Zambia National Health Accounts 2002: Main Findings

September 2004

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Abstract

The National Health Accounts (NHA) methodology is a tool that allows countries to track the flow of health spending from financial sources to end users. NHA includes estimates of household expenditures, spending that governments have not historically considered when looking at national health expenditures. This paper summarizes how NHA was used to capture general health and HIV/AIDS-specific expenditures in Zambia in 2002. It was that country's first attempt to assess spending on a disease-specific expenditure. HIV/AIDS-related expenditure estimates show that households and donors are the major financiers of HIV/AIDS care. People living with HIV/AIDS spend 12 times more on health care than non-HIV-infected individuals. The paper also reviews health care utilization and borrowing patterns for people living with HIV/AIDS.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HBC	Home-based Care
DHS	Demographic and Health Survey
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
LCMS	Living Conditions Monitoring Survey
NGO	Nongovernmental Organization
NHA	National Health Accounts
PLWHA	People Living with HIV/AIDS
THE	Total Health Expenditures
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

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1. Background

1.1 Socio-Economic Background

The population of Zambia is approximately 10.3 million. The annual population growth rate of 2.9 percent is comparable to that of sub-Saharan Africa. Infant mortality is currently 95 per 1,000 live births and maternal mortality was 729 per 100,000 live births in 2000 (UNAIDS 2004). According to the Zambia Demographic and Health Survey (DHS) 2001-2002 (Central Statistical Office Zambia et al. 2003), the total fertility rate decreased from 6.7 in 1990 to 6.0 in 2000.

Zambia had an estimated gross domestic product (GDP) per capita of $359 in 2002. An estimated 73 percent of Zambians are classified as poor; the level of poverty is greater in rural areas, where 83 percent of the population is considered poor, as opposed to 56 percent in urban areas (Central Statistical Office Zambia et al. 2003).

The real GDP growth rate is 3.7 percent, less than the targeted rates of 8 percent for the Millennium Development Goals and 4 percent for the Poverty Reduction Strategy Paper (PRSP). Transition from a state-controlled economy to a privately controlled one has increased poverty levels, and the attempt to diversify the economy, thus minimizing dependence on copper, has not achieved the desired economic results.

1.2 National Health Accounts: The Process

National Health Accounts (NHA) is designed to give a comprehensive description of financial resource flows in a health care system, showing where resources come from and how they are used in the health sector. To understand the availability and utilization of total financial resources in the health sector, and thus to better inform policymakers and advisors on the resource flows, in 1998 Zambia conducted a NHA which examined health expenditure estimates from 1995 to 1998. The government of the Republic of Zambia formed the NHA Core Team in July 1998 to conduct the NHA exercise. In 2003, the Ministry of Health (MOH) began another round of NHA in collaboration with the USAID-funded Partnerships for Health Reform*plus* and the World Health Organization, again to identify the magnitude of health financing resources and show how health funds flow through the health system. An additional component of this activity was using the NHA framework to study the sources and uses of funding for HIV/AIDS.

The objectives of this Zambia NHA are:

- To apply NHA as a tool to evaluate the resource flows in the Zambia health system;
- To document the magnitude of sources, flow, and uses of funds within the public and private health care sector in Zambia; and

- In particular, to identify the magnitude of health sources and uses, as well as the flow of health funds related to HIV/AIDS in Zambia.

A workshop was held in August 2003 with the NHA Core Team to provide an update on the NHA methodology and to introduce the HIV/AIDS methodology. Primary data collection instruments, including HIV/AIDS patient and provider surveys, were reviewed by the team and revised to supplement secondary data sources. A data plan also was developed to enable team members to gather secondary information from the public and private sectors in a way that would complement and round out primary data.

2. Methodology

As noted in Section 1, primary data collection was carried out as part of the National Health Accounts exercise. In October 2003, NHA surveys – of people living with HIV/AIDS (PLWHA); of a range of health care providers including health care facilities, traditional healers, employers, nongovernmental organizations (NGOs), and pharmacies; and of donors and insurance companies – were carried out. Surveys were implemented in six of Zambia's nine provinces:

- Central
- Copperbelt
- Eastern
- Luapula
- Lusaka
- Southern

2.1 Selection of Survey Respondents

2.1.1 People Living with HIV/AIDS

The distribution of PLWHA who were targeted for the NHA HIV/AIDS subanalysis survey was based on the population size of the district in which they lived, proportionate to the overall population of the province in which the district was located. The number of respondents was targeted at 2100 PLWHA.

The planned method of selecting PLWHA to interview was through facilities chosen for the facility survey (see below). Facilities were selected through the facility register at the Zambia Medical Council; lead data collectors (health advisors) for each area reviewed the lists to identify facilities that were not well utilized or no longer functional. The objective was to interview patients at one health facility per district; however, additional facilities were added if the targeted number of completed questionnaires was not met.

Due to the problems of accessibility and availability of respondents for both the initial interviews and follow-up, it was necessary to access PLWHA in various settings to meet the target for each province. Patients were interviewed both in health facilities and at home. In Southern province, because the sample available at facilities was inadequate, respondents were selected through a random sampling of home-based care (HBC) records. Once the patients were selected through the HBC registry, surveyors followed up at the patients' homes. While nearly all the patients had been hospitalized at some point, none of the interviews were conducted with inpatients. In Luapula

province, PLWHA were selected through the voluntary counseling and testing (VCT) service. Because it was difficult to track down people who had used VCT services (due to death or leaving the area), there was no random sampling. The team located VCT users who were still in the area and interviewed them at home or in facilities; approximately 10 percent of them were inpatients at the time of the interview.

In the end, a total of 1,293 surveys of PLWHA were utilized for the NHA subanalysis. Expenditures for adults, stage of disease, and prevalence rate within each province were factored into the extrapolation to the national level.

2.1.2 Other Survey Respondents

A similar sampling technique – based on district and provincial population size – was used for surveys of providers: employers, health care facilities, traditional healers, NGOs, and pharmacies. Due to the size of each province and district, random selection was used. Donors and insurance company surveys were implemented only in Lusaka.

