gov provincial	Households	Private firms and Corporations	Local NGOs	Donors	International NGOs		
HF.1.1.1.1	Ministry of Health	369,453						7,013,839	7,383,292	**5%**
HF.1.1.1.2	Other Ministries and public entities						7,468,088		7,468,088	**5%**
HF.1.1.3	Provincial Government		125,401						125,401	**0%**
HF.1.2	Social Securty Institut (INSS)	-							ND	
HF.2.1	Community Based Health Insurance schemes	-							ND	
HF.2.2	Insurance companies	-							ND	
HF.2.3	Households out-of-pocket			74,059,674					74,059,674	**46%**
HF.2.4	Local NGOs						1,188,179	200,000	1,388,179	**1%**
HF.2.5.2	Firms and corporations	-								
HF.3.1	Donors						50,748,878		50,748,878	**31%**
HF.3.2	International NGOs						18,925,621	1,333,874	20,259,495	**13%**
Grand total		369,453	125,401	74,059,674	ND	ND	78,330,765	8,547,713	161,433,006	**100%**
		0.2%	**0.1%**	**46%**			**49%**	**5%**	**100%**	

FINANCING SOURCES BY FINANCING AGENTS, REPRODUCTIVE HEALTH, DRC 2008

		FS.1.1.1	FS.1.1.2	FS.2.1	FS.2.2	FS.2.3	FS.3.1	FS.3.2	Grand total	
		Gov central	Gov provincial	Households	Private firms and Corporations	Local NGOs	Donors	International NGOs		
HF.1.1.1.1	Ministry of Health	12,841							12,841	**0%**
HF.1.1.1.2	Other Ministries and public entities						8,684,435	68,985	8,753,420	**7%**
HF.1.1.3	Provincial Government		227,543						227,543	**0%**
HF.1.2	Social Securty Institut (INSS)								ND	
HF.2.1	Community Based Health Insurance schemes								ND	
HF.2.2	Insurance companies								ND	
HF.2.3	Households out-of-pocket			89,865,111					89,865,111	**68%**
HF.2.4	Local NGOs					70,087	16,551,964	262,131	16,884,182	**13%**
HF.2.5	Firms and corporations									**0%**
HF.3.1	Donors						6,033,868		6,033,868	**5%**
HF.3.2	International NGOs						9,530,076	933,491	10,463,567	**8%**
Grand total		12,841	227,543	89,865,111	ND	70,087	40,800,343	1,264,607	132,240,531	
		0%	**0%**	**68%**		**0%**	**31%**	**1%**	**100%**	

FINANCING SOURCES BY FINANCING AGENTS, HIV, DRC 2008

		FS.1.1.1	FS.1.1.2	FS.2.1	FS.2.2	FS.2.3	FS.3.1	FS.3.2	Grand total	
		Gov central	Gov provincial	Households	Private firms and Corporations	Local NGOs	Donors	International NGOs		
HF.1.1.1.1	Ministry of Health									**0%**
HF.1.1.1.2.1	CCM							34,698,081	34,698,081	**20%**
HF.1.1.1.2.2	National Multi sectoral HIV Program (PNMLS)						13,128,292		13,128,292	**7%**
HF.1.1.3	Provincial Government		0						0	**0%**
HF.1.2	Social Securty Institut (INSS)								ND	
HF.2.1	Community Based Health Insurance schemes								ND	
HF.2.2	Insurance companies								ND	
HF.2.3	Households out-of-pocket			86,105,141					86,105,141	**49%**
HF.2.4	Local NGOs				75,220	53,292	891,238	757,170	1,776,920	**1%**
HF.2.5	Firms and corporations				27,140				27,140	**0%**
HF.3.1.1	Multilateral donors						11,091,767		11,091,767	**6%**
HF.3.1.2	Bilateral donors						1,752,294		1,752,294	**1%**
HF.3.2	International NGOs						21,657,619	6,434,466	28,092,085	**16%**
Grand total		0	0	86,105,141	102,360	53,292	48,521,210	41,889,718	176,671,721	**100%**
		0%	**0%**	**49%**	**0%**	**0%**	**27%**	**24%**	**100%**	