In order to estimate health expenditure estimates by both larger and smaller employers, the employer sample was divided into two groups based on the number of employees working at the company: employers with 20 or more employees and those with 19 or fewer. The survey also targeted a proportionate number of public and private facilities in each province. As noted above, facilities were selected through the facility register at the Zambia Medical Council and the list was reviewed and modified to reflect existing facilities by the lead data collector (health advisor) for each area. According to the Traditional Healers Practitioners Association of Zambia, 40,000 traditional healers currently practice in that country; 110 traditional healers were interviewed, and the responses were extrapolated to the national level. The exact number of NGOs functioning in Zambia is unknown despite inquiries to the Ministry of Health and a search of secondary sources. An estimate was used to extrapolate to 600 NGOs.

Donors and insurance surveys were conducted to obtain information on health expenditure patterns. Expenditure amounts declared in the facility and employer surveys also were used to approximate insurance spending.

2.2 Limitations and Challenges

Collecting health expenditure in Zambia utilizing NHA surveys is an activity that has not been institutionalized or routine for many private entities and individuals. Similar to other developing countries, a major barrier to conducting a NHA analysis is collecting data that is available, valid, reliable, and consistent.

As noted in the 1998 Rwanda HIV/AIDS subanalysis (Schneider et al. 2000), subsequent rounds of NHA will need to take place before satisfactory data are available, “When such a comprehensive analysis is undertaken for the first time in a given country, lack of accurate and appropriate data is the primary barrier faced. Financial management and accounting systems that can collect information on costs, distribution of expenditures by function, and establish links between costs and utilization do not exist. The absence of such infrastructure to track the flow of data impedes extensive analysis. In particular, obtaining HIV/AIDS-related expenditure data was very difficult, as the existing system does not isolate those costs. Data is kept in the format that meets the needs of Ministry of Finance and

audit agencies, which tends to be by line item, while expenditure by type of function for Ministry of Health is usually not captured."

Because of these limitations, NHA surveys with low response and return rates had to be adjusted or supplemented with additional sources, with secondary information, or interviews with key informants. Sound assumptions were used to extrapolate data to facilitate calculation of NHA estimations and analysis. Should the actual data become available, the extrapolations can be recalculated

3. NHA Findings: Health Sector

This section summarizes major findings of the NHA analysis on the sources and uses of financing in the Zambian health sector.

3.1 Main Findings

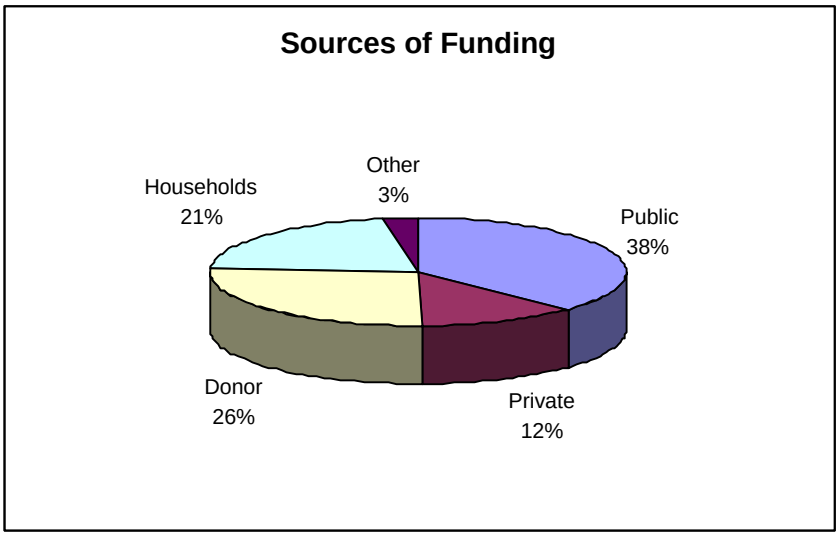
Table 1 shows estimated components of total health care financing in Zambia: government (37.3 percent), cooperating partners/donors (26.2 percent), households (21.2 percent), and private entities (12.5 percent). (Figure 1 illustrates this breakdown.) Although the public sector is the major financing agent, households play a major role in determining how health monies are spent in Zambia; annually they spend US$3.68 per capita on health care. While government per capita expenditures for health care are in line with other countries on a similar socio-economic level, sustainability of the appreciable level of donor support will need to be addressed. Thus, efforts to strengthen the capacity of the government to finance, manage, and deliver health services need to be continued.

Table 1: Summary Statistics from Zambia NHA 2002

Total population of Zambia	10,300,000
Total estimated GDP	Kw* 17.5 trillion (US$3.7 billion)
Total health expenditures (THE)	Kw 847.4 trillion (US$179.0 billion)
THE as a % of GDP	5%
Government health expenditure per capita	US$17.38
Household out-of-pocket expenditure per capita	US$3.68
Sources of funds:	
Public	37.3%
Private companies	12.5%
Households	21.2%
Cooperating partners/donors (“Rest of World”)	26.2%
Financing agents:	
Public	53.2%
Private companies	15.4%
Households	21.2%
Donor	7.5%
Other	2.8%
Providers of health care:	
Public facilities	58.6%
Private facilities	31.7%
Other (central administration and management)	9.5%
Financing agents spending by function:	
Inpatient care	25%
Outpatient care	55%
Other functions	20%

* Kw = kwacha

Figure 1: Sources of Funds from Zambia NHA 2002



3.2 Household Expenditures

Data gleaned from the various NHA surveys were used to estimate household expenditures. A household survey was not conducted for this NHA exercise and, despite several requests to contacts at the Living Conditions Monitoring Survey (LCMS), that survey was not available to the NHA team.[1]

Table 2 shows the distribution of household out-of-pocket payment directly made to public and private providers. Households made 31.9 percent of health expenditures at public providers, 65.8 percent at private providers, and 2.4 percent at pharmacies. The highest proportion of spending at private providers (60 percent) occurred at traditional healers.

The high proportion of out-of-pocket expenditures by households on private providers raises issues regarding equity, quality, and accessibility of care at public facilities and continues ongoing concern about the burden of health care spending on the part of households.

[1] The Central Statistical Office will release the data once a final LCMS report has been issued; the date of publication has not been finalized.

Table 2: Health Care Revenue from Households

Provider	Household Spending (Kw)	Percent
Public hospitals	16,604,892,675	9.2%
Private hospitals for-profit	1,171,419,142	.7%
Private hospitals not-for-profit (nongovernmental organizations [NGOs]/church owned)	6,954,247,670	3.9%
Private for-profit clinics	1,012,325,627	.6%
Private not-for-profit clinics	1,254,963,167	.7%
Public health centers	40,697,017,253	22.7%
Alternative or traditional practioners (traditional healers)	107,598,363,636	59.9%*
Dispensing chemists	4,316,417,502	2.4%
Total revenue from households	179,609,646,671	100%

* Extrapolation to the national level used a weighting of 40,000 verified practicing traditional healers in Zambia

4. NHA Findings: HIV/AIDS

This section summarizes major findings of the NHA analysis on HIV/AIDS-related expenditures in Zambia. It also discusses findings on utilization and borrowing to finance HIV/AIDS expenditures.

4.1 HIV/AIDS in Zambia

HIV/AIDS and AIDS-related opportunistic diseases have reached epidemic proportions in Zambia. World Development Indicators (World Bank 2004) show that in 1999 the life expectancy at birth was 38 years; by 2002 life expectancy at birth had decreased to 37 years. HIV/AIDS incidence is extremely high, over 19 percent, and it is the major factor behind increasing rates of infant, child, and maternal mortality. According to the Demographic Health Survey 2001-2002 (Central Statistical Office Zambia 2003), more than 16.5 percent of the population is HIV positive, relatively high even for sub-Saharan Africa, and an estimated 400 more are infected every day. The prevalence rates are higher among women (18 percent) than men (13 percent) and higher in urban populations (25-35 percent) than rural populations (8-16 percent) (World Health Organization 2004).

For Zambia, AIDS has become broader than a health issue; it has become a multi-sectoral development issue in need of urgent attention. HIV/AIDS ravages every sector of Zambia's economy, undercutting productivity by an unhealthy, chronically ill workforce and an increase in absenteeism due to the rising number of deaths, need to care for the ill, and attendance at funerals. Zambia strives to be a leader in making progress to curb the spread of HIV/AIDS but a large proportion of resources are being consumed, making less available for other life-threatening diseases.

Table 3 summarizes main findings from the NHA HIV/AIDS subanalysis. As noted in the table, total health expenditures on HIV/AIDS in 2002 were Kw 364 million (US$76 million). Government accounts for 17 percent of HIV/AIDS spending; per capita expenditure by the government is $92.65. Households provide 29 percent of the spending, and cooperating partners account for 46 percent as major sources for funding – together, these two sources finance a total of 75 percent of HIV/AIDS spending in Zambia. In terms of financing agents, the public sector accounts for 47 percent, private sector 29 percent, cooperating partners 6 percent, and other financing agents 2 percent.

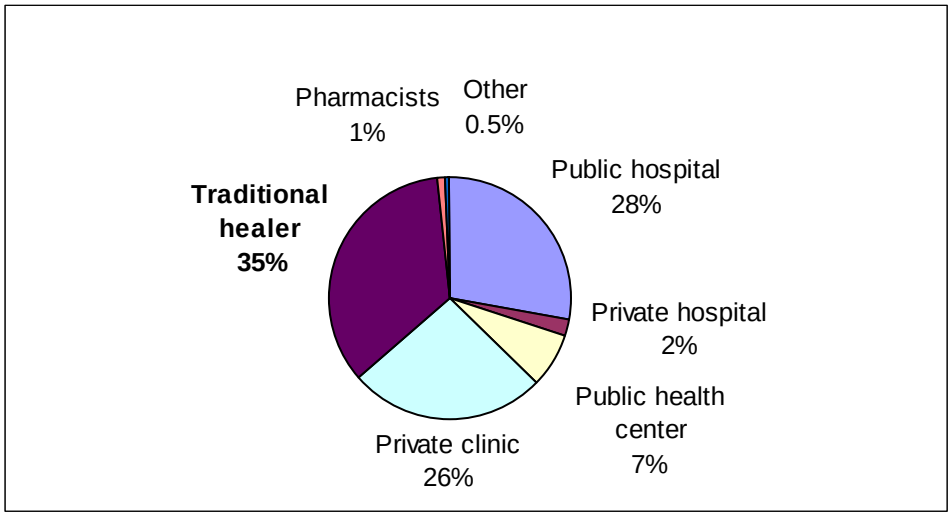
Table 3: Summary Statistics from 2002 NHA HIV/AIDS Subanalysis

Estimated population living with HIV/AIDS	830,000 adults
HIV adult prevalence rate (from UNAIDS 2004)	16.5%
Total HIV/AIDS-related health expenditures (THAE)	Kw 364.0 billion (US$76.9 million)
Total Health Expenditures (THE)	Kw 847.4 billion (US$179.0 million)
Percent of THE spent on HIV/AIDS	43%
Percent of THE spent on general health	5%
Government HIV/AIDS health expenditure per capita	US$92.65
Government health expenditure per capita	US$17.38

Household HIV/AIDS out-of-pocket expenditure per capita	US$26.86
Household out-of-pocket expenditure per capita	US$3.68
# of times more a PLWHA in Zambia spends on health care than the average Zambian	7
Sources of HIV/AIDS funds:	
Public	17%
Private companies	7%
Households	29%
Cooperating partners (Rest of World)	46%
Other	2%
Financing agents of HIV/AIDS health care:	
Public	47%
Private	29%
Cooperating partners	6%
Other	2%
Providers of HIV/AIDS health care:	
Public	70.8%
Private	28.4%
Other	0.8%
Financing agent spending by function:	
Inpatient care	25%
Outpatient care	69%
Other functions	6%

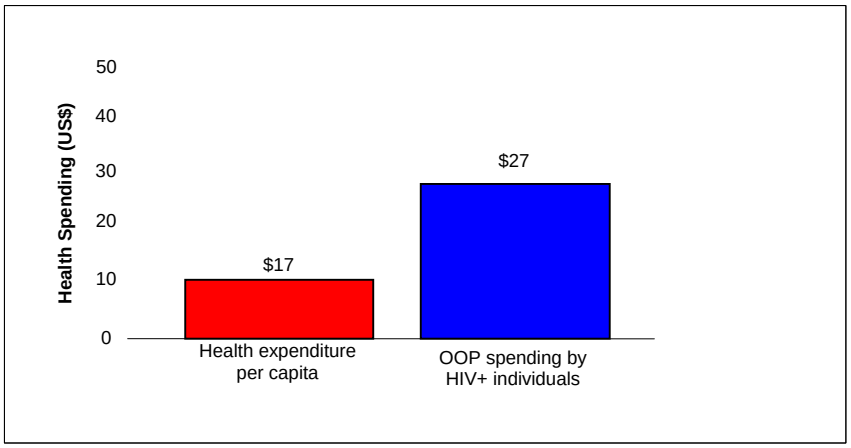
Figure 2 breaks out household spending on different types of providers.

Figure 2: Household Spending by Provider Type



The average PLWHA's out-of-pocket expenditure is US$26.86 compared to a non-HIV-positive individual's out-of-pocket spending of US$3.68 (Figure 3). PLWHA spend seven times more on health care than the average Zambian. This exemplifies the financial burden borne by PLWHA in Zambia.

Figure 3: Health Spending PLWHA in Zambia



4.2 Utilization

Table 4 presents a selection of health care providers utilized by PLWHA.[2] Urban residents made 23 percent more visits than those living in rural areas, possibly indicating lack of access or the inability to afford services. Although more women constituted a larger proportion of the sample, males used slightly more health services than females among the providers shown above (1.74 and 1.67, respectively). However, overall results indicate males and females made a similar number of visits (1.86 visits). The top two income quintiles (quintile 4 and 'top') made more visits than the lower quintiles.

Table 4: Annual Per Capita Outpatient Visits

	District Hospital	Provincial Hospital	Health Center	Traditional Healer	Private Practitioner	Other Providers	Total
Overall	1.60	0.87	2.87	0.39	0.43	0.60	**6.79**
By Gender							
Male	.49	0.25	0.78	0.11	0.11	0.12	**1.86**
Female	.39	0.22	0.84	0.12	0.10	0.20	**1.86**
By Place of Residence							
Urban	0.44	0.32	0.91	0.09	0.15	0.13	**2.04**
Rural	0.41	0.10	0.66	0.16	0.03	0.21	**1.58**
By Expenditure Quintiles							
Bottom	0.37	0.12	0.87	0.10	0.07	0.27	**1.80**
Quintile 2	0.41	0.13	0.86	0.09	0.03	0.22	**1.74**
Quintile 3	0.45	0.19	0.82	0.11	0.03	0.11	**1.70**
Quintile 4	0.40	0.40	1.00	0.12	0.09	0.14	**2.15**
Top	0.53	0.32	0.52	0.16	0.30	0.08	**1.93**

[2] Data on utilization was not weighted by stage of disease.

4.3 Expenditures on Outpatient Visits

According to the pattern of expenditures shown in Table 5, females spent more than men on health services per outpatient visit. Those living in urban areas spent twice as much per visit than those in the rural area. PLWHA in the highest expenditure quintile spent 12 times more on outpatient visits than did PLWHA in the lowest expenditure quintile. A significant finding is that the highest expenditure among PLWHA was for the purchase of medicine, more than double the amount for any other service surveyed.

Table 5: Average Expenditure on Outpatient Visit

Category	Expenditure (US$)
Gender:	
Male	4.60
Female	5.41
Place of Residence:	
Urban	6.14
Rural	2.78
Expenditure Quintiles:	
Bottom	0.91
Quintile 2	1.46
Quintile 3	2.08
Quintile 4	3.32
Top	17.38
Type of Service:	
Consultation Fee	1.28
Medicine	3.47
X-rays	0.52
Laboratory tests	0.66
Other expenses	1.42

4.4 Household Financing of HIV/AIDS Care, and Implications for Equity

Many PLWHA reported the need to access outside resources in order to finance their health care; they receive assistance, borrow, or sell assets in order to finance care. More than 40 percent receive some type of assistance, the most common source of which was family or friends (75 percent), followed by the church (21 percent). Of those who need to borrow (17 percent), major sources of lending are friends or neighbors, and the *kaloba* (private lending). Females, individuals in the bottom income quintile, and those living in rural areas receive assistance, borrow, or sell assets more frequently to pay for health services. These findings reveal that gender, income, and place of residence are indicators of inequity in financing access to care.

4.5 Care Provision by Traditional Healers, and Implications for Quality

Figure 2 showed traditional healers play a significant role as providers of health care for PLWHA. Approximately 6 percent of visits are made to traditional healers, accounting for 35 percent of all household out-of-pocket spending on HIV/AIDS. This raises questions of quality of care and the need to provide traditional healers with the knowledge and tools to adequately care for and refer patients with HIV/AIDS.

5. Conclusion

The general NHA carried out in Zambia demonstrates that the government plays a notable role as a source of health financing in the country, and that households also have significant responsibility in financing health care. As subsequent rounds of NHA are completed, information will indicate trends in government and donor contributions, providing policymakers with evidence to monitor ongoing reforms in the country. In addition, as NHA becomes more routine, better financial reporting mechanisms and systems will facilitate availability of and access to better data.

This initial round of NHA HIV/AIDS subanalysis in Zambia shows that the private sector, including households, finances 15.3 percent of HIV/AIDS spending followed by the public sector with 7.2 percent. This reveals a need to increase the government's share of HIV/AIDS financing and to reduce household out-of-pocket spending in light of the anticipated increase in HIV infection. Traditional healers play a major role in the health sector and as providers of HIV/AIDS service delivery. Donors provide 19.7 percent of HIV/AIDS spending in proportion to total health expenditures, raising concern about long-term sustainability of support from cooperating partners. The government may use these findings in considering equity issues, in allocating financial resources, and in tracking the impact of reforms as Zambia continues to restructure its primary health care systems.

ZAMBIA - FINANCING SOURCE x FINANCING AGENT (FSxHF)

General NHA

		Financing Source									
		FS.1 Public Funds		FS. 2 Private Funds				FS.3	FS.nsk		
Financing Agent		FS.1.1.1 Central Gov Revenue	FS. 1.2 Other Public funds	FS.2.1 Employer Funds	FS.2.2 Households	FS .2.3 NPISH - *(NGOs Local)*	FS.2.4 Other private funds	Cooperating Partners (Rest of the World)	Not specified by any kind	**Row Total**	HF as % of THE
HF. 1.1.1.1	MoH	287,410,222,920						135,720,000,000		423,130,222,920	50%
HF.2.5.1	Parastatals (Zambia State Insurance Corporation)		27,527,313,336							27,527,313,336	3%
HF.2.1.2 + 2.2	Private Employer Insurance Programme and Private Insurance Enterprises									43,042,037,615	5%
HF.2.3	Private households (out of pocket spending)				179,609,646,671					179,609,646,671	21%
HF.2.4	NPISH (other than social insurance)		760,974,618			9,607,981,031		22,821,368,863	1,025,617,185	34,215,941,697	4%
HF.2.5	Private firms and Corporations (other than health insurance)			46,898,850,360			5,977,832,908			52,876,683,268	6%
HF.3	Cooperating Partners (Rest of the World)							63,559,246,039		63,559,246,039	8%
HF.nsk	Not specified by any kind								23,418,862,017	23,418,862,017	3%
	Column Total - THE	287,410,222,920	28,288,287,954	89,940,887,975	179,609,646,671	9,607,981,031	5,977,832,908	222,100,614,903	24,444,479,201	847,379,953,563	
	FS as % of THE	34%	3%	11%	21%	1%	1%	26%	3%		

ZAMBIA - FINANCING AGENT x PROVIDER (HFxHP)

General NHA

		Financing Agent									
		HF.A Public Sector		HF.B Non Public				HF.3 ROW			
		HF. 1.1.1.1	HF.2.5.1	HF.2.1.2 + 2.2	HF.2.3	HF.2.4	HF.2.5	HF.3	HF.nsk		
Provider		MoH	Parastatals (Zambia State Insurance Corporation)	Private Employer Insurance Programme and Private Insurance Enterprises	Private households (out of pocket spending)	NPISH (other than social insurance)	Private firms and Corporations (other than health insurance)	Cooperating Partners (Rest of the World)	Not specified by any kind	**Row Total**	HP as % of THE
HP.1.1.1	Public Hospitals	237,190,675,218	55,031,721	4,033,003,183	16,604,892,675	981,749,037	4,573,665,815	2,290,747,753		265,775,198,019	31.4%
HP.1.1.2	Private Hospitals		855,042,658	4,113,269,410			4,653,363,605			9,621,675,673	1.1%
HP.1.1.2.1	Private hospitals for profit			1,700,000,000	1,171,419,142		680,000,000			3,891,419,142	0.5%
HP.1.1.2.2	Private hospitals not for profit	3,374,860,584			6,954,247,670	2,280,101,108		2,280,101,108		18,975,198,373	2.2%
HP.1.3.1	University Teaching Hospital	43,677,614,457								43,677,614,457	5.2%
HP.1.3.2	Chainama Hills Hospital	5,916,124,991								5,916,124,991	0.7%
HP.1.3.3	Arthur Davison Children's Hospital	4,434,210,835								4,434,210,835	0.5%
HP.2.1	Nursing care facilities			10,343,938			11,730,642			22,074,581	0.003%
HP.3.1.2	Private clinics		23,756,947,306	27,494,500,672			31,180,401,331			82,431,849,309	9.7%
HP.3.1.2.1	Private for-profit clinics				1,012,325,627		1,960,000,000			4,573,243,827	0.5%
HP.3.1.2.2	Private not-for-profit clinics	178,933,333			1,254,963,167	9,109,333,333	3,345,341,667	9,109,333,333		23,002,764,500	2.7%
HP.3.4.5.4	Public health centers	47,487,645,026		75,285,504	40,697,017,253	21,376,741,648	85,378,245	49,879,063,845		176,941,595,157	20.9%
HP.3.5	Medical and diagnostic labs	464,212,247								464,212,247	0.1%
HP.3.9.2	Blood banks	31,700,000								31,700,000	0.004%
HP.3.9.3	Alternative or traditional practioners				107,598,363,636	465,454,545				108,063,818,182	12.8%
HP.4.1	Dispensing chemists		915,856,993	5,615,634,908	4,316,417,502	2,562,026	6,368,457,278			17,220,228,699	2.0%
HP.5	Provision & admin of public health programs	15,289,520,912								15,289,520,912	1.8%
HP.6	General health administration & insurance	9,293,906,160								9,293,906,160	1.1%
HP.6.5	MOH	9,766,727,496								9,766,727,496	1.2%
HP.6.6	CBoH	41,275,327,158								41,275,327,158	4.9%
HP.6.8	District health offices	4,748,764,503								4,748,764,503	0.6%
HP.nsk	Provider not specified by kind		1,944,434,657				18,344,685			1,962,779,342	0.2%
	Column Total - THE	423,130,222,920	27,527,313,336	43,042,037,615	179,609,646,671	34,215,941,697	52,876,683,268	63,559,246,039	23,418,862,017	847,379,953,563	
	HF as % of THE	49.9%	3.2%	5.1%	21.2%	4.0%	6.2%	7.5%	2.8%		

ZAMBIA - PROVIDER x FUNCTION (HP x HC)

General NHA

		Provider													
Function		HP.3.1.2.2	HP.3.4.5.4	HP.3.5	HP.3.9.2	HP.3.9.3	HP.4.1	HP.5	HP.6	HP.6.5	HP.6.6	HP.6.8	HP.nsk		
		Private not-for-profit clinics	Public health centers	Medical and diagnostic labs	Blood banks	Alternative or traditional practioners (traditional healers)	Dispensing chemists	Provision and administration of public health programmes	General health administration and insurance	MOH	CBoH	District health offices	Provider not specified by any kind	**THE Row Total**	HC as % of THE
HC.1.1	In patient curative care	5,042,553,688	49,826,579,676	-	-	10,007,693,127	-	-	-	-	-	-	-	213,593,411,902	25%
HC.1.3	Out patient curative care	16,211,589,042	111,527,972,327	-	-	90,069,238,139	76,153,139	-	-	-	-	-	-	470,023,007,060	55%
HC.4.1	Clinical laboratory	-	-	464,212,247	-	-	-	-	-	-	-	-	-	464,212,247	0.1%
HC.4.3	Ambulance Transport (Patient transport & Emergency rescue)	1,540,813,659	11,611,165,180	-	-	-	-	-	-	-	-	-	-	32,777,200,891	4%
HC.5.1	Pharmaceuticals and other medical non-durables	-	-	-	-	-	16,646,951,085	-	-	-	-	-	-	16,646,951,085	2%
HC.6.3	Prevention of communicable diseases	-	-	-	31,700,000	-	-	-	-	-	4,175,000,000	-	-	4,206,700,000	0.5%
HC.7	Health Admin & health insurance	-	-	-	-	-	-	15,289,520,912	9,293,906,160	9,766,727,496	37,100,327,158	4,748,764,503	-	76,199,246,228	9%
HCR.1	Capital formation for health care provider institutions	207,808,111	3,975,877,974	-	-	7,986,886,916	63,272,787	-	-	-	-	-	-	21,230,414,558	3%
HC.nsk	Not specified by kind	-	-	-	-	-	433,851,688	-	-	-	-	-	1,962,779,342	12,238,809,592	1%
	Column Total-THE	23,002,764,500	176,941,595,157	464,212,247	31,700,000	108,063,818,182	17,220,228,699	15,289,520,912	9,293,906,160	9,766,727,496	41,275,327,158	4,748,764,503	1,962,779,342	**847,379,953,563**	
	HP as % of THE	3%	21%	0.055%	0.004%	13%	2%	2%	1%	1%	5%	1%	0.23%		

ZAMBIA - PROVIDER x FUNCTION (HP x HC) - continued

General NHA

		Provider									
Function		HP.1.1.1	HP.1.1.2	HP.1.1.2.1	HP.1.1.2.2	HP.1.3.1	HP.1.3.2	HP.1.3.3	HP.2.1	HP.3.1.2	HP.3.1.2.1
		Public Hospitals	Private Hospitals	Private hospitals for profit	Private hospitals not for profit (NGO/church owned)	University Teaching Hospital	Chainama Hills Hospital	Arthur Davison Children's Hospital	Nursing care facilities	Private clinics	Private for-profit clinics
HC.1.1	In patient curative care	79,594,502,020	3,477,529,633	699,829,815	4,127,740,139	10,045,851,325	1,360,708,748	1,019,868,492	22,074,581	47,385,921,026	982,559,632
HC.1.3	Out patient curative care	162,673,758,006	2,761,270,538	1,840,228,338	10,846,472,829	33,631,763,132	4,555,416,243	3,414,342,343	-	29,423,475,747	2,991,327,235
HC.4.1	Clinical laboratory										
HC.4.3	Ambulance Transport (Patient transport & Emergency rescue)	16,887,496,085		337,840,247	2,125,890,248						273,995,471
HC.5.1	Pharmaceuticals and other medical non-durables										
HC.6.3	Prevention of communicable diseases										
HC.7	Health Admin & health insurance										
HCR.1	Capital formation for health care provider institutions	5,782,591,384		1,013,520,741	1,875,095,156						325,361,488
HC.nsk	Not specified by kind	836,850,524	3,382,875,503							5,622,452,535	
	Column Total-THE	265,775,198,019	9,621,675,673	3,891,419,142	18,975,198,373	43,677,614,457	5,916,124,991	4,434,210,835	22,074,581	82,431,849,309	4,573,243,827
	HP as % of THE	31%	1%	0.5%	2%	5%	1%	1%	0.003%	10%	1%

ZAMBIA - FINANCING AGENTS x FUNCTION (HF x HC)

General NHA

		Financing Agent									
		HF.A Public Sector		HF.B Non Public				HF.3 ROW			
Function		HF. 1.1.1.1	HF.2.5.1	HF2.1.1 + HF. 2.2	HF.2.3	HF.2.4	HF.2.5	HF.3	H.F.nsk		
		MoH	Parastatals (Zambia State Insurance Corporation)	Private Employer Insurance Programme and Private Insurance Enterprises (other than social insurance)	Private households (out of pocket spending)	NPISH (other than social insurance)	Private firms and Corporations (other than health insurance)	Cooperating Partners (Rest of the World)	Not specified by any kind	**Row Total**	HC as % of THE
HC.1.1	In patient curative care	95,344,361,027	21,366,816,362	16,522,971,449	28,455,760,171	8,840,547,231	19,668,066,819	17,203,495,381	6,191,393,463	213,593,411,902	25%
HC.1.3	Out patient curative care	221,089,980,634	295,342,507	17,109,176,473	131,807,500,642	22,193,854,802	22,441,080,217	40,582,619,687	14,503,452,097	470,023,007,060	55%
HC.4.1	Clinical laboratory	464,212,247								464,212,247	0.1%
HC.4.3	Ambulance Transport (Patient transport & Emergency rescue)	18,709,969,487		147,588,424	4,010,064,409	2,078,708,345	400,548,153	4,036,748,551	1,267,683,272	30,651,310,642	4%
HC.5	Medical goods dispensed to outpatients	378,103,199			779,120,566	255,451,596		255,451,596	457,763,291	2,125,890,248	0.3%
HC.5.1	Pharmaceuticals and other medical non-durables		915,856,993	5,431,682,211	4,135,813,096	2,454,827	6,159,843,964		1,299,993	16,646,951,085	2%
HC.6.3	Prevention of communicable diseases	4,206,700,000								4,206,700,000	0.5%
HC.7	Health Admin & health insurance	76,199,246,228								76,199,246,228	9%
HCR.1	Capital formation for health care provider institutions	5,336,135,175			8,472,530,838	138,812,924	169,665,349	133,814,054	114,962,346	14,365,920,687	2%
HC.nsk	Not specified by kind	1,401,514,922	4,949,297,475	3,830,619,057	1,948,856,948	706,111,971	4,037,478,765	1,347,116,771	882,307,555	19,103,303,464	2%
	Column Total - THE	423,130,222,920	27,527,313,336	43,042,037,615	179,609,646,671	34,215,941,697	52,876,683,268	63,559,246,039	23,418,862,017	847,379,953,563	
	HF as % of THE	50%	3%	5%	21%	4%	6%	8%	3%		

ZAMBIA - FINANCING SOURCES X FINANCING AGENTS (FS X HF)

HIV/AIDS Subanalysis

		Financing Source								
Financing Agent		FS.1 Public Funds		FS.2 Private Funds			FS.3 ROW	FS.nsk		
		FS.1.1.1 Central Gov Revenue	FS.2.1.1 Parastatals	FS2.1.2 Employer Funds	FS.2.2 Households	FS .2.3 NPISH	FS.3 Rest of the World	Not Specified by Kind	**Row Total**	HF as % of THE
HF. 1.1.1.1	MoH	55,845,556,662					109,466,949,591		165,312,506,253	45%
HF.1.1.1.3	National AIDS Programs/Councils	1,693,125,553					2,135,118,779		3,828,244,332	1%
HF.2.5.1	Parastatals (Zambia State Insurance Corporation)		3,301,123,642						3,301,123,642	1%
HF.2.1.2* + HF.2.2	Private Employer Insurance Programme and Private Insurance Enterprises (other than social insurance)								5,151,373,859	1%
HF.2.3	Private households (out of pocket spending)				105,525,029,674				105,525,029,674	29%
HF.2.4	NPISH (other than social insurance)					4,750,643,728	31,893,266,667		36,643,910,395	10%
HF.2.5	Private firms and Corporations (other than health insurance)			14,105,507,127					14,105,507,127	4%
HF.3	Cooperating Partners (Rest of the World)						23,527,621,246		23,527,621,246	6%
HF.nsk	Not specified by kind							6,607,452,041		2%
	Column Total - THE	57,538,682,215	3,301,123,642	19,256,880,986	105,525,029,674	4,750,643,728	167,022,956,283	6,607,452,041	364,002,768,568	
	FS as % of THE	16%	1%	5%	29%	1%	46%	2%		

ZAMBIA - FINANCING AGENTS X PROVIDERS (HF X HP)

HIV/AIDS subanalysis

		Financing Agent										
Provider		HF. 1.1.1.1	HF.1.1.1.3	HF.2.5.1	HF.2.1.2+ HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3	HF.nsk		
		MoH	National AIDS Programs/Councils	Parastatals (Zambia State Insurance Corporation)	Private Employer Insurance Programme and Private Insurance Enterprises	Private households (out of pocket spending)	NPISH (other than social insurance)	Private firms and Corporations	Cooperating Partners (Rest of the World)	Not specified by kind	**Row Total**	**HP as % of THE**
HP.1.1.1	Public Hospitals	37,042,689,552		8,315,743	546,183,103	27,080,357,049	1,872,777,139	1,283,015,601	731,723,593	12,022,844	68,577,084,625	18.8%
HP.1.1.1.1	First Level Hospitals	48,593,326,511	1,536,003,073				11,155,204,604				61,284,534,188	16.8%
HP.1.1.1.2	Second Level Hospitals	4,794,481,479					928,537,620				5,723,019,099	1.6%
HP.1.1.1.3	Third level hospitals	16,034,204,391					6,758,532,003				22,792,736,394	6.3%
HP.1.1.2	Private Hospitals			98,376,602	392,553,347	146,021,533		1,116,785,593			1,753,737,075	0.5%
HP.1.1.2.1	Private hospitals for profit				276,048,659	272,078,072		108,765,969		54,382,985	711,275,685	0.2%
HP.1.1.2.2	Private hospitals not for profit (NGO/church owned)	1,406,639,461				1,663,673,153	1,081,679,943		1,360,842,839	1,461,126,620	6,973,962,016	1.9%
HP.1.3.1	University Teaching Hospital	20,447,984,719				2,513,742,591					22,961,727,310	6.3%
HP.2.1	Nursing facilities							20,899,148			20,899,148	0.01%
HP.3.1.2	Private clinics			3,192,521,524	3,925,295,924		773,751,366	8,841,934,611			16,733,503,426	4.6%
HP.3.1.2.1	Private for-profit clinics					281,954,137		631,408,004		515,730,901	1,429,093,042	0.4%
HP.3.1.2.2	Private not-for-profit clinics	67,509,006				299,545,259	2,217,861,814	1,262,149,913	5,611,115,116	1,833,483	9,460,014,591	2.6%
HP.3.2 - 3.3	Offices of dentists & other health practioners					16,053,921,115					16,053,921,115	4.4%
HP.3.4	Outpatient care centers					11,071,087,147					11,071,087,147	3.0%
HP.3.4.5.4	Public health centers	36,925,671,134			11,292,826	7,465,642,672	11,688,797,908	44,030,496	15,823,939,698	4,562,355,208	76,521,729,941	21.0%
HP.3.6	Providers of home health care services					18,584,559	6,619,809				25,204,367	0.01%
HP.3.9.3	Alternative or traditional practrs					37,021,194,279	160,148,190				37,181,342,469	10.2%
HP.4.1	Dispensing chemists			1,909,772		1,177,441,297		796,517,790			1,975,868,860	0.5%
HP.5.1	National AIDS Council (NAC)		2,292,241,259								2,292,241,259	0.6%
HP.nsk	Providers not specified by kind					459,786,811					459,786,811	0.1%
	Column Total-THE	165,312,506,253	3,828,244,332	3,301,123,642	5,151,373,859	105,525,029,674	36,643,910,395	14,105,507,127	23,527,621,246	6,607,452,041	**364,002,768,568**	
	HF as % of THE	45%	1%	1%	1%	29%	10%	4%	6%	2%		

ZAMBIA - PROVIDERS x FUNCTION (HP x HC)

HIV/AIDS Subanalysis

Function		Provider										
		HP.3.1.2.2	HP.3.2 - 3.3	HP.3.4	HP.3.4.5.4	HP.3.6	HP.3.9.3	HP.4.1	HP.5.1	HP. Nsk		
		Private not-for-profit clinics	Offices of dentists and other health practitioners	Outpatient care centers	Public health centers	Providers of home health care services	Alternative or traditional practioners (traditional healers)	Dispensing chemists	National AIDS Council (NAC)	Not specified by kind	Row Total	HC as % of THE
HC.1.1	In patient curative care	1,384,070,034	1,089,730,945	523,746,656	30,376,875,054		3,718,134,247	29,681		295,663,435	89,684,106,265	25%
HC.1.3	Out patient curative care	7,789,344,757	14,964,190,170	10,547,340,491	43,487,159,529	23,218,425	33,463,208,222	226,107,123		164,123,376	250,786,732,055	69%
HC1.3.5	STI Management				3,462,142			454,446			131,712,920	0.04%
HC.1.3.6	TB Treatment and monitoring				2,810,961						96,944,938	0.03%
HC.1.3.7	ARV Treatment				643,293			47,983,936			353,170,444	0.10%
HC.1.3.8	Psychological Support				4,008,798						138,258,072	0.04%
HC.5.1.1.1	ARV Drugs				2,756,970			1,217,780,575			6,525,722,753	2%
HC.5.1.1.2	TB Drugs				3,225,494			405,899,346			1,936,115,490	1%
HC.5.1.3.1	Condoms				545,496			41,084,060			310,124,339	0.09%
HC.6	Prevention and public health services										1,536,003,073	0.42%
HC.6.1.1	PMTCT (includes VCT component)				367,596			27,419,392			201,811,682	0.06%
HC.6.3	Prevention of communicable diseases	286,599,800			2,629,502,888	1,985,943					9,567,980,000	3%
HC.6.3.1	Voluntary Counseling & Testing (VCT)				5,851,505						201,811,832	0.06%
HC.6.3.4	Info. Educ. Communic. Prog (IEC)				3,661,092			1,030,721	177,335,403		332,007,147	0.09%
HC.7	Health Admin & health insurance								1,699,865,109		1,699,865,109	0.47%
HCR.1	Capital formation for health care provider institutions				108,318			8,079,581	415,040,747		474,507,923	0.13%
	Column total - THE	9,460,014,591	16,053,921,115	11,071,087,147	76,520,979,136	25,204,367	37,181,342,469	1,975,868,860	2,292,241,259	459,786,811	363,976,874,044	
	HP as % of THE	3%	4%	3%	21%	0.01%	10%	1%	1%	0.13%		

ZAMBIA - PROVIDERS x FUNCTION (HP x HC) - continued

HIV/AIDS Subanalysis

		Provider										
Function		HP.1.1	HP.1.1.1.1	HP.1.1.1.2	HP.1.1.1.3	HP.1.1.2	HP.1.1.2.1	HP.1.1.2.2	HP.1.3.1	HP.2.1	HP.3.1.2	HP.3.1.2.1
		Public Hospitals	First Level Hospitals	Second Level Hospitals	Third Level Hospitals	Private Hospitals	Private hospitals for profit	Private hospitals not for profit	University Teaching Hospital	Nursing facilities	Private clinics	Private for-profit clinics
HC.1.1	Inpatient curative care	18,127,226,081	14,577,997,953	1,438,344,444	4,210,261,317	670,473,406	216,559,233	2,041,205,779	5,924,153,503	375,147	4,960,814,310	128,445,039
HC.1.3	Outpatient curative care	49,430,100,798	41,823,971,780	4,006,113,369	14,554,915,476	575,112,539	494,716,452	4,689,222,283	15,037,573,806	41,340	8,209,624,116	1,300,648,003
HC1.3.5	STI Management	14,938,189				15,524,066				3,274,531	94,059,546	
HC.1.3.6	TB Treatment and monitoring	12,093,810				12,258,644				2,658,640	67,122,883	
HC.1.3.7	ARV Treatment	34,460,856				35,061,349				88,386	234,932,625	
HC.1.3.8	Psychological Support	17,247,569				17,482,647				3,791,565	95,727,493	
HC.5.1.1.1	ARV Drugs	147,689,382			2,000,000,000	150,262,923			2,000,000,000	378,797	1,006,854,105	
HC.5.1.1.2	TB Drugs	172,787,972				175,798,865				443,171	1,177,960,642	
HC.5.1.3.1	Condoms	29,260,827				30,100,889				74,949	209,058,118	
HC.6	Prevention and public health services		1,536,003,073									
HC.6.1.1	PMTCT (includes VCT component)	19,691,918				20,035,056				50,506	134,247,214	
HC.6.3	Prevention of communicable diseases	521,549,739	3,346,561,381	278,561,286	2,027,559,601			243,533,953			232,125,410	
HC.6.3.1	Voluntary Counseling& Testing (VCT)	25,175,826				25,518,965				5,534,415	139,731,122	
HC.6.3.4	Info. Educ. Communic. Prog (IEC)	15,828,793				16,929,718				3,462,700	113,758,720	
HC.7	Health Admin & health insurance											
HCR.1	Capital formation	5,802,552				5,903,663				14,883	39,558,179	
	Column total - THE	68,573,854,310	61,284,534,188	5,723,019,099	22,792,736,394	1,750,462,732	711,275,685	6,973,962,016	22,961,727,310	20,189,030	16,715,574,483	1,429,093,042
	HP as % of THE	19%	17%	2%	6%	0.5%	0.2%	2%	6%	0.01%	5%	0.4%

ZAMBIA - FINANCING AGENTS x FUNCTION (HF x HC)

HIV/AIDS Subanalysis

		Financing Agents									
Functions		HF.A Public Sector		HF.B Non Public				HF.3. ROW			
		HF. 1.1.1.1		HF.2.1.2* + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3	HF.nsk		
		MoH	National AIDS Programs/Councils	Private Employer Insurance Programme and Private Insurance Enterprises	Private households (out of pocket spending)	NPISH (other than social insurance)	Private firms and Corporations (other than health insurance)	Cooperating Partners (Rest of the World)	Not specified by kind	**Row total**	HC as % of THE
HC.1.1	In patient curative care	54,455,416,824		2,516,384,346	15,313,692,661	1,335,631,105	4,362,766,806	9,060,827,248	2,578,516,561	89,684,106,265	25%
HC.1.3	Out patient curative care	106,857,089,430		2,634,989,513	89,033,895,715	25,740,299,290	4,835,833,031	14,466,793,998	4,028,935,479	250,786,732,055	69%
HC1.3.5	STI Management						119,405,345			131,712,920	0.04%
HC.1.3.6	TB Treatment and monitoring						96,944,938			96,944,938	0.03%
HC.1.3.7	ARV Treatment						353,170,444			353,170,444	0.10%
HC.1.3.8	Psychological Support						138,258,072			138,258,072	0.04%
HC.5.1.1.1	ARV Drugs	4,000,000,000			1,012,135,135		1,513,587,618			6,525,722,753	2%
HC.5.1.1.2	TB Drugs				165,306,162		1,770,809,328			1,936,115,490	1%
HC.5.1.3.1	Condoms						299,479,388			310,124,339	0.09%
HC.6	Prevention and public health services		1,536,003,073							1,536,003,073	0.42%
HC.6.1.1	PMTCT (includes VCT component)						201,811,682			201,811,682	0.06%
HC.6.3	Prevention of communicable diseases					9,567,980,000				9,567,980,000	2.63%
HC.6.3.1	Voluntary Counseling &Testing (VCT)						201,811,832			201,811,832	0.06%
HC.6.3.4	Info. Educ. Communic. Prog (IEC)		177,335,403				126,266,942			332,007,147	0.09%
HC.7	Health Admin & health insurance		1,699,865,109							1,699,865,109	0.47%
HCR.1	Capital formation for health care provider institutions		415,040,747				59,467,176			474,507,923	0.13%
	Column total -THE	165,312,506,253	3,828,244,332	5,151,373,859	105,525,029,674	36,643,910,395	14,079,612,602	23,527,621,246	6,607,452,041	363,976,874,044	
	HF as % of THE	45%	1%	1%	29%	10%	4%	6%	2%		

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